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Health Seeking Behaviour among the Rural Dwellers in Ekiti State, Nigeria *(Pp. 125-138)*

Omotoso, Oluwatuyi **-**Department of Geography and Planning Science, Faculty of Social Sciences, University of Ado-Ekiti, Nigeria.
E-Mail: oluomotoso06@yahoo.com
Phone No: 08035749120

Abstract
A health condition involves a state of complete physical, mental and social well being. It involves functioning of the body systems, absence of disease and disability. However, an unhealthy situation involves a state of mental disorder, disability and non-functioning of the body system. People tend to seek for health if however; they meet themselves on the latter condition, hence, the reason for the study. The study employs data from both primary and secondary sources and use Tipping and Senegal's (1995) model of health seekers behavioural theory as basis of its theoretical underpinning. Results from the study show the type of ailment; availability of money at the time of illness, age, religious background educational background, seventy of sickness, and household position among others determining the health seeking behavionr in the area. The study suggests better equipping of medical services in the area. The study is of benefit to policy makers and researchers.

Key points: Health seeking; rural dwellers, conceptualization in Ekiti State.

Introduction

The health of the citizenry is very crucial to the nation's economic growth and development. A healthy labour force will make meaningful contribution to the economic growth and development of the nation (Aregbeyen, 1997). It

is not gainsaying that improvement in the health sector is an improvement in the socio-economic development of a nation. A good health is basic to human welfare and fundamental objectives to development. A healthy population is likely to be a productive population and a productive population will lead to a growing economy.
However, it is no surprise therefore, that ill health has a powerful effect on a nation's economic progress. Productivity will be minimal and a substantial reduction in maternal illness and deaths would greatly increase women's contribution to economic development. Better control of disease would allow expansion of agriculture into lands previously uninhabitable. Greater control over reproductive health outcomes, through reduced infant mortality, for example, would pave the way for the demographic transition that is essential to economic progress (WHO, 2002). Also, pressure on households to borrow and use up savings during times of illness would be greatly reduced.

As a result of great role health performs in development, governments at all levels have continuously striven to maintain, improve sector in Nigeria. This commitment has been demonstrated through a well articulated health policy. The implementation of which has thus far, been handicapped by several constraints consequently, the health of the Nigerian people are still been threatened by an inefficient health care delivery.

It is not gainsaying, however, that rural Nigeria still remain still date, the most neglected and its people, the most deprived with respect to the provision of modern health care services. In addition, they lack other basic infrastructural necessities that are essential to the maintenance and promotion of good health. This situation is very unfortunate. Moreso, as majority of the nation's population who produce the nations food needs, including valuable export crops reside in the infrastructurally underseved area. Even the few areas where medical facilities exist, such facilities are often short staffed, poorly maintained and are often inadequately supplied with drugs.

The outcome of these affects are: the rural dwellers are subjected to high incidence of morbidity and mortality resulting from the prevalence of preventable parasitic and infections disease. In most of the rural areas of Nigeria today, few people could have access to better medical treatment while few who are rich and in higher authorities do meet their health need abroad and consequently, leads to changes in health care delivery. The changes have led to very high cost medical treatment and no wonder, Nigeria

has thus become a fertile ground for fake drug peddling. The health situation is further corresponded by the current AIDS epidemic (UNAIDS, 1997).

Moreover, while majority of the improved high grade and better – equipped medical facilities are located in the urban areas, few and poorly – maintained, shortage of equipment, drugs, buildings and personnel's are located in the rural areas. No wonder, majority of the medical centres at the rural areas were described as mere consulting clinics (Orubuloye, et al, 1991).

To be candid, Nigeria is facing a health crisis. There are social, cultural and political factors that contribute to inequitable health outcomes, the bane of the Nigerian health care system (Orubuloye, 2003). Some of the factors are the neglect and decay of government health facilities in the last two decades, the political instability that the country has witnessed since independence in 1960 coupled with various economic problems. The outcome of these problems has adversely the health seeking of the consumers.

Therefore, this study examined the health seeking behaviour among the rural dwellers in Ekiti State, Nigeria. To achieve this aim, the following objectives were set:

- to examining reasons for the seeking of medical services;
- to discuss various factors for the choice of particular medical establishment; to find out the type of illness suffered by the patrons in the recent time; and
- to suggest ways of improving medical conditions in the rural areas of Ekiti State .

Theoretical Background and Literature Review

Tipping and Segall made the health seeking behavioural theory popular in 1995. According to them, providing knowledge about causes of ill health and choices available will go a long way towardds more beneficial health seeking behaviour. An abundance of studies on health seeking behaviour demonstrate the complexity of influences on an individual's behaviour at a given time and place.

Researchers (Ahmed et al, 2001), Machiam, 2002, Tipping and Segall, 1995) have long been interested in what facilities, the use of health services, and what influences people to behave differently in relation to their health. There have been a lot of studies addressing particular aspects of this debate, carried

out in many different countries. For the sake of this work, they can simplistically be divided into two types; firstly, there are studies which emphasize the end point utilization of the formal system, or health careseeking behaviour; secondly there are those which emphasize the process; (illness respose, or health seeking behaviour) (Tipping and Sengall, 1995).

Health Care Seeking Behaviour: Utilization of the System

There is often a tendency for studies to focus specifically on the act of seeking health care visit to more traditional healers and unofficial medical channels. There are often seen largely as something that should be prevented, with the emphasis on encouraging people to opt first for the official channels (Ahmed, et al, 2001). These studies demonstrate that the decision to engage with particular medical channels is influenced by a variety of socio-economic variables: sex; age, the social status of women, the type of illness, access to services and perceived quality of service (Akinnawo and Oguntimehin, 1997, Tipping and Segal, 1995). There are studies that categories the type of barriers or determinants, which lie between patient and services. They tend to fall under the division of geographical, social, economic, cultural and organization factors as represented in table 1

This categorization can be broken down to illustrate the type of measures frequently used. These are grouped under reoccurring determinant in Table 2, and place into key sphere of influence: informal, infrastructure and formal.

Secondly, there are studies that attempt to categorise the type of processes or pathways at work. This approach offers on opportunity to identifying key junctions where there man be a delay in seeking competent care, and therefore of potential practical relevance for policy development.

The view is often that desired health care seeking behaviour is for an individual to respond to an illness episode by seeking first and foremost help from a trained medical practitioner, in a formally recognized health care setting. Yet a consistent finding in many studies (Orubuloye, 1999) is that for some illness, people will choose traditional healer facilities. There are variations and apart from differences according to type of illness, gender is also a recurring theme. For example, Orubuloye (1998), educated women may be able to negotiate with health provider, better health treatment conditions for themselves and their children than non-educated women.

Also, rural women may respond differently from urban women on matters relating to their health treatment and that of their children.

Health Seeking Behaviours: The Process of Illness Response

Looking at health seeking behaviour generally, drawing out the factors that enable or prevent people from making healthy choices in either their lifestyle behaviours or their use of medical care and treatment, the underlying assumption is that behaviour is best understood in terms of an individual's perception of their social environment (Tipping and Segall, 1995).

A number of models exist, and variations have been developed around them. One of the most applied is the health belief model. Sheeram and Abraham, (1996) categorized the range of behaviours that have been examined using helath belief model into three broad areas: preventive health behaviours, sick role behaviours and clinic use. In this type of model, individual beliefs offer the link between socialization and behaviour.

Another model is linked to the general assumption that those who believe they have control over their helath care more likely to engage in health promoting behaviours (Normard and Bennett, 1996). The model is therefore, utilized to assess the relationship between and individual's actions and experience from previous outcomes.

These models, attempting to predict health behaviour through a variety of means, are predicted on two assumptions central to classic health promotion: health is influenced behaviour; behaviour is modifiable (Conner and Norman, 1996b). The downfall of these models is that most view the individual as rational decision makers, reviewing available information and forming behaviour intentions from this. They do not allow any understanding of how people make decisions or a description of the way in which people make decision (Fazio, 1990).

When individuals make decisions in relation to their health, they weigh up the potential risks or benefits of a particular behaviour. They do so in a way that is mediated by their immediate practical environment, their social rooted ness and their whole outlook on life more generally.

On literature review, Egunjobi, (1983) noted that apart from the fact that most patients would choose the institution which they considered would give best services, rather than one nearest to them, yet other socio-cultural factors such as, relative living in hospitals as well as fee paid, ease of transport,

religion and connections with hospital staff will all affect the health seeking behaviour.

Aregbeyen (1992) in his own view, noted that the nature illness coupled with poverty, ignorance and lack of medical facilities are some of the reasons for health seeking of people while Adeagbo (1998) noted that, non-satisfaction with the cost and quality of health services, are the major factors of health seeking behaviour.

However, Orubuloye (2002) opined that among other factors affecting health seeking behaviour of people include: better services provided in some of the established hospitals, nearness to the home of the patients, availability of relatives in the hospital and family decision.

Participants and Procedure

Ekiti State is the study area. It is located in the South/Western part of Nigeria and was carved out from old Ondo State in 1996 with twelve local government areas that made up of the Ekiti Zone of the old Ondo State. However, additional for local governments were carved out of the old ones and today, the state is made up of sixteen local government areas and Ado-Ekiti, is the capital (Ekiti Government, 2004).

The research work was conducted in the rural areas of Ekiti State and data were collected from the sampled areas for both quantitative and qualitative analysis. Ekiti State consists of three Senatorial Disctirsts namely: Ekiti North, Central and South Senatorial Districts. Six rural communities were purposively selected for the study and the six rural communities were spatially selected in the three Senatorial Districts of Ekiti State. The six rural communities include: Awo and Ikoro in the central, Ijesa-Isu and Orin in the North while Ogotun and Ogbese were selected in the South.

Data for the study were collected from both primary and secondary sources. Two principal actors were involved in the collection of data; these are the medical consumers and the medical operators. A double random sampling includes; a stratified sampling which entailed a hypothetical division of the community into zones. The zones are: core, intermediate and periphery.

In a community where it was difficult to identify the zones, respondents were drawn from the existing streets and quarters within such rural settlements. In most of the rural communities, existing transport networks were used to demarcate the streets and quarters. The respondent to the medical consumers

questionnaire were majorly the household heads or elderly persons met at home and such questions relating to reasons for seeking medical attention, factors for the choice of particular medical centres, the type of illness and ways of improving medical care of the consumers were asked while the sampling frame was upon the residential building. 1500 copies of questionnaire were distributed to the medical patrons while 1257 copies questionnaire were retrieved representing 83.8% and this was analysed. In selection of medical operators, this involved both the private and public medical establishments of different ranks: table and simple percentages were used to analyse data.

Results and Discussion

In order to achieve the aim of this study, four major objectives were set in the study. The first objective looks into the reasons for the seeking of medical services among the rural dwellers in the state. Results from the study show the major reasons identified were: the type of ailment suffered by the patients, availability of money at the time of sickness, age of the patients, religion background or belief, educational background, severity of sickness, the patients, position in the household and other factors. Of all these factors, the type of ailment accounted for 527 (41.9%); availability of money at the time of sickness 257 (20.4%) age of the patients, 73 (5.8%) household position, 55 (4.8%) and others 35(2.0%). See table 3

On the factors for the choice of particular medical establishment, the following factors were considered as major factors responsible for the choice of a particular establishment. The factors are: affordable cost, closeness, staff attitude, quality of service, knowledge of owners/staff, and neatness of the environment, availability of services required and availability of drugs required. Results from the study show 452 (32.9%) patrons claimed that they patronized a particular medical establishment because they could afford the medical charges. However, 395 (24.3%) indicated that patronage was due to the closeness of such medical establishment, 129 (10.3%) staff attitude, 210 (16.7%), quality of service, 16(1.2%), knowledge of owner staff 66 (5.3%), neatness of the environment, 31 (2.5%), available of service, 31 (2.5%), drugs required and 11 (1.4%) are other factors see table 4

On the type of illness suffered by the patrons of medical services in the study area, the illness identified to be common with the rural dwellers were yellow fever; malaria fever, typhoid, diarrhea, guineaworm, cough, stomach ache, headache, and accident or wound 68; (5.4%) of the respondents claimed to

have suffered yellow fever within the past twelve months, 599 (47.3%), malaria, 242 (19.3%), typhoid 93 (7.4%), diarrhea, 89 (7.1%) guinea worm, 106 (8.4%) cough, 3 (0.8%), stomach pain 144 (3.5%), headache and 13 (1.0%), accident and wounds (see Table 5)

Nevertheless, on ways of improving medical condition of the patrons in the rural areas of Ekiti State, the following options were suggested. These are: improvement of road condition, provision of more personnel, adequate provision and equipping the medical facilities, quick attention services and others which may include making the environment tidier and provision of adequate scarcity around the medical facailities.

Results from the study show 255 (20.1%) asserted that there should be more provision of more personnel in the rural medical centres of the state, 189 (15.0%) claimed that there should be adequate provision and equipping of the medical facilities, 181 (14.4%), quick attention service and 22 (1.8%) for others (see table 6).

From the study, it could be concluded that the type of ailments suffered by the patrons is the major reason for the health seeking in Ekiti State while affordability is the most significant factors influencing the patronage of a particular medical establishment in the rural areas of Ekiti State. The study conforms with studies carried out by Aregbeyen (1992) and Adeagbo (1998) on health care utilization in Nigeria: provision and spatial distribution of health and security facilities in peri-urban areas of Ibadan

Conclusion

No country can be properly regarded as sound when the generality of the people are poor in health. The better the state of health of a country, the better able, it is to develop, mobilize and utilize the minds, energies and resources of the people for the lack of development. Since the generality of the populace live in rural areas where they are medically deprived consequently, it is on this note that the study suggests that the rural areas be provided with more medical facilities. There should be adequate provision and equipping of medical facilities while more enlightment programmes be embarked upon by government so as to reduce the rate of malaria which was a common illness among the rural dwellers in the area.

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Table 1: Determinants of Health Seeking Behaviour

Author Geographical	Social	Economic	Cultural	Organisation
Kloos (1990) Geographical	Socio-Economic		cultural	
Yesudian (1998)		Demography/Economic	Cultural	Organisation
Leslie 1989		User factors		Service factor
Anderson (1995)	Environmental	Predisposing and Enabling factor		Health service

Source: Sara Mackiam (2003:4): A review of health seeking behaviour: problem and Prospects

Table 2: Breaking down determinants of health care seeking behaviour.

Category	**Determinant**	**Details**	**Sphere**
Cultural	Status of Women	Elements of patriarchy	Cultural Property
Social	Age and Sex		
Socio-Economic	Households Resources	Education Level Maternal occupation Marital status Economic Status	Informal
Economic	Cost of care	Treatment, Travel, Time	Physical
	Type and severity of illness		
Geographical	Distance and physical access		Infrastructure
Organisatural	Perceived quality	Standard of drugs, standard of equipment, competence of staff, attitudes of staff Interpersonal process	Technical, staffing Interpersonal formal

Source: Sara Mickian (2003:5). A Review of Health Seeking Behaviour: Problems and Prospects

Table 3: REASONS FOR SEEKING MEDICAL SERVICES

	Ijesa Isu		Orin		Ogotun		Ogbese		Ikoro		Awo		Total	
	Freq	**%**	**Freq**	**%**	**Freq**	**%**	**Freq**	**%**	**Freq**	**%**	**Freq**	**%**	**Freq**	**%**
Type of ailment	63	25.9	139	79.9	72	31.1	51	33.6	110	39.3	92	52.8	52.7	41.9
Availability of money	67	27.5	18	10.3	60	25.9	21	13.8	58	20.7	33	18.9	257	20.4
Age	17	7.0	8	4.6	5	2.2	14	9.2	17	6.1	12	6.9	73	5.8
Religion background	18	7.4	00	00	23	9.9	8	5.3	18	6.4	4	2.3	7.1	5.6
Educational background	30	12.3	2	1.1	16	6.9	12	7.9	17	6.1	8	2.3	85	6.7
Severity of sickness	29	11.9	2	1.1	49	21.1	33	21.7	36	12.9	15	8.6	164	13.0
Household position	16	6.6	5	2.9	6	2.6	12	7.9	11	3.9	5	2.9	55	4.8
Others	4	1.6	00	00	1	0.4	1	0.7	13	4.6	6	3.4	35	2.0
Total	**244**	**100**	**174**	**100**	**232**	**100**	**152**	**100**	**280**	**100**	**175**	**100**	**1257**	**100**

Source: (Author's Field Survey, 2006)

Table 4: FACTORS FOR THE CHOICE OF PARTICULAR MEDICAL ESTABLISHMENT

	Ijesa Isu		Orin		Ogotun		Ogbese		Ikoro		Awo		Total	
	Freq	**%**	**Freq**	**%**	**Freq**	**%**	**Freq**	**%**	**Freq**	**%**	**Freq**	**%**	**Freq**	**%**
Affordable cost	97	39.8	50	28.7	87	37.5	53	34.9	108	38.6	57	32.6	452	35.9
Closeness of Centre	28	11.5	90	51.7	45	19.4	46	30.3	42	15.0	54	30.8	30.5	24.3
Staff/Attitude	20	8.2	3	1.7	51	22.0	13	8.6	30	10.7	12	6.9	129	10.3
Quality of services	55	22.5	8	4.6	27	11.6	28	18.4	72	25.7	20	11.4	210	16.7

Knowledge of ownership	5	2.0	4	2.3	2	0.9	00	00	3	1.1	2	1.1	16	1.2
Neatness of Environment	17	7.0	7	4.0	16	6.9	6	3.9	11	3.9	9	5.1	66	5.3
Available of service	6	2.5	6	3.4	4	1.7	6	3.9	11	3.9	9	5.1	66	5.3
Drugs required	8	3.3	3	1.7	00	00	00	00	8	2.9	12	6.9	31	2.5
Others	8	3.3	3	1.7	00	00	00	00	4	1.4	2	1.1	111	1.4
Total	244	100	174	100	232	100	152	100	280	100	175	100	1257	100

Source: (Author's Field Survey, 2006)

Table 5: TYPE OF ILLNESS SUFFERED BY THE PATRONS IN THE PAST 12 MONTHS IN EKITI STATE

	Ijesa Isu		**Orin**		**Ogotun**		**Ogbese**		**Ikoro**		**Awo**		**Total**	
	Freq	**%**	**Freq**	**%**	**Freq**	**%**	**Freq**	**%**	**Freq**	**%**	**Freq**	**%**	**Freq**	**%**
Yellow fever	12	4.9	13	7.5	9	3.9	8	5.3	16	5.7	10	5.7	68	5.4
Malaria	100	41.0	55	31.6	139	59.9	57	37.5	131	46.8	113	64.6	599	47.3
Typhoid	54	22.1	27	15.5	54	23.3	33	21.7	60	21.4	18	10.3	24.2	19.3
Diarrohoea/dysentery	35	14.5	14	8.0	9	3.9	10	6.6	22	7.9	3	1.7	89	7.1
Guinea worm	11	4.5	16	9.2	10	4.3	18	11.8	31	11.1	3	1.7	89	7.1
Cough	16	7.6	40	23.0	7	3.0	20	13.2	7	2.5	16	9.1	106	8.4
Stomach pain	00	00	00	00	1	0.4	2	1.3	00	00	00	00	3	0.8
Headache	8	3.8	9	5.2	3	1.3	4	2.6	8	2.9	12	6.9	44	3.5
Accident/wound	8	3.8	00	00	00	00	00	00	5	1.8	00	00	13	1.0
Total	**244**	**100**	**174**	**100**	**232**	**100**	**152**	**100**	**280**	**100**	**175**	**100**	**1257**	**100**

Source: (Author's Field Survey, 2006)

Table 6: WAYS OF IMPROVING MEDICAL CONDITIONS IN THE RURAL AREAS OF EKITI

	Ijesa Isu		Orin		Ogotun		Ogbese		Ikoro		Awo		Total	
	Freq	**%**	**Freq**	**%**	**Freq**	**%**	**Freq**	**%**	**Freq**	**%**	**Freq**	**%**	**Freq**	**%**
Provision of personnel	50	20.5	191	10.9	58	21.5	23	15.1	69	24.7	36	20	255	20.1
Improve road condition	39	16.0	96	55.2	5	2.2	18	11.8	17	6.1	14	8.0	189	15.0
Adequate provision equipping	120	49.2	55	31.6	151	65.1	89	58.6	146	52.1	49	23.0	610	48.5
Quick attention services	28	11.5	4	2.3	15	6.5	16	10.5	44	15.7	74	42.3	181	14.4
Others	7	2.9	00	00	3	1.3	6	3.9	4	1.4	2	1.1	22	1.8
Total	244	100	174	100	232	100	152	100	280	100	175	100	1257	100

Source: (Author's Field Survey, 2006)