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ORIGINAL RESEARCH

Health-seeking Behaviour and Self-rated Health of Adult Men in an Urban Local Government Area in Lagos, Nigeria

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Abstract

Background: Evidence from the literature suggests that men are less likely to seek health services compared to women. It is important to understand the factors that influence the health-seeking behaviour of men and how it affects their self-rated health.

Objectives: To assess the health-seeking behaviour and self-rated health perception of adult men in an urban community in Lagos state.

Methods: A descriptive, cross-sectional study was conducted among 300 adult males aged 18 years and above in an urban community in Lagos State, Nigeria. An interviewer-administered questionnaire was used to obtain relevant data. Associations between categorical variables were subjected to statistical analysis.

Results: The health-seeking behaviour of the men in the study area was influenced by factors such as the severity of illness (66.1%), availability of funds (13.1%) and subscription to health insurance (18.2%). A majority (94.7%) self-rated their health as good, very good or excellent. Provision of expert care (45.6%) was considered the most important characteristic of health-seeking behaviour. Alcohol consumption (38.8%) was significantly associated with the health perception of the respondents. The respondents (50.2%) preferred using hospitals, compared to other sources during their last illness episode.

Conclusion: The respondents exhibited a preference for hospital visit during their last illness, confirming appropriate health-seeking behaviour in the absence of economic hindrances and other factors. Respondents with little or no alcohol intake had better self-rated health.

Keywords: Health Insurance, Health-seeking behaviour, Men, Self-Rated Health, Universal Health Coverage.

Introduction

Good health plays a significant role in the socio-economic growth and development of a nation just as the health status of the people contributes immensely to the wealth of the nation. [1, 2] Additionally, this aligns with the Sustainable Development Goal (SDG)-3 of the United Nations which advocates "healthy lives

and well-being for all at all ages." This goal aims to achieve Universal Health Coverage (UHC) through providing access to quality and indispensable healthcare services, financial risk protection, access to effective, safe, affordable essential medicines and quality vaccines for all. [3] Health, as defined by the World Health Organization is "the state of complete physical, mental and social well-being which is marked

not only by the absence of disease or infirmity. [4] By this definition, health and well-being are intertwined and founded on an individual's subjective perspective of his or her physical, psychological and social state of being.

Health-seeking Behaviour (HSB) is defined as all the action and inaction undertaken by an individual who perceives himself or herself ill, to find an appropriate remedy to such ill-health. [5] In developing countries and sub-Saharan Africa, HSB is influenced by socio-economic status, gender, type of illness, [6, 7] quality of service from healthcare practitioners, accessibility and proximity of health facility [8, 9] and ownership of health insurance. [6, 11] Other factors include the culture of patriarchy, [9] and level of education. [12] Significantly, cultural and patriarchal norms continually impact the nature of men with regards to their health. The society designates men, by way of socialization, as strong, brave and resilient and this affects their attitude in diverse ways including seeking and accessing health, and hence, the poor HSB of men. [13]

Self-rated health (SRH) perception is a subjective assessment of an individual's health status as rated by the individual and it encompasses those aspects of quality of life-related to physical and mental health. [14] Self-rated health perception indicates how physically and mentally healthy an individual is. SRH measures the days of physical illness and injury and mental issues including stress and depression. The SRH indicator is easy to interpret because it includes the cognitive and social elements of health. It is considered a good predictor of morbidity and mortality and is associated with health behaviour. [15, 16] Perceiving oneself as healthy enables one to participate fully in society, which is crucial to adult populations.

The expected and observed life expectancy for men according to the Institute for Health Metrics and Evaluation, for the year 2017 is 65.3 and 62.8 while that for women is 69.9 and 65.9

respectively. [17] This disparity may be a result of the deficiency in health-seeking behaviour among men compared to women. The attitude of men not seeking adequate professional care may be due to the natural masculine attributes and this always present as males being more adventurous than females and indulging in risky unhealthy behaviours like smoking, drug abuse and more alcohol consumption than females. [18, 19]

Fewer health programs and research initiatives in low-income countries focused on men exclusively as independent individuals seeking access to healthcare. [20] This is challenging, especially in a patriarchal society where healthcare is often seen as an activity reserved only for women and children. [20, 21] Therefore, it is popular for men to only seek care during emergencies or in the chronic stages of preventable illnesses. [22, 23]

Inappropriate HSB can lead to worse health outcomes, increased illness, death and poorer health statistics, translating to poorer health perception. [6] The health-seeking behaviour pattern among men is influenced by some factors such as ownership of health insurance. [6, 10, 11] A study reported that individuals who had health insurance exhibited appropriate health-seeking behaviour by utilizing formal healthcare facilities than those without. [24]

The Nigerian society is patriarchal with the males being the predominant household heads and who often double as decision-makers on family matters including health-related issues. [7, 9] Lagos State is a megacity and the commercial nerve city of Nigeria with huge economic activities. [25] This study was conducted in one of the twenty Local Government Areas (LGAs) in Lagos State; Amuwo Odofin LGA is a border LGA known for both vibrant international and local trading activities. The objective of the study was to determine the health-seeking behaviour and the self-rated health of men who reside within Amuwo Odofin LGA. [26]

Methods

This study was a descriptive, cross-sectional survey of adult males aged 18 years and above, resident in Amuwo Odofin Local Government Area (LGA) of Lagos State. This study was carried out between September and November of 2019. Lagos is the most populous city in Nigeria with an estimated 21.3 million inhabitants in its metropolis. [27] This study was carried out in an urban community of the Badagry division of Lagos State. The people living in the LGA engage in diverse forms of vocations ranging from trading, small scale businesses, arts and craft to civil service. The LGA has many patent medicine stores and private health facilities, a few Primary Health Centres and a secondary Maternal and Child Hospital, but no tertiary health facility.

Sampling

The minimum sample size of 282 was calculated using the Cochran formula for descriptive study;

$n = z^2pq/d^2$. With a 95% Confidence Interval and using a prevalence of 21.0% of health insurance enrollees from a previous study and a 0.05 level of precision, 300 participants were recruited to allow for 10% attrition. [28] A multistage sampling technique was used to recruit participants. At the first stage, four wards namely Abule-Oshun, Agboju, Ijegan and Kuje wards were selected out of the fourteen (14) wards in the local government area by simple random sampling (balloting). At the second stage, 15 streets were selected from each of the four wards adopting the simple random sampling technique by balloting from the list of streets in each ward totalling 60 streets. At the third stage, houses were selected by consecutive sampling starting from the index house on each of the selected streets. The number of houses on each street in the LGA ranged from 20 to 45 houses per street. In the final stage, one eligible respondent and one household was selected from each of the houses

that had more than one household using simple random sampling by balloting. This was done until a total of 300 respondents were recruited for the study. The respondents were categorised into four skill levels namely skill level 1 (businessmen engaged in buying and selling), skill level 2 (artisans), skill level 3 (employed such as salesmen, factory workers, office employees) and skill level 4 (professionals such as lawyers, doctors, lecturers).

Data collection

A pre-tested, structured and valid interviewer-administered questionnaire was adapted from similar studies and used to collect data. [6, 28] It comprised sections on socio-demographic and socio-economic characteristics, health insurance ownership, details of health-seeking behaviour and the self-rated health perception assessment. Two research assistants with a Bachelor degree in Sciences were trained for two days. The research assistants and the researcher administered the questionnaires to each of the respondents over 15 minutes.

Ethical considerations

Ethical approval for this study was obtained from the Health Research and Ethics Committee of the Lagos University Teaching Hospital with certificate number ADM/DCST/HREC/APP/2955. Informed written or oral consent was obtained from respondents and participation was completely voluntary. Confidentiality and privacy were also maintained throughout the study.

Data management and analysis

The contents of a total of 300 questionnaires were entered into Epi info Version 7.2.2.16 (CDC, Atlanta, Georgia, USA). The responses were coded appropriately. Frequencies of socio-demographic and socio-economic parameters were represented in tables. Good HSB was recorded for those respondents that visited the hospital when sick while poor HSB was recorded when patent medicine vendors, traditional medicine practitioners were patronised or self-medication was used. Self-

rated health perception (SRH) was recorded as 'Good' when the respondent's health perception was self-graded as either excellent, very good or good but 'Poor' was recorded for respondents with fair or poor SRH perception. The associations between categorical variables were tested using Chi-Square tests and the level of significance was set at a 95% confidence interval.

Results

The age of the respondents ranged from 18 to 80 years with a mean of 34.9 ± 12.2 years. Almost half (44.7%) were married with 85.0% as Christians and 65.7% had post-secondary education while 5.7% had no formal education. Respondents with skill level 1 constituted 43.3%, followed by those with skill level 3 (29.7%), while skill level 4 formed 10.0% of the respondents. Table I indicated that respondents that earned less than N50,000 (\$109) per month constituted 44.3% while those earning more than N100,000 (\$217) per month formed 18.7%.

Table II shows that 68.3% had heard about health insurance but only a few (18.2%) of them enrolled for health insurance. The types of health insurance enrolled for were as follows: National Health Insurance Scheme - NHIS (39.6%), Private Health Insurance - PHI (37.7%), State Health Insurance - SHI (20.8%) and Community-Based Health Insurance - CBHI (1.9%). More than half (60.0%) delayed care-seeking for between 2 days to 7 days, 28.7% delayed for more than 7 days and only 22 respondents (7.4%) sought treatment immediately or within 1 day of the onset of illness.

The most popular reasons for the delay in care-seeking was the belief that the illness was not significant (66.1%), poor finances (13.1%) and distance to health facilities (9.6%). A small proportion (4.4%) would rather explore other

easier access to treatment due to the delay at the health facilities. Approximately half (45.4%) of the respondents had an annual medical check-up at a health facility.

Hospital visit was the health-seeking behaviour exhibited by half (50.3%) of the respondents while 31.3% and 14.4% made use of patent medicine stores and self-medication respectively. The respondents' choice of care was based on expected expert care (44.7%), low-cost services (19.7%) and proximity to their abode (16.7%). The attitude of health workers (4.7%) and the option of free services (4.7%) were the least known reasons for the choice of care.

Table III displays that 81.2%, 38.8% and 9.8% of the respondents exercised regularly (jogging and brisk walking), took alcohol and smoked cigarettes respectively. Exactly 35.3% of respondents self-rated their health to be very good, 32.0% as excellent while 4.0% rated their health to be fair. More than two-thirds (68.3%) took ill more than a month before the interview 15.0% were ill within a month and 12.7% were ill within a week before the interview.

Most (84.3%) of the respondents had no limitations during their last illness episode and 89.4% did not need assistance from anyone during their last illness. A good proportion (84.1%) of the respondents did not suffer any days of impairment during the illness and most (84.7%) of them did not have any days of mental illness. The respondents' health status in the last one month revealed that more than half (58.3%) felt healthy and full of life for 21 to 30 days.

Alcohol consumption had a significant association with the respondents' self-rated health perception ($p < 0.01$) as shown in Table IV. There was no significant association between health insurance, health-seeking behaviour, exercising, smoking of cigarettes, annual medical checks and self-rated health perception of the respondents.

Table I: Socio-demographic and socio-economic characteristics of the respondents

<i>Socio-demographic factors</i>	<i>Frequency</i>	<i>Percentage</i>
Age (in years)		
18 - 30	136	45.3
31 - 40	80	26.7
41 - 50	51	17.0
>50	33	11.0
Mean age = 34.9±12.2 years		
Marital status		
Married	134	44.7
Single	153	51.0
Widower	3	1.0
Separated/Divorced	10	3.3
Ethnicity		
Hausa	18	6.0
Igbo	96	32.0
Yoruba	97	32.3
Others	89	29.7
Religion		
Christianity	255	85.0
Islam	42	14.0
Traditional	3	1.0
Education		
No formal education	17	5.7
Primary	1	0.3
Secondary	85	28.3
Post-secondary	197	65.7
Occupational Class		
Skill level 1	130	43.3
Skill level 2	24	8.0
Skill level 3	89	29.7
Skill level 4	30	10.0
Retired	6	2.0
Unemployed	21	7.0
Monthly Income (Naira)		
<50,000	133	44.3
50,000 -100,000	88	29.3
>100,000	56	18.7
Unstated	23	7.7

Discussion

There is increasing evidence from local and global studies to suggest that men are less likely to seek health services from health professionals as compared to women and children. [13, 21] This trend is not completely related to a difference in the need for services, [20] but several factors are contributory. Many

health programmes were designed for women and children with very few focused on men as individuals in their own right. [29] The findings of the present study indicated that half of the respondents had appropriate HSB as they visited the hospital during their last illness episode. Other respondents used inappropriate HSB like patent medicine dealer (drug vendor), self-medication, prayer houses and traditional healers.

Table II: Health Insurance ownership and Health-seeking behaviour

Variables	Frequency	Percentage
Heard about health insurance		
Yes	205	68.3
No	95	31.7
Health insurance subscription		
Yes	53	18.2
No	247	81.8
Health insurance type	n = 53	
Community-based health insurance (CBHI)	1	1.9
National health insurance (NHIS)	21	39.6
Private health insurance (PHI)	20	37.7
State health insurance (SHI)	11	20.8
Waiting period before seeking care during last illness		
None	17	5.7
1 day	5	1.7
2-7 days	180	60.0
>7 days	86	28.7
Not sure	12	4.0
Reasons for delay in seeking treatment		
Delay at the healthcare facility	12	4.4
Distance	27	9.6
Minor illness	181	66.1
No money	36	13.1
Others (Faith, prayer)	18	6.6
Yearly Medical Check-up		
Yes	135	45.0
No	165	55.0
Treatment Sources when ill		
Patent medicine vendors	94	31.3
Hospital	151	50.3
Prayer houses	7	2.3
Self-medication	43	14.4
Traditional	5	1.7
Reasons for respondent's choice of care during last illness		
Drug availability	23	7.7
Low-cost services	59	19.7
Free	14	4.7
Expert care	134	44.7
Proximity to their abode	50	16.7
Workers attitude	14	4.7
Others (Faith, prayer)	24	8.0

These results are consistent with previous studies in Ibadan, Awka and Ghana, [6, 8, 11] where the first point of care of the respondents was the hospital; the present findings contrast reports from Ogun State where the traditional healers and prayer houses were preferred. [9] Similarly, people had preferences for patent

medicine dealers in Edo (91.9%) and Abia (73%) states. [30, 31] These disparities in HSB may be attributed to the urban and cosmopolitan nature of Lagos State and relatively higher socio-economic status of the Lagos respondents compared to those in Ogun, Edo and Abia States which may readily access other options

of health care than a hospital visit. The proportion of respondents with appropriate HSB in the present study is average and that

casts doubt on the likelihood of achieving Universal Health Coverage (UHC) and far from meeting the SDG 3 target.

Table III: Lifestyle risk factors and self-rated health of respondents

<i>Variables</i>	<i>Frequency</i>	<i>Percentage</i>
Lifestyle factors		
Alcohol consumption	116	38.8
Smoking	29	9.8
Exercise	237	81.2
Self-rated health perception		
Excellent	96	32.0
Very good	106	35.4
Good	82	27.3
Fair	12	4.0
Neutral	4	1.3
Last illness episode of respondents		
> 30 days	205	68.3
8-30 days	45	15.0
0-7days	38	12.7
Not sure	12	4.0
Presence of physical limitations during last illness episode		
No	253	84.3
Yes	35	11.7
Not sure	12	4.0
Respondents need assistance during the last illness episode		
No	268	89.4
Yes	25	8.3
Not sure	7	2.3
Respondents duration of impairment by last illness episode		
None	254	84.7
1-7 days	46	15.3
Respondents days of mental ill-health		
None	271	90.3
1-5 days	29	9.7
Respondents number of healthy days in the last 30 days		
0-10 days	21	7.0
11-20 days	45	15.0
21-30 days	175	58.3
No response	59	19.7

*The frequency for category "poor" of self-rated health perception is zero.

Good service was the main reason stated by respondents for their choice of treatment source. However, cheap services, proximity to their homes, drug availability, and workers' attitude were other reasons. This is in tandem with older studies in Nigeria which, conveyed good quality services as the number one reason

for seeking care, followed by prompt attention, proximity to home, cheap services and availability of drugs. [6] [8] The findings in the index study and other studies may be because the respondents in these cities were more eager and willing to pay for healthcare services. Affordability was the most important factor

reported by those who pay out-of-pocket for health care services. Studies had reported that affordability was vital in influencing the choice of treatment provider among the men who

made out-of-pocket payment. [6, 9, 32] Also, socio-economic factors influence the utilization of health facilities in the absence of health insurance ownership. [9, 33]

Table IV: Association between HI, HSB, Lifestyle and self-rated health perception

Lifestyle	Self-rated health perception				
	Good (%)	Poor (%)	χ^2	df	p-value
Health insurance ownership					
Yes	52 (98.1)	1 (1.9)	0.6	1	0.7
No	225 (95.7)	10 (4.3)			
Health Seeking Behaviour					
Good HSB	143 (96.6)	5 (3.4)	0.4	1	0.5
Bad HSB	140 (95.2)	7 (4.8)			
Alcohol Consumption					
Yes	105 (92.1)	9 (7.9)			<0.01*
No	179 (98.9)	2 (1.1)			
Exercise					
Yes	229 (96.6)	8 (3.4)			0.14*
No	47 (92.2)	4 (7.8)			
Smoking					
Yes	26 (92.9)	2 (7.1)			0.32*
No	255 (96.2)	10 (3.8)			
Yearly Medical Check-up					
Yes	131 (97.7)	3 (2.2)			0.11*
No	150 (94.3)	9 (5.7)			

*Fisher’s Exact Test

The majority of the respondents who did not subscribe to health insurance (HI) still depended on drug prescriptions for treatment in the last illness episode and visited chemist shops or engaged in self-medication. The awareness of health insurance (HI) in the study area was good contrary to other studies in Nigeria. [9, 28] However, the prevalence of health insurance subscription was low (18.2%) comparable to the finding in Oyo State. [28] Though the uptake of HI is quite low, it is still higher than the average health insurance coverage for Nigeria, (< 5%). [34] The low percentage reflected in this study plays an important role in understanding how to improve the health indices of men in this

locality and Nigeria as a whole. Among the respondents with health insurance, 81.1% visited the hospital during their last illness. This may be because there is no need for out-of-pocket payment whilst under health insurance and the kind of services rendered was probably satisfactory. Out-of-pocket payment limits access to healthcare especially in the low-resource regions and this has a direct effect on the health-seeking behaviour of men. [9, 35] Health insurance can be a viable tool to achieve universal health coverage, provide access to better healthcare delivery, prevent the impoverishment of members of the society and bridge health funding gaps among different socio-economic levels in the society. [4, 28]

The majority of the respondents in the present study delayed seeking treatment due to their perception of the illness as being insignificant or minor. Similarly, a study on the health-seeking behaviour of men with lower urinary tract symptoms also identified that the HSB was mainly influenced by the severity of the disease. [31] These findings assert that cultural and patriarchal norms still play a very significant role in determining the health-seeking behaviour of men. This observation implies that socially constructed gender norms such as masculinity, which often characterize men as being resilient and brave, may manifest in some as the perception of invincibility and avoidance of healthcare. The impact of gender norm is not limited to men in Africa but extends to other parts of the globe including the United States and Europe. [32, 36] Studies have shown that the description of masculinity and gender as it relates to health is very unhelpful because most men tend to visit the hospital for the curative care of advanced ailments. [30]

A majority (95%) of the participants rated themselves as having generally good health and 35.8% reported very good health. Eighty-five per cent had no limitations due to ill-health and did not need any assistance during their last illness episode. This high proportion may be adduced to the young age demography of this study respondents and are likely to be energetic and healthy. This is higher than the findings in a study in England where only a third of the men self-rated their health as very good. [36] The slight difference observed between the last and index study may be ascribed to the fact that the respondents in the English study were aged 50 years and above compared to the mostly young respondents in the present study.

Concerning lifestyle behaviour, low alcohol consumption was found to have a statistically significant association with self-rated health perception (SRH) in the present study. Respondents that did not consume alcohol had

a better self-rated health perception. In contrast, alcohol consumption was associated with better health perception in a Chinese study. [37] However, no association was found between alcohol consumption and SRH in a Russian study. [19] There was no significant association between exercise and self-rated health (SRH) in the present study. Other studies revealed that physical activity strongly influenced self-reported health in men. [19, 37] Conducting annual medical checks on their own is an important and good preventive health behaviour; therefore, it may be assumed that participants that carry out yearly medical checks will eventually have good health-seeking behaviour. However, there was no association between attributes such as the annual medical checks and smoking and SRH.

This study acknowledges recall bias as a major limitation. However, recall bias was mitigated by asking questions relating health-seeking activities to specific commonly-shared dates. No controversy was raised by this study and qualitative studies may further explore factors affecting the health-seeking behaviour of men in the study area.

Conclusion

The severity of illness, socioeconomic status and subscription to health insurance were associated with appropriate health-seeking behaviour among men. The provision of quality services, affordability of such services and proximity of healthcare provider to respondent's residence were considered the most important characteristics for health-seeking behaviour. Habits of low alcohol consumption and annual medical checks contributed to good self-rated health perception. Proximity and affordability of healthcare services should be given consideration when situating healthcare facilities and upscaling health insurance coverage. Education of men on issues of their general health can improve their health-

seeking behaviour, health indices and eventually the economy and general well-being of the nation.

Authors' Contributions: OA and ETO conceptualized and designed the study. OA and ETO analysed and interpreted the data. OA drafted the manuscript while all the authors participated in revising the draft for sound intellectual content. All the authors approved the final version of the manuscript.

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References

1. Yahaya AM, Gunduz AY. The importance of healthy human life on economic development. *J Soc Sci* 2018; 7: 63-67. <https://doi.org/10.11648/j.ss.20180702.12>
2. World Health Organisation. Economic and social impacts and benefits of health systems. Report by Tammy Boyce and Chris Brown. 2019. Page 3. WHO regional office for Europe, Denmark.
3. World Health Organisation. Sustainable Development Goal Indicators- United Nations Statistic Division. World Bank Group. "Tracking Universal Health Coverage". April 2020.
4. World Health Organisation. Constitution of WHO as adopted by the International Health Conference. New York, 19th-22nd June 1946.
5. Oberoi S, Chaudhary N, Patnaik S, Singh A. Understanding health-seeking behavior. *J Fam Med Primary Care* 2016 5: 463-464. <https://doi.org/10.4103/2249-4863.192376>
6. Latunji OO, Akinyemi OO. Factors influencing health-seeking behaviour among civil servants in Ibadan, Nigeria. *Ann Ibadan Postgrad Med* 2018; 16: 52-60.
7. University of Columbia Wiki. Health Seeking Behaviour. The University of British Columbia. 2015. Available at <https://wiki.ubc.co> Accessed on 18 March 2021.
8. Onwujekwe O, Chukwuogo O, Ezeoke U, Uzochukwu B, Eze S. Asking people directly about preferred health-seeking behaviour yields invalid response: an experiment in south-east Nigeria. *J Public Health* 2011; 33: 93-100. <https://doi.org/10.1093/pubmed/fdq065>
9. Akeju DO, Oladapo OT, Vidler M, Akinmade AA, Qureshi R, Solarin M, *et al.* Determinants of health care seeking behaviour during pregnancy in Ogun State, Nigeria. *Reprod Health* 2016; 13: 32. <https://doi.org/10.1186/s12978-016-0139-7>
10. Mensah CO. Access to health insurance and health-seeking behaviour in a Nigerian sub-urban community. Walden Dissertations and Doctoral Studies 2020. p. 5.
11. Saeed B, Yawson AE, Nguah S, Agyei-Baffour P, Emmanuel N, Ayesu E. Effect of socio-economic factors in the utilization of different healthcare services among older adult men and women in Ghana. *BMC Health Serv Res* 2016; 6: 390. <https://doi.org/10.1186/s12913-016-1661-6>
12. Kuuire VZ, Bisung E, Rishworth A, Dixon J, Luginaah I. Health-seeking behaviour during times of illness: a study among adults in a resource-poor setting in Ghana. *J Public Health* 2016; 38: e545-e553. <https://doi.org/10.1093/pubmed/fdv176>
13. Olanrewaju FO, Ajayi A, Loromeke E, Olanrewaju A, Allo T, Nwannebuife O. Masculinity and men's health-seeking behaviour in Nigerian academia, Cogent Soc Sci 2019; 5: 1. <https://doi.org/10.1080/23311886.2019.1682111>
14. Centres for Disease Control and Prevention. Health-related Quality of Life.

- 2018; Center for Disease Control and Prevention, Atlanta, Georgia. 2018. <https://doi.org/10.1186/s12913-015-1119-2>
15. Stanojevic JO, Sauliune S, Saumskas L, Birt C, Kersnic J. Determinants of self-rated health in elderly populations in urban areas of Slovenia, Lithuania and UK: findings of the EURO-URHIS 2 survey. *Eur J Pub Health* 2017; 27: 74-79. <https://doi.org/10.1093/eurpub/ckv097>
16. Bombak AE. Self-rated health and public health: a critical perspective. *Front Public Health* 2013; 1: 15. <https://doi.org/10.3389/fpubh.2013.00015>
17. Nigeria. Institute of Health Metrics and Evaluation. 2019. www.healthdata.org/Nigeria. Accessed 10 February 2020.
18. Koriakunta A, Reddy CMP. High-risk behaviour in patients with alcohol dependence. *Indian J Psychiatry* 2019; 61: 125-130. <https://doi.org/10.4103/39517>
19. Selivanova A, Cramm JM. The relationship between healthy behaviours and healthy outcomes among older adults in Russia. *BMC Public Health* 2014; 14: 1183. <https://doi.org/10.1186/1471-2458-14-1183>
20. Camlin CS, Semmondo E, Chamie G, El Ayadi AM, Kwarisiima D, Sang N, et al. Men "missing" from population-based HIV testing: insights from qualitative research. *AIDS Care* 2016; 28: 67-73. <https://doi.org/10.1080/09540121.2016.1164806>
21. Parents MC, Hammer JH, Bradstreet TC, Schwartz EN, Jobe T. Men's mental health help-seeking behaviours: an intersectional analysis. *Am J Men's Health* 2018; 12: 64-73. <https://doi.org/10.1177/1557988315625776>
22. Van Loenen T, Van den Berg MJ, Faber MJ, Westert GP. Propensity to seek healthcare in different healthcare systems: analysis of patient data in 34 countries. *BMC Health Serv Res* 2015; 15: 465. <https://doi.org/10.1186/s12913-015-1119-2>
23. Azuogu BN, Eze NC, Azuogu VC, Onah CK, Ossai EN, Agu AP. Appraisal of healthcare-seeking behaviour and prevalence of workplace injury among artisans in automobile site in Abakaliki, Southeast Nigeria. *Niger Med J* 2018; 59: 45-49. https://doi.org/10.4103/nmj.NMJ_110_18
24. Obalum CD, Fibresima F. Nigerian national health insurance scheme (NHIS): an overview. *Niger Postgrad Med J* 2012; 19: 167-174.
25. Cable News Network. 24 hours in Lagos: The city that never sleeps. Available at <http://edition.cnn.com/2009/TRAVEL/04/20/lagos.visit/index.html> Accessed 13 March 2021.
26. Wikipedia. Amuwo Odofin. Available at <https://en.wikipedia.org/wiki/Amuwo-Odofin> Accessed 13 March 2021.
27. Britannica, The Editors of Encyclopedia Britannica. (2020, June 5). "Lagos" Encyclopedia Britannica. <https://www.britannica.com/place/Lagos.state.Nigeria> Accessed 26 February 2021.
28. Adewole DA, Akanbi SA, Osungbade KO, Bello S. Expanding health insurance scheme in the informal sector in Nigeria: awareness as a potential demand-side tool. *Pan Afr Med J* 2017; 27: 52. <https://doi.org/10.11604/pamj.2017.27.52.11092>
29. Hardee K, Croce-Galis M, Gay J. Are men well served by family planning programs? *Reprod Health* 2017; 14: 14. <https://doi.org/10.1186/s12978-017-0278-5>
30. Adam VY, Aigbokhaode AQ. Sociodemographic factors associated with the healthcare-seeking behavior of heads of households in a rural community in Southern Nigeria. *Sahel Med J* 2018; 21: 31-36. <https://doi.org/10.4103/1118-8561.232781>

31. Onyeonoro UU, Ogah OS, Ukegbu AU, Chukwuonye II, Madukwe OO, Moses AO. Urban-Rural Differences in Health-Care-Seeking Pattern of Residents of Abia State, Nigeria, and the Implication in the Control of NCDs. *Health Serv Insights* 2016; 9: 29-36. <https://doi.org/10.4137/HSL.S31865>
32. Eley NT, Namey E, McKenna K, Carrington JA, Guest G. Beyond the Individual: Social and Cultural Influences on the Health-Seeking Behaviors of African American Men. *Am J Men's Health*. 2019: 1-11. <https://doi.org/10.1177/1557988319829953>
33. Dowden J, Mushamiri I, McFeely E, Apat D, Sacks J, Amor YB. The impact of "male clinics" on health-seeking behaviors of adult men in rural Kenya. *PLoS ONE*. 2019; 14: e0224749. <https://doi.org/10.1371/journal.pone.0224749>
34. Aregbesola B. Healthcare in Nigeria: Challenges and Recommendations. *Social Protection.org*. 2019. <https://socialprotection.org/discover/blog/health-care-nigeria-challenges-and-recommendations> Accessed 15 March 2021.
35. Promundo and UNFPA. Strengthening CSO-Government Partnerships to scale up approaches to engaging men and boys for gender equality and SRHR: a tool for Action. Washington, DC, New York: Promundo-US, UNFPA; 2016.
36. Statista England: SRH among over 50s in 2018/2019, by gender. Published by Conor Stewart, 2020. Available at <https://www.statista.com/statistics/982715/england-self-reported-health-among-older-people/> Accessed 15 March 2021.
37. Xiao M, Zhang F, Xiao N, Bu X, Tang X, Long Q. Health-Related Quality of Life of Hypertension Patients: A population-based cross-sectional study in Chougqing, China. *Int J Environ Res Public Health*; 2019; 16: 2348. <https://doi.org/10.3390/ijerph16132348>



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