

# Health Seeking Behaviours as Predictors of Hypertension Among Traders in Osun State, Nigeria

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**Abstract:** *This study examined health seeking behaviour as predictor of hypertension among traders in Osun State, Nigeria. Descriptive survey research design was used for this study while the instrument for data collection is self developed and structured questionnaire with reliability coefficient of 0.702. The population for this study is the people of Osun State. A total of two hundred and ten (210) respondents were sampled out of which one hundred and eighty three (183) fully completed and returned their questionnaires giving a response rate of 87.1%. Three hypotheses were raised to guide the study. Descriptive statistics of frequency counts and percentages was used to analyze the demographic data of the respondents while the hypotheses were analyzed using regression analysis and t-test. All hypotheses were tested at 0.05 alpha level. The result showed that there is significant joint contribution of health seeking behaviours to hypertension among traders in Osun State, Nigeria with herbal cure having the highest relative contribution. The study further revealed that there is gender disparity in health seeking behaviour. Consequent upon which it was recommended that concerted public enlightenment should be embarked upon to help people understand illness causation.*

**Keywords:** Health seeking behaviour, high blood pressure, hypertension, risk factors.

## INTRODUCTION

Health seeking behaviour could be series of remedial actions that individual undertakes to rectify perceived ill health. It is initiated with symptom definition upon which a strategy for treatment action is devised. Treatment choice involves a myriad of factors related to illness type and severity, pre-existing lay beliefs about illness causation, the range and accessibility of therapeutic options available, and their perceived efficacy. Health promotion programmes worldwide have long been premised on the idea that providing knowledge about causes of ill health and choices available will go a long way towards promoting a change in individual behaviour, towards more beneficial health seeking behaviour. Proper understanding of health seeking behaviour could reduce delay to diagnosis, improve treatment compliance and improve health promotion strategies in a variety of contexts.

There are indications that the burden of non-communicable diseases (NCDs) such as hypertension is increasing in epidemic proportions in Africa. World Health Report (2002) revealed that NCDs accounted for 22% of the total deaths in the region in the year 2000; cardiovascular diseases alone accounted for 9.2% of the total deaths, killing even more than malaria. Indeed, it has already been projected that up to three quarters of

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the worlds hypertensive population will be in economically developing countries by the year 2025 (Kearney, Whelton, Reynolds, Muntner & Whelton, 2005). With increased prevalence of hypertension and the resultant greater economic and health burden, Nigeria will feel the impact mostly due to its population size. This problem is further magnified by paucity of data which may lead to the understanding that these diseases are not in existence (Ekwunife & Aguwa, 2011).

Blood pressure is usually measured with the person sitting calmly and comfortably in a relaxed environment. This is sometimes referred to as the resting blood pressure. If the resting blood pressure is persistently high, it not only puts strain on the heart but also damages the walls of the arteries, large and small, making them stiffer and more prone to clogging and haemorrhage. This causes problems in the organs they supply and leads to a number of major disorders and diseases; in general, the higher the blood pressure, the greater the risks to health. High blood pressure is usually symptomless and often not regarded as a disease in its own right. However, it is a major risk factor in a number of potentially fatal conditions and is also a precursor to several non-fatal but debilitating disorders, this is hypertension caused by an underlying disease or as a side-effect of medication which may account for up to 5% of hypertension cases (National Institute for Clinical Excellence, 2004). Blood pressure may also persistently increase over a longer period in response to a wide range of stressful situations, including stress at work (Steptoe, 2000).

According to Haslett, Chilvers, Boon & College (2002), hypertension is classified into primary hypertension, which accounts for the majority of adulthood hypertension with no identifiable cause, although there are usually recognizable risk factors; and secondary hypertension, which accounts for the majority of childhood hypertension. Some of the known risk factors for primary hypertension like age, heredity, and gender are non-modifiable. However, the majority of the other risk factors like tobacco use, alcohol use, unhealthy diet, physical inactivity, overweight and obesity can be effectively prevented (World Health Organization, 1998). Hypertension is the most common cardiovascular disorder affecting approximately 1 billion people globally and accounts for approximately 7.1 million deaths annually (Brundtland, 2002). Recent studies conducted in Africa have revealed prevalence ranging from 7.5% in Sudan (Addo, Smeeth & LeonAddo, 2007), to as high as 37.7% in Tanzania (Wamala, Karyabakabo, Ndungutse & Guwatudde, 2009).

One of the cornerstones to achieving positive health behaviour towards hypertension is through public education; this calls for compulsory on-job screening and educative programmes in the form of seminars and conferences for all categories of staff this might enhance positive health behaviour, motivation and high level of productivity (Abdullahi & Amzat, 2011). In the past, the approach to health care was usually two-fold: for most illnesses, health care was usually first sought within the household from older members of the family who have thorough experience of the knowledge of treatment for such illness. If the illness persists, traditional specialists were consulted. Today, the situation has changed significantly, a large proportion of health-seekers now

consult modern health care providers both private and government facilities at the onset of illness. Home remedies, chemist medicine stores and faith/spiritual healing are frequently being used. Purchases of drugs from peddlers who are found in large numbers in Nigeria are frequently used especially in the rural areas and among the poor whose access to other sources is limited.

In African context, diseases and illness fall into two categories: natural and supernatural. Decisions on treatment therefore, involve many factors such as the nature of illness, the cost and the person paying for it. Diseases thought to be due to natural factors are often treated by either traditional or modern therapies. Those thought to be supernatural are treated by spiritual means. Whether the therapy is traditional, modern or spiritual, the person taking the decision is important because that person invariably also meets the cost. Health-seekers in the developing countries tend to seek health care concurrently or sequentially depending on the nature of the illness and the resources at the disposal of the family. Place of treatment is a function of cost and accessibility as well as the perception of those who require treatment and the person or persons making treatment decisions and paying for it.

Oluwatuyi (2010) hinted that 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; hence, providing knowledge about causes of ill health and choices available will go a long way towards more beneficial health seeking behaviour. 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 is that for some illness, people will choose traditional healer facilities. Hence, the researcher investigated health seeking behaviour as predictor of hypertension among traders in Osun State, Nigeria.

### **Statement of the Problem**

Sometimes when people find themselves in a state of ill-health, they tend to seek for ways of restoring their health from places and people that can help them regain their health and sometimes from sources that are detrimental to their health. In Nigeria, there is an array of modern and indigenous health care providers, hence, health-seekers often have numerous treatment options when they are ill and in need of health care. Health care is sometimes sought among providers concurrently or sequentially depending on the perceived cause and nature of the illness and the resources at the disposal of the family. The imperative to maintain and sustain healthy communities derives from the need for a well functioning society; in as much as most of the health challenges threatening to undermine the future capacity of the nation are largely preventable (National Public Health Partnership, 2006; Thomas, 2001). A society that is healthy will also prosper economically. Therefore, the researcher examined health seeking behaviour as predictor of hypertension among traders in Osun State, Nigeria.

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### METHODOLOGY

This study investigated health seeking behaviour as predictor of hypertension among traders in Osun State, Nigeria. Descriptive survey research design was used for this study while the instrument for data collection is self developed and structured ‘Predictors of Hypertension Questionnaire’ with reliability coefficient of 0.702. The population for this study is the people of Osun State and a total of two hundred and ten (210) respondents were sampled using multistage sampling technique in the following order: stratified sampling technique was used to pick a town each from the three senatorial districts in Osun State, viz: Ede (Osun West Senatorial District), Ilesha (Osun East Senatorial District), and Osogbo (Osun Central Senatorial District). Simple random sampling technique was used to select seventy (70) respondents from each selected town, out of which 60 questionnaires (85.7% response rate) were properly filled and returned in Ede, 68 questionnaires (97.1% response rate) in Ilesha and 55 questionnaires (78.6% response rate) in Osogbo, thereby bringing the total number of returned questionnaires in all the Senatorial Districts to one hundred and eighty three (183) which is 87.1% response rate. Three hypotheses were raised and tested. Descriptive statistics of frequency counts and percentages was used to analyze the demographic data of the respondents while the hypotheses were analyzed using regression analysis and t-test. All hypotheses were tested at 0.05 alpha level.

### Results

Figure 1: Showing the Religion of the Respondents

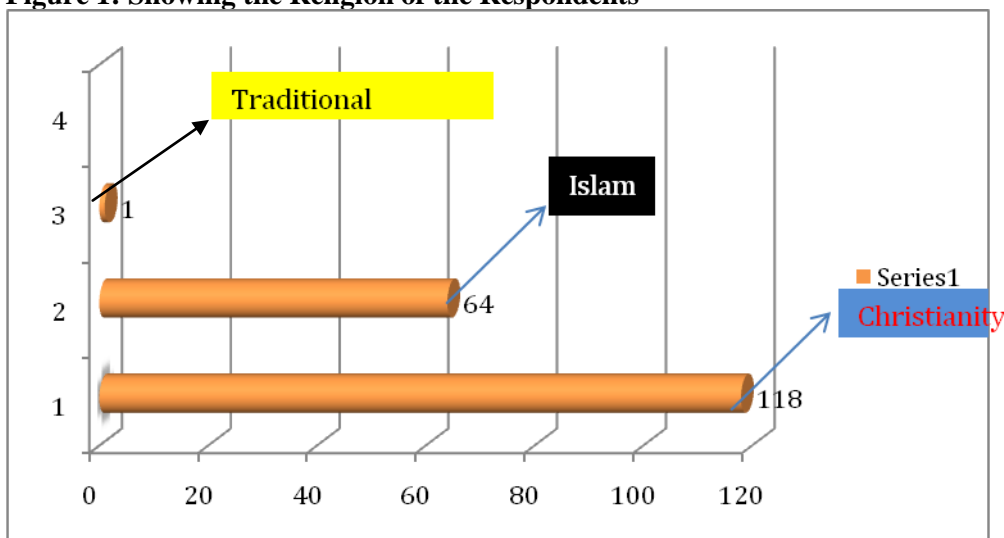


Figure 1 shows that 118 (64.5%) of the respondents are Christians, 64 (35%) are Muslims and 1 (0.5%) is a Traditionalist.

**Figure 2: Showing the Sex of the Respondents**

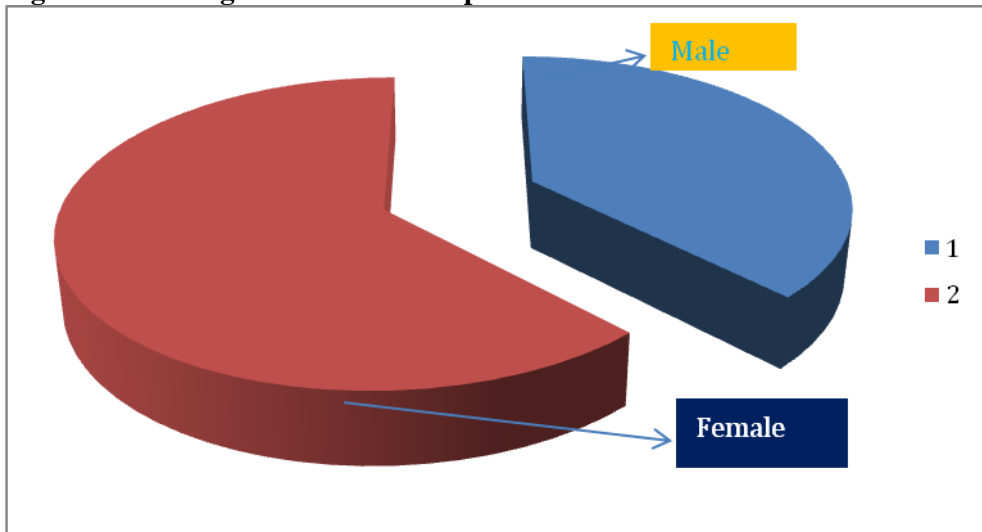


Figure 1 above shows that 69 (34.7%) of the respondents are males while 114 (62.3%) are females.

**Hypothesis 1:** There will be no significant relative effect of health seeking behaviours (faith healing, drug peddlers and traditional/herbal cure) on hypertension among traders in Osun State, Nigeria.

**Table 1: Regression Table on Relative Contribution of Health Seeking Behaviour**

Model	Unstandardized Coefficients		Standardized Coefficients	t.	Sig.
	B	Std. Error	Beta		
Constant	13.730	1.983		6.923	.000
Faith Healing	.84	.094	.059	.896	.371
Drug Peddlers	.188	.104	.125	1.805	.073
Herbal Cure	.563	.094	.414	5.959	.000

The Table 1 shows that only Herbal Cure is independently significant with 41.4% contribution ( $\beta=0.414$ ,  $t=5.959$ ,  $P<0.05$ ), followed by Drug Peddlers with 12.5% contribution ( $\beta=.125$ ,  $t=1.805$ ,  $P>0.05$ ), followed by Faith Healing with 5.9% contribution ( $\beta=.059$ ,  $t=.896$ ,  $P>0.05$ ). Therefore, the hypothesis that says there will be no significant relative effect of health seeking behaviours (faith healing, drug peddlers and traditional/herbal cure) on hypertension among traders in Osun State, Nigeria is hereby rejected.

**Hypothesis 2:** There will be no significant joint effect of health seeking behaviours on hypertension among traders in Osun State, Nigeria.

**Table 2: Joint Effect of Health Seeking Behaviours on Dependent Variable**

R	= 0.477				
Multiple R	= 0.228				
Multiple R <sup>2</sup> adjusted	= 0.215				
Standard Error Estimate	= 3.86734				
<b>Analysis of Variance</b>					
Model	Sum of Square	df	Mean Square	F	P
Regression	789.224	3	263.075	17.590	.000
Residual	2677.181	179	14.956		
Total	3466.404	182			

Table 2 shows that the joint effect of health seeking behaviours (Faith Healing, Drug Peddlers and Herbal Cure) on hypertension among the people of Osun State, Nigeria is significant ( $F(3,179)=17.590$ ,  $P<0.05$ ). The independent variable also yielded a coefficient of multiple regression (R) of 0.477 and a multiple regression square ( $R^2$ ) of 0.215. Hence, the hypothesis that says there will be no significant joint effect of health seeking behaviour on the dependent variable is hereby rejected.

**Hypothesis 3:** There will be significant gender difference in health seeking behaviour of traders in Osun State, Nigeria.

**Table 3: t-test Table Showing the Gender Difference in Health Seeking Behaviour**

	t	df	Sig(2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Sex	41.410	182	0.000	1.63934	1.5612	7.7175

**(t=41.410; df=182; P<0.05)**

Table 3 shows that Significant  $P(0.000)$  is less than 0.05, hence, the hypothesis that says there will be no significant gender difference in health seeking behaviour of traders in Osun State, Nigeria is hereby rejected.

**DISCUSSION OF FINDINGS**

Health-seeking behaviour has been explored in many international studies and its significant correlates included the physical, demographic, socio-economic and cultural factors and the organization of health care system (Russell, 2005; Ali, Sami, Rehman & Haider, 2006). 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 (Oluwatuyi, 2010). He further 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.

Policy formulation for the health care services in any country should be based on the knowledge regarding the health seeking behaviours of the community and the factors influencing it (Mushtaq, Gull, Shad & Akram, 2011).

The factors determining trends in the health seeking behaviour may be seen in various contexts such as gender, demographic, socioeconomic, age and cultural and. There are variations and apart from differences according to type of illness, gender is also a recurring theme. Conversely, Menendez & Ardington (2005) found no significant difference in health seeking behaviour between men and women, but discovered that better educated people are significantly more likely to see a public doctor, a private doctor, and to take a non-prescribed self-medication.

### CONCLUSION AND RECOMMENDATIONS

This study revealed that herbal cure is more sought after than faith healing and drug peddlers by traders which points to the fact that most of our behaviours are deeply rooted in our traditions. The study further revealed that gender plays a pivotal role in health seeking behaviour. Hence, the following recommendations were advanced:

1. Government at all level, International Organizations and local Non-Governmental Organizations should work in synergy with cultural and religious groups in Nigeria to create enlightenment on illness causation, especially among the lay people as this will help to knock-out age-long behaviours that are detrimental to health and equally reinforce the ones that are beneficial.
2. The possibility of behaviour change should be considered in their social context such as gender, religion, educational and economic status as this will help to effectively address these problems right from the source.

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