



## Health Seeking Behaviour (HSB): Examining Preferences of Sources of Healthcare Services among Basic Nursing and Midwifery Students in Faith-Based Training Schools.

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### Abstract

The study was conducted to examine the preferences of sources of healthcare services and factors influencing the health-seeking behaviour of students in St Luke's schools of Nursing and Midwifery, Wusasa, Zaria, Kaduna state. A descriptive cross-sectional research design was used for the study where proportionate stratified sampling technique was used to select 103 students across the various classes of the two schools and structured pretested questionnaire was used to collect data from the respondents and the data was analyzed using descriptive statistic. The results revealed that the orthodox system of medicine was the system most used by the students (91.6%) followed by the traditional system of medicine (48.4%) and spiritual healing (36.8%). Also, respondents identified the feelings and believe that Traditional medicine is more effective in treatment of certain diseases, preference for home than medical centre for treatment and the feeling that orthodox health centre are for treatment of severe/life-threatening illnesses as factors influencing their health-seeking behaviors. It was recommended that school managements and other stakeholders need to institute intensive Behavior Change Communication campaigns in the schools.

**Keywords:** Health Seeking Behavior, Nursing And Midwifery, Orthodox, Traditional

### Introduction

Health is essential for the social and economic development of a country and its population. socio-cultural belief about the causation of disease and its curability has direct correlation with the treatment-seeking behaviour of an individual according to Okechukwu&Ijendu (2016).

In its broadest sense, health-seeking behaviour (HSB) includes all behaviours associated with establishing and maintaining a healthy

physical and mental state (primary prevention), behaviours that deal with any digression from the healthy state (secondary prevention), and reducing impact and progression of an illness (tertiary prevention) (Christopher, 2018). Health seeking behaviour refers to those actions that people resort to undertaking in the event of perceived ill health for the purpose of finding an appropriate remedy (Chen et al., 2008). It involves the decision making for health care at the household level wherein the decision made

encompasses all the available options for healthcare; public and private, modern, and traditional (Afolabi et al., 2013).

According to the World Health Organization (WHO) in 2010, timely intervention on major health problems will reduce mortality and morbidity rates. What people do when they have symptoms of illness may have major implications on the progression of the illness and possible outcome of the disease (Von, 2012). Delays or refusal to seek and obtain proper diagnosis and treatment can lead to adverse consequence (Afolabi et al., 2013).

The behaviour of individuals is influenced by a lot of factors as belief systems, household decision-making to seek care, social network and economic status (Uzochukwuet al., 2008). The factors affecting an individual's health-seeking behaviour vary between households and communities. Some of these factors include; the availability of specialists; lack of resources and out-of-pocket financing of health-care services; socio-cultural taboos and prevalence of traditional healthcare in the environment; poor access to good health-care services; educational attainment; family size; and perception of the severity of illness. (Adedokun, et al., 2012; Onwujekwe, et al., 2008; Dzator & Asafu-Adjaye, 2004; Pourreza, et al., 2011). Another study added that the socio-cultural beliefs about the causation of disease and its curability has direct correlation with the treatment-seeking behaviour of an individual (Okechukwu & Ijendu 2016).

In the same regard, poor healthcare-seeking behaviour has been shown to contribute to ineffective prevention and control of morbidity and mortality related to health conditions. (Ellis, et al., 2012; National Population Commission, Nigeria and ICF Macro. National Demographic and Health Survey (NDHS), 2013; NDHS, 2008).

Many more studies have linked inappropriate HSB to worse health outcomes, increased morbidity and mortality and poorer health

statistics in Low-Middle Income Countries (LMICs) due to poor socioeconomic statuses of the populace (Atuyambe, 2008; Mwase, 2015). Phiri et al., (2014) in a comparative study reported that households whose average income was below the minimum wage were less likely to seek formal medical care for their illness than those whose incomes were above in Pakistan and, almost 70% of pregnant women from households in the upper socio-economic stratum were found to have their deliveries in health facilities compared with 42% for middle and 38% for low socio-economic strata in Kenya, respectively.

From a study in Nigeria, it was submitted that as many as 71% of rural dwellers and 53% of urban dwellers have reported an inappropriate HSB during their last illness episode including the choice of providers and place of treatment (Onwujekwe et al., 2011). An essential aspect of HSB is the choice of healthcare provider made by people in response to illness. In a study conducted among general undergraduate students in a Nigerian University, it was revealed that students consulted their peers (37.5%) in health-related academic disciplines rather than seek treatment at the university health centre, 24.7% preferred community pharmacies while others took personal responsibilities for their health or abstained from medical care for religious reasons (16.8%); barriers to seeking medical attention identified were cost of care, protracted waiting time, inadequate health information, unfriendly attitude of healthcare workers and drug shortage (Afolabi, et al., 2013).

Health care is only safe to the extent that the person providing it is also of good health and recently, there is growing interest in the health of the health care provider stemming from the realization that a healthy population depends on a healthy personnel that leads as an example (Nebert, 2016). Nursing students form a vital part of the health personnel worldwide and their contribution is essential to delivering safe health care to their service consumers. An ill student nurse might be incapable to provide health care to others and

therefore the quality of care delivered to patients will be deficient (Helfand, 2013). As such, with increasing morbidity in the health professions, the health of the nursing students has to receive scrutiny seeking ways to enhance their utilization of health services if they have to make health-seeking behaviour advice to patients realistic (Chen & Tse, 2008). Unfortunately, there is a dearth of studies in that regard in Nigeria which informed the need for this study.

This further informs the need for this study to bring to light, the HSB of Nursing and Midwifery Students as it has not been receiving a lot of research attention in recent times in Nigeria. This study seeks to identify which socio-demographic and health service-based factors influence HSB among civil servants, who represent a sizeable proportion of the working population in the country.

### **Materials and Methods**

The descriptive research design was used for the study where proportionate stratified sampling technique was used to select 103 students across 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> year of training in two faith-based schools; St. Luke Schools of Nursing and Midwifery, Wusasa, Zaria, Kaduna state. A structured pretested questionnaire was self-administered to collect data from the respondents and 95 (92.2%) were successfully retrieved; Likert scale was used to determine the factors that influence health-seeking behaviour. Descriptive statistical methods were used to analyze the data on SPSS v.25 where frequency and percentages were computed.

Ethical clearance was obtained from the Ethical Review Committee of the School. Respondents were clearly explained, the aim of the study and were informed of their rights to withdraw at any time. All information was kept confidential.

**Results**

**Table 4.1:** Socio-Demographic Characteristics n=95

Variables	Frequency	Percentage (%)
<b>School</b>		
• Basic nursing	56	58.9
• Midwifery	39	41.1
<b>Gender</b>		
• Male	22	23.2
• Female	73	76.8
<b>Age</b>		
• 15-19 yrs	30	31.6
• 20-24yrs	55	57.9
• 25-29yrs	9	9.5
• 30 years above	1	1.1
<b>Marital Status</b>		
• Married	9	9.5
• Single	85	89.5
• Divorced	1	1.1
<b>Ethnicity</b>		
• Yoruba	31	32.6
• Igbo	16	16.8
• Hausa	43	45.3
• Others	5	5.3
<b>Educational Level</b>		
• Year 1	27	28.4
• Year 2	40	42.1
• Year 3	28	29.5
<b>Religion</b>		
• Islam	23	24.2
• Christianity	72	75.8

From the table above, 58.9% of the respondents were basic nursing students 41.1% were midwifery students. Most (76.8%) were females and between the ages of 20-24years(57.9%). The majority of the

respondents (89.5%) were single, and 45.3% were Hausa by the tribe. The majority of the respondents were Christians representing 72(75.8%) with 42.1% were from year 2.

**Table 2:** Sources of Healthcare Services

Sources	n=95	
	Frequency	Percentages (%)
1. Orthodox System	87	91.6
2. Traditional System	46	48.4
3. Spiritual System	35	36.8
4. Chinese System	2	2.1
5. Others	1	1.1

From Table 2, 91.6% of the respondents used Orthodox system, 48.4% reported the use of traditional system of medicine, 36.8% go for spiritual healing when they are sick while 2.1% patronized Chinese systems of medicine.

**Table 3: Factors that Influence Health Seeking Behaviour n=95**

Statement	SA	A	U	D	SD	Mean	Remarks
1. Traditional medicine is more effective in treatment of certain diseases	8	69	6	3	6	3.76	Agree
2. I am comfortable visiting health centre when I am sick	37	44	3	8	0	4.19	Agree
3. I prefer visiting the religious centre for treatment when I am sick	4	31	25	22	10	2.96	Disagree
4. I am neglected whenever I visit health care for treatment	9	34	17	28	4	3.07	Undecided
5. I am unable to utilize orthodox health care service because of its high cost	12	45	7	20	8	3.25	Undecided
6. I prefer home to a medical centre whenever I need medical attention	22	34	12	17	7	3.51	Agree
7. I am capable of treating myself with my experience	12	35	10	27	7	3.06	Undecided
8. I seek care from orthodox health centre for an illness that is severe/life-threatening	65	22	2	2	1	4.46	Strongly Agree
<b>Average Mean Score</b>						<b>3.52</b>	

SA = Strongly Agree, A = Agree, U = Undecided, D = Disagree, SD = Strongly Disagree

The respondents agreed that traditional medicine is more effective in the treatment of certain diseases, orthodox health centre are for treatment of severe/life-threatening conditions also dissuade them from visiting health facilities when sick, preference for the home than the medical centre for treatment are the factors that influence their decisions to seek medical care in places other than health centres/hospitals and in addition, they strongly agreed that the feeling. Although they disagreed on the influence of religious/spiritual healing, and undecided on the influence cost of orthodox medicine and were capable of diagnosing and treating themselves.

**Discussion**

Study finding revealed that most of the respondents patronize the orthodox system of medicine which is contrary to the study reported by Afolabi, et al.,(2013) from a Nigerian university, who identified that most

students patronize community pharmacies, do not visit the university health centre and a few patronized patent medicine stores. This study further identified that, the students do traditional system of medicine when they are sick which they further unanimously submitted that they have a feeling that compared to orthodox, traditional medicine is more effective in treatment of certain diseases. Considering that, the respondents in this study were healthcare providers on training and yet are carrying such misconceptions. There is raising concerns on the feelings, belief and perception of the general population in Nigeria concerning the inadequacy of the orthodox system and superiority of the traditional system in the management of certain diseases. The findings further showed over a quota of the respondents seek spirituality for healing when they are sick, a finding that was supported by several studies from a systematic review conducted by Tabei, et al.,(2016).

Most of the respondents' agreed that traditional medicine is more effective in the treatment of certain diseases, preference for the home than the medical centre for treatment are the factors that influence their decisions to seek medical care in places other than health centres/hospitals and in addition, they strongly agreed that the feeling, orthodox health centre are for treatment of severe/life-threatening conditions also dissuade them from going to the hospital when they are sick which means when they did not perceive their sickness as severe or life threatening they will not approach the hospital for treatment which conforms with the submission of another study by Adedokun et.al (2012). The respondents were undecided on the influence cost of orthodox medicine and feeling that they were capable of diagnosing and treating themselves as factors influencing their health-seeking behaviour which is contrary to what was reported by Adedokun et. al (2012) and Onwujekwe (2008) in other studies where they identified the cost of treatment as an influencing factor that sways patients away from going to the hospital to seek treatment. Despite a segment of the respondents reporting that they used spiritual healing which is not unexpected considering the respondents are students of faith-based institutions, however, they did not prefer visiting the religious centre for treatment when they are sick as they did not identify it among the factor influencing their HSB. This can be connected to the fact that the respondents were at an advanced stage of training in an orthodox system of medicine as such were more likely to see less worth in other systems of medicine.

### **Conclusion and Recommendation**

Based on the findings it was concluded that the systems of medicine used by most Nursing and Midwifery students were Orthodox system followed by traditional system and spiritual healing. The feelings and belief that Traditional medicine is more effective in the treatment of certain diseases, personal preference for the home than the medical centre for treatment and feeling that orthodox

health centre are for treatment of severe/life-threatening conditions are the factors that influence their decisions to seek medical care in places other than health centres/hospitals. It was recommended that school management and other stakeholders need to institute intensive Behavior Change Communication campaigns in the schools dispelling the students' conceived notions on strength of traditional and spiritual systems over the orthodox system of medicine in the management of certain diseases.

### **Conflict of Interest**

We hereby declare that there was no conflict of interest between the authors from the conceptualization to the dissemination of the study findings.

### **References**

- Adedokun, B.O., Morhason-Bello, I.O., Ojengbede, O.A., Okonkwo, N.S. and Kolade, C. (2012). Help-seeking behaviour among women currently leaking urine in Nigeria: Is it any different from the rest of the world?. 6:815-9.
- Afolabi, M.O., Daropale, V. O., Irinoye, A. I. A. and Adegoke, A. (2013). Health-seeking behaviour and student perception of health care services in a university community in Nigeria. Health. 5(5), 817-824
- Atuyambe, L.M. (2008). Adolescent motherhood in Uganda: Dilemmas, health seeking behaviour and coping responses.
- Dzator, J. and Asafu-Adjaye, J. (2004). A study of malaria care provider choice in Ghana. Health Policy.69:389-401.
- Ellis, A.A., Traore, S., Doumbia, S., Dalglish, S.L. and Winch, P.J. (2012). Treatment actions and treatment failure: Case studies in the response to severe childhood febrile illness in Mali. BMC Public Health;12:946.
- Mwase, I. (2015). Social capital and household health-seeking behaviour for children in the context of urban neighbourhoods: The case of

- Khayelitsha in Western Cape, South Africa. A thesis submitted to University of Cape Town (Unpublished).
- National Population Commission, Nigeria and ICF Macro. (2013). National Demographic and Health Survey (NDHS) 2013: Preliminary Report. National Population Commission, Abuja and ICF International; 8-45.
- National Population Commission, Nigeria and ICF Macro. (2009). Nigeria Demographic and Health Survey (NDHS) 2008. Abuja: National Population Commission, Abuja and ICF Macro; 9-36.
- Onwujekwe, O., Uzochukwu, B., Eze, S., Obikeze, E., Okoli, C. and Ochonma, O. (2008). Improving equity in malaria treatment: Relationship of socio-economic status with health seeking as well as with perceptions of ease of using the services of different providers for the treatment of malaria in Nigeria. *Malaria J*;(7):5-13.
- Onwujekwe, O., Onoka, C., Uzochukwu, B. and Hanson, K. (2011). Constraints to universal coverage: inequities in health service use and expenditures for different health conditions and providers. *International Journal for Equity in Health*;10(1):50-56.
- Phiri, S.N., Kiserud, T., Kvale, G., et al. (2014). Factors associated with health facility childbirth in districts of Kenya, Tanzania and Zambia: a population-based survey. *BMC pregnancy and childbirth*;14(1):219.
- Pourreza, A., Khabiri, R., Foroushani, A.R., Sari, A.A., Arab, M. and Kavosi, Z. (2011). Health care-seeking behaviour in Tehran, Islamic Republic of Iran. *World ApplSciJ*;14:1190-7.
- Tabei, S.Z., Zarei, N. and Joulaei, H. (2016). The Impact of Spirituality on Health. *Shiraz E-Med J*. 17(6):e39053. doi: 10.17795/semj39053
- Uzochukwu, B.S., Onwujekwe, E.O., Onoka, C.A. and Ughasoro, M.D. (2008). Rural-urban differences in maternal responses to childhood fever in South-East Nigeria. *PLoS One*. 3; 1788.