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## FACTORS DETERMINING THE HEALTH SEEKING BEHAVIOUR OF RURAL DWELLERS IN DEKINA LOCAL GOVERNMENT AREA OF KOGI STATE, NIGERIA

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### ABSTRACT

In Dekina Local Government Area of Kogi State, the study looked at factors influencing how rural residents sought out health care. The study's specific goals included identifying the most prevalent diseases afflicting rural residents in Dekina L.G.A, investigating the general health-seeking behaviour of rural dwellers, studying the factors that influence this behaviour, and examining the obstacles that patients in this area face. The study's framework was based on rational choice theory. The study used a survey research design, and a sample of 399 people was chosen from the 142, 112 study participants using a cluster sampling strategy combined with systematic simple sampling. Multiple regression was used to assess the hypothesis formulated. The study's conclusions showed that typhoid fever and malaria were the most frequent illnesses experienced by rural residents. The majority of rural residents in Dekina L.G.A. sought healthcare from nearby facilities for symptoms diagnosis and treatment, but even while taking medications, they supplemented modern drugs with herbal remedies. Cost of drugs/medical services, location of healthcare facilities, level of education, and income were

found to be the main determinants of rural residents' health seeking behaviour in the study area. The rural dwellers exercise and get checks at doctors to stay fit. It was recommended among others that rural dwellers should make use of treated mosquito nets, avoid drinking dirty waters and foods, the cost of medical services should be regulated through the establishment of State and Community Health Insurance Scheme.

**Keywords:** Health, Illness, Health Seeking Behaviour, Rural Dwellers, Determining Factors.

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## INTRODUCTION

Health seeking behaviour is any action or inaction undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy. The term is often used to describe in other words, as an individually approved, socially appraised, and medically recommended action voluntarily undertaken by a person who believes himself or herself to be healthy that tends to prevent the occurrence of an undesirable health condition or detect it in an asymptomatic stage (Amzat, 2011). Obviously, this involves issues such as how a particular person monitors his or her symptoms, takes action and uses the health care system. It includes any behaviour undertaken by an individual who feels ill to relieve that experience, or to better define the meaning of the illness experience. Jimoh and Oliver (2019) define health seeking behaviour as the way people monitor their bodies, define and interpret bodily indications, make decisions about needed treatment and use formal and informal sources of care. Interestingly, health behaviour begins prior to the use of services and shapes decisions about whether to seek care and what pathways to follow.

Over the years, there has been growing literature on types and factors affecting health behaviour (and the determinants of health service utilization), especially in the context of developing countries like Nigeria. With respect to types of health behaviour, some individuals on slight experience of minor physical or mental symptoms turn to the medical care system for help; while others may turn to self-help strategies, faith based clinics, traditional healers, quacks, among other options. Some others may also decide to dismiss the symptoms or are reluctant to bother themselves with even quite severe problems.

However, health is a vital element in the development of any individual, community or country. All nations of the world seek for the good health of its citizens because it is an essential resource for everyday living. It is when people are healthy that they can contribute meaningfully to economic growth and development. A healthy population is without doubt, an active population and an active working population ultimately brings about improvements in the economy. Improvement in the health sector enhances expansion in agriculture; it paves way for the demographic transition that is essential for economic progress and lessens the pressure on households to borrow or use up savings during times of illness (World Health Organization, 2002).

Majority of the population of Nigeria lives in rural areas where agriculture is the mainstay. Nigerian rural areas are the most neglected and its people the most deprived regarding the provision of modern health care services (Uche, 2017). The rural communities generally lack the basic infrastructural facilities for the maintenance and promotion of good health, and this has forced many rural dwellers to develop various forms of illness seeking behaviours in response to their perceived illness. The implication is that rural dwellers are subjected to high incidence of morbidity and mortality resulting from the incidence of preventable and infectious

disease. Knowledge about health seeking behaviour is very crucial in health care policy formulation, early diagnosis, effective treatment, and implementation of appropriate interventions in the rural areas where productive tasks are labour-intensive.

In nearly all the rural areas of Nigeria today and especially in Dekina Local Government Area of Kogi State, many of the rural dwellers patronize quacks and traditional healers, only few of rural dwellers have access to better medical treatment when a symptom or abnormal body sign is perceived or when they feel like going for medical check-ups and majority also patronizes private clinics and public healthcare facilities where in most cases have facilities with less or no modern machines for check-ups and diagnosis. This is because of the high cost of medical services in private hospitals where there are functional laboratory facilities.

Majority of studies on health seeking behaviours in the literature have dwelt so much specifically on the utilization, and responses to the perceived illness and the effects of health behaviour on access to healthcare services in Nigeria, with limited consideration of the determining factors influencing the attitudes of rural dwellers in their response to illness (Nwankwo & Emerho, 2017). Consequently, health promotion programmes worldwide have long been premised on the idea that providing knowledge about cause of ill health and choices available will go a long way towards promoting a change in individual behaviour towards more beneficial health behaviour. However, there is a growing recognition, in both developed and developing countries, that providing education and knowledge at the individual level is not sufficient, to promote a change in behaviour. Instead, providing knowledge at the societal level and trying to ascertain and compare factors that influence the health seeking behaviour of members of the society, will be sufficient to promote a change in behaviour, while there is no study to that effect especially in Dekina L.G.A to the best of the researchers' knowledge, this study covered the gap by examining the factors determining health seeking behaviour of rural dwellers in Dekina Local Government Area of Kogi State, Nigeria.

### **Statement of the Problem**

Health is the main aspect of human life. Although a healthy life is the desire of everyone, the reality is that everyone is not healthy and nobody has a clean bill of health, but an essential aspect of preserving health is to identify the factors that enable or prevent people from making healthy choices in either their lifestyle or their use of medical care and treatment. Generally, the decisions of people to engage with a particular medical channel are influenced by a variety of factors such as socio-economic status, sex, age, social status, the type of illness, access to services and perceived quality of the service. Other determinants may lie between patients and services such as geographical, social, economic, cultural, and organizational factors which all varies from individual to individual. For instance, in access to healthcare facilities, socio-economic status and perceived quality of service have been found to be significant influencers of health seeking behaviour among different population segments of rural dwellers in Dekina L.G.A. Appropriate health seeking behavioural practices include moderate eating, adequate sleep, keeping emergency phone numbers, getting enough relaxation, procurement of first aid kit at home, regular medical check-ups, avoidance of unsafe environments, watching of weight, regular exercise, limit or avoidance of smoking, avoidance of overworking, limiting foods like sugar and fats, seeking health tips from professionals, and limiting or avoidance of alcoholic beverages, health education, marriage counselling, genetic screening, a good standard of nutrition, vaccination or immunisation, personal hygiene, environmental sanitation, protection

against occupational hazards, protection from accidents, taking of balanced nutrients, and avoidance of other risk behaviours etc. Instead, inappropriate health seeking behaviours such as drug abuse, lack of exercise, smoking, eating disorders and exposure to harsh weather among others have been observed among rural dwellers in Dekina Local Government Area (Jimoh & Oliver, 2019) and that result in worse health outcomes, increased morbidity and mortality rate, malnutrition, anorexia, cardiovascular diseases, and poorer health statistics in Dekina Local Government Area which informed the need for this study.

### **Aim and Objectives of the Study**

The general aim of this study is to examine the health seeking behaviour of rural dwellers in Dekina Local Government Area of Kogi State, Nigeria. The specific objectives include, to:

- i. Identify the common ailments suffered by the rural dwellers in Dekina L.G.A.
- ii. Ascertain the factors determining the health seeking behaviour of the respondents.
- iii. Examine the challenges that healthcare seekers face in Dekina L.G.A.

### **Hypothesis of the Study**

The following null hypothesis was formulated and tested for the study:

**Ho:** The determining factors such as income level, nearness to healthcare facilities and cost of healthcare services do not significantly affect health seeking behaviour of rural dwellers in Dekina L.G.A.

## **LITERATURE REVIEW**

### **Common Health Problems among Rural Dwellers in Nigeria**

In Africa, Nigeria is one of the worst states concerning health care rates (Centre for Disease Control (CDC), 2020). Currently, there is a very high risk of infectious and parasitic diseases, including coronavirus disease (COVID-19), bacterial diarrhoea, typhoid fever, hepatitis A, yellow fever, malaria, and meningitis in Nigeria. Malaria in rural Nigeria has a particular distribution and is found everywhere (WHO, 2015).

A hereditary disease called sickle cell anaemia is also common among the rural population in Nigeria. Nigeria has the highest burden of Sickle Cell Disease, and according to the W.H.O (2020), over 165,250 children die from it every year. Furthermore, a special problem of Nigerian health care is AIDS. Nigeria belongs to the top ten countries in the world with the most significant number of people infected with AIDS. In 2017, there were 4.9 million HIV-AIDS infected patients, 310 thousand people died (NACA, 2018). According to the Nigeria Centre for Disease Control, NCDC (2017), 3.5 million HIV-infected people live in Nigeria. One hundred and fifty thousand people died from AIDS in Nigeria in 2017, and only about 33% of infected people received any treatment. From the beginning of the 2000s, actions to implement the national programme to combat AIDS intensified.

A study conducted by Kakwagh (2018) among traders in Dekina Local Government Area of Nigeria and identified yellow/malaria fever, typhoid, waist/back/joint pains, headache, and cough/catarrh as common health problems in the area. Kakwagh (2018) further reported that, of these, waist/back/ joint pains which accounted for 40.33% were the most common and were followed by cough/catarrh with 24%. The author attributed the waist/back/ joint pains to the long hours of sitting in one place.

### **Factors Influencing Health Seeking Behaviour among Rural Dwellers in Nigeria**

Health seeking behaviour in rural areas of Nigeria is influenced by various factors or variables, and the handling of such factors has implications (positive or negative) on individuals,

communities, and the larger society. Some of these determinants are highlighted and discussed as follows:

### **Illness Attributes/Perception**

One major factor affecting health seeking behaviour is the attribute of the disease, especially whether it is acute, accident, chronic, or mental. Many acute illnesses are self-limiting and could be resolved with limited or even without any medical intervention, while some require urgent medical attention. Some injuries and accidents require emergency and intensive care. In chronic illness, most patients often delay contact with the physician. This is because some of its symptoms may be contained and is often dangerous as early detection helps in proper management of the illness.

### **Cost of Drugs**

Decisions made by household head could serve as bane to health care seeking behaviour by rural households (Yewhalaw, et al., 2010). In communities where mothers or caregivers are responsible for the household chores and general well-being, they may prefer home treatment as they may not get the wherewithal for appropriate Medicare in well-equipped healthcare centres.

### **Place and Space**

Place or space is also a major determinant of health and illness related behaviours. This may simply be explained as the location of an individual or the nature of the space for daily living. For instance, most people in rural Africa often use Traditional Medicine (TM), more so than urban dwellers. This is because TM is the closest form of health care available to rural dwellers. Most rural areas are underserved with modern health care. This invariably affects the health and illness behaviours of the local population. A higher percentage of child and maternal mortalities in Africa takes place in the rural communities.

### **Class and Socio-Economic Status**

A high poverty rate is a major problem in most developing nations. Unfortunately, most of the countries in Africa still do not have a functional insurance scheme. Hence health care is partly of out-of-pocket expenditures. In a society entrenched in poverty, many people cannot afford to pay for such services. Poverty is a major factor responsible for low utilisation of health services (where available) in Africa. Basic needs such as food and shelter are grossly inadequate as well. Hence most poor households engage in self-treatment or use of herbal medicine that could be relatively less expensive. Self-diagnosis is practiced more by the poorer households while the least poor used patent medicine dealers and community health workers less often for the diagnosis of malaria in Africa (Uzochukwu & Onwujekwe, 2004). Self-medication usually saves people treatment expenditures but sometimes is ineffective.

### **Education and Age**

Education creates understanding that aims to influence individual lifestyle decisions and raises awareness of the determinants and risk factors of health and encourages individuals to adopt positive health and illness behaviours. Cutler and Lleras-Muney (2007) observed that education affects morbidity and mortality. They observed that education lowers the propensity of death by a considerable percentage. It was observed that the magnitude of the relationship between education and health varies across conditions, but it is generally large. Education promotes positive health behaviour, and improves knowledge of preventive measures, sources of health

care, and general access to health information. Regions with a higher level of education often have better health indicators (Uzochukwu & Onwujekwe, 2004).

Age is also correlated with both health and illness behaviour. It is part of the determinants of exposure and preventive behaviour. Most lifestyle-related medical conditions are relatively lower among children while some diseases are related to old age.

### **Religion or Spiritual Worldview and Cultural Beliefs**

Religious and cultural beliefs are also serious problems constraining rural households' health seeking behaviour. According to Uche (2017), in rural Nigeria, there is usually a spiritual undertone to every serious illness. The implication being that once a disharmony exists between a man and the 'gods or ancestors', sickness is believed to occur, and when this happens, seeking healthcare from professional health care providers will amount to a waste of time and resources. Thus, those who belong to this category of health seekers look the way of traditional healers/herbalists who they believe will hear accurately from the 'gods or ancestors' and solve their health needs. Furthermore, some religious sects do not consent to their women being attended to by male doctors. This undeniably influences their health seeking behaviour.

### **Challenges Facing Healthcare Seekers in Nigeria**

Around the world, the health status of people in rural areas is generally worse than in urban areas. In South Africa, infant mortality rates in rural areas are 1.6 times that of urban areas. Rural children are 77% more likely to be underweight or under height for age; 56% of rural South Africans live >5 km from a health facility; and 75% of South Africa's poor people live in rural areas (Boulle, 2018). Critical factors in the relationship between poverty and health are population and environmental health issues. Eighty percent of the poor in Latin America, 60% in Asia and 50% in Africa live on marginal lands of low productivity and high susceptibility to degradation (Boulle, 2018). This tends to encourage migration from rural areas to the cities. However, in the world's cities, more than one billion people live without facilities for garbage disposal or water drainage, and breathe polluted air (World Health Organization, 2019).

Since independence in 1960, Nigeria has had a very limited scope of legal coverage for social protection (International Labour Organisation (ILO), 2014). Besides, over 90% of the Nigerian population being without health insurance coverage. The inability to effectively address the country's numerous public health challenges has contributed to the persistent and high level of poverty and the weakness of the healthcare system (Uneke, *et al.*, 2013). Cost of drugs, transportation cost, and distance of medical facilities, corruption, limited institutional capacity and an unstable economy are major factors responsible for the poor attitudes of rural dwellers towards seeking healthcare services in Nigeria (Welcome, 2011). Households and individuals in Nigeria bear the burden of a dysfunctional and inequitable healthcare system, delaying or not seeking healthcare and having to pay out of pocket for health care services that are not affordable.

### **Empirical Studies**

Empirical evidence abounds on health-related studies and the following are some of the empirical studies:

A study was conducted by Vincent and Adesuwa (2018) on socio-demographic factors associated with the healthcare-seeking behaviour of heads of households in a rural community in Southern Nigeria. A descriptive cross-sectional study was conducted in 2014 among 410 household heads in Ivhiunone, Fugar in Edo State, Nigeria using two-staged sampling

technique. Data collection was by means of a structured interviewer-administered questionnaire. The preferred place to seek healthcare when ill by 373 (91.9%) of the respondents was patent medicine stores. Predictors of healthcare-seeking behavior included marital status, level of education and income. Other associated factors were age, sex, and occupational classification.

Orubuloye (2013) examined health seeking behaviour among the rural dwellers in Ekiti State, Nigeria. 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 included a stratified sampling which entailed a hypothetical division of the community into zones. Results from the study show the major reasons why the rural dwellers in Ekiti State seek for medical services as 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.

### **Theoretical Framework**

In the quest to theoretically explain the concept of health seeking behaviour, several frameworks and models exist in the literature. This study is however hinged on:

#### **The Health Belief Model**

Health Belief Model (HBM) was originally developed in the 1950s by social psychologists Irwin M. Rosenstock, Godfrey M. Hochbaum, S. Stephen Kegeles, and Howard Leventhal at the U.S. Public Health Service and updated in the 1980s. The model is based on the theory that a person's willingness to change their health behaviours is primarily due to their health perceptions. The Health Belief Model is a theoretical model that can be used to guide health promotion and disease prevention programmes. It is used to explain and predict individual changes in health behaviours. It is one of the most widely used models for understanding health behaviours.

Key elements of the Health Belief Model focuses on individual beliefs about health conditions, which predict individual health-related behaviours. The model defines the key factors that influence health behaviours as an individual's perceived threat to sickness or disease (perceived susceptibility), belief of consequence (perceived severity), potential positive benefits of action (perceived benefits), perceived barriers to action, exposure to factors that prompt action (cues to action), and confidence in ability to succeed (self-efficacy).

According to this model, your individual beliefs about health and health conditions play a role in determining your health-related behaviours. Key factors that affect your approach to health include: Any barriers you think might be standing in your way; Exposure to information that prompts you to act; how much of a benefit you think you'll get from engaging in healthy behaviours? How susceptible you think you are to illness? What you think the consequences will be of becoming sick and your confidence in the ability to succeed? The main strength of the HBM is its use of simplified health-related constructs that make it easy to implement, apply, and test (Conner, 2010). The HBM has provided a useful theoretical framework for investigating the cognitive determinants of a wide range of behaviours for over three decades. The strength of Health Belief Model in this study also lies in the fact that it emphasizes the role of motivation and belief of the rural dwellers pertaining their ill-health and the quest to get well. The model disseminates the beliefs of the rural dwellers into four categories i.e., perceived

susceptibility, perceived severity, perceived benefits, and barriers. This in-depth approach examines the beliefs of rural dwellers regarding health seeking behaviour and healthcare utilization in a more holistic way than the other models.

The model is not without its waterloo as it does not consider behaviours that are habitual and thus may inform the decision-making process to accept a recommended action (e.g., smoking). It also does not consider behaviours that are performed for non-health related reasons such as social acceptability. The model also fails to explain how people with chronic health challenges deal with the fear associated with medical care and how healthcare seekers contact their healthcare providers. The model lacks explanations on availability of fund which guarantees access to quality care. Many people with severe health challenges or chronic mental illness lack medical insurance or are denied insurance coverage due to the pre-existing conditions.

### **RESEARCH DESIGN**

This study adopted survey research design because it allows precise comparisons between the responses of respondents.

#### **Description of the Research Setting**

Dekina LGA is one of the 21 local government areas in Kogi State with Dekina town as the council headquarters. It has an area of 2,461 km<sup>2</sup> (950 sq mi) and a population of 260, 312 (NPC, 2006), with projected population of 375,728 in 2019. The study area is predominantly rural in nature with the Igalas as major ethnic group. The LGA forms a federal constituency with Bassa local government area and is currently made up of Three (3) districts (Biraidu, Dekina, and Okura/Egume) and Twelve (12) electoral wards.

The major ethnic group in Dekina LGA are the Igalas with farming and trading as the major occupations of the people. Even those who are civil servants among them adopt farming and trading to complement their means of earning livings. Ankpa, borders the Local Government Area on the east on the west by Ajaokuta, Omala and Ankpa, on the north by Bassa and on the south by Ofu. It is divided into 12 political wards, over 185 villages, 199 settlements with about 148 numbers of public health facilities, numerous private health facilities, and 202 schools as well as over 33 markets.

#### **Population of the Study**

The population of this study constituted of all adults male and female and generation which stood at about 142, 112 according to National Population Commission (2019) projection.

#### **Sample Size**

Taro Yameni statistical approach was applied to determine the sample size from the total population of the study as demonstrated using the formula below:

$$n = \frac{N}{1 + N(e)^2}$$

n = Sample size

N = Finite population

e = Level of significant or limit of tolerable error

Where: n = sample size

N = total population

e = error level (0.05)<sup>2</sup>

n = 142, 122



$$n = \frac{1+142122 (0.05)^2}{356} = 142,122$$

$$n = 399$$

From the above calculation, a total of 399 adults, Male and Female population, were sampled for the study. The sample size was adequate for the statistical tool of analysis employed and it constitutes a fair representation of rural dwellers in Dekina Local Government Area.

### **Sampling Procedures**

Dekina L.G.A is made up of 3 districts and 12 council wards respectively. And as such, multistage sampling technique was employed to purposively sample 31 respondents each from across the 12 council wards which included Anyigba, Egume, Okura, Ojikpadala, Dekina, Ogbabede, Iyale, Oganenigu, Emewe, Abocho, Odu I and Odu II respectively using systematic simple random sampling technique (12×31) to give a total of 372 respondents.

Then, 9 healthcare service providers from Primary Healthcare Centres in each of the 3 districts of Dekina L.G.A (Dekina, Anyigba and Abocho) ( $9 \times 3 = 27$ ) were also selected through systematic simple random sampling i.e.,  $372 + 27$  to give a total of 399 respondents respectively in all.

### **Instrument of Data Collection**

The research instruments used for data gathering in this study were structured questionnaire for quantitative method and personal interview/Focus Group Discussion (FGD) for qualitative method.

The researcher served as the interviewer and coordinator of the discussion with the recruited health workers from across the PHCs within the 3 council districts of the Local Government on different occasions and venues in 3 days.

Participants in the Focus Group Discussion were recruited by healthcare officers each from the Primary Healthcare Center (P.H.C) in Anyigba, Dekina and Abocho. The selected officers were contacted and asked to provide a list of healthcare personnel who could serve as potential Focus Group Discussion participants.

Three Focus Group Discussions were conducted on different occasions at the three locations between June 17<sup>th</sup>, 24<sup>th</sup> and July 1<sup>st</sup>, 2021.

Date	Location	Participants	Number
17/06/2021	PHC Anyigba	Men and Women	9
24/06/2021	PHC Dekina	Men and Women	9
01/07/2021	PHC Abocho	Men and Women	9

All focus group discussions were conducted in English and Igala language and lasted for about two hours. Each Focus Group Discussion was recorded with phone device recorder and later transcribed.

### **Reliability of the Research Instrument**

The reliability of the research instruments reflects the trustworthiness of the instrument. It was established through pre-test method of reliability.

To test for reliability of the research instrument, a test re-test method was adopted in which 30 copies of the questionnaire were distributed to 30 persons understudy (10 copies) in 3 towns (Abocho, Anyigba and Dekina) each representing the 3 districts of Dekina LGA. After four

days the instrument was retrieved and re-administered for the second time. The questionnaire distributed were completed and returned. Pearson's product moment correlation coefficient of reliability test was employed to test the result. The result gave reliability coefficient of  $r = 0.9$  which can be interpreted to mean excellence inferring that there was consistency in the items of the survey.

### **Ethical Considerations**

Ethical approval for this study was obtained from the Health Research and Ethics Committee of Kogi State University Teaching Hospital (KSUTH). Permissions were obtained from the village heads of each rural areas. Informed consent was obtained from each respondent, and all the respondents were assured of the confidential nature of the study.

### **RESULTS**

The presentation and analysis of the data were based on the questionnaire administered to the selected adult male and female across the various villages in Dekina L. G.A Kogi State. And as such, a total of 399 copies of questionnaires were distributed to the respondents by the researcher and the field assistants out of which a total of 367 copies were properly filled and thus used for the analysis. The remaining 32 copies were not retrieved and used because some were mishandled while others were roughly filled.

Table 1  
*Socio-Demographic Characteristics of the Respondents*

<b>Variable</b>	<b>Category</b>	<b>Frequency N=367</b>	<b>Percentage (%) 100</b>
<b>Sex</b>	Male	189	51
	Female	178	49
<b>Age</b>	18-30	87	24
	31-40	98	27
	41-50	76	21
	51-60	64	17
	61 and above	42	11
<b>Marital Status</b>	Single	139	38
	Married	170	46
	Divorced	9	2
	Widowed	32	9
	Separated	17	5
<b>Religion</b>	Christian	147	40
	Islam	131	36
	Traditional	89	24
<b>Educational level</b>	No formal Education	74	20
	Primary Certificate	81	22
	Secondary/Technical	111	30
	Tertiary Certificate	101	28
<b>Household Size</b>	2-4	137	37
	5-7	112	31
	7 and above	118	32
<b>Occupations</b>	Farming	138	38
	Artisan	77	21
	Trading	71	19
	Civil Service	81	22
	Others	-	-

The sex distribution of the respondents as shown in Table 1 reveals that 51.50% of the respondents were males, while the remaining 48.50% of the respondents were females. The implication of this is that majority of the respondents who were males were found to be more available and willing to participate in the study while the females were busy and asked their men to participate in the study instead. Whereas, majority of the respondents (26.70%) were in the age group of 31-40 years and it means that the study mostly made use of adults with households who were responsible and knowledgeable about the subject of the study.

The age distribution of the respondents also reveals that 23.71% of the respondents were within the age bracket of 18-30 years, 26.70% of the respondents were within the age bracket of 31-40 years, 20.71% of the respondents were within the age range of 41-50 years, while 17.44% of the respondents were within the age ranges from 51-60 years, whereas the remaining 11.44% of the respondents fell within the age bracket of 61 years and above.

Marital Status of the respondents indicates that 37.87% of the respondents were single, 55.59% of the respondents were married, and 1.36% of the respondents were divorced, while 3.27% of the respondents had lost their spouses to death whereas the remaining 7 representing 1.97% of the respondents were separated from their partners. The implication of these findings is that more than half of the respondents in the community were married people.

The religious affiliation of the respondents as shown in table 2 reveals that majority of the respondents 40.05% were Christians while 35.70% were Moslems whereas 24.25% of the respondents believe in the traditional African religion. This signifies that majority of the respondents in the study area were Christians.

With regards to the level of education of the respondents, 20.16% of the respondents had no formal education, 22.07% of the respondents acquired primary education while 30.25% of the respondents had secondary/ technical education whereas the remaining 27.52% of the respondents had tertiary education. This level of literacy shows that the respondents were literate enough to understand the factors determining health seeking behaviours and their consequences.

On the size of household, table 2 indicates that 37.33% of the respondents had 2 - 4 as the size of their household, 30.52% of the respondents accounted for 5-7 as their household size while the remaining 32.15% of the respondents had 7 and above as their household size. This clearly shows that most of the respondents had large family sizes.

With regards to occupation, the Table shows that 37.60% of the respondents were farmers, 20.98% of the respondents were artisans/farmers, and 19.35% of the respondents were traders/traders while the remaining 22.7% of the respondents were civil servants/traders. A careful observation of the table shows that most of the respondent's combined farming with other occupations. The reason for the livelihood diversification is due to the declining socioeconomic condition in Nigeria.

Table 2

*Distribution of Respondents by view on the Common Illness they Suffered*

<b>Have you suffered from any ailment recently</b>	<b>Frequency (f) N=367</b>	<b>Percentage (%) 100</b>
<b>Yes</b>	189	51
<b>No</b>	101	28
<b>May be</b>	77	21

Which of the following ailments is common in your area?	Frequency (f)	Percentage (%)
Malaria / Typhoid fever	103	28
Headache	71	19
Waist/back/joint pains	32	9
Cough/catarrh	46	13
Diarrhea	59	16
Hepatitis	14	4
Meningitis	30	8
Others	12	3

The illnesses identified by the respondents to be among them were waist/back/joint pains, cough/catarrh, meningitis and hepatitis as shown in Table 2.

The Table above shows that 28.07% of the respondents identified waist/back/joint pains as the most common ailments suffered by the people. Next in order of prevalence were yellow/malaria fever (71 or 19.35%), typhoid (59 or 16.08), and headaches (46 or 12.53%). Other ailments were cough and catarrh (32 or 8.72%), diarrhoea (30 or 8.17%) while meningitis and hepatitis were the least common accounting for 3.81% and 3.27% respectively.

The findings in Table 2 were collaborated by the responses of both the male and female discussants in all the focus group discussion sessions held. Both men and women discussants were in agreement that the common illnesses amongst them were waist/back/joint pains, yellow/malaria fever, typhoid, headaches and cough/catarrh. Of these, discussants were unanimous that the most prevalent ailments were waist/back/joint pains and was followed by yellow/malaria fever.

The reason for waist/back/joint pains being the most common disease could be because of the nature of farm work. Most of the respondents were farmers or combined other occupations with farming. Farm works generally require bending and/or squatting. Farmers most often work in the open fields and then exposes them to the direct effects of the sun, wind and other hazards. This explains why cough/catarrh is frequently experienced by the rural dwellers.

The third most common illness the respondents identified was typhoid fever. Dekina Local Government generally lacks functional public water supply system especially in the rural areas. Water is generally obtained from streams and water hawkers. The hygienic status of these sources of water is never always certain. This explains the prevalence of typhoid fever in the study area.

### **General Health Seeking Behaviour among Rural Dwellers in Dekina L.G.A (Treatment Options of Illness)**

Focus Group Discussion sessions with both the male and female discussants revealed that rural dwellers in the study area often fall sick. For instance, at the time data were collected, 168 (45.78%) of the respondents had reported that they were ill for nine times in the last one year while 121 (32.97%) and 78 (21.25%) said they were ill for seven and four times respectively for the last one year (See table 3)

Table 3  
*Number of Time Ill in the Last One Year*

Numbers of people (N=367)	Percentage (100)	Numbers of time ill
168	45.78	9
121	32.97	7
78	21.25	4

With respect to treatment options, 141 (38.42%) said they go for self-medication through the use of herbs while 98 (26.70%) said they visit patent medicine vendors and only 35 or 9.54% said they visit orthodox medical establishments as shown in Table 4 below:

Table 4  
*Treatment Options by Rural Health Seekers*

<b>Treatment Options</b>	<b>No. Of responses (N=367)</b>	<b>Percentage (%) 100</b>
<b>Hospital</b>	35	<b>9.54</b>
<b>Self-medication</b>	141	<b>38.42</b>
<b>Patent medicine dealers</b>	93	<b>25.34</b>
<b>Traditional healers</b>	98	<b>26.70</b>

All the respondents in the FGD were in agreement that treatment options of any ailment was dependent on the type of ailment, severity of the sickness, availability of money and the age of the person. For instance, 234 of the respondents said they engage in self-medication and/or patronize patent medicine dealers. These group of respondents indicated that they engage in self-medication and/or patronize patent medicine vendors because of their inability to afford the cost of orthodox medical care. This means that financial constraint has been influencing the health seeking behaviour of this group of respondents. But it should be understood that the patronage given to patent medicine vendors has its negative consequences. For instance, the dealers of patent medicine vendor's stores are generally not properly trained in the art drug administration. More importantly, the drugs peddled by the patent medicine vendors are often fake and adulterated. This means that patronizing them has some hazardous implications.

The 98 respondents who said that they patronize traditional healers indicated that many illnesses are caused by witches and wizards and that the victims must first be taken to fortune tellers for consultation and healing process. They emphasized that it is only the victim that is taken to a powerful shrine where the case is pleaded with the gods through a powerful divider that the causal person could be identified and treatment instituted. It should be pointed out however, that this shrine consultation often delays appropriate treatment thus resulting to serious complications.

Thirty five (35) of the respondents indicated that they seek medical care from orthodox medical establishments. However, even this group said that their behaviour is always influenced by certain factors such as affordability of the cost, quality of service and the attitude of staff of the medical establishments. This means that a medical establishment may not have high patronage if the cost of attaining treatment is beyond the reach of the people. It also implies that if patients spend so many hours in a medical establishments before they are attended to, and the attitude of staff is also not friendly, such medical establishment have high patronage.

It is interesting to note that this group of respondents said that they visit orthodox medical centres because in Dekina local government area, both private and public orthodox medical establishments abound. This means that patronage of orthodox medical care is significantly influenced by the closeness of the establishment to the people.

Table 5  
*Factors Influencing Illness Seeking Behaviour of Rural Dwellers in Dekina L. G. A*

<b>What are the major factors influencing your illness seeking behaviour?</b>	<b>Frequency (f) (N=367)</b>	<b>Percentage (%) 100</b>
<b>Income level</b>	188	51

<b>Nearness to health facilities</b>	21	6
<b>Cost of healthcare services</b>	87	24
<b>Social supports</b>	23	6
<b>The nature of the illness</b>	41	11
<b>Others</b>	7	2
<b>Does age influence illness seeking behaviour</b>	<b>Frequency (f)</b>	<b>Percentage (%)</b>
<b>Yes</b>	313	<b>85</b>
<b>No</b>	48	<b>13</b>
<b>May be</b>	6	<b>2</b>

Table 5 above shows that 51.23% of the respondents indicated that their income level is the major factor affecting their health seeking behaviour, 6.54% of the respondents admitted nearness to healthcare facilities as the factor affecting their health seeking behaviour whenever a symptom of illness arises, 23.71% of the respondents indicated that the cost of healthcare services has being the major challenge affecting them from seeking appropriate medical attention, 6.27% of the respondents claimed that supports from their friends, families were the major factors influencing their health seeking decisions, while 11.17% of the respondents indicated that the nature and severity of the illness determines whether they will seek for medical care or not, whereas the remaining 2% of the respondents account for other factors perhaps ignorance and illiteracy, lack of exposure to the consequences of overlooking one's health status, the level of education, religion and cultural belief among others. The percentage of the respondents who indicated income level was higher and that is indication that poverty is a major factor affecting rural dwellers from seeking for appropriate healthcare services in specialist hospitals where there are modern laboratory equipment for diagnosing symptoms of illnesses and administer appropriate treatments with effective drugs and medications. This can however be attributed to the economic challenges affecting the common man in the community, government inaction to help the people at the grassroots.

On the influence of age on health seeking behaviour of rural dwellers in Dekina L.G.A, majority of the respondents (313) with the highest percentage (85.29%) were in affirmative opinions who agreed that age has significant influence on the health seeking behaviour among rural dwellers in Dekina L.G.A. 13.08% of the respondents were of contrary opinions while the remaining 1.63% of the respondents were undecided. The implication of these findings is that age can actually influence some level of health seeking behaviour.

**Do you think they are factors determining health seeking behaviour among rural dwellers in Dekina L.G.A?** Not surprisingly, every one of the participants strongly responded 'yes' to the question and that means that certain factors influence the behaviours of rural dwellers in Dekina L.G.A towards illness conditions.

When responding to "What factors do you think can determine health seeking behaviour of rural dwellers in Dekina LGA?" Many participants had different contracting views base on their respective experiences with the rural dwellers. A couple of the participants responded with answers related to the severity of the illness as the first determinant of how and where the people respond to illness condition i.e if the illness is a just mere headache that is not chronic, the probability of rushing to hospital is very low among the people as they prefer to visit the nearest chemist store or call the attention of family nurse if any.

Others mentioned by the participants include family preferences, the level of enlightenment and education, the nearness to hospitals, gender differences, attitudes of healthcare service providers, the cost of drugs and healthcare services, family backgrounds of the ill person, religious beliefs and spirituality among others.

When asked the participants to further throw more light and expatiate on how gender differences and religious belief of a sick person or his friends and relatives can influence his or her health seeking behaviour. When this question was asked, the participants did not respond initially. After a few seconds, different explanations were given thus:

*”Social factors, such as the degree to which women are excluded from schooling, or from participation in public life, affect their knowledge about health problems and how to properly respond to illness conditions, prevent diseases and treat them. The subordination of women by men, a phenomenon found in the rural areas results in a distinction between roles of men and women and their separate assignment to domestic and public spheres.”*

On the religious belief and spirituality, a participant narrated his encounters with a patient thus:

*“A patient told me that he was asked by their pastor that whenever they are sick, they should come for prayer first before going to hospital that the spirit behind the sickness needs to be dealt with first before the physical diagnosis in the hospital. Some patients will not agree to undergo surgery in the theatre until they receive a word of prayer from their pastor(s)”*

According to the participants, some rural dwellers in their areas combine faith through prayers and medical treatment but on account when the illness is not responsive to medical treatment, majority of the rural dwellers would totally switch to getting treatment from traditional spiritist and/or prayer houses with the believe that nothing is impossible to God.

Tables 6  
*Challenges Healthcare Workers Face in Dekina LGA*

Challenges	Frequency N=367	Percentage 100
<b>Bad road network</b>	89	24.25
<b>Cost of drugs</b>	81	22.07
<b>Cost of Transportation</b>	70	19.07
<b>Bad attitudes of healthcare providers</b>	53	14.44
<b>Distance of healthcare facilities</b>	43	11.72
<b>Inequitable Distribution of healthcare system</b>	31	8.45

As shown in table 6, 24.25% of the respondents indicated bad road networks as a challenge faced by healthcare seekers followed by cost of drugs (22.07%) and high cost of transportation (19.07%) as major challenges hindering the rural dwellers from seeking quality healthcare services. This means that the people are been affected by poverty as they lack the means to afford healthcare services. Whereas, the remaining 14.44%, 11.72% and 8.45% indicated bad attitudes of medical staff, distance of medical facilities and inequitable healthcare system as challenges affecting the rural dwellers while seeking for healthcare in Dekina local government area.

During the sections of the discussions, participants were asked ‘**what challenges do healthcare seekers face in their respective areas within Dekina Local Government Area?**’ The participants mentioned poverty as the major factor hindering appropriate health seeking

behaviour among the rural dwellers in Dekina Local Government Area, majority of health seekers according to the participants cannot go for effective medications, regular check-ups, and treatment as a result of the cost of healthcare services and medications. Poverty prevents healthcare seekers from going for quality healthcare services in modern healthcare facilities where they are functional laboratory equipment that can be used for running wider test of malaria and typhoid among others.

### Testing of Hypothesis

The goal is to analyse the factors influencing health seeking behaviour of rural dwellers in Dekina Local Government Area of Kogi State. Based on the outcome of the question in the questionnaire administered the hypothesis was tested and the results are as follows:

Table 7

#### *Multiple Linear Regression Result of the Factors Influencing Health Seeking Behaviour*

	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	$\beta$	Std. Error	Beta		
(Constant)	37.217	6.214		9.527	<b>0.000</b>
Income level	3.427	1.824	0.421	2.457	<b>0.005</b>
Nearness to health facilities	3.519	1.243	0.597	2.171	<b>0.005</b>
Cost of healthcare services	3.729	1.632	0.387	1.417	<b>0.001</b>
<b>R<sup>2</sup> = 0.716</b>					
<b>R = 0.369<sup>a</sup></b>					
<b>Std. Error of the Estimate = 5.50016</b>					
<b>F = 14.539</b>					
<b>P = 0.001<sup>b</sup></b>					

As presented in Table 7, the R<sup>2</sup> of 0.716 shows that income level, nearness to health facilities and cost of healthcare facilities contributes about 71% to factors influencing health seeking behaviour among rural dwellers in Dekina Local Government Area of Kogi State. The stated hypothesis is therefore rejected because the p-value is less than or equal to the significance level of .005 and 0.001. This indicates that Income level, nearness to healthcare facilities and cost of healthcare services significantly affect health seeking behaviour of rural dwellers in Dekina L.G.A of Kogi State.

### Discussion of Findings

The study was evaluated through the use of structured questionnaire and interviews with questions tailored towards analysing the factors determining health seeking behaviour of rural dwellers in Dekina Local Government Area.

The Hypothesis was tested with Multiple Linear Regression to determine the extent to which the observed factors influence the illness seeking behaviour of rural dwellers in Dekina Local Government Area. Based on the regression results, the R<sup>2</sup> of 0.716 shows that income level, nearness to health facilities and cost of healthcare facilities contributes about 71% to factors determining health seeking behaviour among rural dwellers in Dekina Local Government Area of Kogi State. This led to the conclusion that income level, nearness to healthcare facilities and cost of healthcare services significantly affect the health seeking behaviour of rural dwellers in Dekina L.G.A of Kogi State. This could be true because the cost of healthcare services could be attributed and associated with consultation fees, cost of purchasing medicines, transportation cost to the appropriate health facilities among others. And these are not mostly affordable by



the common rural dwellers. In essence, household economics perpetually hinders the prospect and option of health seeking behaviour.

In support of the findings of this study also, Owoyemi et al., (2011) in a study of Kogi State, Nigeria reported that distance is likely to have a negative influence on utilization of modern health care facilities. This could be very true because irrespective of the level of income of the rural dwellers in Dekina Local Government Area, accessibility or nearness to the modern healthcare facilities could affect their appropriate health seeking behaviour. For instance, a rich man in a remote village may decide to just patronize a nearby local healthcare givers or providers as a result of the distance between the village and the location of the modern healthcare facilities.

The study also revealed that the level of education of rural dwellers does significantly affect their patterns of health seeking behaviour in Dekina L.G.A. This could be attributed to the fact that education creates understanding that aims to influence individual lifestyle, decisions and raises awareness of the determinants and risk factors associated with health, and encourages individuals to adopt appropriate health and illness seeking behaviours. Lack or low level of education associated with illness seeking behaviour could manifest in low literacy, lack of awareness of the consequences of overlooking one's health, lack of exposure and low status of rural dwellers as it affects health seeking behaviour in many part of the world. It may also be due to lack of health education, non-availability of drugs and low literacy rate in rural areas.

The findings of this study affirmatively conform to the opinions of scholars such as Cutler & Lleras-Muney (2007) who observed that education affects morbidity and mortality rates of the rural dwellers especially in Dekina LGA. They observed that education lowers the propensity of death by a considerable percentage. It was observed that the magnitude of the relationship between education and illness varies across conditions, but it is generally large. Education promotes appropriate illness and health seeking behaviour, and improves knowledge of preventive measures, sources of health care, and general access to health information. Regions with a higher level of education often have appropriate illness seeking behaviour and better health indicators.

The study further showed that inequitable healthcare systems, poor budgetary allocations for the healthcare sector, carelessness on the side of healthcare providers, high cost of medical services, poverty, lack of quality healthcare services, political instability, and corruption in the healthcare system, limited institutional capacity and unstable economy are the challenges that health seekers faced in Dekina LGA. The findings of this study collaborates with the position of Abdulraheem (2014) who opines that the quality of health care services delivered is poor and remains a huge source of concern. Most of the Primary Health Care facilities that are supposed to meet the health needs of the poor and rural dwellers are in a poor state due to poor budgetary allocation.

### **CONCLUSION AND RECOMMENDATIONS**

No society nor its people can develop if its members are not healthy because health and development influence each other. In Nigeria, especially rural communities, most of the public hospitals and healthcare facilities are not functioning optimally because of lack of adequate human resource, drugs, equipment and facilities. This sorry state of medical facilities has continued to discourage people, especially the rural dwellers, from patronizing them as they have continued to present challenges to the people in terms of access to affordable and reliable

health care services. This situation has thus propelled many people to engage in various forms of health seeking behaviours. This study has shown that the most common health seeking behaviours by the rural dwellers were self-medication, patronage of traditional herbalists and patent medicine vendors. Rural dwellers should be provided with pipe borne water and treated mosquito nets, and awareness programme on health related issues should be organized for them. Awareness campaigns should be carried out to educate the people who take herbal medicines or combine herbal medicines with orthodox medicines that just like the conventional medicines, herbal medicines can be potentially harmful. In fact, people who take herbal medicines should first seek the advice of a medical doctor before taking herbal medicine. Government at all levels should make rural health a top priority by building functional primary healthcare facilities nearer to the people at the grassroots, revamp the existing public healthcare infrastructures, extend National Health Insurance Scheme (NHIS) to rural dwellers and regulate the cost of medical services.

### **Limitations of the Study**

A study of this kind cannot be without limitations and as such, purposive sampling techniques as adopted in the study, placed the generalizability of the findings in doubt. Moreover, the factors influencing compliance and adherence to treatment among the sick rural dwellers were not covered in the study.

### **Suggestions for further study**

Factors influencing compliance and adherence to treatment among the sick rural dwellers should be embarked upon, including a comparative analysis of the efficacy of modern and traditional medicine patronized by rural dwellers in Nigeria should be carried out.

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The authors declare that there is no conflict of interests concerning this paper.

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