



## FACTORS AFFECTING HEALTH SEEKING BEHAVIOUR AMONG RURAL DWELLERS IN NIGERIA AND ITS IMPLICATION ON RURAL LIVELIHOOD

**Edward Omeire Uche<sup>i</sup>**

Directorate of General Studies  
Federal University of Technology Owerri  
Owerri, Imo State, Nigeria

### **Abstract:**

Majority of the Nigerian population lives in rural area, where agriculture is the mainstay. Nigerian rural areas are the most neglected and its people, the most deprived with regard to the provision of modern health care services. Besides, they lack other basic infrastructural necessary for the maintenance and promotion of good health. 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 care seeking behavior is very crucial in health care policies formulation, early diagnosis, effective treatment and implementation of appropriate interventions in the rural areas where productive tasks are labor-intensive. In order to build a responsive health system in the rural areas, there is need to understand the health seeking behaviours on the demand side and that is the only way to expect improved health outcomes. This paper explores the factors influencing health-seeking behaviour of rural areas in Nigeria and its implication on rural livelihood.

**Keywords:** health seeking behaviour, rural dwellers, Nigeria, rural livelihood

### **1. Introduction**

Majority of the Nigerian population lives in rural area, where agriculture is the mainstay. In Nigeria, the rural areas are the most neglected, most disadvantaged and most deprived with regard to modern health care services. In addition, they lack other basic infrastructural facilities and information necessary for the promotion of good

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<sup>i</sup> Correspondence: email [edomeire@yahoo.com](mailto:edomeire@yahoo.com)

health. The implication of these limitations is evidenced in the high incidence of morbidity and mortality due to high incidence of preventable disease. In nearly all the rural areas of Nigeria today, only few people have access to better medical treatment, majority patronizes quacks and traditional healers.

According to the Federal Ministry of Health (2008), in 2004 the total number of public owned health facilities in Nigeria was put at 14,607 while the private sector accounted for 9,029. The share of rural areas in this figure is very infinitesimal. For years, rural areas were neglected in the planning and distribution of health care facilities in Nigeria. Health care facilities are sparsely provided in many rural areas within the country. Many rural areas do not have clinics and where clinics exists, they often lack adequate equipment or trained health personnel. Again, the absence of any form of health insurance in rural Nigeria added to the problem of distance (location of clinics) service and transportation cost, exacerbates their situation.

Health seeking behaviour and utilization are of great interest to rural sociologist, development planners and public health practitioners, because they are critical elements of wellbeing and essential ingredient for rural development. Again, knowledge about health care seeking behavior is very crucial in health care policies formulation, early diagnosis, effective treatment and implementation of appropriate interventions in the rural areas where productive tasks are labor-intensive. In order to build a responsive health system in the rural areas, there is need to understand the health seeking behaviours on the demand side and that is the only way to expect improved health outcomes. This paper explores the factors influencing health-seeking behaviour of rural areas in Nigeria and its implication on rural livelihood.

## **2. Defining Health Seeking Behaviour**

Health seeking behaviour, on the other hand, is defined as a “series of corrective measures which individuals undertake to resolve perceived ill-health” (MacKian, 2003). Broadly speaking, health seeking behaviour includes all the behaviours connected with establishing and maintaining a healthy physical and mental state, which, in other words, is referred to as primary prevention. It also entails behaviours which deal with any deviation from the healthy state, such as the control (secondary prevention), and reduction of impacts and progression of an illness (tertiary prevention).

It is pertinent to note that health seeking behaviour is so intricate, and as such a single method may not be applied to the establishment and explanation of the patterns. It is thus, a reflection of the existing conditions which interact in synergism to produce a pattern of care seeking, but remains flexible and open to change (Olenja, 2003). As a

dynamic process, health seeking can entail many aspects of medical units at the same time.

An individual's approach to health seeking behaviour can be referred to as a "pattern of resort", and as documented in the Encyclopedia of Medical Anthropology (2004), people usually opt for the simplest form of treatment, which they deem more often than not, as the cheapest and most effective. It is only when these simplest forms of treatment are adjudged as unsuccessful, that the higher, more expensive and unconventional treatments are sought for.

An adequate understanding of the different determinants of health seeking behaviour of various communities and population groups is vital if any headway is to be made in the fight against illnesses and diseases within the rural areas. This is because for there to be an appropriate management of sick people within households and communities, health seeking ought to be prompt.

### **3. Models of Health Seeking Behaviour**

#### **3.1 Determinants Model**

This particular model is based on a more biomedical and quantitative approach. Rather than concentrating on the steps one could take to preserve or improve health, this model tends to focus on highlighting a set of determinants which are linked with the choice of various types of health service (Rebhan, 2009). Different models have been applied to explain the various different determinants of health seeking behaviours.

Andersen grouped these factors into three major categories namely the population characteristics, the external environment, and the health care systems (Andersen, 1995). Another model focuses on one's health behaviour and adoption of sick role, and so does not take cognizance of the consequence of social network on the decision making (Parson, 1951).

#### **3.2 Pathway Model**

This model was used by Suchman to describe the steps of the process from the detection of symptoms to the use of particular health care facilities. This model seeks to identify a logical sequence of steps, as well as analyze how cultural and social factors affect this sequence. In other words, it is described as an anthropological approach which uses qualitative methods of investigation (Suchman, 1965).

Another theoretical model of illness behaviour focuses on the information one might be expected to process during the course of an illness. This approach is

dependent on economics and elementary theory, and the action evaluated with the cost-benefit principle (Rebhan, 2009).

#### **4. Factors Affecting Health Seeking Behaviour**

Several factors or determinants have been implicated in the health seeking behaviour of individuals, communities or groups and the interplay of these factors are vital in the final choice of a care seeking option. These factors have been broadly categorized into demographic, socio-economic, cultural, religious, and organizational among others.

##### **4.1 Type and Severity of Ailments/Diseases**

Most often, people seek out for different forms of treatments which are particular for the type of disease they are diagnosed with. The severity of the ailment is another determining factor when the choice of a treatment option is being made. In rural areas, when people perceive that their sickness is mild, they tend to avoid healthcare facilities, and thereby engage in self-medication or patronage of patent medical stores. At other times, they may resort to the use of herbal medications which most times are non-patented. For instance, where fever which is mostly considered by rural dwellers as non-serious is the issue, many may resort to the use of home remedies, but where the symptoms become more complicated or the illness takes a chronic nature, they may be pushed to seek for health at more specialized health facilities.

Thus, the nature of the illness cum the length of time it takes to resolve it, exert an influence on the choice of a care provider.

##### **4.2 Economic Factors**

The gap created based on economic difference within the society together with the nonexistence of social security intensifies the vulnerability of the poor in terms of affordability and choice of health care provider (Nyamongo, 2002). In fact, health seeking behaviour has been adjudged as one of the direct pathways through which socioeconomic status can exert an influence on health outcomes (Stowasser, Heiss, McFadden, and Winter, 2011). According to the study carried out by Ahmed, Tomson, Petzold, and Kabir (2005), socioeconomic indices were the single most inclusive determinant of health seeking behaviour among the study population with an overriding influence over age and gender.

Economic ability undeniably is a major encumbrance in the quest for prompt and appropriate healthcare. This is with reference to, consultation fees, cost of purchasing medicines, transportation cost to the appropriate health facilities among others. Thus, it

could be construed that household economics perpetually hinders the prospect and option of health seeking.

### **4.3 Religious Beliefs**

Of note is the fact that religion is a significant aspect of an individual's social life. It is believed, most especially in the rural areas, that 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 bound 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. Some religious sects do not consent to their women being attended to by male doctors and vice versa. This undeniably influences their health seeking behaviour.

Furthermore, one could relate to the "Jehovah Witnesses" who do not opt for blood transfusion and those who belong to the "Faith Tabernacle" who do not subscribe to the administration of orthodox medications because of their religious inclinations. This religious mindset plays a significant role in their health seeking behaviour.

### **4.4 Educational Background**

It has also been noticed that low literacy levels exert a significant influence on the health seeking behaviour of individuals. When people are enlightened, they tend to be more knowledgeable about different healthcare options and this informs why they always make a choice for the more conventional orthodox medicine in times of ill health. It must also be stressed that the formal literacy status of individuals at times interplays with other factors such as culture and religious beliefs to determine the choice of a healthcare option.

### **4.5 Availability and Accessibility of Appropriate Healthcare Facility**

A person place of residence to a large extent determines the type of treatment choice the person will make in the face of ill-health. This is because some forms of treatment options may be non-existent due to one's locality. This is particular to rural dwellers. Generally, treatment options which are not localized within these rural areas may not be effortlessly available due to factors such as poverty, location of healthcare facilities, the availability of transport, poor roads, the time taken to reach these facilities, and the overall cost implications. In fact, among these factors the distance between those in

need of healthcare and the nearest health facility has been noted as a very serious barrier to good healthcare choices, especially in the rural areas.

#### **4.6 Age**

The critical role of age in the health seeking behaviour of individuals cannot be exaggerated. The very young and very old who because of their ages cannot take themselves to places where they can receive healthcare, depend tremendously on the decision of their caregivers when it comes to health seeking options. These caregivers, who could be parents, children or other relations as the case may be, determine the time to take them out for such care, the care provider to visit and virtually everything concerning their health. Even where one may want to decide when and where to seek for health, more especially among the very old, the wherewithal to finance the process becomes a problem, because the caregivers who assume the position of decision-makers are also most likely to finance the cause.

In many situations, this incapacitation has led to belated health seeking practices which often are detrimental to the one who is in need of healthcare.

#### **4.7 Gender**

There is a remarkable difference between men and women with regards to health seeking behaviour (Currie and Wiesenber, 2003; Shaikh and Juanita, 2004). Some studies have shown that women less frequently seek for health care when compared to the men. Several reasons have also been proffered for this. According to Rani and Bonu, (2003), men are the principal decision-makers and thus control the resources in addition to deciding when and where the women seek for health care.

Furthermore, the women most times are less likely to recognize disease symptoms, and even when they perceive an existing symptom, they wish it away as not meaning anything (Currie and Wiesenber, 2003); and some cultural inclinations also forbid women from taking decisions with respect to their own health and that of their children. The effect of this is that these women in these situations cannot visit healthcare facilities alone, and there are also times of the day which they are not permitted to visit such facilities. Therefore, they have been harmfully affected in terms of seeking for health under emergencies (Uchudi, 2001; Fatimi and Avan, 2002).

#### **4.8 Culture**

Cultural values and norms play significant roles in influencing the decision-making process which is inherent in health seeking behaviour. In most cases, these cultural values make people to place the concerns of others over their own needs, thereby

discouraging them from seeking prompt health care when the need arises. This most times leads to self-medication and consultation with traditional healers who are domiciled within the communities. In some other cultures, health issues are regarded as family problems which should be kept as a secret not to be exposed to outsiders. This cultural belief makes them think that seeking help from professionals in the healthcare sector is tantamount to exposing the family at large, and thus the family members will not permit because they perceive such a move (seeking help from professionals) as being disgraceful and injurious to the family name and reputation. In situations such as these, the act of seeking for proficient health care is invariably delayed or never sought for at all.

#### **4.9 Organizational Factors**

Most people in the rural areas are obviously poor and depend very much on the public owned health facilities which they perceive as being more affordable than the private-owned ones. Lack of good healthcare facilities in the rural areas affects the health seeking practice of these communities. In addition, the quality of service obtained previously (patient/client satisfaction), availability, affordability of recommended medications, confidentiality principally in diseases which attract stigma from the society, attitude of health care providers, waiting time before consultation, availability and expertise of staff, and adequate equipment of facilities among others influences the health seeking behaviour in rural areas (Musoke, Boynton, Butler, and Musoke, 2014).

### **5. Health Seeking Behaviour and Utilization of Health Care Systems**

A health system was defined by the World Health Organization (2002), as *“a system which includes all activities primarily geared towards promoting, restoring and maintaining health”*. Three fundamental objectives can therefore be deduced from the above definition, and these are to improve the health of the people; to respond to their expectations and to provide financial protection against the costs of ill health for the poor.

According to Shaikh and Hatcher (2005), how a community utilizes health services is determined by their health seeking behaviour, and this in turn influences the health outcomes of the people. Without a doubt, the utilization of a health care system may be dependent on educational levels, economic factors, cultural beliefs and practices among others. More so, the choice of health care providers by patients is influenced by several factors such as those connected with the potential providers (such as quality of service and area of expertise) and those that pertain to the patients themselves (such as

age, education levels, gender, and economic status (Thuan, Lofgren, Lindholm, and Chuc, 2008).

That is to say that the organization of the health system to a larger extent determines the health seeking behaviour and health care utilization of a people. The health system does not just stand for the structures that provide health care but rather, it encompasses various other elements which include family system, cultural forces, economic conditions, social support network, political systems and environmental conditions, among others which invariably affect the health care seeking patterns (Shaikh and Hatcher, (2007). Undeniably, there exist a strong correlation between the health seeking behaviour of a people and their utilization of health care systems seeing that both of them by some means share the same determinant factors. These factors are so significant in that they can influence access to health care even when services do exist in a community,

## **6. Impacts of Health Seeking Behaviour on Rural Livelihood**

Accessing health care in rural areas is strenuous and confounded by problems such as insufficient health infrastructure, the presence of chronic diseases and disabilities, socioeconomic and physical barriers (Ricketts, 2009). Wherever the issue of health seeking behaviour among individuals, households and rural dwellers in particular is handled dispassionately, there certainly will arise grave implications. It must be stressed that prompt health seeking is essential if diseases are to be effectively and efficiently managed no matter how minor they may appear to be.

Early detection and diagnosis make for timely management which in turn prevents the progression of an illness. The health of the citizens of any community, state or nation cannot be clearly separated from the economic growth of such community, state or nation. This is underscoring the fact that the health of a people is fundamental to the economic development and growth of the society. Little wonder it is said that, "*a healthy nation is a wealthy nation*". It follows that when a people are healthy, they will be more productive, and more productivity will ensure a growing economy.

On the other, ill health is inimical to the growth and development of the nation. The livelihood of people particularly the rural dwellers are adversely affected as their productivity declines. Most of the agricultural produces enjoyed within the nation are from these rural settings. Also, when there is an increased rate of morbidity and mortality, the workforce is reduced and chances of communicable diseases been spread to the urban settlements are raised as well.

It has been noticed that Nigerian rural dwellers exhibit inappropriate health seeking behaviour (Iyalomhe and Iyalomhe, 2012). These could be explained based on the interaction of the factors previously mentioned.

Most of these rural dwellers do not have access to modern health care services together with other basic amenities/infrastructure which promote and maintain good health. Even where these are available, they are inadequate. This unwholesome condition wherein the rural dwellers have found themselves also make them vulnerable to fake medications and non-patented herbal mixtures which rather than cure them, end up destroying their body organs.

With circumstances such as these, the likelihood of expressing poor health seeking behaviour are increased, and where this is the case, the rural populace and the entire nation at large are badly affected.

The truth remains that inappropriate health seeking behaviour increases the morbidity and mortality rates among individuals and this invariably exerts its unfavourable toll on the economy. But where the reverse is the case, a healthy and productive workforce is observed.

Therefore, there is need to holistically look at the various factors which tend to affect the health seeking practice of a given population and address such appropriately with a view to enhancing proper health seeking behaviour.

## **7. Conclusion**

No country can witness a significant development when the health of the people is jeopardized. Health seeking behaviour which could either be appropriate or inappropriate has got a significant influence on the health outcomes of people particularly the rural dwellers, and as such efforts should be made to encourage desirable outlook towards the health seeking behavior of the populace. With the existence of different factors which interplay to determine the health seeking behavior of people, efforts should be made to provide a synergism between them so that the outlook of the rural dwellers will be healthy.

## **8. Recommendations**

There should be synchronized efforts to improve the infrastructural status of healthcare facilities of rural areas, as well as provide adequate number of healthcare providers who will in turn be properly motivated to render quality services to those who are challenged by ill health. In communities where community health workers are engaged,

this workforce should be adequately strengthened. Policy makers should try as much as possible to have firsthand information on the various determinants of health seeking behaviour among the different communities as this will enable them enact appropriate policies that will serve their health needs.

Where the health facilities may not be adequate in number or where the distance to be covered is quite long, mobile clinic services should be employed. There is also need for an improved interpersonal relationship between patients who come to seek for health and the healthcare providers. Health enlightenment programmes should also be scaled up to educate the people on the need to patronize the conventional orthodox healthcare facilities and report to the same as soon as symptoms are observed to ensure prompt case management.

## References

1. Ahmed, S. M., Tomson, G., Petzold, M., & Kabir, N. K. (2005). Socio-economic status overrides age and gender in determining health seeking behavior in rural Bangladesh. *Bulletin of the World Health Organization*; 83(2):81-160.
2. Andersen, R. M. (1995). Revisiting the behavior model and access to medical care: does it matter? *Journal of health and social behavior*; 36:1-10.
3. Cultures: Cross-cultural anthropology (2004). In Ember, C., & Ember, M. (Eds). *Encyclopedia of medical anthropology, health and illness in the world's cultures*.
4. Fatimi, Z., & Avan, I. (2002). Demographic, Socio-economic and Environmental determinants of utilization of antenatal care in rural setting of Sindh, Pakistan. *J Pak Med Assoc*; 52: 138–142.
5. Federal Ministry of Health (2008). *The Nigerian health financing policy*, Federal Ministry of Health (FMOH), Abuja, Nigeria
6. Hamid S. A., Sadique Z, Ahmed S., Molla A. A. (2005). Determinants of choice of healthcare providers: Evidence from selected rural areas of Bangladesh. *Pak. J. Soc. Sci.* 3(3):437- 444
7. Huber, M., Knottnerus, J. A., Green, L., van der Horst, H., Jadad, A. R., Kromhout, D., & Smid, H. (2011). How should we define health? *BMJ*; 343:163.
8. Iyalomhe, G. B. S., & Iyalomhe, S. I. (2012). Health seeking behavior of rural dwellers in Southern Nigeria: Implications for healthcare professionals. *International journal of tropical disease and health*: 2(2):62-71.
9. Jain, V. K., Sequeira, P., Jain, J., Chaning, U., Maliyil, M. J., & Bhagwandas, S. C. (2013). Barriers in utilization of oral healthcare services among patients attending

- primary and community health centres in Virajpet, South Kamataka. *National journal of medical and dental research*; 1(3):39-47.
10. Kasl, S. V., & Cobb, S. (1966). Health behavior, illness behavior, and sick role behavior. *Archives of environmental health*; 12:246-266.
  11. MacKian, S. (2003). A review of health-seeking behaviour: Problems and prospects. Health Systems Development Programme, University of Manchester, Manchester.
  12. Mechanic, D. (1978). *Medical Sociology: A comprehensive text* (2nd ed.). New York, NY: Free Press.
  13. Musoke, D., Boynton, P., Butler, C., & Musoke, M. B. (2014). Health seeking behavior and challenges in utilizing health facilities in Wakiso district, Uganda. *Afr Health Science*; 14(4):1046-1055.
  14. Nyamongo, I. K. (2002). Health care switching behavior of malaria patients in a Kenyan rural community. *Soc Sci Med*; 54: 377–386.
  15. Olenja, J. (2003). Health seeking behavior in context. *East African Medical Journal*; 80(2):61-62.
  16. Parsons, T. (1951). *The Social System*. Glencoe, IL: Free Press
  17. Ricketts T. C. (2009). Rural health in the United States. New York: Oxford University Press.
  18. Rani, M., & Bonu, S. (2003). Rural Indian women's care seeking behavior and choice of provider for gynecological symptoms. *Stud Fam Plannin*; 34: 173–185.
  19. Rebhan, D. P. (2009). Healthcare utilization: understanding and applying theories and models of healthcare seeking behavior. Case Western Reserve University.
  20. Shaikbh, B. T., & Hatcher, J. (2005). Health seeking behavior and health service utilization in Pakistan: challenging the policy makers. *J public health*; 1:49-54.
  21. Shaikbh, B. T., & Hatcher, J. (2007). Health seeking behavior and health service utilization trends in National health survey of Pakistan: what needs to be done? *Journal of Pakistan Medical Association*; 57(8):411-414.
  22. Stowaser, T., Heiss, F., McFadden, D., & Winter, J. (2011). "Healthy, Wealthy and wise?" revisited: An analysis of the causal pathways from socio-economic status to health. NBER working paper series (working paper 17273). Cambridge, MA: National bureau of economic research.
  23. Suchman, E. (1965). Social Patterns of Illness and Medical Care. *Journal of Health and Human Behavior*; 6(3): 114-28.
  24. Thuan, N. T., Lofgren, C., Lindholm, L., & Chuc, N. T. (2008). Choice of healthcare provider following reform in Vietnam. *BMC health Serv Res*; 8:162.

25. Uchudi, J. M. (2001). Covariates of child mortality in Mali: does the health seeking behavior of the mother matter? *J Biosoc Sci*; 33: 33–54.
26. World Health Organization, (2006). Constitution of the World Health Organization. Basic documents, 45<sup>th</sup> edition, Supplement.

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