



## INVESTIGATING THE HEALTHCARE-SEEKING BEHAVIOR AMONG RESIDENTS OF OTUOKE COMMUNITY IN OGBIA LOCAL GOVERNMENT AREA, BAYELSA STATE, NIGERIA.

Ezenwaka Chinonye Oluchi<sup>1\*</sup> and Uruejoma Esere Victory<sup>2</sup>

<sup>1&2</sup>Department of Biology, Federal University Otuoke, Bayelsa State, Nigeria.

\*Corresponding Author's Email: [chyladyn@yahoo.com](mailto:chyladyn@yahoo.com)

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**ABSTRACT:** *Health is vital to human living. Poor health in rural areas is prevalent due to various issues impacting health status and service efficacy, with health service functionality measured by affordability and accessibility. Structured questionnaires and oral interviews were employed to investigate the healthcare-seeking behavior of residents of Otuoke community in Ogbia Local Government Area, Bayelsa State. The study established a low response of residents of Otuoke community to biomedical health care (12.8%). Cost (31.4%) was the main limiting factor to seeking health care by the residents. Other factors implicated in influencing healthcare-seeking behaviour include proximity, poor attitude of health care workers, poor medical services and long waiting time in assessing biomedical health care. Most of the respondents resorted to self-examination and self-medication to save cost and time, thereby utilizing the services of local chemists. Traditional healthcare practices still hold sway and gain more relevance based on the fact that it is easily accessible, acceptable and affordable to meet the rural dwellers' expectations compared to biomedical medicine. The study also identified perceived barriers to patronage of the Federal University Otuoke health facility by the students as mainly due to the unavailability of drugs and long waiting time to access medical care. Health education should be deployed to enlighten the residents on rational use of medications and access to treatment at healthcare facilities rather than self-examination and self-medication. University administration should develop strategies to enhance students' accessibility to the university's health care services and address the existing barriers.*

**KEYWORDS:** Health care, seeking, behavior, residents, students, Bayelsa State.



## INTRODUCTION

Healthy habits and an active lifestyle are recognized as the most important factors influencing one's well-being. Health-seeking behavior refers to actions undertaken by a person who perceives his or herself to be sick in order to get an appropriate remedy (MacKian, 2003; Kasi & Cobb, 2006). Healthcare-seeking behavior includes the timing and types of healthcare service utilized and these may impact the outcomes of population health (Poortaghi *et al.*, 2015). People seek help for health issues based on several reasons. The factors influencing the choice of treatment sources when symptoms occur may include socio-cultural factors, social networks, gender, and economic status (Afolabi *et al.*, 2013). The other factors influencing health-seeking behavior are the cost of treatment and healthcare provider attitude. There are indications that the cost of prescribed medicines, poor access to facilities, and patient delays affect the patronage and utilization of public health services that increase the use of other treatment sources such as community pharmacies, chemists, herbal medicine and religious or spiritual centers (Afolabi *et al.*, 2013). Delayed medical attention amongst citizens especially the people in the uncivilized areas or villages have been shown to be associated with greater risk of unfavorable outcomes (Prentice & Pizer, 2007), such as increased risk of transmission in the community for patients with infectious diseases. From a patients' viewpoint, healthcare-seeking behavior typically responds to discomfort or symptoms, rather than to particular diagnoses which were unknown to them before medical consultation.

Nonetheless, there is no denying that rural Nigeria continues to be the most neglected, and its residents are the most disadvantaged in terms of access to modern health care facilities as well as other modern infrastructural necessities that are essential to the maintain and promote good health (Olujimi, 2006; Ewhrudjakpor, 2008; Omotosho, 2010). Even in the few areas where medical facilities exist, such facilities are bedeviled by a lack of medical personnel, equipment, and inadequate supply of essential drugs. This, according to Omotosho (2010), has made it easier for these rural residents to turn to alternate forms of healthcare like spiritual healing centers and conventional medicine. There is no doubt that mortality emanating from poor health is prevalent in rural areas due to a whole range of issues impacting on health status and the efficacy of health service interventions. While it is not possible to say what proportion of the excess mortality is due to the social determinants of health, one can be certain they play a major role (Iteimowei, 2020). This situation is unfortunate as the majority of the nation's population who produce the nation's food needs – including valuable export crops – reside in the infrastructural underserved rural areas. It is obvious that rural dwellers in the developing world have different notions and perceptions about the etiology of disease and illness. Once a person becomes ill, it is observed that he/she strives to seek medical advice based on all available healthcare options (Ewhrudjakpor, 2008). Lower incomes, lower levels of education and employment, and poorer access to health care services are among the socioeconomic determinants of poor health for people in rural and remote areas, who are also disadvantaged by a higher prevalence of common risk factors for health, such as higher rates of smoking and alcohol intake (Iteimowei, 2020). Also, rural people lack other basic infrastructural necessities like potable water and the likes that are essential to the maintenance and promotion of good health. The outcome of these inadequacies is that the rural dwellers are subjected to a high incidence of morbidity and mortality resulting from the prevalence of preventable diseases.

University students frequently have significant health issues that go unrecognized or are underdiagnosed. These can be related to stressful situations, unhealthy lifestyles, poor eating habits, drug and alcohol abuse, unsafe sexual behavior, smoking, and mental health conditions



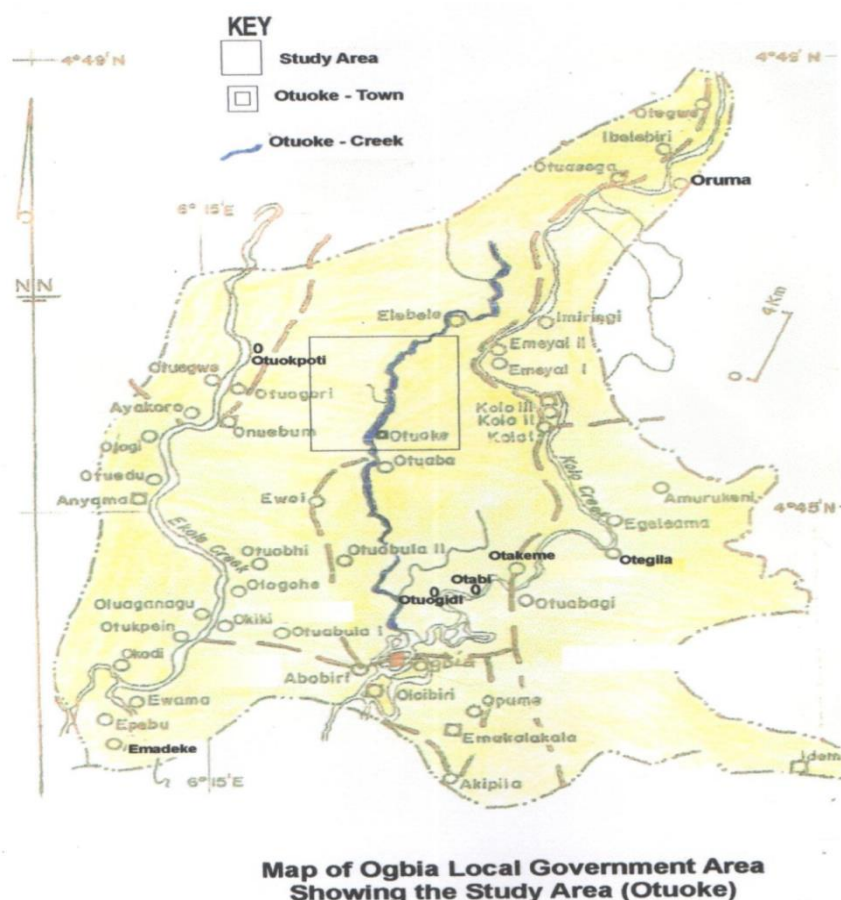
like depression and suicidal thoughts and attempts (El Kahi *et al.*, 2012; Frimpong, 2018). Key obstacles preventing students from receiving health services include social networks, gender, sociocultural issues, and economic position. Others include concerns regarding privacy, shame while sharing health information, lack of health insurance documentation or restricted financial resources, ignorance of available services, and mistrust (Frimpong, 2018). Depending on the nature and perceived severity of their disease, their financial situation, how accessible the public health institution is, and their demographics, university students choose different sources for their care. Extreme delays or refusal in seeking proper diagnosis and treatment can allow for a greater probability of adverse consequences (Sawalha *et al.*, 2017; Ram & Eiman, 2018).

Information on health seeking behavior and healthcare utilization has significant policy implications in healthcare system development. Public health professionals and policy makers may be able to enhance the healthcare system and health promotion initiatives by having a better understanding of the pattern of behavior associated with healthcare-seeking (O'Mahony & Hegarty, 2009; Wong *et al.*, 2010). This has necessitated this research to investigate the factors that influence the health-seeking behavior among residents in Otuoke community, Bayelsa State, Nigeria.

## **MATERIALS AND METHODS**

### **Description of the Area of Study**

The study was conducted in Otuoke community, Ogbia Local Government Area, Bayelsa State, Nigeria. Bayelsa State is situated in the southern part of Nigeria within the Niger Delta region. It lies between latitudes 4° 30' N and 5° 30' N and longitudes 5° 00' E and 6° 45' E. The state is characterized by its intricate network of water bodies, including rivers, creeks, and swamps, due to its low-lying terrain (Onuoha, 2012). Otuoke is a suburb in Ogbia Local Government Area of Bayelsa State in the Niger Delta region of Nigeria. Otuoke is about 21 kilometers south of Bayelsa State's capital, Yenagoa, located approximately in latitudes 4° 49' N and longitude 6° 20' E. It is bounded to the North by Elebele community, to the East by Emeyal 1 and Kolo, to the West by Onuebum and Otuogori and to the South by Otuaba and Ewoi communities. The population, according to the Obanema of Otuoke, His Royal Highness Lot Ogiasa, Oke X, is more than 7,000 (Joseph, 2015). Majority of its inhabitants are farmers and fishermen. Although a very small town, it prides itself with having a bank, several modern structures, a state-of-the-art hospital and civic centre, small-scale businesses and several modern shopping malls. Among other sights, it prides itself with being a town that houses a federal government-owned educational institution, the prestigious Federal University, Otuoke which was one of the nine new federal universities established by the Federal Government of Nigeria in February 2011 (Joseph, 2015). The university has six faculties and offers degree courses at undergraduate levels and postgraduate levels – offering Post Graduate Diploma, Masters, and Doctorate Degrees and with a population of more than 11,040 students (FUOTUOKE, 2022).



**Fig. 1: Map of Ogbia, Bayelsa State showing the Area of Study**

### Study Population

A total of seven hundred (700) residents of Otuoke community were recruited in the study. The total population of the study comprises five hundred and fifty (550) students of Federal University, Otuoke and one hundred and fifty (150) indigenes of Otuoke community in Ogbia Local Government Area, Bayelsa State, who consented to the study.

### Research Instrument

Questionnaires and oral interviews were used to collect data from students and indigenes in the study area. The questionnaire was designed to elicit information on the socio-demographic characteristics, health care seeking behavior of the respondents as well as the perception of the respondents on the health care services of the Federal University, Otuoke Health Centre.

### Sampling Technique

This study used a cross-sectional survey. Data was collected from seven hundred (700) respondents including males and females, in Otuoke community in Ogbia Local Government Area, Bayelsa State using a well-structured questionnaire. Simple random technique was employed to select the seven hundred (700) respondents from among the consented residents.



Data was collected from the illiterate respondents through oral interview and the questionnaires were filled by the researcher according to their responses.

### Data Analysis

Data obtained from the study area were subjected to descriptive statistics of mean and percentages (%), as described by Ruchika and Dolly (2012).

## RESULTS

### Socio-demographic Characteristics of Respondents

Out of the 700 respondents that participated in the study, 42.6% were males and 57.4% were females. Also, the age group 25–29 years recorded the highest number of respondents in the study (23.5%), followed by the age group 20–24 years (21.4%). Respondents within the age group 15–19 years (11.4%) and age group 35–39 years (11.0%) were the least respondents in the study. Most of the respondents were Christians (50%) while some were Muslims (37.4); only 12.6% of the respondents claimed to be practicing traditional religion. Also, a good number of the respondents were single (58.2%) while 41.7% were married.

**Table 1: Socio-demographic Characteristics of Respondents**

S/No.	Respondents' Characteristics	Frequency (%)
1.	<b>Gender</b>	
	Male	298 (42.6)
	Female	402 (57.4)
		<b>700 (100)</b>
2.	<b>Age (years)</b>	
	15–19	80 (11.4)
	20–24	150 (21.4)
	25–29	165 (23.5)
	30–34	108 (15.4)
	35–39	77 (11.0)
	40 and above	120 (17.4)
		<b>700 (100)</b>
3.	<b>Religion</b>	
	Christianity	350 (50.0)
	Islam	262 (37.4)
	African traditional religion	88 (12.6)
		<b>700 (100)</b>
4.	<b>Marital status</b>	
	Single	408 (58.2)
	Married	292 (41.7)
		<b>700 (100)</b>





## Healthcare Seeking Behavior of the Respondents

All the respondents (100.0%) recruited in the study indicated to have experienced one illness symptoms or the other. Most of the symptoms indicated were abdominal pain (23.5%), followed by cough/catarrh (21.4%), malaria (17.2%), and headache (15.4%). The least indicated were dental problems (11.4%) and eye problems (11.4%). 22.9% of the respondents do nothing when they experience illness symptoms, 19.3% engage in self-medication, 18.2% indicated the use of herbs, while 14.5% indicated visiting a chemist. Only 12.8% and 12.1% indicated visiting a hospital/clinic and pharmacy shop respectively. 56.0% of the respondents opined that the use of herbs and the use of pharmaceutical drugs had the same effect. While 23.7% claimed pharmaceutical drugs were more effective and 20.3% claimed pharmaceutical drugs were not effective. 22.9% of the respondents visit health institutions occasionally while 19.3% visit health institutions when discomfort/pain becomes unbearable; 18.2% visit when symptoms appear while 14.5% visit when their functionality is affected. 12.8% visit health institutions even without showing any symptoms while 12.1% only visit health institutions when someone they know just died of the same symptom. 36.8% of the respondents do not have health checkup at all, while 28.2%, 26.2% and 22.8% do have health checkup at intervals of once a year, once in 3 months and once in 6 months respectively (Table 2).

**Table 2: Healthcare Seeking Behavior of the Respondents**

S/No.	Respondents Behavior	Frequency (%)
1.	<b>Illness symptoms ever experienced?</b>	
	Yes	700 (100.0)
	No	0 (0.0)
		<b>700 (100.0)</b>
2.	<b>What Symptoms Experienced?</b>	
	Headache	80 (11.4)
	Cough/Catarrh	150 (21.4)
	Abdominal Pain	165 (23.5)
	Dental Problem	108 (15.4)
	Eye Problem	77 (11.0)
	Malaria	120 (17.2)
		<b>700 (100.0)</b>
3.	<b>Action taken when ill</b>	
	Did nothing	160 (22.9)
	Self-medication	135 (19.3)
	Herbs	128 (18.2)
	Chemist	102 (14.5)
	Hospital/Clinic	90 (12.8)
	Pharmacy shop	85 (12.1)
		<b>700 (100.0)</b>
4.	<b>Factor influencing access to formal healthcare</b>	
	Cost	220 (31.4)
	Norm	218(31.1)
	Effectiveness	140 (20.0)
	Proximity	122 (17.4)
		<b>700(100.0)</b>



<b>5.</b>	<b>How do you rate treatment with Pharmaceutical drugs to herbs</b>	
	More effective	166 (23.7)
	Same	392 (56.0)
	Not effective	142 (20.3)
		<b>700(100.0)</b>
<b>6.</b>	<b>At what stage do you visit Health institution?</b>	
	Occasionally	172 (22.9)
	When discomfort/pain is unbearable	122 (19.3)
	When Symptoms appear	120 (18.2)
	When my functionality is affected	118 (14.5)
	Even without symptoms	90 (12.8)
	When someone I know just died from such symptoms	78 (12.1)
		<b>700 (100.0)</b>
<b>7.</b>	<b>How often do you get a health checkup?</b>	
	Once in 3 months	84 (26.2)
	Once in 6 months	160 (22.8)
	Once a year	198 (28.2)
	Never	258 (36.8)
		<b>700 (100.0)</b>

### Students' Perception on Healthcare Services of the Federal University, Otuoke Health Centre

Table 3 shows the perception of the students on healthcare services of the health centre at the Federal University, Otuoke. Students of various academic levels were recruited in the study. 400 level students were 28.3%, followed by 300 level students (21.1%), 200 level students (19.6%), 500 level students (16.3%), and then 100 level students (14.5%). Most of the students (30.0%) rarely utilize the services of the university clinic, while 27.2% occasionally utilize the services of the university clinic and 19.6% never utilize the services of the university clinic. Reasons for not always visiting the university clinic when sick was due to unavailability of drugs (32.7%), long waiting time to access medical care (18.2%), poor attitude of healthcare staff towards patients (14.4%), other reasons not disclosed (12.7%), fear of impact on academic performance (10.9%) and fear of confidentiality (10.0%). The clinic unit where delay was experienced in the university health centre, as indicated by the students, were at laboratory diagnosis unit (46.1%), medical records (26.9%) and queue to doctor's consulting room (18.5%), while only 8.36% indicated delay at pharmacy/drug unit. Almost all the interviewed students (77.3%) indicated that they were not satisfied with the health care services, 20.5% indicated being somewhat satisfied while only 2.2% indicated being very satisfied.



**Table 3: Students' Perception on Healthcare Services of the Federal University, Otuoke Health Centre**

S/No.	Respondents' Characteristics/Perception	Frequency (%)
1.	<b>Level of study</b>	
	100	80 (14.5)
	200	108 (19.6)
	300	116 (21.1)
	400	156 (28.3)
	500	90 (16.3)
	<b>550 (100.0)</b>	
2.	<b>How frequently do you utilize the services of the university clinic?</b>	
	Frequently	80 (14.5)
	Occasionally	150 (27.2)
	Rarely	165 (30.0)
	Never	108 (19.6)
	<b>550 (100.0)</b>	
3.	<b>Reason for not always visiting the University clinic when sick</b>	
	Long waiting time to access medical care	100 (18.2)
	Unavailability of drugs	180 (32.7)
	Poor attitude of Health care staff towards patients	85 (14.4)
	Fear of confidentiality	55 (10.0)
	Fear of impact on academic performance	60 (10.9)
	Others	70 (12.7)
	<b>550 (100.0)</b>	
4.	<b>Section/Unit delay is experienced</b>	
	Medical records (Patient folder section)	148 (26.9)
	At queue to Doctor's consulting room	102 (18.5)
	At Pharmacy/Drug Unit	46 (8.36)
	At Laboratory diagnosis Unit	254 (46.1)
	<b>550 (100.0)</b>	
5.	<b>Level of satisfaction with the health care services available in FOU clinic</b>	
	Very satisfied	12 (2.2)
	Somewhat satisfied	113 (20.5)
	Not satisfied	425 (77.3)
	<b>550 (100.0)</b>	





## DISCUSSION

The socio-demographic characteristics of respondents in this study revealed that females (57.4%) were more responsive to the interview than males (42.6%). This could be due to sampling, as more of the females were easily accessible which may be attributed to the fact that the researcher was also a female; thus, it was much easier in approaching like sex for data. The highest respondents (23.5%) were within the age bracket of 25 to 29 years. The younger respondents were more in the study due to the fact that a good number of the correspondents were students in Federal University, Otuoke and fall mostly in the age bracket of 25 to 29 years. Some of the indigenes of Otuoke community who were older were suspicious of the researcher, with the claim that such information may be used for rituals or to harm them. This was one of the limitations encountered in the study. Also, more than half of the participants (58.2%) were singles compared to the 41.7% who were married participants. The high population of Christians recruited in this study is as a result of the fact that Christianity dominates in the South-South part of the country. Various studies demonstrated that one's decision to engage with a particular medical channel is influenced by a variety of socio-economic variables: sex, age, social status of women, type of illness, access to services and perceived quality of the service (Adhikari & Rijal, 2014). Religious beliefs of the participants in the study were implicated as deciding factors concerning the pattern of seeking healthcare in the study area. This supports earlier study by Omeire (2017) who posited that some religious sects like the Jehovah's Witnesses do not opt for blood transfusion even when life is in danger, and also those who belong to the Faith Tabernacle do not consent to the administration of biomedical healthcare because of their religious inclinations. Thus, it is obvious that the religious mindset plays a significant role in healthcare-seeking behaviour. The high prevalence of issues related to abdominal pain in this study could be explained by the fact that young women are naturally preoccupied by reproductive health issues such as contraception and menstruation, and they tend to seek professional help more frequently than men, for whom these issues tend to be of lower importance. This corroborates the report of El kahi *et al.* (2012) that females are more predisposed to abdominal pain.

Also, the study revealed that 22.9% of the respondents do nothing when they have illness symptoms. This finding is supported by a study that reported that students who visited the hospital/clinic for their health problems indicated that the reason for not visiting the hospital/clinic was the thought that the problem was minor, and therefore would clear off without any medications (El kahi *et al.*, 2012). Individuals differed in their choice of treatment sources depending on perceived severity of illness and accessibility of healthcare services, as indicated by the result of this study. The findings of Iteimowei (2020) in three selected rural communities in Bayelsa State support a high preference to herbal or traditional treatments, as revealed by this study. According to Iteimowei (2020), in his interview with the locals, he gathered that the participants preferred herbal or traditional treatment due to the fact that some diseases and conditions are abnormal.

Cost was revealed to be the main factor influencing the respondents' treatment choice as 31.4% of the respondents indicated that they preferred herbal treatment due to the high cost of formal healthcare. Consequently, natives had to patronize traditional medical facilities as they are also more readily available, accessible and affordable. Some claimed that they have to sell up their property in order to pay for the treatment of their loved ones when taken to the hospital; therefore, in order to avoid such situations, they relied on the use of herbs known for the treatment of such ailment. This finding corresponded with the report of Elliott and Larson



(2004), who indicated that most Ghanaians opted for herbal treatment due to the high cost of formal health care in Ghana. However, 31.1% of the respondents indicated that they do not assess formal healthcare because the use of herbal treatment has been a norm in their family. They claimed that the herbs could even solve problems that formal healthcare treatment could not solve. Also, 20.0% of the respondents claimed the herbal treatment was more effective than the formal healthcare. This corroborates the findings of Iteimowei (2020) that traditional medicine plays a complementary role to the formal healthcare systems; hence, there still exists a high prevalence in the use of traditional medicine in the rural areas of Bayelsa. The World Health Organization (2002) reported that at least 80% of people in Africa use traditional medicine at some point in their lives, which implies that the efforts to improve healthcare access in Africa cannot ignore traditional healthcare systems. 17.4% of the respondents claimed the proximity of road-side drug shops as compared to hospitals, hence the need to get treatments from the close-by shops as the same treatment is given even in the hospital. Nonetheless, the responses from some of the participants revealed that beyond the traditional source of healthcare, some people are still interested in biomedical healthcare services irrespective of the fact that such services are marred with diverse shortcomings, as attested to by some respondents.

The study therefore revealed that the type of illness coupled with its severity is a very significant factor that determines how rural dwellers respond to illness and the channel to follow. The responses from the respondents reveal that cultural behaviour and belief systems play a significant role in shaping the thought pattern and mindset of citizens with regard to the aetiology of certain illnesses within their environment, which are anchored on superstition. In such instances, treatment is sought from spiritual healing homes and traditional healers who can interface with the spirit realm to proffer solutions to such strange illnesses that are beyond the physical dimension. The study also identified perceived barriers to low patronage of the Federal University, Otuoke health facility by the students as mainly due to the unavailability of drugs (32.7%) and relatively due to long waiting time to access medical care (18.2%). This agrees with the findings of a previous study conducted in Ghana by Elliott and Larson (2004) on possible barriers limiting patient access to healthcare services. This study also implicated poor attitude of healthcare staff towards patients (14.4%) as another limiting factor hindering students from frequently accessing the school clinic. The majority of the students (46.1%) indicated that they experienced delays mainly at the laboratory diagnosis unit. Sawalha *et al.* (2017) recorded excessive waiting times as one of the factors affecting healthcare-seeking behaviours among students. The high rate of dissatisfaction recorded in this study (77.3%) towards the medical services of Federal University, Otuoke may be implicated as one of the factors which tend to cause students to opt for other healthcare services, and these other sources may be detrimental to the students' health status.



## CONCLUSION

This study on the healthcare-seeking behavior among residents of Otuoke, Ogbia, Local Government Area, Bayelsa State, established a low response of residents to biomedical healthcare and was implicated to be due to cost, poor attitude of health care workers, poor medical services and long waiting time in assessing biomedical healthcare. The major reason the traditional healthcare practices still hold sway and gain more relevance is based on the fact that traditional medicine is easily accessible, acceptable and affordable to meet the rural dwellers' expectations compared to biomedical medicine, and the traditional medical practitioners who are well known in their respective communities go all out to satisfy their clients in a bid to keep their reputation. The residents of Otuoke, Bayelsa State are mostly of low economic status, which has been seen to have a serious impact on their response to illness. The choice of what action to take and what healthcare channel to patronize during illness is determined, to a large extent, by one's economic status and belief system.. The study also identified perceived barriers to low patronage of the Federal University, Otuoke health facility as mainly due to the unavailability of drugs and relatively due to long waiting time to access medical care.

Government should increase funding for healthcare centers in rural areas, specifically directing resources towards the consistent and adequate supply of essential drugs as this is crucial for improving healthcare accessibility and addressing medication shortages in these regions. Health educational programmes should be initiated to inform and educate the residents regarding rational use of medications and access to treatment at healthcare facilities rather than self-examination and self-medication. Finally, in a bid to improve the utilization of the university's healthcare services by the students, the University administration should develop strategies to enhance students' accessibility to the university's health care services and address the existing barriers such as unavailability of drugs, long waiting time and poor attitude of healthcare staff effectively.

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