

Original Article

A Comparative Study of Attitude, Perception, Determinant and Effect of Increasing Cost of Healthcare on Health Seeking Behaviour of Academic Staff in Two Different Tertiary Institutions in Edo State, Nigeria

*Efegeber HA¹, Enemuo EH²

¹ Department of Community Medicine, Edo State University Uzairue, Edo State, Nigeria

² Department of Medicine, Nnamdi Azikiwe University, Nnewi Campus, Nigeria.

Article History

Submitted: 01/12/2023; Accepted: 19/12/2023; Published: 29/12/2023

*Correspondence: Efegeber HA.

Email: henryefegbere@gmail.com

ABSTRACT

The health seeking behaviour of a community determines how they use health services. Utilisation of health facilities can be influenced by different attitude, perceptions, determinants and effect of increasing cost of healthcare. The objective of this study was to compare attitude, perception, determinant and effect of increasing cost of healthcare of health seeking behaviour of academic staff in two different tertiary institutions in Edo state, Nigeria. Descriptive cross sectional design and multistage sampling techniques were employed for this study. Total respondents recruited for this study was 400. Questionnaires were used to collect the data. The data was analysed using the Statistical Package for Social Sciences software version 26.0 and the results were presented. Statistics test was deployed to test association between variables and set at $p < 0.05$. Comparison of the respondents' attitude towards health seeking showed that academic staff of Edo State University Uzairue versus academic staff of Federal Polytechnic Auchi visited health facilities for treatment 76(19%) versus 84(21%) respectively ($p=0.038$); Regarding perception, academic staff of Edo State University Uzairue versus academic staff of Federal Polytechnic Auchi, that skilled medical management is essential 121(30.3%) versus 100(25%) respectively ($p=0.001$); that health check ups are necessary 173(43.3%) versus 162(38%) respectively ($p=0.007$). Determinants showed academic staff of Edo State University Uzairue and academic staff of Federal Polytechnic Auchi reported the most important determinant when seeking healthcare is proximity 12(3%) versus 10(2.5%) respectively ($p=0.000$); Effect of increasing cost of healthcare 90(22.5%) versus 133(33.3%) respectively ($p=0.000$); recommendation for relief of cost of healthcare 20(5.0%) versus 39(9.8%) respectively ($p=0.003$). Conclusively, there is potential for the betterment of attitude, perception and determinants of health seeking behaviour in both tertiary institutions with government intervention(s) and widespread use of universal health coverage schemes to pay healthcare bills to address effect of increasing cost of healthcare.

Keywords: Attitude; Determinant; Edo State University Uzairue; Effect of increasing cost of healthcare; Health Seeking Behaviour; Federal Polytechnic Auchi; Perception

INTRODUCTION

Health seeking behaviour is any activity undertaken by individuals who perceive themselves to have a health problem or to be ill for

the purpose of finding an appropriate remedy, which includes the timing and types of health care service utilization which may affect health outcome.¹⁻³

A study on health seeking behaviour majority of

Article Access



Website: www.wjmb.com

10.5281/zenodo.7481754

How to cite this article

*Efegeber HA, Enemuo EH. A Comparative Study of Attitude, Perception, Determinant and Effect of Increasing Cost of Healthcare on Health Seeking Behaviour of Academic Staff in Two Different Tertiary Institutions in Edo State, Nigeria. *West J Med & Biomed Sci.* 2023;4(1-2):53-57. DOI:10.5281/zenodo.7481754

people first try some home treatment and only when they are not relieved they opt for approaching any provider.⁴⁻⁶ In a study done in San Francisco, California, patients who visited the public clinics had generally higher perception of community healthcare seeking behaviour for both acute and preventive physical and psycho-social health concerns compared to those who went to private clinics.⁵⁻⁶

In a study carried out in Pakistan in 2005, the determinants affecting health seeking behaviour and utilization of a health care system, public or private, formal or non-formal, may depend on socio-demographic factors, social structures, level of education, among others.⁷

A study reported the delay in seeking health care among these tuberculosis patients either due to fear of costs of diagnosis and treatment.⁸⁻⁹

A study done in Ghana aimed to investigate the impact on healthcare seeking behaviour of the cost sharing policies led to an increase in self-medication and other behaviours aimed at cost saving.¹⁰⁻¹² Choice of health provider is in fact dependant on decision makers which could be elder male family members or some other person from the community.¹³

MATERIALS AND METHODS

Study Settings

The study settings were Edo State University, Uzairue (EDSU) and Federal Polytechnic Auchi (Auchi Poly). They were tertiary institutions located in Iyamho community, Uzairue, and Auchi community, respectively. Both in Etsako West Local Government Area, Edo State.¹²

Study Population

The population studied were the academic staff of EDSU and academic staff of Auchi Poly. The staff of EDSU and Auchi Poly are Nigerians of varying background.

Study Design

Descriptive cross-sectional survey was employed in this study.

Study Duration

The study was carried out in 4 months after ethical

approval from September to December 2023.

Selection Criteria

Academic staff of EDSU and academic staff of Auchi Poly who are were more than six months in employment were recruited for the study.

Sample Size Estimation

Sample size was estimated using Cochran's formula for comparative cross sectional surveys.

$$\text{Sample size } n = \frac{Z^2 P q}{d^2} \times 2$$

n = Minimum sample size

Z = Standard normal deviation set at 1.96 to correspond to 95% confidence interval.

P = highest Prevalence of the condition under study from previous studies.

$$q = 1 - P$$

d = Degree of precision at a confidence level of 95% (Error margin allowed from study which is a measure of level of accuracy). For this study;

$$Z = 1.96$$

P = 86.4% = 0.864 (highest prevalence from literature review)

$$d = 0.05$$

$$\text{From the formula; } n = \frac{Z^2 P q}{d^2} \times 2$$

$$n = \frac{(1.96)^2 \times 0.864 \times (1 - 0.864)}{(0.05)^2} \times 2$$

$$n = \frac{3.8416 \times 0.864 \times 0.136}{0.0025} \times 2 = \frac{0.4514337}{0.0025} \times 2$$

$$n = 180.57 \times 2 = 361.14$$

From the calculation above, the estimated sample size is 361.14

Attrition or 10% non-response rate

= $\frac{\text{calculated sample size}}{1 - \text{non response rate}}$

1 - none respondent rate

$$\frac{361.14}{1 - 0.1} = 401.27$$

$$1 - 0.1$$

The estimate sample size is approximately 400.

Thus, a total of 400 respondents were assessed during the study.

Sampling Method

Multistage sampling technique was employed.

Stage 1: Stratified sampling technique was used in the first stage to separate academic and non-academic staff of each tertiary institutions

Stage 2: Simple random sampling technique was deployed in the second stage to choose respondents from each tertiary institution for the study.

Study Instrument

Questionnaire: a structured questionnaire was adopted from studies on the attitude towards health seeking, perception of health seeking, determinants affecting health seeking behaviour and the effect of increasing cost of healthcare on health seeking behaviour of members of the working class population.

The questions are in simple English language, short and direct to prevent misunderstanding.

Pre-Testing

The questionnaire was pretested among 40 staff (approximated from 10% of sample size) Iyamho Secondary School, Edo State and necessary adjustments were made afterwards. Participants included in the pre-testing were excluded from the main study.

Data Collection and Data Analysis

Data was collected using a pre-tested self-administered questionnaire to elicit socio-demographics, attitude, perception, determinants and effect of increasing cost of healthcare to health seeking behaviour of respondents of the two tertiary institutions.

Statistical analysis

The data was analyzed using the statistical package for social sciences (SPSS) software version 26.0 (SPSS Inc, Chicago, USA) and the results were presented in form of numerical and diagrammatic presentations. Descriptive and inferential statistical tests like chi square test were used to assess the association between variables.

Ethical Consideration

Ethical approval for the study was obtained from the Health Research Ethics Committee (HREC) of Irrua Specialist Teaching Hospital.

Confidentiality of information and anonymity of respondents were ensured.

RESULTS

A total of 400 respondents participated in the study the results are presented in sections as follow:

Table 1 shows the socio-demographic characteristics of the respondents. The table shows that the majority of respondents were aged between 29 and 39 years (40%) and the minority were older than 50 years (2.8%). Half of the total respondents were lecturers by occupation (50%).

Table 2a shows that the respondents that visit health facilities do so mainly within 1-3 months for EDSU (19.0%) and Poly (21%). It shows most academic staff of EDSU mostly treat themselves either by going to a hospital or by a doctor's prescription (22.5%) while most academic staff of Poly go to the chemist/pharmacy (20.0%). Also that the majority of academic staff of EDSU go to a hospital every time they are sick (39.0%) while majority of the academic staff of Poly do not (25.5%). This is statistically significant ($p=0.000$).

Table 2b shows that majority of academic staff of EDSU are likely to first visit a hospital when they are sick (32.3%) while majority of the academic staff of Poly are most likely to visit a pharmacy/chemist (30.5%). Most respondents in both groups do not take medicinal drugs regularly (EDSU 31.0% and Poly 33.5%). Also majority of the respondents get medical checkups every 3-6 months (19.3% for EDSU and 12.8% for Poly).

Table 3 shows that the respondents that chose yes, always, were the majority for both EDSU (30.3%) and Poly (21%). For both groups, the majority preferred to receive treatment at the hospital whenever they feel sick (EDSU 30.8% and Poly 17.8%). The table also shows that most respondents in both groups think that health checkups were necessary (EDSU 43.3% and Poly 38.0%).

Table 4a shows that in both groups, the majority of

respondents have been admitted in the past (34.5% for EDSU and 35.5% for Poly). Also majority of respondents did not have any negative views about health workers (42.0% for EDSU and 39.3% for Poly). It also showed that the most important determinant when seeking healthcare for the majority of respondents is good service delivery and attitude of workers (28.8% for EDSU and 26.5% for Poly).

Table 4b shows that in both groups, the majority of respondents have a health care facility accessible for emergencies (26.5% for EDSU and 25.3% for Poly). In both groups, the majority of respondents did not have to seek permission to receive healthcare (46.3% for EDSU and 45.5% for Poly).

Table 5a shows that the majority of EDSU frequent the private health sector (26.0%) while the majority of Poly frequent the public sector (33.3%). This was statistically significant ($p=0.000$). It also showed majority of EDSU earn between 101,000 and 200,000 (22.0%) while the majority of Poly earn between 21,000 and 100,000 (29.5%). It also shows majority estimate monthly for healthcare a sum between 2,000 and 5,000 (EDSU 22.3% and Poly 24.8%).

Table 5b shows majority of EDSU do not think that visiting the hospital is costly (30.8%) while the majority of Poly think that visiting the hospital is costly (29.5%). In both groups, the majority had not been unable to receive healthcare because it was too expensive (EDSU 36.8% and Poly 34.0%).

Table 5b shows in both groups, the majority believed the cost of healthcare can be relieved by government intervention (EDSU 29.3% and Poly 29.8%).

Table 1: Sociodemographic characteristics of respondents

Variables	Frequency = 400	Percentage (%)
Age		
18-28	132	33.0
29-39	161	40.0
40-50	96	24.0
>50	11	2.8
Gender		
Male	225	56.3
Female	175	43.8
Marital Status		
Married	241	60.25
Single	159	39.75
Tribe		
Etsako	102	21.4
Other tribes	298	78.6
Religion		
Christian	271	67.8
Muslim	127	31.8
Traditionalists	2	0.5
Level of Education		
No formal education	2	0.5
Completed primary school	23	5.8
Completed secondary school	71	17.8
Completed tertiary institution	304	76
EDSU or Poly		
EDSU	200	50
Poly	200	50
Occupation		
Lecturer	200	50
Others	200	50

Table 2a: Comparison of respondents' attitude towards health seeking

Variable	EDSU	Poly	Total	X ²	df	p-value
	(n = 200) n (%)	(n = 200) n (%)				
How often they visit health facilities for treatment						
Less than 1 month	19 (4.8%)	10 (2.5%)	29 (7.3%)	8.418	3	0.038
1-3 months	76 (19.0%)	84 (21.0%)	160 (40.0%)			
4-6 months	40 (10.0%)	57 (14.3%)	97 (24.3%)			
Above 6 months	65 (16.3%)	49 (12.3%)	114 (28.5%)			
How they usually treat themselves						
Self medication	22 (5.5%)	29 (7.3%)	51 (12.8%)	24.711	4	0.000
Chemist/pharmacy	83 (20.8%)	80 (20.0%)	163 (40.8%)			
Native/herbal drugs	5 (1.3%)	27 (6.8%)	32 (8.0%)			
Hospital/doctor's prescription	90 (22.5%)	61 (15.3%)	151 (37.8%)			
Other	0 (0.0%)	3 (0.8%)	3 (0.8%)			
If they go to the hospital every time sick						
No	44 (11.0%)	102 (25.5%)	146 (36.5%)	36.285	1	0.000
Yes	156 (39.0%)	98 (24.5%)	254 (63.5%)			

Table 2b: Comparison of respondents' attitude towards health seeking

Variable	EDSU	Poly	Total	X ²	df	p-value
	(n = 200) n (%)	(n = 200) n (%)				
Where they are most likely to first visit						
None	1 (0.3%)	3 (0.8%)	4 (1.0%)	44.184	3	0.000
Hospital or clinic	129 (32.3%)	65 (16.3%)	194 (48.5%)			
Pharmacy or chemist	69 (17.3%)	122 (30.5%)	191 (47.8%)			
Traditional healer	1 (0.3%)	10 (2.5%)	11 (2.8%)			
If they take medicinal drugs regularly						
No	124 (31.0%)	134 (33.5%)	258 (64.5%)	1.092	1	0.296
Yes	76 (19.0%)	66 (16.5%)	142 (35.5%)			
How often they get medical checkups						
Never	8 (2.0%)	22 (5.5%)	30 (7.5%)	48.972	5	0.000
<3 months	50 (12.5%)	17 (4.3%)	67 (16.8%)			
3-6 months	77 (19.3%)	51 (12.8%)	128 (32.0%)			
7 months - 1 year	43 (10.8%)	47 (11.8%)	90 (22.5%)			
1-2 years	11 (2.8%)	40 (10.0%)	51 (12.8%)			
>2 years	11 (2.8%)	23 (5.8%)	34 (8.5%)			

Table 3: Comparison of respondent's perception of health seeking

Variable	EDSU	Poly	Total	X ²	df	p-value
	(n = 200) n (%)	(n = 200) n (%)				
If they think skilled medical management is essential						
Yes, always	121 (30.3%)	100 (25.0%)	221 (55.3%)	13.659	2	0.001
Sometimes	75 (18.8%)	79 (19.8%)	154 (38.5%)			
Only emergencies	4 (1.0%)	21 (5.3%)	25 (6.3%)			
How they feel towards receiving treatment at the hospital						
Never	7 (1.8%)	17 (4.3%)	24 (6.0%)	28.763	3	0.000
Only when it is an emergency	36 (9.0%)	49 (12.3%)	85 (21.3%)			
Once in a while	34 (8.5%)	63 (15.8%)	97 (24.3%)			
Whenever I feel sick	123 (30.8%)	71 (17.8%)	194 (48.5%)			
If they think health checkups are necessary						
No	27 (6.8%)	48 (12.0%)	75 (18.8%)	7.237	1	0.007
Yes	173 (43.3%)	152 (38.0%)	325 (81.3%)			

Table 4a: Comparison of determinants affecting health seeking behaviour

Variable	EDSU	Poly	Total	X ²	df	p-value
	(n = 200) n (%)	(n = 200) n (%)				
If they have ever been admitted						
No	62 (15.5%)	58 (14.5%)	120 (30.0%)	0.190	1	0.663
Yes	138 (34.5%)	142 (35.5%)	280 (70.0%)			
If they have had bad experiences at health facilities						
No	152 (38.0%)	141 (35.3%)	293 (73.3%)	1.544	1	0.214
Yes	48 (12.0%)	59 (14.8%)	107 (26.8%)			
If any negative views about health workers						
No	168 (42.0%)	157 (39.3%)	325 (81.3%)	1.986	1	0.159
Yes	32 (8.0%)	43 (10.8%)	75 (18.8%)			
If they are scared of visiting the hospital						
No	172 (43.0%)	168 (42.0%)	340 (85.0%)	0.314	1	0.575
Yes	28 (7.0%)	32 (8.0%)	60 (15.0%)			
The most important determinant when seeking healthcare						
Good service delivery and attitude of workers	115 (28.8%)	106 (26.5%)	221 (55.3%)	11.579	4	0.021
Proximity (distance from home or work -place)	12 (3.0%)	10 (2.5%)	22 (5.5%)			
Affordability of service	30 (7.5%)	56 (14.0%)	86 (21.5%)			
Prompt attention (short waiting time)	29 (7.3%)	19 (4.8%)	48 (12.0%)			
Readily available drugs	14 (3.5%)	9 (2.3%)	23 (5.8%)			

Table 4b: Comparison of determinants affecting health seeking behaviour

Variable	EDSU	Poly	Total	X ²	df	p-value
	(n = 200) n (%)	(n = 200) n (%)				
If they have a health care facility accessible for emergencies						
No	94 (23.5%)	99 (24.8%)	193 (48.3%)	0.250	1	0.617
Yes	106 (26.5%)	101 (25.3%)	207 (51.8%)			
If prohibited from receiving healthcare by culture or religion						
No	184 (46.0%)	189 (47.3%)	373 (92.3%)	0.993	1	0.319
Yes	16 (4.0%)	11 (2.8%)	27 (6.8%)			
If they have to seek permission to receive healthcare						
No	185 (46.3%)	182 (45.5%)	367 (91.8%)	0.297	1	0.586
Yes	15 (3.8%)	18 (4.5%)	33 (8.3%)			
Which they believe is more effective						
None	7 (1.8%)	8 (2.0%)	15 (3.8%)	21.433	2	0.000
Native medications	32 (8.0%)	72 (18.0%)	104 (26.0%)			
Processed drugs	161 (40.3%)	120 (30.0%)	281 (70.3%)			

Table 5a: Comparison of effects of increasing cost of healthcare on health seeking behaviour

Variable	EDSU	Poly	Total	X ²	df	p-value
	(n = 200) n (%)	(n = 200) n (%)				
Which sector they frequent						
None	6 (1.5%)	13 (3.3%)	19 (4.8%)	26.693	2	0.000
Private	104 (26.0%)	54 (13.5%)	158 (39.5%)			
Public	90 (22.5%)	133 (33.3%)	223 (55.8%)			
How much they earn per month						
<20,000	0 (0.0%)	26 (6.5%)	26 (6.5%)	98.815	3	0.000
21,000-100,000	58 (14.5%)	118 (29.5%)	176 (44.0%)			
101,000-200,000	88 (22.0%)	52 (13.0%)	140 (35.0%)			
>200,000	54 (13.5%)	4 (1.0%)	58 (14.5%)			
How much they estimate monthly for healthcare						
<2,000	41 (10.3%)	59 (14.8%)	100 (25%)	11.909	5	0.036
2,000-5,000	89 (22.3%)	99 (24.8%)	188 (47.0%)			
6,000-10,000	49 (12.3%)	31 (7.8%)	80 (20.0%)			
11,000-20,000	14 (3.5%)	9 (2.3%)	23 (5.8%)			
21,000-50,000	6 (1.5%)	2 (0.5%)	8 (2.0%)			
>50,000	1 (0.3%)	0 (0.0%)	1 (0.3%)			

Table 5b: Comparison of effects of increasing cost of healthcare on health seeking behaviour

Variable	EDSU	Poly	Total	X ²	df	p-value
	(n = 200) n (%)	(n = 200) n (%)				
If they think visiting the hospital is costly						
No	123 (30.8%)	55 (13.8%)	178 (44.5%)	46.812	2	0.000
Yes	63 (15.8%)	118 (29.5%)	181 (45.3%)			
I don't know	14 (3.5%)	27 (6.8%)	41 (10.3%)			
How they pay for healthcare						
Out of pocket (cash)	145 (36.3%)	165 (41.3%)	310 (77.5%)	8.804	2	0.012
Health insurance	36 (9.0%)	29 (7.3%)	65 (16.3%)			
Free	19 (4.8%)	6 (1.5%)	25 (6.3%)			
If they have ever been unable to receive treatment because it was too expensive						
No	147 (36.8%)	136 (34.0%)	283 (70.8%)	1.462	1	0.227
Yes	53 (13.3%)	64 (16.0%)	117 (29.3%)			
If they would visit the hospital more if it was made significantly cheaper or free						
No	37 (9.3%)	33 (8.3%)	70 (17.5%)	0.277	1	0.599
Yes	163 (40.8%)	167 (41.8%)	330 (82.5%)			
How they think the cost of healthcare can be relieved						
Government intervention	117 (29.3%)	119 (29.8%)	236 (59.0%)	14.289	3	0.003
Reduced cost price of drugs	47 (11.8%)	38 (9.5%)	85 (21.3%)			
Health insurance	20 (5.0%)	39 (9.8%)	59 (14.8%)			
Private relief programmes	16 (4.0%)	4 (1.0%)	20 (5.0%)			

DISCUSSION

The mean age of the age groups was 33.61, with majority of the sample population between the ages of 29-39 years(40%). Age of productivity is usually in this age range.

This is supported by several studies which revealed multiple factors affect health seeking behaviours including physical, socio-economic, cultural or political.¹⁻³

Similarly, several challenges hinder utilization of health facilities in Wasiko district, Uganda, which had a total of 234 participants as opposed to this study with 400 participants.⁷

It is noticed that majority of EDSU and Poly staff visit health facilities for treatment ever 1-3 months at 19% and 21% respectively ($p=0.038$). When compared to a particular study conducted at Akure where majority of the respondents also receive treatment in form of purchase of drugs from patent medical stores.¹³

Both EDSU and Poly staff said they receive treatment at the hospital whenever they feel sick at 30.8% and 17.8% respectively ($p=0.000$). This positive attitude is commendable for the two groups.

When asked whether they think skilled medical management is essential, both EDSU(30.03%) and Poly staff(25%) responded "yes, always" with the next answer being "sometimes" at 18.8% and 19.8% respectively. ($p= 0.001$). This is a reflection of the truism that health is wealth as displayed by the two groups . Both groups also think health checkups are necessary (43.3% and 38% respectively). ($p=0.007$). This is supported by result from a study reported that 45.8% had good perception of risk factors associated with hypertension which makes them more concerned about their health status.¹³

The EDSU and Poly staff groups both replied that they have been admitted before (34.3% and 35.8%) ($p=0.663$). This definitely shows that the incidence of disease is not discriminatory towards one group. Most participants of both groups also said they have not had a bad experience at a health facility and have no negative view about health workers. This a welcome positive attitude. Also, processed drugs

were favored in both groups as the most effective drug for treatment at 40.3% and 30% respectively($p=0.000$). That is the right attitude always advocated by NAFDAC.

The EDSU staff usually frequent private health facilities (26%), while the Poly staff frequent the public hospitals (33.3%)($p= 0.000$). This result could be attributed to natural variation or salary range difference.

Majority of the academic and non-academic staff estimate 2-5,000 monthly for healthcare at 22.3% and 24%. The p-value is 0.036 which is statistically significant. This finding can be compared to similar findings from a study done in Federal university of technology, Akure on university staff with high blood pressure which revealed that a large number of them patronise a patent medical store for treatment as these stores provide opportunity for respondents to purchase both over the counter and prescription medications.

Majority of both the academic and non-academic subgroups agreed that the best form of relief for cost of healthcare is by government intervention at 29.3% and 29.8% respectively with a p-value of 0.003 which is statistically significant.

Limitations of Study

- i. A recall bias was likely to occur as it is commonly present in self-reported prevalence surveys. This bias was reduced by setting a limit of one month to gain information on the correspondents' health seeking behaviour.
- ii. Also, a reporting bias could occur as the respondents was asked questions regarding their personal income and finances. This bias was reduced by making information given completely confidential to protect the interest of respondents.
- iii. Non-response from expected respondents was addressed by increasing sample size.

CONCLUSION

There is potential for the betterment of attitude, perception and determinants of health seeking behaviour in both tertiary institutions with government intervention(s) and widespread use of universal health coverage schemes to pay healthcare bills to address effect of increasing cost of healthcare.

RECOMMENDATIONS

We recommend the following:

- i. Education on the need for improvement of health seeking of individuals by public and private agencies to improve attitude and perception of health seeking behaviour
- ii. Implementation of universal coverage health insurance to promote easy health accessibility and payment of healthcare bills to address negative determinants and effect of increasing cost of healthcare.

Acknowledgment

We acknowledge our two research assistants

Conflict of Interest

None declared as funding was by the two researchers.

REFERENCES

1. Zhang Q, Feng S, Irene OL, Wong IOL, Ip DKM, Cowling DJ, Lau EHY A population-based study on healthcare-seeking behaviour of persons with symptoms of respiratory and gastrointestinal-related infections in Hong-kong. *BMC Public Health* 2020;20(1):1-10. Available at www.link.springer.com. Accessed on 10th June, 2022.
2. Shaikh BT, Juanita H. Health seeking behaviour and health service utilization in Pakistan: challenging the policy makers. *Journal of Public health*. 2005;27(1):49-54. Available at: <https://doi.org/10.1093/pubmed/fdh207>. Accessed on 11th June, 2022.
3. Jain M, Nandan N, Misra SK. Qualitative assessment of health seeking behaviour and perceptions regarding quality of health care services among rural community of district Agra. *Indian J of Commu Medicine*. 2006; 31(3):. Available at: www.albacharia.ma. Accessed on 11th June, 2022.
4. Lim MT, Lim YMF, Tong SF, Sivasampu S. Age, sex and primary care setting differences in patients' perception of community healthcare seeking behaviour towards health services. *PLoS ONE*. 2019; 14(10): e0224260. <https://doi.org/10.1371/journal.pone.0224260>. Accessed on 12th June, 2022.
5. Prince P, Godfred A. Pregnant women's perception and attitudes towards modern and traditional midwives and the perceptual impact on health seeking behaviour and status in rural Ghana. *Intl J of Africa Nursing Sci*. 2018; 8:66-74. Page available at: www.sciencedirect.com. Accessed on 12th June, 2022.
6. Musoke D, Boynton P, Butler C, Musoke MB. Health seeking behaviour and challenges in utilising health facilities in Wasiko district, Uganda. *Jnl of African Health Sci*. 2014; (14)4:1046-1055. doi: 10.4314/ahs.v14i4.36.
7. Johansson E, Long NH, Diwan VK, Winkvist A. Gender and tuberculosis control: Perspective on health seeking behaviour among men and women in Vietnam. *Health Policy*. 2000; 52(1): 33-51. Page available at: www.sciencedirect.com.
8. Suzy AI, Kristin BH, Brian KP. Impact of internet use on health-related behaviours and the patient-physician: a survey-based study and review. *J of Osteopathic medicine* 2008;108(12):699-711. Page available at: www.scholar.google.com.
9. Asenso-Okyere WK, Anum A, Osei-Akoto I, Adukonu A. Cost recovery in Ghana: are there any changes in health care seeking behaviour? *Health Policy Plan*. 1998 Jun;13(2):181-8. doi: 10.1093/heapol/13.2.181. PMID: 10180407.
10. Yanagisawa S, Mey V, Wakai S. Comparison of health-seeking behaviour between the poor and better off people after health sector reform in Cambodia. *Public Health*. 2004; 118(1):21-30. [https://doi.org/10.1016/S0033-3506\(03\)00140-9](https://doi.org/10.1016/S0033-3506(03)00140-9).
11. David MC, Adriana LM. Understanding

- differences in health behaviours by education. *Journal of Health Economics*. 2010;29(1):1-28. Page available at www.sciencedirect.com. Accessed on 20th June, 2022.
12. Edo State University, Uzairue. *About Edo State University Uzairue* [online]. Page available at: https://www.edouniversity.edu.ng/a_brief_on_edo_university_iyamho. Accessed on 21st June, 2022.
 13. Faronbi JO, Oladepo RO, Faronbi GO, Olaogun AA. Blood pressure monitoring practices and health seeking behaviour among university staff in Nigeria. *International J of Caring Sci*. 2014;7(1):58-65. Page available at: <https://internationaljournalofcaringsciences.org> Accessed 24th January, 2023.