

Assessment of Health Seeking Behaviour Among Students in University College Hospital, Ibadan, Oyo State, Nigeria

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Abstract - Health is defined as the physical, mental, social and psychological wellbeing of an individual and not merely the absence of disease. Health seeking behaviour (HSB) are actions taken to seek for help or remedy when faced with health issues. Inappropriate health seeking behaviour may often be seen students due to the processes of adolescent development, experimentation and exploration at their age which may result in deteriorating health outcomes. This study assessed level of knowledge and attitude towards health seeking behaviour (HSB) among students in University College Hospital (UCH), Ibadan, Oyo State, Nigeria. The study employed a cross-sectional design. The study population were students in schools within UCH who were selected through multistage sampling technique. A sample size of 360 was calculated using the Taro Yamane formula. A structured questionnaire was used for data collection. The researcher with her team collected data within four weeks period. Data were analysed using descriptive and inferential statistics at 0.05% level of significance. The mean age of the respondents was 22.38 ± 8.28 years. Findings from the analysed data revealed that respondents had good knowledge 212 (61.3%) on health and there was no significant association between age and knowledge ($X^2=4.580$; $p=0.101$). Moreover, the respondents showed positive attitude towards seeking for health care 207(59.8%) and religion was not significantly associated with attitude towards seeking for health care by the respondents ($X^2=2.269$; $p = 0.301$). In conclusion, it is recommended that there should be targeted awareness creation and in-depth educational programmes on the available health care services for students.

Keywords - Assessment, Attitude, Determinants of health, Health, Health Seeking Behaviour.

I. INTRODUCTION

The definition of health emphasized the fact that health should not be seen as just the absence of disease but there should be emphasis on the physical, social and mental health of an individual (WHO, 2020). Visits to the health facilities, chemists or pharmaceutical outlets or using home remedies or engaging in self-medications are some of the health seeking behaviour (HSB) carried out by an individual (Khadka, et al., 2022). In portraying HSB, certain factors such as individual, socio-cultural and economic among others have its influence on the behaviour (Tesfa, 2022). These factors play crucial role in deciding the steps to take and behaviour to put up. Inappropriate health seeking behaviour has been linked to deteriorating health outcomes, high morbidity and mortality rates, especially among university students (Mwase, 2021).

The university students who are usually in the new environment of their institution, having left the comfort of their homes, put up certain behaviours when it comes to health decision making (Karp, et al., 2022). Young people, among whom are the students, often experience specific health problems and developmental needs. The specific health needs are most often more of psychosocial than biological needs (As Hakimee, et al., 2023). Also,

at this point, the young people engage more in health risk behaviour which may have negative effects their body and future. One would expect that an individual that is sick or have ill-health will seek for medical care, but this is not so with the young ones as they often prefer to delay seeking for help or seek for it unorthodox places (Afolabi, et al., 2023). Health care services are offered to the students and members of staff of University College Hospital within the institution. Despite these services, there are however certain factors that make students differ in their choice of treatment sources. These factors include type and perceived severity of illness, financial capability and accessibility to the health facility (Esewe & Edinowe, 2022). Moreover, these factors have formed the basis for behaviour of the students in seeking health in unconventional ways. Understanding the underlying factors associated with the perception of students in University College Hospital towards seeking for health care will go a long way in shaping policies and behaviour towards the utilization of such health facilities. Moreover, the study will equally inform the stakeholders especially the policy makers within the institution on the need to understand these underlying factors influencing health seeking behaviour. Hopefully, this knowledge will influence the design of more youth friendly structures that will best address issues affecting their health seeking behaviour.

In Enugu, Nigeria, a study revealed that only 25% of the students visited the clinic but instead prefer to seek medical help from friends and formal help sources such as counsellors and general health centre staff (Ajaegbu and Ubochi, 2023). Also, few studies cited that University students differ in their choice of treatment sources depending on the type and perceived severity of illness, financial capacity, accessibility to the public health facility and demographic characteristics (Wulifan, 2022). Moreover, extreme delays or refusal in seeking proper diagnosis and treatment allowing for a greater probability of adverse consequences were revealed (de Guzman, Ho, & Indunan 2021; Tan and Chua, 2021; Bhandari, 2020; Zhang, et al., 2021).

The specific objectives for the study were to:

1. Determine the level of knowledge of health seeking behaviour among students in University College Hospital, Ibadan, Oyo State, Nigeria.
2. Assess the health seeking patterns and attitude/behaviour among students in University College Hospital, Ibadan, Oyo State, Nigeria.

The hypotheses tested in the study were:

1. There is no significant difference between age and level of knowledge on health seeking behaviour among students in University College Hospital, Ibadan, Oyo State, Nigeria
2. There is no significant difference between religion and attitude towards health seeking pattern among students in University College Hospital, Ibadan, Oyo State, Nigeria.

II. METHODOLOGY

The study design for this study was descriptive cross-sectional design. The study setting was the schools withing UCH and the study population was the students in these schools. The inclusion criteria were registered students who want to obtain postgraduate diploma and diploma in various courses within the specified schools at UCH while the exclusion criteria were non-registered students, the resident doctors, medical students and other students who are on a part time programs within UCH. The sample size for this study was obtained by using Taro Yamane (1976) formula with 95% confidence level with allowable error (0.05) with a total of 360 arrived at, including the attrition rate. Multistage sampling technique consisting of 3 stages was employed for the selection of the respondents. The first stage was selection of schools offering postgraduate/diploma degrees within UCH. In the second stage, four out of the nine schools within UCH offering postgraduate diploma and diploma degrees were selected while in the third stage, registered students who met the inclusion criteria and were willing, ready and gave their consent to participate in the study were selected.

All the selection at the different stages was done through simple random sampling. A full explanation of the nature of the study was then explained to the respondents. The validation of the study instrument and reliability coefficient was assured by experts and done respectively. The researcher and research assistants collected the data after obtaining an ethical approval from University of Ibadan/University College Hospital Research Committee (UI/UCHRC) and all ethical principles were adhered to during collection of data. The data obtained

was entered into an SPSS software package 25.0 coded and analyzed. The data was presented using frequency tables, the summaries of descriptive statistics and independent t-test which was utilized as part of the statistical analysis. The statistical analysis was used to test the validity of the main hypotheses concerning health seeking behaviour among the respondents for the study. All statistical tests were set at $p = 0.05$ level of significance which were used to accept or reject the hypotheses.

III. RESULTS

Majority of the students were within the age of 20 years and below 223(64.5%). The mean age of the respondents was 22.38 ± 8.28 years. Most respondents were female 293(84.7%) and predominantly Christians 299(86.4%), while Islam was practiced by 44(12.7%). Yoruba students constituted the largest ethnic group 299(86.4%), with only small proportions of Igbo 28(8.1%) and Hausa 6(1.7%). Most of the students were single 300(86.7%), and Nursing was the dominant course of study 241(69.7%) among the respondents, which was thereafter followed by Midwifery 69(19.9%). In terms of academic level, 100-level students made up the largest proportion 126(36.4%) in the study (Figure 1).

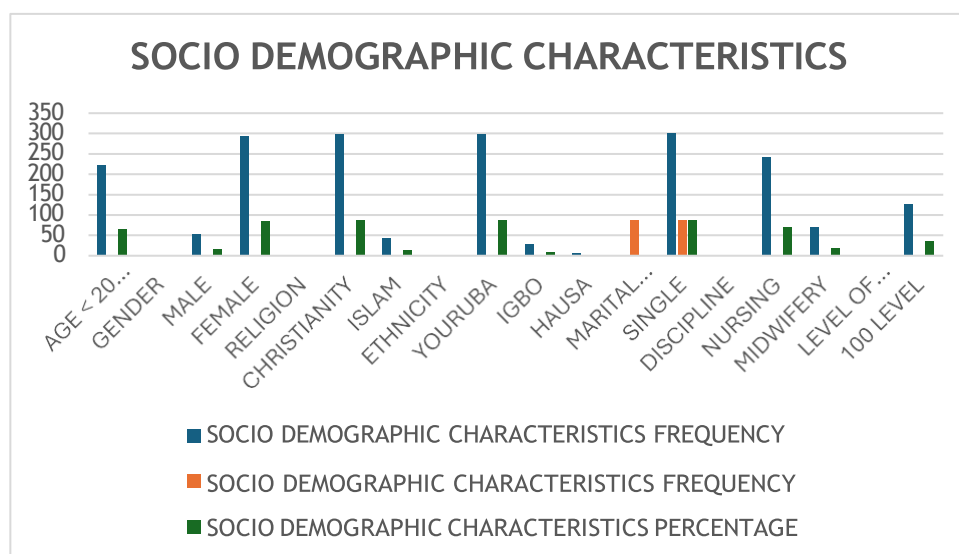


Figure 1. Socio Demographic Characteristics of the Respondents

A. Objective 1

To determine the level of knowledge on health seeking behaviour among students in University College Hospital, Ibadan, Oyo State, Nigeria.

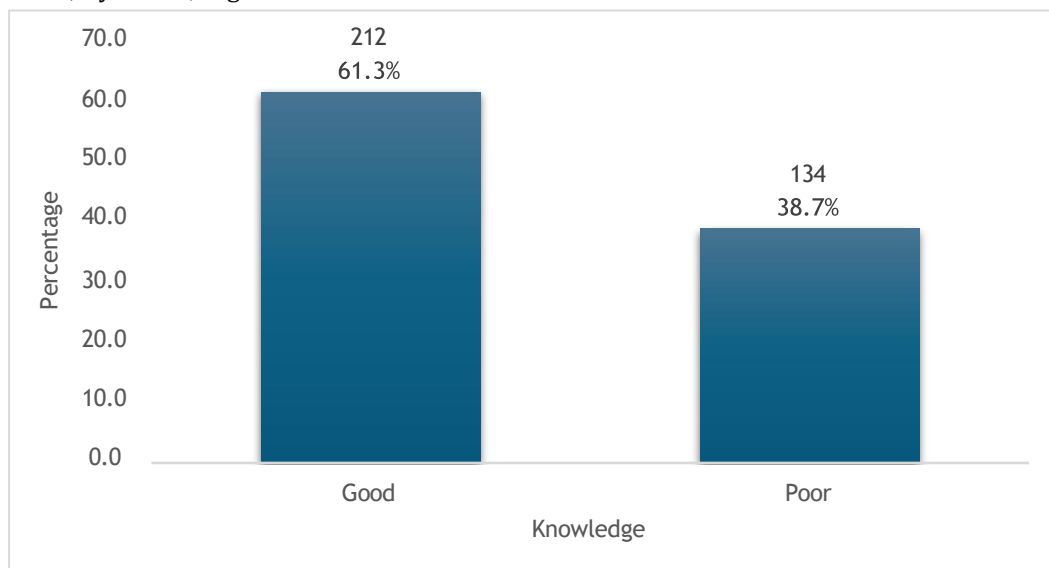


Figure 2. Level of knowledge on Health Seeking Behaviour among the Students

Majority of the respondents demonstrated a good understanding of health, with 249(72.0%) strongly agreed that health encompasses physical, mental, social, and psychological well-being. More than four-fifths 168(48.6%) acknowledged receiving health information through institutional and media sources, while 195(56.4%) strongly agreed that they understood the importance of regular check-ups. However, the responses were more of a mixed nature regarding awareness of facility schedules, with only 101(29.2%) strongly agreed. Students generally expressed confidence in knowing what to do when facing health challenges 256(74.0% agreed/strongly agreed), and 289(81.5%) recognized the importance of follow-up with health care providers. Overall, more than half 212(61.3%) had good knowledge while 134(38.7%) had poor knowledge (Figure 2).

B. Objective 2

To assess the health seeking patterns and attitude/behaviour among students in University College Hospital, Ibadan, Oyo State, Nigeria.

In assessing the health seeking patterns and attitude among the students in the study, a large proportion of the respondents 222(64.1%) disagreed with lacking adequate health information and with being afraid of treatment outcomes 229(66.2%). However, over half 168(48.6%) of them are worried about the fact that seeking health care might interfere with academics. The results also revealed that 217(62.7%) of the respondents disagreed with hesitancy due to stigma, 293(69.2%) affirmed that seeking professional medical advice is important, while 266(76.9%) trusted health professionals' recommendations.

Comfort in discussing health issues with providers was also relatively high 238(68.8%). Although about 146(42.2%) agreed to try new therapies recommended by professionals, nearly one-third of them 102(29.5%) felt they could manage their health independently. The analysis of data on the attitudes of students seeking health behaviour from this study revealed that more than half of them 207(59.8%) had positive attitude while 139(40.2%) had negative attitude (Figure 3).

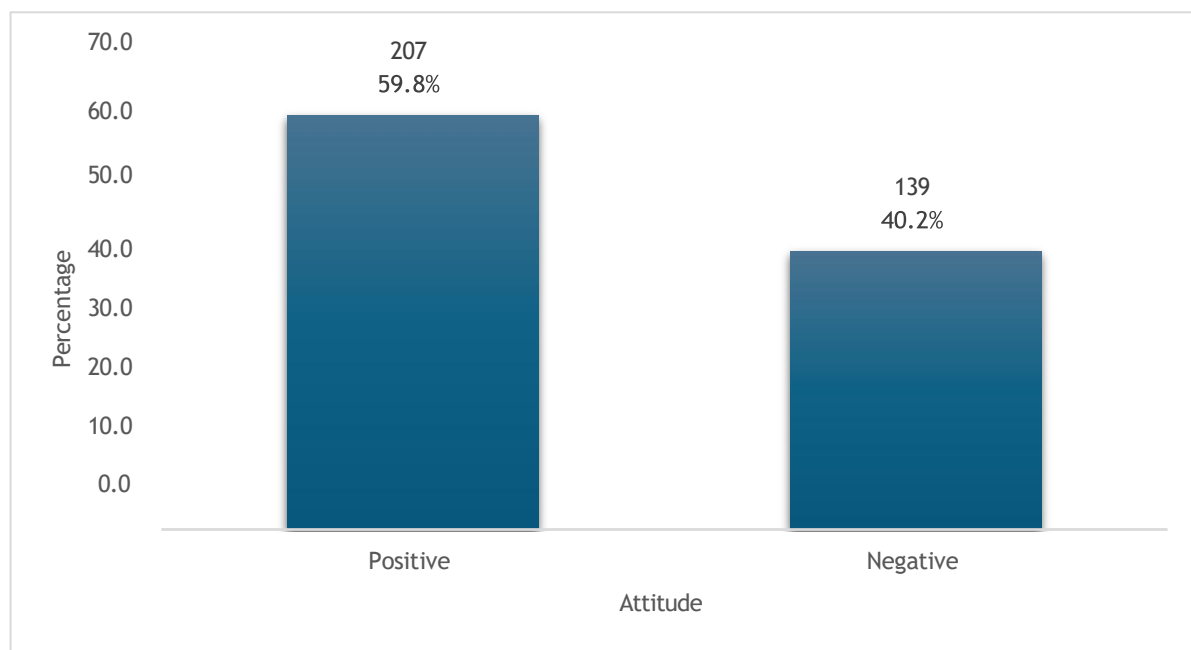


Figure 3. Attitude towards Health Seeking Behaviour among the Students

Hypothesis 1 (H₀₁): There is no significant difference between age and level of knowledge on health seeking behaviour among students in University College Hospital, Ibadan, Oyo State, Nigeria.

The analysis based on Chi-Square test showed no significant association between age and knowledge of health-seeking behaviour ($\chi^2=4.580$; $p=0.101$). Students aged ≤ 20 years had 132(59.2%) good knowledge while those aged 21–40 years 59(60.8%), and those aged 41 years and above 21(80.8%) had poor knowledge (Table 1). Therefore, the null hypothesis was accepted.

Table 1: Association between Age and Knowledge on Health Seeking Behaviour

Age	Knowledge of Health Seeking Behaviour		Chi- Square(X^2)	P-Value
	Good	Poor		
≤ 20 years	132 (59.2)	91 (40.8)	4.580	0.101
21 - 40 years	59 (60.8)	38 (39.2)		
41 years and above	21 (80.8)	5 (19.2)		

Hypothesis 2 (H₀₂): There is no significant association between religion and attitude towards health seeking patterns among students in University College Hospital, Ibadan, Oyo State, Nigeria.

Table 2 revealed that religion was not significantly associated with health seeking attitudes ($X^2=2.269$; $p=0.301$). Positive attitudes were observed in 183(61.2%) of Christians, 23(52.3%) of Muslims, and 1(33.3%) of traditional/others. Therefore, the null hypothesis is accepted.

Table 2: Association between Religion and Attitude/Health Seeking Behaviour

Socio-Demographic	Number of Students Seeking Health Care		Chi-Square(X^2)	p-Value
	Yes	No		
Religion			7.381	0.018*
Christianity	212 (70.9)	87 (29.1)		
Islam	27 (61.4)	17 (38.6)		
Traditional/Others	0 (0.0)	3 (100.0)		
Attitude Towards Health Seeking Behaviour			Chi-Square(X^2)	p-Value
Religion	Positive	Negative	2.269 ^f	0.301
Christianity	183 (61.2)	116 (38.8)		
Islam	23 (52.3)	21 (47.7)		
Traditional/Others	1 (33.3)	2 (66.7)		

*significant, f = Fisher Exact

IV. DISCUSSION

Majority of the respondents demonstrated a high knowledge of health, confirmed the credibility of health care services and what having good health is all about. However, this contradicts the results revealed in a study conducted by Umami, et al., (2023) in Hungary among medical students where the knowledge to overcome their health problems was sought for by the students among their friends or family members. The significant high knowledge on health by the respondents in his study is in agreement with a study by Akakpo & Neuerer (2024) among the university students in Ghana which stated that there was a significant linear regression ($R=0.39$, $R^2=0.015$, Adjusted $R^2=0.013$, $F=8.89$; $p<0.001$) relationship between health literacy and health seeking behaviour. More younger students have increased knowledge on health and are willing to seek for health care in order to be

healthy and remain so during their course of study. This was further corroborated by revealing that younger students, who are many, had more knowledge on seeking health care than the fewer older ones. This result aligns with the findings of Onwe & Okocha, (2020) in a study on health information seeking behaviour of university students in Nigeria in terms of age but different in terms of knowledge. In the study, it revealed that the age group of 18-25 years was the largest group.

There was a positive attitude among the respondents as trust and reliance on health professionals prevailed over doubts and fears. Many of the respondents (64.1%) confirmed having adequate health information, enough to seek for health care and were satisfied. In a study conducted by Adeniyi, (2020) among 400 undergraduate students at the Obafemi Awolowo University, Ile Ife, on the contrary, revealed that students 214(54%) exhibited a negative attitude towards the utilization of the campus health centre. In another study by Ajaegbu and Ubochi (2023), it shows that out of the 298 students that were interviewed, majority (288) representing 95.4%, would rather prefer to seek for health care in unorthodox places in spite of the medical challenges that they are experiencing but in this study being reported on it showed that whatever constraints the students are having in seeking for health care is less than the health care services that they are receiving.

The no significant association between religion and attitudes of respondents towards seeking for health care services is in tandem with what Nwoko & Udaya in 2022 showed in a study on correlation between religion and health seeking behaviour among 360 youths in Southeast Nigeria which revealed a statistically significant association between religion and health seeking behaviour $F(1,317) = 31.63$; $p < 0.05$. This shows the essential role played by religion in young people's behaviour, making it a significant factor in their seeking for health care. Thus, the results presupposes that those who are more committed to their religion are more likely to undermine the relevance of health care while those who are less committed are more eager to seek for health care.

V. CONCLUSION

In conclusion, the study revealed high knowledge, positive attitude, in spite of the few factors influencing health seeking behaviour among the respondents. The implications of the findings in this study are that nursing is a noble profession and with the oath of professionalism sworn to, do not discriminate in terms of gender or religion or ethnicity when it comes to rendering care to their clients and this will contribute to further research.

Conflict of Interest

No conflict of interest is declared.

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