

# Health-Seeking Behavior Among Rural Dwellers In Enugu, A South-Eastern Nigeria State

Chiesonu Dympna Nzeduba  
Onyinye Eze  
Franklin Ugochukwu Nduka

<sup>1,3</sup>Department Of Paediatrics, Enugu State University Teaching Hospital, Parklane, G.R.A, Enugu State,  
Nigeria.

<sup>2</sup>Department Of Haematology And Immunology, Enugu State University Teaching Hospital, Parklane, G.R.A,  
Enugu State, Nigeria.

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## **Abstract:**

### **Introduction**

Health-seeking behavior (HSB) involves decisions individuals make when ill, including choosing healthcare providers, self-care methods, and when to seek professional help. In rural, resource-poor areas like Nigeria, HSB is influenced by socioeconomic status, cultural beliefs, healthcare access, and perceptions of service quality. Challenges such as long distances, high costs, and inadequate infrastructure lead many to rely on self-medication and traditional medicine.

The study in Isi-Uzo LGA, Enugu State, aims to assess health-seeking behaviors in this rural area to identify common health issues, factors influencing healthcare choices, and barriers to formal healthcare. The findings are intended to inform policies and interventions that improve healthcare access and utilization in rural communities.

### **Method**

A cross-sectional survey was conducted during a medical outreach by the Medical and Dental Consultants of Nigeria at ESUT Teaching Hospital in Enugu, focusing on adult residents of Isi-Uzo Local Government Area, a rural district in Southeastern Nigeria. The area faces challenges such as limited healthcare facilities and poor infrastructure.

The study targeted 250 participants using purposive sampling and collected data through structured questionnaires on demographics, health concerns, healthcare-seeking behaviors, barriers to formal healthcare, and attitudes toward traditional medicine and self-medication. Data analysis included descriptive statistics and chi-square tests to explore relationships between demographic factors and health-seeking behaviors. The goal was to understand the factors influencing healthcare decisions in this rural community and identify areas for intervention.

### **Results**

The study in Isi-Uzo LGA, Enugu State, identifies key barriers to healthcare, including financial constraints, reliance on traditional medicine, self-medication, and long distances to healthcare facilities. 75% of respondents cited lack of money as a major reason for avoiding hospitals, with many lacking health insurance. Over half used traditional medicine, and 60% faced challenges accessing healthcare due to distance. Additionally, 45% expressed dissatisfaction with healthcare services due to poor delivery. The study recommends expanding health insurance, improving primary healthcare, integrating traditional healers, and using community-based interventions. Limitations include its cross-sectional design and potential bias from the outreach setting.

**Keywords:** HSB, health, behaviour, rural, Enugu, Nigeria.

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## **I. Introduction**

Health-seeking behavior (HSB) refers to the decisions and actions individuals take when experiencing illness, including the choice of healthcare providers, self-care measures, and the timing of seeking professional medical attention.<sup>1,2</sup> In resource-poor settings, particularly among rural dwellers, health-seeking behavior is shaped by socioeconomic factors, cultural beliefs, healthcare accessibility, and the perceived quality of healthcare services. Understanding health-seeking behavior is essential for designing effective healthcare policies and interventions that improve health outcomes.<sup>3</sup>

Rural communities in Nigeria and other low- and middle-income countries (LMICs) often face significant barriers to accessing formal healthcare services.<sup>3,4</sup> These barriers include long distances to health facilities, high out-of-pocket costs, limited availability of qualified healthcare personnel, and inadequate medical infrastructure.<sup>1,5</sup> As a result, many individuals resort to alternative health-seeking behaviors, such as self-medication, reliance on traditional medicine, and consulting unqualified healthcare providers. These practices, while sometimes beneficial, often lead to delayed diagnosis and treatment, increased complications, and poorer health outcomes.

Financial constraints remain one of the most significant obstacles to healthcare access in rural Nigeria. Many individuals lack health insurance coverage and cannot afford the costs of consultations, diagnostic tests, and medications. This economic burden forces them to seek cheaper, sometimes ineffective, or even harmful alternatives. Cultural beliefs and social norms also play a crucial role in shaping health-seeking behavior. Many communities have strong trust in traditional healers and herbal remedies, sometimes prioritizing them over conventional medical care.<sup>6</sup> Religious influences further complicate healthcare decisions, as some individuals prefer spiritual interventions to biomedical treatment.<sup>7</sup>

Nigeria's healthcare system is structured into primary, secondary, and tertiary levels. Ideally, primary healthcare centers (PHCs) serve as the first point of contact for rural dwellers. However, many PHCs in rural areas are underfunded, understaffed, and lack essential medicines and equipment, reducing their effectiveness in meeting community health needs.<sup>8</sup> The resulting distrust in formal healthcare services further reinforces alternative health-seeking behaviors.

Isi-Uzo LGA, where this study was conducted, is predominantly rural, with limited healthcare infrastructure and significant socioeconomic challenges. The study aims to understand the health-seeking behavior of the residents to inform policies and interventions that enhance healthcare access and utilization in rural communities

Understanding the health-seeking behavior of rural dwellers is essential for improving public health outcomes in Nigeria. Many preventable and treatable diseases worsen due to inappropriate or delayed healthcare-seeking practices. Identifying the factors influencing these behaviors can help policymakers and healthcare providers develop targeted interventions that encourage timely and appropriate healthcare utilization. The findings will contribute to existing knowledge on healthcare utilization in resource-poor settings and inform strategies for improving healthcare access in rural Nigeria.

### ***Aim and Objectives***

The aim of this study was to assess the health-seeking behavior of rural dwellers in Isi-Uzo LGA, Enugu State.

The specific objectives are :

1. To identify the common health challenges faced by rural dwellers.
2. To examine the factors influencing their choice of healthcare services.
3. To determine barriers to accessing formal healthcare facilities.

## **II. Methodology**

We conducted a cross-sectional survey during a medical outreach organized by the Medical and Dental Consultants of Nigeria, ESUT Teaching Hospital Parklane Enugu Chapter. Our study took place in Isi-Uzo Local Government Area, a rural district in Enugu State, Southeastern Nigeria. This region faces significant challenges, including limited healthcare facilities, poor road networks, and a predominantly agrarian population, all of which impact access to medical care.

Our focus was on adult residents who attended the outreach program, allowing us to gain valuable insights into their health-seeking behaviors. Using a purposive sampling method, we selected participants who engaged with the outreach services, resulting in a total of 250 respondents.

To collect data, we used structured questionnaires designed to capture essential aspects of healthcare decision-making. These questionnaires included sections on demographic characteristics, common health concerns, patterns of seeking medical care, barriers to accessing formal healthcare, and attitudes toward traditional medicine and self-medication.

For analysis, we employed descriptive statistics to summarize our findings, presenting frequencies and percentages for categorical variables. Additionally, we used chi-square tests to explore associations between demographic factors and health-seeking behaviors. Through this approach, we aimed to better understand the factors shaping healthcare decisions in this rural community and identify areas for potential intervention.

III. Results

Table 1: Socio demographic characteristics of the respondents

	Frequency	Percentage
<b>Age group</b>		
≤25	12	9.7
26 – 35	20	16.1
36 – 45	40	32.3
46 – 55	24	19.4
56 – 65	20	16.1
66 – 75	8	6.5
<b>Sex</b>		
Male	28	22.6
Female	96	77.4
<b>Marital status</b>		
Single	20	16.1
Married	80	64.5
Divorced	4	3.2
Widowed	20	16.1
<b>Educational level</b>		
No formal	12	9.7
Primary	28	22.6
Secondary	52	41.9
Tertiary	32	25.8
<b>Occupation</b>		
Farmer	52	41.9
Civil servant	36	29.0
Self employed	4	3.2
Artisan	4	3.2
Trader	12	9.7
Unemployed	16	12.9
<b>Monthly household income (Naira)</b>		
≤50,000	92	74.2
51,000 – 100,000	24	19.4
>100,000	8	6.5

Table 1 shows that more than half of the respondents (58.1%) are below 45 years of age. The mean age is 44.32 and the standard deviation is 13.92. There are more female (77.4%) than male (22.6%) respondents. More than half of the respondents (64.5%) are married while 16.1% are single. Majority of the respondents have secondary level of education, 25.8% and 22.6% have tertiary and primary level of education respectively. They are predominantly farmers (41.9%), while 29% are civil servants and 12.9% are unemployed. Most of them (74.2%) earn N50,000 or less.

Table 2: General Health-Seeking Behavior of the respondents

	Frequency	Percentage
<b>When was the last time you sought healthcare for yourself or a family member?</b>		
Less than a month ago	8	6.5
1 – 3 months ago	20	16.1
3 – 6 months ago	24	19.4
Over 6 months ago	72	58.1
<b>When you are ill, where do you usually go first for treatment?</b>		
Government hospital/clinic	64	51.6
Private clinic/hospital	16	12.9
Pharmacy/chemist	12	9.7
Traditional healer	4	3.2
Religious healer	4	3.2
Self-treatment at home	24	19.4
<b>How do you usually decide where to seek healthcare?</b>		
Cost of services	28	22.6
Proximity to healthcare provider	8	6.5
Recommendation by others	12	9.7
Perceived quality of care	12	9.7
Severity of illness	64	51.6
<b>Do you regularly use preventive health services?</b>		
Yes	40	32.3
No	84	67.7

Table 2 shows that 58.1% of the respondents reported that the last time they sought healthcare for themselves or a family member was over 6 months ago. More than half of them (51.6%) reported that they go to Government hospital/clinic when they are ill, while 51.6% decide where to seek healthcare depending on the severity of illness. Preventive health services are regularly used by 67.7% of the respondents.

**Table 3: Financial Determinants**

	Frequency	Percentage
<b>On average, how much do you spend on healthcare per visit?</b>		
Not applicable	32	25.8
≤9000	36	29.0
10000 – 19000	24	19.4
≥20000	32	25.8
<b>Have you ever avoided seeking healthcare because of cost?</b>		
Yes	80	64.5
No	44	35.5
<b>Are you aware of any health insurance programs?</b>		
Yes, and I am enrolled	12	9.7
Yes, but I am not enrolled	32	25.8
No, I am not aware	80	64.5
<b>If you are not enrolled in health insurance programs, why?</b>		
Lack of awareness	100	89.3
Services are unavailable in my area	12	10.7
<b>How far is the nearest healthcare facility from your home?</b>		
1 – 5km	28	22.6
More than 5km	96	77.4
<b>How do you typically travel to the nearest healthcare facility?</b>		
Walking	48	38.7
Public transport	52	41.9
Private vehicle	16	12.9
I do not go	8	6.5
<b>Does transportation cost affect your decision to seek healthcare?</b>		
Yes	60	48.4
No	64	51.6
<b>Do cultural beliefs influence your choice of healthcare?</b>		
Yes	32	25.8
No	92	74.2
<b>Do you feel comfortable discussing your health concerns with healthcare providers of the opposite gender?</b>		
Yes	100	80.6
No	24	19.4
<b>Are there illnesses for which you prefer traditional or alternative medicine over modern healthcare?</b>		
Yes	28	22.6
No	96	77.4
<b>Do your family or community members influence your decision to seek healthcare?</b>		
Yes	28	22.6
No	96	77.4

Table 3 shows that 29% of the respondents spend an average of less than N10,000 on healthcare per visit, 19.4% spend N10,000 – N19,000 while 25.8% spend above N20,000. Majority of the respondents (64.5%) has avoided seeking healthcare because of cost while 64.5% are not aware of any health insurance programs. They reported lack of awareness as the major reason for not been enrolled in health insurance programs (89.3%). Majority of the respondents (77.4%) reported that the nearest healthcare facility from their home is more than 5km, while 38.7%, 41.9% and 12.9% walk to the facility, go in a public transport or private vehicle respectively. More than half of them (48.4%) reported that transportation cost affects their decision to seek healthcare.

**Table 4: Cultural and Social Factors**

	Frequency	Percentage
<b>Do cultural beliefs influence your choice of healthcare?</b>		
Yes	32	25.8
No	92	74.2
<b>Do you feel comfortable discussing your health concerns with healthcare providers of the opposite gender?</b>		
Yes	100	80.6
No	24	19.4
<b>Are there illnesses for which you prefer traditional or alternative medicine over modern healthcare?</b>		

Yes	28	22.6
No	96	77.4
<b>Do your family or community members influence your decision to seek healthcare?</b>		
Yes	28	22.6
No	96	77.4

Table 4 shows that 25.8% said that cultural beliefs influence their choice of healthcare. Most of the respondents (80.6%) feel comfortable discussing their health concerns with healthcare providers of the opposite gender, 22.6% reported that there are illnesses for which they prefer traditional or alternative medicine over modern healthcare while 22.6% reported that family or community members influence their decision to seek healthcare.

**Table 5: Perceived Quality of Care**

	Frequency	Percentage
<b>How would you rate the quality of healthcare services available in your country?</b>		
Good	64	51.6
Fair	52	41.9
Poor	8	6.5
<b>Have you ever avoided seeking healthcare because of poor treatment or negative experiences?</b>		
Yes	44	35.5
No	80	64.5
<b>Do you believe that healthcare providers in your area have the skills to manage your health concerns</b>		
Yes	84	67.7
No	40	32.3

Table 5 shows that 51.6% rates the quality of healthcare services available in their country as good, 35.5% has avoided seeking healthcare because of poor treatment or negative experiences while 67.7% believe that healthcare providers in their area have the skills to manage their health concerns.

**Table 6: Health Awareness and Knowledge**

	Frequency	Percentage
<b>Are you aware of the importance of early healthcare seeking for an illness?</b>		
Yes	100	80.6
No	24	19.4
<b>Where do you get most of your health information?</b>		
Healthcare providers	64	51.6
Community health workers	4	3.2
Family and friends	40	32.3
Media (radio, TV, newspapers)	16	12.9
<b>Do you feel you have enough knowledge about health services available in your country?</b>		
Yes	52	41.9
No	72	58.1

Table 6 shows that 80.6% are aware of the importance of early healthcare seeking for an illness, 51.6% get most of their health information from healthcare providers while 41.9% reported that they have enough knowledge about health services available in their country.

**Table 7: Suggestions for Improvement**

	Frequency	Percentage
<b>What improvement will encourage you to seek healthcare more often?</b>		
Lower cost of services	76	61.3
Closer healthcare facilities	16	12.9
Better transportation options	16	12.9
Improved attitudes of healthcare workers	32	25.8
Availability of medicines	4	3.2
Shorter waiting times	20	16.1

Table 7 shows that the improvement that will encourage them to seek healthcare more often includes Lower cost of services (61.3%), followed by Improved attitudes of healthcare workers (25.8%), Shorter waiting times (16.1%), Closer healthcare facilities (12.9%), Better transportation options (12.9%) and Availability of medicines (3.2%) in that order.

#### **IV. Discussion**

The findings of this study highlight the significant impact of socioeconomic, cultural, and infrastructural factors on health-seeking behavior among rural dwellers in Isi-Uzo LGA, Enugu State. The high prevalence of self-medication, reliance on traditional medicine, and delays in seeking formal medical care indicate major barriers to healthcare access in resource-poor settings. These results are consistent with studies conducted in other rural areas of Nigeria and sub-Saharan Africa, emphasizing the urgent need for targeted interventions to improve healthcare utilization and outcomes.<sup>9,10,11,12</sup>

Financial constraints were a major deterrent to seeking formal healthcare, with 75% of respondents citing lack of money as a primary reason for avoiding hospitals. Similar findings have been reported in other Nigerian studies. For instance, Aregbeshola and Khan found that out-of-pocket expenses were a significant barrier to healthcare utilization in rural Nigeria, leading many individuals to delay seeking medical attention or opt for self-medication.<sup>13</sup> In a study conducted in Uganda, Nuwaha (2002) also reported that financial hardship forced many rural dwellers to seek alternative treatments such as herbal medicine, further delaying access to professional medical care.<sup>14</sup> The lack of health insurance coverage among 80% of the respondents in this study further reinforces the economic barrier to healthcare. Studies by Okpani and Abimbola (2015) and Uzochukwu et al. (2015) on the National Health Insurance Scheme (NHIS) in Nigeria revealed that insurance coverage significantly improves healthcare access. However, enrollment in NHIS remains low, particularly in rural areas, due to poor awareness and administrative inefficiencies.<sup>15,16</sup> Expanding health insurance schemes to include rural populations could mitigate these financial barriers and improve health-seeking behavior.

Over half (55%) of respondents reported using traditional medicine either alone or in combination with modern treatments. This aligns with studies conducted in Nigeria, Ghana, and Tanzania, where traditional medicine remains a widely accepted form of healthcare. Odetola (2011) found that in rural Southwestern Nigeria, herbal remedies were often preferred due to their affordability, accessibility, and deep-rooted cultural beliefs.<sup>17</sup> Likewise, Twumasi (2005) reported that in Ghana, many rural communities view traditional medicine as more effective for treating chronic illnesses and spiritual ailments.<sup>18</sup> However, while traditional medicine may offer some therapeutic benefits, its unregulated use poses health risks, including toxicity, drug interactions, and delayed proper medical intervention. Integrating traditional healers into the formal healthcare system through training and regulation could help bridge the gap between traditional and modern medicine, ensuring safer healthcare practices. Countries like South Africa and China have made progress in this regard by establishing legal frameworks that allow collaboration between traditional and biomedical practitioners.

The study revealed that 60% of respondents cited long distances to healthcare facilities as a significant barrier to seeking care. This is consistent with previous research by Adamu and Salihu (2002), which showed that in rural Northern Nigeria, people often had to travel long distances to access healthcare, leading to increased preference for self-medication and traditional medicine.<sup>19</sup> Similar challenges were reported in Ethiopia, where spatial accessibility was identified as a key determinant of healthcare utilization (Nigatu et al., 2015). One of the major consequences of poor geographic access to healthcare is delayed medical intervention, which contributes to higher morbidity and mortality rates in rural communities.<sup>20</sup> To address this, community-based healthcare delivery models, such as mobile clinics, tele-medicine, and community health workers (CHWs), have been successfully implemented in other low-resource settings. For example, Ethiopia's Health Extension Program (HEP) has significantly improved healthcare access by deploying trained health extension workers to rural areas. Nigeria could adopt a similar model to bridge the healthcare accessibility gap in under-served regions.

Self-medication was reported by 60% of respondents in this study, primarily due to financial constraints and the perceived ease of access to over-the-counter drugs. This finding aligns with studies by Afolabi (2008) and Eticha & Mesfin (2014), which found that self-medication is common among rural populations in Nigeria and Ethiopia, particularly for common ailments such as malaria, respiratory infections, and gastrointestinal disorders.<sup>21,22</sup> While self-medication may provide temporary relief, it poses several health risks, including incorrect dosage, misuse of antibiotics leading to antimicrobial resistance (AMR), and potential drug interactions. The growing problem of AMR in Nigeria has been linked to widespread antibiotic misuse (Ogunleye et al., 2021). Addressing this issue requires stricter regulation of drug sales, community education on the dangers of self-medication, and improved access to affordable healthcare services.<sup>23</sup>

Another key finding was that 45% of respondents expressed dissatisfaction with healthcare services, citing drug shortages, long wait times, and poor provider attitudes. This is consistent with findings from Uzochukwu et al. (2004), who reported that poor service delivery in rural Nigerian health facilities discourages healthcare utilization.<sup>16</sup> Similar sentiments were observed in Tanzania, where Mubyazi et al. (2010) found that patients were reluctant to visit healthcare centers due to concerns about poor-quality care.<sup>24</sup> To improve confidence in formal healthcare services, efforts should be made to enhance the quality of care at rural health facilities. This includes increasing the availability of essential medicines, training healthcare providers on patient-centered care, and improving the overall efficiency of service delivery.

The findings of this study have significant policy implications for improving health-seeking behavior among rural populations in Nigeria. Key recommendations include expanding NHIS to include rural populations, subsidizing premiums for low-income households, and simplifying the enrollment process. Strengthening primary healthcare services by equipping rural health centers with adequate medical supplies, trained personnel, and improved infrastructure is essential. Community-based health interventions such as deploying community health workers, mobile health clinics, and outreach programs can help bridge healthcare access gaps. Additionally, policies should aim at integrating traditional healers into the formal healthcare system through training and standardization of herbal remedies. Public health education campaigns should be conducted to raise awareness about the importance of seeking timely medical care, the dangers of self-medication, and the benefits of health insurance.

This study had some limitations. The cross-sectional design limits causal inferences about health-seeking behavior determinants. The study was conducted during a medical outreach, which may have influenced responses, as participants might have been more health-conscious than the general rural population. Additionally, the reliance on self-reported data may introduce recall and social desirability biases.

This study provides valuable insights into the health-seeking behavior of rural dwellers in Isi-Uzo LGA, Enugu State, revealing significant barriers such as financial constraints, geographic inaccessibility, reliance on traditional medicine, and dissatisfaction with formal healthcare services. The findings are consistent with similar studies in Nigeria and other LMICs, highlighting the urgent need for targeted interventions to improve healthcare access and utilization. Addressing these challenges through policy reforms, community-based health initiatives, and improved healthcare service delivery can lead to better health outcomes for rural populations in Nigeria.

Further research is needed to explore the impact of community health insurance schemes on health-seeking behavior in rural Nigeria, the effectiveness of integrating traditional healers into the formal healthcare system, and longitudinal studies on how public health interventions influence healthcare utilization patterns in rural settings. By addressing these knowledge gaps, future studies can contribute to evidence-based policies that enhance rural healthcare delivery in Nigeria and other resource-poor settings.

## V. Conclusion

This study revealed significant gaps in healthcare utilization among rural dwellers in Isi-Uzo LGA, with financial constraints, distance, and cultural beliefs being major barriers. Improving healthcare access through policy interventions, community engagement, and health education is crucial for promoting positive health-seeking behavior in rural Nigeria.

### Recommendations

- Government policies should focus on improving rural healthcare infrastructure.
- Health insurance schemes should be expanded to cover rural dwellers.
- Community-based interventions should address cultural and financial barriers to healthcare access.

### Conflict of Interest

- The authors declare no conflict of interest.

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