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Determinants and patterns of healthcare-seeking behaviour among residents of Ekpoma, Edo State, Nigeria

Akpede N[1], Osuji K[2], Rafiu MO[3], Joga CE[4], Obadoni IS[4], Ojeh-Oziegbe O[5]

1. Department of Community Medicine, Faculty of Clinical Sciences, Ambrose Alli University, Ekpoma, Edo State and Department of Community Medicine, Irrua Specialist Teaching Hospital, Irrua, Edo State
2. Department of Chemical Pathology, Faculty of Basic Clinical Sciences, Ambrose Alli University, Ekpoma, Edo State and Department of Chemical Pathology, Irrua Specialist Teaching Hospital, Irrua, Edo State
3. Department of Nephrology (Internal Medicine), Irrua Specialist Teaching Hospital, Irrua, Edo State, and Department of Internal Medicine, Faculty of Clinical Sciences, Ambrose Alli University, Ekpoma, Edo State
4. Faculty of Clinical Sciences, College of Medicine, Ambrose Alli University, Ekpoma, Edo State
5. Department of Internal Medicine, Edo Specialist Hospital, Benin City, Edo State

Abstract

Background: Healthcare-seeking behaviour is crucial for disease prevention, early diagnosis, and treatment. In Nigeria, despite growing awareness and increasing availability of services, many individuals still delay or avoid formal healthcare due to multiple barriers. This study assessed the patterns and determinants of healthcare-seeking behaviour among residents of Ekpoma, Edo State. Methods: A descriptive cross-sectional study was conducted among 117 adult residents of Ekpoma selected through multistage sampling. Data were collected using a pretested, interviewer-administered questionnaire. Descriptive statistics including frequencies and percentages were computed using IBM SPSS version 23 and presented in tables and figures. Results: Females comprised 53.0% of respondents, and the most represented age group was 25–34 years (27.4%). Self-medication (33.3%) and consultation with pharmacists (26.5%) were the most common initial responses to illness. While 40.2% preferred public hospitals, pharmacies (25.6%) were the most commonly used points of care. Only 25.6% sought care immediately when ill, and 74.4% had delayed care due to cost. Traditional medicine use was reported by 30.8%. Major influences on healthcare decisions included cost (39.3%), proximity (29.9%), perceived quality, and availability of drugs. Most respondents (71.8%) preferred facilities with courteous staff, and 76.1% had never avoided care due to long waiting times. Conclusion: Healthcare-seeking behaviour in Ekpoma is influenced by cost, access, provider attitude, and quality of services. Interventions aimed at reducing financial barriers, improving service delivery, and strengthening community awareness are essential to promote timely and appropriate care.

Keywords: *Healthcare-seeking behaviour, quality care, traditional medicine, healthcare cost, Nigeria.*

Introduction

Healthcare-seeking behaviour refers to the sequence of remedial actions that individuals undertake to rectify perceived ill health. Globally, timely and appropriate healthcare seeking is recognized as a cornerstone of effective health systems and is essential for improving health outcomes, reducing morbidity and mortality, and achieving universal health coverage.[1] Despite advances in health infrastructure and awareness, millions of people worldwide still delay or avoid seeking care, often resulting in complications that could have been prevented through early intervention.[2] The World Health Organization (WHO) highlights the importance of equitable access to health services and has identified care-seeking delays as a key contributor to preventable disease burden, particularly in low- and middle-income countries (LMICs).[3]

In Sub-Saharan Africa, the challenges influencing healthcare-seeking behaviour are both systemic and sociocultural. The region is burdened by high rates of infectious diseases, maternal and child mortality, and a rising prevalence of non-communicable diseases.[4,5] Yet, many individuals rely on informal care, traditional medicine, or home remedies rather than engaging with formal health systems.[6] Factors such as poverty, poor health literacy, cultural norms, mistrust of healthcare providers, gender roles, and limited access to quality health services contribute to suboptimal health-seeking patterns, seen in studies from countries like Ethiopia and

Corresponding author Dr. Nosa Akpede
Department of Community Medicine, Faculty of Clinical Sciences, Ambrose Alli University, Ekpoma, Edo State
Email: nosaakpede@yahoo.com

Kenya, which documented that significant proportions of populations delay seeking care until symptoms become severe, often due to perceived costs, distance, and previous negative experiences with the health system.[7,8]

In Nigeria, a country with a population exceeding 200 million, healthcare-seeking behaviour continues to pose a public health challenge. The healthcare system is characterized by a mixed model of public and private providers, yet coverage remains inequitable. According to the Nigeria Demographic and Health Survey (NDHS), a substantial number of Nigerians resort to self-medication or traditional medicine as their first line of response to illness.[9] Epidemiologically, delays in seeking formal healthcare have been linked to adverse outcomes in conditions such as malaria, tuberculosis, diarrheal diseases, hypertension, and maternal complications.[7]

Ekpoma, a suburban community in Esan West Local Government Area of Edo State, reflects a microcosm of the broader Nigerian health-seeking dilemma. While the town is home to a tertiary institution and associated teaching hospital, many residents still face barriers to accessing timely, affordable, and acceptable healthcare. Informal care providers, including patent medicine vendors and traditional healers, are frequently patronized, particularly among low-income and rural populations. Socioeconomic constraints, transportation challenges, cultural beliefs, and perceived quality of care continue to shape how, where, and when residents seek healthcare. These patterns not only delay diagnosis and treatment but also increase the risk of complications, disease transmission, and mortality, thereby placing additional strain on an already overstretched health system.

Understanding the specific patterns and determinants of healthcare-seeking behaviour in Ekpoma is critical for guiding local health planning, policies and for tailoring public health interventions that encourage timely engagement with the formal health system. This study, therefore, seeks to assess the healthcare-seeking patterns among residents of Ekpoma and identify the individual, cultural, economic, and systemic factors that influence their health-related decisions. The findings will contribute to evidence-based strategies aimed at improving healthcare utilization and ultimately reducing the burden of preventable illness in the region.

Materials and Method

Study Area

This study was conducted in Ekpoma, the headquarters of Esan West Local Government Area in Edo State, Nigeria. The area covers approximately 502 km² with a population of 147,655 (NPC, 2006), and consists of ten wards including Ujogba, Egoro, Iruekpen, and Ihumudumu. Healthcare services are provided through 29 primary health centres across the LGA.

Study Design

A descriptive cross-sectional study design was used. Data were collected using a structured interviewer-administered questionnaire, developed after a literature review and pretested among 10 residents. The questionnaire covered socio-demographic details, patterns of healthcare seeking, and influencing factors. A multistage sampling technique was employed: first, the Ujoelen community was selected by simple random sampling; then, households were randomly selected, and one eligible respondent was recruited per household. Data collection lasted two months within a six-month study period.

Study Population

The study population comprised adults aged 18 years and above who had resided in Ekpoma for at least one year and accessed healthcare services within the past six months. Individuals outside these criteria or unwilling to consent were excluded.

Data Analysis

Data were reviewed for completeness and entered into IBM SPSS version 23 for analysis. Descriptive statistics were used to summarize the data. Frequencies and percentages were computed for categorical variables such as age group, gender, education level, healthcare-seeking patterns, and influencing factors. Means and standard deviations were calculated for continuous variables where applicable. Results were presented using tables and figures to enhance clarity and facilitate interpretation.

Ethical Considerations

Ethical approval was obtained from the Health Research Ethics Committee of Irrua Specialist Teaching Hospital. Written informed consent was obtained from all participants. Confidentiality and privacy were strictly maintained throughout the study, and findings will be shared with the local health authorities.

Limitations

Potential limitations include recall bias and social desirability bias due to self-reported data. The cross-

sectional design also limits causal inference, and non-response may introduce bias.

Results

Sociodemographic Characteristics of Respondents

Among the 117 respondents, 62 (53.0%) were female. Most were aged 25–34 years (32; 27.4%) and 35–44 years (29; 24.8%). The majority were married (64; 54.7%), and 45 (38.5%) had tertiary education. Employment status showed 40 (34.2%) were employed and 38 (32.5%) were students. Christianity was the dominant religion (104; 88.9%). Regarding income, 41 (35.0%) earned ₦50,000 ₦100,000, while 36 (30.8%) earned more than ₦100,000.

Table 1: Socio-Demographic Characteristics of Respondents

Variable	Frequency (n=117)	Percentage (%)
Age Group (years)		
18–24	28	23.9
25–34	32	27.4
35–44	29	24.8
45–54	17	14.5
55 and above	11	9.4
Gender		
Male	55	47.0
Female	62	53.0
Marital Status		
Single	53	45.3
Married	64	54.7
Educational Level		
No formal education	11	9.4
Primary	21	19.9
Secondary	40	34.2
Tertiary	45	38.5
Occupation		
Unemployed	10	8.5
Student	38	32.5
Self-employed	24	20.5
Employed	40	34.2
Retired	5	4.3
Religion		
Christian	104	88.9
Muslim	11	9.4
African Traditional	2	1.7
Monthly Income		
<₦20,000	13	11.1
₦20,000–₦50,000	27	23.1
₦50,000–₦100,000	41	35.0
>₦100,000	36	30.8

Patterns of Healthcare-Seeking Behaviour

Self-medication was the first response for 39 (33.3%) participants, followed by consulting a pharmacist (31; 26.5%) and visiting a health facility (27; 23.1%). Only 30 (25.6%) always sought care when ill, while 29 (24.8%) rarely did. Pharmacies (30; 25.6%) were the most common place of care. Public hospitals were the preferred choice for 47 (40.2%). Use of traditional medicine was reported by 36 (30.8%), with 20 (55.6%) using herbal remedies and 16 (44.4%) using bone setting.

Table 2: Patterns of Healthcare-Seeking Behaviour Among Respondents

Variable	Frequency (n=117)	Percentage (%)
Initial Action When Ill		
Self-medication	39	33.3
Consult a pharmacist	31	26.5
Visit a healthcare facility	27	23.1
Do nothing	20	17.1
Frequency of Healthcare Use When Unwell		
Always	30	25.6
Often	24	20.5
Sometimes	28	23.9
Rarely	29	24.8
Never	6	5.1
Usual Place of Care When Unwell		
Pharmacy/Chemist	30	25.6
Government hospital	26	22.2
Private hospital	21	17.9
Self-medication	19	16.2
Traditional healer	15	12.8
Religious/Spiritual healer	6	5.1
Preferred Healthcare Facility		
Public hospital	47	40.2
Pharmacy	36	30.8
Private clinic	25	21.4
Traditional healer	9	7.7
Use of Traditional Medicine		
Yes	36	30.8
No	81	69.2
Type of Traditional Medicine Used (n=36)		
Herbal remedies	20	55.6
Bone setting	16	44.4

Access and Utilization Characteristics of Healthcare Services

Forty-seven (40.2%) sought care only when symptoms worsened, while 30 (25.6%) did so immediately. Most paid out-of-pocket (89; 76.1%), with only 18 (15.4%) using insurance. The majority (52; 44.4%) lived within 1–5 km of a facility. Public transport was the main travel mode (53; 45.3%), and 54 (46.2%) reached the facility in under 30 minutes.

Table 3: Access and Utilization Characteristics of Healthcare Services

Variable	Frequency (n=117)	Percentage (%)
Timing of Seeking Medical Attention		
Immediately	30	25.6
After a few days	21	17.9
After a week	19	16.2
Only if it worsens	47	40.2
Mode of Payment for Healthcare		
Out-of-pocket	89	76.1
Health insurance	18	15.4
Family support	10	8.5
Distance to Nearest Facility		
Less than 1 km	28	23.9
1–5 km	52	44.4
6–10 km	26	22.2
More than 10 km	11	9.4
Mode of Transportation to Facility		
Public transport	53	45.3
Private vehicle	34	29.1
Time to Reach Facility		
Less than 30 minutes	54	46.2
30–60 minutes	45	38.5
1–2 hours	18	15.4

Perceived Influences on Healthcare-Seeking Decisions

Cost delayed care for 87 (74.4%) respondents. While 30 (25.6%) saw cost as extremely influential, 31 (26.5%) felt it had no impact. Quality of healthcare facilities was extremely influential for 33 (28.2%). Drug availability significantly influenced decisions in 38 (32.5%) cases. Healthcare workers' attitudes had mixed effects, with 35 (29.9%) unaffected and 21 (17.9%) significantly influenced.

Table 4: Perceived Influences on Healthcare-Seeking Decisions

Variable	Frequency (n=117)	Percentage (%)
Ever Delayed Seeking Care Due to Cost Concerns		
Yes	87	74.4
No	30	25.6
Extent to Which Cost Influences Decision to Seek Care		
Not at all	31	26.5
A little	19	16.2
Moderately	23	19.7
Significantly	14	12.0
Extremely	30	25.6
Effect of Healthcare Facility Quality on Care-Seeking Decision		
Not at all	13	11.1
A little	19	16.2
Moderately	28	23.9
Significantly	24	20.5
Extremely	33	28.2
Impact of Healthcare Workers' Attitude on Willingness to Seek Care		
Not at all	35	29.9
A little	19	16.2
Moderately	26	22.2
Significantly	21	17.9
Extremely	16	13.7
Influence of Drug/Medical Supply Availability on Care-Seeking		
Not at all	16	13.7
A little	19	16.2
Moderately	27	23.1
Significantly	38	32.5
Extremely	17	14.5

Satisfaction with Healthcare Services Received

Over two-thirds were satisfied with the care received—54 (46.2%) were satisfied and 34 (29.1%) very satisfied. However, 19 (16.2%) were dissatisfied and 10 (8.5%) very dissatisfied.

Factors Influencing Choice of Healthcare Providers

Cost was the top factor influencing provider choice (46; 39.3%), followed by proximity (35; 29.9%). Other factors included drug availability (17; 14.5%) and perceived service quality (14; 12.0%), while family recommendations played the least role (5; 4.3%).

Sociocultural and Systemic Factors Affecting Healthcare-Seeking Decisions

A majority of respondents (67; 57.3%) reported that cultural or religious beliefs had no influence on their decision to seek modern healthcare. However, 28 (23.9%) noted a slight influence, while 10 (8.6%) experienced moderate to extreme influence.

In terms of provider attitudes, most respondents (84; 71.8%) preferred facilities with polite and friendly staff, while 6 (5.1%) avoided care due to previous negative experiences. About one-quarter (27; 23.1%) stated that staff attitude did not affect their decision.

Regarding healthcare system delays, 28 (23.9%) had avoided seeking care due to long waiting times, although the majority (89; 76.1%) had not.

Table 5: Sociocultural and Systemic Factors Affecting Healthcare-Seeking Decisions

Variable	Frequency (n=117)	Percentage (%)
Influence of Cultural or Religious Beliefs on Seeking Modern Care		
Not at all	67	57.3
A little	28	23.9
Moderately	12	10.3
Significantly	5	4.3
Extremely	5	4.3
How Attitude of Healthcare Workers Affects Facility Choice		
Prefer facilities with polite and friendly staff	84	71.8
Attitudes of staff don't affect my decision	27	23.1
I avoid care due to past negative experience	6	5.1
Ever Avoided Healthcare Due to Long Waiting Times		
Yes	28	23.9
No	89	76.1

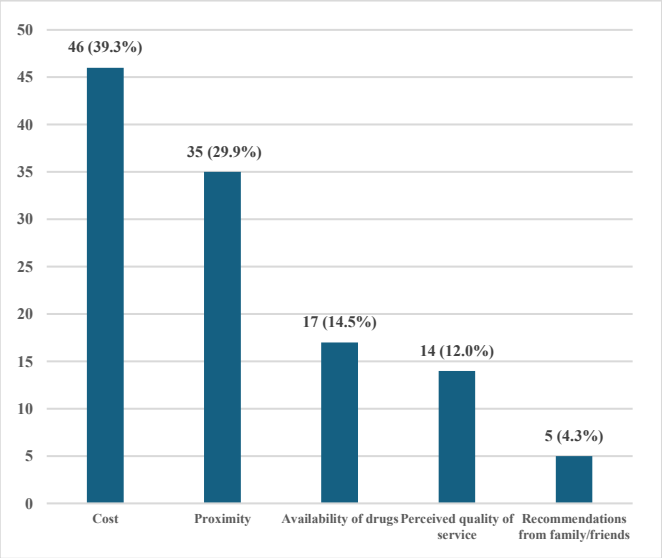

Figure 1: Factors affecting choice of healthcare provider

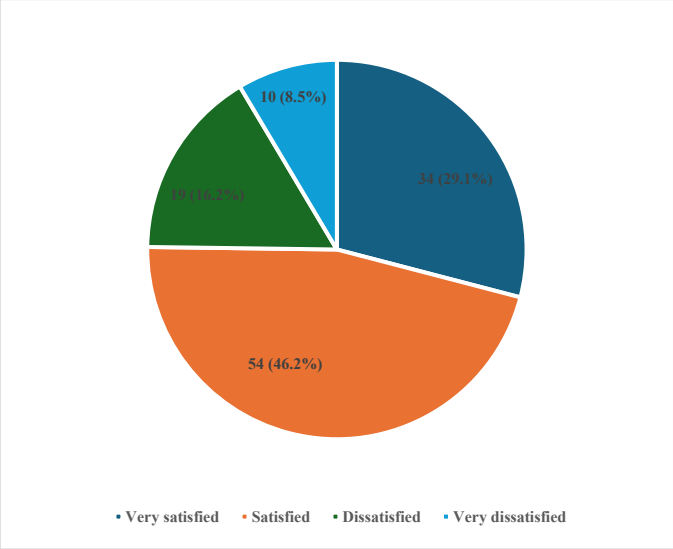

Figure 2: Satisfaction with formal healthcare received among respondents

Discussion

This study found that self-medication was the most common initial response to illness among residents of Ekpoma, reported by 33.3% of respondents. A similar trend was observed in a study conducted in Western Nigeria by Afolabi et al.[10] (2020), where self-treatment and informal sources were the primary choices for managing illness. This pattern may be due to the perceived ease, affordability, and convenience of self-medicating, especially among populations with low income or poor access to healthcare. It underscores the risk of delayed diagnosis, antimicrobial misuse, and poor treatment outcomes, emphasizing the need for public

health education campaigns to discourage inappropriate self-treatment.

Although public hospitals were the most preferred healthcare facilities (40.2%), pharmacies and chemists were the most frequently used points of care during illness (25.6%). This mirrors findings conducted in Niger State, where the disconnect between preferred and actual sources of care was attributed to structural barriers such as cost, long wait times, and dissatisfaction with formal services[11]. This discrepancy suggests that despite a preference for formal care, practical constraints often force residents to opt for more accessible but less regulated alternatives. Enhancing the responsiveness and affordability of public health services may bridge this gap and encourage greater utilization.

The study revealed that cost was a major determinant of care-seeking, with 74.4% of respondents reporting delays due to financial constraints. This aligns with reports by Ufuoma (2013) in Kenya, where user fees were a significant deterrent to healthcare access.[12] In settings like Ekpoma, where out-of-pocket payments remain the dominant mode of financing, financial barriers continue to limit equitable access. Expanding health insurance schemes and subsidizing essential services could improve timely care-seeking.

Perceived quality of care also played a vital role, with 28.2% of respondents stating it extremely influenced their decisions. This finding is consistent with research by Waweru et al.[13] (2020) in Uganda, which showed that perceptions of staff competence and drug availability directly shaped patients' healthcare choices. In this study, the availability of medications and supplies significantly influenced healthcare-seeking decisions in 32.5% of respondents. These findings highlight the importance of strengthening drug logistics and ensuring consistent service quality across facilities to improve trust in the health system.

Attitudes of healthcare workers emerged as a double-edged influence. While 71.8% preferred facilities with polite and friendly staff, a notable 5.1% had previously avoided care due to negative experiences. This reflects findings from Ghana by Wu et al.[14] (2021), where provider attitude was a key factor in patient satisfaction and retention. The implication for Ekpoma is that investments in staff training on patient-centred care could boost service uptake.

Only 25.6% of respondents sought care immediately when ill, while 40.2% waited until their condition worsened. Such delays can worsen disease outcomes and increase community-level transmission for infectious diseases. Community-based sensitization on early healthcare engagement is therefore essential.

Traditional medicine use was reported by 30.8% of respondents, with herbal remedies being the most common (55.6%). This is in line with findings from studies that documented persistent reliance on traditional therapies.[15,16] While culturally rooted, this practice may delay effective treatment and pose risks of complications. Health interventions must therefore respect local beliefs while promoting integration of safe traditional practices into the formal system.

Cultural or religious beliefs influenced healthcare decisions for 18.9% of respondents to varying degrees. This modest influence contrasts with studies from Cross River, where such beliefs played a strong role in the healthcare-seeking behaviour of respondents[17]. In Ekpoma, it suggests a gradual shift towards biomedical acceptance, although some resistance remains.

Also, 23.9% of respondents admitted to avoiding healthcare due to long waiting times. This operational barrier, although lower than others, contributes to systemic inefficiency and patient attrition. Health system reforms should include strategies to decongest clinics and improve workflow, such as task-shifting and appointment systems.

Conclusion

Healthcare-seeking behaviour in Ekpoma is shaped by cost, access, perceived quality, and provider attitudes. Although public hospitals are preferred, many residents rely on self-medication and pharmacies due to financial and structural barriers. Delayed care, driven largely by out-of-pocket costs, remains common. Satisfaction with care was generally high, and sociocultural influences were modest.

Improving health insurance coverage, service quality, and provider attitudes—alongside public education—will be key to promoting timely and appropriate healthcare use in the community.

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