



## Investigation of health seeking behavior and its predominant determinant factors among students of Federal University Otuoke, Bayelsa State

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### ABSTRACT:

Health seeking behavior (HSB) is indirectly one of the predictors of health status of individuals, because it is the fulcrum of health behavior, a core determinant of health which contributes a whopping forty percent to overall health. Maintaining a healthy academic environment among other things demands an awareness of the HSB pattern of students.

The study aimed to determine the HSB pattern of students of FUO and the major factors that influence it. In this cross-sectional study, 391 students participated and questionnaires were used as study instruments. Eight indicators including tendency to seek formal healthcare were used to determine the appropriateness or otherwise of HSB. Logistic regression and descriptive statistics were used as statistical measures while SPSS version 22 and Excel were used in the analysis.

Among the key findings, 58.46% of the respondents exhibited appropriate HSB. The greatest barrier to visiting the university clinic was frequent lack of drugs, while lack of funds to pay for medical bills was the highest barrier to getting treatment in other hospitals other than the university clinic. Gender ( $p$ -value=0.4723, OR=0.7928) and access to clinic ( $p$ -value=0.5661, OR=1.229) did not show any association with HSB while parents' level of education, severity of illness and socio-economic status were significantly associated with HSB. Respondents patronized pharmacy (62.56%) more than any other healthcare facility within Otuoke community.

The key determinants of HSB turned out to be the parents' level of education, seriousness of illness and financial state of students. Notwithstanding the slightly higher level of appropriate HSB, inappropriate HSB remained substantial in the study population.

### Keywords:

Health seeking behavior (HSB), determinants, barriers, appropriate, students.

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## INTRODUCTION

Health seeking behavior can be described as series of corrective measures people take to address adjudged health issues (Ibrahim, 2011). It is part of the larger concept of health behavior which can be described as actions performed to maintain optimal health, avoid sickness, and deal with any deviation from it. There are two main categories of studies that have tried to describe factors that have a major impact on health-seeking behavior in the course of disease episodes. The studies in the first group focus on how people use the conventional system or the healthcare seeking behavior of people. The creation of models that depict the sequence of efforts people make in order to access health care is the focus of these studies. "Pathway model" is another term for these models.

The second set of research focuses on health seeking behavior or the process of disease response. These studies show that there are a number of factors that affect a patient's choice of a certain medical channel, such as socioeconomic status, sex, age, social rank, type of illness, service accessibility, and perceived quality of the services.

The majority of the research in this second category concentrates on particular forms of variables, such as organizational, social, economic, cultural, and geographic factors, that stand between patients and services. For instance, it has been discovered that various population segments' decisions to seek health care are greatly impacted by diverse variables including the perceived level of service, socioeconomic position, and access to health facilities. Additionally, people choose different sources of care based on their demographics, the nature and adjudged severity of their illness, and the availability of general health facility. When a person shows symptoms of sickness, their behavior in response to the sickness has a big influence on the illness's morbidity, progression, and effects on keeping the community healthy. Adverse sequelae may be more likely to occur if appropriate diagnosis and treatment are not sought after or are refused (Latunji & Akinyemi, 2018).

While there have been researches on health seeking behavior, few has looked at health seeking behavior among Nigerian students. Understanding university students' health-seeking behaviors is essential to preserving a healthy academic community. There is currently a dearth of empirical data at Federal University Otuoke (FUO) about the factors that affect students' appropriate health seeking, the barriers to receiving quality medical care, the effect of service provision on the use of the university's healthcare facility, and the degree to which the community of university students uses alternative healthcare providers. It is believed that having this knowledge would help the university administration manage and create easily accessible and efficient healthcare services. This study therefore sought to explore the health seeking behavior and its predominant determinant factors among students of Federal University Otuoke, Bayelsa State.

## RESEARCH METHODOLOGY

### Study setting

This research was conducted at Federal University Otuoke, Bayelsa State. Federal University Otuoke is in Ogbia Local Government Area of Bayelsa State. The research took place during the 2023/2024 academic session. The preliminary aspects of the study commenced in December 2023 and eventually culminated in field work in March, 2024.

## Research design

The research was a descriptive cross sectional one.

## Sampling technique

Stratified random probability sampling method was used in this study. The six faculties of the university in this instance represented the strata or subgroups of the population. Simple random sampling was then used in selecting samples from each subgroup (faculty) to ensure adequate spread and minimize sampling error.

## Data Collection

Data was collected with the aid of semi-structured questionnaires which was administered directly by the researcher and six trained assistants, one from each of the six faculties.

## Data Analysis

The data was collated, screened, scored and computed. SPSS version 22 and Excel were utilized in the analysis while descriptive statistics and logistic regression were employed as statistical measures.

## Ethical Approval

A formal letter was written to the chairmen of ethical content committee and consent gotten before proceeding with the research. Informed consent was gotten from all participants before administration of questionnaires

## RESULTS

### Demographics

Most of the respondents were singles and under the age bracket of '21-24' years as shown in table 1.

**Table 1 Demographic characteristic of respondents (n=390)**

Characteristics		Count	Percentage	Mean	St Dev
Age	17-20	54	13.85	23.59	3.76
	21-24	244	62.56		
	25-28	36	9.23		
	29-32	42	10.77		
	32 and above	14	3.59		
Gender	Male	205	52.56		
	Female	185	47.44		
Marital status	Single	378	96.92		
	Married	12	3.08		
	Divorced	0	0.00		
	Widowed	0	0.00		
	Others	0	0.00		

Table 2 reveals other vital aspects of the demographics useful in the study, such as the level of education and occupation of the respondents' parents.

**Table 2 Demographic characteristics; parental background (n=390)**

Characteristics		Count	Percentage
Is your father alive?	Yes	371	95.13
	No	19	4.87
Is your mother alive?	Yes	316	81.03
	No	74	18.97
Father's level of education	Primary	136	34.87
	Secondary	175	44.87
	Tertiary	66	16.92
	No formal education	13	3.33
Mother's level of education	Primary	95	24.36
	Secondary	192	49.23
	Tertiary	86	22.05
	No formal education	17	4.36
Occupation of your father	Civil servant	299	76.67
	Public servant	4	1.03
	Artisan	0	0.00
	Business	55	14.10
	Farming	16	4.10
	Others	16	4.10
Occupation of your mother	Civil servant	83	21.28
	Public servant	4	1.03
	Artisan	0	0.00
	Business	212	54.36
	Farming	91	23.33
	Others	0	0.00

### Health Seeking Behavior of Respondents

Eight indicators were used in determining the health seeking behavior of the respondents as shown in table 3.

**Table 3 Health seeking behavior of respondents (n=390)**

Indicators	never	%	rarely	%	sometimes	%	often	%
Frequency of screening for health in a hospital	91	23.33	161	41.28	121	31.03	17	4.36
frequencies of visits to the University clinic	115	29.49	207	53.08	50	12.82	18	4.62
frequency of visits to any other hospital for treatment	177	45.38	58	14.87	153	39.23	2	0.51
frequency of visit to the doctor	248	63.59	81	20.77	58	14.87	3	0.77

frequency of visit to the pharmacist	246	63.08	111	28.46	30	7.69	3	0.77
adherence to taking required vaccinations	216	55.38	110	28.21	46	11.79	18	4.62
practice of regular exercise program	197	50.51	58	14.87	125	32.05	10	2.56
adding fruits and vegetables in ones diet	6	1.54	135	34.62	204	52.31	45	11.54
Average	162	41.54	115	29.52	98	25.22	15	3.72

### Comparison of appropriate and inappropriate health seeking behavior

On average, 41.54% of respondents did not engage in appropriate health-seeking behaviors, whereas 58.46% of respondents engaged in appropriate health seeking behaviors as reflected in table 4 and fig 1. Of all the indicators used in assessment of health seeking behavior, the least practiced was the frequency of visit to the doctor (36.41%), whereas the most practiced was adding of fruits and vegetables to ones diet (98.46%).

**Table 4 Appropriate versus inappropriate health seeking behavior**

Indicators	Inappropriate HSB(IHSB)		Appropriate HSB(AHSB)	
	count	%	Count	%
Frequency of screening for general health in a hospital	91	23.33	299	76.67
Frequency of visits to the university clinic	115	29.49	275	70.51
Frequency of visits to any other hospital for treatment	177	45.38	213	54.62
Frequency of visit to the doctor	248	63.59	142	36.41
Frequency of visit to the pharmacist	246	63.08	144	36.92
Adherence to taking required vaccinations	216	55.38	174	44.62
Practice of regular exercise program	197	50.51	193	49.49
Adding fruits and vegetables in ones diet	6	1.54	384	98.46
Average	162	41.54	228.00	58.46

AHSB: Engaging at least 'rarely' in each of the indicators (getting at least 1 point for each indicator)

IHSB: Failure to engage at all in any of the indicators (not getting at least 1 point for each indicator)

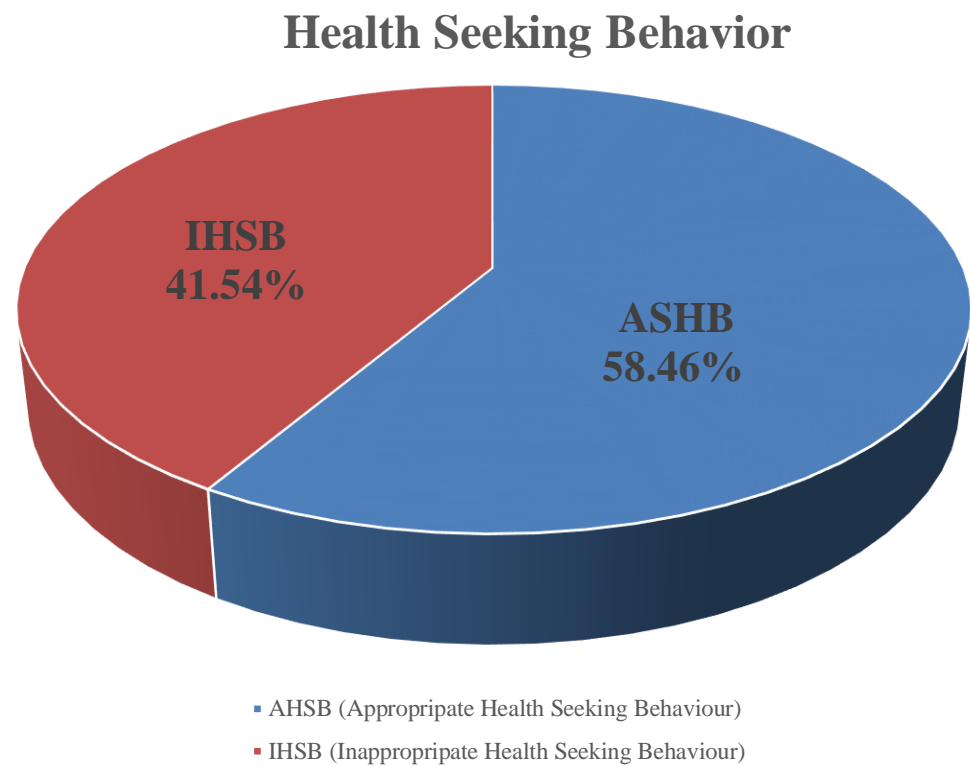


Fig 1 Appropriate versus Inappropriate HSB

**Barriers to Visiting the University Clinic when Sick**

Frequent lack of drugs in the university clinic emerged as the most reported barrier to seeking treatment in the university clinic as can be seen in table 5.

**Table 5 Barriers to visiting the university clinic when sick**

Possible barriers	Never		rarely		sometimes		Often		Percentage Sum of the barriers
	Count	%	count	%	count	%	count	%	
Frequent lack of drugs in the University clinic	121	31.03	82	21.03	75	19.23	112	28.72	<b>68.97</b>
Lack of transport fare to convey me to the University clinic	143	36.67	113	28.97	83	21.28	51	13.08	63.33
Poor attitude of healthcare workers in the clinic	162	41.54	96	24.62	81	20.77	51	13.08	58.47
Inadequate infrastructure in the clinic	170	43.59	83	21.28	99	25.38	38	9.74	56.4
Long waiting time in the University clinic due to few staff	206	52.82	48	12.31	60	15.38	76	19.49	47.18

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Far distance of my place of residence from the University clinic	223	57.18	58	14.87	39	10.00	70	17.95	42.82
Inefficiency of healthcare workers in the clinic	247	63.33	41	10.51	23	5.90	79	20.26	36.67
Failure to present the T/SHIP I.D or School fees receipt needed to access drug free	253	64.87	32	8.21	38	9.74	67	17.18	35.13
Average									51.12

**Barriers to Visiting other Hospitals other than the University Clinic**

The greatest barrier to getting treatment in other hospitals apart from the university clinic reported by the students was lack of funds to pay for medical bills as shown in table 6.

**Table 6 Barriers to getting treatment in other hospitals other than the university clinic**

Possible barriers	never		rarely		Sometimes		often		Percentage Sum of the Barriers
	count	%	count	%	Count	%	count	%	
Lack of fund/money to pay for medical bills	105	26.92	45	11.54	136	34.87	104	26.67	<b>73.08</b>
Lack of drugs in the available hospitals	148	37.95	102	26.15	61	15.64	79	20.26	62.05
Non enrollment in health insurance in other hospitals	149	38.21	50	12.82	105	26.92	86	22.05	61.79
Poor service delivery/inefficiency from healthcare workers	208	53.33	87	22.31	62	15.90	33	8.46	46.67
Far distance of available hospitals from my place of residence.	209	53.59	125	32.05	41	10.51	15	3.85	46.41
Inadequate infrastructure in the available hospitals	228	58.46	84	21.54	43	11.03	35	8.97	41.54
Average	174.5	44.74	82.17	21.07	74.67	19.15	58.67	15.04	55.26

**Major Determinants of Health Seeking Behavior**

Gender and access to clinic had no significant association with HSB with p-values of 0.4723(OR=0.7928) and 0.5661 (OR=1.229) respectively while parents level of education, socio-economic status and severity of illness showed association with health seeking behavior as seen in table 7 and fig 3.

**Table 7 Bivariate analysis of major determinants of health seeking behavior (HSB)**

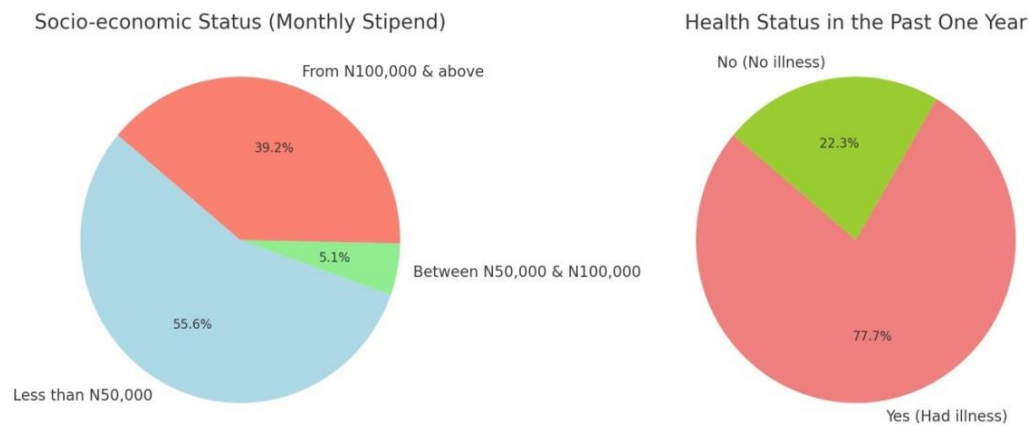
Major Variables		Appropriate HSB	%	Inappropriate HSB	%	Sig.	OR	95% CI
Gender	male	115	56.10	90	43.90	Reference		
	female	114	61.62	71	38.38	0.4723	0.7928	0.4503 to

								1.396
Parents level of education	Primary	70	73.68	25	26.32	Reference		
	Secondary	113	58.85	79	41.15	<b>0.0356</b>	1.978	1.087 to 3.600
	Tertiary	36	41.86	50	58.14	<b>&lt; 0.0001</b>	3.930	2.161 to 7.147
	No formal education	10	58.83	7	41.17	<b>0.0356</b>	1.978	1.087 to 3.600
SES(Monthly stipend)	<N50,000	213	98.16	4	1.84	Reference		
	N50,000 to N100,000	13	65.00	7	35.00	<b>&lt; 0.0001</b>	24.769	5.751 to 106.68
	N100,000 & above	2	1.31	151	98.69	<b>&lt; 0.0001</b>	4554.0	405.85 to 51100
Severity of illness	1	7	36.84	12	63.16	Reference		
	2	53	54.08	45	45.92	<b>0.0228</b>	0.5003	0.2843 to 0.8805
	3	49	52.69	44	47.31	<b>0.0327</b>	0.5208	0.2960 to 0.9163
	4	120	66.67	60	33.33	<b>&lt; 0.0001</b>	0.2893	0.1616 to 0.5177
Access to clinic	Very near	120	61.22	76	38.78	Reference		
	Very far	108	55.67	86	44.33	0.5661	1.229	0.6995 to 2.159

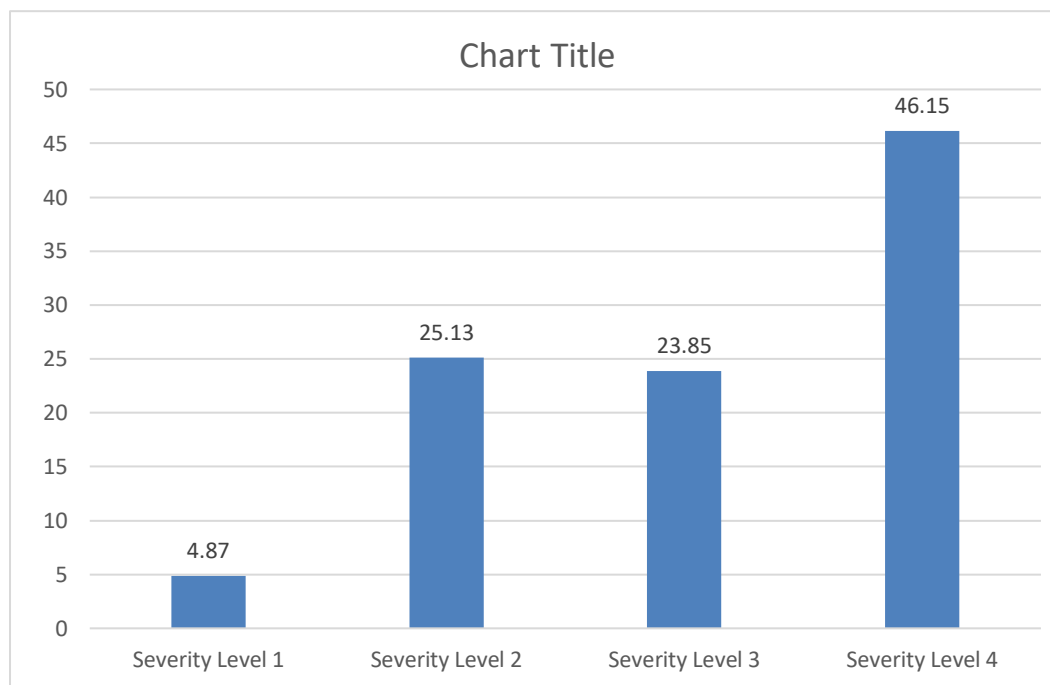
SES=socioeconomic status, bolded p-values indicate significance at 0.05 and below



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**Fig 2** Socio-economic Status and Health Status in the Past One Year



**Fig 3** Severity of Illness that Took Respondents to Hospital

## **DISCUSSION**

### **Demographics**

In this research greater proportion of the participants (62.56%) fell within the age bracket of 21-24 years while as many as 96.92% of the participants were singles. The sample was almost evenly divided along gender lines with 52.56% being males and 47.44% female.

A significant percentage of the respondents parents were still alive, especially the fathers (95.13%). Secondary level of education was the most dominant educational qualification attained by the participants' parents with 49.23% of the mothers and 44.87% of the fathers documented as having acquired secondary education. In this study, most of respondents'

mothers (54.3%) were in business, while most of respondents' fathers (76.67%) were public workers.

### **Health Status of Respondents**

The World Health Organization defines health as a condition of whole physical, mental, and social well-being rather than only the absence of illness or disability. According to Latunji and Akinyemi (2018), health seeking behavior, on the other hand, is any activity or inactivity exhibited by people who believe they are sick in order to discover a suitable solution. Therefore, it is relevant to first highlight the health state of the study population because it will be challenging to investigate a population's health seeking behavior without first examining that group's health status. This is because the aforementioned definition presupposes a deviation or at least a perceived deviation from a state of health, before the subject of health seeking behavior can come up.

Majority of the participants (77.69%) had some form of sickness within the past one year while only 22.31% reported no illness within same period.

### **Health Seeking Behavior of Students**

In this study, 41.54% of the respondents exhibited inappropriate health seeking behavior while more than half of the study participants (58.46%) embraced appropriate health seeking behavior. The study conducted by Bamidele *et al.* (2023) on the health seeking behavior of undergraduate students and their perception of health services at Babcock University equally recorded very close levels of appropriate and inappropriate health seeking behavior.

### **Barriers to Visiting the University Clinic**

The most remarkable barrier to visiting the university clinic as reported by the students was frequent lack of drugs in the university clinic. As much as 68.97% of the students identified frequent lack of drugs in the university clinic as a barrier while 31.03% never saw lack of drugs in the university clinic as a barrier.

In their study of healthcare seeking behaviors of undergraduate students and their impression of health services in Babcock University Health Centre, Nigeria, Bamidele *et al.* (2023) also identified non-availability of medication as the most cited obstacle to effective healthcare seeking. This is consistent with the findings of this study.

Afolabi *et al.* (2013) in their research on health-seeking behavior and students' perception of health care services in Obafemi Awolowo University, Ile-Ife Osun State, among other findings also identified lack of drugs as a barrier to visiting the health center.

However, Koomson *et al.* (2018) examined science students' health-seeking behaviours and their perceptions of healthcare services at the University of Education, Winneba Ghana. They did not find that the non-availability of prescribed drugs was a substantial enough barrier to healthcare accessibility. Rather, they discovered that the respondents' perception of the distance between themselves and the healthcare facility was the most significant obstacle. This was a component that was among the least detected barriers in this study. This is quite understandable given that in Federal University Otuoke, majority of the students reside in Otuoke community which is equally the setting of the university health centre, therefore distance could not have been a significant barrier.

Other factors significantly reported (by more than 50% of the participants) as barriers in this research include lack of transport fare to the clinic (63.33%), poor attitude of healthcare workers in the clinic (58.47%), and inadequate infrastructure in the clinic (56.4%).

### **Barriers to Visiting Other Hospitals Other Than the University Clinic**

Non-availability of resources to offset medical bill stood out as the greatest barrier to accessing healthcare from other hospitals other than the university clinic. 73.08% of respondents identified lack of funds as barrier while only 26.92% saw it as no barrier to accessing care in other hospitals. The next most reported barriers to accessing healthcare from other hospitals other than the university clinic were lack of drugs in those hospital (62.05%) and non-enrollment in health insurance in the hospitals (61.79%).

### **Major Determinants of Health Seeking Behavior**

Five most common predictors of health seeking behavior based on literatures reviewed were analyzed as major determinants in this study. They include gender, level of education of parents (preferably mother), financial level, seriousness of illness and access to clinic. Gender and access to clinic were found to have no correlation with health seeking behavior with p-values of 0.4723 and 0.5661 respectively. Previous studies on health-seeking behavior, such as that conducted by Adaramaja and Tijana (2015) regarding demographic factors, found no correlation between gender and health-seeking behavior. Conversely, research by Mukooza *et al.* (2013) on student health-seeking behavior at Ugandan Christian University revealed that gender significantly influenced health-seeking behavior.

On the other hand, parents' educational level, financial status and seriousness of the ailment were linked to health seeking behavior. The association between parents' level of education and health seeking behavior were reflected in the p-values of 0.0356, 0.0001 and 0.0001 for secondary, tertiary and no formal education respectively which were well below the conventional alpha level of 0.05 confirming the statistically significant level of the association.

The socio-economic position, assessed through students' monthly stipends, was correlated with health-seeking behavior, yielding a p-value of 0.0001. Some other studies on health-seeking behavior, like that conducted by Latunji and Akinyemi (2018), has similarly demonstrated a correlation between socio-economic position and educational attainment with health-seeking behavior.

A remarkable observation however, is that this study showed an inverse association of socio-economic state with health seeking behavior. In effect, analysis of the socio-economic status as measured by the monthly stipends of students revealed that when monthly stipend of less than 50,000 was used as reference, as the monthly stipend increased to between '50,000 and 100,00' or '100,000 and above' the health seeking behavior count decreased. This outcome could be explained from two dimensions. First, those students who were of higher socio-economic status might have had a positive sense of well-being mentally, socially and even physically (through adequate nutrition and proper care) and might not have been ill or perceived themselves as ill which would have prompted seeking for a remedial action (HSB). On the other hand those students who are of lower socio-economic status might not have had the means to take a holistic care of themselves and in fact would likely be more susceptible to disease causing germs and other predisposing factors of ill health which would naturally lead to increased search for remedial action (HSB). Secondly, given that all the participants were

automatically on health insurance (through Tertiary Institution Social Health Insurance Programme, TISHIP) once they paid school fees, and were therefore all entitled to free health and medical services, the barrier to appropriate health seeking often imposed on individuals in the lower socio-economic level due to paucity of resources to fund medical bills would have been circumvented.

The severity of illness reported by those who were sick was graded from level 1 to 4. The severity of sickness was significantly linked to health seeking behavior with p-values of 0.0228, 0.0327, and 0.0001 for severity levels 2, 3, and 4 respectively when we used severity level 1 as reference. Wamaani *et al.* (2023) similarly found that major ailments (the severity of the illness) were predictors of appropriate health seeking behavior in their study of the factors associated with healthcare-seeking behavior among health profession students in selected universities in Southwestern Uganda.

## CONCLUSION

Majority of the study population were found to have engaged in appropriate health seeking behavior even as engagement in inappropriate health seeking behavior remained substantial (41.54%). Lack of drugs in the university clinic was reported as the greatest barrier to visiting the university clinic while lack of funds to offset medical bill was the most pronounced barrier for those that sought treatment in hospitals other than the university clinic.

Gender and access to clinic had no association with health seeking behavior in the study population while parents' level of education, socio-economic state and severity of illness were substantially linked to health seeking behavior.

## RECOMMENDATIONS

Given that a substantial percentage of the population were involved in poor health seeking behavior (41.54%), there is need for massive sensitization and awareness creation on the dangers inherent in such behaviors.

There is need for regular health education programs and orientations to educate the students on the dangers of waiting till illness get out of hand before visiting the clinic. This is necessary given that most of the students had to visit the clinic/hospital when the severity of their illness was at its peak.

Addressing the root causes of frequent lack of drugs cited most as barrier by the study population can help in improving the utilization of the university health center and access to proper healthcare.

There is need to reform the health insurance policy in Nigeria such that students with a valid health insurance identification card can visit any hospital in the country and benefit from health insurance and not just in his/her university hospital. This is necessary given that most students that receive treatment from other hospitals other than the university hospital reported lack of funds and non-enrollment in health insurance as barriers.

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## **Conflict of Interest**

The authors declare no conflict of interest.

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