Health-seeking behaviour and student perception of health care services in a university community in Nigeria

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ABSTRACT

Objectives: Examining consumers' healthcare behavior can help in the design of ways to ensure better access to health and the quality of care. Health-seeking behavior is viewed as the varied response of individuals to states of ill-health, depending on their knowledge and perceptions of health, socioeconomic constraints, adequacy of available health services and attitude of healthcare providers. This study examines health-seeking behavior of university students, their use of healthcare services in the community and barriers to seeking help at the university health centre. Method: Structured questionnaires were validated and administered on a random sample of university students spread over different academic disciplines in a large institution. The sample consisted of 1608 undergraduate students attending the public university in southwestern Nigeria. The demographic profile reflects the national university student population. Relevant information was collected on preferred health services consulted by the undergraduates such as barriers to seeking adequate medical attention and their experiences with salient aspects of service delivery. Responses were weighted and the average was taken to be representative. Results: Students consulted their peers (37.5%) in health related academic disciplines rather than seek treatment at the university health centre. Some students (24.7%) preferred community pharmacies while others took personal responsibilities for their health or abstained from medical care for religious reasons (16.8%). Significant barriers to seeking medical attention at the health centre were cost of care, protracted waiting time, inadequate health information, unfriendly attitude of healthcare workers and drug shortage. Conclusions: Students sought help from community pharmacies (ease of access) and from peers in health related academic programmes rather than from physicians at the health centre. Health-seeking behavior of the students was influenced, essentially, by the nature of ailment, waiting time in the health facility and attitude of healthcare professionals. Implications for policy, practice or delivery: The findings of this research identified the relative use of available health services within the university. Initiatives to improve student access to the university health centre should address significant barriers of patient delays, the need for attitudinal change and continuing professional development of relevant workers in the health facility. Promotional activities may be necessary to inform and educate students on rational use of medicines and access to treatment at the health centre.

Keywords: Health-Seeking Behaviour; Healthcare Services; University Health Centre

1. INTRODUCTION

Health-seeking behaviour has been defined as the activity undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy [1]. Information of health seeking behaviour and health care utilisation

has important policy implications in health system development. People seek help on health issues based on several reasons and the factors which influence the choice of treatment sources when symptoms occur include socio-cultural factors, social networks, gender and economic status. Access to healthcare facilities in terms of cost of treatment and healthcare provider attitude are also determinants of health seeking behaviour. There are indications that cost of prescribed medicines, poor access to facilities and patient delays affect the patronage and utilisation of public health services which increase the use of other treatment sources such as community pharmacies, drug peddlers, herbal medicine, religious or spiritual care organizations and students in health related academic disciplines [2].

Ill health is a major life event which may cause people to question their existence as this condition disrupts basic activities which are essential to a healthy living. Spirituality has been found to play a critical role in mitigating the pains and sufferings of ill-health because the relationship with a transcendent being or concept can give meaning and purpose to people's lives and sufferings. Several studies and surveys have demonstrated the relevance of spirituality in the health of patients [3,4].

Individuals differ in their choice of treatment sources depending on the type and perceived intensity of sickness; accessibility to the public health facility and demographic characteristics [5]. What people do when they have symptoms of illness has major implications for morbidity and progression of the illness and consequences for creating a healthy community. Delays or refusal in seeking and obtaining proper diagnosis and treatment can allow for a greater probability of adverse sequelae. Some studies have examined health-seeking behaviour in rural communities [6-9] but there has been no similar survey of healthcare preferences among student population in Nigeria. An understanding of health-seeking behavior of students in the university community is important if a healthy community is to be maintained. Apparently there are barriers to seeking appropriate healthcare at the university health centre for a number of reasons. Currently, there is neither empirical data on the level of patronage of alternative sources of healthcare in the university community nor the impact of service delivery on the utilisation of the organised healthcare facility. It is believed that such knowledge would assist the university authority in the management and development of accessible and effective healthcare services. The objectives of this study are to determine the level of patronage of healthcare facilities within the university community and to assess students' views of the services at the university health centre with a view to identifying possible barriers to effective utilisation of the institution's health facility. In this study, health-seeking behaviour is viewed as a tool for describing how individuals engaged with healthcare facilities within the university community.

2. METHOD OF STUDY

A sample of 1740 undergraduate students was selected by stratified random sampling from a population of 30,000 students in a large public university in Nigeria. A structured questionnaire was administered on the students at different times when they came for their classes. All the students who were present at the selected largely attended lecture periods were eligible to participate in the study, but only those who gave their consents constituted the sample. A total of 1608 duly completed questionnaire were returned representing 92.4% response rate. The questionnaire elicited information on the type of health services consulted by the undergraduate students, barriers to seeking medical attention at the university health centre and their perceptions of services at the delivery points. Collected data were analysed using descriptive statistics and SPSS (v.14). Due ethical approval was obtained from the Ethics and Research Committee of Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife.

3. STUDY AREA

The survey was conducted in Obafemi Awolowo University (OAU) Ile-Ife, one of the first generation universities in Nigeria. OAU, Ile-Ife was founded in 1962 and the university has a student population of about 30,000 students with nearly 24,000 as undergraduates. About 25% of students reside in the university hostels within the university community as at the time of this study. The university has a health centre located centrally on the campus and this primary healthcare centre has facilities for routine laboratory diagnosis, x-ray, physician consulting unit, pharmacy dept, nursing services, records department, wound dressing room and in-patient bed facilities for short term admissions. Other healthcare facilities within the university environment included a community pharmacy, patent medicine stores, religious organisations for spiritual care and alternative medicine itinerant sellers, all these were located in close proximity to the students' residential area.

4. CONCEPTUAL FRAMEWORK

The conceptual framework from a review on the determinants of health-seeking behavior served as basis for the questionnaire design [1,10]. The items were refined based on focus group interviews with four university faculty who were specialists in test measurement and evaluation. The questionnaire was pretested using 30 students from different academic programmes in the university and subsequently reviewed taking cognisance

of the peculiar settings before data collection. The research instrument was then administered on consenting students across the sampled faculties. The final questionnaire consisted of both structured and open ended items to elicit information on relevant determinants of health-seeking behavior and perceptions of healthcare services in the institution. The focal indicators relevant to the purpose of this study included access to healthcare personnel, perceived quality of service, economic and socio-demographic factors. The socio-demographic data collected on the characteristics of respondents included sex, academic programme and religious belief. Data gathered on the physical access and quality of service included sources of healthcare in the university community and perceived quality of service at the university health centre, with emphasis on the availability of prescribed medicines, perceived competence of staff and their attitude and possible barriers to patronage of healthcare services at the health centre.

5. STUDY DESIGN AND RESEARCH INSTRUMENT

Questionnaire survey of a cross section of students in different academic programmes was carried out and focus group interviews conducted with purposively selected students accessing healthcare at the health centre. Structured multiple choice items were designed to yield scaled responses to the study items. Health-seeking behavior was measured by listing the questionnaire items and asking respondents to indicate level of agreement to perceived quality of care received from the health personnel, adequacy of infrastructure and access to the facility, using 5-point Likert scales (Strongly agree, Agree, Disagree, Strongly disagree and Can't say; (with scores of 4, 3, 2, 1 and 0 respectively). Furthermore, in an attempt to identify preferred sources of healthcare, respondents were asked to indicate the frequency of patronage from a list of some types of health facilities available in the university community. Similarly, the frequency of use was indicated on 5-point Likert scales (Every time, Very often, Often, Rarely and Never with values of 4, 3, 2, 1 and 0 respectively). Perceived barriers to the use of the health centre were measured using such indicators as waiting time, adequacy of health information, staff attitude, access to healthcare personnel and availability of prescribed medicines. Respondents were asked to indicate the extent to which some perceived barriers limited their utilisation of the institution's health centre (Every time, Very often, Often, Rarely, Never with values of 4, 3, 2, 1 and 0 respectively). The questionnaire solicited information on socio-demographic status, academic programme and religious beliefs of the students. Essentially, the questionnaire items were structured to determine the pattern of utilisation of available health-

care services in the university; preferred sources of healthcare consulted by the students and possible barriers to effective utilisation of the health centre.

6. SAMPLING AND DATA COLLECTION TECHNIQUES

Undergraduate students of the university are required to take general elective courses in academic faculties other than their own and the classes for such electives are usually large and representative of students from different academic programmes. Three of such classes were targeted for the survey. Every student was eligible to be a part of the study. However, only those students who agreed to participate were enlisted to complete an anonymous, self-administered, structured item questionnaire conducted within a classroom setting and overseen by a research coordinator who had been trained on the questionnaire contents and administration. The questionnaire was administered on 1740 students in three major academic programmes of the university: Science and Technology, Humanities and Health Sciences.

7. DATA ANALYSIS

The collected data were analysed using SPSS v 14.0 software. Descriptive statistics were used to examine relative influence of the determinants of health-seeking behavior and utilisation of healthcare facilities in the community. Selected factors affecting health-seeking behaviour were ranked in order of importance and the weighted averages (WA) of the responses were computed to determine the level of agreement with the questionnaire items. Using the scoring of 0 to 4 on a 5-point Likert scale response mode, the deciding rule for the level of agreement was that any weighted average up to 2.50 or more was considered to be an agreement (A) with the questionnaire item while a value less than 2.50 was considered as a disagreement (D). Availability of health services was assessed by the degree of satisfaction with doctor's consultation and medicine supply in the pharmacy while the accessibility of service was determined by their perception of the attitude of health workers, operating hours and waiting time at the health facility.

8. RESULTS

The demographic distribution of respondents is shown in **Table 1**. A total of 1608 university undergraduates participated in this study out of which (51.4%) were males and (48.6%) were females. Further group differences include religious belief with Christians (86.6%); Muslims (10.2%) other religious faith (3.2%). Respondents were categorised into three academic disciplines of Health Sciences: (17.5%); Science & Technology (17.8%) and Humanities (64.7%). Considering out-of-pocket ex-

penses on healthcare, up to 60% of respondents spent less than 10 USD on medication in 4 months while only 3.9% spent more than 30 USD. The study showed that self treatment was the commonest form of care by respondents. The initial choice of care in ill health was self medication with medicines purchased over the counter or obtained through friends or neighbours. This was followed by visits to the health centre, patent medicine dealers, the community pharmacy, consultation with students in health related academic programmes and use of herbal remedies (**Figure 1**). Focus group interview indicated that the private health facilities were the initial choice of treatment for majority of students and the utilisation of university health centre was usually the last choice of care for reasons of excessive waiting time.

Table 2 shows the frequency of patronage of healthcare services available in the university community. A ranking of the responses based on the weighted average showed the community pharmacy as the most patronised followed by the doctor's clinic, while traditional healer was least patronised.

Table 3 shows the responses to salient aspects of healthcare services at the health centre and perceived barriers to utilisation of the facility. Based on the weighted average, the ranking showed that cost of care posed the highest barrier followed by protracted waiting time in the health facility but accessibility in terms of

Figure 1. Patronage of health care providers.

Table 1. Demographic distribution of respondents.

	Variables	No	%
Gender	Male	827	51.4%
	Female	781	48.6%
	Total	1608	
Religious belief	Christianity	1393	
	Islam	164	86.6%
	Other religions	52	10.2%
	Total	1608	3.2%
Academic discipline	Health sciences	282	
	Science & Technology	286	17.5%
	Humanities	1040	17.8%
	Total	1608	64.7%

location was not considered a barrier to patronage by the respondents.

Table 4 shows delay experiences at service delivery points in the health facility. The respondents experienced considerable delay at the doctor's clinic followed by delay period at the medical records but the nursing unit was considered to be relatively prompt in service delivery.

Respondents' perceptions of salient aspects of relevant services in different units of the university health centre are shown in **Table 5**. In the clinical services unit, appropriateness of diagnosis, patient waiting time, need for continuing professional development of the doctors and requirement for more experienced hands were ranked high, while in the pharmacy unit the 24-hour daily service was a welcome development but medicine supply appeared inadequate to meet patient needs. In the nursing unit, promptness of service delivery was recognised while services at the medical laboratory unit were inadequate. The survey showed that services at the medical records unit were not adequate and focus group interview agreed with this assertion. The file retrieval system was poor with excessive patient waiting time. **Table 6** indicates the need to ease administrative bottleneck in each unit and for a re-organisation of the healthcare facility. Overall, submission of focus group interview was that patients were not satisfied with services rendered in the healthcare facility but these could be improved upon. This was also the submission of respondents from the questionnaire survey.
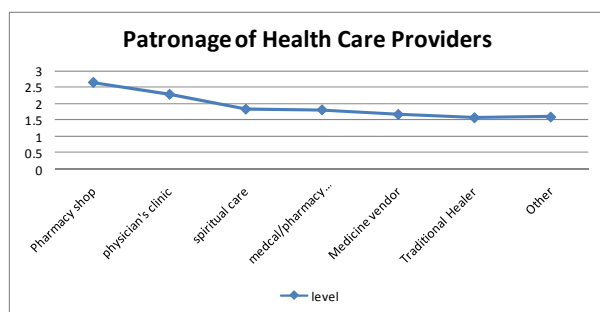
9. DISCUSSION

The findings of this study show that individuals differed in their choice of treatment sources depending on perceived severity of illness and accessibility of healthcare services. It was observed that more students would rather patronise the community pharmacies (33%) than visit the university health centre (23.8%), while a few students (6.85%) patronised patent medicine vendors. Apparently the students were exposed to multiple sources of healthcare and they could switch among the alternatives sources depending on their perception of the intensity of illness. The results support the report of a similar study on healthcare switching behavior of patients with multiple sources of health care [7]. In cases of ill-health, a few students (11.1%) preferred to consult with spiritual care before patronage of the health centre or community pharmacy, usually if the spiritual help fails to give an immediate relief. On the other hand, some of the respondents would not use any conventional medicine for religious reasons. Spirituality has been found to play a critical role in mitigating the pains and sufferings of ill-health, and this practice might be the reason for the choice of spiritual care by some respondents [3]. In fact, some authors have shown that many patients could be

Table 2. Frequency of patronage of different types of healthcare services in the university.

Types of health care services (score) x	Frequency of patronage					Weighted average
	Every time 4	Very often 3	Often 2	Rarely 1	Never 0	
Doctor's f	184	384	510	346	44	2.29
Clinic fx	736	1152	1020	346	0	
Pharmacy f	265	525	404	170	70	2.65
Shop fx	1060	1575	808	170	0	
Patent f	69	110	214	545	408	1.68
Medicine fx vendor	276	330	428	545	0	
Traditional f	56	92	211	613	390	1.58
Healer fx	224	276	422	613	0	
Spiritual care (religious) f	92	179	292	545	244	
fx	368	537	584	545	0	1.84
Medical/Pharmacy f	76	131	357	478	264	
Students fx	304	393	714	478	0	1.81
Others f	34	21	98	249	384	1.60
fx	136	63	196	249	0	

Key: f = frequency of response; x = score of response.

Table 3. Perceived barriers to healthcare seeking at the University Health Centre.

Perceived barriers (score) x	Every time 4	Very often 3	Often 2	Rarely 1	Never 0	Weighted average
Cost of care f	274	406	303	269	162	
fx	1096	1218	606	269	0	2.55
Waiting time f	278	386	364	258	108	
fx	1112	1158	728	258	0	2.53
Lack sufficient Information f	174	320	403	269	186	
fx	696	960	806	269	0	2.34
Accessibility (distance) f	138	210	399	393	214	
fx	552	630	798	393	0	2.08
Attitude f	290	288	341	317	126	
(of workers) fx	1160	864	682	317	0	2.45
Medicines out of stock f	164	322	391	317	156	
fx	656	966	782	317	0	2.28

Key: f = frequency of response; x = score of response.

helped by integrating religious practices or rituals in their care plan. [4] A few (3.55%) of the respondents consulted traditional healers or sought herbal remedies for their ailments, while a few students (2.7%) had never visited the health centre but would prefer to use over the counter medicines whenever they took ill. This choice

Table 4. Delay experiences at service delivery points in the University Health Centre.

Service delivery points (score) x	Delay experiences					
	Every time	Very often	Often	Rarely	Never	Weighted average
	4	3	2	1	0	
Medical records f	397	214	238	178	215	
fx	1588	642	476	178	0	2.81
Doctor's clinic f	391	312	250	171	156	
fx	1564	936	500	171	0	2.82
Pharmacy f	172	204	232	346	262	
fx	688	612	464	346	0	2.21
Diagnostic Lab. f	148	202	220	296	284	
fx	592	606	440	296	0	2.23
Nursing unit f	96	168	184	379	353	
fx	384	504	368	379	0	2.0

Key: f = frequency of response; x = score of response.

was probably borne out of delay experiences at the health centre and moreover, the alternative health care facilities appeared to be more accessible in terms of prompt service, friendly atmosphere and provision of required health information. Apparently, the students preferred the alternative sources of care with initial treatment options in a bid to minimise cost of care and to avoid delay experiences in the health facility.

Perceived barriers to adequate patronage of the health facility as highlighted by respondents were cost of care (25.2%), excessive waiting time (24%), lack of sufficient information on medicine use (19.9%), poor attitude of health personnel (17.9%) and shortage of prescribed medicines (20%). These results agree with the findings of a previous study on possible barriers limiting patient access to healthcare services [8].

Patients experienced considerable delays at service delivery points of the health care facility, with long waits in doctors' consulting room and at the medical records unit. The promptness of nursing services was appreciated by a few respondents (34.4%) and the file retrieval system at the medical records unit was considered inadequate (42.6%), with the suggestions for a re-organisation or possible computerisation of processes in the unit. Apparently, patients were attended to in various units of the health facility with excessive waiting time and this resulted in dissatisfaction with the services. Previous studies have demonstrated that a patient's experience of waiting in a health system can radically influence his/her perceptions of service quality [11,12]. In fact, protracted waiting time has been given as a reason for not seeking care in some conventional health facilities [11].

Patient evaluation of the clinical services suggested a need for more experienced doctors (59%) along with updates on continuing education for these healthcare professionals (51%). On the other hand, respondents recognised the 24-hour daily services at the pharmacy unit (46.5%) while the quality of medicine dispensed was appreciated (43.7%). These observations are relevant in view of the literacy level of patrons of health services in the university community. The patients are probably better informed about their therapy and should be able to judge the technical quality of the care they receive. The findings in a previous study illustrated the importance of the level of patient education on perception of healthcare services and showed that patients with higher education could assess the competence of physicians and other health personnel more critically [13].

10. CONCLUSION

Factors preventing effective use of the university health centre include excessive waiting time at service delivery points and poor attitude of healthcare personnel; these issues should be addressed with a view to encouraging prompt health-seeking among the students. The personnel may need to show more empathy and understanding of patient sick role. The use of the health centre for proper diagnosis and consultation should be encouraged through appropriate information, education and communication. Restructuring of some of the service delivery points may be necessary, for instance, the pharmacy unit could have a private counseling unit to encourage patient disclosure. Decentralisation of the medical laboratory unit may be considered to facilitate

Table 5. Respondents' perception of service delivery points at the University Health Centre.

Service units (score)		Level of response					Weighted average/ Rank	Decision
		Strongly agree	Agree	Disagree	Strongly disagree	I can't say		
	x	4	3	2	1	0		
Clinical Services								
1. Appropriate diagnosis of illness	f	226	693	138	54	376	2.98/4	A
	fx	904	2074	276	54	0		
2. Personal choice of doctor to consult	f	92	244	532	155	451	2.27/11	D
	fx	368	732	1064	155	0		
3. Consulting time with doctor is adequate	f	140	408	348	156	402	2.51/10	A
	fx	560	1224	696	156	0		
4. Doctors need continuing education	f	391	428	192	64	387	3.07/2	A
	fx	1564	1284	384	64	0		
5. Need more experienced doctors	f	503	446	106	78	317	3.21/1	A
	fx	2012	1338	212	78	0		
6. You can almost predict what the doctor will prescription	f	312	556	222	90	262	2.92/5	A
	fx	1248	1668	444	90	0		
7. Doctors' clinical judgment can be trusted	f	168	591	217	106	368	2.76/7	A
	fx	672	1773	434	106	0		
8. Doctors are approachable	f	172	601	220	127	320	2.73/8	A
	fx	688	1803	440	127	0		
9. Excessive waiting time to see the doctor	f	389	520	179	108	256	2.99/ 3	A
	fx	1556	1560	358	108	0		
10. Doctors consulting hours of service Acceptable	f	196	505	248	158	329	2.67/9	A
	fx	784	1515	496	158	0		
11. Difficult to see doctor at off peak period	f	264	410	213	144	379	2.77/6	A
	fx	1056	1230	426	144	0		
Pharmacy Services								
1. My medicine needs are met	f	152	402	305	221	326	2.45/6	D
	fx	608	1206	610	221	0		
2. Quality medicine dispensed	f	212	491	201	172	332	2.69/3	A
	fx	848	1473	402	172	0		
3. 24-hour service is welcome	f	290	458	150	182	324	2.79/1	A
	fx	1160	1374	300	182	0		
4. Pharmacy staff are courteous	f	176	510	182	144	380	2.71/2	A
	fx	704	1530	364	144	0		
5. Waiting area at the pharmacy is convenient	f	162	466	239	132	393	2.66/4	A
	fx	648	1398	478	132	0		
6. Pharmacy staff demonstrate competence	f	130	494	230	168	360	2.57/5	A
	fx	520	1482	460	168	0		
Nursing Services								
1. Promptness of service	f	128	425	239	206	402	2.48/3	D
	fx	512	1275	478	206	0		
2. Delay in administering injections	f	158	317	249	178	482	2.50/2	A
	fx	632	951	498	178	0		
3. Courteous	f	134	441	232	191	386	2.52/1	A
	fx	536	1323	464	191	0		
Medical Laboratory Services								
Service is adequate	f	176	326	274	210	400	2.47/1	D
	fx	704	978	548	210	0		
Medical Records Department								
Excessive waiting time	f	298	393	228	114	357	2.85/1	A
	fx	1192	1179	456	114	0		
Retrieval (filing) system is not adequate	f	282	403	196	116	387	2.85/1	A
	fx	1128	1209	392	116	0		

Key: f = frequency of responses; x = score of responses; Respondents' decision: A= agreement; D = disagreement.

Table 6. Respondents' general perception of service delivery points at the University Health Centre.

(Score) x		Level of response					Weighted average/ Rank	Decision
		Strongly agree	Agree	Disagree	Strongly disagree	I can't say		
		4	3	2	1	0		
				Comments				
1	You need to know someone for prompt action	F	216	312	340	194	328	2.52/3	A
		fx	864	936	680	194	0		
2	Poor administration of facility	F	339	386	198	110	341	2.92/2	A
		fx	1356	1158	396	110	0		
3	Need to reorganise the departments	F	329	450	188	96	321	2.95/1	A
		fx	1316	1350	376	96	0		
4	Services are generally satisfactory	F	160	375	328	215	302	2.45/4	D
		fx	640	1125	656	215	0		

Key: f = frequency of responses; x = score of responses; Respondents' decision: A = agreement; D = disagreement.

prompt and efficient services. This will enhance patronage, reduce morbidity and time loss from studies in illness, and enhance students' performance academically and physically. On the long run, prompt consultation at the onset of ill health will save costs in terms of reduced morbidity and mortality. In addition, computerisation of students' healthcare information will ease access to the records for further consultation and necessary follow-up. If these recommendations for restructuring and attitudinal change are effected, it is hoped that student patronage of the health centre facilities would improve.

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