



Received: 03-08-2026
Accepted: 13-09-2026

International Journal of Advanced Multidisciplinary Research and Studies

ISSN: 2583-049X

Socio-Economic Factors Associated with Health-Seeking Behaviour Among Women of Reproductive Age Attending Enugu State University Teaching Hospital, Nigeria: A Hospital-Based Cross-Sectional Study

Onoh LUM

Department of Community Medicine, College of Medicine, Godfrey Okoye University, Ugwuomu, Enugu, South East Nigeria, Nigeria

DOI: <https://doi.org/10.62225/2583049X.2026.6.5.6921>

Corresponding Author: Onoh LUM

Abstract

Background: The Enugu state University Teaching hospital is one of the three hospitals located in Enugu Metropolis which is the epicenter of South East Nigeria. Most women of reproductive age spanning across different socio-economic group register for their ante-natal care in these teaching hospitals.

Objective: The objective of the study is to assess the socio-economic factors associated with the health seeking behavior among women of reproductive age attending the ESU Teaching Hospital.

Method: A cross-sectional study was used for this study. Using a pretested interviewer-administered questionnaire, information was obtained regarding such demographic characteristics as age, marital status, educational status and religious affiliation. There were also questions on the social factors and the economic factors affecting their HSB. The information was obtained from the sample size of 350 women selected randomly from the population attending the antenatal and postnatal clinics in a study that was carried out during the period July to August 2022.

Results: Most of the respondents fell within the age group 26-35years (44%) while the least number fell between the age group 46-55years (7.4%). 56.6% were married while 71.1% had acquired a tertiary education, 94.3% were Christians. Concerning the social factors affecting their

HSB, the greatest percentage (72.6%) of them said they patronize the Orthodox Health Facilities. When asked about their various sources of income, 35.7% said they were business women. 42.3% of respondents say that the most important factor that influences their HSB is their income i.e. affordability. Table 4 is the Chi-square test of the association between the socio-demographic factors and places where the respondents access health care. The result shows the value was significant since it was less than 0.05.

Conclusion: Our results show that the greatest percentage of the women who attend the teaching hospital fall within the age group 26-35years which is a relatively young age group whereas the elderly patients are very few. This study was done on women in the antenatal and postnatal clinics and that is why the age group below 15years and above 55years were excluded. Our results also show that one of the most important factors affecting their HSB is their income i.e. the ability to afford the healthcare. This is not unexpected because most if not all health facilities (both government and private) require payment either through health insurance or out-of-pocket payment at the points of service. In the environment of this study however, only the government workers are covered by health insurance whereas the greatest percentage of our respondents are business women who pay out-of-pocket.

Keywords: Socio-Economic Factors, Health Seeking Behavior, Women of Reproductive Age, Enugu State University Teaching Hospital, Nigeria

Introduction

Health Seeking Behavior (HSB) has been defined as any action/inaction undertaken by individuals who perceive themselves to have a health problem or to be ill, for the purpose of finding an appropriate remedy ^[1]. HSB can also be referred to as 'illness behavior' or 'sick-term behavior'. HSB is situated within the border concept of health behavior which encompasses activities undertaken to maintain good health, to prevent illness and/or to deal with any shift from a good state of health ^[2]. Studies that have attempted to describe factors that significantly affect health seeking behavior both during illness episodes and in good

health can be broadly classified into two groups; The first group are studies which emphasize the utilization of the formal system, or the health care seeking behavior of people generally. The studies that fall under this category involves the description of the series of steps taken towards seeking health care during a seemingly healthy condition, while the second group comprises of studies that emphasizes the processes or response to illness i.e. Health care seeking behavior during illness [3]. These studies demonstrate that the decision to engage with a particular medical channel is influenced by a variety of factors including, but not restricted to; Socio-economic status, Age, Nature of illness involved, access to medical services, Literacy, and Perceived quality of the health care service in question [4]. Inappropriate Health-seeking behaviour in women of reproductive age has been linked to worse health outcomes, increased morbidity and poorer health statistics [5]. In Pakistan, women in households whose average income were below the minimum wage were less likely to seek formal medical care for their illness and health generally than those whose income were well above the minimum wage [6]. In Kenya, almost 70% of pregnant women within households in the upper socio-economic class were found to have their deliveries in health facilities compared to 42% of those in the middle socio-economic class, and 38% of those in the low socio-economic class [7]. Similarly, Nigerian women living in areas where the ratio of population to primary health care centers (PHC) was high (more than 9000: 1) were less likely to have a skilled birth attendant present during childbirth, than in areas where the population ratio to primary health care centers was lower (less than 6000: 1) [8]. Income is used in this study as determinant for health seeking behavior, and has been used in previous studies to determine not just health seeking behavior, but risk factors associated with health outcomes [9, 10], barriers to seeking health care, types of treatment, and delays in service. Many studies identify economic status as the most significant predictor of service use and how income affects the level to which health care facilities are sought and used. While often the decision to seek health care is based upon the cost as compared to perceived benefit [11] the ability to pay determines the use of health services [11]. A lack of finances seriously affects HSB because the services may be there but the means to do so may not [12]. Not surprisingly low income has been found to be a barrier to seeking health care and can create an overwhelming financial burden for some people [13]. This study aimed to assess the socioeconomic factors associated with health-seeking behavior among women of reproductive age attending antenatal and postnatal clinics at Enugu State University Teaching Hospital.

Hypothesis

We hypothesized that age, education, income, employment status and proximity to health facilities would be associated with the respondents' preferred source of care.

Material and Methods

This is a hospital-based descriptive cross-sectional study. It was conducted at the Enugu State University Teaching hospital which is located in the Government Residential Area (GRA) of Enugu metropolis generally regarded as the epicenter of south eastern Nigeria. Most of the patients who attend this hospital cut across all the social classes. The hospital is a tertiary facility but provides services spanning

Primary, Secondary and Tertiary health care. This means that every patient who comes to the hospital without being referred will obtain Primary/Secondary care services from the General Outpatient Department before being referred to the specialist clinics. It follows that a good percentage of women come directly to register for ANC services because of their desire to get specialist attention if need be. This is the major reason the center is considered suitable for this study.

Sample size Calculation

The sample size was calculated using the Cochran formula for a cross sectional study design;

$$n = Z^2 PQ/d^2$$

Where

n = The minimum required sample size

Z = Standard normal deviate set at 1.96 (corresponding to a 95% confidence interval)

P = The anticipated prevalence of adequate health-seeking behavior among women of reproductive age, estimated at 72% (0.72) based on prevailing regional maternal health indicators.

Q = 1 - P = 1 - 0.72 = 0.28

d = The permissible margin of error or precision level, set at 5% = (0.05)

$$\text{Therefore } N = \frac{(1.96)^2 \times 0.72 \times 0.28}{(0.05)^2}$$

N = 309.786: Making an addition for a 10% non-response (309.79 x 0.1) + 309.8 = 310 + 31 = 341 which was rounded up to N= 350.

The respondents were 350 women of reproductive age selected through a simple random sampling method (balloting) from the population that attended the antenatal and postnatal clinics of the Teaching Hospital within the last week of July and first week of August 2022. The inclusion criteria comprised of those attending ANC/PNC, those within age range 16-49 years, those not very sick or hospitalized and those willing to partake in the study after receiving good information on it. Those excluded were the emergency cases, the acutely ill, infertile, gynecology and general out-patient women. After obtaining permission from the ethical committee of the hospital, a pretested interviewer-administered questionnaire was administered to the participants after obtaining their informed consent. Those of them who were literate enough to complete their questionnaires were allowed to do so while those who could not complete the questionnaires on their own were assisted by trained interviewers. The first section of the questionnaire contained questions on their ages (in years), marital and educational status and religion. The second section contained questions on the social factors affecting their HSB while the third section contained questions on the economic factors affecting their HSB. The questionnaires also contained the confidentiality clause which made the women volunteer information quite freely. The questionnaires were retrieved and analysed immediately after completion.

Statistical Analysis

Data was analyzed using the statistical package for social

sciences (SPSS) software version 11.0. Information was presented in the form of tables, frequencies and percentages. Chi square was the inferential statistic used to check the relationship between demographic data of respondents and their place of seeking health care.

Results

Table 1: Socio-demographic distribution of respondents

Variable	Frequency	Percentage
Age		
16 - 25 yrs	79	22.6
26 - 35 yrs	154	44.0
36 - 45 yrs	91	26.0
46 - 55 yrs	26	7.4
Total	350	100.0
Marital status		
Single	134	38.3
Married	198	56.6
Divorced	13	3.7
widowed	5	1.4
Educational status		
None	8	2.3
Completed Primary	4	1.1
Completed Secondary	89	25.4
Tertiary	249	71.1
Total	350	100.0
Religion		
Christianity	330	94.3
Muslim	11	3.1
Traditionalist	9	2.6
Total	350	100.0

The table shows Age, Marital status, Educational Status and religion of respondents.

Table 2: Social Factors affecting Health Seeking Behaviour

Variables	Frequency	Percentage
Where do you go normally for treatment		
Health facility	254	72.6
Traditional healer	12	3.4
Chemist	48	13.7
Self medication	36	10.3
Reasons for your choice		
Unfriendly hospital staff	50	14.5
Financial difficulty	125	36.2
Distance/close proximity	170	49.3
Who usually make decisions for the treatment option		
Yourself	212	60.6
My spouse	67	19.1
My parents/guardian	71	20.3
Others	0	0
Mention reasons why you think people don't seek treatment from health facilities		
Low income	226	64.6
Distance from hospital	82	23.4
Spouse/relative not giving permission	27	7.7
Religious reasons	15	4.3
Limitations that hinders me from discussing my health issues with my health workers.		
Gender differences	118	33.7
Religious belief	44	12.6
Lack of trust	188	53.7
What factors influence your health		

seeking behaviour		
Proximity to health facility	26	7.4
Affordability of cost of health care	148	42.3
Prompt attention/readily available drugs	97	27.7
Good service delivery	79	22.6

72.6% of our respondents receive treatment from health facility. Those that self medicate constitute 10.3%. A good proportion of respondents (49.3%) said they attend health facility for treatment because it is close to where they live. Many of our respondents (60.6%) make their choice of place of treatment by themselves. 64.6% of our respondents said that many people don't seek treatment from hospital due to low income. 53.7% of our respondents said what hinders them from getting health care from the hospital was due to lack of trust on the health care staff or hospital.

Table 3: Economic factors affecting health seeking behaviour

Variables	Frequency	Percentage
What is your source of income		
Farming	19	5.4
Salary earner	111	31.7
Business	125	35.7
Unemployed	95	27.1
How I rate my monthly income		
Enough	57	16.3
Fairly enough	163	46.6
Not Enough	130	37.1
Nature of my job can limit me from seeking health care service		
Yes	156	44.6
No	194	55.4
Do you feel your income influences your access to health care services		
Yes	185	52.9
No	101	28.9
Not sure	64	18.3

The result shows that majority of our respondents (35.7%) are unemployed. 31.7% are salary earners while 5.4% are farmers. The number of unemployed women is 27.1%. Majority of our respondents (46.6%) have fairly enough monthly income. 55.4% of respondents said the nature of their job does not disturb them from seeking health care whereas 44.6% agreed that nature of their job limits them from seeking health care. 52.9% of our respondents feel their income influences their choice of health care services. The chi-square statistic (X^2) is used to determine if there is a significant difference between the expected frequencies and the observed frequencies in one or more categories.

$$X^2 = \text{SUM OF } (O-E)^2/E \text{ Degrees of freedom } df = k-1$$

Where K = no. of categories/levels of the variable

Table 4: Chi square test of the relationship between age of respondents and their preferred place of seeking health care

Age	Where do you go normally for treatment					P-Value
	16 - 25 yrs	26 - 35 yrs	36 - 45 yrs	46 - 55 yrs	Total	
Health facility	44(17.3)	122(48.0)	70(27.6)	18(7.1)	254(100.0)	
Traditional healer	0(0.0)	4(33.3)	4(33.3)	4(33.3)	12(100.0)	
Chemist	23(47.9)	15(31.2)	9(18.8)	1(2.1)	48(100.0)	.001
Self medication	12(33.3)	13(36.1)	8(22.2)	3(8.3)	36(100.0)	

The tables presented above shows the chi square test of relationship between the social factors that affect health seeking behavior and the age of respondents. The P values less than 0.05 represents significance level and hence is said to influence health seeking behaviour.

Discussion

Our study shows that there is a significant relationship between the age of respondents and their places of choice for seeking health care. Respondents within the age of 26-35years and 36-45years prefer to attend orthodox health facilities. The reason is that this is age group where we have the highest population of respondents who are most likely to have good means of income and are therefore in a better position to afford the cost of seeking health care in the health facilities. This is in agreement with the study by Cronin T *et al*, which demonstrated that the decision to engage with a particular medical channel is influenced by a variety of factors including, but not restricted to; Socio-economic status, Age, Nature of illness involved, Access to medical services, Literacy, and Perceived quality of the health care service in question^[4]. We also found that a good percentage of our respondents said that financial problems (36.2%) and distance/closeness to medical facility (49.3%) also influence their health seeking behaviour. In Table 3. 53.9% of respondents agreed that their income determine their access to health care services. These findings are in agreement with studies done in Pakistan, Kenya and Nigeria which found that: "In Pakistan, women in households whose average income was below the minimum wage were less likely to seek formal medical care for their illness and health generally, than those who their income were well above the minimum wage⁶. In Kenya, almost 70% of pregnant women within households in the upper socio-economic class were found to have their deliveries in health facilities compared to 42% among pregnant women in the middle socio-economic class, and 38% among the low socio-economic class^[7] Similarly, Nigerian women living in areas where the ratio of population to primary health care centers (PHC) was high (more than 9000: 1) were less likely to have a skilled birth attendant present during childbirth, than areas where the population ratio to primary health care centers was lower (less than 6000: 1)^[8] Income is used in this study as determinant for health care seeking behavior, and has been used in previous studies to determine not just health seeking behavior, but risk factors associated with health outcomes^[9, 10], barriers to seeking health care, types of treatment, and delays in service".

Conclusion

Generally it has been shown that social factors and economic factors influence the health seeking behaviour of women of child-bearing age not only in Nigeria but in other countries. This is not unexpected since many medical facilities charge money for their services. And the amount of money charged also determines the quality and standard of health facility to be accessed. Non-attendance to good health facilities has been responsible for the very high maternal and infant mortality and morbidity in Nigeria and this factor has to be looked by the government.

References

1. Olenja J. Editorial Health seeking behaviour in context, 2004.

2. MacKian S. A review of health seeking behaviour: Problems and prospects. Health Systems Development Programme, 2003.
3. Rosenstock IM. Why people use health services. *Milbank Quarterly*. 2005; 83(4).
4. Cronin T, Sheppard J, De Wildt G. Health-seeking behaviour for schistosomiasis: A systematic review of qualitative and quantitative literature. *The Pan African Medical Journal*. 2013; 16.
5. Atuyambe LM. Adolescent motherhood in Uganda: Dilemmas, health seeking behaviour and coping responses, 2008.
6. Rehman A, Shaikh BT, Ronis KA. Health care seeking patterns and out of pocket payments for children under five years of age living in KatchiAbadis (slums), In Islamabad, Pakistan. *International Journal for Equity in Health*. 2014; 13(1):30.
7. Phiri SN, Kiserud T, Kvåle G, *et al*. Factors associated with health facility childbirth in districts of Kenya, Tanzania and Zambia: A population based survey. *BMC Pregnancy and Childbirth*. 2014; 14(1):219.
8. Ononokpono DN, Odimegwu CO. Determinants of maternal health care utilization in Nigeria: A multilevel approach. *The Pan African Medical Journal*. 2014; 17(Suppl 1).
9. Taffa N, Chepnengo G. Determinants of health care seeking for childhood illnesses in Nairoboi slums. *Tropical Medicine & International Health*. 2010; 10(3):240-245.
10. Tomlinson L. Patient and practitioner literacy and women's health: A global view from the closing decade 1990-2000. *Ethnicity and Disease*. 2013; 13:248-258.
11. Lee S, Arozullah A, Cho Y. Health literacy, social support and health: A research agenda. *Social Science & Medicine*. 2014; 58(7):1309-1321.
12. Ahmed S, Tomson G, Petzold M, Kabir ZN. Socioeconomic status overrides age and gender in determining health-seeking behavior in rural Bangladesh, *Bulletin of the World Health Organization*. 2011; 83(2):109-117.
13. Ryan GW. What do sequential behavioral patterns suggest about the medical decision-making process? Modeling homecase management of acute illness in a rural Cameroonian village. *Social Science & Medicine*. 2008; 46(2):209-225.