

## Socio-Economic Factors as Predictors of Traditional and Faith Based Health-Seeking Behaviour of Rural-Mothers in Ogun State, Nigeria

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### Abstract

Women are the highest number of patients attended to in all health care facilities either as in or out patient or mother of a patient at both maternal and child welfare clinics because they are more vulnerable to ill-health conditions with their children. They tend to seek health care at the most accessible locations for so many reasons ranging from socio-economic to cultural factors. In the rural areas, women seek health from faith-based health outlets and traditional health units more than the medical centres for several reasons which should be of concern to health promotion education practitioners because of the consequences of such unhealthy practices. Seven hundred and fifty (n=750) women were randomly selected from one of the rural and river- rine local governments in Ogun State Nigeria. Socio-cultural factors on health seeking behavior questionnaire (SCFHSBQ)  $r=0.80$ , Economic Factors Questionnaire (EFQ)  $r=0.82$  and Traditional Health Behaviour Questionnaire (THBQ)  $r=0.76$  and Faith Based Health seeking Behaviour Questionnaire (FBHBQ)  $r=0.92$  were used as instrument for data collection. Data collected were analysed using inferential statistics of multiple regression and analysis of variance (ANOVA). The findings revealed that social factors of age and religious affiliation has negative effects on faith based and traditional health seeking behavior while family structure predicts FBHSB positively. Economic factors of occupation and income affect FBHSB negatively and positively respectively. It is recommended that improved health education is necessary for the improved health seeking behavior of the rural women and efforts should be made to improve the available health facilities in the rural areas.

**Keywords:** Social Factors, Health Seeking Behavior, Predictors, Rural Women.

### Introduction

In every society, several factors are responsible for individual and group decisions on different issues. On the type(s) of health care sought by individuals, the time of taking decisions is predicated upon several factors such as economic accessibility or inaccessibility, socio-cultural accessibility or inaccessibility, geographical accessibility or inaccessibility which are the concerns of health promotion and education researchers and practitioners. An essential aspect of preserving health is to identify the factors that enable or prevent people from making healthy choices in either their life-style or their use of medical care and treatment, the underlying assumption being that behavior is best understood in terms of an individual's perception of their social environment (Tipping and Segall, 1995). The desire to choose good health and live as such is not only culturally determined but a result of environmental and socio-economic influences, and being healthy contributes to the normal functioning of the social system. Shamaki and Buang (2015) opined that socio-cultural and demographic factors are the important groups of variables that influence women's access and utilization of modern health facilities world over. The cultural factors are seen in the value system of the people, their tradition, custom, religion, education and food grown and eaten, materials, taboos and beliefs (Peplau, Veniegas, Taylor and Debro, 1997; Otalike, 2009; Johansson, Long, Diwan & Winkvist, 2000; Takela, 2017; Latunji & Akinyemi, 2018). It is a way of life of people, a sum of values transmitted overtime among community members. Culture determines social relations and gender roles, and has profound impact on the total life of members of a cultural group or community (Idowu, 2013).

Health-seeking behavior has been described 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 (MacKian, 2003). Information of health seeking behavior and health care utilization 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-economic factors, social networks, gender and socio-cultural factors. Access to healthcare facilities in terms of cost of treatment and healthcare provider attitude are also determinants of health seeking behavior. There are indications that cost of prescribed medicines, poor access to facilities and patient delays affect the patronage and utilization 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 (Ward, Martens and Thomas, 1997). 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 treatment can allow for a greater probability of adverse effects and lead to early complications. Some studies have examined health-seeking behavior in rural communities but there has been no enough of similar survey of healthcare preferences among women population in Nigeria (Iyalomhe, 2012; Osubor, Adesegun, Fatusi and Chiwuzie 2005; Adekunle, Filippi, Grapham, Oyeemunwa, and Udjo, 1990).

Although, socio-economic factor is a multidimensional concept; however, in this study, the socio-economic factor covers age, family background, ethnic background, education, occupation, religious belief, family income, parity and distance to available healthcare service(s). This is in consonance with similar studies conducted by Shamaki and Buang (2015) where socio cultural status (SCS) considered covered social, cultural, economic and sociological-combined total measure of an individual's or family's background as well as the social position based on cultural, income, education and occupation. Also, in a related development, Chukuezi (2010) undertakes a study on socio-cultural factors associated with maternal mortality and noted that Nigeria is by tradition a patriarchal society where women are discriminated against from infancy. He explained in terms of facilities utilization, poor access to the medical services is compounded by social, cultural and economic factors including gender inequality, access to food, by burden of work and by special dietary requirements such as iron supplements among women. Idowu (2013) also observed that high illiteracy and socio-cultural factors contributes to the low accessibility to health facilities in Nigeria.

Maternal mortality in Nigeria is very high, second to India with an estimated 58,100 Nigerian women dying from pregnancy – related complications out of a global total of 529,000 maternal deaths (WHO, UNICEF & United Nations Population Fund, 2015). It is not encouraging to note that 62 percent of births in Nigeria occur at home, 36 percent of women receive no antenatal care, only 39 percent of births were delivered by a skilled provider and 56 percent of women did not receive any post natal care within 41 days of delivery (Nigeria Demographic and Health Survey, 2000). It was discovered during preliminary survey of this study that there are over forty traditional birth attendants and faith-based health centers in Ogun waterside local government area. They are heavily patronized by women for ante natal and post natal care, whereas the ten existing health and maternity centres are poorly manned with unlicensed midwives and community health extension workers that were originally trained to assist the registered and licensed midwives in the local government health centres. Consequent upon the above scenario, only complicated cases were taken to health centres and the only state hospital in the local government as reported. Most of the times, cases become complicated on getting to the hospital especially gynaecological emergencies which has increased the maternal morbidity and complications of minor obstetrics and gynecological cases.

The general objective of this study is to examine socio-economic factors as predictors of traditional and faith-based health seeking behavior of mothers in Ogun waterside local government area of Ogun State.

### **Research Questions**

1. Where will women from Ogun waterside Local Government Area seek health care?
2. Will women from Ogun waterside Local Government Area have preference for traditional health care over western medical care?

### **Hypotheses**

- Ho1: Social cultural factors (age, family structure, religious affiliation / belief) will not significantly predict the traditional and faith-based health – seeking behaviours of women in Ogun waterside Local Government Area of Ogun State.
- Ho2: Economic factors (income, occupation) will not significantly predict the traditional and faith-based health seeking behaviours of women in Ogun waterside Local Government Area of Ogun State.
- Ho3: The composite effect of socio-cultural factors will not significantly predict the traditional and faith – based health seeking behaviours of women in Ogun waterside Government of Ogun State.

### **Methodology**

Descriptive survey research design was applied in this study. This research design is employed based on the fact that it allows the collection of information from a representative sample of a target population. Both primary and secondary were collected. The study utilized structured questionnaire, for primary data collection. The population consisted of all women in Ogun waterside Local Government Area of Ogun State. Sample size of 750 respondents was selected for the study using multi stage sampling technique. The first stage was purposive sampling technique used to select all the existing health centres from the 10 wards in the local government area, random sampling technique was used to select 75 respondents from each of the 10 existing wards including the traditional birth attendants clinics, 40 respondents from the health centers while 35 were selected from the traditional birth attendants and faith based clinics/homes. Purposive sampling technique was used to select the sample for the study. This involved the participation of pregnant women patronizing either traditional / faith-based health clinic in the study area. There are 10 wards in Ogun waterside LGAs and samples were drawn from all of the ten (10) existing wards within the local government area. Simple random sampling technique was employed to draw-out seventy-five (75) respondents each from the wards. Thus, a total of seven hundred and fifty (750) women were sampled for the study.

The instruments used for data collection were self structured questionnaires: Socio-cultural factors on health seeking behavior questionnaire (SCFHSBQ), Economic Factors Questionnaire (EFQ) and Traditional Health Behaviour Questionnaire (THBQ) and Faith Based Health seeking Behaviour Questionnaire (FBHBQ) which contains Socioeconomic Factor items and traditional and faith-based health seeking behavior items. The questionnaire was divided into section A, section B and Section C. The section A contains bio-data information of the personal characteristics of respondents. Section B contains items on socio-economic factors and section C contains items on Traditional and Faith Based Health Seeking Behaviour. To ensure the validity of the instrument, the questionnaires were subjected to face, constructs and content validity by presenting it to the researchers in the field of health promotion education and measurement. The suggestion(s) served as basis to ensure that the instrument was valid.

The reliability of the instrument was ensured by using test re-test method. The questionnaire was administered to 50 women at Ijebu East Local Government Area of Ogun State, and after about two weeks, the instrument was re-administered to the same group. The two sets of data were subjected to Pearson-Product Moment Correlation Coefficient with reliability of 0.80, 0.82, 0.76 and 0.91 respectively.

The questionnaire was administered by the researchers together with four trained research assistants (postgraduate students from the human kinetics and health education department of Olabisi Onabanjo University) to the respondents to ensure proper completion, the purpose of the study was explained to the respondents (women) before it was administered to them at the beginning and it was collected from them after it has been completed in the local government area. The respondents were encouraged to keep their response confidential and not to consult textbooks or other reference materials in answering the questions. The information obtained was saved confidentially with no names or identity information appearing on the write up for the study. For this study, relevant documents that backed up data collection were collected from the local government through the primary health care unit.

The data collected were coded and analyzed using SPSS (Statistical Package for Social Sciences). Descriptive statistics of frequency count, percentages, means, and standard deviations were used to give general demographic descriptions of the study participants. multiple regressions, and ANOVA were carried out to examine the value of variables at 0.05 level of significance.

### Data Analysis and Interpretation

This presents the results of the analysis in line with the research questions asked and hypotheses tested for the study in order to make valid conclusion based on the study.

**Table 1: Age Distribution of Participants**

Age Group	Frequency	%
20 – 29 years	200	26.7%
30 – 39 years	175	23.3
40 – 49 years	350	46.7
Above 49 years	25	3.3
Total	750	100.0

The table 1 above presents the distribution of respondents by age. According to the result of the findings, 200 (26.7%) of the respondents were below 30 years of age, 175(23.3%) were between 30 – 39 years of age and 350 (46.7%) were between 40 – 49 years of age while 25(3.3%) were above 49 years of age. This showed that majority were between 40 – 49 years of age.

**Table 2: Distribution of Respondents by Religion**

Religion	Frequency	%
Christian	405	54.0
Muslim	290	38.7
Traditionalist	55	7.3
Total	750	100.0

The table 2 above presents the distribution of respondents by religion. According to the result of the findings, 405 (54.0%) of the respondents were Christian and 290 (38.7%) were Muslim while 55(7.3%) were traditionalist. This showed that majority were Christian.

**Table 3: Distribution of Respondents by Educational background**

Background	Frequency	%
No formal education	15	2.0
Primary	55	7.3
Secondary	225	30.0
Post secondary	265	35.3
Degree	165	22.0
Post Graduate	25	3.3
Total	750	100.0

The table 3 above presents the distribution of respondents by educational qualification. According to the result of the finding, majority had post secondary education (NCE/OND) equivalents followed by secondary then by degree as indicated by 35.3%, 30.0% and 22.0% respectively

**Table 4: Distribution of respondents by occupation**

Occupation	Frequency	%
Employed	315	42.0
Unemployed	230	30.7
Self – employed	205	27.3
Total	750	100.0

The table 4 above presents the distribution of respondents by occupation. According to the result of the findings, 315(42.0%) of the respondents were employed, and 230(30.7%) were unemployed while 205(27.3%) were self-employed. This shows that majority of the respondents that constitutes the target population were employed.

**Table 5: Distribution of respondents by tribe**

Tribe	Frequency	%
Hausa	25	3.3
Yoruba	545	72.7
Igbo	160	21.3
Others	20	2.7
Total	750	100.0

The 5 Table above presents the distribution of respondents by tribe. The results showed that majority were Yoruba as indicated by 545(72.7%).

**Table 6: Distribution of respondents by marital status**

Marital status	Frequency	%
Single	100	13.3
Married	575	76.7
Widowed	65	8.7
Divorced/Separated	10	1.3
Total	750	100.0

The table 6 above presents the distribution of respondents by marital status. According to the result of the findings, 100(13.3%) of the respondents were single, 575(76.7%) were married and 65(8.7%) were widowed while 10(1.3%) were divorced/separated. This shows that majority of the respondents that constitutes the target population were married

**Table 7: Distribution of respondents by family structure**

Family Structure	Frequency	%
Polygamous	285	38.0
Monogamous	465	62.0
Total	750	100.0

The Table 7 above presents the distribution of respondents by family structure. According to the result of the findings, 285(38.0%) of the respondents were from Polygamous home while 465(62.0%) were from monogamous home structure. This shows that majority of the respondents that constitutes the target population were from monogamous home

### Answer to Research Questions

Research Question One: where will women in Ogun waterside local Government Area Seek Health Care?

**Table 8: Distribution by health care seeking behavior among women in Ogun waterside Local Government**

S/N	Health Institutions	Yes		No	
		Freq.	%	Freq.	%
1.	Local Government Health Centres	715	95.3	35	4.7
2.	Traditional Birth Attendant Centres	370	49.3	380	50.7
3.	Private Maternity Homes	670	89.3	80	10.7
4.	Churches	320	42.7	430	57.3
5.	Private Hospital	540	72.0	210	28.0
6.	Herbal Homes	335	44.7	415	55.3
7.	State Hospital	475	63.3	275	36.7
8.	Local Government Maternity Centre	625	83.3	125	16.7

Table 8 reveals that women in Ogun waterside Local Government area sought health care primarily from Local Government health Centres (95.3%), followed by Private Maternity homes (89.3%), then Local Government maternity centres (83.3%), Private Hospital (72.0%), State Hospital (63.3%), Traditional birth attendant centres (49.3%), Herbal homes (44.7%) and Churches (42.7%). From the findings here, it can be deduced that the participants combined both traditional and orthodox health facilities for their health care.

Research Question Two: Will Women in Ogun waterside have preference for traditional health over western medical care?

**Table 9: Distribution by preference for Health Care among women in Odogbolu Local Government**

S/N	Health Institutions	Yes		No	
		Freq.	%	Freq.	%
1.	Local Government Health Centre	715	95.3	35	4.7
2.	Traditional Birth Attendant Centre's	370	49.3	380	50.7
3.	Private Maternity Homes	670	89.3	80	10.7
4.	Churches	320	42.7	430	57.3
5.	Private Hospital	540	72.0	210	28.0
6.	Herbal Homes	335	44.7	415	55.3
7.	State Hospital	475	63.3	275	36.7
8.	Local Government Maternity Centre	625	83.3	125	16.7

The table 9 above presents the distributions on whether women in Ogun waterside Local Government Area have preference for traditional health care over western medical care. The result presented above indicated that they seek health care more from western medical care than traditional health care. For example, out of the 750, 715(95.3%) have preference for Local Government Health Centres, 370(49.2%) for traditional birth attendants centres, 670 (49.3%) have preference for private maternity homes, 320(42.7%) for churches, 540(72.0%) for private hospital, 335(44.7%) for herbal homes and 475 (63.3%) for state hospitals while 625(83.3%) for local government maternity centres. Thus, the

percentages of those who had preference for western medical centre is greater than those who had preference for traditional health centre. Therefore, it was deduced that women in Ogun waterside Local Government Area have preference for western care over traditional health care.

**Hypothesis 1:** There will be no significant relative effect of social factors (age, family structure, religious affiliation / belief) on traditional and faith-based health seeking behaviours of women in Ogun waterside Local Government Area of Ogun State.

**Table 10: Relative effect of Social factors (age, family structure, religious affiliation / belief) on traditional and faith – based health seeking behaviours of women in Ogun waterside Local Government Area of Ogun State**

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	39.016	.525		74.325	.000
Age	-.232	.241	-.033	-.963	.336
Family Structure	1.368	.442	.105	3.093	.002
Religion	-3.744	.341	-.372	-10.983	.000

(a) Dependent Variable: Traditional and Faith based health seeking behavior

Table 10 revealed the beta values -0.033 for age, 0.105 for family structure and -0.372 for religious affiliation / belief. These values indicated that religious affiliation / belief (beta value = -0.372) predicted traditional and faith – based health seeking behaviours of women in Ogun waterside Local Government Area of Ogun State most, followed by family structure (beta value = 0.105) and age (-0.033) the least predictor. While family structure affected traditional and faith – based health seeking behaviours of women in Ogun waterside Local Government Area of Ogun State positively, age and religious affiliation affected it negatively. Also, while family structure and religious affiliation have significant relative effect on traditional and faith-based health seeking behaviours of women in Ogun waterside Local Government Area of Ogun State, age did not.

**Hypothesis 2:** There will be no significant relative effect of Economic factors (income and occupation) on traditional and faith – based health seeking behaviours of women in Odogbolu Local Government Area of Ogun State.

**Table 11: Relative effect of Economic factors (income and occupation) on traditional and faith-based health seeking behaviours of women in Odogbolu Local Government Area of Ogun State**

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	36.456	.512		71.197	.000
1 Income	.774	.174	.180	4.449	.000
Occupation	-.093	.313	-.012	-.298	.766

(a) Dependent Variable: Traditional and Faith based health seeking behaviour

Table 11 revealed the beta values 0.180 for income and -0.012 for occupation. These values indicated that income (beta value = 0.180) predicted traditional and faith-based health seeking behaviors of women in Ogu waterside Local Government Area of Ogun State better than occupation (beta value = -0.012). While income affected traditional and faith-based health seeking behaviours of women in Ogu waterside Local Government Area of Ogun State positively, occupational status affected in negatively. Also, while income has significant relative effect on traditional and faith-based health seeking behaviors of women in Ogu waterside Local Government Area of Ogun State, occupation did not.

**Hypothesis 3:** There will be no significant composite effect of Social factors (age, family structure, religious affiliation / belief) on traditional and faith-based health seeking behaviours of women in Ogu waterside Local Government Area of Ogun State.

**Table 12: Composite effect of Social factors (age, family structure, religious affiliation / belief) on traditional and faith-based health seeking behaviours of women in Odogbolu Local Government Area of Ogun State**

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	4566.840	3	1522.280	44.488	.000 <sup>b</sup>
1. Residual	25526.627	746	34.218		
Total	30093.467	749			

R = 0.390, R<sup>2</sup> = 0.152 and Adjusted R<sup>2</sup> = 0.148

From Table 12, the R – value of 0.390 has an adjusted R<sup>2</sup> – value 0.148 which shows that 14.8% of the variance in traditional and faith-based health seeking behaviours of women in Ogu waterside Local Government Area of Ogun State is jointly accounted for by the social factors. The F – value 44.488 which is significant at 0.05 indicated that the composite effect is significant.

### Discussion of Findings

The study revealed that women in Ogun waterside Local government area sought health care majorly from Local Government health centre (95.3%). This does not agree with the assertion of Okonofua, Mitchel, Popoola, Okoruwa and Elujoba (1996) and Adebimpe and Olugbenga – Bello (2012), who said that among rural Yoruba in Ile – Ife almost all sicknesses are first treated traditionally before modern medical treatment but to a large extent, it agrees that both traditional and western health facilities are patronized with at different period in time. The study revealed that women seek health care mostly at the health centres when the traditional method of health care they received failed.

The study also revealed that social factors significantly influenced mothers towards traditional and faith-based health seeking behaviours in Ogun waterside Local Government of Ogun State. This study corroborates the findings of Iyalomhe and Iyalomhe (2012) who found religious beliefs and traditional African Medicine among others as leading factors that influence the health-seeking behaviour of the average Nigerians.

Also, the findings indicated that there was a significant composite influence of social factors and economic factors in predicting mothers towards traditional and faith-based health seeking behaviours in Ogun waterside Local Government of Ogun State. The study agrees with the finding of Shaikh and Hatcher (2005) who found that women with high socio-economic status tend to seek medical help for the inconsequential health problem.

Religious affiliation / belief predicted traditional and faith-based health seeking behaviors of women in Ogun waterside Local Government area of Ogun State. The finding supports the finding of Shamaki and Buang (2015) who found that the use of modern health services is often influenced by individual's perceptions of the efficacy of modern health services and the religious beliefs of the individual woman.

### Conclusions

Based on the findings obtained from the analysis of data, the following conclusions were drawn.

Women in Ogun waterside Local Government seek health care from Local Government health centre, private maternity home, private hospital, state hospital and local government maternity centre. The findings also indicated that social factors significantly influenced mothers towards traditional and faith-based health seeking behaviours in Ogun waterside Local Government of Ogun State. In addition, findings revealed that economic factors significantly influenced mothers towards traditional and faith-based health seeking behaviours in Ogun waterside Local Government of Ogun State. Moreover, findings indicated that there is a significant composite influence of Social factors and economic factors in predicting mothers towards traditional and faith-based health seeking behaviours in Ogun waterside Local Government of Ogun State.

Based on the above findings, it is richly concluded that women in the studied area shows significant variation on social, economic factors, composite influence on social and economic factors as predictors of health-seeking behaviour.

Health is the main aspect of human life. A common saying is: Health is wealth. Although a healthy life is the desire of everyone, the reality is that everyone is not healthy. An essential aspect of preserving health is to identify the factors that enable or prevent people from making healthy choices in either their life-style or their use of health care and treatment, the underlying assumption being that behavior is best understood in terms of an individual's perception of their social environment. The desire to choose good health and live as such is not only culturally determined but a result of socio-economic influences. Being healthy contributes to the normal functioning of the social system. Therefore, it can thus be

deduced that both social and economic factors influence traditional and faith-based health seeking behavior of women in the rural area of Ogun waterside Local Government in Ogun State Nigeria.

### Recommendations

Based on the above, it is thus recommended that:

1. Women should seek health care from registered and recognized health centre facility where cases can best be diagnosed.
2. Since there is active patronage of herbal and traditional health care center, there should be active collaboration between orthodox and traditional medicine for better health services.
3. There is need for the Local Government Awareness campaign on the benefits and otherwise effects of traditional and faith-based health seeking behavior.

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