

Health Seeking Behaviour among Undergraduates in the Faculty of Health Sciences and Technology, University of Nigeria Enugu Campus

Okechukwu Odinaka Ajaegbu¹, Ijendu Ihuarulam Ubochi²

¹ Department of Sociology, Imo State University, Nigeria

² Department of Nursing, University of Nigeria Enugu Campus, Nigeria

Article Info

Article history:

Received May 27, 2016

Revised Aug 20, 2016

Accepted Aug 26, 2016

Keyword:

Health Seeking Behavior
Nigeria
Severity
Susceptibility
Undergraduates

ABSTRACT

Health is essential for social and economic development of any country. Nearly 10 million children in developing countries die each year before reaching the age of five from ailments, mostly pneumonia, diarrhoea, and malaria. The socio-cultural belief about the causation of disease and its curability has direct correlation with the treatment seeking behaviour of an individual. It is in the light of the foregoing that this research was necessitated to investigate various health seeking behaviours exhibited by undergraduates in the Faculty of Health Science and Technology. Health Belief Model was used to examine ways people react to health issues. A descriptive survey research design was employed while questionnaire was data collection tool for the study. The study revealed that common illnesses among students are headache and fever. Students generally go to buy drugs from the patent medicine stores when sick. Students will not go to the hospital until they experience pains that they cannot accommodate again. Factors affecting the choice of health care adopted when ill is mostly related to its accessibility, effectiveness and none delay. Finally, while government should be able to provide access to many health care facilities, health promotion and preventive strategies should be reinforced in universities.

*Copyright © 2016 Institute of Advanced Engineering and Science.
All rights reserved.*

Corresponding Author:

Okechukwu Odinaka Ajaegbu,
Department of Sociology,
Imo State University, Nigeria.
Email : ajaegbuodina@yahoo.com

1. INTRODUCTION

Health is essential for social and economic development of a country. Nearly 10 million children in developing countries such as Nigeria die each year before reaching the age of five (5) from ailments, mostly pneumonia, diarrhoea, and malaria (United Nations Children's Fund (UNICEF) [1]. The socio-cultural belief about the causation of disease and its curability has direct correlation with the treatment seeking behaviour of an individual. It has been observed that the timely intervention on major health problems will reduce the mortality and morbidity rates, but this is challenging in African countries where the ill often never have access to formal health care services and most deaths occur at home [2].

Notwithstanding the implementation of Primary Health Care to bridge the gaps between availability and utilization of health care services, the overall outpatient utilization of health care services in Nigeria remains low when compared with other sub-Saharan African countries (e.g 28.3% in Eritrea, 43% in Kenya, 73% in Senegal, and 75% in Malawi) [3]. A study carried out by Adeyemo, Oluwatosin and Yekinni, [4] in Egbedore Local Government Area of Osun State in Nigeria among the residents of the town showed that while 85.2% of the respondents paid visits to at least one health facility within their vicinity when sick, 14.8% considered services given in these facilities inadequate and unsatisfying to them, 27.5% preferred

traditional medicine to orthodox medicine, especially those respondents with no formal education. Many of the respondents mentioned cost and use of local herbs as the reason for their preference of traditional medicine, while some believed orthodox medicine could not work for them. A total of 12.5% respondents were unable to describe their health challenges to doctors. Only 38% routinely attended medical checkups, 11.5% did not follow doctor's prescriptions, 32% would buy cheaper drugs and about 30.5% were anxious when symptoms suggesting ill-health e.g swelling pains, sores, and wounds are noticed and about 43.4% will not visit the hospital when they had these symptoms. Sule, Ijaduola, Onayade, Fatusi, Soetan and Conne, [5] in their survey of a rural community in South West Nigeria found that about 44% of respondents utilized orthodox health care facilities in Ogun State when ill. The associated influences on this poor utilization of health care facilities observed were; past experiences with health services, perception about the quality and efficiency of health care services.

Once an individual is ill, he assumes a sick role and is expected to seek the services of health providers and at the same time cooperate with medical advice and expertise for complete exploitation of good health. Surprisingly, this is not so as most individuals either delay in seeking prompt orthodox medical care or prefer the use of traditional approaches which negatively affects the overall outcome of their illness [6]. According to Katung [7] and Amaghionyeidiwe [8], the decision to seek help and where the help will come from in relation to health is influenced by so many factors such as; individual's educational and economic status, severity of the symptoms of illness, sociocultural influences, distance, and quality of health care facilities, cost of treatment, individual's income, extent to which the individual is worried about the symptoms and duration of experiencing the symptoms. It is clear that individuals differ in their willingness to seek help from health care services. While some may go readily for treatment, others will do so only when in pains and advanced state of ill health. The choice of the health care provider consulted for a symptom is also linked to the perceived cause of symptom [6].

Young people have specific health problems and developmental needs that differ from those of children and adult. The causes of ill health in adolescents are mostly psychosocial rather than biological [9]. Young people often engage in health risk behaviours that reflect the processes of adolescent development: experimentation and exploration, including using drugs and alcohol, sexual behaviour [10]. However, seeking health help when sick by these young people can be a problem as have been observed in colleges and university campuses. According to the attendance register of the medical center, University of Nigeria Enugu Campus analyzed by the records department, less than 25% of the student visited the clinic for health related issue in a month and the students in the Faculty of Health Science and Technology are the least in attendance.

In order to seek help, students must begin by thinking there is a problem requiring professional attention. Once a student reaches out to seek help, he/she must decide where to seek help and also from whom. For example, students may turn to informal help sources such as roommates and friends. They may also seek assistance from formal help sources such as counselor or general health center staff. When students do seek help, they will continue to make decisions about the extent to which this help is still needed. Students' ability to carry out these help-seeking behaviours rests on a multitude of factors. Their help-seeking behaviours also depend on a host of environmental and campus- related factors, including the nature and extent of health supports or series available on campus and within the community [9]. It is in the light of the foregoing that this research was necessitated to investigate various healths seeking behaviours exhibited by undergraduates in the Faculty of Health Science and Technology in their quest to be healthy.

2. THEORETICAL REVIEW

2.1. The Health Belief Model (HBM)

The Health Belief Model developed in 1950s by a group of American Public Health Service Social Psychologists (Hochbaum, Rosenstock and Kegels) provides explanations on the ways people react to health issues. The model seeks to explain why few people participate in measures to prevent or detect diseases [11]. It proposes that a person's health related behaviour depends on the person's perception of six critical areas.

1. The severity of a potential illness (perceived severity): this is how serious a condition and its consequences are. It specifies consequences of the risk and the condition
2. The person's susceptibility to that illness (perceived susceptibility): it means one's opinion of chances of getting a condition. Defines population(s) at risk.
3. The benefits of taking an action (perceived benefits): it means one's belief in the efficacy of the advised action to reduce risk or seriousness of impact.
4. Barriers to taking the action (perceived barriers): it entails one's opinion of the tangible and psychological costs of the advised action.
5. Cues to Action: it describes how to promote awareness and disseminate information.
6. Self-efficacy: it means confidence in one's ability to take action.

Thus, the model suggests that students of Faculty of Health Science and Technology will seek for health care if they understand that they can be sick (perceived susceptibility) and that mild symptoms that heralds the onset of illness can increase in its severity (perceived severity) if appropriate treatment is not sought. If individuals do not see 'bodily changes' that occur during illness as threatening or risky, there is no stimulus to act. To effectively avoid delays in seeking health care during the manifestation of signs and symptoms, the individuals should have the ability to interpret these signs (Cues to action) as well as understand that these signs can progressively become severe and lead to a stage with worse prognosis.

Furthermore, when the benefits of seeking prompt health care service outweigh the perceived barriers to taking such actions, individuals will not delay before they seek good professional medical help. Some perceived barriers to prompt health care seeking behaviour include; perceived cause, accessibility of the health facilities, duration and complexity of the treatment process etc. This means that a student will delay in seeking for health care service if in his opinion these barriers outweigh the gain.

3. RESEARCH METHOD

The study was conducted in University of Nigeria, Enugu Campus (UNEC). This campus is one of the campuses of the prestigious University of Nigeria. It has six faculties (Business Administration, Law, Medical Sciences, Dentistry, Environmental Sciences, Health Sciences and Technology) with a population of about 5878 undergraduates. Faculty of Health Sciences and Technology makes up about 26.2% of the total campus population translating to 1529 students. It has four departments including nursing sciences, medical laboratory science, medical radiography and medical rehabilitation.

A descriptive survey research design was employed while questionnaire was data collection tool for the study. The population of this study includes all students from 200-500 level in the Faculty. The 100 level of this faculty are excluded in this study because they are not present in the campus (they are in Nsukka campus). According to the student affairs UNEC Records department of 2014/2015 academic year, the total population of undergraduates (200 – 500levels) in Faculty of Health Science and Technology is 1529.

The sample size for this study is 317 and was determined using Taro Yamane formulae

$$ns = n \times \frac{Ns}{N}$$

Where ns= sample population from each department
Ns= means population of each department
n= total sample size = 317
N=total population= 1529

Before the actual distribution of the questionnaires, a pilot survey was conducted using twenty (20) copies of the questionnaires distributed to selected students in the Faculty of Health Science and Technology, Enugu State University of Technology. Results obtained indicated that instrument is highly reliable with a Cronbach's alpha coefficient as 0.752. This coefficient being greater than 0.7 indicates that the test instrument is highly reliable. Using simple random sampling method, the researchers identify and administer the questionnaire to 317 respondents. Data collected were analyzed using simple descriptive statistical measures which include frequencies and percentages. The analysis was done using Statistical Package for Social Sciences (SPSS) version 20 software.

Finally ethical approval obtained from the Dean of students' affairs, UNEC was fully observed. Oral consent was obtained from each respondent before questionnaire administration. When a respondent chose not to participate, the questionnaire was returned as a refusal and it was re administered.

4. RESULTS AND ANALYSIS

Table 1 shows that out of the 302 respondents who completed the questionnaires and returned it, 162 students were males with their mean age as 25±3years whereas 140 students were females with mean age of 21±2years. It was also shown that 282 students (93.4%) were single while 20 students (6.6%) were married. None of these students were either widows/widowers nor divorced. 295 (97.7%) respondents acknowledged being Christians, 7 (3.7%) were Muslims and none of the students were African Traditional worshippers or Atheists.

Table 1. Respondent's Demographic Characteristics

Categories	Options	Frequency	Percentage (%)
Gender	Males	162	53.6
	Females	140	46.4
		302	100
Religion	Christianity	295	97.7
	Islamic	7	3.7
	African Traditional Religion	-	-
	Atheist	-	-
		302	100.
Marital status	Single	282	93.4
	Married	20	6.6
	Divorced	-	-
	Widow/Widower	-	-
		302	100.
Department	Nursing sciences	80	26.5
	Medical Laboratory sciences	91	30.1
	Medical Radiography	73	24.2
	Medical Rehabilitation	58	19.2
		302	100
Level of study	200	59	19.5
	300	82	27.2
	400	81	26.8
	500	80	26.5
		302	100.0

Moreover, it was shown that while 80 respondents (26.5%) were from the department of Nursing science, 91(30.1%) respondents were students from the department of Medical Laboratory Science, 73 (24.2%) were from Medical Rehabilitation whereas 58 respondents (19.2%) were students in the department of Medical Radiography.

It was also revealed that out of the 302 respondents, 59 (19.5%) were 200 level students in the Faculty of Health Science and Technology, 82 (27.2%) respondents were in their 300 level of study, 81 respondents (26.8%) were in 400 level of study while the rest 80 (26.5%) respondents were in their finals (500level).

Table 2. Common symptoms of illnesses experienced by students in Faculty of Health Science and Technology, UNEC

Categories	Options	Frequency	Percent
Ever experienced Symptoms of illness	Yes	298	98.7
	No	4	1.3
	Total	302	100
Symptoms experienced (not mutually exclusive)	Headache	250	83.9
	Malaria	88	29.5
	Dental problems	20	6.7
	Discharges from the orifices	15	5.0
	Fever	290	97.3
	Abdominal pain	105	35.2
	Waist pain	18	6.0
	Urinary Tract problems	32	10.0
	Cough and catarrh	290	97.3
	Eye problems	40	13.4
	Boil on any part of the body	5	1.7
	Sore throat	55	18.5
	Others (joint pains)	11	3.4

Table 2 shows that out of the 302 respondents, 298 (98.7%) reported having experienced symptoms of illness while 4 (1.3%) reported never having any symptom of illness. Of the 298 respondents that agreed to have experienced symptoms of illness, the following proportions have experienced different symptoms: 250 (83.9%) agreed to have experienced headache, 88 (29.5%) malaria, 20 (6.7%) dental problems, 15 (5.0%) discharge from orifices, 290 (97.3%) fever, 105 (35.2%) abdominal pains, 18 (6.0%) waist pain, 32 (10.0%) urinary tract problems, 290 (97.3%) cough and catarrh, 40 (13.4%) eye problems, 5 (1.7%) boil on body parts, 55 (18.5%) sore throats. About 11 (3.7%) also added their subjective symptoms like joint pains and respiratory difficulties in the column provided for respondents to state other symptoms they have experienced.

Table 3 shows that out of 298 respondents who reported ever experiencing any kind of illness, 72 (24.1%) would rest or do nothing in response to these symptoms, 40 (13.4%) would treat themselves based on the information got from the internet or from their colleagues, 30 (10.1%) would use spiritual tools like chaplets, olive oil to treat symptoms; 5 (1.7%) would take herbs for the symptoms, 83 (27.9%) would go buy drugs from the patent medicine dealers while the rest 68 (22.8%) would visit the orthodox health institution. Chart 2 illustrates the different percentages of the students' response to symptoms of illness on a pie chart.

Table 3. Students' reaction to symptoms of illness experienced

Category	Options	Frequency	Percent
Response to symptoms experienced	Rest/ not doing anything about the symptom	72	24.1
	Use spiritual tools	30	10.1
	Taking herbs	5	1.7
	Going to patent medicine dealer	83	27.9
	Visiting an orthodox health care institution	68	22.8
	Treatment regimen from internet or a colleague	40	13.4
		298	100.0

Table 4 shows that out of 298 respondents that had experienced symptoms of illness, only 10 (3.4%) will go to the orthodox health care even without the presence of an illness, 68 (22.8%) will visit the orthodox health facility when symptoms appear, 89 (29.9%) will do so when they can no longer bear the pain or discomfort emanating from the symptoms, 82 (27.2%) when they are limited in the performance of their functions as students, 20 (6.7%) when the illness distorts their facial appearance and the rest 29 (9.7%) when they are aware that such symptom had caused the death of someone they know.

Table 4. Students' response on when they engage the services of the orthodox health care

Categories	Options	Frequency	Percentage (%)
Stage of engaging the orthodox institution	Occasionally, even without symptoms	10	3.4
	When symptoms appear	68	22.8
	When discomfort/ pain is unbearable	89	29.9
	When my functionality is affected	82	27.5
	When it distorts my facial appearance	20	6.7
	When someone I know just died from such symptoms	29	9.7
	Total	298	100

Table 5 shows the factors responsible for the type of health care behaviour adopted by students in the Faculty of Health Sciences and Technology. From the total number of 5 respondents who reported the use of herbs in treating illness, 2 (40%) of these respondents utilize herbs for response to symptoms of illness because of their cultural predisposition and norm on how to treat these symptoms, 2 (40%) respondents were of the view that herbs were more effective, 1 (20%) respondent says the use of herbs saves time, 1 (20%) also said it is accessible. None of these respondents gave other reasons for use of herbs.

With respect to the use of patent medicine dealers, out of 83 respondents who utilize patent medicine dealers, 8 (9.6%) do so because of its accessibility, 21 (25.3%) use such because it is time saving, 14 (16.9%) patronize these patent medicine dealers because they believe their symptoms are minor whereas 14 (16.9%) do so because they can easily order for a drug that worked for someone who had similar symptoms from the patent medicine stores. The rest 26 (31.3%) gave their subjective input that dealing with patent drug dealers is a cheaper means of responding to symptoms of illness.

Also among 68 respondents who use orthodox Health institutions, such factors like accessibility was chosen by 8 (11.8%) of the respondents, effectiveness by 20 respondents (29.4%), belief that the symptom is major by 23 (33.8%), high skill and competence of health workers by 15 respondents (22.1%) and its time saving nature by 2 respondents (2.9%). None gave any subjective factor influencing their choice of orthodox health institutions.

While 30 respondents use spiritual tools in the management of illness and symptoms, 13 respondents (43.3%) chose belief that there is no medical cure as factors that affect their use of spiritual tools. 4 respondents (13.3%) showed it was against their belief to seek help outside divinity. 10 (33.4%) showed it was more effective and accessible. Some subjective views from 3 (10.0%) of the respondents that chose spiritual tools stated that they were cheaper.

Table 5. Factors that are responsible for the health seeking behavior adopted by students in the Faculty of Health Science and Technology

Categories	Options	Frequency	Percentage (%)
Use of herb	Cultural predisposition	1	20
	Accessibility	1	20
	Saves time	1	20
	More effective	2	40
	Others	-	-
	Total	5	100
Use of patent medicine dealer	Accessibility	8	9.6
	Saves time	21	25.3
	Saves time	14	16.9
	The drug worked for a friend	14	16.9
	Others (cheaper)	26	31.3
	Total	83	100
Going to the hospital (orthodox health institution)	Accessibility	8	11.8
	Effective	20	29.4
	Believe symptoms are major	23	33.8
	Competency of health workers	15	22.1
	Cheaper	2	2.9
	Total	68	100
Use of spiritual tools	Belief that there is no medical cure	13	43.3
	Against their belief to seek alternative help	4	13.3
	Effective and accessible	10	33.4
	Others (cheaper and readily available)	3	10.0
	Total	30	100
Use of treatment regimen from internet or Colleagues	Accessible	3	7.5
	Cheaper	15	37.5
	No delay	15	37.5
	Others (shyness/confiding issues)	2	5.0
	Others (knowledge on it)	5	12.5
	Total	40	100
Use of rest/ doing nothing in managing Symptoms	Belief that symptoms are not life threatening	24	33.3
	Lack of money	4	5.5
	Belief that the symptoms are self limiting	27	37.5
	Shyness to disclose symptoms to anyone	9	12.5
	Afraid of possible complications if treated	5	7.0
	Lack of knowledge on where to seek help.	3	4.2
	Others	-	-
	Total	72	100

Respondents who use treatment regimen sourced from the internet or professional colleagues attributed their behaviour to some factors. Among the total 40 respondents that agreed to have adopted this health seeking behavior, 3 (7.5%) showed it was accessible, 15 (37.5%) said it is cheaper, 15 (37.5%) were of the view that it does not delay while the rest 7 (17.5%) showed other factors among which are; shyness to disclose problems to someone (5%) and having the knowledge of the cause and course of different symptoms as medical students (12.5%).

The use of rest or doing nothing when confronted with symptoms was chosen by a total number of 72 respondents. Factors contributing to this health behaviour as elicited by the respondents include: lack of money (4 respondents, 5.5%), belief that the symptom is not life threatening (24 respondents, 33.3%), belief that symptoms are self-limiting (27 respondents, 37.5%), shyness to disclose symptoms to anyone (9 respondents, 12.5%), afraid of possible complications (5 respondents, 7.0%), lack of knowledge on where to seek help (3 respondents, 4.2%). No respondent gave his or her subjective factor influencing their choice of rest or doing nothing in response to symptoms of illness.

5. DISCUSSION

Findings from Table 2 revealed that the most common symptoms experienced by students in the Faculty of Health Sciences and Technology are headache, fever, cough and catarrh. Also students in Faculty of Health Sciences and Technology rarely experience symptoms like boils on body parts, discharges from orifices, and waist pains. Symptoms like dental problems, waist pains, urinary tract problems and sore throat occur at a lower incidence. This is in agreement with the findings of the study carried out by Gopi, Shakeer, & Ravi [10] who identified that body aches (headaches) and eye problems were the most common health

problems among students in a college. These common symptoms experienced by these students may be as a result of their daily life activities that demands constant reading which can cause headache.

The study shows that greater percentage of students patronize patent medicine dealers more than they use orthodox health care facilities. This is supported by study done by Banerjee and Bhadury [12]; Hooper, Meakin and Jones [13] which reveals high practice of self-medication among students. They noted that these students tended to bypass their physicians and initiate investigations and treatments when sick.

Furthermore, the study shows that most of the students only visit physicians when the pain or discomfort of the sickness is so much on them, when it disturbs their ability to carry out their activities as students such as reading or attending clinical postings and exams and when the symptoms appear. Only a few of the students in this faculty will go to the hospital for routine checkup and not because of any symptom. This finding is discordant with previous findings of Babatunde et al [14] and Nwachukwu [15] which revealed that people are more likely to seek orthodox care earlier if they are educated on the nature of the illness. The possible explanation why most students wait for the unbearable pain or discomfort before they can proceed to the hospital may be due to their assumed knowledge of the illness prognosis and can therefore engage in self-treatments until it is ineffective and they are only left with the option of seeking the services of the physician.

Finally, the findings of this study revealed various factors affecting the use of several health care services students adopt. It showed that students utilize the patent medicine dealers mostly do so because they feel it is cheaper and saves time. Student that use herbs do so because they feel it is more effective than other health helps. Those who visit the orthodox health institutions do so because they believe that the symptoms are major and also think the treatments got from this source is effective. Those who get treatment from internet or colleagues believe that it is cheaper and there is no delay. Students who use spiritual tools believe that there is no medical cure for their present symptoms and that it is more effective and accessible. Students who have rest or who do not take actions relating to health when sick do so because they feel the sickness is not life threatening and are shy to disclose the symptoms to anyone. Lack of knowledge on where to seek help is the least factor affecting the students' choice of rest in managing symptoms. These findings are in line with that of Tanimola et al [16]; Nwachukwu [15] and Babatunde et al [14]. They revealed that observing rest as the solution to illness is because symptoms are not considered life threatening. However, the lack of fund in seeking orthodox care as revealed in the work of Babatunde et al [14] contradicts that which was obtained in this study. The possible explanation to this contradiction could be because of the free medical services obtainable at the health centre in this Campus.

6. CONCLUSION

Health is essential for social and economic development of a country. However, in most developing countries such as Nigeria, many people especially children and youths die each year out of preventable causes. This has been attributed to risky behaviours engaged by youths that expose them to various health challenges; yet seeking health help when sick by these young people can be a problem. This study discussed various health-seeking behaviours exhibited by undergraduates in the Faculty of Health Science and Technology, University of Nigeria, Enugu Campus. The study revealed that students do not go to the hospital until they experience pains that they cannot accommodate again. Major factors affecting the choice of health care adopted when ill is mostly related to its accessibility, effectiveness and none delay. Finally, the study recommends that while Government should live up to its responsibility of providing access to health care facilities, health promotion and preventive strategies should be reinforced in Universities.

REFERENCES

- [1] United Nations Children Fund (UNICEF), "The State of the World's Children: Women and Children-The Double Dividend of Gender Equility," New York, Mifflin Publishers, 2010.
- [2] World Health Organization (WHO), "Global Strategy for Health System Appraisal: Health for All in 2020," 2010. Retrieved from <http://www.who.int> in 20th August, 2014.
- [3] Demographic Health Survey (DHS), "Measure DHS stat-compiler database," 2012. Retrieved from <http://www.statcompiler.com> 27th October, 2014.
- [4] M. Adeyemo, A. Oluwatosin, T. Yekinni, "Home Management and prevention of malaria among under-five children: Experiences of mothers in Egbedore Local Government Area, Osun State Nigeria," *African Journal of Biomedical Research*, vol/issue: 17(2), pp. 271-281, 2014.
- [5] S. Sule, K. Ijadunola, A. Onayade, *et al.*, "A study on the Utilization of PHC Facilities in a Rural Community," *Nigerian Journal of Medicine*, vol/issue: 17(1), pp. 98-106, 2010.
- [6] S. Ahmed, F. Sobhan, Islam A., Barkat K., "Neonatal Morbidity and Care- seeking Behaviour in Rural Bangladesh," *Journal of Tropical Paediatrics*, vol/issue: 47(2), pp. 98-105, 2011.

-
- [7] P. Katung, "Socio-economic Factors Responsible for Poor Utilization of PHC Services in Rural Community in Nigeria," *Nigerian Journal of Medicine*, vol/issue: 10(1), pp. 28-29, 2011.
- [8] L. Amaghionyeodiwe, "Determinants of the Choice of Health Care in Nigeria," *Health Care Management Science*, vol/issue: 11(3), pp. 215-217, 2008.
- [9] Campus Health and Safety (CHS), "Health Seeking Attitudes of the Young," 2013. Retrieved from <http://www.chs.com> on 27th October, 2014.
- [10] K. Gopi, Shakeer K., P. Ravi, "Help Seeking Behaviour of Adolescent Girls in Government Junior College in rural Field Practice Area," New York, Academic Press Incorporation, 2012.
- [11] Kasl S. V. and Cobb S., "Health behavior, illness behavior, and sick role behaviour," *Archives of Environmental Health*, vol. 12, pp. 246-266, 2002.
- [12] I. Banerjee and I. Bhadury, "Self-Medication Practice among Undergraduate Students in a Tertiary Care Medical College, West Bengal," *Journal of Postgraduate Medicine*, vol/issue: 58(2), pp. 127-131, 2012.
- [13] F. Hooper, K. Meaken, J. Jones, "Health Seeking Behaviour and Attitude to Self-Care among Students in London Medical School," *PubMed Journal*, vol/issue: 15(1), pp. 6-79, 2010.
- [14] O. Babatunde, O. Imran, A. Oladosu, *et al.*, "Help Seeking Behaviour among Women currently leaking urine in Nigeria," *Dove press Journals*, vol/issue: 1(2), pp. 9-11, 2012.
- [15] K. Nwachukwu, "Health Care Seeking Behaviour among Market Traders in Ibarapa Central Local Government, Nigeria," *The Internet Journal of Health*, vol/issue: 9(2), pp. 1-7, 2011.
- [16] M. T. Akande and J. Owoyemi, "Health Seeking Behaviour in Anyigba, North- Central, Nigeria," *Research Journal of Medical Science*, vol/issue: 3(2), pp. 47-51, 2009.