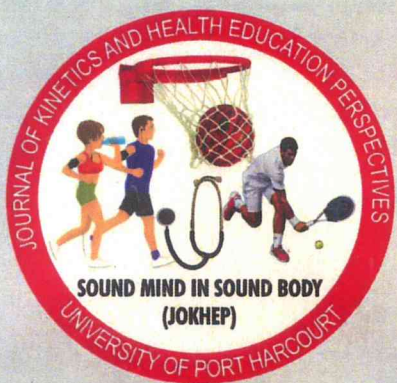




Volume 7 July, 2019.

ISSN 30964 Available Online

JOURNAL OF KINETICS AND HEALTH EDUCATION PERSPECTIVES (JOKHEP)

**JOURNAL OF KINETICS AND HEALTH EDUCATION
PERSPECTIVES
(JOKHEP)**

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Faculty of Education, University of Port Harcourt.

Published by
Department of Human Kinetics and Health Education,
Faculty of Education, University of Port Harcourt.

VOL. 7, No.2, SEPTEMBER, 2019.

ISSN: 30964

Printed by
UZOPIETRO PUBLISHING COMPANY
#27 Onumonu Street Owerri, Imo State, Nigeria.
#1 Golden Valley Woji Estate, Port Harcourt, Rivers State, Nigeria.
#170 Nawfia Street, AguAwka, IfiteAnambara State, Nigeria.

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FACTORS INFLUENCING HEALTH-SEEKING BEHAVIOUR AMONG PEOPLE LIVING WITH SEXUALLY TRANSMITTED DISEASES IN EGBEDA LOCAL GOVERNMENT AREA, OYO STATE

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Abstract

This study investigated factors influencing health-seeking behaviour among people living with STDs in Egbeda Local Government Area, Oyo State. Descriptive research design of the survey type was adopted for this study. The population for the study comprised all residents of Egbeda Local Government Area, Oyo State. Convenient sampling technique was used to select 336 respondents. The questionnaire used was validated by 3 experts from the relevant fields. A reliability co-efficient of $r=0.84$ was obtained through test re-test method. Data was collected by the researchers and with the help of three trained research assistants. The three postulated hypotheses were tested using inferential statistics of Pearson Product Moment Correlation at 0.05 alpha level. The study concluded that, fear of being discriminated; poverty; quality of health care provided by health care providers could influence health-seeking behaviour among people living with STDs. It was therefore recommended that, members of public should be friendly with those infected with STDs as being discriminated could worsen their condition; affordable health care services should be provided for the people so as to attract more people. Also, health care providers should intensify more effort on the quality of service they provide so as to attract more patronage.

Keyword: Affordable health care services, Health care providers, Health-seeking behaviour, STDs,

Introduction

Health-seeking behaviour is closely linked with the health status of a nation and thus its economic development. It is defined as any action or inaction undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy (Latunji & Akinyemi, 2018). The health seeking behaviour of a community determines how they use health services. Utilization of health facilities can be influenced by the cost of services, distance to health facilities, cultural beliefs, level of education and health facility inadequacies (Musoke, Boynton, Butler & Musoke, 2014).

Sexually transmitted diseases (STDs) have remained an important global health issue, with an estimated one million people acquiring new infections every day, making up a total of

about 499 million new cases of curable infections each year (Folasayo, Oluwasegun, Samsudin, Saudi, Osman & Hamat, 2017; WHO, 2012). STDs include many different sexually transmittable infectious diseases such as chlamydia, gonorrhoea, genital herpes, human papilloma virus (HPV), human immunodeficiency virus (HIV) and syphilis. STD is transmitted through vaginal, oral and anal sexual contact as well as through blood products. STDs can also be transmitted from mother to child during childbirth (Svensson & Waern, 2013).

STDs deserve attention not only because of their high prevalence but also because of frequently going undetected and untreated with consequential serious reproductive, morbidity and mortality. STDs produce infections that may result in serious complications such as pelvic inflammatory disease (PID), salpingitis and infertility, in the case of syphilis may even lead to death (Olalekan & Owobi, 2017). Interestingly, STDs are preventable diseases and their prevention is even a priority for World Health Organisation (WHO, 2012).

Statement of the Problem

Sexually transmitted diseases have been a global health challenge and pose infected individuals to long term complications if not treated. Fortunately, the treatment is widely and readily available and so receiving or availability of treatment is not the problem. But then non-compliance and acceptance of treatment has been noticed. The researchers observed that people suffering from STDs do afraid of revealing their health condition to those who can probably help them out of their condition because of associated social stigma, quality of health care and trust on the part of health care providers and this has led to deterioration of their health and death in some cases. On this premises, the researchers investigated factors influencing health-seeking behaviour among people living with STDs in Egbeda Local Government Area, Oyo State.

Stigma expression in term of discrimination seems unbearable to the people or group concerned. Originally, stigma is conceptualized into ways. One derived from Christianity and denotes bodily marks which resemble the crucifixion of Jesus Christ. This is attributed to divine favour (Ngozi, Bart van & Nanne, 2009). In our contemporary day, stigma brings severe social disgrace. Stigma originated in ancient Greece where slaves and criminals were branded to show that they were outcasts.

The stigma associated with the STDs is not a new phenomenon in public health as many other diseases have also been stigmatized (Odimegwu, Adedini & Ononokpono, 2013). As affirmed by Mutalemwa, Kisoka, Nyigo, Barongo, Malecela and Kisinza (2008), in the olden days, people with leprosy, epilepsy, tuberculosis, cancer, paralysis or some disabilities had one time suffered stigmatization in many forms. Stevelink, Brakel and Augustine (2011) posited that both people living with STDs and leprosy-affected people faced a substantial burden of internalized and perceived stigma with the former reporting a significant level. Recently, just like HIV/AIDS, the researchers observed that people who were affected and healed of Ebola Virus Disease (EVD) have been heavily stigmatized. There were reported cases that some survivors of EVD were prohibited from returning home, shunned and threatened by community members,

friends, family and co-workers (Lasuta, 2014; International Federation of Red Cross and Red Crescent Societies, 2014).

According to Saman, John, Ryan and Arshia (2013), stigma associated with the diagnosis of STDs has a substantial impact on public health and in particular the infected individual. Stigma can stem from particular characteristics, such as physical deformity or disfigurement, racial differences and negative attitudes towards a group, such as homosexuals or prostitute (Skinner & Mfecane, 2004; Monjok, Smesny & Essien, 2009). Stigma devalues individuals and groups based on characteristics such as sex, sexual orientation, gender identity, skin colour, caste level, religion, disease, and disability (Jane, 2012).

Socio-economic status is having greater impact on health care especially in developing countries that is documented in many studies. For instance, wealth families are about twice take health care service from formal and informal practitioners (Musoke, Boynton, Butles & Musoke 2015). Socio-economic factors including educational level, economic conditions, cultural beliefs and residence location play a significant role to determine health care behaviour of a community overall. Low socio-economic status is a common barrier to get health services for people and those direct and indirect factors (doctor fees, cost of transport and medicine). It is found from empirical studies from Bangladesh and few other countries that, socio-economic condition is considerable factors of health-seeking behaviour for a community (Musoke, Boynton, Butler & Musoke, 2015).

It is necessary to understand the health-seeking behaviour and explored the socio-economic status determinants on these determinants on the especially low economic community. Therefore, this study has been conducted in rural area of Bangladesh to identify the socio economic status and phenomenon of rural community on their health seeing behaviour. By doing this any new socio-economic status might include that can open a new door for policy makers to make effective and timely health intervention model (Biswas, Bhuiyan, Islam & Rahman, 2015).

In the world, rich and poor, both have equal right to enjoy better health. In nineteenth century socio-economic status and health-seeking behaviour relationship come back, when researchers observed difference in health outcome among tribute, the wealth choice and the working class in Europe since then, measure of socio-economic status have come to appear regularly in studies of the cause of health and mortality. Given that a variety of socio economic variables including income, education, occupation, race, and culture among other showing similar associations with health (Rahma, Kielmann, Pake & Normand, 2012).

The quality of the heal care has a statistically significant impact on demand for health care. However, the impact is smaller at public hospitals. The coefficient in private health facility is quite high implying that increasing quality further in private hospital increases the likelihood of visiting private hospital relative to self-treatment (Uthman, 2010). Private health facilities are profit motivated so that there is a focus on improving service quality to attract patients. The result could be indicating that the quality is higher at private clinics. This is true of Rahman, Kielmann, McPake and Normand (2012) who found that medical quality, assessed in terms of

both health staff qualifications and by the availability of drugs increases the probability of a visit to both private clinics and public hospitals.

The fact that service information is strongest in determining the demand for health care at private health facilities implies that information about quality of care is being transmitted through channels that advertise the quality aspects better at private health facilities (Mahejabin, Parveen & Begun, 2015). The past experience in Nigerian public health facilities of persistent lack of drugs and shortages of inpatient doctors and nurses could still be in the memories of the majority of the households, discouraging them from using public facilities which currently could be offering good quality services, but about which they are unaware of (Sally, Onozaki & Ishikawa, 2006).

Research Hypotheses

The following research hypotheses were tested in the course of the study:

1. Social stigma is not a significant factor influencing health-seeking behaviour among people living with STDs in Egbeda Local Government Area, Oyo State
2. Socio-economic status is not a significant factor health-seeking behaviour among people living with STDs in Egbeda Local Government Area, Oyo State.
3. Quality of health care is not a significant factor influencing health-seeking behaviour among people living with STDs in Egbeda Local Government Area, Oyo State.

Methodology

The study was carried out with the use of descriptive research design of survey type. The study population comprised all residents of Ogo-Oluwa LGA, Oyo State. Convenient sampling technique was used to select 336 to form the sample size of the study. The researchers designed closed ended questionnaire already validated by the three experts from the field of public health. The reliability of the instrument was carried out using test re-test method and the reliability coefficient of $r=0.84$ was obtained. The researchers with the help of four trained research assistants administered 336 copies of questionnaire. The three postulated research hypotheses were tested at 0.05 alpha level with the use of inferential statistics of Pearson Product Moment Correlation Coefficient.

Result and Discussion of Findings

The research hypotheses postulated for this study were tested with the use of inferential statistics of Pearson Product Moment Correlation Statistical analysis. Each hypothesis was tested at 0.05 alpha level.

Hypothesis 1: Social stigma is not a significant factor influencing health-seeking behaviour among people living with STDs in Egbeda Local Government Area, Oyo State

Table 1: Pearson Product Moment Correlation Analysis Investigating Social Stigma as a Factor Influencing Health-seeking Behaviour among People living with STDs in Egbeda Local Government Area, Oyo State

Variable	N	$\bar{x}$	SD	Df	Cal r-value	Crit value	Dec.
SS	336	50.89	7.929	334	0.860	0.095	Ho Rej.
HSBPLWSTDs							

SS= Social Stigma

HSBPLWSTDs=Health-seeking Behaviour among People living with STDs

Table 1 above shows that the calculated r-value is 0.860 while the critical value is 0.095 at 0.05 alpha level with the degree of freedom of 334. Since the calculated r-value of 0.860 was greater than the critical value of 0.095, the null hypothesis was rejected. It implies that fear of being discriminated could prevent those infected with STDs to seek health care.

Hypothesis 2: Socio-economic status is not a significant factor influencing health-seeking behaviour among people living with STDs in Egbeda Local Government Area, Oyo State.

Table 2: Pearson Product Moment Correlation Analysis Investigating Socio-economic Status as a Factor Influencing Health-seeking Behaviour among People living with STDs in Egbeda Local Government Area, Oyo State.

Variable	N	$\bar{x}$	SD	Df	Cal r-value	Crit value	Dec.
SS	336	50.89	7.929	334	0.795	0.095	Ho Rej
HSBPLWSTDs							

SS= Socio-economic Status

HSBPLWSTDs=Health-seeking Behaviour among People living with STDs

Table 2 above shows that the calculated r-value is 0.795 while the critical value is 0.095 at 0.05 alpha level with the degree of freedom of 334. Since the calculated r-value of 0.795 was greater than the critical value of 0.095, the null hypothesis was rejected. It implies that poverty could deter people with STDs to accept and go for treatment.

Hypothesis 3: Quality of health care is not a significant factor influencing health-seeking behaviour among people living with STDs in Egbeda Local Government Area, Oyo State

Table 3: Pearson Product Moment Correlation Analysis Investigating Quality of Health Care as a Factor Influencing Health-seeking Behaviour among People living with STDs in Egbeda Local Government Area, Oyo State

Variable	N	$\bar{x}$	SD	Df	Cal r-value	Crit value	Dec.
QHC	336	50.89	7.929	334	0.718	0.095	Ho Rej.
HSBPLWSTDs							

QHC= Quality of health care

HSBPLWSTDs=Health-seeking Behaviour among People living with STDs

Table 3 above shows that the calculated r-value is 0.718 while the critical value is 0.095 at 0.05 alpha level with the degree of freedom of 334. Since the calculated r-value of 0.718 was greater than the critical value of 0.095, the null hypothesis was rejected. It signifies that quality of health care provided by health care providers could determine whether people living with STDs will go for treatment or not.

The result obtained from the tested hypothesis one revealed that social stigma was a significant factor influencing health-seeking behaviour among people living with STDs in Egbeda Local Government Area, Oyo State. The finding justified the assertion of Stevelink, Brakel and Augustine (2011) who posited that both people living with STDs and leprosy-affected people faced a substantial burden of internalized and perceived stigma. The finding equally affirmed Saman, John, Ryan and Arshia (2013) who submitted that, stigma associated with the diagnosis of HIV/AIDS has a substantial impact on public health and in particular the infected individual.

The result of hypothesis two revealed that socio-economic status was a significant factor influencing health-seeking behaviour among people living with STDs in Egbeda Local Government Area, Oyo State. This finding is in line with Musoke, Boynton, Butles and Musoke (2015) who opined that socio-economic factors including educational level, economic conditions, cultural beliefs and residence location play a significant role to determine health care behaviour of a community. The result is also consistent with Islam, Biswas, Bhuiyan, Islam and Rahman (2015) who observed that there is a relationship between socio-economic status and health-seeking behaviour, as rich people get better health services than the poor.

The finding of hypothesis three indicated that quality of health care was a significant factor influencing health-seeking behaviour among people living with STDs in Egbeda Local Government Area, Oyo State. This is consistent with the finding of Rahman, Kielmann, McPake and Normand (2012) as well as Mahejabin, Parveen and Begun (2015) who found that medical quality, assessed in terms of both health staff qualifications and by the availability of drugs increases the probability of a visit to both private clinics and public hospitals.

Conclusion

Based on the findings of this study, the following conclusions were drawn:

- i. Social stigma was a significant factor influencing health-seeking behaviour among people living with STDS in Egbeda Local Government Area, Oyo State. It implies that fear of being discriminated could prevent those infected with STDs to accept and go for treatment
- ii. Socio-economic status was a significant factor influencing health-seeking behaviour among people living with STDS in Egbeda Local Government Area, Oyo State. This implies that poverty could deter people with STDs to accept and go for treatment.
- iii. Quality of health care was a significant factor influencing health-seeking behaviour among people living with STDS in Egbeda Local Government Area, Oyo State. This signifies that quality of health care provided by health care providers affects health-seeking behaviour.

Recommendations

In view of the findings of this study, the following recommendations were made:

1. Members of public are advised to be friendly with those infected with STDs as being discriminated could worsen their condition
2. Affordable health care services should be provided for the people so as to attract more people.
3. The health care providers should intensify more effort on the quality of service they provide so as to attract more people.

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