

## Educational Level, Sex and Church Affiliation on Health Seeking Behaviour among Parishioners in Makurdi Metropolis of Benue State

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### Abstract

*The study investigated the impact of educational level, sex and church affiliation on health seeking behavior among parishioners in Makurdi metropolis. 448 participants were randomly selected to participate in the study. A self constructed and validated health seeking behavior scale was used to collect data. The reliability coefficient of the instrument was determined using Cronbach Alpha. It has a coefficient of .778. There hypotheses were tested and the findings were as follows: Seeking behavior,  $F(1,440) = 103.82, P < .001$ . Specifically, participants with high educational level reported higher score on health seeking behavior scale. Also sex was statically significant on health seeking behaviour,  $F(1,440) = 45.76, P < .001$ . Specifically Catholics engage more in health seeking behavior than non-Catholics. The study suggested that educational policy should be adequately implemented in order to benefit all, while government should also adopt a gendered approach to men's health policy and church leaders and health promoters should work hand in hand and possibly use church platform to advocate health policy*

**Keywords:** Educational level, sex, church affiliation, health seeking, behaviour.

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### Introduction

One of the basic need of man is health alongside other things like food, clothing etc. health according to World Health Organization (WHO) is a state of complete physical, mental, social, and spiritual wellbeing, not merely absence of disease or infirmity (Lucas and Gilles, 2004). To be healthy means more than not having disease or infirmity but to be in harmony with oneself and environment. Health seeking behaviour is a dynamic process that evolves through the stages of self evaluation of symptoms, self treatment, seeking professional advice and acting on professional advice (Weaver, 1970). It is an activity undertaken by individuals who perceive remedy (Ward, Martens, and Thomas, 1997). Health seeking behaviour can be classified into two: Illness behaviour and sick role behaviour (Kasland Cobb, 1966). Illness behaviour consists of the activities undertaken by people who experience symptoms but who have not yet received diagnosis. It is oriented toward determining one's state of health and discovering suitable remedies (Brannon and Feist, 2010). Sick role behaviours are those activities engaged in by people who believe themselves ill, for the purpose of getting well. In other words, sick role behaviour occurs after a person has been diagnosed.

It is assumed that one should that one should seek advice and cooperate with medical experts and seek medical care always. However, health seekers in Nigeria, like any developing country, tend to do so based on the resources at the disposal of the family (Nyonator and Kutzin, 1999; HERFON Nigeria Health review 2006).

Health seeking behavior is preceded by a decision making process that is further governed by individual and/or household behavior, community norms and expectations as well as provider related characteristics and behaviours. For this reason the nature of health seeking is not homogenous depending on cognitive and non-cognitive factors that call for a contextual analysis of health seeking behaviour (Olenja, 2003).

Educational attainment is the one aspect of socio-economic status which is usually established in early adulthood and stable over life course, and is relatively easily ascertained. Poorly educated, impoverished and minority often have poorer access to and lower quality of medical care (Goldman and Smith, 2002) It is well recognized that one's education has a positive impact on health care utilization. In a study in Peru using Demographic and Health survey (DHS) data, Elo (1992) found quantitatively important and statistically significant effect of mothers education on the use of prenatal care and delivery assistance. It is therefore argued that better educated people are aware of health problem, know more about the availability of health care services, and use this information more effectively to maintain or achieve good health status.

Globally communities interpret biological differences (sex) between men and women to create a set of social expectation that define the behaviours that are appropriate for men and women, and determine women's and men's different access to rights, resources, power in society and even health behaviours (Galdas, Johnson, Peryand Ratner, 2010). Sex has been identified as a key factor in men's late presentation to health services, leading to higher levels of potentially preventable health problems among men and fewer treatment options (Richard, 2004). Generally, sex, plays a role in the decision to seek treatment, with women more likely than men to use health care (Galdas, Cheater, and Marshall, 2005). The reasons for difference are somewhat complex. Women tend to report more bodily symptoms and distress than men (Koopmans and Lamers, 2007).

The finding of positive association among religious belief, healthy behaviours, and better health outcomes is consistent across a number of populations. Recent studies have begun to use more stringent methodological, and data analytic techniques; and scientists continue to find a positive association between religion and a variety of health variables (Carrico, Gifford and Moos, 2007). Using both prospective and cross-sectional designs, measures of religious involvement have been associated with better physical health and decreased mortality in older populations (George, Ellison and Larson, 2002).

Based on these few explanations, the study was designed to examine the influence of educational level on health seeking behaviour, to assess if sex has any influence on health seeking behaviour and to determine if church affiliation could influence people's patterns of health seeking behaviour.

### **Statement of Problem**

People frequently experience physical symptoms but these symptoms may or may not indicate disease. Symptoms such as headache, a painful shoulder or sneezing would probably not promote some people to seek medical care. They may either get better or get worse. However, trying to ignore these symptoms may make treatment more difficult and seriously endanger their health or increase their risk of death. Therefore, decision on when formal medical care is necessary, is a complex problem that may be affected by personal, social and economic factors. Meanwhile, if this common saying "that health is wealth" is correct, it therefore mean that people ought to seek for health the way and manner they are seeking for wealth. But it seems that this attitude of health seeking behaviour is not taken serious as a result of several factors. Therefore, factors such as educational level, sex and church affiliation seems to influence behaviour in general, the researcher wants to investigate if they also influence health seeking behaviour in particular.

This study had three main purposes that guided the work.

- i. To examine the influence of educational level on health seeking behaviour
- ii. To assess whether sex has any influence on health seeking behaviour
- iii. To determine if church affiliation could influence people's pattern of health seeking behaviour.

The information of this study will help health researchers and practitioners most especially health promoters to design appropriate health promoting programmes that will be relevant to people with different educational level, sex and of different church affiliations. It will also be of benefit to several organizations that hire people with these various variables to design their own health policy in such a way that all her personnel will benefit from it so that they will have maximum output.

The research will also be of benefit to the government in that government will see factors that have influence on health seeking behaviour and plan to make policies that will inculcate better health seeking behaviour among her people.

It stands to be of benefit to individuals in that people will evaluate themselves along these variables and see their position as regards health seeking behaviour. Therefore, they may decide to strengthen or adjust their behaviours

This research was guided by the following questions:

- i. Does educational level influence health seeking behaviour?
- ii. Does sex difference influence health seeking behaviour?
- iii. Does church affiliation have any influence on one's practice of health seeking behaviour?

The study tested the following hypotheses

- i. People with high educational level will differ significantly on their health seeking behaviour from those with low educational level.
- ii. Males and females will differ significantly on their health seeking behaviour
- iii. Roman Catholic members will differ significantly from non-Roman Catholic members on their health seeking behaviour.

## **Methodology**

It is a survey research designed to find out if educational level, sex and church affiliation as independent variables have influence on health seeking behaviour which is the dependent variable. Each of the independent variables were dichotomized on two levels; educational level, low and high; sex, male and female and church affiliation, Roman Catholic and non-Roman Catholic.

## **Participants**

A total number of 448 participants were involved in the research; 230 males and 218 females. Their age ranges from 18 to 60 years. These participants were members of different Christian denominations. 201 were Roman Catholic while 247 were members of other denominations (NKST; the Church of Christ through Sudan among Tiv, Christ Anglican Church, Methodist, and Assemblies of God church). 241 had low education while 207 had high education.

## **Instrument**

The instrument used is a self-constructed questionnaire to elicit response from participants on their health seeking behaviour. It is a twenty five item questionnaire which is divided into two sections; A and B. section A has five items that elicit information based on biodata while section B elicit information on participants health seeking behaviour and it has twenty items. Also the section B has a four response scale of strongly Agree, Agree, Disagree and strongly disagree which shows the degree of participants engagement to the item of the questionnaire. The scoring of the instrument is strongly Agree = 4, Agree =3, Disagree =2, and strongly Disagree = 1. Also those who ticked strongly agree and agree are considered to be having high health seeking behaviour while those who ticked Disagree and strongly disagree are considered as having low health seeking behaviour.

The validity of the instrument has to be ascertained through a careful look at the questionnaire by lecturers in the department of psychology Benue State University Makurdi who ascertained its face validity. Also the researcher had to carry out a pilot study in order to validate the instrument by administering 120 of the instrument to the target population who were randomly selected but only 117 returned the instrument. An item analysis was carried out and each item loaded above, .4. Also the reliability of the instrument was calculated using cronbach's Alpha and the instrument has .78 as the coefficient.

## **Procedure**

The researcher had to administer the instrument in the church premises after discussing vividly with the leadership of different churches that were involved in the research. Only the available people within the church premises were given the instrument after consent were being sought for and they were randomly selected. The participants were asked to pick from a basket containing "yes" and "no" papers; those that picked yes were involved in the study while those that picked "no" were allowed to go. The researcher had four research assistant who helped him in carrying out this research and the four were from psychology department Benue State University. After given preliminary explanations, the participants were asked to respond to each item of the questionnaire which they did and returned immediately. The researcher finally debriefed them as to the purpose of research that it is purely for academic purpose. Analysis of variance was used to analysis the data collected through the statistical package for social sciences (SPSS).

## **Results**

Table i: showing the mean (x) and standard deviation (SD) scores

Variable	Levels	Mean	SD	N
Educational Level	High	41.18	3.66	207
	Low	36.99	3.67	241
Sex	Male	37.40	3.82	230
	Female	40.53	4.03	218
Church Affiliation	Catholic	39.51	3.87	201
	Non-catholic	38.45	4.43	247
	Total	38.92	4.22	448

The descriptive statistics computed revealed that participants with high educational level reported higher mean score ( $X=41.18, SD=3.66$ ) compared to those with low educational level ( $X=36.99, SD=3.67$ ). The result equally showed that female participants reported higher mean score ( $X=40.53, SD=4.03$ ) compared to their male counterparts ( $X=37.40, SD=3.82$ ). The result also indicated that Catholics reported slightly higher mean score ( $X=39.51, SD=3.87$ ) compared to non-Catholics ( $X=38.45, SD=4.43$ ). Test of significance of means are reported in table 2 below

Table 2: ANOVA Summary table

Source	Sum of squares	df	Mean square	F	Sig
Educational level A	1248.53	1	1248.53	103.82	*
Sex B	550.31	1	550.31	45.76	*
Church affiliation C	171.44	1	171.44	14.26	*
A x B	1.43	1	1.43	.12	NS
A x C	6.90	1	6.90	.57	NS
B x C	14.80	1	14.80	1.23	NS
A x B x C	24.25	1	24.25	2.02	NS
Error	5291.59	440	12.03		
Total	7943.42	447			

NOTE: \* =  $p \leq .001$

NS= Not significant.

The result of the ANOVA statistics computed showed that educational level is statistically significant on health seeking behaviour,  $F(1,440)=103.83, p \leq .001$ . Specifically, participants with high educational level reported higher score on health seeking behaviour. This implies the acceptance of the first hypothesis which stated that participants with high educational level will differ significantly on health seeking behaviour from those with low educational level.

The result equally indicated that sex was statistically significant on health seeking behaviour,  $F(1,440) = 45.76, p \leq .001$ . Thus, the second hypothesis which states that males and females will differ significantly, on their health seeking behaviour is upheld. Female participants engage more on health seeking behaviour than their male counterparts. The result further revealed that church affiliation is statistically significant on health seeking behaviour,  $F(1,440) = 14.26, p \leq .001$ . Specifically, Catholics engage more in health seeking behaviour than non-Catholics. This result implies the acceptance of the third hypothesis which stated that Roman Catholic will differ significantly from non-Roman Catholics on health seeking behaviour. However, there is no interaction effect between any of the independent variables on the dependent variable.

## Discussion

Three hypotheses were tested in the study. The first hypothesis was that people with high educational level will differ significantly on their health seeking behaviour from those with low educational level. The result showed that educational level is statistically significant on health seeking behaviour. Specifically, participants with high educational level reported higher score on health seeking behaviour. The finding agrees with previous researches in this area. The study by Monazza and Greta (2010) found that better educations were positively related to attitudes toward health. Ahmed, Rashidul, Ubaidul and Awlad (2009) revealed that level of schooling was found as important determinants of malaria knowledge and practices of malaria prevention. Houston,

Johnson, Poon and martin (1996) found out that level of education influences health seeking behaviour. Carolyn, Bayer, Robert, Dami, Acosta, Cabrera, Vidal & Evans (2010) found that people with low educational level had longer time to delay in seeking help when they noticed some symptoms unlike the better educated which had a faster response. From the above, it is accepted that education is a factor which influence ones response to issues patterning to health.

The second hypothesis was that males and female will differ on their health seeking behaviour. The result showed that sex was statistically significant on health seeking behaviour. Thus, the females engage more on health seeking behaviour more than the males. The finding agrees with findings of previous researches. Fuller, Edwards, Sermsriand Vorakitphokatorn (1993) stated that women use medical service more than men do and that pregnancy and child birth account for much of the sex difference in health service use.

Leventhal, Dieterbachand Leventhal (1992), reported that females are more sensitive to bodily disruptions especially minor ones which prompt their frequent health seeking. Johansson, long, Diwan, and Winkvist (2000) also found a typical feature of the described health seeking behaviour of men to be that they neglected symptoms until the disease reached a serious state, by which time they tend to go directly to public health services first without visiting private health practitioners. While women, on the other hand, were described as having a tendency to seek private services and practice self medication before seeking care at public service.

The third hypothesis is that Roman Catholic members will differ significantly from non-Roman Catholic members on their health seeking behaviour. The result showed that Roman Catholics engage in more health seeking behaviour than the non-Roman Catholics. The result agrees with some available findings Glicksman (1991) found that Jews of Eastern European descent are much more likely than Irish Italian Catholics to express negative effects. Meador, Ferraro and Koch (1992) found elevated prevalence of major depression among Pentecostals in Duke epidemiologic catchment Area study. Few of these finding agrees that there is differences in health issues as related to different church organizations

## **Conclusion**

From our study educational level sex and church affiliation has been found to have influence on health seeking behaviour. Therefore, since prompt health seeking is critical for appropriate management, understanding the determinants of health seeking behaviour becomes critical in the bid to provide client oriented services. It is therefore important to note that health seeking behaviour is complex and no one single factor may be used to explain or establish any pattern. Health seeking behaviour is a reflection of the prevailing conditions, which interact synergistically to produce a pattern of care seeking but which remain fluid and amenable to change.

## **Recommendation**

- (i) Government should properly implement her polices on education very well to help people do a proper evaluation of the health using available information and engage in better health practices.
- (ii) The government should adopt a gendered approach to men's health. Men should be identified as a specific target population at a national health policy level.
- (iii) Everyone (individuals, church leaders, health promoters etc) should be involved in campaigns to advocate health seeking behaviour among the population.

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