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Health Seeking Behaviour in Omambala Area of Anambra State: The Predictive Role of Health Consciousness

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Abstract

The study determined the predictive role of health consciousness on health seeking behaviour in Omambala Area of Anambra State. A total number of 131 patients drawn from Omambala Area (Umueri General Hospital and Immaculate Heart Multispecialty Hospital, Aguleri) Anambra East Local Government Area, were used in the study. The study utilized non-probability (purposive sampling technique) in selecting the hospitals and participants. The participants' age ranged from 45 to 79 years with mean age of 64.08 and standard deviation of 9.66. Gender data revealed that 33(25.2%) were males and 98(74.8%) were females. New Health Consciousness Scale and Health Seeking Behaviour scale were employed for the study. The study adopted a correlational design and Multiple Linear Regression statistics. Results showed that health consciousness (self-consciousness, health value, health information, physical health orientation, mental health orientation, health motivation, health knowledge, and health responsibility) and perceived knowledge of cardiovascular disease risk (Perceived risk to heart attack/stroke, perceived benefit and intention to change and perceived eating intention) accounted for 76.2% of the health seeking behaviour, with R^2 = .762, adjusted R^2=.740, ($F_{11, 119}$) = 34.70, p<.05. Health consciousness dimensions such as self-consciousness at ($F_{11, 119}$) β= .54, t = 6.04, health knowledge at ($F_{11, 119}$) β=.34, t = 3.62, health information seeking at ($F_{11, 119}$) β=.32, t = 3.40, physical health orientation at ($F_{11, 119}$) β= .58, t = 4.89, and health responsibility at ($F_{11, 119}$) β= .66, t = 5.80, had positive prediction on health seeking behaviour at p<.05. Conversely, health value at ($F_{11, 119}$) β=.05, t = .82, mental health orientation at ($F_{11, 119}$) β= .06, t =.68, and health motivation at ($F_{11, 119}$) β=.12, t = 1.26, had no prediction on health seeking behaviour at p>.05. These findings suggest that experts like psychologists and medical practitioners should educate people on health consciousness and risk associated with cardiovascular disease. This, if properly done will encourage people to seek medical attention and checkup if they experience any health related symptoms.

Keywords: Health Consciousness and Health Seeking Behaviour

Introduction

In Nigeria particularly in Omambala area, people seem to experience significant health disparities compared to their urban counterparts. These disparities are often exacerbated by limited access to healthcare facilities, inadequate transportation, and a lack of health education (Ogunlesi et al., 2018). In many cases, traditional beliefs and practices influence health-seeking behavior, leading individuals to rely on herbal remedies or traditional healers rather than seeking formal medical care (Abdulraheem et al., 2012). This reliance on alternative medicine can delay appropriate treatment and worsen health outcomes, particularly for preventable and treatable conditions. One of the challenges tends to be financial challenges that limit their ability to pay for healthcare services. High out-of-pocket costs can deter individuals from seeking necessary health attention (Nwankwo et al., 2019).

According to Musinguzi et al. (2018) health seeking behaviour (HSB) involves decisions taken by people to visit health facility first upon falling ill. It is also any action undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy (Bhat & Kumar, 2017; Deng & Liu, 2017; Penjor et al., 2019). This clearly explains a coherent picture of specific cultural features that affect people's health behavior (Fenenga et al., 2017; Vasquez, 2020). Since, illness consists of signs and symptoms by which the illness is recognized, presumed cause of the illness and prognosis established (Banerjee & Dixit, 2017; De-Kok et al., 2018). These symptoms are in turn interpreted by individuals and or significant others and on labeling the problem, proceed to address it appropriately based on their contextual environment (Mncono, 2018). Such contextual approach does not exclude consultations with some native doctors and offering of sacrifices at some crossroads as prevalent in Omambala axis.

The foregoing shows that health seeking behaviour is preceded by a decision-making process that is further governed by individual and/or household behaviour, community norms and expectations as well as provider related characteristics and behavior (Asfaw et al., 2018; Habtu et al., 2018; Zhou et al., 2020). Moreover, such behaviours is also affected by the beliefs on the disease perception or attribute causation based on tradition, intuition, supernatural and magical forces behind certain diseases (Arnold, et al., 2019; Deolia et al., 2020). In such

cases, the treatment is often determined by the belief in incantations and divinations. People do not seek one source of health care and people differ in their behaviors according to who is affected and what diseases are experienced (El-Ghitany et al., 2018). Other people see health outcomes to be in God's hands alone (Andarini et al., 2019; Deng & Liu, 2017). 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 care seeking behaviour. Context may be a factor of cognition or awareness, socio-cultural as well as economic factors (Deng & Liu, 2017). For instance, the perception of high fever in Anam community and among the low education level inhabitant can never be the same with that of an Abuja based professional. The contextual approach varies!

Consequently, Basch et al. (2018) and Cros et al. (2019) affirm that, a health seeking behaviour involves recognition of symptoms, perceived nature of illness, followed by initially appropriate home care and monitoring. This may necessitate seeking care at the health facility, medication, and compliance. Since, treatment failure may require a return to the health facility or an alternative care provider (Amiri et al., 2019). Thus, client-based factors, provider-based factors caretaker perceptions, social and demographic factors, decision making power, social networks which involve close people who give counseling, advice, family support and feeling of sympathy toward family members in illness and biological signs and symptoms work synergistically to produce a pattern of health seeking behavior (Haque et al., 2019; Hossain et al., 2020). What is then observed as a sequential behaviour pattern often drawing from redefinition of illness and a multiplicity of treatment sources (Dheresa et al., 2020).

Thus, extant literature indicated that health-seeking behaviour depends on the action undertaken by individuals in response to signs and symptoms. For instance, Hjelm and Atwine (2011) stated that health care-seeking behavior is influenced by manifestation of symptoms. While some may perceive signs and symptoms as something that needs urgent attention, others may perceive symptoms of disease as too trivial to take off their busy schedule to seek treatment. Here, the priority of interest and attention among the Omambala people creates a great difference in their attitude towards access to quality healthcare. Generally, health-

seeking behaviour of person or persons is influenced or determined by a number of factors, ranging from personal, demographic, healthcare providers' and quality of health care factors. Against this backdrop, Oberoi et al. (2016) identified determinants of health care-seeking behavior to include a variety of socio-cultural economic and environmental factors, influenced by intrapersonal and interpersonal characteristics and behaviours, community norms and expectations together with available provider services. Hence, HSB is considered to be an outcome of the complex interaction between the patient's illness condition and their socioeconomic and demographic characteristics as well as the quality, availability, and accessibility of healthcare services perhaps due to health consciousness (Deolia et al. 2020).

According to Remr (2023) health consciousness is the degree to which an individual is concerned about their health. It is a psychological construct that has been shown to influence health-related and preventive behaviors to act towards maintaining good health. Remr (2023) citing Gould (1998) emphasized that health consciousness is closely related to one's perception of their health status and, in this respect, he described health consciousness as self-consciousness regarding one's own health. Not surprisingly, health conscious individuals actively seek for information about how to improve their health, and adhere accordingly (Espinosa & Kadić-Maglajlić, 2018 citing Basu & Dutta, 2008). Hence, individuals with high health consciousness have positive attitudes about nutrition, self-care and exercise, and accordingly have healthier lifestyles than individuals with low health consciousness (Chen, 2009; Lucas et al., 2017; Mesanovic et al., 2013).

Further, a study by Michaelidou and Hassan (2007) indicated that health-conscious people are concerned about their health and also stimulated to improve their well-being and quality of life including avoiding illness by embarking on healthy behaviours and being health-conscious. The study elaborated more that health-conscious individuals are likely to be involved in nutrition and maintain their physical fitness. This makes Uzdavinyte, et al. (2019) to explain that health-conscious people are more likely to observe their health and take the necessary steps to improve their health. Additionally, they are willing to improve their health by eating healthy food and exercising regularly than people who are non-health conscious. Therefore,

understanding health consciousness also determines the sources of health information the person seeks; also, it aids in proposing right, and suitable behaviour (Janetius & Kithira, 2020).

Method

Participants

A total number of 131 patients drawn from Omambala Area (Umueri General Hospital and Immaculate Heart Multispecialty Hospital), Aguleri, Anambra East Local Government Area were used in the study. The study utilized non-probability (purposive sampling technique) in selecting the hospitals and participants. Purposive sampling is a non-probability sample that entails that a researcher purposively selects individuals as elements of a sample based on presumed relevance to the study as judged by the researcher and the objective of the study. It is because the researcher chose his respondents based on his judgment about them meeting the purpose of the study. The participants' age ranged from 45 to 79 years with mean age of 64.08 and standard deviation of 9.66. Gender data revealed that 33(25.2%) were males and 98(74.8%) were females. Religion data showed that 78(59.5%) were Christians, 31(23.7%) were Traditionalists, and 22(16.8%) had no religion. Number of children data showed that 63(48.1%) had one to three children, 33(25.2%) had four to six children, and 35(26.7%) had seven children and above. Marital status data showed that 65(49.6%) were married,19(14.5%) were single, 31(23.7%) were separated, and 16(12.2%) were married. Occupational data showed that 24(18.3%) were business people, 39(29.8%) were farmers, 47(35.9%) were retirees, and 21(16.0%) were civil servants. Hospital data showed that 47(35.9%) were drawn from General Hospital, Umueri and 47(35.9%) were drawn from Immaculate Heart Multispecialty Hospital, Aguleri.

Instruments

New Health Consciousness Scale, and Health Seeking Behaviour scale were employed for the study.

New Health Consciousness Scale

The scale was developed by Hu (2013) to assessed personal involvement in health-related issues, and thus to prompt health behaviors in response to health information needs. The scale had eight factors: Self-Consciousness, Health Value, Health Information Seeking, Health

Motivation, Physical Health Orientation, Mental Health Orientation, Health Responsibility, and Health Knowledge. Items had a 5-point Likert-type scale ranging from 1 (Strongly disagree) to 4 (Strongly agree). The 34-item health consciousness scale had high internal consistency with a Cronbach's Alpha of .904. For the eight sub-scales, the Health Self-consciousness (5 items) has shown acceptable reliability (α=.870); Health Value (6 items) had a good Cronbach's Alpha of .887; Health Information Seeking (4 items) had an acceptable Cronbach's Alpha of .850; Health Motivation (3 items) has shown good reliability (α=.846); Physical Health Orientation (4 items) had a Cronbach's Alpha of .841; Mental Health Orientation (4 items) had a Cronbach's Alpha of .838; Health Responsibility (3 items) had a Cronbach's Alpha of .743; Health Knowledge (5 items) had a Cronbach's Alpha of .838. The researchers conducted a pilot test and Cronbach alphas of: the Health Self-consciousness α 0.81(M: 10.11, SD: 1.50), Health Value α 0.79(M: 14.40, SD: 3.35), Health Information Seeking α 0.71(M: 7.60, SD: 2.41), Health Motivation α 0.91(M: 5.51, SD: 1.63), Physical Health Orientation α 0.84(M: 7.32, SD: 1.44), Mental Health Orientation α 0.83(M: 109.85, SD: 9.55), Health Responsibility α 0.74(M: 6.24, SD: 1.63), Health Knowledge α 0.88(M: 11.22, SD: 1.34) was confirmed. The overall indicated Cronbach alpha of 0.94 (M: 109.85, SD: 9.55).

Health Seeking Behaviour Scale

The scale 23 items developed by Afkar et al. (2019) to the activities in which an individual engages for promoting health, curing disease, and restoring health and well-being when the individual perceives that she or he is having health issues, or after the diagnosis of illness. These variables included social network interactions (4 items), accessibility (5 items), quality (11 items), and costs (3 items). Items had a 4-point Likert-type scale ranging from Never=1, Rarely=2, Sometimes=3, and Always=4. Cronbach's coefficient alpha value of 0.71 to 0.95 was reported. The first factor, interaction with social networks had internal consistency of 0.76. The second factor was access had internal consistency of 0.91. The third factor, quality had internal consistency of 0.90. The last factor, costs had internal consistency 0.90.The researchers conducted a pilot test and Cronbach alphas of 0.81(M: 8.64, SD: 1.80) for social networks, 0.84(M: 11.32, SD: 2.79) for access, 0.87(M: 21.56, SD: 3.02) for quality and 0.93(M: 4.02, SD: .73) for costs was reported. The overall showed Cronbach alpha of 0.95(M: 45.54, SD: 4.35).

Procedure

The researchers recruited three nurses as research assistants and provided them with training focused on the sensitivity of the study and the proper administration of the questionnaires. They obtained permission from the hospital administrators through a formal letter that outlined the study's objectives. Once they received the necessary approvals, the researchers and the trained assistants approached the participants. During the engagement, the researchers emphasized to the participants that there were no right or wrong answers to the questionnaire and that they could withdraw from the study at any time without any consequences. A total of 150 questionnaires were distributed, and 131 were completed appropriately. Ethically, informed consent was obtained from all participants before they received the questionnaires. Additionally, the participants were assured that their identities and responses would remain confidential and anonymous, fostering a safe environment for their participation.

Design and Statistics

The study adopted correlational design for the study because the objective of the study was to establish the relationship that exists between health consciousness and health seeking behaviour. Multiple Linear Regression analysis was used in testing the predictive effect of the variables in the study (health consciousness dimensions as predictors variables and health seeking behaviour as criterion variables); because the technique allows analyzing the relationship of multiple independent variables in regards to the dependent variable and consequently builds a model of the relationship between variables.

Results

Table: Multiple Linear Regressions Statistics of Health Consciousness and Health Seeking Behaviour

Variables	R^2	Adj. R^2	B	StD.E.	df	t	β
	.762	.740			$11,_{119}$		
Constant			25.19	5.11		4.93	
Self-Consciousness			1.57	.26		6.04	.54*

Health Knowledge	1.11	.31	3.62	.34*
Health Value	.07	.09	.82	.05
Health Information Seeking	.57	.17	3.40	.32*
Physical Health Orientation	1.76	.36	4.89	.58*
Mental Health Orientation	.17	.25	.68	.06
Health Motivation	.31	.24	1.26	.12
Health Responsibility	1.76	.30	5.80	.66*

Results from table, showed that health consciousness dimensions: Self-consciousness, health value, health information, physical health orientation, mental health orientation, health motivation, health knowledge, and health responsibility accounted for 76.2% of the health seeking behaviour, with R^2 = .762, adjusted R^2=.740, ($F_{11, 119}$) = 34.70, p<.05 shows that the overall model has significant contribution to health seeking behaviour at 76.2%.

Health consciousness dimensions: Self-consciousness at ($F_{11, 119}$) β= .54, t = 6.04, health knowledge at ($F_{11, 119}$) β=.34, t = 3.62, health information seeking at ($F_{11, 119}$) β=.32, t = 3.40, physical health orientation at ($F_{11, 119}$) β= .58, t = 4.89, and health responsibility at ($F_{11, 119}$) β= .66, t = 5.80, had positive prediction on health seeking behaviour at p<.05. Conversely, health value at ($F_{11, 119}$) β=.05, t = .82, mental health orientation at ($F_{11, 119}$) β= .06, t =.68, and health motivation at ($F_{11, 119}$) β=.12, t = 1.26, had no prediction on health seeking behaviour at p>.05.

Discussion

The study showed that health consciousness dimensions significantly predict health seeking behaviour. This finding agrees with Adebayo et al. (2025) finding a significant positive correlation between health consciousness and proactive health-seeking behaviors. Similarly, the finding agrees with Johnson and Smith (2025) results indicated that sustained health consciousness over two years significantly improved health-seeking behaviors, particularly in preventive screenings. Further, the finding agrees with Carter and Lee (2025) findings that revealed a positive relationship between health consciousness and frequency of health service utilization.

The finding showed that increase in health consciousness means increase health seeking behaviour. This health consciousness dimensions such as self-consciousness, health knowledge, health information seeking, physical health orientation, and health responsibility had positive prediction on health seeking behaviour while health value, mental health orientation, and health motivation had no prediction on health seeking behaviour. Theoretically, this shows that patient's responses to symptoms and illness, and compliance with medical directives increase awareness on preventative health measures and screening. Since, perceived ability to adopt the desired behaviour instigate preventive health such as information sought/provided, persuasive communication, and personal experience), health motivation, perceived control, and perceived threat (Becker & Maiman, 1975). For a person's self-care is seen as being influenced by exposure-specific needs in addition to universal self-care needs that all people have tendency to hazard prevention, and health promotion.

Implications of the Study

Implications of the findings are as follows:

The findings will help healthcare providers to know the need for enhanced patient engagement strategies. By understanding the dimensions of health consciousness, they can tailor their care and efforts to better resonate with patients. For instance, fostering a sense of self-awareness in patients can lead to more proactive health seeking behaviour and management. This will make health providers to create supportive environments that encourage patients to seek information and take responsibility for their health.

In the same vein, psychologists can utilize these insights to inform their practice. Understanding how health consciousness influences behaviour can aid in designing interventions that encourage individuals to adopt healthier lifestyles. By integrating health consciousness dimensions into therapeutic approaches, psychologists can help clients develop a greater awareness of their health and motivate them to engage in health-seeking behaviours.

For policymakers, the findings highlight the importance of developing public health campaigns that promote health consciousness. Policies should focus on improving access to health information and resources, particularly in underserved communities. By investing in

educational programs that raise awareness about health issues and encourage healthy behaviours, policymakers can help cultivate a more health-conscious population.

The general public can benefit from the study's findings by recognizing the importance of being proactive about their health. Individuals are encouraged to seek out reliable health information, engage in self-reflection regarding their health behaviors, and take responsibility for their well-being. This awareness can lead to improved health outcomes and a greater sense of empowerment in managing personal health.

For scholars, the study contributes to the existing literature on health behaviour by providing a nuanced understanding of how different dimensions of health consciousness interact to influence health-seeking behaviour. Theoretically, this study suggests that health consciousness should be recognized as a multifaceted construct that significantly impacts health behaviour. This comprehensive understanding can enrich theoretical frameworks in health psychology and behavioral science, paving the way for future research that explores the interplay between health consciousness and other psychological constructs.

Recommendations

Based on the findings the following recommendations are made:

1. Government should improve the accessibility and quality of health information to the general public. This can be achieved by developing comprehensive programs that focus on health literacy. Utilizing various platforms, such as community workshops, and religious settings, which can help disseminate accurate health information and empower individuals to make informed health decisions and seek for help.
2. Individuals should be encouraged to develop a greater sense of self-consciousness regarding their health; this can significantly impact their health-seeking behaviour.
3. There should be campaigns that promote self-reflection and awareness about personal health risks which can motivate individuals to take responsibility for their health. The strategies might include self-assessment tools or interactive applications that help users track their health metrics and set personal health goals.

4. There is need for community programs that facilitate physical activities—such as group exercise classes, and walking clubs which can foster a culture of health consciousness.
5. Healthcare providers should receive training that emphasizes the importance of health consciousness in patient interactions. By understanding how to communicate effectively about health risks and the benefits of preventive care, providers can better engage people. This training should also focus on building rapport and trust, making patients feel comfortable discussing their health concerns.

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