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Assessment of Health-Seeking Behavior on Maternal and Child Health among Nursing Mothers in Public Primary Health Care Centres in Kwara State, Nigeria

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Abstract

This study assessed the health-seeking behaviours of nursing mothers in Kwara State, Nigeria. To achieve this purpose, the cross-sectional research design was used. The population was 942,441 nursing mothers in Kwara state, with a target population of 46,423 nursing mothers attending postnatal clinics in Public Primary Health Centres in Kwara State, Nigeria. The sample size of 420 was selected using multistage sampling procedures of stratified, proportionate, simple random and convenience. The instrument for data collection was a structured questionnaire developed by the researcher. Descriptive statistics of frequency and simple percentages were used to describe the demographic characteristics of the respondents. The research question was answered using mean and standard deviation, while the inferential statistic of a one-sample t-test was used to test the stated hypothesis at a 0.05 level of significance. The result revealed that the health-seeking behaviour of nursing mothers in Kwara State is significant ($t = 136.490$; $p = 0.000$). Based on the results, the study concluded that nursing mothers in Kwara State have good health-seeking behaviour. Based on the conclusion, the study recommends, among others, the need for increased awareness and health education campaigns to disseminate reliable and accurate information on health-seeking behaviour to nursing mothers to maintain the already established good health-seeking behaviour.

Keywords: Health-seeking Behaviour, Nursing Mothers, Maternal, Child Health

Introduction

Health-seeking behaviour (HSB) is a critical determinant of maternal and child health outcomes, particularly in low- and middle-income countries (LMICs) like Nigeria. HSB refers to the action individuals take to interpret and address health issues, encompassing preventive, curative, and rehabilitative measures (Mboweni & Sumbane, 2019; Latunji & Akinyemi, 2018). For nursing mothers, HSB is particularly significant as it directly impacts the health and survival of both mothers and their children. In Nigeria, maternal and child health indicators remain poor, with high rates of under-five mortality (U5MR) and maternal mortality (MMR). According to UNICEF (2020), Nigeria has an under-five mortality rate of 114 per 1,000 live births, ranking among the highest globally. Kwara State, with an under-five mortality rate of 45 per 1,000 live births, reflects this national trend, underscoring the need to understand the factors influencing HSB among nursing mothers in the state.

The health-seeking behaviour of nursing mothers is influenced by a complex interplay of socio-demographic, cultural, and economic factors. Studies have shown that socio-economic status, education level, and access to healthcare facilities significantly shape HSB. For instance, households with incomes below the minimum wage are less likely to seek formal medical care compared to wealthier households (Abdulbaqi et al., 2024). Similarly, educational attainment is positively correlated with the utilisation of modern healthcare services, as higher education levels enhance understanding of disease processes and treatment options (Akorede et al., 2022; Biu et al., 2025). In Nigeria, disparities in HSB are evident between rural and urban areas, with rural dwellers more likely to report inappropriate HSB compared to their urban counterparts (Latunji & Akinyemi, 2018). Cultural and religious beliefs also play a significant role in shaping HSB. In Nigeria, traditional and spiritual healing practices are deeply ingrained in many communities, often influencing healthcare decisions. For example, some nursing mothers believe that childhood illnesses have spiritual causes and prefer metaphysical healing methods over orthodox medical treatments (Popoola & Muraina, 2019). Additionally, religious beliefs can delay or deter the use of formal healthcare services, particularly in northern Nigeria, where cultural norms and practices heavily influence health decisions (Oyebanji, 2025).



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The Nigerian healthcare system is structured into primary, secondary, and tertiary levels, with primary healthcare (PHC) serving as the first point of contact for most individuals. However, the effectiveness of PHC is often hampered by inadequate funding, poor infrastructure, and a shortage of skilled healthcare workers (Abdubaqi et al., 2025). In Kwara State, the ratio of population to PHC facilities is a critical factor influencing HSB. Areas with a high population-to-PHC ratio are less likely to have skilled birth attendants present during childbirth, leading to poorer maternal and child health outcomes (Abdubaqi et al., 2025).

Maternal and child health outcomes are further compromised by the high prevalence of inappropriate HSB, such as self-medication and reliance on traditional healers. In many LMICs, self-treatment is often the first line of action for common illnesses, with many individuals preferring easily accessible patent medicine vendors over formal healthcare facilities (Akorede et al., 2022). This practice is prevalent among nursing mothers, who may lack the knowledge or resources to seek appropriate medical care. Inappropriate HSB not only leads to poor health outcomes but also contributes to the high burden of preventable diseases and mortality among women and children in Nigeria. The role of nursing mothers in determining the health outcomes of their children cannot be overstated. As primary caregivers, nursing mothers are responsible for detecting early signs of illness and making critical decisions about seeking medical care. However, their ability to make informed decisions is often constrained by socioeconomic and cultural factors. For instance, women in lower socio-economic strata are less likely to deliver in health facilities compared to their wealthier counterparts (Akorede et al., 2022). This disparity is concerning, given the vulnerability of infants and children to diseases and infections, which can lead to high infant mortality rates if appropriate care is not sought (Abdulbaqi et al., 2025; Akorede et al., 2022).

Despite the growing body of research on HSB in Nigeria, there is a paucity of studies focusing specifically on nursing mothers, particularly in Kwara State. Existing studies have primarily examined general HSB patterns and socio-demographic factors influencing healthcare utilisation (Adongo et al., 2022; Engeda et al., 2016). However, little is known about the decision-making processes of nursing mothers in accessing healthcare services. The high under-five and maternal mortality rates in Kwara State, coupled with the disparities in healthcare access and utilisation, highlight the urgent need to examine the HSB among nursing mothers. It is based on this that the researchers deem it fit to assess the health-seeking behaviour of nursing mothers in Kwara State.

Research Methodology

The study employed a cross-sectional research design, which is appropriate for the study because it is a non-experimental design that is used to examine data from a specific group at one point in time (Akorede et al., 2023). The population of the study included all nursing mothers in Kwara State, with a specific focus on those attending postnatal clinics in Public Primary Health Centres (PHCs). The total population of nursing mothers in the state was 942,441, while the target population registered for postnatal care between December 2022 and January 2023 was 46,423. A sample size of 420 respondents was selected, which was determined to be statistically adequate based on a 95% confidence level and a 5% margin of error. To ensure broader representation, the sample size was slightly increased beyond the recommended 384 respondents. A multi-stage sampling procedure was utilized to select the study participants. In the first stage, stratified sampling was employed to divide nursing mothers into the three senatorial districts of Kwara State: Kwara South, Kwara Central, and Kwara North. This stratification ensured that the sample reflected the diversity of the population. In the second stage, proportionate sampling was used to select 40% of the local government areas (LGAs) from each stratum, resulting in two LGAs from Kwara Central, three from Kwara South, and two from Kwara North. The third stage involved simple random sampling to select specific LGAs from each senatorial district, ensuring unbiased representation. In the fourth stage, two Primary Health Care Centres (PHCs) were randomly selected from each of the chosen LGAs, totaling 14 PHCs across the state. The fifth stage used proportionate sampling to determine the number of respondents from each PHC, calculated based on the population size of each PHC relative to the overall sample size. Finally, convenience sampling was employed to approach nursing mothers at their respective PHCs during postnatal care visits. This multi-stage approach ensured a representative and unbiased sample. Data collection was conducted using a structured questionnaire titled "The health-seeking behaviour of Nursing mothers in Kwara State, Nigeria." The questionnaire was divided into two sections: Section A focused on socio-demographic characteristics, while Section B assessed health-seeking behaviour using a modified four-point Likert scale. The instrument's validity was ensured through expert review by professionals from the



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Departments of Human Kinetics and Health Education and Nursing Sciences at Ahmadu Bello University, Zaria. Data collection took place over six weeks, with researchers administering copies of the questionnaire directly to respondents at PHCs and providing clarifications as needed. The collected data were analysed using descriptive statistics (frequency and percentages) for demographic variables, while the research question was addressed using mean and standard deviation. The null hypothesis was tested using a one-sample t-test at a 0.05 significance level, with analysis conducted using SPSS version 24.0.

Presentation of Results

Table 1: Demographic Characteristics of the Respondents (n = 420)

Variables	Options	Frequency	Percentage (%)
Age	Below 20	46	11.0
	20 – 30	275	65.5
	31 – 40	69	16.4
	Above 40	30	7.1
Level of Education	None	26	6.2
	Primary	48	11.4
	Secondary	204	48.6
	Tertiary	142	33.8
Religion	Christianity	77	18.3
	Islam	317	75.5
	Traditionalist	26	6.2
Ethnicity	Yoruba	337	80.2
	Igbo	10	2.4
	Hausa	19	4.5
	Nupe	45	10.7
	Others	9	2.1

Table 1 shows the demographic characteristics of the respondents. The analysis revealed that 46 (11.0%) out of 420 respondents were below 20 years of age, 275 (65.5%) were between 20 – 30 years old, 69 (16.4%) were between 31 – 40 years old, and the remaining 30 (7.1%) were above 40 years old. This implies that the majority of the respondents in the study area are youth. The analysis of respondents' level of education. The analysis shows that 26 (6.2%) have no educational background, 48 (11.4%) have primary education, 204 (48.6%) have secondary education, and 142 (33.8%) have tertiary education. Furthermore, Table 1 revealed that most of the respondents were Muslims (317; 75.5%), Christians (77; 18.3%) and Traditionalists (26; 6.2%). This buttresses the fact that the study area is dominated by Muslims. From the ethnic perspective, Yoruba are the majority with 337 (80.2%), Igbo with 10 (2.4%), Hausa with 19 (4.5%), Nupe with 45 (10.7%) and other ethnic groups, such as Igala, Ibira, as well as Fulani, account for 9 (2.1%). This affirmed that Kwara State is dominated by the Yorubas.

Research Question: What is the health-seeking behaviour of nursing mothers in Kwara State?

Table 2: Mean and Standard Deviation of Health Seeking Behaviour of Nursing Mothers in Kwara State

S/N	Item	Mean	Std Dev
Appropriate Health Seeking Behaviour			
1.	When I see symptoms of illness, I visit a medical doctor for medical diagnosis	3.72	0.68
2.	When I'm unwell, I go to the doctor for medical advice	3.67	0.67
Inappropriate Health Seeking Behaviour			
3.R	I visit nursing home when I observe sickness symptoms during my nursing period	2.59	1.18
4.R	I only visit nursing homes when I am sick during nursing period	2.62	1.18
5.R	When I see any symptoms of illness, I visit the pharmaceutical shop for medication	2.59	1.06
6.R	My preference for treatment is a pharmaceutical shop when I am sick during nursing period	2.57	1.10
7.R	When I see any symptoms of illness, I prefer seeking advice at the religious centre	3.23	0.96
8.R	I prefer visiting the religious centre for treatment when I am sick during nursing period	3.25	0.94



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9.R	I consult traditional healers when I observe sickness symptoms during nursing period	3.43	0.87
10.R	I visit traditional healers for treatment when sick	3.40	0.86
11.R	I self-medicate when I notice sickness symptoms	2.98	0.92
12.R	I use self-medication (over-the-counter drugs) for my sickness	2.94	0.94
13.R	Whenever I sense any symptoms of sickness, I take no action.	3.32	0.94
14.R	When I'm sick during nursing period, I don't do anything	3.46	0.73
15.R	When I notice any illness-related symptoms, I consult the internet for prescription advice	3.58	0.75
16.R	I consult the internet when medical attention is needed	3.62	0.71
17.R	I visit patent medicine vendors when I notice sickness symptoms	2.93	0.99
18.R	If I am sick, I'll seek care from patent medicine vendors in my area	3.00	1.01
	Average	3.16	0.92

(Decision Mean – 2.5)

Table 2 shows the mean scores of the responses on the health-seeking behaviour of nursing mothers in Kwara State, Nigeria. The responses for each item were computed, and item 1 had the highest mean score of 3.72, indicating that the majority of the respondents affirmed that they visit a medical doctor for medical diagnosis when symptoms of illness manifest. The remaining items represent various inappropriate health-seeking behaviours, including seeking health care at nursing homes, pharmaceutical shops, religious centres, traditional healers, self-medication, seeking information from the internet, and visiting patent medicine vendors. Overall, these behaviours are considered appropriate health-seeking actions with mean scores above 2.50. However, the average mean score of 3.16 was obtained across all items, which is greater than the decision mean of 2.50, indicating that, on average, the nursing mothers in Kwara State have good health-seeking behaviour.

Hypothesis: Health-seeking behaviour of nursing mothers in Kwara State is not significant.

Table 3: One-Sample t-test Analysis on the Significance of Health Seeking Behaviour of Nursing Mothers in Kwara State

Variable	N	Mean	Std. Dev.	df	t-value	p-value	Decision
Health Seeking Behaviour	420	3.16	0.92	419	136.490	0.000	Rejected
Test Mean	420	2.50	0.00				

Calculated $p < 0.05$, calculated t-value > 1.972 at df 419

The result of the one-sample t-test statistics in Table 3 revealed that the health-seeking behaviour of nursing mothers in Kwara State is significant because the calculated p-value of 0.000 is lower than the 0.05 level of significance, and the calculated t-value of 136.490 is higher than the 1.972 critical t-value at 419 degrees of freedom (df). Therefore, the null hypothesis, which stated that the health-seeking behaviour of nursing mothers in Kwara State is not significant, is hereby rejected. This means that nursing mothers in Kwara State have good health-seeking behaviour.

Discussion of Findings

The findings from the study revealed that the health-seeking behaviour of nursing mothers in Kwara State is significant. This is because the calculated p-value of 0.000 is lower than the 0.05 level of significance, and the calculated t-value of 136.490 is higher than the 1.972 critical t-value at 419 degrees of freedom. This means that nursing mothers in Kwara State have appropriate health-seeking behaviour. This is consistent with the study conducted by Kolola et al. (2016) on healthcare-seeking behaviour for common childhood illnesses in Jeldu District, Oromia Regional State, Ethiopia; Adane et al. (2017) on the utilisation of health facilities and predictors of health-seeking behaviour for under-five children with acute diarrhoea in slums of Addis Ababa, Ethiopia; and Apuleni et al. (2021) on predictors of health-seeking behaviours for common childhood illnesses in poor resource settings in Zambia. Abdul-Aziz (2015) similarly found that the majority of the respondents indicated they visit modern health facilities when they are ill, results when examining healthcare-seeking behaviour among adolescents in basic schools in Yamoransa.

Latunji and Akinyemi (2018) examined the factors influencing health-seeking behaviour among civil servants in Ibadan, Nigeria and found that 63.1% of the respondents used formal healthcare sources, which implies appropriate health-seeking behaviour. A similar study by Dawood et al. (2017) on the assessment of health-seeking behaviour and self-medication



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among the general public in the state of Penang, Malaysia affirmed that most participants tend to consult a physician as a first action to treat any health problems, whereas some minority of the population would choose to consult the pharmacists as a first action if they face any health problems. Good health-seeking behaviour will reduce complications, morbidities and mortality in households and promote family health, especially maternal and child health.

This finding disagrees with Emilia et al. (2017), who assessed the socio-demographic characteristics and health-seeking behaviour for malaria treatment among caregivers of under-five children with fever in Imo State, Nigeria. The study found inappropriate health-seeking behaviour among caregivers of under-5 children. Only 18.6% practised appropriate health-seeking behaviour. The reason for low appropriate HSB was attributed to the fact majority of caregivers first sought treatment in a medicine shop rather than a health facility, and most caregivers who sought treatment in a health facility were delayed more than 24 hours from the onset of fever. Aigbokhaode et al.'s (2015) study on health-seeking behaviour among caregivers of under-five children in Edo State, Nigeria showed poor health-seeking practices. The major factors associated with this poor health-seeking behaviour were: poor recognition of danger signs, cost of treatment, and long waiting times in the health facilities.

Balisi (2019) determined the health-seeking behaviour of caregivers of children under five years old with diarrhoea in Maun and found that only 40.3% of caregivers sought appropriate health care. Low levels of appropriate health-seeking behaviour were also found by Mukiira and Ibisomi (2015) in a study of healthcare-seeking practices of caregivers of under-five children with diarrhoeal diseases in two informal settlements in Nairobi, Kenya, where 55% of the caregivers were found to have practised inappropriate healthcare-seeking behaviour.

Conclusion

The nursing mothers in Kwara State demonstrate good health-seeking behaviour, which is a positive indicator of their awareness and commitment to maintaining their health. However, to sustain and further improve this behaviour, it is essential to implement increased awareness and health education programmes. These programmes should focus on providing accurate and reliable information to nursing mothers to ensure that they continue to make informed decisions regarding their health and well-being.

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