



## **A Survey of Health-Seeking Behaviour of Residents in Two Local Government Areas in Ibadan, Oyo State, Nigeria during COVID-19 Pandemic**

**Taofeeq Adebayo Olaigbe<sup>1\*</sup> and Abiodun Sekinat Bode-Okunade<sup>1</sup>**

<sup>1</sup>*Department of General Studies, The Polytechnic, Ibadan, Nigeria.*

### **Authors' contributions**

*This work was carried out in collaboration between both authors. Author TAO designed the study, wrote the protocol and wrote the first draft of the manuscript. Author ASBO managed the analyses of the study also managed the literature searches and revised the manuscript for intellectual content and clarity. Both authors read and approved the final manuscript.*

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### **ABSTRACT**

**Introduction:** COVID-19 has affected all spheres of human endeavour in a developing country like Nigeria. In a bid to stop the spread of this virus, different preventive measures were put in place by all the levels of government. Therefore, studying the health-seeking behaviour of residents in the face of the deadly COVID-19 virus becomes paramount in this study.

**Aim:** This cross-sectional survey sought to investigate various health seeking behaviours exhibited by residents of Oyo state, Nigeria during the COVID-19 Pandemic.

**Methods:** In this cross-sectional study, the multi-stage sampling techniques were finally used to select 327 respondents, aged 22-51 years with (Mean = 31.11, SD = 7.22) from two local government areas in Ibadan, Oyo state, Nigeria.

**Results:** The result found that majority of the respondents' experienced one form of signs and symptoms during COVID-19 pandemic. Also, many of the respondents experienced headache as

\*Corresponding author: Email: [olaigbe.taofeeq@polyibadan.edu.ng](mailto:olaigbe.taofeeq@polyibadan.edu.ng);

major signs and symptoms during the COVID-19 Pandemic. Furthermore, fear of being diagnosed with COVID-19 was the major barrier to health seeking behaviour during COVID-19 pandemic while taking of local herbs was used by majority of respondents' during COVID-19 pandemic.

**Conclusion and Recommendation:** The COVID-19 pandemic affected residents' healthcare-seeking behaviour Ibadan, Oyo state Nigeria. It was recommended that professional sociologists and health experts should develop health promotion and intervention programme tailored toward improving health seeking behaviour of residents during and after COVID-19 pandemic.

*Keywords: Health-seeking behaviour; signs and symptoms; COVID-19 pandemic; residents; Nigeria.*

## 1. INTRODUCTION

Health is wealth; hence every individual strives to achieve stable health that is devoid of illness for human welfare which is paramount to improving the growth and development of a nation [1]. According to the World Health Organization [2] health is "the state of overall physical, mental and social well-being and not only the absence of disease." This definition reveals health from the overall perspective which involves social factors and not just biological factors alone. Health also refers to as an overall individual fitness for a fruitful creative living [3]. Maintaining healthy in the face of diseases or illness involve individual engaging in what is referred to as health-seeking behaviours when the need arises. Health-seeking behaviour or illness behaviour refer to the steps individual use in interpreting health challenges as well as measures taken to solve these problems [4]. Health-seeking behaviour involves comprehensive strategy of health care use which inculcates activities that avert and cure health issues, maintain bodily state and well-being [5]. It is also an act of taking choices from available options and the easiness with which people can make certain selection over another [6].

Approximately, 10 million people including children in developing countries such as Nigeria die each year before reaching the age of five (5) year from ailments, such as pneumonia, diarrhoea, and malaria [7]. In Nigeria, health system is structured into primary, secondary, and tertiary levels of care. The primary health care provides health care at the grassroots level mostly in the rural and sub-urban areas. Secondary health care focus health care to the semi-urban while tertiary facilities provides care for people in the urban city. Sources of health care in many developing countries such as Nigeria include traditional/herbal, faith healers, Patent Medicine Vendors (PMVs) and orthodox health facilities. Often time, many people combined the use of this health sources in

Nigeria [8].The private sector is highly active in Nigeria providing up to 60% of healthcare service in Nigeria [9]. World Health Organization affirmed that many people in African countries including Nigeria do not seek for health care because of poor access to formal health care services which has predisposed them toward engaging in self-medication [10].

According to [11, 12], seeking professional health care in terms of type and source is influenced by factors such as educational status of an individual, economic status, severity of the symptoms of sickness, socio-cultural influences, distance, and quality of health care facilities. Also, cost of treatment, individual's income, degree to which the individual is bothered about the symptoms and period of undergoing are also some of the signs and symptoms that one's need to seek care. It is obvious that individuals differ in their readiness to seek help from health care services. While some may willingly go for treatment, others will do so only when in severe distress or pains and critical state of ill health. The choice of the health care provider consulted for a symptom is also connected to the perceived cause of symptom [13]. Studies have shown that inappropriate health seeking behaviour cause poor health outcomes, higher morbidity and mortality and poor health statistics [14, 15].

Many studies conducted in and outside Nigeria on health-seeking behaviour and its associated factors focused on ways people react to health issues, personal and socio-demographic factors, men's health-seeking behaviour, health-seeking behaviours of infants by their caregivers, communication experiences in accessing healthcare and factors influencing health-seeking behaviour among civil servants [16-20,5,21-23]. Nevertheless, little is known about the health-seeking behaviour of residents during COVID-19 pandemic in Nigeria, especially in Oyo state (one of the most hit states with the virus as at the time of this study).

COVID-19 also synonymously called coronavirus disease has become a public health emergency since its emergence in a city called Wuhan, a province of China on 17<sup>th</sup> November 2019 [24]. The illness according to scientists is caused by the virus strain Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and has affected people in more than 173 countries [25]. This made world health organisation [26] declares the illness as a global pandemic because of its increased morbidity and mortality rate. Globally, over 10.2 million have been infected with the illness, with 5.15 million recoveries and 502,000 deaths as at 28<sup>th</sup> June 2020 [27].

In Nigeria, the index case of the COVID-19 reported on February 28, 2020 was an Italian man who was on a business trip to Lafarge Cement Company in Ewekoro, Ogun State. The virus spreads when an infected person either coughs or sneezes openly, or when a person touches a surface or object that is contaminated with the droplet of the virus and subsequently touches the eyes, nose, or mouth. The total confirmed cases as on 29<sup>th</sup> June 2020 was 24,567 with 565 deaths and 9,007 discharged [28]. This has continued to create a lot of anxiety across the world and in Nigeria especially as this virus has no vaccine for now. Also, the rate at which the virus has killed important personality like the Chief of Staff to Nigeria President Mr Abba Kyari, formal senator and Governor of Oyo state Abiola Isiaka Ajimobi, Senator Bayo Osinowo and other well-meaning Nigerians has created panic and various degrees of psychosocial challenges to most Nigerians. Also, information and misinformation about the transmission of the virus, period of isolation and the impact on the socio-economic, political and psychological livelihood of people in the society has also put the general population at risk of mental health distress. The virus has stretched the health institution in Nigeria in which stadia, hotel and private facilities have been converted by government as isolation centre for COVID-19 patients' treatment in Nigeria.

The COVID-19 pandemic has affected the way people seek health care in Nigeria. The fear of seeking health care in the hospital has been largely caused by the fear that they could contract the virus if they visit the hospital. cursory observations by the researchers revealed that some households who need medical treatment in Ibadan have now resulted toward engaging in self-medication for fear of visiting the hospital as a result of not wanting to

contract the virus. Also, the myth that people who visited the hospital during the current pandemic were diagnosed with COVID-19 has made many residents desist from seeking health care from the hospital. Ordinary citizens who sought medical help were either turn down or were not given adequate attention; hence this made many households sought alternative health care from informal individual from traditional/herbal, healers, and Patent Medicine Vendors (PMVs). This development has made many residents' health deteriorate drastically, even in some cases led to serious health complications. This study is therefore timely and relevant as it will help practitioners as well as government in understanding the effect of COVID-19 pandemic on health-seeking behaviour and possible holistic intervention aim at improving professional health-seeking behaviour among residents in an emerging country like Nigeria. To the best of our knowledge, no study has been reported to investigate the health-seeking behaviour of residents during COVID-19 pandemic in Oyo State, Nigeria. This study was guided by the following research questions:

1. Do residents experience signs and symptoms during the COVID-19 pandemic?
2. What are the common signs and symptoms experienced by residents during the COVID-19 pandemic?
3. What are the barriers toward health-seeking behaviour during the COVID-19 pandemic?
4. How do residents react to symptoms of illness experienced during the COVID-19 pandemic?

## 1.1 Theoretical Framework

### 1.1.1 Health Belief Model (HBM)

This study adopted the Health Belief Model (HBM). The model was originally proposed by Rosenstock [29] and modified by Becker [30]. The model remains as one of the best models for researchers to predict protective health behaviour. The model suggests that whether or not people change their behaviour will be influenced by an evaluation of its feasibility and its benefits weighed against its cost, in other words, people considering their behaviour engage in a cost-benefit analysis. This may include their belief concerning the likelihood of the injury happening to them (their susceptibility), the severity of the injury; and the efficacy of the

action and whether it will have some personal benefit, or how likely it is to protect the person from the illness or injury. People's perception and assessment of risk is central to the application of this model. Most people make a rough assessment about whether they are at risk.

This seems to be influenced by three factors namely personal experience; ability to control the situation; and a kind of general feeling that the danger is thoroughly nasty and able to kill easily [31]. However, in many situations, people have an unrealistic optimism that it will not happen to them [32]. The Health Belief Model (HBM) also suggests that people need to have some kind of cues to take action to change behaviour or make a health-related decision. The issue needs to become salient or relevant. The cue could be noticing a change in one's internal state or

appearance; or an external trigger such as the death of someone close. It could also be a comment from a significant other. These could lead people to desire to comply.

Relating this theory to this study, residents seek health care when they know they are sick (perceived susceptibility) and that the mild symptoms can increase its severity (perceived severity) they tend to seek for quick and timely treatment. An individual who do not see bodily changes in terms of (Cues to action) that occur during illness as threatening, they tend to delay seeking health care during the manifestation of less signs and symptoms. A situation when the individual sees the benefit of seeking prompt health care than perceived barriers to taking such actions, they tend to quickly seek for good professional medical help.

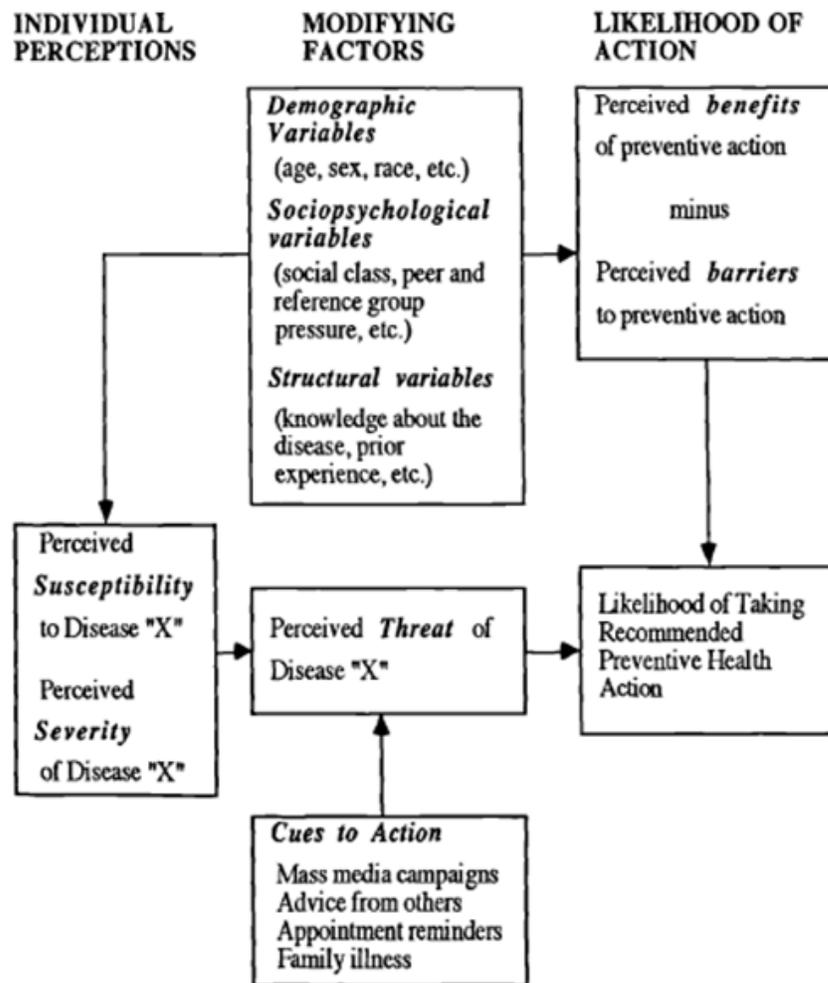


Fig. 1. The health belief model [33]

## **2. MATERIALS AND METHODS**

### **2.1 Study Design**

The study adopted the cross-sectional survey research design. The design was adopted because it enables the researchers to collect data at a specific point in time, among and across different sections of participants from different environment. Furthermore, the design enables the researchers not to manipulate any variables rather observed the variables as they occur through the use of a standardised questionnaire which was used to collect data in the study.

### **2.2 Setting and Population**

The study was carried out in two local governments namely Ido and Akinyele Local Government Areas of Ibadan, Oyo State. Ido Local government area was created in May 1989 in Ibadan, Oyo State, Nigeria. Its headquarters are in the town of Ido. It has an area of 986 km<sup>2</sup> and a population of 103,261 while Akinyele Local Government was also formed in 1976 also in Ibadan, Oyo state. Its headquarters is in Moniya. It occupies a land area of 464.892 square kilometers with a population density of 516 persons per square kilometer. The population of the study consisted of residents who were residing in these two local government jurisdictions.

### **2.3 Sampling Technique**

Multistage sampling technique was used in this study. In the first stage, purposive sampling technique was used to select Ibadan metropolis. In the second stage, simple random sampling (balloting type) was used to select two local government areas out of the eleven Local government areas in Ibadan while in the third stage convenience sampling technique was used to select the respondents.

### **2.4 Instruments**

A self-designed questionnaire was used to collect data in this study. The first section tagged respondent socio-demographic factors such as age, gender, religion, highest educational qualification, household size, Income level and marital status. The second part measured common signs and symptoms experienced during the COVID-19 pandemic. The third

section measured barriers toward engaging in health-seeking behaviour while the fourth section measured residents' reaction to symptoms of illness experienced during the COVID-19. In validating the instrument for the study, a face and content validity was established among behaviourist experts such that items that receive expert acceptance were combined into a composite questionnaire and administered to 50 persons to determine its reliability. A Cronbach's alphas of .86, .74 and .69, were obtained for section B, C and D respectively.

### **2.5 Procedure**

The Polytechnic, Ibadan, Nigeria which was based on the substantial compliance of the Declaration of Helsinki for research in human subjects. The researchers also got verbal permission from the two concerned authority in the two local governments. Thereafter, the researcher with two research assistance who were trained on data administration and collection visited each resident in their households to inform them of the purpose, objectives and importance of the study. The participants were assured that their responses will only be used for research purpose and when they feel uncomfortable with the study, they have the right to withdraw from the study anytime they so wish to do so. Hence the questionnaires were given to residents aged 22 years and above in their household. A total number of 350 questionnaires were distributed in the two local governments, but 332 were retrieved but only 327 who have completed the responses were finally used for the analysis. The data administration and participation took approximately two weeks across the two local government areas.

### **2.6 Data Analysis**

Descriptive statistics such as mean, standard deviation and frequency were used to analyse the socio-demographic characteristics as well as the research questions in the study. The analysis of the descriptive statistic was performed using the Statistical Package for the Social Science (IBM-SPSS version 23).

## **3. RESULTS**

The mean age of the 327 participants was 31 years (SD 7.2); Other socio-demographic characteristics are summarized in Table 1.

**Table 1. Sample characteristics (n = 327)**

S/N	Variable	Labels	Frequency	Percentage
1	Gender (n=327)	Male	222	67.9
		Female	105	32.1
2	Age (n=327)	22-30 years	207	63.3
		31-40 years	82	25.1
		41-50 years	29	8.9
		51 years and above	9	2.8
3	Marital status (n=327)	Single	86	26.3
		Married	224	68.5
		Widowed	11	3.4
		Separated	6	1.8
4	Religious affiliation (n=327)	Christianity	184	56.3
		Islam	133	40.7
		Traditional	10	3.1
5	Educational qualification (n=327)	None	14	4.3
		Primary	104	31.8
		Secondary	209	63.9
		Post-secondary		
6.	Household size (n=327)	1-5	177	36.1
		6-10	120	54.1
		11 and above	32	9.8
7.	Income level (n=327)	5,000 – 30,000	118	36.1
		31,000 – 60,000	177	54.1
		61,000 and above	32	9.8

Table 1 gives the distribution of demographic characteristics of the respondents. In terms of age, 207(63.3%) respondents were between the ages of 22-30 years, 82(25.1%) were between the ages of 31-40 years, 29(8.9%) were between the ages of 41-50 and 9(2.8%) were 51 years and above. In terms of gender, 222(67.9%) were males while 105(32.1%) were females. In terms of marital status, 86(26.3%) were single, 224(68.5%) were married, 11(3.4%) were widowed while 6(1.8%) were separated. In addition, it was shown that 184(56.3%) practiced Christianity, 133(40.7%) practiced Islam while 10(3.1%) claimed they were traditionalist. Respondents' educational qualifications showed that 14(4.3%) have no formal education, 104(31.8%) claimed they have primary education while 209(63.9%) have post-secondary education. In terms of house size, 177(54.1%) claimed they were between 1-5 in their household, 120(36.7%) claimed they were between 6-10 in their household while 30(9.2%) claimed they were 11 and above in their household. Lastly, in regards to respondents' income level, 118(36.1%) earned between 5,000 – 30,000, 177(54.1%) earned between 31,000 – 60,000 while 32(9.8%) earned 61,000 and above.

### 3.1 Ever Experienced Signs and Symptoms of Illness during COVID-19

Fig 2 reveals that out of the 327 respondents, majority of the respondents (85.9%) reported having experienced signs and symptoms of any kind of illness during the COVID-19 pandemic while 14.1% reported never having any symptom of illness during the COVID-19 pandemic. It can be deduced that many residents in this study experienced symptoms during the COVID-19 pandemic lockdown.

### 3.2 Signs and Symptoms of Diseases Experienced during the COVID-19 Pandemic

Fig 3 shows that of the 327 respondents who agreed to have experienced symptoms of illness, the following proportions have experienced different symptoms: 7.3% agreed to have experienced fever, 4.9% experienced others symptoms, 5.2% experienced abdominal pain, 5.5% had dental problems, 8.9% experienced boil on any part of the body, 6.4% experienced eye problems, 1.2% had body pain, 11.6% had malaria, 34.9% experience headache, while

14.1% did not respond to the question. It can be inferred from the study that headache is the common sign and symptoms experience by respondents during the COVID-19 pandemic.

### 3.3 Barriers of Engaging in Health-Seeking Behaviour during COVID-19 Pandemic

Fig 4 shows that 4% showed embarrassment in disclosing health concerns, 3.1% showed lack of empathy by health professional, 8% of the

respondents agreed to other barriers not stated in the study, 2.4% asserted that they doubt the ability of professionals to help, 10.7% opined inadequate transportation means as a barrier, 4.9% agreed to cost of medical bill, 6.1% opined that they did not want to contract COVID-19. 46.5% opined fear of been diagnosed of COVID-19 and finally 14.4% agreed about their anxiety about going to hospital. It can therefore be deduced from the table above that fear of been diagnosed of COVID-19 was the major barrier to health seeking behaviour during COVID-19 pandemic.

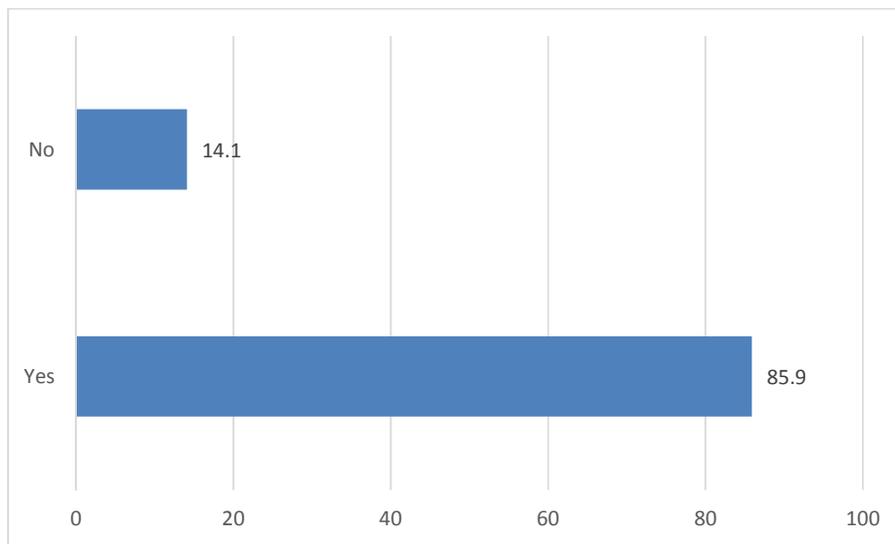


Fig. 2. Signs and symptoms of illness during COVID-19

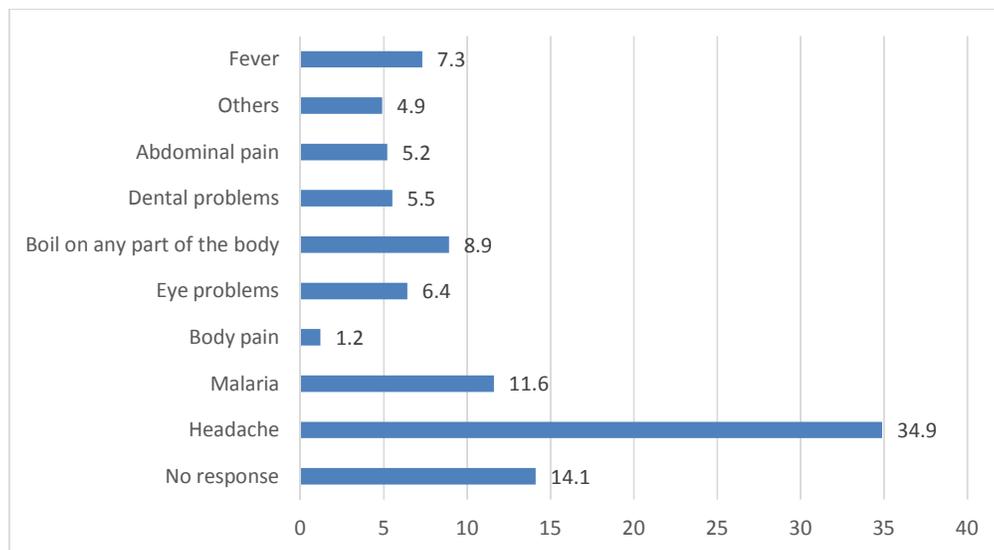
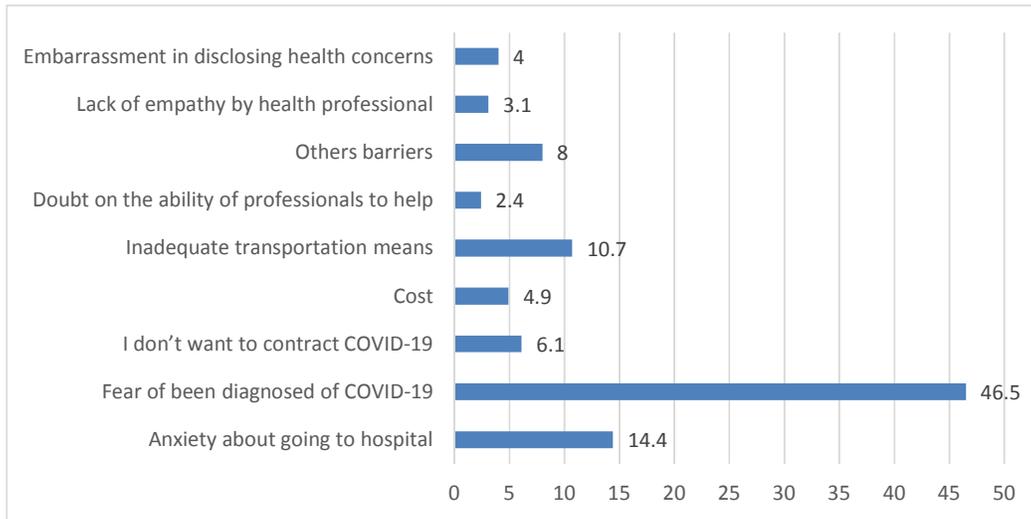
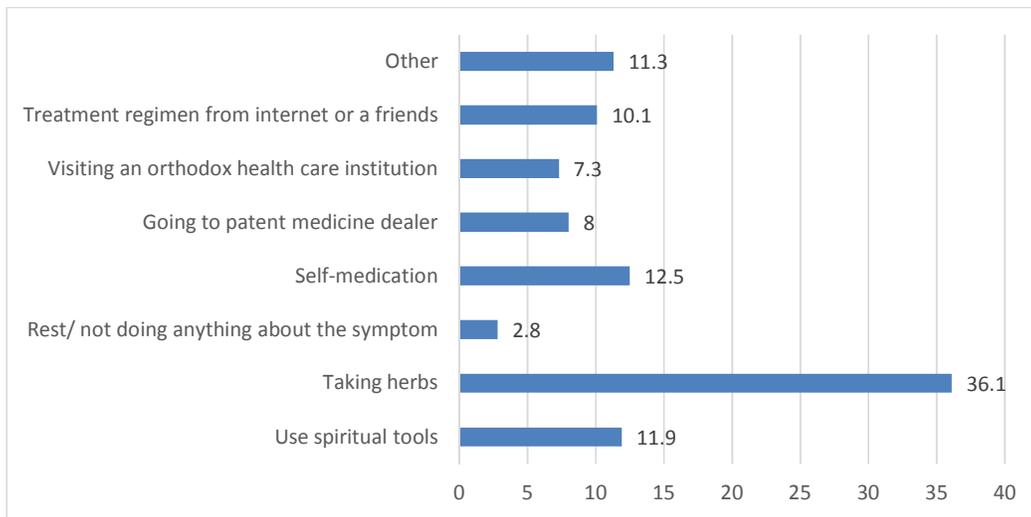


Fig. 3. Signs and symptoms experience during COVID-19 pandemic



**Fig. 4. Barriers of engaging in health seeking behaviour during COVID-19 pandemic**



**Fig. 5. Reaction to symptoms of illness during the COVID-19 pandemic**

### 3.4 Reaction to Symptoms of Illness during COVID-19 Pandemic

Fig 5 reveals that 11.3% opined that they used other means to response to symptoms experience, 10.1% agreed they used treatment regimen from internet or friends, 7.3% opined they visited orthodox health care institution, 8% assert they visited patent medicine dealer. Furthermore, 12.5% engaged in self-medication, 2.8% asserted they were doing nothing about the symptom, 36.1% opined to the use of taking herbs while 11.9% used spiritual tools. It can be concluded from the analysis that taking of local herbs was used by majority of respondents during COVID-19 pandemic.

### 4. DISCUSSION

The COVID-19 pandemic has continued to ravage the world since the month of November in the year 2019 and this has created panic and fear to the citizen to the extent that it has affected the health seeking behaviour of residents. This study therefore examined the health-seeking behaviour of residents during the COVID-19 pandemic in Oyo state. Regarding the first objective, the findings show that a large proportion of the study participants showed signs and symptoms of illness in the last three months. This is because the pandemic produced a lot of physical and psychological challenges to residents especially during the partial lockdown

in the state and the anxiety that COVID-19 is a dangerous and deadly virus. Our findings related to the second research question found that headache is the most experienced signs and symptoms during the COVID-19 pandemic among the respondents. This is in agreement with the findings of the study who found that body aches (including headaches) and eye problems were the most common health problems among students in a college [34]. The possible explanation for this result is because in Oyo state partial lockdown in the form of curfew was initiated by the government of the state; hence residents in the state overstressed themselves because of the limited time available to do whatever they wanted to do and returned back home early. The resultant stress could have culminated to cause headache which was paramount among the respondents.

The findings for the third objective found that the fear of being diagnosed of COVID-19 was the major barrier why residents did not engage in professional health-seeking behaviour. The study findings found that Nigerians feared the risk of contracting COVID-19 virus which caused psychological distress [35]. The justification for the finding was associated with the myth that COVID-19 patients were treated in an isolation centre located in the hospital, hence all patients who visited the hospital will also be diagnosed with COVID-19. The lack of trust that the residents held toward the government could also be another reason for the negativities among the residents. We therefore caution that this implication could result in many people compounding their health issue which could eventually lead to high death rate because of their refusal to visit to health practitioners for proper professional medical care.

Our findings for the fourth objective also found that taking of herbs was used by majority of the respondents during COVID-19 pandemic. The study findings were not in line with the previous findings where the study revealed that people were more likely to seek orthodox care earlier if they were educated on the nature of the illness [36]. The possible explanation why the finding was so is because COVID-19 contributed significantly to economic downturn, hence people have little funds to rely on, this therefore initiate many residents to use herbs that are relatively cheaper to combat their health challenges.

## **5. CONCLUSION**

It is important to seek professional health care whenever the need arises especially at a time

when the whole world including Nigeria is trying all it can to flatten the spread of the deadly SARS-CoV-2. Based on the findings of the study, we concluded that majority of respondents in the study experienced at least one sign and/or symptom during the COVID-19 lockdown, and headache is the paramount symptom that the residents experienced during COVID-19 pandemic. Furthermore, fear of being diagnosed with COVID-19 was the major barrier to health-seeking behaviour among residents during COVID-19 pandemic. Finally, taking of herbs was used by the majority of the respondents during COVID-19 pandemic in Oyo state, Nigeria.

## **6. RECOMMENDATIONS**

Considering the findings of this study, the following are suggested in order to improve health seeking behaviour among residents during the pandemic period:

1. Professional sociologists and health experts should develop health promotion and intervention programme tailored toward residents in order to improve their health-seeking behaviour during and after COVID-19 pandemic.
2. The Nigeria government through the Ministry of health should intensify campaign programmes through the mass media which should be disseminated in English and different local dialects on the need to seek professional health care during the coronavirus pandemic.
3. Finally, hospital staff such as doctors and nurses should at all time show positive behaviour such as empathy and love to residents who come for medical health care.

## **7. LIMITATION AND SUGGESTION FOR FURTHER STUDIES**

Despite the rich contribution to health-seeking behaviour literature, the present study has some limitations that require caution in interpretation and generalization of results. First, the study used only two local governments areas with relatively small sample size in Ibadan, hence generalising the result to other local government in Oyo state and other parts in Nigeria could be challenging. The cross-sectional nature of data collection limits the ability to make causal inferences in the study. Also, respondent bias which is often common in self-report survey study could also have influenced the result. The

present study therefore suggests that further studies should investigate this issue using larger sample size and more states in Nigeria. Further study can also explore triangulation of methods in collecting data for more robust findings. Finally, longitudinal study of the subject matter could also be initiated by future study.

### CONSENT AND ETHICAL APPROVAL

Institutional based ethical approval was obtained from the Health Research Ethics Committee of the Department of General Studies. The respondents who agree to participate in the study those consent has been taken.

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### COMPETING INTERESTS

Authors have declared that no competing interests exist.

### REFERENCES

1. Adaramaja SR, Ogunsola MT. Demographic factors as correlates of health-seeking behaviour of the people of Oyo state, Nigeria. *GJDS*. 2014;11(2):100–115.
2. World Health Organization. Preamble to the constitution of the World Health Organization as adopted by the international health conference. New York. 1946. Signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948
3. Agbeko WW. Predictors of socio-cultural health related risky – Behaviours among in-school adolescent in Nigeria and Ghana Unpublished doctoral field proposal. University of Ibadan, Ibadan, Nigeria; 2010.
4. Mboweni F, Sumbane O. Factors Contributing to Delayed Health Seeking Behaviours Among Adolescents. *Global Journal of Health Science*, 2019;11(13): 67-76.
5. Latunji O, Akinyemi O. Factors influencing health-seeking behaviour among civil servants in Ibadan, Nigeria. *Annual Ibadan Postgraduate Medical*. 2018;16(1):52-60.
6. Shehu RA. Relationship between demographic factors and lifestyle of the people of Kaduna State, Nigeria. Unpublished doctoral dissertation submitted to Ahmadu Bello University, Zaria, Nigeria; 2005.
7. 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.
8. Osamor PE. Health care seeking for hypertension in South West Nigeria. *Medical Sociology Online*. 2011;6:54-69.
9. Etim A, Ibanga D, Nkanga D, Agweye C, Utam U, Udofia O. EHR health seeking behaviour of patients attending eye clinic in Southern Nigeria. *Nigeria Journal of Clinical Practice*. 2019;22(7): 988-996.
10. World Health Organization. *Constitution of the World Health Organisation*. Geneva: World Health Organization, Switzerland; 2012.
11. Amaghionyediwe L. Determinants of the Choice of Health Care in Nigeria. *Health Care Management Science*. 2008;11(3):215-217.
12. Katung P. Socio-economic Factors Responsible for Poor Utilization of PHC Services in Rural Community in Nigeria. *Nigerian Journal of Medicine*. 2011;10(1):28-29.
13. Ahmed S, Sobhan F, Islam A, Barkat K. Neonatal Morbidity and Care-seeking Behaviour in Rural Bangladesh. *Journal of Tropical Paediatrics*, 2011;47(2):98-105.
14. Atuyambe LM. Adolescent motherhood in Uganda: Dilemmas, health seeking behaviour and coping responses. 2008
15. Ellis A, Traore S, Doumbia S, Dalglis SL, Winch P. Treatment actions and treatment failure: Case studies in the response to severe childhood febrile illness in Mali. *BMC Public Health*, 2015;12:946-951.
16. Tanimola M, Owoyemi O. Healthcare-Seeking Behaviour in Anyigba, North-Central, Nigeria. *Research Journal of Medical Sciences*, 2009;3(2):47-51.
17. Omotoso O. Health Seeking Behaviour among the Rural Dwellers in Ekiti State, Nigeria. *An International Multi-Disciplinary Journal Ethiopia*. 2010;4(2):125-138.

18. Ajaegbu O, Ubochi I. Health Seeking Behaviour among Undergraduates in the Faculty of Health Sciences and Technology, University of Nigeria Enugu Campus. *International Journal of Evaluation and Research in Education (IJERE)*. 2016;5(3):181-188.
19. Owoyemi J, Ladi-Akinyemi T. Health-seeking behaviour for infants by caregivers in a semi-urban area of Lagos State, Nigeria. *Nigeria Journal Health Science*. 2017;17:14-21.
20. Uche O. Factors affecting health seeking behaviour among rural dwellers in Nigeria and its implication on rural livelihood. *European Journal of Social Sciences Studies*. 2017;2(2):74-86.
21. Adam V, Aigbokhaode Q. Socio-demographic factors associated with the healthcare-seeking behaviour of heads of households in a rural community in Southern Nigeria. *Sahel Medical Journal*. 2018;21(1):31-36.
22. Appiah K, Fenu A, Asalu A, Dzata M, Bonchel A, Abdul-Rahman I, et al. Communication Experiences of Speech and Hearing Impaired Clients in Accessing Healthcare in Hohoe Municipality of Volta Region, Ghana. *European Scientific Journal*. 2018;14(12):209-228.
23. Olarawaju F, Ajayi L, Loromoke E, Olaranwaju A, Allo T, Nwannebuife O, et al. Urban–Rural Differences in Health-Care-Seeking Pattern of Residents of Abia State, Nigeria, and the Implication in the Control of NCDs. *Journal Cogent Social Sciences*. 2019;5(1):1-16.
24. Live Science. 1st known case of Coronavirus traced back to November 2019 in China; 2020.
25. Raluca D, Veronica Oana C, Alexandra E. An Ethical Dilemma in SARS-Cov-2 Pandemic: Who Gets the Ventilator?. *European Scientific Journal*. 2020;16(21):24-30.
26. World Health Organization. Available: <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19—11-march-2020>
27. Ourworldindata, Coronavirus Update (Live). Available: <https://www.ourworldindata.org/coronavirus/> retrived on June 29, 2020.
28. Nigeria Centre for Disease Control (NCDC). COVID-19 case update. Available: <https://twitter.com/NCDCgov/> retrived on June 29, 2020.
29. Rosenstock I. Why People Use Health Services. *Milbank Memorial Fund Quarterly*, 44. July 1966.
30. Becker, MH. The Health Belief Model and Personnel Health Behaviour. San Francisco: Society for Public Health Education, Inc; 1974.
31. British Medical Association, WHOQOL Group. Development of the WHOQOL: Rationale and current status. *International Journal Mental Health*. 1987;23:24–56.
32. Weinstein ND. Testing four competing theories of health-protective behaviour. *Health Psychology*. 1993;12:324-332.
33. Becker MH, Drachman RH, Kirscht JP. A new approach to explaining sick-role behaviour in low income populations. *American Journal of Public Health*. 1974;64:205–216.
34. Gopi K, Shakeer K, Ravi P. Help Seeking Behaviour of Adolescent Girls in Government Junior College in rural Field Practice Area,” New York, Academic Press Incorporation; 2012.
35. Olaseni A, Olusola S, Agberotimi F, Oguntayo R. Psychological Distress Experiences of Nigerians Amid COVID-19 Pandemic. Unpublished Manuscript; 2020.
36. Babatunde O, Imran O, Oladosu A. Help Seeking Behaviour among Women currently leaking urine in Nigeria, *Dove Press Journals*. 2012;1(2):9-11.

## APPENDIX

### Research Questionnaire:

#### Dear Respondent,

Your assistance is solicited in participating in this research. We will be glad if you could kindly complete this questionnaire as there are no right or wrong answers to any statement, so be as

honest as possible. This is strictly for academic purpose; hence all information will be accorded absolute confidentiality.

Your maximum cooperation is hereby solicited.

Thanks.

**Section A: Respondent socio-demographic data**

**Instruction:** Kindly indicate your response by putting a tick (√) appropriately and fill the gaps where necessary.

1. **Age as at last birthday:** .....
2. **Gender:** Male ( ) Female ( )
3. **Marital status:** Single ( ) Married ( ) Widowed ( ) Separated/Divorced ( ) Widowed ( )
4. **Religious Affiliation:** Christianity ( ) Islam ( ) Traditional ( ) Other ( )
5. **Educational Qualification:** None ( ) Primary Secondary ( ) Post-secondary ( )
6. **Household size:** 1-5 ( ) 6-10 ( ) 11 and above ( )
7. **Income level:** 5,000 – 30,000 ( ) 31,000 – 60,000 ( ) 61,000 and above ( )

**Section B:**

Kindly indicate the common signs and symptoms experience during COVID-19 pandemic. Tick one of the options available

Do you experienced symptoms of illness in the last 5 months? YES ( ) NO ( )

**Rate the type of symptoms you experience**

Which type of symptoms did you experience during COVID-19 pandemic? (you may tick more than one)	Response
Headache	
Malaria	
Body pain	
Eye problems	
Boil on any part of the body	
Dental problems	
Abdominal pain	
Fever	
Others	
No response	

**Section C:**

**Rate the barriers experience during the COVID-19 pandemic**

What barriers make you not engage health seeking behaviour during COVID-19 pandemic? (tick one)	Response
Anxiety about going to hospital	
Fear of been diagnosed of COVID-19	
I don't want to contract COVID-19	
Cost	
Inadequate transportation means	
Doubt on the ability of professionals to help	
Others barriers	
Lack of empathy by health professional	
Embarrassment in disclosing health concerns	

**Section D:**

**Rate the reaction of symptoms of illness experienced during the COVID-19 pandemic**

<b>How do you react to symptoms of illness experienced during the COVID-19 pandemic? (tick one)</b>	<b>Response</b>
Use spiritual tools	
Taking herbs	
Rest/ not doing anything about the symptom	
Self-medication	
Going to patent medicine dealer	
Visiting an orthodox health care institution	
Treatment regimen from internet or a friends	
Other	

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