

Socio-economic status and health seeking behaviour of civil servants in Odukpani Local Government Area of Cross River State, Nigeria

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Abstract

The main thrust of the paper is to examine socio-economic status and health seeking behaviour of civil servants in Odukpani Local Government Area of Cross River State. Health-seeking Behaviors (HSB) are closely linked with the health status of a nation, and thus its economic development. The paper explores the interplay between access to health insurance and religious belief as it relates to health seeking behaviour of civil servants. The Health Belief Model (HBM) was used as the theoretical framework in the study. The cross-sectional survey was adopted as the research design. The sample size for the study consists of one hundred (100) respondents working in Odukpani council secretariat and the samples were taken through Cochran's sample determination size. Likert Scale Questionnaire was used as an instrument of data collection and the data were analyzed using Pearson product moment correlation analysis. The hypotheses were tested at 0.05 level of significance. The finding revealed that access to health insurance and religious belief positively affect health seeking behaviour. Based on the findings, it was recommended that comprehensive health insurance policies should be available and accessible to all civil servants, covering contractual and temporary employees. Religious leaders and organizations should promote health education and services that align with religious beliefs of civil servants.

Keywords: Socio-economic, status, health, behaviour and civil servants.

Introduction

The socio-economic status of civil servants have significant effect on their health-seeking behavior, affecting their access to and utilization of healthcare services. Health-seeking behaviours (HSB) are closely linked with the health status of a nation, and thus its economic development. Healthcare-seeking behavior refers to the actions or inactions taken by Individuals who perceive themselves to have health issues or illness, with a view to getting some sort of remedy for their condition. Health seeking behaviour is part of a broader concept of health behaviour, which includes activities to maintain good health, prevent illness, and address any deviation from good health.

Civil servants, as employees of the government, typically enjoy a stable income, access to health insurance, job security, and various other benefits such as health insurance. These factors collectively contribute to a relatively higher socioeconomic status compared to some other occupational groups (Izhar 2016). However, the health-seeking behavior of civil servants is influenced by a myriad of factors including educational attainment, awareness of health issues, cultural beliefs, and the nature of their employment. Before the introduction of Western medicine, Africans relied on traditional medicine. Healers, herbalists, and spiritual leaders played crucial roles in diagnosing and treating illnesses. Remedies were often based on herbs, spiritual rituals, and community-based practices (Nazish, Zulfia. Najam, Abdul and Seema, 2020).

According to Scudder (2010) and Ering (2010) health-seeking behaviors were deeply intertwined with cultural beliefs and practices. Illnesses were often seen as spiritual or supernatural issues, requiring the intervention of traditional healers. Zelodie, Alemeged, Haile, Vivian, Kim and Fiona, (2022), asserted that the colonial era saw the introduction of Western medicine. Missionaries and colonial administrators established hospitals and clinics. However, access was limited and often segregated, with colonial administrators prioritizing the health of European settlers. Post-independence, African governments, including Nigeria, sought to expand healthcare services. Efforts included building more hospitals and clinics and training healthcare professionals. The Alma-Ata Declaration of 1978, emphasizing primary healthcare, influenced many African countries to adopt strategies aimed at making healthcare accessible to all. However, despite these improvements, health-seeking behavior is still influenced by challenges such as poverty, inadequate healthcare infrastructure, and a shortage of healthcare workers.

Socio-economic status also plays a crucial role in health-seeking behavior. Those with higher socioeconomic status are more likely to access formal healthcare services. Additionally, cultural beliefs and practices continue to influence health-seeking behavior. For instance, some communities may prefer traditional birth attendants over hospital deliveries due to trust and cultural compatibility (Izhar 2016). Overall, health-seeking behavior in Africa and Nigeria is a complex interplay of historical, cultural, and socioeconomic factors, evolving towards greater acceptance and integration of modern healthcare practices, while still retaining traditional elements, even among civil servants in Odukpani local government area.

Literature review

Socio-economic status and health seeking behaviour

Socio-economic status (SES) is a critical determinant of health-seeking behavior, influencing access to healthcare services, health outcomes, and overall well-being. Socio-economic status (SES) encompasses various factors including income, education, occupation, and social status, which collectively impact individuals' ability to seek and receive appropriate healthcare. Studies have shown that individuals with higher income are more likely to afford health insurance, pay for medical treatments, and access private healthcare services, leading to improved health outcomes (Andersen & Davidson, 2001). Occupational status also plays a significant role in health-seeking behavior. Jobs that offer health insurance benefits and paid sick leave facilitate access to healthcare services and promote timely medical consultations (Buchmueller, 2020) and (Ering, Abonor and Abul, 2015). In contrast, individuals in low-status occupations, often characterized by precarious employment and lack of benefits, face difficulties in accessing healthcare. The World Bank reported that in 2022, the global Gini index (a measure of income inequality) was approximately 0.38, with significant variations across regions. For instance, sub-Saharan Africa and Latin America have some of the highest levels of income inequality, with Gini indices often exceeding 0.50. This affects health seeking behavior, including that of the civil servants World (Bank, 2022). The International Labour Organization (ILO) stated that the global unemployment rate was 6.5% in 2021, with higher rates observed in youth (aged 15- 24) at 14.6%. Employment conditions and job quality also vary significantly with health-seeking behavior of people. The World Health Organization (WHO) in 2021 estimated that at least half of the world's population do not have full coverage of essential health services. Lack of access is more pronounced in low-income countries, and among poorer populations. Socio-economic status profoundly influences health-seeking behavior and health outcomes globally.

Access to health insurance and health seeking behaviour

Health insurance is widely recognized as a critical factor in improving access to healthcare services. Access to health insurance and health-seeking behavior are critical components of the healthcare system in Africa. They determine how populations manage health issues, utilize healthcare services, and overall health outcomes. In many African countries, access to health insurance is limited (Mohammed, Ali, & Hussain, 2022). A large proportion of the population relies on out-of-pocket payments for healthcare services, leading to limited access to necessary care. Nigeria has made efforts to improve access to health insurance through the National Health Insurance Scheme (NHIS), launched in 2005. Health insurance plays a crucial role in determining the health-seeking behaviour of individuals by mitigating financial barriers to healthcare access. Among civil servants, the availability and utilization of health insurance can significantly influence their decisions to seek timely and appropriate medical care. Civil servants often have access to employer-provided health insurance schemes, which are designed to offer comprehensive coverage for medical expenses. The availability of such insurance schemes can vary significantly based on the country region, and specific governmental policies. In many countries, civil servants enjoy better health insurance coverage compared to the general population, leading to improved health outcomes and higher utilization of healthcare services (Ering, 2011) and (Mohammed, Ali, & Hussain, 2022). Access to health insurance significantly influences the health-seeking behaviour of civil servants by reducing financial barriers and promoting the utilization of healthcare services. However, factors such as awareness, perceived quality of care, administrative efficiency, and cultural beliefs also play critical roles in accessibility and utilization of health services.

Religious belief and health seeking behaviour

Religious belief has been identified as a significant determinant in shaping various aspects of human behavior, including health-seeking behavior. Among civil servants, who often have structured and demanding job environments, understanding the interplay between religious beliefs and health-seeking behavior can provide insights into how these individuals manage their health and well-being. Religious beliefs often encompass a wide range of practices, rituals, and ethical guidelines that can influence health behaviors. According to Koenig, McCullough, and Larson (2001), religious beliefs can affect health-seeking behavior through various mechanisms: rites, faiths and worship. Civil servants typically experience unique stressors related to their job roles, including high workloads, bureaucratic pressures, and public scrutiny. These stressors can impact their health-seeking behavior and shaped by religious belief. While religious teachings and community support can promote positive health behaviors and timely medical intervention, conflicting beliefs and reliance on faith healing can act as barriers.

Theoretical framework

Health Belief Model (HBM)

The model was propounded by Hochbaum, Irwin Rosenstock, and Stephen Kegels (1952). The theory is one of the most commonly used theories in health discussion and health analysis with regards to individuals' responses to health-seeking behavior in a particular culture. The theory was developed by Godfrey Hochbaum,

Irwin Rosenstock, and Stephen Kegels (1952). The HBM assume that the knowledge of an individual's state of psychical, mental, and emotional perception of seeking health is influenced by the value and belief system of the individual, which include interest in and concern about health. The model noted that it is the beliefs and values of the individual that will shape their perceptions and response to their health and illness concerns. The shortfall of the theory is that it focused one-sidedly on the analysis of health, which is belief, but ignored other factors affecting health-seeking behavior.

Methodology

The study adopted a cross-sectional survey design because it allows the researcher to visit the study area once for data collection. The study was conducted among the civil servants in Odukpani Local Government Area of Cross River State. The sample size for the study consists of one hundred (100) respondents working in Odukpani council secretariat and the samples were taken through Cochran's sample determination size. The simple random sampling technique was used in selecting the study respondents, while Likert Scale Questionnaire was used as an instrument of data collection and the data were analyzed using Pearson product moment correlation.

Findings

Hypothesis 1: There is no significant relationship between access to health insurance and health seeking behaviour.

The result from the above table shows that the calculated r-value of 0.251 is greater than the critical r-value of 0.082 with 2 Degree of freedom. This result implies that the null hypothesis was rejected while alternate hypothesis was accepted. Hence, access to health insurance affect health seeking behaviour.

Table 1: Pearson Product moment correlation coefficient analysis of the access to health insurance and health seeking behaviour

Variables	M	SD	$\sum x$	$\sum x^2$		
Health insurance	11.13	2.14	59726	86826	974102	0.251
Health seeking behaviour	11.43	2.14	53156	71452		

Significant at 0.05 level, df-386, critical r- value .082

Hypothesis 2: There is no significant relationship between religious belief and health seeking behaviour.

The result from the above table shows that the calculated r-value of 0.356 is greater than the critical r-value of 0.082 with the degree of freedom as 2. This result implies that religious belief affects the health seeking behaviour of the civil servants in Odukpani council. Here the null hypothesis is rejected. Adherents who hold strong religious beliefs will rely on faith in God instead of seeking for orthodox medical attention.

Table 2: Pearson product moment correlation coefficient analysis of religious belief and health seeking behaviour

Variables	M	SD	$\sum x$	$\sum x^2$		
Religious relief	12.11	1.45	39561	86826	863101	0.356
Health seeking behaviour	17.30	1.45	39561	71451		

Significant at 0.05 level, df 386, critical r-0.82

The finding that access to health insurance affect health seeking behaviour is in support of Mohammed, Ali, & Hussain (2022) all of who asserted that access to health insurance significantly affect health-seeking behavior. This is so because it could lead to increasing the frequency of healthcare visits, expanding the choice of providers, enhancing the uptake of preventive care, and improving overall health outcomes. The finding also aligned with the work of Buchmueller. (2020), who observed that one of the most significant impacts of health insurance access is the increased frequency of healthcare visits. On religious belief and health seeking behaviour, Koenig, McCullough, and Larson (2001), noted that many religious individuals prioritize faith healing and prayer over conventional medical treatments. For instance, some Christian sects may prefer prayer over medical intervention, believing that divine intervention is the primary means of healing. This also manifest among the civil servants of the study area.

Recommendations

Based on the findings, it was recommended thus:

- Ensure comprehensive health insurance policies are available and accessible to all civil servants, including contractual and temporary employees. Provide subsidized insurance premiums to make health insurance more affordable for low-income civil servants,

- Develop user-friendly online platforms for easy enrollment and management of health insurance plans for civil servants.
- Develop healthcare policies that accommodate religious practices, such as prayer times and dietary restrictions within medical facilities and council secretariat.
- Collaborate with religious leaders and organizations to promote health education and services that align with religious beliefs.

Conclusion

Access to health insurance among civil servants is pivotal in promoting proactive health-seeking behavior. At the same time, recognizing and respecting the influence of religious beliefs on health practices can lead to more holistic and effective healthcare approaches. Access to health insurance, religious beliefs, and health-seeking behavior are deeply interconnected factors that significantly influence the health outcomes of civil servants. Religious beliefs can profoundly shape health-seeking behavior. For many civil servants, religion provides a framework for understanding health and illness, influencing decisions on medical treatments and the utilization of healthcare services.

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