**HEALTH SEEKING BEHAVIOUR OF BORDER RESIDENTS IN SOUTHWESTERN NIGERIA**

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**ABSTRACT**

Healthcare facilities in most border communities in Africa are continuously faced with pressures resulting from migration and disease spread. These conditions have implication on the health seeking behaviour of border residents. Studies on border communities have focused on political and economic issues with negligible attention on the health behaviour of border dwellers. This study, therefore, examined health seeking behaviour of residents in selected border communities of Southwestern Nigeria.

Health Belief and Socio-ecological Model provided the theoretical frameworks. A cross-sectional survey was conducted on 1,200 respondents selected through multi-stage sampling technique. This included a random selection of three border communities (Seme, Ilara, and Okerete) from three purposively selected states (Lagos, Ogun and Oyo) with international borders. Israel’s formula was used to select the sample size as follows: Seme (715), Ilara (423) and Okerete (62) which were chosen from identified compound. Structured questionnaire was used to elicit data on respondents’ socio-demographic characteristics, availability, and accessibility to healthcare facilities, factors influencing healthcare seeking behaviour, healthcare utilization pattern and search for healthcare across Nigerian borders. Eighteen Key Informant Interviews (KIIs) comprising of six in each selected border communities were conducted with community heads, one opinion leader, two religious leaders and two healthcare providers. Twelve Focus Group Discussions (FGDs) four in each community, was conducted with young and elderly male and female who have been residing in these border communities for 5 or more years. Quantitative data were analyzed at the univariate and multivariate levels using percentages and regression respectively at p<0.05, while qualitative data were content analyzed.

Respondents’ average age was 40.5$\pm $5.0 years, 68.5% were males, 41.1% earned less than ₦18,000 monthly, 45.5% were traders, 44.8% were Christians and 26.9% had no formal education. Majority of the respondents in Seme (92.7%), Ilara (95.5%) and Okerete (98.3%) experienced lacked of access to western healthcare services. Health seeking behaviour of respondents were significantly influenced by factors including, age (R=0.002), education (R=0.001), household income (R=0.010) and household size (R=0.001). Marital status (R=0.143), occupation (R=0.997) and distance to healthcare facility location (R=0.733) were insignificant. Respondents in Seme (65.2%), Ilara (67.1%) and Okerete (63.9%) mostly used traditional healthcare facilities. Furthermore, most respondents who reported seeking healthcare services across the Nigerian border due to perceived efficacy of healthcare facilities and services reside in Seme (67.2%), Ilara (97.4%) and Okerete (80.7%) respectively. Qualitative data revealed that respondents changed their health care providers from western to traditional and sometimes faith healers, due to reasons such as efficacy, increased cost, lack of access, hostile attitude of health care providers, level of income and type of illness. Severity, types of illnesses, efficacy, high cost of medication and family ties were reported as reasons why residents searched for healthcare services across the Nigerian border. Only one partially-functional government hospital each was reported available in Seme, Ilara and Okerete.

Health seeking behaviour of border residents is affected and directed towards increased patronage of traditional healthcare services due to increased cost and inadequacy of western healthcare services. Functional and adequate healthcare facilities should be provided and integrated with traditional medicine to provide better healthcare services for border residents.