INTERNATIONAL JOURNAL of Human Kinetics, Health and Education (IJoHKHE)

ISSN: 2449-0326

editor.ijohkhe@unn.edu.ng

Health Seeking Behaviours of Internally Displaced Persons in Maiduguri, Borno State, Nigeria

Yusuf Daniel [1, 2], Evelyn Nwanebe Nwagu [2], Daniel Vershima Zar [2, 3]

[1] Nigerian Immigration service, Jibiya Border Command, Kastsina State
[2] Department of Human Kinetics and Health Education, University of Nigeria, Nsukka
[3] Benue State College of Health Technology, Agasha
*Corresponding author: evelyn.nwagu@unn.edu.ng

Abstract

The study investigated health seeking behaviours of IDPs accessing health services in IDPs camps in Maiduguri, Borno State, Nigeria. Specifically, the study determined the health seeking behaviours of IDPs based demographic variables of age, gender, marital status and level of education. The cross-sectional research design was adopted for the study. The population for the study consisted of 17,710 IDPs with a sample size of 400 IDPs. The instrument for data collection was the Health Seeking Behaviours of Internally Displaced Persons Questionnaire (HSBIDPQ). Data were analysed using frequencies, percentages and Chi-square test. The results of the study showed that 43.2 per cent of IDPs adopted health seeking behaviours. Specifically, the first action taken by IDPs experiencing any health problem is to consult a physician (43.2%), consult a traditional practitioner (25.5%) or self-medicate (31.3%). The preferred place for seeking healthcare includes private clinics (60.7%), pharmacy/patent medical store (31.3%) and hospitals (8.1%). The preferred healthcare provider includes CHEWs and JCHEW (39.1%), doctors (35.4%) and patent medicine dealers (25.5%). There was no significant difference at .05 level of significance in the health seeking behaviours of IDPs accessing health services in IDPs camps based on age, gender, marital status and education level. It was recommended among others that Government agencies and non-governmental organizations (NGOs) should increase availability of healthcare services by establishing additional and affordable healthcare facilities and mobile clinics within IDP camps for all IDPs, ensuring comprehensive healthcare access.

Keyword: Internally displaced persons (IDPs), Health seeking behaviours, IDPs camps, Demographic variables, Healthcare services

Introduction

The number of internally displaced persons (IDPs) with various health conditions requiring healthcare services has continued to increase globally. IDPs experience higher rates of mortality from communicable diseases, non-communicable diseases and mental disorders (Villamizar-Peña et al., 2021). In Africa, many IDPs suffer from; malnutrition, parasitic infections like diarrhoea, cholera, schistosomiasis and malaria, sexually transmitted infections, acute respiratory infections and mental health problems. (Akello-Ayebare, Richters, Polderman, & Visser, 2010). The high morbidity and mortality among IDPs are sources of concern and creates doubt about the availability of healthcare services to IDPs and their health seeking behaviours. Salami et al. (2020) observed that essential medical supplies are lacking in most IDP camp facilities in Africa including Nigeria.

IDPs in Nigerian camps including those in Borno State are faced with limited healthcare services that are often unaffordable, disrupted, inadequate, inaccessible and uncoordinated (Ekezie, Siebert, Timmons, Murra, & Bains, 2022). The prevailing circumstances in these camps may be predisposes the IDPs to adoption of poor health seeking behaviours which could lead to negative health outcomes.

Health behaviour is an important element in the health and well-being of individuals since they are capable of affecting individuals' health and mortality. Health seeking behaviours are activities undertaken by individuals who identify themselves to have health problems or to be ill for purpose of finding an appropriate remedy (Zhang et al., 2020) as any activity undertaken by individuals who perceived themselves to have a health problem or to be ill for purpose of finding an appropriate remedy. Examples of health seeking behaviour include; time difference between the onset of an illness and getting in contact with a healthcare professional, type of healthcare provider individuals seek help from, how compliant individuals are with recommended treatment, reasons for choice of healthcare professional and health care services, reasons for not seeking help from healthcare professionals (Khadka, Shrestha, Koirala, Acharya & Adhikari, 2022).

Certain socio-demographic factors such as age, gender, marital status, education level, and duration of stay in the camp among others can influence the health seeking behaviours of IDPs. To better understand the health seeking behaviours of IDPs, the researchers adopted the health belief model in analysing the influence of these socio-demographic variables on health seeking behaviours of IDPs accessing health services in IDPs camps in Maiduguri, Borno State.

Borno State houses the highest number of IDPs and conflict displaced migrants in Nigeria. According to Faronbi, Akinyoola, Faronbi, Adegbola, and Bello (2019), a vast majority of IDPs in Maiduguri, Borno State Capital reside in overcrowded IDP camps. These camps are mainly school facilities and empty government buildings with few or no basic amenities. Many IDPs remain deprived of the right to the necessities of life especially with regards to their health (Faronbi et al., 2019). Although many studies have been conducted among the IDPs, little has been documented in health behaviours of IDPs. It was therefore necessary to investigate the health seeking behaviours of IDPs accessing health services in IDPs camps in Maiduguri, Borno State, Nigeria.

Research Questions

The following research questions with corresponding null hypotheses guided the study:

1. What are the health seeking behaviours of IDPs accessing health services in IDPs camps in Maiduguri, Borno State, Nigeria?
2. What are the health seeking behaviours of IDPs accessing health services in IDPs camps based on the demographic variables of age, gender, marital status, educational level and duration of stay on camp?

Hypotheses

There are no significant differences in the health seeking behaviours of IDPs accessing health services in IDPs camps based the demographic variables of age, gender, marital status and educational level?

Methods and Materials

The study adopted the cross-sectional survey research design. The population for the study comprised of 17,710 IDPs living in IDPs camps in Maiduguri, Borno State (National Commission for Refugees, Migrants and Internally Displaced Persons, 2023) The sample size for the study was 400 IDPs living in IDPs camps in Maiduguri, Borno State. The IDP camps were first stratified into three clusters: Muna IDPs camp with 4,800 IDPs, Dalori IDPs camp with 9,500 IDPs and Mohammed Goni College of Islamic Studies IDPs Camp with 3,410 IDPs.

The next stage involved the use of stratified sampling technique to draw 400 IDPs from the three clusters; 108 campers from Muna IDPs camp, 215 campers from Dalori IDPs camp and 77 campers were from Mohammed Goni College of Islamic Studies IDPs Camp.

The instrument for data collection was a researcher designed questionnaire titled: Health Seeking Behaviours of Internally Displaced Persons Questionnaire (HSBIDPQ). The HSBIDPQ consisted of two sections, A and B. Section A sought information on the IDPs' socio-demographic characteristics such as: age, gender, marital status and education level. Section B included questions regarding IDPs' health seeking behaviours with dichotomous response options of "yes or no".

The face validity of the research instrument was established by three experts: three in Public Health Education and one in Measurement and Evaluation, all from the University of Nigeria, Nsukka. The reliability of the instrument was established through the split half method. Twenty (20) copies of the questionnaire were administered to 20 IDP's living in Bui IDPs camp (this camp was not sampled for the study) in Bui Local Government Area, Borno State. The internal consistency of questionnaire was determined using Spearman's rank order correlation formula and a reliability coefficient of .744 was obtained. This was adjudged reliable in line with the guidelines of Cohen, Manion and Morrison (2018) that if the reliability coefficient yields 0.70 and above, the instrument should be considered reliable for the study.

Four research assistants were used for data collection. The research assistants were briefed on the procedures for the administration of questionnaire and collection of the completed copies from the respondents. The researchers and the research assistants visited the camps and administered the 400 copies of the questionnaire directly to the IDPs. Out of the 400 questionnaires administered, 386 copies were returned, which gave a return rate of 96.5 per cent, and 14 copies were not returned. After retrieval of copies of the instruments, the researchers screened the instruments for completeness of responses. Out of the returned copies, two were not duly filled out, and only 384 questionnaires that were duly filled out were used for analyses. The statistical Package for Social Sciences (SPSS version 25) was used for data analysis. The research questions were answered using frequencies and percentages. The null hypotheses were tested using Chi-square test at .05 level of significance.

Results

Table 1

Health Seeking Behaviours of IDPs Accessing Health Services in IDPs Camps (*n*=384)

S/N	Items	Yes f(%)	No f(%)
1.	If you are experiencing any health problem, what is the first action you will take?		
	• Consult a physician	166(43.2)	218(56.8)
	• Consult a pharmacist at pharmacy outlet	0(0.0)	384(100.0)
	• Consult a traditional practitioner	98(25.5)	286(74.5)
	• Self-medication	120(31.3)	264(68.8)
	• Go spiritual	0(0.0)	384(100.0)
	• Do nothing	0(0.0)	384(100.0)
2.	Do you require permission from any of your family members to access healthcare services?	166(43.2)	218(56.8)
3.	Which is your preferred place for seeking healthcare?		
	• Camp Health centres	0(0.0)	384(100.0)
	• Private clinics	233(60.7)	151(39.3)
	• Hospitals	31(8.1)	353(91.9)

	• Pharmacy/ patent medical store	120(31.3)	264(68.8)
	• Place of worship	0(0.0)	384(100.0)
4.	In the past three months, how did you take your medicines to treat your health problems?		
	• Based on physician's advice	166(43.2)	218(56.8)
	• Based on past experience with similar illnesses	120(31.3)	264(68.8)
	• Based on advice from relatives, friends and media	98(25.5)	286(74.5)
5.	Which is your preferred healthcare provider?		
	• CHEWs and JCHEW	150(39.1)	234(60.9)
	• Doctors	136(35.4)	248(64.6)
	• Patent medicine dealers	98(25.5)	286(74.5)
	• Traditional healers	0(0.0)	384(100.0)
	• Spiritual homes/healers	0(0.0)	384(100.0)
6.	What are the affordable places to seek healthcare among IDPs		
	• Patent medicine stores	286(74.5)	98(25.5)
	• Camp health centre	98(25.5)	286(74.5)
	• Primary health centre (e.g. health centre)	0(0.0)	384(100.0)
	• Secondary health centre (e.g. hospitals)	0(0.0)	384(100.0)
	• Tertiary health centre (e.g. specialist hospitals)	0(0.0)	384(100.0)
	Overall %	**43.2**	**56.8**

Key: 0-44%= less than half; 45-49%= nearly half; 51-69%=more than half; 70%=two-third; 71-79%=more than two-third; and 80%= majority

Table 1 shows only 43.2% of IDPs (less than half) consult a physician (43.2%), when they have health challenge. Their preferred place for seeking healthcare includes private clinics (60.7%), pharmacy/patent medical store (31.3%) and hospitals (8.1%). Their preferred healthcare provider includes CHEWs and JCHEW (39.1%), doctors (35.4%) and patent medicine dealers (25.5%).

Table 2

Health Seeking Behaviours of IDPs Accessing Health Services in IDPs Camps Based on Age (*n*=384)

		Age in Years			Gender		Marital Status				Level of Education			
		18-29 (n=217)	30-41 (n=56)	42 + (n=111)	Male (138)	Female (246)	Single (n=10)	Married (n=140)	Divorced (n=46)	Widowed (n=188)	NFE (n=184)	PE (n=65)	SE (n=125)	TE (n=10)
		Yes f(%)	Yes f(%)	Yes f(%)	Yes f(%)	Yes f(%)	Yes f(%)	Yes f(%)	Yes f(%)	Yes f(%)	Yes f(%)	Yes f(%)	Yes f(%)	Yes f(%)
	If you are experiencing any health problem, what is the first action you will take?													
	• Consult a Medical doctors	102(47.0)	21(37.5)	43(38.7)	55(39.9)	111(45.1)	4(40.0)	58(41.4)	25(54.3)	79(42.0)	83(45.1)	29(44.6)	49(39.2)	5(50.0)
	• Consult a pharmacist at pharmacy outlet	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)
	• Consult a traditional practitioner	56(25.8)	14(25.0)	28(25.2)	43(31.2)	55(22.4)	4(40.0)	33(23.6)	10(21.7)	51(27.1)	48(26.1)	17(26.2)	29(23.2)	4(40.0)
	• Self-medication	59(27.2)	21(37.5)	40(36.0)	40(29.0)	80(32.5)	2(20.0)	49(35.0)	11(23.9)	58(30.9)	53(28.8)	19(29.2)	47(37.6)	1(10.6)
	• Go spiritual	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)
	• Do nothing	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)
	Do you require permission from any of your family members to access healthcare services?	102(47.0)	21(37.5)	43(38.7)	55(39.9)	111(45.1)	4(40.0)	58(41.4)	25(54.3)	79(42.0)	83(45.1)	29(44.6)	49(39.2)	5(50.0)
	Which is your preferred place for seeking healthcare?													
	• Camp Health centres	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)
	• Private clinics	137(63.1)	32(57.1)	64(57.7)	90(65.2)	143(58.1)	6(60.0)	80(57.1)	31(67.4)	116(61.7)	117(63.3)	41(63.1)	68(54.4)	7(70.0)
	• Hospitals	21(9.7)	3(5.4)	7(6.3)	8(5.8)	23(9.3)	2(20.0)	11(7.9)	4(8.7)	14(7.4)	14(7.6)	5(7.7)	10(8.0)	2(20.0)
	• Pharmacy/ patent medical store	59(27.7)	21(37.5)	40(36.0)	40(29.0)	80(32.5)	2(20.0)	49(35.0)	11(23.9)	58(30.9)	53(28.8)	19(29.2)	47(37.6)	1(10.0)
	• Place of worship	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)
	In the past three months, how did you take your medicines to treat your health problems?													
	• Based on physician's advice	102(47.0)	21(37.5)	43(38.7)	55(39.9)	111(45.1)	4(40.0)	58(41.4)	25(54.3)	79(42.0)	83(45.1)	29(44.6)	49(39.2)	5(50.0)
	• Based on past experience with similar illnesses	59(27.2)	21(37.5)	40(36.0)	40(29.0)	80(32.5)	2(20.0)	49(35.0)	11(23.9)	58(30.9)	53(28.8)	19(29.2)	47(37.6)	1(10.0)
	• Based on advice from relatives, friends and media	56(25.8)	14(25.0)	28(25.2)	43(31.2)	55(22.4)	4(40.0)	33(23.6)	10(21.7)	51(27.1)	48(26.1)	17(26.2)	29(23.2)	4(40.0)
	Which is your preferred healthcare provider?													
	• CHEWs and JCHEW	80(36.9)	24(42.9)	46(41.4)	47(34.1)	103(41.9)	4(40.0)	60(42.9)	15(32.6)	71(37.8)	66(35.9)	24(36.9)	57(45.6)	3(30.0)
	• Doctors	81(37.3)	18(32.1)	37(33.3)	48(34.8)	88(35.8)	2(20.0)	47(33.6)	21(45.7)	66(35.1)	70(38.0)	24(36.9)	39(31.2)	3(30.0)
	• Patent medicine dealers	56(25.8)	14(25.0)	28(25.2)	43(31.2)	55(22.4)	4(40.0)	33(23.6)	10(21.7)	51(27.1)	48(26.1)	17(26.2)	29(23.2)	4(40.0)
	• Traditional healers	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)
	• Spiritual homes/healers	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)
	What are the affordable places to seek healthcare among IDPs													
	• Patent medicine stores	161(74.2)	42(75.0)	83(74.8)	95(68.8)	191(77.6)	6(60.0)	107(76.4)	36(78.3)	137(72.9)	136(73.9)	48(73.8)	96(76.8)	6(60.0)
	• Camp health centre	56(25.8)	14(25.0)	28(25.2)	43(31.2)	55(22.4)	4(40.0)	33(23.6)	10(21.7)	51(27.1)	48(26.1)	17(26.2)	29(23.2)	4(40.0)
	• Primary health centre (e.g. health centre)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)
	• Secondary health centre (e.g. hospitals)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)
	• Tertiary health centre (e.g. specialist hospitals)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)
	Overall %	**47.0**	**37.5**	**38.7**	**39.9**	**45.1**	**40.0**	**41.4**	**54.3**	**42.0**	**45.1**	**44.6**	**39.2**	**50.0**

Key: 0-44%= less than half; 45-49%= nearly half; 51-69%=more than half; 70%=two-third; 71-79%=more than two-third; and 80%= majority

Table 2 show that overall, IDPs aged 18-29 (47.0%), females (45.1%), the divorced (54.3%) and those with tertiary education (40.0%) engage in health seeking behaviours more others. While many of the IDPs consult medical doctors, none of the IDPs indicated that he or she consult pharmacists, spiritualist and none do nothing when they experience health problems. More of the younger (47.5%) than the older ones require permission from family members to access health care services. More females (45.1%) and more divorced (54,3%) and more IDPs with tertiary education (50%) require permission to access healthcare services. The preferred place for seeking healthcare for IDPs include private clinics, pharmacy/patent medical store and hospitals. None of the IDPs indicates that the prefer camp health centres or place of worship. IDPs take their medications based on physician's advice, experience with similar illnesses and advice from relatives, friends and media. IDPs prefer CHEWs and JCHEW, doctors and patent medicine dealers to traditional healers and spiritual healers. IDPs consider patent medicine stores and camp health centre cheaper than primary health centres and shospitals

Table 3

Chi-square Test of No Significance Difference in the Health Seeking Behaviours of IDPs Accessing Health Services in IDPs Camps Based on Age (n=384)

Variable	**N**	**Yes O(E)**	**No O(E)**	x^2	**df**	**p-value**
Age						
18-29 years	217	102(93.8)	115(123.2)			
30-41 years	56	21(24.2)	35(31.8)	2.921	2	.232
42 years and above	111	43(48.0)	68(63.0)			
Gender						
Male	138	55(59.7)	83(78.3)	.999	1	.317
Female	246	111(106.3)	135(139)			
Marital Status						
Single	10	4(4.3)	6(5.7)			
Married	140	58(60.5)	82(79.5)	2.656	3	.448
Divorced	46	25(19.9)	21(26.1)			
Widowed	188	79(81.3)	109(106.7)			
Education Level						
No formal education	184	83(79.5)	101(104.5)			
Primary education	65	29(28.1)	36(36.9)	1.329	3	.722
Secondary education	125	49(54.0)	76(71.0)			
Tertiary education	10	5(4.3)	5(5.7)			

* significant at $p \leq 0.05$

Table 3 shows that the hypothesis of no significant difference in the health seeking behaviours of IDPs accessing health services in IDPs camps based on demographic variables of age, gender, marital status and educational level were not rejected. This implies that there was no significant difference in the health seeking behaviours of IDPs accessing health services in IDPs camps based on their age, gender, marital status and level of education.

Discussion

The findings in Table 1 reflect a diverse range of health-seeking behaviours influenced by accessibility, cultural norms, and economic constraints commonly observed in displaced populations. The reliance on various healthcare providers, the necessity of family permission, and the use of affordable places like patent medicine stores align with known challenges faced by IDPs in accessing consistent and formal healthcare services. The findings agree with the findings of Ahmed et al. (2021) that more than half (54.0%) of the respondents had access to public health facilities, 41.7 per cent had access to private health facilities, while patent medicine stores were accessed by 4.3 per cent of the respondents in a Southwestern Nigerian community. These findings highlight the critical need for tailored health interventions that consider the complex interplay of cultural, economic, and accessibility factors influencing healthcare behaviours among IDPs.

IDPs aged 18-29 years adopted health seeking behaviours than those aged 42 years and above and those aged 30 to 41 years. The corresponding hypothesis in Table 3 showed that there was no significant difference in the health seeking behaviours of IDPs accessing health services in IDPs camps based on age. The was expected since health need runs across all humans regardless of age. The findings however, disagree with the findings of Adam and Aigbokhaode (2018) that age was significantly associated with healthcare-seeking behaviour among heads of households in a rural community in Southern Nigeria. The findings also disagree with the findings of Atchessi et al. (2018) reported that being older than 65 years was associated with healthcare-seeking behaviour. This discrepancy in findings could arise from variations in study populations, settings, or specific health challenges faced by IDPs in Maiduguri, Borno State compared to those in communities studied by Adam and Aigbokhaode (2018) and Atchessi et al. (2018).

Furthermore, results in Table 2 showed that female IDPs adopted health seeking behaviours than male IDPs. The test of hypothesis in Table 3 showed that there was no significant difference in the health seeking behaviours of IDPs accessing health services in IDPs camps based on gender. This too was expected. Although the females adopted more health seeking behaviours than males, the difference was not significant. This is probably because in the IDP camps both males and females are exposed to the same health challenges and as such all seek healthcare. This is in contrast with the findings of Osika, et al. (2016) who found that women are more likely to receive more accessible, less expensive primary healthcare, while men are more likely to receive more expensive specialist inpatient care. This finding however agrees with the findings of Gabrani et al. (2021) who reported no significant gender difference regarding the type of health provider consulted by adults and elderly with chronic health conditions in Albania. The higher health seeking behaviours among female IDPs in Maiduguri may reflect cultural or situational factors specific to Maiduguri's IDP camps. However, the lack of significant gender differences in statistical tests suggests that overall, both male and female IDPs share a similar inclination to seek healthcare when needed, influenced by broader contextual and societal norms.

Table 2 showed that divorced IDPs adopted health seeking behaviours than widowed IDPs, married IDPs, and single. Table 3 however, showed that there was no significant difference in the health seeking behaviours of IDPs accessing health services in IDPs camps based on marital status. The findings were expected and not surprising. The findings agree with Latunji, and Akinyemi (2018) who found no significant association between marital status and health seeking behaviours among civil servants in Ibadan, Nigeria. However, there is a contrast with the findings of Adam and Aigbokhaode (2018) who reported that marital status was a predictor of healthcare-seeking

behaviour among heads of households in a rural community in Southern Nigeria. The higher health-seeking behaviours among divorced IDPs compared to widowed, married, and single IDPs may be attributed to the unique personal circumstances and responsibilities that divorced individuals face, potentially leading to a greater focus on health maintenance and seeking appropriate care. However, the lack of significant differences in health seeking behaviours based on marital status suggests that, overall, marital status alone may not be a determining factor in healthcare-seeking behaviours within IDP camps.

As seen from Table 2, IDPs with tertiary education adopted health seeking behaviours more than IDPs with no formal education, IDPs with primary education, and secondary education. The hypothesis testing in Table 3 however showed that there was no significant difference in the health seeking behaviours of IDPs accessing health services in IDPs camps based on education level. That IDPs with tertiary education exhibited higher health-seeking behaviours compared to those with lower levels of education is not surprising because higher education exposes individuals to better health literacy and awareness, leading to more proactive health seeking behaviours. However, the lack of significant differences in health seeking behaviours based on education level indicates that factors beyond education alone, such as access to healthcare services or economic constraints, may influence health-seeking behaviours among IDPs in Maiduguri's camps. The findings however disagree with the findings of Adam and Aigbokhaode (2018) and Ahmed et al. (2021) who found that education level was a predictor of healthcare-seeking behaviour. The difference in findings likely arises from contextual variations in study populations, socio-economic conditions, and healthcare access across different regions of Nigeria.

Conclusion

The study on health seeking behaviours among internally displaced persons (IDPs) in Maiduguri, Borno State, Nigeria, reveals a complex pattern of health seeking behaviours influenced by various demographic factors. This finding points to a potentially uniform approach to health seeking within the IDP community, driven by overarching circumstances and shared experiences in the camp setting, rather than distinct demographic characteristics.

Recommendations

Based on the findings of the study, the following recommendations are made.

1. Government agencies and non-governmental organizations (NGOs) should increase availability of healthcare services by establishing additional healthcare facilities and mobile clinics within IDP camps for all IDPs, ensuring affordable and comprehensive healthcare access.
2. Health authorities and NGOs should Empower Community Health Workers by Providing training and resources to Community Health Extension Workers (CHEWs) and Junior CHEWs (JCHEWs) to act as primary health educators and service providers for all IDPs, utilizing trusted healthcare providers within the community.

Limitations of the Study

The reliance on self-reported data can introduce biases such as recall bias or social desirability bias. Participants may not accurately remember their past behaviours or may report what they believe is the socially acceptable response rather than their true actions.

References

Adam, V. Y. & Aigbokhaode, A. Q. (2018). Socio-demographic factors associated with the healthcare-seeking behaviour of heads of households in a rural community in Southern Nigeria. *Sahel Medical Journal, 21*, 31-36. DOI: 10.4103/1118-8561.232781

Ahmed, A. K., Imhonopi, G. B., Fasiku, M. M., Ahmed, A., Osinubi, M. O., & Soyannwo, T. (2021). Predictors of healthcare-seeking behaviour, health services access and utilization in Ajebo Community, South-West, Nigeria. *Annals of Health Research, 7*(4), 374-390. DOI: https://doi.org/10.30442/ahr.0704-06-148

Akello-Ayebare, G., Richters, J. M., Polderman, A. M., & Visser, L. G. (2010). Healthcare-seeking strategies among displaced children in war-ridden Northern Uganda: The case of malaria. *Annals of Tropical Medicine and Parasitology, 104*(5), 369–376. https://doi.org/10.1179/136485910X12743554760342

Atchessi, N., Ridde, V., Abimbola, S., & Zunzunegui, M. V. (2018). Factors associated with the healthcare-seeking behaviour of older people in Nigeria. *Archives of Gerontology and Geriatrics, 79*, 1–7. https://doi.org/10.1016/j.archger.2018.07.015

Cohen, L., Manion, L., & Morrison, K. (2011). *Research methods in education* (7th ed). United Kingdom: Routledge.

Ekezie, W., Siebert, P., Timmons, S., Murray, R. L., & Bains, M. (2022). Exploring the influence of health management processes on health outcomes among internally displaced persons (IDPs). *Journal of Migration and Health, 6*, 100124. https://doi.org/10.1016/j.jmh.2022.100124

Faronbi, J. O., Akinyoola, O. D., Faronbi, G. O., Adegbola, G. A., & Bello, C. B. (2019). Health needs and health seeking behaviour of internally displaced persons in Dalori camp, Maiduguri, Borno State, Nigeria. *Research Journal of Health Sciences, 7*(3), 246-255. http://dx.doi.org/10.4314/rejhs.v7i3.9

Gabrani, J., Schindler, C., & Wyss, K. (2021). Health seeking behaviour among adults and elderly with chronic health condition(s) in Albania. *Frontiers in Public Health, 9*, 616014. https://doi.org/10.3389/fpubh.2021.616014

Khadka, S., Shrestha, O., Koirala, G., Acharya, U., & Adhikari, G. (2022). Health seeking behaviour and self-medication practice among undergraduate medical students of a teaching hospital:

A cross-sectional study. *Annals of Medicine and Surgery, 78*, 103776. https://doi.org/10.1016/j.amsu.2022.103776

Latunji, O. O., & Akinyemi, O. O. (2018). Factors influencing health-seeking behaviour among civil servants in Ibadan, Nigeria. *Annals of Ibadan Postgraduate Medicine, 16*(1), 52–60.

Osika, F. I., Krantz, G., Maatta, S., & Jarbrink, K. (2016). Sex differences in health care consumption in Sweden: A register-based cross-sectional study. *Scandinavian Journal of Public Health, 44*(3), 264–273.

Salami, B., Iwuagwu, S., Amodu, O., Tulli, M., Ndikom, C., Gommaa, H., Lavin, T., & Kariwo, M. (2020). The health of internally displaced children in sub-Saharan Africa: A scoping review. *BMJ Global Health, 5*(8), e002584. https://doi.org/10.1136/bmjgh-2020-002584

Villamizar-Peña, R., Gutiérrez-Ocampo, E., Holguin-Rivera, Y., Agudelo-Mejia, K., Cortes-Gutierrez, M., Sossa-Pinzón, L., Calvache-Benavides, C. E., … Rodriguez-Morales, A. J. (2021). Leishmaniasis among internally displaced people of Colombia, 2007-2018 - A comparative analysis with the general population. *Travel Medicine and Infectious Disease, 41*, 102043. https://doi.org/10.1016/j.tmaid.2021.102043

Zhang, Q., Feng, S., Wong, I.O.L., Ip, D. K. M., Cowling, B. J., & Lau, E. H. Y. (2020). A population-based study on healthcare-seeking behaviour of persons with symptoms of respiratory and gastrointestinal-related infections in Hong Kong. *BMC Public Health 20*, 402. https://doi.org/10.1186/s12889-020-08555-2