

Psycho-Socio Personal Predictors of Health-Seeking Behaviours among Young Adults in Tertiary Institutions in Delta State, Nigeria

Erumi, Blessing Selly-U (Ph.D.) & Edjere A.O

Dept. of Physical and Health Education, College of Education, Warri Delta State.

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ABSTRACT

The psycho socio-economic personal devastating issues of climate change and emerging health issues like Ebola and COVID-19 have resulted in massive preventable deaths among young adults and increased ill-health in most Nigerian campuses. The result of emerging health issues birthed a new normal requiring new health knowledge, practices, skills, and innovations of health-seeking behaviour in nearly all facets of human endeavor that conform to global climate change and emerging health issues instituted by Covid-19 prevention protocols designed to curb its spread. One such health survival strategy is the promotion of positive health-seeking behaviour of young adults in tertiary institutions in Delta State. This research investigates the joint contribution of the independent variables (health education, personal income, safe water, stress management, environmental sanitation, food security, nutritional practice, medical check-up, physical exercise, personal hygiene, attitudinal behaviour, cultural belief, access to basic health services, personal health) as predictors of health-seeking behaviour among young adults in tertiary institutions in Delta state. A total of 7620 questionnaires were sent out for the study; 4000 females but 3869 (56.5%) were correctly filled and 3500 males but 2981 (43.5%) were correctly filled by young adults in eight tertiary institutions in Delta State, Nigeria. The findings of this study revealed that psychological and personal factors are significant predictors of health-seeking behavior among young adults and social factors are not significant to health-seeking behavior among young adults. There was no significant gender difference in health knowledge and health-seeking behaviour among tertiary students. Recommendation was made that the State government should make healthcare services available and accessible to students in all our tertiary institutions in Delta state at affordable cost to discourage negative health-seeking behaviours from quacks and unqualified healthcare givers, patronizing patent medicine stores to avoid preventable deaths, spread of infectious diseases' and promote the personal health of students while in the campus.

Keywords: Personal Predictors, Health-Seeking Behaviours and Young Adults.

INTRODUCTION/BACKGROUND OF THE STUDY

Health-seeking behaviour (HSB) can be defined as, "any action or inaction shown by persons who perceive themselves to have a health problem or to be ill for the aim of finding an appropriate solution". (Latunji & Adeyemi, 2018). Health-seeking behavior is preceded by a decision-making process that is further governed by individual and/or household behavior, community norms, and expectations as well as provider-related characteristics and behavior. (Ihaji, Gerald, & Ogwuche, 2014). To remain in good health and prevent illness, health-seeking behaviour involves activities that can be traced to the concept of health behavior and positive health status. (MacKian, 2003). Health-seeking behaviour is a somewhat over-utilized and under-theorized tool not usually focused on in health-related matters. Although it remains a valid tool for rapid appraisal of a human health status and health promotion issue at a particular time and often time, it is of

little use as it stands to explore the wider relationship between populations and health systems development of individuals, households, community and wider scope of a Nation. The vulnerability of young adults in tertiary institutions to adverse health conditions often is greater among those of lower socioeconomic status and from racial and ethnic minorities, who may be exposed to greater risks and dangers than their more advantaged peers and who often lack safety nets to protect them. Some recent reviews of young adult health have pointed to encouraging trends, such as decreases in rates of suicide, sexual perversion, drug and alcoholism-related issues, abortion-related complications, sexually transmitted diseases, and cigarette use.

In 1948, WHO defined health as “a state of complete physical, mental and social well-being, and not merely the absence of disease”. Health can be considered in terms of a person’s body structure and function and the presence or absence of disease or signs (**health status**); their symptoms and what they can and cannot do i.e. the extent to which the condition affects the person’s normal life (**quality of life**). **Health care** is the prevention, treatment, and management of illness and the preservation of health through the services offered by healthcare organizations and professionals. It includes all the goods and services designed to promote health, including “preventive, curative and palliative interventions, whether directed to individuals or populations (WHO,2000).

However, according to the Centers for Disease Control and Prevention (2018), the mortality rate for young adults aged 20–24 is 93.5 per 100,000, compared with 60.8 among those aged 15–19 and 17.4 among those aged 10–14, which shows a substantial increase with age. Moreover, risk-taking behaviors associated with death and injury across the lifespan tend to emerge or peak during young adulthood, with important immediate and long-term health consequences. For example, the use of tobacco low levels of fitness, and poor nutrition increase the probability of developing diseases such as cardiovascular and pulmonary disease and cancer later in life. Nearly two-thirds of the burden of disability in young adults in the United States and sub-Saharan African countries like Nigeria is associated with mental health or substance use disorders. Young adulthood marks the peak in substance use and also the typical age of onset of psychotic disorders; the most serious mental health conditions. Compared with those aged 25–34, young adults aged 18–25 have higher rates of serious psychological distress, and they are more likely to think about, plan for, and attempt suicide compared with adolescents, young adults are more likely to commit suicide. Yet, only a quarter of young adults experiencing symptoms of a mental disorder receive treatment or services due to negative health-seeking behaviour and they are more likely than older adults and adolescents to drop out of or discontinue treatments due to poor health-seeking behaviour. Many of the negative health outcomes currently experienced by young adults are preventable. Therefore, this study aims to survey the Psycho-Socio Personal predictors of health-seeking behaviour among young adults in tertiary institutions in Delta State, Nigeria. The results of the findings will guide young adults, Parents, policymakers, institutions, communities, health professionals, and program leaders in promoting improved public health services to promote positive health-seeking behavior to enhance positive health status for young adults.

Statement of the Problem

Nigeria emerged as the largest economy in Africa and the 26th in the world. There is a need to develop a tool for understanding how populations engage with health systems, rather than using health-seeking behaviour as a tool for describing how individuals engage with services. However, a pertinent question is how this new economic status has impacted on the health of her citizens and young adults (Latunji & Akinyemi, 2018). Reports of poor management of sickness and diseases in some tertiary institutions as a result of negative health-seeking behaviour of students, and negligence of healthcare providers have resulted in avoidable deaths. Nigeria has the largest population of youth in the world with a median age of 18 years. About 70% of the population is under 30 and 42% are under the age of 15. Young adults are constantly on the move when it comes to social media usage which distracts many of them from seeking health behaviour activities to promote their health status (Latunji & Akinyemi, 2018). Young people have specific health

problems and developmental needs that differ from those of children and adults. The causes of ill health in young adults and adolescents are mostly personal, psycho social rather than biological (Campus Health and Safety {CHS}, 2013). Young people often engage in health risky behaviour that reflect the processes of adolescent development: experimentation and exploration, including using drugs and alcohol, and sexual behaviour (Gopi, 2012).

The vulnerability of young adults to adverse health conditions often is greater among those of lower socioeconomic status and from racial and ethnic minorities, who may be exposed to greater risks and dangers than their more advantaged peers and who often lack safety nets to protect them. Some recent reviews of young adult health have pointed to encouraging trends, such as decreases in rates of suicide, gonorrhoea, and cigarette use (Campus Health and Safety {CHS}, 2013). Self-care (Personal care) for illness can only be promoted by ensuring that individuals and households have access to sound health information and, in school adequate health education and promotion (Latunji & Akinyemi, 2018). Observation shows that there is still a high prevalence of ill health, preventable deaths, sudden deaths, poor maternal-child mortality and morbidity rate, poor health care services, and poor and unhealthy access to equitable health care among Nigerians, especially young adults (Campus Health and Safety {CHS}, 2013). The health challenges facing Nigerian young adults (students) in tertiary institutions are enormous due to poor environmental sanitation, unsafe drinking water, poor accommodation with unsafe sanitary facilities and equipment;” lack of finance, poor personal hygiene,” unhealthy cooking unhealthy eating /feeding habits, etc. Latunji & Akinyemi (2018) opined that there is a dearth of empirical studies on seeking behaviour decision-making to improve the quality of life of Nigerians and young adults. Therefore, this study proposal is to investigate the psycho-socio personal predictors of health-seeking behaviour among young adults in tertiary institutions in Delta State, Nigeria.

Objectives of the Study:

- Investigate how the joint and relative contributions of independent variables of psycho-socio personal predict the health-seeking behaviour (dependent variable) among young adults in tertiary institutions in Delta State.

Research Questions:

- Would young adults in tertiary institutions in Delta State, Nigeria have the knowledge of health and health-seeking behaviour?
- What are the personal predictors of health-seeking behaviour among young adults in tertiary institutions in Delta State, Nigeria?

Research Hypotheses:

Ho₁: There is no significant joint contribution of the independent variables (psychological, social, and personal) as a predictor of health knowledge and health-seeking behaviour among tertiary students in Delta State, Nigeria.

Ho₂: There are no significant relative contributions of each of the independent variables (psychological, social, and personal) as a predictor of the Meaning of health or health knowledge and health-seeking behaviour among tertiary students in Delta State, Nigeria.

Ho₃: There is no significant gender difference in the perception of health knowledge and health-seeking behaviour among tertiary students in Delta State, Nigeria.

RESEARCH METHODOLOGY

The study adopted a descriptive research design of regression analysis; the researchers are interested in knowing whether there would be a combined effect of the independent on the dependent variables without necessarily manipulating the independent variables. A multi-stage sampling technique was used for this study. A total of 6850 respondents was used for the study; 3869 females and 2981 male young adults in eight tertiary institutions in Delta State, Nigeria (See demographic table of repondets). In the first stage Cluster sampling techniques were used in the fish bowl method without replacement to select the eight tertiary institutions (College of Education, Warri; Delta State University, Abraka; Federal University Petroleum Resources Effurun; Delta State Physical and Health Education, Mosogar; Delta State, School of Nursing, Warri; Delta State University of Science and Technology, Ozoro, Petroleum Training Institute, and Delta State University, Warri Campus, from the three senatorial districts from the twenty-five local Government area in Delta State. In the second stage, purposive sampling techniques was used to select the eight tertiary institutions from the twenty-three tertiary institution’s in the State; who were still in 2022/2023 session during the duration of the research. In the third stage, convenient and purposive sampling techniques were used to select respondents who attended morning lectures between the hours of 8 am and 11:30 am in the eight tertiary institutions sampled for the study with two research assistants with the researchers in each of the sampled institutions. In the fourth stage respondents were selected based on the total populations of young adults in the tertiary institutions with the help of the registrar. At least 15% of young adults from the institutions’ used for the study made up the sampled used for the study. The administration of the questionnaires took about three weeks. A self-developed questionnaire was developed by the researchers’ and face validity was conducted by two experts in the test and measurement department in the college and approved. Copies of the approved version of the corrected questionnaire were administered as Pre-testing instruments at Delta State University, Agbor, Delta State. The questionnaire was made up of a 36-item statement, Cronbach alpha was used to test the reliability of the instrument, and the reliability coefficient was 0.74. The approved questionnaire was used as the instrument for data collection from the respondents in line with the variables of the study. Descriptive statistics of frequency counts, percentages, and Multiple Regressions to test hypotheses 1 and 2; T-test to test hypotheses 3 at 0.05 level of significance. 30 trained research assistants were trained and used for administering, collecting, and collating the instruments. Delta State was once an integral part of the old western region of Nigeria, became an autonomous state on August 27, 1991 started with 12 local government areas but now has 25 local government areas in 1997. Asaba located at the northern end of the state is the capital with five major ethnic groups with common ancestry claims. They have similar mode of dressing and cultural heritage with practice of Christianity, Islam, and traditional worship of Igbe and Eburá.

RESULTS PRESENTATION AND DISCUSSION OF FINDINGS

Table 1: Demographic Characteristics of the Respondents (N = 6850) of young adults in tertiary institutions in Delta State, Nigeria.

S/N	Demographic characteristics	Frequency	Percentage
1.	Gender		
	Male	2981	43.5%
	Female	3869	56.5%
	Total	6850	100%
2.	Marital Status		
	Married	2225	32.5%

	Single	4625	67.5%
	Total	6850	100%
3.	Age of respondents		
	16 -20 years	3565	52%
	21 -24 years	1664	24.3%
	25 – 30years	1621	23.7%
	Total	6850	100%
4	Eight Institutions used for the study		
	a) School of Nursing Warri	400	5.8%
	b) Delta State University of Science and Technology, Ozoro	860	12.6%
	c) College of Education, Warri in affiliation with Delta State University Abraka.	894	13.1%
	d) Federal University of Petroleum Resources	1020	14.9%
	e) Petroleum Training Institute	810	11.8%
	f) Delta State College of Education, Warri	880	12.8%
	g) Delta State College of Education, Mosogar	858	12.5%
	h) Delta State University, Abraka (Main Campus)	1128	16.5%
	Total	6850	100%

Source: Field survey 2023

Table 1 revealed that 56.50% were females, while 43.50% were males. With regards to marital status, the results show that 67.50% of the respondent students are single, while 32.50% are married. On the aspect of age, it was found that 52% of the students are between the ages of 16 – 20 years, those between the ages of 21- 24 years were 24.3 % and those between 25 – 30 years were 23.70%. This reveals that a higher percentage of the respondents are youth/young adults, singles, and mostly females. A total of 7620 questionnaires were sent out for the study 4000 females but 3869 (56.5%) were correctly filled and 3500 males but 2981 (43.5%) were correctly filled by young adults in eight tertiary institutions in Delta State, Nigeria. The researchers observed during questionnaire administration that most males were reluctant to accept questionnaires as respondents and there are high percentage of female students in most of our tertiary institutions in Delta State. 96 Hostel Wardens or directors were used for the study. Therefore, this study organized a seminar to teach young adults to know what health-seeking behaviours to encourage the positive health status of students while within the walls of their tertiary institutions in Delta State. Eight institutions were used against six institutions’ during the proposal because at the time of the fieldwork survey to administer the questionnaire some tertiary institutions were rounding up the session and this may have affected the target populations for the study.

Research Question One: Would young adults in tertiary institutions in Delta State, Nigeria have knowledge of health and health-seeking behaviour?

Table 2: Mean Responses of health knowledge and health-seeking behaviour of the students in Delta State, Nigeria?

S/N		Mean	Std. Deviation	Remark
1		2.8715	.43650	Accepted
2		2.5111	.64003	Accepted
3		2.8964	.38104	Accepted

4		2.5858	.61519	Accepted
5		2.6696	.61106	Accepted
6		2.8146	.47580	Accepted
7		2.7045	.59784	Accepted
8		2.4463	.69820	Accepted
9		2.7755	.53176	Accepted
	Grand mean	24.2753		
	Normative mean	18.0		

Source: Field survey 2023

Decision: (i) Agree/accept if the criterion mean value is 2.0 and above and disagree if it is less than 2.0 for all items. (ii) Generally accepted if grand mean is 18 and above, this implies agreed but if below 18 is rejected.

The findings presented in Table 2 revealed that students in the study have a high level of meaning and knowledge of health and health-seeking behaviour, with all the item means above 2.0. The result furthermore revealed that the normative mean is 18 which is lower than the grand mean of 24.28 which implies that on a general note meaning and knowledge of health and health-seeking behaviour among the students was high in the study area. This confirms the definition of health by WHO (1948) that health as “a state of complete physical, mental and social well-being, and not merely the absence of disease”. Health can be considered in terms of a person’s body structure and function and the presence or absence of disease or signs (**health status**); their symptoms and what they can and cannot do i.e. the extent to which the condition affects the person’s normal life (**quality of life**). Journal of Family Medical Primary Care (2016) defines Health-seeking behavior as any action undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy. This study reveals that young adults in tertiary institutions in Delta State, Nigeria know about health and health-seeking behavior.

Research Question Two: What are the personal predictors of health-seeking behaviour among young adults in tertiary institutions in Delta State, Nigeria?

Table 3: Mean Responses of the level of personal predictors of health-seeking behaviour among young adults in tertiary institutions in Delta State, Nigeria.

S/N		Mean	Std. Deviation	Remark
1		2.7295	.59757	Accepted
2		2.4228	.69030	Accepted
3		2.3019	.66860	Accepted
4		2.2810	.66776	Accepted
5		2.3340	.67901	Accepted
6		2.3673	.67730	Accepted
7		2.5629	.68411	
8		2.1111	.82490	
	Grand mean	19.1105		
	Normative mean	16		

Source: Field survey 2023

Decision: (i) Agree/accept if the criterion mean value is 2.0 and above and disagree if it is less than 2.0 for all items. (ii) Generally accepted if the grand mean is 16 and above, this implies agreed but if below 16 is rejected. Table 3 presents the level of social predictors of health-seeking behaviour of the tertiary students in the study area. The result revealed that all the students in the sampled tertiary institutions showed a high level of personal predictors of health-seeking with a normative mean of 16 is lower than the grand mean of 19.11 which implies that generally, the students show a high level of personal predictors of health-seeking behaviour in the study area. The findings of this study confirm with Ihaji & Ogwuche (2014) that health-seeking behavior is preceded by a decision-making process that is further governed by individuals (personal predictors) and/or household behavior, community norms, and expectations as well as provider-related characteristics and behavior. Health or care-seeking behavior has been defined as any action undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy. Factors such as cultural values and gender roles are significant in influencing the decision-making process associated with health-seeking behavior knowledge which confirms the findings of this study. (Tung, 2010). Editorial Health Seeking behaviour in Context (2015) affirms the findings of this study that the nature of health or care-seeking is not homo genous depending on cognitive and non-cognitive factors that call for a contextual analysis of care-seeking behavior; the context may be a factor of personal predictors of cognition or awareness, socio-cultural as well as economic factors. Kakkar, Kandpal, Negi & Kumar (2013) stated that the health belief model (HBM) proposes that whether a person performs a particular health behavior is influenced by two major factors: The degree to which the disease (negative outcome) is perceived by the person as threatening and the degree to which the health behavior is believed to be effective in reducing the risk of a negative health outcome. The first factor, i.e., perceived threat, is determined by whether someone believes he or she is susceptible to (that is, likely to get) the disease, and how severe that person believes it would be if it developed. The second factor, perceived effectiveness of the preventive behavior, takes into account not only whether the person thinks the behavior is useful, but how costly (in terms of money, time, and effort) it is to carry out the preventive behavior. The hypothesis generated by the HBM has been generally supported by research. When health messages demonstrate to people that there is a real threat to their health and also convince them that a particular behavior can reduce their risk, the likelihood of behavior change is greatly increased (Health Psychology, 2015).

Hypothesis One: There is no significant joint contribution of the independent variables (psychological, social, and personal) as a predictor of health knowledge and health-seeking behaviour among young adults in tertiary institutions in Delta State, Nigeria.

Table 4: Summary of Regression for the Joint contributions of independent variables to the prediction of health-seeking behaviour (Dependent variable)

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.881 ^a	.776	.776	1.99358	0.029

a. Predictors: (Constant), psychological, social, and personal

b. Dependent Variable: Meaning of health and health-seeking behaviour

ANOVA ^a					
Model	Sum of Squares	Df	Mean Square	F	Sig.

1	Regression	94473.154	3	31491.051	7923.551	.000 _b
	Residual	27208.475	6846	3.974		
	Total	121681.629	6849			

Source: Field survey 2023

a. Dependent Variable: Meaning of health and health-seeking behaviour

b. Predictors: (Constant), Psychological, Social and Personal

Table 4 above reveals a significant combined effect of the independent as a factor responsible for Meaning and knowledge of health and health-seeking behavior. The result yielded a coefficient of multiple regressions of .881, multiple R-square = 0.776, and Adjusted R square =0.776. This suggests that the three (3) factors (Psychological, Social and Personal) when combined accounted for 77.6% (adj. R²=.776) variation in the prediction knowledge of health and health-seeking behaviour in the tertiary students in the area. The other factors accounting for 22.40% variation in the prediction of meaning/knowledge of health and health-seeking behaviour are beyond the scope of this study. The ANOVA result from the regression analysis shows that there was a significant combined effect of the independent variables on the dependent variable, $F(3, 6846) = 7923.551, P < 0.05$. Therefore, the null hypothesis which states that there is no significant joint contribution of the independent variables (psychological, social, and personal) as predictors of health knowledge and health-seeking behaviour among tertiary students in the Delta State was rejected. There is a significant joint contribution of the independent variables of psychological, social, and personal health education, personal income, safe water, stress management, sanitation, food security, nutritional practice, medical check-up, attitudinal behaviour, cultural belief, access/use of basic health services, medical check-up, personal health consciousness as predictors of health-seeking behaviour among young adults in tertiary institutions in Delta state, Nigeria. The findings of this study agree with Campus Health Safety (2013) that young people have specific health problems and developmental needs that differ from those of children and adults. The causes of most ill health in young adults and adolescents are mostly personal, psycho-social rather than biological.

Hypotheses Two: There are no significant relative contributions of each of the independent variables (psychological, social, and personal) as a predictor of the Meaning of health and health-seeking behaviour among young adults in tertiary institutions in Delta State, Nigeria.

Table 5: showing the relative effect of study variables on the prediction of health-seeking behaviour among tertiary students in Delta State, Nigeria.

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	
	B	Std. Error	Beta			
1	(Constant)	7.703	.114		67.354	.000
	Psychological	.377	.011	.561	35.293	.000
	Social	-.083	.017	-.071	-4.811	.000
	Personal	.359	.016	.401	21.923	.000

Source: Field survey 2023

Table 5 above shows that the three predictor factors psychological, social, and personal are responsible for health-seeking behaviour among tertiary students in the study area. The study further reveals that these predictor factors are in the hierarchy as follows. The three factor reveals the psychological factor (Beta =

0.377, $t=35.29$, $p<0.05$); Social factors (Beta = -0.83, $t= -4.811$, $p<0.05$) and personal (Beta = 0.359, $t=21,923$, $p>0.05$). However, while psychological and personal factors were positive, social was negative. The findings of this study reveal that psychological and personal factors are significant predictors of health-seeking behaviour and social factors are not significant to health-seeking behavior among young adults in tertiary institutions in Delta State, Nigeria. According to the World Health Organization, social determinants of health have been defined as the “conditions in which people are born, grow, live, work and age.” Socio-economic status (SES), gender, race, and education are factors of health-seeking behaviour that are influenced by social determinants. Socio-Economic Status (SES) and Health-Seeking Behaviour have a significant relationship with healthcare-seeking behavior. From the 2017 China Migrants Dynamic Survey (CMDS) data, the relationship between socioeconomic status (SES) and healthcare-seeking behavior through multivariate regression analysis was examined and the results showed that SES had a significant relationship with healthcare-seeking behavior. Those with high SES were more likely to use high-quality health services. By subdividing the category of migrant workers, we found that the utilization of health services among migrant workers was unbalanced. (Li, Deng, Yang, & Wang., 2020). UBC (2018) opined three pathways for seeking behaviours as follows; the first choice most people go to are spiritual healers, elderly women, mother-in-law, and birth-attendant; the second choice is pharmacists, herbal medicine (homeopaths), untrained village doctors and final choice are trained medical personnel like Nurses, Doctors, midwives, and consultants. These pathways are majorly by social interaction which is in line with the findings of these studies that social factors are not significant to health-seeking behavior among young adults in tertiary institutions in Delta State, Nigeria.

Ho₃: There is no significant gender difference in the perception of health knowledge and health-seeking behaviour among tertiary students in Delta State.

Table 6: Summary of T-test Table on student’s response on the meaning of health and health-seeking behaviour based on gender

Variables/students’ response.	N	Mean	Standard Deviation	t	df	P	Remark
Male	2981	24.1869	4.39680	-1.530	6848	0.126	Not Significant
Female	3869	24.3440	4.06867				

Source: Field survey 2023

Table 6 above indicates that the perception of male students had an average of 24.19%. In contrast to the female student’s perception which represents 24.34%. Summarily, the independent sample test showed that there is no significant difference in the perception of the the meaning of health and health-seeking behaviour with male students (M =24.19, SD = 4.39) and female students (M = 24.34, SD = 4.06) $t(6848) = -1.530$, $P = 0.126$. The result suggests that there is no statistically significant difference in the perception on the meaning of health and health-seeking behaviour of tertiary students in the study area based on male and female students in the study area, hence the null hypothesis is accepted that there is no significant gender difference in the perception on the health knowledge and health-seeking behaviour among tertiary students in Delta State. The findings disagree with Currie and Wiesenberg (2003) and Lazarus (1994) who opined that women (females) tend to engage in less health-seeking behaviour compared to their male counterparts. In their article, Currie & Wiesenberg (2003) highlights three components of a woman’s decision-making process for seeking healthcare. Firstly, women generally are less likely to identify disease symptoms in the first place. Women might shrug off symptoms as normal muscle aches or a normal regular occurrence. To be able to recognize and identify a health problem, one needs to have some form of knowledge and awareness of symptoms and illnesses. Secondly, the study revealed that women tend to believe that they are more restricted compared to their male counterparts in terms of healthcare accessibility. This is due largely

to cultural ideas about the social value of women, which is lower compared to men. Thirdly, it is revealed that women do not engage in healthcare treatments even if they recognize that they have a health problem. (Currie & Wiesenberg, 2003).

CONCLUSION

Self-care (Personal care) for illness can only be promoted by ensuring that individuals and households have access to sound health information, especially in school's adequate health education and promotion is significant because of overcrowding in lecture rooms, hostels, school environment, etc. The regression analysis shows that there was a significant combined effect of the independent variables on the dependent variable. There is a significant joint contribution of the independent variables (psychological, social, and personal) as a predictor of health knowledge and health-seeking behaviour among tertiary students. The result of this study revealed that all the students in the sampled tertiary institutions show a high level of personal factors as predictors of health-seeking behaviour in the study area. The findings of this study reveal that psychological and personal factors are significant predictors of health-seeking behavior among young adults and social factors are not significant to health-seeking behavior among young adults. There is no significant gender difference in health knowledge and health-seeking behaviour among tertiary students in Delta State. The findings disagree with Currie and Wiesenberg (2003) and Lazarus (1994) who opined that women (females) tend to engage in less health-seeking behaviour compared to their male counterparts. In their article, Currie & Wiesenberg (2003) highlight three components of a woman's decision-making process for seeking healthcare. Firstly, women generally are less likely to identify disease symptoms in the first place. Women might shrug off symptoms as normal muscle aches or a normal regular occurrence. To be able to recognize and identify a health problem, one needs to have some form of knowledge and awareness of symptoms and illnesses. Secondly, the study revealed that women tend to believe that they are more restricted compared to their male counterparts in terms of healthcare accessibility. This is due largely to cultural ideas about the social value of women, which is lower compared to men. Thirdly, it is revealed that women do not engage in healthcare treatments even if they recognize that they have a health problem. (Currie & Wiesenberg, 2003). Conclusively; Psycho-socio personal predictors of health-seeking behaviours among young adults in tertiary institution in Delta State, Nigeria was very significant.

RECOMMENDATIONS

Based on the findings and conclusion drawn, the following recommendations are made;

1. Young adults in tertiary institutions should be taught health education values on positive health-seeking behaviour that will enhance their health status for sustainable transformation. Health education can take place through various channels of communication that are accessible by young adults in the lecture rooms, seminars, sharing of pamphlets, during 100 level students' orientations, television, radio, newspapers, and magazines. incidental teachings on health seeking behavior, introduction of health education as a GSE course in the university and polytechnic settings.
2. Telehealth broadcasts should be regularly made by health educators on common sites to access healthful information and knowledge of positive health-seeking behaviours in the tertiary institution's in Delta State.
3. The State government should subsidize internet-accessible devices for young adults to assess health information/knowledge and encourage positive health-seeking behavior by building standard health centers, allocating and releasing adequate funds to purchase drugs, employing more qualified medical personnel, health workers, etc. Financial performance is now considered a key aspect of healthcare performance (WHO, 2000).
4. The State government should make healthcare services available and accessible to students in all our tertiary institutions in Delta state at affordable cost to discourage negative health-seeking behaviours

from quacks and unqualified healthcare givers, patronizing patent medicine stores to avoid preventable deaths, spread of infectious diseases' and promote the personal health of students while in the campus.

5. Parents/Guardians should teach, monitor and encourage their wards to always practice action or inaction that will help them perceive their health problems or illness for the aim of finding an appropriate solution in a standard approved government hospital, clinics, health centers, and not pharmacy stores or patent medicine stores.
6. There is a need for the State government to be assertive of health worker's professionalism to improve the quality, quantity or productivity of healthcare services (input/ out-patients, bed occupancy, and waiting times, etc) in all tertiary institution's in Delta State.
7. All tertiary institution's management board should as a matter of urgency consistently organize quarterly health education and health promotion seminars during or through students' orientation's, student's week, faculty week on the significance of healthy living, healthful environment, healthful practices in positive health seeking behaviours.
8. The Governing council should collaborate with Vice chancellors, Rectors, Provost of the institutions used for this study to ensure a substantial budget is allocated and release for health services, health programs, printing of pamphlet's to be distributed to all student during any of the health seminar/workshop programs to promote the health status of students.

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