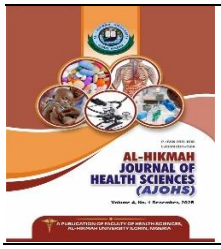
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Original Article

Sociodemographic Factors and Health-Seeking Behaviour for Children Under Five Among Women in Ilorin West, Kwara State, Nigeria

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ABSTRACT

Background: Sociodemographic traits may affect decisions about seeking healthcare for children under five. Gaining insight into these influences is crucial for enhancing the use of maternal and child health services.

Objective: To explore the relationship between specific sociodemographic variables and health-seeking behaviour for children under five among women in Ilorin West, Kwara State, Nigeria.

Methods: A descriptive cross-sectional survey was conducted among 392 women attending selected Primary Health Care centres in Ilorin West. Data were collected using a structured, interviewer-administered questionnaire and analysed using IBM SPSS Statistics version 27. Multiple linear regression assessed the combined influence of age, education, marital status, occupation, religion, number of children, and monthly household income on under-five health-seeking behaviour. Statistical significance was set at $p < 0.05$.

Results: Under-five health-seeking behaviour was positive, with a mean score of 35.74 (SD = 3.98). The selected sociodemographic factors were significantly associated with health-seeking behaviour, $F(7, 384) = 6.855$, $p = .001$. The model yielded $R = .333$, $R^2 = .111$, and adjusted $R^2 = .095$, indicating that the factors collectively explained 11.1% of the variance.

Conclusion: Selected sociodemographic factors significantly influenced under-five health-seeking behaviour among participants.

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Introduction

Health-Seeking Behaviour for children under five plays a critical role in child health, as the timely and appropriate use of healthcare services can significantly impact the management and prevention of common childhood illnesses (Adedokun and Yaya, 2020; Khasanah *et al*., 2023). Within Nigeria's primary healthcare system, Primary Health Centres (PHCs) deliver essential maternal and child health services, such as immunization, growth monitoring, nutritional counselling, and health education. Utilization of these services is influenced by individual, household, social, and economic factors (Uzuegbu *et al*., 2024; Akinsola *et al*., 2025).

Sociodemographic attributes are key determinants linked to healthcare utilization for children (Nzioki *et al*., 2015). Maternal education can shape access to health information and the capacity to comprehend

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recommended care practices, while employment status and household income may affect the ability to bear both direct and indirect healthcare expenses (UNICEF 2008; Janaki, S., & Prabakar, S. 2024). Additional factors, including family size, marital status, religious beliefs, and maternal age can also influence household decision-making processes and approaches to seeking care for children (Ganle *et al*., 2015; Tessema *et al*., 2025). These characteristics have also been identified as relevant to maternal and child health-seeking behaviour.

Empirical evidence from Nigeria and other sub-Saharan African contexts reinforces the significance of these factors. Adamu and Ango (2024) documented notable associations between maternal education level, occupation, monthly income, family size, and health-seeking behaviour among mothers of children under five in Sokoto Metropolis. Women with higher educational achievement and improved economic standing were more inclined to seek appropriate care for their children. Similarly, Adedokun and Yaya (2020), analyzing data from 31 sub-Saharan African nations, identified maternal education, employment status, household wealth, maternal age, antenatal care attendance, residential location, and child-specific characteristics as key influencers of healthcare-seeking practices for childhood illnesses.

Research conducted in Southern Nigeria further underscores the pivotal role of socioeconomic conditions. Okpokowuruk (2024) found maternal education, household income, religious affiliation, family size, and illness severity to be significant predictors of appropriate healthcare utilization among caregivers of under-five children. Caregivers with higher educational attainment and more favorable socioeconomic profiles were more likely to promptly consult formal healthcare facilities.

This emphasis on sociodemographic influences aligns with the Andersen Behavioral Model, which frames demographic and social traits as predisposing factors, and household income as an enabling factor, both shaping health service utilization (Jia *et al*., 2025; Song *et al*., 2025). Within the current study's context, maternal age, education, marital status, occupation, religion, number of children, and household income thus constitute vital social and economic variables for understanding disparities in under-five health-seeking behaviour.

Although evidence exists from other regions of Nigeria, the thesis notes a paucity of empirical studies examining the combined influence of these sociodemographic characteristics on health-seeking behaviour among women accessing PHC centres in Ilorin West, Kwara State. The local Context matters because disparities in education, socioeconomic status, household composition, cultural norms, and access to health services can influence healthcare decisions. Hence, this study investigated the link between selected sociodemographic characteristics and under-five health-seeking behaviour among women in Ilorin West, Kwara State, Nigeria.

Materials and Methods

Study Design and Setting

A descriptive cross-sectional survey was carried out among women of reproductive age attending selected Primary Health Care (PHC) centres in Ilorin West Local Government Area, Kwara State, Nigeria. A quantitative approach was employed to evaluate under-five health-seeking behaviour and its association with selected sociodemographic factors.

Study Population and Eligibility

The target population consisted of women aged 15–49 years attending the selected PHC centres. Eligibility criteria included being of childbearing age, having at least one child under five years or being pregnant, having visited at least one of the selected PHC centres within the past three months, and providing informed consent. Women who were critically ill, bedridden, or incapable of granting informed consent were excluded.

Sample Size and Sampling

The sample size for the study was estimated as 406 respondents after allowing for a 10% non-response adjustment. A multistage sampling technique was used to select women attending Primary Health Care centres in Ilorin West Local Government Area. Seven wards were selected which include, Adewole Health Centre, Oko Erin PHC, Oloje PHC, Alanamu Basic Health Centre, Oju-Ekun Health Centre, Egbejila Health Centre, and Baboko/Alapata PHC, with one Primary Health Care centre selected from each ward. A total of 392 questionnaires were administered, completed, and included in the analysis, giving a response rate of 100%.

Data Collection Instrument

A structured, interviewer-administered questionnaire was used for data collection. It comprised a sociodemographic section, including variables such as age, educational attainment, marital status, occupation, religion, number of children, and monthly household income, and a section on under-five health-seeking behaviour, comprising 10 items covering routine immunization, growth monitoring, consultation with trained health personnel, treatment adherence, use of conventional medicine, attendance at child welfare clinics, timely care-seeking during illness, and oral rehydration therapy. Use of treatment during diarrhoea, insecticide-treated bed net usage, and following healthcare providers' guidance on child nutrition and feeding. Responses were assessed on a

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four-point scale including Always, Often, Rarely, and Never, with higher scores reflecting more optimal health-seeking behaviour.

Validity and Reliability

Content validity was confirmed through evaluation of the questionnaire by the research supervisor and specialists in public health and maternal and child health. Face validity was evaluated via a pilot study involving women of childbearing age who were excluded from the main study. Reliability was measured using Cronbach's alpha after a pilot phase that included approximately 10% of the total calculated sample size, conducted at a primary health care (PHC) facility outside the study area. A Cronbach's alpha value of 0.70 or above was deemed acceptable.

Data Analysis

Data were verified for completeness, coded, and analysed using IBM SPSS Statistics version 27. Descriptive statistics summarised respondents' sociodemographic profiles and under-five health-seeking behaviour. Multiple linear regression was employed to assess the combined influence of age, educational attainment, marital status, occupation, religion, number of children, monthly household income, and under-five health-seeking behaviour. Statistical significance was defined as $p < 0.05$.

Ethical Considerations

Ethical approval was granted by the Kwara State Ministry of Health Ethics Review Committee, with additional endorsements from the management of the selected PHC centres and the Kwara State Primary Health Care Development Agency. Written informed consent was secured from all participants prior to data collection. Participant confidentiality and anonymity were strictly upheld, and involvement was entirely voluntary.

Results

Sociodemographic Profile of Participants

A total of 392 women took part in the study. Participants ranged in age from 15 to 49 years, with the majority (164; 41.8%), followed by those aged 31-36 years (109; 27.8%). Almost half held tertiary education (188; 48.0%), while 168 (42.9%) had secondary education. The vast majority were married (388; 99.0%) and self-employed (325; 82.9%). Most identified as Muslim (372; 94.9%) and reported having 1–2 children (244; 62.2%). In terms of monthly household income, 171 respondents (43.6%) earned between ₦61,000 and ₦120,000, and 100 (25.5%) earned less than ₦60,000.

Table 1: Sociodemographic Characteristics of Respondents (n=392)

Variable	Frequency	Percentage
Age (years)		
18-24	69	17.6
25-30	164	41.8
31-36	109	27.8
37 years and above	50	12.8
Highest level of education attained		
No formal education	28	7.1
Primary	8	2.0
Secondary	168	42.9
Tertiary	188	48.0
Marital status		
Single	4	1.0
Married	388	99.0
Occupation		
Unemployed	14	3.6
Self-employed	325	82.9
Civil servant	53	13.5
Number of children		
None	21	5.4
1-2	244	62.2
3-4	97	24.7
5 and above	30	7.7
Monthly household income (₦)		
Below ₦60,000	100	25.5
₦61,000-₦120,000	171	43.6
₦121,000-₦180,000	96	24.5
Above ₦180,000	25	6.4

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Optimizing Health-Seeking Practices for Children Under Five

Most participants described generally positive health-seeking behaviours for children under five. The highest mean score (3.92) was recorded for taking children to health facilities for routine immunization, followed by opting for conventional medicine over traditional remedies when the child is ill (3.84), administering oral rehydration solution during diarrhoea (3.81), and completing the full course of prescribed treatment (3.79). In contrast, attendance at child welfare clinic sessions scored the lowest (2.55).

Table 2: Under-Five Health-Seeking Behaviour Among Women in Ilorin West, Kwara State, Nigeria

Item	Always (%)	Often (%)	Rarely (%)	Never (%)	Mean	Remark
I take my under-5 child to a health facility for routine immunization as scheduled.	371 (94.6)	13 (3.3)	4 (1.0)	4 (1.0)	3.92	Positive
I visit the PHC for my child's growth monitoring and weighing sessions.	333 (84.9)	37 (9.4)	18 (4.6)	4 (1.0)	3.78	Positive
When my under-5 child falls ill, I seek care from a trained health worker first.	315 (80.4)	35 (8.9)	26 (6.6)	16 (4.1)	3.66	Positive
I complete the full course of treatment prescribed for my under-5 child at the health facility.	337 (86.0)	39 (9.9)	4 (1.0)	12 (3.1)	3.79	Positive
I use orthodox (modern) medicine rather than traditional remedies when my under-5 child is sick.	340 (86.7)	44 (11.2)	4 (1.0)	4 (1.0)	3.84	Positive
I attend child welfare clinic (CWC) sessions at the PHC for my under-5 child.	169 (43.1)	37 (9.4)	28 (7.1)	158 (40.3)	2.55	Positive
I seek medical attention within 24 hours when my under-5 child shows signs of illness.	305 (77.8)	49 (12.5)	21 (5.4)	17 (4.3)	3.64	Positive
I administer oral rehydration solution (ORS) to my under-5 child during episodes of diarrhoea.	339 (86.5)	40 (10.2)	4 (1.0)	9 (2.3)	3.81	Positive
I ensure my under-5 child sleeps under an insecticide-treated bed net to prevent malaria.	234 (59.7)	35 (8.9)	12 (3.1)	111 (28.3)	3.00	Positive
I follow health worker advice on nutrition and feeding practices for my under-5 child.	326 (83.2)	49 (12.5)	8 (2.0)	9 (2.3)	3.77	Positive

Decision Value (Mean): 0 – 2.49 = ***Negative***, 2.50 – 4.00 = ***Positive***

Responses to the 10-item health-seeking behaviour scale were scored on a four-point scale as follows: Always = 4, Often = 3, Rarely = 2, and Never = 1. Higher scores indicated more appropriate health-seeking behaviour. The mean score for each item was calculated, and an overall mean score was obtained for the scale. A mean score of 2.50 or above was considered positive, while a mean score below 2.50 was considered negative.

Table 3: Overall mean and Standard deviation of Under-Five Health-Seeking Behaviour Among Women in Ilorin West, Kwara State, Nigeria

Variable	Mean	Std. D	n
Under-5 health-seeking behaviour	35.74	3.98	392

Association between Sociodemographic Factors and Under-Five Health-Seeking Behaviour

Multiple linear regression analysis revealed that the selected sociodemographic factors significantly predicted under-five health-seeking behaviour, $F(7, 384) = 6.855$, $p = .001$. The model yielded an R of .333, R^2 of .111, and adjusted R^2 of .095, indicating that the factors collectively explained 11.1% of the variance in health-seeking behaviour.

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Table 4: Multiple Linear Regression Analysis of Sociodemographic Factors and Under-Five Health-Seeking Behaviour Among Women in Ilorin West, Kwara State, Nigeria

R = .333						
R Square = .111						
Adjusted R Square = .095						
Standard Error of the Estimate = 3.78367						
Analysis of Variance						
Model	**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**	**Remark**
Regression	688.755	7	114.792	8.018	.001	Significant
Residual	5511.735	384	14.316			
Total	6200.490	391				

Dependent Variable = Under-5 health-seeking behaviour
Independent Variables = Age, Education Qualification, Marital Status, Occupation, Religion, Number of Children, and Monthly Household Income

Discussion

The regression analysis demonstrated a significant relationship between the selected sociodemographic factors and under-five health-seeking behaviour, with the factors collectively explaining 11.1% of the variance. This finding suggests that sociodemographic characteristics, considered together, are relevant to how women seek healthcare for their children under five. This outcome aligns with Adamu and Ango (2024), who observed significant links between maternal education, occupation, household income, family size, and health-seeking behaviour among mothers of under-five children in Sokoto Metropolis. Their research noted improved healthcare-seeking practices among mothers with higher education, better financial standing, fewer children, and greater access to health services. Findings echoed in this study, underscoring the importance of maternal and household-level factors in child healthcare utilization. Furthermore, the result corroborates Adedokun and Yaya (2020), who analysed healthcare-seeking behaviour for children across 31 sub-Saharan African nations. Their study highlighted maternal education, employment status, household wealth, maternal age, antenatal care attendance, residence location, and child characteristics as key determinants of health-seeking decisions. Both studies, spanning broader and localized contexts, highlight the pivotal role of socio-economic and household conditions in shaping care-seeking for young children. Likewise, Okpokowuruk (2024) found that maternal education, household income, religion, family size, and illness severity significantly predicted timely and appropriate healthcare utilization among caregivers of children under five in Southern Nigeria. Caregivers with higher levels of education and more favorable socioeconomic conditions were more inclined to access formal healthcare services. This aligns with the current study's finding that healthcare-seeking behavior is shaped by a confluence of social and economic attributes rather than a solitary demographic variable. Unlike prior individual investigations, this study assessed the combined influence of the seven selected sociodemographic factors on under-five health-seeking behaviour. The findings therefore demonstrate a significant overall relationship between the selected factors and health-seeking behaviour without establishing the independent contribution of each factor. The analysis assessed the selected sociodemographic factors jointly; therefore, the relative contribution of individual factors could not be established from the reported model. The model accounted for only 11.1% of the variance in health-seeking behavior, indicating that a large portion remains unexplained. This suggests that additional factors beyond those analyzed in this study, such as cultural beliefs, health-system features, service quality, and caregivers' lived experiences, also play a meaningful role in influencing how women seek care for their children under five. The thesis notes these underexplored domains explicitly. Hence, the findings underscore the importance of interventions that tackle the social and economic determinants of child healthcare access in tandem with targeted health education. Enhancing women's educational prospects, bolstering socioeconomic support systems, and ensuring the continued availability and quality of maternal and child health services are key strategies for improving healthcare utilization for children under five in this context.

Conclusion

The study revealed that the selected sociodemographic factors significantly influenced under-five health-seeking behavior among women in Ilorin West. Collectively, variables including age, educational attainment, marital status, occupation, religion,

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number of children, and monthly household income explained 11.1% of the variation in health-seeking behavior [F(7, 384) = 6.855, p = .001]. These results highlight the critical role of women's social and economic contexts in shaping healthcare-seeking decisions for their young children.

Recommendation

Primary healthcare initiatives should tailor outreach and promotion strategies to reflect the sociodemographic realities of women when encouraging appropriate healthcare-seeking for under-five children. Maternal and child health services must remain both accessible and affordable, and health education efforts should be adapted to accommodate diverse educational and socioeconomic profiles among women. Additionally, community-based interventions ought to engage families and local stakeholders to foster timely and appropriate healthcare utilization for young children.

Limitation

The cross-sectional design restricts our capacity to infer a causal connection between sociodemographic factors and under-five health-seeking behaviour. Furthermore, reliance on self-reported data introduces potential recall or social desirability bias. Additionally, participants were consecutively recruited from selected primary health care centres in Ilorin West, which may introduce selection bias and constrain the generalisability of the findings to women who do not utilise primary health care services or to different contexts. Also the joint regression model did not establish the independent contribution of individual sociodemographic factors. Future studies should examine these factors individually using detailed multivariable analyses.

Declarations

Declaration of Conflict of Interest: The authors declare that no known conflict in this paper.

Declaration of Data Availability: The data that are used in this research are available upon request from the corresponding author through (first author)

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