Health Locus of Control and Health Seeking Behaviour among Medical Outpatients at Benue State University Teaching Hospital

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This study explored health locus of control and health seeking behaviour among medical outpatients of Benue State University teaching hospital Makurdi. Ex-post-facto survey research design was adopted. Two hundred and forty-four (244) medical outpatients participated in the study. Two measuring instruments were used for data collection. Findings indicated a significant difference between internal and external health locus of control on health seeking behavior of the patients (t (237 df) = .028; P>.05). Sex of the participants show no significant difference between male and female patients on health seeking behavior (t (237 df) = .690; P>.05). Mental health practitioners and policy makers should create awareness on the variables of health locus of control and sex to avoid poor health behaviour. Factors that interfere with the development of good health behaviour must be obliterated for the prevention of illnesses.

Keywords: Health, Locus of control, Health seeking behaviour, Medical Outpatients
Introduction

For the past decades, health-seeking behaviour has become an emerging force in the world due to increase rate of diseases. The attitude towards illness and treatment reflected in the behaviour of members of the public tend to be viewed by medical professionals as quaint or peculiar at best or an obstacle to good, efficient, modern medical care at the least. Health-seeking behaviours such as cooperation, avoidance and compliance of a patient and caregiver are vital to successful treatment. Because cooperation and compliance of a patient and a patient’s family are vital to successful treatment, we cannot neglect the need to overcome individual health behaviour barriers. For that, there must be increase awareness of the diverse individual attitudes about health-seeking behaviour and to improve patients’ skills in coping with these characteristics and adapting treatment approaches to them. We must become aware of one’s own beliefs, values and attitudes as they affect health-seeking behavior.

Health-seeking behaviour to medical treatment remains a challenge for the medical professions and social scientists. The efforts to explain and improve a patient’s health behaviour often appear to be ineffective. Although successful health behaviour interventions do exist (Schedlbauer, Scroeder, Peters & Fabey, 2004), half of the interventions seem to fail (Haynes, 2010). In spite of many advances made in health behaviour interventions, health behaviour rates have remained nearly unchanged in the last decades (Haynes, 2010). As a result of this widespread health behaviour problem, substantial number of patients does not get the maximum benefit of medical treatment – with poor health outcomes, low quality of life and increased health care costs as a result (Myers & Midence, 2009). The impact of poor health related behaviour is felt even more as the burden of patients grows worldwide (Haynes, 2010). Out patients requires good health related behaviour. Health behaviour such as cooperation, avoidance of and compliance of a patient and a patient’s family are vital to successful treatment. Although people may engage in health-seeking behaviour to either enhance positive events or to regulate negative events, these different types of events are typically taken to represent distinct motives for engaging in health-seeking behaviour that are associated with distinct consequences (Cooper, Frone, Russell, & Mudar, 1995; Cooper, 1998).

In today’s concept of health and illness, behaviour plays a crucial role on wellbeing. The way people behave, play an important role in whether they stay well or become ill and if they become ill, whether and how fast they recover. Behaviour determines if the illness is a long term, whether patients should continue with the treatment. Thus, a person’s behaviour determines the risk of getting ill or the likelihood of getting better (Desjarlais, 1995). Health promotion programmers worldwide have long been premised on the idea that providing knowledge about causes of ill health and choices available will go a long way towards promoting a change in individual behaviour towards more beneficial health seeking behaviour. However, there is growing recognition in both developed and developing countries, that providing education and knowledge at the individual level is not sufficient in itself to promote a change in behaviour. An abundance of descriptive studies on health seeking behaviour highlighting similar and unique factors, demonstrate the complexity of influences on individual behaviour at a given time and place. However, they focus almost exclusively on the individual behaviour as a purposive and decisive agent and elsewhere there is a growing concern that factors promoting good health seeking behaviours are not...
rooted solely in the individual, they also have a more dynamic, collective, interactive elements (Sturmer, 2006).

Academics have therefore started to explore the ways in which the local dynamics of communities have an influence over the well-being of the inhabitants. This reflects a growing interest of health seeking behaviour across the social sciences. Attempts are now being made to develop this, as yet under-utilized idea, to incorporate knowledge about health seeking behaviour into health services delivery strategies in a way which is sensitive to the local dynamics of the community. This may be an extremely positive development. The whole area of knowledge around health seeking behaviour is rendered of little value if not incorporated into management system development. The fact that health-seeking behaviour is not even mentioned in widely used medical textbooks (Steen & Mazonde, 1999), perhaps reflects that many health-seeking behaviour studies are presented in a manner which delivers no effect route forward. This results in an unfortunate loss for medical practice and health systems development programmers, as proper understanding of health seeking behaviour could reduce delay to diagnosis, improve treatment compliance and improve health promotion strategies in a variety of contexts.

Many factors have been found to influence health seeking behaviour and those associated with poor health behaviour can be organize into five interacting domains: socioeconomic factors; therapy-related factors; patient-related factors; condition-related factors; and health care system factors (World Health Organization, 2003). In the present paper, the focus is on a patient-related factor, that is, health locus of control. This factor may affect the health-seeking behaviour of medical out patients.

Health Locus of Control (HLC), first popularize in the 1970s by Wallston, Kaplan & Maides (2009), which refers to the degree to which individuals believe that their health is controlled by internal and external factors. External beliefs are premised on the notion that one’s health outcome is under the control of powerful others (medical professionals) or determined by fate, luck or chance. Internal beliefs characterize one’s health condition as being the direct result of one’s own actions.

Locus of control is a term in psychology that refers to a person’s belief about what causes the good or bad results in his/her life, either in general or in a specific area such as health or academics (Lau, 1982). Locus of control refers to the extent to which individual’s belief that they can control events that affect them. One’s locus can either be internal (meaning the person believes that they control their life) or external (meaning they believe that their environment, some higher power or other people control their decisions about their life). Individuals with high internal locus of control believe that events result primary from their own behaviour and actions. Those with a high external locus of control believe that powerful others, fate, luck or chance primary determines events. Those with a high internal locus of control have better control of their behaviour, tend to exhibit more political behaviour and are more likely to attempt to influence other people than those with high external locus of control. They are more likely to assume that their efforts will be successful.

The application of locus of control has most famously been in the field of health, mainly due to the work of Wallston (2009). (Wallston, 2009), has linked internal locus control to positive health behaviours, while not all attempts to correlate too have been successful, it is widely
accepted that health locus of control is significantly associated with a variety of health behaviour and outcomes. Internal locus of control has been associated with knowledge about disease (Seeman & Evans, 1962), ability to stop smoking (Coan, 1973), adherence to a medical regimen, effective use of birth control, getting regular dental checkup (William, 1972). The importance of locus of control on health seeking behaviour makes crucial our need to understand their origin. If their development is understood, then medical patients can become more aware of the circumstances that might lead to the adoption of particular locus of control. It is imperative to realize that the attributions people make before and after getting sick are critical in determining what effects that illness episode will have on related health behaviour (Lau, 1982). Also crucial, is that health locus of control beliefs are primarily formed in childhood and remain relatively stable throughout the life span. We empower ourselves when we recognize the benefits that health locus of control can have on the health seeking behaviour we practice and encourage others.

Statement of the problem

Health seeking of behavior of medical outpatients is becoming a greater concern to the public as their full recovery continue to be less rapid, rate of illness continues to increase and physical activity continue to decrease. General out patients frequently ignored general medical advice such as regular checkup, taking complete dosage of their medication, exercise and many more. However, trying to ignore these may make treatment more difficult and seriously endangered their health or increase their risk of death. Meanwhile if this common saying that health is wealth “is correct” is therefore means that patients ought to seek health the way and manner they are seeking wealth. But it seems that the attitude of health seeking behavior is not taking seriously. In response, this study investigated health locus of control and health seeking behaviour among medical out patients of Benue state university teaching hospital Makurdi.

Purpose of the study

The purpose of this study is to examine if health locus of control differ with health seeking behaviour among medical out patients of Benue state university teaching hospital Makurdi.

Research Hypotheses

i. Medical outpatients with internal health locus of control will significantly differ from those with external health locus of control on health seeking behavior.

ii. There will be a significant difference between male and female patients on health seeking behavior.

Empirical Review

Health Locus of Control and Health Seeking Behaviour

Norman (1998) performed a large-scale analysis of HLC, health value and likelihood to participate in health behaviours in 11,632 individuals from UK. Individuals scoring high on the internality scale were more likely to participate in a higher number of health behaviours. Those who believed that chance and fate played a large role in their health status were less likely to engage in preventative health behaviours. Bronson (1981) found that those
individuals scoring high on the internality-scale were higher on measures of health behaviours than low scorers. Soler-vila, Kasl, and James (2003) studied psychosocial factors as predictors of breast cancer prognosis in African American women and found that HLC was unrelated to survival prognosis. Nemcek (1990) found that women who strongly believed that significant others control their health were less likely to adhere to recommended guidelines for breast self-examination.

Barroso, (2000) compared breast cancer Caucasian and African women. African women were more likely to believe in chance and to depend on power others. Perceived susceptibility to cancer, doubts about the value of early diagnosis and beliefs about the severity of the diagnosis were all significantly related to high powerful others scores in African women. African high powerful other scorers believed that early diagnosis lead to longer time to worry about illness and those women could be cured. And they also believed that all women diagnosed with breast cancer will die. Sturmer (2006) performed a prospective cohort analysis of Health locus of control and chronic disease development in German study population of men and women aged 40-65. The findings revealed that individuals with a higher internal locus of control and who are females had a decreased risk of myocardial infection, most likely related to willingness to participate in preventive health behaviours. Findings from the review showed that studies have not being conducted in this part of the world (Benue State) that addresses health locus of control and patients health seeking behaviour. Therefore, the following hypothesis was formulated.

**Sex Differences in Relation to Health Seeking Behaviours**

Despite this, it is evident that health seeking behaviour among young people is low. Rickwood (2007) stated that while young people have the greatest need for health interventions and preventions, they are the least likely group to seek help for such issues. It is clear that among young males the rate of health seeking behaviour is even lower still. Stead (2010), in a study of health seeking behaviour among university students, identified that older and female students were more likely to seek help for health problems than male students. Moller-Leimkuhler (2002) found that only 23% of moderately or severely distressed Australian adolescents sought help for their distress and only 17% sought professional help. After controlling for symptom severity the author also found that male adolescents experiencing even high levels of distress rarely ask for help from their social networks or from professionals. Similarly, a study of young people in Queensland (Rickwood 2007) found that 30% of males reported that they would not seek help from anyone regarding personal, emotional or distressing problems, compared to only 6% young women.

The gap in health seeking behaviour is also present across other needs and risks (Kessle 1994, cited in Addis & Mahalik, 2003) found that men report higher levels of substance abuse the women do and are more likely to have experienced psychosocial problems as a result of their substance abuse, but are less likely to seek help. A study of almost 1,000 school children in development found that even for common, low level issues such as arguing with parents, worries about school work, concerns about sex or falling out with friends, health seeking behaviour is significantly higher among female adolescents than the young men (Farrand, 2007). Based on the literature review, no study was found by the authors that address sex and health seeking behaviour of medical patients in Benue State and in Nigeria in particular. It is based on this that the study formulated the following hypothesis. In summary therefore, this
study reviewed theories and studies related to health seeking behaviour and also reviewed how the independent variables in the study are related to the dependent variable.

Methodology

Ex-post-facto research design was adopted for this study, while two (2) questionnaires were used for the collection of data among the participants of the study. A total of 250 questionnaires were administered out of which 244 were returned. 6 of the questionnaire were not returned. Therefore, 244 questionnaires were used for the study out of which 91 (37.6%) were males while 151 (62.4%) were females. 98(40.2%) were single, 134(54.9%) were married, divorced were 6(2.5%). The religious affiliation of participants shows that 222(92.5%) were Christians, 12(5.0%) are Islam, while 6(2.5%) were from other religion. 143(56.6%) are Tiv, 63(26.3%) were Idoma, 34(14.2%) were Igede. Education attainment of the participants indicate that 133(54.4%) were tertiary holders, 83(35.2%) were primary/post primary holders, and No formal Education 20(8.5). The income level of participants shows that 13(5.3%) were high, 121(49.6%) were average and low income 110(45.1%); age of the ranges from 12-45 years.

Measures

Health Locus of Control
Health locus of control scale developed by Wallston, (1976) was used for gathering information. The scale is a 11-item scale designed to assess the kind and extend of control a person thinks she/he has over his/her own state of health. This instrument was developed to provide specific information about the relationship between an individual’s health behaviours and that person’s belief about the locus of health control. The scale is scored on a six-point likert type scale (1-strongly Disagree, 2-Moderately disagree 3-Slightly disagree, 4-Slightly agree, 5-Moderately agree and 6-Strongly agree). The responses to questions 1, 2, 8, 10 and 11 must be reversed (subtracted from 7) before being added to the responses to the remaining questions. Total scores for the instrument may range from 11 to 66; a high score denotes belief in a high degree of external health locus of control and low score denotes belief in a high degree of internal locus of control. The scale reported a reliability coefficient of 0.71. The current study also shows .71 as cronbach reliability coefficient.

Health Seeking Behaviour
The health behaviour survey was developed by Hardy, (2005). The health behaviour survey assess selected aspect of peoples health related behaviour namely, diet, sleep and preventive behaviours, alcohol use, exercise and smoking. The health behaviour survey consists of 26 items and is scored on a 4 point likert scale with anchors, never (1) and always (4). The health behaviour survey has a cronbach alpha reliability coefficient of .79. For this study current study a reliability coefficient of .92 was reported.

Procedure of Administration
The researchers seek permission from Benue State University Teaching Hospital before given out the questionnaire to participants. Before administering the questionnaire, the researcher
stated to the participants a statement of the study’s general purpose (To investigate the perception of patient’s health locus of control and health seeking behaviour) as well as information regarding confidentiality and their right to discontinue participation at any time. For proper administration of the survey, the assistance of other clinical psychologist and nurses at the hospital were sought to assist in administering the questionnaire to medical out patients.

Results

The result of data analysis is presented below; Independent t-test was used in testing the hypothesis.

**Hypothesis 1:** Medical patients with internal health locus of control will significantly differ from those with external health locus of control on health seeking behavior.

**Table 1: Independent t-test showing difference between internal and external health of locus on health seeking behavior**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Locus</th>
<th>N</th>
<th>Mean</th>
<th>S.D</th>
<th>T</th>
<th>Df</th>
<th>ρ</th>
<th>α</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health seeking behaviour</td>
<td>Internal</td>
<td>109</td>
<td>60.96</td>
<td>11.42</td>
<td>2.21</td>
<td>237</td>
<td>.028</td>
<td></td>
<td>Sig.</td>
</tr>
<tr>
<td></td>
<td>External</td>
<td>130</td>
<td>57.30</td>
<td>13.74</td>
<td></td>
<td></td>
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</tbody>
</table>

The result in table 1 showed that there is a significant difference between internal and external health locus of control on health seeking behavior of the patients (t (237 df) = .028; P>.05). Findings from the table showed further that internal patients had a mean score of (M=60.96, SD=11.42) on health seeking behaviour compared to external patients who scored (M=57.30, SD=13.74). Based on the findings of the study, the hypothesis was accepted. This implies that health locus of control differ on health seeking behaviour.

**Hypothesis 2:** According to this hypothesis, there will be a significant difference between sex and health seeking behaviour.

**Table 2: Independent t-test showing difference between sex and health seeking behaviour**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Sex</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>T</th>
<th>Df</th>
<th>ρ</th>
<th>α</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health seeking behaviour</td>
<td>Male</td>
<td>89</td>
<td>58.53</td>
<td>14.57</td>
<td>-.399</td>
<td>237</td>
<td>.690</td>
<td>N/S</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>150</td>
<td>59.22</td>
<td>11.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The result in table 2 shows that there is no significant difference between male and female employees on health seeking behavior among medical outpatients (t (237 df) = .690; P>.05). It was observed that male patients had a mean score of (M=58.53, SD=14.57) on health
seeking behaviour and female patients had a mean score of (M=59.22, SD=11.7). The hypothesis which stated that there will be significant difference between sex and health seeking behavior was rejected. This implies that both male and female have the same level of health seeking behaviour.

**Discussion of Findings**

Hypothesis one found a significant difference between internal and external health locus of control on health seeking behaviour of Benue state university medical out patients. This finding therefore implies that health seeking behaviour can be accomplished with individuals considering their believes.

This finding support the work of Norman (1998) performed a large-scale analysis of HLC, health value and likelihood to participate in health behaviours in 11,632 individuals from UK. Individuals scoring high on the internality scale were more likely to participate in a higher number of health behaviours. Those who believed that chance and fate played a large role in their health status were less likely to engage in preventative health behaviours. In a related development, this finding support those of Stretcher, (2012) who reviewed studies that examined the role of self-efficacy in achieving health behavior change and found a strong relationship between self-efficacy and health behavior. Snyder (2006) found that chance Health locus of control helped to explain patient reappraises to health issues. This researcher provided evidence that in both the general population and persons with versions ulcers, less compliance was observed in persons with chance orientation. Based on his findings, Snyder concluded that people who scored high or chance health locus of control might believe that health is the outcome of chance or luck; therefore, following prescription instructions may not help so they do not comply with medication regimens.

Hypothesis two of the study revealed no significant difference between male and female on health seeking behaviour of Benue state university medical out patients. This finding implies that both patients seek less on healthy behaviour. This finding upholds those of Rentfro (2009) who found an insignificant relationship between sex and health promoting behavior. In a related development, this also lends credence to the findings of Arbona and Power (2003); Hendricks, (2001); Riesch, (2006). This finding also corroborate with those of Torres (1995) who used multiple regression to explored the relationships between an overall measure of gender roles and health behavior and found that gender accounted for almost 40% of the variance in mental health behavior and 25% of the variance in total health behavior scores. This finding also corroborated with those of Nelson and Gordon–Larsen (2006) higher sex to relate with health promoting behaviors.

**Implications of the Study**

In terms of implications, this research has several implications for researchers, psychologists and other health professionals, with an interest in promoting health seeking behaviour. In general, the present study has made valuable contributions to the health seeking behaviour literature. This study revealed that male and female patients do not differ on health seeking behaviour. The results of this study suggest important practical implications for human capital management especially in the area of management of healthy behaviour. Given that individuals differed from one another in their health seeking behaviour, the practical implication of this is that psychologists should ensure the modification of health seeking behavior in both sexes. Another implication of the study is that the study found a significant
difference between internal and external health locus of control on health seeking behaviour. This finding also has some implications for psychologists as well. This finding showed that patients health locus of control influence their health seeking behaviour. Psychologists in modifying people health promoting behavior should be aware that internal and external locus of control are not the same on health behaviour.

Conclusion
Health seeking behavior is one of the common behaioural problems and it has become a concern to the mental health professionals. The pathway to health behaviour still remains unclear. Thus, based on the findings from the present study, it is evident that health locus of control is a factor contributing to health behaviour among medical patients. Psycho-educating patients by health personnel on how their beliefs influence health seeking behaviour can help to prevent illness and their quick recovery. Mental health practitioners and policy makers should create awareness on the importance of sex to avoid poor health behaviour. Factors that interfere with the development of good health behaviour must be obliterated for the prevention of illnesses. Further research is needed to develop more meaningful ways of assessing health behaviour. This information will be helpful for clinicians, researchers, administrators in their work and attempt to improve humanity.

Recommendations
Based on the findings and conclusion drawn from the study, it is recommended that mental health practitioners and policy makers should create awareness on the variables of health locus of control and sex to avoid poor health behaviour. Factors that interfere with the development of good health behaviour must be obliterated for the prevention of illnesses.

Limitations
There were limitations for this research that warrant further discussion. First, this study relied on self-report. This method required respondents to honestly respond to a set of items on a questionnaire. Self-report data has limitations, such as sensitivity of specific information and level of privacy associated with the method of data collection. This can affect the reporting of sensitive or illicit behaviors. However, they provide a less threatening means of reporting and are viewed as providing more privacy than other methods (Sieving & Shrier, 2009). Therefore, it is a widely accepted data collection method for social science research (Colton & Covert, 2007).

Another limitation was the selection bias and the lack of generalizability with the use of the purposive sample. This study used a purposive sample of Benue state university teaching hospital medical out patients. This may limit the ability of the results to be generalized to other medical patients’ samples. Additionally, this study was limited by ex-post-facto survey design; although longitudinal studies are more likely to identify cause-effect relationships (Rew & Wong, 2006). There is a need to employ a greater variety of study designs in order to accurately test theoretical propositions concerning underlying mechanisms of health seeking behaviour and to better develop effective interventions. Another limitation of the study is on the number of the variables studied. Other variables such as family background, locality etc and other perceptual factors could also contribute to health seeking behaviour.
References


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