CULTURAL FACTORS INFLUENCING HEALTH-SEEKING DECISIONS AMONG RURAL DWELLERS IN ONDO STATE, NIGERIA

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Abstract

This study examined the cultural factors affecting health-seeking decisions among rural dwellers in Ondo State, Nigeria, highlighting the preference for ***traditional healers, spiritual interventions, and self-medication*** *over hospital care. Using a* ***survey of 400 respondents****, the study revealed that* ***many rural residents believe illnesses have spiritual causes****, leading them to rely on religious and traditional remedies. High hospital costs, long distances to healthcare facilities, and mistrust of modern medicine further discourage hospital visits. The findings also revealed that* ***74% of respondents have delayed hospital visits due to religious or traditional beliefs****, while* ***83% have used traditional medicine instead of hospital care****. Despite this,* ***69% acknowledge that cultural beliefs discourage people from seeking hospital treatment****. Addressing these challenges requires* ***culturally sensitive health campaigns, improved healthcare affordability, and stronger community-based health services****. When traditional beliefs are respected and thoughtfully integrated into modern healthcare practices, and when people begin to trust medical facilities, they are more likely to seek care when they need it. This study recommends* ***collaborative efforts*** *between healthcare providers, religious leaders, and policymakers to bridge the gap between traditional and modern medicine, ensuring better health outcomes for rural populations.*

Keywords: Cultural Beliefs, Health-seeking Decisions, Indigenous knowledge, Traditional Medicine, Rural Healthcare.

INTRODUCTION

Health-seeking behaviour refers to the actions individuals take to obtain health services or advice, as well as how they manage their health (Hughes, Johnson & Thomas, 2020). In rural communities in Nigeria, this behaviour is influenced by multiple factors, with **culture playing a significant role** in shaping how illnesses are perceived, managed, and treated (Olumide, Adeyemo & Ojo, 2022). Cultural beliefs and practices deeply affect decisions about when and how to seek medical care, often diverging from conventional medical recommendations (Akinyemi, Eze, & Adedeji, 2021). Rural populations are particularly vulnerable to the effects of these cultural norms due to **limited access to healthcare infrastructure and services** (World Health Organization [WHO], 2018).

Traditional healing practices, religious beliefs, and social structures collectively shape health-seeking behaviour in rural Nigeria (Akande, 2019). Many rural dwellers **rely on traditional healers**, often viewing them as more accessible and spiritually aligned with their beliefs. This reliance is compounded by **a deep-rooted mistrust of formal healthcare systems**, particularly in regions where **healthcare professionals are scarce, and medical care is prohibitively expensive** (Iheanacho, Adebayo & Chikwendu, 2020). Additionally, societal norms influence healthcare decisions, sometimes limiting individuals—especially women—from seeking timely medical attention due to cultural expectations (Musa, Yakubu & Abubakar, 2021a).

In the context of this study, rural dwellers in Ondo State refer to individuals living in communities that are geographically and socioeconomically distant from urban centres, where access to modern infrastructure, healthcare services, and formal education is limited. These communities typically engage in subsistence farming, petty trading, and artisanal work, and health decisions are often influenced by cultural beliefs, local customs, and communal values. In such settings, health-seeking behaviour is shaped more by social structures and indigenous knowledge systems than by biomedical understanding. Traditional healers, religious leaders, and elders often serve as the first point of consultation in health matters, further reinforcing the dependence on non-formal healthcare systems. This rural demography forms the core focus of the study, as understanding their health-related beliefs and practices is essential for designing culturally appropriate healthcare interventions in Ondo State.

Despite the presence of healthcare facilities, many rural residents **delay or avoid hospital visits**, prioritizing **herbal remedies, spiritual interventions, or home treatments** over conventional medical care (Akinyemi, Eze & Adedeji, 2021). Socioeconomic constraints, including **the high cost of medical services, transportation difficulties, and long waiting times**, further discourage hospital visits (Olumide, Adeyemo & Ojo, 2022). These factors create a complex healthcare landscape where **cultural influences, economic limitations, and systemic barriers converge**, ultimately impacting health outcomes.

The persistence of **cultural and traditional health practices** raises concerns about **delayed diagnoses, increased disease burden, and preventable deaths** in rural communities. Addressing these issues requires **an in-depth understanding of the cultural determinants of health-seeking among rural dwellers** to develop policies and interventions that promote the **integration of modern and traditional healthcare systems**. This study aims to examine the influence of cultural and traditional beliefs in shaping health-seeking decisions among rural dwellers in Ondo State, Nigeria, specifically examining how cultural beliefs, social structures, and access to healthcare services contribute to the health choices made by individuals in these communities.

Therefore, this study firstly investigated the role of cultural beliefs, traditional healing practices, and religious norms in shaping health-seeking decisions among rural dwellers in Ondo State, Nigeria. Secondly, it assessed the impact of socio-cultural factors, such as gender roles and family structures, on the healthcare decisions made by individuals in rural communities of Ondo State. Thirdly, the study identified the key barriers to accessing healthcare services, including economic limitations, transportation challenges, and trust in formal healthcare systems, among rural dwellers in Ondo State.

LITERATURE REVIEW

Traditional Healing Practices

Traditional medicine is an integral part of the healthcare system in many rural Nigerian communities, where it is often seen as the first line of defence against illnesses. The reliance on herbal remedies, spiritual healers, and rituals is deeply rooted in the cultural fabric of these communities (Akinyemi et al., 2021). Traditional healing methods are often passed down through generations, with local healers holding significant influence over community health decisions. These traditional healers are believed to possess extensive knowledge of plants, animal products, and other natural substances that are used to treat various

ailments. For many, the use of traditional medicine is viewed as a culturally acceptable and effective approach to healthcare, often preferred over modern medical treatments due to its perceived lower cost, accessibility, and familiarity (Iheanacho, Adebayo & Chikwendu, 2020).

However, while traditional healing plays a crucial role in rural health, it can also result in delays in seeking formal medical care. Many individuals turn to traditional healers for minor illnesses or even serious conditions, which can worsen if not addressed promptly with conventional medical treatments (Olumide et al., 2022). This cultural reliance on traditional practices may contribute to the underutilisation of healthcare facilities, leading to poorer health outcomes in some cases.

Religious Beliefs and Spiritual Healing

Religion plays a prominent role in shaping health-seeking behaviour in rural Nigerian communities. Many individuals view health problems not only in physical terms but also as spiritual challenges that require divine intervention (Musa, Yakubu, & Abubakar, 2021b). Religious beliefs influence how individuals perceive illness and recovery, with prayer, fasting, and spiritual healing often serving as alternatives or complements to formal medical care. In some communities, individuals may prefer to consult religious leaders or spiritual healers before seeking treatment from healthcare professionals.

This preference for spiritual healing over medical care can be attributed to the belief that illness has a spiritual or supernatural cause, often influenced by religious teachings or cultural norms. As a result, some rural dwellers may avoid seeking healthcare from clinics and hospitals, especially when they believe their illness can be cured through faith-based approaches (Akande, 2019). Religious leaders, who are trusted figures within these communities, can either encourage or discourage medical treatment, making their influence a powerful factor in health-seeking behaviour (Akinyemi et al., 2021).

Socio-cultural Norms and Healthcare Decisions

Socio-cultural norms, including gender roles, family structures, and community expectations, also shape health-seeking behaviour in rural Nigeria. In some communities, there are specific expectations about who should make health decisions and when treatment should be sought. For instance, in many patriarchal societies, women may need permission from male family members to seek healthcare, especially for more serious illnesses (Musa et al., 2021a). This can delay or prevent women from accessing formal healthcare services in a

timely manner, particularly when family structures emphasise collective decision-making.

Moreover, social stigma and fear of judgment can influence health-seeking behaviour. In some rural areas, seeking care for certain health conditions, particularly mental health issues or sexually transmitted infections, may be viewed as taboo or shameful (Iheanacho et al., 2020). Such cultural taboos can deter individuals from seeking necessary care, thereby exacerbating health problems and contributing to the underreporting of certain diseases.

Economic Constraints

While not strictly cultural, economic factors intersect with cultural norms to influence health-seeking behaviour. In many rural communities, financial constraints can limit access to formal healthcare services. The high cost of medical care, transportation, and diagnostic tests can prevent individuals from seeking treatment, particularly when traditional remedies are perceived as more affordable (WHO, 2018). Even when formal healthcare services are available, the costs associated with them can be prohibitive for many, particularly in low-income rural households.

Furthermore, economic factors such as poverty, lack of insurance coverage, and low literacy levels may limit individuals' awareness of the benefits of formal healthcare services, leading them to rely more heavily on traditional methods (Hughes et al., 2020). In this context, cultural beliefs about the efficacy of traditional healing may be reinforced by the economic barriers to accessing formal healthcare, making it a more viable option for many.

Empirical Review

Several empirical studies have highlighted the significant role of traditional beliefs, religious practices, social norms, and socio-economic factors in shaping health-related decisions.

Akinyemi et al. (2021) found that traditional medicine remains a dominant healthcare option in many rural Nigerian communities, with herbalists and spiritual healers often serving as the first point of contact for healthcare. The study revealed that cultural beliefs about illness causation, especially those linked to spiritual and ancestral factors, often result in delayed visits to modern healthcare facilities. Similarly, Oladele and Ogunleye (2020) reported that traditional practices persist due to their affordability and perceived effectiveness, particularly for ailments perceived as spiritually induced.

Musa et al. (2021b) conducted a study in Northern Nigeria and found that religious leaders significantly influence health-seeking behaviour. Their research indicated that many individuals prioritise prayer, spiritual consultations, and faith-based healing over formal medical care. Akpan, Etim & Udoh (2019) corroborated these findings, noting that religious perceptions about illness causation often lead to delays in seeking medical care, especially for illnesses believed to have supernatural origins.

In a study of rural communities in Southwestern Nigeria, Ajayi, Omotosho & Bamidele (2020) discovered that gender roles and family structures influence health decisions. The study found that men typically make health-related decisions for the family, potentially delaying or preventing women from accessing timely healthcare. Similarly, Uche and Onyekachi (2018) highlighted the role of family elders in determining health-seeking practices, often favoring traditional remedies over hospital visits.

Eze, Uchenna & Okonkwo (2021) explored the relationship between health literacy and healthcare utilisation in rural Nigeria. Their findings showed that individuals with limited health literacy were more likely to rely on traditional medicine due to misconceptions about modern healthcare practices. The study suggested that community-based health education programmes could significantly improve health-seeking behaviour by addressing misinformation and promoting preventive healthcare practices.

Iheanacho et al. (2020) investigated the impact of socio-economic status on health-seeking behaviour in Ondo State, Nigeria. The study found that individuals from low-income households often delay or avoid hospital visits due to high costs and limited access to healthcare facilities. World Health Organisation (WHO) (2018) further emphasised the role of economic factors, noting that financial constraints are frequently intertwined with cultural beliefs, leading to underutilisation of formal healthcare services.

Despite the extensive body of research on the cultural and socio-economic determinants of health-seeking behaviour in various Nigerian contexts, a notable empirical gap persists in the integration of these factors within the specific setting of rural communities in Ondo State. While studies such as those by Akinyemi et al. (2021), Oladele and Ogunleye (2020), and Iheanacho et al. (2020) have provided useful insights, most of these investigations either adopt a generalised national perspective or focus on geographically distinct regions such as Northern or Southwestern Nigeria, thereby limiting the applicability of their findings to the unique socio-cultural landscape of Ondo State's rural areas. Moreover, very few

studies have simultaneously examined the intersection of cultural beliefs, religious norms, gender dynamics, family structures, and economic constraints in shaping health-seeking decisions within this context. This fragmented approach leaves a critical gap in understanding how these factors interact holistically to influence healthcare utilisation. Therefore, this study becomes necessary to fill this gap by offering a comprehensive, context-specific analysis of the cultural and socio-economic barriers affecting rural dwellers' access to healthcare in Ondo State. The findings will not only contribute to academic discourse but also provide evidence-based guidance for policymakers, health educators, and community leaders working to improve health outcomes in similar rural environments.

THEORETICAL FRAMEWORK

The theoretical framework for this study is based on two key theories that explain health-seeking behaviour: the **Health Belief Model (HBM)** and **the Theory of Reasoned Action (TRA)**. These theories provide insights into how cultural factors influence individuals' decisions to seek healthcare services in rural communities in Nigeria.

Health Belief Model (HBM)

The Health Belief Model (HBM), developed by Rosenstock (1974), is widely used to explain why individuals engage in health-related behaviours, including seeking medical care. The model suggests that a person's decision to seek healthcare is influenced by their perceptions of:

- **Perceived susceptibility** – How vulnerable an individual feels to illness or disease.
- **Perceived severity** – The individual's belief about the seriousness of an illness and its potential consequences.
- **Perceived benefits** – The extent to which an individual believes that seeking medical care will be beneficial.
- **Perceived barriers** – Factors that hinder individuals from seeking medical care, such as cost, cultural beliefs, or accessibility.
- **Cues to action** – External stimuli, such as health campaigns or advice from family members, that trigger health-seeking behaviour.

In rural Nigeria, cultural factors influence how people perceive illness and treatment. If individuals believe that traditional or spiritual healing is more effective than modern medicine, they may be less likely to seek formal healthcare, even when they recognise the severity of an illness. Understanding

these perceptions is essential for designing interventions that promote timely healthcare-seeking behaviour.

Theory of Reasoned Action (TRA)

The Theory of Reasoned Action (TRA), proposed by Fishbein and Ajzen (1975), explains how social and cultural factors shape health-seeking behaviour through two main components:

- **Attitudes toward behaviour** – The degree to which an individual has a positive or negative evaluation of seeking healthcare.
- **Subjective norms** – The perceived social pressure to seek or avoid medical care, often influenced by family, religious leaders, and cultural traditions.

In many rural Nigerian communities, societal expectations and cultural norms strongly influence health-seeking behaviour. For example, if an individual's community places a high value on traditional medicine, they may feel social pressure to use herbal treatments instead of seeking medical care at a hospital. This theory highlights the importance of addressing social and cultural influences when designing health interventions.

METHODOLOGY

Research Design

This study adopted a **survey research design**. The design allowed the researchers to systematically collect the responses of the selected residents of rural areas of Ondo State, Nigeria. The population of Ondo State, based on the 2025 projected estimation at 2.6% per annum growth rate by the National Population Commission (2006), is **5,760,000** residents. According to the Ondo State Ministry of Health (2010), **62.92%** of the residents live in rural areas, which amounts to approximately **3,348,671** rural dwellers. A **stratified sampling technique** was used to ensure fair representation across the three senatorial districts in Ondo State: **Ondo North, Ondo Central, and Ondo South**. The procedure involved the following steps:

1. **Selection of Local Government Areas (LGAs)**: One LGA with a high rural population was selected from each senatorial district:

- **Ondo North:** Akoko North-East LGA
- **Ondo Central:** Ifedore LGA
- **Ondo South:** Ilaje LGA

2. **Selection of Villages**: Two villages were randomly selected from each LGA based on their significant rural composition:

- **Akoko North-East LGA:** Oyin Akoko and Ikun Akoko
- **Ifedore LGA:** Igbara Oke and Ipogun
- **Ilaje LGA:** Awoye and Mahin

3. **Sample Size**
The sample size was determined using Taro Yamane's formula for a finite population as follows:

$$n = \frac{N}{1+N(e)2}$$

Where:
n = Sample size
N = Rural population (3,348,671)
e = Margin of error (0.05 for 95% confidence level)

$$n = \frac{3,348,671}{1+3,348,671(0.05)^2}$$

$$n = \frac{3,348,671}{1+3,348,671(0.0025)}$$

$$n = \frac{3,348,671}{8372.68}$$

n= **400**

The final **sample size of 400** was proportionally allocated across the selected villages.

4. **Proportional Allocation of Sample Size**: The sample size was distributed among the selected villages based on the estimated rural population in each LGA.

Senatorial District	LGA Selected	Villages Selected	Estimated Rural Population	Proportion (%)	Sample Size Allocated
Ondo North	Akoko North-East	Oyin Akoko, Ikun Akoko	120,000	30%	120
Ondo Central	Ifedore	Igbara Oke, Ipogun	90,000	25%	100

Ondo South	Ilaje	Awoye, Mahin	110,000	45%	180
Total	3 LGAs	6 Villages	320,000	100%	**400**

Population Source: National Population Commission, 2024

A **structured questionnaire** was used to collect data from the respondents. The questionnaire was designed to capture demographic information, cultural perceptions, healthcare preferences, and barriers to formal healthcare access. The instrument included **both closed-ended and Likert-scale questions** to facilitate quantitative analysis. For the tests of reliability and validity, the structured questionnaire was subjected to expert review to establish content and face validity. Three specialists in public health, rural sociology, and communication research assessed the instrument for relevance, clarity, and alignment with the study objectives. A pilot test was conducted with 30 respondents from a similar rural setting outside the main study area, and the responses were analysed using Cronbach's Alpha, yielding a coefficient of 0.81, indicating high internal consistency. The data were collected using self-administered copies of the questionnaire. The collected data were analysed using **descriptive statistics** (percentages and frequencies). The analysis was conducted using **SPSS version 26.0**.

Data Presentation and Discussion of Findings

Table 1: Cultural Beliefs and Perceptions of Health

Option	Frequency	Percentage
What do you believe causes illnesses?		
Natural causes (e.g., bacteria, viruses)	83	21%
Spiritual causes (e.g., witchcraft, evil spirits)	128	32%
Violation of cultural taboos	101	25%
Punishment from ancestors	88	22%
Total	**400**	**100%**
In your community, where do people commonly seek treatment first when sick?		
Traditional healers	147	37%
Religious leaders	77	19%
Herbal medicine shops	96	24%
Health centers/hospitals	47	12%
Self-medication	33	8%

Total	**400**	**100%**
Have you ever used traditional medicine instead of hospital treatment?		
Yes	331	83%
No	69	17%
Total	**400**	**100%**
What was the reason for choosing traditional medicine?		
More affordable than hospital care	83	21%
More effective for certain illnesses	133	33%
Advised by family or community members	68	17%
Belief in spiritual healing	116	29%
Total	**400**	**100%**
Do cultural beliefs in your community discourage people from seeking hospital treatment?		
Yes	276	69%
No	124	31%
Total	**400**	**100%**
In what way do cultural beliefs in your community discourage people from seeking hospital treatment?		
Preference for traditional remedies	113	41%
Fear of medical procedures	66	24%
Advice from elders/religious leaders	97	35%
Total	**276**	**100%**

Source: Field work, 2025

The findings of the table above reveal that a considerable proportion of respondents attribute illnesses to supernatural causes. Specifically, **32% of respondents believe in spiritual causes (e.g., witchcraft and evil spirits), 25% associate illnesses with cultural taboos, and 22% see it as ancestral punishment**, while only **21% recognise natural causes like bacteria and viruses**. This is consistent with the study by Okeke, Adejumo & Bello (2020), which found that 67% of rural dwellers in southeastern Nigeria believed that diseases such as epilepsy and mental illness were caused by supernatural forces. These deeply ingrained cultural perspectives often

discourage individuals from seeking biomedical treatment, as they perceive modern medicine as ineffective against ailments believed to be spiritual.

When faced with illness, **37% of respondents first consult traditional healers, 24% prefer herbal medicine shops, and 19% seek religious intervention**, while only **12% visit hospitals and 8% rely on self-medication**. These findings align with the work of Oladele and Osungbade (2019), who reported that in southwestern Nigeria, traditional medicine was the first point of care for nearly 60% of rural dwellers. The dominance of traditional healers in healthcare-seeking behaviour may be attributed to their accessibility, lower cost, and cultural acceptability. Furthermore, religious leaders often play a significant role in influencing medical decisions, with many individuals seeking prayers and spiritual healing before considering hospital visits.

A striking **83% of respondents admitted to using traditional medicine instead of hospital treatment**, citing various reasons. **33% believe traditional remedies are more effective for certain illnesses, 29% attribute their choice to spiritual healing, 21% consider it more affordable, and 17% follow family or community advice**. This trend mirrors the findings of Eze et al. (2018), who observed that economic constraints and deep-rooted trust in traditional medicine often push rural dwellers away from hospitals. The perceived effectiveness of traditional remedies for chronic conditions like malaria, typhoid, and infertility has also been widely documented (Olawuyi & Olayemi, 2022).

The majority of the respondents (69%) **acknowledged that cultural beliefs discourage hospital visits**; those who agreed cited **preference for traditional remedies (41%), advice from elders and religious leaders (35%), and fear of medical procedures (24%)** as the main reasons. These findings align with a study by Adegboye and Afolayan (2021), which found that fear of surgery and skepticism about Western medicine discouraged rural dwellers from seeking hospital care. Additionally, long-standing community traditions often dictate that serious illnesses be treated spiritually rather than medically.

The findings challenge key assumptions of both the Health Belief Model (HBM) and the Theory of Reasoned Action (TRA). While HBM suggests people act when they perceive a health threat and benefit, reliance on traditional healers shows that perceived benefits are culturally shaped. Likewise, TRA's focus on intention is limited here, as cultural and spiritual beliefs override rational decision-making.

These results highlight the need for a more culturally grounded framework to better explain health behaviour in such contexts.

Table 2: Religious and Traditional Influences on Health-Seeking behaviour

Option	Frequency	Percentage
Do religious beliefs influence the healthcare choices in your community		
Yes	259	65%
No	141	35%
Total	**400**	**100%**
How does religion affect health-seeking behaviour?		
People prefer prayer over medical treatment	88	34%
Religious leaders discourage medical treatment	28	11%
Fear that illness is a test of faith	91	35%
Use of religious objects (holy water, anointing oil, etc.)	52	20%
Total	**259**	**100%**
Do you believe that some illnesses cannot be treated in a hospital but require traditional or spiritual intervention?		
Yes	352	88%
No	48	12%
Total	**400**	**100%**
Have you ever delayed going to the hospital due to religious or traditional beliefs?		
Yes	297	74%
No	103	26%
Total	**400**	**100%**
Who influences your healthcare decisions the most?		
Family members	108	27%
Religious leaders	72	18%
Traditional healers	156	39%
Healthcare professionals	64	16%
Total	**400**	**100%**

Source: Field work, 2025

The findings presented in **Table 2** show that **65% of respondents acknowledge that religious beliefs influence healthcare choices**, while only **35% deny such influence**. This aligns with findings from Ajayi and Aluko (2020), who noted that religious doctrines often dictate whether individuals seek modern medical care or rely on faith-based healing.

Among those who believe religion affects healthcare decisions, **34% prefer prayer over medical treatment**, **10% report that religious leaders actively discourage hospital visits**, and **35% view illness as a test of faith**. Additionally, **21% rely on religious objects such as holy water and anointing oil for healing**. These findings are consistent with the work of Nwokocha, Chikezie & Osadolor (2017), who found that some religious sects discourage medical interventions, believing that divine healing supersedes medical science.

A significant **88% of respondents believe that certain illnesses require traditional or spiritual intervention rather than hospital treatment**, while only **12% trust that hospitals can treat all ailments**. This strong belief in non-medical healing mirrors the study by Eze et al. (2018), which found that rural dwellers often seek traditional interventions for illnesses perceived as spiritual, such as epilepsy, mental health disorders, and infertility.

The study also found that **74% of respondents have delayed going to the hospital due to religious or traditional beliefs**, while **26% have not**. Delays in seeking professional medical care can have severe consequences, particularly for preventable and treatable conditions. Previous research by Oladele and Osungbade (2019) found that delayed healthcare-seeking behaviours due to religious or cultural influences contributed to high mortality rates in rural Nigeria, particularly among pregnant women and children.

The results indicate that **27% of respondents are most influenced by family members** when making healthcare decisions. Religious leaders also have a substantial influence (**18%**), while **traditional healers influence 39% of respondents**, surpassing **healthcare professionals, who influence only 16%**. These findings emphasise the importance of engaging religious leaders and traditional healers in public health campaigns, as they play a crucial role in shaping healthcare perceptions and decisions (Adegboye & Afolayan, 2021).

These findings suggest that **health promotion strategies must address religious and traditional influences on healthcare choices**. Community-based interventions should involve religious leaders, traditional healers, and family heads in advocating for the benefits of modern medicine. Additionally, **faith-based health education programmes** could help bridge the gap between spiritual beliefs and evidence-based healthcare, ensuring that individuals seek timely medical attention while respecting their cultural and religious practices.

The findings in this table highlight limitations in both the Health Belief Model (HBM) and the Theory of Reasoned Action (TRA). While HBM assumes individuals act based on perceived health threats and benefits, the preference for prayer and spiritual healing shows that religious beliefs reshape these perceptions. Similarly, TRA is challenged when spiritual authorities, rather than social norms, drive behaviour. These results suggest that faith can override rational health choices, revealing a theoretical gap and the need for a model that better integrates religious influences on health behaviour.

Table 3: Barriers to Accessing Healthcare Services

Option	Frequency	Percentage
What are the major challenges preventing people in your community from visiting hospitals?		
High cost of hospital care	121	30%
Distance to the nearest hospital	47	12%
Preference for traditional medicine	112	28%
Lack of trust in modern healthcare	53	13%
Fear of surgery or medical procedures	67	17%
Total	**400**	**100%**
How often do you visit a hospital for treatment?		
Always	43	11%
Occasionally	124	31%
Rarely	213	53%
Never	20	5%
Total	**400**	**100%**

If you rarely or never visit a hospital, what is the main reason?		
Cost of healthcare	82	35%
Belief in traditional healing	88	38%
Lack of transportation	23	10%
Long waiting time at hospitals	40	17%
Total	**233**	**100%**
How satisfied are you with the healthcare services available in your community?		
Very satisfied	36	9%
Somewhat satisfied	44	11%
Dissatisfied	92	23%
Very dissatisfied	228	57%
Total	**400**	**100%**

Source: Field work, 2025

The findings presented in **Table 3 above** reveal that **30% of respondents cite the high cost of hospital care** as the primary challenge preventing them from seeking medical attention. This is consistent with the findings of Oladele and Osungbade (2019), who reported that financial constraints are a major barrier to healthcare access in Nigeria, where out-of-pocket payments dominate the healthcare financing system. Similarly, **28% of respondents prefer traditional medicine**, which supports the work of Eze et al. (2018), who found that rural dwellers often rely on herbal and spiritual healing due to cultural beliefs and affordability.

Other challenges include **fear of surgery or medical procedures (17%), lack of trust in modern healthcare (13%), and distance to the nearest hospital (12%)**. The issue of **mistrust in modern healthcare** is particularly noteworthy, as Ajayi and Aluko (2020) found that negative past experiences, rumors, and misinformation contribute to a reluctance to seek professional medical care. Additionally, **geographical barriers remain a challenge**, as **distance to hospitals** discourages individuals from seeking timely medical attention, especially in remote areas with inadequate transportation infrastructure.

The study indicates that only **11% of respondents always visit a hospital for treatment**, while **31% go occasionally, 53% rarely visit, and 5% never seek hospital care**. These statistics suggest that a majority of rural dwellers either delay or completely avoid hospital visits. A similar trend was

observed in a study by Adegboye and Afolayan (2021), which reported that in rural southwestern Nigeria, over 60% of residents sought hospital treatment only as a last resort. This delay in seeking professional medical attention often results in **late-stage diagnosis of preventable and treatable diseases**, increasing morbidity and mortality rates.

Among those who rarely or never visit hospitals, **38% cite a strong belief in traditional healing, 35% point to the cost of healthcare, 17% express frustration over long waiting times, and 10% report a lack of transportation**. These findings align with Nwokocha et al. (2017), who found that excessive wait times and poor transportation infrastructure discouraged healthcare utilisation among rural Nigerians. Furthermore, faith in **traditional medicine (38%)** remains a dominant factor, as reported in previous studies, where herbalists and spiritual healers were found to be **more accessible and culturally aligned** with community beliefs.

Healthcare satisfaction levels in rural communities remain low, with **only 9% of respondents being very satisfied and 11% somewhat satisfied**, while **23% are dissatisfied and 57% are very dissatisfied**. The high dissatisfaction rate (80%) reflects **deep-rooted systemic challenges**, including **poor healthcare infrastructure, inadequate staffing, high costs, and long wait times** (Okeke et al., 2020).

The findings in this table partially support the Theory of Reasoned Action (TRA) and moderately align with the Health Belief Model (HBM), but also expose their limitations in patriarchal and collectivist societies. In rural Ondo State, health decisions are often made by male heads or elders, supporting TRA's emphasis on subjective norms. However, the focus on individual intention in TRA fails to capture communal decision-making. Similarly, HBM's constructs like self-efficacy and perceived barriers are relevant, especially where gender roles restrict women's access to care. These findings suggest the need to adapt both models to reflect collective and cultural influences on health behaviour.

Conclusion

This study has examined the cultural factors influencing health-seeking behaviour in rural communities in Nigeria, highlighting the roles of **traditional beliefs, religious influences, and socio-economic barriers** in shaping healthcare decisions. The findings reveal that **many rural residents still rely on traditional medicine and spiritual interventions**, often delaying or avoiding hospital treatment. Religious beliefs significantly affect healthcare choices, with some individuals preferring prayer over medical care. Additionally,

barriers such as **high hospital costs, distance to healthcare facilities, mistrust in modern medicine, and fear of medical procedures** contribute to low hospital utilisation.

The study also shows a **high level of dissatisfaction** with available healthcare services, emphasising the need for targeted interventions to improve accessibility and affordability. Without addressing these **deep-rooted cultural and economic barriers**, rural communities will continue to experience **high morbidity and mortality rates** due to preventable and treatable illnesses.

Recommendations

Based on the study's findings, the following recommendations were made to enhance healthcare utilisation in rural areas of Nigeria:

- **Strengthening Primary Healthcare Centers (PHCs):** The government should expand PHCs and deploy **mobile health units** to improve accessibility in remote areas.
- **Addressing Cultural and Religious Barriers:** Engage **religious leaders, traditional healers, and community elders** in health education programmes to correct misconceptions and promote early hospital visits.
- **Improving Healthcare Affordability:** Expand **community-based health insurance** and **subsidised healthcare programmes** to reduce financial barriers, especially for vulnerable groups.
- **Enhancing Trust in Modern Healthcare:** Improve **hospital service delivery, reduce wait times, and train more healthcare professionals** to foster trust and encourage hospital visits.
- **Strengthening Public Health Campaigns:** Use **radio, community meetings, and outreach programmes** to educate rural dwellers on the importance of professional healthcare services.

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Author's Contributions

Rasheed Akinwumi initiated the idea of this paper and wrote the first draft with Adedayo Oluodo; Rasheed also coordinated the data gathering; Sunday Omokhorinje did the proofreading, and Tajudeen Sule reworked the paper following the reviewers' comments.

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There was no conflict of interest with any sources or persons from the beginning to the end of this paper.

Ethical clearance

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