

Perceived Factors Influencing Health-Seeking Behaviour among Pregnant Women in Minna, Niger State, Nigeria

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ABSTRACT

Maternal health is a global concern, and Nigeria, like many other countries, faces challenges in ensuring that pregnant women receive timely and appropriate healthcare. This study aims to identify the factors that influence health-seeking behavior among women of reproductive age attending clinics at selected Primary Health Care Centers in Minna,

State. A cross-sectional study design was employed, involving 244 women of reproductive age attending antenatal clinics in Minna, Niger State, across three (3) health facilities. Simple random sampling was used to select the participants. Data were collected through a structured questionnaire and analyzed using descriptive and inferential statistics. The result indicated that 51 (29.7%) fall within the 18-25 years old category while 50 (29.1%) are between 26 and 30 years. Substantial portion (38.4%) of respondents cited distance to the hospital as a determining factor in their health-seeking behavior. The time it takes to see a doctor 34(19.8), and the harsh ways the health workers treat people 50(29.1) are other factors observed and etc. This emphasizes the practical challenges that geography can pose to accessing healthcare services. The study concludes that addressing poor health-seeking behavior among women of reproductive age requires a multifaceted approach. Furthermore, the study makes several recommendations on how to improve health-seeking behavior among women of reproductive age.

Keywords: health-seeking behavior, women's health, antenatal care, maternal healthcare, Nigeria.

INTRODUCTION

Globally, maternal health indicators are among the health indicators that reflect the greatest disparity between developed and developing countries (UNICEF) ¹. Poor maternal health is said to be an indicator and cause of extreme poverty. This is why the United Nations (UN) through the Millennium Development Goals (MDGs) and later the Sustainable Development Goals (SDGs) adopted improving maternal health with the target of a global estimated Maternal Mortality Rate (MMR) of fewer than 70 maternal deaths per 100,000 live birth by 2030 (WHO) ². Yet Nigeria is still a long way from the said target, with an MMR of 512 per 100, 000 live births. Nigeria has an annual estimate of 40,000 maternal deaths, accounting for 14% of the global burden of maternal mortality, which makes it the second largest contributor to maternal mortality after India (WHO) ³.

In developing countries, when people become ill, they usually try to cure themselves (especially for mild illnesses) using medicine advertised on television, radio, or newspapers; they will then seek medical treatment if the illness is not cured (Budijanto, et al) ⁴. Factors that determine health behaviour may be physical, socio-economic, cultural or political (Katung,) ⁵. Indeed, the utilization of a health care system may depend on educational levels, economic factors, cultural beliefs and practices. Other factors include environmental

conditions, socio-demographic factors, knowledge about the facilities, gender issues, political environment, and the health care system itself, (Shaikh) ⁶. Although self-care and use of traditional healers is categorized under health care, these are often discouraged by health practitioners, with the emphasis on encouraging people to opt for conventional channels with medically trained personnel (Mohammed) ⁷. In Indonesia, some patients will go to a traditional healer before they seek out health services (Agustina, et al) ⁸. In developing countries, healthcare professionals are relatively expensive, and prescription drugs are available as over the-counter (OTC) drugs (Abu Bakar) ⁹. Such situations often lead to over-prescribing; delays in accessing rational, appropriate care within the formal health service; and can at times worsen the disease and increase mortality. This can ultimately result in higher treatment costs for the insurance scheme as the incidence of complex cases arriving at facilities may be higher than if patients accessed formal treatment at earlier stages of illness (Ngwakongnwi) ¹⁰. However, being covered by health insurance does not necessarily mean people will use their healthcare benefits.

Maternal mortality is said to be the extreme consequence of poor maternal health, yet despite the grim statistics, maternal mortality is just an aspect. For each death, 30 to 50 women suffer from maternal morbidities (Worku et al.)¹¹. Pregnancy and childbirth continue to be a major source of death and disabilities among women of reproductive health in developing societies, Northern Nigeria inclusive. Pregnancy is a natural process; however, many pregnancies often end up with life-threatening, high-risk, and at times -chronic or other serious health complications.

MATERIAL AND METHODS

Study Design

This study adopted a descriptive cross-sectional research design because the concern is to describe the characteristics of a particular individual or of a group or situation at a particular time through questionnaire.

The major elements in this research are the women of reproductive age attending ante natal clinics at selected primary health care facilities in Minna Niger state, poor health seeking behaviours and the various reasons for such poor health seeking practices

Sample and Sampling techniques

A projected total population of 500 respondents was recruited in the study (PHC Antenatal attendance records, 2024.)

Using the sampling formula by Glenn (1973) at 5% level of significance, a sample that is proportionate of respondents' PHC facility was obtained for the study. Subsequently, the researcher used Tippet table to sample out the sample population that are to participate in the research. This sample was proportionately assigned to the three facilities and subsequently, stratified random sampling was employed to get the study sample.

From the total population of 500 as indicated in the discussion of Target population above and using the Glenn's (1973) table above, the sample size for this study was computed as 244 (**222 + 10% attrition**). A stratified random sampling techniques was used to distribute the sample size across the three target health facilities, which were grouped and rated based on the capacity of the facilities. Thus, facility A, B and C were given 40%, 35%, 25% of the sample size population respectively.

The study sample was obtained as follows: -

Sample Population of facility A = $\frac{40}{100} \times 244 = 98$ respondents were randomly recruited using the balloting method for those who chose participate (P) instead of not participate (NP)

Sample Population of facility B = $\frac{35}{100} \times 244 = 85$ respondents were randomly recruited using the balloting method for those who chose participate (P) instead of not participate (NP)

Sample Population of facility C = $\frac{25}{100} \times 244 = 61$ respondents were randomly recruited using the balloting method for those who chose participate (P) instead of not participate (NP)

RESULTS AND DISCUSSION

This section typically functions as a section that explores in-depth details, data, analysis, and findings pertaining to the research questions and research hypotheses that form the basis of the study. Therefore, the responses of participants were analyzed in alignment with the research questions that guide the study. Table 1 presents the distribution of participants across all healthcare facilities. Table 1 indicates that out of the 244 (100.0%) questionnaires distributed across the three healthcare facilities, 172 (70.5%) were retrieved and utilized for the analysis.

Table 1: Response Rate

Facility	Questionnaire Distributed (%)	Questionnaire Returned (%)
A	98(40.0)	69(28.3)
B	85(35.0)	56(23.0)
C	61(25.0)	47(19.3)
Total	244(100.0)	172(70.5)

Source: Field work result by Researcher

Table 1 indicates that out of the 244 (100.0%) questionnaires distributed across the three healthcare facilities, 172 (70.5%) were retrieved and utilized for the analysis.

Table 2 Distribution of Sample Size by Levels of Formal Scientific Reasoning Ability

Variable	Frequency	Percentage
Age		
18-25	51	29.7
26-30	50	29.1
Above 30	71	41.3
Total	172	100.0
Religious affiliation		
Muslim	123	71.5
Christian	49	28.5
Others, specify	0	0
Total	172	100.0
Marital status		

Married	134	77.9
Single	10	5.8
Divorced	16	9.3
Widowed	0	0
No of children		
1-2	60	34.3
3-4	70	40.7
5-6	10	5.8
7 and above	32	18.6
place of Children's delivery		
Hospital	165	95.9
Home	7	4.1
Mode of delivery		
Trained Midwife	126	73.3
Traditional Birth Attendant	13	7.6
Others (Specify	27	15.7

Source: Field work result by Researcher

Table 2 presents the sociodemographic information of the participants, categorized by age, religious affiliation, marital status, number of children, place of children's delivery, and mode of delivery.

Table 3. The Possible Types of Health Seeking Behaviour Among Women of Reproductive Age

	Types of health seeking	SA (%)	A (%)	N (%)	D (%)	SD (%)
1	Take medicine without prescription	34(19.8)	21(12.2)	8(4.7)	51(29.7)	58(33.7)
2	Seek religious advice	15(8.7)	65(37.8)	17(9.9)	31(18.0)	44(25.6)
3	Consult traditional herbalist	11(6.4)	12(7.0)	11(6.4)	61(35.5)	77(44.8)
4	Go to the Hospital for treatments	108(62.8)	37(21.5)	3(1.7)	7(4.1)	17(9.9)
5	Ignore symptoms if NOT very serious	7(4.1)	32(18.6)	4(2.3)	63(36.6)	66(38.4)
6	Hardly take any action	21(12.2)	20(11.6)	40(23.3)	2(32.2)	91(52.9)

Source: Field work result by Researcher

The results in Table 3 revealed various attitudes and behaviors of the respondents. In particular, 34 (19.8%) strongly agree with taking medicine without a prescription, while 58 (33.7%) strongly disagree. When it comes to seeking religious advice, 65 (37.8%) agree, and 44 (25.6%) strongly disagree. In terms of consulting traditional herbalists, 12 (7.0%) agree, and 77 (44.8%) strongly disagree.

Regarding the choice to go to the hospital for treatment, 108 (62.8%) strongly agree, and 17 (9.9%) strongly disagree. When symptoms are not very serious, 32 (18.6%) agree, and 66 (38.4%) strongly disagree with ignoring them. Lastly, in cases where respondents hardly take any action, 21 (12.2%) strongly agree, and 91 (52.9%) represent those who strongly disagree.

Table 4 Factors Contributing to poor Health-Seeking Behavior Among Women of Reproductive Age

	Statement	SI (%)	I(%)	N(%)	NI(%)	SNI(%)
1	The distant to the Hospital	37(21.5)	66(38.4)	15(8.7)	21(12.2)	33(19.2)
2	Only My husband alone decides when to go to the Hospital	6(3.5)	14(8.1)	23(13.4)	43(25.0)	86(50.0)
3	The time it takes to see a doctor	34(19.8)	57(33.1)	30(17.4)	21(12.2)	30(17.4)
4	The harsh ways the health workers treat people	50(29.1)	48(27.9)	23(13.4)	30(17.4)	21(12.2)
5	We can't afford hospital bills	7(4.10)	30(17.4)	25(14.5)	34(19.8)	76(44.2)
6	It is easier to deliver at home	7(4.1)	27(15.7)	27(15.7)	40(23.3)	71(41.3)
7	The Hospital is always crowded and unkempt	23(13.4)	48(27.9)	19(11.0)	39(22.7)	43(25.0)
8	I do not want a male health personnel to deliver me of a child	28(16.3)	24(14.0)	21(12.2)	40(23.3)	59(34.3)
9	Level of educations	33(19.2)	27(15.7)	8(4.7)	43(25.0)	61(35.5)

Source: Field work result by Researcher

The results in Table 4.4 reveal that the distance to the hospital holds significant influence, as 66 (38.4%) of the respondents cited it as a determining factor, while 33 (19.2%) believed it had no influence. Furthermore, 14 (8.1%) respondents mentioned that the decision of when to go to the hospital is solely made by their husbands, with 86 (50.0%) reporting no influence in this matter.

The time required to see a doctor was also identified as influential, as 57 (33.1%) respondents considered it a relevant factor, and 30 (17.4%) perceived no influence in this regard. Harsh treatment by health workers impacted 50 (29.1%) respondents, while 30 (17.4%) felt it had no influence. Concerns regarding the affordability of hospital bills were noted by 30 (17.4%) respondents, whereas 76 (44.2%) reported no influence in this area.

A preference for home delivery influenced 27 (15.7%) respondents, while 59 (34.3%) indicated no influence. Hospital overcrowding and poor maintenance were factors for 48 (27.9%) respondents, while 43 (25.0%) believed there was no influence. The preference for a female health personnel during childbirth had an impact on 28 (16.3%) respondents, with 59 (34.3%) perceiving no influence. Lastly, the level of education had an effect on 27 (15.7%) respondents, with 61 (35.5%) indicating no influence.

Analysis of Research Hypothesis

Hypothesis One (H_{01}): There is no significant association between types of health seeking behaviour and pregnant women's educational level attending antenatal care services at the selected Primary health care facilities.

Table 5 present the result Pearson Product Moment Correlation (PPMC) analysis on association between types of health seeking behaviour and pregnant women's educational level attending antenatal care services at the selected Primary health care facilities.

Table 5 shows that there is a very low insignificant positive association between types of health seeking behaviors and pregnant women's educational level with correlation value of 0.097 and p-value of $0.061 > 0.01$. Since the p-value is greater 0.01 hence, the null hypothesis is hereby accepted. This implies that there is no significant association between types of health seeking behaviors and pregnant women's educational level attending antenatal care services at the selected Primary health care facilities.

Table 5 PPMC Analysis of association between types of health seeking behaviors and pregnant women's educational level

		Educational Level	Types Health Seeking Behaviors
Educational Level	Pearson Correlation	1	0.097
	Sig. (2-tailed)		.0610
	N	172	172
Types of Health Seeking Behaviors	Pearson Correlation	0.097	1
	Sig. (2-tailed)	.0610	
	N	172	172

**. Correlation is significant at the 0.01 level (2-tailed).

Source: Field work result by Researcher

Hypothesis Two (H_{02}): There is no significant relationship between perceived factors influencing health seeking behaviour and time taken to see the Doctor during antenatal care services provided at the selected Primary health care Facilities.

Table 6 present the result Pearson Product Moment Correlation (PPMC) analysis on relationship between perceived factors influencing health seeking behaviour and poor antenatal care services provided at the selected Primary health care Facilities.

Table 6 shows that the a high significant positive relation between perceived cause of poor health seeking behaviour and poor antenatal care services provided with correlation value of 0.69 and p-value of $0.000 < 0.01$. Since the p-value is less 0.01, the null hypothesis is hereby rejected. This implies that there is significant association relation between perceived cause of poor health seeking behaviour and poor antenatal care services provided at the selected Primary health care facilities.

Table 6 PPMC Analysis of relationship between perceived factors influencing health seeking behaviors and time taken to see a doctor during antenatal care services provided

		Poor Antenatal Care Services	Poor Health Seeking Behaviour
Poor Antenatal Care Services	Pearson Correlation	1	0.690
	Sig. (2-tailed)		.000
	N	172	172
Poor Health Seeking Behaviour	Pearson Correlation	0.690	1
	Sig. (2-tailed)	.000	
	N	172	172

**. Correlation is significant at the 0.01 level (2-tailed).

Source: Field work result by Researcher

DISCUSSION OF FINDINGS

This study overarching goal to investigate perceived factors responsible for poor health-seeking behavior among women of reproductive age attending antenatal clinics at selected Primary Health Care (PHC) centers in Minna, Niger State, Nigeria. The findings of the study shed light on various attitudes and behaviors of the respondents, which play a crucial role in understanding the dynamics of health-seeking behavior. Minority of the respondents strongly agree with taking medicine without a prescription. This suggests that self-medication is not common practice among women of reproductive age and agreed with the findings by (Mwase)¹² that Inappropriate HSB has been linked to worse health outcomes, increased morbidity and mortality and poorer health statistics. The findings also revealed that low percent of respondents (37.8) agrees with seeking religious advice underscores the influence of cultural and spiritual beliefs on health-seeking behavior., more so a notable 44.8% of respondents strongly disagree with consulting traditional herbalists, indicating a lack of faith in traditional healing methods. This disagrees with findings by (Mazzilli et al)¹³ which states that according to World Health Organization, at least 80% of people in Africa have used traditional health service at one point or the other in their everyday lives. Also, findings by (Mazzilli et al)¹³ established that both treatments are used concomitant during the course of the same illness, with traditional and orthodox health care treatments being viewed as complimentary and not as alternative treatments. This finding may be indicative of a preference for modern medical care, and the fact that 62.8% strongly agree with going to the hospital for treatment suggests a positive inclination towards seeking professional medical care. This is in consonant with findings by (Phiri et al)¹⁴ that access to health facilities, socio-economic status and perceived quality of service have been found to be significant influencers of health seeking decisions among different population segments. The 38.4% of respondents who strongly disagree with ignoring symptoms when not very serious implies a proactive attitude toward health and significant and agreed with ns observation in a Nigerian study, were most of the mothers within the first 24 hours of the child's illness gave them drugs at home (Mohammed)¹⁵. 52.9% of respondents strongly disagree with hardly taking any action when faced with health issues. This suggests a generally proactive approach to health concerns and disagrees with a study in Nigeria, where as many as 71% of rural /urban dwellers have reported inappropriate HSB during their last illness episode while only 53% of urban dwellers reported inappropriate HSB during their last illness episode (Ogunlesi et al.)¹⁶.

The findings of the study also revealed highlights factors that significantly influence health-seeking behavior among women of reproductive age. A substantial portion (38.4%) of respondents cited distance to the hospital as a determining factor in their health-seeking behavior. This emphasizes the practical challenges that geography can pose to accessing healthcare services. This is in agreement with findings by (Muazu et al.)¹⁷

who argued that the distance to the hospital is a major deterrent in hospital attendance and delivery having found that distance account for 42.3% of the maternal deaths in Usman Dan fodio Teaching Hospital (UDUTH) between April and July 1987.

Also, the finding that 8.1% mentioned that their husbands solely decide when to go to the hospital indicates a degree of gender-based decision-making, which is essential for understanding barriers to seeking care. This also agrees with findings by (Abu Bakar et al.)⁹ which had it that the significant role men play, as the sole providers and head of the family, in patriarchal societies such as the Hausa society; gives them strong dominance and control over household decision making

The 33.1% of respondents who consider the time required to see a doctor as relevant underscores the importance of efficient healthcare services in encouraging timely care-seeking.

The negative impact of harsh treatment by health workers on 57% of respondents is concerning. It highlights the importance of healthcare providers' behavior and its influence on patient compliance. The 17.4% of respondents who are concerned about the affordability of hospital bills indicate financial barriers that can deter healthcare utilization. This agreed with a UNDP human development report, 2006(Duze et al.)¹⁸, which found out that a significant number of Nigerian women delivers without the help of medical care providers because they can't afford their services

The 41.3% influenced by hospital overcrowding and poor maintenance highlights infrastructure and facility management as potential factors affecting health-seeking behavior. This is in agreement with findings by (Ononokpono et al.)¹⁹ that Nigerian women living in areas where the ratio of population to Primary Healthcare Centre (PHC) was high (more than 9,000:1) were less likely to have a skilled birth attendant present during childbirth than areas where the ratio of population to Primary Healthcare Centre (PHC) was lower (less than 6,000:1).

The 34.9% preferring a female health personnel underscores the importance of patient comfort during maternity care. This is also in agreement with a study by (Kisseka et al.)²⁰ that a woman's choice is dependent on male partner as she needs his permission for spatial mobility even in the case of obstetric emergencies which is also connected to the aversion of a male health worker seeing a woman's nakedness. The finding that 15.7% consider the level of education as influential suggests that education may have a role in health-seeking behavior, although not statistically significant. This agree with a report by (National Population Commission [Nigeria] and United Nations Population Fund.)²¹ that education is directly connected to utilization of ante-natal care (ANC) services; as 97% of all women with more than secondary education received care from a skilled health worker compared with 38% of those with no education The findings on the research hypothesis also revealed that a very low and insignificant positive association at $p(0.061) > 0.01$. This suggests that women's educational level does not significantly influence their perceived causes of poor health-seeking behavior. Lastly, there is a high and significant positive relationship between perceived causes of poor health-seeking behavior and the quality of antenatal care services. This finding indicates that the perceived quality of care is strongly associated with health-seeking behavior among women attending antenatal care services.

CONCLUSION

These findings collectively underscore the complexity of factors influencing health-seeking behavior among pregnant women in the study area. While educational level does not appear to be a significant determinant, factors such as the quality of care, distance to healthcare facilities, cultural beliefs, and gender dynamics play significant roles in shaping the behavior of pregnant women.

To address poor health-seeking behavior among this demographic, interventions should focus on improving the quality of antenatal care services, addressing geographical barriers, considering cultural and religious factors, and promoting gender equity in healthcare decision-making. Additionally, there is a need for further research to gain a deeper understanding of the specific cultural and contextual factors that influence health-seeking behavior among women in this region.

The findings of this study shed light on the complex and multifaceted factors influencing health-seeking behavior among women of reproductive age attending antenatal clinics in the selected Primary Health Care (PHC) centers in Minna, Niger State, Nigeria. While educational level does not appear to be a significant determinant of health-seeking behavior, various other factors play pivotal roles.

The influence of factors such as the quality of care, distance to healthcare facilities, cultural beliefs, gender dynamics, and affordability of healthcare services underscores the need for comprehensive and multifaceted interventions. It is clear that improving healthcare access, promoting gender equity, ensuring respectful and quality care, and addressing cultural and religious influences are crucial steps toward encouraging better health-seeking behavior among this demographic.

In conclusion, the study's findings concluded certain factors can influence health seeking behaviors and the importance of understanding and addressing these factors to enhance maternal and reproductive healthcare in the region. By implementing the recommended strategies, policymakers, healthcare providers, and community leaders can work together to improve healthcare utilization and, ultimately, the well-being of women during the critical period of pregnancy and childbirth in Minna, Niger State, Nigeria.

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