

**ASSESSMENT OF EYE HEALTH STATUS AND HEALTH SEEKING
BEHAVIOR OF RESIDENTS OF ASA LOCAL GOVERNMENT AREA
KWARA STATE**

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ABSTRACT

Vision plays a vital role in every facet of life, therefore when a person's vision is impaired it significantly affects the quality of life and the contribution of that individual to society. Therefore eye health and vision have widespread and profound implications for many aspects of life, Health, sustainable development, and the economy. Health-seeking behavior is an individual deed to the promotion of maximum well-being, recovery, and rehabilitation, health seeking behavior is closely linked to the health status of a nation and its economic development. An understanding of the different determinants of health-seeking behavior of individuals, and population group is vital if any headway is to be made in fighting illness and diseases. The study adopted a descriptive exploratory using a mixed method. A sample size of three hundred and seventeen (317) respondents participated in the study spread along the three (3) districts i.e Afon, Owode, and Onire districts of the local government area. An accidental sampling technique was used to select the participants. A self-administered questionnaire, including the section on demographic indices, the incidence of ocular disease, eye health promotion, factors affecting health-seeking behavior, and health-seeking behavior of selected respondents. Ethical approval was obtained from the relevant authorities and respondents. Data were analyzed using descriptive and inferential statistics.

The finding of the study was presented in form of texts, tables,s and charts (bar and pie) while inferential statistics were analyzed using chi-square, and Pearson product moments correction. All were tested at a 5% level of significance respectively with the aid of spss version 28.

Findings from this study revealed that the majority of respondents 120(37.8%)had been diagnosed with an eye problem and the common condition is conjunctivitis, it also revealed most respondents had a high level of eye health promotion practice, and it observed that culture, availability of drugs, and medical personnel are factors influencing health-seeking behavior of most of the respondent, however, most respondents had poor health seeking behavior as most of them rely on chemist shop and traditional healer for their health needs. There is a significant relationship between health-seeking behavior and the occurrence of ocular diseases among

residents also there is a significant relationship between eye health promotion and health-seeking behavior.

Conclusively, there is a need for the government at all levels to increase spending on the health sector in order to improve the living standard of the people.

Keywords: Assessment Eye health, Health seeking behaviour, Residents.

1.0 INRODUCTION

Human existence over the ages has been dependent on the basic physiological needs(chris, 2022).He noted that these needs have highly been researched and most scholars have agreed with them as identified by Abraham Maslow (1943) in his work and considered the satisfaction of such salient needs at each stage as being healthy. The satisfaction of such salient need at each stage classified by Maslow is therefore commonly considered, in practical terms, as a state of being healthy.

Sense organs. Are very importance for effective human survival thus their important cannot be over emphasized (Akinsola, 2020) Baiye (2021) submitted that vision plays a vital role in every facet of life, therefore when a person's vision is impaired it significantly affects the quality of life and the contribution of that individual to the society. Mathew (2021) stated that eye health and vision have a wide spread and profound implication for many aspects of life, health, sustainable development and economy, yet many people, families and population suffer two consequences of poor access to high quality, affordable eye care, leading to vision impairment and blindness.

Ositelu (2021) observed that vision losses cost global economy 411 billion dollars in productivity every year and contribute to social inequity. Vision loss is a growing global problem and the number of people affected by sight loss had increased from 510 million in 1990 to over 1.1 billion. (Ositelu, 2021; Aniemeka (2021) stated that 80 percent of the one billion people with vision impairment/loss in world are in the lower income countries and Nigeria is inclusive. Mamman (2021) observed that prevalence of blindness in Nigeria was 0.78%, while he identified cataract, glaucoma, refractive error, harmful traditional practices and corneal opacity as the leading causes of preventable blindness. Maintenance of one's vision and keeping it healthy is therefore both an individual and a collective responsibility (Ositelu, 2021)

Onyiaorah (2022) stated that achievement and maintenance of good eye health involve several factors, including the input of individual and other stakeholders, these can be attained by individuals identifying his / her need for eye care obtaining appropriate information and advice and finally consulting with eye care provider(s), delay in receiving requisite care may result in serious ocular consequences including blindness ,with its attending psychological ,socio-economic and physical problem. Information on the eye health seeking behavior of members of community is invaluable for planning, implementation and co-ordination of care services based on peculiarities of that community and therefore important to eye care providers, health planners and policy makers... Sariah (2015) stated that health seeking behavior is an individual deeds to the promotion of maximum wellbeing, recovery, and rehabilitation, this could happen with or without health concern and within range of potential to real health concern Etim (2019)

submitted that health seeking behavior is important as it reveals the preventive, curative, and rehabilitative action taken by individuals to rectify perceived ill- health.

1.1 Objectives of the Study

The Broad objective of this study is to assess eye health and health seeking behavior among residents of Asa Local Government Area, Kwara State. However the specific objectives of this study are:

1. Assess the proportion of the participants who had experience ocular diseases prior to data collection.
2. Asses the level of eye health promotion practice by the residents of Asa Local Government of Kwara State.
3. Identify the factors that influences health seeking behavior of residents of Asa local Government of Kwara state
4. Evaluate the health seeking behavior of residents of Asa Local Government of Kwara State toward Eye diseases

1.2 Research Questions

1. What is the proportion of the residents of Asa Local Government of Kwara State who had eye diseases prior to data collection?
2. What is the level of eye health promotion practice by the residents Asa Local Government Area of Kwara State?
3. 3 What are the factors that influences health seeking behavior of residents of Asa local Government Area of Kwara state
4. What is the health seeking behavior of residents of Asa Local Government Area towards eye disease?

1.3 Research Hypothesis

- ❖ There is no significant relationship between health seeking behavior and occurrence of ocular diseases among residents of Asa Local Government Area
- ❖ There is no significant relationship between eye health promotion practices and occurrence of eye diseases among the residents of ASA local government area.

1.4 Scope/delimitation

The study covers only residents of Asa local government area of Kwara-state. The study is limited to assessment of eye health status and health seeking behavior of resident of Asa L.G.A of Kwara- State.

1.5 Operational Definition of Term

- ❖ Assessment: This refers to Value/rating of residents of Asa Local Government Area eye health.
- ❖ Eye health: This means Good and sound eye free from other symptoms among residents of Asa Local Government Area of Kwara State

- ❖ Health seeking behavior: This refers to deliberate/effort/quest for eye health among residents of Asa Local Government Area, Kwara State.
- ❖ Residents: These are Male/Female adults living in Asa Local Government Area of Kwara State

2.0 METHODOLOGY

2.1 Research design

The study utilized descriptive exploratory design that employed mixed method approach for data collection, thus both quantitative involving the use of questionnaire and qualitative involving the use of in-depth interview was employed for data collection. Justification for choice of mixed method approach is to give accurate information and to strengthen confidence in the validity of findings..

2.2 Study Setting

The study was conducted in Asa L.G.A. Asa Local Government area is one of the oldest L.G.A in Kwara State, Nigeria, it was created in 1976 with its headquarters in Afon. The local government shares boundaries with Oyo and Osun State, it also share boundaries with Ilorin west local government, Ifelodun and Offa L.G.A. It has an area of 1,286km² and a population of 126,433 as at 2006 population census. It has seventeen wards, the categories of people living in the area; Farmers, hunters, petty traders, teachers, cattle rearers and local government workers, artisans, politicians and students. The Local government area is divided into 3 district which are Afon district, Owode and Onire district with district head. The council Chairman is the overall head of the local government area. Yoruba and Fulani are the major language of the people of the local government. The major activities of the people of the area are farming, trading, carving and cattle rearing, hunting and garri processing. The major festival in the area include Egungun festival and Alagbe acrobat

Target Population The target population for this study was male and female adults living in the three districts of ASA local government area, drawn from the 2006 population census of 126,433 who are willing to participate in the study

2.3 Study Population

The participants for this study was selected form available population based on 2006 population census figure which indicate that both male and female 20 years and above were 56,747 i.e study population is 56,747.

2.4 Intervention steps

Social and behavior change, improving quality, coverage of health product and services are steps in improving health outcome and positive health seeking behavior of an individual, community and the society at large. The knowledge, attitude, norms and awareness and effort to reduce misinformation about diseases are crucial points in changing health seeking behavior of an individual, community and society at large (USAID, 2020). The researcher gave a comprehensive health talk to the selected participant, engage them in a robust discussion,

finding out their norms, tradition and belief and gave them adequate information in order to change any misconception and belief. Also the researcher carry out visual assessment on the participant and attend to their health needs accordingly.

2.5 Sample Size Determination

The Fisher's formula of sample size determination was used to arrive at the participant to be selected for the research

$$n = N / 1(e)^2$$

When n= sample size

n = total population

e= acceptable error limit (0.05)

1 = unity (it is constant)

$$n = \frac{z^2 pq}{d^2}$$

Sample size

$$n = \frac{1.96^2 \times 0.25 \times 1 - 25 = 0.75}{0.05^2}$$

$$n = \frac{0.7203}{0.05^2}$$

$$n = 288.12 \cdot 10\% \text{ attrition } 10/100 \times 288 = 28.8, 288 + 28.8 = 316.8$$

2.6 For qualitative part

The sample size for qualitative part was determined by data saturation. The researcher assume within 20 to 30 respondents the saturation data will have been achieved. Data saturation is the stage in which the respondents are not saying what is different from what the majority have said.

2.7 Sampling Technique

1. A accidental sampling technique was used to select participants for the study, only those who visited the health facility on the day of visit and willing to participate in the study was selected for the study.
2. A simple random sampling technique was used to select the health facility for the study, all the names of health facility was written out and picking was done giving consideration to the three district in the local government

2.8 For qualitative part

A purposeful sampling technique was used to select the participants on basis that those selected can provide the necessary data.

2.9 Inclusion and Exclusion Criteria

The study participant shall be adult males and females of 18 years and above who are resident within the study setting. Adult of similar traits on visit to ASA local government area, or who have just come to access the eye health care facility of health centers in Asa LGA shall therefore be excluded from participating in the study.

2.10 Instrument quantitative part

Self-administered questionnaire was used for the collection data and was structured into section

SECTION A Socio demographic data comprising of five items on relevant socio demographic data include age ,sex, ,level of education ,occupation and district This will describe the characteristics of the respondents and portray their true level of homogeneity.

SECTION B Incidence of ocular disease comprising of ten items to assess the commonly or perceived ocular diseases prevalent within the populace of ASA LGA

SECTION C Eye health promotion comprising of ten items to assess eye health promotion habits of the inhabitants of A S A L G A through the expected study participants.

SECTION D Factors affecting health seeking behavior comprising of ten items which we assess factors affecting health seeking behavior among the anticipated participants.

Qualitative part in-depth interview (with the aid of a question guide) was utilized to elicit qualitative data from the participants on health seeking behavior of the respondents.

2.11 Validity and Reliability of Instrument

The structured, self-administered questionnaire was subjected to pilot testing and psychometric analysis. The tool shall be pilot tested among 30 residents of Ilorin West Local government area and a Cronbach's Alpha value of $\alpha > 0.75 < 1$ respectively.

For the qualitative data, adequate recording and proper transcription was duly monitored to ensure trustworthiness and reliability. While its validation remains a continual process of generating similar thematic concepts and interpretations. Effort will be made to present the thought of the participants in their most natural form despite the summarization of emerging themes and concepts.

The prompting items for qualitative part was generated through emerging concept surrounding health seeking behavior under the guidance of the researcher's supervisor and due consultation with the statistician.

2.12 Procedure for Data Collection

2.13 First week

1, Relevant permission was sought from the stakeholders and the gate keepers of the L G A after receiving Ethical approval from the ethical committee of the local government.

Second through to Sixth Week

2 participants was recruited using the sampling technique explained earlier.

3. Essence of the study was explained to all recruited participants, the structured self-administered question. Shall be duly distributed and retrieved within 10 to 15 minutes of administration at least twice in a week for the duration of 6 weeks.

4 Participants for the qualitative study was purposefully selected among the respondents of the quantitative section.

5. The in-depth interview was conducted on same day or rescheduled to the following week based on the availability of the participants.

6. The intervention steps was taken by the 10th Week of data collection, After the identification of study findings

2.14 Data Analysis

Quantitative data was analyzed with descriptive statistics aid (frequencies and percentages) and inferential statistics (Chi-square, and Pearson Moment Correlation with the aid of SPSS version 28,

2.15 Qualitative part

The audio recording was transcribe, coding, Atlas ti for data code categories and sub categories was used. Report was written using verbatim quotation.

2.16 Ethical Consideration

An introductory and permission letter was obtained from the Faculty of Nursing, Ladok Akintola University of Technology, and Ogbomosho. This was submitted to the research ethics (council) committee of Asa Local government area, permission was sought from the council chairman, heads of department of medical services, and village heads before proceeding with the study after being granted the ethical approval. Participants was granted access to such ethical approval on request and was convinced of the essence of this study with strong assurance of confidentiality. The ethical principle of autonomy and non-maleficence was be ensured for the participants.

2.17 Qualitative part

Aside from approval given by the local government authority each participant was informed of the purpose of interview, consent was sort from them before the procedure, they were informed that audio tape is for academic purpose and will be destroy at end of the study.

3.0 RESULTS

Research Question One

What is the proportion of the residents of Asa Local Government of Kwara State who had eye diseases prior to data collection?

Table 4.2.1- Proportion of the Participants on Ocular Diseases Experience (N= 317)

Variables	Response	Frequency	Percentage
Eye health is paramount	Yes	269	84.9
	No	48	15.1
Are having difficulty in seeing	Yes	86	27.1
	No	231	72.9
Any of your family members having eye problem	Yes	82	25.9
	No	229	72.2
	No response	6	1.9
Believe eye diseases can be inherited	Yes	218	68.8
	No	99	31.2
Having any eye injury before	Yes	133	42.0
	No	184	58.0
There is difficulty in seeing clearly as we age	Yes	86	27.1
	No	229	72.2
	No response	6	0.7

Out of the 317 study participants interviewed, 269 (84.9%) said yes that eye health is paramount, while 48(26.6%) said no (Table 4.2.1).When asked whether respondents is having difficult in seeing, 231 (72.9%) pointed out of not having difficult in seeing while the remaining 86 (27.1%) had difficult in seeing (Table 4.2.1).

When asked is any of your family members having eye problem. Majority (72.2%) of the respondents said no while a little above quarter (25.9%) said yes. Only 1.9 % of the respondent did not give any response Two hundred and eighteen (68.8%) believed that eye diseases can be inherited. Also (58.0%) of the respondents did not have any eye injury before while 133(42.0%) was. Majority (72.2%) of the respondents said yes that there is difficulty in seeing clearly as we age while (27.1%) said no and 0.6 % of the respondent did not give any response(Table 4.2.1).

Table 4.2.2- Proportion of the Participants on Ocular Diseases Experience

Variables		Frequency	Percentage
Have you been diagnosed of any eye diseases	Yes	120	37.9
	No	197	62.1
	Total	317	100.0
If yes what was diagnosis	Conjunctivitis	89	74.2

	Long sighted	3	2.4
	Refractive error	8	6.7
	Traumatic injury	20	16.7
	Total	120	100.0
Where treated	Chemist	44	36.7
	Home	35	29.2
	Hospital	41	34.1
	Total	120	100.0
Treatment through	Orthodox medicine	77	64.2
	Traditional medicine	43	35.8
	Total	120	100.0

Out of the 317 study respondents, 120(37.9%) had been diagnosed of any eye diseases while 197(62.1%) never been diagnosed of it. Eighty-nine (74.2%) were diagnosed of conjunctivitis, 20(16.7%) traumatic injury, while 8 (6.7%) refractive error and 3 (2.4%) diagnosed of long sightedness (Table 4.2.2).Also majority (36.7%) were treated at the chemist, while 41(34.1%) hospital and 35 (29.2%) treated at home respectively. Seventy-seven (64.2%) had their treatment through orthodox medicine while 43(35.8%) had their treatment through traditional medicine respectively (Table 4.2.2).

Research Question Two

What is the level of eye health promotion practice by the residents Asa Local Government Area of Kwara State?

Table 4.3 – Showing Participants Level of Eye Health Promotion Practice (N= 317)

S/N	Item	Yes (%)	No (%)	Mean	Std.Dev.
1	Maintaining good personal hygiene is good.	308 (97.2)	9 (2.8)	1.98	0.17
2	Using of concoction on eye is bad.	309 (97.5)	8 (2.5)	1.97	0.16
3	Drinking clean and safe water helps your eyes	253 (79.8)	64 (20.2)	1.80	0.40
4	Eating adequate diet rich in vitamins help our eyes.	300 (94.6)	17 (5.4)	1.95	0.23
5	Eating fruits daily help in good vision.	295 (93.1)	22 (6.9)	1.93	0.26
6	Smoking of cigarette is dangerous to the eye	303 (95.6)	14 (4.4)	1.96	0.21
7	Alcohol drinking is not good for good sight.	283 (89.3)	34 (10.7)	1.89	0.31
8	Prompt and adequate treatment of eye disease help in prevention of visual impairment and blindness	284 (89.6)	33 (10.4)	1.90	0.31
9	Periodic eye examination is good.	277 (87.4)	40 (12.6)	1.87	0.33

10	Anybody above 40years and above should examine his/her eye every six month	290 (91.5)	27 (8.5)	1.92	0.28
11	Wearing of protective eye glasses is good	291 (91.8)	26 (8.2)	1.92	0.28
	Grand Mean			21.05	1.64

The level of eye health practice among resident of Asa Local Government Area Kwara state were defined by eleven items (2 – Yes and 1- No). Descriptive statistics was used to analyse the data collected and the results are presented in table 4.3.

From the test norm of level of eye health practice scale, the total maximum score of 22 is allowed. A score of 1 – 10 points shows low level eye health practice and 11 – 22 points' high level eye health practice. Since the grand mean score of the respondents is ($\bar{X} = 21.05$, $SD = 1.64$) as presented in table 4.3 which falls within the range of 11 – 22, one can deduce that level of eye health practice among resident of Asa Local Government Area is high. The study also revealed that out of the eleven items listed to determine the level of eye health practice, all the eleven items yielded high mean scores between 1.87 and 1.98. With these results, it could be deduced a high level of eye health practice among residents of Asa Local Government Area

Research Question Three

What are the factors that influences health seeking behavior of residents of Asa local Government Area of Kwara state

Table 4.4.1: Showing Factors influencing health seeking behavior

S/N	Item	Yes (%)	No (%)	Mean	Std.Dev.
1	Diseases are caused by evildoers.	115 (36.3)	202 (63.7)	1.36	0.48
2	I only go for treatment when I am seriously ill.	104 (32.8)	213 (67.2)	1.33	0.47
3	Herbal medicine and faith healing is more superior to orthodox medicine.	238 (75.1)	79 (24.9)	1.25	0.43
4	My culture determines how I seek treatment for any ailment	203 (64.0)	114 (36.0)	1.36	0.48
5	I can't afford the cost of orthodox medicine in treating my ailment.	110 (34.7)	207 (65.3)	1.35	0.48
6	Because of my health I can go anywhere to seek good service.	272 (85.8)	45 (14.2)	1.86	0.35
7	Whenever I am sick, I always go to hospital for treatment.	281 (88.6)	36 (11.4)	1.89	0.32
8	Decision to treat myself in case of ailment is for my husband	284 (89.6)	33 (10.4)	1.41	0.49
9	I am encouraged to go to hospital because the personnel are good and human	131 (41.3)	186 (58.7)	1.91	0.29

10	I always go to health centre in my locality because the drugs needed are available	288 (90.1)	29 (9.9)	1.90	0.28
	Grand Mean			15.61	1.75

In table 4.4.1 the factors influencing health seeking behaviour among residents of Asa Local Government Area Kwara state were defined by ten items (2 – Yes and 1- No). Descriptive statistics was used to analyse the data collected and the results are presented in table 4.4. From the test indicators of factors influencing health seeking behaviour among residents of Asa Local Government Area scale, the total maximum score of twenty is permissible. A score of 1-9 points indicate poor factors influencing health seeking behavior among residents of Asa Local Government Area and 10-20 points indicate good factors influencing health seeking behaviour. Since the mean (\pm SD) score of the respondents is 15.61(\pm 1.75) as shown in table 4.4 which falls within the range of 10-20, it can then be concluded a good indicators of factors influencing health seeking behaviour among residents of Asa Local Government Area. The study also revealed that out of the ten items listed to find out the factors influencing health seeking behaviour among residents of Asa Local Government Area Kwara state, all the ten items yielded good mean scores between 1.25 and 1.91. With these results, it could be deduced that the items revealed a good indicators of factors influencing health seeking behavior among residents of Asa Local Government Area.

Research Question Four

What is the health seeking behavior of residents of Asa Local Government Area towards eye disease?

Table 4.5- Showing health seeking behavior of Participant (N = 317)

Variables		Frequency	Percentage
I only go for treatment when I am seriously ill.	Yes	104	32.8
	No	213	67.2
Herbal medicine and faith healing is more superior to orthodox medicine	Yes	238	75.1
	No	79	24.9
Whenever I am sick, I always go to hospital for treatment.	Yes	281	88.6
	No	36	11.4
I am encouraged to go to hospital because the personnel are good and human	Yes	131	41.3
	No	186	58.7
I always go to health centre in my locality because the drugs needed are available	Yes	288	90.1
	No	29	9.9

Out of the 317 study respondents, (32.8%) of the respondents indicated of only go for treatment when seriously ill, (75.1%)Herbal medicine and faith healing is more superior to orthodox medicine, (88.6%) of the respondents indicated whenever I am sick, I always go to hospital for treatment. While(41.3%) indicated that I am encouraged to go to hospital because the personnel

are good and human and (90.1%) indicated that I always go to health centre in my locality because the drugs needed are available respectively (Table 4.4.2)

Hypothesis one

H01: There is no significant relationship between health seeking behavior of residents and occurrence of ocular diseases among of Asa Local Government Area

Table 4.6: Chi- square of relationship between health seeking behavior of residents and occurrence of ocular diseases among of Asa Local Government Area

Diseases are caused by evil doers	Have you diagnosed of any eye diseases			Cal (χ^2) value	df	p-value	Remark
	No	Yes	Total				
No	113	89	202	9.112	1	.003	Sig.
Yes	84	31	115				
Total	197	120	317				

Respondents that are not diagnosed of any eye diseases were more likely not believed that diseases are caused by evil doers than other diagnosed ($p < 0.05$). The null hypothesis stated above is therefore rejected and we conclude that there is significant relationship between health seeking behavior and occurrence of ocular diseases among of residents of Asa Local Government Area (Table 4.5).

Hypothesis Two

H02: There is no significant relationship between eye health promotion practices and occurrence of eye diseases among the residents of ASA local government area

Table 4.7: Showing Chi- square of relationship between health promotion practices of residents and occurrence of ocular diseases among of Asa Local Government Area

Periodic eye examination is good	Have you diagnosed of any eye diseases			Cal (χ^2) value	df	p-value	Remark
	No	Yes	Total				
No	36	4	40	15.098	1	.000	Sig.
Yes	161	116	277				
Total	197	120	317				

Respondents that are diagnosed of any eye diseases were more likely having periodic eye examination than other not diagnosed of any eye diseases ($p < 0.05$). The null hypothesis stated above is therefore rejected and we conclude that there is significant relationship between eye health promotion practices and occurrence of eye diseases among the residents of Asa local government area (Table 4.7).

Hypothesis Three

H02: There is no significant relationship between eye health promotion practices and health seeking behavior of residents of Asa local government area

Table 4.8: Pearson Product correlation showing relationship between eye health promotion practices and health seeking behavior of residents of Asa local government area

Variable	Mean	Std. Dev.	n	r	p	Remark
Eye health promotion practices	21.05	1.64	317	.457	.000	Sig.
Health seeking behavior	15.61	1.75				

It is shown in table 4.7 that there was significant eye health promotion practices and health seeking behavior of residents; ($r = .457$, $n = 317$, $p < .05$)(Table 4.8)

4.0 DISCUSSION OF FINDINGS

Research Question 1: To assess the proportion of participant who had experienced ocular disease prior to data collection.

The role of eyes as an indispensable organ in the body cannot be over emphasized, if you are in doubt, close your eye for 10 seconds and in the brief, try to work around or carry out an activity, the result is better imagined (Smart, 2016).

Findings from the study of table 4.2.2 it was revealed that 120 (27.92) had been diagnosed of eye diseases, while eighty-nine 74% had conjunctivitis as their diagnosis. Eharire (2020) said most blinding eye condition are advisable and these condition include cataract, glaucoma, refractive error and harmful traditional practices this statement was supported by mamman (2021) who said refractive error and harmful traditional practice were common eye condition in Nigeria. However, Charles (2020), opined that most common eye problem include conjunctivitis, red eye, sty, kerato connus, blepharitis, chalazion and corneal ulcer which agree with the finding in this study.

Muhammed, (2009), in a study with topic cause of blindness and visual impairment in Nigeria it was revealed that cataract and uncorrected refractive error are major causes of blindness in Nigeria. Also Aliyu (2014), in his study on major causes of blindness it was revealed that corneal opacity is chief cause of blindness, Laura et al (2014), in a similar study his finding revealed that conjunctivitis, presbyopia and condition affecting lens are the major causes of blindness in agreement with finding in this study. The finding in this study which revealed conjunctivitis as major ocular condition in the study setting may due to climate condition of tropical region of Africa and the local area the setting of the study.

Research Question 2: To assess eye health promotion practice

Eye health promotion is a key factor in prevention of visual impairment and blindness (Gilbert and Aghaji, 2022). Health promotion is the process of enabling people to increase control over and improve their health (Gilbert and Aghaji, 2022) whitney (2020) enumerate some eye health promotion activity to eating adequate diet, taking fruits and prompt treatment of eye diseases.

Finding in table 4.3 it revealed that most respondents has high level eye health promotion practice, however, Sithole (2010) in a study carried out in South Africa it shows poor eye health

practice among respondent studies in opposite to the finding of this study. Mayegbone, (2021) in a study on eye health promotion in Nigeria, its show good eye health promotion practice in the prevention of onchocerciasis which is in agreement with the findings in this study. The good eye health promotion practice observed in this study may be due to enlightenment by the health workers and literacy level of the respondents.

Research Question 3: To Assess Factors Influencing Health Seeking Behaviour of Residents of Asa Local Government Area.

Substantial number of people in Nigeria lives in rural area where agriculture is the main stay, these people are deprived of amenities like good roads and health care facility (Omeire, 2017), Latunji, (2018), stated that adequate understanding of different determinant of health seeking behaviour of various community and population group is vital if any head way is to be made in fight against illness and diseases. Finding in table 4.4.1 it was revealed that culture of the study setting i.e. 64% and availability of drugs at helath centre and medical personnel and factors influencing their health seeking behaviour. However, Okojie (2020) on a similar topic he identified prompt care, professionalism of care giver as factors influencing health seeking behaviour. In opposite to the above findings Adamu, (2018), in a study with the topic factors influencing health seeking behaviour among health workers in northern Nigeria, it discover fear of labouratory outcome as a major factor influencing health seeking behaviour. In contrast to this Latunji (2018) on a similar topic he identified good services and proximity as major factors influencing health seeking behaviour. Above all, the finding in this study which reveled culture, availability of drugs and good medical personnel may due to locality and medical personnel that are working in health facility visited by the respondents.

Research Question 4: To Assess Health Seeking Behaviour of Resident of Asa Local Government Area.

Sariah, (2015), opined that health seeking behaviour is an individual deads to the promotion of maximum wellbeing, recovery and rehabilitation. Latunji (2018) stated that health seeking behaviour as action or in action undertaking by individual who perceive health problem or to be ill for the purpose of finding an appropriate remedy. The finding in table 4.5 indicate poor health seeking behaviour among the respondents as most of them seek health care services at chemist shop and traditional healers. In a similar study by Ugochi on psycho-cognitive prediction of eye health seeking behaviour among secondary school student it revealed poor eye health promotion and ocular hygiene and the needs to improve on it. Adefisoye (2018), on a study with the topic, health seeking behaviour among drivers in Osun State, Nigeria, it findings shsows poor health seeking behaviour among commercial driver but good health seeking behaviour among government drivers. However, finding Latunji, (2018) on study carried out among civil servant in Ibadan, Oyo State, it shows poor health seeking behaviour as most of respondent rely on chemist and traditional healer for their health needs, this is in agreement with the findings of this study. The findings is this study which revealed poor wealth seeking behaviour may be due to setting been local area and the level of education of respondent and cultural belief of the subjects.

5.0 RECOMMENDATIONS

From the forgoing, it's revealed that majority of participants had ocular diseases, there is need to improve access to eye care in our locality as most residents are prone to one diseases or the other due to their level of exposure and educational level. Most residents had poor health seeking behaviour, most of them uses chemist shop and traditional healer for their eye needs, these are danger to preventable eye diseases and good eye health, more eye clinic should be established close to the people in order to tame danger associated with poor health seeking behaviour.

Government at all level should increase budgetary allocation to health in order to strengthened their health and improve their quality of life.

Above all, there is need to carry out similar study in other places in order to be able to generalized the finding of this study.

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