



# Effect of Educational Attainment on Health-Seeking Behaviour of Urban Slum Dwellers in Nigeria: An Insight from the Lagos State Metropolis in Nigeria

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## ABSTRACT

### Background

This research investigates the effect of socioeconomic correlates of educational attainment on the health-seeking behaviour of slum dwellers of the Lagos State metropolis.

### Methods

Research locations were Ajeromi-Ifelodun, Apapa, Shomolu, and Lagos Mainland, which are Local Government Areas that account for most of the notable slum settlements in Lagos State. Study methods were mixed, and qualitative and quantitative data were collected, which were used to enrich the study outcomes. A modified Taro Yamane sampling formula was used to select four hundred members of the slum settlements, and the sampling techniques were purposeful and accidental due to the non-availability of a probable sampling frame of the study population.

### Results

The p-value statistics of 0.014 showed a significant relationship between educational attainment and healthcare services utilization/health-seeking behaviour, while the binary logistic regression showed an inverse relationship, the higher the educational attainment of residents the less likely they are to utilize healthcare services in the slum areas.

### Conclusion

The research, therefore, recommends accessible education policies and improvement of the healthcare facilities in the slum settlements.

**Keywords:** Socioeconomic factors, education, health, health-seeking behaviour, slum settlements, Lagos State metropolis.

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## INTRODUCTION

Health-seeking behaviour is people's actions to rectify health challenges (Jaja, 2013). This may include seeking healthcare counsel, being involved in preventive measures, or treating a discovered disease. Many factors, including class, education, employment status, religion, and cultural beliefs, influence health-seeking behaviour (Fayehun et al., 2022). People on the higher social ladder may have better health-seeking behaviour compared to the lower class within the same society. The level of intellectual advancement plays a pivotal role in health-seeking behaviour. For this reason, the role of education is critical as a socioeconomic variable affecting health-seeking behaviour (Schmidt et al., 2021).

Slum settlements are unapproved urban residential locations that are characterized by inadequate housing, poor social amenities, and unhealthy socio-environmental conglomeration. Poor hygiene, overcrowding, precarious living conditions, and inadequate social amenities characterize slum settlements (Obembe et al., 2021). The poor socioeconomic condition and rapid but uncontrolled level of urbanization, which has led to the influx of rural migrants to the city centres, has boosted the development of slum settlements in the sub-Saharan African cities, including the Lagos State metropolis (Popoola et al., 2020). More than 1500 slum settlements exist in Lagos State, and these slum settlements serve as transition points for rural migrants before finally settling into urban life (Popoola et al., 2020; Arimiah, 2001). This has made a large proportion of the residents of the Lagos State metropolis have their places of residence within the slum settlements. Notable among the Local Government Areas that account for most of the slum settlements in the Lagos State metropolis are Apapa, Ajeromi-Ifelodun, Lagos Mainland, and Shomolu Local Government. This is why these local governments are the study locations for this research.

Education gives access to information and helps to advance the social mobility ladder. The place of education cannot be overemphasised in the social advances of people. The level of people's education can impact health-seeking behaviour. Education has been repeatedly reported as one of the various socioeconomic characteristics affecting health-seeking behaviour (Fayehun et

al., 2022; Jaja, 2013; and Ossai, 2015). Education gives people access to information. Through the accessibility of information, individual health seekers or users can appropriate the information to improve their health. The role of education as a socio-demographic factor is multi-dimensional. The attainment of quality education can lead to social transformation. Education can lead to better economic opportunities. For this reason, the level of one's education may significantly correspond to one's financial status. However, this may not happen in all cases, as there has been evidence of educated people living below the poverty line due to the economic crisis in Nigeria (Demehin, 2022). As more slum settlements are created with inadequate facilities and healthcare measures, this negatively impacts individuals living in the slum settlements, the slum communities, and society. Slum dwellers face many challenges, including economic marginalization, health and mental well-being challenges, and health risks (Obembe et al., 2021; Fayehun et al., 2022). Slum dwellers may be unable to access necessary healthcare services when due. This calls for research, formulating and implementing health and well-being policies that benefit all population segments irrespective of socioeconomic status or class. As an essential socioeconomic variable, this research aims to investigate the pivotal connection between educational attainment and health-seeking behaviour of the slum dwellers using the Lagos State metropolis as the study location.

The learned members of society have better access to health education and can appropriately utilize the health information received to their advantage (Schmidt et al., 2021). Access to information, especially in low- and medium-income countries, may not be cheap. This puts the rich and the educated at the better edge of the path of health-seeking behaviour (Fayehun et al., 2022). The educationally disadvantaged members and the segment of society where they live may lack adequate healthcare facilities that can cater to the entire community. For this course, many may seek alternatives to proper healthcare or turn to self-medication, which may be improper (Fayehun et al., 2022; Schmidt et al., 2021).

Urbanization and population growth with national poverty are the primary drivers of slum settlement in many nations, especially the world's poorer



regions (Arimah, 2001). Wherever the poverty level is high, this will create platforms for slum settlements to emerge. In other words, the emergence of slum settlements has a strong linear relationship with poor socioeconomic conditions (Jaja, 2013). Globalization and modernization have created room for inadequate distribution of wealth through the capitalistic orientation of the world economy, which emphasizes individualism over social well-being (Alabi, 2018). This has caused houses in the cities to be out of reach for the poor because the houses are not created just for social goods but for profit maximisation (Popoola et al., 2020). Due to the income disparities, the poor of the world resulted in the condition of the survival of the fittest. This quagmire results in the creation of slum settlements (Jaja, 2013).

Linking education to health-seeking behaviour can overlap between enabling and predisposing factors in the health-seeking model (Anderson, 1995). Education can bring about empowerment (enabling factor), and it can give access to health knowledge (predisposing factor) that will affect the health-seeking behaviour of an individual (Anderson, 1995). Poor education and inferior health education are some causes of poor health among urban slum dwellers (Ossai, 2022). Due to the nature of urban slums, there is the likelihood that there may be many people with low education, as the urban slum settlements are known to be transition centres for rural-urban migrants who may have migrated to the city in search of advancement opportunities (Alabi, 2018). Based on this low educational status, slum dwellers may be disadvantaged in accessing health-related information. Where the information is available, there may be deficiencies in its utilization. Low education may negatively impact income opportunities. Not more than sixteen percent (16%) of residents of some of the slum settlements in Southwest Nigeria (including the Lagos State metropolis) have above secondary school education (Obembe et al., 2021). This is a significant issue as education is essential for social advancement. Either from the information advantage that education gives or the financial opportunities it gives, its non-availability will negatively impact urban slum health-seeking behaviour. Many research endeavours have also evidenced the role of education as an essential variable in health-seeking behaviour (Fayehun et al., 2022; Schmidt et al., 2021; and Obembe et al.,

2021).

Health-seeking behaviour can be enhanced and affected in different ways. The level of empowerment and the availability of/access to health information can affect people's health-seeking behaviour (Weaver et al., 2010). In low- and medium-income countries where Nigeria falls, the level of one's education and financial status are vital determinants among other factors impacting health-seeking behaviour (Fayehun et al., 2022). Education grants access to upward career mobility and empowers one to access and utilize information. Access to quality and health-enhancing information is challenging among informal settlement dwellers due to the residents' poverty level (Popoola et al., 2020). Some are more concerned with having their daily meal because of poor financial status than using their little financial resources to buy data or access information from sources like internet centres, newspapers, health magazines, etc. It has been reported that many of the slum dwellers live below the poverty line (World Bank, 2004). Financial strength, which can be enhanced by educational attainment, can affect health-seeking behaviour directly and indirectly. In wealthy nations with easier access to financial resources, a positive report has been given about health-seeking behaviour. Between 40% and 70% of adult Americans use the Internet to seek health-related information (Weaver et al., 2010).

Attention to the political economy of housing and the role of government social policy is significant in this discussion of slum settlements in Nigeria. The political economy focuses on the distribution of scarce resources. For instance, who gets what, when, and where resources are allocated are the basis of discussions in political economy (Alabi, 2018). Recent discussions of the geography of housing have been related to this point of the political economy of housing in Nigeria. For example, the distribution of housing in Nigeria has been biased as it favours the elite class to the detriment of the lower cadre groups in Nigerian society (Alabi, 2018). This situation has contributed to the emergence of slum settlements since most of the properties built by the Nigerian government are in high-class areas of the cities where they are unaffordable for the lower classes of Nigerian society (Popoola et al., 2020).



The political economy of housing and property distribution looks at how government agencies are biased in formulating and implementing housing policies. These policies are detrimental to the well-being and livelihood of the lower classes, as seen in the case of Makoko and Maroko in Lagos State (Popoola et al., 2020). A critical look into housing policies and the distribution of government housing projects in Nigeria will inform one that these policies/projects are elite-centric (Popoola et al., 2020; Alabi, 2018). Nigeria's agenda of government housing has a capitalist orientation with the underlying value of profit maximization. Lucrative areas around the city centres occupied by the lower classes are cleared in the name of urban renewal projects, rebuilt, and sold out to the political or the elite class. This capitalistic orientation with the basic ideology of profit maximization has led to more slum settlements (Popoola et al., 2020; Alabi, 2018). The unfortunate result of the situation is that the expanded or newly created urban slums are socially neglected and not equipped with necessary healthcare facilities, which can enhance the well-being of the slum dwellers. This further expands the health risks of the slum dwellers.

According to the report by United Nations Habitat, over 860 million people live in slum settlements worldwide (UN-Habitat, 2012). Between 2000 and 2010, a minimum of 6 million people moved to the slum settlements around the urban centres yearly. While the number of slum dwellers worldwide is growing by less than 1% yearly, the growth in Sub-Saharan Africa is growing yearly by a minimum of 4.5% due to the high inequalities in the African region (Marx et al., 2013). Among the African countries that have led in the developing slum settlements and high populations of slum dwellers are Botswana, Burundi, Cameroon, Cote d'Ivoire, Eritrea, Gabon, Ghana, Kenya, Zambia, and Nigeria. Nevertheless, Nigeria has the highest incidence of slum settlements (Alabi, 2018; Arimah, 2001). More than 60% of the urban dwellers in these countries live in slum settlements, and Lagos, one of Nigeria's mega-cities, attracts a large sum of rural-urban migrants ((Popoola et al., 2020; NPC, 2006). As these people find it challenging to meet the essential living cost of the city, they move to existing slum settlements or create new ones. This residential location choice may likely harm the health status of slum dwellers and their health-seeking behaviour (Obembe et al., 2021).

Anderson conceptualized information in his health-seeking model among predisposing factors affecting health-seeking behaviour (Anderson, 1995). Accessing viable information can propel an individual to healthy activities. For example, a health check or taking healthy precautions (Schmidt et al., 2021). The importance of information as a vital factor in health-seeking behaviour has been established in the literature. However, how this information will be available without barriers and discrimination remains unclear (Schmidt et al., 2021; Weaver et al., 2010). Considering the socioeconomic situation of the people living in the urban slums of Lagos Metropolis, there is the likelihood of finding a large group of people with poor educational status (Popoola et al., 2020). As a result of this poor status, they may have little or no access to health-enhancing information due to low education and poor purchasing power (Fayehun et al., 2022; Schmidt et al., 2021). This may continue to hurt people's health-seeking behaviour.

According to the rational choice theory, individuals do not just respond subjectively to situations. Instead, actions are based on choices guided by knowledge of the cost and benefits an individual stands to gain at the end of a process (Ritzer, 2006). It was revealed that the educated within the slum settlements in Lagos State utilize healthcare facilities within the slum settlements less frequently than the less educated. Some factors, such as quality, preference, knowledge, information, and risk, may have warranted the outcome of this result of healthcare services utilization among the slum dwellers of the Lagos State metropolis. According to rational choice theory, human choices are based on understanding the pain and the gain of such choices (Ritzer, 2006). Hence, the appellation "rational-choice theory" because the basic argument of the theory is that an individual's decision is shaped by the level of their knowledge and understanding. The decision not to use the healthcare services within the slum settlements by the most educated may conform to some of the earlier reports, which established that some of the healthcare facilities in the rural and slum settlements are ill-equipped and packaged with unqualified or inadequate staff (Jegade, 2002). This level of risk may have warranted its less utilization by the most educated and other residents who are better off financially among the

slum dwellers in the Lagos State metropolis.

### Methods and Materials

The research design for this study is a cross-sectional survey carried out in the slum settlements within the Lagos State metropolis. The research was conducted using four Local Government Areas (Ajeromi-Ifelodun, Apapa, Lagos Island, and Shomolu), which accommodate some of the known slum settlements in the State. The researcher purposefully chooses this study's locations based on the criteria set for the study. This research adopted a non-probability sampling (purposive and accidental) method to collect qualitative and quantitative data for this research. The rationale for this choice is based on the non-availability of a probable sampling frame for the study population. The study location was divided into four strata according to the number of Local Government Areas used for the research. The respondents (adults 18 years and above) were selected within the slum settlement areas: Ijora-Badia, Makoko, Bariga, and Amukoko (Aliu et al, 2021). According to the available data, the estimated population for the four local government areas is 2,268,869 (National Population Census, 2006), comprising adults and children. From this figure, 400 respondents (100 from each slum settlement) (adults) were purposefully selected. This sample size was determined using the Taro Yamane modified sampling formula. The sampling formula is as follows:

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

n = sample

N = Area population: The official figure for Ajeromi-Ifelodun, Apapa, Lagos Island, and Shomolu, according to the federal government figure, is 2,268,869 (National Population Census, 2006).

$$(e)^2 = (0.05)^2$$

$$n = \frac{2,268,869}{1 + 2,268,869(0.05)^2}$$

$$n = \frac{2,268,869}{2,268,869(0.0025)}$$

$$n = \frac{2,268,869}{5,672.1725}$$

$$n = 400$$

Sample size = 400

The targeted sample size used for this study was four hundred (400) slum settlement dwellers from the listed four local government areas (Apapa,

Ajeromi-Ifelodun, Lagos Island, and Shomolu Local Government Areas) in Lagos State. Four hundred (400) questionnaires were distributed to four hundred slum dwellers in the study locations (100 from each local government area). Along with the 400 respondents selected and used for this study, 16 in-depth interview participants were purposively selected to generate the qualitative data. These include medical practitioners, four alternative care practitioners, four formal healthcare service users, and four alternative care users. These in-depth interviewees were selected from each local government area used in this research.

This research used the questionnaire and the in-depth interview guide as the data collection instruments. Using a questionnaire enabled the collection of extensive quantitative primary data helpful for this study. The questionnaire developed for this study was distributed among slum dwellers in the selected locations. Those outside the jurisdiction of the selected study locations were not questioned for their opinion. The questionnaire was given to those purposively selected for this study using non-probability sampling techniques. The questionnaire was carefully constructed in line with the research objectives and hypotheses. In-depth interviews were conducted to complement the weakness of a structured questionnaire. An in-depth interview guide was designed, which allowed the researcher to question and probe respondents regarding the research's subject matters. The research instruments (questionnaires) were distributed to collect quantitative data from the selected sample of respondents for the study. In-depth interviews were conducted to collect qualitative data useful for the study. The in-depth interview participants included healthcare practitioners (formal and informal) and healthcare users (both formal and informal healthcare users) who were knowledgeable about healthcare usage in the slum areas. Combining these two data collection methods added value to the outcome of this study. The administration of the research instruments was done through face-to-face research administration. Although this method has its challenges, it remains the most reliable means of data collection, especially in low- and medium-income countries, among which Nigeria is one. This is the basis for its adoption to collect data for this study.



The research instruments were administered differently within the same period of the data collection. However, the quantitative instruments were administered first before collecting the qualitative data. Firstly, the quantitative data were collected using a structured questionnaire. While collecting the quantitative data, knowledgeable respondents with valuable, helpful information for the research were identified. The consent of this respondent was sought, and later, one-on-one interviews were conducted with the respondents to collect the qualitative data used in the research. The respondents interviewed for the qualitative data were selected within the study location where the quantitative data were collected. The Statistical Package for Social Sciences (SPSS) was used to analyse the quantitative data. In testing the hypotheses, binary logistic regression was used to test the relationships between the independent variables (IV) and the dependent variable (DV). The rationale for using binary logistic regression is based on its effectiveness in testing dependent variables with two layers of responses (DeVellis, 2012; Streiner, 2003; Hosmer & Lemeshow, 2000). The dependent variable of the research, which is health-seeking behaviour, has two layers of responses (yes and no). This warrants using binary logistic regression and correlation statistics as viable statistical tools for confirming the research hypotheses. The content analysis method was used to analyse the qualitative data. This method allows researchers to extract qualitative responses from research participants and use these extracted statements to answer research questions, as stated at the beginning of the study.

The sampling techniques, which are purposive and accidental used for this research has been considered reliable on the ground of the dearth of reliable sampling frame for the study population. The current document that provides the most reliable information from the national government of Nigeria is the population Census figure of 2006 (NPC, 2006). Even the reliability of this is still questionable because many changes have occurred since 2006. Many people who resided in the location during the census exercise may have died or relocated out of the location. Despite this limitation, the reliability of the data collected for this study is valid. According to the Taro Yamane sampling procedure, a sample size of 380 is appropriate to study any population. To make the outcome of this research valid, 400

respondents were questioned on their views on health-seeking behaviour.

To measure health-seeking behaviour, the researcher used accessibility of healthcare facilities within the last twelve months before the data collection as the basis for judging the health-seeking behaviour of the respondents. Three indicators were used to measure health-seeking behaviour: accessibility of formal healthcare centres in the community, usage of traditional/spiritual healing homes, and patronage of community pharmacies in the last twelve months by the respondents.

The research went through the ethics committee of Lead City University, Oyo State, Nigeria, for ethical approval to ensure no human rights violation was caused during the study. Ethical principles such as informed consent, anonymity and confidentiality were taken seriously in this research. Participants for this study were duly informed of the purpose of the research, which is to contribute to the body of scientific knowledge. The respondents' identities are concealed in this report as part of the ethical rules in social sciences research. Permission was sought from the communities' authorities in the slum settlements for smooth research activities in the study locations.

### Results

According to the data from the socio-demographic section of this report, only 14.5% of the respondents studied for this research have attained or are still going through higher education programmes. Over 71% of the respondents have no more than a secondary school education, which may impact their level of knowledge. The computed p-value of 0.014 was less than 0.050, which shows a significant relationship between educational attainment and health-seeking behaviour of the residents of slum settlements in the Lagos State metropolis. Responses from the qualitative section also throw more light on the relationship between education and health-seeking behaviour:

"Many of the people in the area are not very lettered. This affects their behaviour as well as their health-seeking behaviour. When health information is made available, most of the slum dwellers who are uneducated may not understand its applications, even when a health sensitization programme is organised, and they attend".

“The lack of understanding of basic health information has resulted in more slum dwellers, especially the uneducated, over-accessing the available facilities”.

“Many educated people with formal employment scarcely use the available facilities within the settlements. Some of the educated access healthcare providers that the offices registered with, which are not located within the community”.

“The highly educated do not misuse or overuse the available healthcare services within the community. For example, some of the uneducated may come to explain some things they taught which may not be medically related. This usually impacts on the time and the resources available”.

From the responses above, education plays a

pivotal role in health-seeking behaviour. The low educational attainment of slum dwellers in Lagos adversely affects their health-seeking behaviour. According to the statistical test for this hypothesis, the p-value is 0.014. This shows a significant relationship between educational attainment and health-seeking behaviour of the slum dwellers in the Lagos State metropolis. The binary logistic further clarifies the direction of the relationship, as displayed in the table below. The binary logistic statistics show an inverse relationship between educational attainment and health-seeking behaviour of the residents of slum settlements in the Lagos State metropolis. The regression coefficient showed that the higher the educational attainment of the residents in the slum settlements, the less likely they are to utilize healthcare services in the slum areas.

**Table 1: Educational Attainment and Health-Seeking Behaviour (Binary Logistic Regression Analysis)**

Variable	Category	Coefficient (B)	Standard Error	Odds Ratio (Expected (B))	95% CI		P-value
					Lower	upper	
Educational Attainment	None (Ref)			1			0.014
	Below Secondary School	-2.21	0.795	0.110	0.23	0.522	0.005
	Secondary School	-1.912	0.761	0.148	0.033	0.656	0.012
	Tertiary	-3.04	0.970	0.48	0.007	0.321	0.002

Source: Researcher's data (2023)

## Discussion

The role of social factors such as educational attainment on health-seeking behaviour is critical. Based on the statistical calculation of the influence of educational attainment on health-seeking behaviour, the p-value statistics stands at 0.014. This proves a significant relationship between educational attainment and health-seeking behaviour. Educational attainment is critical as its advancement can lead to information appreciation (Fayehun et al., 2022). To corroborate the statistical value confirmed in this research, education plays a significant role in health-seeking behaviour. An earlier study among Americans established the critical role of education on health-seeking behaviour (Weaver et al., 2010). Those who have education have the advantage of appreciating health information. Knowledge of education gives advantages in

many ways, including health information. In a health crisis, passing information to a diverse population with a high level of illiteracy is a severe challenge (Schmidt et al., 2021). Giving health information to a vast population of people with different cultural views and low levels of education has impacted the success of Nigerian health policies (Fayehun et al., 2022; Obembe et al., 2021), and this may continue if the educational attainment statistic among Nigerians remains at the same level. According to the percentage distribution of respondents for this research, only 14.5% of the respondents claimed to have attained education up to the tertiary level. More than 80% of the respondents have neither education nor secondary school certificates. This is a matter of concern as regression statistics predict that for every decrease in the level of



illiteracy in the slum settlements of the Lagos State metropolis, there will be an increase in the level of residents' health-seeking behaviour. This means that more people with low education consult healthcare professionals physically, even for trivial issues that could have been addressed through telephone conversation. This calls for support from Lagos State and Nigerian governments, supporting Nigerians towards educational advancement. From the qualitative research, the educated utilize healthcare services when essential, and many use quality healthcare services located in the state's city centres of the State. Some risky behaviours associated with illiteracy directly or indirectly affect human health and can be ameliorated with higher education attainments among slum dwellers. According to Nwabueze (2002), certain beliefs prohibit children from eating eggs, and nursing mothers may be stopped from eating certain ingredients such as oil, salt, etc. These factors can have adverse health effects on the adherents. Higher educational attainments can lead to radical change, which may deter an individual within the slum settlement from such practices. This may lead to fewer experiences of illness or diseases, which can also impact an individual's health or health-seeking behaviour.

### **Conclusion and Recommendation**

Health is a critical aspect of human society. According to the World Health Organization (WHO), health goes beyond the absence of disease or infirmity. It is the state of the populace's physical, social, economic, and emotional well-being, notwithstanding their class or socio-demographic backgrounds. The state of health

envisaged by the WHO can only be achieved if the Nigerians' health-seeking behaviour is in the right direction. Results from this research showed that education could moderate the utilization of healthcare services and curb their misuse by urban slum settlements. Although the binary logistic research showed that high educational attainment in the slum settlements resulted in the lower utilization of healthcare facilities within the slums, the rational theory analysis has thrown light into this statistically computed output. Based on the rational choice analysis, earlier research that reported that healthcare facilities in the slum settlements are ill-equipped and staffed with unqualified personnel may have warranted their less use by the educated within the slum settlements due to the high risk associated with this usage (Jegade, 2010). Based on the findings from Fayehun et al. (2022) and the findings of this research, the role of education as a critical socioeconomic factor cannot be overemphasised. This research, therefore, recommends that Nigeria and the Lagos State governments at all levels implement education for all policies that will give Nigerians access to quality education irrespective of socioeconomic factors. Furthermore, this research has shown that the more educated in the slum areas utilize the available slum healthcare services less than those with less education. This result may be due to the rational choice or the intellectual advancement of the more educated in the slum settlements. Therefore, the research recommends that the governments of Lagos State and Nigeria as a country put the healthcare facilities in the slum settlements in proper shape to meet the modern healthcare needs of the people.



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