INFLUENCE OF SOCIAL SUPPORT ON HEALTH BEHAVIOUR AMONG WOMEN IN NIGER STATE – NIGERIA

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Abstract

Positive health behaviour improves overall health of an individual, it reduces the risks of diseases and promote health. However, less attention is given to it's importance due to low social support especially to women mostly from low income societies in Nigeria. This study examines the influence of social support on health behaviours among women in Niger State, Nigeria. Multi-stage sampling technique was used to select 384 respondents. Cross - Sectional survey design was used. Data analysed using descriptive and inferential statistics, null hypothesis tested at 0.05 level of significance. The result shows that, the majority of participants (52.1%) reported moderate to high level of social support. Multiple linear regression analysis indicate that healthy eating model with $\beta = 0.23$, $p<0.001$ financial support and family and friends support with $\beta = 0.18$, $p < 0.002$ is a significant predictor, while exercise, stress management and routine medical check up models shows lesser F-statistics of 8.51, 6.21 and 12.15 respectively. The study concluded that social support play a critical role in promoting healthy behaviours among women. Healthcare providers and policymakers can leverage these insights to develop targeted interventions that foster social support networks.

Keywords: *Influence of Social Support on Health Behaviour among Women in Niger State - Nigeria*

Women have some level of disadvantage in the aspect of morbidity, globally, it's reported that, women has greater percent of both physical and mental illnesses across all ages (Crimmins et al, 2019). Women generally still maintains a greater advantage in life expectancy when compared to men (The World Bank, 2020). Health and well-being of an individual, group or communities can be impacted and affected by a broad range of personal, psychosocial and behavioural factors (Rochelle et al, 2015). Gender plays a critical role in social determinant of health, determining and reproducing how both genders engages in health behaviour. Empirical research often portray women as maintaining more health-promoting behaviour, and frames men as engaging in more risky health behaviour (Courtenay, 2011; Mollborn et al., 2020). There is relatively well-established link between age and health risk behaviour, with risky behaviour traditionally attributed to late adolescents and young adults globally (Duel et al, 2018).

However, more recent research has also confirmed an emerging trend of higher engagement in risky health behaviour among older adults and the ageing population (de Vliet et al, 2021; Oduroet al, 2023), which has been shown to have negative impact on the health of older adults in both developed and developing countries. Risky health behaviours, such as lack of stress management (non-coping mechanism), inadequate physical activity, smoking, bad cultural practices, excessive alcohol consumption and unhealthy diet, are highly connected to the incidences leading to chronic diseases, including heart disease, stroke, obesity, type 2 diabetes and cancers, as well as being a leading cause of death especially in developing nations (Oduro et al, 2023; Olajide et al, 2022).Gender is no doubt, a multidimensional sociocultural constructed concept related to characteristics on how men and women

are expected to behave and the norms and roles associated (WHO, 2024). Typically, expected masculine values around the world include invulnerability and independence, while typically expected feminine values include selflessness, sympathy and caring (Vader et al, 2023). The construction of gender is determined by societal norms, beliefs systems and can be known in various aspects of daily life, such as the imbalances in caring duties falls on female family members, including cooking, bathing baby and other house chores. Gender roles have expectedly been linked to a variety of health outcomes, including exposure to stressors, coping mechanism and stress response systems especially in women (Manigault et al, 2021; Mayor, 2015).

Social support has been linked to health promoting behaviour, acting as a buffer to stress management and promoting health and well-being of individual (Greaney et al, 2018; Uchino et al, 2018). Research has consistently found that women have higher social support networks, and broader sources of support than men (Harvey & Alexander, 2012; Rochelle, 2023). This is evidenced in some sociocultural and religious settings encourages men spending on women and taking care of their need both physically and mentally. Empirical evidence has shown how social support can have positive influence on health and lifestyle behaviour of people, resulting in improve their physical and mental health outcomes and well-being (Britton et al, 2019; Luo et al, 2020). However, other studies have observed that despite reporting higher levels of social support, women also report greater levels of stress, more chronic diseases and stressors, and perceive stressors as more threatening compared to men, studies reveals. (Kneavel, 2020; Remes et al, 2016; Verma et al, 2011).

Differentiated social roles are important factors in the higher morbidity observed in women (Oksuzyan et al, 2010); such as roles that predominantly subject women to a more sedentary lifestyles exposing them to more chronic conditions resulting from bodily inactivity, as explained by the gender differences in stressors experienced by men and women, and the stress reaction induced (Mayor, 2015; Patwardhan et al, 2024). In societies, particularly in Niger State where this study was conducted, as many societies around the world, the expectation of working, combined with caring for the home and family, often falls unevenly on female family members (Qing, 2020). Studies show that caregiving can negatively impact on the physical and mental health of caregivers (Tough et al, 2022).

Statement of the Problem

Women generally are supposed to be more conscious of their health and engages in healthy behaviours as well as enjoys constant social support networks from family, government, Non-Governmental Organizations to promote their health. They are to be more careful in indulging in risky health behaviour, when compare to men. This May largely have gender roles, cultural and religious inclinations. Government and Non-governmental organizations have established gender units, women empowerment programmes, ministries of women affairs at both federal and state governments in efforts to support women well-being. Despite the efforts being made researcher observed that, women lack some social support prompting them to engage in risky health behaviour as they struggles to earn a living in Niger State, Nigeria. Such unhealthy behaviour are lack of exercise, unhealthy eating habits, lack of stress management, and not going for routine medical check-up especially during

pregnancy. It is on this premise that, the researcher wants to explore the influence of social support on health behaviour among women in Niger State - Nigeria.

Objective of the Study

To examines the influence of social support on health behaviour among women in Niger State - Nigeria

Research Question

What is the influence of social support on health behaviour among women in Niger State – Nigeria.

Hypothesis

H_0: Social support is not significantly associated with health behaviour among women in Niger State - Nigeria.

Participants and Methods

Research design used for this study was cross sectional survey design on women aged 15-48 years in Niger State - Nigeria. The study was conducted between December, 2024 and February, 2025. Reliability of the instrument was determined using Cronbach's alpha coefficient which shows internal consistency of .860 and .751 for section B and C respectively. The population for this study consists of women of childbearing aged 15-48 years in Niger State with population of one million four hundred and thirty-three thousand one hundred and nineteen (1,433,119). (Source: National Population Commission census 2006). For a population of this magnitude, the sample size will be from the population of 384. The sample size was adopted referencing Krejcie and Morgan (1970). KMT suggested that a sample of 384 is enough for a population of 1, 000, 000 or more. Multistage sampling procedure was used for this study, which includes cluster, simple random, proportionate and systematic sampling procedures. Stage I: Cluster sampling techniques was used to divide Niger State into three (3) existing senatorial zones which are Niger South, Niger East and Niger North respectively as strata. Stage II: Simple random sampling techniques was used to select two (2) local government area from each senatorial zone. Stage III: proportionate sampling techniques was used to select respondent from each community. Stage v: systematic sampling was used to select and administer questionnaire to participants using every 5th participant from the selected participants, in the community to participate in the study. Face - to - face interview administered questionnaire was used for the respondents in their houses or any convenient location within the selected community, to ensure prompt, confidentiality and comfortability of respondents. The data collection process includes the following steps; visit to each of the communities, paying an identification visit to the heads of the selected communities to seek permission to conduct interviews and administration of questionnaire to the respondents. The data collection exercise lasted for two (2) weeks. However, in order to avoid duplication of respondents, respondents were properly guided on how to respond to the questionnaires.

Sample Selection Table

S/N	Zone	LGA	Community Selected	Population	Sample Size
1	Niger South	Lavun	Doko	60,391	83
		Mokwa	T/wangwa	29,151	40
2	Niger East	Tafa	Tafa	24,651	34
		Shiroro	Gwada	70,811	97
3	Niger North	Mariga	Kanfanin Bobi	58,391	80
		Rijau	T/magajiya	36,151	50
	Total			279,546	384

Instrument for Data Collection

The instrument that was used for data collection in this study was researcher's designed questionnaire. The questionnaire was divided into 3. Sections A, B and C. Section "A" comprises of demographic characteristics of the respondents, Section "B" Consists of twenty (20) items on perceived social supports and section C consist of four(4) items on health behaviour among women. To calculate the mean score of response as shown by respondents, the modified four (4) point's Likert rating scale was used as follow. Always=4, Sometimes=3, Once=2 and Never =1 at 2.5 decision mean. Percentage, Mean and standard deviation were used to analysed data collected. Multiple regression analysis was used to test the null hypothesis at 0.05 level of significance.

Results

Section A

Table 1 Demographic characteristics

Variable	**F**	**%**	**M**	**SD**	**MEAN RANKING**
Age Range					
15 - 18years	29	7.6			
18 - 25 years	76	19.8			
25 -30 years	100	26			
30 - 40 years	29	7.6			
40 -48 years	150	39			
Total	384	100	37.4	10.3	1st
Marital Status Variable					
Variable	**F**	**%**			
Single	162	42.2			
Married	200	52.1			
Widowed	15	3.9			
Divorced	5	1.3			
Separated	2	0.5			
Total	384	100	1.6	0.8	4th
Level of Income Variables					
Variable	**F**	**%**			
Low	200	52.1			
Middle	50	13			
High	50	13			
Stable	84	21.9			
Total	384	100	2.2	1.0	2nd
Level of Education Variables					
Variable	**F**	**%**			
Primary	65	16.9			
Secondary	205	53.4			
Tertiary	115	29.9			
Total	384	100	2.1	0.8	3rd
Occupation Variables					
Variable	**F**	**%**			
Civil Servant	50	13			
Business women	150	39.1			
Others	184	47.9			
Total	384	100	2.1	0.8	3rd
Geographical Location Variables					
Variable	**F**	**%**			
Urban	74	19.3			
Semi Urban	110	28.6			
Rural	200	52.1			
Total	384	100	2.3	0.8	3rd

Table 1

The total number of respondents were 384 women of childbearing aged 15 - 48 years, making a response rate of 100%. The majority of participants (39%) are between the age of 40 - 48years, followed by 26% between 25 - 30 years of age. The mean age of participants was 37.4 years(S.D=10.3), most participants (52.1%) are married While 42.2% are single, the mean of marital status was 1.6(S.D=0.8), the majority of participants (52.1%) have low source of income , while 21.9% have a stable income with mean of 2.2 and standard deviation of 1.0 for source of income. On the level of education, most participants 53.4% have a secondary level of education. While 29.9% have a tertiary education with mean of 2.1 (S.D=0.8). Greater percent of respondents (47.9%) falls under "other" occupation While 39.1% are business women with mean of 2.1 and standard deviation of 0.8. The majority of participants 52.1% live in rural areas while 28.6% live in semi Urban areas with mean of 2.3 and standard deviation of 0.8.

SECTION B

Table 2: Perceived social support to women

Perceived social support to women		Always	Sometimes	Once	Never	Total	Mean Ranking
I feel socially supported by my family and friend	F	100	200	80	4	384	
	%	26.0	52.1	20.8	1.0	100	
	M					3.6	2nd
	S.D					1.0	
I have participated in a support group such as counselling session	F	50	84	150	100	384	
	%	13.0	21.9	39.1	26.0	100	
	M					2.22	17th
	S.D					1.04	
I have access to financial resources such as savings and (or) credit facilities in times of need	F	100	29	200	55	384	
	%	26.0	7.6	52.1	14.3	100	
	M					2.9	11th
	S.D					1.1	
I have financial assistance from family, friends (or) organization	F	84	50	150	100	384	
	%	21.9	13.0	39.1	26.0	100	
	M					2.31	16th
	S.D					1.09	
I have participated in a financial literacy program and (or) workshop	F	100	200	42	42	384	
	%	26.0	52.1	10.9	10.9	100	
	M					2.93	6th
	S.D					0.96	
I have access to educational resources such as books and online courses to support learning	F	200	84	50	50	384	
	%	52.1	21.9	13.0	13.0	100	
	M					3.13	3rd
	S.D					0.93	
I have received health support such as health education	F	150	100	29	105	384	
	%	39.1	26.0	7.6	27.3	100	
	M					2.76	7th
	S.D					1.04	
I know my legal rights and responsibilities as a woman in Nigeria	F	74	100	150	60	384	
	%	19.3	26.0	39.1	15.6	100	
	M					2.49	10th
	S.D					1.04	
I feel confidence in seeking legal support when needed	F	84	50	50	200	384	
	%	21.9	13.0	13.0	52.1	100	
	M					2.05	19th
	S.D					1.1	
I have experienced a legal issue or problem such as domestic violence or property dispute	F	80	4	200	100	384	
	%	20.8	1.0	52.1	28.0	100	
	M					2.17	20th
	S.D					1.07	
I feel having a strong social support network motivates me to engage in healthy behaviours	F	200	100	79	5	384	
	%	52.1	26.0	20.6	1.3	100	
	M					3.29	1st
	S.D					0.83	

I feel that social support from others help me to overcome barriers to health	F	150	150	27	57	384	
	%	39.1	39.1	7.0	14.8	100	
	M					3.02	5th
	S.D					0.93	
With social support I follow healthy diet intake	F	155	149	20	60	384	
	%	40.5	38.8	5.2	15.6	100	
	M					3.04	4th
	S.D					0.91	
My social support network has encouraged me to visit healthcare provider for routine check-up	F	113	200	21	50	384	
	%	29.4	52.1	5.5	13.0	100	
	M					2.05	9th
	S.D					0.84	
My family and friend encourage me to take care of my health	F	124	200	30	30	384	
	%	32.3	52.1	7.8	7.8	100	
	M					2.52	8th
	S.D					0.79	
Social support gives me confident in my ability to make healthy lifestyle choices	F	179	119	36	50	384	
	%	46.6	31.0	9.4	13.0	100	
	M					2.36	14th
	S.D					0.83	
I received emotional support	F	150	111	100	23	384	
	%	39.1	28.9	26.0	6.0	100	
	M					2.32	15th
	S.D					0.83	
I received practical help support	F	110	94	150	30	384	
	%	28.6	24.5	39.1	7.8	100	
	M					2.41	12th
	S.D					0.84	
Social support has contributed in reducing my chances of indulging in risking health behaviours such as prostitution, substance abuse and violence tendencies	F	200	100	30	54	384	
	%	52.1	26.0	7.8	14.1	100	
	M					2.29	18th
	S.D					0.86	
I feel that social support has improved my overall health	F	178	150	36	20	384	
	%	46.4	39.1	9.4	5.2	100	
	M					2.37	13th
	S.D					0.81	

Table 2

On perceived social support, the majority of respondents sometimes 52.1% feels socially supported while 26% of respondents always feel supported with mean of 3.6 and standard deviation of 1.0. Regarding support from family and friends, most participants 39.1% always feel supported by family and friends while 28.9% sometimes feel supported with mean of 3.6 and standard deviation of 1.0. On the aspect of financial support, most participants which are majority (52.1%) sometimes have access to financial resources, while 26% always have access with mean of 2.9

and standard deviation of 1.1. On health support to women, most participants (39.1%) always receive health support, while 26% sometimes receive health support with mean of 3.1 and standard deviation of 1.0. On legal support majority of respondents 52.1% never feel confidence seeking legal support when needed while 21.9% always feel confidence seeking legal support with mean of 2.6 and standard deviation of 1.1.

SECTION C

Table 3: Health Behaviour among Women

Health behaviour among women		Always	Sometimes	Once	Never	Total	Mean Ranking
The specific health behaviours I engaged in are							
Exercise	F	10	11	100	263	384	
	%	2.6	2.9	26.0	68.5	100	
	M					2.4	4th
	S.D					1.1	
Healthy eating	F	14	150	200	20	384	
	%	3.6	39.1	52.1	5.2	100	
	M					3.2	1st
	S.D					1.0	
Stress management	F	3	4	50	327	384	
	%	0.8	1.0	13.0	85.2	100	
	M					2.6	3rd
	S.D					1.0	
Routine medical check-up	F	10	19	100	255	384	
	%	2.6	4.9	26.0	66.5	100	
	M					2.8	2nd
	S.D					1.0	

Table 3

The majority of respondents 52.1% sometimes engage in healthy eating, while 40.4% always engage in healthy eating, with 3.2 mean and standard deviation of 1.0. most participants 68.2% never engage in exercise while 26% sometimes engage in exercise with mean of 2.4 and standard deviation of 1.1. on the aspect of stress management, the majority of respondents 85.2% never engage in stress management, while 13% sometimes engage in stress management. On routine medical check-up, most participants 66.4% never engage in routine medical check-ups while 26% sometimes engage in check-ups. The majority of respondents 52.1% believe that social support contributes to reducing the likelihood of engaging in risking health behaviours, in the aspect of social support influencing overall health most participant 56.4% believe that social support has improve their overall health. In all, results, suggest that most participants have low source of income and secondary level of education. Participants generally perceive moderate to high levels of social support. Healthy eating is the most commonly practiced health behaviour, more so, exercise, stress management and routing medical check-ups are less frequently practiced. Finally, participants believe that social support contributed to healthier behaviour and improves overall health.

Hypothesis testing

To test the hypothesis "Social support is not significantly associated with health behaviour of women" data was analysed using regression analysis.

Regression Analysis

Perceived social support	β	P – Value
Healthy eating model f(5,378)=15.11, p<0.001 R^2= 0.17		
Financial support	0.23	<0.001
Family and Friends Support	0.18	0.002
Exercise Model F(5,378) = 8.51, P < 0.001 R^2 = 0.10		
Family and friend support	0.20	0.001
Financial Support	0.15	0.01
Stress management model F(5,378) = 6.21, P < 0.001 R^2 = 0.08		
Financial Support	0.15	0.01
Legal Support	0.12	0.03
Routine Medical check-up model F(5,378) = 12.15, P < 0.001 R^2 = 0.14		
Health Support	0.25	< 0.001
Financial Support	0.18	0.002

Regression Analysis

Multiple Linear Regression analysis was conducted to examine the relationship between social support variables and health behaviour variables. The result shows f-statistics of 15.11, p-value <0.001 and 0.17 explanatory power with 5 degree of freedom and 378 observations for healthy eating model (corresponding to number of participant minus the number of predictors minus 1). This indicate that healthy eating model with $\beta = 0.23$, $p<0.001$ financial support and family and friends support with $\beta = 0.18$, $p < 0.002$ is a significant predictor of the outcome variables while healthy eating model is statistically significant its explanatory power (0.17) is relatively modest. As compared to exercise, stress management and routine medical check up models with lesser F-statistics of 8.51, 6.21 and 12.15 respectively. The regression analysis model show that social support variables are significant predictors of health behaviour variable especially the healthy eating model.

Discussion

This study examines the influence of social support and health behaviour in sample of 384 women of childbearing age of 15 – 48yrs in Niger state. It was hypothesized that social support is not significantly associated with health behaviour of women. Contrary to the hypothesis social support was a significant predictor to health behaviour among women. This also goes in line with similar study conducted on sample of adult women in Hong Kong, which revealed that, social support was significantly negatively associated with health behaviour, meaning that lower levels of social support were associated with engagement with risky health behaviour (Rochelle & Li, 2024). In the present study health eating is the widely practiced health behaviour. In a similar study by Lwin and Maliks (2018) titled Factors influencing

healthy eating behaviour among college students, published in the "journal nutrients" in 2018, revealed that, students perceived healthy eating as consuming a balanced diet and its influences on behaviour. Previous research revealed that social support has link with health promoting and health protective behaviour (Greaney et al., 2018). In this study although using correlation and regression analysis it revealed that social support has significant relationship with health behaviour among women of childbearing age, 15 – 48yrs in Niger state - Nigeria.

Conclusion

In conclusion, this study examined the influence of social support on health behaviour among women in Niger State, Nigeria. Based on the findings of this study, several key conclusions were drawn:

Social support plays very important role in enhancing overall health outcomes. It contributes significantly to promoting healthier lifestyles, preventing diseases, and reducing engagement in risky health behaviours. The presence of strong social networks encourages individuals to make informed decisions regarding their health, adopt preventive measures, and access healthcare services.

Various lifestyle modifications are positively influenced by social support systems. These include financial support, emotional encouragement, health support, family and I support and even legal support. When women receive such multidimensional support, they are more likely to engage in positive health practices such as balanced nutrition, regular physical activity, periodic medical check-ups, and effective stress management. This highlights the interconnected nature of social, economic, and emotional well-being in shaping health-seeking behaviour.

Statistical analysis through multiple regression analysis provided empirical evidence to reject the null hypothesis, which stated that "social support is not significantly associated with the health behaviour among women." Instead, the findings affirm that there is a statistically significant relationship between the availability of social support and the adoption of healthy behaviours among women. This underscores the importance of social support networks in health promotion strategies.

Finally, social support is a key determinant of health behaviour among women in Niger State. Strengthening support systems, community-based, or institutional can contribute immensely to improving women's health outcomes. Interventions aimed at enhancing women's health should therefore integrate social support mechanisms as a core component to enhance positive health behaviour.

Recommendations

In light of findings from this study, which revealed that social support is positively associated with health behaviour of women. The Researchers therefore, recommended as follows:

i. That government both federal and state government, well to do individuals, policy makers, non-governmental organization should design interventional programmes, aimed at strengthening social support networks in promoting healthy behaviours among women particularly in Niger State, Nigeria.

ii. Non-Governmental Organizations (NGOs) should strengthen community and neighbourhood sensitization campaign aimed at improving awareness on the importance of social support in mitigating social vices
iii. Social welfare departments should ensure linkages to individuals in need of social support to improve their health.
iv. Individual in need of social support should summon courage to speak up through appropriate channels for swift interventions.

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