HELP-SEEKING BEHAVIOUR IN THE MANAGEMENT OF ERECTILE DYSFUNCTION AS PERCEIVED AMONG COMMERCIAL DRIVERS INKWARA STATE

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Abstract
The descriptive survey research design was adopted using a self-designed questionnaire to elicit information.A multistage sampling procedure was used to select 400 respondents out of the study population of 5,176 in Kwara State. Data were collected using a validated questionnaire with a reliability co-efficient correlation of 0.84 obtained via the split-half method using Cronbach alpha. The instrument was divided into two sections. The first section sought information on demography of respondents, while the second section sought information on the variables under the study. Descriptive statistics (percentages) were used for demographic data, mean score for the questions raised while chi-square analysis tested the hypotheses at the 0.05 significance level. The recommendations included that leaders of the commercial drivers' association should employ the service of health educators to discourage commercial drivers from patronizing herb hawkers, and unregulated medicine vendors to enhance positive healthful behaviour.

Keywords: Help-seeking behaviour, Erectile dysfunction, Commercial drivers

Introduction
Erectile Dysfunction (ED) is referred to as the inability to achieve or maintain a firm enough erection for satisfactory sexual performance. Muhammed et al. (2023) described Erectile Dysfunction (ED) as the persistent inability to attain or maintain an erection adequate for satisfactory sexual intercourse for over three months. The reason for this is that sometimes ED may be as a result of positive or negative feeling or happenings which play a major role in getting and maintaining erection. Oyelade et al (2016) opined that Erectile Dysfunction (ED) is currently one of the most common sexual dysfunctions worldwide but it is usually underestimated because it is perceived as not a life threatening condition. West and Washington (2023) claimed that some signs of ED include ability to get an erectile only sometimes, despite a desire to have sex; Inability to get an erection at any time and ability to get an erection, but being unable to sustain it throughout sex. Muhammed et al. (2023) opined that erectile dysfunction is a common sexual dysfunction of public health importance given its comorbidities, preventive risk factors, and the increasing proportion of the elderly and newer management approaches.

Adesola et al. (2022) opined that Erectile Dysfunction (ED) is one of the most frequently self-reported sexual problems in men with significant impact on interpersonal relationships and quality of life of both the sufferer and the partner. Erectile dysfunction has been linked to sexual and family disharmony globally (Institute of Health Metric and Evaluation, IHME, 2023). It can be deduced from these assertions that increasing rate of

ED is evident as expressed in the following countries: Only 26(5%) has been previously treated 17 (19%) of 89 in Brazil, 6 (6%) of 97 in Malaysia, 3 (2%) of 123 in Italy, and 0 (0%) of 239 in Japan (Newman, 2019). When asked how comfortable they were in discussing their ED problem with a physician; 13% in Brazil, 25% in Italy, 57% in Japan, and 25% in Malaysia said they were not at ease discussing the problem with a Physician (Newman, 2019).

Normal erection is when someone is able to get an erection and keep it enough duration to have sex. World Health Organization (2021) defined normal erection as the ability to consistently achieve and maintain an erection sufficient for sexual activity. This is also called ideal state for sexual function. It is generally believed that feeling relaxed and confident helps arousal and good erection. Erectile dysfunction is a medical condition which requires a medical approach in solving the problem. ED is popularly "believed' to be a common man problem or "association problem". This means that many people with this problem just assumed that it is not them alone; there are many that are going through same. Some almost believe it to be a normal condition due to several deceptions that have been displayed to them. While some have decided due to the male stigmatization and embarrassment to keep mute about the sexual problem, some who have surmounted courage to speak and seek out help, more often than not, patronize inferior and illegalized places and centres. Oyelade et al. (2016) postulated that it is a known fact that ED sufferers often do not seek for medical help but usually suffer in silence because of the stigma associated with the condition. It is believed that sufferers of ED need not suffer in silence because effective medical help is available to them. Despite this shame, embarrassment and reluctance to seek appropriate help, the prevalent rate of erectile dysfunction is high (Umuerri&Ayandele, 2021)

Help seeking behavior can be explained as a process of actively seeking for assistance from professional, certified and trusted personnel and health community for counseling, advice, health education and health management. Umubyeyi (2016) described help-seeking behaviour as any action of actively seeking help from the health care services or from trusted people in the community and includes understanding, guidance, treatment and general support when encountering stressful circumstances. Despite the well-established facts in which many men through several signs and symptoms have come to agree that they have or they are having ED, the way many people go about seeking for healthful help in most cases is alarming, discouraging and mind disturbing.Adams et al. (2022) defined Help seeking behaviour for a health problem as a problem focused, planned behavior, involving interpersonal interaction with a selected health-care professional.

In a study carried out by Muhammed et al. (2023), ED is under-estimated in developing countries (Nigeria inclusive); it has been attributed to poor help-seeking behaviour among patients because they consider ED non-life-threatening, a social stigma, or are shy, ignorant, and reluctant to confide in their private matters with their doctor. Abu et al (2019) in a study carried in Abuja concluded that only about a quarter 26.5% of the 378 subjects recruited for the study had their sexual challenges discussed with the doctor. This low level of patronage was due to assumed stigmatization and fear that men with this

predicament are having in seeking help from authentic areas as justifies from the figure above. More so, if in a place apparently advanced like Abuja could have a score that is this distressing, one would wonder what it will be like in the rural or remote area.

Herbal hawkers and traditional healers are very important foundations of healthcare in many African communities because of their healthcare service which is accessible, affordable, and that majority of people have a perception of their spiritual effectiveness (Berhe et al, 2024).The high number of traditional healers who are easily accessible, having respected opinion leaders and offer culturally appropriate treatments, facilitates open communication (Berhe et al (2024). Odebode and Awoye (2022) concluded that most literate married men had positive attitude to the use of herbs as remedies to their sexual dysfunction. It is surprising that literate men would have such positive attitude to the usage of herbs, so it leaves one to wonder what the attitude of the illiterate which many of the commercial drivers would be.

Medicine vendors, particularly in community pharmacies and informal setting, play a significant role in the management of ED, ranging from providing access to medication to offering basic counseling and identifying potential underlying health risks (Edward & Stanley, 2024). The significant role these medicine vendors play and the provision of access to medication makes patronage to the place very high. Wrong help seeking behavior seems to be some of the unhealthy lifestyle of the commercial drivers which is common. Some of this unhealthy lifestyle according to Olaitan (2024), include nutrition, weight, and exercise; physical and psychological stress; environmental and occupational exposures; substance and drug use and abuse; and medications.Some of the reasons the commercial drivers exhibit poor help seeking behaviour often are due to social stigma, time constraints, the belief that ED is a normal part of aging, cost concerns and a preference for self-medication while some simply prefer traditional remedies over orthodox care. (Amoadu et al, 2024). Furthermore, Oyeyemi, et al (2023) reported that many Nigerian men, particularly commercial drivers, prefer seeking treatment for ED from patent medicine dealers and vendors.

Kliesch et al (2024) postulated that E-health serves as a valuable tool against ED by increasing accessibility to education, support and treatment, thereby encouraging individual to seek help and treatment, thereby encouraging individuals to seek help and manage their condition effectively. Kliesch et al (2024) advanced that online resources, tele-consultation and digital interventions like app-based therapy can reduce the stigma associated with ED, facilitate communication and provide personalized guidance on lifestyles changes, psychological medical treatment and support and even medical treatment and support and even medicals treatments, ultimately improving outcomes and awareness. Websites and online health conditions are very effective tools empowering individuals to take proactive steps (Kliesch et al (2024). E-Sexual health is the use of information and communication technologies for sexual health including sexual health care, surveillance, education knowledge and pleasurable and a sexual experiences, free of coercion, discrimination (Kirana, 2020).

Furthermore, Zhang et al (2014) in a study carried out in China, postulated that young men with ED preferred consulting internet while older ED patients preferred

consulting physicians. Online platforms allow for discreet access to resources, reducing the anxiety and embarrassment that some men may feel when discussing ED in person (Kliesch et al 2024). It can be undoubtedly established that E-health helps to remove stigma by providing accessible and private channels for information and support. E-health can help normalize the discussion around sexual dysfunction and encourage more individuals to seek help. It can also support healthy changes. E-health tools can be used to encourage healthier lifestyle choices, such as regular exercise and proper management of chronic health conditions like diabetes and heart disease, which are linked to ED (Zhang et al., 2014).

Dewitte et al (2021) postulated that there are several reviewed papers and clinical guidelines available on ED (Salonia, et al., 2020; AUA, 2021; Shamloul et al., 2013; Burnett et al., 2018). However, majority of these papers approach the assessment and management of ED from a purely medical perspective and pay only little attention to describing the help seeking behaviour in the management of ED (Dewitte et al., 2021). Although erectile dysfunction (ED) involves an interaction between physiological and psychological pathways, the psychosocial aspects of ED have received considerably less attention so far (Dewitte et al., 2021). From the above assertions, it can be well ascertained that help seeking behavior which precedes management and the ability of the attending patients to discuss ED problem with health professional remains quite poor in our environment. This study therefore, attempts to investigate help-seeking behaviour in the management of erectile dysfunction among commercial drivers in Kwara State.

Methodology

The descriptive survey research design was adopted for the study. The population comprised of all registered commercial drivers in Kwara State. The study population comprised of 5,176 commercial drivers in Kwara State. The sampled comprised 400 participants selected from nine local government areas, twenty-seven motor parks which was selected through multistage sampling procedure. The instrument for the study was a researcher's designed questionnaire. The questionnaire was adopted from literature review and validated by three experts (Two professors and a doctor) from related field. Data were collected using a validated questionnaire with a reliability coefficient correlation of 0.84 was obtained via the split-half method using Cronbach alpha. The questions were based on 4-point Likert scale. Descriptive statistics (percentages) were used for demographic data, mean score for the questions raised, while chi-square analysis was used to test the hypotheses at the 0.05 significance level. The decision rule was that if the positive response(+mean >2.50) is greater than the negative response(-mean<2.50), it implies the raised question is real and positive while chi-square was used for hypotheses 1-3 at 0.05 level of significance using Statistical Package of Social Science (SPSS) version 23.0.

Results

Research Question 1: Will patronizing herb hawkers be a help seeking behaviour for ED as perceived by commercial drivers in Kwara State?

Table 1: Percentile analysis of the respondents' perceptions toward the use of herbal remedies for erectile dysfunction

S/N	ITEMS	SA	A	Positive Response	D	SD	Negative Response
1	Taking herbal supplements work for people's erection	194 (48.5%)	55 (13.8%)	249 (62.3%)	151 (37.8%)	0	151 (37.8%)
2	People visit herb hawkers because the herbs are cheap	194 (48.5%)	78 (19.5%)	272 (68.0%)	128 (32.0%)	0	128 (32.0%)
3	People with erectile dysfunction believe the herbs will work for them because many of their friends use the herbs	194 (48.5%)	55 (13.8%)	249 (62.3%)	151 (37.8%)	0	151 (37.8%)
4	People have erection for more than 3 minutes after the use of the herbs	153 (38.3%)	96 (24.0%)	249 (62.3%)	151 (37.8%)	0	151 (37.8%)
5	One feels more confident to discuss his erectile problems with Herb hawkers than with health professionals	194 (48.5%)	73 (18.3%)	267 (66.8%)	92 (23.0%)	41 (10.3%)	133 (33.3%)
	Average			**257 (64.3%)**			**143 (35.7%)**

Table 1 shows that the mean positive responses by the respondents to the items is 257 (64.3%), which is significantly greater than the mean of negative responses of 148 (35.7%). This implies that the respondents strongly believe that patronizing herb hawkers constitutes a form of help-seeking behaviour for erectile dysfunction. In other words, most commercial drivers in Kwara State perceive visiting herb hawkers and using herbal remedies as an effective and accessible means of addressing erectile problems. This finding indicates a high level of trust and reliance on herbal treatments and herb hawkers as a primary avenue for seeking solutions to erectile dysfunction.

Research Question 2: Will patronizing medicine vendors be a help seeking behaviour for ED as perceived by commercial drivers in Kwara State?

Table 2: Percentile analysis of the perceptions of the respondents on patronizing medicine vendors as help-seeking behaviour for erectile dysfunction

S/N	ITEMS	SA	A	Positive Response	D	SD	Negative Response
6	There will not be side effect to the drugs bought at the medicine vendor's shops	105 (26.3%)	124 (31.0%)	229 (57.3%)	79 (19.8%)	92 (23.0%)	171 (42.8%)
7	Drugs from medicine vendors are the best drugs for the treatment of erectile dysfunction	64 (16.0%)	119 (29.8%)	183 (45.8%)	87 (21.8%)	130 (32.5%)	217 (54.3%)
8	Drugs in medicine vendor's shops work faster for erectile problem	64 (16.0%)	179 (44.8%)	243 (60.8%)	111 (27.8%)	46 (11.5%)	157 (39.3%)
9	People do not feel ashamed to discuss their erectile problems with a medicine vendor	105 (26.3%)	184 (46.0%)	289 (72.3%)	42	69 (17.3%)	111 (27.8%)
	Average			**236 (59.1%)**			**164 (40.9%)**

Table 2 reveals that the mean positive responses by the respondents to the items is 236 (59.1%), which is higher than the mean of negative responses of 164 (40.9%). This indicates that a greater proportion of commercial drivers in Kwara State perceive patronizing medicine vendors as a form of help-seeking behaviour for erectile dysfunction. The result implies that many of the respondents believe that drugs obtained from medicine vendors are effective, have fewer side effects, and that discussing erectile issues with such vendors is acceptable. Therefore, it can be inferred that commercial drivers in Kwara State generally hold a positive perception toward patronizing medicine vendors as a means of addressing erectile dysfunction.

Research Question 3: Will seeking help from E-health be a help seeking behaviour for ED perceived by commercial drivers in Kwara State?

Table 3: Percentile analysis of the respondents' perceptions on seeking help from e-health as a help-seeking behaviour for erectile dysfunction

S/N	ITEMS	SA	A	Positive Response	D	SD	Negative Response
21	The information people get from the internet helps to correct erectile problem	0	138 (34.5%)	138 (34.5%)	151 (37.8%)	111 (27.8%)	262 (65.6%)
22	Belonging to online forum where solutions are proffered has helped to cure people's ED problem	0	120 (30.0%)	120 (30.0%)	192 (48.0%)	88 (22.0%)	280 (70.0%)
23	Information on electronic health is the mostly unreliable source of help for erectile dysfunction	41 (10.3%)	207 (51.8%)	248 (62.1%)	106 (26.5%)	46 (11.5%)	152 (38.0%)
24	People always visit the internet to get their ED problems solved	41 (10.3%)	144 (36.0%)	185 (46.3%)	169 (42.3%)	46 (11.5%)	215 (53.8%)
	Average			**173 (43.2%)**			**228 (56.9%)**

Table 3 shows that the mean positive response by the respondents to the items is 173 (43.2%), which is lower than the mean of negative responses of 228 (56.9%). This indicates that a majority of the commercial drivers in Kwara State do not perceive seeking help from e-health platforms as an effective help-seeking behaviour for erectile dysfunction. The relatively higher negative responses imply that respondents have limited confidence in online information or electronic health platforms as reliable sources of assistance for erectile problems. This suggests that while some drivers recognize the potential of e-health in providing information, many still prefer traditional or in-person medical consultations for managing or treating erectile dysfunction.

$H0_1$: Patronizing herb hawkers will not significantly be a help-seeking behaviour for erectile dysfunction by commercial drivers.

Table 4:Chi-square analysis showing the respondents' patronizing of herb hawkers as a help-seeking behaviour for erectile dysfunction

Variable	N	df	Cal. χ^2 Value	Crit. χ^2 Value	Remark
Patronizing herb hawkers will not significantly be a help-seeking behaviour for erectile dysfunction by commercial drivers	400	5	219.560	11.07	H_{01} Rejected

Table 4 shows the calculated Chi-square value of 219.560, which is greater than the critical value of 11.07 (Cal. χ^2 val. > Crit. χ^2 val.) with a degree of freedom of 5 at 0.05 alpha level. Since the calculated Chi-square value is greater than the critical value, the null hypothesis which stated that patronizing herb hawkers will not significantly be a help-seeking behaviour for erectile dysfunction by commercial drivers is rejected. This implies that patronizing herb hawkers is a significant help-seeking behaviour for erectile dysfunction among commercial drivers.

$H0_2$: Patronizing medicine vendors will not significantly be a help-seeking behaviour for erectile dysfunction by commercial drivers.

Table 5:Chi-square analysis showing the respondents' patronizing medicine vendors as a help-seeking behaviour for erectile dysfunction

Variable	N	df	Cal. χ^2 Value	Crit. χ^2 Value	Remark
Patronizing medicine vendors will not significantly be a help-seeking behaviour for erectile dysfunction by commercial drivers	400	7	147.84	14.07	H_{02} Rejected

Table 5 shows the calculated Chi-square value of 147.840, which is greater than the critical value of 14.07 (Cal. χ^2 val. > Crit. χ^2 val.) with a degree of freedom of 7 at 0.05 alpha level. Since the calculated Chi-square value is greater than the critical value, the null hypothesis which stated that patronizing medicine vendors will not significantly be a help-seeking behaviour for erectile dysfunction by commercial drivers is rejected. This implies that patronizing medicine vendors significantly serves as a help-seeking behaviour for erectile dysfunction among commercial drivers.

$H0_3$: Seeking for help from e-health will not significantly be a help-seeking behaviour for erectile dysfunction by commercial drivers.

Table 6:Chi-square analysis showing the respondents' seeking for help from e-health as a help-seeking behaviour for erectile dysfunction

Variable	N	df	Cal. χ^2 Value	Crit. χ^2 Value	Remark
Seeking for help from e-health will not significantly be a help-seeking behaviour for erectile dysfunction by commercial drivers	400	6	143.94	12.59	H_{05} Rejected

Table 6 shows the calculated Chi-square value of 143.94, which is greater than the critical

value of 12.59 (Cal. χ^2 val. > Crit. χ^2 val.) with a degree of freedom of 6 at 0.05 alpha level. Since the calculated Chi-square value is greater than the critical value, the null hypothesis which stated that seeking help from e-health will not significantly be a help-seeking behaviour for erectile dysfunction by commercial drivers is rejected. This implies that seeking help from e-health significantly serves as a help-seeking behaviour for erectile dysfunction among commercial drivers.

Discussion of Findings

The finding of the hypothesis one showed that patronizing herb hawkers was a significant help-seeking behaviour for erectile dysfunction among commercial drivers. This means that many men within this group rely on herbal vendors as an accessible and trusted source of treatment for sexual health problems. This could be as a result of cultural and behavioural tendency toward traditional medicine as a primary or complementary option to modern healthcare. The preference for herb hawkers may stem from factors such as the affordability, easy accessibility, privacy, and quick service they provide, especially for working men like commercial drivers who often have limited time to access formal medical facilities. Moreover, traditional beliefs that herbal remedies enhance masculinity and virility further encourage their use for erectile problems. The finding supports a study by Odebode and Awoye (2022) who reported that a majority of literate married men in Nigeria patronize herbal remedies for sexual dysfunction. Similarly, Berhe, Gesesew and Ward (2024) emphasized that traditional healers and herbal vendors remain important sources of healthcare in many African communities because of their accessibility, affordability, and perceived spiritual efficacy.

The findings in hypothesis two revealed that patronizing medicine vendors significantly served as a help-seeking behaviour for erectile dysfunction among commercial drivers. This indicates that these individuals prefer to obtain treatment or remedies for ED from local or patent medicine vendors rather than from hospitals or qualified medical professionals. This could be as a result of the fact that medicine vendors are seen as the first line of assistance for managing sexual health issues. Moreover, most commercial drivers have tight schedules, making it difficult to keep hospital appointments; hence, they resort to over-the-counter drugs for immediate results. The finding is corroborated by Adesola, et al (2022) who reported that many Nigerian men, particularly commercial drivers, prefer seeking treatment for ED from patent medicine dealers and vendors. This is further supported by Amoadu et al (2024), stating of the some of the reasons the commercial drivers exhibit poor help seeking behaviour often are due to social stigma, time constraints, cost concerns and a preference for self-medication while some simply prefer traditional remedies over orthodox care. Likewise, medicine vendors, particularly in community pharmacies and informal setting, play a significant role in the management of ED, ranging from providing access to medication to offering basic counseling and identifying potential underlying health risks (Edward & Stanley, 2024)

The result of hypothesis three revealed that seeking help from e-health significantly served as a help-seeking behaviour for erectile dysfunction among commercial drivers. This implies that digital health platforms are becoming an accepted

and effective avenue for addressing sensitive male sexual-health problems. This could be that commercial drivers often operate under long, irregular work schedules, making it difficult to attend regular hospital appointments. The flexibility and convenience of e-health allow them to consult health professionals without leaving their duty posts. The finding is in line with the study of Kliesch et al (2024) who found thatonline resources, tele-consultation and digital interventions like app-based therapy can reduce the stigma associated with ED, facilitate communication and provide personalized guidance on lifestyles changes, psychological medical treatment and support and even medical treatment and support and even medicals treatments, ultimately improving outcomes and awareness. Websites and online health conditions are very effective tools for empowering individuals to take proactive steps (Kliesch et al (2024).

Conclusion

Based on the findings of this study, it can be concluded that commercial drivers in Kwara State perceived exhibition of diverse help-seeking behaviours in managing erectile dysfunction (ED). The study revealed that drivers often rely more on informal sources of help, including patronizing herb hawkers and medicine vendors. This indicates that cultural beliefs, accessibility, affordability, and perceived confidentiality play significant roles in influencing where and how drivers seek help for ED. While traditional and informal avenues such as herbal remedies remain prevalent as perceived, the inclusion of health professionals and e-health services suggests a gradual openness toward modern medical solutions. In general, the findings suggest that effective management of erectile dysfunction among commercial drivers in Kwara State requires a multidimensional approach that integrates health education, counseling, and medical support. Public health education should aim at reducing stigma, encourage open discussion through the digital intervention especially through the usage of artificial intelligence and promote the use of professional medical services for ED. Addressing both the behavioural and emotional dimensions of the problem, policymakers, healthcare providers, and counselors can help improve the well-being and quality of life of commercial drivers experiencing erectile dysfunction.Based on the findings, the following recommendations were made:

i. Leaders of commercial drivers' association should employ the service of health educators to implement health education programme aimed at discouraging commercial drivers from relying on herbal medicine hawkers and encouraging them to seek health care from licensed medical practitioners and accredited health facilities.
ii. The executives of commercial drivers' association should facilitate periodic health talks conducted by qualified health educators to promote awareness among commercial drivers about the dangers of obtaining medications from unregulated medicine vendors and to encourage the utilization of evidenced-based healthcare services from authorized health professionals and healthcare institutions.
iii. Health educator should sensitize and motivate commercial drivers to adopt the use of medically approved e-health applications and telemedicine platforms for accessing professional counseling, health consultations and referral service

related to sexual health issues, thereby reducing dependence on self-medication and unreliable sources of information.

iv. Public health educators should make use of various e-health channels (e.g HealthConnect24/7, Doctor24/7) to enlighten the various commercial drivers Associations.

v. The Ministry of Health and the National Agency for Food and Drug Administration and Control (NAFDAC) should intensify monitoring of herbal medicine sales and sensitize medicine vendors on the health risks associated with unregulated drugs.

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