Philanthropy: Journal of Psychology
Volume 9, Number 1, 2025. 1-11
DOI: 10.26623/philanthropy.v9i1.11851
ISSN 2580-6076 (Print); ISSN 2580-8532 (Online)

Quality of Life among Adult Samples: Does Perceived Social Support and Health-Seeking Behavior Counts?

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Article History:

Received
2025-03-22

Revised
2025-05-01

Accepted
2025-05-17

Published
2025-06-20

Abstract. All human activities are geared towards making life more meaningful, and the desire to improve the quality of life has been taken as a fundamental and universal human drive. Studies that investigated quality of life using different predictors have produced varying results. Therefore, the objective of this study was to examine the predictive ability of perceived social support and health-seeking behavior on quality of life among the adult population in Port Harcourt. A cross-sectional survey design was adopted, and the study population was selected using a purposive sampling technique. A convenience sampling technique was used to select 254 participants using validated questionnaires. Data were analyzed using multiple regression analysis to test one hypothesis and was accepted at a $p < .05$ level of significance. The results demonstrated that perceived social support and health-seeking behavior jointly predicted quality of life among study participants [$R^2 = .19$, $F(2, 252) = 5.956$, $p < .05$], indicating a significant effect on quality of life. The implication of this finding is a wake-up call to public health professionals, community stakeholders, and urban healthcare development authorities to provide social support through empowerment programs and create centers where individuals can access information on health-seeking behavior, thereby improving their quality of life.

Keywords: *health-seeking behavior; perceived social support; quality of life*

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Introduction

Quality of life (QoL) has been variously defined by individuals and organizations. For example, the World Health Organization (WHO) defined QoL as individuals' perception of their position in life in the context of the culture and value system in which they live in relation to their goals, expectations, standard and concerns (WHOQOL Group, 1994). In addition, Costanza et al. (2008) conceived quality of life as the extent to which objective human needs are fulfilled in relations to personal or group perceptions of subjective wellbeing. In the context of this study, quality of life is described as that which affects both the subjective and objective well-being of an individual. Ganiyu et al. (2017) found quality of life among Nigerians to be low due to high poverty index and the widen gap between the rich and the poor in the country.

Several factors have been considered to predict quality of life. This study examines two factors. The first factor is perceived social support which refers to tangible and intangible assistance individuals receive which enables them to age gracefully as their strength, mobility, cognitive functioning, and health decline (McPherson & Wister, 2008; Tang, 2008). Social support could be perceived or received support. Perceived social support is an individual's subjective judgment that someone would provide or offer assistance during times of needs, while received support are those which have been rendered to the individuals (Geue et al., 2019). Social support could come from the families, friends, teachers, classmates or non-governmental organizations (Bokhorst et al., 2010; Jiménez-Iglesias et al., 2017). Onyishi et al. (2012) posits that social support has an effect upon the individual psychological well-being during stressful life events.

The WHOQOL Group (1994) model categorizes quality of life into four domains, namely (1) the physical domain which is characterized by pain, energy, sleep, mobility, activities, medication and work; (2) the psychological domain which is characterized by positive feelings, cognitions, self-esteem, body-image, negative-feelings, and spirituality; (3) the social relationship domain which is characterized by personal relations, social support and sex, and (4) the environmental domain characterized by safety and security, home environment, healthcare, finance, information, leisure, physical environment and transport. When applied in this study, it suggests that individuals without perceived social support would be disadvantaged while seeking healthcare support which in turn would affect their quality of life.

Studies have found perceived social support to predict quality of life among different populations (Bukhari & Afzal, 2017; Cavanaugh & Buehler, 2016; Rueger et al., 2016). In addition, studies demonstrated that perceived social support from family members and friends help to build confidence and boost individuals' psychological well-being, and thus improve quality of life (Ganiyu et al., 2017). Moreover, Chung et al. (2013) who examined the relationship between perceived social support and quality of life among 362 adults with heart failure found less social

support resulting in poor quality of life among study participants. Finally, LaRocca and Scogin (2015) who evaluated the role of social support on quality of life among 137 participants found that excellent social support increases quality of life.

The second factor considered is health seeking behavior which is described as any action undertaken by individuals who perceive themselves to have a health problem for the purpose of finding an appropriate remedy (Latunji & Akinyemi, 2018). Health seeking behavior is an illness behavior or sick-term behavior. In other words, health seeking behavior is any activity undertaken by an individual for the purpose of managing perceived health problems or illness (Damrongplasit & Wangdi, 2016; Ikhioya & Akerele, 2021). In the context of this study, health seeking behavior encompasses activities undertaken to maintain good health, to prevent ill-health, as well as dealing with any departure from a good state of health (Mackian et al., 2018). Health seeking behavior operates at individual, family, and community levels. Some studies have found health seeking behavior to predict quality of life among different populations and samples.

The Health Belief Model (HBM) relates to the help-seeking behavior an individual sought for when in need. The HBM (Glanz et al., 2008) has six components of which perceived benefits, perceived barriers, and self-efficacy are relevant to this study. The perceived beliefs has to do with the benefit of engaging in suggested health promoting behavior, perceived barriers deal with the assessment of possible obstacles to adopting the health-promoting behaviors while self-efficacy has to do with individuals beliefs in their own capacity to carry out the suggested health behavior. When applied in this study, it explains that individuals' perceived social support, whether tangible or intangible, would affect their health seeking behavior which in turn would affect their quality of life.

Studies on health seeking behavior have produced varied results. For example, Okon (2016) found health seeking behavior as a conditioned behavior, or circumstances that would prompt individuals to seek healthcare services and when properly handled would bring about improvement in quality of life. In addition, Faronbi et al. (2017) showed an increase in adult health seeking behavior among adult in Nigeria to improve quality of life among study participants.

Moreover, Duru et al. (2017) who evaluated healthcare seeking attitude and behavior as predictors of combined orthodox and traditional healthcare use among 500 households in some communities in Owerri, Imo State, Nigeria found a high percentage of participants (56%) had a moderate to good level of overall knowledge of health care, almost all of the participants (96.2%) had a moderate to good level of overall positive attitude towards seeking health care; with less than one third (29%) using combined orthodox and traditional health care treatments. Further evidence came from the study conducted by Obosi and Fatunbi (2018) on the psycho-social (emotional distress, self-efficacy, perceived social support and self-management) of health-

related quality of life among 85 types 1 and 2 diabetes mellitus patients with the result that emotional distress, self-efficacy, perceived social support and self-management as joint predictors of health-related quality of life among their study participants. Finally, health seeking behavior is more common among adults, because as they grow older, they become engaged in certain activities that make them susceptible to illness such as bad habits, workplace or environments.

Despite growing evidence on the individual effects of social support and health-seeking behavior, only a handful of studies such as that of Okon (2016) and Obosi and Fatunbi (2018) who investigated health-seeking behavior and social support on health-related quality of life among adult samples in Nigeria thus leaving significant empirical gaps in knowledge to be filled. Therefore, the objective of this study was to determine how perceived social support and health-seeking behavior would jointly and independently predict quality of life among adults in Port Harcourt, Rivers State, Nigeria. The findings are expected to provide evidence-based recommendations for developing community health interventions aimed at improving adult quality of life.

This study makes a novel contribution by examining both perceived social support and health-seeking behavior as joint predictors of adult quality of life in a region with limited existing research. Understanding the pattern of healthcare-seeking behavior and perceived social support would help public health practitioners and policy makers to design and implement healthcare systems and health promotion strategies that would improve the quality of life of the people.

It is hypothesized that higher perceived social support and more proactive health-seeking behavior would positively and significantly predict quality of life among adults in Port Harcourt, Rivers State, Nigeria.

Methods

The study was a cross–sectional survey using validated questionnaires for data collection. The independent variables were perceived social support and help-seeking behavior while the dependent variable was perceived quality of life.

The study was conducted within Port Harcourt metropolis in Rivers State, Nigeria with a sample of 254 adults, males and females between 18 and 70 years old. Purposive sampling technique was used to select Port Harcourt metropolis while convenience sampling method was used for the distribution of questionnaires among participants.

Data were collected using validated questionnaires. The Multidimensional Scale of Perceived Social Support (MSPSS, Zimet et al., 1988) was used to assess participants' perceived social support. MSPSS is a 12- item scale presented on a 7-point Likert format with the responses ranging from strongly disagree = 1, to strongly agree = 7. Sample items include: "There is a special

person with whom I can share my joy and sorrow" and ".I receive the emotional help and support I need from my family" Author reported composite Cronbach's alpha of 0.85 while in the present study, Cronbach's alpha of 0.81 was obtained.

Next was Medair Health Seeking Behavior Survey Scale (MHSBSS, Mediar, 2010) adopted to evaluate health-care seeking behavior among study participants. The scale is a 25- item rated on a 5-point Likert format with responses ranging from strongly disagree = 1, to strongly agree = 5. Sample items include: "My illnesses are treated effectively at government health facilities" and "Traditional healers/herbal practitioners treat illnesses effectively". The author obtained Cronbach's alpha of 0.85 and in this study, Cronbach's alpha of 0.74 was obtained.

Finally, Quality of Life Scale (WHOQOL- BREF) was used to assess quality of life among study participants. It has two parts. The first assesses participants' general quality of life and how satisfied they are with their health. The second part comprises a 26-item self-administered generic questionnaire. The scale has been validated in Sub-Saharan African countries (Issa & Baiyewa, 2006) and in several studies in Nigeria (Fakorede et al., 2024). Sample items include: "How would you rate your quality of life?" and "How satisfied are you with your health?" Fakorede et al. (2024) reported Cronbach's alpha of 0.81 in a Nigerian study while in the current study, Cronbach's alpha of 0.84 was obtained.

Letter of introduction was collected from the Department of Psychology, Rivers State University, Nkpolu-Oroworukwo, Port Harcourt, to identify researchers in the course of data collection. Potential participants were met at home, recreational centers, religious centers and cybercafé. Potential participants were briefly explained to them the purpose of the study and sought for their consent to participate in the study. They were duly informed that participation was voluntary and that their responses would be treated confidentially. Those who agreed to participate in the study were given questionnaires to fill which took less than 12 minutes to complete. A total of 260 questionnaires were distributed and retrieved on the spot. However, during screening and coding six questionnaires were found to have inconsistent responses and were removed leaving 254 used for the analysis.

Data collected was analyzed using IBMR SPSS version 26. The hypothesis was tested using multiple regression analysis and accepted at $p < .05$ level of significance.

Results

Participants' Characteristics

The participants' characteristics collected at the time of data collection included age distribution, gender and religious affiliations. These characteristics are presented in Table 1.

Table 1
Participants' Socio-demographics characteristics (N = 254)

Variable	Category	Frequency (%)
Age	< 25 years	41 (16)
	25-39 years	44 (17)
	40-54 years	104 (41)
	55-69 years	65 (26)
Gender		
Male		99 (39)
Female		155 (61)
Religion		
Christianity		172 (68)
Islam		43 (17)
Traditional		39 (15)

Table 1 presents demographic variables of the study participants. The descriptive statistics showed that 104(41%) of the participants were between 40-54 years bracket, 155(61%) were females, while 172(68%) were Christians.

Next is the descriptive statistics of the study variables which is presented in Table 2.

Table 2.
Descriptive Statistics of Study Variables

	N	Mean	SD	Min	Max
Perceived Social Support	254	38.4670	4.721	12	60
Health-Seeking Behavior	254	61.6134	7.314	25	125
WHOBREF Scale	254	72.310	8.3412	26	130

Table 2 displays the descriptive statistics of the study variables which indicated that perceived social support has a mean score of 38.4670 with the standard deviation of 4.721. Moreover, the health-seeking behavior mean data was 61.6134 with the standard variable of 7.314. Finally, the quality of life (WHOBREF) score has the mean of 72.310 with the standard deviation of 8.3412.

Normality Test Statistics

In order to ascertain the normal distribution of the data used in this study, normality test was computed for the three study variables using Kolmogorov-Simirov test and the results are presented in Table 3.

Table 3.
Kolmogorov-Simirov Test

Variable	t-value	p-value	Result
Perceived social support	1.186	.213	p>0.05 (Normal)
Health seeking behavior	1.167	.128	p>0.05 (Normal)
Quality of life(WHOBREF)	1.511	.016	p<0.05 (Not-normal)

From the result in Table 3, perceived social support variable has a p-value of .213 which means p >0.05, hence the distribution is considered to be normally distributed. Moreover, the health-seeking behavior variable has the p-value of .128 which means p >0.05, that is, the health-seeking behavior data is normally distributed. However, the quality of life variable has the p-value of .016 which mean p<0.05, and therefore the data is not normally distributed.

Linearity Assumption Test

Finally, the linearity assumption test was computed to establish the relationship between perceived social support and quality of life and for health–seeking behavior and quality of life variables and the results are presented in Table 4.

Table 4.
Linearity Test

Variable	Between Group	F-value	p-value	Result
Perceived social support * Quality of life	Linearity	41.37	.000	p<.05
	Deviation from linearity	.530	.701	p>.05
Health-seeking behavior * Quality of life	Linearity	31.11	.000	p<.05
	Deviation from linearity	.370	.621	p>.05

Source: Research results, analysed by IBM SPSS v.26. 2024

As presented in Table 4, the results showed a significant value for perceived social support and quality of life (.701) and then for health-seeking behavior and quality of life (.621) indicating that p-value is greater than .05. This means that perceived social support and quality of life , and then health–seeking, behavior and quality of life are linearly related because they meet the linearity assumption requirements of p >.05.

Testing the hypothesis

H1: Perceived social support and health seeking behavior would jointly and independently predict quality of life among adults in Port Harcourt. The hypothesis was tested using multiple regressions analysis and the result is presented in Table 5.

Table 5.
Multiple Regression Summary Predicting Quality of Life

Predictor Variable	B	SE	β	t	p
Perceived Social Support	0.41	0.49	-0.21	6.893	< .05 *
Health Seeking Behavior	0.34	0.23	0.24	4.594	< .001 *
Model Summary $R = 0.44$, $R^2 = 0.19$, $F(2, 252) = 5.956$, $p < .05$					

Source: Research results, analysed by IBM SPSS v.26. 2024

Table 5 presents multiple regression analysis of perceived social support and health seeking behavior as joint and independent predictors of quality of life among adults in Port

Harcourt. As consistent with hypothesis 1, perceived social support and health seeking behavior jointly predicted quality of life among study participants [$R^2 = .19$, $F(2, 252) = 5.956$, $p < .05$]. This accounted for 19% variance in quality of life. Further results revealed that both perceived social support ($\beta = -0.21$, $t = 6.893$, $p < .05$) and health seeking behavior ($\beta = 0.24$, $t = 4.594$, $p < .00$) independently predicted quality of life among study participants. Therefore, the hypothesis was accepted.

Discussion

The hypothesis that perceived social support and health-seeking behavior would jointly predict quality of life among adult participants was supported. This means where social support exists from families, friends and significant others and individuals are willing to ask for such support whether tangible and intangible, the individuals would have improved quality of life. Consistent with previous finding (Obosi & Fatunbi, 2018), social support is a valuable resource which act as a buffer for individuals seeking health-related behavior that would improve their quality of life. Moreover, participants who are helped by family's members, friends and significant others are more freely to engage in health-related behavior that are germane to improve quality of life (Singstad et al., 2021) which is the thrust of HBM (Glanz et al., 2008). Finally, the result extended Barker's (2007) qualitative review that when perceived social support and health-seeking behavior interacted improve quality of life.

In addition, perceived social support independently predicted quality of life among adults in Port Harcourt, further indicating the importance of social support among adult populations. Individuals with strong social supports tend to live longer, healthier lives as their quality of life improved compared to those who do not have strong social support that would have improved their quality of life (Onuoha & Akintola, 2018). Specifically, a robust social support received from family members contributed in the improvement of quality of life supporting previous finding (Cahuas et al., 2023). Comparatively, social support is a good indicator of individual seeking health-related behavior which in turn lead to the improvement in quality of life across different populations and samples including adult populations in Rivers State (Jaja, 2015), students in Bayelsa State (Ganiyu et al., 2017), and adult populations in the South-west geopolitical zones in Nigeria (latunji & Akinyemi, 2018).

While previous studies (Gallant et al., 2007; Harvey & Alexander, 2012) found health seeking behavior as a significant predictor of quality of life than perceived social support, however, Odili et al. (2020) found health-seeking behavior to have more effects on quality of life than perceived social support which tend to contradict the present study. This contrasting finding could be as the result of the cultural relativity of the people and sample characteristics. For

example, in collectivistic societies like Rivers State, communal support networks may buffer the need for independent health-seeking behavior, thus emphasizing the importance of perceived social support over individual initiative. In Rivers State as in many parts of Nigeria, there is a strong family bond, that of being "your brothers' keepers in time of need" orientation which makes individuals to easily overcome challenges that would improve their quality of life.

Conclusion

This study examined how perceived social support and health-seeking behavior influence the quality of life among adults in Port Harcourt, Rivers State. The results showed that both factors significantly contribute, as individuals with strong social support and who actively seek help reported a better quality of life. Based on these findings, it is recommended that the government and stakeholders continue to offer support through empowerment programs and create centers that provide access to mental health information. These results highlight the need for health professionals, stakeholders, and public health authorities in Port Harcourt to collaborate in improving health services and empowering the community. The strength of this study lies in its novel approach to linking these factors with quality of life. However, limitations include reliance on questionnaires, which may lead to bias, and a sample limited to one area. Future research should include more regions, larger samples, and additional variables such as learned helplessness, personality traits, and self-esteem to improve generalizability and understanding of what affects quality of life.

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