
ENVIRONMENTAL RISKS AND HEALTH-SEEKING BEHAVIOUR AMONG RESIDENTS OF OIL-PRODUCING COMMUNITIES IN AKWA IBOM SOUTH SENATORIAL DISTRICT, AKWA IBOM STATE

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ABSTRACT

This study examined environmental risks and health-seeking behaviour among residents of oil-producing communities in Akwa Ibom South Senatorial District of Akwa Ibom State, Nigeria, with specific emphasis on noise pollution and gas flaring. The study adopted a descriptive survey research design. The population comprised 625,240 adult residents of selected oil-producing communities in the Senatorial District, from which a sample of 392 respondents was selected using simple random sampling. Data were collected using a structured questionnaire titled the Environmental Risk and Health-Seeking Behaviour Questionnaire (ERHSBQ). The instrument was validated by experts, while its reliability was established using Cronbach's alpha, which yielded a coefficient of 0.84. Data were analysed using mean and standard deviation to answer the research questions and simple linear regression to test the null hypotheses at the 0.05 level of significance. The findings revealed that noise pollution significantly influenced health-seeking behaviour among residents, with a grand mean of 2.86, which was above the criterion mean of 2.50. Similarly, gas flaring significantly influenced health-seeking behaviour, with a grand mean of 2.91. Regression analysis further showed that noise pollution significantly predicted health-seeking behaviour, while gas flaring also significantly predicted health-seeking behaviour. The study concluded that environmental risks associated with oil production, particularly noise pollution and gas flaring, significantly influence residents' decisions and patterns regarding healthcare utilisation. It was recommended, among others, that government agencies and oil-producing

companies strengthen environmental regulation, reduce exposure to industrial noise and gas-flaring emissions, and improve access to healthcare services in affected communities.

KEYWORDS: Environmental risks; Gas flaring; Health-seeking behaviour; Noise pollution; Oil-producing communities.

1. INTRODUCTION

Environmental risks and health-seeking behaviour are closely interconnected because the environmental conditions in which people live can affect both their health status and the actions they take when illness occurs. Health-seeking behaviour refers to the actions individuals undertake when they perceive a health problem or wish to maintain their health. It includes recognising symptoms, deciding whether to seek care, selecting a healthcare provider and determining the type of treatment to pursue. Such behaviour may involve visiting hospitals and primary healthcare centres, self-medication, consulting traditional healers or relying on advice from family members and friends. The decision to seek healthcare is influenced by socioeconomic conditions, cultural beliefs, accessibility and affordability of healthcare services, perceived severity of illness and previous experiences with healthcare providers.

Environmental risks refer to potential threats to human health, livelihoods and ecosystems arising from exposure to harmful physical, chemical or biological agents. Such risks may include air pollution, unsafe water, contaminated soil, industrial waste and environmental noise. In oil-producing communities, environmental risks are frequently associated with human activities such as oil exploration, oil spills, gas flaring, industrial waste disposal and land degradation. The interaction between environmental hazards, exposure and vulnerability can create conditions that increase illness and simultaneously affect residents' capacity and willingness to seek appropriate healthcare.

Oil exploration and production constitute major economic activities in the Niger Delta region of Nigeria. However, these activities have also generated environmental concerns involving pollution of land, water and air. Akwa Ibom South Senatorial District, also known as Eket Senatorial District, is a major oil-producing area situated within the coastal belt of the Niger Delta. The area contains wetlands, creeks, mangrove forests and estuaries and hosts numerous oil fields, flow stations and petroleum-related installations. Residents are predominantly involved in fishing, farming and trading and therefore depend substantially on

environmental resources for their livelihoods. Consequently, environmental degradation may have direct implications for their health, income and healthcare decisions.

One important environmental risk in oil-producing communities is noise pollution. Noise may originate from oil exploration equipment, heavy-duty machinery, transportation operations, industrial activities and other petroleum-related operations. Persistent exposure to excessive environmental noise may contribute to headaches, sleep disturbances, stress, anxiety, hearing impairment, hypertension and reduced concentration. These health problems can influence the decision of affected residents to seek medical attention. The present study therefore considers noise pollution not only as an environmental hazard but also as a factor that may influence the utilisation of healthcare services.

Previous evidence has demonstrated the health implications of environmental noise. Gadanya and Buhari (2021), for example, found that a substantial proportion of residents in Bichi Town, Kano State, were exposed to noise levels above recommended limits and reported health effects including sleep disturbance, headache, anxiety, poor concentration and hearing impairment. Akinnubi (2020) similarly reported that residents of selected communities in Lagos State experienced high levels of environmental noise and associated health challenges such as stress, sleep disorders, headaches and reduced concentration. Byaello (2023) also found that residents exposed to higher levels of industrial and commercial noise reported greater stress, sleep disruption, psychological discomfort and reduced quality of life.

Another major environmental risk associated with oil production is gas flaring. Gas flaring releases pollutants and particulate matter into the atmosphere and may expose nearby residents to respiratory and other health problems. The health effects associated with gas-flaring exposure may include coughing, breathing difficulties, eye irritation, chest congestion, respiratory illnesses, skin irritation and other health complications. As residents experience such symptoms, their need for diagnosis, treatment and medical care may increase. The present study therefore examines whether gas flaring significantly influences health-seeking behaviour among residents of oil-producing communities.

Evidence from the literature supports concerns about the health consequences of gas flaring. Jato et al. (2024) reported that prolonged exposure to gas flaring among residents of oil-producing communities in Bayelsa State significantly affected biological health indicators and increased susceptibility to illness. The study further observed that affected residents reported increased healthcare utilisation, although financial constraints caused some individuals to delay treatment. Osuoha and Fakutiju (2021) similarly reported that gas flaring in the Niger Delta contributes to environmental degradation and adverse human health

outcomes, including respiratory illnesses, eye problems and skin irritation. Okoroafor and Ezeoha (2025) also reported increased incidences of respiratory diseases, asthma, chronic cough and eye irritation among communities exposed to gas-flaring activities.

Health-seeking behaviour is particularly important in environmentally vulnerable communities because repeated exposure to hazards may produce recurrent illnesses and increase the demand for healthcare. However, environmental degradation may also create socioeconomic difficulties that limit residents' ability to obtain formal healthcare. Damage to agricultural land, reduced fishing productivity, poverty, poor road networks, inadequate healthcare facilities and financial constraints may encourage self-medication, delayed treatment or reliance on traditional remedies.

Despite increasing scholarly attention to environmental pollution in the Niger Delta, limited empirical evidence has directly examined how specific environmental risks influence health-seeking behaviour among residents of oil-producing communities in Akwa Ibom South Senatorial District. Existing studies have often concentrated on environmental contamination or health outcomes, while health-seeking behaviour has been treated as a secondary outcome. This creates an important empirical gap. The present study therefore focused specifically on the influence of noise pollution and gas flaring on health-seeking behaviour among residents of oil-producing communities in Akwa Ibom South Senatorial District.

2. STATEMENT OF THE PROBLEM

Residents of oil-producing communities in Akwa Ibom South Senatorial District are exposed to several environmental risks arising from oil exploration and related industrial activities. These risks include oil spills, gas flaring, soil and water contamination, toxic waste exposure and environmental noise. Such hazards can degrade environmental quality and increase residents' vulnerability to different health conditions. At the same time, socioeconomic and infrastructural challenges may determine whether affected residents seek professional medical care when illness occurs.

Noise pollution associated with oil production may contribute to headaches, sleep disturbance, stress, hearing problems and other health challenges. Similarly, gas flaring exposes residents to polluted air and may contribute to respiratory difficulties, eye irritation and other health problems. Although such conditions may increase the need for healthcare, affected residents may not always seek formal medical attention promptly because of poverty, limited healthcare access, cultural practices or the normalisation of environmental hazards.

The problem is further compounded by the limited empirical evidence specifically linking environmental risks with health-seeking behaviour in oil-producing communities of Akwa Ibom South Senatorial District. The research gap is particularly important because the district is a major oil-producing area where residents depend heavily on the natural environment for their livelihoods. Consequently, understanding how environmental risks influence health-seeking behaviour can provide evidence for environmental health interventions and healthcare planning. It is against this background that the study investigated the influence of noise pollution and gas flaring on health-seeking behaviour among residents of oil-producing communities in Akwa Ibom South Senatorial District of Akwa Ibom State.

3. RESEARCH OBJECTIVES

The main objective of the study was to examine the relationship between environmental risks and health-seeking behaviour among residents of oil-producing communities in Akwa Ibom South Senatorial District of Akwa Ibom State. Specifically, the study sought to:

1. Examine the influence of noise pollution on health-seeking behaviour among residents in oil-producing communities in Akwa Ibom South Senatorial District; and
2. Examine the influence of gas flaring on health-seeking behaviour among residents in oil-producing communities in Akwa Ibom South Senatorial District.

4. RESEARCH QUESTIONS

The following research questions guided the study:

1. What is the influence of noise pollution on health-seeking behaviour among residents in oil-producing communities in Akwa Ibom South Senatorial District?
2. What is the influence of gas flaring on health-seeking behaviour among residents in oil-producing communities in Akwa Ibom South Senatorial District?

5. RESEARCH HYPOTHESES

The following null hypotheses were formulated and tested at the 0.05 level of significance:

H₀₁: There is no significant influence of noise pollution on health-seeking behaviour among residents in oil-producing communities in Akwa Ibom South Senatorial District.

H₀₂: There is no significant influence of gas flaring on health-seeking behaviour among residents in oil-producing communities in Akwa Ibom South Senatorial District.

6. THEORETICAL FRAMEWORK

6.1 Risk Perception Theory

Risk Perception Theory, formally developed through the pioneering work of Paul Slovic in 1987, explains how individuals perceive, interpret and evaluate hazards and risks in their environment. Slovic's seminal work, *Perception of Risk*, established that people's responses to hazards are not determined solely by the objective or scientific magnitude of a risk; rather, their responses are strongly influenced by how they perceive and interpret that risk. The major tenets of the theory are that risk is subjectively perceived, people's perception of a hazard may differ from expert or scientifically measured risk, and perceived risk influences individuals' attitudes, judgments and behavioural responses to hazards. Factors such as the perceived severity of consequences, familiarity or unfamiliarity with the hazard, controllability, voluntariness of exposure, trust in institutions and the extent to which the risk is perceived as threatening can shape people's responses. Thus, individuals who perceive an environmental hazard as serious and personally threatening are more likely to modify their behaviour in response to that hazard.

In the context of the present study, Risk Perception Theory is relevant because residents' perceptions of youth restiveness and soil pollution as environmental or community risks may influence how they respond to health threats and whether they seek professional healthcare. The theory is relevant to the present study because residents of oil-producing communities may interpret environmental risks differently depending on their experiences with oil exploration and production. Continuous exposure to industrial noise and gas flaring may cause some residents to perceive these hazards as normal features of community life. Such normalisation may reduce the perceived seriousness of environmental risks and potentially affect decisions to seek healthcare. Conversely, residents who experience noticeable health problems associated with environmental exposure may perceive greater vulnerability and become more likely to seek medical attention. Risk Perception Theory therefore provides a useful explanation of how exposure to environmental hazards can influence health-related decisions. It suggests that effective environmental health interventions should not only control the physical hazards but should also improve residents' understanding of the health consequences of noise pollution and gas flaring.

6.2 Health Belief Model

The Health Belief Model (HBM) was developed in the 1950s by social psychologists working within the United States Public Health Service, particularly Irwin M. Rosenstock, Godfrey Hochbaum, Stephen Kegels and Howard Leventhal, and was subsequently

developed and popularised through the work of Rosenstock and other scholars. Rosenstock (1974) provided the foundational historical account of the model, explaining its development as an approach to understanding why individuals accept or reject health services. The major tenets of the Health Belief Model are perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action and, in later formulations, self-efficacy. Perceived susceptibility concerns an individual's belief about the likelihood of experiencing a particular health problem, while perceived severity refers to the individual's belief concerning the seriousness of the condition and its consequences. Perceived benefits represent the individual's belief that taking a particular health action will reduce the threat, whereas perceived barriers refer to the anticipated difficulties, costs or obstacles associated with taking that action. Cues to action are internal or external stimuli that prompt an individual to take health-related action, while self-efficacy concerns confidence in one's ability to perform the recommended behaviour.

In relation to the present study, the Health Belief Model provides an appropriate explanation of health-seeking behaviour among residents of oil-producing communities. Residents who believe that exposure to polluted soil can make them susceptible to illness and that such illness can have serious consequences may perceive greater benefits in visiting a hospital or other healthcare facility. However, perceived barriers such as cost, distance, insecurity, waiting time or preference for self-medication may discourage healthcare utilisation. Consequently, the model helps explain how residents' beliefs about environmental health risks can translate into decisions to seek, delay or avoid professional healthcare. The theory therefore provides a behavioural explanation for why environmental exposure may result in different health-seeking responses among residents. It also indicates the importance of health education and community awareness in encouraging early healthcare utilisation.

7. METHODOLOGY

The study adopted a descriptive survey research design. The study was conducted in Akwa Ibom South Senatorial District, also known as Eket Senatorial District, which is a major oil-producing area of Akwa Ibom State. The population of the study comprised 625,240 adult residents of selected oil-producing communities in Akwa Ibom South Senatorial District. A sample of 392 respondents was selected using the simple random sampling technique. Data were collected using a structured questionnaire titled the Environmental Risk and Health-Seeking Behaviour Questionnaire (ERHSBQ). The instrument was validated by experts, and its reliability was established using Cronbach's alpha, which yielded a reliability coefficient

of 0.84. Four hundred copies of the questionnaire were administered, out of which 392 were correctly completed and used for data analysis. Respondents were assured of anonymity and confidentiality. Data were analysed using mean and standard deviation to answer the research questions and simple linear regression to test the hypotheses at the 0.05 level of significance. A criterion mean of 2.50 was adopted. Mean scores of 2.50 and above indicated influence, while scores below 2.50 indicated no influence. For the hypotheses, a p-value below 0.05 resulted in rejection of the null hypothesis.

8. RESULTS

Research Question One

What is the influence of noise pollution on health-seeking behaviour among residents in oil-producing communities in Akwa Ibom South Senatorial District?

Table 1: Mean and Standard Deviation of Influence of Noise Pollution on Health-Seeking Behaviour. (N = 392)

S/N	Items	Mean	SD	Decision
1	Noise from oil production activities has made me more concerned about my health.	2.90	0.83	I
2	I visit a health facility whenever I experience health problems that I believe are caused by excessive noise.	2.99	0.76	I
3	Frequent exposure to loud noise has prompted me to seek medical advice.	2.41	0.90	NI
4	Continuous noise in my community encourages me to pay closer attention to my health condition.	2.95	0.79	I
5	Sleep difficulties caused by environmental noise have influenced my decision to seek healthcare services.	3.07	0.58	I
	Grand Mean	2.86	0.77	I

Note: I = Influence; NI = No Influence.

Source: Field data (2026).

Table 1 shows that four of the five items recorded mean scores above the criterion mean of 2.50. The highest mean score was recorded for sleep difficulties caused by environmental noise ($M = 3.07$, $SD = 0.58$), while frequent exposure to loud noise prompting respondents to seek medical advice recorded a mean of 2.41. The grand mean of 2.86, however, was above the criterion mean of 2.50, indicating that respondents generally agreed that noise pollution influenced their health-seeking behaviour.

Research Question Two

What is the influence of gas flaring on health-seeking behaviour among residents in oil-producing communities in Akwa Ibom South Senatorial District?

Table 2: Mean and Standard Deviation of Influence of Gas Flaring on Health-Seeking Behaviour. (N = 392)

S/N	Items	Mean	SD	Decision
1	I seek hospital care when affected by gas flaring.	3.52	0.82	I
2	I often experience coughing or breathing difficulty due to gas flares.	3.67	0.77	I
3	There is a high rate of respiratory infections in this community.	2.03	0.94	NI
4	Gas flaring causes eye irritation and chest congestion.	2.94	0.80	I
5	I only seek health care as a result of gas flaring when symptoms become worst.	2.41	0.67	NI
	Grand Mean	2.91	0.80	I

Note: I = Influence; NI = No Influence.

Source: Field data (2026).

Table 2 indicates that items 1, 2 and 4 recorded mean scores above the criterion mean of 2.50, while items 3 and 5 were below the criterion mean. The highest mean was recorded for coughing or breathing difficulty due to gas flares ($M = 3.67$, $SD = 0.77$), followed by seeking hospital care when affected by gas flaring ($M = 3.52$, $SD = 0.82$). The grand mean of 2.91 exceeded the criterion mean of 2.50, indicating that respondents generally agreed that gas flaring influenced their health-seeking behaviour.

9. TEST OF HYPOTHESES

Hypothesis One

H_{01} : There is no significant influence of noise pollution on health-seeking behaviour among residents in oil-producing communities in Akwa Ibom South Senatorial District.

Table 3: Regression Analysis of the Influence of Noise Pollution on Health-Seeking Behaviour.

Model	Sum of Squares	df	Mean Square	F-cal	Sig.	Decision
Regression	15.362	1	15.024	10.265	0.001	H_0 Rejected
Residual	131.678	390	0.446			
Total	147.041	391				

Source: Field data (2026).

The result in Table 3 shows an F-value of 10.265 with a significance value of 0.001. Since the p-value is less than the 0.05 level of significance, the null hypothesis was rejected. Therefore, there is a statistically significant influence of noise pollution on health-seeking behaviour among residents in oil-producing communities in Akwa Ibom South Senatorial District. The regression appendix further reports $R = 0.720$ and $R^2 = 0.518$, indicating that the model accounted for approximately 51.8% of the variance in health-seeking behaviour in the reported regression output.

Hypothesis Two

H₀₂: There is no significant influence of gas flaring on health-seeking behaviour among residents in oil-producing communities in Akwa Ibom South Senatorial District.

Table 4: Regression Analysis of the Influence of Gas Flaring on Health-Seeking Behaviour.

Model	Sum of Squares	df	Mean Square	F-cal	Sig.	Decision
Regression	31.456	1	31.456	107.024	0.000	H ₀ Rejected
Residual	35.256	390	0.294			
Total	66.712	391				

Source: Field data (2026).

Table 4 shows an F-value of 107.024 with a significance value of 0.000. Since the p-value is less than the 0.05 level of significance, the null hypothesis was rejected. Therefore, gas flaring significantly influences health-seeking behaviour among residents in oil-producing communities in Akwa Ibom South Senatorial District. The regression appendix reports $R = 0.685$ and $R^2 = 0.469$, indicating that gas flaring accounted for approximately 46.9% of the variance in health-seeking behaviour in the reported regression model.

10. FINDINGS

The study revealed the following findings:

- Noise pollution significantly influenced health-seeking behaviour among residents in oil-producing communities in Akwa Ibom South Senatorial District. The descriptive result produced a grand mean of 2.86, while regression analysis produced $F = 10.265$ and $p = 0.001$.
- Gas flaring significantly influenced health-seeking behaviour among residents in oil-producing communities in Akwa Ibom South Senatorial District. The descriptive result produced a grand mean of 2.91, while regression analysis produced $F = 107.024$ and $p < 0.001$.

11. DISCUSSION OF FINDINGS

Noise Pollution and Health-Seeking Behaviour among Residents

The finding revealed that noise pollution significantly influenced health-seeking behaviour among residents of oil-producing communities in Akwa Ibom South Senatorial District. The grand mean of 2.86 indicated that respondents generally agreed that noise pollution influenced their health-related decisions. The regression result further confirmed a statistically significant influence, leading to rejection of the null hypothesis. The finding may be explained by the persistent exposure of residents to industrial noise associated with oil exploration, heavy machinery, transportation and other petroleum-related activities. Continuous exposure to environmental noise can produce health problems such as headaches, sleep disturbance, stress, anxiety and hearing-related difficulties. When such conditions become noticeable, affected residents may be more likely to seek medical attention for diagnosis and treatment. The study's discussion therefore suggests that increased exposure to environmental noise is associated with increased health-seeking actions among affected residents.

The finding is consistent with Okokon and George (2022), who reported that environmental pollution in oil-producing communities of the Niger Delta was associated with health problems, including stress, sleep disorders and hearing-related ailments. The present finding is also consistent with Basner et al. (2024), who reported that environmental noise exposure contributes to adverse health outcomes, including cardiovascular problems, sleep disorders and psychological distress, with affected individuals frequently utilising healthcare services. The finding also agrees with Akinnubi (2020) and Byaello (2023), whose studies identified significant health challenges associated with environmental noise exposure. Akinnubi reported stress, sleep disorders, headaches and reduced concentration, while Byaello found increased stress, sleep disruption, psychological discomfort and reduced quality of life among residents exposed to higher noise levels.

The finding can also be explained using the Health Belief Model, which proposes that individuals' perceptions of susceptibility and severity influence their decisions to take health-related action. When residents perceive noise-related symptoms as serious or threatening, they may become more likely to seek professional medical attention. However, socioeconomic and accessibility barriers may still determine whether such intentions translate into actual healthcare utilisation.

Gas Flaring and Health-Seeking Behaviour among Residents

The study also found that gas flaring significantly influenced health-seeking behaviour among residents in oil-producing communities in Akwa Ibom South Senatorial District. The grand mean of 2.91 was above the criterion mean of 2.50, indicating general agreement that gas flaring influenced respondents' health-seeking behaviour. The regression result, $F = 107.024$, $p < 0.001$, provided further evidence that the influence was statistically significant. The finding may be attributed to the direct exposure of residents to pollutants emitted during gas flaring. According to the study, gas flaring releases harmful substances including carbon monoxide, sulphur dioxide, nitrogen oxides, particulate matter and volatile organic compounds. Exposure to these pollutants may contribute to respiratory illnesses, eye irritation, skin disorders, cardiovascular problems, headaches and other health complications. As residents experience such problems, they may become more conscious of their health and seek medical attention.

The finding is consistent with Osuoha and Fakutiju (2021), who reported that gas flaring in the Niger Delta contributes to environmental degradation and adverse human health outcomes. Residents living close to gas-flaring sites were reported to experience respiratory illnesses, eye problems, skin irritation and other health conditions, resulting in increased healthcare utilisation. The finding also agrees with Okoroafor and Ezeoha (2025), who reported that communities exposed to gas flaring experienced higher incidences of respiratory diseases, asthma, chronic cough and eye irritation. These health problems prompted affected residents to seek medical care more frequently. Jato et al. (2024) similarly found that prolonged exposure to gas flaring among residents of oil-producing communities in Bayelsa State had measurable biological and health effects. The affected individuals reported increased visits to healthcare facilities, although financial limitations sometimes delayed treatment.

The finding is further supported by the Health Belief Model because residents who perceive gas-flaring exposure as a serious threat and recognise symptoms such as coughing, breathing difficulty or eye irritation may perceive greater susceptibility and severity, thereby increasing their likelihood of seeking healthcare. Nevertheless, financial and accessibility barriers can affect the timing and type of healthcare sought.

12. CONCLUSION

This study examined the influence of environmental risks on health-seeking behaviour among residents of oil-producing communities in Akwa Ibom South Senatorial District, focusing

specifically on noise pollution and gas flaring. The findings demonstrated that both environmental risks significantly influenced health-seeking behaviour. Noise pollution recorded a grand mean of 2.86 and significantly predicted health-seeking behaviour, while gas flaring recorded a grand mean of 2.91 and also significantly predicted health-seeking behaviour. The findings indicate that environmental hazards associated with oil production are not merely ecological concerns but also important public health issues that shape residents' responses to illness and their utilisation of healthcare services.

The study therefore concludes that effective improvement of health outcomes in oil-producing communities requires interventions that address both environmental exposure and access to appropriate healthcare. Reducing industrial noise and gas-flaring emissions, strengthening environmental health education and improving healthcare accessibility are essential components of a comprehensive public health response.

13. RECOMMENDATIONS

Based on the findings of the study, the following recommendations are made:

1. The Akwa Ibom State Government and relevant environmental regulatory agencies should strengthen enforcement of environmental regulations governing industrial noise in oil-producing communities.
2. Oil-producing companies should adopt effective noise-control measures around oil exploration and production facilities and regularly monitor environmental noise levels in host communities.
3. Government agencies and oil-producing companies should intensify efforts to reduce gas flaring and ensure compliance with environmental standards designed to protect residents from harmful emissions.
4. Regular community-based health education programmes should be organised to educate residents about the health effects of environmental noise and gas-flaring exposure and the importance of seeking appropriate medical care when symptoms occur.
5. Primary healthcare facilities in oil-producing communities should be adequately equipped and staffed to respond to pollution-related health conditions, particularly respiratory, hearing, sleep-related and stress-related problems.
6. Mobile healthcare outreach programmes should be strengthened in remote oil-producing communities to reduce barriers associated with distance and limited access to formal healthcare services.

7. Environmental health surveillance should be strengthened in oil-producing communities so that pollution-related health conditions can be identified early and appropriate interventions implemented.

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