

Health Care Seeking Behaviour Among Market Traders In Ibarapa Central Local Government, Nigeria

K Ige, C Nwachukwu

Citation

K Ige, C Nwachukwu. *Health Care Seeking Behaviour Among Market Traders In Ibarapa Central Local Government, Nigeria*. The Internet Journal of Health. 2008 Volume 9 Number 2.

Abstract

This study identifies the health problems of traders and their health seeking behaviours. A descriptive cross-sectional study of all adult traders in Igboora and Idere, Nigeria was done with the use of a questionnaire. A total of 313 traders were interviewed. Age of respondents ranged between 18 and 59 years, most (82.4%) were females. The common health problems were musculoskeletal (55.9%), febrile illnesses (46.6%) and genito- urinary tract problems (3.2%). The treatment options used during last illness were self medication (59%), herbs (23%), rest (13%), others (5%). Factors associated with using health facility when ill include nature of illness (musculoskeletal) ($P=0.009$), encouragement by family ($P=0.004$) and previous education about illness by health worker ($P=0.001$). Those who had been educated about illness were less likely to delay before presentation during subsequent illness ($P=0.001$). There is a need to intensify health education to encourage appropriate health care seeking behaviour.

INTRODUCTION

Health is essential for social and economic development; it is therefore seen as a resource for everyday living and sought after by all. The link between health and human behaviour is a major area of interest in public health. Health seeking behaviours are the activities undertaken by individuals in response to disease symptoms experienced (O'Reilly and Browne, 1997). Studies on health seeking behaviour have shown the numerous influences on an individual's health behaviour. These influences include past experiences with health services, perception about quality and efficiency of health services and influences at the community level (Sule, et al, 2008, Mckian, 2002). The decision to seek help is also influenced by an individual's educational and economic status, the extent to which he is worried about the symptom and duration of experiencing the symptom (Katung 2001, Amaghionyeodiwe, 2008). The choice of the health provider consulted for a symptom is also linked to the perceived cause of the symptom (Ahmed et al, 2001). In a recent survey in a rural community in South –West Nigeria only 44% of respondents utilized health care facilities when ill (Sule, et al, 2008). This belies the possibility of the lofty 'Health for All' goal. It is therefore important to assess health care seeking practises especially in the rural areas of Nigeria and to understand the factors that influence these health seeking behaviours. This study identifies the health

problems of traders as well as their health seeking behaviours; this is to provide information to help develop appropriate health education strategies for behavioural change.

METHODOLOGY

The study was carried out in Igboora and Idere, the two towns that make up Ibarapa Central Local Government in Oyo State, South – Western zone of Nigeria. The study was a descriptive cross-sectional study of market traders in the two towns. A total sampling of all adult traders 18 years and above was done with the use of an interviewer administered semi-structured questionnaire. Information on socio-demographic characteristics, common health problems, preferred treatment options and factors affecting treatment options was collected. Verbal informed consent was obtained from each respondent before questionnaire was administered. Data analysis was done with SPSS version 16 software. Frequencies were generated and Chi-square test was used to check for associations between categorical variables. Level of statistical significance was set at $p<0.05$.

RESULTS

313 traders were interviewed and all responded.

Socio demographic characteristics of respondents

Table 1 shows the socio demographic characteristics of the respondents. Age of respondents ranged between 18 and 59 years, 55(17.6) were males and 125 (39.9%) had no formal education. Majority 183 (58.5%) sold food items and 249(79.6%) were married while others were single, divorced, separated or widowed.

Figure 1

TABLE 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

VARIABLE	N (%)
AGE	
<20	6(1.9)
20-39	175(55.9)
40-49	96 (30.7)
>50	36 (11.5)
SEX	
Male	55(17.6)
Female	258 (82.4)
LEVEL OF EDUCATION	
No formal education	125 (39.9)
Primary	91 (29.1)
Secondary	86 (27.5)
Tertiary	11 (3.5)
TYPE OF ITEM SOLD	
Provisions	25 (8.0)
Food stuff	183 (58.5)
Clothes	66 (21.1)
Accessories	35 (11.2)
Electrical appliances	4 (1.3)
MARITAL STATUS	
Single	35(11.2)
Married	249 (79.6)
Co-habiting	4 (1.3)
Separated	3 (1.0)
Divorced	1 (0.3)
Widowed	21 (6.7)

DISCUSSION

COMMON HEALTH PROBLEMS

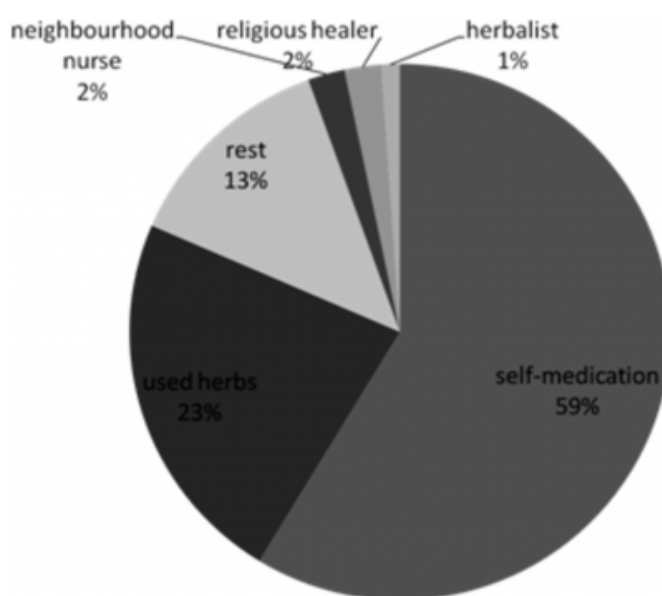
The common health problems in the last six months reported by the traders were musculoskeletal problems 175 (55.9%), febrile illnesses 146 (46.6%) and genito- urinary tract problems 10 (3.2%).

Treatment option used during last illness

Figure 1 shows the treatment options utilized by the traders during last illness .Self medication (59%),was the most used option and consultation of a herbalist (1%) was the least used.

Figure 2

Figure 1: Treatment option used during last illness

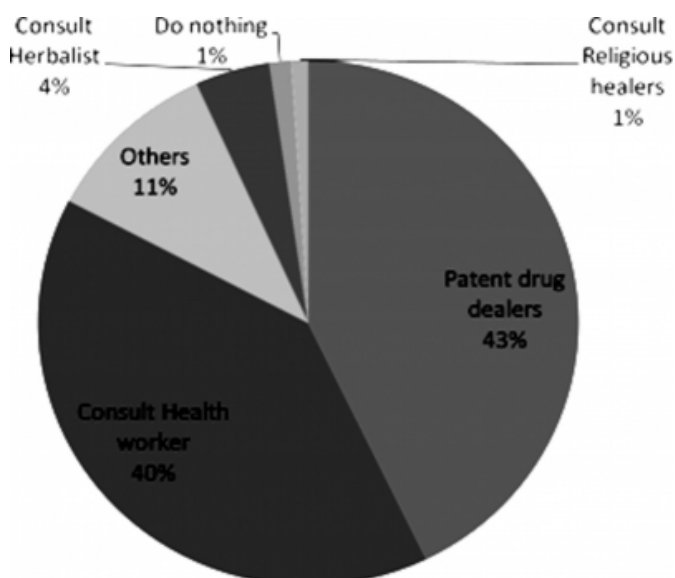


Preferred treatment option when ill

Figure 2 shows the preferred treatment options when ill with patent drug dealer being the most often reported (43%), followed by consultation of health workers (40%).

Figure 3

Fig 2: Preferred treatment option when ill



Factors associated with lack of utilization of orthodox treatment

The reasons stated as discouraging most traders from visiting the hospital is the belief that an illness could not be cured by orthodox medicine 77 (24.6%), followed by unfriendly health workers and delays in service 75 (24.0%) and 69

(22.0%) respectively.

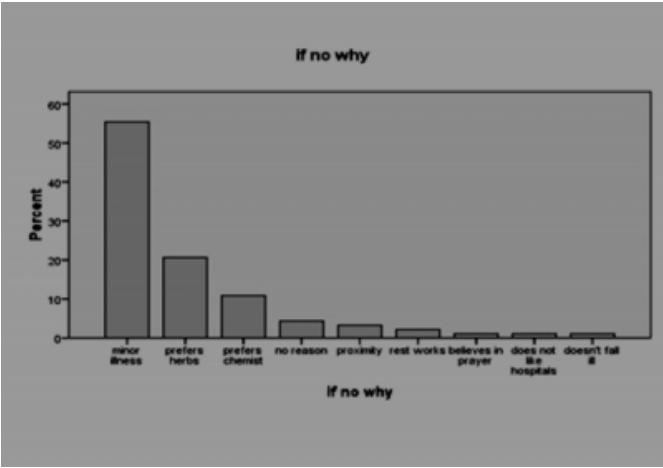
More of those who had musculoskeletal problems in the last six months preferred orthodox medicine for treatment ($P=0.009$). Majority of those who had febrile illnesses, urinary tract infections and chronic illnesses such as hypertension preferred orthodox medicine this however was not significant ($p>0.05$) Encouragement by family was significantly associated with utilisation of health facility when ill ($P=0.004$). Previous education about illness by health worker was also significantly associated with subsequent utilisation of health facility ($P=0.001$). Those who had been educated about illness were less likely to delay before presentation when next they fell ill ($P=0.001$)

Reasons for choosing alternative treatment

The reasons for using alternative treatment options include a belief that the illness was minor 51(55.4% of respondents), a preference for herbal remedies 18(20.7%), a belief in prayer, a dislike for hospitals and distance to the hospital constituting 7(8.8%) of respondents, with 4 (4.3%) of respondents having no reason.

Figure 4

FIGURE3: REASONS FOR CHOOSING ALTERNATIVE TREATMENT



Source of advice on treatment option

Advice on which treatment option to utilise when ill was received from: health workers (42%), family members (29%), media (21%) and friends (8%).

Advice to others

When giving advice to others on choice of healthcare, 244 (78.0%) traders advised hospital care, 37 (11.8%) advised herbal remedies, 30 (9.6%) advised self-medication and 1

(0.3%) each advised prayer and ensuring good hygiene.

DISCUSSION

The commonest ailments affecting Ibarapa Central Local Government market traders are musculoskeletal problems which includes back ache and joint pains. This was followed by febrile illnesses such as typhoid fever and malaria. This is similar to the findings from a previous study done in Ibadan, Nigeria. (Owoaje and Balogun, 2007)

Similar to a study conducted in Ile-Ife, Nigeria which noted that majority of the respondents relied on self-medication, respondents in this study reported that self medication, herbal concoctions and rest were the treatment options used during last illness. From this study, it was discovered that the preferred treatment option when ill was consultation of patent drug dealers followed by consultation of health workers when ill. This is a source of concern as these patent drug dealers are often untrained and help to perpetrate the vicious circle of counterfeit drugs and death. Similar findings have also been reported by another study done in the Eastern part of the country (Uzochukwu et al, 2007). A belief that illness could not be cured by orthodox medicine, unfriendly health workers and delays in service were factors found to be associated with lack of utilization of available health facilities. This varies from findings from another rural study on PHC utilization in southwest Nigeria which revealed that poor education about when to seek care, poverty, perceived high cost of PHC services, lack of drugs and basic laboratory services, and a regular physician on site at the facility were identified as the barriers to utilisation.(Sule et al, 2002) Encouragement by family and previous education about illness by health worker were significant factors affecting utilization as shown by this work. This further corroborates the fact that the influence of significant persons at the community level act as reinforcing factors in health behaviour (Mckian, 2002).

CONCLUSION

In spite of the available health facilities in these communities, there is still poor utilization due to various reasons shown by this study. There is an urgent need to intensify health education particularly about the aetiology of disease, dangers of self medication and patronage of patent drug dealers. More emphasis should be laid on the behavioural antecedents of health behaviours such as predisposing, enabling and reinforcing factors in behaviour change communication.

ACKNOWLEDGMENTS

We would like to acknowledge the medical students who helped to collect the data for this study for their efforts.

Adeniran A.O, Ajogbasile O.O, Aromolaran A.O, Bolaji P.O, Idowu N.A, Ogunde A.O, Okonkwo L.N, Olayode S.A, Olufajo A.O, Oyenuga A.O and Yusuf L.I.

References

1. Ahmed S, Sobhan F, Islam A, Barkat-e-Khuda. Neonatal morbidity and care-seeking behaviour in rural Bangladesh .Journal of Tropical Paediatrics April 2001 47(2). 98-105
2. Amaghionyeodiwe LA. Determinants of the choice of health care provider in Nigeria. Health Care Management Science 2008 Sep;11(3):215-27.
3. Katung PY. Socio-economic factors responsible for poor utilisation of the primary health care services in a rural community in Nigeria. Niger J Med. 2001 Jan-Mar;10(1):28-9.
4. MacKian, S (2002) Complex cultures: rereading the story between health and social Capital: Critical Social Policy
5. Onwujekwe OE, Uzochukwu BC. Socio-economic differences and health seeking behaviour for the diagnosis and treatment of malaria. Malaria Journal. 2008 Jan 8;7:5
6. Owoaje ET, Balogun MO: A study on the common health problems of market women. African Journal of Medicine and Medical Sciences. 2007 Mar; 36(1):57-63
7. Sule SS, Ijadunola KT, Onayade AA, Fatusi AO, Soetan RO, Connell FA. A study on the utilization of primary health care facilities in a rural community, Nigerian journal of medicine 2008 Jan-Mar; vol 17 (1) :98-106

Author Information

Kehinde O. Ige, MBBS

Department of Community Medicine, University College Hospital, Ibadan, Nigeria

Cynthia C. Nwachukwu, MBBS

Department of Community Medicine, University College Hospital, Ibadan , Nigeria