

# An Assessment of the Health Seeking Behaviour of Market Traders in Dekina Local Government Area of Kogi State

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**Abstract:** This study was undertaken to ascertain the health seeking behaviour of market traders in DeKINA local government area of Kogi state-Nigeria. The study has noted that the health seeking behaviour of the traders is influenced by several factors such as availability of money, nearness of the health establishment, attitude of the health personnel and cultural factors. The study has shown that the traders seek medical care through self-medication, patronage of traditional herbalists and patent medicine vendors. The study has observed that all these health seeking behaviours have potential consequences and has therefore recommended that the level of health care in the rural areas be raised to the existing level in urban centres. All tiers of government should carryout poverty alleviation programmes in the rural areas to remove the barriers that inhibit people's access to health care services. The study has also recommended that awareness campaigns should be carried out to enlighten the people, especially the rural dwellers, on the dangers associated with self-medication and the patronage of traditional medical providers.

**Keywords:** Assessment; Health seeking; Behaviour; Dekina.

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## 1. INTRODUCTION

Health is a vital element in the development of any individual, community or country. All nations of the world seek for the good health of its citizens because it is an essential resource for everyday living. It is when people are healthy that they can contribute meaningfully to economic growth and development. A healthy population is, without doubt, a productive population and a productive population ultimately brings about improvements in the economy. Improvement in the health sector enhances expansion in agriculture; it paves way for the demographic transition that is essential for economic progress (WHO, 2002). It also lessens the pressure on households to borrow or use up savings during times of illness.

Due to the importance of health, sociologists and especially public health practitioners have shown keen interests in establishing the link between health and human behaviour. Dayani, Luciana, Graziela and Silvana (2009) have defined health seeking behaviours as the activities individuals undertake as a response to disease symptoms. It is a sequence of remedial actions individuals undertake to rectify perceived ill-health. Health seeking behaviour includes all behaviours associated with establishing and maintaining a healthy physical and mental state (Andersen, 1995). It also includes behaviours that deal with any digression from the healthy state such as controlling and reducing impact and progression of an illne.

Health seeking behaviour has evolved with time. Today it has become a tool for understanding how people engage with the health care systems in their respective socio-cultural, economic and demographic circumstances. A study by McKian (2002) has shown that past experiences with health services greatly influence people's health seeking behaviour. Similarly, studies by Katung(2001) and Amaghionyeodiwe (2008) have also shown that individuals' decisions to seek health care is determined by the people's economic and educational status.

Majority of the population of Nigeria lives in the rural areas where agriculture is the mainstay. Nigerian rural areas are the most neglected and its people the most deprived with regard to the provision of modern health care services. The rural

communities generally lack the basic infrastructural facilities for the maintenance and promotion of good health. This has forced many people to develop various forms of health seeking behaviours. This paper therefore seeks to assess the health seeking behaviour of market traders in Dekina local government area-Kogi state.

## 2. METHODOLOGY

The study was conducted in Dekina and Anyigba markets. Dekina market is located in Dekina town which is the headquarters of Dekina local government and by statute an urban centre. Anyigba on the other hand is a fast growing peri-urban town where the state owned university-Kogi State university- is located. Anyigba is central to all the Igala speaking people who are incidentally the majority ethnic group in Kogi state. Due to its centrality and the presence of the state university, it has become a melting point of ethnic groups. Dekina and Anyigba markets have dual statuses. They both operate as periodic and as daily markets. All of them operate on a 4 day market intervals. In spite of government regulations and demographic considerations, Dekina and Anyigba can still be classified as rural because of the nature of industrial activities that go on there and their level of exposure to the outside world.

The study adopted descriptive cross-sectional approach. It covered all adult traders of 18 years and above across gender and generation with the use of self-administered semi-structured questionnaire. Three hundred (300) copies of questionnaires were designed and self-administered. One hundred and sixty (160) copies of the questionnaires were administered to traders in Anyigba market while 140 copies were administered to traders in Dekina market. More copies of the questionnaire were administered in Anyigba market because it is bigger than Dekina market in terms of business activity. Moreover, its centrality attracts more traders and buyers from within and from without the local government area. The semi-structured questionnaire provided the opportunity to obtain information on the common health problems, treatment options and on the factors influencing treatment options.

## 3. RESULTS AND DISCUSSION

The information obtained will be presented and discussed under the following headings; socio-demographic characteristic of the traders, the common health problems they experience, their treatment options, and the factors that influence their choice of a particular health establishment.

### SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS:

Table 1: Sex distribution of market traders

Gender	Frequency	Percent
Male	128	42.67
Female	172	57.33
Total	300	100
Age category	Frequency	Percent
18-27	48	16
28-37	68	22.66
38-47	107	35.67
48-57	77	25.67
Total	300	100
Gender	Frequency	Percent
Married	238	79.33
Single	47	15.67
Divorce/widow/separated	15	5
Total	300	100
Educational level	Frequency	Percentage
No formal education	35	11.67
Primary education	97	32.33
Secondary education	163	54.33
Tertiary education	5	1.67
Total	300	100

Field survey, 2017

Table 1 presents the socio-demographic characteristics of respondents. The table shows that 172 (57.33%) of the traders were female while 128 (42.67%) of them were males. In terms of age, 77(25.67%) of the traders were between 48-57 years while the majority of them 107(35.67%) were between the age bracket of 38-47. Forty eight (16%) and 68(22.66%) of the traders were in the age brackets of 18-27 and 28-37 respectively. This population composition implies that the traders were old enough to take independent decisions as to where and when to seek for medical assistance.

With regard to sex, more than half (172 or 57.33%) of the traders were female while 28 (42.67%) were male. The disparity between the women and men is due to the fact that rural women in Nigeria are generally more involved in processing and sale of products.

On the basis of education, 35 (11.67%) of the traders had no formal education while 97 (32.33%) had primary education. Majority of the traders- 163 (54.33%) had secondary education. Five or 1.67% of the traders even had tertiary education. This clearly shows that more than three quarters of the traders were literate enough to take independent decisions concerning their health.

**Common health problems:**

The illnesses the traders identified to be common amongst them were yellow/malaria fever, typhoid, waist/back/joint pains, head ache and cough/catarrh. Of these, waist/back/ joint pains which accounted for 40.33% were the most common and were followed by cough/catarrh with 24%. The reason for waist/back/ joint pains being the most common disease could be because of the long hours of sitting in one place. Most of the items sold by the traders require sitting by and around them. The traders often sit in the open or make-shift sheds and this exposes them to the direct effect of the sun, wind and other hazards. This could be the cause of the frequent attack by cough and catarrh. The third most common illness the traders identified was typhoid fever. Dekina and Anyigba towns have no functional public water supply system. Water is generally obtained from water hawkers popularly called ‘mairuwa’ the source of which one is never always certain. This explains the prevalence of typhoid fever in the study area (see table 2)

**Table 2: Distribution of common health problems**

Common illnesses	No of respondents	Percentage
Yellow/malaria fever	27	9
Head ache	17	5.67
Typhoid	63	21
Waist/back/joint pains	121	40.33
Cough/catarrh	72	24
Total	300	100

Field survey 2017

**Treatment Options:**

With regards to treatment options, 97 (32.33%) said they go for self-medication through the use of herbs while 85 (28.33%) said they visit patent medicine dealers. Eighty three (27.67%) traders said they go to the traditional healers and only 35 or 11.67% said they visit orthodox medical establishments.

**Table 3 showing treatment options**

Treatment options	No of respondents	Percentage
Hospital	35	11.67
Self-medication	97	32.33
Patent medicine dealers	85	28.33
Traditional healers	83	27.67
Total	300	100

Field survey 2017

All the traders were in a common agreement that treatment options of any ailment is contingent on the type of ailment, availability of money, age of the person and the severity of the sickness. For instance, all the traders that said they engage

in self-medication and/or patronize patent medicine dealers. But it should be pointed out that the patronage given to patent medicine dealers has its negative consequences. For instance, the dealers of patent medicine stores are not properly trained in the art of drug administration. Moreover, the drugs peddled by these patent medicine vendors are often fake and adulterated. Therefore, patronizing them could have hazardous implications. This group of traders also indicated that they engage in self-medication and /or patronize patent medicine dealers because of their inability to afford the cost of orthodox medical care. This means that financial constraint has been influencing the health seeking behaviour of this group of traders.

However, those who said they go to the traditional healers indicated that many illnesses are caused by witches and wizards and that victim must first be taken to fortune tellers for consultation and healing process. They further indicated that it is only when the victim visits a 'powerful shrine' where the case is pleaded with the gods through a powerful diviner that the causal person could be identified and treatment instituted. But it should be noted that this shrine consultation often delays appropriate treatment thus resulting to serious complications

Even the group of traders who indicated that they seek medical care from orthodox medical establishments said their behaviour is always influenced by certain factors such as affordability of the cost, quality of service and the attitude of staff of the medical institutions. This implies that a medical establishment may not have high patronage if the cost of attaining treatment is beyond the reach of the people. It also implies that if patients spend so many hours in a medical establishment before they are attended to, and the staff attitude is also not friendly, such establishment(s) will not have high patronage. This group of traders particularly indicated that they visit orthodox medical centres because in Dekina and Anyigba-their areas of residence- both public and private orthodox medical establishments abound. This implies that patronage of orthodox medical care is significantly influenced by the closeness of the establishment to the people.

#### **4. CONCLUSION AND RECOMMENDATIONS**

No society nor its people can develop if its members are not healthy because health and development influence each other. In Nigeria, especially rural Nigeria, most of the public hospitals and health care facilities are not functioning optimally because of lack of adequate human resource, drugs, equipment and facilities. This sorry state of medical facilities has continued to discourage people, especially the rural dwellers, from patronizing them as they have continued to present challenges to the people in terms access to affordable and reliable health care services. This situation has thus propelled many people to engage in various forms of health seeking behaviours. This study has shown that the most common health seeking behaviours by the market traders were self-medication, patronage of traditional herbalists and patent medicine vendors.

Studies by Afolabi (2008); Uzochukwu and Onwujekwe (2004), Ayanwale, Okafor and Odukoya(2017) have affirmed that in rural Nigeria, self-medication is a common practice and that 60-80% of health problems are treated by self-medication. In our context, many of the traders agreed that they engaged in self-medication, albeit ignorant of any knowledge of their ailment or the consequences of using the drugs. But experts have posited that self-medication has potential risks such as incorrect self-diagnosis, delays in seeking medical advice, incorrect manner of administration and incorrect dosage. It is therefore recommended that the level of health care in rural communities in Nigeria should be raised to the existing level in urban centres. Both the federal, state and local governments should consciously and honestly too carryout poverty alleviation programmes in the rural areas so as to remove the barriers that impinge on the rural people's ability to access health care services. This, it is hoped, will reduce the rural people's appetite for traditional medicines.

In Nigeria, many people depend on or combine herbal medicines with orthodox medicines. Although scholars like Metiboba (2014) have attested to the efficacy and helpfulness of herbal medicines, studies have also shown that the use of herbal medicines can result in reduced or enhanced effects of the medicines including potential side effects. In Nigeria, most herbal medicines do not carry traditional herbal registration markings (THR). Traditional herbal registration markings provide information about how and when to use a particular medicine. The absence of THR means that the medicines do not comply with quality standards relating to safety. It is therefore recommended that awareness campaigns should be carried out to educate the people who take herbal medicines or combine herbal medicines with orthodox medicines that just like the conventional medicines, herbal medicines can be potentially harmful. In fact, people who take herbal medicines should first seek the advice of a medical doctor before taking a herbal medicine.

As already state, most of the public hospitals and health care facilities in Nigeria are not functioning optimally. This situation has placed patent medicine vendors as alternative health care providers. Indeed, patent medicine vendors have

been relieving much of the pressure on the health care system by providing some basic form of health care services to the people. The study has shown that many of the market traders sought curative medical care from patent medicine vendors.

However, a study by News Bureau (2009) revealed that most of the patent medicine vendors in Nigeria have little training in drug dispensation. Much of their knowledge is acquired through apprenticeship (Okeke and Uzochukwu, 2009). Literature is replete with assertions that most of the patent medicine vendors in Nigeria dispense drugs based on clients' demand. This can lead to drug abuse, misuse, and wrong dosage. Moreover, various surveys and studies conducted by the National Agency for Food, Drug Administration and Control (NAFDAC) have shown that much of the drugs peddled by patent medicine vendors are fake and adulterated. It therefore recommended that there should be adequate control and monitoring of the drug industry in Nigeria by NAFDAC and other sister agencies. The general public should be enlightened on the need to make right choices regarding the type of illnesses to take to the various health care providers.

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