

Appraisal of Healthcare-seeking Behavior and Prevalence of Workplace Injury among Artisans in Automobile Site in Abakaliki, Southeast Nigeria

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Abstract

Background: Healthcare-seeking behavior is a decision-making process governed by an individual's conduct, community norms, and expectations, as well as provider-related characteristics and manners. This study determined factors associated with healthcare seeking behavior of automobile artisans in Abakaliki. **Materials and Methods:** A descriptive cross-sectional survey of 380 artisans was carried out. Respondents were selected using multi-stage sampling method and semi-structured interviewer administered pretested questionnaire was used to gather information. Data were analyzed using SPSS software, and the Chi-squared test was used to test for association at 5% level of significance. **Results:** The mean age of the artisans was 31.3 ± 10.3 years, and the mean monthly income was N15277. Less than half of the respondents (47.7%) sought medical care in pharmacy/patient medicine stores. A significant association was found between distance to the facility for medical care and period of delay before seeking care ($P = 0.01$). Bruises (45.3%) and cuts (32.3%) were the most prevalent injuries sustained in the preceding 12 months. A significantly high proportion of those who had bruises and cuts traveled >6 km to seek care and less than half of the respondents (47.6%) who reside within 5 km radius to place of medical care patronized pharmacy/patient medicine shops. However, higher proportion of those with cuts (52.0%) and burns (62.5%) compared to other types of injury went to the hospitals no matter the distance. **Conclusions:** The artisans have poor health-seeking behavior and majority sought medical care in pharmacy/patient medicine shops rather than hospitals. However, a significant proportion of those with injuries used hospitals regardless of the distance. It is, therefore, imperative to establish healthcare facilities within 5 km radius from where they live and work.

Keywords: Abakaliki, artisans, automobile, healthcare, injuries, prevalence, seeking behavior

INTRODUCTION

The study of human behavior is an art and dealing with solving its problem is science. One of the dynamics of human behavior is how they react in case of sickness. Healthcare-seeking behavior is defined as any action undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy.¹ Healthcare-seeking behavior is preceded by a decision-making process that is further governed by individuals and/or household department, community norms, and expectations as well as provider-related characteristics and conduct.¹ For this reason, the nature of healthcare-seeking is not homogeneous depending on cognitive and noncognitive factors that call for a contextual analysis of care-seeking behavior. The context

may be a factor of cognition or awareness, sociocultural as well as economic factors.²

The determinants of healthcare-seeking behavior can be described as the status of women (cultural), age and sex (biological), household resources (socioeconomic), costs of care (economic), distance and physical access (geographical), perceived quality (organizational), and quality of drugs. Understanding these determinants of healthcare, demand

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How to cite this article: Azuogu BN, Eze NC, Azuogu VC, Onah CK, Ossai EN, Agu AP. Appraisal of healthcare-seeking behavior and prevalence of workplace injury among artisans in automobile site in Abakaliki, Southeast Nigeria. *Niger Med J* 2018;59:45-9.

Access this article online

Quick Response Code:



Website:
www.nigeriamedj.com

DOI:
10.4103/nmj.NMJ_110_18

provides a basis on which governments can reform health policy.^{3,4} This study determined healthcare-seeking behavior of artisans in mechanic Site, Abakaliki, Nigeria.

MATERIALS AND METHODS

This was a descriptive cross-sectional study carried out among Artisans in Abakaliki. Popular artisan groups include auto mechanics, electricians, welders, fashion designers, carpenters, and painters. The artisans exist in associations of groups with a common interest, the basis on which they could also protect and promote their health and welfare, and each group has an average of 200 registered members. The various of artisans have monthly meetings during which registered members pay varying amounts of money as monthly dues and levies. Only artisans registered with their association who gave consent were studied.

A minimum sample size of 380 was obtained using the Leslie Fischer's formula: $n = Z^2pq/d^2$, with confidence interval set at 95%, normal deviate $Z = 1.96$ and $d = 0.05$. Multistage sampling technique was adopted, and a proportionate number of questionnaires were allocated to each stratified group based on their total number. During their monthly meetings, the attendance list was used as a sampling frame and the systematic random method was used to select participants with sampling interval of three until total number of questionnaires allocated to that group was exhausted.

Research instruments were semi-structured interviewer-administered pretested questionnaires. The study variables include sociodemographic characteristics and healthcare-seeking behavior. Three-trained research assistants were engaged for data collection. The questionnaires were translated into the local language and back-translated in English for ease of clarity of its content. Ethical approval was obtained from the Federal Teaching Hospital, Abakaliki, Nigeria, whereas written informed consent was obtained from the individual participants. Data obtained were validated by double entry and random checks and analyzed using the SPSS software version 22 (IBM Corporation, Armonk, New York, USA). Frequency tables were generated and relevant summary statistics computed. The Chi-squared test of association was used at significance level of $P < 0.05$.

RESULTS

Table 1 shows that the mean age of the artisans was 31.3 ± 10.3 years, with the mean income of N15277. In Table 2, less than half of the respondents (47.7%) sought medical care in pharmacy shops or patent medicine stores. A large proportion of the respondents (12.7%) delayed for >7 days before seeking medical care. The main reason for the delay in seeking treatment as reported by 49.5% was the belief that the illness was minor and that they would get over it without treatment, whereas 26.6% of the respondents delayed because of lack of money for the treatment. A significantly high proportion of respondents (55.0%) used their savings to settle medical bills. Table 3 shows

Table 1: Socioeconomic characteristics of respondents (n=380)

Variables	Frequency, n (%)
Age group (years)	
15-25	38 (10)
26-35	128 (33.7)
36-45	112 (29.5)
>45	102 (26.8)
Mean±SD	31.3±10.3
Gender	
Male	292 (76.8)
Female	88 (23.2)
Marital status	
Single	101 (26.6)
Married	279 (73.4)
Educational status	
No formal education	10 (2.6)
Primary	39 (10.3)
Secondary	260 (68.4)
Tertiary	71 (18.7)
Artisan group	
Auto mechanic	133 (35)
Electrician	53 (13.9)
Welder	27 (7.1)
Painter	24 (6.3)
Carpenter	81 (21.3)
Fashion designer	48 (12.6)
Others	39 (10.2)
Income per month (Naira)	
<15,000	163 (42.9)
15,000-24,999	111 (29.2)
25,000-34,999	44 (11.6)
35,000-44,999	35 (9.2)
50,000 and above	27 (7.1)
Mean income	15,277

SD – Standard deviation

that 45.3% and 32.3% of the respondents sustained bruises and cuts, respectively, in the past 12 months. Table 4 shows that there is a statistically significant association between monthly income and preferred place of care ($P = 0.03$). Furthermore, a significant relationship was found between distance to the place of seeking care and period of delay before seeking care ($P = 0.01$) and preferred place of care ($P = 0.002$). A significantly high proportion of those who had bruises and cuts in the workplace traveled as far as 6 to 10 km to seek care, and 52.9% of those who had electric shock traveled > 10 km for medical care. Less than half of the respondents (47.6%) who reside or work within 5 km radius to a place of medical care patronized pharmacy shops/patent medicine store. Higher proportion of the low income than that of high-income earners patronized traditional/herbal healers. However, a significantly higher proportion of respondents with cuts (52.0%) and burns 62.5%) than other types of injuries patronized hospitals irrespective of the distance. Table 5 shows that majority (47.1%) of those that

Table 2: Respondents healthcare-seeking behavior (n=380)

Variables	Frequency (%)
Preferred place for healthcare	
Hospitals	162 (42.6)
Traditional/herbal medicine/spiritualist	37 (9.7)
Pharmacy/patent medicine store	181 (47.7)
Visits the hospital whenever ill (n=162)	
Yes	39 (24.1)
No	123 (75.9)
Distance to the place for healthcare (km)	
5 or less	233 (61.3)
6-10	95 (25.0)
>10	52 (13.7)
The delayed time before seeking care (days)	
2	251 (66.1)
5	80 (21.1)
7 or more	49 (12.8)
Reasons for delay in seeking care	
Minor illness/hope to get over illness without treatment	188 (49.5)
Expensive/lack money for the treatment	101 (26.6)
Distance to the place for seeking care	47 (12.3)
Long waiting time at the place for care	23 (6.1)
Others	21 (5.5)
Reasons for choice of place of care	
Quality of care	129 (33.9)
Nearest to a place of residence/work	121 (31.9)
Not expensive	106 (27.9)
Free treatment	13 (3.4)
Others	11 (2.9)
Sources of money for payment of bills	
Savings	209 (55.0)
Sales of belongings	31 (8.2)
Borrowed/assistance from friends	104 (27.3)
Paid in kind	19 (5.0)
Others	17 (4.5)

Table 3: Prevalence of workplace injuries among respondents (in the past 12 months)

Injury	Frequency (%)
Bruises	172 (45.3)
Cuts	123 (32.3)
Burns	24 (6.3)
Electric shock	17 (4.5)
Dislocation/sprain/fracture	16 (4.2)
Others	28 (7.4)

had electric shock preferred the hospital for care while most (43.8%) of those with bone injuries favoured the herbalist.

DISCUSSION

Healthcare-seeking behavior can be influenced by the availability, quality and price of services, as well as social group, health views, residences, and personal features of the

users.^{5,6} In addition, people’s choice of healthcare differs in sociodemographic, socioeconomic, and cultural compositions which affect their healthcare-seeking behavior.⁷

The low level of education of most respondents in this study may be because Abakaliki is inhabited mostly by agrarians with low-socioeconomic index and as such most people instead of going to school ventured into agriculture, petty trading, and roadside mechanic. This resulted to a very low-mean monthly income of ₦15,277 (Nigerian Naira). This finding is at variance with that in Kogi, Nigeria, where a significant proportion of the respondents had postsecondary education with relatively higher mean monthly income.⁸ Although the large proportion of respondents attained low educational level, significantly high proportion had a relatively shorter period of delay before seeking medical care when ill. This finding is in contrast with other findings where a short period of delay before seeking medical care was found among those with higher educational attainment.⁸ Early presentation to a place of medical care is likely to reduce complications arising from such illnesses and also to some extent reduce cost.

Almost half of the respondents delayed seeking medical treatment because they thought that the illness was minor and that they would get over the ailment without treatment while a quarter of respondents delayed because of lack of money for the treatment. Therefore, wider coverage of National Health Insurance Scheme could be an approach to ensure that many Nigerians overcome the challenge of out-of-pocket payment for medical bills. The World Health Organization promotes the principle that whatever system of health financing a country adopts, it should not deter people from seeking and utilizing health services.^{9,10} This then means that payment at the point of service could be eliminated or at least be related to ability to pay.

Majority of the respondents sought medical care in the pharmacy shops and or patent medicine stores when ill. This finding is similar to that found in a study on healthcare-seeking behavior among women in Southeast Nigeria which showed that most respondents sought medical care at patent medicine stores followed by the visit to the government hospitals.¹¹ Patent medicine shops are numerous in our environment and provide quick response to clients without the protocol of opening treatment cards and detailed documentation as obtains in the hospital. This is regarded as quackery in our context and should be prohibited by law. It could make clients prone to polypharmacy, inadequate treatment, and drug resistance.

More than half of the respondents paid for healthcare from their personal savings, whereas a large proportion was able to pay through borrowing from friends. A situation whereby as much as 8.6% of the respondents sold their properties to pay for healthcare should be a cause for worry as most of these properties are likely to be disposed at “give-away” prices. Health Insurance Scheme is, therefore, the most reasonable option for financing healthcare in low- and

Table 4: Test of association with delayed time before seeking care and preferred place of care among the artisans

Variables	Delayed time before seeking care (days)				Preferred place of care			
	2	5	≥7	P	Hospitals	Traditional/herbal	Pharmacy/patent medicine	P
Gender								
Male	65 (22.3)	133 (45.5)	94 (32.2)	0.12	97 (59.9)	25 (65.8)	102 (56.7)	0.23
Female	39 (44.3)	27 (30.7)	22 (25.0)		65 (40.1)	13 (34.2)	78 (43.3)	
Educational level								
Primary or less	26 (53.1)	11 (22.4)	12 (24.5)	0.61	32 (19.8)	19 (50.0)	67 (37.2)	0.06
Secondary	103 (39.6)	79 (30.4)	78 (30.0)		45 (27.8)	13 (34.2)	61 (33.9)	
Tertiary	27 (30.0)	25 (35.2)	17 (23.9)		85 (52.4)	6 (15.8)	52 (28.9)	
Monthly income (Naira)								
<15,000	74 (45.4)	43 (26.4)	46 (28.2)	0.17	23 (14.2)	15 (39.5)	51 (28.3)	0.03
15,000-24,999	47 (42.4)	51 (45.9)	13 (11.7)		34 (20.9)	10 (26.3)	32 (17.8)	
25,000-34,999	18 (40.9)	17 (38.6)	9 (20.5)		35 (21.7)	6 (15.7)	28 (15.6)	
35,000-44,999	15 (42.8)	13 (37.1)	7 (20.0)		29 (17.9)	5 (13.2)	31 (17.2)	
50,000 and above	11 (40.7)	10 (37.0)	6 (22.3)		41 (25.3)	2 (5.3)	38 (21.1)	
Distance to place of seeking care (km)								
5 or less	57 (24.5)	85 (36.5)	91 (39.0)	0.01	73 (31.3)	49 (21.0)	111 (47.6)	0.002
6-10	8 (44.4)	5 (27.8)	5 (27.8)		10 (55.6)	5 (27.8)	3 (16.7)	
>10	9 (42.8)	7 (33.3)	5 (23.8)		12 (57.2)	5 (23.8)	4 (19.0)	

Table 5: Injuries in the work place, distance to, and preferred place of care

Injury types	Distance to a place of care (km)				Preferred place of care			
	≤5	6-10	>10	Total	Hospitals	Traditional/herbal	Pharmacy/patent medicine	Total
Bruises	43 (25.0)	107 (62.2)	22 (12.8)	172	55 (31.9)	23 (13.4)	94 (54.7)	172
Cuts	39 (31.7)	71 (57.7)	13 (10.6)	123	64 (52.0)	11 (8.9)	48 (39.0)	123
Burns	7 (29.2)	9 (37.5)	8 (33.3)	24	15 (62.5)	3 (12.5)	6 (25.0)	24
Electric shock	3 (17.6)	5 (29.4)	9 (52.9)	17	8 (47.1)	4 (23.5)	5 (29.4)	17
Dislocation/sprain/fracture	4 (25.0)	6 (37.5)	6 (37.5)	16	5 (31.2)	7 (43.8)	4 (25.0)	16
Others	11 (39.3)	9 (32.1)	8 (28.6)	28	11 (39.3)	5 (17.9)	12 (42.8)	28

middle-income countries.⁹ The apparently slow pace in the implementation of the scheme will continue to deprive a large number of people access to good healthcare in this part of the world.

A significantly high proportion of those who had bruises and cuts in the workplace traveled as far as 6–10 km to seek medical care and more than half of the artisans who had electric shock traveled >10 km for medical care. Geographical access to a health facility is a serious problem in the studied population with a significantly high proportion of them accessing health facilities farther than 5 km from their workplace. This finding is in consonance with other findings from Ethiopia¹² and Asia.¹³

A higher proportion of the low income than that of high-income earners patronized traditional/herbal healers for the treatment. Monthly income was significantly associated with healthcare-seeking behaviors (preferred place of care). This was corroborated by studies from Congo Republic¹⁴ and Jamaica.¹⁵ The plausible justification could be that the lower income level is linked with inaccessibility and low-level awareness about modern medicine. However, significantly

higher proportion of the respondents with cuts and burns than other types of injury in the workplace patronized hospitals irrespective of the distance from the place of residence or work. This could be due to the severity of the injuries and fear of possible complications that could interfere with the performance of their regular duties. The desire to recover quickly and get back to business could be a motivation to seek appropriate medical care.

CONCLUSIONS

Majority of the artisans patronized pharmacy/patent medicine dealers more than hospitals during illness, and they delayed more than 7 days before seeking medical remedy. Perceived severity of the injury is the most important determinant for visiting a hospital or clinics. Delay in seeking care for health can be costly and dangerous. It is therefore necessary to increase awareness of this problem to the public through health education. Public health facilities should be made more accessible to people to improve utilization, especially among the self-employed and the low-income earners.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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