

Gender and Health Seeking Behavior in Rural Nigeria

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Abstract

The need for positive health seeking behavior among gender cannot be overemphasized in social and economy development. But there seem to have been a gender disparity in health seeking behaviour among rural dwellers perhaps due to finance, social misconception, and area of residence. In view of this, this study investigated the factors that widen the disparity in health seeking behaviour in male and female. The health belief model of Hochbaum, Rosenstock and others was adopted in this study because, it explains the various reactions of people to healthcare. The study adopted a qualitative research design because the data for this study was derived through qualitative method. Six rural areas were randomly selected from Borgu, Tambuwal, Numan, Afikpo, Boluwaduro and Obanliku LGA in each of the six geopolitical zones in Nigeria. One hospital was also selected using a probability sampling technique. Afterwards, 5 persons were selected as the sample for this study. Data was derived through in-depth interview and analysed using ethnographic summary and verbatim quotation. Findings revealed that, that there is gender disparity in health seeking behaviour between male and female and that women tend to display positive health seeking behavior than men. It was also revealed that factors that widen the disparity in health seeking behaviour in male and female are; belief system, income, and residence. Therefore, it was recommended that government and NGOs put in place poverty alleviation programme through skill acquisition programmes and interest free loan for small scale traders to provide the much-needed financial aid that enable rural dwellers access healthcare.

Keywords: Gender, Health Seeking Behavior, Healthcare, Women.

Introduction

Health is a fundamental need of man and to a large extent influences the socio-economic life of humans. Hence, humans strive to take certain actions that decrease their vulnerability to ill health and make them susceptible to good health. These actions referred to as health seeking behaviour also known as help seeking behaviour, prompt individuals to seek medical, physical and spiritual help when symptoms of ill health arise.

In view of this, Pushpalata and Chandrika (2017) defined health-seeking behaviour as series of remedial actions taken to tackle perceived ill health and restore good health. Olenja (2004) stressed that even as this could be an action, it could as well be inaction but, taken significantly by those who perceive themselves to be having a health challenge with the aim of finding appropriate solution to restore good health.

MacKian (2003) gave a more detailed explanation by classifying illness behaviour or sick-term behaviour under health seeking behaviour. Mackian opined that, health seeking behaviour involves the actions taken to maintain good health, prevent ill health and restore good health. According to Atchessi, et al. (2018) and MacKian (2003), this could be influenced by gender, age, employment status, education, income, and place of residence. Other factors however may include; the knowledge of illness prevention and health maintenance, trust in physicians and the presence of chronic conditions, satisfaction and willingness to seek care (Carriere, 2005; Iron, et al., 2003; Nabalamba & Millar, 2007).

One important factor that tends to influence health seeking behaviour generally is the choice of healthcare provider and the trust in the healthcare provider. This trust usually is related to the believe in a healthcare provider for better health outcome and increased satisfaction considering that individuals with chronic conditions and multiple health concerns tend to have positive health seeking behaviour (Zheng, 2015; Thom et al. 2002).

But, there seem to have been a gender disparity in health seeking behaviour among rural dwellers. This possibly is because, in most instances the male gender has been socialized to believe that they are stronger than their female counterpart who are in most cases vulnerable to ill health. Thus, in a bid to display their masculinity, they tend to portray negative health seeking behaviour until their health condition worsens. In the same vein, there seem to be huge disparity in the level of health information among both genders. While this information is assumed to be readily available especially on the internet, most males seem not to have accessed it. This has made them ignorant of necessary measures to prevent and care for health condition.

On the other hand, even when it is assumed that females have positive health seeking behaviour, they may suffer financial constraints in accessing appropriate healthcare than their male counterparts thereby making them vulnerable to worst health conditions. More worrisome is the delay in accessing good and appropriate healthcare and the high rate of mortality that tends to accompany this delay.

In view of this, the study investigated the factors that widen the disparity in health seeking behaviour in male and female. This is at variance with similar studies that investigated the gender disparity in health seeking behaviour and the factors that influence health seeking behaviour.

Literature review

Factors influencing health seeking behavior

Perceived susceptibility: this is one of the factors that influence health seeking behavior. This has to do with the belief regarding the risk in contracting an illness (Hayden 2013). Thus, when one believes he/she is vulnerable, there is likelihood to engage in positive health seeking behavior to reduce his/her vulnerability.

Perceived severity: this has to do with the belief that an individual will suffer worst consequences if actions are not taken to render appropriate healthcare (Hayden, 2013). This belief is shaped by past experiences with the illness, and the health, social and economic consequences of the disease (Rosenstock, et al., 1988).

Perceived threat: this is a combination the perceived susceptibility and the perceived severity of the condition (Orji, et al., 2012). A perceived threat usually encourages prompt positive health seeking behaviour and encourages continuity with care.

Perceived benefits: this has to do with the perceived advantages of adopting and continuing with health behaviour (Hayden, 2013).

Perceived barriers: this had to do with the anticipated barrier to a health seeking behaviour (Hayden, 2013).

Self-efficacy: this is realized when the perceived advantages of a health seek behaviour supersedes the perceived disadvantages of such behaviour (Champion & Skinner, 2008).

Cue to action: cues to action has to do with the information and ideas about the ill health and the sources thereof, whether internal (symptoms, past experiences) or external (health

care workers, friends, relatives, mass media). This may not be linked to perceived threats but it causes the perceived threat to trigger decision-making in health seek behaviour.

Empirical review

Latunji and Akinyemi (2018) investigated the factors influencing health seeking behaviour among civil servants in Ibadan, Nigeria. The study aimed at determining the factors that mostly influence the health seeking behaviour of civil servants. The study adopted a descriptive cross-sectional design using 337 civil servants working in the Federal Secretariat, Ibadan, Nigeria. Data was collected using interview and a semi-structured questionnaire and analysed using Chi-square tests. The study found appropriate health seeking behaviour to be high among lower cadre workers and those with lower levels of education be targeted during policy formulation to improve health seeking behaviour.

Otwombe, et al. (2015) investigated the health seeking behaviours by gender among adolescents in Soweto, South Africa. The study aimed at describing the socio-demographic characteristics and health-seeking behaviours of adolescents in Soweto, South Africa, so as to understand their health needs. The study adopted a cross-sectional survey and derived data using interview. Chi-square was used to analyse the data. Findings revealed that, a quarter of male and female adolescents accessed health services in the 6 months prior to the interview. However, adolescents reported a gap between the availability and the need for general, reproductive and counselling services. Thus, the study recommends integrated adolescent-friendly and school-based health services.

Braimah, et al. (2023) assessed the healthcare seeking behaviour during illness among older adults in Ghana: does food security status matter? The study adopted a multi-stage sampling framework and analyzed using logistic regression technique. The study revealed a statistically significant association between food security status and healthcare seeking behaviors with older people who are food secure (OR = 1.80, $p < 0.01$) and mildly food insecure (OR = 1.89, $p < 0.05$) being more likely to seek healthcare compared with their counterparts who are food insecure.

Moumita, Federica, Krumeich and Schayck (2018) assessed the gendered experience with respect to health-seeking behaviour in an urban slum of Kolkata, India. The study used a referral technique in selecting 66 participants for the study. Data was derived through face-to-face in-depth interviews with a semi-structured questionnaire. Results showed that both men and women utilise formal and informal care, but with different motives and expectations, leading to contrasting health seeking outcomes. This contrast is based on the fact that women prefer longer and socio-cultural therapies while men prefer technological and fast therapies.

Oluwasayo and Adesola (2021) investigated the Relationship between Health Seeking Behaviour and Health Related Quality of Life of Female Market Traders in Ile-Ife, Southwest Nigeria. The study examined the relationship between the health seeking behaviour and health related quality of life of female traders. Cross sectional research design was adopted and questionnaire was used to gather data for the study. Findings revealed that more of the respondents had poor health seeking behaviour (HSB) than those who had good health related quality of life (HRQOL). Therefore, the result showed that health seeking behaviour was positively correlated with the health-related quality of life of female traders.

In a departure from the studies above, this study investigated the factors that widen the disparity in health seeking behaviour in male and female in rural areas in Nigeria. It investigated social, economic, geographical and demographical factors so as to create logical inference on the relationship between gender and health seeking behaviour.

Theoretical framework

The health belief model was used to give a theoretical explanation to the issue under study. This is because; this model explains the various reactions of people to healthcare. This theory was propounded in the 1950s by social psychologists Hochbaum, Rosenstock and others. The theory postulates that, people's health seeking behavior is influenced by their beliefs. This theory has been criticized for not taking into account habitual behaviours that can prompt health seeking behavior. It is also faulted for ascribing the responsibility of health seeking behavior on the individual.

Based on theory, when individual belief that they are susceptible to health problems and their health problem will worsen and perhaps cost them life, they are more likely to exhibit positive health seeking behavior like; seeking preventive measures, appropriate healthcare and proper health management technique unlike when the belief is different. Also, if the belief is against a health seeking behavior, the tendency to adopt such behavior becomes less likely thereby, enforcing one's belief as a determinant to health seeking behaviour.

Research Questions

This study was guided by the following questions. They are:

1. What is the rate of gender disparity in health seeking behaviour?
2. What are the factors that widen the disparity in health seeking behaviour in male and female?
3. How best can positive health seeking behaviour among gender to bridge the gap the gap in health seeking behaviour?

Methodology

Healthcare system is made up of all the sources from which an individual seeks healthcare (Olasehinde & Olaniyan, 2017). In Nigeria, orthodox healthcare services can be accessed through healthcare professionals (HCPs), who have received formal training, or informal drug sellers, popularly known as patent medicine vendors (PMVs) and traditional healers. However, the decision to consult either of the health care and adhere to health care procedures starts before the arrival in a healthcare facility. But, due to the gender disparity that may exist in seeking health care, this study focused on the factors that widen the disparity in health seeking behaviour in male and female.

The study adopted a qualitative research design. This is because the data for this study was derived through qualitative method of data collection technique. Though this research design is time consuming, it enabled the researcher to gather relevant data on the issue under study.

Six rural areas were randomly selected from Borgu, Tambuwal, Numan, Afikpo, Boluwaduro and Obanliku LGA in each of the six geopolitical zones in Nigeria. One hospital; the new Busa General hospital, Tambuwa general hospital, general hospital Numan, general hospital itim-ukwu, boluwaduro hospital and Obanliku general hospital was also selected using a probability sampling technique. Afterwards, 5 persons were selected as the sample for this study from each of the hospitals.

Data was derived through in-depth interview and analyzed using ethnographic summary and verbatim quotation. The population of the interviewee comprised of 10 health personnel and 20 patients. This population comprised of 15 males and 15 females from various age bracket, religious and social group. The research interviewees were selected using a purposively sampling technique so as to effectively sample patients who are strong enough to partake in the interview.

Findings

What is the rate of gender disparity in health seeking behaviour?

All the interviewees stated that there is gender disparity in health seeking behaviour between male and female. One of the patients stated that, “women, na them dey waka. If hospital no get cure, them go church. Church this church that. Nah solution them dey find o. If I tell you how many places my wife don carries me go you go shock.” A health worker also stated that women have a more positive health seeking behaviour than men. He stated, “Though symptoms may vary, women in most cases seek help as soon as symptoms begin.” Another health worker stated that, “while men may ignore symptoms except they are pushed to seek health care by their family members, women tend to respond to health challenges by seeking proper health care. So yes, women tend to display positive health seeking behaviour than men.” Another patient stated that, “men are stubborn and believe they are resistant to ill health. Even when you advise them to seek healthcare, they will prioritize their hustle and making money until they breakdown completely.” Another patient stated, “Women are more conscious of their health basically because they know they are prone to infection.”

What are the factors that widen the disparity in health seeking behaviour in male and female?

All the interviewees admitted that generally, health seeking behaviour in both genders can be influenced by belief system, income, age and residence. A health practitioner added that, "it may be inappropriate to streamline these factors to a particular gender but, aged women are prone to positive health seeking behaviour because they are likely to suffer from age related illness like arthritis and rheumatism than men". A patient added that, "one of the factors that may deter women is poverty. Accessing healthcare has become very expensive and unaffordable for most rural dwellers especially women. This is because, while men can hustle anyhow, anywhere, there is a limit to what women can do". One the patients stated that, "residence and belief system cannot influence health seeking behaviour in both genders except people wey dey go church wey tell them make them no drink medicine or take treatment. But, if them believe say the treatment go work for them and them fit die without am, nobody go tell them" Contrary to this, a health practitioner stated that, "place of residence and belief system can influence health seeking behaviour in both genders. This is because, sometimes you think of the distance between your residence and where you seek healthcare and become discourage except in severe health conditions. Also, people tend to adopt a health seeking behaviour that is believed to me more favourable for their health condition. Take for instance; if I do not trust you and the effectiveness of your treatment, then I have no business seeking your help."

How best can positive health seeking behaviour among gender to bridge the gap the gap in health seeking behaviour?

All the interviewees stated that there is need to alleviate the rate of poverty in rural areas. Three of the patients categorically stated that poverty especially among women should be alleviated through women empowerment programmes. Two health workers suggested that, the government as well as private individual establish well equip health centers in rural areas. A health worker further asserts that, there is need for public awareness through the mass and social media on the need for positive health seeking behaviour, how and where to seek help.

Discussion

The study revealed that there is gender disparity in health seeking behavior in Nigeria as women tend to display positive health seeking behavior than men. While men may not give prompt and appropriate reaction to health challenges perhaps as a result of negligence, women render appropriate and prompt response to health challenges before it deteriorates. They actually do not rely on orthodox care alone but also, on traditional and faith healers especially, when the health challenge persists. By implication, the health challenge is tackled early enough before it worsens. Men also prioritize their economic activities to seeking healthcare basically because of the economic benefits of those activities.

The study reviewed that health seeking behaviour in both genders can be influenced by belief system, income, age and residence. However, while age and poverty was revealed to influence health seeking behavior more in women, residence and belief system was revealed to influence health seeking behaviour in both genders. This is in affirmation with Hayden (2013) which stated that health seeking behavior is influenced by ones belief especially if the perceived advantages of a health seek behaviour supersedes the perceived disadvantages of such behaviour (Champion & Skinner, 2008).

Conclusion

Gender has always been a social construct that influence the behavior of individuals in a society. While weaknesses of whatever kind may not be condoned in men, in women, weakness may be excused as the society has established specific traits for both genders. Having established these traits, individuals have come to imbibe this belief and have overtime, acted based on these beliefs.

In like matter this has also affected the health seeking behavior and the expected behavior of individuals in times of ill health. Basically, men are expected to show masculinity by enduring pain and resisting symptoms. Thus, they most times seek medical care only when their health condition may have deteriorated completely or almost completely.

In most instances, these male patients are left with irreparable health damage and in worst cases, lose their lives. But, women on the other hand tend to seek prompt attention when symptoms arise except, in cases where they lack the financial capability for proper health treatment. This measure usually goes beyond indulging in treatment behavior to preventive behaviours like good nutrition, good supplements and good hygiene.

However, one's belief on how best to achieve good health influences the health seeking behavior, irrespective of gender. This is because, individuals tend to exhibit health seeking behavior that favours them or that they think will favour them in terms of cost and effectiveness. Therefore, it could be asserted that while positive and negative health seeking behavior may be influenced by gender, the health seeking behavior is based on individuals' belief. Thus, it is recommended that;

1. Government and NGOs put in place poverty alleviation programme through skill acquisition programmes and interest free loan for small scale traders to provide the much-needed financial aid that enable rural dwellers access healthcare.
2. There is need for public awareness through the social and mass media on the need for positive health seeking behavior irrespective of gender.
3. Furthermore, government and NGOs should shun rural-urban bias and establish more hospitals in rural areas so that, rural dwellers can easily access healthcare when need be.

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Interview guide

1. Is there gender disparity in health seeking behaviour?
2. How do you rate the gender disparity in in health seeking behaviour?
3. What are the factors affecting the health seeking behaviour of males in rural areas?
4. What are the factors affecting the health seeking behaviour of males in rural areas?
5. Have these factors widened the gap in the health seeking behaviour between males and females in rural areas?
6. How can the gap in health seeking behaviour between males and females in rural areas be bridged?