

BRIEF REPORT

HEALTH SEEKING BEHAVIOURS OF FEMALE MANUAL LABOURERS TOWARDS FEBRILE ILLNESS IN JOS, NIGERIA

¹MA Jamda, ²H Agbo and ²M Chundung

Department of ¹Community Medicine, College of Health Sciences, University of Abuja, Nigeria and ²Department of Community Health, Jos University Teaching Hospital (JUTH), Jos, Nigeria.

ABSTRACT

Background: Occupation may affect health seeking behaviour. Very little is known about this behaviour in labourers. This study assessed the health-seeking behaviour of the female manual labourers to fever in Jos, Nigeria.

Methods: A community-based cross-sectional survey was conducted among 300 female manual labourers from a randomly selected cluster in Jos, using a pre-tested interviewer-administered semi-structured questionnaire. Data was analyzed using Epi info.

Results: Fever episode was reported by 85 percent of respondents during the last one month before the survey. Forty-seven percent 'observed' the fever and hoped for self resolution. Home treatment was reported as the first response to fever by 23% and 49% of the labourers sought treatment for fever within the first 24 hours of onset. Early treatment-seeking pattern was reported among those who self-medicate, followed by those that visited pharmacy stores. Cost was the major reason for delay in seeking timely and appropriate care.

Conclusion: Female manual labourers had poor health seeking behaviour.

Keywords: Health seeking behaviour, female labourers, fever.

INTRODUCTION

Manual labour refers to physical work that requires little or no specialised knowledge/skills.¹ Both sexes are involved in physical labour, though conventionally there are more men involved than women. Recently, there has been a noticeable increase in the number of women that are engaged in manual labour.² This is attributed to the increasing need for women to contribute financially to the up keep of their families.² Besides formal employment, women have always worked in the home, looking after children, cleaning or cooking, but because this is unpaid, it is not counted in the official statistics of work.³

Occupation has been documented to affect health either directly or by affecting the health seeking behaviour.⁴ In contrast to government workers labourers are paid on daily basis for only the work actually performed by them.⁵

It has being documented that low social class and/or poverty are associated with poor health indices.⁶ Educational status has also been linked to poverty and poor health. Labourers are usually unskilled and uneducated belonging to low social class.

There is a paucity of information about the impact of manual labour, as an occupation, on health in the community. The availability of such data in women who constitute one third of the population⁷ may positively impact the health status of the general population.

MATERIALS AND METHODS

The study area was Jos, the Plateau State capital, located at latitude 7^o-11^o North and longitude 70-250 East of the equator with an estimated landmass 15,000 kilometer square. Jos is a cosmopolitan city with a projected (from 1991 Census) population.⁸ population of 2.7 million people³. The literacy rate is 59.1% and 36.5% for males and females, respectively.⁸ Cross-sectional descriptive design was used for the study. Cluster sampling techniques was used to recruit 300 women⁹ that gave written consent to participate in the study from Gada-Biyi. Information on sociodemography and health seeking behaviour was collected using pre- tested, standardized semi-structured questionnaires. The respondents benefited from de-worming, health education and feedback of the results from the research group. Data collected was manually collated and analysed using Epi Info computer statistics software. Socodemographic characteristics were presented as frequencies on figures and tables.

Health seeking behaviour was defined for the purpose of this study, by three indicators which included:

1. First action when sick (fever)
2. First point of seeking care when sick (fever).
3. How soon is care sought when sick (fever)

Ethical clearance was obtained from the Ethical Committee of Jos University Teaching Hospital in addition to permission from the overseers of the construction work and the officials of the manual labourers association.

Correspondence: Dr. Mustapha A Jamda
Department of Community Medicine, College of Health Sciences, University of Abuja, P.M.B. 117, Abuja, Nigeria.
E-mail: mustafajamda@gmail.com

RESULTS

Socio-demographic characteristics of the respondents.

Most of the respondents (65%) were between the ages of 19 and 40 years. About 80% were married and 10% single parents. The educational status of the respondents was very poor: Forty percent did not have any form of education, 32 % had completed primary education and only 3% had post primary education. (Table 1). A proportion (34%) of the respondents was from polygamous settings.

Health Seeking Behaviour

Based on the first action of fever, most (46%) of the respondents 'observed for sometime' before taking other action if there is no improvement. Only 11% of the respondents sought treatment for fever from the traditional medicine vendors/herbalist as first choices. Majority either visited the hospital (41%) or chemist (37%). These actions were within 24 hours of on set of fever in 49% of the respondents. (Table 2)

Majority (80.4%) of the respondents would loss their pay for absenting themselves from duty in order to access health care.

DISCUSSION

Poor health seeking behaviour is an important contribution to poor health status in any country.¹⁰ Occupation influences health seeking behaviour.¹¹ Workers in organizations that provide free/subsidized health services to

Table 1: Socio-demographic characteristics of patients.

Characteristics	No	%
Marital Status		
Married	250	83.3
Single	10	3.3
Divorced/Widow	40	13.3
Education		
Nil education	174	58.1
Primary	114	38.1
Secondary	11	3.8
Family Structure		
Monogamous	170	58.6
Polygamous	100	34.5
Single parents	20	6.9

their employees have a better health seeking behaviour than those with self paid health care services. Low literacy rate, poverty, and unhealthy traditional beliefs have been

associated with poor health seeking behaviour.⁶ Other options of payment for health care such as health insurance are in the developmental stages in Nigeria, and available only to a segment of the federal civil servants and some big private organisations.

In conclusion, manual labourers have a poor healthy seeking behaviour due to concern about cost and loss of income experienced during treatment-seeking. It is recommended that health insurance scheme extended to this vulnerable group.

Table 2: Assessment of health seeking behaviour.

Behaviour	No	%
First action when fever was experienced		
Observe for some time	138	46
Seek immediate care	81	27
Depends on availability	63	21
Number of response	15	5
First point seeking help when sick		
Chemist	111	37
Herbalist/Traditionalist	33	11
Neighbour/Relations	30	10
Hospital	123	41
How soon seek care		
Immediately (within 24 hours)	147	49
Not immediately	129	43

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