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Health-seeking behaviour of traders: a case study of three markets in Uyo, Akwa Ibom State.

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ABSTRACT

Background: Health impacts every aspect of human life, and is largely shaped by individuals' health-seeking behaviours (HSBs). Understanding factors influencing health-seeking behaviour is crucial for improving health outcomes. This study aimed to determine the HSBs of traders in three markets in Uyo, Nigeria.

Methods: A descriptive cross-sectional study was conducted among 389 market traders in Uyo selected via a multi-stage sampling method. Data collected with interviewer-administered questionnaires were analysed using STATA 15.0 at $p< 0.05$.

Results: The mean age of the respondents was 36.7±12.2 years. Majority had at least a secondary level of education (80%) and 72.8% were females. The most common health challenges of the respondents were generalised body pain/weakness (77.6%), fever (74.8%) and headaches (49.9%). Their most preferred treatment locations were healthcare facilities (41.4%), patent medicine shops (40.4%) and traditional medicine dealers (32.9%). More than half (57.3%) had poor health-seeking behaviour. Reasons for low utilisation of health facilities included high cost of healthcare services (53.0%), prolonged waiting time (28.5%), long distance to the health facilities (9.3%) and individual perception of the severity of illnesses (4.4%). Good HSB increased with increasing age and level of education, and a decrease in daily working hour ($p<0.01$).

Conclusion: Health facility utilization by traders was low in this study. These highlights the need to make healthcare services more affordable to the populace. Efforts should also be made to reduce waiting time so as to improve patronage by this occupational group.

Keyword: Health-seeking behaviours (HSB), Trader's health, Market traders

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INTRODUCTION

Health, a very essential part of life, is said to be an everyday resource sought after by all as it is vital for the social and economic development of man.[1,2] It has been defined by World Health Organization (WHO) as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".[3] This implies that health affects every aspect of the life of human beings, with broader implications in their social life, even that of the community.[3,4]

Health-seeking behaviours are described as actions taken by a person in the setting of perceived illness in order to find an appropriate solution. These have been shown to be influenced by certain factors such as the beliefs and attitudes of people, past experiences with health services, socioeconomic factors, cultural factors, age, kind of illness, accessibility to health services, and perceived quality of available health services.[1,2,4–6]

As defined by the Collins English Dictionary, a market trader is a person who sells goods from a stall in the market.[7] These traders are an integral part of the agricultural sector of the economy as they act as middlemen between the producers and end-users.[7] Traders operate in markets which vary in size, from small markets in villages to large markets in urban areas and are majorly controlled by the local authorities, the local governments or the state government, with very few markets being run by private companies in Nigeria.[8] These markets are often very public spaces where people come and go at will. Hence, they are poorly regulated and as such are rife with a lot of environmental hazards like market fire outbreaks, stench from the uncollected waste within the market environment, and potential spread of communicable diseases and epidemics that may impact the health of the people who do business in these places.[8]

In Nigeria, traders constitute a major percentage of the workforce, thereby contributing a lot to the economic growth of the country. Since they are typically entrepreneurial, self-employed business owners, comprising both males and females in the informal sector of the economy, they are frequently overlooked by policymakers and formal financial institutions.[7] Hence, they are exposed to the hectic yet sedentary nature of work, which contributes to inappropriate health practices which worsen their health outcomes.

Studies on health-seeking behaviour have shown numerous influences on an individual's approach to tackling perceived or obvious health challenges, some with alarming findings. A study in Asikuma-Odoben-Brakwa District, Ghana, deduced that 52.9% of the citizens made use of self-care as their general health care behaviour.[9] In another study conducted in Orie-Agu market, Enugu State, on trader with ocular symptoms, only 20.5% adopted orthodox medical care, while 26.5% resorted to patent medicine vendors, another 26.5% utilised self-medication, and 27.7% never sought any care.[10]

Moreover, a cross-sectional study conducted among market traders in two towns in Ibarapa Central, Oyo State, revealed that the preferred treatment options when ill were use of patent drug dealers (43%) and consultation of a health worker (40%).[2] Considering the fact that despite global and national interests in the Millennium Development Goals and the Sustainable Development Goals, as well as Nigeria's High level of morbidity and mortality of even very common ailments, there still lies a gap in appropriate utilisation of Health services within the country.[11]

Hence, understanding the various factors affecting health-seeking behaviour is crucial to ensure better health outcomes. This study sought to investigate the health-seeking behaviours of traders in three (3) markets in Uyo, Akwa Ibom state.

METHODOLOGY

Study Area

This study was carried out in markets in Uyo Local Government Area of Akwa Ibom State. Uyo, the capital city of the state, had an estimated population of one million, three hundred and twenty-nine thousand (1 329 000) in the year 2023.[12]

The indwellers of Uyo are mainly of the Ibibio ethnicity, with their peculiar cultural identity as seen in their dressing, dances, delicacies and at cultural displays during festivals. Major economic activities are carried out by farmers, traders, white-collar workers and artisans, with a good number of people also employed in the public sector.[13]

The traders' items of trade range from food items such as palm oil, vegetables, cassava, yam, plantain, crayfish, periwinkle and other sea foods, to other goods, commodities and services. Markets in Uyo metropolis

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are known for engaging energetic but sometimes hectic trading activities. Major markets in Uyo include; Akpan Andem market, Itam market, Ibom Plaza, Ekom Iman market, Ikot Ekpene Road market, Ikot Ekpe market (Udua Ebot), Ikot Okubo market, Urua Ekpa market.[14]

Study design and Population

The study was a descriptive cross-sectional study conducted among market traders in three markets in Uyo, between June and August 2023.

Inclusion Criteria

All traders who were apparently healthy and had traded for at least six months in the market, and traders 18 years and above who consented to participate, were recruited into this study.

Exclusion Criteria

Traders who did not give consent, were sick, were absent during the conduct of the study, or were not duly registered by the market authority were excluded from the study.

Sample size Determination and Sampling Technique

A sample size calculation for cross sectional studies was carried out using the formula for estimating single proportion,[15] with a prevalence (p) of 0.64 being the prevalence of good health-seeking behaviour of traders in Owo, Ondo State[6], with the assumption of z of 1.96 and a tolerable margin of error of 5%. This gave a total sample size of 389 after 10% overestimation to accommodate for non-response.

A Multistage Sampling technique was utilized to recruit consenting participants for the study. The first stage involved the selection of three out of eight major markets, namely Itam market, Akpan Andem market and Ikot Okubo market, using Simple Random Sampling by balloting.

Each of these three markets have a comprehensive list of registered market traders. The population of market traders in these markets were obtained from the various market authorities with Itam Market having 10,000 traders (2,950 males and 7050 females), Akpan Andem Market, 5000 traders (1,200 males and 3800 females), while Ikot Okubo Market had 400 traders (25 males and 375 females) making a total of 15400 traders.

Proportionate allocation was carried out in order to determine the number of traders to select in the market. Here, a two-step proportional allocation of 389 traders in the three markets yielded 253(75 males,178 females), 126(30 males, 96 females), and 10 (1 male, 9 females) participants in Itam, Akpan Andem and Ikot Okubo markets, respectively.

In stage two, the required number of traders were subsequently selected by simple random sampling, using computer generated table of random numbers for male and female traders in each market.

Data collection tools and Procedures

Data was collected using a semi-structured, interviewer-administered questionnaire developed partly from a pre-existing study[5], to assess the health-seeking behaviours of participants and was pre-tested with 39 questionnaires in a market not used for the study to ensure clarity of questions.

The questionnaire consisted of 5 sections (A-E) with each section addressing a specific objective. Sections A, B, C, D, E assessed the sociodemographic characteristics of the respondents, occupational history of the respondents, nature of the various health problems experienced by the traders in the last 1 year, health-seeking behaviour of the respondents when they were ill in the last year and the attitude of the respondents towards appropriate health-seeking behaviour respectively. Seven final year medical students were involved in data collection. Participants were recruited at their location of duty.

Data processing and analysis

The data obtained was analysed using STATA 15.0 Windows and Microsoft Excel versions 2019. The results obtained from the study are presented in the form of tables and relevant charts. Categorical variables were summarised using frequency and percentages, while normally distributed data were also summarised using mean and standard deviation. Appropriate statistical tests such as T-test, Chi-Square and Fisher's exact test were used to determine the association between the health-seeking behaviours of the market traders and the different factors influencing them at P-value < 0.05.

Traders who visited health facilities or qualified health personnel for their health needs were classified as having good health-seeking behaviour.

Ethical Consideration

This study was approved by the Health Research Ethics Committee of the University of Uyo Teaching Hospital

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(UUTH/AD/S/96/VOL.XXI/801). Written permission was obtained from the Markets' Local Authorities. All participants gave informed verbal consent before completing the questionnaire after the objectives of the study had been carefully explained, and they were assured of confidentiality, fairness, respect of autonomy and anonymity.

RESULTS

Sociodemographic Characteristics of the Market Traders

This study recruited 389 respondents, 72.8% (283) were females and 27.2% (106) were males with mean ages of 37.7±12.3 and 33.9±11.5, respectively. The level of education was similar in both sexes, with about 80.9% of the respondents having at least a secondary level of education. More than half of the respondents (57.6%) were married. The average income of the male and female respondents was similar, with most of them (72.2%) earning at least N 10,000 weekly. (Table 1)

Common Health Challenges of the Market Traders

Regarding the common health challenges of respondents, majority (77.6%) experienced general body pain as the most common symptom, followed by fever (74.8%) and headaches (49.9%).(Figure 1) Hypertension (6.7%) was the most common chronic disease among the respondents.

Common Health-seeking Behaviour Patterns Among the Market Traders

One hundred and sixty-one (41.1%) of the respondents preferred visiting healthcare facilities/qualified health personnel for their health challenges. One hundred and forty-four (37.0%) would rather go to a chemist and/or self-medicate, while 68 (17.5%) of them preferred herbal/traditional treatment options. (Table 2)

Factors Influencing Patronage of Health Facilities by Market Traders

About half of the respondents (206; 53%) stated high cost of service, (111; 28.5%) stated longer wait time, and (27; 6.9%) stated fear of medical procedures as reasons for not patronising health facilities. One hundred and thirteen (29%) of the respondents had no reason. (Table 3)

Attitude of the respondents toward their health and major influences on their attitude

Also, 36.2% of the respondents had regular check-ups with healthcare workers, 86.4% were willing to make lifestyle changes that will improve their health and 42% trusted traditional medicine over modern healthcare practice. Two hundred and twenty-one (56.8%) agreed that financial constraints impacted their decisions concerning their health and 66.1% agreed that lack of time prevented regular check-ups. Family and friends influenced the decisions of 22.6%, and 14.4% agreed to being influenced by cultural/religious beliefs. One hundred and thirty (33.4) of the respondents agreed that the lack of awareness of healthcare services influenced the decisions they made concerning their health. (Table 3)

In addition, the younger age group had poor health-seeking behaviour compared to the older age group($p=0.017$). Those with a higher level of education had good health-seeking behaviour ($p=0.0001$). Though those with high levels of weekly income had good health-seeking behaviour, however, this relationship was not significant($p=0.191$). (Table 4)

Finally, there was a relationship between daily working hours and health-seeking behaviour: those who work less hours had good health-seeking behaviour($p=0.019$). (Table 4)

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Table 1: Sociodemographic Characteristics of the Male and Female Respondents

Variable	Frequency (%)		Total (n=389)	Statistical Indices
	Male (n=106)	Female (n=283)		
Age (years)				
20 and below	9 (8.5)	24 (8.5)	33 (8.5)	p=0.025+*
21-30	41 (38.7)	67 (23.7)	108 (27.8)	
31-40	25 (23.6)	85 (30.0)	110 (28.3)	
41-50	25 (23.6)	65 (23.0)	90 (23.1)	df=387
51-60	4 (3.8)	32 (11.3)	36 (9.3)	Tt=2.720
61 and above	2 (1.9)	10 (3.5)	12 (3.1)	p=0.007+
Mean (SD)	**33.9 (11.5)**	**37.7 (12.3)**	**36.7 (12.2)**	
Level of Education				
Informal education	1 (1.0)	14 (4.9)	15 (3.9)	p=0.264*
Primary	18 (17.0)	41 (14.5)	59 (15.2)	
Secondary	51 (48.1)	142 (50.2)	193 (49.6)	
Tertiary	36 (34.0)	86 (30.4)	122 (31.3)	
Marital Status				
Single	60 (56.6)	85 (30.0)	145 (37.3)	p
Previously married (Widowed, Divorced, Separated)	1 (1.0)	19 (6.7)	20 (5.1)	<0.0001+*
Currently married				
	45 (42.5)	179 (62.2)	224 (57.6)	
Average Weekly Income (Naira)				
Less than 10,000				
10,000-20,000	13 (12.3)	95 (33.6)	108 (27.8)	df =4
20,000-50,000	47 (44.3)	98 (34.6)	145 (37.3)	X^2 =
50,000-100,000	33 (31.1)	56 (19.8)	89 (22.9)	23.046
Above 100,000	5 (4.7)	24 (8.5)	29 (7.5)	p
	8 (7.5)	10 (3.5)	18 (4.6)	<0.0001+

** Fisher's exact test, + significant p-value, X^2* Chi-Square

Table 2: Preferred treatment options and perceived reasons for non-utilization of health facility among respondents (N=389)

Variables	Frequency (%)
Treatment Options in Last One Year*	
Healthcare facility/qualified health personnel	166(42.7)
Chemist/Self-medication	157(40.4)
Herbal/traditional	128(32.9)
Faith healing	10(2.6)
None	7(1.8)
Preferred treatment Options	
Healthcare facility/qualified health personnel	161(41.4)
Chemist/Self-medication	144(37.0)
Herbal/traditional	68(17.5)
Faith healing	9(2.3)
None	7(1.8)

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Variables	Frequency (%)
Perceived Reasons for not Using Health facilities*	
High cost of service	206(53.0)
No reason	113(29.0)
Prolonged waiting time	111(28.5)
Long distance	36(9.3)
Fear/anxiety about medical procedures	27(6.9)
Minor illness	17(4.4)

* Question allowed multiple responses

Table 3: Attitude of the respondents toward their (N=389)

Variables	Frequency (%)	
	Yes	No
Regular check-ups with healthcare workers	141 (36.2)	248 (63.8)
Willingness to make lifestyle changes	336 (86.4)	53 (13.6)
Trust of traditional medicine over modern healthcare practice	164 (42.2)	225 (57.8)
Financial constraint impacts decisions about my health	221 (56.8)	168 (43.2)
Lack of time prevents regular check-up	257 (66.1)	132 (33.9)
Family and friends influence my decisions about my health	88 (22.6)	301 (77.4)
Cultural/religious belief affect my decisions	56 (14.4)	333 (85.6)
Lack of awareness of healthcare services influence my decision	130 (33.4)	259 (66.6)

Table 4: *Factors associated with Health seeking behaviour among respondents(N=389)*

Variables	Health-seeking Behaviour n (%)		Statistical Indices
	Good (n=166)	Poor (n=223)	
Age (years)			
Below 21	7 (21.2)	26 (78.8)	
21-30	47 (43.5)	61 (56.8)	
31-40	56 (50.9)	54 (49.1)	
41-50	36 (40.0)	54 (60.0)	p = 0.017+*
51-60	12 (33.3)	24 (66.7)	
Above 60	8 (66.7)	4 (33.3)	
Sex			
Male	44 (41.5)	62 (58.5)	Df = 1, X^2 = 0.0801
Female	122 (43.1)	161 (56.9)	p = 0.776
Marital Status			
Single	58 (40.0)	87 (60.0)	
Married	98 (43.8)	126 (56.2)	Df = 2, X^2 = 0.987
Previously married	10 (50.0)	10 (50.0)	p = 0.616
Level of Education			
No formal education	3 (20.0)	12 (80.0)	
Primary	17 (28.8)	42 (71.2)	p < 0.0001+*
Secondary	74 (38.3)	119 (61.7)	
Tertiary	72 (59.0)	50 (41.0)	

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Average weekly income (N)			
Less than 10,000	38 (35.2)	70 (64.8)	Df = 4, X^2 = 6.113
10,000-20,000	61 (42.1)	84 (57.9)	p = 0.191
20,000-50,000	42 (47.2)	47 (52.8)	
50,000-100,000	14 (48.3)	15 (51.7)	
Above 100,000	11 (61.1)	7 (38.9)	
Years of experience as a trader (years)			
Less than 1	6 (23.1)	20 (76.9)	
1	8 (36.4)	14 (63.6)	Df=4, X^2 =8.457
2	46 (50.6)	45 (49.4)	p =0.076
3	23 (51.1)	22 (48.9)	
Greater than 3	83 (40.5)	122 (59.5)	
Daily working hours			
Less than 5	37 (57.8)	27 (42.2)	p =0.019+*
5-8	102 (37.9)	167 (62.1)	
9-12	3 (60.0)	2 (40.0)	
Above 12	24 (47.1)	27 (52.9)	
Break period			
Less than 30 min	132 (46.2)	154 (53.8)	Df=1, X^2 =5.348
Greater than 30 mins	34 (33.0)	69 (67.0)	p =0.021+

**Fisher's exact test, +significant p-value*

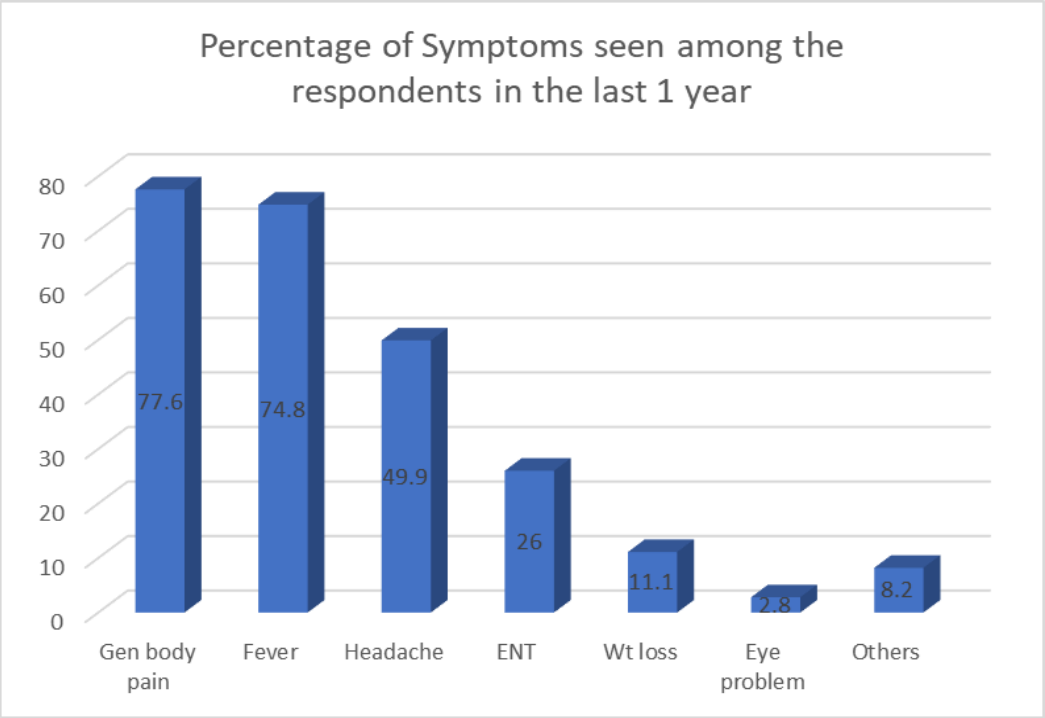

Figure1: *A bar chart showing the distribution of health symptoms in the last one year among the respondents.*

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DISCUSSION

This study assessed the health-seeking behaviour of market traders in Uyo. Majority were females and eight out of ten within the age group of 21-50 years. This was similar to the findings in a study among 450 traders in Lagos where only a smaller percentage of the traders occupied age groups of less than 20 years and greater than 50 years.[16] This maybe because having the required capital for trading was unlikely for those under 20 years as they were probably still dependents at that age.

Concerning the level of education of market traders, a higher proportion of traders were found to have at least a secondary level of education. This was similar to a finding in a study of goat traders in Oyo State where 48.8% had obtained secondary education, and 26.4% had obtained a tertiary level education (a total of 75.2%).[17] The high proportion of traders with higher levels of education being in the markets could be a result of the pervasive and harsh socio-economic conditions, as well as unavailability of formal employment opportunities in the country.

The commonest health challenges found among respondents were generalised body weakness/pain and fever, 77.6% and 74.8% respectively. This finding is similar to that obtained in a study of market traders in Oyo where the commonest health challenges reported were musculoskeletal problems (55.9%) and febrile illnesses (46.6%).[2] Musculoskeletal problems as well as generalized body pains may result from their long hours of daily work, together with biological hazards like mosquitoes they are faced with.

The study also revealed hypertension as the most common chronic disease among the respondents, comprising 6.7% of the market traders. This finding is slightly higher than that obtained in a similar study in Ondo, which had a prevalence of 5.4%.[6] This is important the sedentary nature of work of most traders may aggravate the condition of hypertension.

In this study, the options for healthcare were healthcare facility/qualified health personnel, herbal/traditional, chemist/self-medication, faith healing, and doing nothing about their health needs. This is almost similar to the health options available to traders in a study done in Owo, Ondo State. However, the said study did not capture traders who did nothing when they had health challenges, like our study.[6]

In the present study, less than half of the traders preferred using healthcare facilities/qualified health personnel for their health needs which is quite similar to the 40% patronage of health workers obtained from a study done amongst market traders in two towns in Ibarapa Central, Oyo State.[2]

The study revealed that 2.6%, 32.9%, and 40.4% of the respondents patronised faith healing, herbal/ traditional and chemist/patent medicine sellers, respectively. This sharply contrasts findings from a similar study in Owo, Ondo State where 15.6%, 20.3% and 33.8% of respondents patronised faith healing, traditional healers, patent medicine shops, respectively.[6] The higher rate of patronage of faith homes in the study in Ondo may be as a result of higher prevalence of faith homes in that region of the country compared to the location of the present study. Conversely, sales of herbal medicine is a very common site in markets and parks in the location of the present study and may account for the higher proportion compared to the Ondo study. The individual perception of cheap, accessible, and efficient delivery of care in these outlets could explain the patronage of such locations by traders rather than seeking care in health facilities.

Furthermore, age distribution was found to be associated with health-seeking behaviour of respondents in the present study. Appropriate health-seeking behaviour increased with age till 40 years. Since majority of the study participants were women, the increased health facility usage of that age group may have been pregnancy related. Moreover, health issues tend to increase with age which may lead to increased patronage of health facilities as seen among those above 60 years in the present study. This agreed with findings from a study in Ondo state, where appropriate health-seeking behaviour was predicted by increasing age.[6]

There was a positively significant relationship between health-seeking behaviour and level of education among respondents in the present study. This is similar to findings from a study in Makurdi on female petty traders, where women with formal education were more likely to seek appropriate healthcare services.[18] Health-seeking behaviour was influenced by weekly income, with those earning below ₦10,000 (64.8%) having the poorest health-seeking behaviour and a higher proportion of those earning > 100,000 exhibiting good health seeking behaviour. Again, this agreed with a similar study where appropriate health-seeking behaviour increased with

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increasing average weekly income and decreased with decreasing average weekly income.[19] This is logical as those with higher income are more likely to afford hospital charges compared to those with lower income.
The top 3 reasons given by respondents for poor utilization of health facilities included high cost of healthcare services (53%), prolonged waiting time (28.5%), and long distance to the health facilities (9.3%).This finding is in keeping with a study done in Kogi state, where 24% of the participants claimed that the cost of healthcare services affected their choice.[20] Prolonged waiting time is a major deterrent of health care utilization for private business owners, particularly those in the informal sector where traders belong. This is because these individuals' earnings are directly linked with their physical presence at their shop locations. They are therefore more likely to patronize treatment options with very minimal waiting time. This therefore places a demand on health facilities to work out modalities to reduce waiting time of patients to encourage improved patronage. The issue of long distance to health facilities being a reason for poor utilization of health facilities can be reduced by encouraging the patronage of primary health centres for treatment of minor ailments, as these centres were established to make health care accessible at where people live and work, thus ensuring a healthier population.

Limitations

There was the issue of recall bias, which can affect the validity of the data obtained; hence, the questionnaire was made to comprise questions that are clear and precise to reduce variation in comprehension.[21]
Finally, participants were unwilling to disclose certain illnesses. This was tackled by reiterating that the information given by them will be treated with utmost confidentiality.

Implications of the findings

Public Health Interventions: The findings could inform the design of intensive health education programs aimed at promoting appropriate health-seeking behaviours within communities, while discouraging inappropriate practices. They also highlight prevalent barriers to the utilization of formal healthcare services, which can be addressed through targeted awareness and community engagement initiatives.
Clinical and Healthcare Practices: Healthcare providers can apply the findings to improve timely utilization of formal health services. Expanding health insurance coverage may also reduce financial barriers, enabling clinicians to deliver continuous and comprehensive care.

Policy Development: The findings highlight the need for governments to expand health insurance schemes to cover a larger proportion of the population, thereby reducing out-of-pocket expenditure. Priority should also be equitable distribution of healthcare facilities in underserved areas and establishing strong regulatory frameworks to monitor patent drug dealers, ensuring safe and affordable health services for all.

CONCLUSION

This study revealed that more than half of the respondents had poor health-seeking behaviour. The roadblocks to having appropriate health-seeking behaviour from our study were high cost of healthcare services, prolonged waiting time in health facilities, and long distances to healthcare facilities. Thus, there is need to make healthcare services readily available, affordable and accessible to all by attending to these issues.

Declarations

Authors' Contribution: The first author was involved in the conceptualization and supervision of the entire research work and manuscript preparation. The second author drafted the manuscript, while the first author critically revised the manuscript for intellectual content. The third to ninth authors were involved in research conceptualization, design, literature review, data collection, data analysis and presentation of the initial research work from which this manuscript was prepared. All authors, having met the authorship criteria, approved the manuscript, confirming that it represents honest and original work.
Conflict of interest: The authors declare that there are no conflicts of interest related to this study
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