

HEALTH SEEKING BEHAVIOUR OF WORKERS IN THE QUARRY VILLAGE OF UMUOGHARA, EBONYI STATE, SOUTH EAST, NIGERIA.

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Accepted 24 June, 2016

Quarry workers are exposed to various occupational dangers. Good health seeking behavior is vital for the survival of mankind, and its importance cannot be over emphasized. This study aims to ascertain the health seeking behavior of workers at a quarry site in Nigeria fall sick. The study is a cross sectional descriptive survey carried out among workers at a quarry village, in South-East Nigeria. Data was collected from 400 participants using interviewer administrated structured questionnaires. One hundred and sixty (41.7%) of the respondents go for treatment when the sickness is getting worse. Majority 210 (54.7%) preferred patent medicine shop as place of treatment, and their reason being mainly proximity 137 (35.7%). Most of them, 296 (77.1%) have never gone for medical check up without being sick. The quarry workers have poor health seeking behavior. Intensive health awareness and education campaigns needed.

Key Words: Health seeking behavior, Quarry workers, Nigeria

INTRODUCTION

Health behaviour is an action taken by a person to maintain, attain or regain good health and to prevent illness. It also reflects a person's health beliefs. Health seeking can be defined as any activity undertaken by an individual who perceive themselves to have a health problem to be ill for the purpose of finding an appropriate remedy (Ward et al 1997) Sick role behaviour, broadly speaking is any behaviour undertaken by an individual who feels ill to relieve that experience (Nwibo et al 2012). To build a responsive health system, there is a need to understand the health seeking behaviours of the target population. It is important to know that the determinants of health extend beyond health care and be attributed to social and economic determinants. The factors determining the health behaviours may be seen in various contents. Physical, socio-economical, educational level, cultural and political. Health seeking behaviour is not merely dependent on individuals choices or circumstances, it largely depends on the dynamics of the communities that the individuals find themselves (Shaikh 2008). Studies have shown that the health decisions of individuals are influenced by a variety of socioeconomic variables, sex, age, social status, individuals' level of education, religious and cultural belief influence of spouse, friends, parents, type of illness, state of health of individuals, level of income, occupation, access to services, perceived quality of services (Uchudi 2001; Stephensen 2004; Fatmi 2008). It was reported by Mu'awiyyah B et al that for years, stone quarrying and crushing have been known as highly hazardous work, whereby workers are affected by many debilitating occupational health hazards and diseases (Muawiyyah et al 2012). In a study in Sabon Gari Local Government Area of Kaduna State Nigeria, it was noted that the quarry work environment is hazardous, workers shows signs of restrictive lung function impairment and cardiovascular system disorders. This has resulted to high incidence of cardiopulmonary disease symptoms (Aliyu et al 2012).

It has been noted that respiratory problem is one of the major health hazards in dust-exposed workers. It is a major cause of morbidity and mortality all over the world (Hatim et al 2015). In Nigeria, study among quarry workers reported high prevalence of respiratory problems, the most common being occasional chest pain and cough. Also a recent study by Nwigbo et al, in the same population as in the study observed a high prevalence of respiratory problems, the most common ones being occasional chest pain (47.6%), cough (40.7%), while the least was sputum mixed with blood 0.5% (Nwigbo et al 2012).

This study therefore aims at ascertaining the health seeking behaviour of quarry workers when they fall sick at the quarry site in Umuoghara, Ebonyi State Nigeria.

MATERIALS AND METHODS

Study Area

The study was conducted at the quarry village, Umuoghara, Ebonyi State, South-East Nigeria. The quarry village officially resumed on the 1st of April, 2009. There is a stone crushers associated with an elected chairman.

Study Population

There are about 150 registered individual stone crushing units with an average of 12 workers working in each unit giving a total of about 1800¹².

Inclusion Criteria: These are persons who are 15 years and above, stone breakers, labourers, crusher operators and any other worker involved actively in quarrying in the village.

Exclusion Criteria: Customers, visitors, hawkers, restaurant owners and those whose work is not involved in quarrying.

Study Design

This was a cross sectional descriptive survey of health seeking behaviour among workers in the quarry village, Umuoghara, Ebonyi State.

Sampling and Sample Size Calculation

Formula for calculating sample size in a population less than ten thousand was used (Margaret 2003) . The value of P used was 50% (0.5). Calculated sample size was 317 which was raised to 400 to take care of non compliance. Convenience sampling method was adopted as consecutive recruitment of consenting eligible participants was used in getting the required sample size.

Data Collection

Data was collected using a structured interviewer administered questionnaire divided into three sections sociodemographic variables, health knowledge and health seeking behaviours.

Data Analysis

Data was analyzed using Epi-info software. Frequency distribution and percentage of variables were calculated.

Ethical consideration

Ethical clearance was obtained from the ethics and research committee of the University of Nigeria Teaching Hospital Enugu. Permission was also obtained from the chairman of the stone crushers. Informed consent was obtained from the participants and confidentiality was maintained.

RESULTS

A total of 384 participants responded out of 400 questionnaires distributed giving a response rate of 96%. Their mean age is 32.2 years \pm 9.7 SD. There were 250 females (65.1%) while 134 (34.9%) were males. Majority of them were married 197 (51.2%), Single 139 (36.2%), widowed 39(10.2%), while 3 (0.8%) were divorced. One hundred and twenty (31.2%) of them have worked in the quarry for 3-4 years, 114 (29.7%) for 1-2years, 107 (27.9%) for 75 years and 36 (9.4%) for 1 year. Most of them 280 (72.9%) were rural dwellers, 82 (21.4%) urban dwellers. Twenty two (5.7%) did not respond. Majority of the participants had primary education 179 (46.6%), those who had secondary and tertiary education were 81(21%) and 20(5.3%) respectively, while 88 (22.9%) had no formal education Table 1.

Table 2 revealed that most of the respondents reported for treatment when the sickness is getting worse 160 (41.7%), while 145 (37.8%) reported when they cannot do their regular activities. Only 70(18.2%) reported at the slightest onset

of symptoms.

Table 3 shows that majority of respondents preferred patent medicine dealer 210 (54.7%) for treatment when sick, while 81 (21.1%) preferred herbalists. Those that preferred public hospitals, private hospitals, laboratories, and self medication are 58 (15.1%), 17 (4.4%), 1 (0.3%), and 9 (2.3%) respectively.

Table 4 shows factors that influence choice of place of treatment for respondents when they are sick. Reasons given are proximity 137 (35.7%), affordability 113 (29.4%), and just decided on my own 53 (13.8%). Others are recommended by health worker 26 (6.8%), advice from friend 22 (5.7%), excellent services 21 (5.5%), and friendliness of staff 6 (1.6%)

Table 5 shows that 97 (25.3%) of respondents had prevailing illness. Majority of those that had illnesses had arthritis 46 (47.4%), others are hypertension 29(30.0%), asthma 4(4.0%), diabetes 12(12.4%), and HIV 6(6.2%).

Table 6 shows the types and frequency of different injuries sustained by the respondents. 250 respondents had bruises, cuts 162, burns 1, electric shock 1, while fractures were 14.

DISCUSSION

Quarry workers are exposed to diseases associated with their place of work and environment. It will be necessary to find out their health seeking behaviour when such illnesses occur. The respondents have poor knowledge of what health is all about. Only 92 (24.0%) attested to the fact that health is complete physical, mental and social well being of an individual. This poor knowledge could be due to poor sensitization of the masses on what health is all about. Most of them 369 (96.4%) knew that germs could cause disease. This knowledge is highly commendable as these could translate to good disease prevention approach. The respondents none the less have poor health seeking behaviour as majority 160 (41.7%) seek treatment only when their illness becomes worse, and 145 (37.8%) when they cannot do their physical activities. This delay in seeking treatment is similar to the study done in Anyingba North Central Nigeria but for different reasons which they stated was that they felt they could get over these ailment without treatment (Janimela et al 2009) and 25.4% delayed because of lack of money. A study done in Kenya also reported poor health seeking behaviour among quarry workers of Mutonga in Meru country (Maryrose et al 2014). Bruise and cuts were the commonest injuries among the respondents with 58.4% and 37.9% respectively. This incidence of injuries in the quarry could be said to be relatively high as (41.7%) had injuries more than 10times, (21.6%) between 6-10 times in the past 12months. This is somewhat similar to a cross sectional study done to show the assessment of occupational diseases among artisan and factory workers in Ifo, Nigeria where it was reported that quarry workers are exposed to various occupational dangers including cuts/injuries fall from height, effect and complications of noise, vibrations and radiation (Oranusi et al 2014)

Our study revealed that majority of participants preferred to visit patent medicine dealers when they are sick. Patent medicine dealers as the most preferred choice to seek treatment is disturbing as certainly they will not offer the best health care service to the respondents. Our findings are similar to the study in Anyingba where less than half of the respondents patronized public health facilities (Janimela et al 2014).

The reasons given for the choice of place of treatment were similar with a study in Ekiti State, Nigeria where factors that influenced choice of particular medical facility were identified as affordable cost, closeness, staff attitude, quality of service (Omotoso et al 2010). However, unlike in this study greater percentage of the respondents in Ekiti 452 (32.9%) gave affordability as their reason, followed by closeness 395(24.1%) of the establishment, staff attitude had 210 (16.7%).

Out of 384 respondents, only 142 (37.0%) adhered to health care provider instruction's on prescriptions, dosages, and durations of treatment 199 (51.8%) do so but stop when they feel better. These practices are either poor and do not depict good health behaviour. Majority 29% (77.1%) of the respondents have never gone for medical check up without being sick. Only 55 (14.3%) have done so. This is rather discouraging and depicts a poor health seeking behaviour too.

Above poor health seeking behaviours also agrees with a study done in Kenya among the quarry workers where it was concluded that majority of the respondents had poor health seeking behavior (Maryrose et al 2014). Out of 384 respondents, only 142 (37.0%) adhered to health care providers instructions on prescriptions, dosages, and durations of treatment, 199 (51.8%) do so but stop when they feel better. These practices are also poor and do not depict good health behavior. Poor health seeking behaviors in our study also agrees with a study done in Kenya among the Quarry workers where it was concluded that majority of the respondents had poor health seeking behaviors.

CONCLUSION AND RECOMMENDATION

The study showed that quarry workers in the quarry village of Umuoghara had poor knowledge of what health is all about, but had a good knowledge of disease causation. However, their health seeking behaviour is poor while the factor that mostly affected their decisions to seek care was the perceived severity of the symptoms. Incidence of injuries in quarry was high and their preferred place of treatment when sick was mostly patent medicine dealers. The respondents main reason for their treatment option was proximity. Based on the above, we offer the following recommendations.

1. Periodic health awareness and education campaign's need to be carried out in the quarry village among workers to help improve their health seeking behavior.
2. Patent medicine dealers to be trained to enable them provide better health services to the workers.
3. Public health facilities should be made more attractive and affordable to the populace to encourage their patronage.

ACKNOWLEDGMENTS

The authors would like to show appreciation to all quarry workers who participated in this study.

CONFLICT OF INTERESTS

The authors declare that there is no conflict of interests regarding the publication of this paper.

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TABLE 1: Socio-demographic Characteristics of the Respondents

Variables	Category	Frequency	Percentage
Sex	Male	250	65.1
	Female	134	34.9
Age(Years)	<15	7	1.8
	15-19	36	9.4
	20-24	55	14.3
	25-29	65	16.9
	30-34	70	18.2
	35-39	64	16.7
	40-44	34	8.9
	45-49	35	9.1
	50-54	16	4.1

Continuation of **Table 1**

	55-59	0	0.0
	>60	2	0.6
Educational	No formal education	88	22.9
Qualification	Primary	179	46.6
	Secondary	81	21.0
	Tertiary	20	5.3
	No response	16	4.2
	Total	384	100

TABLE 2: Health seeking behaviours of the respondents

When respondents go for treatment:	Frequency	Percentage
When the sickness is getting worse	160	41.7
When I cannot do my regular activities	145	37.8
At the slightest onset of symptoms	70	18.2
Non response	5	1.3
When I have money	4	1.0
TOTAL	384	100

TABLE 3: Respondents choice of place of treatment when sick

Choice of place for treatment when sick:	Frequency	Percentage
Patent medicine dealer	210	54.7
Herbalists	81	21.1
Public Hospital	58	15.1
Private Hospital	17	4.4
Self care	9	2.3
No Response	6	1.6
Churches	2	0.5
Laboratories	1	0.3
TOTAL	384	100

TABLE 4: Factors that influence respondent's choice of place for treatment when sick

Factors that influence choice:	Frequency	Percentage
Proximity	137	35.7
Affordable	113	29.4
Just decided on my own	53	13.8
Health worker recommendation	2.6	6.8
Advice from friend	22	5.7
Excellent services	21	5.5
Friendliness of staff	6	1.6
No response	6	1.6
TOTAL	384	100

TABLE 5: Prevalence of illness among respondents

Variables	Category	Frequency	Percentage
Do you have any prevailing illness	Yes	97	25.3
	No	287	74.7
Type of illness	Arthritis	46	47.4
	Hypertension	29	30.0
	Diabetes	12	12.4
	HIV	6	6.2
	Asthma	4	4.0
	Total	97	100

TABLE 6: Injuries sustained by the respondents

Type of injury	Frequency	Percentage
Bruises	250	58.4
Cuts	162	37.9
Burns	1	0.2
Electric Shock	1	0.2
Fractures	14	3.3
Total	428	100

