

The Relationship between Health Seeking Behaviour and Health Related Quality of Life of Female Market Traders in Ile-Ife, Southwest Nigeria

Oluwasayo B. Ogunlade^{1*}, Adesola A. Ogunfowokan¹

¹Department of Nursing Science, College of Health Sciences, Obafemi Awolowo University, Ile-Ife, Nigeria

DOI: [10.36348/sjnhc.2021.v04i12.008](https://doi.org/10.36348/sjnhc.2021.v04i12.008)

| Received: 29.10.2021 | Accepted: 01.12.2021 | Published: 30.12.2021

*Corresponding author: Oluwasayo B. Ogunlade

Abstract

Introduction: A woman's healthy state influences people around her with implication for the larger society. A woman's quality of life is of importance to enhance fulfilment of responsibilities associated with her various roles. Therefore, the study examined the health seeking behaviour, described the health related quality of life and determined the relationship that exists between the health seeking behaviour and health related quality of life of female traders. **Methodology:** Cross sectional research design was adopted to gather data from six hundred female traders systematically selected in the largest open market in Ile-Ife, Nigeria. A questionnaire was utilized for data gathering. Institutional review board approval was obtained for the study. **Results:** Findings from the study showed that 65.3% of respondents had poor health seeking behaviour (HSB) and 54% had good health related quality of life (HRQOL) among this category of women. The result also showed a positive statistically significant relationship ($r = 0.10$, $p < 0.05$) between health seeking behaviour and health related quality of life of female traders. **Discussion:** Among female market traders; health seeking behaviour was positively correlated with their health related quality of life.

Keywords: Health Seeking Behaviour, Health Related Quality of Life, Female traders, Relationship.

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INTRODUCTION

Women are channels of health information and primary care givers for children and other members of the family (Lee, 2016). Thus, the woman's economic, educational and health statuses are fundamental to human survival. The health of a woman includes more than her reproductive health as it encompasses all aspects of her well-being. This includes their physical and mental health domains rather than focusing majorly on her as a reproductive entity (Bustreo *et al.*, 2012; World Health Organization, 2017). The health of a woman is determined by many factors, the promotion of her quality of life is of importance because of the health issues associated with violence, poverty, discrimination and infectious diseases affecting women (Bustreo *et al.*, 2012). The consequences of a woman's ill health on her family and society cannot be underestimated because of her diverse roles in the society. (Hunt, Adamson, Hewitt & Nazareth, 2011). The woman's body is programmed from the foetal development stages and regulated by specified female body hormones which breaks the woman's life span into various life stages of maturity according to their age and life phases with a consequential influence on her health needs and

associated symptoms at the various life phases and stages (Amoako, 2019). Women seek health care earlier than men (Hunt *et al.*, 2011) for both health promotion and curative services. The female gender is the most populous gender in the open market sales type of occupation in the south western part of Nigeria. This group of women work hard with associated stress and worry to earn a living disregarding their health (Amoako, 2019). Market women find it difficult to lock up their stalls and seek health as expected.

The aim of health seeking is to be in good health, (Olasunbo & Samson Ayo, 2013) the type of health seeking behaviour adopted may have a relationship with the outcome of illness and the HRQOL. All of the health issues associated with the female gender may influence the woman's health seeking behaviour as well as her HRQOL. The concept of HRQOL adopted for this study is how well a person functions in life and her perceived wellbeing in the physical, mental and social domains of health (Hays & Reeve, 2010). At the individual level, this includes physical and mental health perceptions and their correlates including health risks such as the body mass index, physical inactivity, functional status, social

support, and socioeconomic status. At the community level, HRQOL includes resources, conditions, policies, and practices that influence a population's health perceptions and functional status. According to the American centre for disease control and prevention (Centre for disease control and prevention (CDC), 2011) measuring HRQOL can help determine the burden of preventable diseases, injuries, and disabilities, and it can provide valuable new insights into the relationships between HRQOL and the risk factors influencing it. Health related quality of life encompass aspects of overall quality of life that can affect physical and mental health. This concept is not only assessed in disease states but also among community samples.

The female market traders' work in physically demanding capacities, but the job is equally associated with sedentariness. Female market traders are prone to sedentariness, at risk of obesity and its associated non-communicable diseases. Sedentariness is associated with jobs associated with long hours of inactivity and it had been linked with obesity because of subsequent reduction in energy expenditure (Church *et al.*, 2011). Hence, investigating how female market traders seek health and their HRQOL as a result of their choice of health seeking behaviours is the focus of this study. Health seeking behaviour is the action of an individual with a constant health condition actively searching for ways to change habit or environment in order to move toward a higher-level of wellness (Hampshire, Porter, Owusu, Tanle & Abane, 2011). Furthermore, health seeking behaviour is viewed as the route through which individuals acquire information on health, illness, health promotion and risks to health (Cutilli, 2010). Additionally, it also involves the healthy approaches through everyday practices facilitating the feeling of belonging via spiritual and religious practices and the consumption of materials such as food and forms of treatments and therapies (Thomas, 2010). The health seeking behaviour of traders has been reported with emphasis on the curative health seeking practices (Ige & Nwachukwu, 2012). The formal curative health seeking is done at the health facilities, mostly primary health centres crewed by community health nurses. Nurses have roles to fulfil in the provision of formal curative health care services at illness episodes that may improve the health related quality of life of the community.

The HRQOL of apparently healthy adults has also been reported (Alsayyad *et al.*, 2020; Antony & Azeem, 2019; Korhonen, Seppala & Kautianen, 2014) but the relationship between the health seeking behaviour and HRQOL has not been identified. Hence this study evaluated the health seeking behaviour viz health promotion, illness prevention and curative health seeking practices of female traders, described their HRQOL and determined the relationship between the two variables.

METHODS

Research Design

This is a cross-sectional study that examined the HSB, described HRQOL and determined the relationship that exists between the HSB and HRQOL of female traders.

Study Setting

The study was conducted in the largest market in Ife Central Local government in Ile-Ife, South Western Nigeria. The market is either called Odo-Ogbe market or 'Oja Tuntun' meaning new market. This market has the largest number of traders in the open air within the town, with both males and females trading on daily basis in various wares and vocations. It has a well-planned terrain with structured stalls and open spaces utilised as unbuilt stalls. There is a supervision unit coordinated by the local government council area within the market.

Participants

A total of 600 volunteers were recruited for the study using the formula $n = N/1 + (Ne^2)$. Where n is the sample size, N is the total population and e is the absolute precision or error margin which is 0.05. The traders were selected through the systematic sampling technique. The first trader was selected at the centre of the market by spinning a bottle and selecting the stall that the head of the bottle faces. Subsequently, every third eligible female trader clockwise to the first trader was selected until sample size was reached. The criteria for selection were being female, not less than 18 years and having traded at least one year in the market. Pregnant women at the time of survey were excluded due to the negative impact of pregnancy on HRQOL (Lagadec *et al.*, 2018). Women with vocational shops not dealing with direct buying and selling were also excluded. Nevertheless, 577 questionnaires were adequately completed giving a response rate of 96%.

Ethics

Ethical clearance for the study was obtained from the Research and Ethics Committee of the Institute of Public Health Obafemi Awolowo University (IPHOAU/12/234), Ile-Ife before commencing the study. Written informed consent was obtained from respondents after explanation about the study. The willingness to withdraw from the study without any prejudice at any stage was also emphasized.

Measures and Variables

A paper based questionnaire structured from literature review with a Cronbach's Alpha of 0.9 was used to collect data. The instrument had 3 sections; section A contained 10 questions that assessed female traders' demographics, section B had 25 questions assessing the health seeking behaviours viz-a-viz promotion (10 items), (11 items) preventive and (4 items) curative health seeking behaviour practices on a 6-point likert scale of none of the time (1), a little of the

time (2), some of the time (3), a good bit of the time (4), most of the time (5) and all of the time (6). Lastly, section C assessed the HRQOL of the female traders with the HRQOL scale (Ware & Sherbourne, 1992). The Short Form (SF) - 36 scale consists of 36 items modified to meet the cultural peculiarities of the respondents. The SF- 36 scale assessed HRQOL in 8 domains of physical function (10 items), role limitations physical (4 items) role limitations emotional (3 items). Social function (2items), general health perceptions (5 items), body pain (2items), mental health (5items) and vitality (4items)). The Cronbach's Alpha of SF-36 for this study was 0.9. The final instrument was translated to Yoruba, the local language, used for transaction in the market. A reverse translation was done to see the extent of congruence. The Yoruba translated version was used to collect data.

DATA ANALYSIS

All items in the questionnaire were pre-coded for ease of analysis. Data analysis was done using the

International Business Machines Statistical Product and Service Solutions (IBM SPSS), version 20. The 6-point likert scale of none of the time (1) to all of the time (6) was scored respectively, summed and converted to a 0-100 scale. The median of 50 above was termed good HSB while below 50 was poor HSB. The HRQOL of life was determined using the standard scoring method of the SF-36 scale (RAND Corporation, 2016) [17]. The scale was rated from 0 to 100, with 100 representing the highest level of functioning possible. A score of 50 and above on the average indicating a high HRQOL among the women. The higher the score from 50 the higher the HRQOL.

RESULTS

The demographic characteristics of the female traders showed that majority (68.5%) were married. Majority (77.4%) had just primary and secondary education (Table 1).

Table-1: Demographic characteristics of female market traders

Variable	Female Traders N= 577	
	Frequency	Percentage (%)
Age (years)		
18-40	244	42.3
41-60	231	40.0
61 and above	102	17.7
Marital Status		
Single	74	12.8
Married	395	68.5
Cohabiting	5	0.9
Separated	8	1.4
Divorced	10	1.7
Widowed	85	14.7
Religion		
Muslim	152	26.3
Christians	425	73.7
Level of Education		
No Formal Education	72	12.5
Primary Education	187	32.4
Secondary Education	262	45.4
Tertiary Education	56	9.7
Ethnicity		
Yoruba	537	93.1
Ibo	36	6.2
Hausa	3	0.5
Igbira	1	0.2
Years of Experience		
< 5	169	29.3
6-10	138	23.9
>10	270	46.8
Average Income per Day		
<600 naira	93	16.1
600-1200 naira	52	9.0
>1200 naira	432	74.9
Number of Children		
None	81	14.0
1-4	366	63.4
5-8	130	22.5

Sixty five percent of the female market traders had poor health seeking behaviour (Figure 1), 62.2% had good health promotion HSB while 77.6% had poor preventive HSB and 78.2% poor curative HSB (figure 2). Further analysis showed a significant association between HSB and age ($\chi^2 = 7.376, p = 0.025$), HSB and number of children ($\chi^2 = 12.108, p = 0.002$). There was no association between HSB and educational status and average income per day of female market traders.

Fifty four percent of female traders had high health related quality of life. The HRQOL of respondents from the 8 domains revealed that 67.6% had a high HRQOL in limitations in physical function because of health problems and 48.4% high HRQOL in the role limitation due to physical health problems details as presented in table 2. There was a significant association between years of being a trader and HRQOL ($\chi^2 = 8.778, df = 2, p = 0.012$). There was a positive statistically significant relationship between HSB and HRQOL ($r = 0.10, p < 0.05$).

Table-2: Distribution of traders according to their HRQOL on the eight domains

Domains	HRQoL			
	High		Low	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Physical Function (PF)	390	67.6	187	32.4
Role limitation Physical (RP)	281	48.4	296	51.6
Role limitation Emotional(RE)	229	39.7	348	60.3
Social function (SF)	437	75.7	140	24.3
Body Pain (BP)	268	46.4	309	53.6
General Health (GH)	502	87.0	75	13
Mental Health (MH)	460	79.7	117	20.3
Vitality (VT)	459	79.5	118	20.5

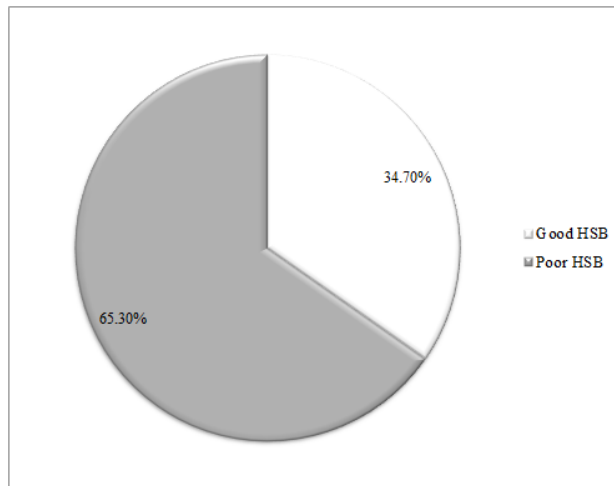


Fig-1: Distribution of traders according to their overall health seeking behaviour

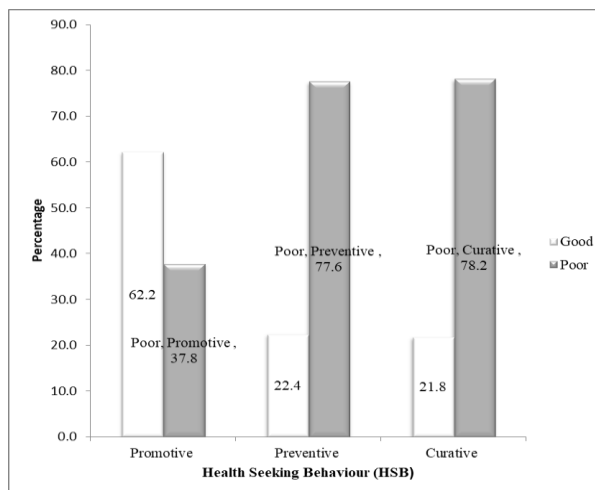


Fig-2: Distribution of traders according to their Promotive, preventive and curative HSB

DISCUSSION

The importance of a healthy woman cannot be overestimated because of the multiple roles served to their immediate families as wives, mothers, daughters to their extended family and to the society as a citizen. The health of the market woman is also of great importance, as it impacts on their roles in caring for children, the sick, elderly and other family members. When men share caring functions, the woman is still the primary care giver who is prone to health risks associated with market trading such as physical (musculo-skeletal problems caused by lifting heavy wares and sitting when travelling to purchase wares for sale) or extreme tiredness and stress associated with the job.

The health-seeking behaviour of female traders in this study showed that majority had a poor curative health seeking behaviour for utilizing informal healthcare services although they had good health promotion seeking behaviour. This is contrary to the findings among civil servants in Nigeria with a higher HSB for utilizing formal healthcare services for curative health seeking (Latunji & Akinyemi, 2018). However, the HSB study findings among a population of pregnant women in Nigeria showed that the pregnant women seeks multiple healthcare services (traditional, spiritual, social and orthodox) with preferred emphasis on the traditional healthcare providers (Akeju *et al.*, 2016) which is similar to the findings of this study.

The multiple utilization of healthcare services with the emphasis on informal healthcare practitioners for curative health seeking may be probably associated with the female gender (Das *et al.*, 2018) and the level of education of the women involved as stated in the similar findings above. This implies that the female traders practice healthy behaviours such as healthy eating lifestyle, involving in daily physical exercise, avoiding tobacco and alcohol.

(Ford *et al.*, 2011). Individuals engaging in high levels of physical activity with other positive lifestyle choices is associated with better health outcomes (Lacombe *et al.*, 2019). Similarly vascular health can be improved by avoiding smoking, participating in regular physical activity, eating a healthy diet and maintaining a normal body mass index (Yu *et al.*, 2016). These also has implications on the health outcomes among individuals with other non-communicable diseases such as cancer in comparison with people who engage in any of the unhealthy behaviours (Ford *et al.*, 2011).

Respondents' health promotion and preventive health seeking behaviours involves traditional, spiritual, social and orthodox methods. This was in line with the fact that health-seeking behaviour is an integral part of a family or community identity being the result of an evolving mix of personal and socio cultural factors

(Osamor, 2011). The female traders had a low preventive health seeking behaviour probably because of the use of inappropriate methods of preventing illness with traditional and spiritual means most times against the orthodox and formal methods. The method of traditional or spiritual method of health seeking adopted varies for the same individuals or communities at a particular time (Iyalomhe & Iyalomhe, 2010).

Multiple channels of health care services consisting of the traditional, spiritual, social and orthodox exist in most countries, Nigeria inclusive. Hence, the individual, families and groups in the communities explore the multiple channels for health care seeking. The formal curative health seeking behaviour was low from the findings of this study but the traders prefers to utilize the traditional, spiritual and social channels of health seeking which is corroborated by the findings of Ajaegbu & Ubochi, (2016) and Ezedike *et al.*, (2020). However, homeopathic and other forms of alternative medicine (for example herbal medicine) are utilized in some industrialized countries such as China (Osamor, 2011), in Nigeria and in other developing countries where the channels of care which are utilized are more varied, consisting of indigenous healers, spiritual churches, pharmacies, Patent Medicine Vendors (PMVs) and hospitals (Osamor, 2011). Various factors such as ethnicity, class, gender and other aspects of people's backgrounds (including family factors) seem to have a strong influence on health care-seeking behaviour (Osamor, 2011).

Most women care not only about living long lives, but also about living healthy lives, free of disability, disease, and unpleasant symptoms that prevent the enjoyment of, and involvement in meaningful relationships, work, and recreation (Llaneza *et al.*, 2007). The quality of life of women is also affected by normal physiological changes such as menstruation (Akinnubi, 2016), pregnancy and menopause.

It can be deduced from these findings that there is a positive link between the role limitation due to physical problems and body pains domain. This implies that when there is body pains the female traders' roles are limited due to this physical health problem.

The findings from this study showed a positive and a significant relationship between the curative health seeking behaviour and health related quality of life of female market traders. The correlation was weak in strength. This implies that a good curative HSB will influence the health of female traders and a positive impact on HRQOL while a poor curative HSB will impair the outcome of the ailment and subsequent low HRQOL. These may have negative consequences on the physical and mental health (De Hert *et al.*, 2011) due to the burden of the poorly treated ailment from inappropriate curative HSB. The findings from this

study also revealed a positive and a significant relationship between the health seeking behaviour and health related quality of life of female market traders. When HSB scores increases favourably the HRQOL of life is expected to increase from the findings stated above. This is due to the ability to protect health and seek health appropriately when ill. The positive correlation implies that as the scores for health seeking behaviour of female traders' increases so also is the increase in the scores of the HRQOL of female market traders. It can be deduced from this that appropriate health seeking behaviour will definitely improve health related quality of life of these female traders.

This finding also showed that the good health promotion seeking behaviours of the female traders can be commended but their poor preventive and curative health seeking behaviour should be further investigated. Preventing ill health with inappropriate belief methods will facilitate development of illness and the use of non-formal curative health services sought by female traders may impact on the outcome of the illness and subsequent reduction of HRQOL and the consequent implications on self, family and contribution to the society at large.

Implication for Nursing Practice

Community health nursing practice should improve the quality of care and life in the community. The concept of extended role of nurses offers many opportunities for a nurse in the community to improve the quality of life of the public. Based on the current knowledge of the population at this setting, awareness and prevention programmes can be planned and implemented among traders. Various health screening and health information disseminated among this female population is sure to reach individuals, families and groups in the community.

RECOMMENDATION

1. The local government can have a health post within the market for easy physical access of traders to health care to improve their curative health seeking behaviour practice.
2. A planned teaching programme can be conducted to improve the health-seeking behaviour and quality of life of female market traders.
3. Community health nurses organize and implement the dissemination of health information especially on prevailing health conditions, screen and advocate for better health practices.
4. A similar study can be replicated in other settings.
5. Studies to evaluate prevailing health conditions especially non-communicable diseases among the traders both male and female spread across various markets within the town can also be conducted

Limitations

The health seeking behaviour was determined by self-report.

CONCLUSION

The traders had poor HSB, high HRQOL and a positive statistically significant relationship between HSB and HRQOL.

Conflict of Interest

The authors have no conflicts of interest to disclose

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