

HEALTH-SEEKING BEHAVIOUR OF RIVERINE RESIDENTS OF AROGBO-IJAW ISLAND IN ESE-ODO LOCAL GOVERNMENT AREA OF ONDO STATE, SOUTHWEST NIGERIA

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ABSTRACT

A cross-sectional study using focus group discussions with 3 different categories of key stakeholders at a riverine local government area in southwest Nigeria. The objective was to highlight the factors affecting the health of the residents in this area with the possibility of using this information to improve the health status of the people. Among the factors identified as affecting health seeking behaviour of the residents were inaccessibility either due to lack of health services or poor roads network, illiteracy, poverty and cultural or religious beliefs that are inimical to good health. Suggestion of community based social health insurance program (CBSHIP) as a means of defraying the cost of healthcare was not too acceptable to majority of the dwellers. However, many residents still prefer patronising private hospitals instead of the public health facilities.

KEYWORDS

Riverine, Behaviour, Focus group discussion (FGD), Community based social health insurance programme (CBSHIP)

INTRODUCTION

Health seeking behaviour is a part of a wider concept of health behaviour. The concept of studying health seeking behaviours has evolved with the course of time and has ultimately become a tool for understanding how people utilize health care systems in their respective socio-cultural, economic and demographic circumstances. All these behaviours can be classified at various institutional levels: family, community, health care services and the state. One of the essential functions of public health is to use the applications of social and behavioural sciences for better understanding of the disease process. Biomedical knowledge alone cannot guarantee better health.

Social determinants of health which refer to the social, economic, and political situations that affect the health of individuals, communities, and populations are among the factors responsible for inequality in health status of people in different or same settings. These determinants act either directly or indirectly through modifying the health-seeking behavior of the people to impact on their health status.(1)

Riverine people especially in the developing nation like Nigeria are known to have very poor health indices as result of their geographical location and health seeking behaviour, which either make some healthcare services unavailable or make them unwilling to access them even when these are present. Also, there are peculiar health challenges in form of water-borne infections and infestations in such areas.(2)

But with over 70% of the earth being covered by water(5),it is safe to assume that a large proportion of the earth 7 billion population actually live by some water body and therefore may be disadvantageous in their accessibility and availability of healthcare service.

To therefore bridge the inequality in the health status of the riverine dwellers compared to the mainland residents, an analysis of the baseline situations including the health seeking behavior of people in this location is needed. This would also enable policy makers and healthcare workers to formulate and implement policies and services that are specific and acceptable to the needs of the people.

This study therefore is to describe the health seeking behaviour and those factors that affect such behavior among the residents of Arogboijaw Island in Ese-Odo local government area of Ondo state, southwest Nigeria, Africa.

The Arogboijaw community in EseOdo local government area of Ondo state in southwest Nigeria comprises of about 20 islands separated by creeks and lagoons. Ese–Odo is located within the low lying coastal zone which extends eastwards from the Niger Delta to the western border between Ondo and Delta States to the Atlantic ocean, while it shares the same boundary with Edo state to the eastern Nigeria. It is one of the two local governments which acts as the principal border settlements between the rest of the Niger–Delta and the south Western Nigeri. It is bounded in the east by Ovia South Local Government of Edo State, in the north by Irele Local Government of Ondo State, in the West by Ilaje Local Government, also of Ondo State as well as Warri South West Local Government of Delta State to the Southern fringe(4).

The Local Government lies between longitudes 2'24 to 3'24 and latitudes 6'22 to 6'42 and it is dominated by a maze of creeks and estuaries, which have played important roles of effectively linking up the different parts of the various communities within the Local Government Area. The population as at 2006 was 154,978(*NPC 2006*)

It is mostly made up of young people. The major occupation of the dwellers is fishing. And there is very little or no public social amenities and services in the area for example all the over 20 Islands are yet to connected to national public electricity grid and there is no pipe-borne water.

METHODS

This is a cross-sectional study based on focus group discussions (FGD) with relevant stake holders. A brief introduction and the need for the FDG were reviewed with participants and 3 groups were formed. The 3 groups were formed based on the category of participants present at the meeting. The groups of participants include:

Group1: Community/ward leaders and representatives in EseOdo LGA (A total of 12 persons)

Group 2: Personnel from LGA secretariat including LGA supervisors for Health, works, budgeting, political issues, Program officers from the LGA PHC department comprising of LGA PHC MOH, LACA manager, M&E officer, Reproductive health officer, Immunization officer, Health Education/Community mobilization officer (A total of 14 persons)

Group 3: Officers in Charge of health care facilities in EseOdo LGA (A total of 18 health care workers)

A note taker and a recorder were selected amongst the group members to document for each group discussion. Three EHAI staff served as moderator for each of the groups (Dr Timothy Akinmurele– Group 1; Fadero Tonubari – Group 2; AdebawoDamilare – Group 3) while there was a general observer (Edet-Utan Oluwakemi) ensuring that discussions were kept in perspective in each group.

Discussions on the following topics were held per group and responses outlined by the note taker on flip charts:

The reviewed guide for discussion was handed over to each group moderator. The content of the guide for discussion is as follows:

- A. *Factors affecting the health of people in EseOdo Community:***
- B. Discuss about the past and current situation of Health care services in your community.**
- C. Discuss obstacles to health outcomes**
- D. Choice of health care service: what influences people choice of where to receive health care in your community? Where do people prefer to obtain health care services?**

E. Attitude of community members and health care workers towards Community Based Social Health Insurance Program; how to combat poverty.

Each Group presented their discussion in itemized manner for ease in comparison of opinions amongst the 3 groups who discussed on the same sets of topics. In addition to the documented and highlighted points on flip charts by each group, the recording of conversations of participants in each group session was transcribed and analysed.

LIMITATIONS

- Each group did not have enough time to discuss each topic in-depth
- Note takers may be bias in taking down salient points and they may lose track of important opinions in the course of note taking
- This discussions did not capture non-verbal queues that might have been expressed in the course of discussion with participants
- Opinions of moderators for each group may differ on each topic across the 3 different groups
- As a result of the above listed limitations, it may be difficult to generalise findings from this focus group discussions to the general population.

FINDINGS

The FGD proceeding was for a duration of 1 hour and 5 minutes.

Findings for the purpose of this report are presented with relation to the key points of discussion as reflected on the discussion guide. Findings are then presented in such a way that it reflects each group's opinion about each question/assertion

FACTORS AFFECTING THE HEALTH OF PEOPLE IN ESEODO COMMUNITY

How these factors affect the readiness/willingness of community members in seeking health care services within and outside the community were discussed among the various group member. Though there appear to be differing opinions of each group on this subject matter, there appeared to be some level of agreement amongst discussants.

Responses from group 1: Group one majorly comprised of community leaders and gatekeepers.

Group one members agreed on some major factors affecting the health of people in EseOdo community and were identified as:

- a. Inadequate trained health workers for case management of different types of health problems facing the people dwelling at EseOdo.
- b. Inability of community members to access health care facilities due to bad roads or no access roads (especially water ways on the Arogbo Island)
- c. Many of the community leaders reported and agreed that their community members are often unaware of resources/programs available at their health facilities. They complained that when a health program is going on, health workers do not usually communicate such to the community gatekeepers appropriately while sometimes, no communication at all
- d. Another major problem is that there is inadequate funding of healthcare program/provision of healthcare services
- e. Illiteracy was also identified to be a major factor affecting the health status of EseOdo dwellers. According to the discussants, many do not have enough knowledge on how to live a healthy life
- f. Unfriendly attitude from some health workers also drive people away from utilizing health care services, thereby hindering uptake of available health care services for improving their health status.
- g. Inadequate infrastructure of health care facilities in Arogbo Ijaw. Most of their health facilities were said to be dilapidated and not having basic equipments for live saving.
- h. Poor hygiene of the community dwellers also affect their health
- i. Oil pollution of water and environment from their crude oil natural resource. People rarely have source of clean and portable water, hence, this lack of water pushes some community members to ingest 'poor water'. In the face of poverty, people cannot afford portable water.

*Responses from **group 2**: Group two majorly comprised of stakeholders at the LGA level as outlined earlier under the methodology section.*

Group 2 members identified the following as factors affecting the health of people in Ede Odo LGA.

1. Ignorance on the part of community members on appropriate approaches towards healthy living and how to maintain one's health
2. Poverty: Discussants claim that majority of EseOdo community dwellers are very poor and most of them who normally earn a living from fishing have now been displaced as the water is now severely polluted with crude oil exploration

3. High level of illiteracy is also one of the factors identified to be affecting the health of community members of EseOdo
4. Accessibility to health facility is a problem as there are no good roads and where there are they are very bad and inaccessible
5. Religion/ culture/ Taboo
6. Inadequate health personnel at health facility really prevents a lot of community members to access quality healthcare
7. Inadequate equipment in health facilities
8. Most communities are 'hard to reach' thus people cannot access healthcare and healthcare workers find it difficult to access the people in this area
9. Money to afford good health is a challenge.
10. Transportation Finance/ Logistic problems.

Group 3 members identified the following as factors affecting the health of people in Ede Odo LGA. Group 3 majorly comprise of health workers from across different healthcare facilities in EseOdo LGA and majorly from Arogbo Ijaw area. They identified the following factors affecting people's health in EseOdo LGA.

1. Difficult terrain – in the Riverine areas, most communities are separated by creeks
2. Poor accessibility to healthcare
3. Poor economic status of community dwellers
4. Discussants of group 3 who were mainly health workers of various cadre agreed that poor dissemination of health information to community dwellers is one of the factors affecting the health status of the community
5. Ignorance on the part of community dwellers
6. Cultural belief of the community dwellers hinders some community dwellers from accessing orthodox medicines

DISCUSS ABOUT THE PAST AND CURRENT SITUATION OF HEALTH CARE SERVICES IN YOUR COMMUNITY

According to group 1 discussants the following past and current situations of health care services in the EseOdo community was described as follows:

- i. In the past, there have not been stable health workers in the hospital but it has changed drastically during the tenure of this government (Gov. Mimiko's Administration).
- ii. The turn up of the community in visiting health facilities has improved (as regards the first point).
- iii. Improvement on the health workers as capacity of some (though few) health workers have been built regarding certain program areas.
- iv. Health workers were once frustrated due to inadequate drugs and other treatment equipments.
- v. People who have money prefer to visit private hospitals because they will be properly attended to, though most private health workers are quacks around the area.

Group 2 opinion about the past and present situation of healthcare services differ slightly from that of group one discussants:

1. Previously, In Biagbini, Amatibi and Ipoke communities – some communities on the Island, there was no health facility, no health personnel and the people sought/practiced the traditional way of treatment when ill.
2. Presently, there are some form of health care facilities (either using a church, town hall or donated house for facility space) in the earlier stated health care facility.
3. Poor accessibility to health care services; for example Arogbo CHC (on the island), is too far from the community and there is no staff quarters.
4. Arogbo also have problems with sneaks invading the facility to attack patients on admission, so people/ staffs are scared of using facility.
5. Very poor infrastructural condition of available health care centers e.g. Opuba BHC presently roof is leaking, due this this, the community is not using the place and health workers do not have some where to stay and attend to patients in the raining season.
6. All health facility lack equipment, drugs and competent/ skilled workers/personnels.
7. All facilities have difficulty in transportation especially during the raining season.

Group 3 described the same situation as group 1 and 2 as their past and present status of health care services in the community.

DISCUSS OBSTACLES TO HEALTH OUTCOMES

According to group 1, two major obstacles to health outcomes were identified. These include:

- a. People still believe some diseases are not natural and they prefer treating them in a local way.
- b. Illiteracy still reflects in the way they view disease occurrence.

Group 2 differed slightly, they have the following identified obstacles to Health outcomes in their community:

1. Lack of skilled health personnel
2. Theft in health care facilities as sneaks enter into the health facilities
3. Refusal of community members to attend health facilities
4. Bad road network during the rainy season

Group 3 identified the following:

- a. Ignorance of management of specific ailments by the patient as well as health worker
- b. Combinations of alternative medicines and orthodox medicines

Choice of health care service: what influences people choice of where to receive health care in your community? Where do people prefer to obtain health care services?

All Groups discussion points on the above subject matter are as follows:

1. Involvement of community leaders in any health program usually propels community members to make up their minds on utilize the health care facility or not.
2. Many community members prefer to initially try self medication (usually herbs and concoctions) then access health care through traditional healers, traditional birth attendants(TBAs), mission homes, or even approach the health issue religiously
3. Attitude of health workers sometimes either drives people away or encourages them to utilize modern health care services

Attitude of community members and health care workers towards Community Based Social Health Insurance Program. How to combat poverty

Discussants believe that health should be free to an extent (at least the basic needs). Therefore, only a few community members who are enlightened about health insurance will respond to this because of the level of poverty in the community. The major sources of income of community dwellers used to be fishing, trapping and they are no more in existence due to some factors such

are deforestation, continuous pollution of water ways due to crude oil exploration. Discussants believe that poverty can be eradicated through the following means in the community:

- ✓ Employment and empowerment of youths especially
- ✓ Citing of industries in the environment
- ✓ Maintaining the plantations that are available – oil palm, plaintain, rubber,
- ✓ Farming
- ✓ Block industries – since there is access to pure fine sand, water and the area is just developing

CONCLUSION

- A. ***Factors affecting the health of people in Eseodo Community*** as identified by discussants summarily range from Inadequate trained health workers to inability of community members to access health care facilities due to bad roads, ignorance of resources/programs available at their health facilities, inadequate funding of healthcare program/provision of healthcare services, illiteracy, unfriendly attitude from some health workers, inadequate infrastructure of health care facilities in Arogbo Ijaw, poor hygiene of the community dwellers, oil pollution of water and environment from their crude oil natural resource, poverty, religion and cultural factors, Inadequate equipment in health facilities.
- vi. **Discuss about the past and current situation of Health care services in your community.** The following summarily describes the past and current health care services in Eseodo community: Lack of stable health workers in the health facilities, Health workers were once frustated due to inadequate drugs and other treatment equipments, there was no health facility, no health personnel and the people sought/practiced the traditional way of treatment when ill, Poor accessibility to health care services (some are still the same),

Currently, the turn out of the community in visiting health facilities has improved (as regards the first point), there is improvement on the health workers as capacity of some (though few) health workers have been built regarding certain program areas.

People who have money prefer to visit private hospitals because they will be properly attended to, though most private health workers are quacks around the area. Some forms of primary level of health care now exist the ough situated either a church, town hall or donated house for facility space. Pilfering, stealing is the order of the day in some facilities. Very poor infrastructural condition of available health care centers. All health

facility lack equipment, drugs and competent/ skilled workers/personnels. All facilities have difficulty in transportation especially during the raining season.

B. Discuss obstacles to health outcomes

Those identified included According to group one, 2 major obstacles to health outcomes were identified. Cultural and religious beliefs, illiteracy, lack of skilled health personnel, theft in health care facilities as sneaks enter into the health facilities, refusal of community members to attend health facilities, bad road network during the rainy season, ignorance of management of specific ailments by the patient as well as health worker, combinations of alternative medicines and orthodox medicines.

C. Choice of health care service: what influences people choice of where to receive health care in your community? Where do people prefer to obtain health care services?

- a. Involvement of community leaders in any health program usually propels community members to make up their minds on utilize the health care facility or not.
- b. Many community members prefer to initially try self medication (usually herbs and concoctions) then access health care through traditional healers, TBAs, mission homes, or even approach the health issue religiously
- c. Attitude of health workers sometimes either drives people away or encourages them to utilize modern health care services

D. Attitude of community members and health care workers towards Community Based Social Health Insurance Program; how to combat poverty.

From the discussions, it was clear that community members may be reluctant in embracing CBSHIP program if it its not near free. Discussants also believe that poverty can be eradicated in their community through the following means:

- ✓ Employment and empowerment of youths especially
- ✓ Citing of industries in the environment
- ✓ Maintaining the plantations that are available – oil palm, plaintain, rubber,
- ✓ Farming
- ✓ Block industries – since there is access to pure fine sand, water and the area is just developing

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