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Gender and Health Seeking Behaviour of Micro Scale Entrepreneurs in Obio-Akpor Communities

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Abstract

Gender refers to the ideas that people have of what it means socially to be a boy or girl, or a man or woman. For men and women, what constitutes good health or wellbeing may mean different things. Various factors affect the manner in which business owners seek medical care. Gender has been observed to be one of those factors. This study therefore aims to examine gender as a determinant of health seeking behaviour amongst micro scale entrepreneurs in Obio-Akpor Local Government, Port-Harcourt. The study research design is quantitative in nature because the data gathered from the field is numeric in nature and statistical method was adopted in its analysis. The sample size for the study was 400 respondents. The multi-stage cluster sampling technique was utilized because of the wide spread nature of these Micro businesses. The primary source of data was questionnaire and the secondary source includes journal articles, text books and NBS/SMEDAN MSME's. The method of data analysis utilized in the study is the analysis of variance in Statistical Package of Social Science (SPSS) to test the relationship between variables and the data was presented in tables. The study discovered the gender of a micro business owner is not critical in determining where health care is sought also women seek healthcare more frequently than men. It recommends that enlightenment campaigns should be conducted periodically government and non-governmental organizations (NGO) in the health sphere to educate and sensitize small business owners regardless of gender on the benefits of seeking orthodox healthcare when ill.

Keywords: *Gender, Type of healthcare, Micro-scale entrepreneurs.*

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Background to the Study

Nigeria has an estimated population of 206 million people, of which the median age is 18.1 years (Worldometer, 2020). There has been a demand on the government to create new jobs to carter for this youthful population. This has not been possible and has led to a growing entrepreneurial spirit. There are lots of graduates from different institutions with no corresponding employment opportunities. This has led to a situation where the average graduate is willing and ready to go into business. For many reasons, these businesses are mostly started on as small or micro scale. Thus, these business owners which are either male or female due to their pursuit of profit may sometime ignore their health which is also a representative of wealth. The health capital of a small-scale business owner is the most important immaterial capital of a small firm (Torres and Thurki, 2018). This means that health is a resource to support an individual's function in wider society rather than an end in itself (Felman, 2020).

World Health Organization (2000) defined health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. In 1986, WHO made further clarifications on the definition of health above and described it as a resource for everyday life, not the objective of living. Hence, it posited that health is a positive concept emphasizing social and personal resources, as well as physical capacities. Every area of an individual's life is affected by their state of health. Whether a small-scale business owner is male or female, their health state determines their capacity to work Payne (2009). There is a need to understand the health seeking behavior of the individuals who run micro scale businesses, were they seek health care and why. Thus the study shall examine gender as it influences the health seeking behaviour of micro scale entrepreneur.

Research Objective

The aim of the research is to:
Examine the relationship between gender and type of health care.

Hypothesis

1. There is a significant relationship between gender and the type of health care sought.
2. There is a significant relationship between frequency of time spent in seeking healthcare and gender.

Research Question

1. What is the influence of gender on type of health care sought when ill?
2. Does gender affect the number of time health care is sought?

Study Area

Obio-Akpor is one of the ten richest Local Government Areas in Nigeria contributing immensely to the GDP of Rivers state due to the existence of various business ventures and commercial activities in the region (Nigerian Bureau of statistic, 2017). It is one of the most populated LGAs in Rivers state with a population estimate of 649,600 (NBS, 2016).

The LGA alone has seventeen political wards and producing two House members to the state House of Assembly. It has a number of healthcare institutions providing Primary, Secondary and Tertiary healthcare services such as the University of Port Harcourt Teaching Hospital as well as other primary health care centers. The following localities are found within the LGA; Alakahia, Atali, Awalam, Choba, Egbelu, Elelewo, Eligbam, Aluu, etc.

Theoretical Framework

Rational Choice Theory

Rational Choice theory is said to have been propounded by the philosopher Adam Smith in the mid 1770's. The rational choice model is popularly known as choice theory. The model aids the comprehension of economic and social behaviour but has a deep root in economics. The basic assumption of the model is that people use rational calculation to decide on the choices they make to accomplish a result that corresponds with their individual interest. Deciding on what to do is seem as important as a result of few alternatives or restrictions (Ogu, 2013).

A person that is regarded as a rational agent is expected to consider the information at hand, chances that an event will occur, result of other courses and likely cost and benefits before choosing a desired course of action. When all things have been considered, a rational individual is supposed to behave in tandem with choosing the most preferred self-determined action. The model assumes that agents opt for an alternative which has the ability to satisfy them the most at all times. For example, individuals are mostly motivated financial rewards and the likelihood that profit would be made, examine the cost and effect of all the activities they are involved prior to making a choice on what action to take and aim to make more profit at all times. When people try to achieve personal goals, they act rationally. Making more profit and avoiding loses is their major priority (Crossman, 2019).

When micro scale enterprises are set up, it is usually for the purpose of profit maximization. The profit made from every sale; daily business activity determines how successful the business will be. A normal high-spirited entrepreneur would work from morning till nightfall to ensure that the business makes a decent daily income. As a result of stress and other biological and natural factors, the micro scale business owner may fall sick. According to the rational choice theory, the business owner who is seen as a rational agent needs to make a decision. When micro business owners decide to utilize health care, it is assumed that they make a rational decision to act or not to act. The gender of a business owner may affect the decision they make towards health care choice, this is because a male entrepreneur may be more interested in earning more money thus see going to the hospital as a waste. On the other hand, a female may take health care to be as important as their business.

Conceptual Review

Health seeking behaviour

Health seeking behaviour it can be said to be a series of corrective steps adopted in solving a perceived ill state (Ahmed et al., 2000). Going by this tradition, some social cognition theories have been developed to determine likely behavioural patterns. This includes social, psychological and demographic variables, suspected symptoms, access to care and individual character traits (Norman and Conner, 1996).

Health seeking behaviour is subsect of a broad notion, health behaviour. Health behaviour comprises of every attitude connected to ensuring and maintain a healthy state Adejumo (2012). The fundamental notion is that behaviour is most comprehended based on how a person perceives their social environment. Awareness about causes of ill health and availability of healthcare options to choose aids change in individual behaviour, however the awareness that making health education available to individuals is insufficient to improve the already existing health behaviour (MacKian, 2003).

Scholars have tried to determine the factors that facilitates the utilization of health services and factors that makes individual choices for receiving healthcare differently drew a conclusion that variables connected to health seeking behaviour comprises of the influence of diseases on their standard of living, no stigmatization for speaking up about the disease symptoms they may be experiencing, behaviour towards the use of healthcare (Kang and Kim 2009).

De Nooijer et al. (2001) highlights ignorance, social support, understanding of symptoms, fear, age, social and financial ability and sex as factors determining health seeking behaviour. He also states some reasons for late presentation such as lack of awareness about signs, fatalistic behaviour, attributing cause of illness to metaphysics or an art of God and difficulty to access health care services by people living in rural areas (Kang & Kim, 2009).

Gender

The concept gender is mostly used to explain the disparity between male and female. It is a socially determined concept. It is based on the perception of the society at a given time. Gender is different from sex, in that sex is biologically determined e.g using thee biological makeup of men to differentiate them from women. Gender is a reflection of the culture, norms and believes of a particular society. They are dynamic as they vary from society to society representing opinons of citizens of a society. Gender relations are often heterosexist. This means women are expected to be sexually attracted to men, and men to women. Stigma and discrimination can be attached to people with different sexual orientations from heterosexuals, e.g. gay men, lesbians and bisexuals.

Health

World Health Organization (WHO) defines good health as "a state of complete physical, mental and spiritual well-being and not merely the absence of disease". For men and

women, what constitutes good health or well-being may mean different things and may require diverse services from the health care system. Primary health care, like all other levels of health care services, should be adapted to meet the needs of the different sexes.

Empirical Review

Adejumo (2012), carried out a study on the health seeking behaviour of women on treatment for cervical cancer in Grey's Hospital. The overall aim of this research was to determine the patterns of health seeking behaviour of women being treated for cervical cancer. The research was an observational study with a descriptive and analytic component, the sample size was 109. The variables that most influenced health seeking behaviour and that still remained statistically associated with the outcome variables under the multivariate analysis were found to be age, marital status, employment status, social support for medical treatment, educational level, knowledge of Pap smear screening and recognition of cervical cancer.

In Victor, Delnoi, Friele, and Rademakers (2012), the first research question concerns whether patients actively choose their healthcare providers. Research indicates that patients do not generally choose actively. Reasons are that a substantial proportion of patients do not find choice very important that the degree of choice for some patients is limited and that the available information is not enough or unsuitable to base decisions on. The research also shows that most patients are unable and/or unwilling to make a completely rational choice. This is supported both by research in healthcare (e.g. health plans, treatments, and health-related behaviour) and in other areas (e.g. personal finance, which school to attend) instead, choices are based on only some of the provider characteristics and patients choose a provider that is good enough, or make no active choice at all. Also, patients base their choices on a variety of structural, process and outcome quality indicators. In fact, structure and – in particular – process indicators are more important than outcome indicators. The importance attached to the different characteristics differs between the various patient groups.

Payne (2009), in a study titled "How can gender equity be addressed through health systems" noted that women and men use health care differently, with the former consulting more often than the latter, particularly in primary care. Men's underuse of some services also needs to be recognized and addressed. A number of studies have also shown that women's and men's experiences of health services – how well the services are able to meet their needs – are shaped by various gender-related influences. Access to services, for example, is affected by opening hours and the availability of appointments, and in some countries by financial constraints.

Men in full-time employment are likely to experience difficulties in using health care, but women with caring responsibilities may also find it difficult to access services at certain times. Services may not be provided in a gender-sensitive way – for example, with provision for single-sex inpatient care or a same-sex physician. Questions can also be raised about health knowledge: gender bias in some medical research means that gender

differences in the presentation of symptoms, and biological or sex-linked differences affecting correct pharmacological doses, are not fully understood.

Materials and Method

The study was quantitative, descriptive, and cross-sectional in nature. This choice was informed by the objective to be achieved and hypothesis to be tested. Regarding the population, the study considered were operator of micro enterprises in Obio-Akpor Local Government Area, Rivers State. The total number of micro enterprises within Obio-Akpor LGA was 606,987. The sample size for the study was obtained using the Taro Yamane method of the sample size determination.

Mathematically, it is: $n = \frac{N}{(1+N(e)^2)}$ Equation (1)

Where n = Sample size sought for.
N = Population of interest.
e = Margin of error.

Population size is 606,987

From above, N = 606,987, therefore at 5% confidence level, e = 0.05

$$n = \frac{606,987}{(1+606,987[0.05]^2)}$$

$$n = \frac{606,987}{1+606,987[0.0025]}$$

$$n = \frac{606,987}{1517.47}$$

$$n = 399.99$$

The above result indicates that approximately Four hundred (400) micro enterprises is the sample size for this study. Multi-stage cluster sampling technique was utilized because of the wide spread nature of these Micro businesses. Obio-Akpor LGA was divided into 5 zones and 5 business hubs were randomly selected from each of the 5 zones. The business hubs are; Rumuokoro, Rumuomasi, Trans-Amadi, Woji and Choba. The major market catering for these areas and its environs in each of the 5 selected business hubs were further selected at random. The markets and its environs selected from the hubs are: Rumuokoro market at Rumuokoro, Rumuomasi town market at Rumuomasi, Choba market along East-West Road, Rumuwoji market and Slaughter market at Trans-Amadi. The data used in this research work were both secondary and primary data because of the nature of the research. The primary data was sourced through the use of questionnaires, while the secondary data were sourced from journal articles, textbooks, NBS/SMEDAN MSME's survey report, internet and other forms of publications which guided the researcher to structure the theoretical and empirical literature in this study. Questionnaire was used for data collection. The first section of the questionnaire comprises socio-demographic information and second section deals with the type health sought by the micro-businesses. This section was an option based. This was to ensure that filling each questionnaire did not take more than twenty minutes on

average. The questionnaires were administered to owners of micro businesses. All micro businesses whose owners were not present at the business's premises during the time of the questionnaire distribution were skipped. Number of questionnaires administered was 400, number of questionnaires retrieved was 380, number of questionnaires not retrieved was 20 and completion rate was 95%. The reliability of the research instrument was done through test-retest method to measure the reliability of the instrument using a pilot survey, the questionnaire was administered to people with similar characteristics but were not included in the main sample for the study. The instrument was administered at first and then test-retest two weeks later. The data from the two observations were correlated. The score obtained is 0.88 which depicts a relatively high level of reliability. Furthermore, the instrument was presented to the supervisor and other experts in the social sciences for their inputs. The results were presented in form of frequency and percentage on tables. The study adopted analysis of variance (ANOVA) on Statistical Package for Social Science (SPSS) IBM 20 version for hypothesis testing.

Results

This section focused on analyzing the data obtained from the field. The data were presented in relevant tables with frequency, percentages and cumulative percentages. The hypotheses were tested using ANOVA in order to achieve the objective.

Socio-demographic characteristics of the Respondents

Table 1: Socio-demographic characteristics of small and micro businesses in Obio-Akpor LGA.

Variables	Frequency (F)	Percentage (%)
	Total Numbers of Respondents = 380	
Gender		
Male	190	50.0
Female	190	50.0
Age group		
Under 20	45	12.0
20 – 29	75	20.0
30 – 39	105	28.0
40 – 49	120	31.0
50 – above	35	9.0
Level of Education		
No formal Education	25	6.5
FSLC	63	16.6
SSCE	128	33.7
BSc	85	22.4
MSc and above	47	12.4
Vocational Training	32	8.4
Location of business		
Rumokoro	115	30
Rumuomasi	65	17
Trans-Amadi	95	25
Choba	55	15
Woji	115	30

Source: Survey, 2020.

The table 1 demonstrated the socio-demographic characteristics of the Respondent. For the gender distribution of respondents, 50% (190) are males while 50% (190) are females. This shows that there are equal male and female owners of micro businesses at the time of the study survey. The age distribution of respondents indicates that, 12% (45) are under 20 years of age, 20% (75) are within the age brackets of 20-29 years. Also, 28% (105) are between 30-39 years, 31% (120) are 40-49 years of age and 9% (35) are 50 years and above. For academic qualifications, the field reports show that 6.5% (25) have no formal education while 16.6% (63), 33.7% (128) and 22.4% (85) have their FSLC, SSCE and BSc respectively. Also, 12.4% (47) and 8.4% (32) have MSc/above and Vocational trainings respectively. With respect to the major areas where businesses are located in Obio-Akpor, the distribution of respondents who participated are 30% (115) in Rumokoro, 17% (65) in Rumuomasi, 25% (95) in Trans-Amadi while 15% (55) and 13% (50) in Choba and Woji areas respectively. This thus shows that more of the respondents are from Rumuokoro area as it was the market area with the highest population density.

Table 2: Preferred type of healthcare of micro business owners in Obio-Akpor LGA (Number of Respondent = 380).

Variables	Frequency (F)	Percentage (%)
What is your preferred type of healthcare when you are ill?		
Orthodox	131	35
Modern	138	36
Self-Medication	111	29
Total	380	100

Source: Survey, 2020.

The results in table 2 demonstrated that 131 (35%) micro-business owner' preferred to seek orthodox healthcare, with 138 (36%) preferring to seek 'modern type of healthcare', meanwhile, 111(29%) preferred type of healthcare was self-medication.

Table 3: Micro-business owners' monthly income.

Variables	Frequency (F)	Percentage (%)
	Business Monthly Profit(₦)	
Less or equal to 5000	45	12
6000-10,000	155	41
11,000-15,000	95	25
16,000-20,000	60	16
21,000 and above	25	6
Total	**380**	**100**

Table 3 reveals the monthly income of respondents. It was observed that majority of respondents earn 6,000-10,000 monthly while the least represented respondents 25 (6%) earned 21,000 and above. This is probably due to the size of their business (micro) and the current state of the Nigerian economy.

Data Analysis

Hypothesis 1: There is a significant relationship between gender and the type of health care sought.

Table 4: Output of the ANOVA test carried-out on gender and the type of healthcare sought by owners' of micro-businesses in Obio-Akpor LGA are unwell.

ANOVA

Gender

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	10.924	2	5.462	27.265	.551
Within Groups	75.526	377	.200		
Total	86.450	379			

The ANOVA Table 4 examined the relationship between type of healthcare and gender. It reveals a significant value of 0.551 which is greater than 0.05 indicating that there is no relationship between type of healthcare and gender. Thus, gender does not necessarily determine the type of healthcare sought.

Table 5: Gender * Average number of times Health Care Services was Sought in the last one month? Crosstabulation

			Average number of times Health Care Services was Sought in the last one month?					Total
			Once	Twice	Thrice	Four times	Five times/or more	
Gender	Male	Count	170	5	3	1	11	190
		% Within Gender	89.5%	2.6%	1.6%	0.5%	5.8%	100.0%
		% Within Average number of times Health Care Services was Sought in the last one month?	91.9%	5.2%	4.8%	5.0%	73.3%	50.0%
	Female	Count	15	92	60	19	4	190
		% Within Gender	7.9%	48.4%	31.6%	10.0%	2.1%	100.0%
		% Within Average number of times Health Care Services was Sought in the last one month?	8.1%	94.8%	95.2%	95.0%	26.7%	50.0%
Total		Count	185	97	63	20	15	380
		% Within Gender	48.7%	25.5%	16.6%	5.3%	3.9%	100.0%
		% Within Average number of times Health Care Services was Sought in the last one month?	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 5 reveals gender and average number of times health care service was sought in last one month. From Table 5 above, it is observed that majority of males 170 (89.5%) seek health care once a month, while the least representation amongst males is 1 (0.5%) four times monthly. Others are twice monthly, 5 (2.6%), thrice monthly 3 (1.6%) and five times or more monthly 11 (5.8%) respectively.

Majority of female's respondents 92 (48.4%) seek health care twice a month, followed by those who seek healthcare thrice a month 60 (31.6%), four times in a month 19(10.0%) and the least number of times females seek health care is five times and more 4 (2.1%). This is an indication that female seek health care most often as compared to males.

Hypothesis 2: There is a significant relationship between frequency of time spent in seeking healthcare and gender.

Table 6: Test for hypothesis 2

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Interval by Interval	Pearson's R	.543	.052	12.582	.000[c]
Ordinal by Ordinal	Spearman Correlation	.713	.039	19.793	.000[c]
N of Valid Cases		380			

a. Not assuming the null hypothesis.
b. Using the asymptotic standard error assuming the null hypothesis.
c. Based on normal approximation.

The correlation test conducted in table 6 above reveals a value of 0.000 for both Pearson and Spearman which is less than 0.05 indicating a significant relationship between both variables. This shows that there is a relationship between gender and the frequency of times healthcare is sought.

Discussion of Findings

On this basis we formulated and tested hypotheses from the field information obtained. Informed by both the descriptive and inferential findings we discovered that the alternate hypotheses hold for the following:

The hypotheses tested to know if the gender of micro business owners in Obio-Akpor LGA was significant in influencing the type of health care sought. Findings discovered that gender does not determine the type healthcare sought. This is because most hospitals, clinics and traditional healthcare facilities are mutually utilized by both gender as most of these facilities provide services that meets the medical needs of both gender except for maternity centers. This finding opposes that of Payne (2009) who studied gender equity through health care systems. He observed that women and men differed in their usage of healthcare system. Based on the findings of this study, women seek health care more frequently than men. This is in tandem with the discovery of Tenenbaum, Nordeman, Sunnerhagen and Gunnarson (2017) that women seek health care more often than men however men seek healthcare earlier than women. Women most times seek healthcare often because they are more responsible for care giving to the young, elderly members of the home as well as themselves. This can increase the poverty rate amongst women as the time they are supposed to spend in their businesses, they spend it at health centers and

hospitals. While men spend more productive time at work. The study discovered that gender of micro business owners in Obio-Akpor LGA does not influence the type of health care sought. However, women seek healthcare more often than men.

Conclusion and Recommendations

The main objective of the study to examine 'gender as determinants of health seeking behaviour of micro-scale entrepreneurs' in Obio-Akpor communities. It was discovered that gender does not significantly influence health seeking behavior and women seek healthcare more frequently than men in Obio-Akpor LGA of Rivers state. Based on this finding the following recommendation was made:

1. Enlightenment campaigns should be conducted periodically government and non-governmental organizations (NGO) in the health sphere to educate and sensitize small business owners regardless of gender on the benefits of seeking orthodox healthcare when they are unwell.
2. Government should provide an affordable health insurance seek that would encourage everyone irrespective of gender to seek health care in due time.

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