

Gender differences in health seeking behaviour and use of informal, private and public providers in two Nigerian cities

Findings from focus group discussions with men and women

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What we did?

- Eight (8) slums in Enugu and Onitsha cities
- Focus group discussions with community members
 - One gender segregated FGD per slum
 - Equal number of FGDs for men and women
 - Number of participants ranged from 7 to 10 per group
 - Total number of participants = 68 (34 men and 34 women)

Who has what?

Mean age (SD)	Women 35.65 (± 11.18)	Men 35.69 (± 15.45)
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Access to resources - income & education	Women	Men
Profession/Employment		
Artisan	3	8
Business	10	7
Hawking	2	0
Professional	1 (Teacher)	3 (Engineers)
Unemployed	8	1
Blank	10	15

Level of education	Women	Men
Primary	5	11
Secondary	17	15
Diploma	2	0
Higher diploma	1	1
Tertiary (Degree)	3	4
None	6	3

Access to health services	Women	Men
*Traditional birth attendants	Often stated	Never stated
*Patent medicine vendors	Often stated	Often stated
*Herbal medicines	Rarely stated	Often stated
*Traditional bone-setters	Never stated	Sometimes stated
**Health center	Rarely stated	Sometimes stated
**Private hospital	Rarely stated	Sometimes stated

*Informal providers; **Formal providers

Who does what?

Traditionally, men were perceived as breadwinners but this perception is changing due to changes in roles of men and women in household provisioning

In the single parent (mother-only) households the woman takes on the role of breadwinner

Irrespective of who is the breadwinner, **women are the primary caregivers**

How are values defined?



Women	Men
Ease of access; waiting time, opening hours; affordability	Affordability; convenient opening hours
Popularity – many people go there Referral – from older women (advise) Altruism – she has helped many pregnant women	Reputation – referrals from peers
Care/attitude – she treats people well Considerate - quote	
Severity of illness; persisting illness (not amenable to informal services); emergencies	Severity of illness; persisting illness; emergency (labour)
Beliefs about illness causation – spiritual causes or juju; superstitions Belief that God is the ultimate healer “But at the end it is only God that heals”	Belief in the efficacy of herbs Belief that some illnesses are only amenable to herbal remedies or traditional treatment Belief that people respond differently to treatment modalities (orthodox vs traditional)

“Sometimes, there will be a time when I will fall sick and I will be told to go to a chemist shop to buy medicine. We all know that the medicines from some of these chemist shops are imitations but we still buy them because they are the ones that we can afford” (Female; Secondary education; Hair stylist; Single)

“For me, and in my family, we do not really go to hospital. Even when my children fall sick we only go to the chemist and buy medicine because it is affordable. Unlike the hospital where they will tell us to go for lab and pay for card before we can see a doctor. And the protocol takes someone who is patient enough to wait” (Female; primary education; Trading; Married)

“For those that are pregnant, there is a woman, we call her Mama E. I have personally given birth to four children there, and many people go there to give birth. She has helped many pregnant women deliver their babies, even twins. And she treats women and children too” (Female; Secondary education; Trading; Married)

“Money is the major challenge that makes us to go to informal for medical treatment, because with one hundred naira or even fifty naira, they can be able to prescribe medicine for you, that can make you to get better for some couple of days” (Male; Secondary education; Single)

“For pregnant women, they require hospital attention. But anything relating to bone, waist demands herbs. If someone is suffering from waist pain and he or she is busy patronizing hospital or taking their medication for treatment, the person will eventually die” (Male; Primary education; Single)

Who decides?

Women decide first point of care – influenced by advise and experiences of older women; other beliefs and perceptions

Men play a role in deciding where next – *“I told my wife that we should take him to the hospital, maybe they can correct and treat him there”* (Male; Primary education; Married)

Health workers decide – type of care to provide; whom to refer clients

What constitutes power relations among different social strata?

- **Client and provider** – response to quality of care

“There is a woman that has a chemist shop, she injected my son the wrong way, and this caused my son to having issues with his leg. But when we went to the hospital, my son was treated there and he got himself. I almost killed that woman because of that infected injection” (Male; Primary education; Married)

- **Formal and informal provider** – collaboration and recognition

“Mostly, the formal and informal [providers] that work together are the informal bonesetter and the professional nurses” (Male, Secondary education; Married)

Some illnesses are only amenable to herbal remedies or traditional treatment

Gender and intersectionality in health seeking

“The first thing that is usually done is to first go to a chemist to get medicine, if the sickness persists, the next action is to go and run a test.... Not everyone has the money that allows them to go for a test, most times you go to a good chemist to get medicine before going for a test if you have the money” (Female; secondary education; unemployed; single)

“The chemists are more easily accessible because it’s close by and its very cheap. For instance, if you have a headache you won’t go to the hospital, you’d go to a chemist to get paracetamol. If the headache persists after two or three days then you go to the hospital” (Female; tertiary education; unemployed; single)

“Most people self-medicate, or go to any chemist nearby to get medicine. But if I am sick, I don’t go to the chemist. I go first to run a test after the test, the prescription given by the medical doctor is what I use for treatment” (Female; tertiary education; cosmetologist; single)

Access to health services is influenced by the type of care that is sought

“At this Waterside (General Hospital), I noticed one thing about them. If you go there for any form of sickness, they will not attend to you. Rather they will be busy chatting, and it’s not that they cannot cure the sickness. But once it is a pregnant woman that visits them, they will rush the person. That’s how they behave there and it is not like they cannot treat it but they will just feel less concerned” (Female; secondary education; trader; married)

“Majority of the case they [primary health center] handle are children cases, new born and the rest. I have not seen them attending to any adult. They specialize on child delivery, antenatal, immunization” (Male; tertiary education; engineering; married)

“What he said is the truth. I have not seen any adult or man that visit them rather they will go to any chemist around but if it is child delivery, immunization, you will see them there” (Male; primary education; carpentry; married)



Thank you

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