

# Health-seeking behaviour of commercial bus drivers in Uyo, Nigeria

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## Abstract

**Background:** Commercial driving is a highly demanding job which often exposes the drivers to different health problems necessitating treatment. Various treatment options are available to these drivers. The objectives of this study were to assess the health problems and health-seeking practices of commercial bus drivers in Uyo, Nigeria.

**Methodology:** This was a descriptive cross-sectional study carried out in March, 2020. Data collection was done using an interviewer-administered semi-structured questionnaire. Analysis of data was carried out with IBM SPSS Statistics, version 20.0. The level of significance was set at  $P < 0.05$ .

**Results:** A total of 121 male respondents participated in the study. The mean age of respondents was  $40.45 \pm 10.49$  years. More than half 71 (58.7%) respondents had completed secondary education. The most common health problems reported by respondents were low back pain (55.4%), insomnia (55.4%) and body aches (52.1%). The usual sources of treatment were chemist (60.3%), herbal remedies (51.3%), health facility (25.6%) and self-medication (17.4%). Among 32 (26.4%) respondents that ever had fractures, 23 (71.9%) received treatment from bone setters. Care seeking in health facility as reported by the drivers was mainly influenced by treatment cost (43; 35.5%) and waiting time (23; 19.0%).

**Conclusion:** Commercial drivers in this study obtained treatment more frequently from places outside the health facilities. Health education on advantages of expert medical consultations and treatment in health facilities should be carried out through their transport unions. Furthermore, mechanisms to reduce waiting time and treatment cost in health facilities should be explored for this group of workers.

**Keywords:** Commercial drivers, health education, health-seeking behaviour, Nigeria, Uyo

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## INTRODUCTION

The road transportation system in Nigeria accounts for over 90% of mobility of individuals, with commercial road transport accounting for about 432 million tons of freight movement by road per annum.<sup>1</sup> This reliance on public transportation makes operators of commercial

vehicles an important component of the socioeconomic development.<sup>2</sup> As a result of the high demands of their job, commercial bus drivers are vulnerable to various health hazards.<sup>3</sup> Studies among occupational drivers in different regions have reported high prevalence of musculoskeletal pain, particularly low back pain.<sup>3-8</sup> The factors that contributed to such pain included prolonged sitting, poor postures, long driving time and few hours

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of sleep, exposure to whole-body vibration, heavy lifting, manual materials handling, poor diet or other psychosocial factors.<sup>9-11</sup> Another study also found the prevalence of hypertension among bus drivers to be as high as 36%.<sup>12</sup> Visual dysfunction has also been reported in studies.<sup>7,13</sup> Occupational diseases reported in a survey of 400 male professional drivers in Nigeria included myalgia (88%), hypertension (22.5%), renal tubular acidosis (13%), short sightedness (10.3%), upper respiratory infections (5%) and sexually transmitted diseases (STD; 3.8%).<sup>14</sup> Studies in Sagamu and Lagos, Nigeria, have reported that about three quarters (78.3%, 74.3%) of commercial drivers have multiple sexual partners.<sup>14,15</sup> This practice increases exposure to STD among this occupational group.

With the various health conditions identified among professional drivers, health-seeking behaviour is an important issue to consider. Health-seeking behaviour refers to actions by a person in the setting of perceived illness for the purpose of finding an appropriate solution.<sup>16</sup> This involves attitudes or actions adopted during actual or potential illnesses and the behaviour of healthy individuals towards prevention of illness, early diagnosis and treatment of already contracted illnesses and forestalling complications associated with already established disease.<sup>16</sup> It can also be referred to as illness behaviour or sick-term behaviour. Health-seeking behaviour is situated within the broader concept of health behaviour, which encompasses activities undertaken to maintain good health, to prevent ill health, as well as dealing with any departure from a good state of health.<sup>17</sup> This attitude or action is significantly influenced by a variety of socioeconomic variables such as social status, sex, age, the type of illness, perceived quality of the health services and access to health-care services.<sup>18</sup> Furthermore, the cost of treatment, attitude of health providers and culturally acceptable health-care services are also important factors influencing access to health services.<sup>19</sup>

Common health-seeking behaviour reported among occupational drivers in a previous study included use of self-medication and herbal remedies, with only few seeking hospital treatment.<sup>5</sup> This pattern also seems to be common among other artisans in the informal sector. In a study in Nigeria to assess the health-seeking behaviour among sewing machine operators, the most sought-after health-seeking behaviour was self-medication (31.4%), followed by herbal preparations (17.8%). Only 3.7% of respondents sought hospital treatment exclusively, while 2.5% sought hospital treatment in addition to other treatments.<sup>20</sup> Commercial drivers are often ignorant of the dangers of the consumption of herbal medication. In a survey in Lagos metropolis, Nigeria, among herbal

medicine users, it was found that the users appeared to be ignorant of the potential toxicities of the herbs used.<sup>21</sup> In a research of liver and kidney functions among medicinal plant users in South-East Nigeria, the most common toxicity from chronic use was liver problems.<sup>22</sup> Herbal medicines can also be contaminated by bacterial organisms during preparation, thus putting the users at risk.<sup>23</sup>

Although there have been few studies conducted on the health hazards and health-seeking practices among commercial drivers in certain parts of Nigeria, there is a dearth of information about studies on this subject among commercial bus drivers in the study area. This study, therefore, assessed the health problems and health-seeking practices among commercial bus drivers in Uyo to document findings and suggest possible ways of improving the health care of this group of workers.

## METHODOLOGY

### Study area

This study was conducted in Uyo, the capital of Akwa Ibom State in southern Nigeria with a projected population of a projected population of 436,606 in 2020.<sup>24</sup> Uyo is a cosmopolitan city with people from various cultures and ethnicities. The most common spoken language is Ibibio. Many of the inhabitants are engaged in various occupations in the informal sector, while the educated ones commonly work as civil servants. There are four major motor parks in Uyo metropolis which house the majority of the commercial motor drivers in the city. These drivers facilitate intercity and interstate movements of the dwellers of Uyo metropolis. The types of vehicles used include salons, station wagon car and 10–14-seater buses.

### Study design

This was a descriptive, cross-sectional study carried out in March 2020 among commercial drivers in Uyo, Nigeria.

### Sample size

The formula for estimating single proportion for cross-sectional studies was used in calculating the sample size ( $n = z^2pq/d^2$ ), with a *P* value of 0.031 being the prevalence of commercial drivers who sought hospital treatment in a previous Nigerian study,<sup>5</sup> *z* of 1.96 and sampling error set at 5%. A sample size of 46.16 was obtained, and after adding 10% to accommodate for non-response, it increased it to 53. The sample size was subsequently increased to 121 participants.

### Inclusion criteria

This study included only consenting commercial drivers in public parks who were above 18 years of age, had worked

for up to 1 year and were members of either the National Union of Road Transport Workers or the Road Transport Employee's Association of Nigeria.

### Sampling technique

The four major parks in Uyo metropolis are Central Itam, Mbiabong Etoi, Nung Oku and Ekom Iman parks. The Central Itam Park was selected using simple random sampling technique by balloting. According to the list provided by the chairman of the commercial drivers associations of that park, there were 210 registered commercial drivers operating in the Central Itam Park as at the time of the study. The list served as the sampling frame and the desired number of drivers was selected using simple random sampling method with the aid of a table of random numbers. The list of the selected drivers was given to the chairman who informed them during their association meeting 1 week before commencement of data collection. Those who were either absent or not consenting were replaced during data collection by previously unselected drivers.

### Data collection

Data collection was carried out by three previously trained research assistants immediately the drivers resumed duty each day for a period of 7 days. The tool used was an interviewer-administered semi-structured questionnaire, which examined the sociodemographic characteristic, common health problems experienced and the health-seeking behaviour of the commercial drivers. Ten copies of the questionnaire were previously pre-tested on commercial drivers at a park in Abak, a nearby town to Uyo. All ambiguous questions were revised to ensure comprehension by the respondents.

### Data management

Analysis of data was carried out using IBM SPSS Statistics for windows, version 20.0 (IBM Corp., Armonk, NY, USA). Descriptive statistics (frequency and proportion to summarise variables) and inferential statistics (Chi-square to test the significance of association between two categorical variables) were explored. The level of significance was set at  $P < 0.05$ .

### Ethical considerations

Ethical approval for the study was obtained from Akwa Ibom State Health Research Committee. Furthermore, permission was obtained from the chairman of the commercial drivers' association in the selected park. Adequate explanation was given to the respondents concerning the purpose, content and significance of the study. Only those who voluntarily gave informed consent

participated in the study. Confidentiality was ensured as there were no identifiers on the questionnaires.

## RESULTS

A total of 121 respondents participated in the study. The mean age of respondents was  $40.45 \pm 10.49$  years and a median of 39 years with 47 (38.8%) being 30–39 years. All were male and majority 86 (71.1%) were married. More than half (71; 58.7%) of the respondents completed only secondary education, while 22.3% had tertiary education. Fifty-nine (48.8%) respondents had worked for 1–5 years [Table 1]. The weekly income of about half (51.2%) of the respondents was 11,000–20,000 naira. Majority (71.9%) of the respondents worked for 5–6 days weekly and 66 (54.5%) worked for more than 8 h daily, while 33 (27.3%) reported having no break periods. About half (63; 52.1%) of the respondents did not own the vehicles they were driving and 47.1% had to pay the owners 11,000–20,000 monthly [Table 2].

The most common health problems reported by the respondents were low back pain (55.4%), insomnia (55.4%) and body aches (52.1%). Eighty-one (66.9%) of the respondents opined that all sicknesses should be treated in the hospital. However, the usual sources of treatment were chemist (60.3%), herbal remedies (51.3%), health facility (25.6%) and self-medication (17.4%) [Table 3]. Concerning the treatment of fracture, only 47 (38.8%) respondents opined that treatment should be received in a health facility. However, among the 32 (26.4%) respondents

**Table 1: Sociodemographic characteristics of respondents**

Characteristic	Frequency (n=121), n (%)
Age (years)	
20-29	15 (12.4)
30-39	47 (38.8)
40-49	32 (26.5)
≥50	27 (22.3)
Mean age, range (median age)	40.45±10.49, 20-66 (39)
Sex	
Male	121 (100)
Marital status	
Single	34 (28.1)
Married	86 (71.1)
Widowed	1 (0.8)
Level of education	
No formal education	3 (2.5)
Completed primary	20 (16.5)
Completed secondary	71 (58.7)
Tertiary	27 (22.3)
Length of employment (years)*	
1-5	59 (48.8)
6-10	29 (24.0)
11-15	13 (10.7)
>15	20 (16.5)
Mean, range (median)	8.9±7.6, 1-38 (6)

**Table 2: Occupational history of respondents**

Characteristic	Frequency (n=121), n (%)
Weekly income (Naira)	
≤10,000	43 (35.5)
11,000-20,000	62 (51.2)
21,000-30,000	12 (9.9)
>30,000	4 (3.3)
Number of work days weekly	
3-4	8 (6.6)
5-6	87 (71.9)
7	26 (21.5)
Daily work hours*	
<5	3 (2.5)
5-8	52 (43.0)
9-12	43 (35.5)
>12	23 (19.0)
Daily break period (h)	
1	54 (44.6)
2	26 (21.5)
3	8 (6.6)
None	33 (27.3)
Vehicle owned by respondent	
Yes	58 (47.9)
No	63 (52.1)
If no, monthly payment to owner	
≤10,000	4 (3.3)
11,000-20,000	57 (47.1)
>20,000	2 (1.7)
Not applicable	58 (47.9)

**Table 3: Health problems and health-seeking behaviour of respondents**

Characteristic	Frequency (n=121), n (%)
Health problems*	
Low back pains	67 (55.4)
Insomnia	67 (55.4)
Aches and pain	63 (52.1)
Fever	49 (40.5)
Visual dysfunction	24 (19.8)
Injuries from RTA	14 (11.6)
Sexually transmitted infection	3 (2.5)
All sicknesses should be treated in hospital	
Yes	81 (66.9)
No	40 (33.1)
Usual sources of treatment of sickness*	
Chemist	73 (60.3)
Herbal remedies	62 (51.3)
Health facilities	31 (25.6)
Self-medication	21 (17.4)
Health-seeking behaviour influenced by	
Nobody	104 (86.0)
Friends	10 (8.3)
Relatives	7 (5.8)

\*Multiple responses allowed. RTA: Renal tubular acidosis

that ever had fracture, 23 (71.9%) received treatment from bone setters. Out of these, 16 (69.6%) respondents reported satisfactory outcome [Table 4].

Reasons given by respondents for lack of patronage of health facilities included high treatment cost (43; 35.5%) and long waiting time (23; 19%) [Table 5]. The relationship between health facility use and sociodemographic variables

**Table 4: Perception and treatment of fractures by respondents**

Characteristic	Frequency (n=121), n (%)
Opinion about where to treat fractures	
Bone setters	60 (49.6)
Health facility	47 (38.8)
No idea	14 (11.6)
Ever had fracture	
Yes	32 (26.4)
No	89 (73.6)
Place of treatment (n=32)	
Bone setter	23 (71.9)
Health facility	9 (28.1)
If outside health facility, was the outcome satisfactory? (n=23)	
Yes	16 (69.6)
No	7 (30.4)

**Table 5: Reasons for lack of patronage of health facility by respondents**

Characteristic	Frequency (n=121), n (%)
High cost	43 (35.5)
Prolonged waiting time	23 (19.0)
Lack of Personnel/equipment	7 (5.8)
Long distance	4 (3.3)
No reason	44 (36.4)

such as age, educational level and income were not statistically significant ( $P > 0.05$ ) [Table 6].

## DISCUSSION

Commercial drivers constitute an important group of workers in the informal sector. They play a key role in ensuring the movement of commuters from one place to the other. They are mostly young and are thus able to cope with the demanding nature of the job. In the present study, all respondents were male with a mean age of  $40.5 \pm 10.5$  years, which was very similar to a mean age of  $40.4 \pm 10.4$  years among drivers in a study in Ibadan<sup>5</sup> and also findings of other studies.<sup>2,4,7</sup> Commercial drivers generally operate very busy schedules in an attempt to make as much money as possible. Many drivers work daily, sometimes without having enough rest. The majority of the respondents in the present study worked for 5–6 days in a week and a quarter did not observe any break periods. This very busy schedule often exposes them to different health situations.

Work-related musculoskeletal disorders are prevalent among commercial drivers. Different studies among commercial drivers have reported the prevalence of low back pain of 30.7%–73.5%.<sup>3,4,7</sup> In the present study, low back pain was also one of the health problems identified by more than half of the respondents. This may be contributed by the prolonged confined postures adopted by the drivers, especially as many often work for long

**Table 6: Association between selected characteristics of respondents and use of health facility**

Variable	Health facility use		Statistic
	Yes (n=31), n (%)	No (n=90), n (%)	
Age (years)			$\chi^2=2.64$ $P=0.45$
20-29	2 (13.3)	13 (86.7)	
30-39	12 (25.5)	35 (74.5)	
40-49	11 (34.4)	21 (65.6)	
≥50	6 (22.2)	21 (77.8)	
Level of education			Fishers exact=0.76
No formal education	0 (0.0)	3 (100.0)	
Completed primary	6 (30.0)	14 (70.0)	
Completed secondary	17 (23.9)	54 (76.1)	
Tertiary	8 (29.6)	19 (70.4)	
Weekly income (naira)			Fishers exact=0.77
≤10,000	10 (23.3)	33 (76.7)	
11,000-20,000	18 (29.0)	44 (71.0)	
21,000-30,000	3 (25.0)	9 (75.0)	
>30,000	0 (0.0)	4 (100.0)	
Vehicle owned by respondent			$\chi^2=0.23$ $P=0.68$
Yes	16 (27.6)	42 (72.4)	
No	15 (23.8)	48 (76.2)	

periods of time daily. In a study among professional drivers in Kano, Nigeria, the prevalence of low back pain was associated with driving for >15 h/day,<sup>4</sup> while in the present study, up to half of the respondents worked for more than 8 h daily. A similar finding in the current study was also reported in a study among taxi drivers in Malaysia where low back pain was found to be associated with working for more than 8 h daily.<sup>3</sup> Moreover, the car seats may also not be well adapted to the drivers' body structures, thus possibly contributing to the occurrence of low back pain. Other health problems reported by the drivers in the present study included insomnia, body aches and STI. These findings are corroborated by other studies.<sup>7,13,14</sup>

The health-seeking behaviour of commercial drivers is an important issue considering the health problems they often encounter. The drivers seek treatment for the different ailments they experience from various sources. In the present study, the usual sources of treatment were chemist (60.3%), herbal remedies (51.3%), health facility (25.6%) and self-medication (17.4%). Common health-seeking behaviour reported among occupational drivers in Ibadan Nigeria included use of self-prescribed drugs (35.8%) and herbal remedies (32.1%). Only 3.1% of respondents sought hospital treatment.<sup>5</sup> Even though the proportion who utilised the health facilities in the present study was higher than the previously cited study, it was still considered to be low, especially when compared to other options of treatment which they utilised more frequently such as herbal remedies, which could have numerous toxic effects and the patronage of chemists, where drugs are prescribed by unqualified personnel. All drivers who sought

treatment outside the health facilities, therefore, denied themselves the opportunity of receiving proper diagnosis and appropriate treatment from the experts and engaged in drug abuse/misuse with all the attendant negative effects. Care seeking in the health facilities in the present study was not influenced by any of the sociodemographic variables. This was surprising as one would have expected higher patronage from those who earned more and were more educated. The reasons they gave included high treatment cost and prolonged waiting time.

The cost of treatment is, however, a major factor influencing the health-seeking behaviour of the population, particularly the low-income earners in the informal sector. A study in Ibadan, Nigeria, found that cost/payment for service was 2.9 times more likely to predict the use of public health facility among respondents.<sup>25</sup> A similar study also found that the relatively higher cost of orthodox drugs was reported to encourage use of alternative medicine among the populace.<sup>26</sup> In North Central Nigeria, a higher proportion of low-income people were reported to patronise drug sellers.<sup>27</sup> This is probably because they are usually willing to combine and dispense drugs worth whatever amount of money the buyers offer. In the present study, treatment cost was a key reason given for not seeking care in health facility by about one-third of the respondents. This is an important issue that the drivers often consider as there are several competing needs to handle from their daily earnings. Many of the drivers in the present study were married and, therefore, would likely have several family financial responsibilities to cope with in addition to their personal needs. Moreover, almost half of them had to remit some money to the owners of the vehicles they were driving. It was, therefore, not surprising if they therefore settled for cheaper treatment options to save as much money as possible.

Waiting time is another factor which has been identified as affecting the utilisation of health services among commercial drivers in several studies.<sup>25,28-30</sup> Since these artisans only earn money when they work, time is of essence to them. In the present study, waiting time was considered by one-fifth of the respondents to affect their patronage of health facilities. That might explain why chemists were most commonly patronised by them as they were more likely to get faster attention there than in health facilities.

The consumption of herbal remedies is a health-seeking practice that is common among commercial drivers. Such concoctions are usually affordable and often sold by hawkers in the motor parks.<sup>7</sup> In the present study, up to

half of the drivers admitted to using these herbs. These herbal concoctions usually contain different components some of which can be harmful to the users, such as alcohol and even cannabis. Moreover, since the dosing is not controlled, toxicity could also result from excessive use. In a study in Osogbo, although 40.5% perceived that the herbal drinks were harmful, many of the drivers were not willing to stop using them. They reported taking the herbal drinks for the treatment of common cold and other illnesses such as chronic back pain.<sup>31</sup> Unwillingness to stop such herbal remedies could also be as a result of addiction to the constituents.

The perception of an illness has also been suggested to influence a person's health-seeking behaviour.<sup>32</sup> Many sufferers of different illnesses in the Nigerian populace have preconceived ideas about locations that specific illnesses should be treated. The treatment of fractures, for instance, is generally considered to be best handled by bone setters. In the present study, 7 out of every 10 drivers who ever had fractures received treatment from bone setters. This behaviour was despite the fact that up to 80% of them had a minimum of secondary education. There is a need for behavioural change communication among commercial drivers to ensure improved utilisation of health facilities.

A major limitation of this study was the fact that findings were solely based on the responses of the respondents. To encourage truthful responses, the drivers were interviewed individually to ensure privacy. Furthermore, since the drivers were eager to commence the day's activities and were unwilling to interact for long, they may have left out some details which may have been of interest.

## CONCLUSION

Commercial drivers in this study obtained treatment for their health conditions more frequently from chemists and hawkers of herbal remedies than from health facilities. They also preferred patronage of bone setters for the treatment of fractures rather than health facilities. Health education on advantages of proper medical consultation and treatment in health facilities as well as the cost–benefit analysis of qualified health services should be carried out through the transport unions as this would benefit the commercial drivers. Furthermore, mechanisms to reduce waiting time in health facilities and reduction of out of pocket treatment cost through health insurance should be explored for this group of workers.

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## Conflicts of interest

There are no conflicts of interest.

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