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CTLSR 1 (1): 67-89 (June, 2022)

Current Trends in Life Science Research

ISSN: 2814-1679

Determinants of Healthcare-Seeking Behaviour for Work-related Musculoskeletal Disorders among Artisans in Alimosho Local Government Area Lagos State, Nigeria

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Abstract

Musculoskeletal disorders are work-related injuries that affect artisans in their working years. Studies have established the healthcare-seeking behaviour of artisans as poor and associated factors understudied. Understanding the factors that determine healthcare-seeking behaviour of this population would help improve their productivity, quality of life and skilled healthcare-seeking behaviour. This study therefore investigated factors associated with healthcare-seeking behaviour of artisans in Alimosho LGA, Lagos State. A cross-sectional study design using multi-stage sampling was utilized, 427 respondents were selected purposively. A validated, structured and interviewer-administered questionnaire with Cronbach alpha coefficient of 0.79 was used in data collection. Data was analyzed using IBM SPSS 23.0 to generate descriptive and inferential statistics at $P < 0.05$ level of significance. The mean age of respondents was 38.5 ± 11.18 years. A high level of predisposing factors, low levels of reinforcing factor, enabling factor and poor healthcare-seeking behaviour (16.95 ± 2.94, 5.86 ± 2.64, 6.39 ± 3.40 and 7.34 ± 2.40 respectively) was observed among them. There was a significant relationship ($p = 0.000$) between each independent variable and healthcare-seeking behaviour ($r = 0.20$, 0.26, and 0.30). The most significant predictor of healthcare-seeking behaviour of the artisans was the enabling factor ($ß = 0.16$; $t = 4.66$). The predisposing, reinforcing and enabling factors were determinants of healthcare-seeking behaviour among the artisans in this study. It is recommended that these factors be employed in the campaign of health improvement by public health professionals in order to improve healthcare-seeking behaviour of artisans.

Keywords: Work-related musculoskeletal disorders, Determinants, Artisans, Healthcare-seeking behaviour, Alimosho.

Introduction

One variation in the behaviour of humans is how they respond when dealing with illness-related situations (Azuogu et al., 2018). Healthcare-seeking behavior (HSB) has been characterized as a series of corrective acts, actions or inactions taken by individuals to alleviate perceived ill-health. It has become an important tool for analyzing how people interact with health care systems in their various socio-cultural, economic, and demographic contexts (Melese, 2019).

Work-related musculoskeletal disorders (WRMSDs) are disabilities of the musculoskeletal system which occurs as a result of work task performance and the direct work environment where tasks are being carried out (EU-OSHA, 2019). WRMSDs are responsible for significant amount of physical, financial and psychosocial problems among workers and thus, are of public health concern. WRMSDs are more likely to develop when repetitive, vigorous work is combined with an uncomfortable posture (Lamprecht & Padayachy, 2019). Artisans are individuals who carry out tasks and create materials either for decorative or functional purposes using their hand. Studies have shown that there is a high prevalence of WRMSDs among artisans (Akinpelu, Oyewole, Odole & Ogunbamowo, 2016; Akodu & Famose, 2019; Mekonnen, Yenealem & Geberu, 2020). This is because of their repetitive and monotonous work pattern which requires maintaining a certain position; either sitting, standing, squatting or bending for extended periods of time and it also involves body vibrations when handling certain equipment (Akinpelu et al., 2016).

The occurrence of WRMSDs is usually unavoidable in the work-force and this includes the informal sector, a major contributor being the manual activities which require actions and movements that are, though inevitable, detrimental to the muscular and skeletal composition of the body. It has been reported that the major occupational ill health condition affecting artisans are musculoskeletal disorders (Afolabi, Beer & Haafikens, 2021; Akinpelu et al., 2016; Akodu & Famose, 2019), with prevalence rates up to 100% and the neck, back, knees, and upper limbs being the most affected body locations (Das, Kumar & Sharma, 2018). WRMSDs continue to pose significant challenges on the workforce globally, especially in developing countries such as Nigeria. Additionally, inadequate occupational health consideration among informal sector has immensely contributed to WRMSDs in developing countries with a vast majority working in hazard driven environments (Charles, Ma, Burchfield, & Dong 2018; Ojukwu et al., 2021).

The Nigerian public health sector is faced with several challenges such as inadequate health facilities which could increase waiting time of patients, poor maintenance of medical equipment, shortage of drugs and manpower. The latter results in overstretching of the available workers which could translate to frustration of the healthcare workers resulting in the harsh attitude perceived by the patients (Omeleke & Taleat, 2017). Also, the National Health Insurance Scheme (NHIS) which was introduced by the Federal Ministry of Health with the aim of creating easy access to affordable healthcare services for Nigerians has achieved minimal success (Afolabi et al., 2021) as most informal workers are either unaware of NHIS or they are unwilling to participate, considering their low earnings. (Adebisi, Odiachi & Chikere, 2019).

Studies have reported the poor healthcare-seeking behavior of artisans with WRMSDs across Nigeria (Akinpelu et al., 2016; Ajao, Bolarinde, Raji & Adetunji, et al., 2020) but studies on the factors which determine the healthcare-seeking behaviour of artisans made available for referencing is limited. This study therefore aimed to assess the determinants of seeking healthcare for WRMSDs among artisans in Alimosho LGA Lagos State.

A review of past literature has shown that the healthcare-seeking behaviour of people varies by culture (Ajao et al., 2020). Factors associated with the healthcare-seeking behaviour of the Nigerian populace sector include but not limited to knowledge about the illness, attitude towards seeking healthcare, profits from their formal or self-employed jobs, cost of medical care, educational level, quality and accessibility of healthcare facilities (Maduagwu et al., 2020). There is a dearth of evidential information on studies which have critically examined the factors that determine the healthcare-seeking behaviour of artisans, within the ambits of the PRECEDE-PROCEED model, a theory based model that has been proven to have an influence on the health behaviour of individuals. The educational and ecological phase of this model examines the factors that could aid or impede change in behaviour and these factors are termed predisposing, reinforcing and enabling factors.

Alimosho LGA, Lagos State was selected as the study area for this research because it is the largest LGA in the state and a metropolis, harbouring people from all walks of life (Oladokun, 2021). However, to the best of the researcher's knowledge, there is currently no published work in this area of interest. Thus, this study sought to fill the aforementioned gaps in the existing knowledge of healthcare-seeking behaviour among informal artisans using four hypotheses to establish a relationship between the independent variables and the dependent variable.

Methodology

Study Design

The study was a cross-sectional study carried out in six randomly selected wards of Alimosho LGA; Shasha/ Akowonjo, Egbe/ Agodo, Ipaja South, Egbeda/ Alimosho, Pleasure/ Oke-odo and Idimu/ Isheri Olofin. Using the Cochran formula for unknown populations, a sample size of 427 respondents was derived and purposively selected. The inclusion criteria for this study were artisans between the ages of 18-65 years, lived in the community and have had at least one episode of musculoskeletal pain, while the exclusion criteria were pregnant artisans.

Research Instrument and Data Collection

The instrument used for data collection in this study was a 38-item validated, structured and interviewer-administered questionnaire. A pre-test was carried out among a replica of the study population in Mushin Local Government Area Lagos State to test the reliability of the instrument and a Cronbach alpha coefficient of 0.79 was obtained. Data collection for the study was done by the researcher and four trained research assistants using the English and Yoruba versions of the interviewer-administered questionnaire.

Study Variables

The dependent variable for this study was Healthcare-seeking behaviour. The independent variables were Predisposing factors (knowledge, attitude and self-efficacy), Reinforcing factor (social support)

and enabling factor (accessibility and affordability to healthcare).

Data Analysis

Data obtained from this study were analyzed using the IBM SPSS version 23.0. The levels of predisposing (knowledge, attitude and self-efficacy), reinforcing (social support), enabling factors (accessibility and affordability to health resources) and healthcare-seeking behaviour were measured on a 26-point, 12-point, 21-point and 15-point rating scale respectively. The results were presented using descriptive and inferential statistics at $P < 0.05$ level of significance.

Ethical Consideration

Ethical approval to conduct this study was obtained from Babcock University Health Research Ethics Committee (BUHREC). Consent was obtained from the participants and confidentiality was provided for them. Also, the participants were not under coercion to complete the interviews and were informed of their freewill to withdraw at any point they did not wish to continue.

Results

The study recruited four hundred and twenty-seven (427) artisans from Alimosho LGA, Lagos State. However, there were four hundred and nineteen (419) eligible responses after data entry and cleaning procedures. Thus, the response rate for this study was 98.13%. Table 1 shows a descriptive statistics of the socio-demographic characteristics of respondents

The frequency distribution showed that the age groups with the highest proportions were 21 – 30 years (n = 26.3%), 31 to 40 years (n = 117; 27.9%) and 41-50 years (n = 100; 23.9%). The mean age of the artisans was 38.5 ± 11.2 years. There was a slightly higher proportion of males (n = 217; 51.8%) in the study compared to females (n = 202; 48.2%). Majority of the artisans (n = 263; 62.8%) were married and attained secondary level of education (n = 193; 46.1%). About three-quarter (312, 74.5%) of the total population was from the Yoruba ethnic group while 64 (15.3%) artisans were Igbos and 29 (6.9%) artisans were from other ethnic groups. Two hundred and fifty-four (60.6%) artisans reported to be Christians, 160 (38.2%) practiced Islam, 4 (1.0%) were traditional worshippers while 1 (0.2%) was affiliated to other religion. One hundred and sixty-eight (40.1%) artisans were tailors, 103 (24.6%) were hairdressers and 82 (19.6%) were mechanics. The mean year of experience of the artisans was 14.10 ± 9.97 years.

Predisposing factors to Healthcare-seeking behaviour of Artisans

Knowledge of artisans on work-related musculoskeletal disorders

Majority of the artisans specified their work was associated with pains in the bones, joints or muscles (n = 401; 95.7%) and working in the same position for a long period of time caused these pains (n = 402; 95.9%). Similarly, 379 (90.5%) artisans stated that repetitions in tasks caused pains in their bone, joints and muscles while 384 (91.6%) artisans identified long working hours without breaks as a risk factor for these pains. Three hundred and ninety-two artisans (93.6%) stated that working when tired contributed to musculoskeletal pains while Three hundred and sixty-four (86.9%) identified trembling of body parts as a symptom of pain in the bones/joints/muscles. Three hundred and eleven (74.2%) affirmed that working in a small space contributes to pain in bones/joints/muscles. Two-hundred and sixty-six artisans (63.5%) however

confirmed that these musculoskeletal pains cause disabilities (See Table 2).

Table 1: Descriptive statistics showing sociodemographic characteristics of respondents

Variables	Categories	Frequency (n)	Percentage (%)
		N = 419	
Age	≤ 20 years	19	4.5
	21 – 30 years	110	26.3
	31 – 40 years	117	27.9
	41 – 50 years	100	23.9
	51 – 60 years	62	14.8
	61 – 65 years	11	2.6
Mean (SD)		**38.5 ± 11.2 years**	
Gender	Male	217	51.8
	Female	202	48.2
Marital Status	Single	135	32.2
	Married	263	62.8
	Divorced	7	1.7
	Widowed	14	3.3
Education	Primary	116	27.7
	Secondary	193	46.1
	Tertiary	96	22.9
	Non-formal	14	3.3
Ethnicity	Yoruba	312	74.5
	Igbo	64	15.3
	Hausa	14	3.3
	Others	29	6.8

Religion	Christianity	254	60.6
	Islam	160	38.2
	Traditional Worshippers	4	1.0
	Others	1	0.2
Occupation	Tailoring	168	40.1
	Hairdressing	103	24.6
	Welder	66	15.8
	Mechanic	82	19.6
Years of Experience	0 – 10 years	177	42.2
	11 – 20 years	139	23.2
	21 – 30 years	80	19.1
	31 – 40 years	17	4.1
	41 – 50 years	6	1.4
Mean (SD)		**14.10 ± 9.97 years**	

Table 2: Frequency distribution of responses to knowledge of artisans on work-related musculoskeletal disorders

ITEMS	N = 419	
	ES	NO
A pain in bones/joints/muscles is related to the nature of my work	401(95.7%)	18(4.3%)
Working in the same position for a long period of time (standing, sitting or bending over) causes pain in bones/joint/muscles	402(90.5%)	17 (4.1%)
Repeating the same task severally causes pain in bones/joint/muscles	379(90.5%)	40 (9.5%)
Spending at least 8 hours working without taking breaks causes pain in bones/joint/muscles	384(91.6%)	35 (8.4%)
Working when tired contributes to pain in bones/joint/muscles	392(93.6%)	27 (6.4%)
Trembling of the hands, legs or general body is a symptom of pain in bones/joint/muscles	364(86.9%)	55(13.1%)
Working in a small space contributes to pain in bones/joint/muscles	311(74.2%)	108(25.8%)
Pain in bones/joint/muscles causes disability	266(63.5%)	153(36.5%)

Majority of the artisans affirmed that their work was associated with pains in the bones, joints or muscles (n = 401; 95.7%) and working in the same position for a long period of time caused these pains (n = 402; 95.9%). Similarly, 379 (90.5%) artisans stated that repetitions in tasks caused pains in their bone, joints and muscles while 384 (91.6%) artisans identified long working hours without breaks as a risk factor for these pains. Three hundred and ninety-two artisans (93.6%) stated that working when tired contributed to musculoskeletal pains while Three hundred and sixty-four (86.9%) identified trembling of body parts as a symptom of pain in the bones/joints/muscles. Three hundred and eleven (74.2%) affirmed that working in a small space contributes to pain in bones/joints/muscles. Two-hundred and sixty-six artisans (63.5%) however confirmed that these musculoskeletal pains cause disabilities.

The attitudinal disposition of the artisans was assessed on a 4-item scale and frequency distribution as showed in Table 3. The result showed that only 65 (15.5%) artisans strongly agreed that work-related pains in the body is normal so there was no need to seek medical help. Eighty-nine artisans (21.2%) agreed to the same statement and about half of the study population (n = 217; 51.8%) disagreed while 48 (11.5%) artisans strongly disagreed. One hundred and seventy-four artisans (41.5%) strongly affirmed that going to for medical treatments can prevent future complications related to bone, joint or muscle pains while 199 (47.3%) agreed and only 6 (1.4%) strongly disagreed. Thirty (7.2%) artisans strongly affirmed that going to hospitals indicate weakness, forty (9.5%) agreed that going to the hospital indicates weakness, Two hundred and fifty-seven (61.3%) disagreed and 92 (22%) artisans strongly disagreed that going to the hospital indicates weakness.

The artisan's self-efficacy towards management of musculoskeletal disorders and seeking healthcare was assessed with a 4-item scale and the frequency distribution as displayed in Table 4 showed that 132 (31.5%) artisans strongly affirmed not being able to leave their work to visit hospitals for treatments while about a quarter (n = 108; 25.8%) agreed. One hundred and forty (33.4%) disagreed and 39 (9.3%) strongly disagreed. One hundred and seventy (40.6%) artisans strongly agreed that they were capable of taking a break from work to rest and stretch their bodies when they feel body pains while 144 (34.4%) agreed with only 16 (3.8%) artisans disagreeing. One hundred and seventy-one (40.8%) artisans strongly agreed that they could easily take herbal concoctions rather than seek healthcare while 153 (36.5%) further agreed and 82 (19.6%) disagreed.

The artisans' reinforcing factors towards musculoskeletal disorders was assessed with a 4-itemed scale and the distribution of responses if presented below in Table 5. Thirty-three (7.9%) artisans strongly agreed that their spouses and family members believed that visiting health facilities for medical attention was a waste of money. Sixty (14.3%) agreed to the same statement while 255 (60.9%) disagreed. Almost two-third of the artisans in this study disagreed that their friends and co-workers discouraged them from getting medical treatment when needed while 32 (7.6%) strongly agreed. One hundred and seventeen (27.9%) artisans strongly affirmed that they had no one to leave in their places of work if they decided to go out while 141 (33.7%) agreed and 128 (30.5%) disagreed. One hundred and forty-nine (35.5%) artisans strongly agreed that sick people in their families use herbal concoctions (Agbo).

Table 3: Descriptive statistics showing the attitudinal disposition of respondents towards seeking for healthcare for work-related musculoskeletal disorders

ITEMS	**N = 419**			
	Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**
Pain in bones/joints/muscles is normal so there is no need to seek healthcare	65(15.5%)	89(21.2%)	217(51.8%)	48(11.5%)
Going to the hospital for treatment of pain in bones/muscles/joints can prevent future complications	17(41.5%)	198(47.3%)	41 (9.8%)	6(1.4%)
Going to the hospital means you are a weak person	30(7.2%)	40(9.5%)	257(61.3%)	92(22%)

Table 4: Distribution of artisans' responses to self-efficacy to health-seeking for work-related musculoskeletal disorders

ITEMS	**N = 419**			
	Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**
I find it difficult leave my work and go to the hospital for treatment	132(31.5%)	108(25.8%)	140(33.4%)	39(9.3%)
I am capable of taking a break from work to rest and stretch by body.	170(40.6%)	144(34.4%)	89(21.2%)	16(3.8%)
I can take a cup of Agbo when I feel pain and continue with my work	171(40.8%)	153(36.5%)	82(19.6%)	13(3.1%)

Table 5: Frequency distribution of artisans' responses to reinforcing factors towards seeking healthcare for work-related musculoskeletal disorders

ITEMS	N = 419			
	Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**
My husband/wife/family believe it is a waste of money to go to the hospital for treatment	33 (7.9%)	60(14.3%)	255(60.9%)	71(16.9%)
My friends/ members of my association discourage me from going to the hospital for treatment	32 (7.6%)	63 (15%)	266(63.5%)	58(13.8%)
If I leave the shop, there is no one to attend to customers when they come	117(27.9%)	141(33.7%)	128(30.5%)	33 (7.9%)
A sick person in my family takes *Agbo t*o take care of the sickness	149(35.6%)	167(39.9%)	69 (16.5%)	34 (8.1%)

The enabling factors associated with health-seeking for work-related musculoskeletal disorders was assessed with a 7-item, four Likert scale as shown in Table 6. One hundred and ninety artisans (45.3%) strongly agreed that the cost of treatment in hospitals was too expensive. About a quarter (n = 103; 24.6%) strongly affirmed that the

waiting time in the hospitals was too long. About half of the artisans (52.7%) strongly stated that they had no health insurance to cover for costs of healthcare. One hundred and seventy-one artisans (40.9%) strongly agreed the healthcare workers are not polite. About a quarter of the population (n = 104; 248%) strongly agreed that they did not find the services of the hospitals satisfactory. The proportion of artisans who strongly agreed that they had so much work to do and couldn't leave their shops for long was 26.5%. About a quarter of the artisans (n = 106; 25.3%) reported that they visit the nearest chemists to get medications for pains very often. One hundred and twenty-eight (30.5%) artisans reported that they very often get prescriptions from nurses or doctors to buy drugs whenever they felt pains. One hundred and eighty-eight (44.9%) stated that they took herbal concoctions very often to take care of the pain which they felt while Seventy-four (17.7%) artisans stated that they very often used ointments such as Robb or Aboniki. Only 136 (32.5%) artisans stated that they did not use prayer or holy water/oil to treat pains at all.

Computed mean scores of variables

The level of predisposing factors (knowledge, attitude and self-efficacy) was computed on a 26-point rating scale, the mean score obtained by the participants was 16.95 ± 2.94. The level of reinforcing factor (social support) was measured on a 12-point rating scale and the mean score derived was 5.86 ± 2.36. The level of enabling factor (accessibility and affordability to healthcare resources) was computed on a 21-point rating scale and the mean score obtained was 6.39 ± 3.40. the healthcare-seeking behaviour of the artisans was measured on a 15-point rating scale and the mean score obtained was 7.34 ± 2.40.

Test of relationship between variables

Table 9 shows the relationship between the dependent and independent variables which was tested using Pearson's correlation and simple linear regression. A positive significant relationship was observed between the predisposing factors and healthcare-seeking behaviour (r = 0.20, r^2 = 0.040, p = 0.000), reinforcing factor and healthcare-seeking behaviour (r = 0.26, r^2 = 0.065, p = 0.000), enabling factor and healthcare-seeking behaviour (r = 0.30, r^2 = 0.091, p = 0.000). The regression analysis showed that healthcare-seeking behaviour of the artisans was influenced by the predisposing factors (4%), reinforcing factor (6.5%) and enabling factor (9.1%).

The results of a multiple linear regression (as presented in Table 10) showed that the independent variable with a greater influence in significantly predicting the healthcare-seeking behaviour of the artisans in this study was the enabling factor (affordability and accessibility to healthcare resources).

Table 6: Frequency distribution of responses to enabling factors towards health-seeking behaviour for work-related musculoskeletal disorders among artisans

ITEMS	**N = 419**			
	Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**
The cost of treatment in the hospital is expensive	190(45.3%)	162(38.7%)	62(14.8%)	5(1.2%)
Waiting time in the hospital is too long	191(45.6%)	187(44.6%)	33 (7.9%)	8(1.9%)
The hospital is far from my shop/house	103(24.6%)	179(42.7%)	126(30.1%)	11(2.6%)
I do not have health insurance that covers my treatment	221(52.7%)	164(39.1%)	30(7.2%)	4(1%)
Some of the hospital workers (nurses and doctors) are not polite	171(40.8%)	169(40.3%)	70(16.7%)	9(2.1%)
I do not find the hospital services satisfactory	104(24.8%)	119(28.4%)	152(36.3%)	44(10.5%)
I have so much work to do I cannot leave the shop for long	111(26.5%)	133(31.7%)	148(35.3%)	27(6.4%)

Table 7: Frequency distribution of healthcare-seeking behaviour towards work-related musculoskeletal disorders among artisans

ITEMS	**N = 419**			
	Very Often	**Occasionally**	**Rarely**	**Not at all**
I go to the nearest pharmacy to get drugs to treat the pain I feel	106(25.3%)	186(44.4%)	84(20%)	43(10.3%)
I go to the nearest pharmacy to get drugs written by a nurse or doctor to take care of the pain I feel	128(30.5%)	113 (27%)	111(26.5%)	67(16%)
I drink traditional herbs (*Agbo*) to take care of the pain that I feel	188(44.9%)	74(17.7%)	99(23.6%)	58(13.8%)
I use Aboniki/ Robb to massage the affected area to take care of the pain	74 (17.7%)	132 (31.5%)	137(32.7%)	76(18.1%)
I pray and use my prayer oil/water to treat the pain	45 (10.7%)	91(21.7%)	147(35.1%)	136(32.5%)

Table 8: Computed mean scores of variables obtained by the respondents

Variables	Maximum Points	Mean	S.D	S.E	Frequency (n)	Percentage (%)
Predisposing factors	26	16.95	2.94	0.14	371	88.5
Reinforcing factor	12	5.86	2.36	0.12	262	62.5
Enabling factor	21	6.39	3.40	0.17	372	88.8
Healthcare-seeking behaviour	15	7.34	2.40	0.12	231	55.1

Table 9: Relationship between the independent variables and healthcare-seeking behaviour

Variables	R	r^2	p-value
Predisposing factors and Healthcare-seeking behaviour	0.200	0.040	0.000
Reinforcing factor and Healthcare-seeking behaviour	0.255	0.065	0.000
Enabling factor and Healthcare-seeking behaviour	0.302	0.091	0.000

Table 10: Multiple linear regression analysis showing the independent variables as predictors of healthcare-seeking behaviour

Independent Variables	B	**S.E**	**T**	**p-value**
Constant	4.190	.648	6.463	.000
Predisposing factors	.076	.041	1.870	.062
Reinforcing factor	.140	.053	2.668	.008
Enabling factor	.163	.035	4.662	.000

Discussion of Findings

Work-related musculoskeletal disorders are caused by occupations which are conducted by repetitive tasks over long duration and in static postures. These effects are of great public health concern because they have a significant impact on the physical structure of the human body and specifically, the connective and soft tissues of the body, producing pain and discomfort in joints throughout the body, particularly in the neck, back, and limbs. Apart from the physical discomfort, these behaviours may have mental health strain as on the workers as well. The mean age of the artisans in this study was 38.51 years with an almost equal gender distribution. The age distribution of the respondents who participated in this study is typical of the labour force in Nigeria and compared to a study in Ghana (Mensah, Essuman, Brah, Aboagye, & Boye, 2021), the mean age in Nigeria was higher.

In this study, level of knowledge of WRMSDs among the respondents was high as well as the attitudinal disposition of the artisans towards seeking healthcare was mostly positive with 83.3% scoring above average. However, individual responses reveal some gaps. Over a third of the artisans stated that they were used to the musculoskeletal pains they experienced from work and found no need in accessing healthcare. This assertion could have been influenced by gaps in the level of knowledge of the artisans on appropriate health-seeking protocols for such issues. Also, there may have been strong sociocultural and socioeconomic underlings to this finding. A study by Zewude (2019) had established the association between such variables and the further assessment of the role of these factors in healthcare-seeking behaviour of artisans or the informal labour force in general is thus encouraged.

The social support received from the family and friends of the artisans in this study was observed to be low. This finding indicates that the beliefs of the relatives, spouses and friends will have an impact on the artisans' practice. Majority of the artisans reported that they used herbal concoctions to treat ailments. A previous study by Akinpelu, Oyewole, Odole & Olukoya (2011) had confirmed the preference for traditional medicines for illnesses among artisans. In addition, a qualitative study by Khan et al., (2022) established that the preference of traditional methods of healing as opposed to visiting health facilities in India. Also**,** some artisans reported that they would not have anyone to leave their business with even if they desired to get healthcare services. This reveals that the artisans would manage their pains with other methods than visit hospital. About a fifth of the artisans reported that their friends, spouses and family think that healthcare is a waste of money. It is imperative that health interventions should accentuate the role of the family in improving health behaviour.

The cost of treatment was an important factor that was identified by majority of the artisans in this study. Cost of treatment as a limitation has been a recurring factor in assessment of barriers to healthcare. Similar to previous findings by Khan, Farooqi, Swalehin & Hamid (2022), this result was not surprising. Also, more than three-quarter of the artisans in this study were not aware of the National Health Insurance Scheme, and this was in line with the result obtained from Campbell (2016) who reported that 89.6% of the artisans were not aware of the health insurance scheme. There should be increased awareness of NHIS among informal sector workers, as well as implementation of programs to cater for this segment of the society.

The level of healthcare-seeking practices of the artisans in this study was low with

55.1% reporting below average on the measure generated. This finding is reflected in the proportion of artisans who reported to use methods such as herbal concoctions to treat musculoskeletal pains. Studies by Akinpelu et al., (2016) and Mekonnen et al., (2020) had similar results of low rates of health-seeking behaviour among sewing machine operators, and hairdressers respectively. The level of healthcare-seeking behaviour of the artisans in this study was however lower than was reported in a study conducted in India (Deshmukh, Kalkonde, Deshmukh, Bang & Bang, 2014) where 79.1% of the participants sought treatment. The differences in the findings may be due to sociocultural or socioeconomic variations among the population. The proportion of artisans in this study who self-medicate was high. Compared to a Nigerian study conducted by Akinpelu, et al., (2016), the rate of self-medication in this study was higher. In addition, the proportion of artisans who specified to get drugs from chemists as opposed to getting prescriptions was higher. A corresponding result was reported by Andarini et al., (2019) in a Ghanaian study and this could be because of the similar sociodemographic characteristics of the two populations.

Contrary to the assumption that a higher level of education would influence the healthcare-seeking behaviour of artisans, this study found that the level of education of artisans had no statistically significant relationship with their decisions to seek healthcare for musculoskeletal disorders. However, other sociodemographic variables such as gender, occupation, ethnicity and marital status had significant associations with health-seeking behaviour of artisans. The study found that men were 1.748 times more likely to seek for help compared to women. This result was in agreement with Currie and Wiesenberg (2003) who stated that women are less likely to engage in healthcare seeking behaviours when compared to men (Currie & Wiesenberg, 2003). This is so because firstly, women tend to ignore symptoms or consider them as normal due to their multiple engagements as home keepers and also workers of either formal or informal sector. Currie and Wiesenberg (2003) also stated that women are more credulous to the fact that men should have more access to healthcare services, stemming from the various cultural ideas that men are of more social value than women. In contrast, a study by Andarini, et al., (2019) conducted in Indonesia reported a higher chance of women seeking either traditional or orthodox care for musculoskeletal pains.

Conclusion

The determinants of healthcare-seeking behaviour among informal sector workers as observed in this study are a combination of personal and environmental factors. It is important for the improvement of occupational health among these workers, that appropriate public health measures be instituted to enhance the health-seeking behaviour of these artisans. Interventions are suggested for the artisans on enrolment into the National Health Insurance Scheme to break the barrier of high cost of treatment which has been a common theme among workers in Nigeria. Educational programs are also suggested for these occupational groups on the risk of self-medication.

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