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A QUALITATIVE STUDY ON THE ROLE OF GENDER OF HOUSEHOLD HEADS ON HOUSEHOLD MEMBERS' ACCESS TO HEALTHCARE IN SOUTHERN NIGERIA

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Abstract
The main objective of the study was to determine the role of gender of household heads on member's access to healthcare in southern Nigeria. The study was guided by the sociological theories of conflict by Karl Marx and social stratification as enunciated by Max Weber. The qualitative method was adopted in this study. An explorative research design was adopted in this study; data was collected through IDI; a qualitative data collection technique from twenty (20) household heads who were randomly selected in Edo central, southern Nigeria. This consists of Esan Central, Esan Northeast and Esan West LGA's in Edo central. The qualitative data was analysed based on themes using content analysis from which conclusions were derived. The study found out that there was a gender of household heads plays a significant role on household members' access to healthcare in southern Nigeria. Some recommendations were made to enhance access to health care in southern Nigeria and mitigate the concerns around social exclusion in southern Nigeria.
Keywords: Access, Healthcare, Utilization, Socio-economic, Equality, Exclusion.

1. Introduction

Globally, the attainment of development and sustainable development is dependent on a healthy, productive and reproductive population. This perhaps explains the reason(s) why the United Nations (UN) included health and access to health care as part of its Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) (Titus, 2015). Maintaining a healthy population is an imperative and necessity towards the building of a stable, wealthy and viable population (Alubo, 2010).

The World Health Organization (2016) in its summation argued that there are many factors that affect the health of individuals and communities. Health or ill-health is a function of several factors such as residence, environment, genetics, income and education level and social relationships. Summarily they listed the following as determinants of health care; social and economic environment, social status, physical environment, individual characteristics such as income, education,

physical environment, physical environment, social support networks, genetics, health services and gender. The Centre for Disease Control and Prevention (CDC, 2016) contribution to this topic is important to understanding socioeconomic determinants. They defined social determinants as the complex, integrated and overlapping social structures and economic systems that are responsible for most inequalities. They are shaped by the distribution of resources in a country. Socioeconomic status on the other hand is a composite measure that typically incorporates economic, social and work status.

2. Statement of the Problem

Women play a major role in Africa and in Nigeria in particular. With changes associated to globalization and gender equality there is increase in the number of female household heads with its palpable implications on making ends meet. Female household heads face the challenge of providing for their families including the need to access healthcare, leading to the problem of affordability in accessing healthcare. The challenges associated with income and expenditure, cost and sales of health care. Again, many Nigerians suffering from ailments like kidney disease, cardiovascular disease and others find their ways to health care providers but are unable to pay for their treatments leading to increase in morbidity and mortality (Obansa, 2013). Scholars have argued that the distribution of health care and health facilities should be based on need and not purchasing power. This raises the problem of affordability and health care financing identified by scholars as some of the factors responsible for accessibility of health care in developing countries (Ichoku, 2008; Peters et al., 2002 and Omorun et al., 2009).

Closely related to the problem of affordability is that of acceptability. The problem of acceptability is greatly influenced by certain socio-economic characteristics such as gender, age, education, employment, religion, and other social situations where people refuse to access health care because of their socio-economic background and other cultural beliefs and practices (Ichoku, 2008; Peters et al., 2002 and Omorun et al., 2009).

Objectives of the Study

To determine the extent to which the gender of household heads affect household members, access to healthcare in southern Nigeria.

The Research Questions

To what extent does gender of household heads affect household members' access to healthcare in southern Nigeria?

3. Literature Review

While health care is affected by several factors such as income, education and gender, the intervening role played by age is fundamental to determining a person's access to health care. Oluwabunmi, Olutobi, Ayo and Olusola (2014) in their studies on the determinants of health care utilization found out that the elderly do not have as much access to health care when compared to the young population. This implies that they found a causal relationship between a person's age and their access to health care. Ononokpono and Odimegwu (2014) in their study on determinants of maternal health Care utilization in Nigeria: a multilevel approach argued that age affected access to health care but submitted that a large proportion of rural women do not have access to maternal healthcare. Age was considered a major determinant to health care because it can affect the will and ability to engage in health seeking behaviour. Age sometimes makes people weak and vulnerable to certain disease conditions that affect physical activity. Those

mainly affected by age are children below age fifteen and adults above age 65 years. This position is further corroborated by Mpembeni et.al (2007) who argued that a positive relationship existed between delivery care and maternal age among childbearing women. The argument is hinged on the assumption that women in maternal age (15 to 49 years) tend to seek and access health care much more than women in non-maternal age (below 15 years and above 49 years of age). Corroborating the above findings Ezedinachi et.al. (2012) in their studies found that people under age 5 were less likely to access anti-malaria drugs compared to older persons, thus, came up with the conclusion that age affects access to health care. Some other studies however argued that age has no direct relationship with access to health care (Ensor and Cooper, 2004; Titus et al, 2015).

Gender and Household Access to Health Care

The inability of women to have quality access to health care is vividly captured in the NDHS (2008; 2013) reports. The report showed that only 38 % of women in Nigeria delivered their babies in a health facility. The others had their babies with TBA's and other unorthodox places. Obasi (2013) argued that women's access to healthcare varied from that of men in developing countries partly because of traditional gender roles that hinder economic independence of women. The gender (the sex) of the patient is very important in determining if they would have access to health care (Veloshnee and Loveday, 2007). Gender refers to economic, social and cultural attributes and opportunities associated with being male or female. Obasi (2013) argued further in terms of gender disparity in access to health care; income constitutes the most prominent obstacle to health care access. Most societies will not attend to women unless they get the approval of their husbands or a male dominant figure who will assume decision taking roles and financial responsibilities. This is mainly because most rural women do not have financial autonomy (Blaauw et al, 2006).

Onakerhoraye (1999) (2012) argued that women in high-income countries are more likely to engage in preventive health activities than men. Men's lower health care utilization rates in high-income countries are limited to the trend that they are full-time workers, work longer hours and have fewer flexible schedules than women do. In this part of the world, men play a lead role in decision making of the house, hence, women's autonomy is not totally guaranteed.

Social Exclusion of Women from Accessing to Health Care

Health care is a necessity capable of building or destroying a society depending on its level of access. While a segment of a society may have unrestricted access to health care, some others may be excluded for some reasons. The impact of inequality on life chances is heightened by the presence of social exclusion. Mategeko (2011) argued that social exclusion occurs when there is "absence of complementarities approach that seeks to bring about system level institutional reform and policy change to remove inequalities in the external environment". When a person or groups of people are denied opportunities to realize their potential, they undergo social exclusion. She further argued that the consequences of such social exclusion manifested in denial of opportunity for health, education, chronic poverty and under development. Giddens (2010) agrees with Mategeko that social exclusion refers to ways in which people are cut off from involvement or participation in the wider society. However, Giddens goes a step further to argue that social exclusion also involves deliberate moves by people or groups of people to exclude themselves from aspect of mainstream society. He argued that exclusion could take the form of labour market exclusion, service exclusion, and exclusion

from social relations, housing and neighborhood exclusion, and elite social exclusion (VIP lounge only, members only as seen in hotels, airports, and train/bus stations in most parts of the world). Most of these exclusions occur in urban centers. Giddens argued that exclusion from goods, services and facilities occur primarily in rural areas. The emphasis of services and facilities draws our attention to healthcare exclusion in rural areas. Women in rural areas would require permission to access healthcare either because of religious and cultural restrictions or due to lack of financial autonomy (Blaauw et al, 2006). Social exclusion may have a relationship with access to health care, but there is dearth in literature on the theme of social exclusion and access to healthcare in southern Nigeria. This study therefore seeks to find the extent to which the gender of household heads will affect household members' access to healthcare.

Theoretical Application

This research is anchored on Conflict theory. Conflict theory is a modern sociological theory that was first designated and systematically formulated by Karl Marx in Europe (Clark, 2012). Conflict theory emphasizes the political, economic and social forces that controls and allocates resources and consequently explains the relationship between the capitalists and the proletariats – affecting health and healthcare delivery system (Diana, 2013). The conflict perspective challenges many health care practices (Sherpard, 2010). Among the issues of concern to the conflict school of thought are the inequality in access to health care and the maximization of profit in the health care system. The inequality in the healthcare system is affected by factors such as socio-economic, socio-cultural and socio-political situations of people. They see access to quality medical care as being linked to people's ability to pay and their position within the class structure. Conflict theorists see health care delivery as being rooted in the capitalist economy which views medicine as a commodity that is produced and sold by the medical industrial complex (Diana, 2013). Conflict theorists also see physicians who hold a legal monopoly over medicine as benefiting from the existing structure of medicine because they can charge inflated fees. Conflict theorists also increase our awareness of inequalities of race, class and gender as these statuses influences people's access to health care. The market philosophy of conflict theorists promotes unequal access to medical care, making medical care a medical commodity.

4. Research Methodology

The study employed a one-time survey research design to capture the broad and specific objectives of the study. This research design allowed the researcher to gather data on a one-time basis from respondents with the intention of providing answers to the research objectives, research questions and research hypotheses.
The survey research design was adopted in this study; data was collected through quantitative and qualitative data collection techniques. A semi-structured questionnaire was used to collect data from 840 household heads in Southern Nigeria. This consists of Esan Central, Esan Northeast and Esan West LGA's in Edo central. The qualitative data comprise 20 In-depth Interviews (IDIs) conducted among male and female household heads. The qualitative data was analysed according to themes using content analysis from which conclusions were derived.

5. Analysis and Discussion of Findings

Socio-economic Characteristics of Respondents

The gender distribution of the respondents on Table 4.1 showed that the male participants were 11 which constitute 55% while the female respondents were 9 representing 45%. Based on this, it is safe to conclude that there are more male

household heads in southern Nigeria, a likely indication of the patriarchal nature of traditional societies in Nigeria.

Respondents totaling 8 with a corresponding percentage of 40% made up the age group of 20-39 years; this is followed by respondents within the age group of 40-59 years with a frequency of 7 and a corresponding 35%. Respondents in the age group of 60 years and above were 5 with a corresponding percentage of 15% making it the lowest number of respondents in the different age groups for this study. In determining the marital status of the respondents, the Table 4.1 showed that 12 of the respondents representing 65% of the total heads of household in the study were married (making it the modal class), 4 respondents representing 20% of the respondents have never been married, while the remaining 3 respondents representing 15% of respondents in the study are either divorced, separated or widowed.

How does Gender of Household Heads affect Members Access to Health Care?

The role played by gender in human society cannot be overemphasized. Sex plays a major role in the areas of education, employment etc.

The results from the IDI showed that majority of the respondents agreed that gender of household heads affects household members' access to healthcare. While some argued that males had more access than female's others insist that females had more access than males. Those who argued in favour of the former hinged their argument on male controlled family system in southern Nigeria which makes females traditionally and financially dependent on the males. Respondents who supported the latter hinged their argument on the fact that mothers are more likely to attract and receive medical assistance and attention from their grown-up children and society in general when compared to men. The opinions of majority of the IDI participants are presented below:

> *"Women have more access to healthcare than men in our community because they are considered fragile and as such stands to enjoy special care by both their husbands and their children... many vulnerable men are abandoned by the society and by their children, but women are never neglected by their children. However, male household heads can generate the resources that their members require to access healthcare." (A female IDI respondent from Ile, Ekpoma, May 2025).*
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> *"I am of the view that women in our community have more access to healthcare than men however, family members of male household heads have more access to healthcare because of two factors which are economic advantage and cultural advantage. Men have more economic power than women." (A male IDI respondent from Ivue, Uromi, May 2025).*
>
> *We can't really say who has more access to health care. I think it is a function of who needs health care more between the female and the male. I am sure it also depends on the financial abilities of the persons involved and their family members. People who have the wherewithal can access health care irrespective of the sex status (A male IDI respondent from Usugbenu, Irrua May 2025).*
>
> *"Family members of male household heads are at an advantage. For instance, when my husband was alive, we could afford quality healthcare but since his demise my children and I have had to struggle a lot. We now rely on traditional medicine because of the cost of healthcare" (A female IDI respondent from Edenu, Irrua, May 2025).*

The study thus showed that access to healthcare varies with the gender of household heads in southern Nigeria. The findings from the IDI align with the

submission of Veloshnee and Loveday, (2007) who argued that gender affects access to healthcare.

Does the Age of Household Heads affect Household Members' Access to Health?

The response from the IDI conducted showed that age affects access to healthcare in Edo central. Their positions showed that although children and the elderly need more healthcare, they are less likely to access healthcare without external support. Some IDI respondents noted that the older a person is the less access they have to healthcare except those who are very rich in society. The following captures the views of IDI respondents.

> *"The vulnerable amongst us are infants and the aged. These groups of persons find it difficult to access healthcare when they need it unless they are assisted by their relatives or loved ones. An elderly woman died recently in this community because she had no children or family members to take care of her or pay for her health care needs. It was three days after her body had begun to decompose that the community new, she had died. Tell me; if she was young and agile she would have been able to care for herself or better still call for help" (An IDI respondent from Usugbenu, Irrua, May 2025).*
>
> *"The age of women and several other factors like education and income status affects their access to healthcare as much as it affects those who depend on them. Older women with poor education and poverty are the most disadvantaged group alongside poor female children who are sometimes exploited." (An IDI respondent from Ualor, Uromi, May 2025).*
>
> *"Children are the most affected as they can hardly speak about their conditions; we do not even have sufficient pediatricians in most hospital across Esan land… accessing health care is most difficult for children and the elderly who are the vulnerable group in dire need of assistance" (An IDI respondent from Eguare, Ekpoma, May 2025).*

The submission in this study is that access to healthcare like gender is affected by age. The study aligns with the previous work of Oluwabunmi, Olutobi, Ayo and Olusola (2014) who concluded that age affects access to healthcare in Nigeria.

What Role does Gender Play in the Social Exclusion of Household Members from Access to Health Care?

On the role of gender in the social exclusion of household members from accessing healthcare in southern Nigeria. The IDI respondents corroborated with one another on the nature of social exclusion prevalent in Esan land. They argued that social exclusion is gender related income related, cultural and political related as well as religiously and politically related. A person excluded from work or trade is likely to have limitations in accessing healthcare. One of the IDI respondents: A female from Opoji, Ekpoma argued that.

> *"In our community social exclusion is affected by disabilities/mental challenges, poverty and gender. Everyone appears to have the same level of access to healthcare on paper, but some people are excluded because they have some forms of disabilities, most people who are mentally challenged are excluded from normal treatment for common ailments like malaria, even when they need medical attention. People suffering from disabilities are usually not put into consideration while building hospitals. There are no wheel chairs and staff to help the physically challenged. There are no sign experts to help people with hearing and speech challenges and in most health care centers you don't find support for the disabled. This pattern of insensitivity makes it difficult for people to access*

health care. Women are also affected by social exclusion due to their economic situation, cultural barriers and religious restrictions" (May 2025).

A female IDI respondent from Ivue, Uromi made the following submissions to demonstrate how the gender of household heads affects household member's access to healthcare:

"In our culture, a woman must seek the permission of her husband or the representative of her husband before taking major decisions including health related decisions. While women have a right to seek medical care them must seek the consent of their fathers, husbands or their representative. In families where a woman is the head there lots of challenges including poor health seeking behaviour due to their economic situations. Rich female household heads can make their decisions, but most female household heads are not rich and so cannot access quality healthcare or support their household members to access healthcare." (May 2025).

A male IDI respondent from Usugbenu, Irrua puts the argument this way:

"Social exclusion is fanned by the presence of wide scale inequality in our society. The differences in our social classes are partly responsible for the high level of social exclusion playing out in this part of the world. Ironically, social exclusion does not affect the rich because if you exclude them from accessing health care in Irrua they can go to other places including overseas seeking medical attention for themselves and their household members. In Nigeria, you are either rich or very poor. The very poor have lots of challenges accessing healthcare for themselves and members of their households." (May 2025).

Most times some people are excluded from free health care programs based on their gender or age. An elderly male respondent from Akho, Irrua argued in favour of the above when he observed that.

"Free eye care treatment in ISTH that I have witnessed in recent times favoured the aged and women while younger persons and males are excluded".

This is a form of social exclusion often neglected in the discourse of social exclusion in relation to access to healthcare which discriminates against men. Most participants argued further that social exclusion negatively affects access to health care in southern Nigeria. The IDI participants gave more insights by identifying the forms of social exclusion preventing people from accessing healthcare in Esan land. These include widows going through widowhoods rites, people ostracized/banished from the community, people with contagious diseases like HIV/AIDS, leprosy, and mental health challenges. Most of the respondents argued that household members with these conditions don't get the support of family members to access healthcare and when they have physical access, they are unable to afford the cost of treatment.

The objective of the study was to determine the extent to which the gender of household heads affects household members, access to healthcare in southern Nigeria.

Majority of the IDI respondents were of the gender of household heads affects household members access to healthcare in southern Nigeria. The findings in this study agree with the findings Onakerhoraye (1999), Furthermore, the study established that the economic status of people affects the level of their access to healthcare and thus align with Lynch, et al., (2004) demonstrated in their study that income inequality affects the extent to which healthcare is accessed. The findings from this study showed that the gender of household heads affects

members' access to healthcare. While some argued that males had more access than females' others insist that females had more access than males. The hypothesis tested in this regard states that there is significant difference between sex of household heads and household access to health care in Edo central. This means that access to health care would vary significantly with the gender of household heads in southern Nigeria. The finding agrees with Onakerhoraye (1999) who supports variability in access to health care because of gender and differs from the study of Obasi (2013), who argued that access to health care is mainly affected by income and not gender.

6. Conclusion

The need to ensure that there is equal and equitable distribution and access to healthcare to all people irrespective of their gender differences requires concerted efforts. This study sort to explore the actual experiences of household heads in southern Nigeria with a view to determining the role their gender plays on their household members' access to healthcare. The submission in this study is that the gender of household heads affects household member's access to healthcare in southern Nigeria. While there is no major divide the exclusion from accessing healthcare tend to affect both vulnerable men and women in southern Nigeria.

7. Recommendations

Based on the findings, the following recommendations have been made:

There is need to bridge the gaps between male and female to ensure that the gender of household heads does not disqualify people and members of their households from accessing healthcare in Southern Nigeria.

One of the challenges identified in this study is social exclusion based on gender which discriminates against access to healthcare due to one's gender. This practice needs to be condemned and discouraged.

Since income level, education and employment statuses are major determinants of access to healthcare, the Edo state government, the local government councils and the private sectors must team up with households to create employment opportunities to increase the level of employed and self-employed people in Edo central.

To achieve quality access to healthcare efforts should be made to create avenues for easy access to healthcare. This can be done by establishing more clinics, maternities, dispensaries, general hospitals and cottage hospitals etc., very close to the people in their rural communities.

Since health is a necessity, the health insurance scheme should be restructured to make provisions for the unemployed to access healthcare at no cost. A variant of social insurance cover for all citizens funded by the government, multinationals and organized private sectors in Edo central should be introduced to cushion the effect of high cost of health care and promote quality access to health care in Edo central.

Cultural/religious/traditional barriers such as belief systems and practices which manifests as obstacles to access to healthcare should be addressed through modifications in the beliefs and cultural practices operational in southern Nigeria.

Deliberate efforts through policies and legislatures should be initiated by the government to discourage social exclusion in rural areas and improve household member's access to healthcare in southern Nigeria.

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Appendix

Table 4.1.1: Socio-economic Characteristics of the Respondents (SAM)

Socio-economic characteristics	Variables	Frequency	Percent (%)
Sex	Male	11	55
	Female	09	45
	Total	20	100.0
Age group	20-39	08	40
	40-59	07	35
	60 and above	05	25
	Total	20	100.0
Marital status	Never married	04	20
	Partner/Married	13	65
	Others (Separated/divorced/widowed)	03	15
	Total	20	100.0

Source: (Researcher's survey, May 2025)