Gender and Health Status of People of Idah Local Government Area, of Kogi State, Nigeria.

[1]Ibrahim Abdullahi, [2]Peter P Umeh, [3]Moses M. Atteh, [4]Kelechi Friday Nkwocha, [5]Samuel Oji Iheukwumere

[1]Department of Geography, Taraba State University Jalingo, Taraba State, Nigeria
[2]Department of Geography, Nigerian Army University Biu, Borno State, Nigeria.
[3]Department of Geography and Environmental Studies, Kogi State University, Anyigba, Kogi State, Nigeria
[4]Department of Geography, University of Maiduguri, Borno State, Nigeria.
[5] Department of Geography and Meteorology, Nnamdi Azikiwe University, Awka, Anambra State Nigeria.
Email: ibrahimabdullahio74@yahoo.com

Abstract

This study analyzes the health status across gender in Idah Local Government Area of Kogi State, in 2018. The study took place between January and May 2018. This study considered diseases such as malaria, enteric fever, anemia, typhoid fever, diarrhea, hypertension, sepsis, peritonitis, heart failure, appendicitis, chicken pox, placenta prevail, sickle cell diseases, skeletal pain, asthma, head ache, pneumonia, convulsion and rashes. The study used secondary data on the trend in the reported diagnosis of these diseases by gender. The data on common diagnosed diseases in 2018 was obtained from Idah General Hospital data base (IGHD). The target population was restricted to the in and out-patients that patronized the hospital throughout 2018 and about 3,841 diagnosed cases of disease across gender was randomly sampled from the 10,455 recorded cases in the hospital data base. The descriptive (multiple bar chart) was used to present the data. The study findings revealed that female patronage level (70%) was higher than the male (30%). The study findings revealed that women patronize hospital more often than the men for diagnoses and possible treatments all year round (from January to December). It was recommended that there should be high level of sensitization for medical check-ups for both gender but most importantly the male gender especially rural dwellers, so as to improve the life expectancy of men like that of women

Keywords: Disease, Gender, Population, Health Status, Spatiotemporal.

Introduction

According to Health Canada (2000) Gender can be seen as "the collection of socially made activities and relationships, personality characters, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. Gender is relational, gender roles and characteristics do not exist in isolation, but are defined in relation to one another and through the relationships between women and men, girls and boys". It can be said that, sex

refers to biological differences, whereas gender refers to social duties performed by different sexes within our environment. A considerable amount of research has been conducted in the area of gender and health status, including gender differences in adapting to our immediate society, and especially to specific health conditions. Gender has been shown to influence how health policies are conceived and implemented, how biomedical and contraceptive technologies are developed, and how the health system responds to male and female clients (Vlassoff, & Moreno 2002).

Researches about gender in health have been carried out mainly by social scientists where it is understood that biological differences alone cannot sufficiently explain health behavior. Health status also depends upon social and economic factors that, in turn, are influenced by cultural and political conditions in society. To understand health and illness, both sex and gender must be taken into account. There is an increasing frequency of disease infections among people in recent time that has put to question the sustainability of all public healthcare systems, and this might result in long-term macroeconomic impacts on labor supply, capital accumulation, and Gross Domestic Product (GDP) worldwide. The incidence of None Communicable Diseases (NCDs) also compromise future economies and human development because poverty and ill health are often passed down from one generation to the other. The inadequate programs designed to address the numerous health problems in Nigeria have led to the little improvement in our health status. According to World Health Organization (2002), overall life expectancy at birth is 54 years; infant mortality rate is 86 per 1000 live birth while maternal mortality ratio is 840 per 100,000 live births. Besides the continued neglect of the importance of addressing public health issues would make matters worse for poor Nigerians most of who are at the receiving end. (World Health Organization, 2002). Well-being is a positive physical, social and mental state; it is not just the absence of pain, discomfort, and incapacity. It arises from not only the actions of an individual, but from a host of collective goods and relationships with other people. It requires that basic needs are met, that individuals have a sense of purpose, and that they feel able to achieve important personal goals and participate in societal activities (Nicole and Marks, 2004).

The central feature of mortality trends throughout the twentieth century is the sex/gender difference in life expectancy: in the United States, women live on average 5.2 years longer than men do (NCHS (2009). According to Berin, Barnet, George & Tenenben, (1989), women have not always held a mortality advantage and it may not continue. In fact, the age-adjusted gender gap in longevity appears to widen and narrow due to environmental/behavioral risk and protective factors, as well as genetic, biological and, hormonal processes (Ellen, 2009). Biomedical and social science researchers who have pursued the causes of men and women differential mortality seldom agree on explanations, partly because, as stated by James, (1984) in her discussion of the literature on differences in men and women health, sees hormones, social roles and structural constraints as risk factors."

The dichotomy also ignores the wide array of gender identities and sexualities. Although men and women do seem to have on average some unique biological advantages and disadvantages over each other, substantial variation occurs among women and among men and these differences seem to vary with certain social conditions (Fausto-Sterling, 2005). It is still the case that much of

clinical research tends to minimize or ignore the social and environmental processes that can influence health differentially and to rectify biomedical models that portray men's and women's health disparities as inherently biological or genetic.

In recent years, a growing number of clinical researchers has come to recognize that social and biological factors interact in complex ways, and that this explains not only health or illness at the individual level but also population health and the observed patterns of men's and women's health and longevity in general. Yet relatively few biomedical or sociological studies examine both sets of factors as highlighted by the Institute of Medicine 2001, the need to move beyond the binary in thinking and research, as ultimately integrating them will contribute to better science. Biological "sex" and social "gender" processes can interact and may be confounded. In acknowledgement of this, we use the term "gender" to refer to observed differences in men's and women's lives, morbidity, and mortality.

Description of Study Area

Idah, an old river port town, lies on a sandstone cliff on the East bank of the River Niger in the North central (Middle Belt) region of the country. Directly overlooking Idah land across the river, i.e., on the West bank of the Niger, is Aganebode in the South-South geopolitical zone of the country, which serves as the capital and ancestral city of all Weppa-Wanno (predominantly Etsako speaking) people and as the administrative headquarters of Etsako East Council. During the 2006 headcount, the population figure of the area, whose landmass is approximately 36 sq km (14 sq miles), was put at 79, 815 people. Idah Local Government Area is located between lat 12^{o} to 13^{o}N, longitude 5^{o} to 6^{o} E. lies on commercial routes on the River Niger linking Lokoja, through to the North of the country, Onitsha in Anambra State, to the South, and Aganebode in Edo State, to the West. The vegetation of the study area is predominantly guinea savannah type which is characterized by discontinuous canopy, shrubs and tall grasses giving the area a park appearance. The wooded savannah trees found in the area include economic trees such as locust bean, shear butter trees, Iroko trees, mahogany, Dongoyaro trees and Obeche trees.

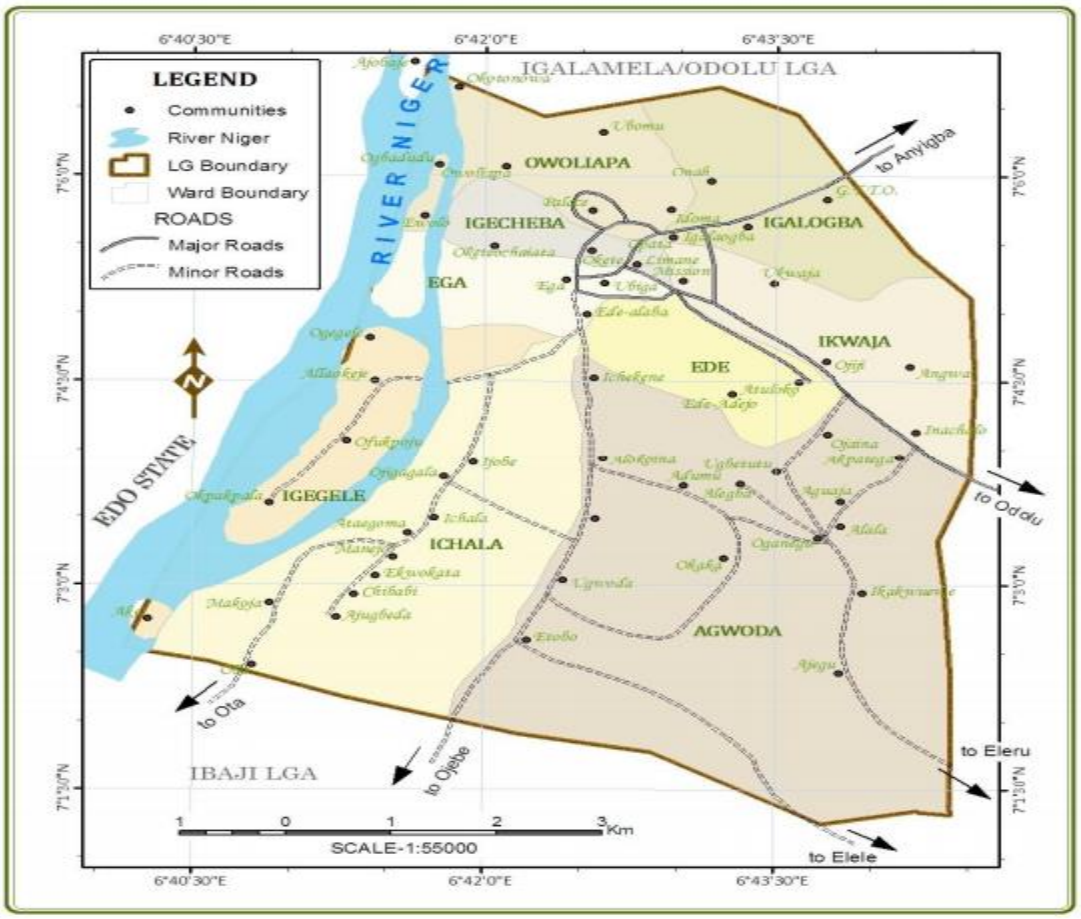

Figure1: Idah showing the neighborhoods

Source: GIS laboratory Department of Geography and Environmental Studies, Kogi State University, Anyigba (2019).

Materials and Method

The data for this study were from secondary sources such as hospital records (Idah General Hospital Data base), journals newspapers, and published materials from the internet. The research approach was basically descriptive, the data gotten was used to provide frequency count and multiple bar charts which were used in analyzing the different reported cases of disease diagnosed among gender and showing trend in the reported diagnosed. The target population was restricted to the number of in/out-patients that patronized the hospital throughout 2018 and about 3,841 diagnosed cases of disease across gender was randomly sampled from the 10,455 recorded cases in the hospital data base. The descriptive (Multiple bar chart) was used to present the data.

Result of Findings

This study took place between January and May 2020. Figure 2 shows cases of general infection of 137 (65%) for female respondents while the male respondents recorded 75 (35%) cases in the month of January 2018, out of which (50) cases of Enteric Fever, thirty five (35) cases of Malaria for female respondents, while the male gender recorded thirty (30) cases of Enteric Fever, eighteen

(18) cases of Malaria. The lowest recorded was (1) time respective on Abdominal Pain, and Gastro Enteritis.

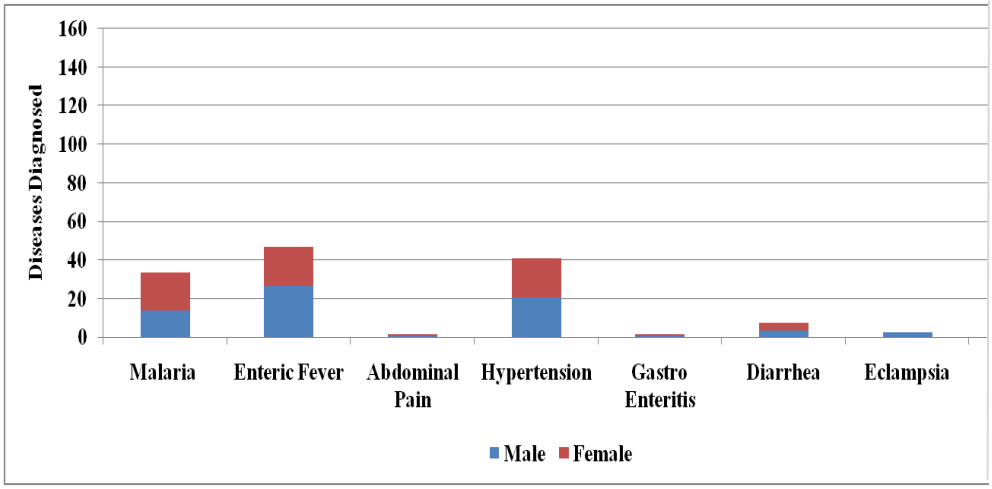

Figure 2: Cases of diseases diagnosed across genders in January 2018

Source: Author's from field work data (2020)

Figure 3 recorded cases of disease diagnosed in February 2018 shows that the Male gender had (5) times recorded on Arthritis, (7) times on Anemia, (10) times on Malaria, and Enteric Fever while the Female gender had ten (10) cases of Malaria and Enteric Fiver. The Female had the highest record seventy five (75) different health cases while the male gender recorded twenty nine (29) different health cases

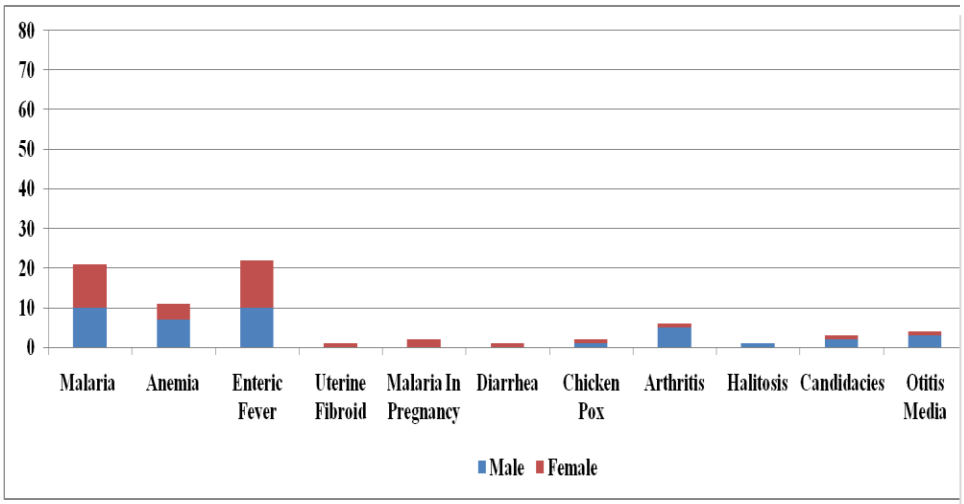

Figure 3: Cases of diseases diagnosed across genders in February 2018

Source: Author's from field work data (2020)

Figure 4 shows the number of diseases diagnosed in March, 2018 by gender where the male gender had ten (10) cases of Cough and the lowest recorded case was one (1) that is Pneumonia, the female gender recorded (15) cases of cough. The female gender had different health cases of thirty two (67%) times while the male gender recorded sixteen (33%) different kinds of diagnoses.

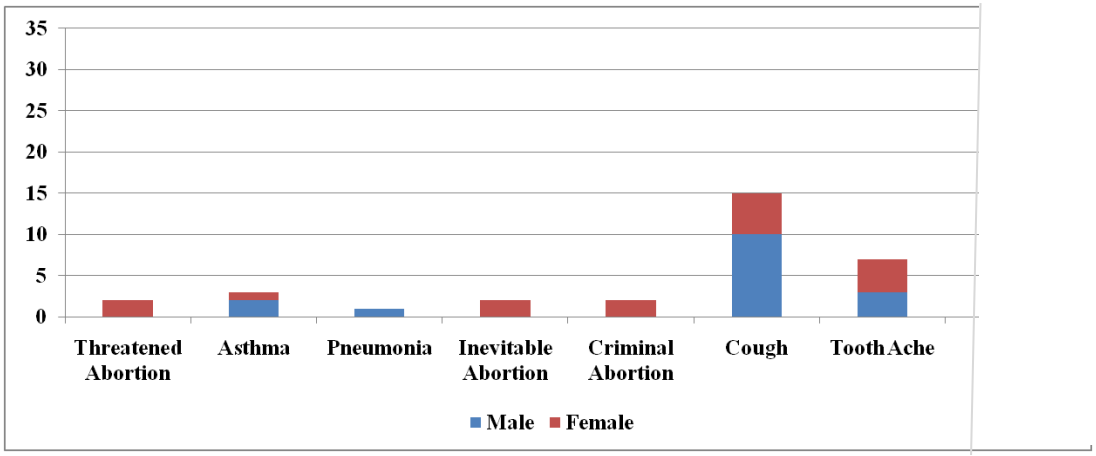

Figure 4: Cases of diseases diagnosed across genders in March 2018

Source: Author's from field work data (2020)

Figure 5 shows cases of disease diagnosed in April 2018 by gender where the male gender recorded eight (8) incidences respectively on Malaria and Anemia. The lowest recorded case of disease was one (1) case was Cough, while the female gender recorded fifteen (15) cases of Malaria and Anemia. The general reported cases of diseases diagnosed for the female gender was the highest by 64% while the male gender had 36% diagnoses.

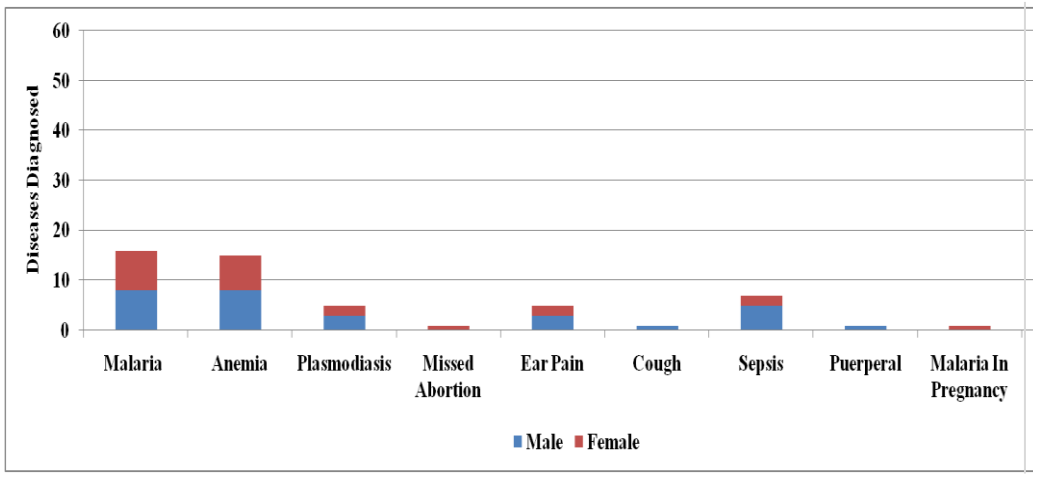

Figure 5: Cases of diseases diagnosed across genders in April 2018

Source: Author's from field work data (2020)

Figure 6 shows cases of disease diagnosed in May 2018 by gender where Male gender had twenty four (24) cases of Malaria while the Female gender recorded forty two (42) cases of Malaria. The

female gender had the highest of the generally reported diagnosed diseases by 64% and the male gender had 36% diagnosed diseases.

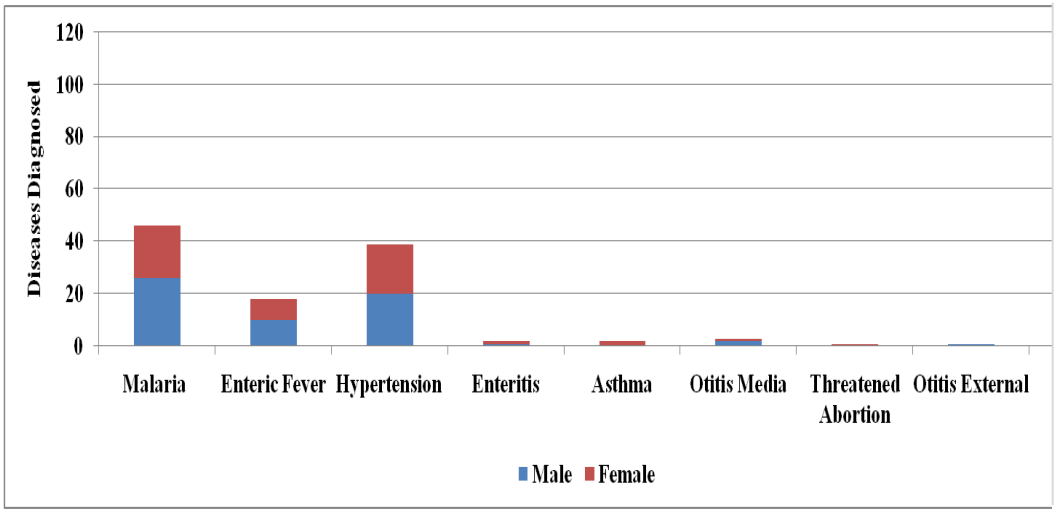

Figure 6: Cases of diseases diagnosed across genders in May 2018

Source: Author's from field work data (2020)

Figure 7 show cases of disease diagnosed in June 2018 by gender where female gender recorded four (4) cases Anemia while the Male gender recorded one (1) each for all recorded cases. The Female gender had the highest recorded diagnosed cases of 68% while the Male had the lowest of 32% cases of diagnosed diseases.

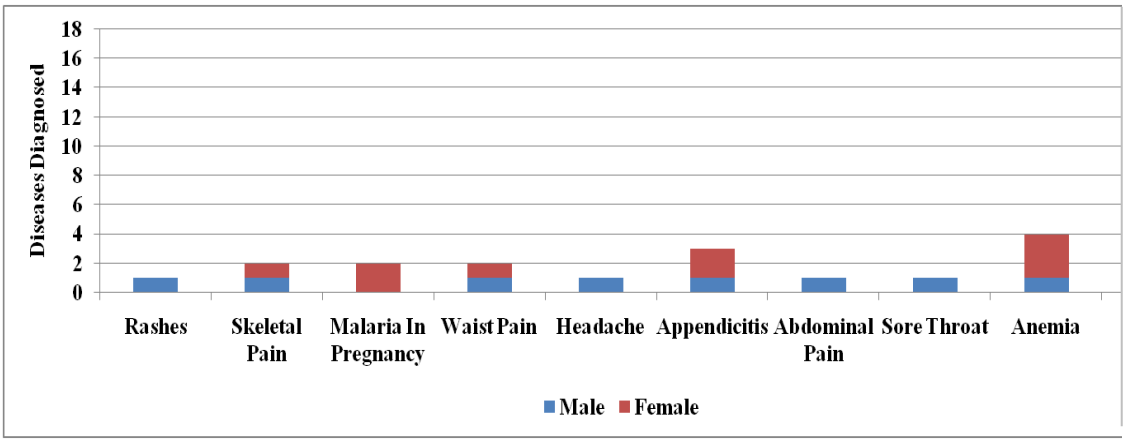

Figure 7: Cases of diseases diagnosed across genders in June 2018

Source: Author's from field work data (2020)

Figure 8 shows cases of disease diagnosed in July 2018 by gender where the Male gender recorded three (3) cases of Bronchitis while the female had five (5) incidence of Bronchitis. The Female gender had the highest diagnosed recorded diseases of 61% and the Male gender has the lowest recorded diseases of 39%.

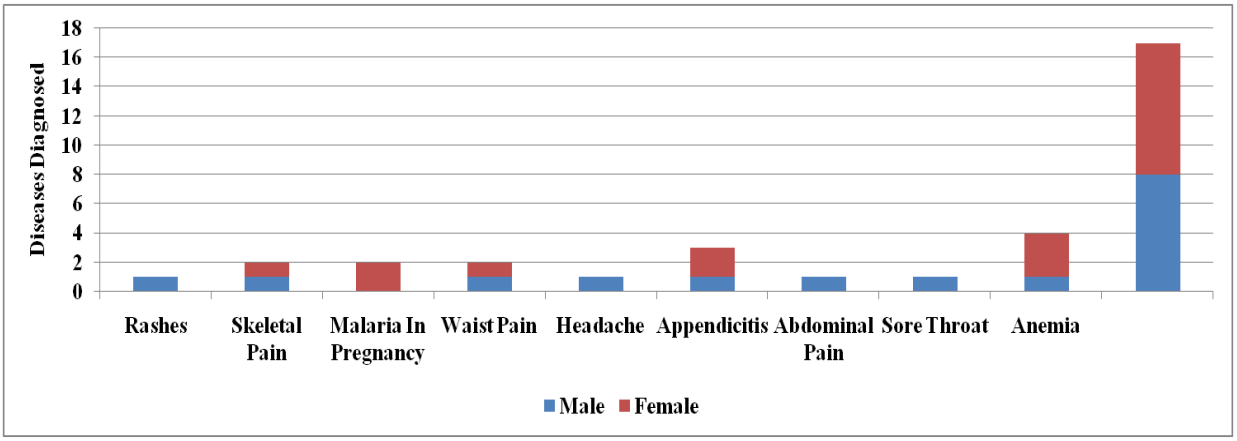

Figure 8: Cases of diseases diagnosed across genders in July 2018

Source: Author's from field work data (2020)

Figure 9 shows cases of disease diagnosed in August 2018 by gender where the Female had seventy (70) incidence of Malaria while the Male gender recorded forty (40) cases of Malaria. This shows from the figure that the female has one hundred and four which is 62% incidences whi gender had the lowest of sixty five which is 38% recorded.

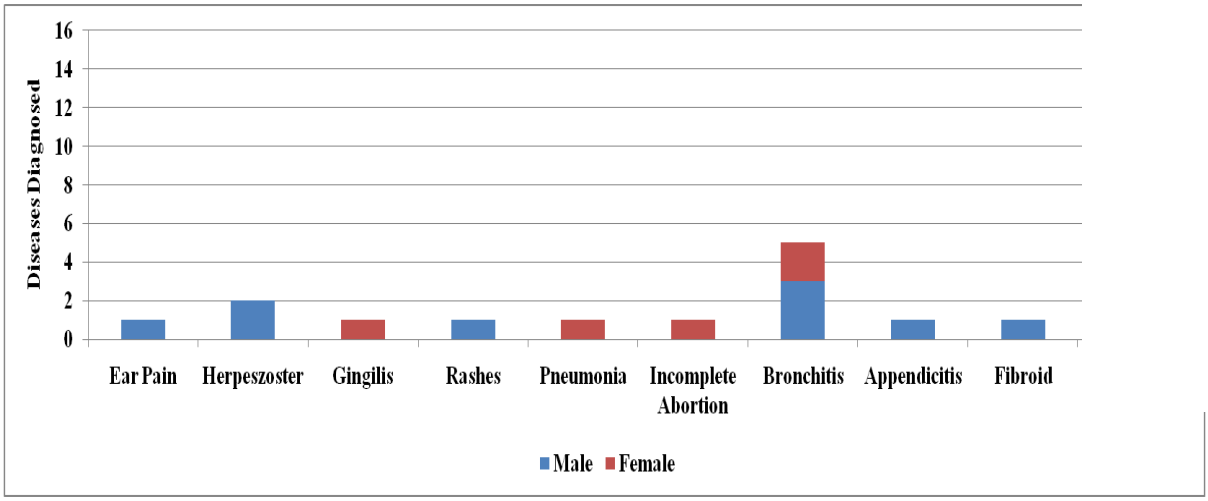

Figure 9: Cases of diseases diagnosed across gender in August 2018

Source: Author's from field work data (2020)

Figure 10 shows cases of disease diagnosed in September 2018 by gender where the male gender had forty (40) cases of malaria while the Female gender had sixty five (65) cases of malaria. This shows that the Female had 58% diagnosed cases recorded while the male had 42% cases.

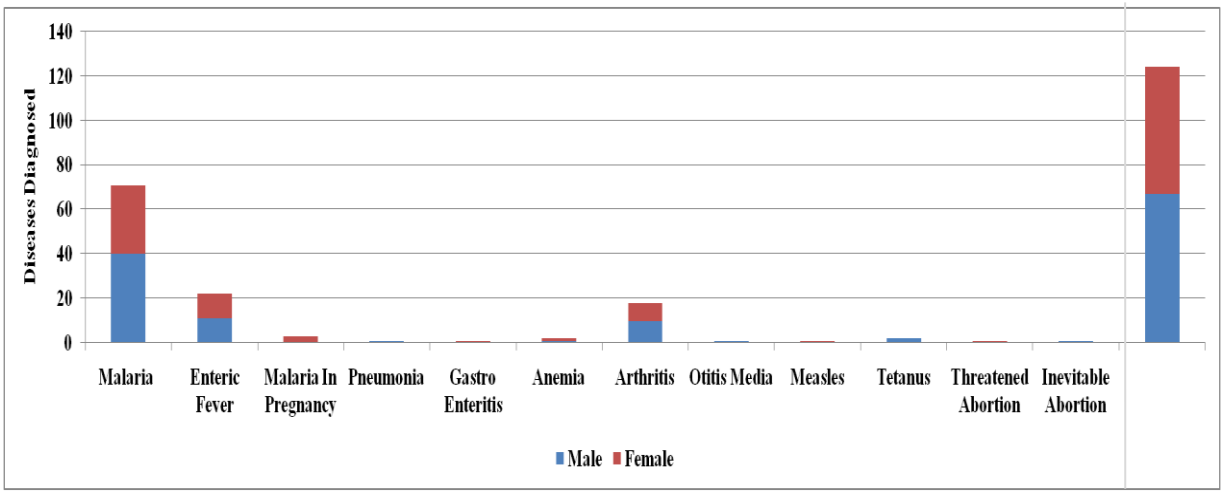

Figure 10: Cases of diseases diagnosed across gender in September 2018

Source: Author's from field work data (2020)

Figure 11 shows cases of disease diagnosed in October 2018 by gender where the male gender had two (2) cases diagnosed of enteritis while the female gender had (2) cases of arthritis and oral thrush. The lowest diagnosed cases of disease in October according to the figure was Male gender with 33% while Female gender had the total of 67% diagnosed case

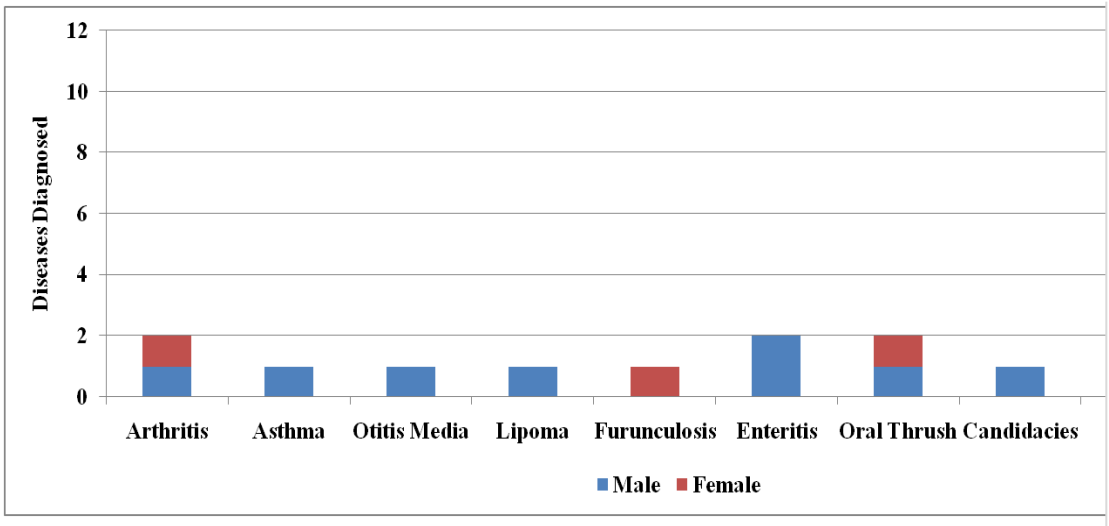

Figure 11: Cases of diseases diagnosed across gender in October 2018

Source: Author's from field work data (2020)

Figure 12 shows cases of disease diagnosed in November 2018 by gender where the Female gender had four (4) cases of asthma and the male gender had one (1) incidences of each diseases recorded. It revealed that the Male gender has the lowest recorded cases of 37%, while the female had 63% cases reported.

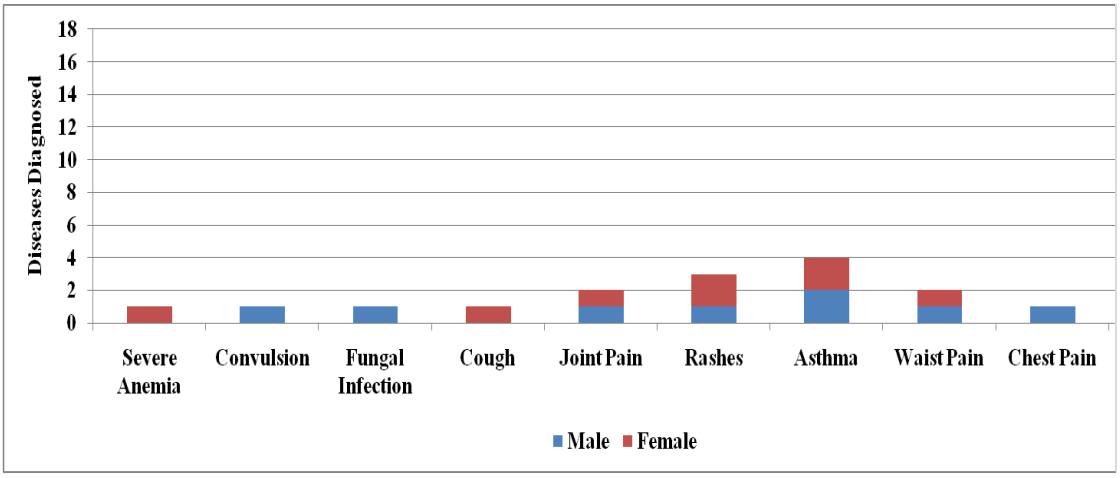

Figure 12: Cases of diseases diagnosed across gender in November 2018
Source: Author's from field work data (2020)

Figure 13 shows cases of disease diagnosed in December 2018 by gender where the Male gender had two (2) incidences of Enteritis while the Female had four (4) cases of Entreaties. This shows that the Female gender had the highest record of eight (67%) cases diagnosed. While the male gender had the lowest of four (33%) cases diagnosed

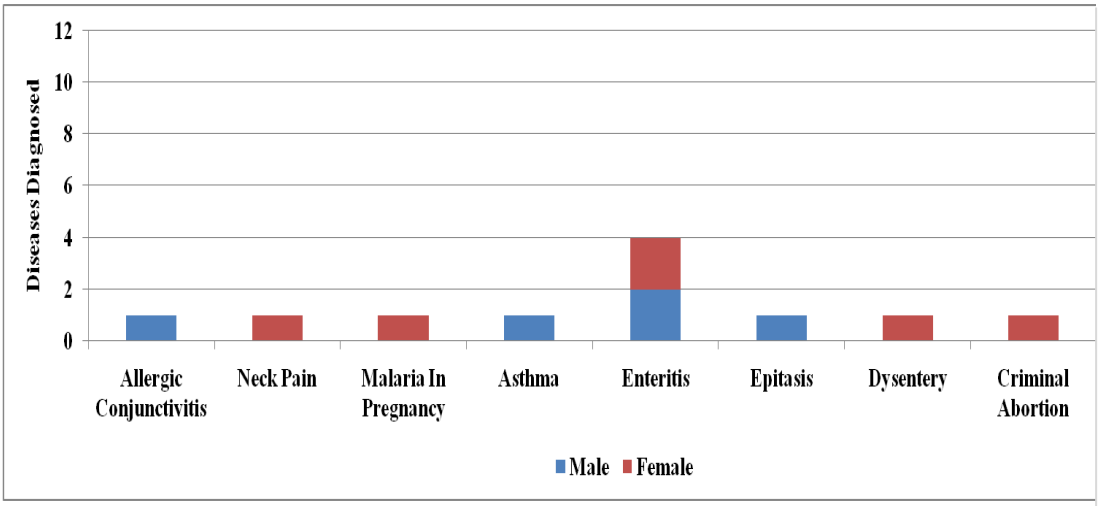

Figure 13: Cases of diseases diagnosed across gender in December 2018
Source: Author's from field work data (2020)

Discussion of Results

This study was carried out in the month of January through May 2020 and the study result shows that figure 2 had a general infection of 137 (65%) cases for female respondents while the male respondents recorded 35% cases in the month of January 2018 by gender from which (50) cases of Enteric Fever, thirty five (35) cases of Malaria for female respondents, while the male gender

recorded thirty (30) cases of Enteric Fever, eighteen (18) cases of Malaria. The most diagnosed cases according to fig.3 were one hundred and thirty seven (64%) which is the highest for the Female gender while the Male gender had the lowest of seventy five (36%) cases. Figure 3 shows cases of disease diagnosed in February 2018 by gender where the Male gender had ten (10) times on Malaria and Enteric Fever and the least recorded of one (1) case while the Female gender had ten (10) cases of Malaria and Enteric Fiver. The lowest recorded (1) case each for Uterine Fibroid, Diarrhea; The Female had the highest record of seventy five (72%) infections while the male gender recorded twenty nine (28%) cases. Figure 4 shows the number of diseases diagnosed in March, 2018 by gender where the male gender had ten (10) cases of Cough and the lowest was one (1) case of Pneumonia, the female gender recorded (15) cases of cough. The female gender had the highest of thirty two (67%) times frequency of various diagnosed diseases while the male gender recorded sixteen (33%) different kinds of diagnoses. Figure 5 shows cases of disease diagnosed in April 2018 by gender where the male gender recorded eight (8) incidences respectively on Malaria and Anemia. The lowest recorded was one (1) case respectively on Cough and Puerperal, while the female gender recorded fifteen (15) cases of Malaria and Anemia; the lowest were Missed Abortion and Malaria in pregnancy. The reported cases of diseases diagnosed for the female gender had the highest by (64%) times. While the male gender had (36%) times diagnosed. Figure 6 shows cases of disease diagnosed in May 2018 by gender where Male gender had twenty four (24) cases of Malaria while the Female gender recorded forty two (42) cases of Malaria and the lowest recorded (5) times on Threatened Abortion. It obvious that the female gender had the highest of the reported diagnosed diseases by (64%) times and the male gender had (36%) times diagnosed diseases. Figure 7 shows cases of disease diagnosed in June 2018 by gender where female gender recorded four (4) cases Anemia while the Male gender recorded one (1) each for all recorded cases. It is clear from the chart that the Female gender had the highest recorded diagnosed cases by (68%) times while the Male had the least by (32%) times on diagnosed diseases. Figure 8 shows cases of disease diagnosed in July 2018 by gender where the Male gender recorded three (3) cases of Bronchitis and one (1) case each for Ear Pain, Rashes, Appendicitis and Fibroid, while the female had five (5) incidence of Bronchitis and one (1) case respectively for Gringis, Pneumonia and incomplete abortion. This also shows that the Female gender had the highest diagnosed recorded diseases by (61%) times and the Male gender has the lowest recorded diseases by (39%) times. Figure 9 shows cases of disease diagnosed in August 2018 by gender where the Female had seventy (70) incidence of Malaria while the Male gender recorded forty (40) cases of Malaria and five (5) cases of Tetanus. This shows from the figure that the female has one hundred and four (62%) incidences which is the highest while the Male gender had the lowest of sixty five (38%) times recorded. Figure 10 shows cases of disease diagnosed in September 2018 by gender where the male gender had two (2) cases of Enteritis and one (1) each for Arthritis, Asthma, Otitis Media, Lipoma, Oral Thrush and Candidacies while the Female gender had two (2) cases each for Arthritis, and Oral Thrush. This shows that the Female had eleven (58%) diagnosed cases which are the highest recorded while the male had (42%) times as the lowest. Figure 11 shows cases of disease diagnosed in October 2018 by gender where the female gender had four (4)

cases diagnosed for Rashes and Asthma and one (1) time respectively for severe headache and cough, while the Male gender had (2) cases of Asthma and one (1) case each for Convulsion, Fungal Infection, Joint Pain, Rashes, Waist Pain and Chest Pain The lowest diagnosed cases in October according to the figure was Male gender with eight (33%) while Female gender had the total of (67%) diagnosed cases. Figure 12 shows cases of disease diagnosed in November 2018 by gender where the Female gender had fifty (50) cases of Malaria and Enteric Fiver and two (2) cases of sepsis, the male gender had thirty (30) incidences of malaria and only (2) cases recorded for Diarrhea. It revealed that the Male gender has the lowest recorded cases of sixty three (37%), while the female had the highest of one hundred and five (63%) times reported. Figure 13 shows cases of disease diagnosed in December 2018 by gender where the Male gender had two (2) incidences of Enteritis and one (1) case each of Allergic Convulsion, Asthma and Epitasis, while the Female had four (4) cases of Entreaties one (1) case recorded each for Neck Pain, Malaria in Pregnancy, Dysentery, and Criminal Abortion. This shows that the Female gender had the highest record of eight (67%) cases diagnosed. While the male gender had the lowest of four (33%) cases diagnosed

Conclusion

This study examined gender and health status of the people of Idah Local Government Area, of Kogi State, Nigeria. The study findings reveal that women patronize hospital more often than the men for diagnoses and possible treatments all year round (from January to December). This may be one of the reasons people believe that women live longer than men. Amongst all diseases studied the researchers discovered more incidence of malaria spread throughout the year.

Recommendations

From the findings of this study, it is recommended that:

i. Male genders should increase their rate of medical checkups like women genders.
ii. There should be high level of sensitization for medical checkups for both gender but most importantly the male gender especially rural dwellers maybe this would help to improve the life expectancy of men like that of women.
iii. There should be increase in the rate of usage of treated mosquito net, so as to help in the reduction of infections from mosquitoes and consequently reduce high rate of infection.

References

Berin, Barnet & Stolnitz, George & Tenenben, Aaron (1989): Mortality trends of males and females over the ages. *New York 1990*

Ellen Annandala, (2009) Woman's Health and Social change. Abingdon, *Oxfordshire; New York* Fausto-Sterling, A. (2005).

The Bare Bones of Sex: Part 1 Sex and Gender signs: *Journal of woman in Culture and society*, 30(2), 1491-1527. Doi:10.10861424932

Health Canada. Ottawa: Health Canada's gender-based analysis policy; 2000. p. 14.

Institute of Medicine 2001: Crossing the Quality Chasm; *National Academy Press. Washington DC.*

James A. N. (1984). Caffeine and Related Methyl xanthines; Possible Naturally occupying pesticides. American Association for Advancement of Science.

Nicole Steur and Nic Marks, (2004). Local wellbeing; can we measure it? Page 1-25

NCHS (2009); Health, United State: Brief Hyattsville, ND.2010

Vlassoff C, Garcia Moreno C. Placing gender at the centre of health programming: challenges and limitations. Soc Sci Med. 2002;54:1713–23.

WHO (2002). World Population Ageing: 1950-2050. Published by Population Division as a contribution to the 2002 World Assembly on Ageing & follow-up