

Article

Not peer-reviewed version

Assessment of Social Determinants of Health Among Residents of Buari Ishola Isibo in Ede North Local Government Area, Osun State, Nigeria

[Adeyemi O. Omoge](#)^{*}, Mobolaji M. Adesegun, Oluwapelumi O. Coursin, Temitope A. Adekale, Frank U. Abraham, Clement E. Odide

Posted Date: 10 October 2023

doi: 10.20944/preprints202310.0603.v1

Keywords: assessment; social; determinants; health



Preprints.org is a free multidiscipline platform providing preprint service that is dedicated to making early versions of research outputs permanently available and citable. Preprints posted at Preprints.org appear in Web of Science, Crossref, Google Scholar, Scilit, Europe PMC.

Copyright: This is an open access article distributed under the Creative Commons Attribution License which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Article

Assessment of Social Determinants of Health among Residents of Buari Ishola Isibo in Ede North Local Government Area, Osun State, Nigeria

Omoge Adeyemi O. *, Abraham Frank U., Adekale Temitope A., Adesegun Mobolaji M., Coursin Oluwapelumi O. and Odide Clement E.

Department of Public Health, Adeleke University, Ede, Osun State, Nigeria

* Correspondence: omogeadeyemi@gmail.com

Abstract: BACKGROUND: Social determinants of health are conditions in the environments that significantly influence the health of individuals and communities. Various factors like income, socio-economic status, stress, customs, culture, healthcare services largely affect the health status of individuals and communities. **OBJECTIVE:** This study was carried out to identify the factors responsible for the social determinants of health among residents of Buari Ishola Isibo in Ede North Local Government Area, Osun State, Nigeria. **METHODOLOGY:** A descriptive cross – sectional study was utilized, and multi-stage random sampling method was employed in selecting 60 households of Buari Ishola Isibo in Ede North Local Government Area, Osun State, Nigeria. Questionnaire was used for data collection and data was analyzed using SPSS version 21. **RESULTS:** The respondents' ages were between 15 – 60 years and above. 29 (48.3%) were between 31 – 60 years old, 31 (52.0%) were males, 40 (66.7%) were married, 57 (95.0%) were Islam and Yoruba. 29 (48.3%) earned 10,000 – 30,000 monthly, 23 (38.3%) had secondary school education, 39 (65.0%) were traders and 27 (45.0%) have 6 – 10 households respectively. Of the 60 respondents, 34 (56.7%) visit government health facility when they are sick, 21 (35.0%) make use of hand dug well in their compound as the source of their water supply, 27 (45.0%) uses flush water closet toilet as the means of disposing off their excreta, 36 (60.0%) lives in concrete with zinc roof house, 27 (45.0%) have between 6 – 10 rooms in their house, 55 (91.7%) sleep in a room and 21 (35.0%) make use of charcoal as source of fuel for their cooking. **CONCLUSION:** Poverty or lower income affects the health of individuals through a person's health throughout their life span. Issues that affect social determinants of health of individuals and community in a negative way should be accosted with all seriousness.

Keywords: assessment; social; determinants; health

Introduction

Social determinants of health are conditions that significantly influence the health of individuals and communities. Various factors like income, socio-economic status, stress, customs, culture, healthcare services largely affect the health status of individuals and communities. (Organisation for Economic Co-operation and Development, 2008).

Health begins from our homes and communities. Healthy eating, physical activity, medical screening tests, visiting health care centres when will fall sick all affect our health and well-being. Our health is also influenced by socio-economic opportunities, available resources and supports in our homes, neighbourhood and community, family size, quality of education, safety at workplaces, the hygienic status of the water we drink, food we eat, air we breathe, and the quality of our social interaction and relationship (Dunn, J., 2000).

Our living conditions explain reasons why some individuals or communities are healthier than others. Resources that heighten quality of life can have substantial influence on the population health.

Good housing, access to quality education, security, food, safe environment, medical and health services are some of the numerous resources that affect the health of individuals and the whole population at large. The determinants are: Environmental factors, lifestyles or individual ways of life, genetic factors, the health care system, the socio – economic status, level of education, family size etc. (Brunner, E., & Marmot, M. G., 2006).

The health status of the poor, social slope, and equalities in health between countries are as a result of inequality in power distribution, income, goods and services globally and nationally. The outcome of unfairness in the present, see-able conditions of people's lives, access to health care services, education, employment, and relaxation conditions, homes, communities, towns, or cities and their opportunity of chairing a flourishing life (McGibbon, E., 2009). This inadequate distribution of health-damaging experiences and circumstance of daily life are all constituents of social determinants of health. (Schoen, C., & Doty, M. M., 2004).

Methods

Study area

The study was conducted in Ede North Township. Ede is one of the Local Government Area in Osun State situated in the south – west part of Nigeria and speaks Yoruba language. It is known as one of the ancient towns of the Yoruba people. Ninety percent of the population in Ede are Muslim. Ede is well known as land of hospitality.

Study population

The study population are made up sixty households in Buari Ishola Isibo Community of Ede North Local Government Area, Osun State, Nigeria.

Study design and sampling

Cross – sectional descriptive method was used, and systematic sampling method was employed in selecting the respondents from Buari Ishola Isibo in Ede North Local Government Area, Osun State, Nigeria.

Data collection methods

Questionnaire was used for collecting data from the sampled population comprises of 60 respondents. The questionnaire comprises of two sections namely socio-demographic characteristics of the respondents and assessment of social determinants of health.

Data analysis

The result was analyzed using Statistical Package for Service Solutions (SPSS) Version 21.

Ethical consideration

Letter of introduction was sought from the Faculty of Basic Medical Sciences, Adeleke University, Ede. Approval to conduct the research in the community was also sought from Ede North Local Government Authority. Permission was obtained from the respondents before administering the questionnaire and confidentiality of all respondents was ensured.

Results

SECTION A: Socio – Demographic Characteristics of the Respondents

(n = 60)

Variables	Observable variables	Frequency (%)
Age group (in years)	15 – 30	19 (31.7%)
	31 – 60	29 (48.3%)

	Above 60	12 (20.0%)
Gender	Male	31 (52.0%)
	Female	29 (48.0%)
Marital status	Single	20 (33.3%)
	Married	40 (66.7%)
Religion	Christianity	3 (5.0%)
	Islam	57 (95.0%)
Ethnicity	Yoruba	57 (95.0%)
	Others	3 (5.0%)
Level of income	<10,000	19 (31.7%)
	11,000 – 30,000	29 (48.3%)
	31,000 – 50,000	9 (15.0%)
	51,000 and above	3 (5.0%)
Educational level	No formal education	17 (28.3%)
	Primary	6 (10.0%)
	Secondary	23 (38.3%)
	Tertiary	10 (16.7%)
	Quranic	4 (6.7%)
Occupation	Trading	39 (65.0%)
	Farmer	4 (6.7%)
	Civil Servant	3 (5.0%)
	Self – Employed	5 (8.3%)
	Unemployed	9 (15.0%)
Household size	0 – 5	24 (40.0%)
	6 – 10	27 (45.0%)
	10 – 15	7 (11.7%)
	Above 15	2 (3.3%)

SECTION B: ASSESSMENT OF SOCIAL DETERMINANTS OF HEALTH

(n = 60)

Variables		Frequency (%)
In case of ill health, where do you get care?	Traditional health practitioners	6 (10.0%)
	Chemist/drug store	6 (10.0%)
	Government health facility	34 (56.7%)
	Private health facility	14 (23.3%)
What is the source of water supply?	Rain	5 (8.3%)
	Hand dug well in the compound	21 (35.0%)
	Motorized hand dug well in the compound	1 (1.7%)
	Public well	3 (5.0%)
	Community borehole	30 (50.0%)

What methods of excreta disposal do you use?	Private pit latrines	12 (20.0%)
	Public pit latrines	10 (16.7%)
	Near bush	5 (8.3%)
	Stream and drainage	6 (10.0%)
	Flush water closet toilet	27 (45.0%)
What type of house do you live in?	Mud with thatch roof	7 (11.7%)
	Mud with zinc roof	16 (26.7%)
	Concrete with thatch roof	1 (1.7%)
	Concrete with zinc roof	36 (60.0%)
How many rooms are in the household?	1 – 5	26 (43.3%)
	6 – 10	27 (45.0%)
	10 above	7 (11.7%)
How many sleeps in a room?	1 – 3	55 (91.7%)
	4 – 6	5 (8.3%)
What type of cooking fuel do you use?	Firewood	12 (20.0%)
	Kerosene	18 (30.0%)
	Charcoal	21 (35.0%)
	Cooking gas	9 (15.0%)
How many windows are in each room?	1 – 2	60 (100.0%)
Any other members of the household working?	Yes	34 (56.7%)
	No	26 (43.3%)

Discussion

Socio – Demographic Characteristics of the Respondents

The age of the respondents was between 15 – 60 years and above. 29 (48.3%) were between 31 – 60 years old, 31 (52.0%) were males, 40 (66.7%) were married, 57 (95.0%) were Islam and Yoruba. 29 (48.3%) earned 10,000 – 30,000 monthly, 23 (38.3%) had secondary school education, 39 (65.0%) were traders and 27 (45.0%) have 6 – 10 households respectively.

Assessment of Social Determinants of Health

Of the 60 respondents, 34 (56.7%) visit government health facility when they are sick, 21 (35.0%) make use of hand dug well in their compound as the source of their water supply, 27 (45.0%) uses flush water closet toilet as the means of disposing off their excreta, 36 (60.0%) lives in concrete with zinc roof house, 27 (45.0%) have between 6 – 10 rooms in their house, 55 (91.7%) sleep in a room and 21 (35.0%) make use of charcoal as source of fuel for their cooking.

Conclusion

Poverty or lower income affects the health of individuals through a person's health throughout their life span. This condition to a large extent shapes the health of mostly the infants and children throughout their lifetime. Economic disadvantages and adversity during childhood have been

established to be important factors for health of adult with economic hardship they go through during their childhood which resulted in higher risk of poor health during adulthood stage.

Children living in poor families coupled with lower incomes are deprived having access to education, healthcare service, and healthy living status are more susceptible to various diseases and injuries due to accidents. Issues that affect social determinants of health of individuals and community in a negative way should be tackled with all seriousness.

Acknowledgements: I appreciate the support and efforts of everyone that partook in this study.

References

1. Adler Ne, Rehkopf Dh. Us Disparities in Health (2008): Description, causes, and mechanisms. *Annu Rev Public Health*. 2008;29:235-252.
2. Auger, N., & Alix, C. (2009). 'Income, Income Distribution, and Health in Canada'. In D. Raphael (Ed.), *Social Determinants of Health: Canadian Perspectives* (pp. 61-74). 2nd edition. Toronto: Canadian Scholars' Press.
3. Benzeval M, Taylor J, Judge K. (2000): Evidence on the Relationship between Low-Income and Poor Health: Is the government doing enough? *Fiscal Studies*. 2000;21(3):375-399.
4. Barker, D., Forsen, T., Uutela, A., Osmond, C., & Eriksson, J. (2001). 'Size at Birth and Resilience to Effects of Poor Living Conditions in Adult Life: Longitudinal Study'. *BMJ - Clinical Research*, 323(7324), 1273-1276.
5. Bartley, M. et al. (2006). 'Health and Labor Market Disadvantage: Unemployment, Non Employment, and Job Insecurity'. In Marmot, M. G. and Wilkinson, R. G. (Eds.). *Social Determinants of Health*. 2nd edition. Oxford: Oxford University Press
6. Brunner, E., & Marmot, M. G. (2006). 'Social Organization, Stress, and Health.' In M. G. Marmot & Dunn, J. (2000). 'Housing and Health Inequalities: Review and Prospects for Research.' *Housing Studies*, 15(3), 341-366.
7. Hertzman, C., & Power, C. (2003). 'Health and Human Development: Understandings from LifeCourse Research'. *Developmental Neuropsychology*, 24(2&3), 719-744.
8. McGibbon, E. (2009). 'Health and Health Care: A Human Rights Perspective'. In D. Raphael (Ed.), *Social Determinants of Health: Canadian Perspectives* (pp. 318-335). 2nd edition. Toronto: Canadian Scholars' Press.
9. Organisation for Economic Co-operation and Development. (2008). *Growing Unequal: Income Distribution and Poverty in OECD Nations*. Paris: Organisation for Economic Co-operation and Development.
10. R. G. Wilkinson (Eds.), *Social Determinants of Health*. Oxford: Oxford University Press, Figure 2.2, p. 9.
11. Raphael, D. (Ed.). (2009). *Social Determinants of Health: Canadian Perspectives*. 2nd edition. Toronto: Canadian Scholars' Press Incorporated.
12. Raphael, D. (2009). 'Social Structure, Living Conditions, and Health'. In Raphael, D. (Ed.), *Social Determinants of Health: Canadian Perspectives* (pp.20-36). 2nd edition. Toronto: Canadian Scholars' Press.
13. Raphael, D. (Sept., 2010). *About Canada: Health and Illness*. Halifax: Fernwood Publishers.
14. Schoen, C., & Doty, M. M. (2004). 'Inequities in Access to Medical Care in Five Countries: Findings from the 2001 Commonwealth Fund International Health Policy Study.' *Health Policy*, 67, 309-322.
15. Scott-Samuel, A., Stanistreet, D., & Cranshaw, P. (2009) 'Hegemonic Masculinity, Structural Violence and Health Inequalities.' *Critical Public Health*, 19, 287-292.
16. World Health Organization. (2008). *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health*. Geneva: World Health Organization.

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.