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Article

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ISSUES AND CONSTRAINTS TO THE HEALTH SEEKING BEHAVIOUR AMONG THE ELDERLY IN ABUJA, NIGERIA

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Abstract

Many societies across the world usually regard the elderly as a special component and as a valuable resource due to their custodian of societal wisdom and wealth of experience. Thus, many societies play high premium on the welfare of these elderly people. Therefore, this study examined Health seeking behaviour among the elderly in the FCT, identify the hinderances in health seeking behaviour among the elderly in FCT and proffer solution. The Survey Research Design was used and Data was collected using Questionnaire and Key Informant Interview. 376 respondents were used for this study and guided by the Anderson Behavioural model theory. Result showed that funding remains the major factor hindering the elderly from seeking professional health care services across communities in FCT, accessibility to the health care facilities was also a notable factor, coupled with lack of transportation. Unfortunately, these factors were yet to be addressed by the government and policy makers. The study therefore recommended that the government should partner with the media to provide awareness and the need to rely on orthodox medical solution, government should make health care facility available and affordable, provide centers well equipped and staffed mainly for the elderlies, this will also minimize long wait in hospitals, government should also give waver of services to the elderlies when they visit these facilities

Keywords: Health Seeking System, Health Seeking Behavior, The Elderly, Constraint, Abuja.

Introduction

The elderly sub-group of the general society is a particularly vulnerable demographic, with a wide range of issues affecting them from psychological and social issues to medical issues. In

addition to numerous other medical issues, the elderly are more likely to acquire respiratory, gastrointestinal, mental, and cardiovascular ailments, and Uchendu, Ilesanmi, and Olumide (2022) beside poverty, unemployment, abuse, stigmatization, loneliness, and depression as other issues facing the elderly. The World Health Organization (2018) observed that the population of the elderly aged 60 years and above is at the increasing rate globally. United Nation's population profile (2015), shows that there were 6.5 million Nigerian elderly 60 years and above in 2015 and the number is expected to increase to 12 millions in year 2025. According to Paul (2011), the delivery of health care to the older adults has been recognized to be more complex than that of younger adults. The complex needs have implication for future health care delivery to the geriatric population, Specifically in Nigeria, where the number of elderly citizens has been on the increase and their health needs receiving popular recognition. Findings on elderly health issues can be used to guide the formulation of comprehensive health services and health education policies and intervention programed for elderly men and women in Nigeria, (World Health Organization 2013). Health care services are a major component towards providing quality living, it is a common problem that such services has posed a great challenges on the health seeking behaviour of the Elderly individual in Nigeria. Today the lack of awareness of health care services has posed a threat on the health of the aged, inadequate and poor health care facility management are some of the factors affecting the Health seeking behaviour of the Elderly towards practice and utilization particularly those, residing in rural areas aid poor implementation of National Health Policy. The elderly, being considered the most vulnerable group of individuals, face a myriad of problems varying from medical problems to psychological and social problems. The elderly are more predisposed to developing cardiovascular diseases, respiratory diseases, gastrointestinal diseases, and mental illnesses among many other medical problems. In addition, other problems of the elderly include poverty, unemployment, abuse, stigmatization, isolation, and depression among others.

Health-seeking behaviour is defined as a sequence of remedial actions that individuals undertake to rectify perceived ill-health. Today, it has become a tool for understanding how people engaged with the health-care systems in their respective sociocultural, economic, and demographic circumstances.^[6] Majority of the aged persons have associated illnesses such as hypertension, diabetes, joint pains/arthritis, kidney infections, cancers, and tuberculosis that take a long time to treat which particularly affect their health-seeking behaviour. Elderly individuals are found to have patronized traditional healers, consult Christian/Islamic clerics, resorted to self-medication using local herbs, or visit chemist shops whenever they are sick instead of seeking orthodox care.^[7] A study revealed that more than two-thirds (68.8%) of the respondents had never visited health facilities for more than twelve months, not even for medical checkups.^[8] Some of the reasons for not patronizing orthodox health facilities include the cost of orthodox health-care services, cultural beliefs, availability, and a distance of the health facilities among others. Several studies have also documented an association between certain sociodemographic and socioeconomic variables and health-care-seeking behavioural practices.

Statement of Problem

Study has shown that 5.9 million, or 3.1%, of Nigeria's 200 million citizens are over 65 years of age Tanyi, Pelser, & Mbah,(2018), and according to Agyemang–Duah, Authur–Holmes, Adei, and Peprah (2020), the number of senior people is predicted to increase by 3.2% every year and continue to do so gradually in the future. Also, Latunji and Akinyemi (2018) notes that, Nigeria, the most populated country in Africa, has one of the fastest-growing senior

populations in the area. Furthermore, the World Health Organization's 2017 statistics indicated that the proportion of Nigerians aged 60 and beyond is already on the rise. Regretfully, these elderly people are coping with a range of health conditions, including high blood pressure, heart problems, diabetes, arthritis, joint pain, tuberculosis, kidney infections, cancer, vision impairment, and general body weakness (Adebusoye, Ladipo, Owoaje & Ogunbode, 2011; Saba, 2016). Many of these illnesses require ongoing care, which means that patients must visit hospitals frequently. In more severe situations, patients may require specialized care (Cadmus, Abebusoye, Olowookere, Oluwatosin, Owoaje & Alonge, 2017; Baral & Sapkota, 2018; Irwan, Kato, Kitaoke, Kido, Taniguichi & Shogenji, 2016).

However, the elderly population in Nigeria is especially susceptible to fluctuations in their patterns of seeking treatment, which might include both excessive and insufficient use of medical services. According to Farrow (2010), older people are perceived as being reliant on their family or heads of households, which is so true in Nigeria and FCT. Indeed, treatment for adults and the elderly with chronic diseases may come from a variety of providers in a variety of places, but the organization of this care is frequently flawed (Elliott, Stolee, Boscart, Giangregorio & Heckman, 2018) especially in Nigeria. Instead of obtaining conventional medical care, elderly people in Nigeria are reported to have visited pharmacies, seek advice from Christian or Islamic clerics, self-medicated with local medicines, and patronized traditional healers (Saba, 2016; Latuni, et al, 2018).

Objectives of the Study

The aim of this study is to find out the healthcare options and the general pattern of health seeking behaviours among the elderly in FCT, Abuja, Nigeria, with a view to offering solutions to associated problems. Specific objectives are:

- i. Identity the health seeking behaviour among the elderly in FCT, Abuja, Nigeria.
- ii. To examine the hinderances to health seeking behaviour among the elderly in FCT, Abuja, Nigeria.
- iii. To proffer policy options for behavioural change for the elderly in FCT.

Conceptual Review

Health-Seeking Behaviour

A "decision or an action taken by an individual to maintain, attain, or regain good health and prevent illness" as conceptualized by Bhat and Kumar (2016). The explanation provided for health seeking behaviour was that it is a process that a person goes through to regain their health as a result of problems or health challenges they are facing. According to Samuel and Philip (2019), health-seeking behaviour occurs when a person can adequately control his physical, biological, and social surroundings while maintaining good health. It is a set of remedial actions people do in response to perceived health conditions (WHO, 2017). Recently, it is considered to be a method for researching how individuals, especially the elderly, engage with the health care systems within their own sociocultural, economic, and demographic contexts (Richelle, 2015). Health-seeking behaviour has also been considered as any action or inaction undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy (Olenja, 2004). Illness behavior or sick-term behaviour are other terms for the behavior of seeking health. The act of pursuing health is positioned within the larger framework of health behaviour, which includes actions done to prevent illness, keep one's health in good condition, and handle any deviation from one's optimal state of health (MacKian, 2003). Prior to engaging in health-seeking activity, people make decisions that are further influenced by their own

behaviour, that of their households, community norms and expectations, and the traits and actions of healthcare providers (Ihaji, Gerald & Ogwuche, 2014). Any action made by people who believe they have a health issue or are ill with the intention of locating a suitable treatment is, therefore, what is referred to as health or care seeking behaviour (Editorial Health Seeking Behavior in Context, 2023). In this study, health-seeking behaviour is considered, in line with Richelle's (2015) definition, to be a method for researching how individuals, especially the elderly, engage with the health care systems within their own sociocultural, economic, and demographic contexts.

Elderly

The elderly in majority of the developing countries currently are classified as people 65 years of age and above as defined by World Health Organization (2012). According to UN definition, an elderly is 60 years of age and above in the Western world and 50 years in poor or developing countries. (UNFPA, 2012). The word elderly is synonymous with aging according to Samuel & Philip (2019). Aging is a process that causes an individual to undergo physical, biochemical and physiological changes that lead to decline in their aptitude and capacity for bodily activities, Samuel & Philip (2012).

Constraints Faced by the Elderly in Seeking Professional Healthcare Services

Regular drug stockouts, high service costs, and a long commute to medical facilities were shown to be hindrances to professional health-seeking behaviors in a study done in Uganda's Wakiso District (Chukwuneke, Ezeonu, Onyire, Ezeonu, Ifebunandu & Umeora, 2012). However, the study was not detailed on methodology used, which is a major gap filled by the current study. Gil (2020) discovered the following when studying the relationship between several wellness qualities and health-seeking behavior among Western Ontario's community-dwelling older persons. He used 99 people in his investigation, 33 were males and 66 women were chosen at random. For the analysis, SPSS version 26 was employed. He found that there was no connection between an elderly person's physical function and their behaviour in seeking health care. There was a strong correlation between the behaviour of seeking health care and knowledge of available community resources. He also found that there was no variation in the health-seeking behavior of senior citizens according to their gender or age. He came to the conclusion that awareness of the resources provided in the community constituted the foundation for health-seeking behavior. The researcher's current study covered the gap left by the restricted number of respondents in this research, which prevents it from being generalized.

In their study, Bashadu, *et al.* (2021) examined the predictors of health-seeking behaviour and self-reported morbidity in a geriatric community in Western Ethiopia. A multi-stage systematic sample strategy was used to recruit 779 participants. Two key components of the semi structured questionnaire and a face to face interview were conducted at their residence and a survey on their health and demographics. For coding, SPSS version 21 was utilized, and 584 research participants exhibited subpar health-seeking behaviors. The research findings indicated that the behaviour of individuals seeking health care was different in rural and urban settings. The study also showed that those who were financially reliant exhibit poorer health-seeking behaviours. About 34% of women reported being unable to make decisions about their health due to a lack of economic autonomy. Either the spouse or the caregiver must make the decision on their behalf. They came to the conclusion that an individual's home, income, line of work, and access to insurance policies influence

the health-seeking behaviour of the elderly. The present study aims to address the cultural issue that was not examined in this investigation.

Theoretical Consideration

Anderson's Behavioural Model

This model explains utilization of health services using predisposing factors such as age, gender, education & social status, enabling factors such as one's income, location, family / social support, health insurance & transportation and need factors such as perceived severity of the illness, symptoms and the general condition of the individual, Anderson, (1995). According to Tile (2018), Anderson's Belief Model (1961) is predicated on an individual's character, mindset, and surroundings. A person's perspective is influenced by their age, gender, marital status, and family size (Tile, 2018). He also underlined that a person's behaviour in seeking medical attention is influenced by their financial situation, educational attainment, cultural views, the location of the sick person, and the accessibility and availability of health care facilities. Lederle, Tempes and Bitzer (2021) claimed that Anderson's Behavioural Model is predicated on families' use of health care, which is impacted by factors such as age, educational attainment, financial stability, hospital condition based on location, activity, and acceptability of services provided. They also emphasized how the results of therapy for past clients influence the loyalty of present and potential clients.

According to Tile (2018), the primary determinants of health seeking behaviour in Anderson's Behavioural Model are education and financial status, despite the fact that treatment outcomes and the impression of illness play a crucial role in this regard. He also noted that a person's behaviour in seeking health care is influenced by his or her work. Tile (2018) stated that educated people tend to visit modern facilities based on their exposure and location, but village labourers and peasant farmers, such as blacksmiths, goldsmiths, palm wine tappers, and businessmen and women in the village, prefer traditional herbalists. This theory was chosen for the study because it discusses health-seeking behaviour, the different factors that influence it, the obstacles and limitations it faces, the impact of location on it, and how modern and traditional medicine are used depending on a person's location and educational attainment. The theory also discusses the influence that people, friends, and families have on their decision to seek medical attention. This influence is based on a number of factors, including education, illness awareness, social standing, community culture, financial commitment, facility location, and medical services provided because it incorporates the principles that the researcher outlined in the objective, this theory is all-inclusive. Andersen's behavioural model of health services consumption has been criticized for failing to take psychosocial or cultural aspects into account (SCISPACE, n.d). While some articles critique the model for a variety of reasons, others emphasize the approach's value for qualitative data. Furthermore, the model has been evaluated on older White and African-American persons' intentions to use long-term services and supports (LTSS), but not on their actual use of LTSS (SCISPACE, n.d). It's possible that the model underrepresents the variables connected to the real use of health care by various racial/ethnic groupings. Furthermore, because older and different models are being used, applying the model in healthcare usage research may make comparative studies more difficult.

Methodology

The study adopted survey research design with the use of questionnaire instrument and key informant interview guide for the collection of primary data. This design enabled the researcher to obtain a fair representation of the population with factual information concerning the health seeking behaviour of the elderly across the six area councils of the FCT being the capital of Nigeria, with a good representation of her citizens. From the National Population Census FCT, 2006 as cited by Togonu and Akinyemi (2013) the total population was 1,405,201 with an estimate of the elderly as 33,438. However, the National Bureau of Statistics' (2021) estimate shows that the FCT has a total of 506,493 elderly population, which was taken as the target population of this study. The sample size in this research project is 384. The sample size was determined by using acceptable statistical formula provided by Krejcie and Morgan (1970) as shown below:

Formula

$$S = \frac{x^2 NP(1-P)}{d^2(N-1) + x^2 P(1-P)}$$

Where

S = The required sample size

N = The given population size = 506,493

P = Population proportion=0.5

d = The degree of accuracy=0.5

x^2 = Table value of chi-square for 1d.f=3.841

Application

$$S = \frac{3.841 \times 506,493 \times 0.5 \times (1 - 0.5)}{(0.05)(506,493 - 1) + 3.841 \times 0.5 (1 - 0.5)}$$

$$S = 384$$

The study adopted multi-stage sampling technique to select the elderlies across the six area councils of the FCT, Nigeria.

Stage 1 involved a purposive selection of the FCT due to the high number of the elderlies living across the six area councils.

Stage 2 has to do with the selection of the Clusters/Primary Sampling Unit (PSU), leveraging on the Enumeration Areas demarcated by the National Population Commission (NPC) during the National Population and Housing Census of 2006. The PSU were selected using Probability Proportionate to size (PPS). While the Secondary sampling Unit was the Households located in the Clusters/PSU and were selected by Systematic random Sampling.

Stage 3 involved the selection of elderlies within the households through convenience sampling technique. The choice of convenience sampling is not only because the researcher focus on the elderlies that can be access with the greatest ease, but because of factors like availability of the elderlies at a specific moment and those who show interest in taking part in the study.

At the end of selection the following number were used as respondents from the 6 area councils: Abaji – 68, AMAC – 80, Bwari – 65, Gwagwalada – 60, Kuje 53 and Kwali – 50.

A total of twelve (12) informants were purposively chosen from the six (6) area councils of the FCT. Each of the area councils was represented by two (2) informants, who were medical experts heading primary health care centre, and a community leader. Probing was conducted during the interview based on pre-formulated questions. The SPSS (Statistical

Package for Social Sciences) version 23 program was used to enter the data and perform the necessary analysis. The simple percentage statistical technique was used to analyze the data, and the statistical tests of the correlations between and among the study's variables was determined. The hypotheses were tested using Chi-square statistical technique, and the Phi coefficient was used to test the level of relationships.

Data Presentation

Table 1: Responses on the last time that the elderly seek medical attention in FCT

Responses	Frequency	Percentage (%)
Below one month	104	27.7
Between 2 to three months	219	58.2
I can't remember	53	14.1
Total	376	100

Source: Field Survey (2024)

Table 1 confirms the qualitative information that the elderly across FCT area councils are not proactive(based on distance, financial constraints and unresponsive support from care givers) about seeking medical attention since majority (58.2%) of the respondent have sought medical attention between 2 to 3 months ago, which is not enough going by their level of vulnerability to illness and diseases. This implies that the elderly has not been getting enough healthcare services as they should over the years in the FCT. The qualitative data buttressed the findings above. Majority of the community leaders interviewed noted that most elders do not like to seek medical services, especially in the orthodox medical institutions due to one reason or the other. A community leader from Gwagwalada notes:

To be sincere, our elders seem not to like to go to hospital for treatment. My own mother is aged, and each time I told her to prepare let us go for medical checkup she will tell me that she is alright. She does not believe in routine medical check and that is not so nice. The last time she was able to follow me was when she suffered migraine headache three months ago, and I had to beg her before she accepted to go with me. (CL 2)

I can tell you categorically that most of our elders do not like to go for orthodox medical services, so they do not like to go for medical checkup. Many of them rely on traditional medicine, and that does not need much diagnostic equipment to discover an illness; so, they go for the medicine only at the time that they have signs of illness. (CL 6)

The data shows that the elderly do not enjoy seeking medical healthcare, especially in the orthodox system for some reasons that need to be adequately unearthed and addressed.

Table 2: Responses on where the elderly visited when they last sought healthcare services in FCT

Responses	Frequency	Percentage (%)
Clinic	103	27.4
Doctor's private practice	15	4.0
Traditional healer	90	23.7
Spiritualist	81	21.5
Over-The-Counter Drugs (OTC)	86	23.4
Total	376	100

Source: Field Survey (2024)

Table 2 shows that the elderly across communities in the FCT, though do not like to go for medical checkup regularly, do prefer clinics to other health facilities when they decide to seek medical attention. A sizable number of the respondents visited clinics (27.4%) when they last went for medical healthcare services. However, 90, of the respondents went to

traditional healers or herbalists (23.7%), others use over-the-counter-drugs (23.4%), and many visited spiritualists (21.5%) when they last sought medical attention is a worrying trend that need not be ignored since many of those facilities are not certified. This implies that despite the fact the elderly prefer orthodox medical institutions, a sizable number of them still go for alternative healthcare services when it comes to seeking medical attention which may not be unconnected to the issue of accessibility and affordability of the various medical services by which they go for the ones they can easily access and or afford. The qualitative information confirms the above discovery as a community leader from Bwari area council notes:

No one can rule out the fact that the elders would love to patronize the orthodox medical institutions, but in reality that is not what they do. Many of them still go to herbalist for medical checkup or visit prophet and Imams for diagnosis and treatment. I think, they prefer where they can be able to afford, not that they are unaware of the efficacy of the orthodox medical system when compared to the alternative healthcare services. (CL 1)

A medical officer interviewed from Kwali General Hospital in Kwali area council states *this*

One thing I have carefully observed since I was posted to place since early last year is that, the elders do not patronize this health facility like they do in Asokoro where I am coming from. Even when they do, we usually admit very older people from 80 years who hardly take decision by themselves. I feel strongly that many elderlies in this community prefer alternative health care facilities to this orthodox system, which is not too good because it is here that you can find certified medical practitioners necessary to handle the health challenges facing the elderly. (MO 5)

This qualitative information indicates that the alternative healthcare services is still very significant in the eyes of the elderly when it comes to seeking medical attention despite the level of civilization and improvement in the professional, orthodox medical services over the years.

Constraints faced by the elderly in accessing professional healthcare services in FCT

This section presents data in relation to the challenges facing the elderly when it comes to accessing professional health care services in FCT.

Table 3: Responses whether respondents have ever declined to seek professional help due to lack of fund in FCT

Responses	Frequency	Percentage (%)
Yes	244	64.9
No	132	35.1
Total	376	100

Source: Field Survey (2024)

Table 3 reveals that the elderly's major barrier to seeking professional medical services as discovered in tables 2 and 3 barrier of seeking professional medical service is attributed to financial constraint, linked to inability to foot bills. An overwhelming 64.9% of the respondents noted that they have declined to seek professional healthcare in the FCT because of lack of fund. This implies that the professional medical solutions are available but the elderly are unable to afford the charges imposed, which is one major reason why they might have been consulting unprofessional healthcare service providers. Qualitative data

supported the information retrieved above. Majority of the informants noted that money to pay medical charges of professional healthcare service providers is a major factor that discourages the elderly from seeking professional medical solutions in the FCT. A community leader interviewed from Kuje area council states:

You can't talk of professional healthcare services for the elderly and not put the issue of funds into consideration. Many of the elderly in this community have no source of income. Some of them are pensioners that have not been paid for many years. It is not all of them that have well-to-do family members to carter for their health needs. So, most of the times, they do not think of seeking professional help at all when they are seek because they know they have no means to fund the bills that will follow. (CL 4)

A medical officer interviewed from Gwagwalada also buttressed the above findings. In his words:

I have had occasion to interact with some elderly to know what really is their complain about utilizing this facility and there are two major complains. The first is the issue of money. Many of them told me that our charges are high, but I wonder how. This is because this is government facility and we do not charge them much. They only get drugs and pay for bed and few other services. I think, the problem is the high level of poverty among the elderly, which is not even uncommon to them. Another complain is about the attitude of our nurses. Some of them complained of being disrespected, and we are working on that. (MO 2)

This revelation is vital in this study since Nigeria is currently the poverty capital in the world and the elderly are more vulnerable. It implies that until the poverty situation is addressed, resistance to professional healthcare services, especially by the elderly, will continue.

Table 4: Responses if respondents were once denied professional healthcare due to accessibility in FCT

Responses	Frequency	Percentage (%)
Yes	208	55.3
No	168	44.7
Total	376	100

Source: Field Survey (2024)

Table 4 reveals that access to professional healthcare services is another major barrier to receiving professional help by the elderly in the FCT. Majority (55.3%) of the respondents stated that they have been denied professional healthcare service in FCT because they lack access. The implication of this is that as long as many of the elderly in FCT are located in rural communities, they will continue to have difficulty experiencing professional healthcare services. The above information was buttressed by majority of the informants interviewed, as they noted that access to orthodox healthcare facility is a major barrier to the elderly's need and utilization of professional health care services. A medical officer from Abaji notes:

I don't think the elderly do not like professional healthcare services that we offer them here. Many of them have no means to get to us here; that I am sure. Many of the elderly people live in remote places that they cannot even have access to vehicles to bring them down to this place, and facilities are not located in those remote places. Even if you send healthcare expert to such places, they will not like to go. (MO 6)

Table 5: Respondents' opinion on how long it takes for them to get to the nearest healthcare centre in their locations in FCT

Opinion	Frequency	Percentage (%)
Less than 30 minutes	82	21.8
Between 30 minutes to 1 hour	107	28.5
Between 1 hour to 2 hours	158	42.0
Above 2 hours	29	7.7
Total	376	100

Source: Field Survey (2024)

Table 5 shows that the elderly across rural communities in the six area councils of the FCT are not having it easy accessing professional healthcare services due to distance and inadequate transportation facility, as seen in (42.0%) of the respondents taken 1 to 2 hours before they can access the nearest healthcare centre to their locations. The implication of this is that many elderly people may have suffered severe damages before they get to the closest healthcare facility, and that would discourage many others from bothering to seek professional help, but rely on alternative healthcare services that are readily available and located closer to them irrespective of the consequences.

Table 6: Respondents' means of transportation to the nearest health centre in FCT

Means	Frequency	Percentage (%)
Vehicle	114	30.3
Tricycle	207	55.1
Trekking	55	14.6
Total	376	100

Source: Field Survey (2024)

Table 6 shows that, not only are the elderly having it hard to access professional healthcare facilities across communities in the FCT, but they have no reliable means of transportation to those locations since majority of the respondents noted that they use tricycle to get to the nearest health care centre. The implication of this is that, many elders whose health are very fragile might not have been taken to hospital for treatment because they cannot possibly afford the tricycle means of transportation and cannot trek due to distance / their fragile health, to the healthcare centres. This can be discouraging.

Discussion of Major Findings

The objective of this study was to examine the hinderances to health seeking behaviour among the elderly in FCT. The study discovered that fund remains the major factor hindering the elderly from seeking professional healthcare services across communities in the FCT. The situation is so severe that some 64.9% had declined to seek professional help healthcare in the FCT because of lack of fund in the past. Apart from declining to seeking professional health care for lack of funds, majority (55.3%) of the elderly were found to have been denied professional healthcare service in FCT because they lack access. Many of the elderly people live in remote places that will take between 1 to 2 hours before they can get to orthodox health care facility, and more pathetic is that many of them can only get to such facility by the means of tricycles. The above discovery confirms the result of earlier study in which regular drug stockouts, high service costs, and a long commute to medical facilities were shown to be hindrances to professional health-seeking behaviors (Chukwuneke, Ezeonu, Onyire, Ezeonu, Ifebunandu & Umeora, 2012). According to Anderson's theory, age of elderly, location, accessibility & financial constraints will definitely influence. HBM, perceived vulnerability or proneness to complications due to the delicacy of the age of the elderly will

definitely influence the decision to utilize the best possible healthcare both for emergencies or routine checks; hence, the distance to the orthodox health facility may discourage the elderly from using the professional healthcare solutions and depend on the available ones that are nearby to be able to meet up with their health emergencies. To proffer policy for behavioural change, the study observed that no palpable measure have been put in place for the elderly to receive health care services across the communities ,which agrees with Tanye,Andre and Mbah (2018) that one of Nigeria's biggest problem in the face of the nations rapid demographic shift is creating policies and selecting staff who can address the complex requirements of the nations aging population as well as its current social priorities.

Conclusion and Recommendation

In line with objectives of study, it discovers many hinderances to elderly's desire to seek professional healthcare services across the six area councils of the FCT. The first constraint is the inability of the elderly to foot medical bills or pay for charges of professional healthcare providers in FCT. Many elderly like to be treated by private Doctors or in private clinics, but they do not have the means to foot the bills, so they opt for alternative healthcare services. Another constraint faced by the elderly is the location of the health facilities run by professionals. Primary health centres and tertiary healthcare service providers are located in city centres which are difficult for the elders that live in rural communities to access. More pathetic is that there are not viable means of transportation to those health facility in city centres; the most significant and affordable means of transportation to those facilities is tricycle which is not convenience for the elderly to travel with. Some of the elders would have to travel for between 1 to 2 hours before accessing healthcare centres run by professionals, and traveling with tricycle may complicate their health situation, hence the rely on alternative healthcare services located nearer to them.

The government should partner with the media, both private and public, to embark on enlightenment campaign about the need for the elderly to rely on orthodox medical solutions, detailing the efficacies of the orthodox system and the danger of relying on non-certified alternative healthcare services. Such programmes should be run on regular basis using television, radio and social medial platforms on regular basis. This will help family members, friends and community to make informed decisions concerning their Government should make health care centers accessible & affordable. Provide health centers, well equipped & staffed strictly for the elderlies, this will also minimize wait in hospitals. Government should also subsidize health service rendered to the elderlies and make transportation available to commute the health care centers

References

- Anderson, R.M.(1995). Revisiting the behavioural model and access to medical care: Does it matter? *Journal of Health and Social Behaviour* ,36(1), 1-10
<https://doi.org/10.1111/j.1468-0009.2005:00428>.
- Adebusoye LA., Ladipo, MM., Owoaje, ET. & Ogunbode AM. (2011). Morbidity pattern amongst elderly patients presenting at a primary care clinic in Nigeria. *Africa J Prim Health Care Fam Med*. 3(1):211.
- Adewoye, K.R., Aremu, S.K., Ekpo, D.S., Akanbi, S.A. Ibrahim, T. (2021) Health Seeking Behavioural Practices of the Elderly in Rural Community of Ekiti State, South-western Nigeria. Research Square; DOI: 10.21203/rs.3.rs-1149361/v1.
- Alabi, T & Atureta, R.O (2026) Nature of Health Seeking Behaviour Among the Elderly in Federal Capital Territory, Abuja.

- Anderson, R. M. (1968). A behavioural Model of Families Use of Health Services. Centre for Health Administration Studies, University of Chicago
- Baral, R & Sapkota, P. (2018). Health Seeking Behaviour among Elderly People of Blarat Bharatpur Minicpality of Chitwan Dsistrict, Nepal. *Journal of College of Medical Sciences – Nepal*, Vo. 14, No. 3 207 – 218.
- Berlu, X; Siyu M. Teckiang, T; Anne, Y; Danana, G; Qiushi; F (2020) Belief and use of Traditional Chinese Medicine in Shangai Older Alduts: A Cross Sectional Study. BMC Complementary Medicine and Therapies <https://doi.org/10.1186/S/2906-020-02910-x>
- Cadmus, EO., Adebuseye, LA., Olowookere, OO., Oluwatosin, OG., Owoaje, ET. & Alonge, TO. (2017). A descriptive study of the morbidity pattern of older persons presenting at a Geriatric Centre in Southwestern Nigeria. *Niger J Clin Pract.* 20(7):873-878.
- Chukwuneke, F.N., Ezeonu, C.T., Onyire, B.N., Ezeonu, P.O., Ifebunandu, N. and Umeora, M.C. (2012) Health Seeking Behaviour and Access to Health Care Facilities at the Primary Level in Nigeria: Our Experience. *Ebonyi Medical Journal*, 11, 51-57
- Editorial Health Seeking Behaviour in Context. 2023. Available from: <http://www.ajol.info/index.php/eamj/article/viewFile/8689/1927> .
- Farrow, FL. (2010). Overutilization and Underutilization of Preventive Services in Elderly populations: a Conundrum. *Marquette Elders Advis.* 12:103.
- Feyisa, B. B., Deyaso, S. F., & Tefera, G. M. (2020). Self-Reported Morbidity and Health-Seeking Behavior and its Predictors Among a Geriatric Population in Western Ethiopia: Community-Based Cross-Sectional Study. *International journal of general medicine*, 13, 1381–1393. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10539927/>
- Ihaji, E., Gerald, EU. & Ogwuche, CH. (2014). Educational level, sex and church affiliation on health-seeking behaviour among parishioners in Makurdi metropolis of Benue state. *JEPER*.1:311–6. 7.
- Irwan, AM., Kato, M., Kitaoka, K., Kido, T., Taniguchi, Y. & Shogenji, M. (2016). Self-care practices and health-seeking behavior among older persons in a developing country: Theories-based research. *Int J Nurs Sci.* 3:11-23.
- Latunji, OO. & Akinyemi, OO. (2018). Factors Influencing Health-Seeking Behaviour among Civil Servants in Ibadan, Nigeria. *Ann Ibd Pg Med.* 16(1): 52-60.
- MacKian S. (2003). A review of health seeking behaviour: problems and prospects. *Health Systems Development Programme*.
- National Bureau of Statistics (2021). Statistical Report on Women and Men in Nigeria, 2020. Available at: file:///C:/Users/user/Downloads/2020_ReportWomenMen_August2021.pdf
- Neal, A. (2023). Healthcare Definitions & Types. Study.Com. Available at: <https://study.com/academy/lesson/health-care-definition-overview.html>
- Richelle, J. (2015). Health seeking behaviour. Available at <https://wiki.ubc.ca/index.php?title=>
- Saba, M. (2016). Health seeking behaviour among the aged in Niger State, Nigeria. Open access institutional repository at Ahmadu Bello University. 3.
- Samuel M. M. & Philip, A. A. (2019) Nature of Health Care Seeking Behaviour Among the Elderly/Aged in Kokona Local Government Area of Nasarawa State, Nigeria. *Journal of Good Governance and Sustainable Development in Africa*, Vol. 5(i); 71 – 85.

- Tanyi, P.L., André, P. and Mbah, P. (2018). Care of the elderly in Nigeria: Implications for policy. Available at: <https://www.tandfonline.com/doi/full/10.1080/23311886.2018.1555201>
- Teo, K., Churchill, R., Riadi, I., Kervin, L., Wister, A. V., & Cosco, T. D. (2022). Help-Seeking Behaviors Among Older Adults: A Scoping Review. *Journal of Applied Gerontology*, 41(5), 1500-1510.
- Tile, W. S. (2018). Medical Sociology: 'Impact on Human Health Care Delivery System and Utilization. Inaugural Lecture Committee: University of Abuja.
- Uchendu OC, Ilesanmi OS, Olumide AE. (2013). Factors influencing the choice of health care United Nations (2012) UNFPA report. <https://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/UNFPA-Report-Chapter1.pdf>
- United Nations Population Fund (UNFPA)(2012). Aging in the Twenty-First Century: A Celebration and a Challenge: New York. Available at <https://www.unfpa.org/publications/ageing-twenty-first-century>
- Joao P M, (2013). Basic definition of gerontology, university of Liverpool, England. Kaplan. M., Kiernan N.E., and James L. (2006). Intergenerational family conversations and decision making about eating healthfully. 38: p. 298-306.
- Kaur, S. (2009), Interventions that can Reduce Inappropriate Prescribing in the Elderly: a Systematic review. *Drugs Aging*. 26(12): p. 1013-28
- Okoye, U. O. (2012). Family Care-Giving for Ageing Parents in Nigeria: Gender Differences, Cultural Imperatives and the Role of Education. *International Journal of Education and Ageing* 2 (2), 139-154