KNOWLEDGE OF AGED-RELATED HEALTH PROBLEMS AND HEALTH CARE-SEEKING BEHAVIOUR AMONG OLDER ADULTS IN EKIADOLOR COMMUNITY, EDO STATE

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Abstract

This study assessed the knowledge of aged related health problems and health care-seeking behaviour among older adults in Ekiadolor Community, Edo State. The study adopted a descriptive survey research design and the population of the study comprised of six hundred and ninety two (692) aged people within Ekiadolor Community. The multi-stage sampling technique was used to recruit 253 respondents for the study. A Self-constructed questionnaire was used for the collection of data. The research instrument was content validated and a reliability coefficient of 0.74 was obtained using the test-retest reliability method. Data obtained were analysed using descriptive statistics of frequency counts, standard deviation, percentages, chart and mean. Findings from the study revealed that majority (52.17%) of respondents reported a low level of knowledge of age-related health problems among older adults in Ekiadolor Community. Also, findings revealed that the healthcare seeking behaviours of older adults in Ekiadolor community are influenced by the quality of care, lack of trust in healthcare providers past experiences, lack of family and social support, perceived severity of the illness, cultural and social norms towards certain illnesses and financial status. Findings also showed that diabetes, mobility issues, and vision and hearing loss are recognized as major health-related problems among older adults in Ekiadolor Community. It was concluded that limited knowledge of age-related health problems negatively impacted the healthcare-seeking behaviours of older adults. The establishment of community-based health education programmes specifically designed for older adults was recommended based on the findings.

Keywords: Health Care-Seeking Behavior, Knowledge, Health Problems, Older Adults

Introduction

Over the past century, demographic patterns have shifted significantly on a global scale, marking a key milestone in human progress. This shift is driven by several factors, including reduced mortality rates due to advancements in healthcare; declining birth rates in many countries; and migration trends that have altered population structures. These elements contribute directly to the phenomenon of population aging, as more people are living longer

while fewer children are being born. Consequently, the demographic composition in many nations is tilting towards an older population. Defining "older" persons, however, has been challenging across low- middle- and high-income nations, compelling the United Nations to establish the definition of 'older' persons as those persons over age 60 years. As the global population of older persons is estimated to increase from 11% in 2000 to 22% in 2050 (Webair & Bin-Gouth 2013), population aging will clearly transform all aspects of society, ranging from changes in economic security, employment opportunities, family structure, housing resources, and transportation services. This imminent transition poses the challenge of effective delivery of healthcare services to older persons. Therefore, appraisal of current health systems in developed and developing nations that promote health and well-being are key during the aging process.

Aging is a natural and inevitable process marked by a progressive decline in the body's physiological functions, which affects nearly all organs and systems. According to Li et al. (2021), aging is characterized by biological, psychological, and social changes that begin at the cellular level and become more evident over time. While aging is often seen as a universal process, its pace and effects can vary widely among individuals based on genetics, lifestyle, and environmental factors. van Deursen (2014) suggest that aging is not merely about the accumulation of years, but also involves the deterioration of bodily functions that increases vulnerability to diseases and decreases the ability to maintain homeostasis.

As individuals age, they experience a range of age-related health issues that significantly impact their quality of life, including chronic diseases, musculoskeletal problems, cognitive decline, sensory impairments, and mental health challenges. Cardiovascular diseases (CVD), particularly hypertension, heart attacks, and strokes, are prevalent among older adults due to age-related changes in the heart and blood vessels, such as arterial stiffening, which increases the risk of heart disease (Kohn, Lampi & Reinhart-King, 2015). According to the World Health Organization (WHO), CVD remains the leading cause of death globally among those over 65, accounting for nearly 30% of deaths (WHO, 2019).

Additionally, musculoskeletal issues like osteoarthritis, osteoporosis, and sarcopenia significantly affect older adults' mobility, causing chronic pain, stiffness, and increased risk of falls (Wojcieszek et al., 2022; Kanis et al., 2013). Osteoarthritis leads to difficulty in performing daily activities, while osteoporosis increases fracture risk, especially among post-menopausal women. Sarcopenia, the loss of muscle mass and strength, further complicates the risk of disability and impaired independence (Rodrigues et al., 2022). Cognitive decline, including Alzheimer's disease and dementia, is another major concern, with the WHO estimating that the number of people living with dementia will triple by 2050 due to increasing life expectancy (Jongsiriyanyong&Limpawattana, 2018; WHO, 2019). Early signs of cognitive decline are often subtle, highlighting the importance of early diagnosis and intervention.

Sensory impairments such as age-related macular degeneration (AMD) and presbycusis (age-related hearing loss) also impair daily functioning, reducing the ability to perform tasks like reading or recognizing faces and leading to social isolation (Umfress & Brantley, 2016; Heine & Browning, 2015). These sensory impairments are often perceived as inevitable, but

interventions like cataract surgery and hearing aids can significantly improve quality of life, though many older adults avoid them due to stigma or financial barriers.

Mental health issues, including depression, anxiety, and loneliness, are widespread among older adults and are often exacerbated by chronic health conditions, social isolation, and loss of loved ones (Mezuk et al., 2013). Loneliness, in particular, is associated with increased risks of depression, cognitive decline, and anxiety (Hawkley & Cacioppo, 2010), though some studies suggest that not all socially isolated older adults experience loneliness (Holt-Lunstad et al., 2015).To ensure that older adults receive the comprehensive care they need, addressing both their mental and physical health challenges is crucial. This approach is particularly relevant when considering healthcare seeking behavior, as it plays a significant role in determining how individuals navigate the healthcare system in response to their perceived needs.

Healthcare seeking behavior (HSB) refers to the actions individuals take when they perceive a need for medical care, often triggered by symptoms, health concerns, or illnesses. A more recent definition emphasizes that HSB includes decisions and actions related to seeking medical advice, diagnosis, and treatment, and is influenced by factors such as health literacy, social norms, access to healthcare services, and individual beliefs about health (Ogunwale & Oshiname, 2021). Health seeking behaviour is situated within the broader concept of health behaviour, which encompasses activities undertaken to maintain good health, to prevent ill health, as well as dealing with any departure from a good state of health.

Healthcare-seeking behavior in older adults is shaped by numerous factors, including health beliefs, past healthcare experiences, cultural and social norms, financial constraints, and mental health stigma. The Health Belief Model suggests that individuals are more likely to seek care when they perceive a condition as severe and feel personally vulnerable to it (Janz & Becker, 1984). In older adults, chronic diseases and age-related conditions often heighten this perception, but some may mistakenly attribute symptoms to normal aging, which delays medical attention (Leventhal, Phillips & Burns, 2016). Research by Becker (2015) highlights that older adults who perceive themselves at high risk for diseases like heart disease or diabetes are more proactive in seeking care, though many fail to recognize the seriousness of their symptoms, leading to delays (Morrison & Bennett, 2012).

Past healthcare experiences are crucial in shaping future behavior; positive encounters encourage engagement, while negative experiences such as long wait times or poor communication discourage care-seeking (Andersen, Davidson & Baumeister, 2014). Older adults who have had negative experiences in healthcare settings may avoid future care, potentially worsening health outcomes (Mackenzie, Gekoski& Knox, 2011). Cultural and social norms also play a significant role; in some cultures, illness is viewed as a private matter, leading older adults to delay seeking professional care (Kagawa-Singer & Blackhall, 2015). Social norms may also stigmatize certain health issues, such as mental health, preventing older adults from seeking help (Alonso et al., 2013).

Financial constraints are another barrier, as many older adults, particularly those without insurance or on fixed incomes, face difficulties affording medical care, medication, and

transportation (Fisher, Geller & Ottenbacher, 2018). These financial barriers often force older adults to prioritize essential needs over medical treatment, postponing care, particularly for non-life-threatening conditions (Vogeli et al., 2017). Mental health stigma remains a significant issue; depression and anxiety are often seen as personal weaknesses rather than medical conditions (Blazer, 2012). Sirey et al. (2015) argue that this perceived stigma delays mental health treatment, although societal attitudes are gradually changing, making older adults more willing to seek help (Livingston et al., 2010).

Lack of family and social support is another factor influencing healthcare-seeking behavior. Older adults who live alone or have limited social networks are less likely to seek care compared to those with strong family ties, as family often provides transportation, emotional support, and encouragement to access healthcare (Courtin & Knapp, 2017). Trust in healthcare providers also affects care-seeking behaviors; those who mistrust healthcare professionals, often due to previous negative experiences or perceived biases, are less likely to seek help (Benjamins et al., 2014). Marginalized communities may face additional systemic discrimination, further eroding trust in medical systems (Mays, Cochran & Barnes, 2013).

Furthermore, older adults' knowledge of age-related health problems is critical to their healthcare-seeking behavior. The World Health Organization (WHO, 2019) stresses that health literacy is essential for making informed health decisions. However, many older adults lack sufficient knowledge about chronic conditions like hypertension, diabetes, and cardiovascular disease, despite their prevalence in aging populations (Mojica & Myers, 2020). Yeh et al. (2018) found that many older adults only have a superficial understanding of these conditions, focusing more on symptom relief than long-term management.

Research indicates that healthcare knowledge is particularly low in low-income or underserved communities, exacerbating health disparities and delaying care (Kim et al., 2017). In contrast, public health campaigns in regions with better healthcare access have improved awareness among older adults (Wong et al., 2016). However, the general consensus remains that many older adults still lack comprehensive knowledge of age-related health issues, hindering their ability to manage chronic conditions effectively and seek timely medical care (Katz et al., 2014). This knowledge gap, combined with other factors like cultural perceptions and financial barriers, often results in delayed healthcare-seeking behaviors, which can worsen health outcomes.

The justification for this study stems from the persistent gaps in knowledge surrounding age-related health problems among older adults, which profoundly impacts their healthcare-seeking behavior and overall health management. Despite the prevalence of chronic conditions such as heart disease, diabetes, and arthritis, many older adults are unaware of the importance of regular monitoring, preventive care, and early intervention. This knowledge gap not only contributes to the underutilization of healthcare services but also worsens health complications, leading to reduced quality of life. Furthermore, existing research highlights disparities in health literacy, particularly among older adults from marginalized communities or those with limited access to healthcare information. Addressing these gaps through targeted health education and improved healthcare engagement strategies is essential for promoting healthier aging. This study aims to

explore these critical issues and develop actionable insights to enhance health literacy and support more effective healthcare-seeking behavior among older adults.

The study was guided by the following research questions:

1. What is the level of knowledge of age-related health problems among older adults in Ekiadolor?

2. What factors influence the health care-seeking behavior of older adults in Ekiadolor community?

3. What are the prevalent health-related aging problems experienced by older adults in Ekiadolor community?

Methodology
The study adopted a descriptive research design. This research design allowed the researcher to accurately and systematically describe, observe and validate aspects of groups collected through quantifiable information without manipulation of the variables within a defined period. The population of the study consists of 692 aged people within the community (Ekiadolor Community Leader, 2023). The inclusion criteria for the study include male and female participants who are 60years and above residing in Ekiadolor community for a period of five years and above. The researchers adopted the Yamane Yaro formula for finite population (Yamane, 1967) to determine the number of respondents. The formula is stated below as follows;

$$n = \frac{N}{1 + N\,(e)^2}$$

Where n = sample size
N = the target population = 692
e = margin of error (5%)
n = 253.47
Therefore, 253 respondents were used for the study.

Multi-stage sampling technique was used to select respondents for the study. In the first stage, cluster sampling technique was used to divide the population into a group of eleven (11) clusters based on neighborhoods within Ekiadolor Community. Then, simple random sampling technique was used to select five clusters from the eleven (11) clusters. Finally, purposive sampling technique was used to select 253 respondents based on the inclusion criteria. The research instrument used for data collection was a self-structured questionnaire titled "Questionnaire on the knowledge of aged-related health problems and health care-seeking behavior among older adults in Ekiadolor Community, Edo State (QKARHPHCSBOAEC)".

The questionnaire had four sections; sections A, B, C and D. Section A had four items measuring the demographic data of respondents such as age, gender and location, etc. Section B consists of 14 multiple choice items measuring the level of knowledge of age-related health
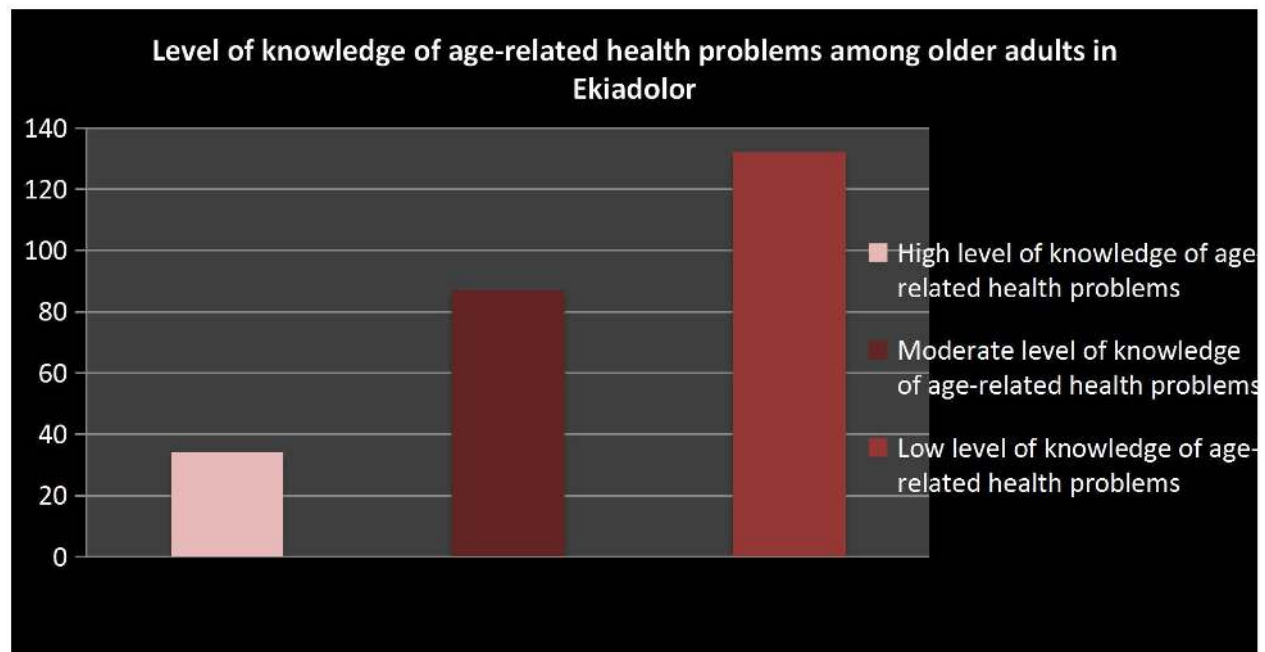
problems among older adults in Ekiadolor. Correct response was scored 2points while incorrect response was scored 0point. Similarly, overall points of '0-9' for low level of knowledge of age-related health problems among older adults, '10-18' for moderate level of knowledge of age-related health problems among older adults and '19-28' for high level of knowledge of age-related health problems among older adults was used as the decision rule. Section C consists of nine (9) modified Likert scale items measuring the factors influence the health care-seeking behavior of older adults in Ekiadolor community. Section D had seven (7) modified Likert scale items measuring the prevalent health-related aging problems experienced by older adults in Ekiadolor community For the modified Likert scale items, positive worded items were scored as **Strongly Agree (SA) = 4, Agree (A) = 3, Disagree (D) = 2,** and**Strongly Disagree (SD) = 1.** For negatively worded items, the scoring was reversed. The instrument was content validated and a reliability index of 0.74 was obtained.

The collected data was coded and analyzed using descriptive statistics of frequency counts, standard deviation, percentages, chart and mean. Permission to carry out the study was obtained and informed consent was sought from each participant. Participants were informed of their right to make a choice either to take part in the study or not. All through the study, confidentiality was ensured.

Results
Research Question One: What is the level of knowledge of age-related health problems among older adults in Ekiadolor?
Figure 1: Descriptive statistics of the level of knowledge of age-related health problems among older adults in Ekiadolor

Decision rule: 0-9 points: low level of knowledge; 10-18 points: moderate level of knowledge; 19-28 points: high level of knowledge.

Figure 1 shows the levels of knowledge regarding age-related health problems among older adults in Ekiadolor Community. The data shows that 132 respondents (52.17%) scored 0-9points indicating a low level of knowledge of age-related health problems among older adults, 87 respondents (34.39%) scored 10-18points signifying a moderate level of knowledge of age-related health problems among older adults, while only 34 respondents (13.44%) scored 19-28points indicating a high level of knowledge of age-related health problems among older adults. From this, it can be concluded that the majority of older adults in Ekiadolor have a low level of knowledge concerning age-related health problems.

Research Question Two: What factors influence the health care-seeking behavior of older adults in Ekiadolor community?

Table 1: Descriptive statistics of the factors influencing the health care-seeking behavior of older adults in Ekiadolor community

S/N	Items	SD	Mean	Decision
1.	Quality of healthcare services provided	1.07	2.92	Agreed
2.	Perceived severity of the illness	1.18	2.67	Agreed
3	Perceived susceptibility to the illness	0.84	1.98	Disagreed
				Disagreed
4.	Past experiences	0.73	2.75	Agreed
5.	Cultural and social norms towards certain illnesses	1.10	3.02	Agreed
6.	Poor financial status	1.03	2.83	Agreed
7.	Stigmatization	1.18	2.08	Disagreed
8.	Lack of family and social support	0.84	2.67	Agreed
9.	Lack of trust in healthcare providers	0.73	2.71	Agreed

Decision rule: Mean of 2.5 and above: Agreed; Mean of 2.4 and below: Disagreed

Table 1 presents the descriptive statistics of the factors influencing healthcare-seeking behavior among older adults in the Ekiadolor community. The results indicate that most factors were perceived as significant barriers, with mean values above the agree threshold of 2.5. Specifically, cultural and social norms towards certain illnesses (mean = 3.02), the quality of healthcare services provided (mean = 2.92), poor financial status (mean = 2.83), past experiences (mean = 2.75), and lack of trust in healthcare providers (mean = 2.71) were all accepted as factors influencing healthcare-seeking behavior. Conversely, stigmatization (mean = 2.08) and perceived susceptibility to illness (mean = 1.98) were not seen as influential factors, suggesting that older adults in Ekiadolor do not perceive these as significant barriers to seeking healthcare services. The data indicates that, overall, the healthcare-seeking behaviours of older adults in Ekiadolor community are influenced by the quality of care, lack of trust in healthcare providers, past experiences, lack of family and social support, perceived severity of the illness, cultural and social norms towards certain illnesses and financial status, rather than social stigma or their perceived risk of illness.

Research Question Three: What are the prevalent health-related aging problems experienced by older adults in Ekiadolor community?

Table 2: Descriptive statistics of the prevalent Health-Related Aging Problems Experienced By Older Adults

S/N	Items	SD	Mean	Decision
1.	Cardiovascular diseases	1.02	1.98	Disagreed
2.	Mobility issues	0.92	2.56	Agreed
3.	Vision and hearing loss	1.04	2.87	Agreed
4.	Dental and oral health issues	0.73	1.16	Disagreed
5.	Reduced social interactions	1.19	1.07	Disagreed
6.	Diabetes	1.01	3.02	Agreed
7.	Mental health issues	1.11	1.83	Disagreed

Decision rule: Mean of 2.5 and above: Accepted; Mean of 2.4 and below: Rejected

Table 2 presents the descriptive statistics of the prevalent health-related aging problems experienced by older adults in Ekiadolor community. The results indicate that several health-related issues were perceived as significant concerns, with mean values exceeding the acceptance threshold of 2.5. Specifically, diabetes (mean = 3.02), mobility issues (mean = 2.56), and vision and hearing loss (mean = 2.87) were all agreed as prevalent health problems among older adults. This suggests that older adults in the community acknowledge these conditions as significant challenges impacting their quality of life. Conversely, items such as cardiovascular diseases (mean = 1.98), dental and oral health (mean = 1.16), reduced social interactions (mean = 1.07), and mental health issues (mean = 1.83) were seen as prevalent problems. This indicates that older adults do not view these issues as significant health concerns, which may reflect a lack of acknowledgment of these conditions within this demographic.The data suggests that while diabetes, mobility issues, and vision and hearing loss are recognized as major health-related problems among older adults in Ekiadolor community, other potential issues like cardiovascular diseases, dental and oral health issues, reduced social interaction and mental health are not perceived as pressing concerns.

Discussion of the Findings
Findings from the study revealed that most older adults in Ekiadolor community possess low level of knowledge about age-related health issues. This finding is in line with global observations regarding health literacy in aging populations. Specifically, Kim et al. (2017) reported that the level of knowledge of age-related health problems is generally low in low-income or underserved communities, where healthcare literacy is often insufficient. WHO (2019) emphasizes that knowledge about health conditions plays a pivotal role in enabling older adults to manage chronic illnesses and make informed health decision. Research has also shown that inadequate health literacy contributes to poor disease management, which can lead to adverse health outcomes (Mojica & Myers, 2020). This deficit is particularly concerning given the projected increase in the older population, as highlighted by Webair & Bin-Gouth (2013), which emphasizes the need for improved health education tailored to the unique experiences of older adults.

Furthermore, findings revealed that the healthcare-seeking behaviors of older adults in Ekiadolor community are shaped by a multitude of factors, including the quality of care, lack of trust in healthcare providers, past experiences, lack of family and social support, perceived severity of the illness, cultural and social norms towards certain illnesses and financial status. This complexity is well-documented in literature. As noted, the Health Belief Model posits that perceived severity and susceptibility influence individuals' decisions to seek healthcare (Janz & Becker, 1984). In Ekiadolor community, cultural perceptions surrounding illness may contribute to reluctance to seek medical care, as some illnesses are regarded as private matters, causing delays in professional intervention (Kagawa-Singer & Blackhall, 2015).

The significance of trust in healthcare providers cannot be overstated. Benjamins et al. (2014) demonstrate that older adults who mistrust healthcare systems are less likely to seek care. In Ekiadolor community, if past experiences with healthcare services have fostered distrust, this may lead to avoidance of necessary medical attention, ultimately resulting in worsened health outcomes. Moreover, the lack of family and social support can further hinder older adults' ability to access care. As identified by Eke, Poblete, Ajibade, Musa and Okunade (2024), older adults often rely on family members for transportation and encouragement to seek medical attention. In Ekiadolor community, the absence of this support network can amplify feelings of isolation and neglect regarding health needs.

Financial constraints also significantly affect healthcare access for older adults. Fisher et al. (2018) noted that the costs associated with healthcare can deter individuals from seeking treatment, particularly among those on fixed incomes. This is in line with the findings in Ekiadolor community, where financial status emerged as a critical factor influencing healthcare-seeking behaviours. The decision to prioritize essential needs over medical care can lead to the neglect of chronic conditions, ultimately resulting in more severe health complications.

Finally, the study established that diabetes, mobility issues, and vision and hearing loss are recognized as major health-related problems among older adults in Ekiadolor community. Kohn, Lampi and Reinhart-King (2015) noted that older adults are particularly susceptible to chronic diseases, which significantly impact their quality of life. The WHO (2019) also stated that cardiovascular diseases are the leading cause of mortality among older individuals, with many cases exacerbated by comorbid conditions, such as diabetes. Moreover, mobility limitations and sensory impairments, including vision and hearing loss, pose significant challenges to maintaining independence among older adults. Guralnik et al. (2014) estimate that one-third of individuals over 65 experience mobility difficulties, which can lead to further complications such as falls and hospitalizations. The presence of these health problems in the Ekiadolor community shows the urgent need for targeted interventions that address both the medical and social aspects of aging.

Conclusion
The study revealed that a significant number of older adults in Ekiadolor possess a low level of knowledge regarding age-related health problems, which negatively impacts their healthcare-seeking behaviours. Factors such as the quality of care, past experiences, lack of trust in healthcare providers, social support, perceived severity of illnesses, cultural norms, and financial constraints significantly influence their willingness to seek medical assistance. Furthermore, prevalent health issues such as diabetes, mobility challenges, and sensory impairments showed the urgent need for targeted interventions.

Recommendations
Based on the conclusion drawn from the study, the following recommendations are proposed to enhance the health outcomes of older adults:

1. To address the low level of knowledge about age-related health issues among older adults in Ekiadolor, government and non-government organizations should develop and implement targeted health education programmes. These programmes should focus on increasing awareness of common health issues associated with aging, such as hypertension, diabetes, arthritis, and cognitive decline. The content of these programmes should be tailored to the specific needs of the community and culturally sensitive, incorporating relevant information on preventive health measures and the importance of regular health check-ups. Using diverse educational formats, including workshops, seminars, and printed materials, will cater to different learning preferences, ensuring that older adults in Ekiadolor community gain a comprehensive understanding of age-related health challenges.

2. To address the factors influencing healthcare-seeking behaviour, healthcare providers should take initiatives to improve the quality of care and rebuild trust between them and older adults in Ekiadolor community. This could involve offering training on communication skills, empathy, and cultural competence, ensuring that healthcare professionals understand the specific needs and concerns of older adults. Additionally, establishing community health worker programmes would help bridge the gap between older adults and healthcare services by offering personalized support, follow-up services, and health education in the community. These efforts would encourage older adults to seek healthcare more frequently and overcome barriers related to trust and communication.

3. In response to the prevalent health-related aging problems, the government should improve the accessibility of healthcare services for older adults in Ekiadolor community by addressing financial barriers and transportation issues. This could include subsidizing healthcare services or providing transportation assistance to healthcare facilities. Mobile clinics offering health screenings, consultations, and educational services could be established in the community to improve access to care. Furthermore, creating support groups for older adults would provide opportunities for social interaction and foster a more proactive approach to health, reducing feelings of isolation. These initiatives would also help older adults address the most common health problems in the community and encourage regular health visits, promoting early diagnosis and intervention.

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