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ASSESSMENT OF ATTITUDE TOWARDS HEALTH SEEKING BEHAVIOUR AMONG THE AGED IN KADUNA STATE, NIGERIA

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Abstract
The study assessed the Attitude towards health seeking behaviour among the aged in Kaduna state, Nigeria. Ex-post facto research design was used for the study, the population of the study comprised all aged population in Kaduna state, totaling 255,834 with 663 sample size population. The researcher employed multi-stage sampling procedure which includes; stratified simple random and proportionate sampling procedure to select the respondents. The instrument used for data collection was researcher developed questionnaire. One sample t-test was used to test the hypothesis on the attitude towards health seeking behaviour at 0.05 level of significance. The study found that there was significant attitude towards health seeking behaviour among the aged in Kaduna State (p=0.000). The researcher concluded that the aged population possessed positive attitude towards health seeking behavior in Kaduna state. It is recommended that it is important to further cultivate and reinforce positive attitude towards seeking healthcare when needed. Strategies such as community engagement initiatives, peer support networks, and campaigns highlighting the benefits of early intervention and regular check-ups could help foster a more proactive approach to healthcare among the elderly in the region.

Keywords: Attitude, Health Seeking Behavior, aged.

Introduction
Health seeking behaviour refers to the behaviour of people towards seeking their own health through provided health services (Bana, Yakoob, Jivany, Faisal, Jawed & Awan, 2016).The health-seeking behaviour of the aged determined by the personal health behaviour and that behaviour influenced by the physical, social-economic, cultural or political condition of that existing society. Therefore, indeed the utilization of health care facility or service can be influenced by the level of education, economic status, tradition, cultural beliefs and practices of the aged. Likewise, other associated factors such as environmental conditions, socio-demographic factors, knowledge about the health facilities, gender, political, and the health care system of existing place (Karki, Mathew, Jayasree & Mahara, 2019).

The ideals, values and attitudes of a community in relation to disease condition and health influence how the inhabitants utilize health services. The utilization of health services

among rural dwellers is influenced by a multiplicity of factors that results in varied health outcomes and disease burden of communities. The fundamental basis on which good health could be achieved and maintained is to identify the factors that influence health-seeking behaviors of communities. Understanding human behaviour is a complex issue that is traceable to the perceptions, attitudes and values of communities (Adongo, 2018).

Positive attitudes towards seeking healthcare, such as perceiving healthcare as a valuable resource and recognizing the benefits of preventive measures are associated with proactive health-seeking behaviour. Conversely, negative attitudes, such as fear, stigma, or uncertainty towards healthcare services, can impede the willingness to seek appropriate medical assistance (Wilson, Glosser &Oyama, 2020). Our aged population is exposed to infective diseases such as cholera, tuberculosis, pneumonia, malaria, polio and many others including systemic disorders such as asthma, diabetes mellitus, ischemic heart disease and others. Over this double burden of diseases is the problem of under staffing, poor qualification and training of the healthcare workers. The aged Health care professionals are at a greater risk due to their profession, as they are exposed to infections, injuries, stress, violence, allergies, contact diseases and many others.

Practices of health seeking behaviour of the aged are influenced by various factors. Socioeconomic status, accessibility to healthcare facilities, cultural beliefs, and social support networks significantly impact the utilization of healthcare services (Liu, Hsu, Wang, Husang & Lee., 2019). Individuals with better financial resources, proximity to healthcare facilities, and strong social support are more likely to engage in regular health check-ups, adhere to treatment plans, and adopt preventive measures (Nguyen, Tran, Le, Latkin & Nguyen, 2018). The practice and belief in the efficacy of herbal medicine in curing illnesses is high among rural dwellers in African countries which for several centuries been largely influenced by religious and cultural values and norms. The Advancement in modern medicine, civilization and education has resulted in a magnificent changed in the primitive beliefs and behaviours exhibited by rural dwellers towards the utilization of orthodox medicines and modern healthcare services. Undoubtedly, perceptions held regarding health and illness are socio-culturally influenced. Income levels, social status, marital status, religious beliefs, quality healthcare delivery, level of education, cost of healthcare are among other factors that shapes the health-seeking behaviour of communities and individuals (Adongo, 2018).

Ezedike, Ohazurike, Emetumah, and Ajaegbu (2020) observed that health issues among Nigerians in terms of health-seeking behaviour for mostly common ailments and maternal health afflictions. However, there are several factors that affect whether or not an individual will seek good health in Nigeria: level of education, socio-economic status, age bracket, location, gender, socio-cultural and religious beliefs, traditional customs and marital status. In many Nigerian communities, health-seeking behaviour patterns show that low to middle income earners frequented unregistered chemists and pharmacy shops for their health issues, while most high income earners sought the services of private

clinics. A good recently, research by both national and international health stakeholders has focused on the unhealthy life styles of individuals resulting from their individual health care seeking behaviour. This is due to the fact that the health sector accounts for around 60% of a person's overall health status (WHO, 2015). The health sectors go on to say that relying on people's healthcare-seeking behaviour in the direction of healthy lifestyles contributes to roughly 50% of the worldwide concern for people's health status in both developed and developing countries of the world (James, 2017). Apparently, the available health services in the developing country such as Nigeria is not left out and when it comes to choosing or rejecting the type of health services available at a particular point in time. Thus, it is necessary for health care seeking behaviour of an individual to be adjusted to contribute to the growth and development of a nation (Adams, 2016).

Similarly, Williams (2017) reported that in the North-east zone of Nigeria alone, the available health services made available is grossly inadequate per household. Moreover, the negative attitude of individual in seeking a particular health services in Nigeria is generated through the various attitudes towards accepting or rejecting the available health services in the community. This is because most developing nations of the world have been experiencing an epileptic supply of health facilities for many years. Individuals in most nations in sub-Saharan African no longer rely on their health sector for the provision of good health condition. Hence, it has resulted to the development of negative attitude towards accepting or rejecting a particular health services and sometimes, individuals has resorted to the use of traditional medicine as alternative healthcare services such as the use of herbal medicine to treat a particular ailment (Akinbode, 2016).

The study assessed the Attitude towards health seeking behaviour among the aged in Kaduna State.

Research Question

What is the Attitude towards health seeking behaviour among the aged in Kaduna State?
Research Hypothesis.

Attitude towards health seeking behaviour among the aged in Kaduna State is not significant.

Methodology

Ex-post facto research design was used for this research. The study population comprised of Two Hundred and fifty five Thousand Eight Hundred and Thirty Four (255,834) both male and female aged in Kaduna State, Nigeria. The sample size was determined in accordance with Research Advisor (2006) sample size margin table, that if the population ranges between two hundred and fifty one thousand (251,000) to five hundred thousand (500,000) then the required sample size for the study is six hundred and sixty three (663) at 5% margin error and 99% confidence interval.

Population Distribution of Aged in Kaduna State Based on Senatorial zone.

Senatorial Zones	Population	Sample
Kaduna North	70,075	182
Kaduna Central	120,209	311
Kaduna South	65,550	170
Total	**255,834**	**663**

Source NPC 2006

Kaduna State was stratified into three (3) already existing senatorial zones, as strata namely Kaduna North Senatorial zone, Kaduna Central Senatorial zone and Kaduna South Senatorial zone. In each of the three (3) senatorial zones, two (2) local government areas were randomly selected and two (2) wards from each selected local government areas. A total number of six (6) local government areas and twelve (12) wards were selected as a sample.

This involve the use of simple random sampling technique to select two (2) local government areas each from senatorial zone, where each local government areas was assigned number and written on pieces of paper folded and thoroughly mixed in a small container. The researcher asked a research assistant to pick two pieces of paper; checked and recorded as a sample. This implies that each local government areas has a chance of being selected, because there is no any element of bias.

Proportionate sampling was used for selection of the sample of six hundred and sixty three (663) respondents from the political wards that were selected. By using total population of their senatorial zones divided by the total number of the study area and multiplied by the sample population.

Simple random sampling procedure was used to administer the questionnaires to the participants in all the wards selected. This procedure was used to ensure that all participants stood equal chance of being selected to participate in the study to devoid bias.

The researcher developed of the questionnaire on health seeking behaviour (HSBQ) as the instrument for data collection. The questionnaire was a closed ended type and divided into two (2) sections, Section A contained information on demographic characteristics of the respondents and Section B contained items on Attitude towards health seeking behaviour. A four (4) point modified Likert scales was used, to obtain the information from the respondents in the following ways, strongly agree (4) agree (3) disagree (2) strongly disagree (1). Any value above decision mean of 2.5 is retained as positive respond and any value below decision mean of 2.5 is rejected as negative respond.

The following statistics were used to describe the demographics characteristics, answer the research questions and test the formulated hypothesis. Descriptive statistics of frequency and percentage, mean and standard deviation were used to describe the demographics characteristics of the respondents and answer the research questions respectively. One sample t-test was used to test the formulated hypothesis on Attitude towards health seeking behaviour among the aged in Kaduna State, Nigeria. at 0.05 level of significance.

Results

Table 1: Demographic Characteristics of the Respondents

Variables	Frequency	Percentage (%)
Gender		
Male	301	45.4
Female	362	54.6
Total	**663**	**100.0**
Age Range in Years		
60 – 69	356	53.7
70 – 79	204	30.8
80 years and above	103	15.5
Total	**663**	**100.0**
Marital Status		
Married	405	61.1
Single	147	22.2
Widow	111	16.7
Total	**663**	**100.0**
Education Qualification		
Non-formal	307	46.3
Primary	97	14.6
Secondary	82	12.4
Tertiary	177	26.7
Total	**663**	**100.0**

Table 1 presented the demographic characteristics of the respondents, outlining their gender, age range, marital status, and education qualification. In terms of gender distribution, the respondents were fairly balanced, with 301 (45.4%) male and 362 (54.6%) female. Regarding age distribution, the majority of respondents fell within the age range of 60 to 69 years, constituting 356 (53.7%) of the total sample. Those aged

between 70 to 79 years were 204 (30.8%), while individuals aged 80 years and above comprised 103 (15.5%) of the respondents.

Looking at marital status, the largest proportion of the respondents were married, accounting for 405 (61.1%) of the total. Single individuals 147 (22.2%) while widows were 111 (16.7%). In terms of education qualification, the table showed that a significant portion of the respondents had a non-formal education 307 (46.3%). 177 (26.7%) of the respondents attained tertiary education, primary education holders accounted for 14.6%, while those with secondary education constituted 12.4%.

Research Question:
What is the attitude toward health seeking behaviour among the aged in Kaduna State?

S/N	Item	Mean	StdDev
1.	I believe that medical doctors have the necessary expertise to diagnose and treat my health conditions like hypertension, arthritis and diabetes	3.61	0.62
2.	I consider that nursing homes provide a high standard of care compared to other option	3.42	0.66
3.	I believe that traditional healers can effectively address my health issues	3.21	0.64
4.	I believe that pharmaceutical shops offer a wide range of effective treatment	3.10	0.65
5.	I feel that seeking spiritual guidance at religious centres can positively impact my health	3.09	0.63
6.	I believe that self-medication is a safe and effective way to manage minor health problems	3.07	0.72
7.	I believe that using the internet can help me access healthcare information and resources	1.84	0.71
8.	I believe that patent medicine vendors play a crucial role in providing healthcare information in the community at my age	3.21	0.73
	Aggregate	**3.07**	**0.67**

(Decision Mean – 2.50)

Table 2: Mean Scores of Responses on the Attitude towards health seeking behaviour among the aged in Kaduna State.

Table 2 provided the mean scores of responses regarding the attitude towards health-seeking behaviour among the aged in Kaduna State, along with their corresponding standard deviations. Each item in the table representd a statement reflecting attitude towards various healthcare options.Item1 had the highest mean score of 3.61.The aggregate mean score for all items combined is 3.07, with a standard deviation of 0.67. The aggregate mean score is above the decision mean of 2.50, indicating an overall positive attitude towards health-seeking behaviour among the aged in Kaduna State. However, there are variations in attitudes towards different healthcare with stronger trust

in medical doctors and nursing homes compared to traditional healers, self-medication, and internet-based healthcare resources.

Hypothesis:
Attitude of the aged towards health seeking behaviour in Kaduna State is not significant.

Table 3: One-Sample t-test Analysis on Attitude of health seeking behaviour among the aged in Kaduna State.

Variable	N	Mean	Std. Dev.	df	t-value	p-value
Attitude	663	3.07	0.67	662	5.025	0.000
Test Mean	663	2.50	0.00			

Calculated p <0.05, calculated t-value > 1.972 at df662

Table 3 presented the results of one-sample t-test analysis revealing the attitude of the aged towards health-seeking behaviour in Kaduna State. The mean attitude score of the respondents is 3.07, with a standard deviation of 0.67. The test was conducted with a set test mean of 2.50. The calculated t-value is 5.025, and the p-value is less than 0.05 ($p < 0.05$), indicating statistical significance. The result revealed that the attitude of the aged towards health-seeking behaviour in Kaduna State is significant because the calculated p-value of 0.000 is lower than the 0.05 level of significance and the calculated t-value of 5.025 is greater than the 1.972 critical t-value at 662 degrees of freedom (df). Therefore, the null hypothesis which stated that the attitude of the aged towards health-seeking behaviour in Kaduna State is not significant is hereby rejected. This means that the aged population in Kaduna State possesses a statistically significant level of attitude towards health-seeking behaviour.

Discussions
The test of the hypothesis revealed that the attitude of the aged towards health-seeking behaviour in Kaduna State is significant because the calculated p-value of 0.000 is lower than the 0.05 level of significance and the calculated t-value of 5.025 is greater than the 1.972 critical t-value at 662 degrees of freedom (df). This means that the aged population in Kaduna State possesses a statistically significant level of attitude towards health-seeking behaviour.

In the present study, almost all of the respondents had a moderate to a good level of positive attitude towards seeking health care and this is not surprising because, they willingly sought health care irrespective of the type, which could be implied from the fact that, up to 95% of the respondents sought one type of health care service or the other, ranging from orthodox health care services and self-medication to spiritual and traditional interventions. This finding syncs with Kaur, Kumar, Kaur, Rani, Ghai and Singla (2014) who assessed the knowledge and attitude regarding care of the elderly among nursing students in India. The finding indicated that the majority of the respondents had a positive attitude. Additionally, the findings from Duru, Iwu, Uwakwe, Diwe, Meremu, Okafor,

Abejegah, Madubueze, Ndukwu and Ohale (2017) on health care seeking behaviour and predictors of combined orthodox and traditional healthcare utilization among households in communities in Owerri, Imo State, Nigeria revealed that almost all of the respondents (96.2%) had a moderate to good level of overall positive attitude towards seeking health care.

Positive attitudes towards seeking healthcare, such as perceiving healthcare as a valuable resource and recognizing the benefits of preventive measures are associated with proactive health-seeking behaviour. Conversely, negative attitudes, such as fear, stigma, or uncertainty towards healthcare services, can impede the willingness to seek appropriate medical assistance (Wilson, Glosser & Oyama, 2020). Health care is a pinnacle social problem facing the elderly today, also the lack of alertness of healthcare services may contribute to or have an effect on the health of the aged, negative attitude including insufficient and poor healthcare facility management may provide factors affecting the seeking behaviour of the aged towards practice and employment of health care services particularly those residing in rural areas and unfortunate execution of national health policy, (Kabita, Madhur, &Rana, 2021).

Conclusion

The aged population in Kaduna State possessed positive attitude towards health-seeking behaviour.

Recommendation

Given that the study revealed a certain positive attitude towards health-seeking behaviour among the aged population in Kaduna State, it is important to further cultivate and reinforce positive attitudes towards seeking healthcare when needed. Strategies such as community engagement initiatives, peer support networks, and campaigns highlighting the benefits of early intervention and regular check-ups could help foster a more proactive approach to healthcare among the elderly in the region.

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