



Notion of Good Health and Health Seeking Behaviours Among the Elderly Persons in Afaha Urua Essien Community in Akwa Ibom State, Nigeria

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Abstract

This study investigated the notion of good health and health seeking behaviours among elderly persons in Afaha Urua Essien community in Etinan Local Government Area, Akwa Ibom State, Nigeria. Systematic Random Sampling and snowball technique procedures were used to select elderly persons aged 55 years and above in Afaha Urua Essien community in Etinan Local Government Area. In-depth interviews, personal observation and other qualitative approaches were used in data collection for this study. The poor state of Mbioto II General Hospital and lack of modern healthcare facilities were found to be a determinant factor in framing the health seeking behaviour of the elderly persons in Afaha Urua Essien community. Also, religion and other socio-cultural factors were seen as hampering health care services accessibility by the elderly persons in the area. It was concluded that for the elderly in the study area, good health meant absent of pains in the body and the level of availability of health care services determine the health seeking behaviour among the elderly persons in Afaha Urua Essien community in Etinan Local Government Area. It was recommended that the state government should renovate the Mbioto II General Hospital which is closer to the rural people and make available a new and well-equipped health centre in Afaha Urua Essien community in Etinan Local Government Area

Key words: Elderly persons, Good Health, Health Seeking, Elderly Persons, Pains

1) Introduction

According to Conner and Norman (1996) health behaviours are activities undertaken for the purpose of preventing or detecting disease or for improving health and wellbeing. Health seeking behaviours are behaviour patterns, actions and habits that relate to health maintenance, to health restoration and to health improvement (Gochman, 1997).

Behaviours within this definition include medical service usage (example; physician visits, vaccination, screening), compliance with medical regimens (example; dietary, diabetic, antihypertensive regimens), and self-directed health behaviours (example; diet, exercise, smoking, alcohol consumption).

The health seeking behaviour of a community determines how health services are used and in turn the health outcomes of populations (Shaikhand, 2005). Factors that determine health seeking behaviour may be physical, socio-economic, cultural or political (Kroeger, 1983). Culture plays a central role in forming the expectations of individuals about potential problems they may face (Peters, Bassey, Usoro, and Samuel, 2022). Indeed, the utilisation of a health care system may depend on educational levels, economic factors, cultural beliefs and practices. Other factors include environmental conditions, socio-demographic factors, and knowledge about the facilities, gender issues, political environment, and the health care system itself (Ogunlesi, and Olanrewaju, 2010).

Old age is known to come with health problems due to the deterioration of the body. Health status of adults affects their ability to work, and thus underpins the welfare of the household, including the children's development. Life is worth living and comfort is enhanced in good health backed up with good healthcare provision and accessibility (Asenso-Okyere, et al., 2011). Age is expected to be positively related to utilization of health facilities (Dias, Severo, and Barros, 2008).

For Conner and Norman (1996), interest in behaviours that have important impacts on health and wellbeing is based upon two assumptions; (a) that a significant proportion of the mortality from the leading causes of death is caused by the behaviour of individuals, and (b) that such behaviour is modifiable. Behaviour is held to exert its influence on health in three basic ways: by producing direct biological changes, by conveying health risks or protecting against them, or by leading to the early detection or treatment of disease (Baum and Posluszny 1999).

The World Health Organization (WHO, 1948) conceptualised health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. According to Kajang (2004), health care delivery in Nigeria operates in the three tiers of government; local, state and federal. This accounts for the disparities in quality, availability, cost and level of utilizations in the health sector in Nigeria. Access to healthcare services is a multidimensional process involving the quality of care, geographical accessibility, availability of the right type of care for those in need, financial accessibility, and acceptability service (Peter, Garg, Bloom, Walker, Brieger and, Rahman, 2008).

People in the rural areas aside from having different perceptions about health, exhibit different health care seeking behaviours. This is due to various factors which either enhance their health and health seeking behaviours or constitute barriers to their health and health care seeking behaviours. Health behaviours have important consequences for both the quality and length of life by influencing disease outcomes. There has been a growing recognition of the challenge of rural people's health issues in Nigeria and the need for it to be addressed (Hamid, Sadique, Ahmed, and Molla, 2005). The purpose of this exploratory research study is to investigate the perception of good health and health care seeking behaviours of the elderly persons in rural areas in Nigeria.

Different kinds of diseases are often associated with old age which makes their level of need of healthcare services to be on the high side. Health and health care services challenges in the rural communities like Afaha Urua Essien have direct consequences on

the elderly persons and serious implications for societies. Many studies in this area attempt to examine the important of healthcare service delivery system in rural communities without making an effort to link the perception of beneficiaries about good health with their health seeking behaviours. This study represent attempt to link the perception of health and health seeking behaviour of rural people in Nigeria

Health Perception and Health Seeking Behaviour

Health-seeking behaviour has been defined as the activity undertaken by individuals who perceive them- selves to have a health problem or to be ill for the purpose of finding an appropriate remedy (MacKian, 2003). Information of health seeking behaviour and health care utilisation has important policy implications in health system development. People seek help on health issues based on several reasons and the factors which influence the choice of treatment sources when symptoms occur include socio-cultural factors, social networks, gender and economic status. Access to healthcare facilities in terms of cost of treatment and healthcare provider attitude are also determinants of health seeking behaviour. There are indications that cost of prescribed medicines, poor access to facilities and patient delays affect the patronage and utilisation of public health services which increase the use of other treatment sources such as community pharmacies, drug peddlers, herbal medicine, religious or spiritual care organizations and students in health-related academic disciplines (Ward, Mertens, and Thomas, 1997). Individuals differ in their choice of treatment sources depending on the type and perceived intensity of sickness; accessibility to the public health facility and demographic characteristics (Haddad, and Fournier,1995).

We can define three categories of health behaviour as:

- i. Preventive health behaviour: any activity undertaken by an individual who believes himself (or herself) to be healthy, for the purpose of preventing or detecting illness in an asymptomatic state.
- ii. Illness behaviour: any activity undertaken by an individual who perceives himself to be ill, to define the state of health, and to discover a suitable remedy
- iii. Sick-role behaviour: any activity undertaken by an individual who considers himself to be ill, for the purpose of getting well.

Socio-cultural Factors and Healthcare

The role that quality of health care plays in the decision to seek care is related to people's assessment of service delivery which largely depends on their own experiences with the health system and those of people they know. The two mechanisms through which quality of care affects the decision to seek care are satisfaction or dissatisfaction with the outcome for example, the effectiveness of the treatment and remedies prescribed and satisfaction or dissatisfaction with the service received. Others include staff attitude, long waiting time, hospital procedure and availability of supplies, efficiency (Anum, 2015). Ononokpono, Peters, and Usoro (2020) are of the opinion that individual characteristics influencing health care utilization among older adults. Another important factor in the utilization of maternal health and nutrition services is the socio-cultural background of the user, which determines the beliefs, attitudes, and perceptions. This implies that beliefs, attitudes and perception affect healthcare services utilizations (Jirnalo, 2008 in Anum, 2015). It is clear that sufficient researches have not been conducted in the area of provision of special healthcare services programs for the elderly

persons especially in Nigeria's rural communities; perception of health care by the elderly persons in the rural areas especially in the study area, which is a strong factor in health care accessibility by the older citizens, and there appear to be dearth of information pertaining to proper understanding of what enhances or hinders the health seeking behaviours of the elderly persons among the study population. These are some of the substantive issues that this study shall attempt to address.

Healthcare Services for the Elderly

According to Ministry of Health, New Zealand (2001), minority of people 65 years or older are frail and vulnerable and require high levels of care and disability support. This is usually during the last few years of their lives, or as a result of chronic illness or disability that may have been present for many years. Older people participate to their fullest ability in decisions about their health and wellbeing and in family, and community life. They are supported in this by coordinated and responsive health and disability support programmes. Currently health and disability support programmes for older people tend to be planned, funded and provided in a piecemeal fashion that results in service gaps and overlaps in some areas and inconsistent access criteria. This is inefficient and confusing for older people and carers trying to identify their health and disability support options. Opportunities for regaining health or improving quality of life are lost because of the lack of focus on promoting wellbeing in older age.

The primary aim of good healthcare strategy for older people is to develop an integrated approach to health and disability support services that is responsive to older people's varied and changing needs. This approach, the integrated continuum of care, means that an older person is able to access needed services at the right time, in the right place and from the right provider. Providers work closely together, and, where appropriate, with families, and carers. Services and programmes in the continuum may include health promotion, preventive care, specialist medical and psychiatric care, hospital care, rehabilitation, community support services, equipment, respite care and residential care (Ministry of Health, New Zealand, 2001).

Health Care Services in Nigeria

Nigeria National Health Policy (NHP) was formulated in 1988 and revised in 2004 to bring about a comprehensive health care system based on primary health care that is protective, restorative and rehabilitative to every citizen of the country within the available resources so that individuals and communities are assured of social well-being and enjoyment of life. Despite this, health system in Nigeria still boils down with chronic problems, such as inappropriate budgetary allocation, poor infrastructure in the public health facilities, lack of drugs, uneven distribution of health facilities and lack of qualified medical personnel. This has resulted in the increase in the use of private health facilities which made the private sector provides 65.7 percent of health care delivery in Nigeria (UNICEF, 2001).

The present continued economic difficulties in Nigeria have undermined the public health system with the introduction of payment schemes based on the selling of essential drugs. Quality improvements would compensate for the financial barrier and as a result, the utilization of public health services would be increased or at least maintained. But this, has led to the rise in the informal private sector like the traditional medicine healers, itinerant drug peddlers and hawkers, mixed-trade dispensers, unlicensed patent

medicine dealers and injection doctors. This sector, offer very low-quality treatment (treatment without laboratory diagnosis, making wrong diagnosis, sale of drugs), it is a more important source of disease treatment and prevention for the poor. The frequent media advertisement of traditional medicine healers, who openly challenge the utility of western medicine, makes them very popular, especially among the poor (Anum, 2015).

Availability of Healthcare Services in Nigeria

Aghion, Peter, and Fabrice (2010), see healthcare access and utilization as a major interest to rural development, this is because they are vital elements of wellbeing and components of human capital. The total shares of public ownership in 2004 on health facilities were 14,607 while the private sector accounted for 9,029 in Nigeria (Federal Ministry of Health, 2008). This indicates the level of availability of Healthcare services in Nigeria.

According to Titus et al. (2015), such regions with difficult terrain and physical environment are often neglected. This makes the distance between the rural dwellers and the healthcare center far apart, given the transportation problems experienced in these areas, and its attendant cost. Many rural areas do not have clinics; the sick must be carried on the backs of young men or on bicycles to the nearest clinic. Moreover, clinics in rural areas often lack adequate equipment or trained health personnel and require payment before providing services. In the absence of health insurance, rural people are often unable to afford healthcare of any kind.

Utilization of Healthcare Services in Nigeria

In health care utilization, the dimensions of distance to services, such as travel time, waiting time, appointment time with doctors, and nature of the means of transports have effect on the utilization of health facilities (Bunor, 2004). According to Esen and Peters (2023a), factors that determine health seeking behavior may be physical, socio-economic, cultural or political. Indeed, the utilization of a health care system may depend on educational levels, economic factors, cultural beliefs and practices. Poverty and illiteracy can also affect the use of health services.

The geographical distribution of the health facilities may also influence the utilization of health clinics. In a comparison of the distribution of hospitals between urban and rural areas in Nigeria, it was found that whereas approximately 80 percent of population of the selected states lived in rural regions, only 42 percent of hospitals were located in those areas. The mal-distribution of physicians was even more marked because few trained doctors who had a choice wanted to live in rural area. Many of the doctors who did work in rural areas were there as part of their required service in the national youth service corps, established in 1973 (Anum, 2015).

Primary Health Care in Nigeria

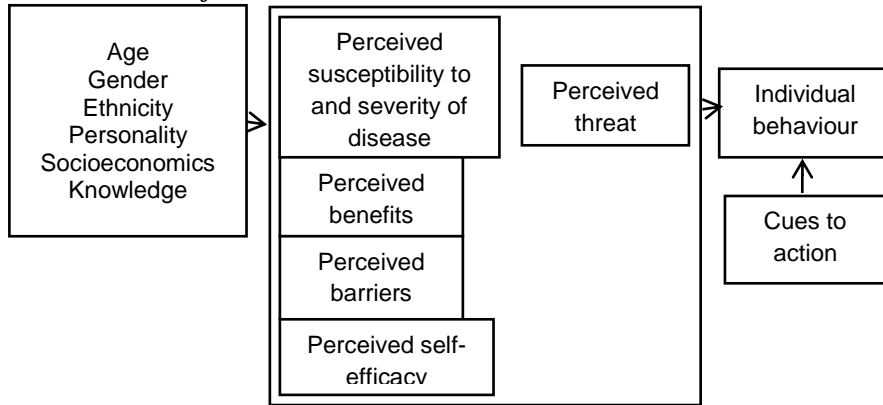
According to Abdulraheem, Olapipo, and Amodu, (2012), the goal of primary health care (PHC) was to provide accessible health for all by the year 2000 and beyond. Unfortunately, this is yet to be achieved in Nigeria and seems to be unrealistic in the next decade. Though PHC centers were established in both rural and urban areas in Nigeria with the intention of equity and easy access, regrettably, the rural populations in Nigeria are seriously underserved when compared with their urban counterparts. About two-thirds

of Nigerians reside in rural areas therefore they deserve to be served with all the components of PHC.

Primary health care which is supposed to be the bedrock of the country's health care policy is currently catering for less than 20% of the potential patients. While most PHC facilities are in various states of disrepair, with equipment and infrastructure being either absent or obsolete, the referral system is almost non-existent (Gupta, Gauri, and Khemani, 2004). According to Okon (2001), the goal of the National Health Policy (1987) is to bring about a comprehensive health care system, based on primary health care that is promotive, protective, preventive, restorative and rehabilitative to all citizens within the available resources so that individuals and communities are assured of productivity, social well- being and enjoyment of living.

PHC is provided by local government authority through health centres and health posts and they are staffed by nurses, midwives, community health officers, health technicians, community health extension workers and by physicians (doctors) especially in the southern part of the country. The services provided at these PHCs include: prevention and treatment of communicable diseases, immunization, maternal and child health services, family planning, public health education, environmental health and the collection of statistical data on health and health related events (Abdulraheem et al., 2012).

The Health Belief Model



Health Belief model

Source: Sheeran and Abraham (1996)

Perceived susceptibility: Perceived susceptibility refers to beliefs about the likelihood of getting a disease or condition.

Perceived severity: Feelings about the seriousness of contracting an illness or of leaving it untreated include evaluations of both medical and clinical consequences (for example, death, disability, and pain) and possible social consequences (such as effects of the conditions on work, family life, and social relations). The combination of susceptibility and severity has been labelled as a perceived threat.

Perceived benefits: Even if a person perceives personal susceptibility to a serious health condition (perceived threat), whether this perception leads to behaviour change will be

influenced by the person's beliefs regarding perceived benefits of the various available actions for reducing the disease threat.

Perceived barriers: The potential negative aspects of a particular health action, perceived barriers, may act as impediments to undertaking recommended behaviours.

Cues to action: Various early formulations of the HBM included the concept of cues that can trigger actions. For example, thought that readiness to take action (perceived susceptibility and perceived benefits) could only be potentiated by other factors, particularly by cues to instigate action, such as bodily events, or by environmental events, such as media publicity.

Self-efficacy: Self-efficacy is defined as "the conviction that one can successfully execute the behaviour required to produce the outcomes". Self-efficacy expectations from outcome expectations, defined as a person's estimate that a given behaviour will lead to certain outcomes.

Using the Health Belief Model (HBM) model is seen as being suitable for the descriptive analysis of the study in the following segments of the model:

Perceived susceptibility: Due to high level of poverty among most of the elderly persons in Afaha Urua Essien community, it is difficult for most of them to seek health care services or develop positive health seeking behaviour unless they perceived that an illness is coming on them and they are vulnerable to such illness at such time.

Perceived severity: Most of the elderly persons in Afaha Urua Essien community chose to wait on a particular illness until such an illness begins to pose serious danger to their lives before they find it fit to seek health care services.

Perceived benefits: In seeking health care services by the elderly persons in Afaha Urua Essien community, most of them considered the benefits of the available options of health care and cost benefits as it suited their economic, social and health welfare.

Perceived barrier: Due to prevailing poor economic conditions of the elderly persons in Afaha Urua Essien community, health seeking behaviours are often faced with barriers, most of it being financial barrier.

Cues to actions: Most elderly persons in Afaha Urua Essien community developed readiness to seek health after they have considered the threat of illness to their lives and the benefits of the available options for curative approach on such the illness.

Self-efficacy: The elderly persons in Afaha Urua Essien community though are faced with diverse challenges that influence their health seeking behaviours do always belief that they have the abilities to exhibit needed behaviours toward realization of good health within available resources and health options.

2) Objectives Of The Study

The specific objectives were to:

- i. investigate what the elderly persons in Afaha Urua Essien community perceived as good health.

- ii. examine the health seeking behaviour of elderly persons in Afaha Urua Essien community.

3) Materials and Methods

Ethnographic study was conducted on the people of Afaha Urua Essien community in Etinan Local Government Area. Ethnographically, Etinan Local Government Area is geographically located on latitude 05° and longitude 07° east. It is located at twenty-six kilometres (26km) south of Uyo, the Akwa Ibom State capital. It shares boundaries with five (5) other local government areas. These are Onna, Mkpatt Enin, Abak, Nsit Ibom and Nsit Ubium. The headquarters is Etinan Town which is located mid-way between Uyo and Eket by road network. The present day Etinan Local Government Area is made of sixty-four (64) villages (aksgov.ng, 2009). Afaha Urua Essien is one of the 64 villages geographically situated within the Iman South geopolitical zone of Etinan Local Government Area of Akwa Ibom State.

According to (2006) population census result, the local government area had a total of 169,284 population size which consists of 89,907 males and 79,377 females though these figures are expected to change by today (aksgov.ng, 2009). Fatterman (2010) Big-Net approach was adopted for purposive sampling and snowball technique was used in selecting only the elderly men and women in Afaha Urua Essien in Etinan Local Government Area. In-depth interview was used to collect data from older women and men as they responded to the research questions. Other methods of data collection included observations. The interview schedule was used as a guide for interviewing the study participants. Data collected were analysed thematically with excerpts of raw information from the study participants.

4) Results and Discussion

Perception of Good Health

Good health means different things to different persons. Most of the participants in their responses perceived good health as a state of not having pains in any part of your body. Most of the interviewed elderly persons in Afaha Urua Essien community complained of having pains in almost all the parts of their bodies and therefore belief that good health means absence of pains. One of the participants aged 67 years, by name Mrs Eke from Ekpuk of the royal family narrated:

I have been told by Doctor that I have rheumatism, high blood pressure, and other ailments I cannot remember their names. The most terrible issue with my state of health is that I have pains frequently all over my body; my eyes, my legs, by waist, my heads, my hands and sometimes my teeth. If the pains can go away I will say that I have good health. In fact, good health is absent of pains. That is what it used to be when I was much younger. I didn't have these kinds of pains.

Another respondent aged 71 years from the community by name Mrs Ofon responded in her account that:

My idea of good health is a state where you do not feel any pain at all in your body. This is because illness is characterized by pains; pains in the head, pains in the neck, pains in the eyes, pains in the waist, pains in legs, and pains everywhere in the

body. If you do not have pains, my dear, you cannot complain of being sick, but when you have pains sometimes the way I do have, you will complain and when you are asked, you will say that you are sick. It is because of the pains you have in your body.

Mrs Akanimo aged 58, from the community, in her view of good health as follows:

Good health is all about no pains. I have been having pains these days in my head, my waist and my eyes. I was told that it is hypertension, so I decided to see how to manage my life in other to live for more years as possible as I can. Pain is bad. You have hypertension, but what you feel is pains in your head, your eyes and other parts of your body. The relationship between illnesses and pains shows that good health is absent of pains which means absent of illness.

One respondent from the rural family Udo Abia aged 69 years by name Mrs Ifod, in her response accounted that;

Good health is living without pains. Sometimes I find it hard to stand up from my bed in the morning. Sometimes I cannot bend to cook or sweep for long due to pains. When the pains come, you will stop everything and wait for the pains to subside. If the pains refuse to go, that might be the end of your work for the day. So, if you can't walk as you use to because of pains, you cannot do things you used to do because of pains that is sickness.

Another respondent of age 61 years, from the community by name Mrs Udy in her account on good health responded that:

My dear when you talk about good health, you are talking about a life that is free from pains. Sickness is characterized by pains. Pains that can make you wish for death or pains that can kill you before your time. Sometimes, I wish God can take away pains from the human body. This is because pains disturb much more than any other aspect of any illness. So, if you do not have pains, you are living in good health.

One of the participants aged 64 years from the community, by name Mr Iko responded that;

Good health is all about money, if you do not have money you are sick. This is because when you cannot eat good food and buy drug on time you will live in sickness. Good health is money and no money means sickness and long suffering.

The analysis of information gathered through interview showed that most of the participants perceived good health as a state of absence of pains in the body. They believed that when someone is free of pains, he or she is free from sickness or does not have illness. This indicated that according to majority of participants, illness means “availability of pains” and good health means “absent of pains”.

Health Seeking Behaviour

Health seeking behaviour lies within the capacity of an individual to access health care services or the capacity to desire what kind of health care services to access when he or she is believed to be ill. Most of the interviewed elderly persons in Afaha Urua Essien community in their responses attribute health seeking behaviour to the availability of health care services within their reach in the community and Etinan Local Government Area at large. One of the participants aged 61 years, by name Mrs Akwaowo from Ekpuk Nnung Itina royal family narrated:

We have one general hospital in Mbioto Ekpene Ituen and this hospital is suffering dilapidation in so many areas. Most of the times you may not see the doctor as and at when you want to. This means that even though you feel ill, you may not desire to go the hospital. This really affects our health care seeking behaviour in this part of the world. You will rather want to try what can be easily available for the health need at hand instead of going to wait for doctor and health care services at the general hospital until pains kill you.

Another respondent aged 58 years, from the community, by name Mr Ekong narrated his opinion as follows;

You can never desire to have what you know is not available for you or within your reach. Many of us here in Afaha Urua Essien do not think of worrying ourselves on seeking what is not available for us. Go to our general hospital and see what we have there as general hospital. It is better called a health centre which it was before it was changed by name to general hospital. The state of the hospital is not encouraging and nobody will want to be admitted there. So, we seek health care from our traditional herbs medicine and we have been living with that for a good while now.

One of the participants aged 62 years, from the community, by name Mrs Oto-Abasi responded that;

I cannot seek what I need where I cannot easily find it. It is waste of time. The level of health care services available for us in Afaha Urua Essien community is such that seeking health care in Afaha Urua Essien is not encouraging. Most of us go out of Afaha Urua Essien to seek for health care services and most of the time not European but traditional herbs medicine. This is because it is what is available for us and at cheaper rates. If you go to the general hospital here at Afaha Urua Essien, before you can get the doctor, you will and get tired. When he comes, the drugs they will want to sell to you will be costly beyond what you can afford. So, why seek what you can't get where you wouldn't get it.

Another respondent who gave her name as Mrs Philip, of age 70 years from the community, responded that;

Living in this community (Afaha Urua Essien) is a serious challenge when it comes to seek health care services. This is because the state of our general hospital is not encouraging us

to seek health care services there. The kind of health care services available for patients there is not such that one will advise any patient with serious illness to go there for treatment. Therefore, our health seeking behaviour is in line with the kind of health care services we have here. Most of us patronize traditional means of health care rather than what is obtainable at the Afaha Urua Essien general hospital.

One of the participants from the Ekpuk aged 64 years; by name Mrs Emma in her opinion narrated that;

When you talk of how I seek health care services or our health seeking behaviour, I will simply tell you that we behave in accordance to what is obtainable here in Afaha Urua Essien community. We expected the general hospital at Mbioto II to be a services unit for us when it comes to health care services, but what we do get from there is not what we expect to get. Therefore, we chose other medium like patronizing chemist store for drugs and prescription. This is because we can access the chemist store anytime of the day and every day of the week. This implies that most of us do not have good behaviour toward the health care services provided at the general hospital here.

Another respondent from the community aged 60 years; by name Mr Elisha in his opinion narrated that;

Most of the time I feel pains and the drug they gave to me at the general hospital did not cure the pains or even subside for a long while. Therefore, I can never go to the hospital for their drugs because their drugs cannot cure pains. I patronize herbs and roots because they work better than their white men drugs. That is just the easy explanation of my health care services seeking behaviour in Afaha Urua Essien. I do not want the health care service at the general hospital because I can get my roots from my backyard and attend to my pains.

The analysis of information gathered through interviews showed that the health care services seeking behaviour of most of the participants depended on the availability of health care services to the participants. The participants saw health seeking behaviour as choices they have to make due to the kind of illness they encounter and what remedy work most for them.

Socio-cultural factors and Health Seeking Behaviour

All the participants were found by the researcher to belong to one Christian faith or the other. The most visible socio-cultural factors which influenced decision making among many Nigerians especially in the rural communities are religious faith and cultural beliefs. From the information obtained from interviews, most of the participants responded that; their religious faiths and cultural belief did not have anything to do with their decision to go to hospital or patronize healthcare services. They all agreed that their Christian denominations never stopped them from going to the hospital or taking traditional roots and herbs for health treatments. One of the participants from Ekpuk Nnung Ekanem aged 58 years by name Mrs Emaeyak responded that:

I am a member of The Apostolic Church fold and my pastors have never preached against going to hospital for healthcare services. Our belief in The Apostolic Church that it is God that gave knowledge to medical professional to help themselves and other fellow man. Rather, the problem is money and the state of services delivery at Afaha Urua Essien General Hospital. And my culture believes in both white man drugs. This thing depends on which one I chose to use or prefer due to my reasons.

Most of the participants acknowledged that they were good Christians and that they did not see going to hospital as against God or their culture. One of the participants Mr Utin, an elder in The Mount Zion Mission from Ekpuk Nnung Essien Ekor, aged 68 years in an interview stated:

Thinking of the Christian faith to be against the medical practice is standing against God because the knowledge is from God. As an elder in the church, I do go to the hospital for treatment when I am ill. This is my opinion and I believe it is so with every member of the Mount Zion Mission. Religion and culture has no barrier to seeking health care service, but I see them as the medium through which health care services were discovered and provided. Our forefathers through our culture discovered herbs and roots for health treatments and the missionaries brought to us the professional medical knowledge and hospitals. Therefore, religion and culture encourage us to seek health care services.

One of the participants from Ekpuk Nnung Ukwaha aged 62 years by name Mrs Ekponoimo narrated that:

I grow up to see my parents use herbs and roots for treatment of illness. Since Afaha Urua Essien was given a health centre which was later transformed to general hospital, a status it has retained till today, we have changed a lot from traditional herbs to drugs from the hospital or the chemist drug store. This has nothing to do with our religious or cultural belief. So, whether there is culture or religion, we all need good and sound health. Religion and culture need good and healthy men and women to participate in either or both. It is these institutions called “religion” and “culture” that help us to discover and seek after health care services in other to actively participate in either or both.

Another respondent from Ekpuk Nnung Ekpo Abia Abia aged 59 years by name Mrs Ukwere, in her response accounted that;

Religion and culture brought to us various kinds of health care services in Afaha Urua Essien community. It is the influence of these institutions that determine how we seek health care services. Personal I believe in the orthodox medicine, so much that taking roots or herbs for medical treatment is difficult for me. My family knows that I do not take roots. This has nothing to do with my religious belief or culture. It is my personal policy.

The analysis of information showed that the participants did not consider socio-cultural factors when it comes to seeking health care services. Most of the participants rebutted the opinion that religious faith or cultural belief has any negative influence on health care seeking behaviour.

Emergence from data gathered suggested that all the interviewed participants had one illness or health problem and others. All the interviewed participants agreed that pains were health characteristic of the elderly. According to the data gathered by the researcher, majority of the interviewed participants depend on drugs from chemists, pharmacies and traditional herbs. It was also discovered that most of the elderly in Afaha Urua Essien community depend on self-medication due to poor state of services at Mbioto II General Hospital which is the closet hospital to the people.

On perception of good health, gathered data by the researchers show that health means different thing to different people at different cultural setting and social system. According to MacKian (2003), health-seeking behaviour has been defined as the activity undertaken by individuals who perceive them- selves to have a health problem or to be ill for the purpose of finding an appropriate remedy. The majority of the interviewed participants in their responses perceived good health as a state of not having pains in any apart of your body. According to the participants, a good state of health is the absence of pains in the body. Participants accepted that every sickness is characterized by pains which made sickness or health problem an issue of concerned. The elderly in Afaha Urua Essien community in Etinan Local Government Area believed that pains come into the human body as he or she grows into the adult age. A good state of health is a state of living outside pains all the days of your life. Most of the respondent saw the human life process as ranging from absence of pains (childhood days) to everyday pains (the aged days). These opinions and objective beliefs were found to be the notion of good health by the elderly in Afaha Urua Essien community in Etinan Local Government Area.

On health seeking behaviour, emergence from findings show that health seeking behaviour is formed within the capacity of an individual to access health care services or the capacity to desire what kind of health care services to access when he or she is said to be ill or sick. This finding gives credence to Haddad and Fournier (1995) who posited that individuals differ in their choice of treatment sources depending on the type and perceived intensity of sickness; accessibility to the public health facility and demographic characteristics. Most of the interviewed elderly persons in Afaha Urua Essien community in their responses attribute health seeking behaviour to the availability of health care services within their reach in the community and Etinan Local Government Area at large. Most of the interviewed participants considered their healthcare seeking behaviour as determined by the level of availability of healthcare services to the elderly in Afaha Urua Essien community in Etinan Local Government Area. It was observed that most of the elderly made access to what they have readily available to their reach. Health care seeking behaviour to most of the participants is in the ability to get what is readily available as at the time and when you want to. In Afaha Urua Essien community, the poor states of the Afaha Urua Essien general hospital make desire for health care less among the elderly. These factors were discovered to determine the healthcare seeking behaviour of the elderly in Afaha Urua Essien community in Etinan Local Government Area.

5) Conclusion and Recommendation

The findings of the study established that for rural dwellers, good health is the absent of pains in the body. The absence of good health care facility contributes to great problem of accessibility and health seeking behaviour among the elderly in Afaha Urua Essien community in Etinan Local Government Area. It was observed that the elderly in Afaha Urua Essien community lives in bodily pains and that they have difficulties in seeking health care services in Afaha Urua Essien community in Etinan Local Government Local Government of Akwa Ibom State.

From the results of findings and conclusions drawn from the study, it was recommended that the state government should make available health facilities in Afaha Urua Essien community in Etinan Local Government Area, government should make available special healthcare programme for the older citizens in order to aid their survival and good health stability, and government should build special health care centres for the elderly in order to increase and encourage their health seeking behaviour.

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