ISSN: 2718 - 2829
Volume 9, Number 1, 2025
The Innovative Journal of Educational Research

KNOWLEDGE OF HEALTH RELATED AGEING PROBLEMS AND HEALTHCARE SEEKING BEHAVIOUR AMONG OLDER ADULTS IN JOS NORTH, PLATEAU STATE

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ABSTRACT

This work is on knowledge of health related ageing problems and healthcare seeking behaviour among older adults in Jos North, Plateau State. A survey research design was used and the population of this study comprises 255 older adults in five Jos North communities as at the time of the collection of data for the study, which lasted about 6 weeks. All 255 questionnaire forms were collected back for the study. The instrument for the study is a self-structured questionnaire designed to collect information from the respondents. This was validated by 3 experts that are not below the rank of a senior lecturer from the Department of Physical and Health Education, University of Jos. A copy of the draft was given to them for the purpose of face and content validation, appropriateness of item, clarity of statement in the instrument and whether or not the items are related to the subject under study. Necessary corrections and observations were duly made. The observation done by the experts were duly followed. The corrections gave rise to the instrument that was used for the collection of information of the study which was pretested using 35 adults that were not part of the main study and the reliability coefficient of the instrument was established at 0.823, Kuder Richardson formula 20 and the Cronbach Alpha Coefficient method of checking the internal consistency of an instrument were adopted for establishing the reliability of the instrument which was considered very high and was therefore used for the main study. It was recommended among others that this result be sustained through constant health education and sensitization of the older adults.

INTRODUCTION

Individuals start countable ageing when they are born up till the time of their demise. Ageing as explained by Teyib, Alemayehu, Tufa and Birhanu (2021), is the process of becoming older. It is gradual change in the structure of an organism that occur in the passage of long time which eventually increases organisms probability of acquiring disease and death. Again, Rummi, Khan, Tashin, Abrar and Rawan (2022) expressed that ageing is a universal biological process beginning at birth leading to functional deterioration, and vulnerability and ultimately culminating in the extinction of life.

As pointed out by Amiri (2018) that the major problems which oldest people face are lack of economic provisions, poor health conditions, lack of emotional support and illness in the post retirement period. This state of affairs becomes a social economic problem or issue as many people feel it is a problem. The problem of inadequate income after retirement, loss of spouse or ample free time, poor health,

socialization, where family relationship, physically and financially dependency etcetera – all these situations are interrelated or interdependence.

On the other hand, World Health Organization (WHO) (1990), expressed that active ageing is a possible response to the challenge of "global ageing". Active aging is a process of optimizing health, safety and active lifestyle opportunities to improve the quality of life of the elderly. Active aging means people to realize their potential for physical, mental and social wellbeing throughout their lives, to participate actively in social, economic and religious life in accordance with their needs, desires and capabilities in providing adequate protection, safety and care when they need help. These variables are considered in this work.

Knowledge as expressed by Brooking (1999) is the organized information that changes something or somebody; either by being foundations for action, or by creating an individual (or an institution) capable of different successful action. In addition, Kajang and Gregory (2022) explained knowledge to mean the formation, skills and understanding that one has gained through learning or experience in line with the work, fact, information and skills acquired through experience or education and theoretical or practical understanding of health related ageing problems and health care seeking behaviour.

Adewoye, Aremu, EkpoAkanbi and Ibrahim (2021) explained healthcare seeking behaviour (HCSB) to mean a sequence of remedial actions that individuals undertake to rectify perceived ill-health (in this case, health problems related to ageing). They expressed that, it has become a tool for understanding how people engaged with the health care systems in their respective socio-cultural, economic, and demographic circumstances. Majority of the aged persons have associated illness such as hypertension, diabetes, joint pains/arthritis, kidney infections, cancers, tuberculosis that take a long time to treat which particularly affect their health-seeking behaviour. Elderly individuals are found to have 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.

In the same vein, Teyib et al. (2020) pointed out that HCSB is any activity undertaken by individuals who perceive themselves to have a problem or to be ill for the purpose of finding an appropriate therapy. The way people conceptualize the cause of their health problem and their perception of symptoms plays an important role in seeking healthcare. Literatures on HCSB of elderly showed different magnitudes and factors associated with HCSB of elderly people. For example, in middle income countries, 37% of rural participants sought medical care when they are ill compared with 31.9% of their urban counterparts. In India, 56.1% elderly had an appropriate health seeking behaviour while 44.9% of elderly had inappropriate health seeking behaviour regarding their morbidities. Among these, 51.8% preferred allopathic medicine for their illness and 29.5% elderly practiced self-medication. In Ethiopia, HCSB for modern health facility was 27.2%. In other studies conducted in Wolyata Zone and Bilida Kebele (Jimm Zone), Ethiopia HCSB of elderly people found to be 57.9% and 47.91% respectively.

Socio-demographic factors, perception related factors, awareness related factors, self-care related factors, were factors associated with HCSB of elderly people.

It is possible that the same situation may be the case in the area of the present study. Therefore, these factors are considered in this work.

Discussing on health and health related ageing problems, Adewoye et al (2021) pointed out that 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, mental illnesses amongst many other medical problems. In addition, other problems of the elderly include poverty, unemployment, abuse, stigmatization, isolation, and depression among others. In addition, Agboola and Faronbi (2022), expressed that Nigeria being the most populated country in Africa has one of the fastest growing older populations in sub-Saharan Africa. However, older/elderly people were being faced with diverse health challenges including high blood pressure, diabetes, joint pains, poor sight and body weakness. Many of these ailments are chronic and often demand that the individual frequently visit health care centres and in a dire situation administration of intensive care might be required. Others are not chronic and merely require health maintenance activities. However, these health conditions associated with ageing cause elderly people to seek treatment so as to address their ailments and maintain good health status and wellbeing. These are considered in this work.

The elderly in Jos North, seem to be practicing self-medication, visit chemist shops, go to pastors and herbalists/native doctors for spiritual cleansing and healing and underestimate some illness. They only visit or seek advance health care facilities when the illness becomes severe.

In life, it is known that greater sense of acceptance of self and of others; desire for connection and the means to create it, life experiences that help us make smart decisions; wisdom and empathy, all are available to us as we grow older. And also gratitude. Being grateful for our families and our physical, mental and financial health can increase as we grow older and allow us to simply be glad to be alive.

In addition, Devanand (2022), emphasized that some of the benefits we associate with aging may be due to the survival effect. Those who become older are the survivors and are more resilient, others may die from diseases, accidents, suicide, substance abuse, or other reasons beyond their control. Those older survivors are less likely to be depressed or have substance abuse problems than many of their younger counterparts.

However, it is known that as ageing process increases the risks of contracting a disease among elderly people. Health-seeking behaviour is poor among the aged in Sub-Saharan countries like Nigeria, escalating the burden of non-communicable diseases and the cost of health care which further impacts the utilization of orthodox medicine. It is possible that the respondent of this work may have the same characteristics. Hence, the study on knowledge of health related ageing problems and health care seeking behaviour among older adults in Jos North, Plateau State.

RESEARCH QUESTIONS

To provide direction to this work, the following research questions are stated:

(1) What is the level of knowledge of health related ageing problem and health care seeking behaviour among older adults in Jos North, Plateau State?
(2) What is the healthcare seeking behaviour among older adults in Jos North, Plateau State?
(3) What are the factors influencing the choice of healthcare seeking behaviour among older adults in Jos North, Plateau State?
(4) What are the potentials responsible for active ageing among older adults in Jos North, Plateau State?
(5) What are the health problems associated with ageing among older adults in Jos North, Plateau State?

HYPOTHESES

To give direction to the work, the following null hypotheses were being stated:

(1) There is no significant difference in the level of knowledge of health related ageing problems and health care seeking behaviour among older adults based on location.
(2) There is no significant difference in the health related ageing problems among older adults based on location.

METHODOLOGY

A research design is a plan that guides the researcher in conducting a study that he can collect evidence that either supports or refutes a claim about an educational phenomenon (in this case knowledge of health related ageing problems and health care seeking behaviour among older adults). The manner an investigation is conducted will dictate the level of validity of the conclusions. The research design adopted for the purpose of this study is the survey research design. According to Abiola (2007), a descriptive survey research design is a method that describes a given state of affairs at a particular time. It seeks to describe a unit in details, in content and holistically. Descriptive survey research is the most frequently used method for collecting information about people's attitudes, opinions, habits and a variety of educational issues. This design is chosen as the information collected will help to determine the present condition of the respondents as it relates to knowledge of health related ageing problems and health seeking behaviour among older adults.

The population of this study comprises of all the older adults who are in Jos North LGA, Plateau State as at the collection of data for the study, which lasted for about six (6) weeks and was 255 respondents.

The sample for the study was 255older adults that were in Jos North. This is in line with what experts in research advised that if the population is small, it could be taken as the sample.

Sampling technique is defined as a systematic process employed to select a required proportion of the target population (Daramola, 2007). The whole population was used for the study in this work.

The instrument of the study is a self-structured questionnaire designed to collect information from the respondents on knowledge of health related ageing problems and healthcare seeking behaviour among older adults in Jos North, Plateau

State. There are six (6) sections of the instrument. Section A is on the location of where the respondents are coming from.

Validity is the extent to which an instrument measures what it is designed to measure. The questionnaire for this study was validated by 3 experts that are not below the rank of a senior lecturer from the Department of Physical and Health Education in Faculty of Education, University of Jos. A copy of the draft questionnaire was given to them for the purpose of face and content validation, appropriateness of the items, clarity of statement in the instrument and whether or not the items are related to the subject under study. Necessary corrections and observations were duly made. The observation done by the experts were duly followed. The corrections gave rise to the instrument that was used for the collection of information.

The reliability coefficient of the instrument was established at .823. The Kuder Richardson formula 20 and the Cronbach Alpha coefficient method of checking the internal consistency of an instrument were adopted for establishing the reliability of the instrument. A pilot study was conducted in the study areas on a sample different from the sample for the study to generate data for testing the reliability of the instrument. The calculated reliability coefficient was interpreted based on the benchmark suggested by Gall, Gall and Bork (2007) who posited that in general, test that yields scores with a reliability of .80 or higher is sufficiently reliable for most research purposes.

The Cronbach Alpha coefficient is advantageous because it does not require that all the test items are of equal difficulty which might be difficult to achieve. Moreso, it represents the average of split halves based on all possible divisions of a test into two parts and it can be used on tests of different forms and scoring system. Cronbach Alpha coefficient is therefore a more general and flexible method of estimating internal consistency of a measuring instrument. Kuder Richardson was also adopted for its suitability for determining the reliability of a test with items of dichotonomous responses such as objective task. The Cronbach Alpha was used to test the reliability of the items in the instrument, while Kuder Richardson was used for the objective items. The mean of the two coefficients was taken for the reliability coefficient of the instrument.

The researcher first of all collected a letter of introduction from the Department of Physical and Health Education, University of Jos and presented it to the community heads of each of the villages/communities visited. Secondly, the researcher sought permission to administer the instrument to the respondents. Three research assistants were used for the administration of the instrument to the respondents. They were chosen based on their qualification, experience, interest and availability. This was followed by the administration of the questionnaire to the respondents.

Frequency and percentages were used in analyzing the data that was obtained to answer the research questions. Chi-square was used in verifying the hypotheses stated.

RESULTS

This chapter presents and discusses the findings of the study. The purpose of the study was to provide strategies for the evaluation on the knowledge of health

related ageing problems and health care seeking behaviour among older in Jos North, Plateau State.

The investigator distributed 255 copies of questionnaires forms and all were filled by the respondents appropriately and collected back immediately which gave rise to a returned rate of 100% of the instrument. This was considered adequate for reaching valid conclusion. The results are hereby presented in the tables below according to the research questions stated in the study using frequencies and percentages.

KEY TO KNOWLEDGE

Below 40%	Very Low Level of Knowledge (VLLK)
40-45%	Low Level of Knowledge (LLK)
46-50%	Average Knowledge (AK)
51-55%	Above Average Knowledge (AAK)
56-60%	Good Average Knowledge (GAK)
61-69%	Very Good Knowledge (VGK)
70% and above	Excellent Knowledge (EXC)

Research Question 1: What is the level of knowledge of health related ageing problem and healthcare seeking behaviour among older adults in Jos North, Plateau State?

The data answering Research Question 1 are contained in Table 1.

Table 1: Level of Knowledge of Health Related Ageing Problems and Healthcare Seeking Behaviour among Older Adults

N = 255

S/N	ITEMS	CORRECT ANSWERS		INCORRECT ANSWERS		DECISION ON LEVEL OF KNOWLEDGE
		f	%	F	%	
1.	Ageing is the process of becoming older.	183	71.8	72	28.2	EXC
2.	Older adults have a limited understanding of the ageing process.	154	60.4	101	39.6	GAK
3.	I have misconception about the causes of common health conditions.	165	64.7	90	35.3	VGK
4.	I lack knowledge about the benefits of preventive health behaviours.	105	41.2	150	58.8	LLK
5.	Access to healthcare services is a factor that affects the health related knowledge among older adults.	152	59.6	103	40.4	GAK
6.	Ageing brings about a range of physical, mental and social changes.	175	68.6	80	31.4	VGK
7.	Older adults have varying levels of awareness and understanding of the ageing process.	164	64.3	91	35.7	VGK
8.	Cardiovascular diseases are common	153	60.0	102	40.0	GAK

	health related ageing conditions.					
9.	Arthritis is not a common health related ageing problem.	108	42.4	147	57.6	LLK

Average Total = 59.2

The result in Table 1 shows that the respondents have good average knowledge of health related ageing problems and healthcare seeking behaviour among older adults as indicated by a highest score of 71.8% and lowest score of 41.2%.

Research Question 2: What is the health are seeking behaviour among older adults?

The data answering Research Question 2 are contained in Table 2.

Table 2:Health Care Seeking Behaviour among Older Adults

N = 255

S/N	ITEMS	Yes		No	
		f	%	f	%
1.	Health care seeking behaviour include healthy practices to prevent diseases.	176	69.0	79	31.0
2.	Perception of symptoms plays an important role in seeking healthcare.	172	67.5	83	31.8
3.	Elderly individuals practice self-medication.	174	68.2	81	31.8
4.	Most older adults visit healthcare facilities for check-up.	105	41.2	150	58.8
5.	Older adults patronize patent medicine stores.	152	59.6	103	40.4
6.	Low income is a reason for poor healthcare seeking behavioural practices.	176	69.0	79	31.0
7.	Older adults visit healthcare facilities for joint pains.	96	37.6	159	62.4
8.	Educational level of older adults affects healthcare seeing behaviour.	112	43.9	143	56.1
9.	Older adults engage in regular exercise.	159	62.5	96	37.6
10.	Older adults prefer medical centres to home services whenever they are sick.	80	31.4	175	68.6

The result in Table 2shows that healthcare seeking behaviours include healthy practices to prevent disease 176 (69.0%), elderly individuals practice self-medication 174 (68.2%), perception of symptoms plays an important role in seeking healthcare,

172 (67.5%), older adults engage in regular exercise 159 (62.4%) and older adults patronize patent medicine stores 152 (59.6%) were the healthcare seeking behaviour among older adults.

Research Question 3: What are the factors influencing the choice of healthcare seeking behaviour among older adults?
The data answering Research Question 3 are contained in Table 3.

Table 3: Factors Influencing the Choice of Healthcare Seeking Behaviour among Older Adults

N = 255

S/N	ITEMS	Yes		No	
		f	%	f	%
1.	Age	169	66.3	86	33.7
2.	Gender	156	61.2	99	38.8
3.	Ethnicity	132	51.8	123	48.2
4.	Income	171	67.1	84	32.9
5.	Level of education	203	79.6	52	20.4
6.	Marital status	114	44.7	141	55.6
7.	Geographic location	146	57.3	109	42.7
8.	Rural versus urban environment	150	58.8	105	41.2
9.	Health status	176	69.0	79	31.0
10.	Housing	157	61.6	98	38.4
11.	Religious beliefs	150	58.8	105	41.2
12.	Cultural beliefs	148	58.0	107	42.0

The result in Table 3 shows that level of education 203 (79.6%), health status 176 (69.0%), income 171 (67.1%), age 169 (66.3%), and housing 157 (61.6%) were the factors influencing the choice of healthcare seeking behaviour among older adults.

Research Question 4: What are the potentials responsible for active ageing among older adults?
The data answering Research Question 4 are contained in Table 4.

Table 4:Factors responsible for Active Ageing among Older Adults
N = 255

S/N	ITEMS	Yes		No	
		F	%	f	%
1.	Active ageing refers to healthy ageing.	185	72.5	70	27.5
2.	One can prevent health related ageing problems through good habits.	189	74.1	66	25.9
3.	Keeping fit can help slow down the ageing process.	98	38.4	157	61.6
4.	Muscle and joint strengthening activities like jogging reduces the effects of ageing.	160	62.7	95	37.3
5.	Healthy eating promotes healthy ageing.	185	72.5	70	37.3
6.	Attending social events and gatherings helps to promote the social and emotional wellbeing of the older adults.	205	80.4	50	19.6
7.	Engaging in lifelong learning activities such as learning new skills and hobbies helps to promote mental and physical health in old age.	193	75.7	62	24.3
8.	Early detection of diseases promotes healthy living.	184	72.2	71	27.8
9.	Regular exercise and healthy eating reduces the risk of obesity in old age.	190	74.5	65	25.5
10.	Adequate rest reduces stress in old age.	210	82.4	45	17.6

The result in Table 4 shows that adequate rest reduces stress in old age 210 (82.4%), attending social events and gatherings helps to promote the social and emotional wellbeing of the older adults 205 (80.4%), engaging in lifelong learning activities,- such as learning new skills and hobbies helps to promote mental and physical health in old age 93 (75.7%), regular exercise and health eating reduces the risk of obesity in old age 190 (74.5%) and one can prevent health related ageing problems through good habits 189 (74.1%) were the potentials responsible for active ageing.

Research Question 5: What are the health problems associated with ageing among older adults?
The data answering Research Question 5 are contained in Table 5.

Table 5:Health Problems associated with Ageing among Older Adults
N = 255

S/N	ITEMS	Yes		No	
		f	%	f	%
1.	Arthritis	179	70.2	76	29.8
2.	High blood pressure	175	68.6	80	31.4
3.	Diabetes	128	50.2	127	49.8
4.	Cancer	183	71.8	72	28.2
5.	Eye problems	194	76.1	61	23.9

6.	Stroke	170	66.7	85	33.33
7.	Memory loss/Dementia	165	64.7	90	35.3
8.	Hearing loss	80	31.4	175	68.6
9.	Back and joint problems	170	66.6	85	33.3
10.	Weakness of bones	198	77.6	55	22.4
11.	Depression	155	60.8	100	39.2
12.	Toothache	112	43.9	143	56.1

The result in Table 5 shows that weakness of bones 198 (77.6%), eye problems, 194 (76.1%), cancer 183 (71.8%), arthritis 179 (70.2%), and high blood pressure 175 (68.6%).

Hypothesis 1: There is no significant difference in the level of knowledge of health-related ageing problems and healthcare seeking behaviour among older adults.

Data verifying Hypothesis 1 are contained in Table 6.

Table 6: Summary of Chi-Square Analysis of the Significant Difference in the Level of Knowledge of Health Related Ageing Problems and Healthcare Seeking Behaviour among Older Adults Based on their Location

Location	N	DF	X^2 Cal	X^2 Tabulated	Decision
H_1	255	4	64.791	9.49	Reject

Level of significance = 0.05

Table 6 shows a Chi Square test of independence which was calculated to find any difference in the level of knowledge of health-related ageing problems and healthcare seeking behaviour among older adults based on their location.

Since X^2 calculated = 64.791 exceeds the value of X^2 tabulated (0.05) = 9.49, with degree of freedom (df) = 4 at 0.05 level of significance, we reject the null hypothesis (Ho) which states that there is no significant difference in the level of knowledge of health-related ageing problems and health care seeking behaviour among older adults.

Hypothesis 2: There is no significant difference in the health related ageing problems among adults based on location.

Data verifying Hypothesis 2 are contained in Table 7.

Table 7: Summary of Chi-Square Analysis of the Significant Difference in the Health Related Ageing Problem among Older Adults Based on Location

Location	N	DF	X^2 Cal	X^2 Tabulated	Decision
H_1	255	5	95.897	11.07	Reject

At 0.05 level of significance

Table 7 shows a table of Chi-Square test of independence which was calculated to find any relationship that exists in the health-related ageing problem among older adults based on location.

Since X^2 calculated = 95.897 exceeded the value of X^2 tabulated (0.05) = 11.07, with degree of freedom (df) = 5 at 0.05 level of significance, we reject the null hypothesis (Ho) which states that there is no significant difference in the knowledge of health related ageing problem and healthcare seeking behaviour among older adults in Jos North, Plateau State.

The results in Table 1 showed that respondents had good average knowledge of health-related ageing problems and healthcare seeking behaviour among older adults in all the items except ageing is the process of becoming older. 183 (71.8%) and ageing brings about a range of physical, mental and social changes 175 (68.6%) were the level of knowledge of respondents. However, when a null hypothesis of knowledge was verified, it was discovered that there is a significant difference in the level of knowledge of health-related ageing problems and healthcare seeking behaviour among older adults based on location. This result is in line with the findings of Teyib, Alemayehu, Tufa and Birhanu (2020), who expressed that ageing is the process of becoming older. It is a gradual change in the structure of an organism that occurs in the passage of long time which eventually increases organisms' probability of acquiring diseases and death. And Miller (2003), who explained that ageing is the gradual change in the structure of any organism that occurs in the passage of time, that does not result from diseases or other gross accidents and that eventually lead to the increased probability of death as the individual grows older.

The results in Table 2 showed that health care seeing behaviour include healthy practices to prevent diseases 176 (69%), elderly individual practice self-medication 174 (68%), perception of symptoms plays an important role in seeking healthcare 172 (68%), older adults engage in regular exercise 159 (64%) and older adults patronize patent medicine stores 152 (60%) were the healthcare seeking behaviour among older adults. This result is expected because the respondents have very good knowledge, hence are expected to put it into practice. In the study by Latunji et al. (2018) who stated that healthcare seeking behaviours are closely linked with the health stats of a nation and thus its economic development. Understanding how older adults seek healthcare can help improve healthcare services and address their specific needs.

The results in Table 3 showed that the level of education 203 (80%), health status 176 (69%), income 171 (67%), age 169 (66%) and housing 157 (62%) were the factors influencing the choice of healthcare seeking behaviour among older adults. The result is not surprising because majority of the respondents had access to good health information. In the study by Agoola (2022) demonstrated that health care seeking behaviour is potential and independently determined by myriads and multifaceted individual demographic, institutional, socio-economic, and systematic factors (including educational level, income, urbanity/rurality, religion, social support networks, health status, trust, and the political economy of health and healthcare) and also the orientations of the health system response.

The results in Table 4 showed that adequate rest reduces stress in old age 210 (82%) attending social events and gathering helps to promote the social and

emotional wellbeing of the older adults 205 (80%), engaging in life-long learning activities such as learning new skills and hobbies helps to promote mental and physical health in old age 193 (76%), regular exercise and healthy eating reduces the risk of obesity in old age 190 (75%) and one can prevent health related ageing problems through good habits 189 (74%) were the potentials responsible for active ageing. This result was expected because older adults engage in various physical activities. In a study by Insel and Roth (2014), one can prevent delay, lessen or even reverse some of the changes associated with ageing through good habits. Simple things you can do daily will make a vast difference to your level of energy and vitality – your overall wellness, Paskaleva and Tufkova (2017) explained that active ageing is a process of optimizing health, safety and active lifestyle opportunities to improve the quality of life of the elderly.

The results in Table 5 showed that weakness of bones 68%, eye problems 76%, cancer 72% arthritis 70% and high blood pressure 69% were the health problems associated with Ageing among older adults. The result is not surprising because, metabolic activities reduce with old age. In a study by Cybulsai Sowa, Krajeskkakulak and Theodosopolou (2016), old age is associated with all kinds of disease entities, characteristics, physical disability and sometimes also with the intellectual changes in the appearance of a human (especially with wrinkles, gray hair, bent silhouette of the body), an inevitable stage of life, as well as with the intake of medicines and frequent use of health services provided by medical entities. The most common diseases include cardiovascular diseases (hypertension, ischemic heart disease, other heart diseases, arteriosis) and disease of the osteoarticular system (rheumatoid arthritis and other chronic diseases of the joints, bone disease, including the spine). They include chronic diseases leading to functional disability (sphincter dysfunction, impaired locomotion and balance, falls, impaired vision and hearing, dementia and depression disorders).

CONCLUSION

Based on the findings of the study, the following conclusions were drawn:

1. Majority of the older adults in Jos North, Plateau State had good average knowledge of health related ageing problems and healthcare seeking behavoiour. They knew that ageing is the process of becoming older, ageing brings about a range of physical, mental and social changes, cardiovascular diseases are common health related ageing conditions and access to healthcare services is a factor that affects the health related knowledge among older adults.
2. Majority of the older adults had very good healthcare seeking behaviour. They knew that healthcare seeking behaviour includes healthy practices to prevent diseases. A very good number of them practice self-medication, which indicates poor healthcare seeking behaviour. A few older adults visit healthcare facilities for joint pains, educational level of older adults affects healthcare seeking behaviour, low income is a reason for poor healthcare seeking behaviour.
3. The major factors influencing the choice of healthcare seeking behaviour among older adults include: age, gender, level of education, health status and housing.

4. The potentials responsible for active ageing among older adults: Healthy eating, engaging in lifelong learning activities such as learning new skills and hobbies, regular exercise, adequate rest, early detection of diseases.
5. The major health problems associated with ageing among older adults are: arthritis, eye problems, cancer, weakness of bones, high blood pressure, back and joint pains and stroke.

RECOMMENDATIONS

(1) The statement "I have misconceptions about the causes of common health conditions" had very high percentage, be noted by health personnel so they can organize health education and sensitization programmes to enlighten and educate older adults on the causes of common health conditions in old age.

(2) Based on the response that early individuals practice self-medication, should be noted by the health care service provider so that they can enlighten older adults on the dangers of practicing self-medication and not seeking proper medical care from qualified health/medical practitioners, and also the importance of seeking proper health care.

(3) Based on the results on factors influencing the choice of healthcare seeking behaviour, majority of the older adults agreed that level of education was a major factor. Awareness should be created by professionals in the field of health and education on the need for western and adult education as literacy has a positive impact on overall health.

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