International Review of Social Sciences and Humanities
Vol. 7, No. 1 (2014), pp. 201-210
www.irssh.com
ISSN 2248-9010 (Online), ISSN 2250-0715 (Print)

Health Seeking Behavior among the Elderly in Edo Central Nigeria

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(Received: 13-11-13 / Accepted: 24-12-13)

Abstract
The goal of this study was to explore the health seeking behavior of the elderly in Edo Central Nigeria. It focused on the most common health related problems of the elderly;revealedwhere the elderly goes to seek medical care when sick; and those financially responsible for his/her medical needs. Five hundred and forty elderly persons were selected by systematic random sampling and a total of 514 subjects aged 65 years and above completed the face to face interview administered with a questionnaire. Majority of the elderly persons (62.7%) had age associated illnesses such as blood pressure, cardiac problems, diabetes, joint pains, kidney infections, cancer and tuberculosis that take a long time to heal. Precisely 73.7% of the elderly patronized the hospital/health centers whenever they fell sick. More elderly males than their female counterparts were found to have patronized traditional healers, resorted to self-medication using local herbs or visited chemists' shops whenever they were sick. It is recommended that elderly people should be provided free, accessible and comprehensive health care in hospitals and health centers because they would utilize the health services when available, accessible and affordable.

Keywords: EdoCentral, Nigeria, Elderly People, Traditional healers, Self-medication.

1. Introduction

Elderly persons, particularly the frail older adults, have been the most significant consumer of health resources (Young, 2003). Old people need health care because old age is associated with pain and ill-health (Hanks-Bell, et al. 2004;Biswas, et al. 2006)**.** Worldwide, the increase in the proportion of elderly is in response to improvement in health technologies and life expectancy of people (Moe, et al. 2012).According to Sharma, et al. (2012), this rapid growth

of the elderly population is a challenge to the medical profession, administration and the society as well. The delivery of health care to the older adults has been recognized to be more complex than that of younger adults because, according to Mion (2003), the elderly persons utilize the majority of health care services. The complex needs have implication for future health care delivery to the geriatric population. Specifically in Nigeria, the number of elderly citizens has been on the increase and their health needs receiving popular recognition (Abduraheem, 2007).

Findings on elderly health issues can be used to guide the formulation of comprehensive health services and health education policies and intervention programs for elderly men and women in Nigeria.The World Health Organization, in Moe, et al. (2012), highlighted that aging process and problems related to elderly should be better understood so that effective elderly health prevention can be planned and implemented. The purpose of this study was, therefore, to understand the characteristics and health services utilization of the elderly in Edo Central Nigeria and make the areaa project for aging and care of seniors. The objective too, was to ascertain the most common health related problems and the heath seeking behavior of the elderly in Edo Central Nigeria.

2. Literature Review

With respect to common health related problems of the elderly, the study by Huang, et al. (2002) in Taipez City observed that some elderly person have more than one chronic disease and the most frequently reported diagnosis were arthritis, followed by hypertension and osteoporosis. That by Waweru, et al. (2003) in Dagoretti division, Nairobi Kenya noted that majority of the elderly (92.5%) had been sick within three months preceding the date of their enquiry. They found that 80% of the elderly had musculoskeletal disease, 68% had respiratory problems, 44% had sight problems and 40% was dental problems. Only 26% of the elderly were on treatment, 62% were buying over-the-counter drugs and 26% consumed addictive drugs. Bennett, et al. (2003), in their study, advocated for resources to be provided for the older American to help manage chronic conditions and for the deployment of ‘sufficient health care providers educated in geriatrics and gerontology’. It was also important, according to Bennett, et al. (2003), to embrace a good of quality of life as an integral component of health care for older citizens’.

A study by Young (2003) suggested that nurses should have the potential to improve on elderly across settings through clinical practice, education, leadership and research to be very relevant.Pang, et al. (2003) explored the use of health care resources by Chinese elders and reported that the American Chinese elders did not use their Medicare or Medicaid due to ignorance, cost of doctor’s visits (which to them was frightening), long bus trips through the maze of Los Angeles’ transportation system and long waiting hours before getting a few minutes of the doctor’s attention. In rural Bangladesh,Biswas, et al. (2006) studied coping strategies in cases of illness of elderly people and the contributing factors in determining the health-seeking behavior of the elderly persons. Their findings indicated: that high costs would prevent old people from consulting qualified doctor(s); that familiarity with health care providers and easy accessibility to health facilities played important roles in health-seeking behavior of elderly persons; and that the flexibility of health care providers, in receiving payment, decided whether or not the old persons would seek treatment and the type of such treatment sought.

Abduraheem (2007) observed, in their study of 756 households in Nigeria, that age, sex, finance, the nature of illness, and quality of service provided were the determinants of health seeking behavior among the elderly. They also observed the most frequently reported illnesses as the following: body pains, joint pain, general body weakness, fatigue, poor eye sight, fever, irritability, anger, nervous tension, listlessness, depression, headaches and

decreased mobility. Over 68% of respondents had not visited health facilities in the one year preceding their date of enquiry. From a study of all age groups of the older population of the baby boomers in America, Potkanowicz and Hartman-Stein (2009) noted that it was the least active that would die of heart disease, cancer and stroke. Potkanowicz and Hartman-Stein (2009) also recommended exercises for individuals at age 50 that will impact on how they feel at age 80. The study by Bourne, Morria and Charles, et al. (2010) in Jamaica examined health literacy and health seeking behavior of older men among the middle-income. It found that elderly men displayed low health literacy and poor health seeking behavior.

Approximately 14% and 24% of the participants in the study by Bourne, et al. (2010) were not aware of signs and symptoms of diseases such as hypertension and diabetes mellitus respectively. The study which excluded the older women, observed that more urban (56.9%) than rural (44.5%) older male residents were health literate. Bourne, et al. (2010) further observed that 34% of the older men purchased and took medication prescribed by medical doctors; more rural (37%) than urban (31.9%) older men sort medical care when they were ill; and only 7.9% sought medical care outside of experiencing illness.

The study by Moe, et al. (2012) in Myanmar on health seeking behavior of elderly found that one-third of the males and females perceived they were in good health; 3% of males and 13% of females ‘did not get treatment’; and that health seeking behavior was not (significantly) associated with gender unlike income and education. Finally, the study by Sharma and Thakur, et al. (2012) to assess various health problems and the treatment seeking behavior in the elderly people in Daddumajra Colony, in Chandigarh found 25.5%, 24.5%.21.8% suffering from respiratory disorders, hypertension and visual impairment respectively. The study also found that 40.4% were suffering from two health problems simultaneously and 9.2% were having three or more than three health problems. In all, these studies have confirmed that old people need health care because old age is associated with pain and ill-health.

3. Theoretical Foundations

The phenomenon or focus of attention in this study is health seeking behavior of the elderly. As a sociological phenomenon, health seeking behavior of the elderly can be explained using the subjective and objective approaches of the behavioral sciences. From the point of view of the subjective approach, man is the active participant in his environment (Cohen, 1968) andbehavior is typical for multiple individuals, in a given situation (Adam and Sydie, 2002). For instance,man has self and engages in reflexive processes. There are also sentiments, goals, aims, wishes and aspirations that are derived from the actors. In other words, actions are influenced by personal, individual or population characteristics or composition. Therefore, eliciting information from the elderly persons, on their health seeking behavior, in this study, has a foundation on the subjective approach of the behavioral sciences.

The sociological strength of weak ties (SWT) theory, as proposed by sociologist Granovetter (1973), is also helpful to the analysis of elderly health seeking behavior. That is from the point of view of the objective approach of the behavioral sciences. For instance, the aspect that is important in this study is its focus on consumer health information behavior. The consumer being the elderly persons. The main principle in the strength of weak ties (SWT) theory is that the family members, friends, group neighbors and service provider occupy the centre stage in health seeking behavior of the elderly.Baker and Pettigrew (1999) helped to classify family members/friends as ‘strong ties’ and group neighbors/service providers as ‘weak ties’ to the consumers of health services.

The group neighbors and service providers, according to Baker, et al. (1999), help to influence the health seeking behavior of the elderly with novel and helpful information. The

information may not become action or useful until the elderly confers with family members and friends (strong ties). The 'weak ties' and 'strong ties' tended to represent the structures and institutions that come first in the explanation of the phenomenon that is typical of the objective approach in the behavioral sciences.Therefore, this analysis of the health seeking behavior of the elderly has a foundation on the objective approach of the behavioral sciences, as well.

4. Methods and Materials

This study has its genesis on 'ageing and social care of the elderly in Edo Central District, Edo State, Nigeria' – by these authors. Five hundred and forty elderly persons (65 years and above) were selected by systematic random sampling from Esan Central, Esan South East and Esan West representing Edo Central in this study. A total of 514 subjects aged 65 years and above completed the face to face interview. A structured questionnaire developed by the authors was used to collect the data. The contents of the questionnaire included socio-economic and demographic information on age, sex, marital status, religion, residence, literacy and economic activities and number of dependents. The questionnaire also contained a semi structured and a few open ended questions to obtain information on ageing, experiences of ageing, needs (perceived and actual), how needs were met and by whom, discrimination (if any), general level of satisfaction and suggestions for improvement. The questionnaire was administered by the researchers and three research assistants who were trained on questionnaire administration taking one ward at a time. Simple statistical analysis using percentages and frequencies were used for the description of quantitative data while Kruskal-Wallis analysis of variance (H Test) and the Chi-square test of significance (χ^2 test) were used to test the hypotheses.

Edo Central comprises a total of 33,499 elderly people ages 65 years and above (National Population Commission, 2012). It is the traditional abode of the Esan speaking people and received in migrants from the entire Edo State(one of the 36 states in Nigeria) and beyond. The high influx of people has been on the account of the presence of Ambrose Alli University, Irrua Specialist Teaching Hospital (ISTH) and occupational activities at the headquarters (Ekpoma, Igueben, Irrua, Ubiaja and Uromi) of the five Local Government Areas comprising Edo Central. Irrua, Igueben, Uromi and Ubiaja towns are about three, eight, ten and thirteen kilometers from Ekpoma respectively, while Ekpoma is about 84 kilometers from Benin City, the Capital of Edo State Nigeria.

5. Results and Discussions

5.1 Socio-Economic Characteristics of the Respondents

The profile showing the socioeconomic and demographic characteristics of the respondents (elderly) were presented in Table 1. *Age* was categorized into 5- year age group from 65-69 years, 70-74 years, 75-79 years, 80-84 years, 85-89 years and 90+ years made up of 32.5%, 25.1%, and 19.5%, 11.3%, 6.6% and 5.1% respectively. On *sex*, there was an indication that the females (50.8%) were in excess of the males (49.2%) among the respondents. Looking at *marital status*, the bulk of the respondents was married (62.6%), 28.4% was widowed and the number that was never married, divorced and separated was very negligible (5.3%, 2.3% and 1.2%) respectively.With respect to *religion*,49.5% of the respondents were Catholics, 28.2%% were Pentecostals, 13.8% were Protestants, 2.5% were Moslems while 6.0% revealed that they were practicing African traditional religion. Regarding educational qualification, the bulk of respondents (48.6%) had none formal education; 27.6%, 13.0% and 7.6% had primary, secondary and post-secondary education respectively.

Table 1: Socio-Economic and Demographic Characteristics of the Respondents

Age groups (Years):	Sex				**Total**	
	Male		Female			
	N	%	N	%	N	%
65-69	67	26.5	100	38.3	167	32.5
70-74	73	28.9	56	21.5	129	25.1
75-79	52	20.6	48	18.4	100	19.5
80-84	26	10.3	32	12.3	58	11.3
85-89	26	10.3	8	3.1	34	6.6
90+	9	3.6	17	6.5	26	5.1
Marital status:						
Married	196	77.5	126	48.5	322	62.6
Never married	11	4.3	16	6.2	27	5.3
Widowed	34	13.4	112	43.1	146	28.8
Divorced	9	3.6	3	1.2	12	2.2
Separated	3	1.2	3	1.2	6	1.2
Education:						
None	103	40.7	147	56.3	250	48.6
Primary	65	25.7	77	29.5	142	27.6
Secondary	55	21.7	12	4.6	67	13.0
Post- Secondary	30	11.9	25	9.6	55	10.7
Religion:						
Catholic	121	47.8	133	51.0	254	49.5
Protestant	42	16.6	29	11.1	71	13.8
Pentecostal	61	24.1	84	32.2	145	28.2
Moslem	6	2.4	7	2.7	13	2.5
African Trad. Religion	23	9.1	8	3.1	31	6.0

Source: Field Survey, Feb.-March, 2013

5.2 Most Common Health Related Problems

The most common health related problems were sought with a view to appreciating the elderly people's health issues (Table 2 and Table 3). Consequently, the general observation made by the majority of the elderly persons (62.7%) were age associated illnesses such as blood pressure, cardiac problems, diabetes, joint pains, kidney infections, cancer and tuberculosis that take a long time to heal. The number of people affected by these health related problems increased gradually with age from 62.5% to 62.7% and 65.0% at ages 65-74 years, 75-84 years and 85+ years respectively. This finding is significant because it agrees with Hanks-Bell and Paice (2004); Biswas, et al. (2006) observation that old people need health care because old age is associated with pain and ill-health.

Table 2: Age and Most Common Health Related Problems

What are your most common health related problems?	Age (years)						Total	
	65-74		75-84		85+			
	N	%	N	%	N	%	N	%
Age associated illnesses	184	62.5	99	62.5	38	65.0	321	62.7
Malaria/Fever	24	8.2	17	10.8	3	5.0	44	8.6
Chest/Heart pain	20	6.8	14	8.9	3	5.0	37	7.2

Blood pressure/diabetes	19	6.5	6	3.8	0	0.0	25	4.9
Ear/Nose/Throat/Eye	3	1.0	5	3.2	3	5.0	11	2.1
'Others'	44	15.0	17	10.6	13	20.0	74	14.5
Total	294	100	258	100	60	100	512	100

Source: Field Survey, Feb.-March, 2013

More elderly females (64.1%) than males (61.3%) complained of these health related problems. The proportion of the older people that indicated malaria/fever, chest/heart pain, blood pressure/diabetes, ear/nose/throat/eye problems were 8.6%, 7.2%, 4.9% and 2.1% respectively. Specifically, more elderly males than their female counterparts complained of chest/heart pain and ear/nose/throat/eye problems. Conversely, more elderly females than their male counterparts complained of malaria/fever and blood pressure/diabetes. Thus, the findings in this study have tended to agree with those of Huang, et al. (2002), Waweru, et al. (2003), Abduraheem (2007) and Sharma, et al. (2012) that arthritis, hypertension, body pains, joint pain, general body weakness, fatigue, poor eye sight, fever, irritability, nervous tension, depression, headaches and decreased mobility were the health related problems of the elderly.

Table 3: Sex and Most Common Health Related Problems

What are your most common health related problems?	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Age associated illnesses	155	61.3	166	64.1	321	62.7
Malaria/Fever	21	8.3	23	8.9	44 8.6	
Chest/Heart pain	20	7.9	17	6.6	37 7.2	
Blood pressure/diabetes	11	4.3	14	5.4	25	4.9
Ear/Nose/Throat/Eye	8	3.2	3	1.2	11	2.1
'Others'	3815.0		36	13.9	74	14.5
Total	253	100	259	100	512	100

Source: Field Survey, Feb.-March, 2013

5.3 Where the Elderly Goes to Seek Medical Care when Sick

What was investigated next was where the elderly went for medical care whenever they were sick. Their responses, as in Table 4 and Table 5 suggested that precisely 73.7% of the elderly patronized the hospital/health centers whenever they fell sick. Of this number, the elderly females (78.3%) outnumbered their male counterparts (69.2%). The proportions of the elderly that resorted to self-medication using local herbs and orthodox medicine were 4.9% and 1.8% respectively. The number that went to alternative health care providers such as traditional healers, religious/worship centers and chemists shops were 6.3%, 0.2% and 10.0% respectively. Specifically, more elderly males than their female counterparts were found to have patronized traditional healers, resorted to self-medication using local herbs or visited chemists' shops whenever they were sick. This finding agrees with Bourne, Morria, et al. (2010) observation in Jamaica that elderly men displayed poor health seeking behavior (and low health literacy).

Table 4: Sex and where the Elderly went for medical care whenever they were sick

Where did you go to seek medical care when you were sick?	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Hospital/health center	175	69.2	202	78.3	377	73.7

Traditional healers	17	6.7	15	5.8	32	6.3
Self-medication using local herbs	16	6.3	9	3.5	25	4.9
Self-medication using orthodox	4	1.6	5	1.9	9	1.8
Chemists shops	31	12.3	20	7.8	51	10.0
Religious worship/centres	0	0.0	1	0.4	1	0.2
'Others'	10	4.0	6	2.3	16	3.1
Total	253	100	258	100	511	100

Source: Field Survey, Feb.-March, 2013

Table 5: Age and where the Elderly went for medical care whenever they were sick

Where did you go to seek medical care when you were sick?	Age (years)						Total	
	65-74		75-84		85+			
	N	%	N	%	N	%	N	%
Hospital/health center	120	71.4	123	80.2	44	73.3	377	73.8
Traditional healers	15	5.1	13	8.3	4	6.7	32	6.3
Self-medication using local herbs	13	4.4	6	3.8	6	10.0	25	4.9
Self-medication using orthodox	2	0.7	4	2.6	3	5.0	25	4.9
Chemists shops	40	13.7	8	5.1	3	5.0	9	1.8
Religious worship/centres	1	0.3	0	0.0	0	0.0	51	10.0
'Others'	13	4.4	3	1.9	0	0.0	16	3.1
Total	294	100	157	100	60	100	511	100

Source: Field Survey, Feb.-March, 2013

The proportion of the elderly that patronized the hospital/health centres whenever they fell sick increased with age up to 84 years, before a decline. That is, from 71.4% to 80.2% and 73.3% at ages65-74 years, 75-84 years and 85+ years respectively. Such health seeking behavior exhibited by the elderly has tended to reveal that they would utilize the health services when available, accessible and affordable. This observation has tended to confirm Mion (2003) observation that the elderly persons utilize the majority of health care services. A closer look at the data also tended to reveal that the number of the elderly that patronized traditional healers or resorted to self-medication using local herbs and/or orthodox medicine increased with age, particularly as from age 75 years. This finding agrees with Abduraheem (2007) observation that age and sex were among the determinants of health care seeking behavior among the elderly.

5.4 Financial Responsibilities for the Medical Needs of the Elderly

As it relates to who were responsible financially for the medical needs of the elderly, it was observed that 43.4% and 42.6% responded it was *self* and *children* respectively. Data in Table 6, also revealed that precisely 9.8% and 4.3% responded that spouse and 'others' (that is, friends, neighbors and related individuals) respectively, were responsible financially for their medical needs. More elderly males (44.7%) than females (42.1.7%) stated that they were responsible financially, themselves, for their medical needs. Conversely, less proportion of elderly males (43.6%) than their males counterparts (41.5%) reported that their children were financially responsible for their medical needs.

Table 6: Sex and who was responsible financially for the medical needs of the Elderly

Who was financially responsible for your medical needs?	Sex				Total	
	Male		Female			
	N%		N %		N%	
Self	11 3	44.7	109	42.1	222	43.4
Spouse	24	9.5	26	10.0	50	9.8
Children	105	41.5	113	43.6	218	42.6
'Others'	11	4.3	11	4.2	22	4.3
Total	253100		259100		512	100

Source: Field Survey, Feb.-March, 2013

With advancement in age, data in Table 7, revealed a steep decline in the proportion of elderly persons that were, themselves, responsible financially for their medical needs. That is, from 52.7%% to 37.3% and 13.3% at ages 65-74 years, 75-84 years and 85+ years respectively. Also, with advancement in age, there was a gradual decline in the proportion of elderly persons who indicated that spouse and 'others' (that is, friends, neighbors and related individuals) respectively, were responsible financially for their medical needs.

Table 7: Age and who was responsible financially for the medical needs of the Elderly

Who was financially responsible for your medical needs?	Age (years)						Total	
	65-74		75-84		85+			
	N	%	N	%	N	%	N	%
Self	155	52.7	59	37.3	8	13.3	222	43.4
Spouse	34	11.6	12	7.6	4	6.7	50	9.8
Children	90	30.6	80	50.6	48	80.0	218	42.6
'Others'	15	5.1	7	4.5	0	0.0	22	4.3
Total	294	100	158	100	60	100	512	100

Source: Field Survey, Feb.-March, 2013

In all, it was significant to observe that the proportion of elderly persons who indicated that their children were financially responsible for their medical needs increased with age. That is, from 30.6% to 50.6% and 80.0% at ages 65-74 years, 75-84 years and 85+ years respectively. This observation has further confirmed that the children were the surest of the institutions that cared for the elderly. The observation is a confirmation of that of Oluwabamide and Eghafona (2012) that the elderly were catered for by members of their extended families and sometimes, the entire clan. The observation has also validated the main principle in the strength of weak ties (SWT) theory of Granovetter (1973) that the family members, friends, group neighbors and service provider occupy the centre stage in health seeking behavior of the elderly.

6. Conclusion

The health care of the elderly must not be left alone for the less endowed children and few relatives of the elderly because the age associated illness included blood pressure, cardiac

problems, diabetes, joint pains, kidney infections, cancer and tuberculosis that take a long time to heal. More elderly females complained of malaria/fever including blood pressure/diabetes and more elderly males complained of chest/heart pain as well as ear/nose/throat/eye problems. The proportion of the elderly that patronized the hospital/health centres whenever they fell sick increased with age up to 84 years. The number of the elderly that patronized traditional healers or resorted to self-medication using local herbs and/or orthodox medicine also increased with age, particularly as from age 75 years. The elderly people should, therefore, be provided free, accessible and comprehensive health care in hospitals and health centers because they would utilize the health services when available, accessible and affordable. All these would improve the status of a population towards the attainment of the potentials to age gracefully for the much needed sustainable development.

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