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Knowledge of Health-Related Ageing Problems and Health Care Behaviours among Older Adults in University of Nigeria, Nsukka Campus

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Abstract

Age is a developmental process faced with various challenges and experience. The study assessed knowledge of health-related ageing problems and health care behaviours among older adults in University of Nigeria, Nsukka Campus. Four research questions and two null hypotheses guided the study. Descriptive survey design was adopted for the study. The study population consisted of910 older adults and 304 older adults selected using multistage sampling technique participated in the study. A multi-stage sampling procedure of simple random sampling, purposive and convenience sampling were used to draw a sample size of 304 older adults. A valid and reliable structured researchers' questionnaire titled Knowledge of Health-Related Ageing Problems and Healthcare Behaviour Questionnaire (KHRAPHCB-Q) was used as instrument for data collection. The reliability value of the instrument was.711. Frequency and percentages were used to answer the research questions, while Chi-square statistics was used to test the null hypotheses at .05 level of significance. Results showed that older adult possessed very high knowledge of health-related ageing problems (87.0%) and healthcare behaviour (81.1%) respectively. No significant differences existed in the knowledge of health-related ageing problems and healthcare behaviours among older adults based on gender ($p = .064$; $\chi^2_{=3.432} > .05$); ($p = .206$; $\chi^2_{=1.600} > .05$;). respectively. The authors recommended that workshops and conferences be organized by various PENCOM offices during their active working days so that adequate and required knowledge of health-related ageing problems gained, would guide them age gracefully and live healthy supportive life.

Keywords: Ageing, Problem, Healthcare, Behaviours, Older, Adult

Introduction

Healthy ageing promotion has become a public health importance. Providing an enabling environment is good for the older adults to live healthy autonomous lives (World Health Organization (WHO, 2026). The WHO (2024) reported that the proportion of people aged 60 and above is increasing globally and is projected to reach over two billion by 2050. The report noted that this demographic shift demands a transformation in societal approaches to ageing, ensuring that the health and social systems are ready to make the most of this demographic shift. The report also noted that the shift started in high income countries (Japan 30% of the population is already over 60 years old), to low- and middle-income countries, low- and middle-income countries,

(LMICs)which noted that by 2050, 80 percent of older people or two third of world's population over 60 years will live in LMICs. The United Nations - UN- general assembly declared 2021 - 2030 the UN Decade of Healthy ageing. This is a collaboration of governments, civil society, international agencies, professionals, academics, the media and the private sectors of concerted efforts to foster longer and healthier lives of older persons maintained (WHO, 2025). The declaration aims to reduce health inequalities and improve the lives of older people, their families and communities through collective actions in four areas; changing how we think, feel and act towards age and ageism; developing communities in ways that foster the abilities of older people; delivering person to person - centered integrated care and primary health services responsive to older people; and providing other people who need it with access to quality long term care were set out to address ageing (WHO, 2025). Africa and Nigeria are not left out of this ageing challenge.

In Sub Sahara Africa, ageing was estimated at 43 million in 2011, the population is projected to reach 67 million by 2025 and 163 million by 2050 (WHO regional office for Africa 2024). It was also reported that the highest population of older adults in the continent and the 19th highest across the globe is Nigeria (Ebimgbo & Okoye, 2021; Mbam et al., 2022).

Ageing results from the impact of the accumulation of a wide variety of molecular and cellular damage over time. WHO (2024) noted that ageing leads to a gradual decrease in physical and mental capacity, a growing risk of disease and ultimately death. Tayib et al. (2021) explained ageing as a gradual change in the structure of an organism that occur in the passage of long time which eventually increases organism's probability of acquiring disease and death. Ageing causes people to be less active, frail, and exposed to more risks of contracting a disease, leading to prejudice or discrimination against the elderly, social isolation, and sometimes, abandonment. Ageing is a process while aged is the person undergoing ageing. Ogundahunsi and Akinrinmade (2017) stated that an aged is someone above 60 years of age. According to World Health Organization (2012), ageing is the process of growing old, while the aged are generally referred to as old people or elderly people among the population group. Healthy ageing is defined as the process of developing and maintaining the functional ability that enables well-being in older age (WHO, 2024). The aged have health conditions that needed to be addressed.

Health conditions associated with ageing is known as health problems. Health-related ageing problems are age associated conditions or diseases that negatively impact on individual's ability to function independently, maintain wellbeing, or recover from illness, often requiring medical attention, support or care (WHO, 2024). The conditions include hearing loss, cataract and refractive errors, back and neck pain and osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression and dementia maintained (WHO, 2024). Other health related ageing problems include, pneumonia (British Thoracic Society [BTS], 2019),frailty (Xue & Fried, 2019), falls (WHO, 2021), diabetes (American Diabetes Association [ADA], 2021), cancer (American Cancer Society (ACS, 2021), vision problems (National Eye Institute [NEI], 2021); Smith et al., 2018), depression (Kendler et al., 2018), hearing problems Zhang, (2023), and hypertension, anxiety, Alzheimer's and feeling of loneliness (WHO, 2026). These problems contribute to functional decline, pain, disability and increased health care needs, which impact their quality of life. Health problems require treatment and caring, which exposes the older adults to certain dispositions called healthcare behaviours.

Healthcare behaviour is active role individuals play towards their healthcare services that can significantly impact their health outcomes. Healthcare behaviour among older adults refers to the

choices, actions and patterns of how older individuals seek, use and adhere to health care services and practices to maintain or improve their wellbeing (Short & Mollborn, 2015). Healthcare behaviour comprises a wide range of behaviors and actions related to seeking, accessing, and engaging with healthcare services, as well as behaviors aimed at promoting and maintaining health (Cockerham, 2017). Healthcare behavior includes seeking medical attention when needed, following treatment plans and medication regimens, adhering to preventive measures, adopting healthy lifestyle habits, and actively participating in healthcare decision-making. It also involves behaviours, such as scheduling and attending medical appointments, undergoing screenings and diagnostic tests, complying with prescribed treatments, managing chronic conditions, and practicing self-care. Healthcare behavior includes the decision and practices older people engage in related to preventive care, medical treatment, self-care and interactions with health care systems.

Types of healthcare behaviour include: Preventive health behaviour- regular checkups, vaccinations, screening, healthy diet and exercise routines; Health seeking behaviours- visiting a doctor when symptoms appear, use of telemedicine, turning to traditional medicine. Medication adherence- taking prescribed drugs correctly; using pill organizer or reminder systems; managing multiple prescriptions (polypharmacy); Self-care behaviours- monitoring blood sugar / blood pressure, managing chronic diseases, practicing hygiene and personal care; Health communication behaviours- asking questions during medical visits, understanding medical instructions and involving family or caregivers in decisions. Health care behaviours may be influenced by education, physical impairment, economic status, social support, cultural beliefs and access to health services (Cockerham, 2017). Knowledge of ageing and its health-related problem are essential among older adults.

Knowledge may be referred to as facts, information and skills acquired by a person through experience, association or education. Knowledge are defined as an established or tested rational belief on which one's actions are based (Abbah, 2014). Knowledge will help older adults to engage in positive behaviours. These influencers of behaviours can be called socio - demographics.

Socio-demographic variables are characteristics of a population that provide insights into their social and demographic makeup. Gender is one of the variables that may influence the healthcare problems and health care behaviour of older persons. Dam et al. (2021) described gender as a psychological term used to describe the behaviour and expected characteristics of individuals who are male or female. Researchers and policymakers understand the diverse backgrounds and circumstances of individuals within a particular group using socio-demographic factor of gender which can influence the knowledge of health-related ageing problems and healthcare behaviour among older adults in University of Nigeria, Nsukka campus.

Older people are expected to engage in activities/behaviours that promote health such as involvement in physical exercises, consumption of adequate and healthy diet, regular checkup, getting enough rest and sleep, in order to help them be free from some or all of the health-related ageing problems and enjoy their old age (Visser et al., 2018). Researchers' observed that some of the older adults seem to lack knowledge of how to engage in healthy lifestyle, refuse going for check- ups, skip drugs among others, in order to prevent some of the above mentioned diseases. The elderly due to the lack of orientation by health personnel on what healthy lifestyle is all about, ignorance and societal influences, older adults in the University of Nigeria, Nsukka Campus seem not to have the knowledge of the mechanisms of health problems associated with ageing which

might result to some encountering many health challenges as they become older. The researchers sought to find out the knowledge of health-related ageing problems and healthcare behaviour among older adults in the University of Nigeria, Nsukka Campus. Specifically, the study assessed the: knowledge of health related ageing problems among older adults in the University of Nigeria, Nsukka Campus, Enugu State; knowledge of healthcare behaviour among older adults in the University of Nigeria, Nsukka Campus, Enugu State; knowledge of health-related ageing problems among older adults in the University of Nigeria, Nsukka Campus, Enugu State based on gender; and knowledge of healthcare behaviour among older adults in the University of Nigeria, Nsukka Campus, Enugu State based on gender;

Methods

A descriptive survey research design was used for the study. The study population consisted of 910 (268 academic and 642 non-academic staff) older adults in University of Nigeria, Nsukka campus. (Personnel Services Department, University of Nigeria, Nsukka Campus, 2023). Taro Yamane sample size determination ($n = N/(1+N(e)^2$ was used to arrive at a sample size of 276 respondents. To guard against poor return rate and incomplete response i.e. a ten percent of the sample was drawn (Barllett et al., 2001). This gave 28 additional respondents (i.e. 10/100 x 276=28). Therefore, a total sample of 304 respondents was drawn and used. Researchers' designed structured instrument ''Knowledge of Health-Related Ageing Problems and Healthcare Behaviour Questionnaire'' (KHRAPHCQ) that were face validated and contained 18 items on demographic characteristic of gender, knowledge of health-related ageing problems and healthcare behaviour were used. The Cronbach's Alpha was used to establish the reliability of the instrument for the study. The coefficient obtained was .711 and it was considered reliable and suitable for use in the study. Multi-stage sampling procedure was adopted. The first stage involved the use of simple random sampling technique of balloting without replacement to select administrative units and faculties in the campus. Second stage involved the use of purposive sampling to select older adults, from each of the selected units/faculties. The third stage was the use of convenience sampling to administer the instrument thus, 270 older adults were used. Twenty (20) copies of the questionnaire were administered to twenty (20) older adults in the College of Nursing Sciences and Health Technology, Nsukka in Nsukka LGA, Enugu State because, the institution has peculiar features with the University of Nigeria, Nsukka Campus.

The completed copies of the instrument were screened for completeness of responses. The data was analyzed using Statistical Package for Social Sciences (SPSS) version 21. The research questions were answered using frequency and percentage. Okafor (1997) guidelines for assessing knowledge were used in assessing the instrument. Below 20 per cent were interpreted as very low knowledge; 20-39 per cent were interpreted as low knowledge; 40-59 per cent were interpreted as average/moderate knowledge; 60-79 were considered high knowledge while 80 per cent and above were interpreted as very high knowledge, while hypotheses were tested using Chi-square, at 0.05 level of significance.

Results

Table 1: **Percentage Responses on Knowledge of Health-Related Ageing Problems among Older Adults in the University of Nigeria, Nsukka Campus (n=270)**

S/N	Items	Correct f (%)	Incorrect F (%)
1.	Anxiety, falls, frailty, Alzheimer's disease and cardiovascular diseases are health related ageing problems.	262 (97.0)	8 (3.0)
2.	Arthritis is characterized by inflammation and pain in the joints.	259 (95.9)	11 (4.1)
3.	Problem solving is an area particularly affected by dementia.	238 (88.1)	32 (11.9)
4.	Osteoporosis is characterized by increased fracture risk.	257 (95.2)	13 (11.9)
5.	Respiratory diseases such as pneumonia can be diagnosed using chest x-ray.	191 (70.7)	17 (29.3)
6.	Eating healthy and self-monitoring of blood glucose levels can help in the management of diabetes.	259 (95.9)	11 (4.1)
7.	Cancer can be caused by exposure to carcinogens, and age.	192 (71.1)	78 (28.9)
8.	Vision problems affect older adults' ability to see clearly.	254 (94.1)	16 (5.9)
9.	Age related hearing loss occurs as a result of natural ageing process.	231 (85.6)	39 (14.4)
10.	Depression can be influenced by chronic medical conditions and life stress.	206 (76)	64 (23.7)
11.	Hypertension as an age-related health problem is caused by ageing body cells, tissues, and stress of life.	243 (90.0)	27 (10.0)
12.	Feeling of loneliness can be experienced by older adults due to loss of loved ones or poor remuneration.	158 (58.5)	112(41.5)
	Overall knowledge	**87.0**	**13.0**

Results in Table 1 show that older adults in University of Nigeria, Nsukka Campus, have very high knowledge (87.0%) of age-related health problems.

Table 2: **Percentage Responses on Knowledge of Health Care Behaviour of Older Adults in University of Nigeria, Nsukka Campus, (n=270)**

S/N	Items	Correct		Incorrect	
		f	%	f	%
1.	Seeking medical attention when needed is a way to manage health related ageing problems.	252	93.3	18	6.7
2.	Following treatment plans and medication regimen helps me to recover completely from health challenge(s) .	221	81.9	49	18.1
3.	Adhering to preventive measures makes it difficult for me to be affected by any health related ageing problem such as falls.	243	90.0	27	10.0
4.	Health conditions such as diabetes, cardiovascular diseases and hypertension can be prevented by adopting healthy lifestyle habits.	233	66.3	37	13.7
5.	Actively participating in health care decision making enables me to be fully responsible for my own health and wellbeing.	220	81.5	50	18.5
	Overall knowledge		**81.1**		**18.9**

Results in Table 2 show that older adults in University of Nigeria, Nsukka have very high knowledge (81.1%) of healthcare behaviour.

Table 3: **Summary of Chi-Square Analysis of Significant Difference in the Knowledge of Health-Related Ageing Problems among Older Adults in University of Nigeria, Nsukka Campus, Based on Gender. (*n*=270)**

Gender	N	Correct O(E)	Incorrect O(E)	χ^2	Df	p-value	Decision
Male	132	120 (114.9)	12 (17.1)	3.432	1	.064	Not rejected
Female	138	115 (120.1)	23 (17.9)				

Key: *O(E) = Observed (Expected) frequencies; df = Degree of Freedom, χ^2 = Chi-Square*
**Significant at P < 0.05*

Table 3 shows that there is no significant difference in the knowledge of health related ageing problems among older adults in University of Nigeria, Nsukka Campus, Enugu State based on gender (χ^2 =3.432, df = 1, p = .064> .05). The null hypothesis is therefore, not rejected.

Table 4: **Summary of Chi-Square Analysis of Significant Difference in the Knowledge of Health Care Behaviour among Older Adults in University of Nigeria, Nsukka Campus Based on Gender. (*n*=270)**

Gender	N	Correct O(E)	Incorrect O(E)	χ^2	Df	p-value	Decision
Male	132	103 (107.1)	29 (24.9)	1.600	1	.206	Not rejected
Female	138	116 (111.9)	22 (26.1)				

Key: *O(E) = Observed (Expected) frequencies; df = Degree of Freedom, χ^2 = Chi-Square*
**Significant at p< 0.05*

Table 4 shows there is no significant difference in the knowledge of healthcare behaviour among older adults in University of Nigeria, Nsukka Campus based on gender (χ^2 = 1.600, df = 1, p = .206 > .05). The null hypothesis is therefore, not rejected.

Discussion

The findings in table 1 showed that older adults in University of Nigeria, Nsukka campus had very high knowledge of health-related ageing problems. The finding was expected and not surprising because these older adults are mostly educated and may have gained knowledge having attended seminars and workshops organized by various pension organizing bodies in relation to ageing problems. The findings were not surprising because each of the older adults might have encountered one health related ageing problem or the other as they age. The finding was in line with the finding of Kajang and Helen (2025) who found good average level of health-related ageing problems among older adults. The finding however disagrees with that of Aideyan and Odigie (2024) who reported low level of knowledge of age-related health problems. The implication of the finding was that the high level of knowledge of health-related ageing problems will go a long way to prepare the older adults for future positive living in the larger society thereby creating a supportive environment for sustainable health and wellbeing of older persons.

Findings in table 2 showed that older adults in the University of Nigeria, Nsukka Campus, had very high knowledge of health care behaviour. The finding was surprising because older adults sometimes behave like children in skipping treatment, refusing treatment, avoiding going for check- ups, routine exercise, etc. The finding was also expected because of the older adults' previous exposure to workshops in their work places. This implies that older adults will adopt good health behaviour. This however disagrees with the findings of Oche et al. (2024) and Nnadi and Eze (2023) who found that less than half engaged in appropriate health seeking practices, and that health care for elderly is often neglected, with unmet prerequisite for good care.

Findings in table 3and 4 showed that older adult female and male had very high knowledge of health-related ageing problems and healthcare behavior respectively. The result was expected because these ageing problems and healthcare behaviours, occur in individuals irrespective of gender. So, experience is the best teacher. Also, older persons sometimes behave like children because of their characteristics and may like to be curdled and pampered, which may affect their treatment outcome. There was no significant difference in the knowledge of health-related ageing

problems and healthcare behavior among older adults based on gender which implies that health related ageing problems and healthcare behaviour adopted vary according to gender. Older adults may have such very high knowledge of problems and care behaviours, yet, may also involve in negative behaviours because of their characteristics. However, pension bodies and the workers' establishments should organize conferences for workers towards preparation for retirement and managing old age.

Conclusion

The findings showed that older adults had very high knowledge of health-related problems and healthcare behaviour respectively. The finding also showed that older adults reported high health problem and healthcare behavior according to gender. More avenues be created for other establishments to expose their workers on this topic for graceful and healthy ageing.

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