WWW.IJRPR.COM

International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Evaluation of the Available Health Care Services of the Aged in Delta State, Nigeria

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ABSTRACT

This study evaluated the available healthcare services for the aged in Delta state Nigeria. The aim of this study is to establish whether or not the aged in Delta state have adequate healthcare services. The study adopted Penchansky and Thomas model of healthcare access as the theoretical frame work. The study made use of the cross-sectional survey design and with the aid of a structured questionnaire, the study surveyed 400 aged persons from the total population of 532,323 aged persons who are 65 years and above. Simple percentages were used to analyze the socio-demographic data. Inferential statistics such as chi-square and analysis of variance (ANOVA) were used to test the set. The findings revealed that availability of healthcare services in Delta State has significant relationship on the well-being of the aged in Delta State and frequent visits to health centers significantly impact the health care services received by the aged in Delta State. The study further revealed that health care services offered in these healthcare centers were selective as they do not offer complete health care services that meet the health needs of the aged. The study concludes that, the health care services of the aged have not been given adequate attention, especially in most rural areas. The study therefore recommends the establishment of geriatric care unites in the existing health facilities, train healthcare professionals on geriatric care, as ways to improve health care services for the aged in Delta state, Nigeria.

Key words: The aged, Geriatric care, Health Care,

INTRODUCTION

Health is every individual's fundamental human right irrespective of age. This is aptly captured in the United Nations Department of Economic and Social Affairs (UNDESA, 2015). Ageing has become a global phenomenon and indeed a critical issue receiving recognition by governments of various countries where it is reflected in the government's vital document of economic and social development strategy (Okoye 2013). The aging population presents major challenges, especially in terms of physical and mental health. This is projected to put significant strain on government resources as the proportion of the aged rises and demand for health and social care services rises.

Considering the growing burden of providing health care for the aged, many countries have opted to promote independent living in the community. Deborah & Elsa (2018) stated that as the length of life and proportion of the aged increase in most underdeveloped and many developing nations, a central question is whether this population ageing will be accompanied by sustained or improved health care, improved quality of life and sufficient social and economic resources.

Although quality of healthcare services is one of the key drivers to healthcare access, obtaining it with ease is equally important. In Nigeria, despite universal health coverage that has been actively pursued for quite some time now, disparity in the availability of healthcare services for the aged are still noticeable within regions as they are mainly located in few places. Deborah & Elsa, (2018) posit that availability of appropriate and adequate healthcare services has the potential to minimize risk and enhance well-being and, in turn, reduce the need for acute hospitalization and delay entry into long-term residential care.

Like any other country, the aged population in Nigeria too is increasing rapidly. Delta State just like Nigeria as a whole will be hard-pressed to meet the challenges of large numbers of aged people, especially as traditional family support systems are breaking down. In anticipation of this problem, employers, healthcare workers, and social service providers, as well as the general public, will increasingly turn to government for help. The government will be expected to initiate policies that will support the aged, train and empower health and social service professionals, and supply facilities needed to take care of the aged. The success of the healthcare systems for the aged depends on how entrenched it is in the state and federal government agenda.

Statement of the Problem

The aged face critical challenges that threatens their overall wellbeing. There are many aged people suffering from different forms of disabilities and illnesses and they indeed demand the optimization of their social and healthcare needs. The Challenges of the aged in developing countries are due to wide global variations of inequalities related to quality of services. The availability of adequate healthcare services for the aged in Delta State, Nigeria, is severely compromised. The problem is apparent in several interconnected challenges including limited geriatric-specific healthcare facilities, insufficient numbers of trained geriatricians, in adequate infrastructure in existing facilities, high cost of healthcare services, poor awareness and utilization of existing services, and inequitable distribution of services across the state's diverse geographical areas and socoi-economic divisions. Unavailability of health care services impact the quality of life, health outcomes, and overall-wellbeing of the aged. Angwe (2012) explains that the Nigerian Constitution requires the states to direct their policies towards ensuring old age care. Regrettably, that section of the Constitution as laudable as it is, has not had any corresponding tangible implementation. Apart from Angwe (2012), Okoye (2013) stresses that there are no services and programs dedicated to the aged apart from the pension scheme, which is only for the aged persons that have been in active service. The question on availability of health care services is intended that resources should be dispersed fairly, according to need, with more going to the needier. Based on this, the study is out to evaluate the available healthcare services for the aged in Delta state and to inform policy that could lead to improved quality of available healthcare services and overall well-being for the aged.

Objectives of the study

The main objective of this study is to establish whether or not the aged in Delta state have adequate healthcare services. The specific objective are to:

i. evaluate the available healthcare services for the aged in Delta state.

ii. assess the frequency of visit to healthcare centers and it impact on healthcare services received by the aged in Delta state.

Research hypotheses

i. Availability of healthcare services in Delta state has no significant relationship on the well-being of the aged in Delta state.

ii. $H_{0:}$ Frequent visits to health centers do not significantly impact the health services received by the aged in Delta state

Empirical Literature

Organizing care for the aged is a serious challenge in the face of global population aging. The types of care provided for aged varies greatly by country and even region, and is changing rapidly. Traditionally, care for older adults has been the responsibility of family members and was provided within the extended family home. Increasingly in modern societies, care is now provided by state or charitable institutions. The reasons for this change include shrinking families, longer life expectancy and geographical dispersion of families. Although these changes have affected European and North American countries first, they are now increasingly affecting every other country including Nigeria.

Institutional care is not widely available and is unlikely to become widespread because of its high costs in many underdeveloped countries like Nigeria. Specialized healthcare for older persons in Nigeria, in the form of geriatric care, remains scarce. When older persons are in need of healthcare, they usually go to primary healthcare centers or to general hospitals, which might not be accessible and at the same time not properly equipped to provide appropriate healthcare for older patients.

Due to the wide variety of aged care needs and cultural perspectives on the aged, there is a broad range of practices and institutions across different parts of the world. For example, in most western countries, care facilities for older adults are residential family care homes, freestanding assisted living facilities, nursing homes, and continuing care retirement communities. The traditional long-term care for the aged which was through direct family care in the past is no longer suffice due to the rural/urban migration and other social changes (Atakpo, 2020).

In the developed world, aged care practices are provided by both government and private organizations. In some cases, families privately plan and organize the best care for their loved ones. Government provides aged care services through the National aged care policy. This policy is created to improve the lives of the aged. The policy provides aged care services such as home care, day care and respite care. It also offers financial assistance to families who are caring for aged relatives. In addition to government sponsored programs, many private organizations provide aged care services. These organizations offer a variety of services, including home health care, hospital care, and skilled nursing care. These services can include anything from help with activities of daily living such as bathing, dressing, and feeding to a more comprehensive medical activities of daily living (Atakpo, 2021).

Licensed practical nurse can provide more comprehensive medical care, while registered nurse can provide even more complex medical care. Social worker can also provide aged care services and can help connect the aged to community resources and support services. Ultimately, the type of aged care that the aged need will depend on their situations and needs. According to Tabish (2013) several different types of aged care services are available, these include Home

Health Care, Nursing Home, The Day Hospital, Psychogeriatric Service, Community Care, Respite Care, Informal Support, Rehabilitation, Health Education, and Terminal Care.

Home Health Care

Home health care allows the aged to remain in their own homes while receiving the necessary assistance with activities of daily leaving. Social services departments develop home help services based around a much wider range of tasks being provided in response to individual need. The potential for a joint health and social care approach to domiciliary care for older people are usually examined via the provision of domiciliary workers who undertake both the functions of district nurse auxiliaries and local authority home care workers. This model has particular merit in meeting individual needs. A problem in the provision of home health care for aged people is the limited number of family members available for caregiving (Atakpo, 2021). Current trends suggest an increasing emphasis on the family as an appropriate caregiver. In recent years home care become increasingly high-tech, including intravenous infusions, parental nutrition, supplemental oxygen, monitoring devices, chemotherapy and pain management as well as dialysis. These resources can permit the treatment of patients with severe chronic illnesses in their homes, but they can also permit care managers to send patients home from the hospital sooner than the patients and families may wish. Home health care is typically the most affordable option, overall home services may save 30-50 per cent in costs compared to costs for the same service provided in hospital. The major savings come from moving the charge for hospital room. Daycare can be a good option for the aged who need assistance during the day but can return home at night (Atakpo, 2020).

Nursing Home

Nursing Homes utilize nurse practitioners to provide health care for nursing home patients. Nurse Practitioners provide not only a substitutive role to that of medical care but also a complimentary one to enable policy decisions that encourages the full utilization on nurse practitioners. Nursing Home care is the most comprehensive type of care and is typically reserved for the aged who require round the clock assistance. Various models that have evolved over the cause of time are:

Hospital-Based Service (Acute Care): In the use of Hospital-Based Service (Acute Care) unit, emphasis is on rehabilitation, independence in self-care, and detailed planning for home discharge.

In-patient Care: This is where a patient will have to be admitted into a health facility for treatment or management.

Age-defined approach: (Usually 75 years and over) provides a ward environment and care team.

Integrated approach: All acutely ill persons are admitted to an acute medical ward, which deals with other groups, and are cared for by a group of physicians.

Need-based approach: There are separate elements of geriatrics and general medicine but the decision about which team takes care of the patient is governed by his/her care needs.

Long-term Care: The aim of long-term care facilities is to allow the old person to have maximum dignity and self-determination. The aged person is provided with a sense of security and cheerfulness. Emphasis is on personalized care, retention of personal possessions, and the right to privacy. Placement in long-term care only takes place after a complete multidisciplinary assessment and the team making the decision reviews the long-term outcome regularly.

The Day Hospital

Day Hospital follows a medical, paramedical, and nursing model. The facility is provided by a statutory and voluntary agency. Day Hospitals attempt to dissociate the diagnostic and therapeutic aspect of hospital treatment from the hotel aspect which requires patients to be looked after at night and throughout the weekend when no investigation or treatment is being carried out. The Day Hospital allows a closed and prolonged supervision of patients suffering from chronic diseases so, if isolated completely from hospital care, would almost certainly deteriorate and require readmission. Day Hospitals provide a reception area, a dining and general activities area, therapy area, consultation and treatment rooms and staff rooms. Efficiency and cost effectiveness of a day hospital depends on the care with which appropriate patients are selected.

Psychogeriatric Service

The aim of psychogeriatric service is to deploy and enhance the skills of the health profession in meeting the needs of the mentally-ill old people, and in supporting those who care for them. A psychogeriatric service normally accepts any referrals of persons aged 65 and over within a defined geographical area. Educational interventions to improve understanding of mental health for aged are considered and addressed in contemporary mental health care psychogeriatric service. Three basic hospital facilities are essential in this model, such as an acute assessment or admission unit, a long stay unit, and facilities for day patients.

Community Care

The multidisciplinary Primary Health Care team is the cornerstone of Community Care. It organizes itself in such a way that some of this need is ascertained and problems are recognized early. In Community Care, community nurses have a major role in caring for aged. Specialist nursing services, community psychiatric nurses or palliative care nurses are an important adjunct to general community service. For effective collaboration, it is imperative that all players should be clear about their roles and responsibilities. National Health Service and Community Care Act 1990 requires a combined approach to the assessment of need led by social service department, in which all agencies and professional disciplines collaborate. On the basis of such assessment a care manager will be appointed to take the lead in ensuring the services identified by the assessment are delivered. This role will include the commissioning of the social care components of the individual's care package. Collaboration is crucial for the delivery of effective community care. Discharging an aged person from the hospital requires careful coordination between health services both in the hospital and the community as well as social services, other agencies such as housing departments, and of course, patients, and their relatives. For effective collaboration, it is imperative that all players should be clear about their roles and responsibilities.

Respite care

Respite Care can be a major importance in allowing dependent older people to remain in their own homes. Given the importance of familiar surroundings to many older people (and especially those with dementia)

Informal support

Depending on the need of the aged, the type of support provided by families varies enormously. The factors influencing this interaction include: the nature of the housing of the aged person and of the family, the quality of the family relationships, the attitude of the aged person towards independent living, and financial considerations.

Rehabilitation

Rehabilitation has to work from the patient's perspective to enhance autonomy. The challenges are the concurrent effects of aging, multiple pathology, different priorities and expectations and the rapid onset of disability during acute illness. Epidemiological information is vital if a rational approach to the price of rehabilitation is to be built up. Rehabilitation came as a need to develop cost-effective means to control the burden of illness caused by chronic degenerative diseases. The logical place to carry out rehabilitation of old people is in their own homes. A selection of aged, dependent patients can be cared for in their homes after short-stay hospital discharge and benefit from primary home care intervention program in terms of improved medical and functional outcome and less long-stay hospitalization. However, rehabilitation facility may be organized within a separate geriatric unit, provided it is equipped to deal with acute medical emergencies or may be done in an integrated fashion with internal medicine. Rehabilitation patients often need the full range of investigation facilities, require surgical procedures and referral to specialist opinion. Separate rehabilitation units can be made to work, provided that a very structured approach to rehabilitation is maintained using clear objectives, monitoring and discharge planning. Specialist rehabilitation units, orthogeriatric units, stroke units and day hospitals have shown the evidence of effectiveness.

Health education

The promotion of health through education, disease prevention and health protection are beneficial in old age. Programs include: detection and treatment of hypertension, smoking cessation, exercise, healthy eating, weight control, psychological preparation for retirement, and social welfare. Spurred on by Health of the Nation (the UK) initiative, Aged Concern has introduced a national health promotion program, "*Ageing Well"*. The prominent feature of its pilots is the use of its senior health mentors, trained old people who give advice to their peers. Nurse Practitioners in adult health, family practice, and expands their repertoire of health promotion and health maintenance strategies to meet the needs of the aged.

Terminal care

Terminal care is a palliative care especially for those with chronic terminal illness. Care of the dying is a patient-centered, holistic with due attention paid to physical, emotional, social and spiritual needs. Terminal care means a commitment to pain and symptom control, the relief of social and emotional problems, a sensitive recognition of spiritual needs and concern for the emotional and psychological needs of the relatives.

Theoretical Framework

Penchansky and Thomas model of health care access provides a useful framework for analyzing the availability of healthcare services for the aged in Delta State, Nigeria. Penchansky and Thomas in their quest to understand the psychosocial problems inherent in accessing healthcare services, they developed access to care taxonomy in which they presented the concept of fit between clients and the healthcare system within five elements of access: Availability measures the extent to which the provider has the requisite resources, such as personnel, science and technology, to meet the needs of the client. Accessibility refers to

geographic accessibility, which is determined by how easily the client can physically reach the provider's location. Affordability is determined by how the provider's charges relate to the client's ability and willingness to pay for services. Acceptability captures the extent to which the client is comfortable with the more immutable characteristics of the provider, and vice versa. These characteristics include the age, sex, social class, and ethnicity of the provider (and of the client), as well as the diagnosis and type of coverage of the client. Accommodation reflects the extent to which the provider's operation is organized in ways that meet the constraints and preferences of the client. Of greatest concern are hours of operation, how and where clients can receive care without prior appointments.

This model shows that the absence of geriatricians, shortage of other qualified support staff, high cost of care, distance to health centers, lack of medical equipment and drugs connotes unavailability of the needed healthcare services. The model also shows that, the manner in which healthcare system is organized to meet the constraints and preferences of the patients determine access to and utilization of healthcare services. The aged will want to seek healthcare in a place that recognizes and accommodates their age, sex, cultural values, and social circumstances.

Method

This study was conducted in Delta state, Nigeria. The study made use of the cross-sectional survey design and surveyed 400 aged persons from the total population of 532,323 aged persons in Delta state as at the time the study. Multi stage sampling technique was employed in selecting respondents for the study. Firstly; the state was divided into three clusters A, B, and C. This division is according to the three senatorial districts in the state i.e., Delta North, Delta Central, and Delta South. The instruments used in data collection for this study are structured questionnaire, focus group discussion and in-depth interview methods. The questionnaires were administered to the aged who can read and in the selected LGAs by hand with the help of a research assistant. The questionnaire is designed into two parts, part "A" and "B": part "A" consist of the socio-demographic attributes of the respondents while part "B" are questions on healthcare services for the aged in Delta state. The data from the socio-demographic section of the questionnaire were analyzed quantitatively using simple percentages and presented in frequency distribution tables. Inferential statistics such as chi-square was used to test the set hypotheses.

Descriptive Statistics of Respondents' Socio-Demographics Characteristics

This section of the study discussed the socio-demographic characteristics of respondents which includes; sex, age, marital status, occupation, senatorial district, and income per month.

Table 1: Sex distribution of respondents

Variables	Frequency	Percentage (%)
Male	175	45.34
Female	211	54.66
Total	**386**	**100**

Source: fieldwork, 2024

Sex: The sex distribution of the respondents across the three senatorial districts in the study shows that 175(45.34%) were male while 211(54.66%) were female. This indicates that female respondents constituted more than half of the research sample. Also, this might be a further indication that there are more female-aged persons in Delta State than males. These demographics agreed with the National Bureau of Statistics (2018) report indicating that the women population are higher among the aged population in Nigeria.

Table 2: Age of respondents

Variables	Frequency	Percentage (%)
65-69	188	48.70
70-74	101	26.17
75-79	77	19.97
80 and above	20	5.18
Total	**386**	**100**

Source: fieldwork, 2024

Age: The age distribution of the respondents was also presented in figure 4.2, those aged 65-69 had the highest percentage with 48.70 followed by those between the ages of 70-74 years who had 26.17%. Those between the ages of 75-79 had 19.95%, while those between the ages of 80 and above had a frequency

of 20 and a percentage value of 2.69. This indicated that respondents aged 65-69 participated more in the study compared to respondents in other age distributions. This is followed by those between the ages of 70-74.

Table 3: Senatorial District

Variables	Frequency	Percentage (%)
Delta North	131	33.94
Delta Central	129	33.42
Delta South	126	32.64
Total	**386**	**100**

Source: fieldwork, 2024

Senatorial District: Figure 4.7 indicated the number of aged individuals selected from each of the senatorial districts in Delta State Nigeria. According to the distribution by senatorial district, 131(33.94%) were sampled from Delta North Senatorial District (Aniocha South and Ukwuani), 129(33.42%) were sampled from Delta Central Senatorial District (Ethiope East and Sapele), while 126(32.64%) were sampled from Delta South Senatorial District (Bomad and Isoko South). This indicated that a fair number of aged individuals were selected from each of the areas sampled for the study.

Table 4: Respondent's occupation

Variables	Frequency	Percentage (%)
Civil servant	6	1.55
Petty trader	122	31.61
Farmer	87	22.54
Retired	171	44.30
Total	**386**	**100**

Source: fieldwork, 2024

Occupation: Figure 4.5 presents the results of the statistical analysis, in tangent with the aged population in Nigeria's rural and urban communities, 122(31.61%) of the respondents indicated that they were farmers. Farming at the subsistent level is highly physical, thus, the need for consistent use of available medical facilities and aids. 171(44.3%) indicated that they were retirees. This is consistent with the aged population considering the retirement age for public sector organizations in Nigeria. Also, 87(22.54%) of the respondents indicated that they were petty traders while 6(1.55%) indicated that they were still in active employment in public organizations.

Table 5: Respondents' income per month

Variables	Frequency	Percentage (%)
Below 5000	14	3.63
5,000-10,000	11	2.85
10,00-15,000	8	2.07
15,00-20,000	12	3.10
20,000-25,000	25	6.48
25,000-30,000	23	5.96
30,000-35,000	56	14.51
35,000 and above	237	61.40
Total	**386**	**100**

Source: Field work, 2024.

Respondents' income per month: The respondents also responded on the amount of income they get per month. From the summary of responses in figure 4.8, it can be seen that 237(61.40%) of the respondents reported that their income per month is between ₦35,000 and above. Fifty-six (14.51%) indicated that they earn between ₦30,000 - 35,000, 25 (6.48%) indicated that they earn between ₦20,000 - 25,000 monthly, 23(5.96%) indicated that they earn between ₦25,000 - 30,000 monthly, 14(3.63%) earns ₦5,000 monthly, 12(3.10%) earns between ₦15,000 - 20,000 monthly, 11(2.85%) earns between ₦5,000 - 10,000 monthly, while 8(2.07%) earns between ₦10,000 - 15,000 per month.

Descriptive Statistics of Healthcare Services for the Aged

This section presents the responses of the respondents based on the evaluation of their health care services and it's delivery for the aged.

Table 6: Responses on health care services for the aged

Question	**Responses**	**Frequency**	**Percentage**
Are you aware of healthcare services for old people?	Yes	354	91.71
	No	32	8.30
	Total	**386**	**100**
How often do you go to the Health Care center for healthcare services?	Very often	43	11.14
	Sometimes	87	22.54
	Rarely	256	66.32
	Total	**386**	**100**
Were doctors always available?	Yes	64	16.58
	Sometimes	92	23.83
	Never	230	59.59
	Total	**386**	**100**
The last time you went to the health center did you get all the services that you needed?	Yes	97	25.13
	No	289	74.87
	Total	**386**	**100**
How would you describe your experience with the health center, whenever you go there for healthcare services?	Satisfactory	56	14.51
	Unsatisfactory	330	85.49
	Total	**386**	**100**
What are your major problems in accessing healthcare services that you need?	Transportation	29	7.51
	Cost of healthcare services	65	16.84
	Attitude of health workers	8	2.07
	Distance	14	3.63
	No drugs	90	23.32
	No doctors (geriatricians)	105	27.20
	No equipment	75	19.43
	Total	**386**	**100**

Where do you prefer to seek for treatment when sick?	Healthcare center	57	14.77
	Patient Medicine Shop	184	47.67
	Traditional healer	113	29.27
	Place of worship	32	8.29
	Total	**386**	**100**

Source: Field work, 2024.

Table 6 above shows the response of the respondents regarding health care services for the aged in Delta State, Nigeria. Frequency and percentages were used while the implications of each analysis are briefly discussed below.

Awareness of Healthcare Services: The respondents were asked pertinent questions relating to healthcare services for the aged. The first question relates to the awareness of functioning healthcare services for the aged. Frequency and percentage were used to analyze respondents' responses. This analysis revealed that 354(91.71%) said that they are aware of healthcare services for the aged while 32(8.30%) said they were not aware of any available healthcare services for the aged.

Frequent Use of Health Centre for Health Care Services: with regards to the frequency of healthcare usage among the respondents, 43(11.14%) indicated that they often use healthcare centers for health-related services, 87(22.54%) indicated that they sometimes use healthcare center for healthcare services, while 256(66.32%) indicated that they rarely go to health centers for health-related services. These statistics showed that most elderly persons might prefer alternative medicine to modern medicine to treat age-related and general medical conditions. Hence, reflecting on this, more than half of the sample hardly goes to health centers across the three senatorial districts sampled in the study.

Availability of Doctors: The questionnaires also elicited responses on the availability of medical professionals (specifically doctors) during visitation to health centers. According to the statistics, 64(16.58%) indicated that their doctors were always available when they visited health centers for health care services, 92(23.83%) indicated that their doctors were sometimes available when they visited medical centers for health care services, and 230 (59.59%) indicated that at the time they went to health centers for health-related services, doctors were never available. This showed that medical professionals such as doctors who are supposed to provide these services for the aged are hardly available hence this can affect old people's desire to continue to visit these centers due to previous experience related to doctors' unavailability.

Overall Healthcare Service: The research respondents were asked if they got all the services, they needed the last time they visited the healthcare center. Based on the statistics, 97(25.13%) indicated that they got all the services that they needed the last time they visited the health center, while 289 (74.87%) indicated that they did not get all the services they needed the last time they went to the health center. Therefore, a large percentage of the sample agreed that overall, the services rendered by healthcare centers are insufficient to meet the demand of the aged population in Delta State, Nigeria.

Experience of Service Delivery: Service delivery is a significant aspect of healthcare globally. Consequently, the instrument of data collection (questionnaire) elicited the response of participant on their experience of service delivery across the health centers that they have visited. Accordingly, 56(14.51%) indicated that their experience concerning services in the health center they visited was satisfactory, and 330(85.49%) revealed that they experienced unsatisfactory services across the health centers they went to in Delta State for health-related conditions. This is not strange because previous studies have reported that the service delivery in most Nigerian public healthcare institutions (primary healthcare centers, hospitals, and clinics) is poor and this has been attributed to factors such as staffing, lack of empathic and caring behavior, financial support for healthcare professionals, salary structure, work environment, lack of supervision, attitude of health workers, etc.

Test of hypotheses

$H_{0:}$ Availability of healthcare services in Delta state has no significant relationship on the well-being of the aged in Delta state. This hypothetical statement was tested with 3x3 Chi-Square of Association, the results are shown in Table 1.

Table 7

Chi-Square test on the relationship of availability of healthcare services on the well-being of the aged. (N= 386)

Availability of Healthcare services	Poor		Fair		Good		χ^2
	n	*%*	*N*	*%*	*n*	*%*	
Not available	86	51.80	62	37.30	18	10.80	
Sometimes available	48	31.60	86	56.60	18	11.80	104.51*
Always available	15	22.10	11	16.20	42	61.80	

*, $p < .001$

As seen in Table 7, the relationship between healthcare availability and well-being was significant, χ^2 (4, 386) = 104.51, $p < .05$. Respondents who reported unavailability or some availability of healthcare facilities and services reported relatively poorer well-being while those who reported that healthcare facilities and services were readily available reported improved well-being. This suggests that the availability of healthcare facilities and services significantly impacts the well-being of the elderly.

$H_{0:}$ Frequent visits to health centers do not significantly impact the health services received by the aged in Delta state

Table 8

One-Way Analyses of Variance in differences in health outcomes based on the frequency of their visits to healthcare centers

	Rarely		Sometimes		Very often		*F*(2, 383)	η^2
	M	*SD*	*M*	*SD*	*M*	*SD*		
Health outcomes	1.60	0.69	2.21	0.44	2.91	0.29	100.19***	.343

***$p < .001$.

Results from the one-way ANOVA showed a statistically-significant difference in health outcomes among the aged based on the frequency of their visits to healthcare centers when health issues arise (F (2, 383) = 100.19, p<. 001). The effect size, as measured by Eta-squared, was η^2= .343, indicating a small effect. This suggest that the number of times the aged visited the health centers when experiencing health concerns significantly impacted their health outcomes leading to a rejection of the null hypothesis. A Tukey post-hoc test revealed significant pairwise differences those who visited health centers very often and those who do sometimes, with an average difference of 0.70 (p< .001); between those who visited very often and those who do rarely with an average difference of 1.31 (p< .001); and between those who visited sometimes and those who visited rarely, with an average difference of 0.61 (p< .001).

Discussion of Findings

The hypothesis of the study stated in the null form proposed a non-significant relationship between availability of healthcare services and the wellbeing of aged in Delta State, Nigeria. Results showed a significant relationship leading to the rejection of the null hypothesis. The significant association between availability of healthcare services and the well-being of aged in Delta state Nigeria, as evidenced by the chi-square analysis underscores a vital link that aligns with findings from existing literature. Studies have shown that regions with limited healthcare facilities tend to experience poorer health outcomes among elderly populations, as these individuals face difficulties in accessing necessary treatments and preventive services (Fakoya et al., 2018). The current study's findings resonate with such research, as respondents who indicated 'unavailability' or 'limited availability' of healthcare services reported lower well-being. This aligns with empirical evidence from a study by Jaramillo and Willging (2021), who found that limited healthcare availability often delays receiving care, contributing to deteriorating physical and mental health outcomes.

Moreover, studies highlight how healthcare infrastructure significantly affects the well-being in the aged. For instance, Liu et al. (2024) noted that older adults in regions with robust healthcare infrastructure report higher life satisfaction and fewer depressive symptoms, likely due to better management of chronic health issues and enhanced psychological support. The positive link between the availability of healthcare services and improved well-being in this study thus aligns with similar outcomes reported in various African contexts, where availability and accessibility of healthcare services are recognized as determinants of quality of life among the aged (Oketa, 2024).

The finding that the frequency of visits to healthcare centers significantly impacts services received by the aged in Delta state highlights the key role of regular healthcare appointment for maintaining and enhancing good health. This finding is consistent with Wu et al. (2023) finding which suggests that health education which can increase healthcare service utilization among the aged impacts the early detection, treatment, and management of chronic health conditions, which

are particularly common in aged. The significant differences between those visiting healthcare centers “very often” versus “sometimes” and “rarely” echo findings from studies highlighting that more frequent healthcare interactions facilitate better health monitoring and timely interventions, which are vital for managing age-related health issues (Bertolazzi et al., 2024). Regular visits enable healthcare providers to address health problems early and offer preventive care, thereby reducing complications and improving the overall health status of older adults.

Further, studies suggest that underutilization of healthcare can lead to poorer health outcomes due to gaps in care continuity, missed opportunities for early diagnosis, and insufficient chronic disease management (Nwankwo & Eze, 2016). Regular engagement with healthcare services provides aged with a structured approach to health management, which supports well-being through continuity of care and preventive measures. Encouraging regular healthcare visits for elderly populations could be an effective intervention for promoting healthier aging. Improving access and reducing barriers to frequent healthcare utilization may play a crucial role in fostering positive health outcomes and supporting a better quality of life among older adults.

Conclusion

The health care services of the aged have not been given adequate attention, especially in most rural areas in Nigeria. The results from the study show poor health care services for the aged in Delta state. This is blamed, in part, on Government negligence which is manifested in lack of geriatricians, training and re-training of health workers; inadequate supervision of health workers; lack of medical supplies and consumables as well as maintenance of the existing health facilities. The well-being of the aged depends on the effectiveness, the adequacy of provision and the degree of coordination of the work done within the State health care system. Also the way in which these works interlocks with the needs and preferences of the aged will determine the effectiveness of the available services.

Recommendations

Based on the findings from this study, the following recommendations are made.

- Provision of infrastructural facilities such as accessible roads, water and electricity
- The establishment of geriatric care unites in the existing health facilities,
- Train healthcare professionals on geriatric care, palliative care.
- Equip the healthcare centers.
- Provide essential drugs.

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