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EXPLORING HEALTH-SEEKING PATTERNS AMONG ABUJA ELITES: INSTITUTIONAL AND SOCIO-CULTURAL DRIVER

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ABSTRACT

This study investigates how institutional and socio-cultural factors shape health-seeking behaviour (HSB) among elites in Nigeria's Federal Capital Territory (FCT), Abuja. Despite their financial and educational advantages, elites in Abuja often exhibit inconsistent healthcare utilization patterns, including delayed consultations, reliance on private or foreign medical

Introduction

Health-seeking behaviour (HSB) encompasses the series of actions individuals undertake to prevent illness, maintain health, or seek appropriate treatment when symptoms arise (Ayub, et al., 2022). In Nigeria, where the health system contends with multiple institutional inefficiencies and deep-rooted socio-cultural norms, the determinants of HSB extend far beyond individual awareness or income (Kohnert, 2021). Among the Nigerian elite those characterized by significant economic, political, and educational influence health-seeking decisions are shaped not only by their ability to afford care but also by their interaction with systemic institutions and prevailing cultural paradigms (Olumegbon, 2023).

services, and selective engagement with preventive care. Using a descriptive cross-sectional survey design and a stratified random sample of 414 respondents, the study employed structured questionnaires and statistical analysis via SPSS. Findings revealed a statistically significant influence of both institutional (p < 0.001, $\eta^2 = 0.52$) and socio-cultural factors ($p < 0.001$, $\eta^2 = 0.51$) on HSB. Institutional drivers included lack of trust in public health facilities, poor service delivery, and administrative inefficiencies. Socio-cultural factors such as stigma, traditional beliefs, gender norms, and religious values also critically shaped decisions. The study underscores the paradox wherein well-informed elites bypass public healthcare systems due to systemic distrust, while simultaneously navigating cultural norms that delay or alter care-seeking pathways. These findings highlight the urgent need for policy reforms that restore institutional credibility and culturally sensitive interventions that align health promotion with elite behavioural patterns. The study contributes valuable insights for equity-driven healthcare planning in Nigeria.

Keywords: Health-seeking behaviour (HSB), Institutional trust, Socio-cultural influences, Elite healthcare utilization, Healthcare policy reform

Despite having the means to access high-quality healthcare locally or internationally, Nigerian elites often demonstrate inconsistent patterns of health service utilization (Abah, 2022). This includes delayed care-seeking, dependence on medical tourism, and selective engagement with preventive services (Lu, et al., 2022). A growing body of research points to the significant role of institutional-related factors such as healthcare infrastructure, service quality, and governance systems, as well as socio-cultural beliefs tied to masculinity, privacy, stigma, and religious interpretations of health, in influencing the health-seeking decisions of this group (Olanrewaju, et al., 2019).

The Nigerian healthcare system, particularly in the public sector, is widely perceived as underfunded, inefficient, and lacking accountability (Balogun, 2022). For elites, these deficiencies translate into distrust, prompting them to avoid public facilities and increasingly opt for private or foreign alternatives (Hopkins, 2023). The chronic underperformance of public hospitals reflected in long wait times, staff strikes, poor

diagnostics, and a shortage of essential drugs reinforces the perception that quality healthcare can only be accessed abroad or in exclusive private clinics (Silva, 2024). As a result, institutional factors not only influence elite health choices but also contribute to the systemic weakening of domestic health services, as policy-shaping elites remain disengaged from the system they might otherwise reform (Ecija, 2023).

In tandem, socio-cultural determinants significantly shape the health-seeking behaviours of Nigerian elites (Onuoha, et al., 2024). Though generally better informed and educated, elites are still embedded within a cultural fabric where traditional, religious, and social expectations heavily influence personal health decisions. For instance, cultural norms associating illness with weakness—especially among men—can delay the pursuit of medical intervention (Gough, & Novikova, 2020). Similarly, stigma surrounding mental health and sexually transmitted infections (STIs) often results in concealment or avoidance of care, even among the educated elite (Scheinfeld, 2021). Furthermore, spiritual interpretations of disease may compel individuals to seek healing through religious rituals or traditional practices before engaging formal medical systems (Marques, et al., 2021).

These dynamics are especially pronounced in contexts like the Federal Capital Territory (FCT), Abuja, Nigeria's political and administrative epicentre where the elite population is concentrated and healthcare disparities are stark (Umeanwe, 2021). The tendency of elites to bypass public health institutions in favour of private or foreign alternatives raises questions not only about the drivers of this behaviour but also about its broader implications for equity, public trust, and health policy development (Leeson, & Thompson, 2023). When those with the greatest access and influence choose to disengage from local systems, opportunities for meaningful reform are lost, and health system inequities deepen (Nasir, & Ramazan, 2022).

This study critically investigates two underexplored dimensions of elite health behaviour in Nigeria: the influence of institutional-related factors and socio-cultural determinants on their healthcare-seeking decisions. The aim is to unravel the complex interplay between structural inefficiencies and culturally ingrained beliefs in shaping HSB among elites in the FCT. While previous research has explored general patterns of HSB among different socioeconomic groups, scant attention has been paid to the elite class a demographic with significant power to shape health discourse and reform.

The justification for this study lies in the urgent need to understand why, despite abundant financial and educational resources, Nigerian elites exhibit selective and

often externally-oriented health-seeking practices. By investigating the institutional and socio-cultural determinants of HSB, this research aims to provide actionable insights that inform targeted interventions, enhance trust in local healthcare services, and reduce the nation's overreliance on medical tourism. Additionally, understanding elite health behaviour is crucial for designing inclusive health policies that resonate across all social strata and for fostering greater elite engagement with national health infrastructure.

Furthermore, addressing institutional barriers and socio-cultural stigmas is essential not only for improving the health outcomes of the elite themselves but also for promoting broader systemic equity. As key influencers of public opinion and policy, the elite's interaction with the healthcare system sets important precedents for societal attitudes and investment priorities. Insights from this study will therefore contribute not only to academic discourse but also to the development of contextually relevant health strategies that bridge the gap between capacity and utilization in Nigeria's health system.

Research Questions

The following research questions are framed to guide and direct this investigation

1. What influence would institutional-related factors going to exert on Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja?
2. To what extent would socio-cultural factors going to influence Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja?

Statement of Hypotheses

The tenability of the following null hypotheses was postulated and tested at .05 alpha levels.

HO1. Significant relationship does not exist between institutional-related factors and Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja

HO2. There is no significant association between socio-cultural factors and Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja

Literature review

Health-seeking behaviour encompasses the actions individuals take to promote their health and manage illnesses, influenced by various factors including personal,

cultural, and environmental elements. Definitions of health vary widely, shaped by cultural, social, and economic contexts. According to the World Health Organization (WHO), health is defined as a state of complete physical, mental, and social well-being, not merely the absence of disease (Zhang et al., 2023). Health-seeking behaviour, therefore, refers to the conscious efforts individuals make to achieve wellness, whether through preventive measures or seeking treatment for existing conditions (Zhang et al., 2023; Ross et al., 2017).

The characteristics of health-seeking behaviour include interactional, processing, intellectual, active, decision-making, and measurable dimensions. The interactional aspect examines how populations engage with health systems, while the intellectual dimension reflects individuals' desire to maintain health and the influence of their environment (Arakelyan et al., 2021; Mensah, 2020). Active decision-making involves seeking current health information, and the measurable aspect allows for the assessment of health-seeking behaviours (Mensah, 2020). The consequences of these behaviours can lead to health promotion, disease risk reduction, early diagnosis, and effective treatment (Clewley et al., 2018).

Factors influencing health-seeking behaviour can be categorized as individual, cultural, or environmental. Individual factors include personal resources such as financial stability, knowledge, and social support, while cultural factors encompass beliefs and practices that may either encourage or discourage health-seeking actions (Mushtaq et al., 2020). Environmental factors, such as access to healthcare services and the availability of healthy food options, also play a critical role. For instance, Filipino migrants in Australia demonstrated that knowledge about healthy living and social networks positively influenced their health-seeking behaviour, while barriers included financial constraints and language difficulties (Mushtaq et al., 2020).

Cultural values can significantly impact health-seeking behaviour, as seen in Filipino migrants who face challenges due to stigma and lack of familiarity with the healthcare system in Australia (WHO, 2018). Additionally, young people often encounter barriers such as embarrassment, which can deter them from seeking help for mental health issues (Mensah, 2020). In rural Malaysia, caregivers' health-seeking behaviours were influenced by various factors, including their self-care practices and reliance on health professionals before resorting to facility-based care (Mensah, 2020).

In conclusion, health-seeking behaviour is a multifaceted concept shaped by individual, cultural, and environmental factors. Understanding these influences is crucial for developing effective health interventions and policies that promote

positive health outcomes. By addressing barriers and enhancing facilitators, health systems can better support individuals in their pursuit of wellness and effective disease management. The interplay of these factors highlights the need for tailored approaches to improve health-seeking behaviours across diverse populations (Mensah, 2020; Zhang et al., 2023).

Relationship between institutional factors and HSB among Elites

The interplay between institutional factors and health-seeking behavior (HSB) among elites is a multifaceted issue influenced by socio-economic, cultural, and policy-related elements. HSB encompasses the decisions individuals make regarding healthcare, including whether to seek care, where to go, and how to manage health concerns. In Nigeria, elites have privileged access to both modern and traditional healthcare systems, and institutional factors such as the quality and availability of healthcare services significantly shape their HSB.

Elites in Nigeria tend to prefer private healthcare institutions over public ones due to perceived inefficiencies in the latter, which include long wait times, understaffing, and underfunding (Ayub et al., 2022). This perception drives them to utilize private hospitals, both domestically and internationally, depending on their financial capacity and the severity of their health issues. The trend of medical tourism is particularly pronounced among Nigerian elites, who often seek specialized care abroad, viewing it as a status symbol and a means to access superior healthcare (Adeosun, 2022).

Globally, the HSB of elites is similarly influenced by institutional factors, although the dynamics differ across countries. In developed nations, where healthcare systems are generally more robust, elites still prefer private healthcare services for perceived better care and personalized attention. For example, in the United States, wealthy individuals often choose private care due to shorter waiting times and higher quality services (Mersha, 2021).

Healthcare policies also play a crucial role in shaping HSB. In Nigeria, inadequate implementation of healthcare policies leads to disparities in access and quality, prompting elites to seek private sector options or international healthcare systems. In contrast, countries with universal healthcare systems, like the UK or Canada, see elites relying more on public healthcare for routine procedures, while still opting for private or international options for specialized care (Heidt et al., 2019).

Social networks and elite status significantly affect access to healthcare resources. Elites often leverage their financial means and social capital to navigate healthcare systems more efficiently than other segments of society. In Nigeria, personal connections can determine access to top healthcare providers, further reinforcing the divide between elites and the general populace (Fayehun et al., 2022).

Institutional trust is another critical factor influencing HSB. In Nigeria, widespread perceptions of corruption and inefficiency within public healthcare institutions discourage elites from utilizing these services (Ogueji et al., 2024). This lack of trust often leads them to seek care from private providers, who are perceived as more reliable. The increasing awareness of mental health issues among elites is also influenced by institutional factors. Although mental health is often stigmatized in Nigeria, global discussions and the presence of international organizations have prompted Nigerian elites to engage more with mental health services (Killian, 2023).

In summary, institutional dynamics, including governance, healthcare policy, service delivery, institutional trust, and administrative efficiency, significantly influence the HSB of Nigerian elites. Effective governance and robust healthcare regulations are essential for building trust and ensuring equitable access to quality healthcare. The inadequacies in public healthcare systems, characterized by corruption, inefficiency, and lack of quality assurance, compel elites to seek private or international healthcare options. Addressing these institutional challenges is crucial for improving healthcare access and quality for all citizens, thereby strengthening the overall healthcare system in Nigeria.

In conclusion, the health-seeking behavior of elites is profoundly shaped by institutional factors that dictate the quality, accessibility, and trustworthiness of healthcare services. The preference for private healthcare over public options among Nigerian elites underscores the urgent need for systemic reforms to enhance the public healthcare system's efficiency and reliability. By addressing governance issues, improving service delivery, and fostering trust in healthcare institutions, Nigeria can work towards a more equitable healthcare landscape that serves the needs of all its citizens (Olaniyan et al., 2020; Eze et al., 2020; Akinyemi & Awoyemi, 2019).

Relationship between socio-cultural factors and HSB Elites

The health-seeking behavior (HSB) of elites in Nigeria is intricately shaped by socio-cultural factors, including historical, economic, and cultural dynamics. The colonial and post-colonial history of Nigeria has significantly influenced the elite class, which

often embodies a mix of Western education and traditional values. This duality affects how elites approach healthcare, as many are inclined to utilize private hospitals and specialists due to their higher income levels and access to Western medical practices, contrasting sharply with the reliance on indigenous medical knowledge among the broader population (Nwokeke et al., 2018).

Despite their access to modern healthcare, many Nigerian elites still engage with traditional practices, such as consulting traditional bone setters or herbal practitioners. This tendency is rooted in cultural beliefs and a desire to maintain connections with their heritage (Oyefara & Nwokeke, 2018). The urban elites, particularly in cosmopolitan areas like Lagos and Abuja, often prefer private healthcare due to perceived inefficiencies in public services, while those from rural areas may still favor indigenous health systems due to cultural affinity (Balogun, 2022).

Economic and social stratification plays a crucial role in shaping HSB among elites. Their financial resources, social networks, and political power grant them greater access to both local and international healthcare services. This privilege often leads to medical tourism, where elites seek treatment abroad for serious health issues, highlighting the disparity in healthcare access between socio-economic classes (Shepkong, 2018). Education also influences HSB, as higher educational attainment correlates with a greater awareness of modern medical benefits. However, even educated elites may still resort to traditional methods for ailments perceived to have spiritual origins (Shouq et al., 2024).

Religion significantly impacts health-seeking behavior, with many elites combining faith-based healing practices with modern medicine. This blend reflects the religious nature of Nigerian society, where spiritual explanations for illness are prevalent. Elites often prioritize prayer and spiritual intervention before seeking medical treatment, particularly for ailments viewed as spiritually induced (Alao, 2022). While some religious institutions encourage the pursuit of professional medical treatment alongside spiritual support, others may hinder timely access to healthcare due to beliefs that faith alone suffices for healing (Olaniyan et al., 2020).

Gender roles also shape healthcare-seeking behavior, with privileged women more likely to pursue healthcare, especially for reproductive and maternal health. In contrast, wealthy men often delay seeking care unless facing serious health issues, influenced by societal norms that equate masculinity with strength and self-sufficiency (Okeke & Obafemi, 2022; Oladipo et al., 2022).

Societal norms and peer influence further shape the healthcare decisions of elites. Health-seeking behavior is often guided by societal expectations regarding attractiveness and well-being, leading to increased participation in preventive healthcare activities (Akinyemi & Awoyemi, 2019). Peer endorsements also play a significant role, as elites frequently rely on their social networks for recommendations on healthcare providers (Ogundele et al., 2021).

However, cultural stigma surrounding certain health conditions, such as mental health disorders or sexually transmitted infections, may deter elites from seeking treatment openly. Concerns about reputation often lead them to pursue care in private institutions or abroad to maintain anonymity (Adebowale et al., 2021). Additionally, cultural attitudes towards modern medicine can influence HSB, with some elites expressing skepticism about contemporary healthcare practices (Adewuyi et al., 2021).

The mental health of Nigerian elites is increasingly concerning, with stigma often preventing them from seeking professional help. Many resort to self-coping strategies instead of pursuing treatment (Adebowale et al., 2021). However, a shift is observed among younger elites, who are more inclined to utilize mental health services as part of self-care and productivity enhancement (Okeke & Obafemi, 2022).

Cultural norms regarding status and exclusivity have also contributed to the trend of medical tourism among Nigerian elites, who often view seeking healthcare abroad as a status symbol (Ogundele et al., 2021). This practice underscores the intersection of healthcare access and social status, as elites seek validation of their financial capability and international exposure through medical tourism.

In conclusion, the health-seeking behavior of elites in Nigeria is a complex interplay of socio-cultural factors, including historical influences, economic stratification, religious beliefs, gender roles, and societal norms. While elites have greater access to healthcare resources, their decisions are still significantly shaped by cultural attitudes and expectations. Understanding these dynamics is crucial for addressing healthcare disparities and improving health outcomes across different socio-economic classes in Nigeria. The interplay of traditional and modern healthcare practices highlights the need for a nuanced approach to health policy that considers the socio-cultural context of healthcare-seeking behavior among elites (Nwokeke et al., 2018; Oyefara & Nwokeke, 2018; Shepkong, 2018; Alao, 2022; Okeke & Obafemi, 2022).

RESEARCH METHODOLOGY

This study utilized a descriptive cross-sectional survey design to investigate health-seeking behavior among elites in Abuja, Nigeria. As noted by Bryman and Bell (2007), research design acts as a blueprint for addressing research questions, and this particular design was chosen for its effectiveness in collecting and describing relevant information (Creswell, 2003). It also helps mitigate bias and enhances reliability (Kothari, 2003), making it suitable for assessing population attributes in natural settings (Mugenda & Mugenda, 2003). The research was conducted in the Federal Capital Territory (FCT), Abuja, which is characterized by rapid urbanization and ethnic diversity, with a population projected to exceed 3 million by 2016. The target population consisted of educated and economically empowered Nigerian elites capable of accessing healthcare services (Rasinger, 2014; Struwing & Stead, 2013). The sample size was determined using Cochran's formula, resulting in an adjusted total of 414 respondents after accounting for a 10% non-response rate. A multistage stratified random sampling technique was employed to ensure representation across various sub-groups within the elite population, minimizing sampling errors (Isangedighi et al., 2004). Data were collected using a structured, self-administered questionnaire titled "Questionnaire on Health Seeking Behaviour (HSB) among Elites," which included demographic characteristics and research-related variables. The instrument's validity was established through expert review, while reliability testing yielded an overall internal consistency coefficient of $\alpha = 0.841$, indicating excellent reliability (Singh, 2017). A pilot study involving 20 respondents was conducted to refine the instrument and enhance clarity (Gomm, 2009; Sarantakos, 2005). Data collection was facilitated by the researcher and trained assistants, ensuring ethical considerations such as informed consent and confidentiality were upheld. Data analysis was performed using IBM SPSS Version 25, employing descriptive and inferential statistics to test hypotheses and establish variable associations (De Vos et al., 2007; Sarantakos, 2005). In conclusion, this study's methodological rigor, including a well-defined research design, appropriate sampling techniques, and robust data collection and analysis methods, provides a comprehensive framework for understanding health-seeking behaviors among elites in Abuja. The findings will contribute valuable insights into healthcare access and utilization in Nigeria's rapidly urbanizing context.

RESULT

Demographic Characteristics of Respondents

This section presents the demographic features of the respondents, including gender, age, religion, and parents' educational background.

Table 1: Distribution on Socio-demographic characteristics of the respondents

Socio-demographic characteristics		Frequency	Percent
Sex			
	Male	188	48.7
	Female	198	51.3
Age			
	Under 18 yrs	18	4.7
	18-24 yrs	11	2.8
	25-34 yrs	75	19.4
	35-44yrs	58	15.0
	45-54yrs	145	37.6
	55-64yrs	79	20.5
marital status			
	Single	6	1.6
	Married	325	84.2
	Divorced	24	6.2
	Widow	31	8.0
Highest Qualification			
	SSCE	44	11.4
	B.Sc/B.Ed.	22	5.7
	PGDE	79	20.5
	Masters	199	51.6
	Ph.d	42	10.9
Occupation			
	Corporate Executive/Manager	30	7.8
	Entrepreneur/business Owner	6	1.6
	Professionals	176	45.6
	Academic/researcher	92	23.8
	Politician /government official	82	21.2
Religion			
	Muslim	92	23.8
	Christian	284	73.6
	Traditional	10	2.6

Ethnicity			
	Hausa	47	12.2
	Yoruba	149	38.6
	Igbo	55	14.2
	Gwarri	29	7.5
	Others	106	27.5
Income level			
	Low level	25	6.5
	Middle	238	61.7
	High	123	31.9
Area of residence			
	Urban	216	56
	Suburban	79	20.5
	Rural	67	17.4
	Others	24	6.2
Health insurance			
	Yes	248	64.2
	No	78	20.2
	Not sure	60	25.5
Access to health			
	Nearby	194	50.3
	Accessible but not nearby	148	38.3
	Limited access	44	11.4
Frequency			
	High	233	60.4
	Moderate	126	32.6
	Low	27	7.0
Trust			
	High	139	36
	Moderate	198	51.3
	Low	49	12.7
Previous			
	Positive	170	44
	Negative	155	40.2
	Neutral	61	15.8
Perceived			
	Excellent	73	18.9
	Good	289	74.9
	Fair	24	6.2
	Total	**386**	**100%**

The demographic profile of 414 respondents reveals a balanced gender distribution, with 51.3% female and 48.7% male. The majority are older adults, particularly those aged 45-54 (37.6%). Most respondents are married (84.2%) and highly educated, with

51.6% holding a Master's degree. Professionals make up the largest occupational group (45.6%), and the predominant religious affiliation is Christian (73.6%). Income levels show a majority of middle-income earners (61.7%), and most reside in urban areas (56.0%). Health insurance coverage is reported by 64.2%, with varied access to healthcare facilities. Service utilization is high, with 60.4% frequently using services, and perceptions of healthcare quality are generally positive, with 74.9% rating it as good. In conclusion, the demographic data indicates a well-educated, predominantly middle-aged population with a strong inclination towards healthcare service utilization and positive perceptions of healthcare quality (Table 1).

Research Question one: What influence would institutional-related factors going to exert on Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja?

Table 2: Responses of the institutional-related factors going to exert on Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja?

S/No	Influence of institutional-related factors on health seeking behaviors	Mean	SD	Decision
1	The clarity and availability of information about healthcare services provided by institutions influence my decision to seek medical care	3.46	1.06	Agreed
2	The reputation and credibility of healthcare institutions significantly affect my willingness to seek medical assistance.	3.52	1.43	Agreed
3	The level of confidentiality and privacy maintained by healthcare institutions impacts my comfort level in seeking medical help.	3.38	1.08	Agreed
4	The level of respect and dignity shown by healthcare staff at institutions influences my satisfaction with seeking medical assistance.	3.06	1.22	Agreed
5	The availability of comprehensive healthcare services (e.g., specialty care, emergency services) at institutions affects my decision to seek medical care.	2.83	1.07	Disagreed
6	The cultural sensitivity and inclusivity demonstrated by healthcare institutions play a significant role in my decision to seek medical assistance.	3.22	1.17	Agreed
7	The ease of navigating through administrative processes (e.g., appointment scheduling, insurance claims) at healthcare institutions influences my likelihood of seeking medical help.	3.52	1.18	Agreed

8	The availability of support services (e.g., counselling, social work) at institutions impacts my experience and satisfaction with seeking medical assistance.	3.54	1.05	Agreed
9	The level of technological advancement and innovation within healthcare institutions affects my perception of the quality of care provided.	3.28	1.17	Agreed
10	The degree of patient-centred care provided by institutions, including shared decision-making and personalized treatment plans, influences my willingness to seek medical assistance.	3.60	1.14	Agreed
	Grand Mean	**3.341**	**1.1075**	**Agreed**

Source: Field work, 2023

Empirical data from Table 1 indicates that institutional-related factors significantly influence Health Seeking Behaviour (HSB) among Elites in Abuja, Nigeria, with a grand mean of 3.341 (SD = 1.107), surpassing the cut-off point of 3. However, item No. 5, regarding motivation by healthcare providers for childhood immunization, scored below the cut-off (M = 2.83, SD = 1.07). Overall, the majority of respondents acknowledged the impact of institutional factors on HSB (Author, Year). This suggests a need for improved motivation strategies among healthcare providers to enhance immunization uptake.

Research Question Two: To what extent would socio-cultural factors going to influence Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja?

Table 3: Responses of the socio-cultural factors going to influence Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja?

S/No	Influence of socio-cultural system-related factors on health seeking behaviors	Mean	SD	Decision
1	My cultural beliefs and traditions strongly influence my health-seeking decisions.	3.10	1.16	Agreed
2	I feel comfortable discussing Health issues openly within my cultural or social circles.	2.85	1.39	Disagreed
3	The stigma associated with certain health conditions within my community affects my willingness to seek medical help.	3.07	1.41	Agreed
4	My family's attitudes towards healthcare significantly impact my own health-seeking Behaviour	3.13	1.25	Agreed
5	Socio-economic status plays a role in determining the extent to which I seek medical assistance.	3.27	1.38	Agreed

6	Cultural norms regarding gender roles influence how comfortable I feel seeking healthcare services	2.95	1.21	Disagreed
7	The availability of healthcare resources tailored to my cultural or linguistic background influences my decision to seek medical help.	2.66	1.34	Disagreed
8	My religious beliefs impact my health-seeking Behaviour, affecting decisions regarding treatment and care.	3.15	1.29	Agreed
9	The degree of trust and reliance on traditional or alternative medicine within my community affects my health-seeking preferences.	3.30	1.10	Agreed
10	The level of social support and encouragement I receive from friends and family influences my health-seeking decisions.	3.16	1.08	Agreed
	Grand Mean	**3.06**	**1.26**	**Agreed**

Source: Field work, 2023

The analysis of data in Table 3 indicates that socio-cultural factors significantly influence Health Seeking Behaviour (HSB) among Elites in Abuja, Nigeria, with a grand mean of 3.06 and a standard deviation of 1.26, surpassing the cut-off point of 3. However, items 2, 6, and 7 scored below this threshold. Overall, the majority of respondents acknowledged the impact of socio-cultural factors on HSB (Author, Year). This suggests a need for further exploration of specific items that did not meet the cut-off to enhance understanding of HSB in this context.

TEST FOR HYPOTHESIS

Hypothesis One: Significant relationship does not exist between institutional-related factors and Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja

In testing the fourth null hypothesis, the variable institutional-related factors and Health Seeking Behaviour (HSB) among Elites measured by 10 items. The respondents' scores on the scale were summed-up. For the institutional-related factors to be considered significantly high among the women, the scores made on the whole scale should be significantly higher/greater that 18 (which is the midpoint between strongly agree and strongly disagree). This implies 3 X 6, the number of items measuring the construct. This null hypothesis was tested with a one-sample t-test) otherwise called population t-test). The results are presented in Table 4.

Table 4: Population t-test analysis of institutional-related factors and Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja

Variable	Sample Mean	Sample SD	Ref. Mean	T	Sig	Remark
Institutional-related factors and Health Seeking Behaviour (HSB) among Elites	32.79	5.95	30	9.21	< .001	Sig.

Source: Field work, 2023

A look at the results indicated that the institutional-related factors and Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja, Nigeria. (M=32.79, SD=5.95), t(385) = 9.21, P <.001. The magnitude of difference in the mean (mean difference =1.66), 95% CL: 2.19 to 3.38) was large (eta squared = 0.52). With these results the fourth null hypothesis is hereby not supported and hence rejected for the alternative. This implies that the institutional-related factors and Health Seeking Behaviour (HSB) among Elites is statistically and significantly positive among women in selected PHC centres in Federal Capital Territory, Abuja

Hypothesis Two: There is no significant association between socio-cultural factors and Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja

In testing the fifth null hypothesis, the variable of interest is socio-cultural factors and Health Seeking Behaviour (HSB) among Elites, measured by 10 items. The respondents' scores on the scale were summed-up. For the level socio-cultural factors and Health Seeking Behaviour (HSB) among Elites among respondents to be considered significantly high, the scores made on the whole scale should be significantly higher/greater that 30 (which is the midpoint between strongly agree and strongly disagree). This implies 3 X 10, the number of items measuring the construct. This null hypothesis was tested with a one-sample t-test) otherwise called population t-test). The results are presented in Table 5.

Table 5: Population t-test analysis of level of association between socio-cultural factors and Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja

Variable	Sample Mean	Sample SD	Ref. Mean	T	Sig	Remark
Socio-cultural factors and Health Seeking Behaviour (HSB) among Elites	33.40	7.42	30	9.026	< .001	Sig.

Source: Field work, 2023

Table 5 clearly indicated a statistically significant high level of socio-cultural factors and Health Seeking Behaviour (HSB) among Elites (M=33.40, SD=7.42), t(385) = 9.026, P <.001. The magnitude of difference in the mean (mean difference =1.95), 95% CL:2.66 to 4.15) was very large (eta squared = 0.51). With these results the fifth null hypothesis is hereby supported and hence rejected for the alternative. This implies that there is significant association between socio-cultural factors and Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja.

DISCUSSION OF FINDINGS

Hypothesis One: No Significant Relationship Exists Between Institutional-Related Factors and HSB

The study found a **statistically significant relationship** between institutional-related factors and HSB among elites (M = 32.79, SD = 5.95, $t(385) = 9.21$, $p < 0.001$). The mean difference (1.66) and a **large effect size** ($\eta^2 = 0.52$) led to the **rejection of the null hypothesis**.

Discussion:

Institutional dynamics, including healthcare infrastructure, policy frameworks, and administrative efficiency, exert considerable influence over elite healthcare decisions. Nigerian elites typically avoid public healthcare institutions due to long waiting times, inadequate infrastructure, underfunding, and perceived inefficiencies (Ayub et al., 2022). Instead, they rely on private domestic and international healthcare providers, driven by both structural failures and the symbolic capital associated with foreign medical treatment. This tendency is reinforced by institutional trust deficits and bureaucratic inefficiencies that shape the elite's disengagement from the national health system.

Policy gaps and weak regulatory enforcement exacerbate institutional inefficiencies, widening healthcare inequalities. For elites, these systemic voids are bypassed through private networks and foreign medical access. Moreover, institutional credibility shaped by transparency, governance quality, and resource allocation directly affects trust in healthcare systems and thereby influences health-seeking behaviour. The elite's privileged social networks further facilitate access to exclusive healthcare options, domestically and abroad, consolidating their reliance on alternative institutional pathways outside the public system.

Hypothesis Two: No Significant Association Between Socio-Cultural Factors and HSB
A **significant association** was observed between socio-cultural factors and HSB among elites ($M = 33.40$, $SD = 7.42$, $t(385) = 9.026$, $p < 0.001$), with a **substantial mean difference** (1.95) and **large effect size** ($\eta^2 = 0.51$). The **null hypothesis was rejected**.

Discussion:
Socio-cultural influences including colonial legacies, education, wealth, global exposure, and spiritual beliefs are deeply embedded in shaping HSB among Nigerian elites. Despite their access to modern medicine, many elites still engage with traditional healing practices, driven by spiritual beliefs and cultural identity. This dual allegiance reflects a broader social pattern in Nigeria where traditional and biomedical systems coexist, even among the highly educated and affluent.
Urban elites tend to favour private and international healthcare, reflecting a modernist orientation, while those with roots in rural or traditional communities may retain cultural health practices due to familiarity or perceived effectiveness for culturally specific ailments. Religion plays a pivotal role, with elites often blending spiritual consultations with medical treatment, underscoring the holistic and faith-driven nature of healthcare decisions in Nigerian society (Schlesinger, 2002).
Education, a key stratifying factor, increases awareness of modern health practices and drives preference for scientifically validated healthcare. However, it does not entirely eliminate engagement with traditional systems, especially when health issues are perceived through cultural or religious lenses. This layered and nuanced healthcare behaviour among elite's points to the coexistence of rational choice models with deeply rooted cultural worldviews.

CONCLUSION
Both institutional and socio-cultural factors significantly shape the healthcare-seeking behaviours of elites in Abuja, Nigeria. Institutional inefficiencies drive disengagement from the public health system, pushing elites toward private and international options. At the same time, socio-cultural traditions and religious beliefs influence healthcare preferences, creating a complex blend of modern and traditional approaches. These dual influences systemic and cultural underscore the multidimensional nature of HSB among elites and highlight persistent inequalities in healthcare access and trust.

Recommendation

- Introduce a public health performance rating system.
- Create elite feedback portals and health ombudsman channels for both clients and hospitals
- Develop content addressing elite sociocultural realities within Abuja and around Nigeria
- Use credible elite figures as ambassadors.
- Create premium, culturally sensitive service wings in public hospitals.
- Retain elite engagement in the public system.
- Mandate transparent hiring, staff evaluation, and anti-corruption audits.
- Introduce service charters with enforceable patient rights and obligations.
- Train healthcare workers on cultural competence.
- Recruit community mediators to bridge gaps between biomedical care and elite sociocultural expectations.

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