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Determinants of Health Seeking Behaviour among Elites in Federal Capital Territory, Abuja, Nigeria

Jama Dorang Medan[1]; **Mahdi Musa Wade**[1]; **Muhammad, Abdullahi, Sabo PhD,**[2]; & **Kabiru Mustapha Yakasai PhD** [2]

[1]Department of Public Health, Maryam Abacha American University of Niger Republic.
[2]Department of Public Health, Maryam Abacha American University of Nigeria, Kano
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Abstract

This study explores the determinants of health-seeking behaviour (HSB) among elites in the Federal Capital Territory (FCT), Abuja, Nigeria. Despite their access to financial, educational, and informational resources, Nigerian elites often exhibit selective, delayed, or externally oriented healthcare utilization patterns, frequently opting for international medical services. Adopting a descriptive cross-sectional design and a stratified random sampling method, the study surveyed 414 elite residents using a structured questionnaire. Key dimensions examined included the level of HSB, patient-related influences, and systemic healthcare factors. Findings revealed that HSB levels among elites were significantly high ($p < 0.001$), although personal and cultural factors had only modest associations. In contrast, systemic factors such as service quality, staff professionalism, and healthcare facility reputation strongly influenced elite health choices. The study highlights how distrust in local health infrastructure, sociocultural status signalling, and access to international healthcare contribute to underutilization of domestic services. These patterns raise critical implications for healthcare equity, policy reform, and sustainable national development. Recommendations include restoring trust in local systems through policy-driven quality improvements and engaging elites as stakeholders in healthcare reform.

Keywords: Health-seeking behaviour (HSB), Healthcare system distrust, Elite healthcare utilization, Service quality, Healthcare policy reform

Introduction

Health is widely recognized as a fundamental human right and a critical driver of personal and national development (WHO, 2021). The maxim "health is wealth" captures not only the intrinsic value of well-being but also its role in enhancing human capital, economic productivity, and societal advancement (Haile, 2023). Nations that invest in the health of their citizens are more likely to achieve sustainable growth, as a healthy population contributes directly to the workforce, innovation, and economic stability (Saleem, et al., 2019). Within this context, the health-seeking behaviour (HSB) of individuals how and when they seek care, from whom, and under what conditions emerges as a vital determinant of public health outcomes (Lawal, et al., 2023).

Nigeria, as the most populous country in Africa, faces significant health challenges across various population segments. Its healthcare system operates under a three-tier structure, primary, secondary, and tertiary care—intended to meet the needs of rural, semi-urban, and urban populations respectively (Adewole, 2021). However, despite the infrastructural spread, utilization rates remain suboptimal due to factors such as poor funding, lack of essential medical supplies, inefficient service delivery, and inequitable distribution of health workers (Al-Worafi, 2023). While the plight of underserved populations in rural areas is frequently highlighted, a less explored but equally important phenomenon is the health-seeking behaviour of Nigeria's elite population—those with considerable financial means, education, and social capital—particularly in the nation's capital, Abuja (Nwaokoro, 2021). The behaviour of elites with regard to health-seeking is both revealing and paradoxical (Bu, et al., 2024). On one hand, they possess the resources to access quality healthcare, yet many prefer medical consultations and treatments abroad, often in countries perceived to have superior healthcare systems such as the United Kingdom, India, the United States, and the United Arab Emirates (Cancarevic, et al., 2021). This trend, commonly referred to as "medical tourism," not only underscores the trust deficit in Nigeria's local health infrastructure but also raises pressing questions about national healthcare equity, sustainability, and reform.

Health-seeking behaviour (HSB) is defined as the sequence of actions undertaken by individuals in response to perceived health needs, encompassing both preventive and curative dimensions (Fulton, 2024). This includes activities such as routine check-ups, screening, immunization, and self-medication, as well as decisions about when and where to seek formal healthcare services (Yirga, et al., 2024). Among elites, HSB is influenced by a combination of personal characteristics such as health literacy, risk perception, and prior healthcare experiences and systemic factors, including the perceived quality of available health facilities, accessibility, provider attitudes, and trust in the healthcare system (Miri, 2023).

A key factor in shaping HSB among Nigerian elites is their access to information and their level of health literacy (Lawal, et al., 2023). Generally, individuals with higher education levels are more likely to recognize early symptoms, engage in preventive health

behaviours, and understand treatment protocols (Fusar-Poli, et al., 2021). This, in theory, should lead to optimal utilization of local health services. However, the reality in Nigeria is often the opposite. Despite being informed, many elites delay care or opt for private and international providers, citing concerns over the reliability, safety, and confidentiality of local services (Adewole, 2021). Such behaviour patterns highlight the complex relationship between knowledge and behaviour, particularly in a context where systemic dysfunctions exist (Rejeski, & Fanning, 2019).

Systemic issues within Nigeria's healthcare system constitute another powerful influence on elite HSB (Balogun, 2021). Public hospitals often suffer from long waiting times, periodic strikes by medical personnel, poor hygiene standards, and shortages of critical drugs and diagnostic equipment (Filip, et al., 2022). These structural weaknesses contribute to negative perceptions and push those who can afford it to seek alternatives. Even private healthcare providers, though often better equipped, vary widely in quality and cost, and are largely unregulated (Kaabi, et al., 2022). The lack of standardized care protocols and accountability mechanisms in the private sector further undermines confidence in domestic healthcare (Sriram, et al., 2024).

Moreover, the social context within which Nigerian elites operate also shapes their health-seeking choices (Onuoha, et al., 2024). Among affluent individuals, the ability to travel abroad for healthcare is often seen not just as a necessity, but as a marker of status and privilege (Skountridaki, 2019). Within elite social circles, medical tourism is frequently normalized, with overseas health facilities being preferred even for routine check-ups and elective procedures (Vira, 2024). This dynamic reflects both a symbolic and practical disassociation from local health institutions, reinforcing the idea that foreign care is superior and contributing to the ongoing underutilization of domestic healthcare resources (Borras, 2025).

It is important to note that while elites may have access to healthcare, their utilization patterns are not always optimal. In some cases, there is a tendency to delay medical consultation until conditions become severe (Pillay, et al., 2020). This may be due to overconfidence in personal health, lack of time, or psychological factors such as fear and denial (Russill, 2023). Additionally, some individuals may resort to self-diagnosis or rely on unverified alternative therapies, which can lead to complications and worsen health outcomes (Farnood, 2021). These behaviours reflect a gap not in resources, but in behaviour and attitudes toward health, even among the most privileged (Schüz, et al., 2020).

The implications of this health-seeking behaviour are multifaceted (Abideen, et al., 2024). Economically, the exodus of patients seeking care abroad places immense pressure on Nigeria's foreign exchange reserves and redirects resources that could have been invested in strengthening local health infrastructure (Soniregun, 2024). Socially, it widens the healthcare access gap between elites and the rest of the population, entrenching health inequities and weakening the legitimacy of the public health system (Borras, 2025). Politically, it reduces the impetus for policy reform, as those with the influence to advocate for change are often detached from the realities faced by the broader population (Patel, & Rushefsky, 2019).

From a theoretical perspective, frameworks such as the Health Belief Model (HBM) and the Andersen Healthcare Utilization Model offer useful lenses through which to understand these behaviours (Alkhawaldeh, et al., 2023). The HBM posits that individuals are more likely to engage in health-promoting actions if they perceive themselves to be susceptible to illness, believe the illness has serious consequences, and trust that a given action will reduce their susceptibility or severity (Hareru, et al., 2024). However, perceived barriers such as concerns about service quality or stigma can reduce the likelihood of action. The Andersen model, on the other hand, emphasizes the role of enabling resources, perceived need, and systemic factors, and is particularly valuable in highlighting the interaction between individual and institutional determinants of healthcare utilization (Alkhawaldeh, et al., 2023). In the case of Nigerian elites, both models apply: high health awareness may increase perceived susceptibility and the perceived benefit of preventive care, but systemic and cultural barriers may still inhibit optimal behaviour (Onuoha, et al., 2024).

Given this backdrop, it becomes imperative to critically examine how and why Nigerian elites make decisions about their health, especially within the capital city of Abuja, which serves as a microcosm of national development and governance (Wakdok, 2024). Insights into their behaviour can inform not only the design of interventions targeted at this group, but also broader policy reforms aimed at improving healthcare quality and restoring public trust (Strassheim, 2021). Moreover, understanding the HSB of elites can provide valuable guidance for healthcare administrators and policymakers striving to reduce reliance on foreign care and boost domestic healthcare utilization (Crinson, 2024).

While Nigerian elites are uniquely positioned to access and afford quality health services, their health-seeking behaviour is shaped by a complex interplay of individual, systemic, and cultural factors (Onuoha, et al., 2024). Despite their socioeconomic advantage, many demonstrate a pattern of selective, delayed, or externally focused healthcare utilization. These behaviours, if left unexamined and unaddressed, risk exacerbating health inequities and weakening national health outcomes (Ferrara, 2025). A nuanced understanding of these dynamics is therefore essential for developing responsive healthcare policies, building resilient health systems, and fostering a culture of trust and accountability in healthcare delivery (Emami, et al., 2024).

This study seeks to unravel the complex web of personal and systemic factors that influence how Nigerian elites seek healthcare. By focusing on the level of HSB, patient-related influences, and health system dynamics, this research endeavours to fill a critical gap in the literature and contribute actionable insights for improving healthcare delivery in Nigeria. Ultimately, improving health-seeking behaviour among elites is not only a matter of equity but a strategic imperative for national development and public health resilience.

Research Questions

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

1. What is the level of Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja?

2. What is the relationship between patients-related factors and Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja?
3. What are the Health-system related factors that are related to 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.

1. The level of Health Seeking Behaviour (HSB) among Elites will not be significantly high in Federal Capital Territory, Abuja.
2. There is no significant relationship between patients-related factors and Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja
3. There is no significant correlation between Health system-related factor and Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja

Literature Review

Health-Seeking Behaviour

Health-seeking behaviour encompasses the actions individuals take to promote and maintain their health, influenced by various factors including personal, cultural, and environmental contexts. Health itself is defined variably across cultures and experiences, with the World Health Organization (WHO) describing it as a state of complete physical, mental, and social well-being (Zhang et al., 2023). Health-seeking behaviour reflects a conscious effort to achieve wellness, whether through preventive measures or treatment of existing conditions (Ross et al., 2017).

Key attributes of health-seeking behaviour include interactional, processing, intellectual, active, decision-making, and measurable dimensions. These attributes highlight the social processes involved in health management, the intellectual pursuit of health information, and the active decision-making necessary for effective health-seeking (Arakelyan et al., 2021; Mensah, 2020). The consequences of these behaviours can lead to improved health outcomes, early diagnosis, and effective treatment (Clewley et al., 2018). Factors influencing health-seeking behaviour can be categorized as individual, cultural, or environmental. Individual factors such as financial resources, knowledge, and social support can either facilitate or hinder health-seeking actions. Cultural beliefs and practices also play a significant role, as seen in the experiences of Filipino migrants in Australia, where knowledge about health positively influenced their behaviour, while barriers included financial constraints and language difficulties (Mushtaq et al., 2020). Environmental factors, such as access to healthcare services, further impact health-seeking behaviours, with positive effects noted in Canada but challenges faced in Australia due to unfamiliarity with the healthcare system (WHO, 2018).

In conclusion, health-seeking behaviour is a multifaceted concept shaped by a variety of individual, cultural, and environmental factors. Understanding these influences is crucial for

designing effective health interventions that promote positive health behaviours across diverse populations. Addressing barriers and enhancing facilitators can lead to improved health outcomes and greater access to necessary health services (Mensah, 2020; Afroja et al., 2018).

Factors Determining Health-Seeking Behaviour

Several global factors contribute to the poor utilization of primary healthcare services, including socio-economic status, accessibility, cultural beliefs, literacy levels, and family size (Sina & Adekeye, 2019). Cultural practices often lead individuals in rural communities to rely on self-care and traditional healers, delaying necessary medical treatment. Factors such as family size, education, and the head of the family's occupation also influence health-seeking behavior, alongside age, gender, and marital status (Chikafu et al., 2022). In many communities, men control health-related decisions, limiting women's autonomy and access to healthcare, particularly in emergencies (Aborigo et al., 2018).

Poverty exacerbates health inequalities by restricting access to healthcare and participation in health-related decisions. Economic status significantly affects a family's ability to afford healthcare, with costs related to consultations, medications, and transportation posing substantial barriers (Baeten et al., 2018; Lazar & Davenport, 2018). In developing countries, physical distance to healthcare facilities, coupled with inadequate transportation and poor road conditions, further complicates access (Hussain et al., 2019).

A study by Hossain et al. (2019) in Karachi highlighted that financial constraints were the primary barrier to healthcare access for the elderly, particularly women, who often prioritize the health of younger family members over their own. This demographic, characterized by low literacy and economic deprivation, represents a vulnerable population with limited financial autonomy.

In conclusion, addressing the multifaceted barriers to primary healthcare utilization requires a comprehensive approach that considers cultural, economic, and social factors. By improving accessibility and empowering women, healthcare systems can enhance service utilization and ultimately improve health outcomes for vulnerable populations.

Community Health Insurance and Health-Seeking Behaviour

Health insurance plays a crucial role in improving access to healthcare, particularly for vulnerable populations. The absence of health insurance can exacerbate the effects of health shocks, as noted by Keisler-Starkey and Bunch (2020). Efforts to enhance healthcare financing have led to a focus on community health insurance schemes, particularly in rural areas like Pinggu in Beijing, which aim to improve access to care (Mensah, 2020). However, these schemes face significant challenges, especially in Sub-Saharan Africa. Issues such as the willingness and ability to pay premiums, financial cross-subsidization, and inadequate regulatory frameworks hinder their effectiveness (Olugbenga, 2017). Furthermore, challenges like low enrollment rates, management capacity, and cost control issues due to fraud and administrative overhead threaten the sustainability of these programs.

While some studies indicate that health insurance can positively influence health-seeking behavior, the evidence is mixed. Robyn et al. (2012) found a positive association between insurance access and care-seeking but could not establish a causal relationship due to confounding factors. In contrast, Blanchard-Horan (2007) reported that participants in a health microinsurance scheme in rural Uganda were more likely to seek professional healthcare, although they faced barriers such as premium costs and transportation (Mensah, 2020). In conclusion, while health insurance schemes can enhance access to healthcare, their effectiveness is often undermined by various challenges. Addressing these issues is essential for improving health-seeking behavior and ensuring the sustainability of community health insurance programs. Future research should focus on establishing clearer causal relationships and exploring solutions to the barriers faced by potential enrollees (Mensah, 2020; Olugbenga, 2017). Health-seeking behavior (HSB) among Nigerian elites is shaped by various factors, including socioeconomic status, education, cultural beliefs, and access to healthcare services. Unlike the general population, who face systemic barriers to healthcare, elites—characterized by higher income and education—tend to prefer private, specialized, or overseas healthcare services. This trend is particularly evident in the phenomenon of medical tourism, where many elites travel abroad for treatment, believing that healthcare facilities in countries like the UK, India, and the US are superior to those available in Nigeria (Ayub et al., 2022; Lawal, 2020).

The implications of this behavior are significant for both the Nigerian healthcare system and the economy. The outflow of funds for medical tourism drains Nigeria's foreign exchange reserves, which could otherwise be invested in improving local healthcare services (Ukoha & Adeneye, 2018). Moreover, this reliance on foreign healthcare perpetuates a cycle of underfunding and underdevelopment within Nigeria's healthcare infrastructure, as elites who could advocate for improvements often disengage from the local system (Ukoha & Adeneye, 2018).

Socioeconomic status is a critical determinant of HSB among elites. Research indicates that their financial capacity allows them to bypass public healthcare services, which are often plagued by long wait times and inadequate resources. Instead, they opt for private healthcare facilities that offer personalized and timely care. However, dissatisfaction with the quality of domestic healthcare still drives many to seek treatment abroad, highlighting a disconnect between the healthcare system and its wealthiest users (Salifu & Owoyemi, 2024).

Cultural beliefs and psychological factors also influence HSB among elites. While the general population may rely on traditional medicine, elites tend to trust Western healthcare systems, often influenced by peer networks that view access to high-quality healthcare as a status symbol (Omole & Adebayo, 2019). Psychological factors, such as fear of inadequate treatment and a desire for privacy, further motivate elites to seek care overseas, reinforcing negative perceptions of local healthcare and exacerbating inequities (Mersha, 2021). The economic and social consequences of these health-seeking behaviors are profound. The Nigerian Medical Association reports that the country loses over $1 billion annually to medical tourism (CABI, 2023). This trend deepens healthcare inequalities, as the average Nigerian faces numerous

barriers to accessing even basic services, while the elite can afford to seek treatment abroad. The disengagement of elites from the local healthcare system diminishes their potential for advocacy and reform, further marginalizing poorer populations (Balogun, 2022).

Despite their advantages, Nigerian elites exhibit a heterogeneous approach to HSB. Studies show that they engage more in preventive healthcare services than lower socioeconomic groups, participating in annual check-ups and wellness programs (Adewuyi et al., 2021; Okeke & Obafemi, 2022). However, some elites may neglect preventive care due to demanding schedules or an overestimation of their health status (Eze et al., 2020). Gender disparities also exist, with women generally more proactive in seeking healthcare, particularly for reproductive health (Adefolarin et al., 2020). The COVID-19 pandemic highlighted both the vulnerabilities and the behaviors of elites in Nigeria. While they were quick to adopt preventive measures, the pandemic also exposed deficiencies in the local healthcare system, as many were unable to seek treatment abroad due to travel restrictions. This situation underscored the urgent need for improvements in Nigeria's healthcare infrastructure to serve all socioeconomic strata (Okocha et al., 2021).

In conclusion, the health-seeking behavior of Nigerian elites is characterized by a preference for overseas treatment, driven by dissatisfaction with local healthcare services and a desire for higher-quality care. While their financial means and education afford them greater access to healthcare, this behavior has significant economic and social implications, including the depletion of foreign exchange reserves and the widening of health inequities. Addressing these issues requires a concerted effort to enhance the local healthcare system, making it more appealing to elites while ensuring that it meets the needs of the broader population. This dual focus is essential for fostering a more equitable healthcare landscape in Nigeria (Ukoha & Adeneye, 2018).

RESEARCH METHODOLOGY

This study utilized a descriptive cross-sectional survey design to explore 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. This design was chosen for its effectiveness in collecting and describing information about individuals and phenomena, while minimizing bias and enhancing reliability (Creswell, 2003; Kothari, 2003). It is particularly suitable for assessing population attributes in natural settings (Mugenda & Mugenda, 2003). The research was conducted in the Federal Capital Territory (FCT), Abuja, characterized by its ethnic diversity and rapid urbanization, with a population projected to exceed 3 million by 2016. The target population comprised Nigerian elites—educated and economically empowered individuals capable of accessing healthcare services (Rasinger, 2014; Struwing & Stead, 2013). Sample size determination was based on Cochran's (1977) formula, resulting in a calculated sample size of 373, which was adjusted to 414 to account for a 10% non-response rate. A multistage stratified random sampling technique was employed to ensure adequate representation across sub-groups within the elite population,

minimizing sampling errors (Isangedighi et al., 2004). Data collection utilized a structured, self-administered questionnaire titled "Questionnaire on Health Seeking Behaviour (HSB) among Elites," comprising 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 with 20 respondents helped refine the instrument and enhance clarity (Gomm, 2009; Sarantakos, 2005). Data were collected personally by the researcher and assistants, with ethical considerations including informed consent and confidentiality. 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 strategies, provides a comprehensive framework for understanding health-seeking behavior among elites in Abuja. The findings will contribute valuable insights into the healthcare access and utilization patterns of this demographic, informing policy and practice in Nigeria's health sector.

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

Socio-demographic characteristics		Frequency	Percent
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 Exceutive/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

Socio-demographic characteristics		Frequency	Percent
	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 females at 51.3% and males at 48.7%. The age distribution skews older, with 37.6% aged 45–54 and only 4.7% under 18. A significant majority (84.2%) are married, and educational attainment is notably high, with 51.6% holding a Master's degree. Occupationally, professionals make up the largest group (45.6%), followed by academics (23.8%) and politicians (21.2%). The respondents are predominantly Christian (73.6%) and ethnically diverse, with Yoruba being the largest group (38.6%). Income levels show that 61.7% are middle-income earners, while 56% reside in urban areas. Health insurance coverage is reported by 64.2%, and access to healthcare is generally favorable, with 50.3% reporting close proximity to facilities. Service utilization is high, with 60.4% using services frequently. Trust in healthcare services is moderate to high, and perceptions of healthcare quality are positive, with 74.9% rating it as good. In conclusion, the demographic profile indicates a well-educated, predominantly middle-aged population with a high level of service utilization and generally

positive perceptions of healthcare quality. This suggests a need for continued focus on healthcare accessibility and trust-building initiatives to enhance service delivery (Table 1).

Research Question One: What is the level of Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja, Nigeria?

Table 2: Responses on level of Health Seeking* Behaviour *(HSB) among Elites in Federal Capital Territory, Abuja

S/No	Level of health seeking behaviour (HSB)	Mean	SD	Decision
1	I actively seek out preventive healthcare services (e.g., regular check-ups, screenings) to maintain my well-being.	3.79	1.27	Agreed
2	I prioritize my physical health by adhering to a balanced diet and regular exercise regimen	3.71	1.19	Agreed
3	I promptly consult healthcare professionals when experiencing any health concerns or symptoms.	3.62	1.14	Agreed
4	I am proactive in managing stress and mental well-being through relaxation techniques, therapy, or other means.	3.77	1.12	Agreed
5	I regularly engage in health education activities to stay informed about the latest medical advancements and practices.	3.91	1.14	Agreed
6	I am compliant with prescribed medication and treatment plans recommended by healthcare providers.	3.75	1.14	Agreed
7	I invest in health-promoting activities such as spa treatments, massages, or wellness retreats	3.37	1.24	Agreed
8	I actively participate in community health initiatives or philanthropic efforts related to healthcare.	3.83	0.94	Agreed
9	I prioritize regular sleep patterns and adequate rest as essential components of my overall health.	3.27	1.16	Agreed
10	I am receptive to incorporating alternative or complementary healthcare practices into my wellness routine (e.g., acupuncture, herbal medicine).	3.42	1.13	Agreed
	Grand Mean	**3.644**	**1.15**	**Agreed**

Source: Field work, 2023

Table 2 shows the Responses on level of Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja, Nigeria. It is found that the grand mean of 3.6 and SD (1.15)

is greater that the cut-off points of 3, implying that the respondents generally agreed with the items assessing their level of Health Seeking Behaviour (HSB) among Elites. Item-by-item analysis indicates that they agreed with all the items. The conclusion is that majority of the respondents who are benefiting and seeking a quality level of Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja.

Research Question Two: What is the relationship between patients-related factors and Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja?

Table 3: Responses on relationship between patients-related factors and Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja

S/No	Patient related factor that influences health seeking behaviour (HSB)	Mean	SD	Decision
11	I prioritize seeking medical help when I perceive symptoms as severe or worsening.	3.05	1.28	Agreed
12	My past experiences with healthcare providers influence my decision to seek medical care in the present.	3.24	1.18	Agreed
13	I tend to delay seeking medical assistance due to concerns about the cost of healthcare services.	3.05	1.32	Agreed
14	My level of trust in healthcare professionals significantly impacts my willingness to seek medical advice or treatment.	3.36	1.22	Agreed
15	I actively seek information online before consulting a healthcare provider about my health concerns.	2.93	1.30	Disagreed
16	The influence of family members or peers strongly affects my decision to seek medical care.	3.10	1.10	Agreed
17	I am more likely to seek medical assistance if I perceive the illness or condition as serious or life-threatening.	2.81	1.31	Disagreed
18	I am hesitant to seek medical help if I feel embarrassed or uncomfortable discussing my symptoms with healthcare providers.	3.04	1.31	Agreed
19	My cultural or religious beliefs significantly influence my health-seeking behaviour.	2.49	1.23	Disagreed
20	I prioritize my health and well-being, making regular visits to healthcare providers for check-ups and preventive care.	2.87	1.26	Disagreed
	Grand Mean	**2.99**	**1.25**	**Disagreed**

Source: Field work, 2023

Empirical data presented in Table 3 shows the responses on relationship between patients-related factors and Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja. It is shown that the grand mean of 2.99 and SD (1.25) is less that the cut-off points of 3, implying that the respondents generally did not agree with the items No 15, 17, 19, 20 with corresponding mean of 2.93, 2.81, 2.49, 2.87. The conclusion is that majority of the respondents agreed with the relationship between patients-related factors and Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja.

Research Question Three: What is the Health-system related factors that are related to Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja?

Table 4: Responses of the Health-system related factors that are related to Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja

S/No	Influence of health system-related factors on health seeking behaviors	Mean	SD	Decision
21	The accessibility of healthcare facilities (e.g., proximity, transportation options) significantly influences my decision to seek medical care.	2.70	1.05	Disagreed
22	The quality of healthcare services provided (e.g., expertise of healthcare professionals, facilities) affects my likelihood of seeking medical assistance.	2.72	1.43	Disagreed
23	Long waiting times for appointments or at healthcare facilities discourage me from seeking medical help.	3.20	1.08	Agreed
24	The affordability of healthcare services, including out-of-pocket costs and insurance coverage, impacts my health-seeking behaviour.	3.30	1.22	Agreed
25	Adequate availability of medical equipment, medications, and diagnostic tools influences my decision to seek medical care.	3.16	1.07	Agreed
26	The clarity and accessibility of information about healthcare services (e.g., appointment procedures, available treatments) affect my likelihood of seeking medical assistance.	3.27	1.17	Agreed
27	The friendliness and approachability of healthcare staff influence my comfort level in seeking medical help.	3.44	1.18	Agreed
28	The reputation and credibility of healthcare institutions play a significant role in my decision to seek medical care.	3.79	1.05	Agreed
29	The availability of alternative healthcare options (e.g., telemedicine, home healthcare) affects my health-seeking behaviour.	3.54	1.17	Agreed

S/No	Influence of health system-related factors on health seeking behaviors	Mean	SD	Decision
30	The level of coordination and integration among different healthcare providers and services impacts my experience and willingness to seek medical assistance.	3.68	1.14	Agreed
	Grand Mean	**3.28**	**1.15**	**Agreed**

Source: Field work, 2023

Condensed data presented in Table 4 shows the responses on Influence of health system-related factors on health seeking behaviors among Elites in Federal Capital Territory, Abuja. It is shown that the grand mean of 3.28 and SD (1.15) is greater that the cut-off points of 3, implying that the respondents generally agreed with the items assessing the Influence of health system-related factors on health seeking behaviors among Elites in Federal Capital Territory, Abuja. Item-by-item analysis indicates that item No 21, 22, each had a mean score of 2.70 and 2.72 which are all below the mean cut off 3. The conclusion is that majority on Influence of health system-related factors on health seeking behaviors among Elites in Federal Capital Territory, Abuja.

TEST FOR HYPOTHESIS

Hypothesis One: The level of Health Seeking Behaviour (HSB) among Elites will not be significantly high in Federal Capital Territory, Abuja

In testing the first null hypothesis, the variable of interest is the level of Health Seeking Behaviour (HSB) among Elites will not be significantly high in Federal Capital Territory, Abuja, measured by 10 items. The respondents' scores on the scale were summed-up. For the level of Health Seeking Behaviour (HSB) among Elites to be considered significantly high among the respondents, 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 4.11.

Table 5: Population t-test analysis of whether level of Health Seeking Behaviour (HSB) among Elites will not be significantly high in Federal Capital Territory, Abuja

Variable	Sample Mean	Sample SD	Ref. Mean	T	Sig	Remark
Level of Health Seeking Behaviour (HSB) among Elites	36.43	7.34	30	17.23	< .001	Sig.

Source: Field work, 2023

A look at the results indicated a statistically significant the level of Health Seeking Behaviour (HSB) among Elites in Abuja, Nigeria. (M=36.43, SD=7.34), t(385) = 17.23, P <.001. The magnitude of difference in the mean (mean difference =6.43), 95% CL: 5.70 to 7.17) was large (eta squared = 0.64). With these results the first null hypothesis is hereby not supported and hence rejected for the alternative. This implies that the level of Health Seeking Behaviour (HSB) among Elites is significantly high in Federal Capital Territory, Abuja, Nigeria.

Hypothesis Two: There is no significant relationship between patients-related factors and Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja
In testing the second null hypothesis, the variable of interest is the patients-related factors and Health Seeking Behaviour (HSB) among Elites, measured by 10 items. The respondents' scores on the scale were summed-up. For the patients-related factors and Health Seeking Behaviour (HSB) among Elites, 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 4.12

Table 6: Population t-test analysis of between patients-related factors and Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja

Variable	Sample Mean	Sample SD	Ref. Mean	T	Sig	Remark
Patients-related factors and Health Seeking Behaviour (HSB) among Elites	29.94	8.11	30	1.25	< .001	Sig.

Source: Field work, 2023

A critical look at the results indicated a statistically significant high patients-related factors and Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja, Nigeria (M=29.94, SD=8.11), *t*(385) = 1.25, P =.001. The magnitude of difference in the mean (mean difference =0.80), 95% CL: 0.22 to 1.37) was very small (eta squared = 0.02). With these results the second null hypothesis is hereby not supported and hence rejected for the alternative. This implies that the patients-related factors and Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja, Nigeria.

Hypothesis Three: There is no significant correlation between Health system-related factor and Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja
In testing the third null hypothesis, the variable of between Health system-related factor and Health Seeking Behaviour (HSB) among Elites, measured by 10 items. The respondents'

scores on the scale were summed-up. For the Health system-related factor and Health Seeking Behaviour (HSB) to be considered significantly positive among the respondent, 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 4.13.

Table 7: One sample t-test analysis of between Health system-related factor and Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja.

Variable	Sample Mean	Sample SD	Ref. Mean	T	Sig	Remark
Health system-related factor and Health Seeking Behaviour (HSB)	29.94	8.11	30	16.22	< .001	S

Source: Field work, 2023

A look at the results indicated a statistically significant Health system-related factor and Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja, Nigeria. (M=29.94, SD=8.11), t(385) = 16.22, P >.001. The magnitude of difference in the mean (mean difference =7.55), 95% CL: 6.73 to 8.367) was large (eta squared = 0.52). With these results the third null hypothesis is hereby not supported and hence rejected for the alternative. This implies that the Health system-related factor and Health Seeking Behaviour (HSB) among Elites in Federal Capital Territory, Abuja, Nigeria.

DISCUSSION OF FINDINGS

This study investigated three key hypotheses concerning Health Seeking Behaviour (HSB) among elites in Nigeria's Federal Capital Territory, Abuja. The aim was to explore the prevalence and determinants of HSB among this socioeconomically privileged group and to uncover systemic, cultural, and psychological influences shaping their healthcare-seeking patterns.

Hypothesis One: HSB Levels Among Elites in FCT Abuja Will Not Be Significantly High

Contrary to the stated null hypothesis, empirical results revealed that the level of HSB among elites in Abuja was significantly high ($M = 36.43$, $SD = 7.34$, $t(385) = 17.23$, $p < 0.001$), with a large mean difference (6.43) and effect size (0.64). Thus, the null hypothesis was **rejected**.

Discussion:

The findings suggest a proactive approach to health among elites, but this behavior is shaped by nuanced factors. Elites often engage in *medical tourism*, favouring international healthcare due to perceptions of higher standards and better confidentiality (Orji, 2019). The domestic

healthcare system, though accessible to them, is viewed with scepticism due to concerns about quality, professionalism, and systemic inefficiencies (Kaye et al., 2021). Cultural and psychological factors such as fear of misdiagnosis, the desire for privacy, and peer influence further fuel the tendency to seek care abroad (Challa et al., 2018). This behaviour has broad socioeconomic implications, including the annual loss of over $1 billion to medical tourism (Abubakar et al., 2018) and the deepening of healthcare inequities (Baum et al., 2020).

Hypothesis Two: No Significant Relationship Between Patient-Related Factors and HSB
Results indicated a **significant but modest relationship** between patient-related factors and HSB among elites (M = 29.94, SD = 8.11, $t(385) = 1.25$, $p = 0.007$). Despite statistical significance, the mean difference was small (0.80), and the effect size was minimal ($\eta^2 = 0.02$). Therefore, the null hypothesis was **rejected**, though practical significance remains limited.

Discussion:
Elites' financial capacity strongly influences their ability to access premium healthcare services, both domestically and internationally (Mohammed et al., 2023). Education is another pivotal factor; high health literacy empowers elites to make informed healthcare decisions, effectively navigate systems, and prioritize preventive care (Balogun, 2022). Nonetheless, cultural beliefs and religious affiliations persist as subtle but significant influencers. For instance, stigma related to mental illness can deter timely care, even among educated individuals (Salifu & Owoyemi, 2024). This layered complexity reveals that while personal capacity enhances HSB, sociocultural context tempers its impact.

Hypothesis Three: No Significant Correlation Between Health System-Related Factors and HSB
A strong and statistically significant correlation was observed between health system-related factors and HSB (M = 29.94, SD = 8.11, $t(385) = 16.22$, $p < 0.001$), with a large mean difference (7.55) and a substantial effect size ($\eta^2 = 0.52$). The null hypothesis was therefore **rejected**.

Discussion:
This finding underscore systemic deficiencies in Nigeria’s healthcare infrastructure such as underfunding, staff shortages, and poor service delivery as key drivers of elite disengagement from local facilities. Elites, perceiving local care as subpar, often bypass the domestic system altogether, further weakening its potential for reform (Carrasco & Maisares, 2020). Politically, this elite disengagement is problematic, as influential groups are less likely to champion reforms in a system they no longer use (Ayub et al., 2022). The globalization of healthcare and the growing ease of access to international services have further entrenched this divide, creating a healthcare hierarchy where access is determined by wealth and mobility.

CONCLUSION

Across all three hypotheses, the study reveals that health-seeking behaviour among Nigerian elites is significantly influenced by personal, cultural, and systemic factors. Although the elite class demonstrates high engagement with healthcare services, this behaviour is skewed towards international and private providers, reflecting a broader dissatisfaction with local healthcare systems. The implications are multifaceted while elites ensure their own well-being, their detachment from the local health infrastructure perpetuates disparities and stifles systemic reform.

Recommendation

- Establish mandatory quality certification for healthcare facilities within Abuja and in Nigeria
- Partner with international health bodies to build public confidence.
- Develop media campaigns showcasing success stories from local hospitals.
- Use elite influencers to promote domestic health service usage.
- Involve elites in national and state-level health sector planning.
- Encourage private investment in local health infrastructure.
- Create premium-tier services within Nigerian hospitals.

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