ASSESSMENT OF HEALTH STATUS OF ADULTS IN BENIN CITY, EDO STATE

CHUKWUNALU PROGRESS

PHA1405702

SUPERVISED BY

PROF. UDEZI TONY WAKA

DEPARTMENT OF CLINICAL PHARMACY AND PHARMACY PRACTICE

FACULTY OF PHARMACY

UNIVERSITY OF BENIN

BENIN CITY

JANUARY, 2023

ASSESSMENT OF HEALTH STATUS OF ADULTS IN BENIN CITY, EDO STATE

BY

CHUKWUNALU PROGRESS

PHA1405702

A PROJECT WORK SUBMITTED TO THE DEPARTMENT OF CLINICAL PHARMACY AND PHARMACY PRACTICE, FACULTY OF PHARMACY, UNIVERSITY OF BENIN, BENIN CITY IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF THE DOCTOR OF PHARMACY (PHARM.D) DEGREE.

JANUARY, 2023

DECLARATION

I hereby declare that the project work entitled studies on the '**THE ASSESSMENT OF HEALTH OF ADULTS IN BENIN CITY, EDO STATE'** is the original research project work carried out by me in the Department of Clinical Pharmacy and Pharmacy practice, Faculty of Pharmacy, University of Benin, Benin City, Nigeria, and this project work is submitted in the partial fulfilment of the requirements for the award of the DOCTOR OF PHARMACY (PHARM. D.) degree. The results contained in this thesis have not been submitted to any other University or Institute for the award of any degree or diploma.

_____ _____

Chukwunalu Progress **Date**

CERTIFICATION

This is to certify that this work was carried out by Chukwunalu Progress with Matriculation Number PHA1405702 as an undergraduate final year project work, in partial fulfillment of the requirement for the award of the Doctor of Pharmacy (Pharm. D.) degree and submitted to the department of Clinical pharmacy and Pharmacy Practice, Faculty of Pharmacy, University of Benin, Benin City, Nigeria.

_____ _____

Prof. Udezi Tony Waka **Date**

Supervisor

_____ _____

Dr. S. Usifoh **Date**

H.O.D. Clinical Pharmacy

DEDICATION

This Project Work is dedicated to God Almighty for seeing me through. It is for the hope of a healthy and productive generation that all effort was put into this work.

ACKNOWLEDGEMENT

I express profound gratitude to God for granting me the grace and strength to carry out this research.

I want to thank my parents, Bishop and Rev. D.C Akpotowho and my siblings for their immense emotional and financial support all through my journey in Pharmacy school. I want to specially thank Pastor and Pastor (mrs) Chukwunomnazo kelvin, for their unwavering support and guidance.

My immense gratitude goes to my Project supervisor Prof. Udezi Tony waka, for the constant push and encouragement to do better and put more effort into this project.

To the HOD, Dr S. Usifoh, I thank you for your assistance and contribution to the success of my project work I remain grateful.

To my co-project students in the Department of Clinical pharmacy and pharmacy practice working with you guys was exciting and educating, thanks also for the team spirit we all shared together.

To the entire 2021 graduating class, going through this pharmacy school journey has been easier going through it with you all, I am grateful for all the memorable times. I also want to specifically thank AKANDE JOY, Aigbekaen Abigail, Buoro Valentina, Emakhu Samuel, Rickson Uche, Ezomo Efosa, Justice Onile, Jane Evbuomwan , Esther Ariwodo for their continued support throughout pharmacy school, I am forever grateful for their friendship.

Lastly, I want to thank myself for seeing this through and putting in the work amidst everything that happened last year.

TABLE OF CONTENT

CHAPTER SIX

LIST OF TABLES

ABSTRACT

INTRODUCTION:

The measurement of health status is an important tool or process in assessing the level of the health status of Adults (18-70years) and also to examine the effect of socio-demographic factors (e.g. age, sex, marital status, occupation, educational level, etc.), physical functioning and psychological functioning on Adults and self-reported health status.

AIMS:

To assess the health status of Adults in Benin city, Edo state (Age 18 – 65+ years).

OBJECTIVES:

To examine effect of socio-demographic factors e.g Age, sex, marital status, occupation, educational level, physical functioning and psychological functioning on adult health status in Benin city.

METHODS:

A cross-sectional study design was used to carry out the research. This study was carried out in Benin city, Edo state, Nigeria, between December 2021 and January 2022. A total of 547 persons were sampled for the study. Convenience sampling technique was used. The research instrument for this study was a self-developed structured 1-page questionnaire designed in line with the variables to be measured. Data cleaning and processing was done using Microsoft Excel. Inferential analysis such as student t-test and one-way Analysis of Variance was done as appropriate with the use of Graphpad Instat 3.0.

RESULTS AND DISCUSSION

The study covered 745 adults between the ages of 18-65+ years, 46.64% were males while 53.36% were females. There was found to be statistically significant relationship between Age, sex, marital status, occupation, educational level and physical and psychological functioning (Usual activities, mobility, self-care, Pain, feeling of depression or anxiety) and reported health status.

CONCLUSION

There is a significant relationship Socio-demographic factors (e.g age, sex, marital status, occupation, educational, etc.) physical functioning and psychological functioning on adults and self-reported health status.

KEYWORDS

Health, health status, health and socio-demographic factors.

CHAPTER ONE

1.0 INTRODUCTION

Health deals with the level of functional or metabolic efficiency of a living organism. Health is more than the absence of disease.in humans, it refers to the ability of individuals or communities to adapt and be able to manage themselves when facing physical, mental, or social challenges. According to the World Health Organization (W.H.O) in its 1948 constitution, health is "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity". It encompasses physical, mental, and social well-being. A lack of disease is a desirable state, but it does not define health, it is not a criterion for health, and it alone is not sufficient to produce health. Healthy people are able to cope with everyday activities and adapt to their surroundings. Health may be considered in a narrow sense, as an assessment of bodily or mental functioning.

Alternatively, it can be defined broadly, emphasizing health as personal fulfillment, an adaptive response, a capacity to perform to the best of a person's ability, flexibility in encountering the challenges of life, and an integrated functioning (Hartwig, 1990; Pander, 1982). Health has been called 'an abstract concept' that people can find difficult to define. One argument is that health is something that can be bought (by investment in private health care) or sold (through health food shops), given (by medical intervention) or lost (through disease or injury). Seedhouse (2001) describes health as the 'foundations for achievement'. Seedhouse (1986: 61) therefore describes a person's optimum state of health as being 'equivalent to the set of conditions that enable a person to work to fulfill her realistic chosen and biological potentials". This perspective also broadens understanding of health beyond the absence of disease or abnormality.

1.1 PROBLEM STATEMENT

In recent years, there has been a broadening focus on the movement of health beyond traditional health indicators such as mortality and morbidity. This broadened focus has included the measurement of health status.

So many factors impact the health of individuals. The measurement of health status encompasses the assessment of individual perception of health. This measurement reveals come salient factors that have an impact on health in order to improve or maintain good health conditions. Measuring health status ultimately assesses the quality of the healthcare system. Often, there have been little effort in the assessment of the quality of healthcare systems in Nigeria.

There are gaps as to what impact socio-demographic variables of adults such as age, sex, marital status, occupation, and educational level, have on health. Also, there is a dearth of adequate study carried out in assessment of health status among adults.

1.2 RELEVANCE OF STUDY

The study is important as it exposes the relationship between different parameters on health status of adults. This is vital as it helps in the assessment of level and quality of healthcare provided in a setting by examining the health and wellbeing of the population.

1.3 OBJECTIVE OF STUDY

To examine the effect of socio demographic factors like sex, age, marital status, occupation and educational levels, physical functioning and psychological functioning on health status of adults in benin city

To assess the health status of adult in benin city (age 18-65+years)

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 HEALTH MODELS

(A) The medical model

The medical model of health is sometimes also referred to as the 'biomedical' model, the "biological' model or even the 'Western scientific medical model'. The medical model draws on scientific, mechanical, individualistic and reduction is understandings of what health is and views health in terms of pathology, disease, diagnosis and treatment. The physical body is viewed as being separate from social or psychological processes (Lyons & Chamberlain, 2006). Health is seen as being 'located' in the individual body and the causes of ill-Health are viewed as being biological or physiological in origin, requiring expert intervention.

This model focuses on the physical or biological aspects of diseases and illness. It is a medical model of care practiced by doctors and/or health professional and is associated with diagnosis, cure and treatment of diseases.

Health, according to a medical view is conceived of as the absence of disease or 'abnormality'. If medically defined illness and disorder are absent then health is assumed to be present. The medical model is, and has been, very influential in terms of understandings of what health is.

There are two aspects of the biomedical approach, and they are:

(a) **Diagnosis** which is the identification of disease or illnesses through a Health Professional's observation of symptoms or through diagnostic tests e.g X-rays, scans, and blood tests.

(b) **Intervention** which Is an action taken to improve health e.g. via medical treatment, hospitalization, prescriptions, surgery, etc. It can also be referred to as **Treatment**.

(B) The social model

In contrast to the medical model of health the social model of health views health as being influenced by a range of different factors, including those that are political, economic, social, psychological, cultural, and environmental (as well as biological). The causes of ill health are attributed to factors outside the physical body - the wider structural causes, such as inequality and poverty, as well as factors such as social interaction and behavior. The notion of health is seen as being socially constructed, which is central to the social model of health. The social model operates from the view that a wide variety of factors need to be taken into account when conceptualizing health - factors such as environmental influences on lifestyle choices, access to health care services, employment status, and gendered identities, for example.

It is a community approach to preventing diseases and illnesses. It goes beyond the focus of lifestyles and behavior and accepts the need for social change to provide prerequisites for health. This model is based on the understanding that in order for health gains to occur, social determinants must be addressed.

2.2 HEALTH STATUS

Health status is a holistic concept that is determined by more than the presence or absence of any disease. It is often summarized by life expectancy or self-assessed health status, and more broadly includes measures of functioning, physical illness, and mental well-being. Health status is an individual's relative level of wellness and illness. Perceived health status is subjective ratings given by an individual, of his or her own health status; that is, it is a measure of how people perceive their health- rating it as excellent, very good, good, fair, or poor. Some individuals may appear healthy but still perceive their health status as being low.

Health status is the state of health of a person or a population with reference to (in this case -):

- Mobility
- Self-care
- Usual activities
- Pain/discomfort
- Anxiety/depression.

  According to WHO, Health status is “A description and/or measurement of the health of an individual or a population at a particular point in time against identifiable standards usually by reference to health indicators” (WHO, 1998).

2.2.1 HEALTH STATUS INDICATORS

Health status indicators are a set of surveillance data that has been analyzed in a way that permits assessment of the health status of the population so that public health priorities and actions can be appropriately identified. The selection of indicators should be primarily based on existing and comparable data sets for which regular monitoring is feasible, but it should also take into consideration likely future data needs and diagnostic and treatment developments.

Health Indicators are quantifiable characteristics of a population that researchers use as supporting evidence for describing the health of a population. It should be comprehensive, valid (sensitive), standardized, meet quality criteria, and be flexible (never fixed and final) to support evolving health policies.

2.2.2 HEALTH STATUS ASSESSMENT

A health status assessment of a population establishes whether a particular health problem exists in a given population, characterizes the problems, and identifies the potential for avoidable mortality and morbidity.

Health assessment has a lot of uses which include:

- Supporting health needs assessment
- Policy making
- Aiding planning
- Evaluation
- To identify areas for further research.
    - There are certain steps involved in Health status assessment, they include;
- Define the purpose of the assessment.
- Define the populations.
- Define the aspects of health to be considered.
- Identify and review existing data sources.
- Select the most appropriate existing data.
- Make good use of the data.
- Consider if specific issues require specially collected data (should a special survey be undertaken).
- Communicate the results of the assessment.
- Evaluate the health status assessment.

The epidemiological term used in the understanding of the various Health Status Assessments in this research is **Socio-Demographic Information**. This describes the person (or population) relating to or involving a combination of social and demographic factors; which includes:

- Age
- Sex
- Occupation/employment
- Educational level
- Marital status.

The contributions devoted to socio-demographic variables provide an overview of available survey instruments or address the measurement of individual socio-demographic variables.

2.3 DETERMINANTS OF HEALTH

An individual's health does not occur in isolation. Rather, many factors combine together to influence the health of individuals and communities. These factors include social, cultural, economic, and physical environments, individual behavior, and biology. Together, these factors are known as the "determinants of health" and they describe where we live, how we live, and whom we live among. Examples of health determinants include housing standards and suitability, employment and education prospects, income and wealth distribution, access to health care resources, clean and safe water and food, relationships with family and friends, pollution, and personal safety.

Individuals are unlikely to be able to directly control many of the determinants of health. These determinants - or things that make people healthy or not--include the above factors, and many others:

2.3.1 INCOME AND SOCIAL STATUS:

Higher-income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the differences in health.

2.3.2 EDUCATION:

Low education levels are linked with poor health, more stress and lower self-confidence. In all groups and in the entire population, the level of quality of life increases with the level of education. This can be explained by the fact that education imparts some form of knowledge.

2.3.3 PHYSICAL ENVIRONMENT:

Safe water and clean air, healthy workplaces, safe houses, communities, and roads all contribute in one way or the other to good health. Employment and working conditions people in employment are healthier, so to say, but this is not a general rule as there still exist employed persons whose working conditions are bad and they can do little or nothing about it. in most cases, only those who have more control over their working conditions are observed to be healthier.

2.3.4 SOCIAL SUPPORT NETWORKS:

Greater support from families, friends, and communities is linked to better health. Culture - customs and traditions, and the beliefs of the family and community all affect health.

2.3.5 GENETICS:

Inheritance plays a part in determining lifespan, healthiness, and the likelihood of developing certain illnesses. Personal behavior and coping skills -balanced eating, keeping active, smoking, drinking, and how we deal with life's stresses and challenges all affect health.

2.3.6 HEALTH SERVICES:

The availability, access, and use of services that prevent and treat disease-influenced health.

2.3.7 GENDER:

Men and women suffer from different types of diseases at different ages.

2.3.8 OCCUPATION:

Occupation is often confused with other terms such as task, function, and performance (ADTA 1995; Christiansen & Baum, 1991). Occupation can be referred to as "groups of activities and tasks of everyday life, named, organized, and given value and meaning by individuals and a culture. Occupation is everything people do to occupy themselves including looking after themselves (self-care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (productivity)". (CAOT, 1997, p. 34).

One effect of occupation on health shows that the removal of occupation leads to decreased health and hence decreased quality of life (Lokk et al., 2016). It is apparent that health declines much more rapidly during the working years. This can be explained by the kind of occupation –manual work involves more wear and tear on the body, so the health of manual workers may decline more rapidly than that of non-manual workers.

REVIEW:

This Research has been searched for, for previous works or similar works to this Study, However, there is one Study that comes close but not exactly the same.

Previous research has been carried out on the Assessment of Health Status of Children in Asaba by Pharm (Dr.) Kanyinebi-Nwawuogor John during his undergraduate research. The objectives of this previous research or study were to:

- Assess the health status of Children (Age 8-12years).
- Examine the effects of socio-demographic factors like, type of school attended, age, sex, and place of residence (i.e., "Who they live with"), physical functioning and psychologically functioning on children on health status.

This previous study was carried out using an EQ-5D -Y questionnaire which were distributed, explained explicitly before the participants responded to them in each site. The data obtained was sorted according to various domains and the visual analogue scale (VAS) scores as well as standard deviation (S.D) for each. A one-way ANOVA was carried out to determine the P-values using the Graphpad instat 3.0.

The results from the study covered children between the ages of 8-12 years, of which 13.83%, 15.23%, 29.56%, 22.85%, 18.54%, were 8,9,10,11 and 12 years old respectively. 48.60% were males while 51.40% were females. From the results, there was found to be a statistically significant relationship between the type of school attended, sex, which parents work and physical and psychological functioning (Usual activities, self-care, pain, feeling of depression or anxiety) and reported health status, which gave the conclusion that there is a significant relationship between the socio-demographic factors on children and self -reported health status.

However, this present Research/study is on "The Health Assessment of Adults in Benin City". The aim of this Study is to investigate the effects of some socio-demographic factors on the health status of adults in Benin city. The objective is to examine the effect of socio-demographic factors like the age, sex, marital status, occupation, and educational level on health status in Benin city. The range of adults in this research is from 18years-65+ years.

The research design of this study is an observational (cross-sectional) survey design to assess the relationship between socio-demographic data and health status of adults in Benin city.

This study was carried out in Benin city, Edo state, between December 2021 and January 2022.

The exercise was carried out among persons living in Airport Road and GRA, both in Benin city. A total of 547 persons were randomly sampled for the study. Questionnaires were shared at random in residential areas, churches, schools, shops and markets. The questionnaire has 3 sections.

CHAPTER THREE

3.0 METHODS

Research design

This study is an observational (cross-sectional) survey design to assess the relationship between socio demographic data and health status of adults in Benin city

Research setting

This study was carried out in Benin city, Edo state, between December 2021 and January 2022. Benin City is the capital and largest city of Edo State, Nigeria. It is the fourth-largest city in Nigeria according to the 2006 census, after Lagos, Kano, and Ibadan, with a population estimate of about 3,500,000 as of 2022. (Encyclopedia Britannica, 2020)

Study population

The exercise was carried out among persons living in Airport Road and GRA, both in Benin city. A total of 547persons were randomly sampled for the study.

Selection and inclusion criteria

The Inclusion criteria was for people who gave their consent for the study.

Sampling technique

Simple convenient sampling technique was used. Questionnaires were shared at random in residential areas, churches, schools, shops and markets.

Instrument

The research instrument for this study is a self-developed structured 1-page questionnaire designed n line with the variables to be measured. The questionnaire has 3 sections.

The first section contains the demographic information which include age (years), marital status, sex, occupation and educational level.

The second section contains information about self-assessments such as, mobility, self-care, pain and discomfort, usual activities, anxiety and depression (respondents were asked to tick how these assessments relates to their health)

The third section contains a Likert-type scale to rate how they feel about their health at the moment. The respondents were asked to choose between 0 to 100, how they feel about their health at the moment.

The data was collected using a pre tested self-administered anonymous structured close-ended questionnaire (Appendix 1). The questionnaire was prepared based on available literature. The questionnaire was prepared in English Language.

Data Analysis

Data processing and analysis was done using Microsoft Excel and Graphpad Instat® 3.0. The data was cleaned, sorted and the mean and standard deviation value of the variables were calculated using Microsoft Excel. Graphpad Instat 3.0® was used to for inferential analysis such as student t-tests and one-way Analysis of Variance. The results were presented in tables using percentages, mean scores and frequencies as appropriate.

CHAPTER FOUR

4.0 RESULT

46.64% of the respondents were male and the others were females. Respondents were within the ages of 18 years and above

Table 1: Relationship between AGE and the health state valuation of adults in Benin city

Age(years)	n	mean ± SD	mean ± SD	mean ± SD
18-24	101	4.71 ± 0.66	4.22 ± 0.65	84.39 ± 13.69
25-34	91	7.81 ± 0.48	4.42 ± 0.67	86.98 ± 10.58
35-49	118	4.59 ± 0.71	3.94 ± 0.69	75.59 ± 13.41
50-64	74	4.17 ± 1.02	3.47 ± 0.76	63.85 ± 16.63
60+	47	4.26 ± 1.08	3.36 ± 1.13	63.08 ± 18.01
P-value		0.0001	0.0001	0.0001

As regards the effect of age on health state valuation in adults as reported in table 1 above, it was observed that there was a significant difference in the health of the different age ranges with age 25-34 having the optimum health status and age 60+ having the least health status

Table 2: Relationship between SEX and the health state valuation of adults in Benin city

SEX	n	mean ± SD	mean ± SD	mean ± SD
Male	201	4.52 ± 0.87	3.87 ± 0.79	74.40 ± 17.65
Female	230	4.59 ± 0.74	4.05 ± 0.86	78.67 ± 15.95
P-value		0.3673	0.0249	0.0086

In table 2, there was significant difference in the health of the difference sex, with the female having better health status than the male.

Table 3: Relationship between MARITAL STATUS and the health state value of adults in Benin city.

Marital status	n	mean ± SD	mean ± SD	mean ± SD
Married	206	4.48 ± 0.84	3.84 ± 0.84	72.72 ± 15.94
Single	188	4.73 ± 0.65	4.27 ± 0.65	84.84 ± 13.22
Others	37	4.08 ± 1.04	3.08 ± 0.86	57.30 ± 14.93
P-Value		<0.0001	<0.0001	<0.0001

In table 3, there was significant difference observed in the marital status, with the singles having the optimum health status and others (divorced, widowed, separated) having the least health status.

Table 4: Relationship between OCCUPATION and the health state value of adults in Benin city

Occupation	n	mean ± SD	mean ± SD	mean ± SD
Government workers	96	4.64±0.63	4.00±0.68	75.72±13.86
Retired	30	3.84±1.04	2.83±1.05	60.67±16.70
Self-employed	115	4.58±0.72	4.00±0.75	73.66±16.36
Private worker	46	4.57±0.70	3.89±0.74	73.70±17.14
Unemployed	15	3.53±1.64	3.26±1.16	67.33±23.44
Students	129	4.76±0.62	4.27±0.67	85.96±13.31
P-Value		<0.0001	<0.0001	<0.0001

Table 4 above shows a significant difference in the occupations of the different respondents, with students having the optimum health status and the retired respondents having the least health status.

Table 5: Relationship between EDUCATIONAL LEVEL and the health state value of adults in Benin city

Educational level	n	mean ± SD	mean ± SD	mean ± SD
Primary/ Nil	14	4.00±1.22	3.29±0.99	64.64±19.66
Secondary	37	4.23±1.08	3.84±0.90	72.27±18.12
Tertiary	380	4.61±0.74	4.00±0.81	77.55±16.45
P-value		<0.0001	<0.0001	<0.0001

Table 5 above shows a significant difference in the health status of the different educational levels with the tertiary having the optimum health status and the primary/Nil having the least value for the health status.

CHAPTER FIVE

5.0 DISCUSSION

The result gotten from this study further proves that there are many factors that impact the health of an individual. The measurement of health status encompasses the assessment of individual perception of health. This measurement reveals some salient factors that have impact on health in order to improve or maintain good health condition.

There are gaps as to what impact socio-demographic variables of adults such as Age, sex, marital status, occupation and educational level, have on health.

From the result gotten from this study on sex of the different respondents, it was shown that females had a better or optimum health status compared to the male. This could be attributed to the facts that they do a lot of manual works that impacts on their health and tends to deteriorate the body system with time. Also, some lifestyles could also be the reason, such practices or lifestyle include where more men than women smoke, as female smoking has not traditionally been considered appropriate.

Although a study carried out in the middle and low income countries in 2020 shows that generally, male adults reported a better health and quality of life than female across all of the countries (kyung et al 2020).

From the result gotten from the study on age, it showed that age 25-34 had the optimum health status and age 60 and above had the least health status. This could be possible because age 25-34 are considered young and agile with all the different body organs at the best functioning stage and healthy stage. The age 60 and above considered the least could also be as a result of the fact that at that age, some organs of the body are already getting old and not at the optimum body function anymore, the immune system already depicting as a result of

aging. This agrees with the study done on the ‘effect of age on health state valuations’ (Dolan, 2000).

The result on the relationship between marital status and the health state value of adults in Benin city shows that the singles have optimum health while the divorced, widowed or separated had the least health status. This could be as a result of loneliness in adults which can impact on the heath of the separated, widowed or divorced. The single having the optimum health status could be as a result of the fact that they don’t have any marital issues and they haven’t gone through the changes that comes with marriages.

Different occupations impact on the health of adults generally, from the result of the study, students showed the optimum health status, this could be as a result of the facts that they haven’t gone through the struggles of occupations and as such their body functioning is still intact compared to the retired that showed the least health status. This could be as a result of the kind of occupation and the tear and wear on the body as a result of sure occupation.

In all group and in the entire population, the level of quality of life increases with the level of education. This can be explained by the fact that education impacts some form of knowledge which generally enlightens and erodes ignorance in a particular area. One such form of knowledge is health based. From the result of the study on educational level, the tertiary educational level had the optimum health status, while the primary or those without educational background had the least health status.

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATION

From the results of the study, it showed that there is a significant relationship among socio-demographic factors (such as sex, age, marital status, occupation and educational level), physical functioning and psychological functioning on reported health status of adults in Benin City.

From this study, age plays a major role in the health status of individual and should be given priority when assessing health. Also, emphasis should be placed in education as those with higher level education had a more better health status compared to others.

I will also recommend that male sex should be enlightened more about their health status as this study has shown that females tend to have a more better health status than their males counterpart.

REFERENCES

Canadian Association of Occupational Therapists, (1997). Enabling Occupation: An Occupational Therapy Perspective. Ottawa, ON: COAT Publications ACE. 22-3

Benin City, History and Facts. Encyclopedia Britannica. Retrieved 31 May, 2020.

Benin City, Nigeria, 25 April 2007 at the Wayback Machine. The Columbia Encyclopedia, Sixth Edition. 2005 Columbia University Press.

Callahan, D. (1973) The WHO Definition of Health. Hastings Center Studies, 1, 77-88.

Christiansen, C.H., Baums, C.M., Occupational Therapy: Overcoming Human Performance Deficits, 1st Edition, Thorofare, NJ: SLACK Inc., 1991.

Dolan, P., (2000). Effects of Age on Health State Valuations. J Health Serv Res Policy. 2000 Jan;5(1):17-21.

Fayers PM, Machin D. Quality of life: assessment, analysis and interpretation. Chichester: Wiley, 2000

Kyung Hee Lee, Hanzhang Xu, Bei Wu (2020). Dwelling Older Adults in Low And Middle Income Countries: Results From The Study on Global AGEing and Adult Health. BMC Public Health, 114 (20)

Lokk, J., Arnetz, B., Theorell, T., (2016). Physiological Effects on Patients Following Temporary Closing of a Geriatric Day Care Unit, Scandinavian Journal of Public Health 21 (2), 1-3

Lyons, A.C., Chamberlain, K. (2006). Health Psychology: A critical introduction. Cambridge university Press. https://doi.org/10.1017/CBO9780511807985

Rudnick, A. Health as Balance: A Conceptual Study, Health 2017, 9 (7).

Seedhouse, D. (2008). Health: The Foundation for achievement; Wiley Series of Practical Construction Guides, 28 March, 2008. 24-76

The World Health Report 1998: Life in the 21st Century A Vision for All. Geneva; World Health Organization; 1998. 241 *P. ilus.*

World Health Organization report. (2000). “Why do health system matter?”. WHO