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ORIGINAL RESEARCH

A Study to Determine Factors Affecting Health Seeking Behavior of Elderly in a Rural Area of Katihar

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ABSTRACT:

Background: With increase in proportion of aged population, number of elderly with ailments is also on rise but the health care delivery system of most countries are not equipped to tackle the problem. The present study was conducted to determine factors affecting health seeking behavior of elderly. **Materials & Methods:** The present study was conducted on 580 elderly aged 60 years and above of both genders. Type of morbidity in all subjects was recorded. Factors such as education level, marital status, socio- economic status and type of family were recorded. **Results:** Out of 580 subjects, males were 380 and females were 200. Age group 60-70 years had 120 males and 70 females, 70-80 years had 140 males and 40 females and >80 years had 120 males and 90 females. 110 subjects seeking allopathic treatment, 80 ayush, 50 ayurvedic, 120 no medication and 220 self medication. Type of health facility was government used by 90 and private by 150. Reason for not seeking treatment was waiting for recovery 20, Feel not necessary 30, Lack of money 55, Distance of health facility 10, No one to take him/her to hospital 5. Education level was upto high school in 200, secondary in 160, degree in 80 and illiteracy in 140, socio- economic status was upper in 130, middle in 200 and lower in 250, marital status was married in 450 and unmarried/separated/widow/widower in 130, type of family was nuclear in 240 and joint in 340 subjects. **Conclusion:** Authors found that factors such as education level, type of family, socio- economic status, marital status affected health seeking behavior. Reason for not seeking treatment was waiting of recovery, feel not necessary and waiting of recovery.

Key words: Elderly, Health, Marital status

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INTRODUCTION

With increase in proportion of aged population, number of elderly with ailments is also on rise but the health care delivery system of most countries, particularly the developing ones are not equipped to tackle the problem.¹ Several psychologists had connected ageing to incapacitation but lack of health is not an exclusive feature of ageing.² Epidemiologists studying people over 65 years of age have found that 95% have a normal ageing pattern that is no excessive increase in illness. Only 5% can be classified as having 'pathological ageing'. This has resulted in a debate on age of ageing, or at what average age the individual passes the invisible frontier of failure to cope with the expected workload or responsibilities of the indigenous culture.³ Naturally this differs in various countries. In USA and Britain it is 65 years for men and 60 for women, while in Nigerian culture, for males it is 80 years and for females, menopause is equated with old age. The United Nations and the World Assembly on ageing

have generalized the boundary for defining old age to be 60 years.⁴ Delays in healthcare can result in more rigid and complicated irreversible health consequences. That's why it is necessary to understand health seeking behavior and the factors associated with it, so as to assess their needs and priorities in terms of health seeking. Socio-economic characteristics of elderly, which form the background of health seeking behavior can be discussed under the followings; a) Literacy, b) Marital status, c) Living arrangement and d) economic situation.⁵ The present study was conducted to determine factors affecting health seeking behavior of elderly.

MATERIALS & METHODS

The present study was conducted in department of Community Medicine at Katihar Medical College, Katihar, Bihar. It consisted of 580 elderly aged 60 years and above of both genders. All patients were informed regarding the

study and written consent was obtained. Ethical approval was obtained from institute prior to the study. Patient data such as name, age, gender etc. was recorded. Type of morbidity in all subjects was recorded. Factors such as education level, marital status, socio- economic status and type of family were recorded. Results thus obtained were subjected to statistical analysis. P value less than 0.05 was considered significant.

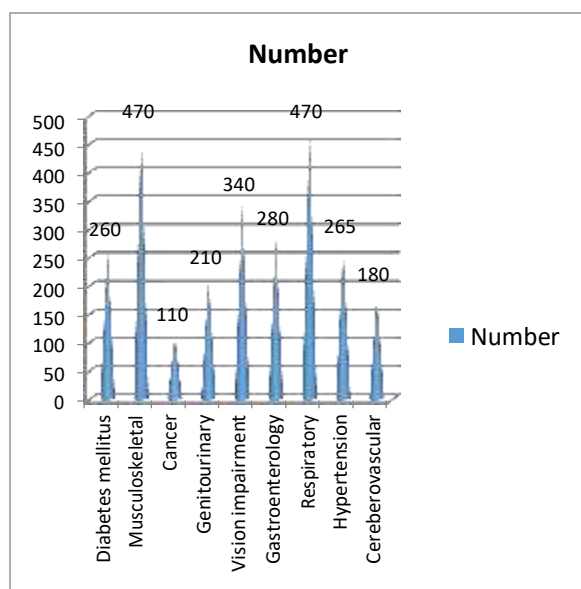
RESULTS

Table I Distribution of subjects

Age group (Years)	Male	Female
60-70	120	70
70-80	140	40
>80	120	90
Total	380	200

Table I shows that out of 580 subjects, males were 380 and females were 200. Age group 60-70 years had 120 males and 70 females, 70-80 years had 140 males and 40 females and >80 years had 120 males and 90 females.

Graph I Prevalence of morbidities in subjects



Graph I shows that common morbidities in elderly was diabetes mellitus seen in 260, musculoskeletal in 470, cancer in 110, genitourinary in 210, vision impairment in 340, gastroenterology in 280, respiratory in 470, hypertension in 265 and cerebrovascular in 180 subjects. The difference was significant (P< 0.05). Table III education level was upto high school in 200, secondary in 160, degree in 80 and illiteracy in 140, socio-economic status was upper in 130, middle in 200 and lower in 250, marital status was married in 450 and unmarried in 130, type of family was nuclear in 240 and joint in 340 subjects. The difference was significant (P< 0.05).

DISCUSSION

As a result of declining fertility, mortality as well as improved public health interventions, population ageing has been a world-wide phenomenon.⁶ People today

Table II Distribution according to their health-seeking behaviors

Variables	Number	P value
Medication		
Allopathic	110	0.01
Ayush	80	
Ayurvedic	50	
No medication	120	
Self medication	220	
Type of health facility		
Government	90	0.02
Private	150	
Reason for not seeking treatment*		
Waiting for recovery	20	0.01
Feel not necessary	30	
Lack of money	55	
Distance of health facility	10	
No one to take him/her to hospital	5	

***Multiple responses**

Table II shows that 110 subjects seeking allopathic treatment, 80 ayush, 50 ayurvedic, 120 no medication and 220 self medication. Type of health facility was government used by 90 and private by 150. Reason for not seeking treatment was waiting for recovery 20, Feel not necessary 30, Lack of money 55, Distance of health facility 10, No one to take him/her to hospital 5. The difference was significant (P< 0.05).

Table III Factors affecting health seeking behaviors

Factors	Number	P value
Education		
High	200	0.01
Secondary	160	
Degree	80	
Illiterate	140	
Socio- economic status		
Upper	130	0.01
Middle	200	
Lower	250	
Marital status		
Married	450	0.01
Unmarried	130	
Type of family		
Nuclear	240	0.05
Joint	340	

are living longer and generally healthier lives. Health seeking behavior is the act of making a decision to seek or not to seek health care from qualified medical personnel when not feeling well.⁷ Factor affecting health seeking behavior among elderly is found to be significantly

associated with types of health facilities, distance of nearest health facility, ignorance of disease due to old age, poverty, poor attitudes of health worker, lengthy treatment process, trust on god for healing if ill, living alone and lack of someone to take them to hospitals.⁸ The present study was conducted to determine factors affecting health seeking behavior of elderly. In this study, out of 580 subjects, males were 380 and females were 200. Age group 60-70 years had 120 males and 70 females, 70-80 years had 140 males and 40 females and >80 years had 120 males and 90 females. Biswas et al⁹ conducted a study which consisted of elderly men and women aged 60 years or older and their caregivers. Nine focus group discussions and 30 in-depth interviews were conducted. Findings indicate that old age and ill-health are perceived to be inseparable entities. Seeking health care from a formally qualified doctor is avoided due to high costs. Familiarity and accessibility of health care providers play important roles in health-seeking behavior of elderly persons. Flexibility of health care providers in receiving payment is a crucial deciding factor of whether or not to seek treatment, and even the type of treatment sought. We found that common morbidities in elderly was diabetes mellitus seen in 260, musculoskeletal in 470, cancer in 110, genitourinary in 210, vision impairment in 340, gastroenterology in 280, respiratory in 470, hypertension in 265 and cerebrovascular in 180 subjects. Barik et al¹⁰ conducted a study which brings insights on difference in treatment seeking of elderly from similar economic conditions but different living arrangements. NSS 60th round (25.0 sub-round) data on 34831 elderly of age 60 years or above has been analyzed. Monthly Per-capita Consumption Expenditure (MPCE) is used as economic indicator of household. MPCE and place of residence have direct bearing on treatment seeking behavior of the elderly. But, with the similar level of MPCE, elderly living with spouse and without spouse but with children receive treatment higher than those living alone or in old age homes or with other relatives and non-relatives in both rural as well as urban settings. Treatment rate is significantly higher among elderly living with spouse than living alone in low MPCE households. Elderly of age 65 years or more are less likely to receive treatment than those in the age group 60-64 years. Elderly from scheduled tribe households are less likely to avail treatment than their other counterparts. Elderly women are neglected in terms of treatment seeking than their male counterparts in low MPCE households. We found that 110 subjects seeking allopathic treatment, 80 ayush, 50 ayurvedic, 120 no medication and 220 self medication. Type of health facility was government used by 90 and private by 150. Reason for not seeking treatment was waiting for recovery 20, Feel not necessary 30, Lack of money 55, Distance of health facility 10, No one to take him/her to hospital 5. Education level was upto high school in 200, secondary in 160, degree in 80 and illiteracy in 140, socio-economic status was upper in 30, middle in 200 and lower in 250, marital status was married in 450 and unmarried/ separated/widow/widower in 130, type of family was nuclear in 240 and joint in 340 subjects.

CONCLUSION

Authors found that factors such as education level, type of family, socio-economic status, marital status affected health seeking behavior. Reason for not seeking treatment was waiting of recovery, feel not necessary and waiting of recovery.

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