

Health-care utilization pattern among elderly population: A cross-sectional study

Mohd Maroof, Anees Ahmad, Najam Khalique, Mohammad Athar Ansari

Department of Community Medicine, J N Medical College, Aligarh, Uttar Pradesh, India

Correspondence to: Mohd Maroof, E-mail: maroof2k5@gmail.com

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ABSTRACT


Background: Graying of the population is a major cause of concern especially for developing countries like India. Elderly population is susceptible to various diseases. Health-care utilization is an important element of health care that reflects health status of elderly. **Objectives:** The objectives of the study were to determine the pattern of health-care service utilization among elderly population and to find out the reasons for non-utilization of health-care services. **Materials and Methods:** This study was a community-based cross-sectional study. It was carried out in the registered families of the Urban Health Training Centre (UHTC) and Rural Health Training Centre (RHTC), Department of Community Medicine, Jawaharlal Nehru Medical College, AMU, Aligarh. A total of 450 elderly aged 60 years and above were included in the study. Data were collected using pre-designed and pre-tested questionnaire. The sample size was drawn using systematic random sampling with probability proportionate to size technique. Frequency and proportions were calculated using SPSS 20. **Results:** UHTC/RHTC was most commonly utilized for seeking health care, allopathy was the most preferred modality of treatment, effective treatment was the most common reason for choosing particular modality of treatment and no person to accompany was the most common reason for non-utilization of health care. **Conclusion:** Approximately four-fifth of the elderly population were utilizing the health services for their illnesses. However, a substantial proportion of elderly was not utilizing any health services that require necessary actions to enable them to lead a healthy and productive life.

KEY WORDS: Health-care Utilization; Elderly; Non-utilization

INTRODUCTION

Health-seeking behavior or health-care service utilization forms an important determinant of health status of the population. Health-seeking behavior is defined as “any activity undertaken by individuals who perceive themselves, to have a health problem or to be ill for the purpose of finding an appropriate remedy.”^[1] Health-seeking behavior can also be explained through various models proposed in different

fields such as sociology, psychology, and anthropology that helps in identification of its determinants, problem areas, and its potential solution.^[2] Review of literature suggests that the choice of health service depends on its affordability, accessibility, convenience, etc. A study done in Kerala showed that the major reason for choosing a health facility was its geographical location and time convenience.^[3] Another study in Agra highlighted that choice of health-care facility was mainly related to socioeconomic status of family.^[4] A study in New Delhi revealed allopathy as the preferred modality of treatment for seeking health care.^[5] Another study reported that the major reason for choosing health facility was its nearness.^[6] Thus, research on the health-care utilization among the elderly would lead to optimization of geriatric health-care services and thereby help in enhancing health-care utilization that too based on their needs and demand.

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Since, Urban Health Training Centre (UHTC) and Rural Health Training Centre (RHTC) can play an important role in health-care provision to the elderly population residing in this area and there is paucity of studies to document their health-care needs; therefore, the study was planned with the objectives to determine the pattern of health-care service utilization among elderly population and to find out the reasons for non-utilization of health-care services.

MATERIALS AND METHODS

This cross-sectional study was a part of the large community-based cross-sectional study done among elderly population aged 60 years and above residing at field practice area of UHTC and RHTC, JN Medical College, AMU, Aligarh. The study was done between July 2013 and June 2014. The sample size was 450 that was drawn using systematic random sampling with probability proportionate to size. The data were collected using pre-tested and pre-designed questionnaire. The study included elderly aged 60 years and above giving consent for the study whereas elderly aged <60 years, not giving consent, severely ill, moribund were excluded from the study. Informed verbal consent was taken from each participant. The nature and consequence of study were explained to them. Ethical clearance was obtained from Institutional Ethics Committee. Data were entered and analyzed using SPSS 20. Descriptive statistics such as frequency and proportions were calculated.

RESULTS

Majority of the elderly utilized UHTC/RHTC for health-care services (53.4%) followed by the private facility (13.1%), others (12.2%), and least utilized was the government facility (8%). The proportion of elderly not utilizing any facility for the health problems were 13.3% [Table 1]. It was observed that overall allopathic system was the most preferred system for treatment (73.1%) followed by homeopathy by 10.2% and others by 5.5% [Table 2]. Overall, it was observed that effective treatment was the most common reason for the preference of treatment modality (46.4%) followed by faith in system (25.1%), less side effects (7.7%), easy availability (7.5%), and less expenditure (6.1%) [Table 3]. The most common reason for selecting allopathic system was an effective treatment (59.6%) followed by faith in system (27.4%), easy availability (5.3%), less side effects (4.2%), and less expenditure (3.5%) [Table 3]. Less side effects (42.9%) were the most common reason for contacting homeopathic system followed by faith in the system (21.4%), less expenditure (19.1%), easy availability (9.5%), and effective treatment (7.1%) [Table 3]. Other systems were preferred most commonly for easy availability (39.7%), followed by less expenditure (25.4%), faith in system (17.5%), effective treatment (12.7%), and less side effects (4.7%) [Table 3]. Overall, it was observed that no person to accompany (36.7%)

Table 1: Distribution of the study population as per the agency contacted first for utilization of the health-care services ($n=450$)

Health-care services	Health-care utilization
	<i>n</i> (%)
UHTC/RHTC	240 (53.4)
Government	36 (8.0)
Private	59 (13.1)
Others	55 (12.2)
Not utilized	60 (13.3)

UHTC: Urban Health Training Centre, RHTC: Rural Health Training Centre

Table 2: Distribution of the study subjects by preference of system of medicine ($n=390$)

Preferred system of medicine	<i>n</i> (%)
Allopathic	285 (73.1)
Homeopathic	42 (10.8)
Others	63 (16.1)

was the most common reason for not utilizing health services followed by health services too far (28.3%), disease normal part of aging (21.7%), not affordable (13.3%) [Table 4].

DISCUSSION

This community-based cross-sectional study was carried out in field practice area of RHTC and UHTC among 450 elderly aged 60 years and above. The study highlighted that UHTC/RHTC was most commonly utilized for seeking health care; allopathy was the most preferred modality of treatment; effective treatment was the most common reason for choosing particular modality of treatment, and no person to accompany was the most common reason for non-utilization of health care.

Similar to the present study, another study it was observed that UHTC was most commonly used followed by private practitioners and Municipal hospitals.^[7] However, other studies showed different results such as the cross-sectional study done in urban Pune showed that majority of them utilized private facility followed by municipal corporation hospital and UHTC.^[8] In a cross-sectional study, it was found that majority sought health care from unqualified persons followed by RHTC, qualified private doctors, private hospitals, faith healer/religious person, government facility.^[9] Semi-government facility was utilized by the majority of elderly followed by government and private facility as reported by a study done in rural Gujarat.^[10] A study found that majority of the respondents prefer private practitioners then government doctors or hospitals due to the nearness of the hospitals and the quick reference and service extended by the private hospitals is the main reason for such

Table 3: Distribution of the study population as per the reasons for preference for a particular system of treatment ($n=390$)

Reasons for preference	n (%)			
	Allopathic (n=285)	Homeopathic (n=42)	Others (n=63)	Total (n=390)
Easy availability	15 (5.3)	4 (9.5)	25 (39.7)	44 (11.3)
Effective treatment	170 (59.6)	3 (7.1)	8 (12.7)	181 (46.4)
Faith in system	78 (27.4)	9 (21.4)	11 (17.5)	98 (25.1)
Less expenditure	10 (3.5)	8 (19.1)	16 (25.4)	34 (8.7)
Less side effects	12 (4.2)	18 (42.9)	3 (4.7)	33 (8.5)

Table 4: Distribution of the study subjects as per the reason for non-utilization of health services ($n=60$)

Reasons for non-utilization of health services	n (%)
Consider disease as normal part of aging	13 (21.7)
Health services too far	17 (28.3)
Not affordable	8 (13.3)
No person to accompany	22 (36.7)

a choice.^[11] A study done in Myanmar found that majority of respondents utilized hospitals for seeking health care followed by RHC, private hospital, etc.^[12] A study carried out in urban Maharashtra reported government facilities as a main source of health-care seeking followed by private hospitals and over the counter drugs.^[13] A study from rural Assam showed that majority of elderly utilized government health facilities for seeking care followed by pharmacy, etc.^[14] A study from Bhopal highlighted that majority elderly availed government facility for health-care support.^[15] A study from Haldwani revealed that majority of elderly used government facilities for acute and chronic morbidities followed by private facility, etc.^[16] A study from rural Varanasi showed that majority of elderly utilized government facilities followed by over the counter drugs, private practitioners for seeking medical care.^[17] A study from urban Ludhiana revealed that majority elderly consulted private doctor followed urban health center, etc., for seeking health care.^[18] A study from rural Manipal showed that majority elderly utilized private health facility followed by public health facility for medical care in acute illness.^[19] A study from rural Uttarakhand highlighted that majority elderly availed government facility for health-care support.^[20]

Similar to current study other studies also reported allopathy as a preferred modality of treatment like a study from urban Maharashtra reported modern medicine as the preferred system of medicine by majority followed by home remedy, Ayurveda and homeopathy.^[13] A study from rural Assam reported that majority used allopathy system of medicine.^[14] A study from Haldwani revealed that majority of elderly preferred allopathy system.^[16] A study from rural Varanasi showed that majority of elderly preferred allopathy for seeking medical care.^[17] A study from Bareilly reported that majority of elderly preferred allopathy followed by home remedies, homeopathic, etc.^[21] A study from South India found that majority of the older person preferred allopathic medicine followed by Ayurvedic

medicine, homeopathic medicine, and both allopathic and ayurvedic medicine.^[22] Another study from Shimla reported that majority of the older person preferred allopathic medicine followed by ayurvedic medicines and homeopathic medicine for their health problems.^[23] A study from West Bengal revealed that majority availed modern allopathic system of therapy followed by homeopathy, etc.^[24] A study in Ballabgarh showed that majority of the elderly took allopathic medicines followed by home remedies either alone or along with prescribed medicine, Ayurvedic, homeopathic, traditional medicines, and magicoreligious practices.^[25] A study showed that modern medication was most commonly utilized followed by self and alternative medications.^[26]

Unlike this study which shows effective treatment was the most common reason for choosing particular modality of treatment other studies differ in reasons for choosing modality such as a study from Kerala reported that most common reason for choosing health facility was geographical location and time followed by, cost, quality of care, faith in the provider, etc.^[3] A study showed that reasons for seeking private care were good behavior, faith on treatment, availability, etc.^[4] A study from North India showed that main reason for using traditional faith healer for mental problems was supernatural causation of disease; more effective than allopathy/lesser side effects were the most common reason for using alternative medicine practitioner; easy accessibility was the most common reason for using non-psychiatric physician; consultation with specialist was the most common reason for going to a psychiatrist.^[27] Another study from Rohtak reported that most common reason for selecting magicoreligious system was faith in the system, alternative medicine was used mainly due to easy accessibility, effective treatment, and less expensive was the reason for using physician/PHC facility, specialist services were selected by most only after referral from other facilities.^[28]

This study shows that no person to accompany was the most common reason for non-utilization of health care. However, the most common reason for non-utilization was found to be different in other studies like a study found that the reason for non-utilization may be either due to lack of finance or lack of caretaker to take them to a doctor, or even may be due to lack of faith in doctors.^[11] A study from urban Maharashtra revealed that long distance was the major reason for not seeking health care followed by unawareness, lack of doctors, etc.^[13] A study

from rural Assam reported financial reason as the main factor for not seeking health care followed by considering disease as a part of aging, etc.^[14] A study from Bareilly reported that most common reason reported by elderly subjects who did not seek health-care services was affordability, long waiting time, long distances, etc.^[21] Another study from Shimla reported that the most common reasons for not seeking health care were disease due to age followed by distant health services, trust God for healing, lack of money and poor attitude of health-care workers, and least common reason was nobody to take to hospital.^[23] Another study from Chennai showed that reasons for non-utilization were no money to pay, non-availability of attendants to accompany for health services and inability to walk.^[29]

Limitations

The limitation of the study lies in the fact that it only highlights the pattern of health-care utilization and reasons for non-utilization of health-care services by elderly population. It does not address the socioeconomic and other factors that determine the pattern of health-care utilization and non-utilization of health services.

CONCLUSION

Approximately four-fifth of the elderly population were utilizing the health services for their illnesses. However, a substantial proportion of elderly was not utilizing any health services that warrant actions to be taken and the factors associated with non-utilization should be addressed to enable each and every elderly to live a healthy life.

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