

Study on health care seeking behaviour among elderly in rural area

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Abstract

Background: The geriatric population is defined as the population aged 60 years and above. As the age advances, there is a high chance of having both physical and mental impairment. One of the important factors that influence the severity of disease among elderly is their health seeking behavior.

Objective: To study the factors determining the health seeking behavior among elderly.

Materials and Methods: A community-based cross-sectional study was conducted in field practice area of Father Muller Medical College. A sample size of 150 was chosen by purposive sampling method. A pretested questionnaire was used to collect the data. Statistical tests like Chi-square and regression analysis were used to find out the association.

Results: Of the total participants 67.3% were in the age group of 60-70 years. The majority were illiterate. 65.3% were suffering from chronic illness. Hypertension was the commonest chronic disease. The majority of the people who had chronic disease visited health facility regularly to keep track of their condition. Age was the only demographic factor which was significantly associated with health seeking behavior for chronic illness in our study.

Conclusion: Health seeking behaviour among elderly was better than the comparative studies may be because of better accessibility to health centers.

Keywords: Elderly, Health seeking behavior, Rural area.

Introduction

Ageing is a natural process which is associated with physiological and biological changes. Globally the proportion of elderly has been rising steadily. It has increased from 7% in 1950 to 11% in 2007 and expected to rise by 22% in 2050.^[1]

Old age faces various kinds of disabilities in the form of physiological, physical, mental and social impairment. While Old age cannot be called as a disease but because of the impairments, people are unable to do their own basic things.^[2] By 2020 the non-communicable diseases (NCDs) are predicted to account for 73% of deaths and 60% of disease

burden globally. Currently, India is also facing increased burden of NCDs and other old age diseases.^[3]

The severity of the disease among elderly is influenced by one important factor which is health seeking behaviour. Health Care Seeking Behaviour refers to a decision or an action taken by an individual to maintain, attain, or regain good health and to prevent illness. This usually influences them choosing a public or private facility for health service. Few may go for traditional medicines, self-medication or home remedies.^[4]

Health seeking behaviour is influenced by few factors like illiteracy, misconception, income, family composition, social isolation and dependency.^[5] This can increase the magnitude of suffering and disability among elderly. It is important to know about health care seeking behaviour before setting a health care facility or for evaluation of the same in a particular geographic area. Objective: To study the factors which determine health seeking behaviour among elderly in the rural practice area.

Materials and Methods

A cross-sectional study was conducted in rural field practice area of Father Muller Medical College, Mangalore. Out of

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6 villages in the field practice area, 3 were randomly selected for the study. A sample size of 150 was chosen by purposive sampling method. The study was conducted during February 2015. All the houses in the selected villages were visited till the sample size was met.

Inclusion criteria- People aged more than 60 who gave consent for participation.

Study tool- A pretested structured questionnaire was used to collect the data. Institutional ethical clearance was obtained before the study. Trained interviewers visited and collected information from selected houses.

Statistical analysis- data was analysed using SPSS 21 version. Results were presented as percentages and proportions. Chi-square test and regression analysis were used for finding out the association.

Results

Among the 150 participants, the majority (67.3%) were in the age group of 60-70 years. 62% were female. 52.7% belonged to Hindu religion. The majority (39.3%) belonged to lower socio-economic status according to modified B. G. Prasad's classification. Most of the participants were illiterate (56.7%)(Table 1). The majority (46%) were living in a

Table 1: Socio-demographic profile of the participants

Characteristics	N (150)	%
Sex		
Female	57	38.0
Male	93	62.0
Age-group		
60-70	101	67.3
70-80	38	25.3
>80	11	7.3
Religion		
Hindu	79	52.7
Muslim	66	44.0
Christian	5	3.3
Education		
Illiterate	85	56.7
Primary	23	15.3
Middle	25	16.7
High school/PUC/Diploma	13	8.7
UG	3	2.0
PG	1	0.7
Socio-economic status		
Class I	31	20.7
Class II	22	14.7
Class III	38	25.3
Class IV	43	28.7
Class V	16	10.7

three-generation family. 74% of participants were not working at the time of interview. 64% of the participants told that they are fully dependent on their children.

A total of 115 participants had suffered from acute illness in the past year. Among them, 97.39% took treatment for the illness. (Table 2) shows the source of treatment. Factors such as age, gender, education, socio-economic status and religion were not associated with the source of health facility chosen for acute illness. Of all the participants 72% had visited health facility for a routine health check-up in the last year and 65.3% had a chronic illness. (Table 3) shows the chronic disease profile. Among the people who had chronic disease 84.7% visited health facility regularly. The major reason was to keep track of their condition (34%). The majority (32%) visited the doctor once a month. In this study, Age of the participant was a significant factor that determined the health seeking behaviour during a chronic illness. (Table 4) Gender, socioeconomic status, income, and education were not significantly associated with health seeking behaviour.

Around 52% of people said that income has a role to play during illness to seek health care. For 69.3% respondents, medical expenses were paid by their children. Only 17.3% of the elderly had one or the other form of health insurance.

Table 2: Source of treatment during acute illness

Health care facility	Frequency	Percentage
Public	41	36.6
Private	63	56.25
Traditional healers	5	4.46
Home remedy	3	2.67
Total	112	100

Table 3: Chronic disease profile of the participants

Chronic disease	Frequency (N = 98)*
Hypertension	50
Diabetes	4
Loco motor problem	10
Cardiovascular disease	8
Cataract	24
Hypertension and Diabetes	27

Table 4: Binary logistic Regression Analysis showing association of age with health seeking behaviour

Age in years	B	S.E.	Sig.
60-70			.020
71-80	-2.402	.862	.005
> 80	-1.992	.937	.034
Constant	.288	.764	.706

Discussion

The present study focused on major chronic problems in the field practice area and health care seeking behaviour for the same. In our study majority (67.3%) were in the age group of 60-70 years. Similar findings were seen in studies done by Sulakshana et al and Anjali et al.^[3,6] We found that majority of the participants were illiterate (56.7%). Similar observation was made in studies by Surekha Kishore et al and Narapureddy et al.^[1,7]

In our study majority of the elderly avail services from private sector. This finding is in contrast with the findings of Ramesh Chand et al where the majority (56.4%) of the participants visited a public health facility.^[4] This may be because Mangalore has a good network of outreach health centers which are attached to various medical colleges. These centers provide services which are accessible and affordable to people, especially in rural area.

In this study, 65.3% had a chronic illness. Commonest disease was hypertension. This is similar to findings of Bhatia et al^[8] and Rajashree Bhatt et al.^[9] Among the people who were having chronic disease 84% availed health services regularly. This was a good finding as compared to studies by sulakshana et al,^[3] Akpa et al^[10] where the regular visit was not there. The reasons quoted in their studies were financial constraints and lack of nearby health facility.

Age was the only demographic factor which was significantly associated with health care seeking behaviour for chronic illness in this study. Utilisation of health services was less as the age advanced. This may be because of the complete dependency over the children as the age advances. A study by Dewa Adhikari et al showed that socioeconomic status and income of the family have a significant association with health service utilization^[2] which was not observed in our study.

Conclusion

Elderly in rural area are also suffering from a chronic illness which once thought as urban disease. Health seeking behaviour among elderly was better than the comparative studies may be because of better accessibility to health centers.

References:

1. Surekha Kishore et al. Chronic morbidity and health care seeking behaviour amongst the elderly population in rural areas of Uttarakhand. *Indian Journal of Community Health*. 2015; 27(2): 252-256.
2. Dewa Adhikari and Dagendra Prasad Rijal. Factors affecting health-seeking behaviour of senior citizens of Dharan. *Journal of Nobel Medical College*. 2014; 3(5): 50-57.
3. Sulakshana S Baliga et al. Treatment-seeking behaviour and health care expenditure incurred for hypertension among elderly in urban slums of Belgaum City. *National Journal of Community Medicine*. 2013; 4(2): 227-230.
4. Ramesh Chand Chauhan et al. Determinants of health care seeking behaviour among rural population of a coastal area in South India. *International Journal of Scientific Reports*. 2014; 1(2): 118-122.
5. Soe Moe et al. Health seeking behaviour in Elderly in Myanmar. *Int Jour of Collaborative research on internal Medicine and Public health*. 2012; 4(8):1538-1544.
6. Anjali R, Aarti K. Living conditions of Elderly in India: An overview based on nationwide data. *Ind Jr of Geront*. 2006; 20: 250-63.
7. Narapureddy B, KH N, Madithati P, Singh RK, RA P. Socio-demographic profile and health care seeking behaviour of rural geriatric population of Allahabad district of UP: A cross sectional study. *Int J Med Sci Public Health*. 2012; 1(2): 87-92 .
8. Bhatia SPS, Swami H M, Thakur J S, Bhatia V. A study of the health problem & loneliness among elderly in Chandigarh. 2007; 32(4): 255-58.
9. Rajshree Bhatt, Minal S Gadavi. An Epidemiological Study Of The Morbidity Pattern Among The Elderly Population In Ahmadabad, Gujarat. *National Journal of Community Medicine*. 2011; 2(2):233-236.
10. Akpa MR, Agomuoh DI, Odia OJ. Drug compliance among hypertensive patients in Port Harcourt, Nigeria. *Niger J Med*. 2005; 14(2):55-7.

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