



A study on health care seeking behaviour among elderly in a rural area of eastern Uttar Pradesh

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Abstract

Introduction: India is projected to experience a rapid increase in its elderly population in upcoming future decades thereby leading to proportionate increase in load of elderly morbidities.

Objectives: The purpose of present cross-sectional study was therefore to study health seeking behaviour among elderly in a rural population of Barabanki.

Methods: A community-based cross-sectional study was conducted in the field practice area of Rural Health and Training Centre, Hind Medical College, Barabanki. A sample size of 782 was chosen by multistage sampling method. A pretested questionnaire was used to collect the data. Data was presented in distribution table and statistical test Chi-square was used to find out the association.

Results: A total of 782 individuals were enrolled out of which data of 483 subjects was analysed in case of any illness in the past month and accordingly type of treatment sought for that illness. The proportion of individuals preferring self-medication, traditional methods, paraprofessionals were found to be 7.2%, 16.9% & 24.8% respectively. The difference between no treatment, self-treatment, paraprofessionals traditional health as on and allopathic treatment was significant when stratified by parameters age group, gender, literacy status, religion, caste financial dependency and socio-economic status ($p < 0.00$).

Conclusion: On the basis of these findings revealed from the study, it is suggested that apart from developing comprehensive health-care services for elderly, community based strategies are also needed to have full-fledged community participation. There is a need to bring early and proper healthcare seeking in elderly so that the forthcoming complications could be prevented.

Keywords: elderly, health seeking, rural

1. Introduction

Ageing is a natural process which is associated with physiological and biological changes. A changing demographic structure is occurring worldwide with a gradual shift towards a higher proportion of older people [1]. 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 [2]. Elderly population in India has increased to 8.3 per cent till 2013 [3]. Old age cannot be called as a disease but because of the impairments, people are unable to do their own basic things [4]. They use to suffer from multiple symptoms at a time due to debility of various body functions including immunity [5]. The consequences of disease in terms of severity among elderly are affected 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 [6]. This influences these elderly people in deciding a public or private health service. Also few may go for traditional medicines, self-medication or home remedies [7]. Delays in healthcare can result in more rigid and complicated irreversible health consequences. That's why it is necessary to understand health seeking behaviour and the factors associated with it, so as to assess their needs and priorities in terms of health seeking. The purpose of the present study was

therefore to assess the health-seeking behaviour of elderly people (>60 years of age) and the factors associated to their biosocial characteristics.

2. Material and Methods

The present community-based cross-sectional study was conducted in the rural field practice area of Hind Medical College, Barabanki, and Uttar Pradesh. The elderly subjects (age group ≥ 60 years) residing in this area were included in the study. The sample size for the present study was calculated taking into account the prevalence of health related problems in elderly people as 42% [8]. The sample size calculation was done using formula $4pq/d^2$ where p is the prevalence of psychosocial and health related problems in elderly people, d as allowable error (relative precision was taken as 5%) and taking design effect of 2 the estimated sample size calculated was 782. The elderly persons were enrolled using multistage sampling and were interviewed regarding their health seeking behaviour using pre-designed, pre-tested and semi-structured questionnaire after obtaining consent. Data was assessed about any illness in the past month and type of treatment sought for that illness. Descriptive data was presented in form of frequencies and percentages and Chi-square test was used for the two tested variables.

3. Results

Biosocial Characteristic of Study Population

In the present study, a total of 782 individuals were enrolled out of which data of 483 subjects was analysed in case of any illness in the past month and accordingly type of treatment sought for that illness. Of total 782 subjects, majority of them were in age group 60-69 years (88.6%) followed by elderly in age group 70-79 years (7.9% age group) and 3.5% in the age group ≥ 80 years. In the age group of 70-79 years there were more number of females (10.4 %) than males (5.8 %). Out of

the total 782 subjects, majority of the studied population were Hindus (91.4%) followed by Muslims (8.6%). The percentages of general (46.9%) were found to be similar as OBC (46.7%) and SC/ST were about 12.5% of the 782 study subjects. Of 782 most of the subjects were married (83.4%) followed by unmarried/ widowed/widower (0.5%). In the present study, of the total 782 individuals more than one third (43.7%) of the respondents belonged to lower SES followed by lower middle class (43.6%), lower class (22.5%), middle class(20.3%) and upper middle class(6.8%). [Table no. 1]

Table 1: Distributions of elderly population on the basis of health problems (n=782)

Type of Morbidity	Participants				Total	
	Male		Female		n	%
	n	%	n	%		
No Morbidity Diagnosed	147	35.4	152	41.4	299	38.2
Cancer	8	1.9	4	1.1	12	1.5
Hypertension	98	23.4	72	19.2	170	21.7
Diabetes Mellitus	17	4.1	20	5.4	37	4.7
Vision Impairment	153	36.9	118	32.2	271	34.7
Gastroenterology	32	7.7	24	6.5	56	7.2
Hearing Impairment	16	3.9	4	1.1	20	2.6
Musculoskeletal	140	33.7	146	39.8	286	36.6
Cerebrovascular	12	2.9	4	1.1	16	2.0
Respiratory	55	13.3	60	16.3	115	14.7
Genitourinary	83	20.1	62	16.9	145	18.5

Musculoskeletal impairment was reported in 36.6% (out of total 782 subjects) with vision impairment in 34.7% while 38.2% (299 out of 782) elderly had no diagnosed morbidity. While among males elderly a maximum of 36.9% had vision

problem followed by musculoskeletal 33.7% but among females 39.8% had musculoskeletal problem followed by vision impairment 32.2% and in about 41.4% females had no diagnosed morbidity. [Table no. 2]

Table 2: Factors associated with health-seeking behaviour of elderly people (n=483)

Characteristic	Total (n=483)	No treatment (n=143)	Self-medication (n=35)	Traditional (n=82)	Para-professionals (n=120)	Allopathic (n=103)	X ² p value
Age-group							
60-70	282 (58.38)	95 (66.43)	15 (42.85)	40 (48.78)	86 (71.66)	46 (44.66)	27.09
>70	201 (41.61)	48 (33.56)	20 (57.14)	42 (51.21)	34 (28.33)	57 (55.33)	0.00
Gender							
Male	302 (62.52)	85 (59.44)	18 (51.42)	44 (53.65)	88 (73.33)	67 (65.04)	11.43
Female	181 (37.47)	58 (40.55)	17 (48.57)	38 (46.33)	32 (26.66)	36 (34.95)	0.00
Literacy status							
Illiterate	193 (39.95)	92 (62.33)	21 (60.00)	45 (54.87)	84 (70.00)	49 (47.57)	13.66
Literate	290 (60.00)	51 (35.66)	14 (40.00)	37 (45.17)	36 (30.00)	54 (52.42)	0.00
Religion							
Hindu	256 (53.00)	97 (67.83)	17 (48.57)	39 (47.56)	81 (67.50)	22 (21.35)	65.40
Non-Hindu	227 (47.00)	46 (32.16)	18 (51.42)	43 (52.43)	39 (32.50)	81 (78.64)	0.00
Caste							
SC/ST	198 (41.00)	57 (39.86)	19 (54.28)	39 (47.56)	47 (39.16)	36 (34.95)	5.21
General & OBC	285 (59.00)	86 (60.13)	16 (45.71)	43 (52.43)	73 (60.83)	67 (65.04)	0.21
Marital Status*							
Married	196 (40.57)	52 (36.36)	18 (51.42)	33 (40.24)	42 (35.00)	51 (49.51)	7.72
Others	287 (59.42)	91 (63.63)	17 (48.57)	49 (59.75)	78 (65.00)	52 (50.48)	0.10
Registration under government scheme							
Registered under any government scheme	289 (60.00)	94 (65.73)	20 (57.14)	41 (50.00)	77 (64.16)	57 (55.33)	7.27
Not registered under government scheme	194 (40.16)	49 (34.26)	15 (42.85)	41 (50.00)	43 (35.83)	46 (44.66)	0.12

Financial dependency							
Totally dependent	304 (63.00)	86 (60.13)	19 (54.28)	45 (54.87)	87 (72.50)	67 (65.04)	8.72
Independent/partially	179 (37.06)	57 (39.86)	16 (45.71)	37 (45.12)	33 (27.50)	36 (34.95)	0.06
Socio-economic status#							
Lower middle and above	302(62.51)	88 (61.59)	17 (48.50)	38(46.36)	89(74.17)	70 (67.96)	20.47
Upper lower And below	181(37.49)	55 (38.41)	18 (51.50)	44 (53.64)	31(25.83)	33 (32.04)	0.00

#Modified B G Prasad socioeconomic scale 2015

#Includes divorced, separated, unmarried, widow/widower

The difference between no treatment, self-treatment, paraprofessionals traditional health as on and allopathic treatment was significant when stratified by parameters age group, gender, literacy status, religion, caste financial dependency and socio-economic status ($p < 0.00$). Proportion of individuals preferring allopathic medication were comparatively more among subjects > 70 years age, literate, belonging to Non-Hindu religion and general & OBC category, who were financially dependent on others and those belonging to lower middle and above socio-economic strata.

4. Discussion

Sub optimal healthcare seeking can lead to serious consequences among elderly. Therefore the present study was conducted to study health seeking behaviour among elderly in a rural population of Barabanki district. The study reported prevalence of health problem about 61.7%. This was quite in agreement with studies in other parts of country^[7, 8, 9, 10, 11].

About 29.6% of the elderly did not seek any type of treatment. This was much higher as compared to other findings reported by Rupali *et al* & Kumar *et al*.^[9, 12] Also the proportion of individuals preferring self-medication, traditional methods, paraprofessionals were found to be 7.2%, 16.9% & 24.8% respectively. On deeply analysing, the people preferring the allopathic medication were more preponderate towards the private sector. This finding is in accordance with that reported in earlier studies^[9, 12, 13]. But contradictory to the finding of Sharma *et al* who showed that proportion of individuals visiting allopathic health facilities were low (21.3%)^[13]. Soni *et al* opined that this variation in the studies might be due to difference in knowledge, educational status and income of the study population which are found to be significant factors associated with health consciousness^[14]. Similar to the findings of earlier studies significant association was observed between health seeking and age group, gender, literacy status, religion, caste, financial dependency and socio-economic status^[12, 14, 16].

5. Conclusion

We found that only one-fourth (21.3%) of elderly people preferred allopathic treatment, while those preferring self-medication, traditional methods, paraprofessionals were found to be 7.2%, 16.9% & 24.8% respectively. The health seeking behaviour of the elderly was found to be profoundly affected by age-group, literacy status, financial dependency and socioeconomic status. Thus all the interventions to bring out necessary change should be made keeping the role of these intervening factors at grass root level.

6. References

1. Priti Biswas, Zarina Nahar Kabir, Jan Nilsson, Shahaduz Zaman. Dynamics of Health Care Seeking Behaviour of Elderly People in Rural Bangladesh. *International Journal of Ageing and Later Life*. 2006; 1(1):69-89.
2. 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.
3. Census of India. Chapter 2. Population Composition. SRS Statistical Report. 2013. Available from http://www.censusindia.gov.in/vital_statistics/SRS_Reports_2013.html. Accessed 11 March 2016.
4. Dewa Adhikari, Dagensra Prasad Rijal. Factors affecting health-seeking behaviour of senior citizens of Dharan. *Journal of Nobel Medical College*. 2014; 3(5):50-57.
5. Kamble SV, Ghodke YD, Dhumale GB, Avchat SS, Goyal RC. Health Status of Elderly Persons in Rural Area of India. *Indian Medical Gazette*. 2012, 295-299.
6. Bhat S, Kumar S. Study on health care seeking behaviour among elderly in rural area. *Int J Med Sci Public Health*. 2017; 6:350-352.
7. 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.
8. Prakash R, Chaudhary SK, Singh UC. A Study of Morbidity Pattern among Geriatric Population in an Urban Area of Udaipur, Rajasthan. *Indian Journal of Community Medicine*. 2004; 29(1)11-13.
9. Kumar D, Kumari R, Shankar H. Health status and health seeking behaviour of rural geriatric population of Varanasi district, India. *Int J Med Sci Public Health*. 2015; 4:1711-1714.
10. Joshi K, Kumar R, Avasthi A. Morbidity profile and its relationship with disability and psychological distress among elderly people in northern India. *Int J Epidemiol*. 2003; 32:978-87.
11. Shankar R, Tandon J, Gambhir IS, Tripathi CB. Health status of elderly population in rural area of Varanasi district. *Indian J Public Health*. 2007; 51(1):56-58.
12. Rupali Patle A, Gautam Khakse M. Health-seeking behaviour of elderly individuals: A community-based cross-sectional study. *The National Medical Journal of India*. 2015; 28(4):181-184.
13. Narapureddy B, Naveen KH, Madithati P, Singh RK, Pirabu RA. Sociodemographic 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.
14. Sharma D, Mazta SR, Parashar A. Morbidity pattern and health seeking behaviour of aged population residing in Shimla hills of north India. *J FAM Med Prim Care*. 2013; 2(2):188-93.
 15. Soni S, Kumar M, Shukla M. A study on health consciousness among the elderly in a rural population of Katihar, Bihar. *Int J Sci Rep*. 2016; 2(9):233-6.
 16. Patle RA, Khakse GM. Health-seeking behaviour of elderly individuals: A community-based cross-sectional study. *Natl Med J India*. 2015; 28(4):181-4.