



# A Cross Sectional Study on Health Seeking Behaviour among Elderly in Shimoga

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## ABSTRACT

**Background:** According to Census 2011 nearly 104 million elderly persons in India.<sup>6</sup> The 2011 census reveals that Karnataka has 7.9% elderly population. Health seeking behaviours are influenced by a variety of factors among elderly like socioeconomic conditions, age, social status of the person, gender, authority of the elderly within the family.

The objective of the study was to assess the health seeking behaviour among elderly in rural and urban field practice areas of Shimoga institute of medical sciences, shimoga

**Methods:** A community-based cross-sectional study was conducted in the urban and rural areas of Shimoga district; the study period was from August 2017 to January 2018. Provisional diagnosis of diseases of elderly was made based on reported symptoms, clinical evaluation by investigators. The data was collected through pre-designed and pretested personal interviews by house-to-house visits after taking informed consent from the participants. The data collected were compiled and entered into Microsoft Excel software. For statistical analysis, SPSS version 21 was used.

**Results:** Health seeking behaviors are influenced by a variety of factors among elderly like socioeconomic conditions, age, social status of the person, gender, authority of the elderly within the family. Type of health facility preferred by elderly was government hospital (94.3%) in rural and private hospitals in urban (58.1%)

**Conclusion:** Health and treatment seeking behaviour among elderly is very poor, which needs a awareness creation and creating easy accessibility of health services. It needs implementation of programs at grass root level.

**Key Words:** health seeking, elderly, morbidity.

## INTRODUCTION

People aged 60 years and above are treated as old in India. People aged between 60 to 75 years are young old, between 75 to 85 as old-old and above the age of 85 are classified as very old or infirm.<sup>1</sup> Aging is a physiological process that starts from birth, continues throughout life and ends with death.<sup>2</sup>

According to Census 2011 nearly 104 million elderly persons in India.<sup>3</sup> The 2011 census reveals that

Karnataka has 7.9% elderly population and stands 7th in India in terms of percentage of old age population.<sup>4</sup>

Aging is a very complex process, influenced various factors. Health-seeking behavior is one among them.<sup>5</sup> Elderly population in India is increasing from 12.4% of population by 2026 and to become 20% by 2050. Geriatric health care in India is still a distant dream because of lack of specialized and trained workforce and absence of an infrastructure beyond tertiary care hospitals.<sup>6</sup>

The present study was undertaken to find out the health seeking behavior of elderly population residing in the rural and urban areas of Shimoga.

7.1% in rural areas. Maximum number of participants were illiterate (75.7%) in rural and (66.7%) in urban areas.(Table 1)

**OBJECTIVE**

The study was conducted to assess the health seeking behaviour among elderly in rural and urban field practice areas of Shimoga institute of medical sciences, shimoga

**METHODOLOGY**

Elderly persons aged 60 years and above who were permanent residents of the area and gave informed consent to be part of our study were eligible to participate in our study.

For sample size calculation, we applied the formula  $4pq/e^2$ , where we had taken 85% prevalence of morbidity among elderly people at 5% precision, sample size was estimated to be 210.<sup>7</sup>

From the selected village and ward, one house was selected randomly and surveyed for elderly residents. Initiating from this house, every next nearest house was surveyed till 210 participants were obtained for the study both in urban and rural areas.

Provisional diagnosis of diseases of elderly was made based on reported symptoms, clinical evaluation by investigators and available prescriptions, investigation reports with the participants, chronic disease conditions were considered for our study. Only those respondents, who were found to have any health problem, were studied for their health-seeking behavior.

Health seeking behavior was defined as sequence of remedial actions taken by the person to rectify perceived ill-health.<sup>8</sup> The data was collected through predesigned and pretested personal interviews by house-to-house visits after taking informed consent from the participants. The data collected were compiled and entered into Microsoft Excel software. For statistical analysis, SPSS version 21 was used.

**RESULTS**

Among study subjects, majority in both rural and urban groups belonged to age group of 60-65 years [60% (rural), 52.4% (urban)]. The proportion of females among the elderly population was 53.3% (112/210) in rural and 54.8% (115/210) in urban area compared to males 46.7% (98/210) and 45.2% (95/210) respectively in rural and urban areas. A total of 42.9% of study participants were leading widow/widower life in urban areas compared to

**Table 1: Demographic variables of the study subjects in rural and urban areas**

Variables	Rural (%)	Urban (%)
<b>Religion</b>		
Hindu	147 (70)	170(81)
Muslim	63 (30)	35 (16.7)
Christian	0 (0)	5 (2.4)
<b>Marital Status</b>		
Married	192 (91.4)	120 (57.1)
Unmarried	3 (1.4)	0 (0)
Widow/Widower	15 (7.1)	90 (42.9)
<b>Education</b>		
Illiterate	159 (75.7)	140 966.7)
Primary	30 (14.3)	30 (14.3)
High School	12 (5.7)	10 (4.8)
Puc	3 (1.4)	5 (2.4)
Graduate And Above	6 (2.9)	25 (11.9)
<b>Employment</b>		
Employed	9 (4.3)	75 (35.7)
Unemployed	201 (95.7)	135 (64.3)
<b>Family</b>		
Nuclear	48 (22.9)	130 (61.9)
Three Generation	66 (31.4)	55 (26.2)
Joint	96 (45.7)	25 (11.9)
<b>Living With</b>		
Alone	12 (5.7)	20 (9.5)
Spouse	12 (5.7)	40 (1.9)
Children	66 (31.4)	80 (38.1)
Spouse And Children	120 (57.1)	70 (33.3)
<b>Socioeconomic Status</b>		
Class 1	99 (47.14)	75 (35.7)
Class 2	45 (21.4)	5 (2.4)
Class 3	18 (8.6)	100 (47.5)
Class 4	45 (21.4)	30 (14.3)
Class 5	3 (1.4)	0 (0)

(Figures in parenthesis indicate percentage)

**Table 2: Preference of type of treatment among rural study subjects**

Preference of type of treatment	Subjects (%)
Allopathic medicine	90%
Self treatment	1.40%
Quacks	2.90%
No treatment	5.70%

**Table 3: Preference of type of treatment among urban study subjects**

Preference of type of treatment	Subjects (%)
Allopathic medicine	87%
Self treatment	0.00%
Quacks	6.70%
Ayurveda	2.40%
Homeopathy	2.40%

**Table 4: Preference of type of health facility among rural study subjects**

Health Facility	Subjects (%)
Government Hospital	94.30%
Private Clinic	1.40%
Quacks	2.90%
Others	1.40%

**Table 5: Preference of type of health facility among urban study subjects**

Health Facility	Subjects (%)
Government Hospital	35.20%
Private Clinic	58.10%
Others	1.90%

**Table 6: Health seeking behaviour of elderly study subjects in urban and rural areas**

Health Seeking Behavior	Residence	
	Rural(%)	Urban(%)
<b>Reason For Taking Treatment</b>		
To Get Well Soon	129(61.4)	78 (37.1)
Keep Track On Health	27 (12.9)	67 (31.9)
My Responsibility	12 (5.7)	15 (7.1)
Force From Family Members	27 (12.9)	15 (7.1)
Take Tablet For Whole Month	6 (2.9)	25 (11.9)
<b>Reason For Not Taking Treatment</b>		
Its Minor Illness	9 (4.3)	0(0)
Its Old Age Problem	3 (1.4)	5 (2.4)
Trust On God For Healing	3 (1.4)	0(0)
Doctor Is Not Good	0(0)	5 (2.4)
<b>Factors For Accessing Health Facility</b>		
Close To House	54 (25.7)	60 (28.6)
Not Expensive	36 (17.1)	30 (14.3)
Belief In Type Of Care	54 (25.7)	19 (9)
Doctor Is Good	57 (27.1)	56 (26.1)
Followed In Family Tradition	0(0)	20 (9.5)
Recommendation By Previous Doctor	0(0)	15 (7.1)
<b>Frequency Of Health Check-Up's</b>		
Once In 15 Days	24 (11.4)	47 (22.4)
Once A Month	78 (37.1)	82 (39)
Once In 3 Months	12 (5.7)	18 (8.6)
Once In 6 Months	6 (2.9)	10(4.8)
Not Fixed	90 (42.9)	43 (20.5)
<b>Reason For Not Taking Treatment Regularly</b>		
Forget To Take	6 (2.9)	0(0)
I Don't Think Taking Them Regularly Is Necessary	3 (1.4)	24 (11.4)
Medicines Are Expensive	3 (1.4)	9 (4.3)

(Figures in parenthesis indicate percentage)

Treatment seeking behavior among the geriatric study participants showed 90% among rural elderly and 86.7% among urban elderly preferred allopathic medicine, quacks (2.9% rural, 1.9% urban). Ayurveda (2.4%), homeopathy (2.4%) were preferred among urban elderly. Kumar *et al.*,<sup>9</sup> in their study in northern India showed among subjects seeking treatment 35.5% were on allopathic, 2.5%

ayurvedic, 0.5% homeopathic treatment were sought.

Type of health facility preferred by elderly was government hospital (94.3%) in rural and private hospitals in urban (58.1%) areas. (Figure 1 and Figure 2)

Among older persons 3(1.4%) in rural and 5(2.4%) in urban areas not seeking treatment for their medical condition considered their morbidities were an age related problem.(table 2)

Statistical significant difference for gender was observed among urban ( $\chi^2=11.1$ ,  $df =1$ ,  $p$  value=0.001) but not for rural ( $\chi^2=25.7$ ,  $df =2$ ,  $p$  value=0.276) in treatment seeking behavior.

## DISCUSSION

A total of 210 elderly each from rural and urban areas were selected. Among study subjects, majority in both rural and urban groups belonged to age group of 60-65 years [60% (rural), 52.4% (urban)] followed by 66-70 years [25.7% (rural), 23.8% (urban)] similar to the study conducted by verma.v.et al.<sup>10</sup> showed that in both rural and urban study population belonged to the age group of 60-70 years followed by 70-80 years. Similar results were also found in a study by R P Thakur *et al.*<sup>11</sup>

Maximum number of participants were illiterate (75.7%) in rural and (66.7%) in urban areas similar to findings in a study at Vishakhapatnam district where out of total study population 75.75% were illiterate.<sup>17</sup>

Treatment seeking behavior among the geriatric study participants showed 90% among rural elderly and 86.7% among urban elderly preferred allopathic medicine, quacks (2.9% rural, 1.9% urban). Ayurveda (2.4%), homeopathy (2.4%) were preferred among urban elderly. Kumar *et al.*,<sup>13</sup> in their study in northern India showed among subjects seeking treatment 35.5% were on allopathic, 2.5% ayurvedic, 0.5% homeopathic treatment were sought. Similar finding was also observed by Priyaet *al.*<sup>14</sup>

Type of health facility preferred by elderly was government hospital (94.3%) in rural and private hospitals in urban (58.1%) areas similar to findings in many studies.<sup>15,16</sup>

Deepak sharma *et al.* in their study in Shimla showed that nearly two third (65.8%) were seeking treatment for their health problems. Majority of the older person's preferred allopathic medicine (81.2%) followed by ayurvedic medicines (11.3%) and homeopathic medicine (7.3%) for their health problems. Most of the older persons preferred going to a Government hospital for treatment for

their illness. Among older persons not seeking treatment for their medical condition, considered these morbidities were an age-related phenomenon, the findings are similar to our study findings.<sup>16</sup>

Statistical significant difference for gender was observed among urban ( $\chi^2=11.1$ ,  $df =1$ ,  $p$  value=0.001) but not for rural ( $\chi^2=25.7$ ,  $df =2$ ,  $p$  value=0.276) in treatment seeking behavior similar to findings by Sharma et al. in Shimla.<sup>17</sup>

Our study concluded that health seeking behaviour is poor, needs generation of awareness among elderly to take treatment, also needs a focus on providing health facilities and infrastructure for betterment of elderly.

Smaller sample size and shorter study duration are the limitations for the study.

### Implications:

Health and treatment seeking behaviour among elderly is very poor, which needs a awareness creation and creating easy accessibility of health services. It needs implementation of programs at grass root level.

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