

Original Research Article

## A Study of Factors Associated with Health Seeking Behaviour of Elderly in Rural Field Practice Area of Shri B. M. Patil Medical College, Bijapur

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### ABSTRACT

**Background:** "Population ageing" was one of the most distinctive demographic events of the twentieth century. It will surely remain important throughout the twenty-first century. Today 60% of those aged above 60 years live in developing countries and their proportion will increase to 80% by 2050. The elderly population in India accounts for 7.4% of the total population.

**Objectives:** 1) To study the socio demographic profile of elderly people. 2) To study the role of these factors in health seeking behaviour of the elderly people.

**Materials and Methodology:** A cross-sectional, community based study was conducted in Shivanagi Village, the rural field practice area of Shri B. M. Patil Medical College, Bijapur. All the elderly people above the age of 60 years who were permanent residents of the area were included in the study. The study was conducted over a period of one year. After obtaining oral consent, one to one interview was done to obtain information regarding socio-demographic profile and health-seeking behavior of the elderly person. Data was analyzed using appropriate tests like mean, standard deviation, Chi Square test and was presented in the form of graphs, tables and figures.

**Results:** A total of 710 elderly individuals were interviewed. 68.73% were illiterate and 70.99% were not leading an economically productive life. 80.99% were living with their children. 14.8% were suffering from one or more chronic illnesses. 92% of these sought healthcare for their chronic illness which comprised of a significantly higher number of "young old" and "old old" respondents compared to "oldest old". 96.05% of the elderly males sought healthcare as compared to 79.17% of elderly females which was found to be statistically significant. As the literacy rate increases health seeking behavior also increases, which was found to be statistically significant.

**Conclusion:** Though it is heartening to know that 92% of those having chronic illnesses sought healthcare, factors such as gender inequality, literacy and socioeconomic class which play an important role in health seeking behavior should be addressed more efficiently.

**Key Words:** Population ageing, Geriatric population, Health Seeking Behaviour, Chi square test.

## INTRODUCTION

“Population ageing” was one of the most distinctive demographic events of the twentieth century and will surely remain important throughout the twenty-first century. Initially experienced by the more developed countries, the process has recently become apparent in much of the developing world as well.<sup>[1]</sup> Today 60% of those aged above 60 years live in developing countries and their proportion will increase to 80% by 2050.<sup>[2]</sup>

The geriatric population is defined as population aged 60 years and above<sup>1</sup>. It is common to define the “young old” as aged 60 – 69 years, the “old old” as aged 70 – 79 years and the “oldest old” as 80 years and over.<sup>[3]</sup>

The elderly population in India accounts for 7.4% of the total population. For males it was marginally lower at 7.1%, while for females it was 7.8%. Among states the proportion varies from around 4% in states like Dadra & Nagar Haveli, Nagaland Arunachal Pradesh, and Meghalaya to more than 10.5% in Kerala. Both the share and size of elderly population is increasing over time, from 5.6% in 1961 to 7.4% in 2001 and it is projected to rise to 12.4% of population by the year 2026.<sup>[4]</sup>

They form a vulnerable group not only from the point of view of health problems but also from other aspects namely economic, social, nutritional and others.<sup>[5]</sup> Old age is associated with increased occurrence of a wide array of physiological, physical, mental and social impairments or losses, which may contribute independently or collectively to disabilities. Attribution of ill health to ageing, low economic status and negative attitude of health workers towards the care of the elderly are some of the factors associated with delay in seeking health care.<sup>[6]</sup>

Health seeking behaviour of elderly people in India is greatly influenced by the

place where they reside and the socio-cultural factor prevailing in that area. Hence this study is conducted to identify the various socio-demographic and cultural factors influencing the health seeking behaviour of the elderly people. The findings of this study will in turn help the programme managers to plan and implement effectively various programmes for improving the health status of the elderly population.

### **Objectives:**

1. To study the socio demographic profile of elderly.
2. To study the role of these factors in health seeking behaviour of the elderly people.

## MATERIALS AND METHODOLOGY

**Study Type:** Cross-Sectional Study

**Study Period:** Feb 2010 – Jan 2011

**Study Area:** Shivanagi Village, the rural field practice area of Shri B. M. Patil Medical College, Bijapur.

**Sample Size:** All the elderly people who were more than 60 yrs of age and who were permanent residents of study area were included in the study.

Total number of houses in the village of Shivangi is 1872. List of all elderly people in the village was prepared by visiting each house. After obtaining oral consent, one to one interview was done to obtain information regarding socio-demographic profile and health-seeking behavior of the elderly person. Data analysis was done using mean, standard deviation, Chi Square test and presented in the form of graphs, tables and figures.

## RESULTS AND DISCUSSION

A total of 710 elderly persons were interviewed. Most of the elderly i.e. 49.43 % were ‘young-old’ while a small proportion i.e.10.43% belonged to ‘oldest old’ category

(Table-1). Kant S et al in their study among the elderly also showed similar pattern.<sup>[7]</sup>

Nearly 65% of the study populations were currently married and about 35% constituted widow/widower or separated. Of the currently married 71% were males and 61% were females.

Most of the elderly, 488 (68.73%) were illiterates. The rate of illiteracy among the elderly males was found to be 45.25% while that among elderly females was found to be 92.61%. The rate of illiteracy obtained similar to that of the 52<sup>nd</sup> round of national sample survey (NSS)- 63% of the elderly were illiterates; among elderly males the rate of illiteracy was found to be 38% while that among females it was found to be 79%.<sup>[8]</sup>

Maximum numbers of respondent, 610 (85.92%) were economically fully dependent on other members of the family. Only very small proportion, 34(4.78%) were fully economically independent. In the study conducted by Anil Jacob Purty 28.2% were fully dependent.<sup>[9]</sup>

Most of the respondent, 575 (80.99%) were living with their children and 106 (14.93%) couples were living together without their children. Only 17(2.395) lived alone. Similar findings in study of Kant S et al.<sup>[7]</sup>

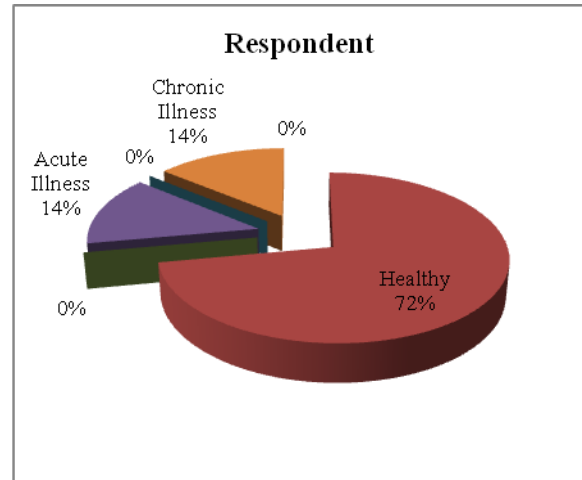


Fig1: Distribution of Respondents According to Health Status.

Majority of the elderly population 512(72.12%) were healthy while 100 (14.08%) were suffering from one or other chronic illness and 98 (13.80%) of the respondents suffered from one or other acute illnesses during last one month prior to our visit (Fig 1). Study conducted by A B Dey reveals 96% of his study subjects were having one or more chronic illnesses which is very high compared to our study.<sup>[10]</sup>

Health seeking behavior has decreased as age advances and this relation is found to be statistically significant. The most probable reason may be that they have left hope of getting quired from chronic illnesses (Table 2).

Table1: Distribution of the Elderly by Age and Gender.

Age Groups	Gender		Total (%)
	Males (%)	Females (%)	
60-69 yrs	133 (18.73)	218 (30.70)	351 (49.43)
70-79 yrs	198 (27.89)	87 (12.25)	285 (40.14)
≥ 80 yrs	27 (3.80)	47 (6.63)	74 (10.43)
Total (%)	358 (50.42)	352 (49.58)	710 (100)

(Note: Figures in parentheses indicate percentages out of 710)

Table 2: Health Seeking Behaviour for Chronic Illness: According to Age.

Age Group	Health Seeking Behaviour		
	Yes	No	Total
60-69 yrs	53 (100)	0(0)	53 (53.0)
70-79 yrs	35 (87.5)	5(12.5)	40 (40.0)
> 80 yrs	4 (57.14)	3(42.86)	7 (7.0)
Total	92(92.0)	8(8.0)	100 (100)

(Chisquare=17.265p=0.01HighlySignificant)

(96%) of elderly males sought health care compared to only (79%) females which is statistically significant. The difference may be due to the fact that women are more dependent than men (Table 3).

Health seeking behavior is found more among literate people than illiterate people which is statistically highly significant (Table 4).

**Table 3: Health Seeking Behaviour for Chronic illness: According to Gender.**

Gender	Health Seeking Behaviour		
	Yes	No	Total
Males	73 (96.05)	3 (3.95)	76 (76.0)
Females	19 (79.17)	5 (20.83)	24 (24.0)
Total	92 (92.0)	8 (8.0)	100 (100)

(Chi square = 7.066 p = 0.008 highly significant)

**Table 4: Health Seeking Behaviour for Chronic Illness: According to Education Status.**

Educational Status	Yes	No	Total
Illiterate	26 (76.47)	8 (23.53)	34 (34.0)
Primary School	34 (100)	0 (0)	34 (34.0)
Middle School	2 (100)	0 (0)	2 (2.0)
High School	30 (100)	0 (0)	30 (30.0)
Total	92 (92.0)	8 (8.0)	N = 100 (100)

(Chi square = 16.88 p = 0.001 highly significant)

## CONCLUSION

It is heartening to note that 92% of those having chronic illnesses sought health care. The proportion of 'Young old' and 'Old old' seeking health care was more compared to 'Oldest old'. As age advances they lose confidence on drugs and leave the suffering to the fate. Gender inequality, literacy and socio-economic class are factors which play an important role in health seeking behavior. In order to get relief from pains and disability the elderly people have sought treatment from all the sources i.e. Traditional, Ayurvedic and Allopathic medicine. This is because of the fact that they seek services from private agencies more than Government agencies.

This in turn enhances the cost of the treatment which they cannot afford and force them to change the medicine from one system to other. The real causes for gender inequality in seeking healthcare are poor literacy status and economic dependency.

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