

## Health seeking behaviour of elderly population residing in urban area of district Kathua (J&K): A cross-sectional study

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### Abstract

**Introduction:** Many health problems are known to increase with age and this demographic trend may lead to an increase in the absolute number of health conditions in the population. The health-seeking behavior of elderly individuals can help in ascertaining their needs and priorities to develop appropriate policies for their care and avert disease progression. **Methodology:** A cross-sectional descriptive study was conducted among adults aged above 60 years. A total of 368 individuals were interviewed over a period of 4 months that is from November 2020- February 2021. Data was collected using pre designed and semi structured questionnaire consisting of questions on socio-demographic details, history of any illness and health seeking behaviour in elderly population. Data was entered in the MS-Excel and analysis was done using number and percentages. **Results:** A total of 368 elderly persons were interviewed. About 39.6% were from age group 60-69. Majority of the elderly population 262 (71.19%) were healthy while 106 (28.88%) were suffering from one or other chronic illness. Among 123 elderly having some chronic morbidity, 104 (84.5%) sought health advice and treatment during illness. About 65.4% preferred allopathic medicine for their illness, 26.0% used both allopathic and AYUSH medication for their problems, while 6.7% used medications bought from AYUSH doctors only. **Conclusion:** Lack of money, family support and not feeling necessary to go to doctor were identified as the two most common reasons for not seeking treatment for their morbidity. Awareness raising activities, education for health behaviour change & pro-people healthcare delivery interventions are recommended.

**Keywords:** Health seeking behaviour, elderly population.

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### Introduction

Health seeking behaviour of elderly people in India is greatly influenced by the place where they reside and the sociocultural factor prevailing in that area. It is considered the primary and most vital step toward the medication of any health related complexity[1]. Old age can be broadly characterized by time-altered changes in an individual's biological, psychological and health related capabilities and its implications for the consequent changes in the individual's role in the economy and the society[2]. The old age dependency ratio has increased from 10.9% in 1961 to 13.1% in 2001 and is projected to increase to 16.1% by 2021[3]. Health-seeking behaviour is also 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[4]. The way people conceptualize the cause of their health problem and their perception of symptoms plays an important role in seeking healthcare[5]. 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. 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.

### Material and Methodology

This was a descriptive cross sectional study conducted among urban elderly population aged 60 years and above residing in the urban field practice area of the Department of Community Medicine in Kathua district of J&K. Study was conducted over a period of 6 months from September 2020 to February 2021. Sample size was calculated using the formula  $4Pq/L^2$ . Prevalence of the health seeking behaviour was taken to be 50%, due to lack of information. Assuming confidence interval of 95% and at a precision of 5%, the total sample size calculated was 384. Multistage sampling was used for which 5 wards were randomly selected from the total of 11 wards. A total of 77 elderly persons were to be enrolled in the study from the 5 randomly selected wards to get a total sample size of 385. From each ward, one house was selected randomly. Starting from this house, every nearest next house was surveyed until 77 persons were enrolled for the study. All the elderly persons found in one house were interviewed separately. Data was collected using pre designed and semi structured questionnaire consisting of questions on socio-demographic factors which included age, level of education, type of family, marital status etc, health status, history of any illness and health seeking behaviour in elderly population. Privacy of each and every participant was ensured. Data was entered in the MS-Excel and analysis was done using number and percentages.

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**Results and Discussion****Table 1: Distribution of respondents according to socioeconomic variable**

Variables		n (%)
Sex	Male	159 (41.2)
	Female	226 (58.7)
Age	60-69	151 (39.2)
	70-79	131 (34.02)
	>80	103 (26.7)
Religion	Hindu	221 (57.4)
	Muslim	73 (18.9)
	Sikhs	91 (23.6)
Education status	Illiterate	99 (25.7)
	Primary school	67 (17.4)
	High school	79 (20.5)
	Higher secondary	81 (21.03)
	Graduate and post graduate	59 (15.3)
Occupation	Working	89 (23.1)
	Non-working	296 (76.8)
Marital status	Married	
	Widow/ widower	
Family type	Nuclear	111 (28.8)
	Joint	103 (26.7)
	3 <sup>rd</sup> generation family	171 (44.4)

**Table 2: Distribution of elderly according to chronic illnesses (single/multiple)**

Chronic illness	Males	Females	Total
Locomotor problems(Arthritis, Joint pain)	57	89	146 (37.9)
Auditory Problems(Hearing disturbance)	55	43	98 (25.4)
G I Tract problems(Loss of Appetite, Constipation)	51	91	142 (36.8)
Ophthalmic problems (Cataract & Vision impairment)	91	159	250 (64.9)
CVS System (Hypertension, Myocardial infection)	78	106	185 (48.05)
Endocrine System (Diabetes Mellitus)	34	49	83 (21.05)
Others(Skin problems, Dental problems)	58	69	127 (32.9)

**Table 3: Distribution of elderly population according to their health-seeking behaviours**

Variable	n (%)
<b>Visited health facility during chronic illness</b>	
Yes	259 (67.4)
No	91 (23.6)
No response	35 (.09)
<b>Preference of system of medicine in elderly</b>	
Allopathic	108 (28.05)
AYUSH medicine	122 (31.6)
Homeopathic	155 (40.2)
<b>Type of health facility used by elderly</b>	
Government hospital	159 (41.2)
Self-medication/ medical shop	95 (24.6)
Private practitioner/ hospitals	131 (34.02)
<b>Reasons for not seeking treatment</b>	
Disease due to age	72(18.7)
Feel not necessary/waiting for recovery)	68 (17.6)
Lack of money	49 (12.7)
Distance of health facility	46 (11.9)
Lack of family support	69 (17.9)
Not aware of their own morbidity	57 (14.8)
No trust in healthcare	24 (0.06)
<b>Time taken to go for treatment</b>	
Within 24 h	89 (22.07)
Within 72 hours	131 (34.02)
Within a week	165 (42.8)

A total of 385 elderly persons were interviewed. The distribution of elder people is shown in Table 1. About two third of respondents were females. About 39.2% were from age group 60-69 and 34.02 % in the age group 70-79 years. Majority of the elderly population were suffering from one or other chronic illness. 37.9% of the study participants complained of joint pain and arthritis. It is almost similar to study conducted by Rajashree Bhatt (48.6%)[6], by Anil Jacob Purty (43.4%)[7] and Masuma Akthar Khanam (57.5%)[8]. Ophthalmic problems like low vision and cataract was present in 64.9% of the elderly population. It is higher as compared to study conducted by Rajashree Bhatt (42.7%)[6], by Masuma Akthar Khanam (39.6%)[8], A B Dey (39.3%)[9] and Anil Jacob Purty (57%)<sup>7</sup> and lower as compared to Rahul Prakash study (70%)[10]. It was found that 36.8% of respondents had problems related to gastrointestinal tract, most common being the constipation. In our study 48.05% of the respondents were having either the hypertension or the other cardiovascular problem while R Gupta in his study reported 14.5% among rural population in Haryana[11]. However cardiovascular problem among our study population is less compared to reports of studies done by Bhatia et al (57.5%)[12], higher in case of study by A B Dey (39.9%)[9], Rajashree Bhatt (34.4%)[6], and almost similar to study results of Rahul Prakash (48%)<sup>10</sup> V B Singh(51%)[13].

In the present study, 21.05% of respondent had diabetes mellitus which is high compared to study conducted by Anil Jacob Purty (8.1%)[7], Rajashree Bhatt (10.6%)[6], Vijay Gupta (11%)[14] and Ramachandran (9.9%)[15].

In Table 3, we analyzed the health-seeking behavior of all those elderly who reported having some morbidity or those diagnosed as having morbidity. 67.4% of the study participants sought health advice and treatment during illness. About 28.05% preferred allopathic medicine for their illness while 31.6 % used medications bought from AYUSH doctors only. 41.2 % used government hospitals for their treatment. About 34.02% preferred treatment from the private hospitals and practitioner. Self-medication was done by

24.6 of them. Not feeling necessary to go to doctor (17.65) as the conditions were age related (18.7%) were the most common reasons for not seeking treatment for their morbidity. Sharma et al. in his study found that diseases are expected part of aging (49.6%), health services too far (19.1%) and trust in god for healing (15.8%) are common reasons for not seeking medical treatment[16]. About 22.07% of those seeking medical advice availed the treatment facility within 24 hours.

The perceived severity of the elderly's health problem is a key factor that affects their health-seeking behaviour. Self-care including self-treatment (or treatment by family members) is common in many societies when the severity of illness is perceived to be low.<sup>16</sup> Health seeking behaviour has decreased as age advances .

### Conclusion

Various factors affecting the health seeking behaviour of the elderly population were identified. Some of them include sociodemography, knowledge and perception towards healthcare etc. Awareness raising activities, education for health behaviour change & pro-people healthcare delivery interventions are recommended.

### References

1. Price NL, Hawkins KA. Conceptual framework for the social analysis of reproductive health. *J Health Popul Nutr.* 2007;25(1):24–36
2. Irudaya, Rajan S., U.S. Misra and P.S.Sharma 1999. *India's Elderly: Burden or Challenge?* Sage Publications: New Delhi.
3. Situation analysis of the elderly in India. Central Statistics Office. Ministry of Statistics and Programme Implementation. Government of India. June 2011. Available at: [http://mospi.nic.in/sites/default/files/publication\\_reports/elderly\\_in\\_india.pdf](http://mospi.nic.in/sites/default/files/publication_reports/elderly_in_india.pdf). Accessed on 25 June 2020.
4. Ward H, Mertens TE, Thomas C. Health-seeking behaviour and the control of sexually transmitted diseases. *Health Policy Plan* 1996;12:19–28.
5. Ahmed SM, Tomson G, Petzold M, Kabir ZN. Socioeconomic status overrides age and gender in determining health-seeking behaviour in rural Bangladesh. *Bull World Health Organ* 2005;83:109–17.
6. Rajashree Bhatt, Minal S Gadavi. An Epidemiological Study Of The Morbidity Pattern Among The Elderly Population In Ahmadabad, Gujarat. *National Journal of Community Medicine Vol 2 Issue 2 July-Sept 2011* p-233-236.
7. Anil Jacob Purty, Joy Bazroy. Morbidity pattern Among the Elderly Population in the Rural Area of Tamil Nadu, India. *Turk J Med Sci* 36 (2006) 45-50.
8. Masuma Akter Khanam, Peter Kim Streatfield, Prevalence Of Multi morbidity Among Elderly People In Rural Bangladesh A Cross-Sectional Study. *J Health Popular Nutr* 2011 Aug 29(4):P406-414.
9. A.B.Dey, Shubha Soneja, Kalpana M. Evaluation of the health and functional status of older Indians as a prelude to the development of a health programme. *The National Medical Journal of India*.2002; 14(3): 135-38
10. Rahul Prakash, S.K.Choudhary, A Study Of Morbidity Pattern Among Geriatric Population In An Urban Area Of Udaipur Rajasthan. *Indian Journal of Community Medicine Vol. Xxix, No, 1 Jan- Mar, 2004*.P35-40.
11. R Gupta Trends in hypertension epidemiology in India *Journal of Human Hypertension* (2004) 18, 73–78.
12. 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
13. V.B. Singh, K.C. Nayak .Prevalence of Hypertension in Geriatric Population: A Community Based Study in North-West Rajasthan. *Indian Journal of Gerontology* 2005, Vol. 19, No. 2. pp 135 – 146.
14. Vijay Gupta .M D. Diabetes in Elderly Patient. *JK Practitioner* 2002; 91(4): 258-259.
15. Ramachandran A, Snehalatha C. High Prevalence of NIDDM and IGT in an elderly south India population with low rates of obesity. *Diabetes Care* 1994 Oct;17(10) :1190-2
16. Sharma D, Mazta SR, Prashar A. Morbidity pattern and health seeking behaviour of aged population residing in Shimla Hills of North India: A cross sectional study. *J Fam Med PrimCare* 2013;2:188-93

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