

Original Research Article

A study on the health seeking behaviour among the geriatric population in the urban field practice area of JJM Medical College Davangere

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ABSTRACT

Background: According to census 2011 the elderly population aged 60 years and above account for 8% of total population and is projected to rise to 12.4% by the year 2026. Health status is an important factor that has a significant impact on quality of life. The elderly is one of the most vulnerable and high risk groups in terms of health status and their health seeking behaviour is crucial in any society.

Methods: A community based cross sectional study was carried out for a period of 1 year for which a predesigned and semi-structured questionnaire was used and a total of 440 elderly were interviewed by house to house survey.

Results: In our study it was found that the majority of the subjects (36.8%) were in the age group of 60-64 years, 52.5% were illiterate, 51.1% were unemployed and 49% belonged to class IV socio economic status. Any degree of formal schooling was found to be associated with better health seeking behavior. Majority of the subjects (58%) visited a government health facility in case of an illness and the main reason that was stated for not visiting a health facility was that they suffered from mild discomfort (44.4%) and did not consider it necessary to visit a health facility.

Conclusions: It was observed that more number of males visited a health care facility in case of an illness, 241 (92.7%) whereas only 154 (85.6%) females visited a health facility in case of an illness. This difference was found to be statistically significant.

Keywords: Geriatric, Behaviour, Urban, Morbidity

INTRODUCTION

All countries of the world are experiencing population ageing. Ageing is a process of decline in biological functions affecting most physical systems.¹ It is a result of decreasing mortality and most importantly declining fertility.² The UN defines a country as ageing” or “Greying Nation” where the proportion of people over 60 reaches 7 percent of the total population. By the year 2011 India has exceeded that proportion (8.0%) and is expected to reach 12.6 percent in 2025.³ The national policy for older persons’ was adopted by the Government

of India in January, 1999 and it defines a ‘senior citizen’ or ‘elderly’ as a person who is aged 60 years or above. The elderly is classified into 3 groups i.e. young old, old-old, oldest old.⁴

There will be growth in the number of older persons aged 60 years and above between 2015 and 2030. This increase is projected to be a significant global phenomenon and virtually every country in the world will experience a substantial increase including the less developed regions.⁵ The increased life expectancy has led to challenges in health care management.⁶

The elderly are a vulnerable group as there are psychological as well as physiological changes with increasing age.⁷ In India, the elderly people suffer from dual medical problems, i.e., communicable and non-communicable diseases.⁸ The common disease that the geriatric population suffers from are type 2 diabetes, coronary heart disease, hypertension, stroke, chronic obstructive pulmonary disease, Alzheimer's disease, osteoarthritis, osteoporosis, prostatic hypertrophy, cataracts, macular degeneration, cancer, etc. and at the same time, they are vulnerable to infections involving respiratory (including TB), urinary and digestive tract.⁹

Therefore, the study of the health status of elderly, morbid conditions, perceptions about it is important to note and the health care of the elderly becomes very important since they are more prone to illness than young people and are also more prone to domestic and other accidents. Their health and treatment seeking behaviour are most important for the formulation of welfare programmes in the country.¹⁰

Hence this study was taken up in the urban field practice area of JJM Medical College, Davangere to assess the health seeking behaviour of the geriatric subjects.

METHODS

A community based cross sectional study was carried out for a period of 1 year from December 2016 to December 2017, for which ethical clearance was taken from the institutional ethics committee. The sample size was estimated using the formula $n=4pq/L^2$. The prevalence of morbidity, "p" among elderly persons was taken as 50%. "L", which is the permissible error in the estimate of p was set at 10%. Using the above mentioned statistical formula which considers 95% confidence limits and a non-response rate of 10%, the sample size was estimated to be 440. A community based cross sectional study was conducted in the urban field practice area of JJM Medical College Davangere. The urban field practice area has a total population of 16,943 and there are 12 areas in urban field practice area of JJM Medical College, Davangere.

The study was conducted by probability proportionate sampling. The sample size for each area was derived from the formula:

$$n_1 = \frac{\text{Population in each area}}{\text{Total Population}} \times \text{Sample Size}$$

Example 1st area has a population of 1374, so

$$n_1 = \frac{1374}{16943} \times 440 = 36$$

Therefore 36 elderly subjects were selected by house to house visit from 1st area. Same procedure was applied for other areas until the desired sample size of 440 was reached.

After establishing rapport with the family and explaining the data collection procedure in the local language an informed verbal consent was obtained from each individual and data was collected using a pre-designed, semi-structured questionnaire by interview method. The questionnaire comprised of the following information: socio-demographic data of the study subjects and information regarding the morbidity pattern. If there were more than one elderly subjects in the same household, then all were included.

The study subjects were asked about any history of illness (communicable or non-communicable) which they were suffering from and also visit to the nearby health facility in case of an illness.

Statistical analysis

The data was analysed by descriptive statistics. Chi-square test and Fisher's exact test was used to find out the association between two attributes and $p < 0.05$ was considered to be statistically significant.

RESULTS

440 subjects were taken up for the present study, out of which majority (61.5%), were in the age group of 60-69 years and 59% subjects were males. The distribution of the study subjects according to socio-demographic characteristics showed that 57.3% were Muslims, 51.1% were unemployed and 49% belonged to class IV socio economic status (modified BG Prasad classification) (Table 1).

Table 1: Distribution of study subjects according to socio demographic profile (n=440).

Characheristic	Frequency	%	
Age (years)	60-69	271	61.5
	70-79	134	30.5
	80 and above	35	8
Gender	Males	260	59
	Females	180	41
Religion	Hindu	188	42.7
	Muslim	252	57.3
Occupation	Semi-professional	2	0.5
	Skilled worker	45	10.2
	Semi-skilled worker	68	15.5
	Unskilled worker	100	22.7
	Unemployed	225	51.1
Socio-economic status (modified BG Prasad classification)	Class I	0	0
	Class II	56	13
	Class III	115	26
	Class IV	215	49
	Class V	54	12

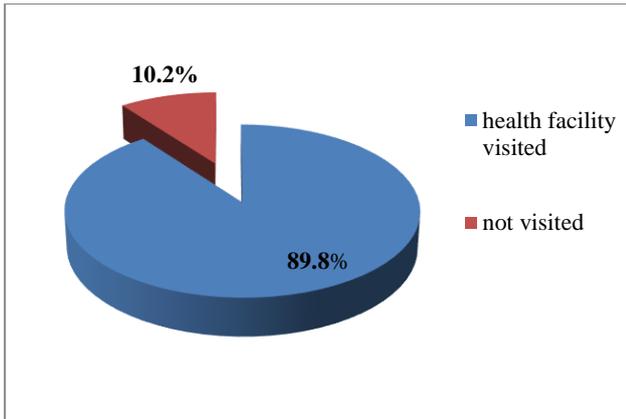


Figure 1: Distribution of the study subjects based on the visit to health facility in case of an illness.

In our study it was found that that out of 440 study subjects 395 (89.8%) visited a health facility in case of an illness, whereas 45 (10.2%) did not visit any health facility in case of an illness (Figure 1).

Table 2: Reasons cited by the study subjects for not seeking healthcare in case of an illness.

Reasons cited for not seeking health care	Frequency (n=45)	Percentage (%)
Mild discomfort	20	44.4
Lack of money	12	26.7
Lack of faith in healthcare	6	13.3
No one to accompany	7	15.6
Total	45	100

Table 4: Association between gender and health seeking behaviour of the study subjects.

Visited health facility in case of illness	Sex		Total	P value
	Male	Female		
	N (%)	N (%)	N (%)	
Yes	241 (92.7)	154 (85.6)	395 (89.8)	0.0151
No	19 (10.6)	26 (14.4)	45 (10.2)	
Total	260 (59)	180 (41)	440 (100)	

$\chi^2=5.901$ df=1, *Figures in parenthesis indicate percentage.

Table 5: Association between educational status and health seeking behaviour of the study subjects.

Educational status	Whether visited health facility in case of illness		Total	P value [#]
	Yes (%)	No (%)		
Illiterate	194 (84)	37 (16)	231	0.000
Primary school	115 (95)	6 (4.9)	121	
Higher primary	37 (97.4)	1 (2.6)	38	
Secondary school	29 (96.7)	1 (3.3)	30	
Intermediate	6 (100)	0 (0.0)	6	
Graduate	14 (100)	0 (0.0)	14	
Total	395 (89.8)	45 (10.2)	440	

[#]Fisher's exact test.

Table 3: Distribution of the study subjects based on the type of health facility visited.

Type of health facility visited	Males (n=241)		Females (n=154)		Total (n=395)	
	N	%	N	%	N	%
Government hospital	150	62.2	79	51.3	229	58
Private practitioners or hospitals	87	36.1	73	47.4	160	40.5
Quacks	4	1.7	2	1.3	6	1.5
Total	241	100	154	100	395	100

In the present study it was found that the most common reason stated by the 45 study subjects for not seeking health care in case of an illness was that it was a mild discomfort 20 (44.4%), followed by lack of money stated by 12 (26.7%), the other reasons stated were no one to accompany 7 (15.6%) and lack of faith in health care 6 (13.3%) (Table 2).

It was observed that out of 395 subjects who visited health care facility in case of an illness, 229 (58%) visited government hospitals, 160 (40.5%) visited private practitioners or hospitals and 6 (1.5%) visited quacks. More number of males (62.2%) visited government hospitals compared to females (51.3%) (Table 3).

It was observed that more number of males visited a health care facility in case of an illness, 241 (92.7%) whereas only 154 (85.6%) females visited a health facility in case of an illness. This difference was found to be statistically significant (Table 4).

In the present study it was found that 84% of the study subjects who were illiterate visited a health facility in case of an illness, whereas 16% did not visit a health facility in case of an illness. 96.7% of the subjects with education up to secondary school visited the health facility and 100% of the subjects who studied up to intermediate and with a graduate degree visited the health facility in case of an illness. This difference was found to be statistically significant (Table 5).

DISCUSSION

In our study it was found that that (89.8%) study subjects visited a health facility in case of an illness, whereas 10.2% did not visit any health facility in case of an illness (Figure 1). Similar findings were seen in a study conducted by Thomas et al where it was found that 71.6% subjects visited a health facility.¹¹

In the present study it was found that the most common reason stated by study subjects for not seeking health care in case of an illness was that it was a mild discomfort (44.4%), followed by lack of money stated by (26.7%) other reasons stated were no one to accompany (15.6%) and lack of faith in health care (13.3%) (Table 2). In a study conducted by Sharma et al it was found that the most common reasons for not seeking health care were the following: disease due to age (49.6%), health services too far (19.1%), lack of money (6%), no body to take to hospital (3.5%).¹²

It was observed that out of 395 subjects who visited health care facility in case of an illness, 58% visited government hospitals, 36.2% visited private practitioners/hospitals and 1.5% visited quacks (Table 3) similar results were found in a study conducted by Sharma et al in which 60.7% went to government hospitals, 26.7% consulted private practitioners and 12.6% took over the counter drugs.¹² It was observed that more number of males (92.7%) visited a health care facility in case of an illness whereas only 85.6% females visited a health facility in case of an illness (Table 4). In a study done by Gupta et al it was found that 67.2% females and 65.1% males visited a health facility in case of illness.¹³

In the present study it was found that 84.8% of the study subjects who were illiterate visited a health facility in case of an illness, whereas 15.2% did not visit a health facility in case of an illness. A significant association was found between educational status and gender (Table 5). In a study done by Sharma et al it was found that gender, literacy, income, and marital status were not found to be significantly related to health-seeking behaviour.¹²

CONCLUSION

Any degree of formal schooling was found to be associated with better health seeking behavior. Majority of the subjects visited a government health facility in case of an illness and the main reason that was stated for not

visiting a health facility was that they suffered from mild discomfort and did not consider it necessary to visit a health facility.

Recommendations

The family members and the care givers of the elderly should be educated about the common health problems of the elderly and also about the need for regular health check-ups and emotional support. The majority of the geriatric population is out of work force, they are suffering from many morbidities and are totally dependent on others even for their health needs. Hence the Government should increase the pension of the elderly and provide them quality healthcare free of cost.

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