# **Original Research Article**

DOI: http://dx.doi.org/10.18203/2394-6040.ijcmph20203941

# Health seeking behaviour of geriatric population in rural area of Puducherry: a community based cross sectional study

Gnanamani Gnanasabai<sup>1</sup>, Mohan Kumar<sup>1</sup>, Chithra Boovaragasamy<sup>2\*</sup>, Mujibur Rahman<sup>1</sup>, Poovitha Ramamurthy<sup>3</sup>

Received: 03 July 2020 Accepted: 06 August 2020

# \*Correspondence:

Dr. Chithra Boovaragasamy, E-mail: chithra22feb@gmail.com

**Copyright:** © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

#### **ABSTRACT**

**Background:** Population ageing is a great concern for the health sector. The health-seeking behaviour of elderly individuals can help in ascertaining their needs and priorities to develop appropriate policies for their care and avert disease progression. Objective was to assess health seeking behaviour of the elderly residing in rural Puducherry.

**Methods:** A community based cross-sectional descriptive study was conducted among the geriatric population residing in selected areas of rural Puducherry. Interviews using semi-structured pretested proforma were conducted for capturing information on health seeking behaviour.

**Results:** Out of the total study participants, 403 (64.8%) were suffering from chronic illness. Around 81.1% of them were seeking treatment. Majority of the elders (97.9%) preferred Allopathy system for their chronic illness.

**Conclusions:** Awareness among the elderly population is imperative and can be done by regular medical check-ups by ensuring early detection of the chronic diseases and curtail complications.

Keywords: Ageing, Elderly, Health seeking behaviour, Treatment

# **INTRODUCTION**

Globally the proportion of elderly has been rising steadily. This phenomenon in which the older individuals come to form a proportionately larger share of total population in the community is known as 'population ageing'. 1.2 It has increased from 7% in 1950 to 11% in 2007 and expected to rise by 22% in 2050. Increase in life expectancy with decrease in fertility has led to a demographic transition towards a higher proportion of older individuals in India. 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

Ageing is a universal phenomenon associated with deteriorating health status. Over the time certain changes

take place in an organism leading to morbidities, disabilities and even death. Old age faces various kinds of disabilities in the form of physiological, physical, mental and social impairment.<sup>4</sup> 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. In addition, because there is a growing body of evidence that older people are at risk for multiple, co-morbid conditions, health care seeking will probably also increase.<sup>5</sup>

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

<sup>&</sup>lt;sup>1</sup>Department of Community Medicine, Vinayaka Missions' Medical College & Hospital, Karaikal, Puducherry India

<sup>&</sup>lt;sup>2</sup>Department of Community Medicine, All India Institute of Medical Sciences, Raipur, Chhattisgarh, India

<sup>&</sup>lt;sup>3</sup>Department of Community Medicine, Indira Gandhi Medical College & Research Institute, Puducherry, India

health and to prevent illness. 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. This behaviour is a complex phenomenon, particularly in a rural Indian community, and depends on a number of factors like economic dependency on others, attitudinal problems, inaccessibility to health care facilities, loss of independent decision making status and other social problems. The way people conceptualize the cause of their health problem and their perception of symptoms plays an important role in seeking healthcare.

Studies on the patterns and determinants of health seeking behaviour for chronic diseases among elderly can yield information to help in designing comprehensive health care programmes for them. Large gaps still exist in the knowledge about such health seeking behaviour among elderly in rural communities. Also, delays in healthcare can eventually lead to complicated and irreversible health consequences. It is imperative to understand health seeking behaviour and the factors associated with it, so as to assess their needs and priorities in terms of health seeking. Hence the current study was undertaken to assess the health seeking behaviour of elderly residing in rural area of Puducherry.

#### **METHODS**

# Study design and study setting

This section of research is a part of a dissertation. A community based cross-sectional descriptive study was conducted among the geriatric population residing in selected areas of rural Puducherry. The study was conducted in 3 rural health centres catering to field practising area of Sri Lakshmi Narayana institute of medical sciences, Puducherry.

# Study population

The study participants were from the four randomly selected villages (Kumarapalayam, Vazhuthavur, Mutrampattu-Kodathur and Thethampakkam) catering to the rural field practising area of Sri Lakshmi Narayana Institute of Medical sciences, Puducherry.

#### Study duration

The data collection was carried out over a period of year from August 2014 till July 2015.

# Sample size

The minimum sample size was calculated to be 629 which was calculated assuming prevalence of health seeking behaviour among the elderly as 71.78% absolute precision of 5%, 95% confidence interval (5% alpha error) and 5% non-response rate.

#### Inclusion criteria

Elderly people residing in the study area for at least one year preceding the date of survey and those elderly who gave consent to participate in the study.

# Exclusion criteria

Elderly people who not willing to participate in the study for their own measures and elderly people who are seriously ill or unable to give information.

#### Study procedure and study tool

A house to house survey was conducted using a semistructured pretested questionnaire for capturing information on their health seeking behaviour. The proforma was pretested among 50 patients before the study, who were not part of the main study.

# Ethical approval

The study was approved by the Institutional Human Ethics Committee, Puducherry.

# Data entry and data analysis

Data was entered in Microsoft excel and analyses were carried out using SPSS v16.0. Proportions were used to summarize categorical variables. Chi square test was used to compare proportions and p value <0.05 was considered as statistically significant.

# RESULTS

In our field practicing area, the total population is 21,467 in 8 villages. The total number of elderly in these villages is 1975. Among them, randomly 4 villages were chosen with a population of 656 to cover the minimum calculated sample size of 629. The total number of elders participated were 622. Eight persons did not give consent to participate in the study. The rest 26 were not included, as they have died before the onset of the study, as the total census of study was available for 2012 only.

Table 1: Age-sex distribution of the study population (n=622).

Age groups	Gender		Total
(years)	Male	Female	n (%)
60-69	140 (56.45)	232 (62.03)	372 (59.81)
70-79	77 (31.05)	101 (27.01)	178 (28.62)
≥80	31 (12.50)	41 (10.96)	72 (11.57)
Total	248 (39.9)	374 (60.1)	622 (100)

\*The "Total" row depicts row percentages, others are column percentages

Majority 372 (59.81%) were belonging to the age group of 60-69 years (Table 1).

Out of the total 622 study participants, 403 (64.8%) were suffering from chronic illness. On comparison with males, females had higher proportion of suffering from chronic illness and the proportions were 54% and 71.9% among males and females respectively. The association was found to be statistically significant (Table 2).

Table 2: Distribution of chronic illness among elderly (n=622).

Chronic illness	Males	Females	Total N (%)
Yes	134 (54.03)	269 (71.92)	403 (64.79)
No	114 (45.97)	105 (28.08)	219 (35.21)
Total	248 (39.87)	374 (60.13)	622 (100)

Chi square value =20.93, df=1, p=0.000

Among the 403 individuals who had reported suffering from chronic illnesses, around 81.1% of them were seeking treatment. The proportion of males and females were almost equal in seeking treatment, i.e. 80.6% and 81.4%. There exists no statistical significance among them (Table 3).

Table 3: Treatment seeking behaviour for chronic illness by the elderly (n=403).

Seeking treatment	Males (%)	Females (%)	Total (%)
Yes	108 (80.59)	219 (81.41)	327 (81.14)
No	26 (19.41)	50 (18.59)	76 (18.86)
Total	134 (33.25)	269 (66.75)	403 (100)

Chi square value =0.039, df=1, p=0.893

When interviewed about the type of treatment availed, majority of the elders (97.9%) were seeking Allopathic system for their chronic illness (Table 4).

Table 4: Type of treatment availed for their chronic illness (n=327).

Type of treatment availed	Males (%)	Females (%)	Total (%)
Allopathy	106 (98.16)	214 (97.72)	320 (97.86)
Siddha	1 (0.93)	2 (0.91)	3 (0.92)
Homeopathy	1 (0.93)	1 (0.46)	2 (0.61)
Native medicine	0	2 (0.91)	2 (0.61)
Total	108 (33.03)	219 (66.97)	327 (100)

Among the elderly with chronic illness who were under treatment, 51.7% of them were utilizing Government health care facilities which include Government hospital, PHC and sub-centers (Table 5).

When asked about the reasons for not seeking treatment, around 30.3% reported that it was a minor illness, 21% were not taking treatment due to financial constraints and

7.9% were saying that the hospital was too far to go. The other reasons said by the 10.5% of elders were no use of treatment, nobody to take them to hospital and too old to take treatment (Table 6).

Table 5: Type of health care facility availed for chronic illness (n=327).

Type of health care facility availed	Males (%)	Females (%)	Total (%)
Government hospital	59 (54.62)	110 (50.23)	169 (51.68)
Private hospital	38 (35.19)	83 (37.9)	121 (37)
Private practitioner	11 (10.19)	23 (10.5)	34 (10.4)
Others	0	3 (1.37)	3 (0.92)
Total	108 (33.03)	219 (66.97)	327 (100)

Chi square value =2.380, df=3, p=0.496

Table 6: Reasons for not seeking treatment for chronic illness (n=76).

Reasons for not seeking treatment	Males (%)	Females (%)	Total (%)
Not interested	7 (26.92)	16 (32)	23 (30.26)
Minor illness	5 (19.23)	18 (36)	23 (30.26)
Financial problems	8 (30.77)	8 (16)	16 (21.05)
Hospital too far	3 (11.54)	3 (6)	6 (7.91)
Others	3 (11.54)	5 (10)	8 (10.52)
Total	26 (34.21)	50 (65.79)	76 (100)

#### **DISCUSSION**

The present study was conducted to assess the health seeking behaviour and the factors associated among the elderly people in rural population of Puducherry. A total of 622 elderly people were interviewed from 4 villages under the service area of Rural Health Training Centre of Sri Lakshmi Narayana Institute of Medical Sciences at Kumarapalayam, Rural Puducherry District. Most of the elderly in the study population were in 'young old' i.e., 60%, another 29% in 'old old' and the 'oldest old' was 12%.

This study has found out that the prevalence of chronic illness among the elderly was 64.8% and it was similar to 64.4% a study conducted by Kumari et al in Kerala. <sup>10</sup> In an Urban Colony in Chandigarh the prevalence of one or more chronic illness was 73.3%, which is higher than rural average in the current study.

In rural Puducherry, 81% of the elderly people were seeking treatment for chronic illness which is lesser than 71.8% a study conducted by Karmakar et al in rural Bengal. Around 31% of the elderly people among those who have not obtained the treatment were not interested

in taking the treatment which is almost equal to 29.51% a study conducted by Yerpude et al.<sup>12</sup>

The present study indicates that 98% of the elderly people were seeking allopathic system of treatment for chronic illness which is slightly lesser than 95.7% by the study conducted by and Sharma et al.<sup>13</sup>

Almost 52% of them were getting treatment from Government health care facility which is higher than 46% to a study conducted by Thomas et al<sup>14</sup> and lesser than 60.7% by Sharma et al.<sup>9</sup>

# **CONCLUSION**

The health problems of the elderly can be foreshortened by primary prevention which includes adopting health promotion measures and ensuring specific protection. Health seeking behaviour is lacking in certain proportion of elderly people which makes more burden to the society. So awareness among the elderly population should be done by regular medical check-ups by ensuring early detection of the chronic diseases and curtail complications. It is very difficult for them to attend health facility in outdoor set up like hospitals for which regular indoor visits may be made. Awareness needs to be done for taking regular treatment among those who do not continue the regular treatment. The family members should realize the status of old age people and ready to support positively.

Funding: No funding sources Conflict of interest: None declared

Ethical approval: The study was approved by the

Institutional Ethics Committee, Puducherry

# **REFERENCES**

- Kishore S, Sharma K, Singh R, Gaur BP, Satish RR, Bhaskar Y, et al. Chronic morbidity and health care seeking behaviour amongst elderly population in rural areas of Uttarakhand. Indian J Community Health. 2015;27(2):252-6.
- 2. 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.
- 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\_rep orts/elderly\_in\_india.pdf. Accessed on 25 June 2020.
- 4. Choudhary M, Khandhedia S, Dhaduk K, Unadkat S, Makwana N, Parmar D. Morbidity pattern and

- treatment seeking behaviour of geriatric population in Jamnagar city. J Res Med Den Sci. 2013;1:12-6.
- Lutala MP, Kwalya TM, Kasagila EK, Watongoka LH, Mupenda BW. Health care seeking and financial behaviours of the elderly during wartime in Goma, Democratic Republic of Congo. Afr J Prim Health Care Fam Med. 2010;2(1).
- 6. Latunji OO, Akinyemi OO. Factors influencing health-seeking behaviour among civil servants in Ibadan, Nigeria. Ann Ibadan Postgrad Med. 2018;16(1):52-60.
- 7. Khajeh A, Vardanjani HM, Salehi A, Rahmani N, Delavari S. Healthcare-seeking behavior and its relating factors in South of Iran. J Educ Health Promot. 2019;8.
- 8. Dey S, Nambiar D, Lakshmi JK, Sheikh K, Reddy KS. Health of the elderly in India: challenges of access and affordability. In: Aging in Asia: Findings from new and emerging data initiatives 2012. National Academies Press (US).
- Sharma D, Mazta SR, Parashar A. Morbidity pattern and health-seeking behavior of aged population residing in Shimla hills of north India: A crosssectional study. J Fam Med Prim Care. 2013;2(2):188.
- 10. Kumari RS. Socio-economic conditions, morbidity pattern and social support among the elderly women in a rural area. Sreekarym-Panchayat, India. 2001:1-78.
- 11. Karmakar PR, Chattopadhyay A, Sarkar GN. A study on morbidity pattern and care seeking behaviour of elderly in a rural area of West Bengal (India). Indian J Gerontol. 2014;28(2):190-200.
- 12. Yerpude PN, Jogdand KS, Jogdand MS. A cross-sectional study of health problems and health-Seeking behavior of aged population from rural area of South India. Int J Health Sci Res. 2014;4(3):29-32.
- 13. Sharma S, Thakur M, Kaur S. Health problems and treatment seeking behavior among elderly. Help Age India-Res Develop J. 2012;18(2):21-7.
- 14. Thomas V, Lavanya KM. Morbidity profile and health seeking behaviour of the elderly in urban slums of Hyderabad, Andhra Pradesh, India- a cross sectional study. Int J Curr Res Rev. 2012;4(19):174.

Cite this article as: Gnanasabai G, Kumar M, Boovaragasamy C, Rahman M, Ramamurthy P. Health seeking behaviour of geriatric population in rural area of Puducherry- a community based cross sectional study. Int J Community Med Public Health 2020;7:3665-8.