pISSN 2394-6032 | eISSN 2394-6040

# **Research Article**

DOI: 10.5455/2394-6040.ijcmph20150518

# Health seeking behaviour of elderly in rani block, Kamrup (Rural) district, Assam: a community based cross sectional study

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Received: 27 February 2015 Revised: 29 March 2015 Accepted: 16 April 2015

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#### **ABSTRACT**

**Background:** The current global and demographic structure is shifting towards a higher proportion of elderly. This phenomenon in which older individual come to form a proportionately larger share of total population in the community is known as "Population ageing". Health seeking behaviour refers to the sequence of remedial actions that individuals undertake to rectify perceived ill health. It is an important determinant of health status of the population and forms an important component in formulating health programmes. The objectives of the study were 1) To assess the health seeking behaviour of elderly residing in Rani block. 2) To study the various factors associated with health seeking behaviour.

**Methods:** Total 390 elderly were included in the study. House to house visit was done and data was collected by interviewer method. Statistical analysis was done using SPSS 17.

**Results:** Out of 390 elderly, 68.5% belonged to the age group of 60-69 years, majority (82.8%) were found to be Hindus, 89% lived in joint family. Most of the elderly were illiterate (69.5%) and majority (48.2%) belonged to Class IV socio economic status. 72% elderly sought treatment for their chronic illness. Majority (51.5%) sought treatment from Government hospital and 98.5% received allopathic treatment. The most common reason cited for not seeking treatment for their chronic illness was financial reasons (63.2%).

Conclusions: Education, socio economic status and living status play an important role in health seeking behaviour.

Keywords: Elderly, Health seeking behaviour, Chronic illness, Socioeconomic status, Treatment

# **INTRODUCTION**

The population of the world is ageing. The current global and demographic structure is shifting towards a higher proportion of elderly. This phenomenon in which older individual come to form a proportionately larger share of total population in the community is known as "Population ageing" which is the most significant result of the process known as demographic transition. Health seeking behaviour refers to the sequence of remedial actions that individuals undertake to rectify perceived ill health. It is initiated with symptom definition, whereupon a strategy for treatment action is devised.

Treatment choice involves a myriad of factors related to illness type and severity, pre-existing lay beliefs about illness causation, the range and accessibility of therapeutic options available, and their perceived efficacy, convenience, opportunity costs, quality of service, staff attitudes as well as the age gender and social circumstances of the sick individual.<sup>2</sup> Health seeking behavior is a complex phenomenon, particularly in a rural Indian community. It is an important determinant of health status of the population and forms an important component in formulating health programmes. Elderly patients are generally perceived to be more reluctant to seeking health care for their

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ailments. Very often the aged fail to seek health care, believing that the ailments are a part of ageing process. Usually they are unaware of the nature of problems and various treatment modalities available. This leads to the worsening of the existing problems and the development of complications. Timely interventions can prevent many problems in the elderly people.<sup>3</sup> Keeping all these views in mind the present study was conducted with the objectives of 1) To assess the health seeking behaviour of elderly residing in Rani block. 2) To study the various factors associated with health seeking behaviour.

#### **METHODS**

It was a community based cross- sectional study conducted in Rani block, Kamrup Rural (Assam). The study was conducted for a period of one year from August 2013 to July 2014. Elderly persons aged 60 years and over, who were permanent residents (living for more than 6 months) of Rani Block and who are willing to participate in the study were included in the study. Critically ill elderly persons who were unable to respond to interview schedule were excluded. The sample size was estimated using the formula  $n = 4pq/L^2$ . P was taken as 68% on the basis of health seeking care of elderly following an episode of illness in a study conducted among elderly in rural Bangladesh<sup>4</sup> with 95% confidence interval and allowable error of 5%. The sample size was calculated to be 348. Total 390 elderly were included in the study. Simple random sampling method was used. Pre designed and pre-tested schedule was used to collect the data. Written consent was taken and ethical clearance was obtained before conducting the study from the ethics committee of Gauhati Medical College, Guwahati.

Statistical analysis: Data collected was entered in Microsoft Office Excel and analyzed by using SPSS Version 17.0. Proportions were calculated for different study variables. Chi-square test was used for analysis of categorical variables.

### **RESULTS**

The demographic characteristics of the elderly is summarised in Table 1. Out of 390 elderly 68.5% belonged to the age group of 60-69 years, 24.4% belonged to 70-79 years age group and 7.2% belonged to ≥80 years age group. 233 (59.7%) of the respondents were females and 157 (40.3%) of elderly were males. Majority (82.8%) were found to be Hindus, 9.2% were Muslims and 7.9% were Christians. Majority (89%) lived in joint family and only 11% lived in nuclear family. The study revealed that 53.6% elderly were living with their spouse and children, 38.5% were living with their children, 3.6% were living with their spouse, 3.1% were living alone and 1.3% were living with their relatives. Maximum elderly, 271 (69.5%) were illiterate, 77 (19.7%) studied upto primary level, 23 (5.9%) studied till middle school, 15 (3.8%) studied till high school, while 3 (0.8%) were HSLC passed and only 1 (0.3%) was postgraduate. Regarding socioeconomic status, majority of the elderly (48.2%) belonged to class IV category, 160 (41%) were from class III category, 31 (7.9%) belonged to class II, while only 11 (2.8%) belonged to class V category. Table 2 shows the distribution according to morbidity prevalence. Among the 390 respondents, 378 (96.9%) had at least one morbidity while 12 (3.1%) elderly did not have any morbidity. Table 3 shows out of 272 elderly who sought treatment for their chronic illness majority (51.5%) sought treatment from Government hospital, followed by private hospital (25.7%), pharmacy (22.1%) and quack (0.7%). Table 4 shows that 98.5% received allopathic treatment, 0.7% took traditional while 0.4% received Ayurvedic homeopathic treatment. Table 5 shows the association of health seeking behaviour with socio demographic factors. Out of 147 males 68.7% sought treatment for their chronic morbidity and among the females 74% sought treatment for their ailments. The difference in seeking treatment amongst elderly for chronic diseases by sex was found to be statistically insignificant (P >0.05). Out of 255 elderly in the age group of 60-69 years age group, 71.4% sought treatment for their chronic diseases and 28.6% did not seek treatment for their chronic morbidity. Among the elderly in the age group of 70-79 years 76.8% sought treatment while only 60.7% elderly in the age group of 80 years and above sought treatment and 39.3% did not seek treatment for their chronic illness. The difference in seeking treatment amongst elderly for chronic diseases by age was found to be statistically insignificant P >0.05. Among the illiterates only 62.2% elderly sought treatment for their morbidity which is lower compared to literates. The difference in seeking treatment amongst the elderly for chronic diseases by level of education was found to be statistically significant (P < 0.05). Out of 31 elderly who belong to class II, 100% sought treatment for their chronic illness. Among those who belong to class III 92% sought treatment. Whereas among those belonging to class IV only 54.5% sought treatment and 45.5% dint seek treatment. Only 18% belonging to class V sought treatment for their chronic illness. The difference in seeking treatment amongst the elderly for chronic diseases by socio economic status was found to be statistically significant P <0.05. Out of 12 elderly who lived alone only 16.7% sought treatment for their chronic illness. Among the 93 elderly who lived with their children 62.4% sought treatment and amongst those who lived along their spouse 93% sought treatment. 81% of the elderly who lived with their spouse and children sought treatment. Out of 4 elderly who lived with their relatives only 75% sought treatment. The difference in seeking treatment amongst the elderly for chronic diseases by living status was found to be statistically significant P < 0.05. Table 6 shows that the most common reason cited for not seeking treatment for their chronic illness was financial reasons (63.2%). Next common reason was disease being considered normal in old age (39.6%), followed by illness being considered minor (35.8%) and 28.3% elderly did not seek treatment because the place of required treatment was far away.

Table 1: Demographic characteristics of elderly.

	Number	Percentage	
Age group (years)	Tulliber	rereemage	
60-69	267	68.5	
70-79	95	24.4	
>80	28	7.2	
Sex			
Male	157	40.3	
Female	233	59.7	
Religion			
Hindu	323	82.8	
Muslim	36	9.2	
Christian	31	7.9	
Type of family			
Joint	347	89	
Nuclear	43	11	
Living status			
Spouse and children	209	53.6	
Children	150	38.5	
Spouse	14	3.6	
Alone	12	3.1	
Relatives	5	1.3	
<b>Educational status</b>			
Illiterate	271	69.5	
Primary school	77	19.7	
Middle school	23	5.9	
High school	15	3.8	
HSLC passed	3	0.8	
Post graduate	1	0.3	
Socio economic status			
Class II	33	8.5	
Class III	158	40.5	
Class IV	188	48.2	
Class V	11	2.8	

Table 2: Distribution of elderly according to morbidity prevalence.

Morbidity	Number	Percentage
Present	378	96.9
Absent	12	3.1
Total	390	100

Table 3: Distribution of elderly according to the type of health facility availed.

Type of health facility	Number (N=272)	Percentage
Government	140	51.5
Private	70	25.7
Pharmacy	72	26.5
Quack	2	0.7

N.B. multiple response

Table 4: Distribution of elderly according to type of treatment received.

Type of treatment	Number	Percentage
Allopathic	268	98.5
Traditional	2	0.7
Ayurvedic	1	0.4
Homeopathic	1	0.4
Total	272	100

Table 5: Association of health seeking behaviour with socio demographic factors.

	Treatment		Total	$\chi^2$	P
	Yes	No	1000		value
Sex					
Male	101 (68.7)	46 (31.3)	147 (100)	1.259	0.262
Female	171 (74)	60 (26)	231 (100)	1.237	
Age group					
60-69	182 (71.4)	73 (28.6)	255 (100)		0.232
70-79	73 (76.8)	22 (23.2)	95 (100)	2.921	
>80	17 (60.7)	11 (39.3)	28 (100)		
Education	status				
Illiterate	163 (62.2)	99 (37.8)	262		
Primary school	72 (94.7)	4 (5.3)	76	41.339	0.000
Middle school	20 (95.2)	1 (4.8)	21		
High school	14 (93.3)	1 (6.7)	15		
HSLC pass	2 (66.7)	1 (33.3)	3		
Post graduate	1 (100)	0	1		
Socio econo	omic status				
Class II	31 (100)	0 (0)	31 (100)		0.000
Class III	137 (92)	12 (8)	149 (100)	85.455	
Class IV	102 (54.5)	85 (45.5)	187 (100)	63.433	
Class V	2 (18)	9 (82)	11 (100)		
Living stat	us				
Alone	2 (16.7)	10 (83.3)	12 (100)	35.846	0.000
With children	93 (62.4)	56 (37.6)	149 (100)		
With spouse	13 (93)	1 (7)	14 (100)		
With spouse,& children	161 (81)	38 (19)	199 (100)		
With relatives	3 (75)	1 (25)	4 (100)		

Table 6: Reasons for not seeking treatment for their chronic illness.

Reason for not seeking treatment	Frequency (N=106)	%
Financial reasons	66	62.3
Old age disease	42	39.6
Considers it to be minor illness	39	36.8
Place of required treatment is far away	29	27.4

N.B. multiple response

#### **DISCUSSION**

The present study showed that most of the elderly (68.5%) belonged to the age group of 60-69 years, 24.4% belonged to 70-79 years age group and only 7.2% belonged to ≥80 years age group which is similar to the findings by Madhukumar Suwarna et al.<sup>5</sup> in their study conducted in Miraj, Maharashtra where 64.5% belonged to the age group of 60-69 years, 28.2% belonged to 70-79 years age group and 7.2% belonged to >80 years age group. Deepak Sharma et al.<sup>6</sup> in their study conducted in Shimla found that in rural area 58.5% belonged to the age group of 60-69 years, 30 % belonged to 70-79 years age group and 11% belonged to >80 years age group. In the present study majority (59.7%) of the elderly were females and 40.3% of elderly were males. Shraddha K et al. in their study conducted in Mysore, Karnataka found that 39.4% were males and 60.6% were females. Pooja Chauhan et al.<sup>8</sup> in a study conducted in Venkatachalem village in Nellore district, AP found that 33.4% were males and 66.2% were females. The present study revealed that 69.5% were illiterate, 19.7% studied upto primary level, 5.9% studied till middle school, 13.8% studied till high school, 0.8% were HSLC passed and 0.3% was post-graduate. Anil Jacob Purty et al.9 in their study in a rural area of Tamil Nadu found that 78.7% of elderly were illiterate. Bayapareddy N et al. 10 in a study conducted in a rural area of Allahabad District, UP found that 70.1% of the elderly were illiterate. SH Parry et al. 11 in their study conducted in Kashmir found that 67.8% of the elderly in rural area were illiterate. In the present study the prevalence of chronic morbidity was found to be 97% which is similar to study conducted by Chakrabarty et al. 12 where the prevalence was found to be 92.5%. Kamlesh Joshi et al. 13 in a study conducted in North India also found the prevalence of morbidity to be 88.9%. R. Shankar et al. 14 in a study conducted in a rural area of Varanasi district reported that 88.8% were found to suffer from one or more disease at the time of study.

The present study revealed that 72% sought treatment for their chronic illness and majority (51.5%) sought treatment from Government hospital followed by private hospital (25.7%), pharmacy (22.1%) and quack (0.7%). Deepak Sharma et al.<sup>5</sup> in their study conducted in Shimla Hills of North India reported that most of the older persons (60.7%) preferred going to a PHC/CHC/Govt. hospital for treatment for their illness. 26.7% sought treatment from private practitioner and 12.6% took over the counter drug. Whereas Bayapareddy N et al.<sup>9</sup> in a study conducted in a rural area of Allahabad District, UP revealed that among the 411 elderly persons, 188 (45.7%) sought treatment from private practitioner and private hospital, 133 (32.3%) from non-registered practitioner (Quack), only 77 (18.9%) sought treatment from government hospital and remaining 13 (3.1%) used home remedies or sought help from traditional healers In the present study out of 272 elderly who sought treatment for their chronic illness 98.5% received allopathic treatment, 0.7% took traditional medicine, while

ayurvedic and homeopathic treatment was received by 0.4% and 0.4% respectively. Syed Qadri et al.<sup>15</sup> in their study conducted in rural elderly population of district Ambala, Haryana found that majority (93.6%) of the elderly people believed in modern system of medicine as far as their mode of treatment was concerned whereas a very less number of subjects had faith in Ayurveda and homeopathy (4.1% and 1.8%) respectively.

Deepak Sharma et al.5 found that 81.4% preferred allopathic medicine, 11.3% preferred ayurvedic and 7.3% preferred homeopathic treatment. In the present study statistical significant association of health seeking was found with educational status, socioeconomic status and living status. Shailendra Kumar B. Hedge. 16 in his study conducted in rural areas of Anekal Taluk, South India found that a significantly higher proportion of elderly who had attended school sought health care. (Chi square = 16.91, df = 1, P < 0.05, Fischer's exact < 0.05). Anil Goswami et al.<sup>17</sup> in their study conducted in Ballabgarh, found no significant difference in health seeking behaviour by age (P = 0.24), education (P = 0.53) and socio-economic status (P = 0.78). L. M. Waweru et al. <sup>18</sup> in their study conducted in Nairobi where the main reason cited for not seeking treatment for their chronic illness lack of money (72.5%). 6.75% considered the morbidities to be due to age, 6.75% said that there was nobody to take them to hospital, 6.5% trusted God for healing and 3.25% considered the health services to be too far. Naim Jerliu et al. 19 in a study conducted in Kosovo found that 42% of elderly people were unable to access medical care, of whom 88% due to unaffordable costs.

# **CONCLUSION**

The present study revealed that 72% elderly sought treatment for their chronic illness and 28.6% did not seek treatment for their chronic morbidity. Majority (51.5%) sought treatment from government hospital, followed by private hospital (25.7%), pharmacy (22.1%) and quack (0.7%). 98.5% received allopathic treatment, 0.7% took traditional medicine, while 0.4% received Ayurvedic and homeopathic treatment. The most common reason cited for not seeking treatment for their chronic illness was financial reasons (63.2%). Education, socio economic status and living status play an important role in health seeking behaviour.

## **ACKNOWLEDGEMENTS**

We are grateful to the elderly for their cooperation, DBT, Tezpur for their financial assistance and faculties of the department for their inspiration.

Funding: No funding sources Conflict of interest: None declared

Ethical approval: The study was approved by the ethics

committee of Gauhati medical college, Guwahati

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DOI: 10.5455/2394-6040.ijcmph20150518 **Cite this article as:** Hakmaosa A, Baruah KK, Baruah R, Hajong S. Health seeking behaviour of elderly in rani block, Kamrup (Rural) district, Assam: a community based cross sectional study. Int J Community Med Public Health 2015;2:162-6.