HEALTH SEEKING BEHAVIOR OF ELDERLY FOR COMMON MORBIDITIES IN A BLOCK OF DIBRUGARH DISTRICT OF assam

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ABSTRACT

Geriatric age group is increasing and the world will see a more number of older persons than children in the near future due to a greater life expectancy at birth. With increasing population comes increasing challenges particularly health, which tends to deteriorate as people age. One of the important determinants of health status of a population is the health seeking behaviour. The study was undertaken to assess the common morbidities and Health seeking behaviour among the geriatric population in the selected villages under Lahowal Block of Dibrugarh district, Assam. A total of 370 elderly persons aged 60 years and above were included in the study using multistage sampling design. Statistical Analysis was done using proportions, Chi-square test. Out of 370 elderly (> 60) 55.4% were ‘young old’, 42.2% ‘old old’. 55.4% were literates. 47.3% had musculoskeletal problems. Hypertension was found in 35.2% of males and 37% of females. Respiratory problems were found in 43.2% of males as compared to 41.3% of females. Educational status was found to be significantly associated (p<0.05) with health care seeking behavior. About (79%) male and female (85%) preferred Government health care delivery system. The commonest reason cited for not seeking any form health care was that the illness is inevitable, minor and will resolve by itself (51.7%).

KEYWORDS: Common Morbidities, Geriatric Population, Health Seeking Behaviour, Health Care Delivery System

INTRODUCTION

Over the past few years, the world’s population has continued on its remarkable demographic transition path coupled with improvement in health services & standard of living. Due to this transition, there has been growth in the number and proportion of older persons. Low- and middle-income countries are experiencing the most rapid and dramatic demographic change (NPHCE, 2010).
In India, the elderly people suffer from dual medical problems, i.e., both communicable as well as non-communicable diseases (Arora VK et al, 1989). A large proportion of geriatric morbidity remains in apparent due to ignorance and lack of access to health care facilities. Health status in general and morbidity in particular, are primarily influenced by behavioral decisions of individuals or families, besides genetically inherited health endowments and the health environment in which they reside (Duraisamy P, 2001).

Health-seeking behaviour is 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” (Ward H, 1996). The results from a study by (Mathiyazhagan K, 1999) supported the view that the decision to choose a health care provider was affected by socio-demographic factors, health status variables, economic accessibility and familiarity with the health system.

Studies on the patterns and determinants of health seeking behaviour for common morbidities among elderly can yield information to help in designing comprehensive health care programmes for them. Therefore this study was undertaken to assess the health seeking behavior for common morbidities in the elderly individuals.

MATERIALS AND METHODS

A cross sectional study was carried out in the selected villages under the Lahowal Development Block of Dibrugarh District. A multistage sampling design was adopted in the study for selection of individuals to make the sample representative of the population. A list of all villages under Lahowal Block was obtained and six villages were selected randomly for the study. All individuals aged 60 years and above in the selected villages were included in the study. The data collected and between June 2011 and May 2012. Before data collection informed consent was taken from the study subjects. Each elderly individual in the study were subjected to personal interview and clinical examination. Complete general and systemic examination was carried out for all the study subjects, especially Vision, Hearing, Respiratory, Cardiovascular, Gastrointestinal, Genitourinary and Central nervous system were examined and findings were recorded on proforma. Information regarding already diagnosed cases was included in the present study. Data entry and data analysis was done using SPSS Version 16. Percentage and Chi-square test was applied.
RESULTS
The results and observations of the present study are as follows:

**Figure 1: Age and Sex Distribution of the Elderly**

Most of the elderly (55.4%) were ‘young old’; 42.7% of the elderly were ‘old old’ while a very small proportion (1.9%) of the study population belonged to the category of ‘oldest old’.

**Figure 2. Literacy status of the Elderly**

The rate of literacy among the elderly male was 75.6%, female 24.4%. The rate of illiteracy was 44.6%, of which 4.2% were male and 95.8% were females.

**Table 1: Common Morbidities of the Elderly**

<table>
<thead>
<tr>
<th>Health Problems</th>
<th>Male</th>
<th>Female</th>
<th>Total (n=370)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cataract</td>
<td>55(34)</td>
<td>83(39.9)</td>
<td>138(37.2)</td>
</tr>
<tr>
<td>Hearing</td>
<td>28(17.3)</td>
<td>28(13.4)</td>
<td>56(15.1)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>13(8)</td>
<td>11(5.3)</td>
<td>23(6.5)</td>
</tr>
<tr>
<td>Hypertension</td>
<td>57(35.2)</td>
<td>77(37)</td>
<td>134(36.2)</td>
</tr>
<tr>
<td>Respiratory</td>
<td>70(43.2)</td>
<td>86(41.3)</td>
<td>160(43.2)</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>75(46.2)</td>
<td>87(42)</td>
<td>162(43.7)</td>
</tr>
<tr>
<td>Genitourinary</td>
<td>23(14.2)</td>
<td>8(3.8)</td>
<td>31(8.4)</td>
</tr>
<tr>
<td>Skin</td>
<td>13(8)</td>
<td>7(3.4)</td>
<td>20(5.4)</td>
</tr>
</tbody>
</table>

Figures in Parenthesis includes percentages
The prevalence of cataract was found to be 37.2% in one or both eyes. Hearing impairment was found in 15.1% of the elderly. The prevalence of hypertension in the entire population was 36.2%. The total prevalence of respiratory disease was 43.2%. There was a high prevalence of COPD and bronchial asthma, which was found to be 33.3% in male and 33.6% in females. 43.7% of the elderly had musculoskeletal problems.

Table 2: Age wise distribution of Health Seeking Behaviour

<table>
<thead>
<tr>
<th>Age Groups (In Yrs.)</th>
<th>Health Seeking Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Care Taken(%)</td>
</tr>
<tr>
<td></td>
<td>Traditional Medicine (%)</td>
</tr>
<tr>
<td>60-69</td>
<td>67 (35.3)</td>
</tr>
<tr>
<td>70-79</td>
<td>102 (65.0)</td>
</tr>
<tr>
<td>≥ 80</td>
<td>7 (100)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>176 (49.7)</strong></td>
</tr>
</tbody>
</table>

A significantly higher proportion of young old (64.7%) sought health care as compared to ‘old old’ and ‘oldest old’ (p < 0.05).

Table 3: Sex wise distribution of Health care utilized for reported illnesses

<table>
<thead>
<tr>
<th>Sex</th>
<th>Health Care Facility Sought</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Public health care(%)</td>
</tr>
<tr>
<td></td>
<td>Traditional Medicine(%)</td>
</tr>
<tr>
<td></td>
<td>Private Clinic(%)</td>
</tr>
<tr>
<td></td>
<td>Private Medical Store(%)</td>
</tr>
<tr>
<td>Male</td>
<td>49 (79)</td>
</tr>
<tr>
<td></td>
<td>5 (8)</td>
</tr>
<tr>
<td></td>
<td>6 (9.7)</td>
</tr>
<tr>
<td></td>
<td>2 (3.2)</td>
</tr>
<tr>
<td>Female</td>
<td>98 (85)</td>
</tr>
<tr>
<td></td>
<td>13 (11.2)</td>
</tr>
<tr>
<td></td>
<td>1 (0.9)</td>
</tr>
<tr>
<td></td>
<td>3 (3.4)</td>
</tr>
<tr>
<td>Total</td>
<td>140 (82)</td>
</tr>
<tr>
<td></td>
<td>18 (10.1)</td>
</tr>
<tr>
<td></td>
<td>7 (3.9)</td>
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<tr>
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<td>6 (3.4)</td>
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</tbody>
</table>

Majority of the males approached a Public Health Care facility (79%) while 8% approached a traditional medicine.
Figure 3: Health Seeking Behavior by Literacy Status

A significantly higher proportion of elderly who were literate sought health care as compared to illiterate (p<0.05). Majority of the literate elderly (58.2%) sought allopathic medicine.

Figure 4: Reasons for Not Seeking any form of Health Care

Most of the elderly do not seek health care because they find it a minor illness requiring no treatment (51.7%) and the health care facility is too far (25.6%).

DISCUSSION

Among the elderly who were interviewed, more than half were ‘young old’. 42.7% of the elderly were ‘old old’ while a very small proportion (1.9%) of the study population belonged to the category of ‘oldest old’. (Kant S et al, 2004) in their study among the elderly
also showed similar pattern in their study population. A study in rural Tamil Nadu found the
distribution to be 63.5%, 29.5% and 7% in the 3 age groups respectively (Elango S, 1998).

55.4% of the elderly were literates whereas 44.6% of the elderly were illiterates. The
rate of illiteracy was 44.6%, of which 4.2% were male and 95.8% were females. The rate of
illiteracy obtained in our study was found to be somewhat similar to that found in the 52nd
round of NSSO in India, which revealed that around 63% of the elderly in India were
illiterates. In India, well-being is intimately linked with educational status because education
enables greater adaptability to changing socio economic status (Rajan I et al, 1999). The low
level of literacy governs perceptions of health care thereby affecting the health seeking
behaviour.

The prevalence of cataract was found to be 37.2%. In a study by Purohit and Sharma
(1976), cataract was found to be present in approximately 40% of the elderly. Medhi GK et al
(2006) reported the prevalence of cataract in 40.3% (urban) and 33% (tea garden) of elderly.
This may be due to long hours of work in open sun for agricultural purpose.

Hearing impairment, was diagnosed in 15.1% of the elderly in the present study.
Similar findings were stated by Kant S et al (2004),

The prevalence of diabetes mellitus was 6.5% in present study while it was 17.4% and
The low prevalence in our study may be due to ignorance and non-availability of
investigations and screening facility at rural level.

Hypertension among the study population was found to be 36.2%. Medhi GK et al
(2006) reported the prevalence of hypertension in 68.8% (urban) and 81.4% (tea garden) of
elderly. Hazarika et al (2003) found the overall prevalence of hypertension to be 63.63%.
This again may be due non availability of regular monitoring and screening.

The overall prevalence of respiratory disease was 43.2%. Rao V (1988) and Kant S et
al (2004) reported the prevalence of chronic cough to be around 20% and other respiratory
illnesses to be 33.5%. Higher prevalence in our study may be due to chronic exposure to rice
husk dust.

In the present study, 43.7% of the elderly were suffering from musculoskeletal problems.
Prakash R et al (2004), reported the prevalence of musculoskeletal disorders to be 14.6%.

Sitaram et al (2009) reported arthritis and disorders of muscles and joints to be 24.6%.
This is due to low mobility and fragility due to aging process.
Prevalence of genitourinary disorder was found to be 8.4% in present study, whereas in the study conducted by Shankar R et al (2007) in rural area of Varanasi district and Rajasthan based study by Prakash R et al (2004) prevalence of genito urinary disorder was 5% and 2% respectively.

Majority of the elderly, who sought health care, preferred allopathic care (45.2%). This could probably be because this system is based on sound scientific principle and hence more efficacious, is promoted by the Government and is present in most parts of the country. Majumdar A (2006) reported that most of the elderly preferred allopathy as it gives quick relief and available free of cost at Government health facility.

Most of the elderly male (79%) and female (85%) ought to prefer Public health care delivery system (PHC/Tertiary Centre) for their reported illnesses. The discussion with the elderly revealed that the oldest old are more determined ‘not’ to seek health care. They think that going to a health care facility is waste of money. A few of the elderly preferred traditional form of medicine. In a study done by (Tripathi RM, 2001), 80.5% of the aged had gone for allopathic treatment and 11% taken Homoeopathic treatment while 4.5% utilized ayurvedic and 2% utilized traditional system of Medicine.

A significantly higher proportion of elderly who went to school (62.4%) sought health care as compared to those who never attended school (36.3%). Education has been identified as an enabling factor in seeking health care (Rajan I, 1990). Going to school, probably changes the attitude of the elderly towards health seeking and thus improves their health seeking behaviour.

The reasons cited for not seeking any form of health care include the following:-

A majority of the elderly (51.7%) think that the illness is inevitable, minor and will resolve by itself. This indicates that the health care provider who identified the illness has not emphasized the need for regular and continuous health care. This reflects that for some elderly, health is probably not a felt need.

A few (25.6%) of the elderly also said that they do not seek care regularly because health care facility is too far and nobody accompanies them to the health care facility. This again indicates the lack of social support by the family members for the elderly.

Chakraborty S (2005) cited that 78.4% (80.2% for women and 75.2% for men) of the elderly had no or irregular treatment when confronted with chronic illnesses.
RECOMMENDATION

Health care check-ups should start at the pre geriatric level. Annual medical checkups in Geriatric clinic for prevention, early detection, and treatment of disease and monitoring for those with Hypertension, Asthma etc. Furthermore, dedicated Geriatric services at Primary Health Centre level including services like, provision of machinery, equipments, training, IEC etc. upto the sub centre level. Emphasis on counseling the family members to encourage elderly to seek health care as well as rehabilitation services. Home visits by trained Community health workers on routine basis and motivating the elderly and care givers to seek health care for their illness if any. Community members can be sensitized about the problems of the elderly so that a greater allegiance and involvement could be ensured.

REFERENCES
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