



Original Research Article

## Morbidity Pattern and Health Care Seeking Behaviour of Rural Geriatric Population: A Cross Sectional Study

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### ABSTRACT

**Background:** "Population ageing" was one of the most distinctive demographic events of the twentieth century. Health status of older people possesses unique challenges because of the multiple dimensions that influence with passing the age. Old age is not a disease in itself, but it becomes a problem when the obvious physical mental changes brought by the advancing age and make them unable to do their own basic things. In this study the socio demographic profile and the factors affecting health seeking behaviour of the elderly people were examined.

**Materials and Methodology:** A cross-sectional, community based study was conducted in rural Bijapur. Information regarding socio-demographic profile and health-seeking behavior of the elderly person was collected.

**Results:** A total of 710 elderly persons were interviewed. Majority of the elderly population 512(72.12%) were healthy while 100 (14.08%) were suffering from one or other chronic illness and 98 (13.80%) of the respondents suffered from one or other acute illnesses during last one month prior to our visit. . 92% of these sought healthcare for their chronic illness which comprised of a significantly higher number of "young old" and "old old" respondents compared to "oldest old". 96.05% of the elderly males sought healthcare as compared to 79.17% of elderly females which was found to be statistically significant. As the literacy rate increases health seeking behavior also increases, which was found to be statistically significant.

**Conclusion:** Though it is heartening to know while majority of elderly having chronic illnesses sought healthcare, factors such as gender inequality, literacy and socioeconomic class which play an important role in health seeking behavior should be addressed more efficiently.

**Key Words:** Health Care Seeking Behaviour, Geriatric Population, Cross Sectional Study, Senior Citizen.

### INTRODUCTION

The World Health Organization definition of health is "Health is a state of complete physical, mental and social well

being and not merely an absence of disease or infirmity to lead a socially and economically productive life". The health of an individual fluctuates within a range of

optimum well being to various levels of dysfunction emphasizing that the health of an individual is a dynamic phenomenon and a process of continuous change. Good health is a blessing. Better health is central to human happiness and well being and it can be achieved only through proper efforts and good health care. Health seeking behaviour refers to the sequence of remedial actions that individuals take to rectify perceived ill health. [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]

“Population ageing” is the process by which older individuals become a proportionally larger share of the total population was one of the most distinctive demographic events of the twentieth century. It will surely remain important throughout the twenty-first century. Initially experienced by the more developed countries, the process has recently become apparent in much of the developing world as well. [3] Aging is a natural process with reduced ability to generate resources, the elderly lack basic needs that affect their health status and health seeking behavior. Attribution of ill health to ageing, low economic status and negative attitude of health workers towards the care of the elderly are some of the factors associated with delay in seeking health care. [4]

Health status of older people possesses unique challenges because of the multiple dimensions that influence with passing the age. Old age is not a disease in itself, but it becomes a problem when the obvious physical mental changes brought by the advancing age and make them unable to do their own basic things. [5] The elderly are one of the most vulnerable and high risk groups in terms of health status and their

health care-seeking behaviour is crucial in any society. Over the past decades, India's health program and policies have been focusing on issues like population stabilization, maternal and child health, and disease control. However, current statistics for the elderly in India gives a prelude to a new set of medical, social, and economic problems that could arise if a timely initiative in this direction is not taken by the program managers and policy makers. About 90% of the elderly were from the unorganized sector, i.e., they have no regular source of income. The elderly are not a homogeneous category; they consist of different ages, belonging to different socioeconomic groups, having different health status. [6]

Health seeking behaviour of elderly people in India is greatly influenced by the place where they reside and the socio-cultural factor prevailing in that area. Hence this study is conducted to identify the various socio-demographic factors influencing the health seeking behaviour of chronic illness among elderly people. The findings of this study may help the programme managers to plan and implement effectively various programmes for improving the health status of the elderly population. In the context of above discussion the objectives of this study are:

- i. To assess the socio-economic characteristics of study subjects
- ii. To analyze the factors influencing the health seeking behaviour of chronic illness

## **MATERIALS AND METHODS**

The study was conducted in field practice area of Rural Health and Training Center (RHTC) located at village Shivanagi, district Bijapur, Karnataka, India. This Center is an integral part of Department of Community Medicine, Shri B. M. Patil Medical College, Bijapur. A community

based cross-sectional design was adopted for studying socio-demographic profile and health care seeking behaviour in elderly population. The period of study was one year from Feb 2010 to Jan 2011. All the elderly people who were more than 60 yrs of age and who permanent residents were of study area were included in the study

Total number of houses in the village of Shivangi is 1872. List of all elderly people in the village was prepared by visiting each house. After obtaining oral consent, one to one interview was done to obtain information regarding socio-demographic profile and health seeking behavior of the elderly person. Data analysis was done using mean, standard deviation, chi square test and presented in the form of graphs, tables and figures.

## RESULTS AND DISCUSSION

Table 1: Distribution of Respondents According to socioeconomic variable

Background Variables		(N=710)	
		No.	%
Sex	Male	236	33.2
	Female	474	66.8
Age	60-69	492	69.3
	70-79	153	21.5
	>80	65	9.2
Religion	Hindu	417	58.8
	Muslims	293	41.2
Educational Status	Illiterates	375	52.8
	Literates	335	47.2
Occupation	Non-working	439	61.8
	Working	271	38.2
Socio-economic Status	Class I	66	9.3
	Class II	161	22.7
	Class III	185	26
	Class IV	273	38.4
	Class V	26	3.6
Family Type	Nuclear	223	31.4
	Joint	266	37.4
	Three Generation Family	222	31.2
Marital Status	Widowed/ Unmarried/ Divorced	218	30.7
	Married	492	69.3

A total of 710 elderly persons were interviewed. The distribution of elder people is shown in Table 1. About two third of respondents were females. About 69% were

from age group 60-69. Majority of the elderly population 512(72.12%) were healthy while 100 (14.08%) were suffering from one or other chronic illness and 98 (13.80%) of the respondents suffered from one or other acute illnesses during last one month prior to our visit. Study conducted by A B Dey reveals 96% of his study subjects were having one or more chronic illnesses which is very high compared to our study [7] (Table.2).

Table 2: Distribution of Respondents According to Health Status

Population	No. of Respondent (%)
Healthy	512(72.12)
Suffering from Acute Illness(Within last one month's)	98(13.80)
Chronic Illness -	100(14.08)

(Note: Figures in parentheses indicate percentages)

In this study 50% of the respondent had locomotors problems. It is almost similar to study conducted by Rajashree Bhatt (48.6%), [8] by Anil Jacob Purty (43.4%) [9] and Masuma Akthar Khanam (57.5%) [10] M k Sharma reports in his study in rural area were 32.6% and that female to male ratio as 70.1:41.6%. [11] In our study 38% of the elderly had ophthalmic problems (cataract and vision impairment). It is almost similar to study conducted by Rajashree Bhatt (42.7%), [8] by Masuma Akthar Khanam (39.6%), [10] by A B Dey (39.3%) [7] while less compared to Anil Jacob Purty reports (57%) [9] and Rahul Prakash study (70%). [12]

It was found that 36% of respondents had problems related to gastrointestinal tract. In our study 10% of the respondents were having hypertension which can be compared with that of Anil Jacob Purty reports (14%) [9] while R Gupta in his study reports (4.5%) among rural population in Haryana. [13] However hypertension among our study population is very much less compared to reports of studies done by Bhatia et al (57.5% ), [14] A B Dey (39.9%),

[7] Rahul Prakash (48%), [12] Rajashree Bhatt (34.4%), [8] Masuma Akhtar Khanam (38.7%) [10] and V B Singh(51%). [15]

In our study only (4%) of respondent have diabetes mellitus which is low compared to study conducted by Anil Jacob Purty (8.1), [9] A B Dey(15.2%), [7]

Rajashree Bhatt (10.6%), [8] Vijay Gupta (11%) [16] and Ramachandran (9.9%). [17] In our study population low prevalence of hypertension and diabetes may be due to the fact that they are not used to modern life styles (Table. 3).

Table 3: Distribution of Elderly According to Chronic Illnesses (single/multiple) (N=100)

Chronic illness	Males=76	Females=24	Total=100
Locomotor problems(Arthritis, Joint pain)	32(42.11)	18(75)	50(50)
Auditory Problems(Hearing disturbance)	14(18.42)	9(37.5)	23(23)
Ophthalmic problems (Cataract & Vision impairment)	25(32.89)	13(54.16)	38(38)
G U Tract problems (Bladder Incontinence)	20(26.32)	Nil	20(20)
G I Tract problems(Loss of Appetite, Constipation)	17(22.37)	19(79.16)	36(36)
CVS System (Hypertension, Myocardial infection)	8(10.86)	2(8.33)	10(10)
Endocrine System (Diabetes Mellitus)	4(5.26)	Nil	4(4)
Others(Skin problems, Dental problems)	21(27.63)	12(50)	33(33)

(Note: Figures in parentheses indicate percentages of column)

Table 4: Health Seeking Behaviour for Chronic Illness

Background variables	Yes		No		Total	$\chi^2$ value	Degree of freedom	p-value
	No.	%	No.	%				
Age								
60-69	55	100.0	0	0.0	55	31.696	1	0.000
70-79	35	87.5	5	12.5	40			
>80	2	40.0	3	60.0	5			
Sex								
Male	73	96.1	3	3.9	76	46.717	2	0.000
Female	19	79.2	5	20.8	24			
Educational Status								
Illiterates	63	84.0	12	16.0	75	19.253	1	0.000
Literates	24	96.0	1	4.0	25			
Occupation								
Non-working	57	96.6	2	3.4	59	2.364	2	0.307
Working	35	85.4	6	14.6	41			
Socio-economic status								
Class I	18	78.3	5	21.7	23	13.652	3	0.003
Class II	22	100.0	0	0.0	22			
Class III	32	94.1	2	5.9	34			
Class IV	11	91.7	1	8.3	12			
Class V	9	100.0	0	0.0	9			
Family type								
Nuclear family	22	64.7	12	35.3	34	5.261	1	0.022
Joint family	32	94.1	2	5.9	34			
Three generation family	23	71.9	9	28.1	32			
Marital status								
Widowed/ unmarried/ divorced	59	83.1	12	16.9	71	17.483	1	0.000
Married	20	69.0	9	31.0	29			

(Note: Figures in parentheses indicate percentages of row totals)

Health seeking behavior has decreased as age advances and this relation is found to be statistically significant. The most probable reason may be that they have left hope of getting cured from chronic illnesses. The present study findings were similar to those of a study by Khanam et al

[18] in India where statistically significant difference between age distribution and health care seeking behavior was noted and more of productive age group participants prefer to go to health care providers (Table. 4).

(96%) of elderly males sought health care compared to only (79%) females which is statistically significant. The difference may be due to the fact that women are more dependent than men. A study by Mathiyazhagan<sup>[19]</sup> in rural Karnataka, it was found that majority (83%) of the study subjects sought healthcare in the event of illness (Table.4).

## CONCLUSION

It is heartening to note while majority of elderly having chronic illnesses sought health care. Gender inequality, literacy and socio-economic class are factors which play an important role in health seeking behavior. Findings of this study showed that the factors affecting health seeking behaviour were significantly associated with type of response of family members, source of income and economical status of the family, marital status, type of family. Availability of health facilities, types of health facilities, distance of nearest health facility, ignorance of disease due to old age poverty, poor attitudes of health worker, lengthy treatment process, trust on God for healing if ill, living alone and lack of someone to take them to hospitals and feelings of better treatment available elsewhere rather than formal health institutions were the others factors in the available literature. Therefore this type of study may be conducted at much larger level to ascertain relation with others factors.

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## REFERENCES

1. Christman N. The health seeking process. *Cult. Med. Psychiat.*1977; 1(4):1357-68.
2. Irudaya, Rajan S., U.S. Misra and P.S.Sharma 1999. *India's Elderly:*

- Burden or Challenge?* Sage Publications: New Delhi.
3. Population Division, DESA, United Nations World Population Ageing 1950-2050p216-217  
<http://www.un.org/esa/population/publication/worldaging>
  4. Waweru LM., Kabiru EW., MBITHI JN., and Some ES. Health status and health seeking Behaviour of the Elderly Persons in Dagoretti Division, Nairobi. *East African Medical Journal* 2003; 80: 62-7.
  5. Gautom PC. Introducing geriatric medicine to Nepal, An outline of a training programme and a model for the delivery of service. *Kathmandu University Medical Journal* 2008; 6(1):135-140.
  6. Bali AP. Socioeconomic Status and its relationship to morbidity among elderly. *Ind. J.Med. Res. Indian J Med Res.* 1997 Oct;106:349-60.
  7. 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 Programmed. *The National Medical Journal of India.* Vol.14.No.3. 2001. p135-138.
  8. 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.
  9. 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.
  10. Masuma Akter Khanam, Peter Kim Streatfield, Prevalence Of Multimorbidity Among Elderly People In Rural Bangladesh A Cross-Sectional Study. *J Health Popular Nutr* 2011 Aug 29(4):P406-414.
  11. M K Sharma, H M Swami. Epidemiological Study of correlates of osteoarthritis in Geriatric population of

- U T Chandhigad. IJCM Vol:32-1(2007-01-2007-03).
12. 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.
  13. R Gupta Trends in hypertension epidemiology in India Journal of Human Hypertension (2004) 18, 73–78.
  14. 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.
  15. 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.
  16. Vijay Gupta .M D. Diabetes in Elderly Patient. JK Practitioner 2002: 91(4): 258-259.
  17. 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.
  18. Khanam N et al. A Cross Sectional Study On Pattern Of Health Care Seeking Behavior And Out-Of- Pocket Household Expenditure On Curative Medical Care In Rural Central India. National Journal of Community Medicine. Jan – Mar 2013; 4 (1):70- 75.
  19. Mathiyazhagan. K. People’s choice of health care provider: Policy options for rural India. Working Paper No.45. The Institute for Social and Economic change, Bangalore.1999.

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