

To assess the health seeking behaviour among elderly people in Bhopal**Seema Patel¹, Bhavishya Rathore², Anjana Niranjana^{3*}, Indu Rathore⁴**¹*Department of Community Medicine, Gandhi Medical College, Bhopal, Madhya Pradesh, India*²*IRHS, Bhopal, Madhya Pradesh, India*³*Department of Community Medicine, Govt. Medical College, Shivpuri, Madhya Pradesh, India*⁴*Dist. Hospital Sehore, Madhya Pradesh, India*

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Abstract

Background: According to Population Census 2011 there are nearly 104 million elderly persons (aged 60 years or above) in India. Health status is an important factor that has a significant impact on the quality of life of an elderly population. **Objective:** Primary: Assess the health seeking behaviour among elderly in Bhopal M.P. **Secondary:** 1. To estimate the prevalence of chronic morbidity among elderly. 2. To know the source of financial support and the cause of not seeking the treatment regularly. **Method:** The present study was conducted in urban slums of selected wards of Bhopal city in Madhya Pradesh, it was a cross sectional study which was conducted from February 2015 to May 2016. Data was collected and entered in MS excel-2007, analysis was done by using Epiinfo-7. **Result-** out of 300 elderly, majority (78.6%) were taking treatment for their health problems. Most of them 123(60.33%) prefer Government hospital for their treatment. Those who are not seeking any treatment among them most common reason was that they thought the disease is because of old age followed by financial problem. **Conclusion:** This highlights the need to provide suitable health facilities and affordable health care to the elderly in to ensure their active aging we need to make some Health care strategies specific to the elderly needs.

Key word: Elderly, health seeking behaviour, chronic morbidity, health insurance, financial support. Etc.

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Introduction

The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies. Government of India adopted 'National Policy on Older Persons' in January, 1999. The policy defines 'senior citizen' or 'elderly' as a person who is of age 60 years or above. [1] According to Population Census 2011 there are nearly 104 million elderly persons (aged 60 years or above) in India [2]. The capital of M.P. that is District Bhopal has a population of around 23 lacs. [2] Population projections for 1996 – 2016 made by the technical group on the population projections (1996) indicate that the population of elderly will reach to 100 million mark by 2013. Projections beyond 2016 made by the united nations (1996 Revision) have indicated that the India will have 198 million persons above 60 years in 2030 and 326 million by 2050 constituting 21 % of the total population.[3]. According to the Needs Assessment Study among Elderly of Bhopal by HelpAge India, 2009, About two fifth (42%) of the elderly reported to be free from any health problem, while 30 percent reported to be having one or more chronic diseases such as Diabetes, Hypertension and Arthritis. [4]. Longevity has increased significantly in the last few decades mainly due to the socio-economic and health care developments. These factors are responsible for the higher numerical presence of elderly people leading to ageing of the population, and a higher dependency ratio. Health status is an important factor that has a significant impact on the quality of life of an elderly population. The major elements of health status are perceived health, especially psychological well-being, chronic illnesses, and functional status. Various studies have

shown that perceived health declines with age, and the effects of ill health impact on many areas of daily activity [5]. Aging is a very complex process, influenced various factors. Health-seeking behaviour is one among them.[6]. Health seeking is a dynamic process determined by certain socio-demographical and socio-cultural factors.[7] Health seeking behaviour of a person is influenced by a large number of factors operating at the individual, family and community level. The way in which people conceptualize the aetiology of a health problem and their perception of symptoms plays an important role in seeking health (Keith tones). [8] Many elderly do not seek health care, believing that the ailments are a part of ageing process. This leads to the worsening of their problems and the development of complications. present study was conducted with the objectives to assess the health seeking behaviour of elderly in Bhopal and to find out the reason for not seeking healthcare.

Methodology

The present community-based cross-sectional study was conducted in the slums of Bhopal for a period of one year. Elderly population (more than 60 years) residing in selected urban slums of Bhopal city forms the study population of this study. Sample size was calculated using formula $N = Z^2PQ/L^2$. Cluster sampling technique was adopted for the study. For enrolment of participants, one of the houses from each slum was randomly selected and the presence of an elderly person was ascertained. The subsequent house was identified as that house which was geographically closest to the preceding house so house to house survey was done.

Inclusion criteria

- Population >60 years of age they fulfilled the following criteria:
- Those give consent to participate.
- Those elderly who had the resident in that identified cluster for a period of at least one year prior to the date of interview.

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Exclusion criteria

- Candidates who were seriously moribund and unable to respond to the interview schedule.
- Elderly who had cognitive impairment as assessed using the interview schedule.

Informed consent was obtained at the time of interview and the study participants were interviewed using pre tested questionnaire Ethical clearance from Institutional ethical committee was obtained. A pilot

study was also conducted for a month at Shajida Nagar Bhopal. For the purpose to assess the applicability of the research instruments and methods used.

Result

Table No.1 we distribute the participants according to gender, In the present study we found that out of 300 elderly participant 158(52.67%) were female and142(47.33%) were males out of total 259(86.33%) were suffering from chronic morbidity.

Table 1:Distribution of participants with chronic morbidity according to their gender

Morbidity	Male	Female	Total
Yes	121(85.21%)	138(87.34%)	259
No	21(14.79%)	20(12.65%)	41
Total	142(47.33%)	158(52.67%)	300

In table no. 2 we distribute the participants according to their health seeking behaviour and their source of treatment and financial resources. We found that 78.76% were taking treatment and 21.23% were not and most of them 60.3% was taking treatment from government hospital followed by private hospital (31.86%)and least of them from non qualified medical practitioner, for treatment majority(30.39%) were using their saving followed by dependency on children(26.47%) and least (5.88%)of them were have their health insurance.

Table 2:Distribution of participants according to health seeking behaviour and sources of financial support for chronic morbidity

S No.		n=259	Percentage
1	Taking treatment		
	Yes	204	78.76
	No	55	21.23
2	Sources of Treatment	(n ^o =204)	
	Government Hospital	123	60.3
	Private Hospital	65	31.86
	Ritualistic	4	1.96
	Non Qualified M.P.	3	1.47
	Other Pathy	9	4.41
3	Sources of Financial Support		
	Saving	62	30.39
	Insurance	12	5.88
	Children	54	26.47
	Pension	20	9.80
	Reimbursement	56	27.45

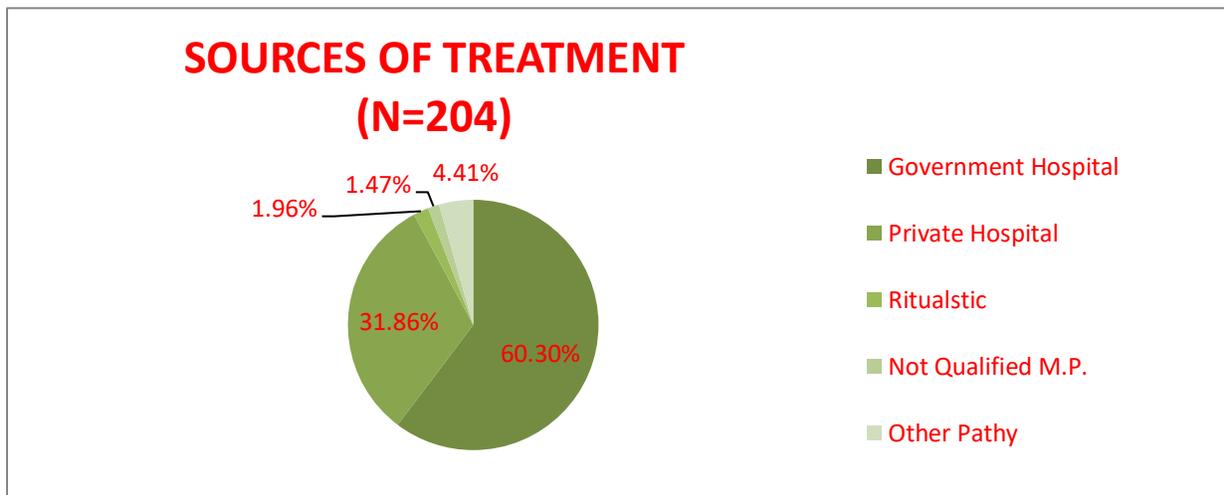


Fig 1: Pie diagram shows distribution of participants according to the source of treatment and source financial support for chronic morbidities

Table 3: Distribution of participants according to the reason of not seeking healthcare for chronic morbidities

S no.	Reason of not seeking Healthcare for medical problems	Number	Percentage
1	Disease due to age	20	36.36
2	Health service too far	4	7.27
3	Trust god for Healing	6	10.91
4	Lack of money	11	20.00
5	Nobody take to the Hospital	7	12.72
6	Poor attitude of Doctor/healthcare worker	4	7.27
7	No trust in Healthcare	3	5.45
	Total	55	100

In table no.3 we distribute the participants according to their cause of not seeking the treatment for their chronic morbidly , we found that majority(30.33%) were belief that it was due to their age so we not need to take any treatment followed by(20.00%) lack of money least (5.45%) were not have belief over healthcare.

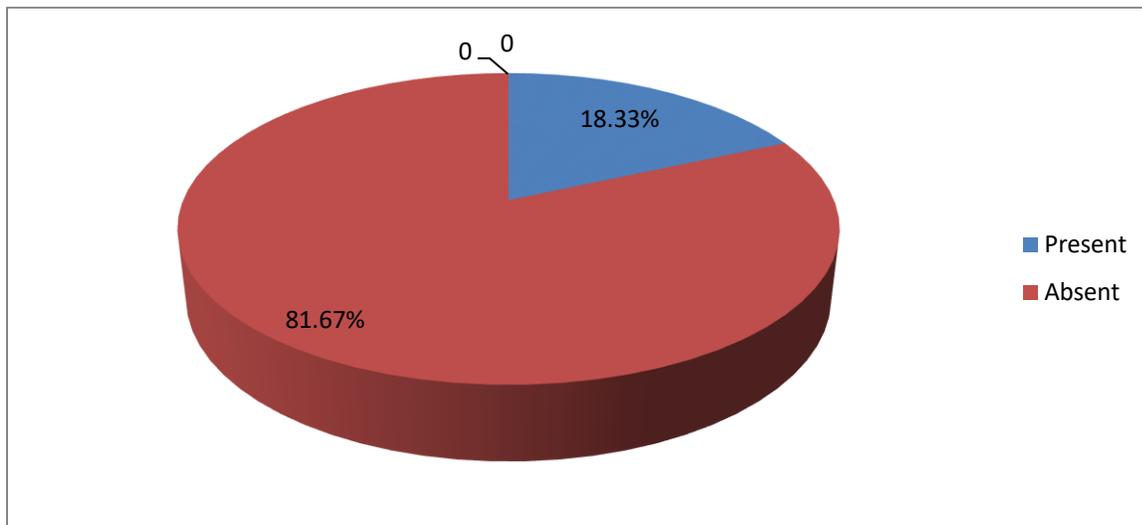


Fig 2: participants according to their knowledge about the health related scheme

The above Pie chart shows that out of 300 participants majority of them 245(81.67%) did not know about any health related schemes provided by the government and rest were have knowledge and receiving some of benefits such as pension , railway concussion etc by the government .

Table 4: Distribution of participants according to their health status

(All the participants were rated on a health status 4-point scale from very poor to good)

S no.	Health status	Number	Percentage
1	Good (no such health problem)	23	7.66
2	Average (with seasonal health problem like cold , fever)	57	19.00
3	Poor (with any one of the chronic disease)	85	28.33
4	Very poor (with more than 1 chronic disease)	135	45.00
	Total	300	100

In table no.4 we distribute the participants according to their health status(All the participants were rated on a health status 4-point scale from very poor to good) we found that most (45%) of the participants were have very poor status of health followed by poor health then average and only 7.6% were have good status of health.

Discussion

In the present study we found that there was no significant difference in the pattern of morbidity among male and female , total 86.33% were suffering from chronic morbidity similarly the study conducted among older persons in Northern India,[9] Eastern India,[10] and North-east India,[11] have reported presence of high morbidity (88.9% and 88%, 68.5%, respectively) so these study finding was

support the finding of present study. In the present study we found that 78.76% were taking treatment and 21.23% were notand we found that majority(30.33%) were belief that it was due to their age so we not need to take any treatmentfollowed by(20.00%) lack of money least (5.45%) were not have belief over healthcare similarly the study conducted by Goswami *et al.* in their study.[12] In the present study, the main reason given by those older persons who were not taking medication for their health status was that they felt diseases are an expected part of aging. Goodwin *et al.*, [13] in a study on aging versus disease, the opinions of older persons; observed that substantial proportions of the subjects considered diseases to be a normal part of aging. Sarkisian *et al.*, [1,9] conducted a study on the association between expectations regarding aging and beliefs

regarding healthcare-seeking behaviour among older adults in Los Angeles and found that more than 50% of participants felt it was an expected part of aging to have more aches and pains. Contrary to our finding, a study among older persons in Nairobi reported that the main reason given by older persons for not seeking treatment for medical conditions was lack of money.[14] In present study we found that the most of them 60.3% was taking treatment from government hospital followed by private hospital (31.86%) and least of them from non qualified medical practitioner. Lower socio-economic condition of most elderly in our study might contribute to the preference of government health facilities. Sharma *et al.* in their study among elderly population in North India found that majority of the older persons preferred allopathic medicine (81.2%) followed by ayurvedic medicines (11.3%). Most of the older persons also preferred government hospital for treatment of their morbidities.[15] for treatment majority (30.39%) were using their saving followed by dependency on children (26.47%) and least (5.88%) of them were have their health insurance. Similar observation was made in a study among elderly in India, which reported 10% of the older persons were seeking over-the-counter drugs.[12] Studies worldwide have documented high number of elderly seeking over-the-counter drugs for this illness.[14,16] The use of over-the-counter drugs is indicative of inefficient health facilities in meeting the health needs of the older persons.

Conclusion

With the increase in elderly population in India with patellar we found that the burden of chronic morbidity, disability, and mortality is also increases, in our study more than two-third of our study population were suffering from chronic morbidities at the time of the study. Health-seeking behaviour was appropriate for 78.76 % of the elderly while a few could not afford proper health care due to lack of money. This highlights the need to provide suitable health facilities and affordable health care to the elderly in to ensure their active aging we need to make some Health care strategies specific to the elderly needs.

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