

Health Seeking Behaviour among Elderly People of Bharatpur Municipality of Chitwan District, Nepal

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ABSTRACT

Background: Individuals have different opinion regarding willingness to seek help from health care services. Some go readily for treatment, others only when in great pain and in advance state of ill health. This is especially true for people with advance age who have to face many physiological changes which act as a barrier to seek immediate help in health care setting. Thus, a study was conducted to analyse the health seeking behaviour among elderly. **Materials and Methods:** A cross-sectional analytical study was conducted among 104 elderly aged 60 years and above. Non- probability convenience sampling technique was used to collect the data. Data was collected by interviewing the elderly at their residence. The data gathered was analyzed using both descriptive and inferential statistics in SPSS software. **Results:** Assessment of the health status of elderly people revealed that, majority of the participant's 86.5% were suffering from chronic health problem, among them 37.8% suffered from hypertension 11.1% suffered from diabetic mellitus. Whereas, assessment of the practice of health seeking behaviour among elderly stated that all the participant's 100% were seeking help for health problem in which 83.7% seek help from modern medication and still 16.3% seek help from alternative medication. Also, the health seeking behavior was found to be statistically significant with health problem ($p=0.002$), ethnicity (0.007) and religion ($p=0.007$) respectively. **Conclusions:** Elderly are aware of seeking help from the health care center, but still elderly believe in alternative medication rather than modern medication which may be an alarming truth in the health care setting.

Keywords: alternative medication; elderly; health seeking behaviour; modern medication.

INTRODUCTION

As a result of declining fertility, mortality as well as improved public health interventions, population ageing has been a world-wide phenomenon. People today are living longer and generally healthier lives.¹ Health seeking behavior is the act of making a decision to seek or not to seek health care from qualified medical personnel when not feeling well.² Factor affecting health seeking behavior among elderly is found to be significantly associated with 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.³ Old age and ill-health are perceived to be inseparable entities. Seeking health care from a formally qualified doctor is avoided due to high costs. Flexibility of health care providers in receiving payment is a crucial deciding factor of whether or not to seek treatment, and even the

type treatment sought.⁴ 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.³ Some factors that determine health behaviour may be physical, socio-economic, cultural or political.⁵ Indeed, the utilization of a health care system may depend on educational levels, economic factors, cultural beliefs and practices. Other factors include environmental conditions, socio-demographic factors, and knowledge about the facilities, gender issues, political environment, and the health care system itself.^{6,7} Thus, this study aims to assess the health status and pattern of health seeking behaviour among elderly people.

MATERIALS AND METHODS

A cross-sectional analytical study was conducted among 104 elderly aged over 60 years in Krishnapur-7, Bharatpur, Chitwan to assess the health status and pattern of health seeking behaviour. Ethical approval

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was received from the Institutional Review Board of College of Medical Sciences. and permission from VDC of Krishnapur-7 was obtained. Written consent was signed from all study participants. Non-probability convenience sampling technique was used to collect the data. Elderly who were unable to communicate and had psychiatric illness were excluded from the study. Data was collected by direct face to face interview at their residence. Kuppuswamy Socio-economic Scale was used as a part to assess the socio-demographic data and structured questionnaire regarding the present health status and their health seeking behaviour was used as a tool of the study. Data was entered in Excel and SPSS version 20 was used for statistical analysis. Descriptive statistics was used to analyze socio-demographic factors while chi square test was used to find out the association between socio-demographic characteristics and health seeking behaviour.

RESULTS

Among total of 104 participants, nearly 50% of elderly belong to age group 60-69 and 53.8% were male. Also 70.2% were married and 28.8% were widowed. Almost 90 percent of participant were Brahmins and followed Hinduism. Considering the educational status, 64.4% were literate, all were employed in the past and 67.3 % were still employed. Majority of the participants live in a joint family and only 48.1 % are aware of the availability of health facilities (Table 1). Table 2 shows that majority 86.5% participant’s had some kind of health problems among which hypertension (36.7%) was more prevalent. Health seeking behaviour among elderly has been depicted in Figure 1. The certain parameters like ethnicity, religion and health problem was significantly associated with the health

Table 1. Socio-demographic characteristics.

Socio-demographic characteristics	Category	n (%)
Age of participant	60-69	46 (44.2)
	70-79	40 (38.5)
	≥80	18 (17.3)
Gender	Male	56 (53.8)
	Female	48 (46.2)
Marital status	Married	73 (70.2)
	Widowed	31 (28.8)
Caste-ethnicity	Brahmin/chettri	89 (85.6)
	Janajati	15 (14.4)
Religion	Hindu	89 (85.6)
	Bouddha	15 (14.4)
Working status	Yes	70 (67.3)
	No	34 (32.7)
Present occupation	Profession	2 (2.9)
	Semi-profession	3 (4.3)
	Clerical,shop-owner,farmer	14 (20.0)
	Skilled worker	7 (10.0)
	Semi-skilled worker	6 (8.6)
	Unskilled worker	38 (54.3)
Did you work in the past time	Yes	104 (100)
Your previous occupation	Profession	7 (6.7)
	Semi-profession	3 (2.9)
	Clerical,shop-owner,farmer	49 (47.1)
	Skilled worker	11 (10.6)
	Semi-skilled worker	19 (18.3)
	Unskilled worker	15 (14.4)
Family income per month (Nrs)	≥45751	8 (7.7)
	22851-45750	27 (26.0)
	17151-22850	15 (14.4)
	11451-17150	17 (16.3)
	6851-11450	18 (17.3)
	2301-6850	7 (6.7)
	≤2300	12 (11.5)
Educational status		
Literate	Profession or honours	1 (1.0)
	Graduate or post graduate	4 (3.8)
	Intermediate/Post high school diploma	10 (9.6)
	High school certificate	6 (5.8)
	Middle school certificate	3 (2.9)
	Primary school certificate	43 (41.3)
Illiterate		37 (35.6)

Table 2. Health Problems of Elderly (n=104).

Variables	n (%)
Health problem of participant	
Yes	90 (86.5%)
No	14 (13.5%)
Type of health problem	
Hypertension	34 (37.8%)
Diabetes mellitus	10 (11.1%)
Uterine problem	1 (1.1%)
Asthma	12 (13.3%)
Others (Gastritis, joint pain, Piles and Hearing problem)	33 (36.7%)

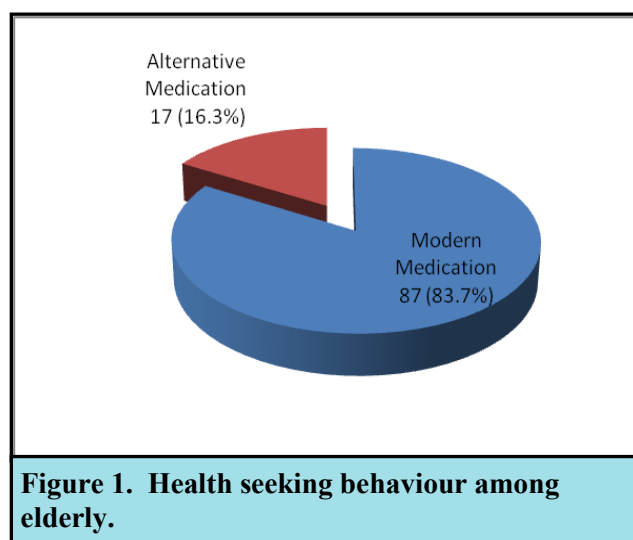


Figure 1. Health seeking behaviour among elderly.

seeking behaviours while type of family, staying with family, availability of health facility and distance from house were also analyzed which was not statistically significant ($p < 0.05$) (Table 3).

Table 3. Association of health seeking behaviour with socio-demographic characteristics.

Variable	Modern medication	Alternative medication	P value
Ethnicity			
Brahmin/chettri	78	11	0.007*
Janajati	9	6	
Religion			
Hindu	78	11	0.007*
Bouddha	9	6	
Health problem			
Hypertension	34	0	0.002*
Diabetic mellitus	8	2	
Uterine problems	1	0	
Asthma	9	3	

DISCUSSION

Health seeking behaviour is an individualized phenomenon. There are numerous factors that can affect this behaviour, especially among aged ones. In the assessment of the study, majority of the participants belong to age group of 60-69, more than half of the participants were male and two third were married. Almost 90 percent of participant were Brahmins and followed Hinduism, which is regarded as the highest religion followed in Nepal.⁸ Regarding the literacy and employment status, 64.4% were literate, all were employed in the past and 67.3 % were still employed. Increase in literacy and being employed changes the perspective of elderly in securing the health care needs and improves the decision making in seeking help from the qualified medical personnel. Majority of the participants live in a joint family and only 48.1 % are aware of the availability of health facilities.

Majority of the participants 86.5% had some kind of health problems among them 37.8% suffered from hypertension, 11.1% from Diabetes Mellitus and 36.7% from other problems such as Piles, hearing problems, joint pain and gastritis. The result shows this finding is consistent with the study conducted by Adhikari et al.,³ and Sharma et al.,⁹ which showed that large number of participants were suffering from at least one health problem and reported illness among elderly were hypertension, diabetes mellitus, arthritis, joint pain and hearing problem.

The study showed that nearly two third of elderly (83.7%) seek help from modern medication but still one third (16.3%) elderly seek help from alternative medication. Adherence to alternative medication may be due to the lack of care taker, poverty, superstitious belief etc. Study conducted in Pakistan,¹⁰ Dhulikhel,¹¹ Fikkal and Pashupatinagar¹² and Kenya¹³ showed that elderly are still seeking help in health related to issues to alternative medicine and traditional healer plays a salient role in health care of elderly. Significant association between health seeking behaviour and ethnicity ($p=0.007$), religion ($p=0.007$) and health problem ($p=0.002$) is sought in this study. This finding can be correlated with the similar study done in Dharan³ which revealed that ethnicity was significantly associated with health seeking behaviour.

CONCLUSIONS

Elderly have a positive behaviour towards seeking help in regards to the health care. Multiple morbidities were evident among elderly, and modern medication was of a greatest choice. Improved perspective towards health, easy accessibility, awareness regarding the disease may contribute for the willingness of seeking help for the health care needs.

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