FACTORS AFFECTING HEALTH SEEKING BEHAVIOR OF SENIOR CITIZENS OF DHARAN

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Abstract

Objectives: To determine the health status and the factors affecting health seeking behavior of the senior citizens aged 60years and above.

Materials and methods: A descriptive cross-sectional study based on household survey was adapted. The sample consisted 400 senior citizens resident of Dharan. Simple random sampling technique was employed to select the study subject. Individuals were interviewed through self-developed semi-structured pre-tested questionnaires. Descriptive and inferential statistics (chi-squire test) were used.

Results: Among 400 respondents, the most frequently reported illness were hypertension(29.3%), diabetes mellitus(8.3%), arthritis/joint pain(24.8%), eye problems(19.0%), hearing problems(3.3%), oral health problems(17.5%), digestive system problems(17.8%), respiratory problems(11.0%), heart disease(3.8%), renal problem(5.3%), skin diseases(7.5%), tuberculosis(3.0%), liver disease(3.0%), mental illness(5.75%),fracture(1.0%), Gynecological problems(7.3%) and male genital (6.3%) problems were also noted. Faith healers were the first treatment choice (97.2%) irrespective of age, gender or ethnicity. After that they visited BPKIHS (36.3%), private practitioner (26.3%), self-treatment (11.3%) and self-drug-use (6.8%). Half of the respondents utilized formal health institutions only in major chronic conditions. Poverty emerged as a major determinant of health seeking behavior and treatment was considered waste of money (indirect effect 64%) and lack of money (35 .5%) followed by poor attitude of health worker (41%)

Key Words: *Senior Citizens, Mental Illness, Liver diseases, Arthritis*

Introduction

Aging is a natural process.[1] 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.[2]

There has been a global rise in the population of elderly over past 20 years. The developed countries are now having 16-20% of their population above the age of 65 years. The most rapid increase is expected between the years 2010 and 2030, when the 'baby boom' generation reaches age 65. By 2030, there would be about 70 million elderly; they would represent 20% of the population.[3]

In Nepal 6.5% are elderly of the total population, increasing faster than population growth rate.[4] In Sunsari District 35079 are elderly People or 5.6 % of the total population. The total population of Dharan is 95,332 and 5.7% of the population are above 60 years of age.[5]

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.[6] Prevalence of disease rises with the lengthening of the life span and increasing availability of high technical medical care. Older adults have at least one chronic condition and many have multiple conditions. The most frequently occurring conditions from 2000 to 2001 period were hypertension (49.2%), arthritis (36.1%), heart disease (31.1%), cancer (20%), sinusitis (15.1%), and diabetes.[7]

WHO defines *Health* as a state of complete physical, mental and social as well as spiritual well being not merely the absence of disease and infirmity.[1] Oxford Learner's dictionary defines *Seeking* means having, doing, looking etc. and *Behaviour* means habit, performance, culturally and socially motivated activities. Health Seeking Behaviour is a usual habit of the people of a community that is resulted by the interaction and balance between health needs, health resources, and socio-economic, cultural as well as political and national / international contextual factors. Strategic policy formation in all health care systems should be based on information relating to health promoting and should be based on information relating to health promoting and seeking behaviour and the factors affecting these behaviours. The factors affecting the health seeking behaviours are seen in various contexts: physical, socio-economic, cultural and political. Therefore, the utilization of a health care system, public or private, formal or non-formal, may depend on socio-demographic factors, social structures, level of education, cultural beliefs and practices, gender discrimination, status of women, economic and political systems environmental conditions, and the disease pattern and health care system itself.

Methods

This was a descriptive cross-sectional study design based on house hold survey of Dharan municipality, ward No. 3,4,7,8,9,11,13,15,16 and 18. Study population was Senior citizen of 60 years and above residing in Dharan Municipality. Both male and female senior citizens were interviewed. Senior citizens who did not agree for the interview were excluded from the study. Sample was 400 individuals (10% of the elderly) which targets at least 20% of the population having health seeking behaviour among senior citizens of Dharan Municipality, considering 20% of permissible error.

From 19 wards of Dharan Municipality, 10 wards were selected through simple random sampling lottery method (non- replacement). As the population in 10 wards of Dharan are heterogeneously distributed a total number of 2489 old aged person were proportionately allocated to each ward. The number of sample (400) from each ward was calculated by.

$$n_h = \frac{n}{N} N_h,$$

here h = selected 10 wards and n= require sample size (400)

N = total population of 60+ age (2489) of the selected ten wards, N_h= 60+ population of h^{th} ward

First house was selected by the pen rotating tip direction way with simple random sampling. The old age persons were interviewed till the number of samples been collected. If the selected first house did not belong to any member of the geriatric age, this house was excluded and again next selection was made. Data was obtained by face to face interview technique using semi- structured questionnaire. Health problem was found out as reported by the subject or respondent.

The collected data were edited and value of every variable was coded by manually before computer entry. Data were entered in Microsoft Excel and then analyzed by means of statistical

package for social sciences (SPSS) 11.5 version for window. Findings were presented with suitable charts, graphs and frequency tables. The Chi-squire test was used to identify the association of health seeking behaviour and various factors.

Ethical Consideration

This study was conducted after the approval of concerned authority from college of Nursing BPKIHS Dharan and from the authority of Dharan municipality. The data was collected after obtaining an informed consent and without any compulsion. A high degree of confidentiality of the personal data was maintained.

Results

A total number of 400 senior citizens participated in this survey. Out of which 201 (50.3%) were males and 199(49.8%) were females. The age of subjects was categorized in to six groups as: 60-64(28male +45, female=73), 65-69(55 male+62 female=117), 70-74(45 male+46 female), 75-79(21male +45 female=66), and 80-84(16male +9female=25) and above 85(12male +16 female=28). Age differences range from 60 to 99, mean age was 70.65 and the standard deviation was ±7.353.

Table 1. Prevalence of reported health problems of the respondents for last one year

Characteristics	Categories	Frequency	Percentage %
Health problem	Hypertension	117	29.3
	Diabetes Mellitus	33	8.3
	Arthritis/Joint pain	99	24.8
	Eye Problems	76	19.0
	Hearing Problems	13	3.3
	Oral health Problems	70	17.5
	GIT Problems	71	17.8
	Respiratory Problems	44	11.0
	Heart Disease	15	3.8
	Renal problem	21	5.3
	Skin Disease	30	7.5
	Tuberculosis(TB)	12	3.0
	Liver Disease	12	3.0
	Mental Illness	23	5.27
	Fracture	4	1.0
	Fever/ fatigue	29	7.3
	Genital diseases	25	6.3

* The percentage was not equal to 100 because of multiple responses Table 1, shows the distribution of respondents by illness for last one year. The frequently reported illnesses were hypertension in 117 (29.3%), diabetes mellitus in 33(8.3%), arthritis/joint pain 99(24.8%), eye problems in76(19.0%), hearing problems in13 (3.3%), oral- dental health problems in 70(17.5%), GIT problems in 71(9.7%), respiratory problems in 44(11.0%), heart disease in 15(3.8%), renal problem 21(5.3%), skin disease in 30(7.5%), tuberculosis in 12(3.0%), liver disease in 12 (3.0%), mental illness in 23(5.27%), fracture in 4(1.0%), Fever/ fatigue in 29 (7.3%) and genital problems/diseases in 25 (6.3%).

Health seeking behavior of the respondents

Table 2. Types of first approach of seeking health for the reported illness and faith of the respondents on traditional healer

Characteristics	Categories	Frequency (n= 400)	Percentage (%)
Faith on	Dhami/ Jhakri	101	25.3
	Pandit/ Lama/Guvaju	47	11.8
	Astrologer	64	16.0
	Mata/ Budhi baju	33	8.3
	Pitri/Kulpoo	115	28.8

	ja		
	Pray about it at church/masjid	29	7.3
	None	11	2.8

Table 2. shows most of the respondents 97.2% were used to seek help for their health problems first time from different categories of faith healer. Dhami/ Jhakri (25.3%), Pandit/ Lama/Guvaju (11.8%), Astrologer (16.0%), Mata/ Budhi baju (8.3%), Pitri/Kulpooja (28.8%) and Pray about it at church/masjid (7.3%).

Table 3. Distribution of health care utilization for reported illness among the senior citizens.

Characteristics	Categories	Frequency	Percentage %
Health seeking behaviour	Self treatment	45	11.3
	Private practitioner/nursing home	105	26.3
	Drug over counter	84	21
	BPKIHS	145	36.3
	HP/SHP/GON hospital/welfare	13	3.2%
	Alternative medicine (Baidya)	8	2.0

Table 3: The pattern of health seeking habits was evaluated using numerical codes. The subjects opting for: self treatment during illness was 45(11.3%), visit to a private practitioner/ nursing home was 105(26.3%), used of drug over counter from nearest pharmacy 84(21%), visited to BPKIHS Hospital was 145(36.3%), visited to health post/subhealth post/Government hospital/welfare was 13(3.2%), visited to alternative medicine was 8(2.%).

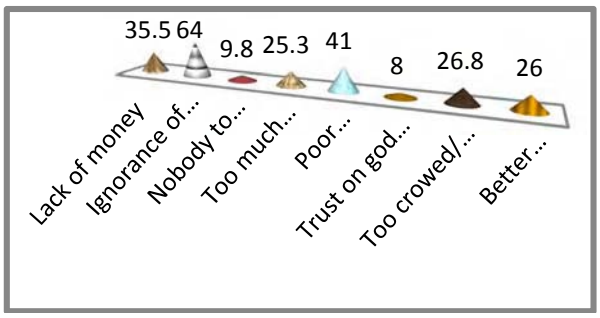

Fig. 1: Percentage distribution of factors hindering for utilization of the health care facilities

Fig. 1: shows reasons for not seeking the health care facility were 142(35.5%) respondents denied for the health care due to poverty and lack of money, ignorance due to old age were 256 (64.0%), 164(41%) complained about the poor attitude of health care workers towards their health needs and treatment, 101(25.3%) complained the facility is too far/ too much work to do at home , 107(26.8%) were too crowd and avoided due to lengthy process to get treated and 104(26%), said that other centers had better treatment facility. Nobody to take me to hospital 39(9.8) and trust on god for healing were 32 (8%).

Table 4. Association between socio-economic factors and health service utilization practice of the respondents (n= 400)

Characteristics	Categories	Utilization		P Value
		Yes (n=271)	No (n=129)	
Occupation of respondent	House hold work	126	61	<0.203
	Agriculture	52	17	
	Business	51	23	
	unskilled Labour/ Skilled worker/ Service	28	14	

	Social work	14	14	
Other sources of income	Own property	94	26	<0.003
	Dependent on care taker	75	35	
	Old age incentive	45	32	
	Retirement pension	38	24	
	Supported by children	18	7	
	Social support	1	5	
Family income /month	Up to 5000	78	43	<0.010
	5001 to10000	193	47	
	Above 10000	62	26	
Education	Illiterate	167	81	<0.459
	Informal	32	57	
	Primary	14	14	
	Secondary and higher	19	16	

*Chi-squire test *significant at <0.05

Table **4**: depicts that the occupational status of respondents was not found significant (p=0.199) for utilization of health service, whereas other sources of income were highly significant (p =0.003). Occupation of the respondents and care taker were not associated with health seeking practices. Factors affecting health seeking is associated with per-capita income of the respondent and their family member (p =0.01) was highly significant at 95% confidence interval. The relationship between the non utilization of health service and educational status of the respondents was not statistically significant (p=0.459) between health service utilization and not utilization.

Table 5. Association between perception of respondents towards illness and reason for choosing heath seeking practices (n= 400)

Characteristics	**Categories**	**Utilization**		**P value**
		Yes (n= 271)	**No (n= 129)**	
Disease conditions or severity of diseases	Only after not responding other treatment	58	29	<0.001
	Only in emergency conditions	109	4	
	Only in major chronic diseases	104	96	
Number of disesseas	Single	105	64	<0.035
	Two	113	36	
	Three	44	21	
	≥ Four	9	8	
Source of information for seeking help	Health personal	70	5	<0.001
	Family member	28	16	
	Friends	57	43	
	Media(F/M, Radio, Television, News paper)	99	15	
	Faith healers	60	7	
Reason for choosing seeking help	Better treatment/ specialty service	145	7	<0.001
	Accessible/acceptable/affordable/ short waiting hour	97	32	
	Others	38	81	

*Chi-squire test *significant at <0.05

Table **5:** shows that severity of illness was significantly associated (p=<0.001) with health service utilization and non utilization that (96.4%) of the respondents visited formal health institution only in emergency condition followed by (52%) visited only in major chronic condition. Number of disease was also statistically significant (p=<0.035) that majority of the respondents (75.8%) visited health facility with having number two diseases as compared to the respondents seek their health problems equally i.e. 52% from formal and non formal health facility with having ≥four diseases. Source of information for seeking help was significantly associated (p=<0.001) that most of the respondents (93%) were utilized health facility as getting information by the health personal and 89.5% get information by faith

healer as compared to 66.3% utilized health service as suggested by the family member. Reason for choice of health care facilities were strongly significant (p =<0.001) between utilization and non utilization of the formal health institution was most of the respondents(95.3%)visited for better treatment as compared to the respondents (31%) visited for other reason at the formal health institution.

Table 6: Association between knowledge about availability of health facilities and health seeking behavior

Characteristics	Categories	Utilization		P value
		Yes (No=271)	No (No=129)	
Available health facilities	No	163 (62%)	101(38%)	<0.001*
	Yes	108 (80%)	28 (20%)	
Types of health facilities	Private	38 (72%)	15 (28%)	<0.031
	Governmental / BPKIHS	70 (84.4)	13 (15.6%)	
Distance of nearest health facility	<30 minutes	87 (84.5%	16 (15.5%)	<0.001*
	>30 minutes	184(63.2%)	113 (36.8%)	

* Chi squire test *significant at <0.05

Evaluation of the knowledge of the existing health services to the senior citizen such as subsidized treatment, old age allowance, free treatment, less waiting hours, preservation of hospital beds in the Government health services table 15 shows the higher proportion (80%) of health service utilization was found among the respondent who had knowledge about health facility as compared to the respondents who had not knowledge (62%). The association was strongly significant (p= 0.001). Regarding the knowledge about available health facility most of the respondent (84.4%) utilized Governmental / BPKIHS followed by private health facilities (62%). The association was statistically significant (p=0.031). The distance of nearest health facility from home played some role in health seeking behavior that less than 30 minutes of the distance (84.5%) utilize health facility (BPKIHS as main centre to visit for treatment)(63.2%) opted for private clinics and services for their nearness and readily available services on demand (p= 0.001).

Discussion

Research finding constituted with multidimensional ethnic castes. More than half of the respondents were 202(51%), disadvantaged Janajati followed by others were (49%). cast/ Ethnicity was significantly associated (p=0.002) health service utilization. Factors affecting health seeking behaviour was significant associated with decision making by self (72.5%) of the respondents were sought their health problems with formal health facilities (p=<0.03).

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Study findings also stressed the importance of economical barriers to health care seeking behaviour. Other sources of income and socio-economical status of the family income of the respondents were depicted to have significant association (p <0.001) with the health service utilization.

This study showed a significant association (p=<0.001) between disease condition or severity of illness and utilization of the health service. Reason for not seeking the health care facility: the respondents were deprived of the health care due to lack of money (35.3%), and ignorance due to old age (64.0%).

Health Needs Assessment and Determents of Health seeking behavior among 756 elderly Nigerians states poverty emerged as a major (50.3%) determinant of health care seeking behaviour followed by nature of illness (28.5%).
The number of diseases were significantly associated (p=<0.035) with health seeking behavior with utilization of health services.

Among the 295 respondents 64% had no problem to afford and 106 could not afford for the treatment. Among the respondents who could not afford for the treatment 36% took loans to get treated from BPKIHS and private practitioners, ask the social support, requested for free health services and reaming, opted for community welfare schemes for the senior citizens.(p=<0.05). The evaluation of the sources of information between the availability of the health services and treatment seeking habit showed significant association (p=<0.001). This study found significant association (p=<0.001) between health seeking behaviour and respondents perception regarding reason for choice of health service for seeking help as 96% visited formal health institution for better treatment/ specialty service. The respondent's knowledge regarding available health facilities is not adequate for utilization of health facilities. Which was significantly associated (p=<0.001) between utilization and availability of the health facilities.

Conclusion

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, decision makers, severity of illness, cost of treatment, source of information, availability of health facilities, types of health facilities, distance of nearest health facility, ignorance of disease due to old age (deeply rooted cultural belief e.g. old body ill health, stage of setting sun, lack of knowledge regarding the self care etc), 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.

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