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Research Article

A STUDY OF HEALTH SEEKING BEHAVIOUR AND ITS DETERMINANTS AMONG ELDERLY IN AN ICDS AREA OF KURNOOL CITY; ANDHRA PRADESH; INDIA

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A R T I C L E I N F O

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A B S T R A C T

Health Seeking behaviour is an important factor for maintaining health. This behaviour is influenced by the individual himself , the availability and accessibility of services. This can be a complex of outcome of various factors in elderly people.
Objectives: 1. To assess the health seeking behaviour among elderly 2. To identify the determinants of health seeking behavior **Methods: Study design:** It was a cross-sectional, community based study, done in an Anganwadi area of Budhwarpet- I of Kurnool city which consisted of 94 elderly population (above 60 years of age) **Sample size**: 80 participants **Study period:** October to November 2020. **Sampling method**: Simple random sampling. **Inclusion criteria**: Those who were willing to participate and gave informed consent. **Exclusion Criteria**: Who were not willing to participate and not able to give information. **Study tool**: A pre-tested, semi- structured questionnaire was used to collect the information. **Data analysis**: Done by using Excel 2016 and SPSS20.
Results: Out of 80 respondents, men were 50 (62.5%) and 30 were women (37.5%). Mean age of the participants was 63.73± 4.83 years. Majority were Hindu (87.5%). Most of them were illiterate. (63. 8 %) Upper lower class constitute a maximum proportion (37.5%). Most of them (92%) had morbidities. Most Common morbidity was arthritis (46.25%) followed by diabetes (45 %) and hypertension (27.5%). Self - medication was found among 60%. Nearly one third (31.2%) had good practice regarding health seeking behaviour. There was a significant association between health seeking behavior and higher education, joint families and low socioeconomic Status. Preference for Government health care facility was associated with low Socioeconomic status. **Conclusion:** Health care seeking behaviour among elderly in the study was unsatisfactory. Special attention and support should be provided to elderly through planning health care services addressing all their needs.

INTRODUCTION

According to the UN definition, elderly people are those, whose age is 60 years and above[1]. According to the estimate of the UN in 1980, there were 378 million people in the world aged 60 year or above. That figure has risen to 759 million over the past three decades and is projected to rise to 2 billion by 2050 [2,3].

Health Seeking behaviour is drawing out the factors which enable or prevent people from making healthy choices, in behavior as well as use of medical care and treatment[4]. Due to the ageing phenomena, elderly are at a higher risk for disease and disability[5]. Lack of income, lack of support, feeling of neglect may all lead to ill health and personal insecurity among elderly. It might also affect the health care seeking behaviour. Hence this present study was undertaken.

OBJECTIVES

1. To assess this health seeking behaviour among elderly
2. To identify the determinants of health care seeking behaviour.

METHODS

A community based, cross-sectional study was carried out in order to explore the health seeking behaviour of elderly (aged above 60 years) in October and November 2020, in an Anganwadi area of Budhwarpet-1 of Kurnool city with a population of 1106. Total of 94 aged above 60 years were residing in the area.Among them 80were willing, gave consent and able to give information were included in the study. A house to house survey was done to cover the entire area.

Data collection: A pre-tested, semi- structured questionnaire was administered to collect information. The questionnaire addressed socio-demographic characteristics, health care seeking behaviour during illness. B.G. Prasad classification was taken to assess socio-economic status.

Ethical approval: Ethical clearence was obtained from the Institutional ethical committee.

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Data analysis: Data was analyzed by using Microsoft Excel 2016 and SPSS 20. It was presented in terms of frequencies, percentage , Mean ±S.D. Chi-square test was applied as test of significance

RESULTS

Table 1 Socio-demographic characteristics of respondents (n=80)

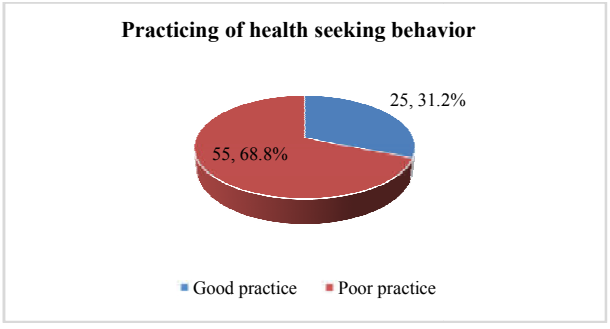
S.no	Characteristics		Frequency	%
1.	Age	*60 to 69*	*76*	*95*
		70 to 79	2	2.5
		80 and above	2	2.5
2.	Sex	Male	50	62.5
		Female	30	37.5
3.	Religion	*Hindu*	*70*	*87.5*
		Muslim	9	11.3
		Christian	1	1.3
5.	Socio-economic status	I	6	7.5
		II	16	20
		III	*18*	*22.5*
		IV	*30*	*37.5*
		V	10	12.5
6.	Occupation	Not working	64	80
		Working	*16*	*20*
7.	Education	Literates	29	36.3
		Illiterates	*51*	*63.8*
8.	Type of Family	Nuclear	37	46.3
		Joint	38	47.5
		Three generation family	5	6.3

Among total respondents 95% belong to 60-69 age group, 2.5% belong to 70 - 79 yrs and 2.5% were above 80 years.Mean age of the participants was 63 .73 ±4.83Majority were Hindu(87.5%) .A higher proportion belong to class III and IV (60%)One fifth were still working (20%) . Illiterates were 64% and equal proportion were living in nuclear and joint families.

Table 2 Components of good health seeking behavior

Components of good health seeking behavior	Yes	No	Total
No Self medication	19(23.79)	61(76.25)	80
Seek medical care immediately	19(23.79)	61(76.25)	80
Adherence to treatment	41(51.25)	39(48.75)	80
Attend Government health care facility	59(73.75)	21(26.25)	80
Informed healthcare provider	12(15)	68(85%)	80

Table 2 Shows the components of good health seeking behaviour.Good practice of health seeking behavior was assessed in the present study by taking five components i.e,no self medication, seeking care after ailment, visit to government health facility, informing the health care provider in their area and adherence to treatment. Each component was given a score of 1(total score 5).



X^2 =39.99, p<0.0001

Figure 1 Practice of Health seeking behavior

Figure 1 Good practice of health seeking behavior was observed among 31.25% in the present study. Immediate reporting to the health facility was found among 23.7%. Adherence to treatment for the ailments was reported in half of the participants (50%). Nearly3/4th visited government health facility during illness (74%) Only 15% informed the local health care provider about their illness.

Self medication was reported by 48 participants (60%).

Table 3 Reason for self medication

Reasons	Frequency	%
Lack of money	31	64.58
Lack of family support	22	45.83
Neglect from the family	13	27.08
Living Alone	5	10.41

Table 3 Present study brings out reasons mentioned for self-medication being lack of money (65%), lack of family support to visit health facility (46%), neglect from family (27%) and living alone (10.4%)

Table 4 Morbidities among study participants

S.no	Morbidities	Frequency	%
1	Anemia	7	8.75
2	Hypertension	22	27.5
3	Diabetes	36	45
4	Arthritis	37	46.25
5	Hearing problems	16	20
6	Dental problems	18	22.5
7	Cataract	07	8.75

Table 4 In this study 92% of the participants had morbidity. Most common morbidity reported was arthritis (46.25%) followed by diabetes (45%), hypertension (27.5%), dental problems (22.5%), hearing problems 20%, cataract 8.75% and anaemia 8.75%

Table 5 Preference for care during illness

Preference for care during illness	Frequency	%
Government health facility	41	51.25
Private health facility	17	21.25
Pharmacy(over the counter)	15	18.75
RMP(unqualified person)	07	8.75
Total	80	100

Table 5 shows preference of the participants for type of health facility. Preference for government health facility was 51.25% followed by private health facility 21.25%, pharmacy (over the counter drugs) 18.75% and from unqualified person 8.75%.

DISCUSSION

In the present study, we found that nearly equal proportions were living in joint(47.5%) and nuclear families(46.3%). Health seeking behavior was found to be good among those residing in joint families.This supports the fact that social security and support to the elderly can be obtained through joint family system. Nearly 2/3rd were illiterate (63.8%) Narapureddy *et al*[6] also found a high proportion of illiteracy (70%) in their study. Soe Moe *et al*[7] reports 80% of their study participants had low educational level.

Arthritis was the most common morbidity (46.25%)followed by diabetes(45%) and hypertension 27.5%. Deepak sharma *et al*[8] in their study found prevalence of musculo - skeletal problems in elderly were as high as 55%. Joshi *et al*[9] found the prevalence of osteoarthritis to be 33% in older individuals.Soe Moe *et al* [7] reports hypertension was the common morbidity from their study.

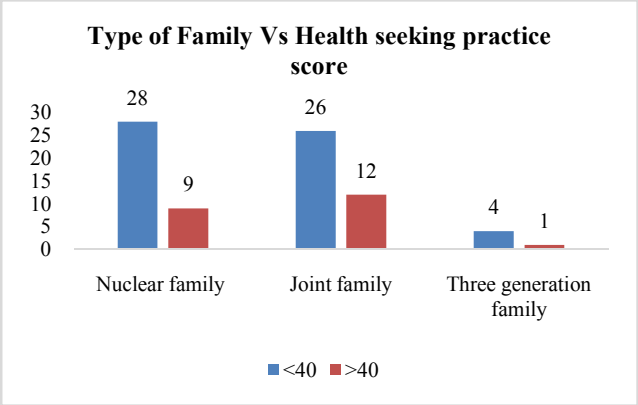
In the present study,the most frequent heath seeking place was a government health facility (51.25%) followed by private health facility (21.25%) . Similar finding was reported by Soe Moe *et al* [7]. Kumar H *et al* [10]reports preference for public health facility as 48.15%. Analogous findings were made by Teafaye *et al*[11] and Subita P Patil *et al*[12]. Raheman M *et a*[l13] observed 37.5% of their respondents took services from public health facility, which was lower than our study...Rameshchand Chauhan etal[14]. reports a higher proportion (65%) in their study had preference for public health facility.

In the current study more than a quarter of the study participants taken treatment from unqualified persons (27.5%. A similar finding was reported by Raheman Metal[13](28.7%). Tejas shah *et al*[15] reported treatment from faith healers was 29.2% of their rural respondents and 22.8% of urban respondents in their study.

Allopathy was the most preferred system in the current study (68%). Kumar H etal[10] reported 55.54% preferred allopathic system of medicine in their study. Tesfaye Falaha[11] and Subita P Patil etal [12] had similar findings.

Self medication was observed among 60% of elderly. Present study brings out reasons for self medication being lack of money (65%), lack of support to visit health facility (45.8%), neglect from the family (27%) and living alone (10.4%),where as in a study done by Omar T Dawood *et al.*[16] easy access to medicines and time saving were the most common reasons for practice of self medication. Self medication as a first action taken to face the illness was observed by 20.9% and self medication was seen among 64.4% Chinese respondents from the study by Omar T Dawood *et al.*[16]

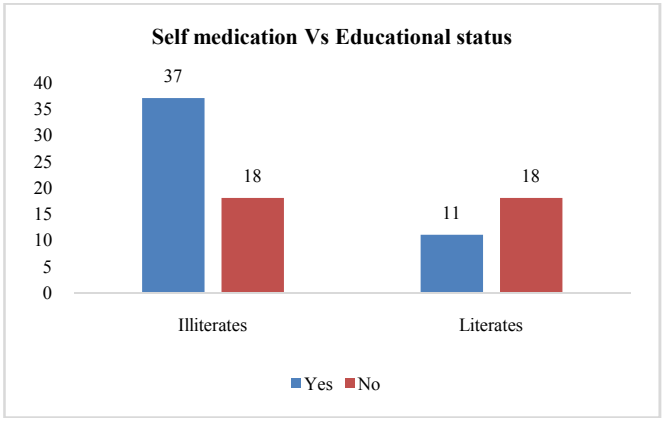
Proportion of the participants who had morbidities were 92%. The proportion if illness reported by Dawood etal[16] in their study was less (78%).The most common morbidities were chronic diseases such as arthritis, hypertension and diabetes. Analogous finding was made by Dawood *et al.*[16] Self medication was significantly associated with high educational status ($p<0.05$)(Figure 2).



X^2 =6.35,p<0.04

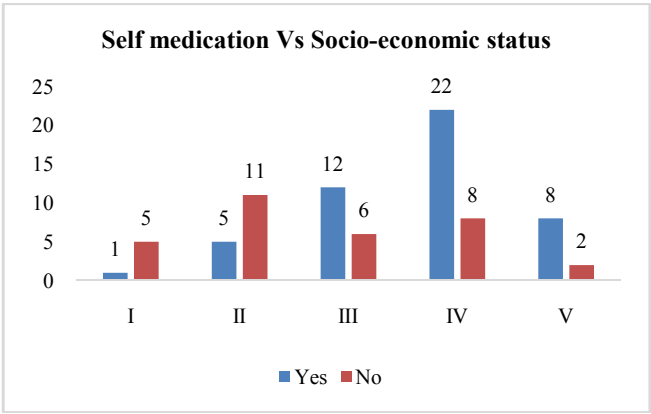
Figure 2 Type of family vs health practice score

Self medication was also associated with lowsocio-economic status ($p<0.001$)(Figure 3). A similar finding was observed by Omar T. Dawood *et al*[16]. ($P < 0.05$). Health Seeking behaviour was associated with joint family ($p<0.04$) (Figure 4). It was analogous to study done by Ann Dominic Rose *et al.*[17] ($P < 0.001$). Health Seeking behavior was not associated with age,gender and Religion. Similar finding wasreported by Soe Moe *et al*[7].



X^2=7.84,p<0.05

Figure 3 Self medication Vs Educational status



X^2=11.72,p<0.001

Figure 4 Self medication Vs Socioeconomic status

CONCLUSION

Health seeking behavior among elderly people in the urban slum was unsatisfactory. Nearly two third practiced self medication. A higher educational status, residing in a joint family and a higher economical status were major predictors of good health seeking behavior among the elderly.

Health care providers need to be trained in provision of care to elderly. Chronic conditions are common in the elderly. There is a definite need for attention to the services to be provided for the elderly. These services should be incorporated and provided through primary health care.

Limitations

This study identified certain factors that drive health seeking behaviour, however this study was limited to whether the care in illness was taken immediately by respondents. This may not reflect the health seeking behavior in different health conditions. Due to small sample size results may not be generalized.

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References

1. World Health Organization, Health statistics and information systems
2. Helpage, socio-economic inequalities in older peoples access to and use of publicservices
3. United nation (2011) current status of the social situation, well-being participation development and rights of older persons world wide.
4. MacKian S. A review of health seeking behaviour: problems and prospect. HSD/WP/05/03.
5. Pradha SK health and health seeking behavior among the tribals a case study sundargach district of odisha, department of humanities and social sciences, national institute of technology, rourkela, odisha 2013.
6. Narapureddy B, Naveen KH, Madithati P, Singh RK, Pirabu RA. Sociodemographic profile and health care seeking behaviour of rural geriatric population of Allahabad district of UP: A Cross Sectional Study. *Int J Med Sci Public Health* 2012; 1:87-92.
7. Soe Moe *et al* Health Seeking Behaviour of Elderly in Myanmar *International Journal of Collaborative Research on Internal Medicine & Public Health* Vol. 4 No. 8 (2012)
8. Sharma D, Mazta SR, Parashar A. Morbidity Pattern and Health-seeking Behavior of Aged Population residing in Shimla Hills of North India: A Cross-Sectional Study. *J Family Med Prim Care*. 2013 Apr; 2:188-93. doi: 10.4103/2249-4863.117421. PMID: 24479077; PMCID: PMC3894043.
9. Joshi K, Kumar R, Avasthi A. Morbidity profile and its relationship with disability and psychological distress among elderly people in Northern India. *Int J Epidemiol*. 2003 Dec;32:978-87. doi: 10.1093/ije/dyg204. PMID: 14681260.
10. Kumar H, Kapinakadu S, Anil M. Health seeking behaviour and its determinants among rural population: a cross sectional study in South India. *Int J Community Med Public Health* 2019;6:4944-9.
11. Falaha T, Worku A, Meskele M, *et al*. Health Care Seeking Behaviour of Elderly People in Rural Part of Wolaita Zone, Southern Ethiopia. *Health Sci J*. 2016, 10:4
12. Patil SP, Parbhankar SS, BansodeGokhe SS, Shelke PS, Singh RD. Study of health seeking behavior and its determinants among attendees of urban health center, Dharavi, Mumbai, India. *Int J Community Med Public Health* 2016;3:1856-61.
13. Rahman M, Islam MM, Islam MR, Sadhya G, Latif MA, Disease pattern and Health seeking behaviour in rural Bangladesh, Faridpur Med Coll J 2011;5:32-7
14. Chauhan RC, Manikandan, Purty AJ, Samuel A, Singh Z. Determinants of health care seeking behavior among rural population of a coastal area in South India. *Int J Sci Rep* 2015:118-22
15. Shah T, Patel M, Shah V. Health care seeking behaviour of urban and rural community in Ahmedabad district. *Int J Med Sci Public Health* 2013;2:908-911.
16. Dawood OT, Hassali MA, Saleem F, Ibrahim IR, Abdulameer AH, Jasim HH. Assessment of health seeking behaviour and selfmedication among general public in the state of Penang, Malaysia. Pharmacy Practice 2017 Jul-Sep;15:991
17. Rose Ann Dominic, Shashidhara Y.N. & Malathi G. Nayak Health Seeking Behavior of Rural Adultsnujhs Vol. 3, No.3, September 2013, ISSN 2249-7110

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