



Original Research Article

A Cross-Sectional Study of Health Problems and Health - Seeking Behavior of Aged Population from Rural Area of South India

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ABSTRACT

Introduction: Health status play very important role in the quality of life of an individual. With an increase in age, many health problems arise. Ageing of a population is a matter of great concern for the health sector. The elderly are, on the whole less healthy than the non-elderly. The present study aimed to assess the pattern of health problems and health –seeking behaviour of the elderly in rural area of South India.

Materials and methods: The present descriptive cross-sectional study conducted among rural elderly population aged 60 years and above residing in rural area Prathipadu which is field practice area of Dept of Community Medicine. The study was done from Oct 2011-Dec 2011.

Results: Most of the study subjects (65.5%) were in the age group of 60-69 years. 28.5% of the study subjects were illiterate. Majority (79.5%) were not working. Around 68.5 % study subjects were having one or other health problems. 39.42% were suffering from locomotive disorders, followed by respiratory disorders (30.66%), hypertension (27.7%) and visual impairment (25.55%). Around 75.91% study subjects were taking some kind of treatment. . Around 41.35% study subjects were complying with their treatment regime. The most common reason for non compliance was the high cost of treatment (39.34%).

Conclusion: The results of the study showed that majority of the older persons were having one or more health problems, with locomotive disorders being the most common. Further, majority of the subjects were taking treatment but compliance to treatment was low. There is a growing need for establishment of geriatric counseling centers that can take care of various physical, physiological, psychological and social needs of the elderly.

Key words: Health problems, health-seeking behavior, aged population.

INTRODUCTION

Health status play very important role in the quality of life of an individual. With an increase in age, many health problems arise. 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]

In 2010, 8 % of world's population i.e. estimated 524 million people were aged 65 or older. By 2050, this number is expected to nearly triple to about 1.5 billion, representing 16% of world's population. ^[2]

The population over the age of 60 years has tripled in last 50 years in India and will

relentlessly increase in near future. In 2001, the proportion of older people was 7.7% which will increase to 8.14% in 2011 and 8.94% in 2016. ^[3]

Ageing of a population is a matter of great concern for the health sector. The elderly are, on the whole less healthy than the non-elderly. ^[4] Many health problems are known to increase with age and this demographic trend may lead to an increase in the absolute number of health conditions in the population. In addition, because there is a growing body of evidence that older people are at risk for multiple, co-morbid conditions, health care seeking will probably also increase. ^[5] The aged population has special health problems that are basically different from those of adult or young. Most diseases in aged are chronic in nature – cardiovascular diseases, arthritis, diabetes, stroke, cataract, deafness, cancer, chronic infections etc. Most often elderly may suffer from multiple chronic conditions, visual defects, hearing impairment and deterioration of speech which can cause social isolation. The present study aimed to assess the pattern of health problems and health –seeking behaviour of the elderly in rural area of South India.

MATERIALS AND METHODS

This was a descriptive cross-sectional study conducted among rural elderly population aged 60 years and above residing in rural area Prathipadu which is field practice area of Dept of Community Medicine, Katuri Medical College and Hospital, Guntur, Andhra Pradesh. The study was done from Oct 2011-Dec 2011. The sample size was calculated based on the formula $4pq/L^2$. Due to lack of information on morbidity and health-seeking among elderly in the study area, the calculation was based on the assumption of prevalence to be 50%. Assuming a confidence level of 95% and at a precision

of 7%, the total sample size was 196 elderly. But for study total 200 sample size was selected. A pre tested structured interview schedule was employed to collect the data. The tool consisted of two sections; Section A included Socio-demographic data and Section B included information on health problems and treatment seeking behavior of the subjects. The purpose of the study was explained to them and oral informed consent was obtained. Descriptive statistics was employed to analyze the data.

RESULTS

In the present study, 200 elderly people participated. Most of the study subjects (65.5%) were in the age group of 60-69 years. More than half (53.5%) were male. Majority (54%) was married and 43.5 % constituted widows and widowers. 28.5% of the study subjects were illiterate. Majority (79.5%) were not working (Table 1).

Table 1: Distribution of elderly person on the basis of socio-demographical pattern(n=200)

Socio-demographic factors	No. of respondents (%)
Age in yrs	
60-69	131(65.5%)
70-79	48(24.0%)
80-89	17(8.5%)
90 & Above	4(2.0)
Sex	
Male	107(53.5%)
Female	93(46.5%)
Marital status	
Married	108(54.0%)
Unmarried	05(2.5%)
Widow/widower	87(43.5%)
Education	
Illiterate	57(28.5%)
Primary	45(22.5%)
Secondary	64(32.0%)
Higher Secondary	34(17.0%)
Occupation	
Not working	159(79.5%)
Working	41(20.5%)

Around 68.5 % study subjects were having one or other health problems. 39.42% were suffering from locomotive disorders, followed by respiratory disorders (30.66%), hypertension (27.7%) and visual impairment (25.55%). 22.63% study

subjects were having diabetes mellitus.19.71% study subjects were having cardiovascular diseases (Table 2).

Around 75.91% study subjects were taking some kind of treatment. Majority (66.35%) of them were taking allopathic treatment. Only 7.69 % study subjects were found to be taking Homeopathic treatment for their health problems. Around 41.35% study subjects were complying with their treatment regime. The most common reason for non compliance was the high cost of treatment (39.34%) followed by feeling of no need of medicine in 29.51% study subjects. Forget to take medicine was the reason in 16.39% study subjects (Table 3).

Table 2: Health problems amongst the elderly study subjects (n=200).

Health Problems	No. of respondents (%)
Presence of health problems	
Yes	137(68.5%)
No	63(31.5%)
Distribution of health problems	
Locomotive disorders	54(39.42%)
Respiratory disorders	42(30.66%)
Hypertension	38(27.74%)
Visual impairment	35(25.55%)
Diabetes Mellitus	31(22.63%)
Cardiovascular diseases	27(19.71%)
Gastrointestinal diseases	25(18.25%)
Psychiatric problems	21(15.33%)
Hearing loss	13(9.49%)
Genitourinary disorders	11(8.03%)
Skin condition	8(5.84%)

Table 3: Treatment seeking behavior of elderly study subjects.

Variables	No. of respondents (%)
Taking any treatment(n=137)	
Yes	104(75.91%)
No	33(24.09%)
Type of treatment	
Allopathic	69(66.35%)
Ayurvedic	21(20.19%)
Homeopathic	8(7.69%)
Both allopathic & ayurvedic	6(5.77%)
Compliance with treatment	
Yes	43(41.35%)
No	61(58.65%)
Reasons for noncompliance	
High cost of treatment	24(39.34%)
Feels no need of medicine	18(29.51%)
Forget to take medicine	10(16.39%)
No relief with medicine	3(4.92%)
Side effect of medicine	6(9.84%)

DISCUSSION

The present study was undertaken to assess various health problems and treatment seeking behavior among elderly people residing in rural area. Majority was in the age group of 60–79 years. Study by Shraddha K et al ^[1] revealed that 31.9% study subjects belonged to age group of 60-64 years. In the present study 53.5 % study subjects were males. Baweja S et al ^[6] in their study also find similar findings.71.5 % study subjects were literate.79.5% study subjects were not working. This was similar to a study conducted by Sherian MS et al. ^[7] As far as presence of health problems in geriatric population is concerned, it was found in the present study that 68.5% of the study subjects were suffering with one or more health problems. Similar results were found in another study conducted in rural area of Haryana and Chandigarh where 90% of the elderly reported various types of illness. ^[8,9] These studies clearly reveal the high vulnerability of the geriatric group to various health problems.

Regarding the morbidity pattern of the older persons in the current study, locomotive disorders were found to be most common, followed by respiratory disorders and hypertension. Musculo-skeletal changes are one of the most important functional effects of ageing. There is a loss of bone mass with ageing. The ability of the Collagen structures to absorb energy becomes less. Ligaments become weak. Joints get enlarged and the range of motion decreases. All these changes account for high prevalence of locomotive disorders in geriatric group. Similar findings have been reported in other studies. ^[10,11]

As far as the treatment seeking behavior is concerned, about 75.91% study subjects were taking one or the other treatment showing concern of the respondents towards health. Allopathic medicine was the most preferred treatment by majority (66.35%) of the respondents.

However, only 41.3% were complying with the treatment. High cost of treatment (39.34%) and 'No need to take medicine' (29.51%) were the main reasons reported by most of the respondents.

CONCLUSION

The results of the study showed that majority of the older persons were having one or more health problems, with locomotive disorders being the most common. Further, majority of the subjects were taking treatment but compliance to treatment was low. Although various organizations like HelpAge India were providing care to the elderly, however continuity in the availability of the medicine and awareness regarding compliance to the treatment especially to the chronic problems needs to be strengthened. There is a growing need for establishment of geriatric counseling centers that can take care of various physical, physiological, psychological and social needs of the elderly.

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