Healthcare Seeking Behaviour among Geriatric Women Residing in Urban Resettlement Colony of Delhi

Tulika Singh[1], Seetharamiah Nagesh[2]

Author's Affiliation:
[1]Senior Resident, Dept of Community Medicine, Maulana Azad Medical College, New Delhi; [2]Professor & Head, Dept of Community Medicine, School of Medical Sciences & Research, Sharda University, Greater Noida

Correspondence
Dr Tulika Singh
singh.tulika86@gmail.com

ABSTRACT

Introduction: As the elderly population is increasing, diseases and disability in them are also at a rise. While a longer life may offer greater fulfilment in some ways, it also presents multifaceted health problems and increases the burden of providing health care services. It is necessary to understand health care seeking behavior with its determinants to sensitize the geriatric women towards their needs and priorities.

Methodology: A community based cross sectional study for the duration of one year was conducted among 512 geriatric women (≥60 years) of a resettlement colony of Delhi. Structured interview was conducted to elicit information on health care seeking behavior of Geriatric women. Data was analyzed using SPSS 16.

Results: Majority (80.7%) of the geriatric women were aware of the health facilities around and 48.1% preferred government facility. 55.9% of the participants had visited health facility once in the last one year. Reasons for not seeking health care were lack of money, drug prescribed not available, no felt need, distance too far, long waiting time and attitude of health workers.

Conclusion: The study of health care seeking behavior of elderly women gains importance for formulating geriatric friendly health services in the community.

Key words: Elderly, Women, healthcare seeking, Utilization

INTRODUCTION

As the demographic structure is changing, worldwide the number of elderly is expanding rapidly. A declining trend in both fertility and mortality indicators has increased the average life expectancy and has made population ageing an emerging public health problem.

According to the UN definition, elderly are those people whose age is 60 years and above[1]. In India also it is fixed at 60 years and above. According to the estimate of the UN in 1980, there were 378 million people in the world aged 60 years or above. That figure has risen to 759 million over the past three decades and is projected to jump to 2 billion by 2050 which will constitute 16 per cent of the global population[2]. Among 15 countries that currently have more than 10 million elderly people; seven are developing countries[3]. The elderly in India constitute about 8.14% of the total population of the country according to Census of India 2011. Projection studies indicate that the number of 60+ in India will increase to 100 million in 2013 and to 198 million in 2030 with feminization of the elderly population[4].

Traditional gender roles leave women with little decision-making power, lack of opportunities for education and earning a living. Due to the demographic, cultural and economic differences, geriatric women face a greater risk of ill-health in later life with poor health seeking behavior.

Health seeking behavior forms an important component in formulating health programs as success-

ful interventions depend on the accessibility and acceptability, both of which relate to broader social factors. In widest sense, health behavior includes activities associated with establishing and retaining a healthy state plus dealing with any departure from that state. Health seeking behavior, which forms a part of wide spectrum, gives an idea of what people do when diseased and the factors influencing their behavior. The factors influencing may be characteristics of the subject, characteristics of the disease, and characteristics of the health services[5].

Indian elderly population has a deep rooted notion that, old age is an age of infirmity and ailment and thus they accept illness and sufferings as an inevitable part of ageing. The way people conceptualize the cause of their health problem and their perception of symptoms plays an important role in seeking healthcare[6]. Whereas we have a robust mother and child health services in place in our country, health policies for the elderly are still in incipiency. It is necessary to understand health-seeking behavior with its determinants to sensitize the elderly towards their needs and priorities.

Several studies have covered the demographic and socio-economic conditions of the elderly including morbidity but there are only a few studies on health seeking behavior particularly among geriatric women. With this background, the objective of the current study was to assess health care seeking behavior among geriatric women in a resettlement colony of Delhi.

METHODOLOGY

Ethical Clearance: The study obtained Ethical clearance from the Institutional Ethics Committee from Lady Hardinge Medical College, New Delhi. Written informed consent was obtained from all the study participants and all participants requiring medical treatment were referred to our Urban Health Centre where treatment was offered free of charge.

Study Design: The study was a community based cross-sectional study to assess health care seeking behavior and its determinant factors among geriatric women in a resettlement colony of Delhi.

Study Area: The study area is a Resettlement colony located in East Delhi at a distance of 11 km from Central Delhi, which is one of the field practice areas (Urban Health Centre (UHC)) of Department of Community Medicine, LHMC. The colony has a total estimated population of roughly 26000 (according to survey conducted by LHMC in 2010-2011) residing in 11 blocks, each having 1500-3500 population approximately.

Study Period: The study was carried out from January 2012 to December 2012.

Study Population: The study population comprised of all geriatric women aged 60 years and above residing in the Resettlement Colony for more than a year. According to the house to house survey conducted by Department of Community Medicine, LHMC (2010-2011), number of elderly women in the area was approximately 1000.

Sample Size: Using p=56.4% as per Chahuan RC et al[7] and precision of 10% the sample size was calculated using the formula of cross-sectional study, to be 397.

Sampling Method: The Resettlement colony is made up of 11 blocks. Out of that 6 blocks were selected by random sampling. All the elderly women in these 6 blocks were enrolled. Finally 512 elderly women were enrolled in the study. They were interviewed using the pretested questionnaire after informed written consent.

Study Tools: A semi structured interview schedule was pre-tested. The information was collected and recorded on the questionnaire, which was divided into two parts, first part had Socio-demographic details (age, religion, marital status, education, type of family, family income, socio-economic status, financial dependence and living arrangement) and second part comprised of history, dietary profile, Clinical examination and questions related to health care seeking behavior.

Health seeking behavior included awareness regarding health facilities available around the area, dependency for medical expenditure, care taker during illness, preferred health care facility sought for treatment of acute and chronic morbidity present at the time of study, preferred place of treatment and reasons for not seeking health care.

Statistical Analysis

Collected data was transformed into variables, coded and entered into SPSS statistical software. The data was analyzed using SPSS version 16.

RESULTS

As per Table 1, out of 512 geriatric women interviewed maximum (80.3%) were young old (60-69 years) followed by old-old (70-79 years) (15.2%) and oldest-old (≥80 years) (4.5%). Majority of elderly women were Hindu (78.9%) and illiterate (93.2%). Almost half of them were widow (53.3%) and financially dependent (67.4%). At the time of study, 39.1% of elderly women were suffering from any acute illness and 20.9% with a diagnosed chronic disease.

Table 1: Socio-demographic Characteristics of Elderly Women

Socio-demographic characteristics	Women (%)
Age (years)	
60-69	411 (80.3)
70-79	78 (15.2)
≥80	23 (4.5)
Marital Status	
Widow	273 (53.3)
Married	239 (46.7)
Religion	
Hindu	404 (78.9)
Sikh	88 (17.2)
Muslim	19 (3.7)
Christian	1 (0.2)
Literacy status	
Illiterate	477 (93.2)
Literate	35 (0.2)
Living Arrangement	
With Spouse	34 (6.6)
With Spouse and Children	205 (40.1)
With children	254 (49.6)
With others	19 (3.7)
Family Size	
≤4	168 (32.8)
>4	344 (67.2)
Socioeconomic status	
Upper middle	20 (3.9)
Lower middle	69 (13.5)
Upper lower	229 (44.7)
Lower	194 (37.9)
Financial dependence	
Dependent	345 (67.4)
Independent	167 (32.6)
Morbidity	
Diagnosed chronic Diseases	107 (20.9)
Suffering from Acute illness currently	200 (39.1)

Table 2: Knowledge and attitudes regarding health care seeking of Elderly Women

Knowledge and attitudes	Frequency (%)
Awareness about the available health facilities around	
Yes	413 (80.7)
No	99 (19.3)
Awareness about when to visit health facility to seek health care	
Yes	344 (67.2)
No	168 (32.8)
Preferred place of treatment consulted	
None	57 (11.1)
Government	246 (48.1)
Private (Qualified/Non qualified)	166 (32.4)
Pharmacy	43 (8.4)
Distance of preferred place of visit from home	
<0.5km	371 (72.5)
0.6-1.5km	92 (17.9)
1.6-3km	26 (5.1)
>3km	23 (4.5)
Duration until go for treatment	
<24 hrs	124 (24.2)
24-48 hrs	291 (56.9)
>48 hrs	97 (18.9)
Does someone accompany you to health facility	
Always	135 (26.4)
Occasionally	118 (23)
Never	259 (50.6)
Caretaker during illness	
Husband	63 (12.3)
Son/Daughter in law	117 (22.9)
Daughter/Son in law	99 (19.3)
Relatives	18 (3.5)
Combined	215 (42)

Table 2 illustrates knowledge and attitude regarding health care seeking of geriatric women. Majority (80.7%) of the participants were aware about the available health facilities around the resettlement colony and were able to enlist all the five health facilities. When enquired about the preferred place of treatment, almost half (48.1%) answered government, followed by private (32.4%) and pharmacy (8.4%), while 11.1% answered none. Three-fourths (72.5%) of them preferred a distance of <0.5 km from home of the health facility. More than fifty percent of geriatric women waited for 24-48 hours before seeking treatment.

Only 7.4% of the respondents had never visited health facility in the last one year. Others reported that they had visited the health facility once (55.9%), twice/thrice (23.6%) and more than three visits (13.1%) in the last one year. For acute and chronic illness 28% and 33.6% had not sought health care respectively. [Table 3]

Table 3: Practices regarding health care seeking of Elderly Women

Characteristics	Frequency (%)
Number of visits in the last one year (n=512)	
None	38 (7.4)
Once a year (1/year)	286 (55.9)
Twice/thrice a year (2-3/year)	121 (23.6)
More than three (>3/year)	67 (13.1)
Health seeking behavior for current acute illness (n=200)	
No Care	56 (28)
Government	77 (38.5)
Pharmacy	44 (22)
Private	23 (11.5)
Health seeking behavior for chronic diseases (n=107)	
No care*	36 (33.6)
Pharmacy	31 (30)
Government	29 (27.1)
Private	11 (10.3)

*28 subjects diagnosed with chronic diseases during study have been put under No care

Treatment seeking behavior was maximum for following symptoms: joint pains (90.8%), chronic cough (87.8%), low backache (86.6%), indigestion (84.8%) and diarrhea (83.1%),and it was minimum for hearing problem (22.1%) and disturbed sleep (26.2%).[Table 4]

Table 4: Treatment sought according to perceived symptoms*

Symptoms	Symptomatic	Treatment sought (%)
Joint pain	424	385 (90.8)
Visual problems	390	214 (54.9)
Weakness	350	183 (52.3)
Indigestion	211	179 (84.8)
Low backache	172	149 (86.6)
Disturbed sleep	168	44 (26.2)
Constipation	93	57 (61.3)
Chronic cough	90	79 (87.8)
Breathlessness	90	67 (74.4)
Hearing problems	68	15 (22.1)
Headaches	67	41 (61.2)
Diarrhoea	59	49 (83.1)
Total	2182	1462 (67.0)

*Multiple Response table

Table 5: Reasons for not seeking Health Care (n=57)

Reason for not seeking health care	Cases (%)
Lack of money/ High cost	18 (31.6)
Drugs not available/health services poor	14 (24.6)
No felt need/Consider it as ageing problem	9 (15.8)
Nobody to accompany/ distance too far	8 (14)
Long waiting time	5 (8.8)
Attitude of health workers	3 (5.2)

The reasons for not seeking health services identified by the respondents include: lack of money/high cost (31.6%), drug prescribed not available/ health services poor (24.6%), no felt need/consider age associated problem (15.8%), Nobody to accompany/ distance too far (14.0%), long waiting time (8.8%) and attitude of health workers (5.2%) [Table 5]

DISCUSSION

In our study we have studied knowledge and attitude of all the 512 participants and practices we have enquired from participants who were suffering from any acute illness or chronic disease at the time of study.

In our study 80.7% of the participants were aware about the health facilities available around the resettlement colony and were able to enlist all the four government health facilities. The resettlement colony we have studied has four government health facilities in its vicinity which includes a UHC, Dispensary, Maternity and child welfare (MCW) centre and a hospital. Our study shows high level of awareness among participants about the available health facilities around. When enquired about the preferred place of treatment, first choice was a government facility followed by private. This is similar to the findings of few of the studies carried out on Geriatric age group in different parts of India .[8,9] Three-fourths (72.5%) of elderly women preferred a distance of <0.5 km from home of the health facility and this was an important factor affecting health care seeking in our study as well.

Majority of the respondents had visited the health facility once (55.9%), twice/thrice (23.6%) and more than thrice (13.1%) in the last one year. In our study only 7.4% of the respondents had never visited health facility in the last one year. This indicates that elderly women suffer from recurrent health problems requiring one or more hospital visits. The frequency of hospital visit is dependent on the frequency of occurrences of any health problem, severity of the illness and adherence to treatment. Adherence to treatment regimen may also increase health care seeking behavior. This result agrees with a study carried out in Nigeria where 41.0% reported to have visited the hospital/health center just once a year, whereas others reported that they visit the hospital at least twice (27%), thrice (17.0%) and four times and above (15%) in a years.[10]

Among the 512 geriatric women, 2182 symptoms were studied. Out of these 2182 perceived symptoms, treatment was sought for 1462 (67.0%). Treatment seeking behavior was maximum for following symptoms: joint pains (90.8%), chronic cough (87.8%), low backache (86.6%), indigestion (84.8%) and diarrhea (83.1%), and it was minimum for hearing problem (22.1%) and disturbed sleep (26.2%).

Out of the 200 geriatric women who were suffering from acute illness at the time of study, 28.0% were seeking no health care, 38.5% were seeking health care from a government facility, 22.0% were taking over the counter medicines from pharmacies around and 11.5% were consulting a private practitioner. Even though health care seeking was high in our study but this is still unsatisfactory as majority of elderly women are forced to spend their savings on private facility or pharmacies for seeking care.

At the time of study 79 participants were suffering from one or another chronic disease and 28 were diagnosed during our study. Health seeking behavior of these 107 participants showed that 33.6% were seeking no care, 30.0% were taking medicines from pharmacy instead of going for regular visits to doctor, 27.1% were consulting a government facility and 10.3% a private facility. We have found that in our study over the counter prescriptions were practiced by a very high number of elderly women. This practice is very harmful and has an effect on health seeking behavior of elderly women. For chronic diseases, regular treatment and compliance is very important which is not be-

ing followed by most of elderly and it needs to be addressed.

The 57 (11.1%) elderly women who responded none for preferred place of treatment were asked reasons for not seeking healthcare. The most common cause of not seeking healthcare was lack of money/high cost (31.6%), drug prescribed not available/ health services poor (24.6%), no felt need/consider age associated problem (15.8%), Nobody to accompany/ distance too far (14.0%), long waiting time (8.8%) and attitude of health workers (5.2%). Few other studies have also found out reasons for non utilization of health services and had similar results.[9,10,11] As drugs prescribed are not available or the distance is too far, the elderly women have to make out of pocket expenditure for treatment and that is a major issue for their healthcare seeking. These barriers to health care seeking should be paid attention and government should make essential drugs available in all health care facilities. Shortage of health workers leads to long waiting time at the health facilities and also it has a negative effect on attitude of health workers. These factors also influence health care seeking among elderly women. To address these problems recruitment and recurrent trainings of health workers needs to be carried out.

CONCLUSION

Health care seeking was high in our study but this is still unsatisfactory as majority of geriatric women are forced to spend their savings on private facility or pharmacies. Our study highlights that government needs to setup pro-elderly gender friendly comprehensive health services in the community.

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