
HEALTH STATUS AND HEALTH SEEKING BEHAVIOUR OF RURAL ELDERLY IN CHAMARAJANAGAR DISTRICT, KARNATAKA

Article Particulars

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Abstract

Ageing is a universal process and it affects every individual, family, community and society. In India the size of the elderly population is growing fast. The increase in life expectancy becomes burden because of dependency, widowhood and ill health. Ageing is a time of multiple illness and general disability. Age-related disorders include life-threatening diseases such as heart disease, stroke, cancer, diabetes, and infections, as well as certain chronic disabling conditions affecting vision, mobility, hearing, and cognition. The elderly lack basic needs that affect their health status and health seeking behavior. Therefore health status of the elders is supposed to be the major concern of a society. This study made an attempt to understand the health status and health seeking behaviour among the rural elderly in Chamarajanagar district in southern Karnataka. This study is based on primary data. Researcher was collected samples using questionnaire. Sample size of 480 was collected from the study area using multistage random sampling. Descriptive statistics were used to analyze the data through SPSS.

Keywords: Health, Health Seeking Behaviour, Ageing

Introduction

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. 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 socioeconomic, 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 nonformal, 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.¹

Globally the proportion of elderly has been rising steadily. It has increased from 7 percent in 1950 to 11 percent in 2007 and expected to rise by 22 percent in 2050.² 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 percent which will increase to 8.14 percent in 2011 and 8.94 percent in 2016.³ Ageing is a universal process and it affects every individual, family, community and society.⁴ 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.⁵

Ageing and Diseases

Ageing is a time of multiple illness and general disability. Along with the changes in the biological compositions, life style factors are also important for disorders and diseases in old age. Old age diseases are not always curable, implying a strain on financial as well as physical health infrastructure resources, both at the macro and micro levels. However, the feeling of well-being can still override actual physical discomforts if the surrounding environment is nurturing. Health problem is the most serious thing that has to be concerned by the society on the whole. Healthcare of the elderly is a major concern for the society as ageing is often accompanied by multiple illnesses and physical ailments. Pain in the joints, followed by cough and blood pressure, piles, heart diseases, urinary problems, diabetics and cancer are the common ailments reported among elderly.⁶

Biswas (1994) observed that for major illnesses, about 70 percent of rural elderly obtained allopathic treatment, 10% homeopathic or folk medicines, and 20 percent received help from family, fellow villagers, or from themselves. The trend was quite different for minor illnesses: half of the elderly obtained treatment from family, villagers, or themselves, while only 40 percent used allopathy.

It is fairly evident from the review of related research that number of attempts have been made to study the socio-economic and health status of elderly in different disciplines at different level. The main purpose of this study is to throw light on the elderly person's socio-economic and health condition and health seeking behaviour because it was realized that still a systematic effort in this direction is needed.

Objectives of the Study

- To find out the socio economic and health status of elderly people in the study area

- To study the health seeking behaviour of elderly people in the study area

Materials and Methods

Chamarajanagar is the southernmost district in the state of Karnataka, India. Till 1997, Chamarajanagar district was part of Mysore district. The district comprises of four taluks namely Chamarajanagar, Kollegal, Yelandur and Gundlupet taluks. This study is based on primary data. The interview schedule was used to collect the primary data. The interview schedule consists of the socio economic characteristics, health status and health seeking behaviour of rural elderly in Chamarajanagar district, South Karnataka. The Researcher has collected 480 samples from the study area using multistage random sampling. Descriptive statistics were used to analyze the data.

Results and Discussion

The table 1 explains the socio-economic status of the elderly. Among the 480 sample respondents, the majority (53.5 percent) was in the age group of 60-69 years, around 34.8 percent belongs to 70-79 years age group and 11.7 percent belongs to 80 and above year age group. 258 (53.8 percent) sample respondents were males and 222 (46.3 percent) of the elderly were females. Majority (70.6 percent) were belongs to the social group of OBC, 18.1 percent were SC, 9.8 percent were ST and 1.5 percent were General. The study revealed that 282 (58.8 percent) were married, 195 (40.6 percent) were widows and widowers and 3 (0.6 percent) were single. Maximum elderly 403 (84 percent) were illiterate, 26 (5.4 percent) were studied up to primary, 32 (6.7 percent) were studied till middle school and 19 (3.9 percent) were high school and above. Regarding socio-economic status 458 (95.4 percent) were belongs to below poverty line and 22 (4.6 percent) were belongs to above poverty line. Further in the table employment status of the elderly people shows that 127 (26.5 percent) elderly were employed and remaining were not working 353(73.5 percent).

Table 1 Socio-Economic Status of Elderly

Variables	Frequency	%
Age Group (years)		
60-69	257	53.5
70-79	167	34.8
80-89	44	9.2
90 and above	12	2.5
Gender		
Male	258	53.8
Female	222	46.3
Marital Status		
Married	282	58.8
Single	3	0.6
Widow/Widower	195	40.6
Social Background		
SC	87	18.1
ST	47	9.8
OBC	339	70.6
GM	7	1.5
Educational Status		
Illiterate	403	84.0
Primary	26	5.4
Middle	32	6.7
High school & above	19	3.9
Socio-Economic Status		
Below poverty line	458	95.4
Above poverty line	22	4.6
Employment status		
Yes	127	26.5
No	353	73.5
Total	480	100.0
Source: Primary Data		

Table 2 Health Problems of the Elderly

Diseases	Frequency (N= 480)	%
Diabetes	77	16.04
Heart Diseases	84	17.5
Asthma	43	8.95
BP	212	44.16
Loco motor Problems	241	50.20
Gastro problem	43	8.95
Stomach pain	62	12.91
Cataract	283	59.0
Others	46	9.58
Source: Primary Data		

In this study the table 2 revealed that out of the 480 study subjects, more than 86 percent of them were experiencing at least one health problem. The most frequent health problem was musculoskeletal (bones, muscles, joints, ligaments, etc.) problem (50.2 percent), followed by hypertension in 44.1 percent of the older persons. The sample respondents those were affected by the heart diseases around 17.5 percent. Prevalence of cataract

and diminished vision were 59 percent. Diabetes was prevalent in 16 percent of the study subjects, Gastro problem in 8.95 percent of the respondents, and stomach pain affected nearly 13 percent of the sample respondents, while other problems were present in 6.5 percent of the study subjects.

Table 3 System of Medicine

System of Medicine	Frequency	%
Allopathy	470	97.9
Ayurvedha	9	1.9
Siddha	1	0.2
Total	480	100.0
Source: Primary Data		

Table 4 Choice of Hospital

Choice of Hospital	Frequency	%
Government Hospital	312	65.0
Private Hospital	168	35.0
Total	480	100.0
Source: Primary Data		

In the table 3 describes that out of the 480 sample respondents who were experiencing at least one health problem, majority of them preferred allopathic medicine (97.9 percent), followed by ayurvedic medicines (1.9 percent) and siddha medicine (0.2 percent) for their health problems. Table 4 explains that most of the elderly persons preferred going to the PHC/CHC/government hospital (65 percent) for treatment of their illness due to their economic condition, availability of health care facilities and remaining elderly sample respondents were preferred private practitioners (35 percent). Table 5 revealed the association between overall health status and age among elderly people. It is clear from the result there is association between age and health status among elderly people

Table 5 Association between Overall Health status and Age among Elderly People

Age	Overall Health Status			Total
	Poor	Average	Good	
61-65	55(35.0%)	66(42.0%)	36(22.9%)	157(100.0%)
66-70	67(35.3%)	97(51.1%)	26(13.7%)	190(100.0%)
71 and Above	66(49.6%)	62(46.6%)	5(3.8%)	133(100.0%)
Total	188(39.2%)	225(46.9%)	67(14.0%)	480(100.0%)

Chi-square = 25.606; d.f. = 4; p<0.001

Conclusion

The present study focused on major chronic problems in the study area and health care seeking behaviour for the same. In our study majority (53.5%) were in the age group of 60-69 years. We found that majority of the sample respondents were illiterate (84%). In this study majority of the elderly avail services from government hospital due to low economic condition and lack of private health care facilities.

It is thus clear from the above analysis that, the elderly persons have relatively poor socio, economic and health status. Majority of the elderly persons preferred government hospital for treatment of their illness. Therefore, the study concludes that, elders need better care, social support from the government and family. Besides this government improve health care facilities in government hospital especially for elders.

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