Study on Health Seeking Behaviour in Geriatric Population in Rural Area of Kutch District of Gujarat

By

Ajmal Khan

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2015-2017

The IIHMR University, Jaipur

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INSTITUTE OF HEALTH MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Ajmal Khan student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at National Health Mission, Gujarat from 2nd February to 5th May, 2017.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

Col. (Dr.) Ashok Kaushik
Dean, Academics and Student Affairs
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11/05/2017

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District Health Society
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E-mail:- cdho.health.kutch@gmail.com

Date: - 05th May, 2017

CERTIFICATE

This is to certify that the dissertation entitled "Study on health seeking behaviour in geriatric population in rural area of Kutch district Gujarat."

Submitted by Dr.Ajmal Khan in partial fulfilment of the requirement for the award of "MBA in Hospital & Health Management", is a record of the candidate's own work under my guidance.

Guided By

Dr. P. F. Pande
Chief District Health Officer
(M.B.B.S, DPH)
Kachchh-Gujarat

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **': A study of health seeking behavior among geriatric populations in Kutch district of Gujarat,**

is submitted by **Ajmal Khan** Enrollment No. **IIHMR-U/01/2015-17/0249** under the supervision of **Dr.Mohan lal Bairwa** for award of MBA in Hospital and Health of the University carried out during the period 1st February to 5th May embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Ajmal Khan

Signature

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that all ethical issues have been considered while collecting data for my dissertation titled **A study of health seeking behavior among geriatric populations in Kutch district of Gujarat.**

Signature of student
Ajmal Khan

ACKNOWLEDGEMENT

It is a matter of great privilege for me to express my sincere thanks to all those who helped me through their expert guidance, active co-operation and goodwill in completion of this study even at the cost of their inconvenience.

My hearty gratitude is towards my guide Dr. Mohan Lal Bairwa, Assistant Professor, IIHMR Jaipur, for guiding this work. I am particularly indebted to him for providing the conceptual and theoretical background of this study as well as for suggesting me the line of approach. He has not only provided me stimulation off and again to collect and analyze me data but also shown his unique capacity of tolerance and direction to guide me at every crossroads. Without his keen interest and constant encouragement, this study would not have seen the light of the day. It is really a subject of great pride for me to work under such a learned expert. I pay my respects to him.

I express my gratitude towards my parents for their blessings. I am also thankful to my friends for helping me and the encouragement that they provided to me for carrying out this dissertation work.

Finally yet importantly, I am very much thankful to CDHO/ADHO/DRCHO Kutch, EMO Kutch along with all THO,TPA, FA ,PHC MOs, NCD cell Kutch, MPWs,FHWs, & ASHAs of dist Kutch and beneficiaries of the field area for their co-operation and participation, without which my study would not have been possible.

Dr.Ajmal Khan

INDEX

ABBREVIATION

PHC	Primary Health Centre
SC	Sub Centre
CHC	Community Health Centre
NCD Cell	Non-Communicable Disease cell
CDHO	Chief District Health Officer
ADHO	Additional District Health Officer
RCHO	District Reproductive and Child Health Officer
EMO	Epidemic Medical Officer
FHW	Female Health Worker
MPHW	Multipurpose Health worker
THO	Taluka Health Officer
MO	Medical Officer

A study of health seeking behaviour among geriatric populations in Kutch district of Gujarat.

Introduction

The elderly are precious assets of the country. With their rich experience and wisdom, they contribute immensely to progress of the nation. Across the world, declining fertility and increased longevity have jointly resulted in higher numbers and proportions of older persons 60 years and above. However accompanying ageing is a wide array of health problems. Indeed, a far greater number of elderly suffers from ill health, broadly defined, compared to young people.

In India, the proportion of the population aged 60 years and above was 7 per cent in 2009 and is projected to increase sharply to 20 per cent by the year 2050 – from 88 million people in 2009 to 315 million in 2050. The distribution of elderly, however, is not uniform across different parts of India. The more developed states in the southern region and a few others like Punjab, Himachal Pradesh and Maharashtra have experienced demographic transition ahead of others states and therefore are growing older faster than the rest of the country. The rapid increase in elderly population is accompanied by a decline in the psychological functions among the elderly, as normally happens with ageing. In addition to myriad health issues, ageing is also associated with social isolation, poverty, apparent reduction in family support and the like. All these problems have an impact on the quality of life in old age and health care at the time of need; indeed, these issues can exacerbate the health problems associated with ageing. Moreover, they also have the potential to affect the health seeking behaviour among elderly population. For instance, change in the family organization – from joint to nuclear – means that old people may not have the support of their offspring's which in turn may mean avoiding seeking health care, even for serious ailments. However, there is very little knowledge on the factors affecting health seeking behaviour among the elderly. The rising number of old age people warrants such an understanding in order for policy and systems to cater to this significant segment of the population. This study is an attempt in this direction. This study involves collecting primary survey data from a representative sample of old aged people in a single district (Kutch) of Gujarat in order to generate larger insights on health care seeking behaviour of elderly.

Rationale of study:

The elderly people tend to less physically active because of decline in muscle mass at older ages.In turn this leads to reduction in calorie intake, weight loss etc. Aged people often require support to carry out day-to-day tasks, and need care. Indeed, ageing comes with a bundle of health problems, both physical and psychological. However much remains to be known about different aspects of aging. In India, where population age-structure is steadily moving towards advanced ages, understanding the health seeking behaviour of elderly assumes significance.

Kutch is largest district of Gujarat statein western India. In 2011, the population of Kutch was 2,092,371 of which male and female accounted for 1,096,737 and 995,634, respectively. Administratively, the district is spread across 10 Talukas, 939 villages and 6 Municipalities (Registrar General of India, 2011).

Population density in Kutch is very low. The scattered population means longer average distance from home to health facility. This is particularly relevant for aged people as they are less mobile to access the government health facilities. This low population density of the district is also one of the reasons for choosing it as a case study site. This study is driven by this rationale.

Literature Review:

Several studies have covered the demographic and socioeconomic conditions of the elderly including morbidity but there are few studies on health status of geriatric population particularly for rural elderly people. More specifically, studies on health seeking behaviour of elderly are few and far between. In his study on health seeking behaviour of aged population in west Bengal, Chakroborty(2014)observed that rural government facilities and unqualified practitioners were the two most frequented providers as first contact. Furthermore, he found a majority of elderly suffered from vision problem (34%), followed by were joint problem (19.5%), cough (14%) and blood pressure (12.9%). Other ailments included gastric problem (7.6%), diabetes (4.8%), heart ailments (4.5%), and hearing problems (4.8%). There were differences by sex:blood pressure, vision and joint problems were more common among females, while chronic cough, piles, heart ailments and urinary problems were found more in males.

Another study conducted by Deenadayal anand Muraleedharan (2011)In TamilNadu revealed that overall morbidity prevalence among aged persons was about 29%. About 85% reported single aliment. Major ailments in urban regions were diabetes mellitus (25.73%), hypertension (19.62%), disorder of joints & bones (10.13%) and heart disease (8.49%) whereas, the rural region reported disorder of joints & bones (18.16%), diabetes mellitus (10.67%) and hypertension (9.98%). Overall, 79% of the aged persons sought care for their ailments. Compared to non-dependents, those partially dependent were more likely to seek care (OR: 3.03, $p<0.05$); whereas those fully dependent were less likely to seek care (OR: 0.72, $p<0.05$). It is important to note that treatment seeking behaviour varied by gender: Elderly females had better health care seeking behaviour (OR: 1.81, $p<0.05$) than men. Furthermore, the illness/disease mattered too in health seeking behaviour: Only those elderly with bronchial asthma (OR: 3.03, $p<0.05$), hypertension (OR: 1.66, $p<0.05$), had higher probability of taking treatment, whereas for most other ailments the likelihood of taking treatment was lower.

A descriptive study conducted by Chauhan et al. (2015) involving a sample of 559 elderly participants found that a majority (56.4%) visited public health care facilities for various illnesses: Almost one-third of the study participants visited the private health facilities and another 11.6 percent visited other health facilities including pharmacies. Among various causes, febrile illnesses (39.5%) and pain (20.8%) were the most common reasons for visiting a health care facility. Individual's income was significantly associated with the HSB (p value <0.05). Availability of services, free of cost was reported as most common reason for preferring to the public health facility. On other hand, private practitioners were preferred due to their better availability and quality of care.

The findings of these different studies reveal that the health issues facing elderly vary across contexts depending upon several individual, biophysical and environmental factors. Similarly, the health seeking behaviour also varies by social, economic and institutional factors. For instance, an elderly person may be aware of the illness that requires attention and is willing to visit the facility to seek health care but if there is no hospital nearby would bar the person to seek medical care. This warrants a localized, context-specific understanding of elderly health seeking behaviour. It is because of this reason that the study focuses on the elderly of Kutch.

Research question

What are the health seeking behaviour of elderly population in Kutch district of Gujarat & are the health services in the area geared up to tackle these problems?

Objective

The overall objective is to understand the health seeking behaviour of elderly population in this area.

Specific objective:

To access the health-related problem faced by the elderly population in the selected Kutch district

To understand the reason associated with these problem in term of socioeconomic needs, health needs and psychological needs and availability of health facilities.

Methodology:

Study Design, Study Population and Study Duration

A descriptive cross sectional survey was conducted to involving primary survey data to be collected from a single district (Kutch) in the state of Gujarat from February to April 2017 which involves and Women aged 60 years and above living in this district. Non-randomized sampling process (Purposive sampling) was used for collecting the data.

Study area

Kutch district (also spelled as Kachchh) is a district of Gujarat state in western India, covering an area of 45,652 km; it is the largest district of India. It lies between 22.44º to 24.41ºNorth (Latitude) and 78.89º to 71.45º East (Longitude). Kutch literally means something which intermittently becomes wet and dry; a large part of this district is known as Rann of Kutch which is shallow wetland which submerges in water during the rainy season and becomes dry during other seasons. Kutch District is surrounded by the Gulf of Kutch and the Arabian Sea in south and west, while northern and eastern parts are surrounded by the

Great and Small Rann (seasonal wetlands) of Kutch. The district has 10 talukas, of which the major ones are Bhuj (district headquarter), Anjar, Mandvi, Mundra and Gandhidham. Kutch is virtually an island, as it is surrounded by the Arabian Sea in the west; the Gulf of Kutch in south and southeast and Rann of Kutch in north and northeast. According to the 2011 census, Kutch District has a population of 2,090,313 roughly equal to the nation of Macedonia or the US state of New Mexico.

Inclusion Criteria

- Natives belonging to that area/community
- Those who were willing to participate.
- People of age group 60 or more than 60
- availing services at respective health facilities

Exclusion Criteria

Those who were not willing to participate

Official Permission and Ethical clearance:

The study protocol was reviewed by the Ethical Committee of College and Hospital and was granted ethical clearance. An official permission was obtained from

Informed consent:

After explaining the purpose and details of the study, a written informed consent was obtained from all the subjects who were willing to participate.

Data collection tools:

Structured questionnaires for elderly population

Data analysis:

All health problems will be studied in elderly population as per defined inclusion criteria. Disease diagnosis will not be done, instead patients' history will be studied based on reports and verbal discussion/interview in context of their behaviour in seeking health in different clinical conditions they had.

Statistical analysis:

The recorded data was compiled and entered in a spreadsheet computer program (Microsoft Excel 2007) and then exported to data editor page of SPSS version 15 (SPSS Inc., Chicago, Illinois, USA). Descriptive statistics included computation of percentages, means and standard deviations.

Results

***Characteristics of the study population*:** there were 100 respondents out of those 58% males and females were 42% (Table 1). 40% of the population lying between the age group 60 - 69 years ,37 % from age group 70-79 and only 8% from more Than age group 90(Table-2). The educational status of the study group, majority of people is illiterate (36%)(Table-3). Almost more than 50 % people are currently married and average family members 5-6 in a house. The major occupation of this family is farmer (45%) and daily wages labour (33%) and their annual income is lying in between 10,000 to 50,000(Table-4). Most of the aged people doing some work in house (64%).

Table-1

Respondent	%
Male	58
Female	42

Table-2

Age group	%
60-69	40
70-79	37
80-89	15
>90	8

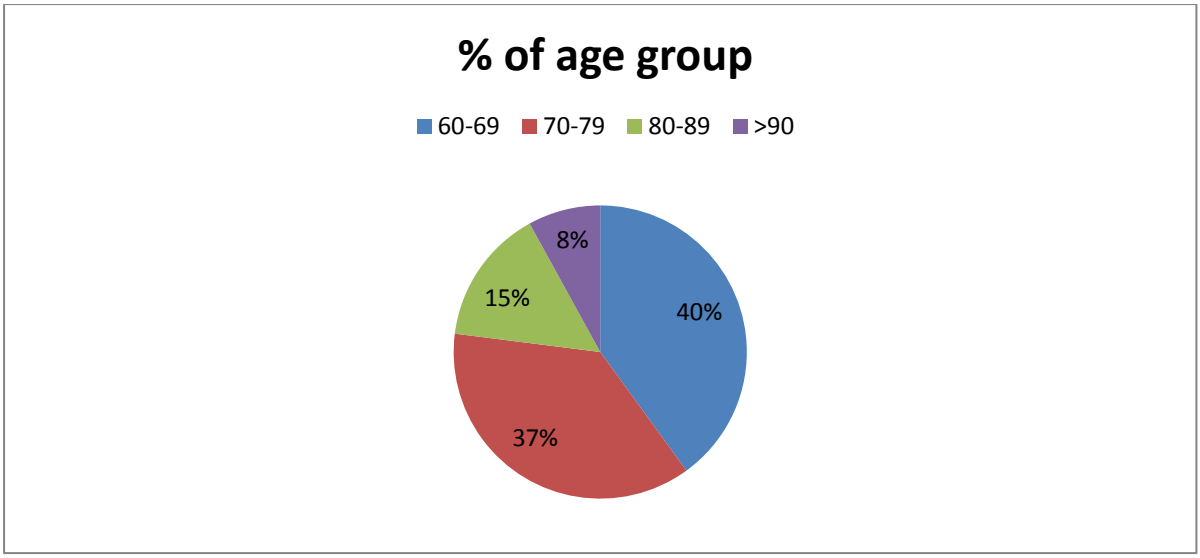


Table-3

Educational status	%
Primary	21
Middle	18
Secondary	13
Higher secondary	7
Graduate	3
Post graduate	2
Illiterate	36

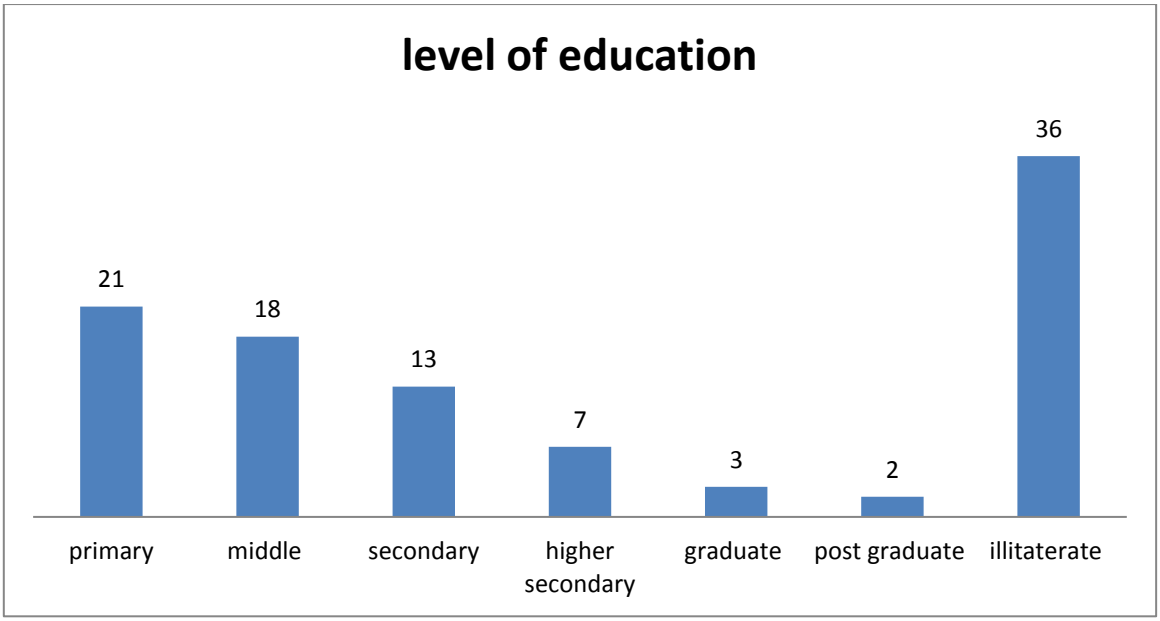
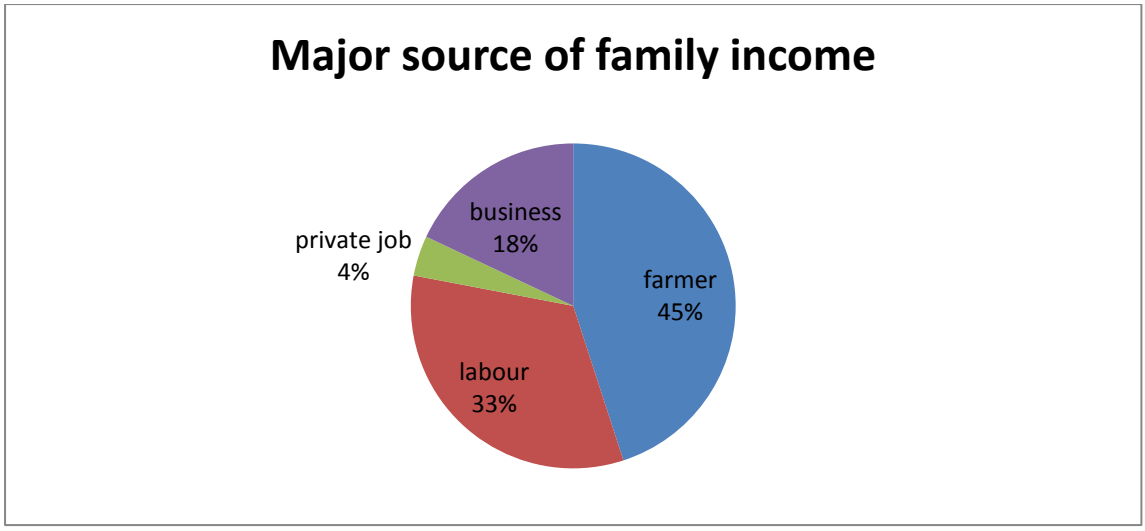
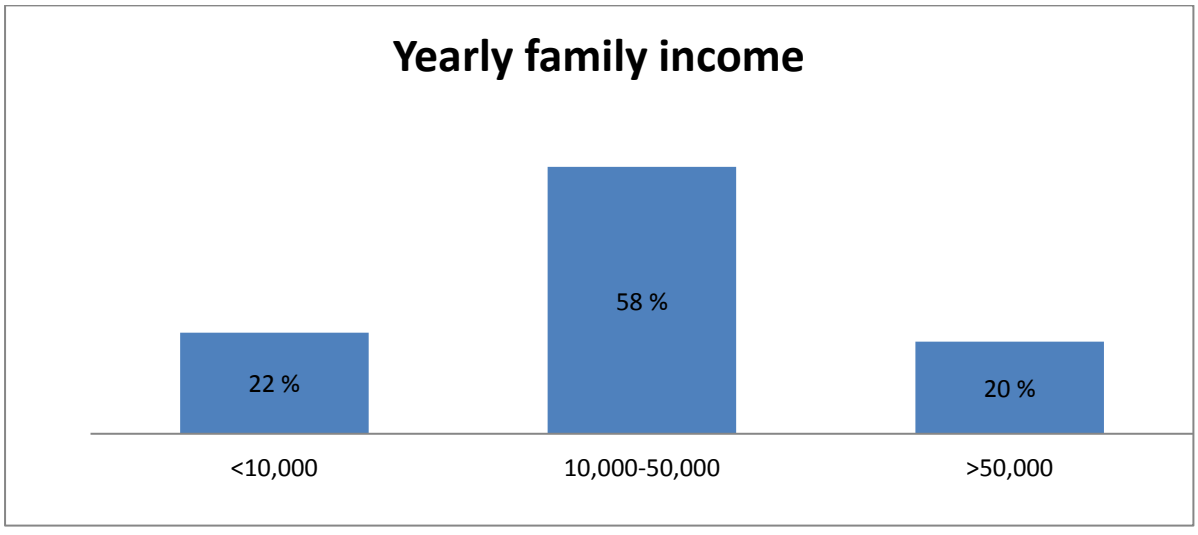


Table-4

source of income in family	%
farmer	45
labour	33
private job	4
business	18



yearly family income	% of respondents
<10,000	22
10,000-50,000	58
>50,000	20

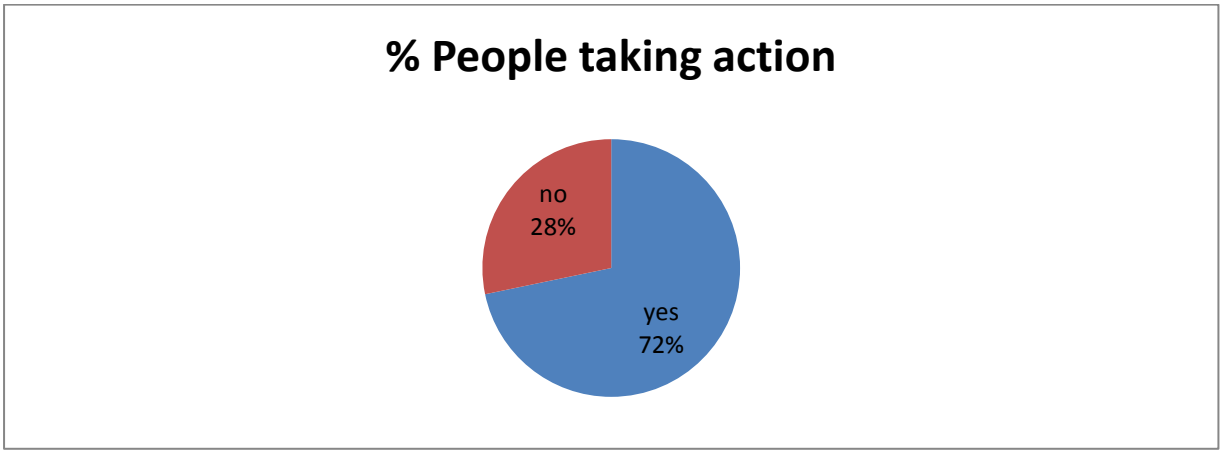


Health problems and health seeking behaviour: In our study population almost half of the people (46%) are fallen ill in last 6 months and out of these only 33 (72%) people are taking any action (Table-5).

Table-5

Fallen ill in last 6 months	%
yes	46
no	54

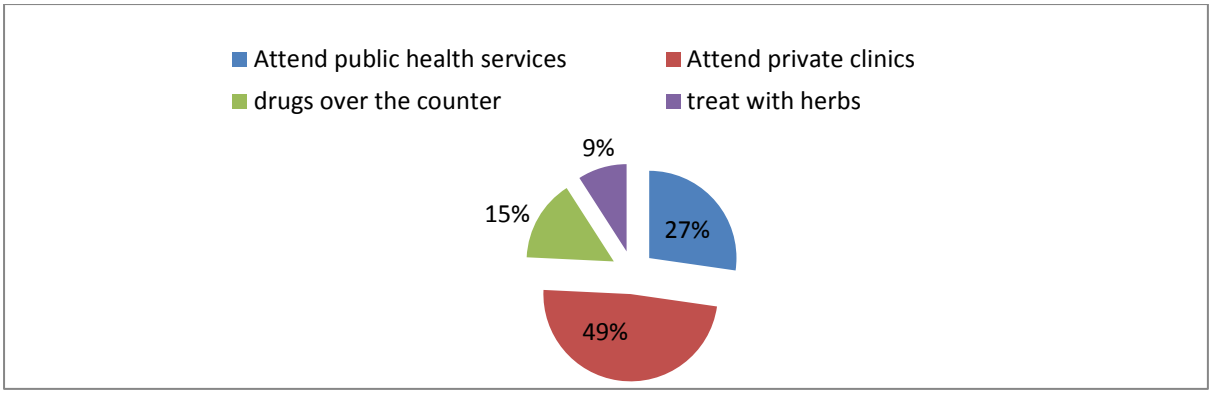
Taken any action	Number of respondents	%
Yes	33	71.74
No	13	28.26



In Table -6 those who are taking action almost half of the study population went to Private health clinics for treatment specially in Rajkot and Ahmadabad with the help of NGO and only one fourth of the people went to government facilities because people are not satisfying with the quality of care. Here people mostly trust the local compounder for treatment. They are charging very less amount. In rapartaluka each and every village 2-3 non registered practitioner are available.

Table-6

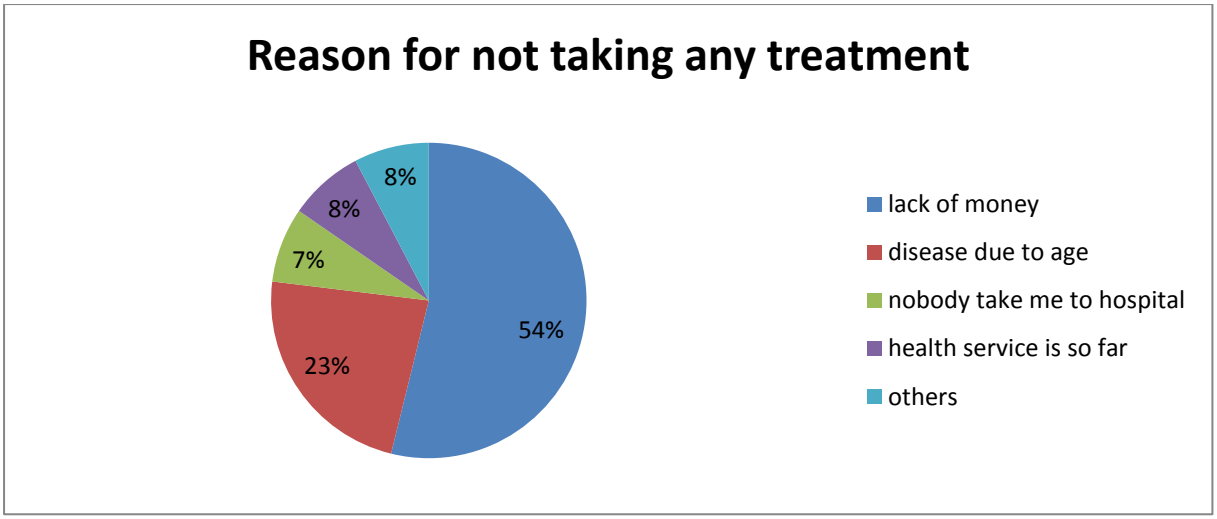
	%
Attend public health services	27.27
Attend private clinics	48.48
drugs over the counter	15.15
treat with herbs	9.09



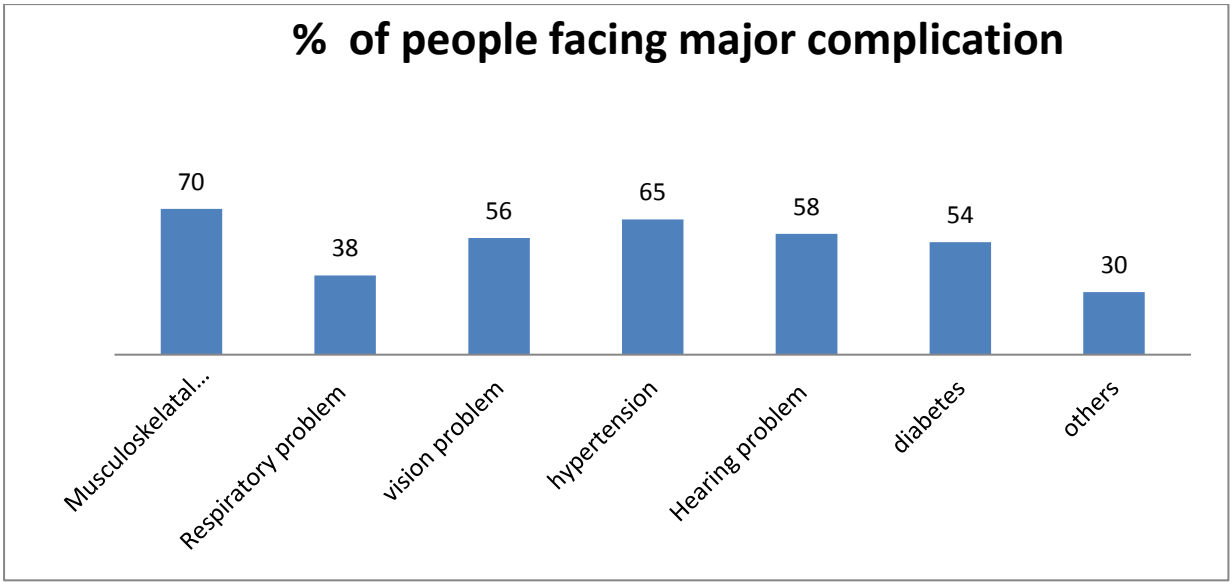
28 % people are not taking any action whenever facing any health related problem. The major cause is lack of money and also they are thinking it's because of due to age (table-7). Proper public health services for this age group are not available. FHW and MPHW are not regularly doing survey and counselling for treatment.

Table -7

Reason for not taking any action	%
lack of money	53.85
disease due to age	23.08
nobody take me to hospital	7.69
health service is so far	7.69
others	7.69



Briefly I have identified major physical complication of elderly for present study. Out of the total study population most of them are facing musculoskeletal problem (70%) along with hypertension (65%), vision problem (56%) mostly cataract, hearing problem (58%) and diabetes (54%). Other disease like TB, oral cancer, urinary , mental disorder etc is 30%. Because of water problem most of them are suffering in knee pain, arthritis, and spondilitis.



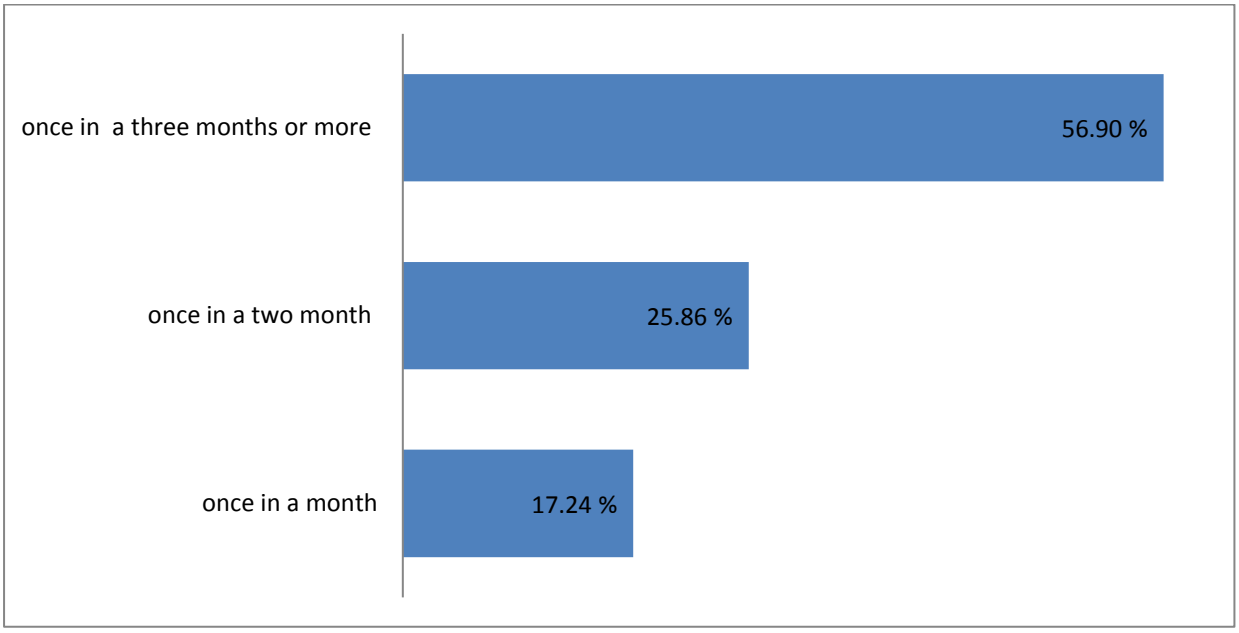
(musculoskeletal l problem like arthritis, back pain ,knee pain etc, Respiratory problem like asthma , COPD, bronchitis , difficulty in breathing. Vision problem like cataract, refractive errors , in other disease like TB, cancer urinary problem ,digestive problem, mental disorder, Dental problems, heart problems, skin problems etc.)

Almost 58% patient went for health check up like BP , sugar etc. out of this 33 people (57%) visited health clinics once in a three months or more (table-8).

They went to mostly Nearby PHC and SC for check up. In Sub centre 5 test and PHC 17 test are functional for health screening. Almost 40 % of the respondent taking daily medicine for hypertension, sugar.

Table-8

went for any health check up		%
yes		58
no		42
Health check up	Number of people	%
once in a month	10	17.24
once in a two month	15	25.86
once in a three months or more	33	56.90



In last 6 months only 28% people of this age group are admitted in hospital (Table-9). Out of this population 79% says all the facilities like medicine and lab test are properly done (Table-10). But in case of follow up visit out of 28 people only 7 people (25%) are revisiting the

health facility. The major reason is that they are not facing any major complication (Table-11).

Table-9

Hospitalized in last 6 months	%
yes	28
no	72

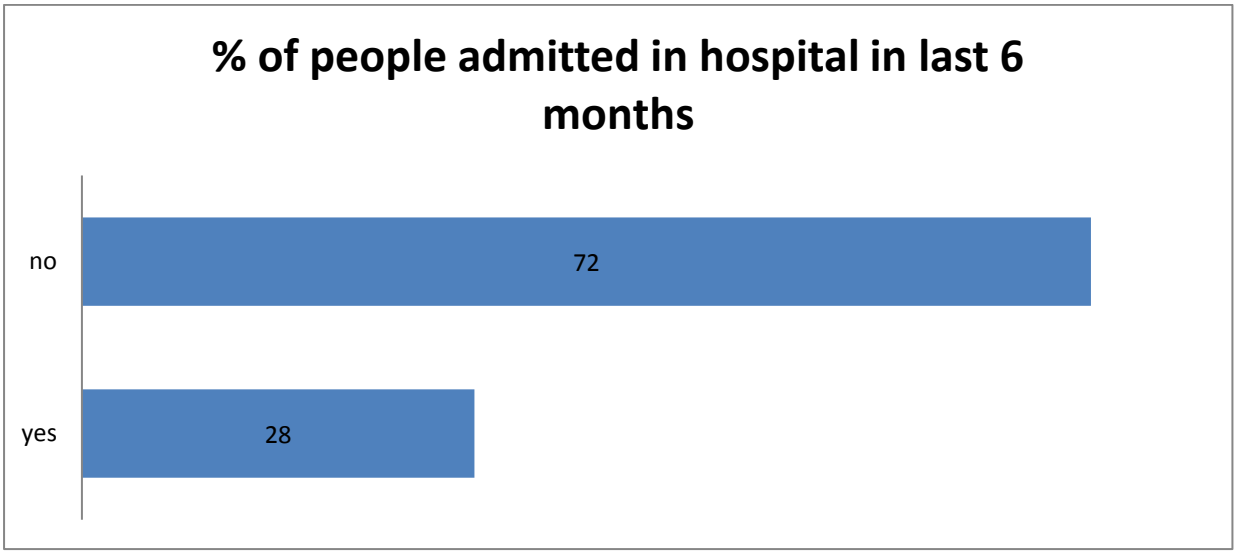


Table-10

Medicine and lab test are properly available in hospital	%
yes	78.57
no	21.43

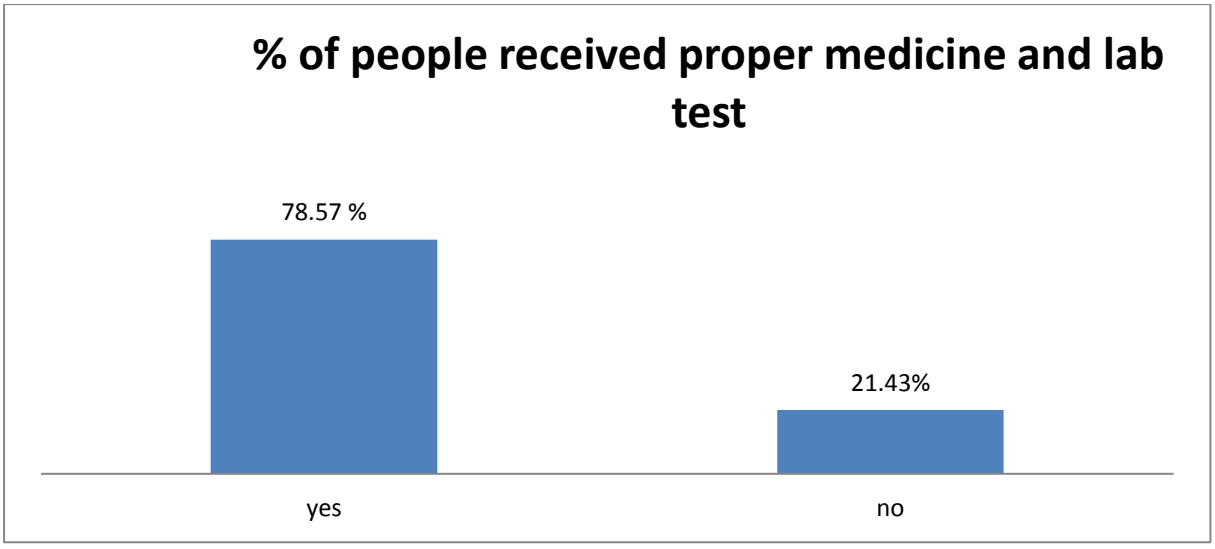
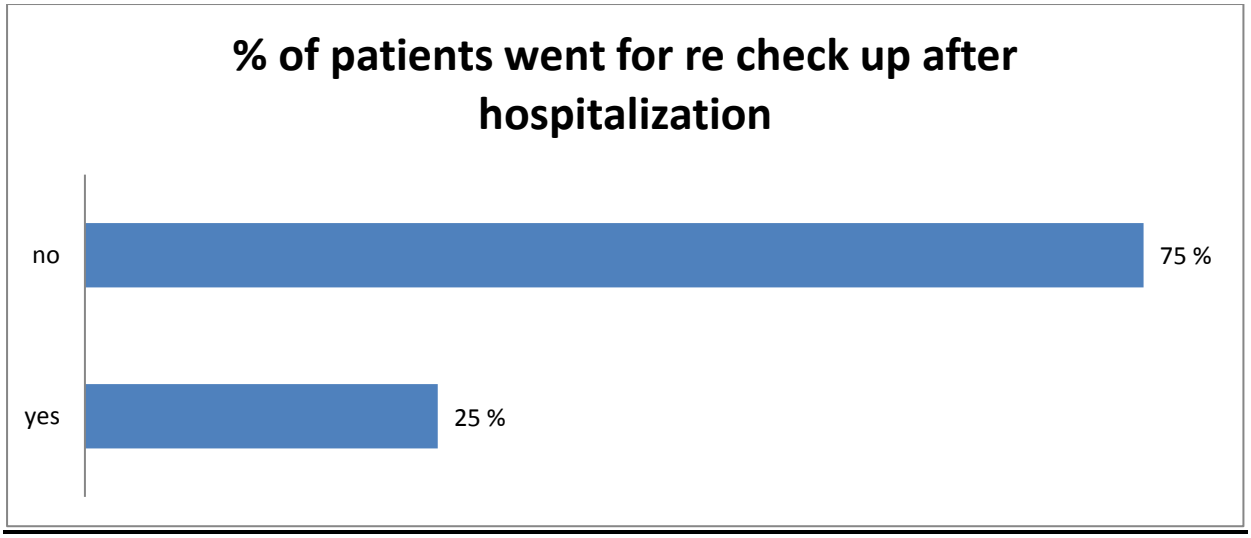


Table-11

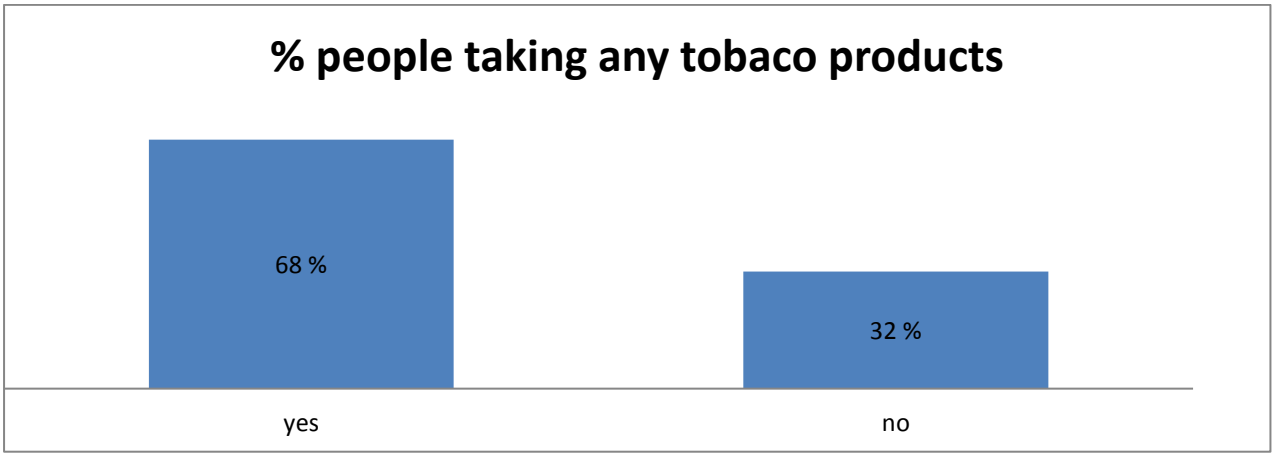
Follow up visit after hospitalization	Number of respondent	% of respondents
yes	7	25
no	21	75



In Kutch district people are mostly taking tobacco products. Out of the total study population 68% are taking tobacco mostly supari (maoa) and bidi.

Table-12

Taking any tobacco products	%
yes	68
no	32



Discussion

A descriptive cross sectional survey was conducted to involving primary survey data to be collected from a single district (Kutch) in the state of Gujarat from February to April, 2017 which involves Men and Women aged 60 years and above living in this district. Non randomized sampling process (Purposive sampling) was used for collecting the data.Each disease has its unique natural history, which is not necessarily the same in all individuals. Disease results from a complex interaction between men, an agent and the environment. Disease arises when there is maladjustment of the individual with his environment

There were 100 respondents out of those 58% males and females were 42% .Gender-related differences show that women worldwide typically live longer than men, leading to a process called the 'feminisation of later life'. The female elderly are more likely to be widowed, have low economic security, lower educational attainment, less labor force experience and more caregiving responsibilities than their male counterparts. 40% of the population lying between the age group 60 - 69 years ,37 % from age group 70-79 and only 8% from more Than age group 90. The educational status of the study group, majority of people is illiterate (36%), This is in accordance with the findings of Otsuru et al (2003) who also reported a low level of education among Japanese migrant workers.

The major occupation of this family is farmer (45%) and daily wages labour (33%) and their annual income is lying in between 10,000 to 50,000 Most of the aged people doing some work in house (64%).This study recorded a high prevalence of health problems (85%) in the study population. In agreement with our finding, studies carried out among older persons in northern India. The study conducted in Varanasi district, (2015) India regarding health status and health seeking behavior of rural geriatric population concluded that 85% of the population experienced at least one health problem.

Conclusion

The study population were predominately are male and mean age group is 72. Literacy rate is very poor in this area. In very early age people are started working as a labour. Most of the people are living in joint family and the 70% elder member of the family doing some sort of work. Socioeconomic conditions are also different in different taluka like in, mandvi people are major source of income is fisheries but in anjar, people are mostly working as a farmer. Most of the houses are properly made and having toilet facility.

In last 6 months out of total study population 46% fallen ill and out of these 71% taking some corrective action. People mostly trust on private health facility or some local compounder. Though the PHC are very nearer still people are not going for treatment. Sometime people only visit govt health facility for little check up. Because of the high life expectancy majority of them are facing some physical complication like Hypertension, muscular pain, diabetes etc. women are mostly facing eye related problem rather than men. Eye speciality hospital are not available in this district even eye surgeon is not present regularly in sub district hospital. Hearing problem is also very common in all those areas.

Only 28% people are admitted in hospital in last 6 months because of Eye operation and some emergency condition. But those who are admitted not went regularly for follow up check up. 40% people are taking regular medicine for diabetes and hypertension. Overall health seeking behaviour is satisfactory in this area. The major concern area is people are mostly addicted on tobacco products (supari,maoa) that's why oral cancer suspected cases are increasing day by day.

Limitation of the study

1. Sample size is very small only 100 samples are taken
2. Non-randomized sampling process is used for the study
3. OPD is not functional properly in CHC and PHC level.
4. Because of resource constraints (time, vehicle) can not cover the whole district.

Recommendation

1. Regularize the house to house visit by MPHW and FHW for screening and counseling to come in govt facility
2. Special OPD clinics for elderly in every facility once in a week
3. Weekly screening camp (BP, Sugar, eye screening, hearing test) is established in every village by weekly basis with PHC medical officer/staff nurse.
4. Special incentive should be given to ASHA for screening and referring to nearby PHC.
5. Regularize the EYE clinics in Sub district hospital and set up different operation theatre for cataract.
6. Planning for proper IEC and BCC activity focusing on health problems of elderly.

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Department of Community Medicine, Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh, India.

Annexure

Questionnaire for data collection

Identification

State:

District:

Block:

Village:

Household no:

Name of the household:

Address of household:

Name of the investigator:

Signature of the investigator:

Interview:

Timings:

Name	Sex Male-1 Female-2	Age is completed years	Marital status	Highest education
Q1	Q2	Q3	Q4	Q5

For question 3

Item	code
60-69	01
70-79	02
80-89	03
90 and above	04

For question no 4

Item	Code
Currently married	01
Widow or widower	02
Divorced/separated/deserted	03
Never married	04

For question no 5

Item	Code
Primary	01
Middle	02
Secondary	03
Higher secondary	04
Graduate	05
Post graduate	06
Illiterate	07

Section A

Respondent: (Any of the family member aged 60 years male or female)

Q no	Question	Coding	Skip
A1	What is your religion	Hindu-1 Muslim-2 Sikh -3 Christtian-4 Jain-5 Buddhism-6 Others-99	
A2	What is your caste	General-1 Sc-2 St-3 Obc-4 Others-5	
A3	How many members in your family(excluding the informants)	One-1 Two-2 Three -3 Four-4 5 and more-5 None-99	
A4	Type of house (based on observation)	Kachha -1 Semi pakka-2 Pakka- 3	
A5	Do u have any toilet	Yes -1 no-0	If no then skip to Q no A 7
A6	Do u use this	Yes-1 no-0	
A7	Do u work	Yes-1 no-0	
A8	What is the main source of income of your family	Farmer 01	

		labour 02 **Govt job** **03** **Pvt job** **04** **Business 05** **others** **99**	
A9	**What is average family income (yearly)**	**<10,000** **01** **10,000-50,000** **02** **>50,000** **03**	

Section –B

Health problems and heath seeking behaviour (respondent would be same)

Q no	**Question**	**Coding**	**Skip**
B1	**Fallen ill in last 6 months**	**Yes-1 no-0**	**If yes go to next question and if not go to B7**
B2	**Have u take any action**	**Yes -1 no-0**	**If yes go to Q no B3 if not then go to Q no B4**
B3	**If yes what r u doing**	**1)attend public health services-1** **2)private practioners-2** **3)drugs over the counter-3**	**Option 1 go to B4** **Option 2 go to B5**

		4)treat with herbs-4	
B4	**Why u went to public health services**		
B5	**Why u went to private clinic?**		
B6	**If not why u r not taking any treatment because of**	**1)lack of money-1** **2) disease due to age-2** **3)nobody take me to hospital-3** **4) health service is so far-4** **5) no faith for healthcare-5** **6) faith on god-6** **7)others-99**	
B7	**Do u went for any health check up (BP,sugaretc) without any complication**	**Yes-1** **No-0**	**<u>If yes go to next question</u>**
B8	**How many times went for check up**	**1)Once in a month-1** **2)Once in a two month-2** **30Once in a three -month or more -3**	
B9	**Where r u go for check up**	**Govt- 1** **private-2**	
B9	**Have u taking any medicine for regular basis.**	**Yes-1** **No-0**	
B10	**What type of**	**1)musculoskeletal prob- 1**	

	physical complication you faced	**2)respiratory problem-2 3)vision problem-3 4) hearing problem-4 5) hypertension -5 6) diabetes -6 7) other-7**	
B11`	**Have u ever hospitalised in last 6 months**	**Yes-1 No-0**	**<u>If yes then go to Q no B 12otherwise go to q no B15</u>**
B12	**All medicine and lab test are properly available**	**Yes-1 No-0**	
B13	**Do you went for any follow up visit**	**Yes-1 No-0**	
B14	**If not what is the reason**		
B15	**Are u taking any tobacco products**	**Yes-1 No-0**	