

**STUDY ON HEALTH SEEKING BEHAVIOUR IN
GERIATIC POPULATION IN RURAL AREA OF
KUTCH DISTRICT OF GUJARAT**

**PRESENTED BY-DR.AJMAL KHAN
ROLL NO -0249
MBA HM-20**



Introduction

- The elderly are precious assets of the country.
- In India, the proportion of the population aged 60 years and above was 7 per cent in 2011 and was projected to increase to 20 per cent by the year 2050.
- The state like Punjab, Himachal Pradesh and Maharashtra have experienced demographic transition ahead of others and therefore are growing older faster than other states.
- Elderly population accompanied by a decline in psychological functions in the age group. Majority of problems that occurs older persons are the result of priorities, policies and practices of the society.
- Ageing is mainly associated with social isolation, poverty, apparent reduction in family support, mental problem, dependency towards end of life and so on.



Rational

- The elderly people tend to very less physically active.
- Aged people don't do anything without any help even also he/she deciding to seek care.
- Government are not very serious about elderly people.
- Many problems which old age group face in their life and it is important to find out the prevalence and pattern of the disease which we can avoid easily by giving them available, accessible and quality care.



Research Question

- What are the health seeking behaviour of elderly population in Kutch district of Gujarat?



Objectives

To understand the health seeking behaviour of elderly population in Kutch District area.



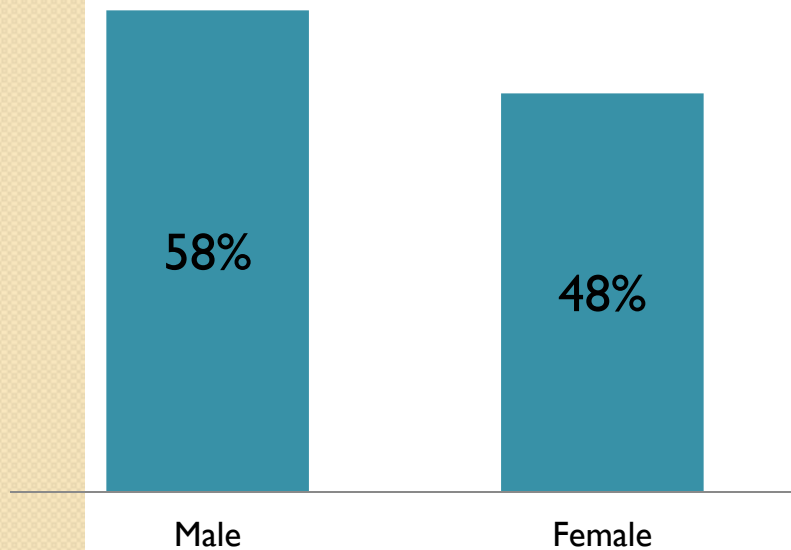
Methodology

- **Study type:** Cross sectional descriptive study
- **Study duration:** February to April, 2017.
- **Study location:** Kutch district of Gujarat
- **Study population:** Men and women aged 60 years living in this area.
- **Sampling process:** Non randomised sampling process (Purposive sampling)
- **Sample selection process:** In Kutch district from 10 taluka / blocks out of 62 PHC covered 15 PHC based on accessibility then visited house of this area.
- **Data collection tools:** Structured Questionnaires for elderly population.
- **Data analysis:** MS Excel

Results

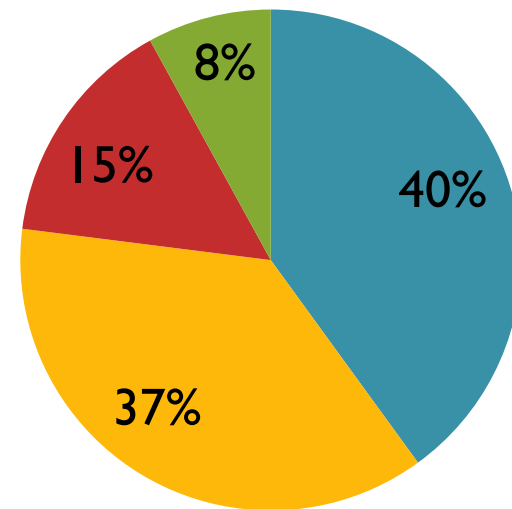
Demographic characteristics in (%)

**Demographic
Characteristics in %**

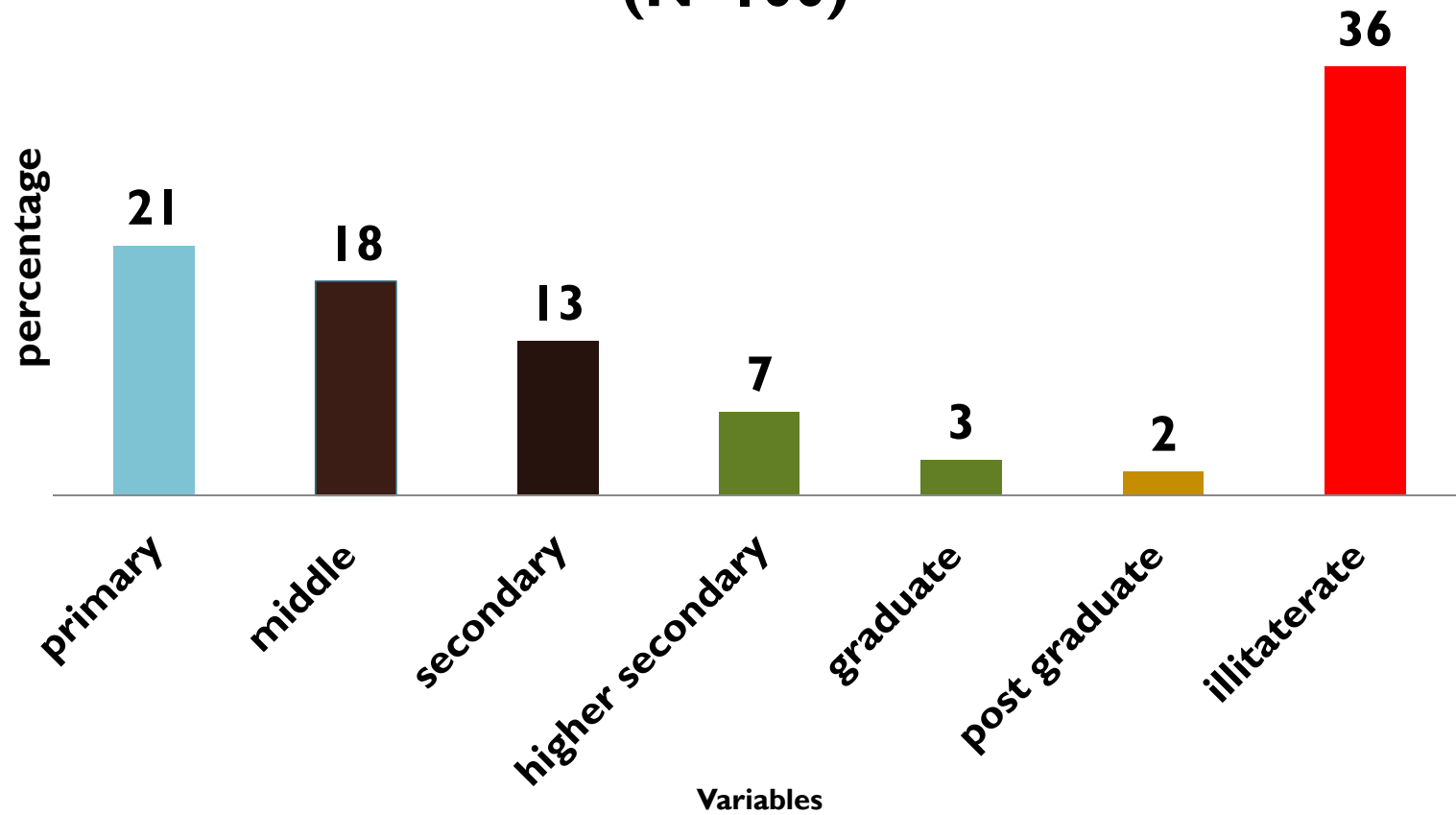


**Distribution % of Elderly age
group**

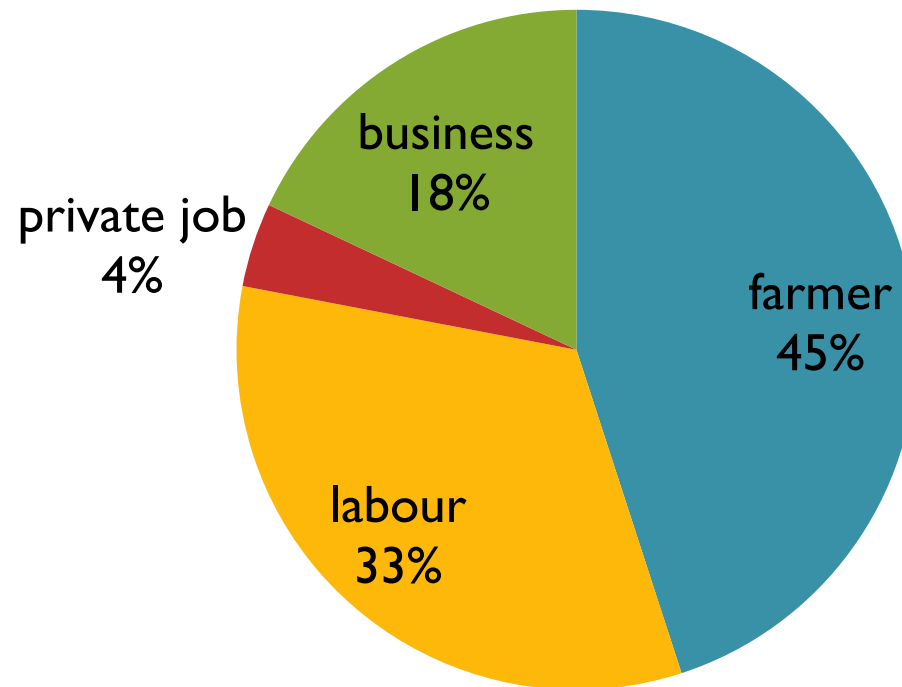
■ 60-69 ■ 70-79 ■ 80-89 ■ >90



Distribution of education level of Elderly (N=100)



Distribution of sources of family income of elderly (%) (N=100)



Illness status of Elderly (N=100)

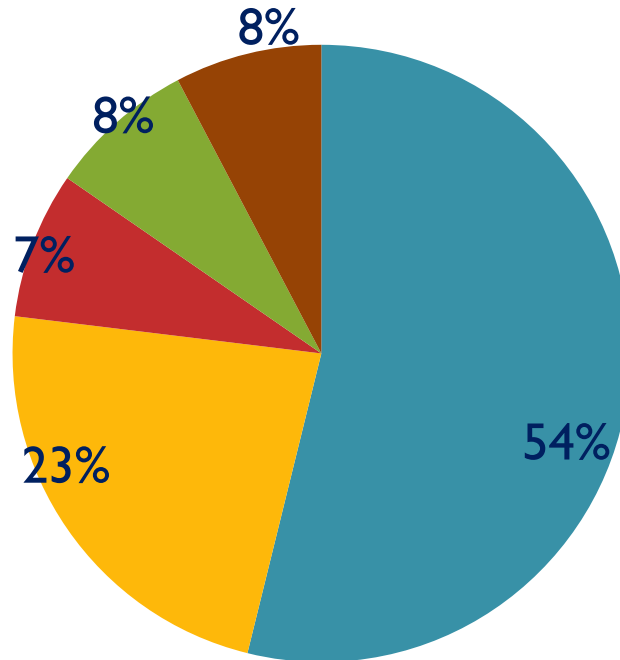
S. no	Respondent status	%
1	Present illness in last 6 months	46
2	Not Present any illness in last 6 months	54

S. no	Treatment Status	Number of respondents	%
1	Treatment taken	33	72
2	No treatment taken	13	28
3	Total	46	100

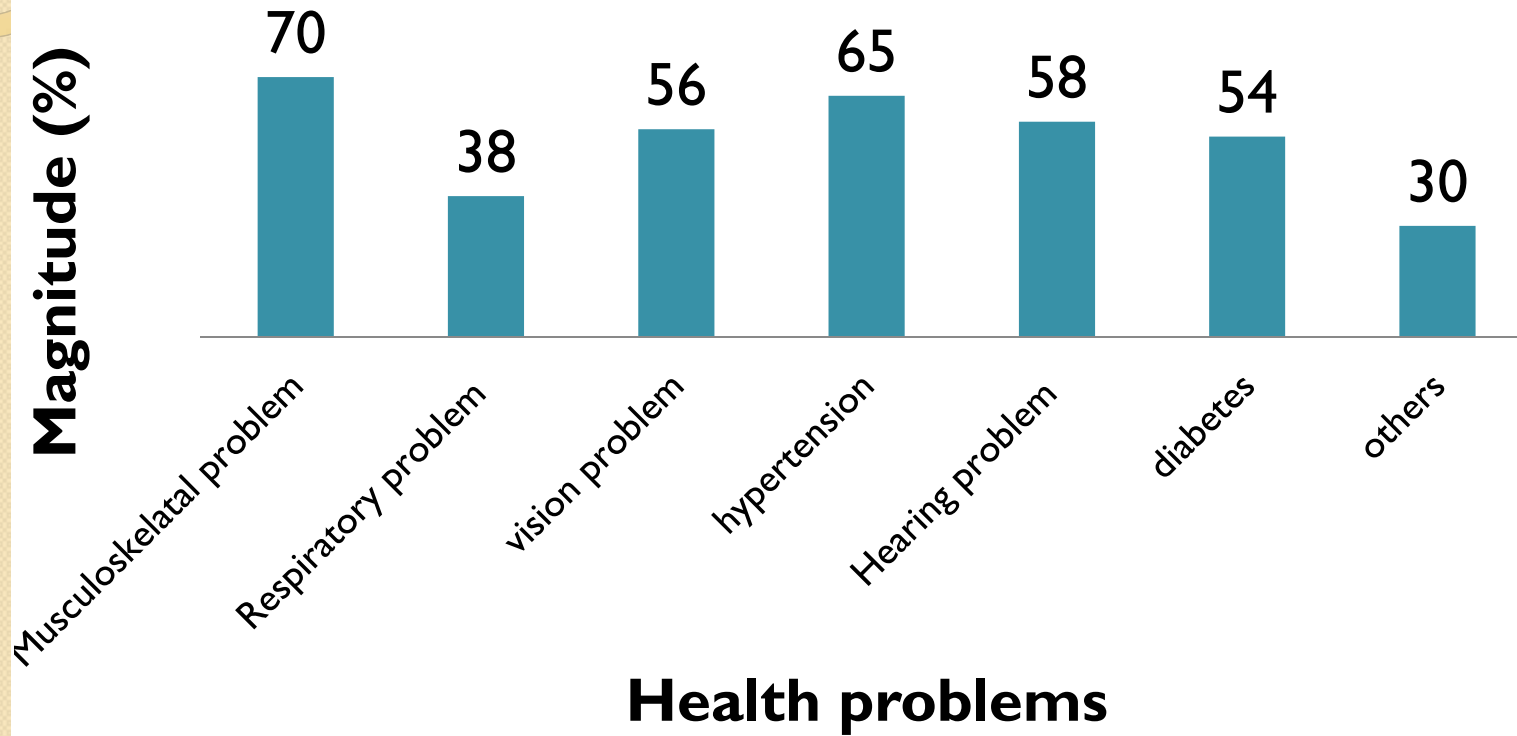
Around 46% respondent are with illness in past 6 month and in these only 72% taken treatment.

Reason for not taking any treatment (N=13)

- lack of money
- disease due to age
- nobody take me to hospital
- health service is so far
- others



Distribution of health problems faced by elderly population (%)
N=100

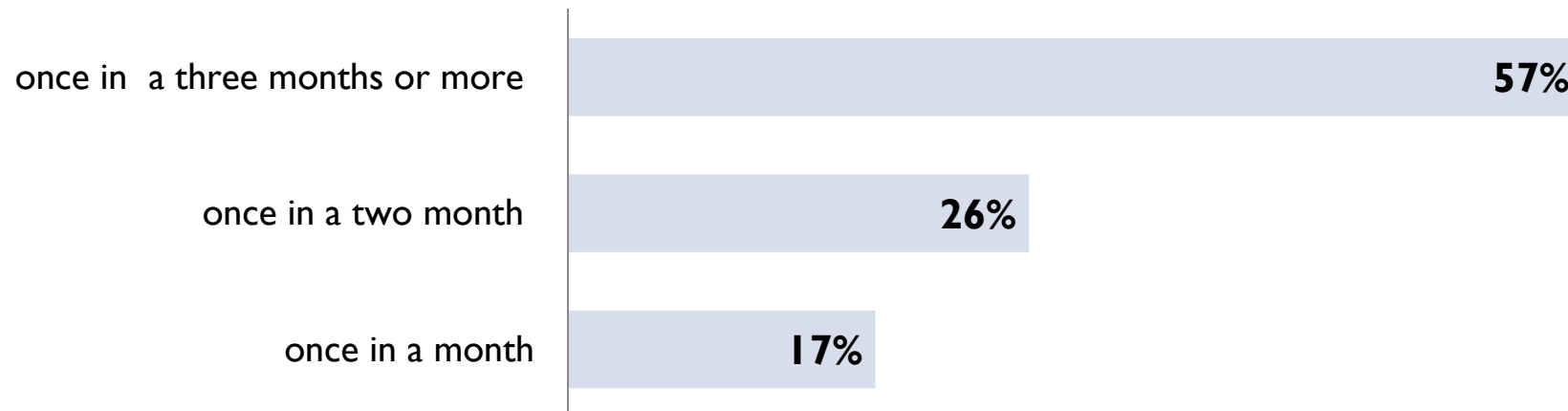


Respondents Visited for health check-up (BP, Sugar) N=100

1	YES	58%
2	No	42%

Out of 100 respondents 58% visited for the health check up and 42% not visited for the health check up.

Status of Health check-up done (N=58)



% People hospitalized in last 6 months (N=100)

1	Hospitalized in last 6 months	28%
2	Not hospitalized in last 6 months	72%

Medicine and lab test done in Hospital (N=28)

S.no	Medicine and lab test are properly available in hospital	%	No of respondents
1	yes	79	22
2	no	21	6

Re-visit to the hospital for further check-up (N=28)

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



Conclusion

Overall health seeking behaviour of elderly population of Kutch district is satisfactory.

People are not at all satisfied with the government health care facilities they only went in public health clinics for minor illnesses.

The study points out the need to formulate policies that will target on the health needs of the elderly.

Proper IEC activity should be done on Village wise and weekly screening camp will established.



Limitation

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



Recommendation

- People mostly went for public health services so more concentrate to quality of services in government health facility.
- Regularise the EYE clinics in Sub district hospital and set up different operation theatre for cataract because of high number of people facing vision problem
- Few people are not taking any action because they don't have any capability to pay in private hospital so make some arrangement in government facility and focus on more counselling sessions that they can come for treatment
- Most of the people facing musculoskeletal problem so regularise the supply of calcium tablet by ASHA and FHW.
- Weekly screening camp (BP, Sugar, eye screening, hearing test) is established in every village by weekly basis with PHC medical officer/staff nurse.
- Planning for proper IEC and BCC activity focusing on health problems of elderly.

