Study on Health Seeking Behaviour in Geriatric Population in Rural Area of Gir-Somnath District of Gujarat

By

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Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

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TO WHOMSOEVER MAY CONCERN

This is to certify that Prabal Mukherjee, student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at National Health Mission, Gujarat (Gir Somnath) from 5 February to 9 May 2016.

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 fulfilment of the course requirements.

I wish him all success in all his future endeavours.

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The certificate is awarded to

Prabal Mukherjee

In recognition of having successfully running till date his Internship in the department of **National Health Mission, District Programme Management Unit, District-Gir-somnath** And has successfully completed his Project on **Study on health seeking behaviour in geriatric population in rural area of Gir-somnath district of Gujarat** at **9th May 2016.**

He comes across as a committed, sincere & diligent person who has a Strong drive and zeal for learning.

We wish him all the best for future endeavours.

Date : 13/05/2016.

Place : Veraval.

Chief District Health Officer
District Panchayat Gir-Somnath

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled Study on health seeking behavior in geriatric population in rural area of Gir-somnath district of Gujarat and submitted by Prabal Mukherjee Enrollment No 0188under the supervision of Dr Suresh Joshi for award of Postgraduate Diploma in Hospital and Health of the University carried out during the period from 05/02/16 to 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.

Prabal Mukherjee
Signature 13.05.16

CERTIFICATE

THIS IS TO CERTIFY THAT THE DISSERTATION ENTITLED "STUDY ON HEALTH SEEKING BEHAVIOUR IN GERIATIC POPULATION IN RURAL AREA OF GIR-SOMNATH DISTRICT OF GUJARAT"

SUBMITTED BY PRABAL MUKHERJEE 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.

DR SURESHJOSHI

GUIDE

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. Suresh Joshi, 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 Gir-Somnath ,ADHO Gir-Somnath, DRCHO Gir-somnath, EMO Gir-Somnath along with all THO,TPA, FA ,PHC MOs, NCD cell Gir-Somnath, MPWs,FHWs, & ASHAs of distGir-Somnath and beneficiaries of the field area for their co-operation and participation, without which my study would not have been possible.

Prabal Mukherjee

Index

1. ABBREVIATION

PHC : Primary Health Center

CHC: Community Health Center

SC: Sub Center

NCD Cell: Non Communicable Disease cell

CDHO :Chief District Health Officer

ADHO: Additional District Health Officer

DRCHO :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

NPHCE: National program for health care for elderly

Abstract

Tittle- STUDY ON HEALTH SEEKING BEHAVIOUR IN GERIATIC POPULATION IN RURAL AREA OF GIR-SOMNATH DISTRICT OF GUJARAT

Context: Elderly population is increasing day by day. In India the proportion of the population aged 60 years and above was 7 per cent in 2009 and was projected to increase to 20 per cent by the year 2050. With rapid increase in elderly population accompanied by a decline in physical and 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.

Aim: The aim of the study is to understand the health seeking behaviour of elderly population in this area.

Setting and design: A cross sectional descriptive study on Geriatric population aged 60 years and more living in rural area in GIrsomnath district of Gujarat.

Materials & methods: The present study was carried out on geriatric population health seeking behaviour from February to april, 2016) in Gir-somnath District. 100 beneficiaries out of that 58 male and 42 female were selected purposively as per the convenience. Structured interview questionnaire was used for data collection**.**

Statistical Analysis Used: Interpretation of data was done by using excel.

Results: Hundred people including 58% male and 42% females were interviewed.40 % lying between the age group of 60-69 , 37% in the age group of 70-79. In term of educational status 36 % people are illiterate. Almost 50% people are currently married and living in joint family. 82 % people doing some sort of work in the family. In last 6 months only 46% of people are fallen ill out of these 72% are taking action .Most of them went to public health clinics for treatment; 28% people not taking any corrective action because of lack of money to went in public health facility. The majority 70% had been suffered by musculoskeletal problem, 65 % patient facing Hypertension, 58 % patients facing hearing problem, 56 % respondent facing vision problem and 30 % people facing other problem like TB, oral cancer, urinary problem, digestive problem, mental problem etc. Last 6 months only 28% people are admitted in hospital and out of these respondents 79 % says they are receiving all lab facilities and medicine properly. 57 % of the study population went once health check up in a three months or more time period.

Conclusion: overall health seeking behaviour of elderly population of Gir-somnath district is satisfactory. People are not at all satisfied with the government health care facilities they only went in public health clinics for minor screening. 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.

Keywords: Health seeking behaviour, weekly screening camp.

3. Introduction

Background: The elderly are precious assets of the country. With their rich experience and wisdom they contribute their might for sustenance and progress of the nation. Their health problem from those of the general population.Across the world, declining fertility and increased longevity have jointly resulted in higher numbers and proportions of older persons 60 years and above.

In India, the proportion of the population aged 60 years and above was 7 per cent in 2009 and was projected to increase to 20 per cent by the year 2050. In absolute numbers, the elderly population in 2009 was *approximately 88 million* and is expected to sharply increase to more than 315 million by 2050.The more developed states in the southern region and a few others like Punjab, Himachal Pradeshand Maharashtra have experienced demographic transition ahead of others and therefore are growingolder faster than other states. Certain regions, primarily in the central and eastern parts of the country,still have high fertility and mortality levels, and therefore, younger population age structures .With rapid increase in 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.All these problems have an impact on the quality of life in old age and health care at the time of need. Previously joint family system used to take care all of these problem but now a days due to rapid urbanization and industrialization disintegration of joint family has been a major problem.so it is necessary to strengthen the joint family system or the community through proper education and intervention.

4.Rational

The elderly people tend to very less physically active because of lean muscle mass declines. This leads to in reduction in calorie intake, weight loss etc. Aged people don't do anything without any help even also he/she deciding to seek care.

So the care of elderly people is more important of the government and public. There are so 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.

5.Literature review

Several studies have covered the demographic and socioeconomic conditions of the elderly including morbidity but there is few studies health status of geriatric population particularly for rural elderly people.

Dr SatyajitChakroborty in his Study on health seeking behaviour of aged population in west Bengal, he observed that rural government facilities and unqualified practitionerswere the two most frequented providers as first contact.

Majority of elderly suffered from vision problem (34%). Next were joint problem, cough and blood pressure being 19.5%, 14% and 12.9% respectively. Among others 7.6% had gastric problem, 4.8% had diabetes, 4.5% had heart ailments and 4.8% had hearing problems. There was difference

Between sexes. Blood pressure, vision and joint problems were more in females while chronic cough, piles, heart ailments and urinary problems were more in males.

A study conducted by Deenadayalan on "Health Care Seeking Behaviour of Elderly in TamilNadu(South India): Implications for Health Policy" revealed that morbidity prevalence among aged persons was about 29%. About 85% reported single aliment. Major ailments in urban region 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, $p<0.05$). Elderly females had better health care seeking behavior (OR: 1.81, $p<0.05$) than men. Only those 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.

Another study conducted on "HEALTH STATUS AND HEALTH SEEKING BEHAVIOUR OF THE ELDERLY PERSONS IN DAGORETTI DIVISION, NAIROBI,Kenya" by L. M. WAWERU, E. W. KABIRU, J. N. MBITHI and E. S. SOME. Four hundred people including 69%women and 31% males were interviewed. The majority 376(92.5%) of the respondents had been sick within the last three months, preceding the study with 111(27.8%) being sick all the time. The prevalent diseases included musculoskeletal (80%), respiratory (68%), sight (44%) and dental conditions(40%). Three hundred and sixteen (79%) of the respondents were functionally independent in activities of daily living. One hundred and sixty one (40.3%) were satisfied with their current way of life while (63%) perceived themselves as healthy, 24.8% of the respondents lived alone.

6. Problem statement

The elderly population of Gujarat has increased from 1990 to 2012 in last decade leading to similar health problem seen elsewhere. Are the health seeking behaviour is same or different from other places?

7. Research question

What are the health seeking behaviour of elderly population in Gir-Somnathdistrict of Gujarat?

8. 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 Gir-Somnathdistrict

9. Methodology

Study type: Cross sectional descriptive study

Study duration: February to April, 2016

Study location: Gir-Somnathdistrict 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 Gir-somnath district from 6 taluka/blocks out of 25 PHC covered 15 PHC based on accessibility. Then purposively visit house nearer to these PHC.

Inclusion criteria: people age group 60 or more than 60 taken as a respondent from each house.

Exclusion criteria: if any family having more than one member aged 60 or more just simply taking one from each house/family(anyone).

Data collection tools: Structured Questionnaires for elderly population.

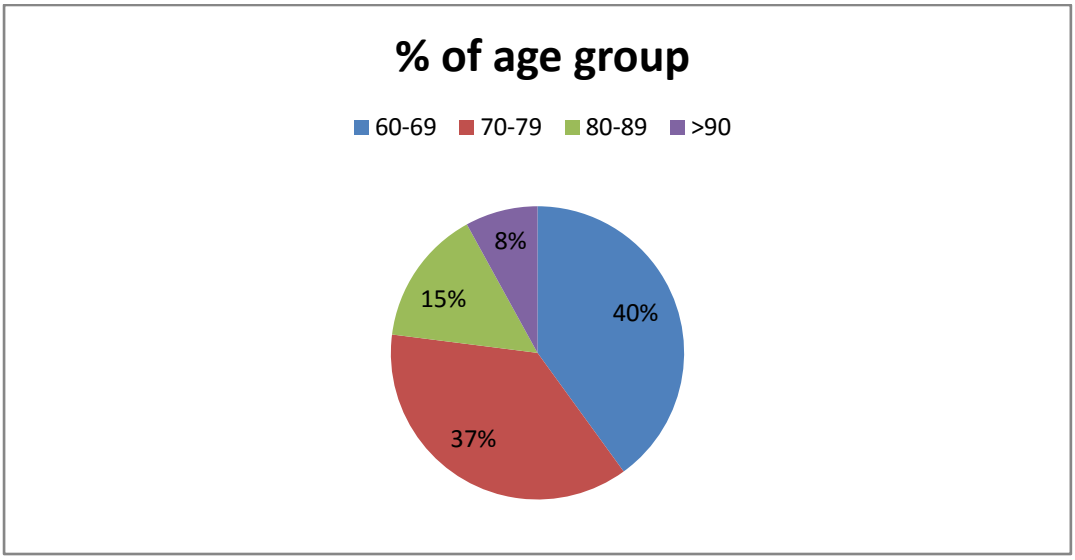
Data analysis: MS Excel

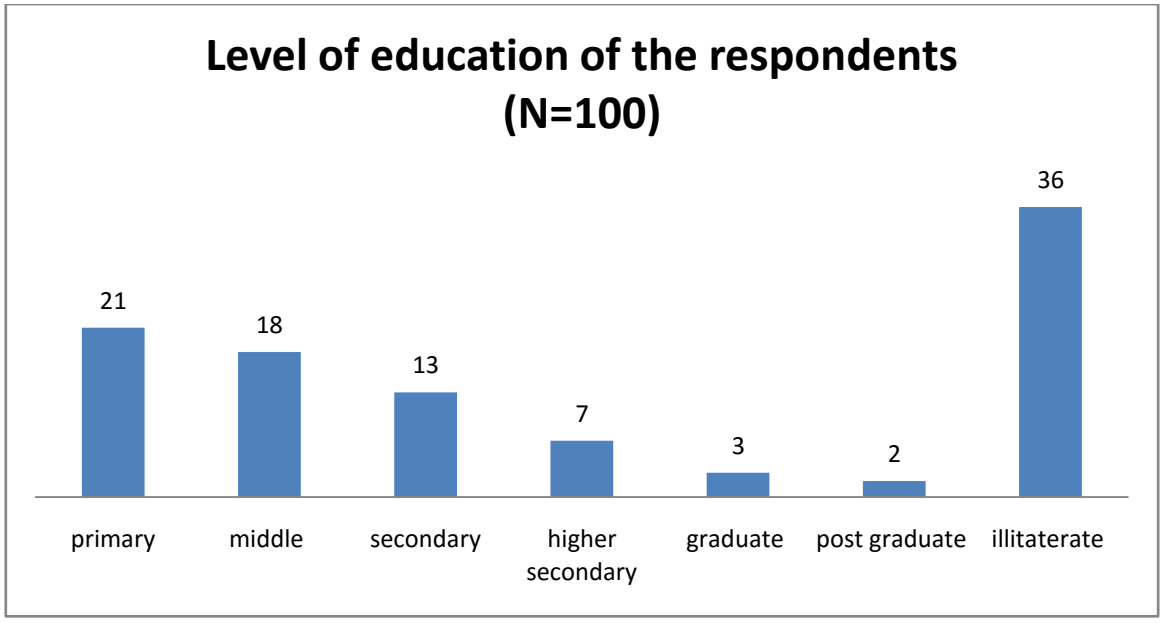
10.Results

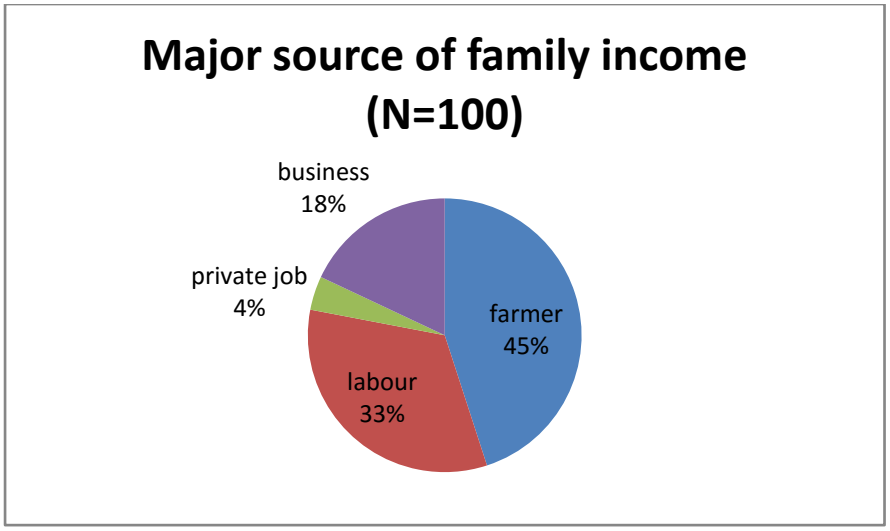
Characteristics of the study population: there were 100 respondents out of that 58%males, females were 42% (Table 1). 40% of the population lying between the age group 60 - 69 years ,37 % from age group 70-79 and only 8% from more Than age group 90.The educational status of the study group, majority of people is illiterate (36%). 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. Most of the aged people doing some work in house (64%).

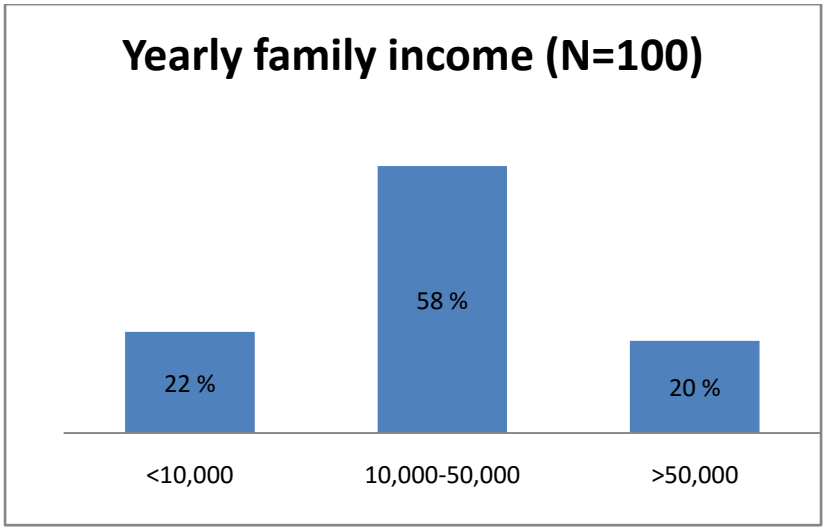
Table-1

Slno	Sex of the respondent	%
1	Male	58
2	Female	42




Level of education of the respondents (N=100)
21
18
13
7
3
2
36
primary
middle
secondary
higher secondary
graduate
post graduate
illitaterate


Major source of family income (N=100)
business 18%
private job 4%
farmer 45%
labour 33%



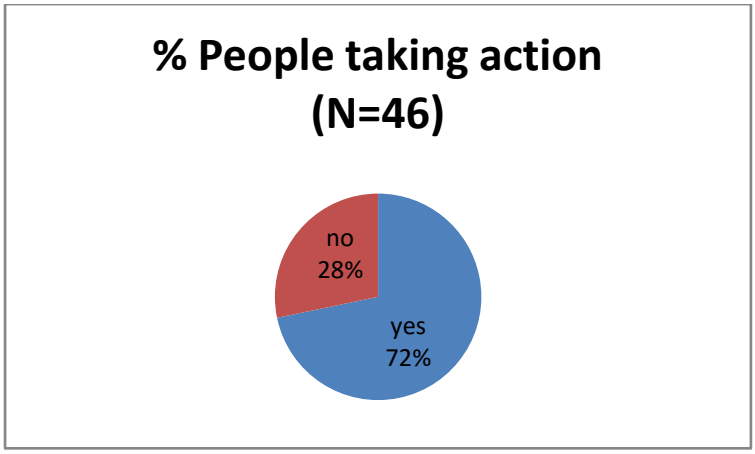
Health problems and health seeking behaviour: In my study population almost half of the people (46%) are fallen ill in last 6 months and out of these only 33 (72%) people are taking any action (Table-2).

Table-2

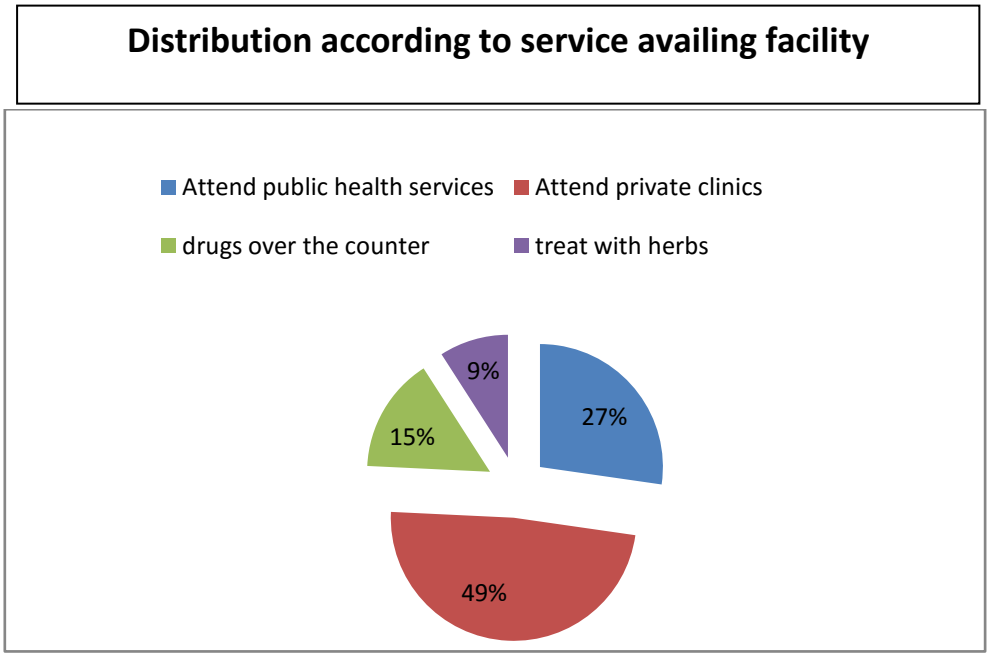
Physical status of elderly (N=100)

Sl no	Respondent status	%
1	Facing illness in last 6 months	46
2	Not facing any illness un last 6 months	54

Sl no	Action taken	Number of respondents	%
1	Taken any action	33	71.74
2	Not taking any action	13	28.26
3	Total	46	100



Those who are taking action almost half of the study population went to Private health clinics for treatment especially 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 veravaltaluka each and every village 2-3 non registered practitioner are available.

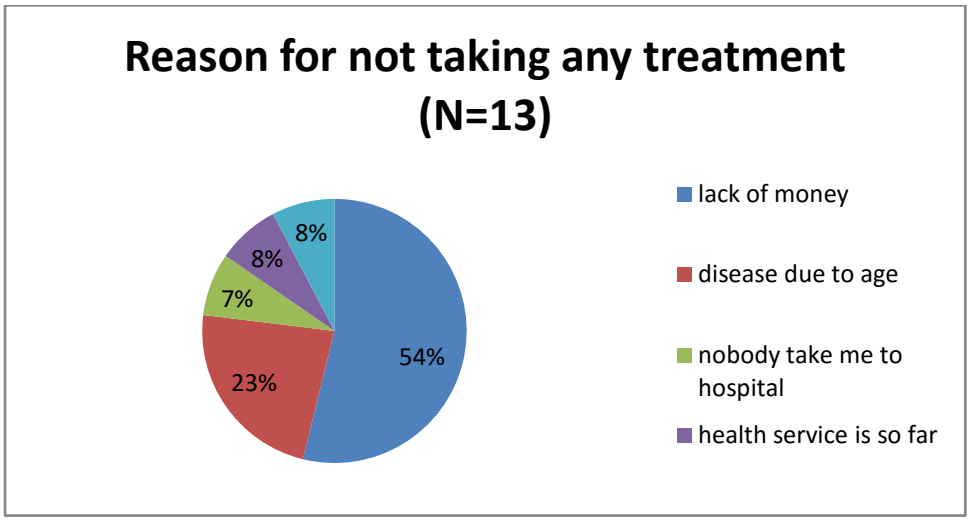


Here 13 people (28%) are not taking any action whenever facing any health related problem. The major cause is lack of money and also they are thinking it's because of due to age (table-3). Proper public health services for this age group are not available. FHW and MPHW are not regularly doing survey and counselling for treatment.

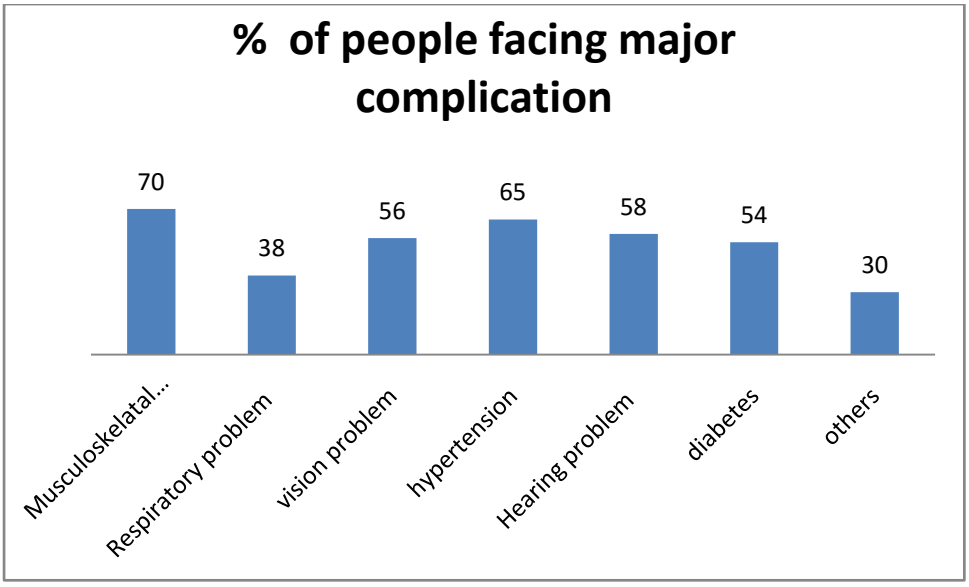
Table -3

N=13

Sl no	Reason for not taking any action	%	No of respondents
1	lack of money	53.85	7
2	disease due to age	23.08	3
3	nobody take me to hospital	7.69	1
4	health service is so far	7.69	1
5	others	7.69	1
6	total	100	13



Briefly I have identified major physical complication of elderly for my study. Out of the total study population (N=100) 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, oralcancer, urinary, mental disorderetc is 30%. Because of water problem most of them are suffering in knee pain, arthritis, and spondylitis.



(Musculosketal 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 this33 people (57%) visited health clinics once in a three months or more (table-4).

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-5)

Table-4

Respondents went for any kind of health check-up (BP, Sugar) N=100

1	Went for any health check up	58%
2	Not went for any health check-up	42%

Sl no	Health check-updone	Number of people	%
1	once in a month	10	17.24
2	once in a two month	15	25.86
3	once in a three months or more	33	56.90
4	Total	58	100

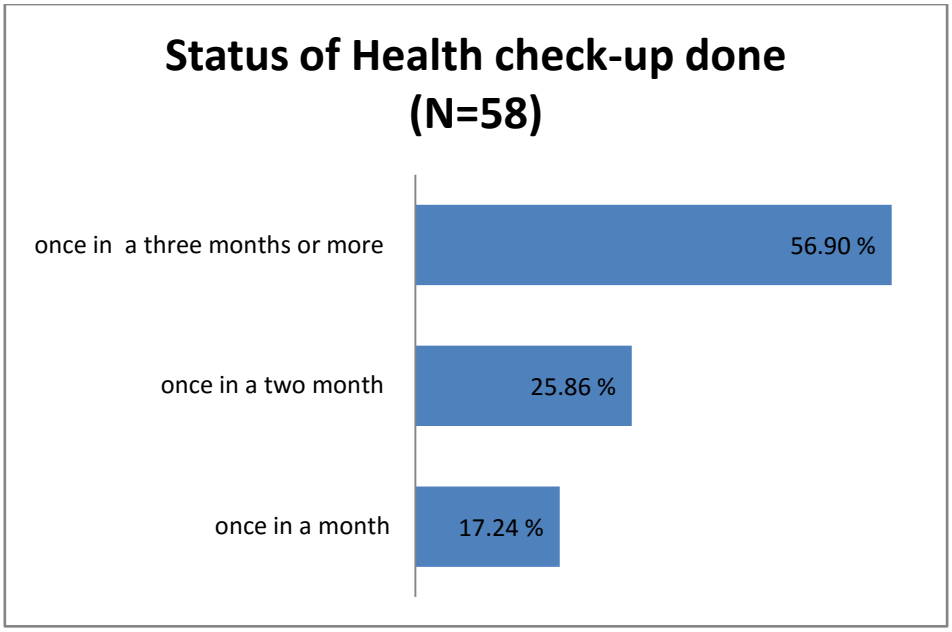


Table-5

(N=100)

1	Regularly taking any medicine	40%
2	Not regularly taking medicine	60%

In last 6 months only 100 people (28 %) of this age group are admitted in hospital (Table-6). Out of this population 79% says all the facilities like medicine and lab test are properly done (Table-7). 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-8).

Table-6

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

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

Table-7

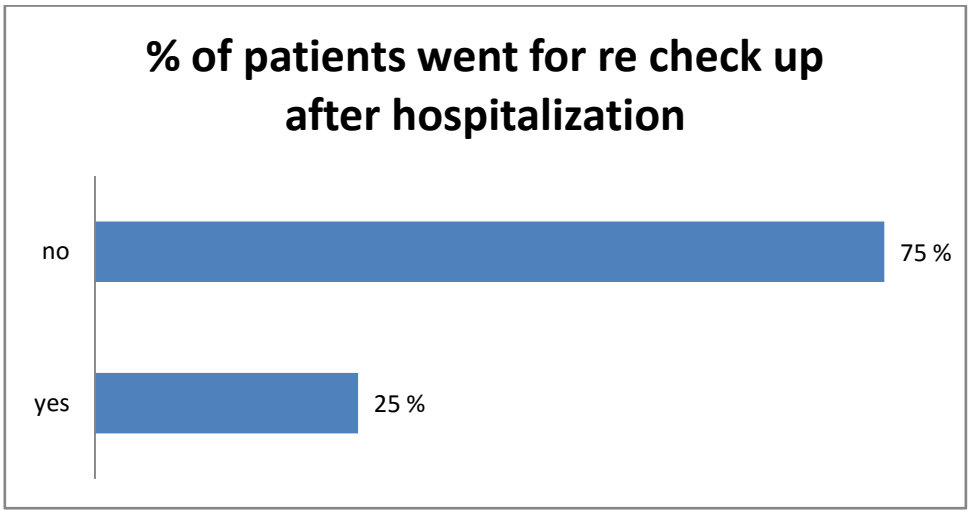
Medicine and lab test done in Hospital (N-28)

Sl no	Medicine and lab test are properly available in hospital	%	No of respondents
1	yes	78.57	22
2	no	21.43	6

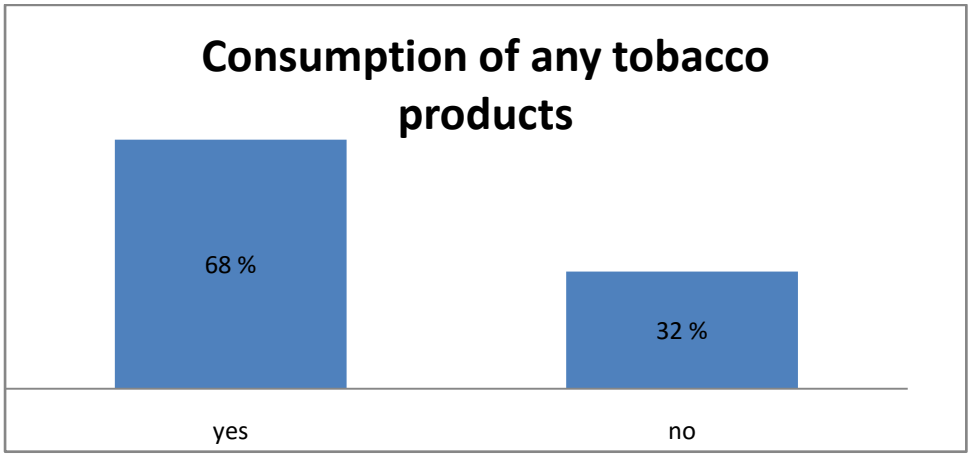
Table-8

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

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



In Gir-somnath district people are mostly taking tobacco products. Out of the total study population 68% are taking tobacco mostly supari(maoa) and bidi. In some of the area of verval and unataluka people taking alcohol rigorously.



11. Discussion

Dr SatyajitChakroborty found in his study in west Bengal that rural governmental facilities and unqualified practitioners were the frequent health care provider. Majority of people suffered in vision problem (34%), joint problem (19.5%), cough(14%) ,blood pressure(13%). In my study findings in Gujarat (district- Gir-somnath) half of the study population mostly went to public health facilities (48%) for a first contact. The major burden of disease of this particular age group (N=100) musculoskeletal problem (70%), Hypertension (65%), hearing problem (58%), vision problem (56%), respiratory problem (38%) and others (30%). So both the study result are quite similar.

In another study "health care seeking behaviour of elderly in Tamilnadu (south India): Implications for health policy" revealed that in rural area most common disease prevalence was joints and bones (18.16%), diabetes mellitus (10.67 %), hypertension (9.98%). My study outcome was almost similar like the major disease bones and joint pain followed by hypertension. In this study he mentioned that overall 79 % of the aged persons sought care for their aliments. In my study out of total 46 people who are fallen ill in last 6 months 33 respondents (72%) are taken any action.

Another study was conducted on Kenya by L.M.WAWERU, E.W.KABIRU, J.N.MBITHI AND E.S.SOME they mostly focused only the major problem like respiratory, muscular pain, vision problem etc but they doesn't highlight what are the key factors for taking action. Are they went regularly for any check-up or not? In my study subjects I mostly looking after what are their disease pattern and how they are taking action like taking any medicine or any treatment properly.

12. 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 veraval, una people are major source of income is fisheries but in talalasutrapada, kodinar 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 are 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 area.

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. So 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.

13. Limitation of the study

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

14.Recommendation

1. People mostly went for public health services so more concentrate to quality of services in government health facility.
2. 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
3. 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
4. Most of the people facing musculoskeletal problem so regularise the supply of calcium tablet by ASHA and FHW.
5. Weekly screening camp (BP, Sugar,eyescreening, hearing test) is established in every village by weekly basis with PHC medical officer/staff nurse.
6. Planning for proper IEC and BCC activity focusing on health problems of elderly especially on tobacco addiction and NPHCE services.

15. 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:	

Introduction and informed consent

Hi/Namaste. My name is Prabal Mukherjee. I am doing job in NHM Gujrat in Girsomnath district as a DPC. I am conducting a survey regarding geriatric health seeking behaviour to complete my dissertation. I would like to know the level of knowledge, attitude and practices of health seeking behaviour of your old people in your family. To undertake and complete the survey, I require your cooperation and support. Your house has been chosen for the survey. I will ask you few question about you. It would take 20 – 30 mints to complete the interview.

I assure you that your responses would be held confidential and will not be shared with anyone except for data analysis.

You can take part in the survey as per your own will. If you don't want to answer any question, you can tell me so that I can skip to the next questions. If you wish to then you can stop discussion at any moment of time.

May I begin the interview now?

Respondent agrees to interviewed -1 **respondent doesn't agreed to be interviewed-end**

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	One-1 Two-2	

	informants)	**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**	**1)attend public health**	**Option 1 go**

	doing	**services-1** **2)private practioners-2** **3)drugs over the counter-3** **4)treat with herbs-4**	**<u>to B4</u>** **<u>Option 2 go to B5</u>**
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	**Where r you go**	**Govt-1** **private-2**	
B9	**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**	
B10	**Where r u go for check up**	**Govt- 1** **private-2**	
B11	**Have u taking any medicine for regular basis.**	**Yes-1** **No-0**	
B12	**What type of physical complication you faced**	**1)musculoskeletal prob- 1** **2)respiratory problem-2** **3)vision problem-3** **4) hearing problem-4** **5) hypertension -5** **6) diabetes -6** **7) other-7**	
B13	**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</u>**

			B15
B14	**All medicine and lab test are properly available**	**Yes-1 No-0**	
B15	**Do you went for any follow up visit**	**Yes-1 No-0**	
B16	**If not what is the reason**		
B17	**Are u taking any tobacco products**	**Yes-1 No-0**	

16. References:

1. http://dspace.sctimst.ac.in/jspui/bitstream/123456789/2075/1/MPH_2004_04.pdf

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