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

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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 2009 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 Gir-Somnath district of Gujarat?

Objectives

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

Specific objective:

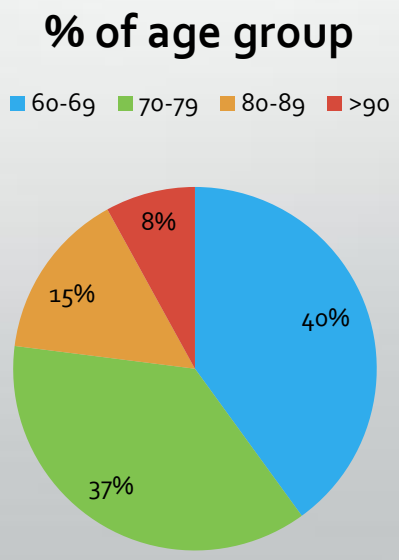
- To access the health related problem faced by the elderly population in Gir-Somnath district.

Methodology

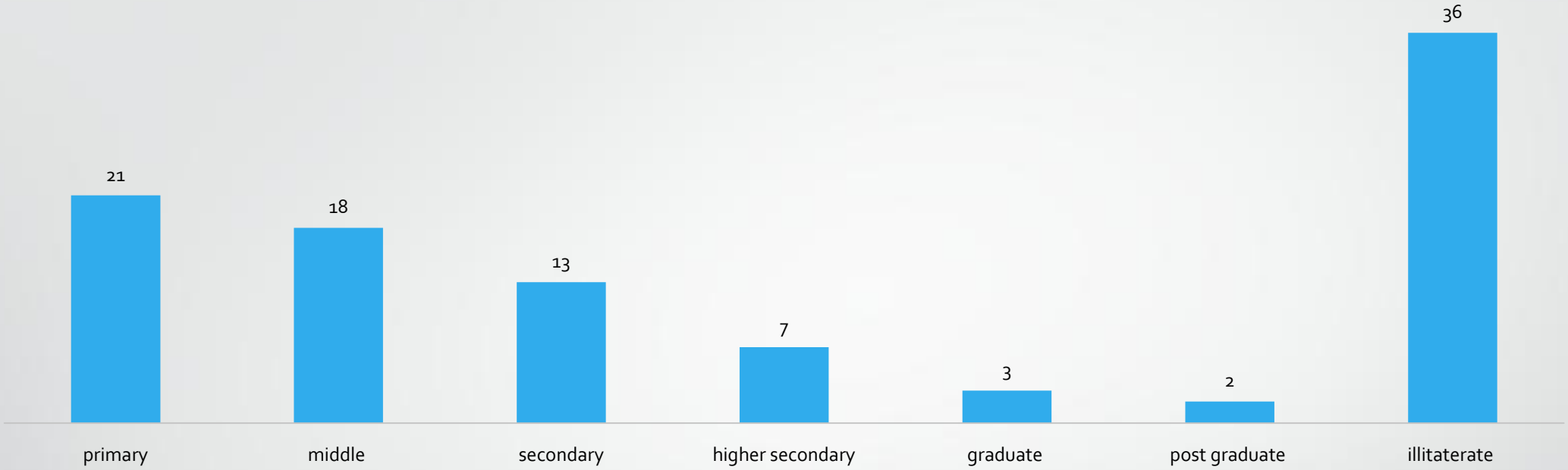
- **Study type**: Cross sectional descriptive study
- **Study duration**: February to April, 2016.
- **Study location**: Gir-Somnath district of Gujarat
- **Study population**: men and women aged 60 years living in this area.
- **Sampling process**: Non randomised sampling process (Purposive sampling)
- **Sample selection process**: In Gir-somnath district from 6 taluka/blocks out of 25 PHC covered 15 PHC based on accessibility then visited house of this area.
- 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

Results

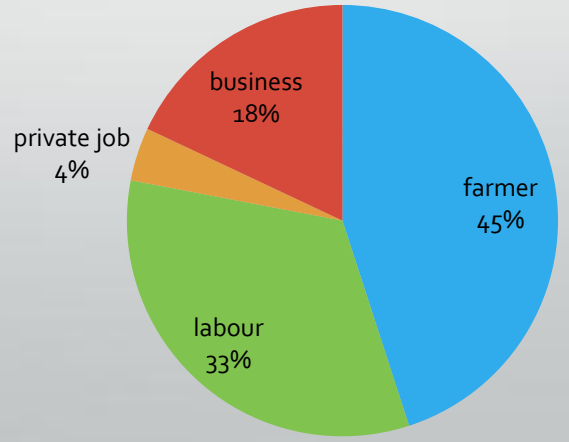
Sl no	Sex of the respondent	%
1	Male	58
2	Female	42



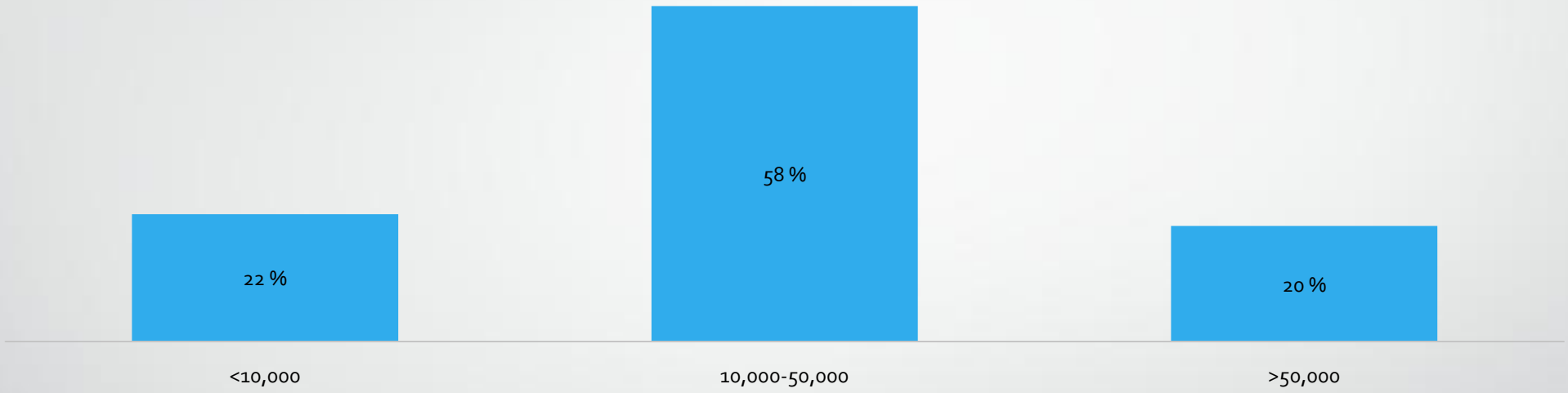
Level of education of the respondents (N=100)



Major source of family income (N=100)



Yearly family income (N=100)

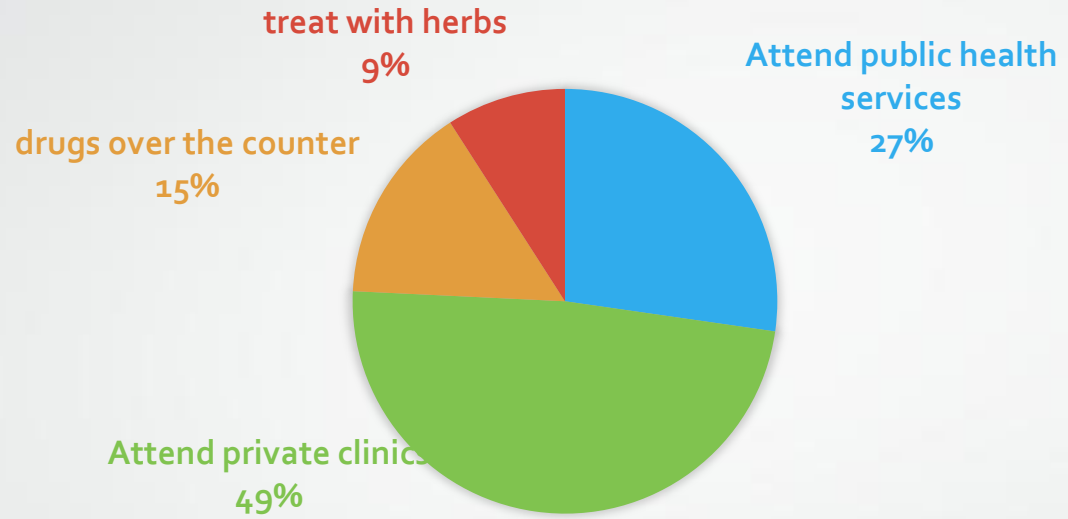


Physical status of elderly (N=100)

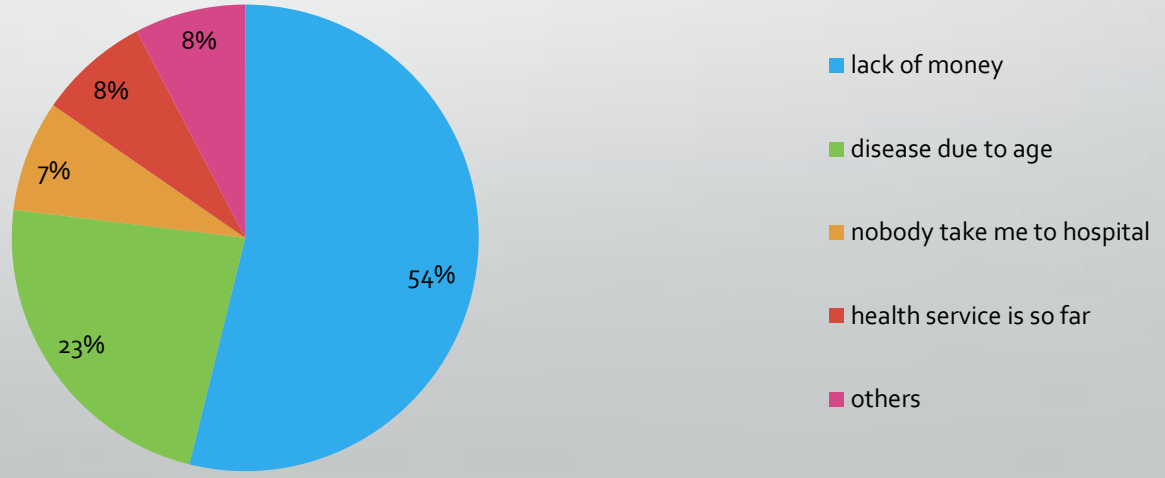
Sl no	Respondent status	%
1	Facing illness in last 6 months	46
2	Not facing any illness un last 6 months	54

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

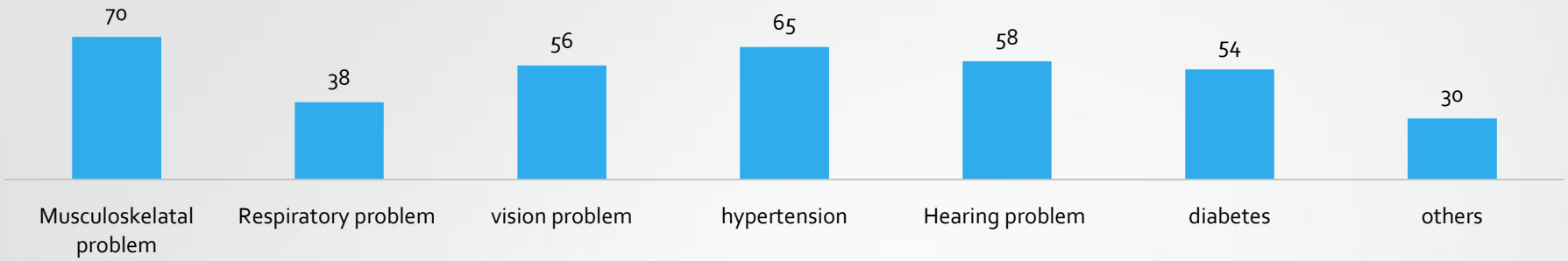
DISTRIBUTION ACCORDING TO SERVICE AVAILING FACILITY N=33



Reason for not taking any treatment (N=13)



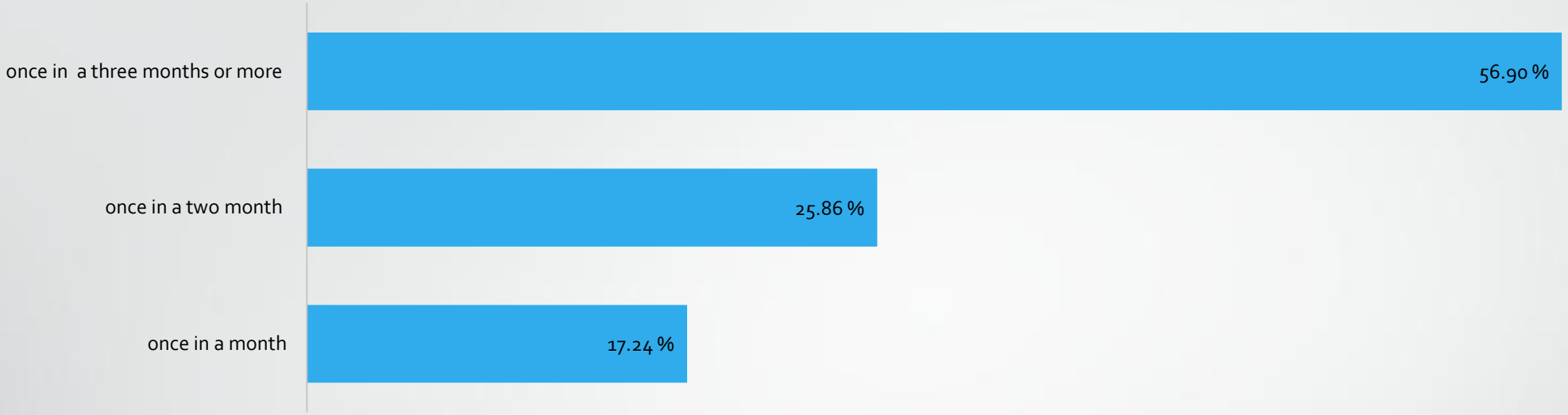
% of people facing major complication N=100



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%

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%

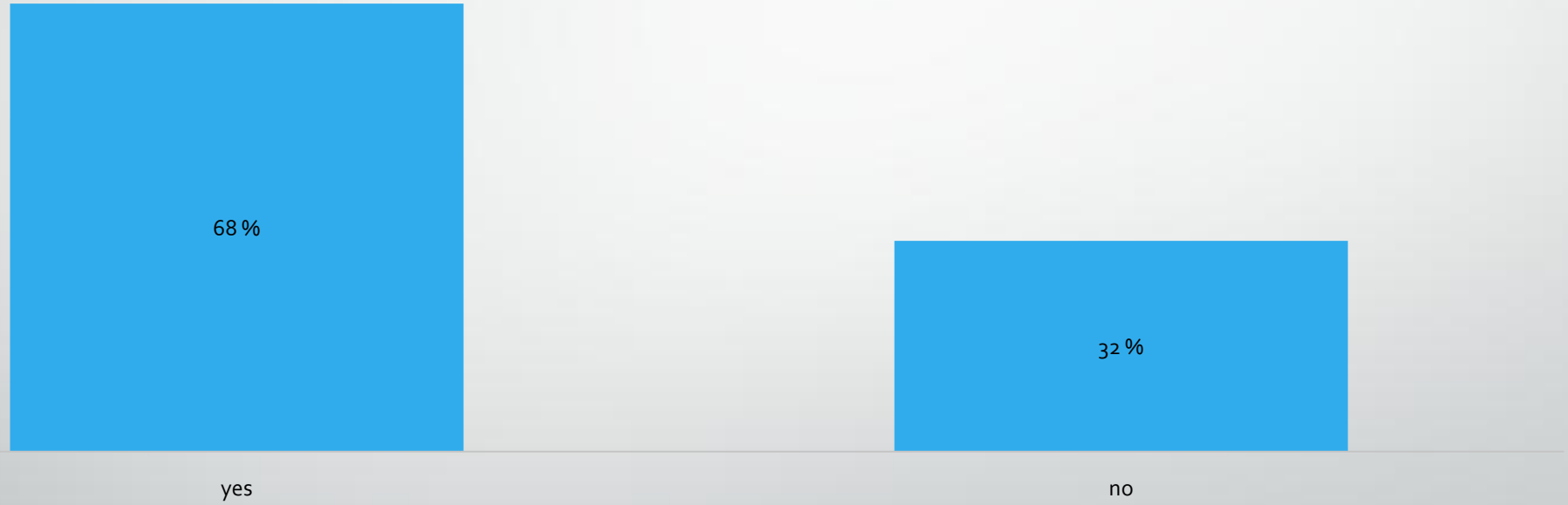
Medicine and lab test done in Hospital (N-28)

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

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

Consumption of any tobacco products (N=100)



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.

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 especially on tobacco addiction and NPHCE services.


Thank you!