

# Health Care Behaviors and Barriers of Health Care Behaviors among Elderly Population in a Selected Urban Community of Uttar Pradesh

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**Abstract:** Background: The Population is ageing in India. Health care and different wants related to ageing are also rising. Therefore, understanding the health care behavior and the factors influencing the health - seeking behaviors of the elderly is extremely essential to deal with and strengthen geriatric health - care services as per the requirements and mitigate the prevailing lacunae. Materials and Methods: In this community - based cross - sectional study, a total of 500 elderly population aged 60 years and above were selected from an urban community of Uttar Pradesh by Stratified Proportionate sampling. Data was collected by interview technique. A questionnaire on Health Care Behaviors and a 3 point Likert scale on Barriers of Health Care Behavior were used to collect the data. Collected data was computed using descriptive and inferential statistics. Results: Majority 63.8% had satisfactory health care behaviours, followed by 32% with good and only 4.2% were found to have poor health care behaviours. The most common barriers expressed were don't want to be a burden (35%), dependent on family (28.2%), financially dependent on family (43%), long queue in hospitals (37.6%) and lack of time for oneself (21.8%). Certain socio - demographic variables like Age, Gender, Social class and Education was significantly associated with the health care behaviors at 0.05 level of significance. Conclusion: Primary health care services for the elderly needs to be strengthened. Community Nurse has a great role in imparting preventive geriatric health care services.

**Keywords:** Elderly Population, Health care behavior and Barriers of health care behaviour

## 1. Introduction

Ageing is irreversible and inevitable. The percentage of senior citizens in India's has been growing at an increasing rate in recent years and the trend is likely to continue. It is estimated that by 2050, in India there will be more elderly people above 60 years than those below 15 years.

Aging is a very complex process. Old age and ill - health are perceived to be inseparable entities. Healthy life style practices have a great influence on the aging process. Health - seeking behaviors of elderly population is influenced by various factors like socioeconomic conditions, age, social status of the person, gender, authority, monetary security, their own perception of health, understanding of sickness, sort of sickness, and access to health care services.

People's own health - seeking behavior greatly influence in healthy and active aging. Once the elderly population is aware of their health condition and seek timely medical assistance, the problems can be managed well with minimal complications. Therefore, an understanding of the health care behaviors of elderly population is extremely essential to manage and strengthen geriatric health - care services. This study was aimed to understand the health care behaviours and perceived barriers of health care behavior among the geriatric population.

## 2. Materials and Methods

A cross - sectional descriptive study was conducted among 500 elderly populations of 60 years and above in an urban community, Uttar Pradesh to assess the Health Care Behaviour and Barriers of Health Care Behaviors. Ethical approval was obtained from the Institution Ethical Committee and permission to conduct study was also taken from the administrative authorities of the community and

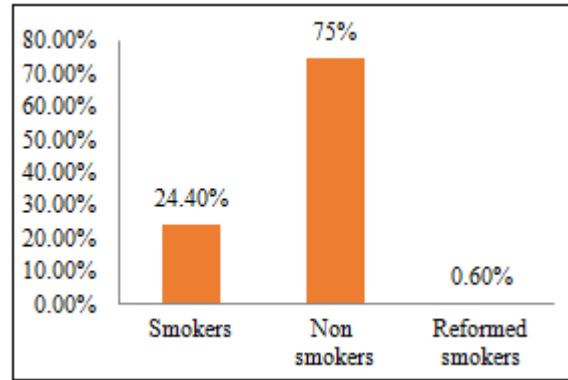
written consent was taken from all study participants. Stratified proportionate sampling technique was used to select the study subjects. Elderly population who were unable to respond due to physical or mental disability were excluded from the study. Data was collected by interview technique. BG prasad Socio - economic Scale was used as a part to assess the socio - demographic data and structured questionnaire regarding the health care behavior and a 3 point Likert scale was used to assess the barriers of health care behaviours. Descriptive and inferential statistics was used to discuss the findings.

## 3. Results

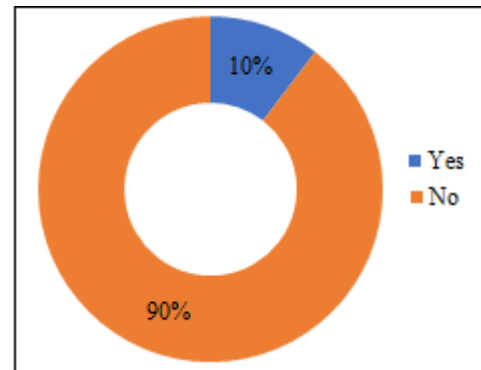
Majority (80.4%) of the subjects were in the age group of 60 - 74 (young old), 14.8% in the age group 75 - 84 (middle old) & 4.8% in the age group >85 (Old old). Majority (53.4%) of the subjects were females and 46.6% were males. Majority (39.6%) of the subjects were illiterate, 22.4% had primary education and remaining 40% had various levels of higher education. Majority (72%) were Hindu and 17.4 % Muslims. Majority (25.2%) belonged to social class II & social class V, 20% belonged to social class IV and remaining 15.2% and 14.4% belonged to class I and class III respectively. Majority (64%) of the subjects accessed public health care facility, 30.6% accessed private facility, 3.6 % and 1.8% of subjects accessed AYUSH and mission hospital respectively. (Table 1)

**Table 1: Socio - Demographic data, n=500**

S No	Characteristics	Frequency	%
<b>1. Age (Years)</b>			
1.1	60 - 74 (Young old)	402	80.4
1.2	75 - 84 (Middle old)	74	14.8
1.3	>85 (Old old)	24	4.8
<b>2. Gender</b>			
2.1	Male	233	46.6
2.2	Female	267	53.4
<b>3. Educational qualification</b>			
3.1	Illiterate	198	39.6
3.2	Primary	112	22.4
3.3	Secondary	55	11.0
3.4	Hr Secondary	82	16.4
3.5	Graduate	46	9.2
3.6	Post - Graduate	7	1.4
<b>4. Religion</b>			
4.1	Hindu	360	72.0
4.2	Christian	2	0.4
4.3	Muslim	87	17.4
4.4	Others (Sikh)	51	10.2
<b>5. Socio Economic Status</b>			
5.1	Social class I	76	15.2
5.2	Social class II	126	25.2
5.3	Social class III	72	14.4
5.4	Social class IV	100	20.0
5.5	Social class V	126	25.2
<b>6. Health Care Facility accessed</b>			
6.1	Private	153	30.6
6.2	Public	320	64.0
6.3	Mission Hospitals	9	1.8
6.4	AYUSH	18	3.6

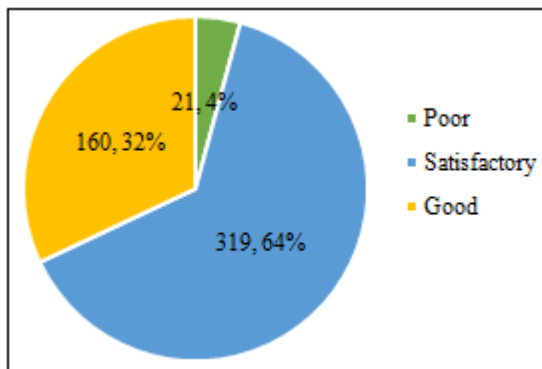


**Figure 2: Smoking Behaviour**



**Figure 3: Alcohol Habits**

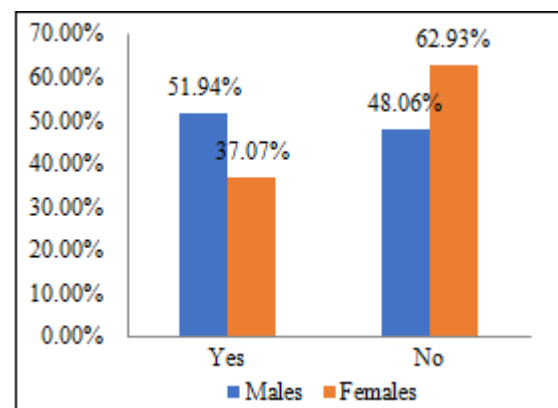
Majority (63.8%) of the study subjects were found to have satisfactory health care behaviour, followed by 32% with good health care behavior and only 4.2% were found to have poor health care behavior (Fig 1). The study revealed that the socio - demographic variables like Age, Gender, Social class and education was significantly associated with the health care behaviors at 0.05 level of significance. (Fig 1)



**Figure 1: Health care Behaviour**

Majority (75%) of the study subjects were non - smoker, 24.4% were smokers and 0.6% were reformed smokers (Fig 2). Majority (90%) did not consume alcohol and only 10% were consuming alcohol (Fig 3).

Majority (62.93%) of females did not have exercise habits and only 37.07% did exercises, but majority 51.94% of males performed exercises and 48.06 % did not have exercise habits (Fig 4). Majority of the study subjects 70.39% of males & 69.67% of females did not follow diet modification and only 29.61% of males & 30.33% of females followed diet modification as advised for their illness (Fig 5). Majority of the study subjects, 64.04% of females & 62.66% of males were not on any regular medications while 37.34% of males & 35.96% of females were on regular medications. Among those who were on medications, majority of the study subjects, 87.3% of males & 84.37% of females were compliant to drugs, while 15.63% of females & 12.7% of males were not compliant to drugs.



**Figure 4: Exercise habits**

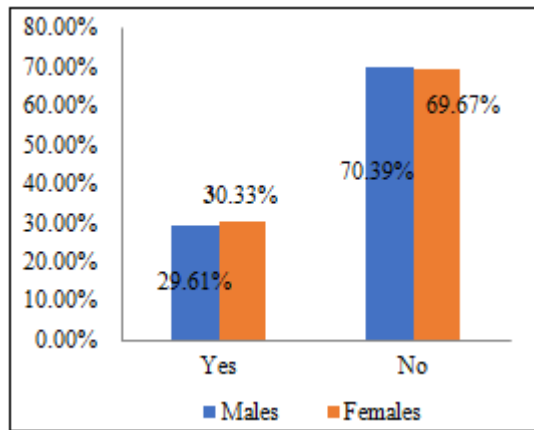


Figure 5: Diet Modification

The barriers of health care behavior in elderly population were assessed under various subheads like individual factors, financial and support system, services of near - by hospitals and miscellaneous factors. The most common barriers related to individual factors expressed were *'don't want to be a burden'* (34.8%), *'dependent on family'* (28.2%), *'don't like visiting a hospital'* (25%), etc. The most common barriers related to financial and other support system expressed were *'not financially dependent on self'* (43%), *'dependent on family for all decisions'* (41.4%) and *'can afford only govt health care facilities'* (40.8%). Most common barrier related to services provided in the nearby hospitals expressed was *'long queue in hospitals'* (37.6%). Under the miscellaneous factors, barrier expressed were *'lack of time for own self'* (21.8%), *'concerned about own health information confidentiality'* (16.4%), *'extreme weather prevents to follow healthy practices'* (15.8%) etc.

#### 4. Discussion

The health problems of elderly are often chronic and disabling requiring multiple drug, life style modification, healthy habits and long term treatment. Understanding the health care behavior of elderly and barriers of it is essential for strengthening geriatric health care services. A study on health care behaviour was conducted in an urban community of Uttar Pradesh, the findings of this study showed that majority (63.8%) of the subjects had satisfactory health care behaviors and 32% had good health care behaviours. Study also revealed majority (64%) of the subjects accessed public health care facility, 30.6% accessed private facility and only 3.6 % of subjects accessed AYUSH.

The present study showed majority (75%) of the study subjects were non - smokers, 24.4% smokers and 0.6% were reformed smokers. Alcohol addiction was observed in 10 % of the study subjects. 35.8% of the subjects were regular in their health check - ups 42% of the subjects preferred going to local practitioner when they fell sick and 29.2% of the study subjects preferred Govt services. 44% of the subjects had the habit of exercise, out of which majority (92.27%) preferred walking as the form of exercise. Only (30%) of the subjects followed dietary modifications in their life style as per the health condition. 36.6% were on regular medications, out of which, 85.8% had good compliance to drugs. The findings are comparable to a study by Sharvanan et al (2014) on pattern of tobacco and alcohol use among elderly

population in rural area of Andhra Pradesh which also showed that 79.5% of the study participants were never smokers, 16.7% were current smokers and only 3.7% were past smokers. Only a small proportion (12.8%) were current alcohol consumers (30). A study by Nabarun Karmakar et al on morbidity pattern of elderly population residing in a rural area of Tripura, found that 31.2% used smoking as the commonest form of addiction and 12.7% were addicted to alcohol, which is also comparable with findings of this study. This reduction in the percentage of alcohol and smoking habits could be due to the influence of health information, communication media and information technology.

A study on lifestyle and morbidity profile of geriatric population in Lucknow by Mrinal Ranjan Srivastava et al revealed smoking as major (63%) addiction which was however in contrast to this study finding. This contrast of findings is believed to be due to the seasonal variations when the study was conducted. Attribution of ill health to ageing, low economic status, high cost medical consultation 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. Conclusion

Majority of the subjects found to be practicing satisfactory health care behavior. The most common barrier under the individual factors identified was *not wanting to be burden on anyone* (34.8%) and *dependency on family members* (28.2%). Barriers under Financial and support system revealed, majority of the elderly population are *financially dependent on the family* (43%). About 40.8% of the elderly could *only affording government health care facilities* as a barrier to health care behavior. The barriers reported in availing services of the nearby hospital include *long queue in the hospitals* (37.6%) and *contacting doctor of choice* (19.6%). The other barriers identified are *no time for self* (21.8%).

Strong efforts need to be taken to consider the elderly population's problems and provide specialized care to this group based on the identified barriers so that they remain active and healthy.

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