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MORBIDITY AND HEALTH CARE SEEKING BEHAVIOUR OF AGED POPULATION IN RURAL AREAS OF TAMIL NADU

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Abstract
Population aging is a global phenomenon. In India, the size of the elderly population is growing fast. Many older adults have multiple medical conditions. Understanding elderly health problems and health-seeking behavior is prerequisite for proving comprehensive geriatric care to them. Geriatric age group is increasing and the world will see a more number of older persons than children in the near future due to a greater life expectancy at birth. With increasing population comes increasing challenges particularly health, which tends to deteriorate as people age. One of the important determinants of health status of a population is the health seeking behaviour. The primary objective of this study was to investigate self-reported morbidity, health literacy, and healthcare preferences, utilization, and experiences in order to identify priority areas for government health policies and programs. The study was undertaken to assess the common morbidities and Health seeking behaviour among the geriatric population in the selected village people under Kurinjipadi Taluk of Cuddalore district, Tamil Nadu.

Key Words: Common Morbidities, Geriatric Population, Health Seeking Behaviour, Health Care Delivery System.

Introduction

In India improvements have been made toward developing a high-quality, universally accessible healthcare system. However, some rural residents continue to confront significant barriers to obtaining healthcare. Globally the elderly population is growing at a rate of 2.6 per cent per year, considerably higher than the general population which is increasing 1.1 per cent annually. In India, the elderly population account for 7.5 per cent of the total population. Eventually this population will be experiencing the old age problems. Unfortunately in India old age population is facing these problems blindly though many advances have taken place in the medical field to add life to years. Thus understanding the geriatric problems and providing the appropriate health care services to this increasing population is a matter of serious concern of today.

Rapid urbanization and societal modernization has brought in its wake a breakdown in family values and the framework of family support, social isolation and elderly abuse leading to a host of psychological problems. Thorough understanding of the morbidity pattern, creating the awareness and providing the needed health service is crucial. In India Attempts regarding these issues are very scanty and insufficient enough to address the issues. With this background our study was carried out to know the morbidity, psycho-social profile and health seeking behaviour of the elderly population in rural areas of Kurinjipadi Taluk, Cuddalore district in Tamil Nadu.

Morbidity

Demographic transition has been accompanied by changes in society and economy. Instead of strong family ties in India, the position of a large no. of old persons has become vulnerable due to which they cannot take for granted that their children will be able to look after them. The contribution of elderly populations to demographic figures is increasing day by day. Increasing problems of health care, psycho-social, personal and socio-economic factors associated with the elderly further overwhelms this. Old age is not a disease in itself, but the elderly are vulnerable to long term diseases of insidious onset such as cardiovascular illness, CVA, cancers, diabetes, musculoskeletal and mental illnesses. They have multiple symptoms due to decline in the functioning of various body functions.

The National Sample Survey Organisation (NSSO) was set up in 1950 as a permanent survey organisation to collect data on various facets of the Indian economy through nation-wide sample surveys in order to assist in socio-economic planning and policy-making. The National Sample Survey made its first attempt to collect information on morbidity in the seventh round (Oct. 1953 - March 1954). This survey and the morbidity surveys conducted in the three subsequent rounds (the eleventh to the thirteenth, 1956-58) were all exploratory in nature. The aim of these surveys was to evolve an appropriate data collection method for studying morbidity profile in India. These surveys were followed up by a pilot survey in the seventeenth round (Sept. 1961 - July 1962) to examine alternative approaches of morbidity reporting. With the aid of the findings of these exploratory surveys, a full-scale survey on morbidity was conducted in the twenty-eighth round (Oct. 1973 - June 1974). Since then, the NSSO had not undertaken any separate morbidity survey and data on morbidity became a part of the decennial surveys on social consumption. The NSSO carried out the first all-India Survey on Social Consumption in its 35th round (July 1980 - June 1981). The items covered were the public distribution system, health services including mass immunisation and family welfare programmes, and educational services. The results of the survey could not be brought out

owing to some unavoidable reasons. The second survey on Social Consumption was carried out in the 42nd round (July 1986 - June 1987) with some modifications in the coverage of subjects. Topics like Problems of Aged Persons were included in this round. The third Survey on Social Consumption was carried out in the 52nd round (July 1995 - June 1996). Two topics, viz. utilisation of the public distribution system and utilisation of family planning services, were dropped, as these were covered in the NSSO 50th round and in a nationwide survey by the Ministry of Health and Family Welfare, respectively. After a gap of about nine years, the Governing Council decided to take up a survey on 'Morbidity and Health care' at the request of Ministry of Health and Family Welfare, during the period January to June, 2004. The enquiry covered the curative aspects of the general health care system in India and also the utilization of health care services provided by the public and private sector, together with the expenditure incurred by the households for availing these services. The Commission on Macroeconomics and Health states that "access to medical care continues to be problematic due to locational reasons, unreliable functioning of health facilities, etc., making it easier to seek treatment from local quacks"

Background of the Study

Ageing is a natural process, always associated with physiological and biological decline. Changes have been seen in the age structure of the population due to a steady rise in life expectancy and reduction in fertility. Global population is ageing; the proportion of older persons has been rising steadily, from 7% in 1950 to 11% in 2007, with an expected rise to reach 22 % in 2050. With improving knowledge and awareness the health care seeking behavior has shown an increasingly positive trend. With increasing age, morbidity, especially those arising from chronic diseases also increases. On the contrary, health care delivered at household level has definitely gone down due to financial constraints and increasing cost of living, thus posing a problem for the elderly.

Old age is associated with deterioration of health and increase in morbidity. More than half of the elderly suffer from one or more disease at any point of time. (Soldo, 1986) Their increasing number demand for comprehensive geriatric care at community level. To organize service we need to develop information base about different aspect of elderly population. Most important information that we need is their morbidity pattern in different areas of India, both in Rural and Urban areas. In this background the present study was undertaken with the following aims and objectives:

Aim and Objectives of the Study

To know the morbidity patterns and health care seeking behavior among elders in India, delineate the common health conditions affecting the elderly.

1. To assess the morbidity pattern of the elderly people in rural areas of Kurinjipadi Taluk, Cuddalore district in Tamil Nadu.
2. To know the psycho-social profile of the elderly people in rural areas of Kurinjipadi Taluk, Cuddalore district in Tamil Nadu.
3. To assess the health seeking behaviour of elderly population.

Material and Methods

This community based Cross sectional study was carried out at the field practice area of Government Hospital, located at Kurinjipadi of Cuddalore District in Tamil Nadu. The study population comprises of all geriatric population aged 60 years and above in the study area, who have resided in the study area for at least one year. A total of 350 elderly persons aged 60 years and above were included in the study using Multistage sampling design was adopted in the study for selection of each elderly individual in the study were subjected to personal interview and clinical examination. Complete general and systemic examination was carried out for all the study subjects, especially Vision, Hearing, Respiratory, Cardiovascular, Gastrointestinal, Genitourinary and Central nervous system were examined and findings were recorded on proforma. Information regarding already diagnosed cases was included in the present study. Data entry and data analysis was done using SPSS Version 17. Percentage and Chi-square test was applied.

Result and Discussion

Table No 1: Socio-Demographic Profile

Variables	Categories	Male	Percentage	Female	Percentage	Total	Percentage
Religion	Hindu	57	16.29	168	48.00	225	64.29
	Muslim	18	5.14	64	18.29	82	23.43
	Christian	13	3.71	30	8.57	43	12.28
Occupation	Currently Not Working	72	20.57	210	60.00	282	80.57
	Currently Working	16	4.57	52	14.86	68	19.43
Type Of	Single	00	0.00	11	3.14	11	3.14

Family	Nuclear	28	8.00	86	24.57	114	32.57
	Joint	60	17.14	165	47.14	225	64.29
Marital Status	Married	53	15.14	184	52.57	237	67.72
	Widow/ Widower	06	1.71	04	1.14	10	2.85
	Separated/ Divorced	27	7.71	64	18.29	91	26.00
	Unmarried	2	0.57	10	2.86	12	3.43
Literacy Status	Illiterate	38	10.86	98	28.00	136	38.86
	Literate	50	14.28	164	46.86	214	61.14

Source: Computed from Primary data

In the present study, out of 350 elderly persons, 88 (25 %) were males and 262 (75 %) were females.81% of the elderly were currently not working and among them 35% were receiving old age pension. Majority (64%) of the elderly lived in joint families followed by nuclear families (33%). In our study 28% of females and 11 % of males were illiterate (Table 1).

Table No 2: Morbidity Pattern among Elderly Population

Morbidity	Male	Percentage	Female	Percentage	Total	Percentage
Musculoskeletal	20	5.71	75	21.43	95	27.14
Respiratory Problems	13	3.71	41	11.71	54	15.42
Hypertension	10	2.86	19	5.43	29	8.29
Cataract	9	2.57	22	6.29	31	8.86
Dental Problems	5	1.43	11	3.14	16	4.57
Ear Problems	6	1.72	16	4.57	22	6.29
Anemia	9	2.57	23	6.57	32	9.14
Diabetes	5	1.43	15	4.29	20	5.71
Neurological Problems	6	1.72	18	5.14	24	6.86
Skin Diseases	3	0.86	21	6.00	24	6.86
Genitourinary System Problems	5	1.43	20	5.71	25	5.71

Source: Computed from Primary data

Among study population, musculoskeletal problems were prevalent in 27% (male-6%, female 21%) of elderly followed by Respiratory Problems 15% (male-3.71%, female 11.71%), Cataract (8.86%) and hypertension (8.29%), Anemia (9.14%), ear problems (6.29%) and diabetes 5.71 % of elderly population (Table 2).

Health Seeking Behavior by Literacy Status

A significantly higher proportion of elderly Population who were literate sought health care as compared to illiterate ($p < 0.05$). Majority of the literate elderly (61.14%) sought allopathic medicine.

Discussion

With technological advances in health sciences, there has been an increase in the life expectancy of a person. Increase in age leads to degenerative and senile changes. The issue of social security and dependence also arise. Though we are able to increase the life span but we fail to provide a better quality of life to all those senior citizens who are in need of it. Though the condition is more or less similar in rural as well as urban areas, however in rural areas, people are either not aware or economically not sound enough to seek health care services. Over a period of time, the traditional systems of support are disappearing and social security is not so well established in rural areas.

Additionally, the accessibility of services especially in the rural areas is difficult. A total of 350 elderly persons aged 60 years and above were included in the study using multistage sampling design. Statistical Analysis was done using proportions, Chi-square test. Out of 350 elderly (> 60) 55.4% were 'young old', 42.2% 'old old'. 39% were literates. In the present study 70% of the elderly were found in the age group 60 to 69 years, maximum numbers of elderly (50%) were in the age group of 60-64 years. Majority of them were Hindus (64%) followed by Muslims (23%) and Christians (12%). The study highlighted 80% of the elderly were currently not working. In our study the most common morbidity among elderly was musculoskeletal

problems (27%). In our study, the prevalence of Respiratory problems among elderly was found to be 15% (males-3.71%, females-11.71 %). Cataract was problem among 8.86% of elderly population (males-2.57%, females-6.29%). Hypertension was found in 2.86% of males and 5.43 % of females.

In our study, the prevalence of diabetes was 5.71% .Majority of the elderly population said had company at home (61%), their advice was honored (62%), were involved with their family activities (67%) & outside the family (60%). Around 57% said they were not socially active outside home and 43% had an unfavorable attitude towards life. Among those who had unfavorable attitude towards life the reasons given were loneliness, poverty and illness. Educational status was found to be significantly associated ($p<0.05$) with health care seeking behavior. About (79%) male and female (85%) preferred Government health care delivery system. The commonest reason cited for not seeking any form health care was that the illness is inevitable, minor and will resolve by itself (51.7%). Suggest that these factors tend to make the elderly and particularly elderly women, vulnerable. Health seeking for chronic illness (92%) was higher than that for Acute Illnesses (72%). Allopathic medicine was preferred more (82%) for both acute and chronic illness.
Top reasons cited by the elderly for choosing a particular health care facility was

1. The doctor there was very good.
2. The treatment by the Hospital was very good.
3. The health care facility is close to the residence.

Limitation of the Study
Village people of Kurinjipadi Taluk of Cuddalore District were purposively selected for study. Therefore the results cannot be generalized to whole of rural areas of Tamil Nadu.

Relevance of the Study
This study shows that there is need to raise the awareness regarding health seeking behavior in geriatric population especially in females.

Recommendation
This study helps to explore the possibilities of identifying the advantages of the standard disease coding system in the primary care settings. The results enabled us to identify the main health problem which needs to be managed by the primary health care providers in the district of Cuddalore in Tamil Nadu. However, these results were mainly representative of morbidity pattern of the people who reported to the weekly screening camps conducted irrespective of the parallely existing health care providers in the area. Patients with acute and/or chronic or life threatening illnesses reported were conspicuously less.

Therefore, more well planned region wise morbidity profiling of population using 'family folders' maintained at the local health care facility is needed which will help to update and plan future strategies to combat the growing diseases burden in our country. Computerization is an important requirement for this program. This will also help to create a morbidity data base for the local administrative unit by combining the morbidity profile of various population groups in the region.

Health care check-ups should start at the pre geriatric level Annual medical checkups in Geriatric clinic for prevention, early detection, and treatment of disease and monitoring for those with Hypertension, Asthma etc. Furthermore, dedicated Geriatric services at Primary Health Centre level including services like provision of machinery, equipments, training, IEC etc. upto the sub centre level, Emphasis on counseling the family members to encourage elderly to seek health care as well as rehabilitation services. Home visits by trained Community health workers on routine basis and motivating the elderly and care givers to seek health care for their illness if any. Community members can be sensitized about the problems of the elderly so that a greater allegiance and involvement could be ensured.

Conclusion
The high morbidity load among elderly in the present study stresses for efforts to provide better health care to them and thus ensure that they remain active members of our society. Residence emerged out to be most significant determinant of health care seeking behavior. Policy makers must focus on rural elderly and their beliefs which prevent them from seeking healthcare. Studying the morbidity pattern in a defined geographical area should prove more useful to local health authorities and public health researchers about the exisitng disease burden in that area rather than the very broad patterns of country/state wide data. Knowing morbidity patterns at a small-area level will be useful for morbidity analysis and prevention program planning. To achieve the target of "Health for all in the 21st century" it is required to understand the patterns of morbidity by different strata, demographic, socioeconomic, and household environment characteristics in rural area which will inturn help the planners and policy makers while implimanting appropriate health programmes to reduce morbidity.

The National Health Programs are implemented in our country to reduce the morbidity and mortality due to specific diseases. Even though mortality rates have started coming down, the morbidity due to commonly occuring communicable diseases is very high with increasing burden of chronic / noncommunicable illness and emerging infectious diseases among the population. With this "triple burden of diseases", it seems the target of achieving "Better Health for all in the 21st century" is still a long way to go.

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