Original article

Socio-demographic characteristics and treatment seeking behaviour among elderly

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Abstract

Objectives: Population ageing is becoming a major concern both in the developed and developing countries.   The objective of this study is to determine the socio-demographic characteristics of the elderly population, to identify their health problems and to assess their health seeking behaviour.

Methodology: A community based cross sectional study of 1041 subjects over 59 years old from three slums in the urban field practice area of Dhaka city was carried out.

Results: The total sample of 1041 elderly persons, 624(59.9%) were male and 417 (40.1%) were female. Regarding educational status, 820(78.8%) were illiterate. 897(86.2%) were employed and majority 616(59.2%) of them lived in nuclear family. 94.3% respondents were reported one or more health problems. 56.7% were suffering from chest pain, followed by locomotors disorder (51.1%), visual impairment (48.7%), vertigo (45.5%), unhealthy gum and teeth (44.4%). Around 95% of the respondents were taking some kind of treatment, while 34.7% attended hospital. About 41.1% elderly were complying with their treatment regimen. Statistically significant association was found between socio-demographic characteristic of geriatric people and their health status.

Conclusions: Due to a rapid increase in the number of elderly population, there is an urgent need to develop affordable and accessible geriatric health care services. Therefore, health related programmes should focus to improve the overall wellbeing of the aging population.

Key words: Elderly, urban slum, treatment seeking, behaviour.

Introduction

Health status is an important factor that has a significant impact on the quality of life of an individual. Many health problems are known to increase with age. There is a growing body of evidence that older people are at risk for multiple and co morbid conditions.[1] Ageing being a natural process affects each one of us. Discoveries in medical science and improved social conditions during past few decades have increased the lifespan of man. The age structure of the population in the developed countries has so evolved that the number of elderly people is continually on the rise.[2] Based on data from Bangladesh, life expectancy at birth is expected to be 76.9 years for men and 85.1 years for women in 2015, calculated based on the scientific report of ICDDR,B. At present, life expectancy at 60 years is additional 17.6 years for men and 18.9 years for women.[3] In South Asia, the

percentage of the population living in urban areas is increasing and, as a part of this trend, Bangladesh is urbanizing at a rapid pace.[4] The number of elderly persons in Bangladesh was projected to double from 7.8 million in 2001 to 16.2 million by 2025.[5] The fact that more and more people are reaching their older adulthood has resulted in a change in the disease pattern such that chronic medical conditions have become prominent also in low-income populations. Chronic health conditions are now common in elderly persons and the prevalence of multiple chronic conditions is expected to increase.[6] Increased attention to health promotion and disease prevention are important for the appropriate care of the elderly. With the increasing life expectancy, a focus on preventive measures to decrease morbidity and improve quality of life in old age has also developed. Health behavior and lifestyle have become important areas of concern over the last 20 years. Social factors lay a significant impact on the health practices.[7] Since the elderly population is at a huge risk of major diseases and defects, members of health care units should handle their education carefully. Through such education, benefits are provided regarding protective and wellness development for many elderly people.[8] In this background the present study was undertaken to assess the socio demographic profile and the treatment seeking behaviour during illness of the elderly people living in the urban slums of Dhaka city.

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Methodology

This community based cross sectional study was done over 1041 geriatric peoples purposively selected from Moghbazar, Kamlapur, Bashaboo slums of Dhaka city during July to December, 2013 to assess their socioeconomic condition and identify their health problems. In the study the chronological age of 59 years (retirement age) has been considered as an old age for both male and female respondents. After obtaining a verbal consent, trained interviewers collected information by face to face interview using a pretested questionnaire having both structured and open ended questions. Analysis was carried out with the help of SPSS version-17 windows software program.

Results

Table: 1 Distribution of the geriatrics people by socio-demographic characteristics (n = 1041)

Variables	Frequency	Percent
Age group		
≤ 60 years	756	72.6
>60 years	255	27.4
Mean = 60.51; (SD = ± 6.937)		
Sex		
Male	624	59.9
Female	417	40.1
Educational qualification		
Illiterate	820	78.8
Literate	221	21.2
Occupation		
Unemployed	144	13.8
Employed	897	86.2
Monthly income		
Taka ≤2000	178	17.1
Taka 2001-4000	370	35.5
Taka 4001-6000	247	23.7
Taka 6001-8000	127	12.2
Taka >8000	119	11.4
Mean = 4747.02; (SD = ± 2796.368)		
Type of family		
Nuclear	616	59.2
Joint	425	40.8
Spouse		
Present	763	73.3
Died	232	22.3
Divorced	13	12.2
Separated	33	32.2

Majority (94.3%) respondents were having one or more health problems. 56.7% were suffering from chest pain, followed by locomotors disorder (51.1%), visual impairment (48.7%), vertigo (45.5%), unhealthy gum and teeth (44.4%) and the other disorders experienced by the respondents are listed in Table 2.

Table: 2 Distribution of the geriatrics people by health problems (n= 1041)

Health problems	Frequency	Percent
Yes	982	94.3
No	59	5.7
Distribution of problems*		
Skin disorder	548	41.9
Visual Impairment	953	48.7
Unhealthy gum & teeth	641	44.4
Hearing loss	480	30.0
Neurological problem (vertigo)	497	45.5
Locomotive disorder (Joints pain)	735	51.1
Chest pain	330	56.7
Respiratory disorders	397	31.4
Gastrointestinal	427	24.9
Uro-genital	355	43.9
Psychiatric problem	655	32.5

*Because of the multiplicity of health problems in subjects total percentage is more than hundred percent.

Around ninety five percent (94.3%) of the respondents were taking some kind of treatment. 34.7% of them were taking treatment from hospital. About 41.1% elderly were complying with their treatment regime. The most common reason for non compliance was the perception of the patient needlessness of medicine 26.1%, followed by non availability of medicine and high cost of treatment by 24.2% and 19% respondents respectively. (Details in Table 3)

Table: 3 Treatment seeking behaviour of geriatric people (n= 1041)

Taking any treatment	Frequency	Percent
Yes	982	94.3
No	59	5.7
Type of treatment n= 982		
Hospital	341	34.7
Clinic	31	3.2
Private physician	15	1.5
Ayurbada	24	2.4
Village quacks	33	3.4
Pharmacist	279	28.4
Health workers	64	6.5
Hospital & Pharmacist	195	19.9
Compliance with treatment		
Yes	404	41.1
No	578	58.9
Reasons for non compliance n=578		
Feels no need of medicine	151	26.1
Non availability of medicine	140	24.2
High cost treatment	110	19.0
Forgets to take medicine	89	15.4
No relief with medicine	36	6.2
Side effects of medicine	52	9.0

Statistically positive association was found between socio-demographic characteristic (age, sex, education, occupation, monthly family income) of geriatric people and their health status.

Table: 4 Association between socio-demographic of geriatrics people and their health status

group		Health Status				Total	χ2-Test	P-value
		Good		Not Good				
		No.	%	No.	%			
Age	≤ 60 years	152	20.1	604	79.9	756	13.166	0.000
	> 60 years	30	10.5	255	89.5	255		
Sex	Male	124	19.9	500	80.1	624	6.161	0.01
	Female	58	13.9	359	86.1	417		
Education	Illiterate	126	15.4	694	84.6	820	12.003	0.001
	Literate	56	25.3	165	74.7	221		
Occupation	Unemployed	3	2.1	141	97.9	144	29.374	0.000
	Rickshaw puller	31	22.1	109	77.9	140		
	Small business	133	18.7	490	81.3	603		
	House wife	35	22.7	119	77.3	154		
Monthly income	Taka ≤ 5000	83	13.2	548	86.8	631	20.816	0.000
	Taka >5000	99	24.1	311	75.9	410		

Logistic regression analysis showing the effect of independent variables on geriatrics people's current health status. The variables age of the respondents, sex, educational qualification, occupation, monthly family income and dependency had significant influence on the health status.

Table: 5 Logistic Regression independent variable on dependent variables health status (Good health & not good health)

Independent variables	B	S.E.	χ2-Test	Sig.	95% C.I.
Age of the geriatrics people	.683	.228	8.951	.003*	1.266-3.099
Sex	.483	.254	3.619	.050*	.986-2.664
Education	-.342	.205	2.784	.045*	.475-1.062
Occupation	-.328	.082	16.159	.000*	.614-.845
Monthly family income	-.622	.180	11.993	.001*	.378-.763
Type of house	.257	.200	1.653	.199	.874-1.914
Type of family	-.666	.176	14.234	.000*	.364-.726
Spouse	.122	.232	.276	.599	.717-1.780
Dependency	.612	.239	6.554	.010*	1.154-2.944
Constant	2.310	.652	12.538	.000	

Discussion

The present study was undertaken to identify the socio-demographic profile and treatment seeking behaviour among the elderly residing in the urban slums of Dhaka city. In this study age, income, education, employment status of the respondents correlate with the studies done by Ahmed S, et al[9], Ingle GK et al[10].

Regarding belongingness there is similarity with results from urban slum of Central India; where elderly subjects belonged to nuclear family 53.50% while 33.25% were belonged to joint family and 13.25% belonged to three generation family. The proportion of the nuclear family in present study was high because it was conducted in urban areas, where nuclear family culture is more prevalent[11].

Regarding marital status near about two third of the respondents had spouse. A community-based cross-sectional study[12] was carried out among 407 geriatrics people in an urban slum India, where 96.31% of the elders lived with their spouse and/or their children and 8.1% lived alone.Majority respondents were having one or more health problems. Chest pain, locomotors disorder, visual impairment, vertigo, unhealthy gum and teeth, uro-genital problem, skin disorders were the common problems. In a study conducted by Lena A. et al[13] at Karnataka on 213 elderly patients attending the outreach clinics to study their health and social problems where all the respondents (100%) had health problems, the most common being hypertension, osteoarthritis, diabetes, or bronchial asthma. Others problems were cataract, anaemia, and skin problems. Similar findings were observed in Bhatia et al's[14] study in urban and rural area of Chandigarh to identify the health related

problems and loneliness among the elderly people where 86.1% reported one or more health related problems. The main problems were disorders of circulatory system(51.2%), musculoskeletal and connective tissue(45.7%), hypertension (41.6%), cataract (18.6%), respiratory (10.2%), diabetes mellitus (11.9%) and skin disorders (4.2%). Another study done in Haryana to assess morbidity pattern in aged persons revealed common morbidity conditions as chronic bronchitis (14.6%), followed by skin disease (13.5%), accidental injuries (12.7%), acute respiratory conditions (7.5%) and unspecified fevers (6.2%)[15].

Around 95% of the respondents in this study were taking some kind of treatment. Similar observations were observed by study done by Barik D[16] where majority (73%) of the elderly took treatment in urban areas, irrespective of economic status. In this study, only 34.7% elderly people were taking treatments from hospital. About 41.1% elderly were complying with their treatment regime. The most common reason for non compliance was the perception of the patient needlessness of medicine, followed by non availability of medicine and high cost of treatment. Similar reason for non compliance were reported by studies done by Sharma S, et al.[17]

Statistically positive association was found between socio-demographic characteristic of geriatric people and their health status. This observation was not close to Udhayakumar P et al[18] study done in Tiruchirappalli district, Tamilnadu where there is no significant relationship between the age, monthly income, number of elders in family and quality of informal care received by the elders. Logistic regression analysis showing the effect of independent variables on current health status. Age, sex, education, occupation, monthly family income and dependency had significant influence on health status. Barriers of geriatric care should be identified and rectified so that they can seek better care.

Conclusion

As the vulnerability of the ageing population is increasing, in order to cope with the situation, it is necessary that the caregivers be made aware of the physical and mental conditions and problems of the elderly people so as to meet their needs as far as possible in the home setting itself.

References

1. A Study on Morbidity Profile & Its Relationship with Disability and Psychological Distress among Elderly People in Northern India. http://ije. Oxford journals. Org /cgi/content /full /32/6/ 978.

2. Thomas V, Lavanya K, Muraleedhar M: Morbidity profile and health seeking behaviour of the elderly in urban slums of Hyderabad, Andhra Pradesh, India- A cross sectional study: Int J Cur Res Rev. 2012; 04 (19).

3. Health and demographic surveillance system-Matlab.V.42. Registration of health and demographic events 2008. Dhaka: International Centre for Diarrhoeal Disease Research, Bangladesh; 2010;71.(icddr,b scientific report no. 109).

4. Osman FA: Public Health, Urban Governance and the poor in Bangladesh: Policy and Practice; Asia-Pacific Development Journal: 2009, 16 (1).

5. Bangladesh Bureau of Statistics. Population census 2001: preliminary report. Dhaka: Bangladesh Bureau of Statistics; 2009, 43.

6. Wolff JL, Starfield B, Anderson G. Prevalence, expenditures, and complications of multiple chronic conditions in the elderly. Arch Intern Med. 2002; 162 : 2269 –76.

7. Nagar S, Nagar N: Impact of social factors on health practices of the elderly: an analytical study in rural Surendranagar; Int J Res Med Sci. 2013; 1(2): 116-122.

8. Tabloski PA. Challenges of Aging and Cornerstones of Excellence in Nursing Care. In: Gerontological Nursing, 2010, 87-343.

9. Ahmed S, Shirin S, Mohsena M: Geriatric Health Problems in a Rural Community of Bangladesh; Ibrahim Med. Coll. J.2007; 1(2) : 17-20

10. Ingle GK, Nath A: Geriatric Health in India: Concerns and Solutions; Indian J Community Med. 2008; 33(4): 214–218.

11. Singh JP, Singh Brig. PN, Kasturwar NB: Socio-Demographic Profile & Challenges Of Ageing Population In An Urban Slum of Central India; International Journal of Biological and Health Science, 2012, 1(1), 01-07.

12. Thakur RP, Banerjee A, and Nikumb VB: Health Problems among the Elderly: A Cross-Sectional Study, Ann Med Health Sci Res. 2013, 3(1) : 19–25.

13. Lena A, Ashok K, Padma M, Kamath V, Kamath A. Health and Social Problems of the Elderly: A Cross-sectional Study in Udupi Taluk, Karnataka. Indian J Community Med 2009; 34:131-4.

14. Bhatia SPS, Swami HM, Thakur JS, Bhatia V. A study of health problem and loneliness among elderly in Chandigarh. Indian Journal of Community Medicine 2007; 32 (4): 255-58.

15. Kapil U, Sood AK. Morbidity Pattern in Aged Persons Attending Rural health centres in Haryana. Indian Journal of Public Health 1989; 33(4):7

16. Barik D. Living Arrangement and Treatment Seeking Behavior of the Elderly in India: http://epc 2012. princeton.edu/papers/121300.

17. Sharma S, Thakur M and Kaur S: Health Problems and Treatment Seeking Behaviour among Elderly; Help Age India-Research & Development Journal. 2012;18 (2).

18. Udhayakumar P and Ponnuswamy I: Informal Care Received by Elderly Residing in Slums of Tiruchirappalli District, Tamilnadu, India. International Research Journal of Social Sciences; 2012;1(1), 15-18.