FACTORS AFFECTING HEALTH SEEKING BEHAVIOR AMONG ELDERLY COMMUNITY WOMEN: A MIXED METHOD STUDY

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ABSTRACT

Objective: To outline common old age diseases affecting elderly community women of a poor peri-urban area. To identify the type of health services used by the elderly community women. To explore the health seeking behavior of the elderly community women and the factors affecting it.

Study Design: It was a descriptive cross sectional study complemented with qualitative study design.

Place and Duration of Study: The study was conducted at Farash Town. The duration of study was three months from May 2014 Jul 2014.

Methodology: Sample size consisted of 175 respondents. Respondents were selected by convenient sampling. Data was entered into SPSS version 18 for statistical analysis. Frequencies were calculated for the variables. Thirteen semi-structured in-depth interviews were also conducted. For qualitative analysis generated ideas, codes and themes were written.

Results: The findings of the study shows that majority of the respondents were from the age group 56-65. One hundred and thirty (74%) of respondents were married, 43 (24%) were widows and only 2 respondent were unmarried. Most of the respondents were illiterate 140 (80%), 30 (17%) were primary pass and 5 (3%) were above Matric. Out of 175 respondents, 169 (97%) were found to be unemployed while only 6 (3%) were working as maid. Locomotor disorders came out to be most prevalent followed by hypertension and diabetes mellitus. One hundred and thirty one (70%) respondents reported themselves unhealthy for which 119 (68%) were taking medicine. Only quarter of respondents were able to get treatment from public sector. The interviews revealed that majority of the respondents reported themselves as sick and weak. Most of them opted for allopathic mode of treatment however affordability was the most common barrier for health seeking among study population. Regarding compliance, only some of the respondents were complying with the treatment. When inquired about the decision-making regarding health seeking, the strongest theme which emerged out was own self as most of the respondents cited themselves as the primary decision makers for their health seeking.

Conclusion: Ageing, poverty and immobility complicated by poor access and availability of health care services were the main contributors towards impoverished elderly women health status. The study necessitates the need of obligatory services that could highlight as well as advocate the issued face by elderly women.

Keywords: Health-seeking behavior, elderly people, aging, health services, gender, Pakistan

INTRODUCTION

Geriatric population is increasing world-wide[1]. Population studies reveal that, the proportion of individuals aged 65 or more in 2000 will rise from 6.9% to 16.4% till 2050[2]. Pakistan, ranking sixth in the world according to population, has geriatric population of approximately 7 million[3]. The consequences of such type of population composition is enormous because it is this segment of society which does not get its due share of health services despite having huge burden of disease[1]. Appropriate access to health care and the use of health care services are crucial factors in determining positive health outcomes.

Pakistan has health care system comprising of public sector run by the government and a private sector. The public sector suffers from lack of funds, trained personnel especially female health providers, restricted hours of operations and distant locations[4]. The health budget of Pakistan is about 0.8%, which is one of the lowest in the region with Bangladesh at 1.2 per cent and Sri Lanka at 1.4 per cent[5]. In private sector, very

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few accredited outlets and hospitals exist[4]. The inadequate health care system has failed to provide health care, to respond to the health needs of the population in general and specifically of the marginalized groups like elderly, women and children[5].

In order to develop geriatric services to cater to the needs and priorities of this segment of society, it is highly important to understand the health seeking behavior of the elderly women including its differentials and determinants[6]. Health seeking behavior is a particular aspect of seeking help. People differ in their willingness to get help from health care services. Some go readily for treatment while others only in advanced condition of ill health[7].

Literature documents many important determinants of health like age, sex, poverty, expectation about aging, interpretation of symptoms and the degree of social integration. The determinants of health now has biopsychosocial model which most health systems have not been able to link with the health of their populations. The health issues are complex and demands knowledge which extends beyond the health sector to address them. It need multidisciplinary approach[6].

Poverty, economic disparity and inadequate health facilities create many problems for the elderly population in the developing countries like Pakistan. Recent structure of nuclear family has resulted in the social care problems for this group of people. The National Strategy on Health for Elderly identified multiple issues among elderly including loneliness, depression, lack of social relations, painful medical conditions, deprivation, lack of resources, and loss of a partner[8]. The study conducted by Zafar SN, in Karachi showed that five or more health problems were found in three fourth of elderly subjects among which half of them taking three or more different medications daily. Hypertension, diabetes and arthritis were the most commonly reported chronic ailments followed by issues of immobility, urinary incontinence, dyspnea, fatigue and visual impairment[1].

In developing world, a woman has to face a lot of problems which are compounded by gender disparity. It affects their health[9]. Elderly women are underprivileged especially due to their marginal position in society and this is reflected in heavy burden of ill health and disease in South Asian women. In many cases they have to seek the permission of the men in the family to get medical assistance[10]. They face health issues along with loss of activities of daily routine as they become older. This is complicated by illiteracy, unemployment and being dependent on others[11].

The gender disparity in getting health care with resultant impact on health outcomes has yet not highlighted to the extent that is required to get desired changes. Extensive literature review reveals limited studies conducted to determine the health seeking behavior of elderly women and various factors affecting it in Pakistan or in the neighboring regions. The concept of studying health seeking behaviors is becoming popular with time. It has evolved as mean of understanding about how people utilize the health care systems in their respective socio-cultural, economic and demographic circumstances. These health seeking behaviors not only tell social position of health but also give a better understanding of community perceptions about it. Public health makes use of social and behavioral sciences for better understanding of the disease process[7].

Institutions like Al-Nafees Medical College have societal obligations to fulfill and undertake projects on war footing to bring much needed relief to the long suffering community. This study is aimed at determining health seeking behavior of elderly women along with related factors of a peri-urban community of Islamabad and major health problems they face, in an effort to develop health care services that are accessible and acceptable to them and to sensitize health care providers to the needs of their clients. The information collected from this study will be used for designing health education interventions for raising awareness about health issues in the community. These findings will be also be used to develop a

"Geriatric care program" for the marginalized and suffering elderly women.

Operational Definition: Women aged >55 years is taken as elderly in our context due to the compromised health status of our women in society.

METHODOLOGY

This descriptive cross sectional study with quantitative component complemented with qualitative component was conducted at Farash Town. The duration of study was three months from May 2014 Jul 2014. Sample size consisted of 175 respondents. Respondents were selected by convenient sampling[13]. Semi-structured in-depth interviews were conducted.

Ethics approval was taken from the Ethics committee of Al Nafees Medical College and Hospital. Informed consent (written/verbal) was taken from respondents. Confidentiality of all data was ensured.

The study population were elderly women age >55 years. The study was conducted at Ali PurFarash. For quantitative method of study, random sampling technique was employed. Qualitative method employed a convenient sampling technique for the study. Total of 175 women were involved in the quantitative study. Data was entered into SPSS version 18 for statistical analysis. Frequencies were calculated for the variables. For qualitative data semi-structured, in-depth interviews were planned. An interview schedule was employed to collect the data. The interviews were conducted in Urdu. The interviews took place primarily in the houses of attendants. The mean duration of interviews was half an hour. The interviews were translated back to English to identify any change in meaning or phrasing. For the many pushtu speaking families, the interviews were conducted in the presence of an attendant able to translate the answers of the respondent.

Elderly women above the age of 55, who were residents of Ali Pur Farash were included in the study. Women not giving consent, Women declared mentally ill by physician and non-residents of the selected area were excluded.

The completed questionnaires were checked for errors, edited, cleaned and coded. For qualitative analysis generated ideas, codes and themes were written and brought together to be in an acceptable form. Verbatim notes of in-depth interviews were transcribed. Tape recording was done. Transcription of data provided us with a descriptive record.

RESULTS

Maximum number of respondents were included in the age group 56-65. One hundred and thirty (74%) respondents were married, 43 (24%) were widows and only 2 respondent was unmarried. Most of the respondents were illiterate 140 (80%), 30 (17%) were primary pass and

Table-I: Common health problems of the participants.

Health Problems	No. of Respondents (%)
Joint Pain	112 (64%)
Blood Pressure	106 (61%)
Diabetes Mellitus	46 (26%)
Weakness	30 (17%)
Stroke	19 (11%)
Heart Diseases	16 (9%)
TB	10 (5%)
Stress	10 (5%)
Cancer	10(5%)
Asthma	4 (2.2%)
Toothache	4 (2.2%)

Table-II: Type of service utilization.

Variable	n (%)
Health Status	
Healthy	44 (25%)
Un Healthy	131 (75%)
Taking any Medication	
Yes	119 (68%)
No	56 (32%)
Type of Health Fascility	
Public	42 (24%)
Private	112 (64%)
Others	21 (12%)
Mode of Treatment	
Allopathic	162 (92.5%)
Homeopathic	8 (4.5%)
Others	5 (2.8%)

5 (3%) were above Matric. Out of 175 respondents, 169 (97%) were found to be unemployed while only 6 (3%) were working as maid.

Health Seeking Behaviours

Health Description

Majority of the respondents described themselves so sick that it was difficult for them to carry out routine activities while only one respondent described her health status as sick but symptoms somewhat relieved. One of the respondent told "I feel so weak that I cannot walk without a stick. I cannot climb stairs, cannot go to washroom, I have severe pain in my knees."

Another lady responded "I have to take treatment for multiple issues." An old lady said "I am not healthy at all. I am keeping myself with difficulty after my husband's death." One of the respondent said "I am so sick that I cannot tolerate tablets and injections."

Type of Health Service Utilization

A vast majority of the respondents utilized allopathic mode of treatment. One of the respondent said, "I stick to allopathic medicines, It is the only method which gives relief." One of the respondent said, "Initially I went to hakeem, then took homeopathic treatment but nowadays I am taking allopathic medication as my disease has progressed."

Another respondent said, "I go to government as well as private hospitals but side by side I take homeopathic medicines and DUM by some spiritual healer." However, some women were using homeopathic, spiritual or hakimi medicines. Few interesting responses were as follows: "I use allopathic treatment along with spiritual healing. I use Taweez. I also offer prayers. God will help me." One old lady said.

Another respondent said, "I don't want to tell anyone. I ask Allah."

Barriers

Affordability came out as most cited barrier for health seeking among study population. While responding to the query regarding barrier faced while health seeking one responded expressed, 'My treatment costs three to four lakhs. Doctors tell me to arrange money. I tell them to give me just medicines. That too is difficult for me to buy."

Another respondent said, "With debt of 2 lakhs I can't afford to get treatment regularly. I visit doctor after six months. Most of the time I just buy two tablets from the shop." Apart from financial constraints, I have to face no other barrier. Said by another respondent.

Apart from financial issue, some other barriers were also identified. In this regard one respondent shared, "When I have to go to the hospital, someone has to accompany me. Usually my son has to spare time. He has to take leave from job. My other son works on daily wages. When he takes me to hospital he can not get money for that day. So most often I decide not to go to hospital whatever I feel."

Another respondent said, "It takes a long time to get your turn in government hospitals. The whole day is spent in the hospital." Another respondent cited, "We have no personal transport. Public transport facility is far away from our home. We have to lend motorcycle from one of the relative."

Compliance to Treatment

Upon enquiring about compliance to treatment, somewhat mixed response was there as few respondents were complying with the treatment. In this regard one of the respondent said, "I have good compliance to allopathic medicines. I take them regularly."

Another lady shared, "I had very good compliance to medicines. My symptoms got relieved so I stopped taking medicines." Another one said, "Compliance to medication is good but due to financial difficulty I take them irregularly."

On the other hand one of the old lady said, "I cannot take medicines. They are garam. They leave a burning sensation." One of the old lady cited, "I cannot take allopathic medicines. I start having its side effects." Another lady shared her

experience and said, "I have poor compliance to medication as there is no relief of symptoms."

Decision Making

When inquired about the decision-making regarding health seeking, the strongest theme which emerged out was own self as most of the respondents cited themselves as the primary decision makers for their health seeking.

Son being the primary decision maker for health seeking of elderly came out to be the next frequent response. In this respect, one respondent said, "My eldest son who spends money for medication decides for my decision making."

"When my children see me in worse condition, they insist for going to doctor." said another respondent. However one interviewee mentioned, "My husband takes me to doctor."

DISCUSSION

Ageing is a sequence in the life cycle. The changing demographic structure in many of the developing countries has resulted in a rapid rise in the proportion of the elderly population. By the end of year 2020 there will be one billion elderly, and 70 percent of them would be living in the less developed countries[12]. Regarding population Pakistan ranks sixth in the world and is included among those fifteen countries in the world where 10 million people are over 60 years of age. Good health, economic and social security is vital for aging with dignity. With the increase in age, the level of dependence as well as the health-related problems increases. Many elderly women are ignored and abandoned as they are no more considered economically or reproductively active, hence seen as burden by their families[13]. During past twenty years or so, research on the ageing process has contributed to the realization the ageing should not be considered as inevitable decline and disease.

This study was undertaken to assess common health problems, type of service utilization and explore the health seeking behaviors among elderly women of Farash Town. Regarding the morbidity pattern in the current study, locomotive disorders were found to be most common, followed by blood pressure and diabetes. As musculo-skeletal changes are one to the most important functional effects of ageing, these changes account for high prevalence of locomotive disorders in geriatric group. Same findings have been reported in a study conducted by Patle RA in India[14]. Similarly another study conducted in Karachi, Pakistan by Ladha A revealed that most cited problem was related to musculoskeletal system among elderly and accounted for almost half of the self-reported symptoms[15].

Utilization of healthcare system either public or private depends on many factors such as socio-demographic factors, cultural beliefs, financial position and literacy level. By this way we can understand how people engage with health care delivery system. Pakistan's public health care system is inadequate, and comprises an underfunded and inefficient sector along with a mixed, expensive and unregulated private sector. Due to above mentioned reasons private sector is utilized to a larger extent. This is similar to a study conducted by Musoke in Uganda where due to the limited number of public facilities particularly in rural areas, inhabitants were necessitated to use private health care providers at a cost[16].

Allopathic medicine was the most preferred treatment by majority (92.2%) of the respondents. This is similar a study conducted by Patle RA in India[14]. Financial constraint came out to be the most important constraint, as 76% of health expenditure goes out of pocket in Pakistan. Many a time the elderly women seeked help from paramedic or drug sellar in order to cut down the cost. Similar findings were given in another study where total amount spent for treatment is burdensome and affects health seeking behavior[17,18].

Side effect of treatment was main reason reported for non compliance to treatment. A study conducted by Bernard *et al* Bloom also revealed that side effects of drugs was the main reason for poor compliance to treatment[19]. Majority of the respondents were illiterate and were not economically active. The literacy status

among the respondents in the study might be the reason for non-compliance to treatment[20]. Being an elderly female did not put them in compromised position in our study which is contradictory to the usual patterns in Pakistan, where men play a dominant role in determining the health needs of a woman[4].

The strength of the study was that it was based on community survey. The main limitation of this study is that the findings are limited in terms of generalization and impact since it was conducted in one rural community. There may also have been recall bias when responding to some of the questions asked. All the diseases were recorded as perceived by the elderly population and no clinical or diagnostic tests were done to confirm or refute the same. This might raise questions regarding the authenticity of the morbidity characteristics. However the data provides useful information on the health seeking behaviour and challenges in utilising health facilities in rural communities which can inform stakeholders in the health sector.

CONCLUSION

Ageing, poverty and immobility complicated by poor access and availability of health care services were the main contributors towards impoverished elderly women health status. The study necessitates the need of obligatory services that could highlight as well as advocate the issued face by elderly women.

RECOMMENDATIONS

Health-seeking in Pakistani women seems to be a very conventional issue however; there are many dimensions that impact the health-seeking behaviors. Some of the recommendations are as follows. Improve the quality of care of services provided by public sector. Practice by qualified private practitioners in rural areas should be encouraged but regulations should be brought to check unnecessary charging by them, which often push rural people below poverty line. Mobile clinic service is another option.

Attitude towards ageing was found to be an important determinant of health status and health care seeking behavior. Hence, health care delivery staff (including medical officers) needs to be equipped to undertake proper counselling. Also, female staff should be recruited.

Traditional health providers should be trained and integrated to mainstream to provide adequate care. Finally female literacy plays a role in shaping the health of the elderly. So, more emphasis needs to be given to promote female literacy.

CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

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