

Factors Affecting Health Seeking Behavior of Elderly People in A Community of Pokhara, Nepal

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ABSTRACT

Background

Individuals have different opinion regarding willingness to seek help from health care services. Ageing is natural. It is a normal phenomenon of time related change, which begins with birth and continues throughout life. Elderly individuals have more health issues because they are physically incapable, have low incomes, and have needs, interests, and desires that are not met in their families and communities. The desire of elderly persons to seek medical assistance varies according to the individual factors. Thus, a study aimed to find out the health seeking behaviour and sfactors affecting health care seeking behaviour and association between health seeking and those factors among elderly people.

Methods

Cross-sectional analytical study was conducted among 197 elderly people of 65 years and above in Pokhara. Non probability purposive sampling technique was used. Data was collected by face to face interview technique using self-developed structured interview schedule. SPSS 16 was used for data analysis. Descriptive statistics frequency, percentage, mean and standard deviation were used for data analysis. Inferential statistics (Chi-square test) was used to find the association.

Results

Finding showed 77.66% of respondents sought appropriate health care where as only 22.34 % of respondents sought inappropriate health care . No factors was not found statistically significant with health seeking behaviour.

Conclusions

Based on the findings more than two third of the respondents reported that they seek appropriate health care. Among those respondents nearly half of respondents' reason for seeking appropriate health care was good experience of medical treatment in the past. Among those whose health seeking behaviour is inappropriate, still one fourth of respondents had belief on traditional healer.

Keywords: health seeking behavior; elderly people; Nepal.

INTRODUCTION

Ageing is a normal phenomenon of time related change, begins with birth and continues throughout life.¹ WHO, defined old as a person, above 60 years of age.² In the context of Nepal, senior citizens as “the people who are 60 years and above”.³ Globally the proportion of older persons is growing at faster rate than the general population. It has increased from 7% in 1950 to 11% in 2007, by 2030 there would be

about 70 million elderlies; they would represent 20% of the total population.⁴ Elderly people are physically disabled, financially weak, their need, interests, wishes are not fulfilled in the family and community due to which they face more health problems.⁵ Health seeking behaviour is an action taken to maintain, attain, or regain good health.⁶ Few elderly people go for allopathic and few for alternative medicines.¹ Many factors like sociodemographic, education

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levels, cultural beliefs, political and economic systems, disease patterns etc may influence the health seeking behavior.² Understanding health seeking behaviour and the factors are crucial for nursing personnel, other health workers to plan a “need based” health care programs.

METHODS

A cross-sectional analytical study was conducted among 197 elderly people of 65 years and above to assess the factors affecting health seeking behavior of elderly people residing in Pokhara Metropolitan City, ward number 28. Ethical approval was taken from the Institutional Review Board of Patan Academy of Health Sciences (Ref: PNC2008251428) and permission from ward office of ward number 28 of Pokhara metropolitan city. Informed and written consent was taken from all study participants before data collection. Nonprobability (convenience) sampling technique was used to collect the data. Elderly who were unable to communicate and had serious illness were excluded from the study. Data was collected through face to face interview technique at their residence by using semi structured interview schedule in Nepali version. Data was entered in Excel and was analyzed by using SPSS version 16 was. Data was analyzed using descriptive and inferential statistical tools. In descriptive statistics for categorical variables frequency and percentage were used while in inferential statistics to find the association chi square test was used. p-value <0.05 was considered as statistically significant.

RESULTS

Table 1 reveals that all respondents attempt to treat health problems. Regarding health care seeking behaviour of elderly people, more than one third (77.66%) of respondents sought appropriate health care where as only 22.34 percent of respondents sought inappropriate health care. Among those who sought care from appropriate health care, nearly one third (65.48%) of respondents sought care from HP/PHC/ governmental hospital followed by 12.18 percent sought care from private hospital/clinic.

Table 1. Health care seeking behaviour: source and reason for health care seeking. (n=197)	
Variables	Frequency(%)
First source of treatment	
Consult a health worker from HP/PHC/ Governmental hospital	129(65.48)
Consult a health worker from private hospital/clinic	24(12.18)
Used self-treatment by home remedy	18(9.14)
Buy medicine from pharmacy without prescription	16(8.12)
Consult traditional healer	10(5.08)
Health seeking behaviour	
Appropriate source of health care	153(77.66)
Inappropriate source of health care	44(22.34)

Table 2. Factors affecting health care seeking behaviour. (n=197)	
Variables	Frequency (%)
Decision maker in the family	
Others	109(55.33)
Self	88(44.67)
Accompany for the treatment	
Self	94(47.71)
Children	73(37.06)
Spouse	30(15.23)
Walking distance to nearest health facility	
Less than half an hour	164(83.25)
More than half an hour	33(16.75)
Behaviour of health personal	
Satisfied	134(68.02)
Not satisfied	63(31.98)
Pay for treatment	
Need to pay	103(52.28)
No need to pay	94(47.72)
Cost affordability (n=103)	
Unfordable	52(50.49)
Affordable	51(49.51)

Others = husband, Son

Table 2 reveals that more than half (55.33%) of respondent's decision regarding health checkup were by others. Likewise, 47.71% of respondents accompany themselves for the treatment. 83.25% of respondent's walking distance to reach nearest health facility was less than half an hour. All 100% of respondents nearest health facility was government health facility. Similarly, 100% of respondents perceived availability of health person and 68.02

percent perceived satisfied behaviour of health person. Most (52.28%) of respondents had to pay for services. Among the respondents who need to pay for services, 50.49% respondents perceived the cost was unaffordable.

Table 3 depicts statistically significant association between health seeking behavior and accompany for treatment.

Table 3. Association of factors with health care seeking behaviour. (n=197)				
Variables	Health Seeking Behaviour		Chi-square	p-value
	Appropriate n(%) (n=153)	Inappropriate n(%) (n=44)		
Decision maker in family				
Others	84 (77.06)	25 (22.94)	0.051	0.822
Self	69 (78.41)	19 (21.59)		
Accompany for treatment				
Self	79 (84.04)	15 (15.96)	4.216	0.040*
Others	74 (71.84)	29 (28.16)		
Walking distance to nearest health facility				
Less than half an hour	130 (79.27)	34 (20.73)	1.451	0.228
More than half an hour	23 (69.7)	10 (30.3)		
Behaviour of health personal				
Not satisfied	50 (79.37)	13 (20.63)	0.154	0.694
Satisfied	103 (76.87)	31 (23.13)		
Pay for treatment				
Yes	78 (75.5)	25 (24.3)	0.467	0.494
No	75 (79.8)	19 (20.2)		
Cost affordability				
Yes	40 (78.43)	11 (21.57)	0.402	0.526
No	38 (73.08)	14 (26.92)		

*p- value significant at < 0.05

However, no significant association was observed between health seeking behavior and other factors.

DISCUSSION

Research findings constitute with 77.66% of elderly people sought appropriate health care in which two third of respondents (65.48%) sought care from HP/PHC/government hospital. 22.34% of elderly people seek inappropriate health care among them 40.90% used self-treatment by home remedy. This finding is supported by the study carried among 104 elderly in Krishnapur-7, Bharatpur, Chitwan which showed that nearly two third of elderly (83.7%) seek help from appropriate health care but still one third (16.3%) elderly seek help from appropriate health care.¹⁰ However, another study conducted by Gurung LB, Paudel G, Yadav UN among the elderly population of Butwal sub-metropolitan city contradictory result showed

that majority (57.5%) of study population still has belief on traditional healing system. This variation in the studies might be due to difference in knowledge, educational status and income of the study population.⁷ While looking into the enabling and need factors reveals that more than half (55.33%) of respondent's decision regarding health checkup were by others. Likewise, 44.71% of respondents accompany themselves for the treatment. 83.25% of respondent's walking distance to reach nearest health facility were less than half an hour. Similarly, 100% of respondents perceived availability of health person whereas 68.02% perceived satisfied behaviour of health person. Most (52.28%) of respondents had to pay for services. Among the respondents who need to pay for services, 50.49% respondents perceived the cost was unaffordable. This may be due to lack of financial support from the family members. This finding is in consistent to the findings of the studies conducted in different settings which figured out the decision making, cost of treatment, behaviour of health personal, distance to nearest facility, as the main determinants for seeking health care. In our present study it was observed that more female respondents seek appropriate health care than males. Similarly, the analysis of this study's outcomes did not yield any statistically significant relationship between health seeking behaviour and marital status ($p=0.785$). With regards to educational status no association was observed between health seeking behaviour and educational level ($p=0.240$). A study conducted in Bharatpur, Chitwan also shows no statistical association between health seeking behaviour and educational status, age, gender, marital status and source of income.¹⁰ Similarly another study conducted in Illam district by Bhattarai S et al. (2015) also depicts no association between basic demographic factors in choosing between traditional and modern methods of health treatment.¹⁶ But in contradictory to these findings a study conducted in Ethiopia by Amente and Kebede (2016) which reported that respondents who had ever been to school seek appropriate health seeking behaviour more than those who had never been to school [AOR=1.260, 95% CI: 1.005-1.579].²⁵ In the present study revealed

that more than half (55.33%) of respondent's family members were the decision makers to take them to the health facility at the time of illness. Statistically significant association was not present between health seeking behaviour and decision maker as p value is more than 0.05 ($p=0.822$). But contradictory to this finding, a study conducted among 400 senior citizens of Dharan showed that factors affecting health seeking behaviour was significant associated with decision making by self (72.5%) of the respondents were sought their health problems with formal health facilities ($p<0.03$).¹³ Although many studies pointed out the presence of association between decision making and health seeking behaviour this study fails to show the significant association between decision making and health seeking pattern of elderly. Though the current study does not demonstrated significant association between distance to health facility and health care seeking behaviour, respondents who resided less than half an hour to reach nearest health facility were nearly 6 times more likely to seek appropriate health care than those who resided more than half an hour from nearest health facility. This finding is in consistent to the findings of a study conducted in Dharan which shows that the distance of nearest health facility from home played some role in health

seeking behavior that less than 30 minutes of the distance (84.5%) utilize health facility. This may be due to the health facility available nearby the study area.¹³

CONCLUSIONS

Nearly two third of respondents seek care from governmental health facilities followed by private hospital/clinic. Among the respondents whose health seeking behaviour is appropriate, nearly half of respondents' reason for seeking appropriate health care was good experience of medical treatment in the past. Among those whose health seeking behaviour is inappropriate, still one fourth of respondents had belief on traditional healer. Different factors like decision maker in the family, accompany for the treatment, walking distance to nearest health facility, availability of health person, behaviour of health personal, pay for treatment, cost affordability were observed. Accompany for the treatment of elderly was found to have significantly influenced the health-seeking behaviour. Besides this between other factors and health seeking behaviour was not found statistically significant.

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