

# A Community Based Cross Sectional Study to Assess the Health Care Seeking Behaviour Among the Tribal Elders Residing in Selected Areas of Dadra and Nagar Haveli

Ketikaben Daksheshbhai Patel<sup>1</sup>, Priyanka<sup>2</sup>

<sup>1</sup>M.SC.Nursing, Shri Vinoba Bhave College of Nursing

<sup>2</sup>Assistant Professor, Shri Vinoba Bhave College of Nursing

## Abstract

**Background:** Population ageing is a great concern for the health sector. The health seeking behaviour of elderly individuals can help in ascertaining their needs and priorities to develop appropriate policies for their care and avert disease progression. Health seeking behaviour are influenced by a variety of factors among elderly like socio-economic status, age, gender, authority of the elderly within the family.

**Aim:** To assess the health care seeking behaviour of the tribal elders in selected areas of Dadra and Nagar Haveli.

**Methodology:** A descriptive survey design was used to collect data with structured interview method from 100 tribal elders which were selected from non -probability purposive sampling technique.

**Result:** Health seeking behaviour are influenced by a variety of factors among elderly like age, education, occupation, family monthly income, types of family, marital status and living with. Majority of the study subjects, 59.62 % of males & 75 % of females were found to be having adequate level of health care seeking behaviour, 40.38% of males & 25% of females having high level of health care seeking behaviour.

**Conclusion:** Health care seeking behaviour among tribal elderly is adequate level which need an awareness creation among the elderly population is imperative and creating easy accessibility of health services. It needs implementation of programme at grass root level.

**Keywords:** Ageing, Elderly, Health Care Seeking Behaviour

## Introduction:

The WHO constitution states “Health is a state of complete physical, mental and social well -being and not merely the absence of disease or infirmity.” An important implication of this definition is that mental health is more than just the absence of mental disorders or disabilities.<sup>1</sup>

According to Alma-Ata declaration, primary health care is a key to achieve this universal health coverage in a country like India. Which has diverse culture and socio-economic status. implementing health for all is a huge task. it can be possible by determining the health behaviour of this diverse population. Health behaviour is wide concept and refers to series of actions taken to correct the perceived ill health. these action which are taken to fight illness depend on the perception, interpretations, and behaviour pattern and

are highly individualized the health care seeking behaviour of the population to formulate health system, policies and programs.<sup>2</sup>

Health -seeking behaviour is defined as ‘any activity undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy. the way people conceptualize the cause of their health problem and their perception of symptoms plays an important role in seeking health care. An individual who perceives himself or herself to be sick shows distinct behavioural changes including confining to the bed or staying away from routine activities or going to a health practitioner.<sup>3</sup>

Studies have documented several important determinants of health-seeking behaviour such as age, sex, education and income, illness type and severity, pre-existing beliefs about illness causation, cost and quality of services. It is necessary to understand health-seeking behaviour with its determinants to sensitize the elderly towards their needs and priorities. We aimed to assess the health -seeking behaviour of elderly people (60 and > 60 years of age) and study its effect in relation to their age, sex, education, employment status and marital status.<sup>4</sup>

People aged 60 years and above are treated as old in India. People aged between 60 to 75 years are young old, between 75 to 85 as old -old and above the age of 85 are classified as very old or infirm. Aging is a physiological process that starts from birth, continues throughout life and ends with death.<sup>5</sup>

Ageing is a universal phenomenon associated with deteriorating health status. Over the time certain changes take place in an organism leading to morbidities disabilities and even death. Old age faces various kinds of disabilities in the form of physiological, physical, mental and social impairment. Many health problems are known to increase with age this demographic trend may lead to an increase in the absolute number of health conditions in the population. In addition, because there is a growing body of evidence that older people are at risk of co -morbid condition, health care seeking will probably also increase.<sup>5</sup>

The consequences of disease in terms of severity among elderly are affected by one important factor which is health seeking behaviour. Health care seeking behaviour refers to a decision or an action taken by an individual to maintain, attain, or regain good health and to prevent illness. This influences these elderly people in deciding a public or private health service.<sup>6</sup>

## Methods

**Study design:** A cross sectional study was conducted in selected areas of Dadra & Nagar Haveli.

**Subjects:** A total of 100 tribal elders were included in the study. The participants were selected through non probability purposive sampling techniques. The inclusion criteria are all elderly, both male and female of 60 years and above, Elderly people residing in selected tribal area and elder who can understand Gujarati language.

**Study tool:** A self- structured questionnaires was administered to collect demographic information from the participants. This included data on age, gender, education, occupation, family monthly income, types of family, religion, marital status and living with. A self- structured rating scale were used to assess the level of health care seeking behaviour.

**Data analysis:** Descriptive statistics was used for classification of frequency and percentages of demographic and clinical variables, component wise and overall mean, standard deviation and mean

percentages of health care seeking behaviour score. Inferential statistics was used to establish association between the health care seeking behaviour score and selected socio-demographic variables by Chi square test.

**Results:**

The study sample included a total of 100 tribal elders. Most of them 72% of the tribal elders belongs to the age group of 71-80 years, 52% were male category, 75% were having no formal education, 48 % were home maker, 29% of family monthly income was Rs. ≤9307, 90% belongs to joint family, 100 % were Hindu, 69 %were widow/widower ,69% were elders living with children (Table 1).

**Table: 1 Demographic characteristics of the participants**  
n=100

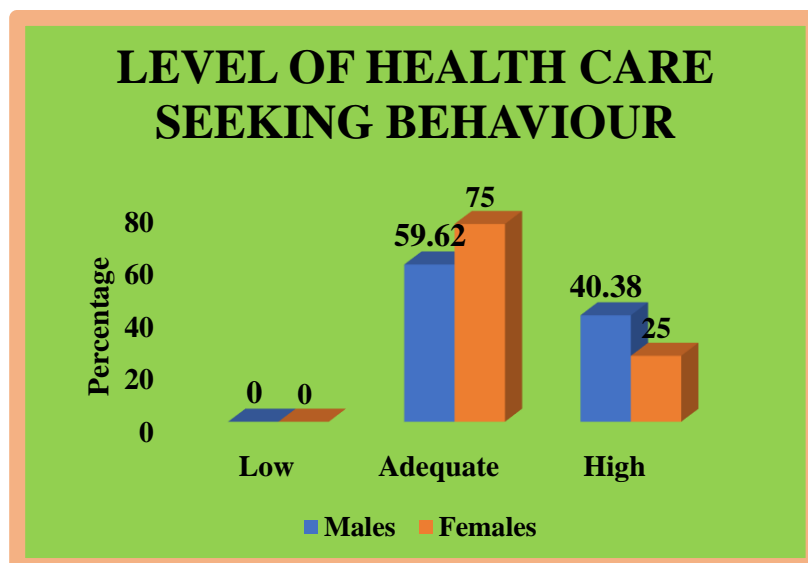
Sr. No.	Demographic variables	Frequency	Percentage
1.	<b>Age (in years):</b>		
	60-70	17	17
	71-80	72	72
	81-90	11	11
2.	<b>Gender:</b>		
	Male	52	52
	Female	48	48
3.	<b>Education:</b>		
	Higher secondary	21	21
	Secondary	0	0
	Upper primary school	0	0
	Primary school	4	4
	No formal education	75	75
4.	<b>Occupation:</b>		
	Home maker	48	48
	Farmer	20	20
	Retired from work	32	32
	Private sector	0	0
5.	<b>Family monthly income:( in Rs.)</b>		
	≤9307	29	29
	9308-27882	71	71
	27883-46474	0	0
	46475-69534	0	0
6.	<b>Type of family:</b>		
	Nuclear family	10	10
	Joint family	90	90
	Extended family	0	0
7.	<b>Religion:</b>		
Hindu	100	100	

	Muslim	0	0
	Christian	0	0
	Others	0	0
<b>8.</b>	<b>Marital status:</b>		
	Married	31	31
	Unmarried	0	0
	Widow/widower	69	69
	Divorcee	0	0
<b>9.</b>	<b>Living with:</b>		
	Spouse only	0	0
	Spouse and children	31	31
	Children	69	69

**Table : 2 Frequency and percentage wise the level of health care seeking behaviour score among the tribal elders.**

Level of health care-seeking behaviour	Overall					
	Males (52)		Females (48)		Total (100)	
	n	%	n	%	n	%
<b>Low</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Adequate</b>	<b>31</b>	<b>59.62</b>	<b>36</b>	<b>75</b>	<b>67</b>	<b>67</b>
<b>High</b>	<b>21</b>	<b>40.38</b>	<b>12</b>	<b>25</b>	<b>33</b>	<b>33</b>
<b>Total</b>	<b>52</b>	<b>100</b>	<b>48</b>	<b>100</b>	<b>100</b>	<b>100</b>

The above table: 2 shows that the tribal elderly study population towards the level of health care seeking behaviour. Majority of the study subjects, 59.62% of males & 75% of females were found to be having adequate level of health care seeking behaviour, 40.38% of males & 25% of females having high level of health care seeking behaviour.



**Figure 2.1 Level of health care seeking behaviour**

**Table : 3 Association for level of health care seeking behaviour and selected demographic data.**

Sr. No	Demographic variables	Low		Adequate		High		$\chi^2$ -value	p-value
		f	%	f	%	f	%		
1	<b>Age (in years):</b>								
	61-70	0	0	13	13	4	4	7.83 (df=2)	0.020* S
	71-80	0	0	43	43	29	29		
>80	0	0	11	11	0	0			
2	<b>Gender:</b>								
	Male	0	0	31	31	21	21	2.67 (df=1)	0.102 NS
Female	0	0	36	36	12	12			
3.	<b>Education:</b>								
	Higher secondary	0	0	0	0	21	21	54.41 (df=2)	P<0.001*** HS
	Secondary	0	0	0	0	0	0		
	Upper primary school	0	0	0	0	0	0		
	Primary school	0	0	4	4	0	0		
No formal education	0	0	63	63	12	12			
4	<b>Occupation:</b>								
	Home maker	0	0	36	36	12	12	26.64 (df=2)	P<0.001*** HS
	Farmer	0	0	20	20	0	0		
	Retired from work	0	0	11	11	21	21		
Private sector	0	0	0	0	0	0			
5.	<b>Family monthly income:(in Rs.)</b>								
	≤9307	0	0	29	29	0	0	20.11 (df=1)	P<0.001*** HS
	9308-27882	0	0	38	38	33	33		
	27883-46474	0	0	0	0	0	0		
	46475-69534	0	0	0	0	0	0		
	0	0	0	0	0	0			
6.	<b>Type of family:</b>								
	Nuclear family	0	0	10	10	0	0	5.47 (df=1)	0.019* S
	Joint family	0	0	57	57	33	33		
Extended family	0	0	0	0	0	0			
7.	<b>Religion:</b>								
	Hindu	0	0	67	67	33	33	0 (df=1)	1 NS
Muslim	0	0	0	0	0	0			

	Christian	0	0	0	0	0	0		
	Others	0	0	0	0	0	0		
<b>8.</b>	<b>Marital status:</b>								
	Married	0	0	10	10	21	21	24.53 (df=1)	P<0.001*** HS
	Unmarried	0	0	0	0	0	0		
	Widow/widower	0	0	57	57	12	12		
	Divorcee	0	0	0	0	0	0		
<b>9.</b>	<b>Living With:</b>								
	Spouse only	0	0	0	0	0	0	24.53 (df=1)	P<0.001*** HS
	Spouse and children	0	0	10	10	21	21		
	Children	0	0	57	57	12	12		

\*p<0.05 significant, \*\* p<0.01 & \*\*\*p<0.001 Highly significant.

The above displayed table: 3 showed that age (p value-0.020), education (p value-<0.001), occupation (p value-<0.001), family monthly income (p value-<0.001), types of family (p value-0.019), marital status (p value-<0.001), and living with (p value-<0.001) were less than p<0.005 level of significance. Thus, stated hypotheses H1 there will be significant association between the health care seeking behavior of tribal elders and the selected socio-demographic variables such as age, education, occupation, family monthly income, types of family, marital status and living with was accepted.

Whereas gender (p value-0.102), religion (p value- 1) was p<0.05 level of significance. Thus, stated hypotheses H1 there will be no significant association between the health care seeking behavior of tribal elders and the selected socio-demographic variables such as gender and religion was rejected.

**Discussion:**

Various studies have been conducted to assess the health care- seeking behaviour among tribal elders. The present study has been discussed in reference with the objectives and hypotheses in accordance with other similar studies. In this present study majority of tribal elders 72% were in 61-70 years of age group which is similar to the study conducted by Gnana Sabai G. et.al., a community based cross sectional study showed that there were 59.81% were belonging to the age group of 60-69 years. In this present study majority 75% were had no formal education which is similar to the study conducted by Nandini C et.al, a community based cross sectional study showed that 75.7% were illiterate. In this present study majority of the study subjects,59.62 % of males & 75% of females were found to be having adequate level of health care seeking behaviour,40.38% of males &25% of females having high level of health care seeking behaviour. Agboola B.D. et.al., conducted a cross-sectional study, findings from the study revealed that majority (77.8%) of the respondents had poor health status. Findings showed that majority (72.4%) of respondents had good health seeking behaviour.<sup>7</sup>

**Conclusion:**

Health care seeking behaviour among tribal elderly is adequate level which need an awareness creation among the elderly population is imperative and creating easy accessibility of health services. It needs

implementation of programme at grass root level. Specially, the goal is to enhance their behaviour by ensuring that they not only understand the importance of a healthy lifestyle but also incorporate this practice into their daily lives.

### References:

1. <https://www.who.int/data/gho/data/major-themes/health-and-well-being>
2. <https://www.who.int/teams/social-determinants-of-health/declaration-of-alma-ata>.
3. Oberoi. S. et.al. (2016), understanding health seeking behaviour. Journal of family medicine and primary care,5(2),463-464.
4. Patle. R.A.& Khakse. G. (2015) Health-seeking behaviour of elderly individuals. A community based cross sectional study. The National medical journal of India, 28 4.181-4
5. Nanduni C, et. al. (2019) A cross -sectional study on health seeking behaviour among elderly in shimoga. National Journal of community medicine :10 (12):645-6485.
6. Ganasabai G, et.al (2020), Health seeking Behaviour of Geriatric Population in Rural area of Punde cherry -A community-based Cross -sectional study, International Journal of Community Medicine Public Health;7:3665-8
7. Agboola B.D et. al. (2022) Correlates Between Health Seeking Behaviour and Health Status; A cross sectional study. Annala of International Medical and Dental Research. Vol 8.52-57.
8. <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
9. Ganasabai G, et.al (2020), Health seeking Behaviour of Geriatric Population in Rural area of Punde cherry -A community-based Cross -sectional study, International Journal of Community Medicine Public Health;7:3665-8
10. Paudel M. et.al (2022), Morbidities, health problems, health care seeking and utilization behaviour among elderly residing on urban areas of eastern Nepal: A cross-sectional study. PLoS 17(9).
11. Polit D. and Beck T. Essential of nursing research: Apprasing evidence for nursing practice; India: Wolters Kluwer Health/Lippincott Willaims &Wilkins publishers.2014:68-69.
12. Leddy. S, Pepper MJ. Conceptual bases of professional nursing 2<sup>nd</sup> edition Philadelphia (US): Lippincott Company; 1985