Health seeking behaviour among elderly in Nason Rural Municipality, Manang

Tasi Lama[1], Swechhya Baskota[1], Minani Gurung[2], Lisasha Poudel[3], Niroj Bhandari[4], Sonam Dickey Lama[1]
[1]Department of Public Health, Om Health Campus, Kathmandu, Nepal
[2]Nepal Institute of Development Studies, Nepal
[3]Department of Community Programs, Dhulikhel Hospital, Nepal
[4]Kathmandu University School of Medical Sciences, Nepal

ABSTRACT

Introduction: Health seeking behavior refers to the action taken by the individuals to maintain, attain, and regain good health and to prevent the illness. Despite increasing number of health care delivery system in our country still people are not utilizing health service properly. As the age advances, there is a high chance of having both physical and mental impairment. Thus, the objective of the study was to assess health seeking behavior among elderly and to find-out factors associated with it.

Method: A community-based cross-sectional study was conducted in Nason Rural Municipality of Manang district among 115 elderly aged 60 or above. Semi-structured questionnaire was used for collecting the information. Data was entered and analyzed in SPSS version 23 by using Simple statistical methods. Uni-variate analysis was done and was presented through frequency and percentage whereas, bivariate analysis was done and presented through chi-square test.

Result: The main finding of the study showed that that all the participants (100%) were seeking help for health problem in which 90.6% seek help from Modern medication and 9.4% seek help from Alternative medication. Ethnicity (0.024) and means of transportation (0.023) were only factors which was significantly associated with health seeking behavior

Conclusion: Based on the study findings, most of the respondents had visited Modern health services and only few of respondents had visited Traditional health services. Thus, health seeking behavior among elderly was better than the comparative studies.

Keywords: behaviour, elderly , health seeking, Nepal

CORRESPONDENCE
Ms. Tasi Lama
Department of Public Health
Om Health Campus
Kathmandu, Nepal
Email: tasiilama01@gmail.com

INTRODUCTION

Decisions and actions on health related activities are affected by healthcare seeking behavior.[1] These decisions and actions include things like going to a private or public health facility, choosing a formal or informal institution, or visiting a traditional/alternative medicine practitioner or modern medicine center.[1] Age, sex, social status, illnesses, access to services and perceived quality of health care services determine the healthcare seeking behavior.[1,2] More than one-tenth of the current population is 60 years or older and this is projected to increase to nearly quarter of the population by 2050.[3] Ageing population in Nepal increased from 1.5 million to 2.2 million from 2001 to 2011 which is the latest population census.[4,5] Growth rate for elderly was twice the overall population growth rate.[4,5] Health burden is higher in elderly population.[6,7] The health problems in this age group are usually chronic, requiring multidrug regimen and rehabilitative therapies.[8] Elderly populations pose high burden to respective health systems, are very costly and this is a tough challenge to already resource deprived health systems of the developing world.[7]

Information on health seeking behavior is important to optimize health care utilization and design a proper policy framework for prevention and treatment of health conditions.[1] Special circumstances of health in elderly requires specialized workforce and infrastructures along with strong primary care to support it.[1,8] Here we aim to assess the health care seeking behavior among elderly in a Himalayan rural municipality of Nepal.

METHOD

A community cross-sectional study was conducted among 115 elderly people of Nason Rural Municipality, Manang, Nepal. Data were collected from July 2019 to August 2019. Ethical approval was taken from Nepal Health Research Council (Ref no. 3365). Approval for data collection was taken from respective wards.

The study population were elderly people of age 60 years or above residing in Nason Rural Municipality, Manang, Nepal. Due to less population, 115 elderly were selected conveniently from all nine wards of Nason Rural Municipality. All of them were interviewed face to face by the researcher.

Our inclusion criteria were elderly (60 years and above) willing to participate. Mental ill people who were taking medication were excluded.

The tool used for data collection was semi-structure questionnaire. Semi-structure questionnaire consisted of socio-demographic characteristics, health related information, and health seeking practice in past and present of respondents. Independent variables included socio-demographic characteristics and health related information of the respondents, whereas dependent variables included health seeking practice in past and present of respondents.

After data collection, all the data were entered and analyzed using SPSS version 23.0. Based on the distribution and variance, appropriate statistical tests were used for analysis. Univariate analysis was done and presented using frequency and percentage. Bivariate analysis was done by using chi-square test ($p \leq 0.05$). Chi-square test was conducted to see the association between health seeking practice in present with socio-demographic characteristics and health related information.

RESULT

In past majority (54.8%) of the respondents preferred traditional health services. Similarly, among those, majority of the elderly had visited ayurvedic followed by Dhami/Jhankri for the treatment. However, in present, most of the respondents preferred to receive modern health services i.e. 90.4%, where majority of elderly preferred government health facility (67%), followed by private health facility (24.3%).

Table 2 shows that there were no association between factors such as age, gender, religion, marital status, education status, past occupation, source of income and type of family with health seeking behavior. Ethnicity was found to be significantly associated with health seeking behavior where p–value was less than 0.05 at the 95%of confidence interval.

Similarly, Table 3 shows that there were no association between factors such as practice of care taker, sufficiency of money for the treatment, treatment cost bearer, distance to reach health institution, monthly income, and monthly cost of the treatment. Means of transportation found to be associated with health seeking behavior where p–value was less than 0.05 at the 95% of confidence interval.

Table 1. Health seeking practice in past and present of respondents (n=115)

Variables	N (%)		Variables	N (%)
In Past			**In present**	
Traditional	63 (54.8)		Traditional	11 (9.6)
Modern	52 (45.2)		Modern	104 (90.4)
Types of Health Services*			**Types of Health Services***	
Dhami/Jhankri	31 (27.0)		Dhami/Jhankri	9 (7.8)
Ayurvedic	32 (27.8)		Ayurvedic	2 (1.7)
Government Health Facility	21 (18.3)		Government Health Facility	77 (67.0)
Private health facility	31 (27.0)		Private health facility	27 (24.3)

Table 2. Association between socio-demographic characteristics and health seeking behavior (n=115)

Characteristics	Health seeking behavior n (%)			
	n (%)	Traditional Treatment n (%)	Modern Treatment n (%)	P- value
Age				
60-69	54 (47.0)	6 (11.1%)	48 (88.9%)	0.905
70-79	47 (40.9)	4 (8.5%)	43 (91.5%)	
80-89	14 (12.2)	1 (7.1%)	13 (92.9)	
Gender				
Male	53 (46.1)	4 (7.5%)	49 (92.5%)	0.543
Female	62 (53.9)	7 (11.3)	55 (88.7)	
Ethnicity				
Dalit	3 (2.6)	2 (66.7)	1 (33.3%)	**0.024***
Janajati	112 (97.4)	9 (8.0%)	103 (92.0%)	
Religion				
Hindu	48 (41.7)	4 (8.3%)	44 (91.7%)	0.760
Buddhist	67 (58.3)	7 (10.4)	60 (89.6%)	
Marital status				
Married	85 (73.9)	9 (10.6%)	76 (89.4%)	1.000
Unmarried	13 (11.3)	1 (7.7%)	12 (92.3%)	
Widow	17 (14.8)	1 (5.9%)	16 (94.1%)	
Education status				
Illiterate	82 (71.3)	7 (8.5%)	75 (91.5%)	0.727
Literate	33 (28.6)	4 (12.1)	29 (87.9%)	
Past occupation				
Agriculture	86 (74.7)	11 (12.8%)	75 (87.2%)	0.063
Other	29 (25.3)	0 (0.00%)	29 (100%)	
Source of income				
Agriculture	56 (48.6)	7 (12.5%)	49 (87.5%)	0.354
Other	59 (51.4)	4 (6.8%)	55 (93.2%)	
Type of family				
Joint family	50 (43.5)	4 (8%)	46 (92%)	0.754
Nuclear family	65 (56.5)	7 (10.8%)	58 (89.2%)	

(*P-value is <0.05 and C.I. is 95%, which means they have a significant association with health seeking behavior.)

Table 3. Association between health-related characteristics and health seeking behavior (n=115)

Characteristics	Health seeking behavior n (%)			P- value
	n (%)	Traditional treatment	Modern treatment	
Practice of care taker				
Own self	63 (16.5)	1 (5.3%)	18 (94.7%)	0.688
Other family member	96 (83.5)	10 (10.4%)	86 (89.6%)	
Means of transportation				
On foot	66 (57.4)	10 (15.2%)	56 (84.8%)	**0.023***
vehicles	49 (42.6)	1 (2.0%)	48 (98.0)	
Sufficiency of money for the treatment				
No	21 (18.3)	0 (0.00%)	21 (100%)	0.211
yes	94 (81.7)	11 (11.77%)	83 (88.3%)	
Treatment cost bearer				

Self	63 (54.8)	5 (7.9%)	58 (92.1%)	0.513
Other family member	52 (45.2)	6 (11.5%)	46 (88.5%)	
Distance to reach health institutions				
Less than 30 min	80 (69.5)	8 (10%)	72 (90%)	1.000
More than 30 min	35 (30.5)	3 (8.6%)	32 (91.4%)	
Monthly income				1.000
<5000	86 (74.8)	9 (10.5%)	77 (89.5%)	
5000-10000	14 (12.2)	1 (7.1%)	13 (92.9%)	
>10000	15 (13.0)	1 (6.7%)	14 (93.3%)	
Monthly Cost of treatment				0.213
<1000	75 (65.2)	10 (13.3%)	65 (86.7%)	
1000-2000	21 (18.3)	1 (4.8%)	20 (95.2%)	
>2000	19 (16.5)	0 (0.0%)	19 (100%)	

(*P-value is <0.05 and C.I. is 95%, which means they have a significant association with health seeking behavior.)

DISCUSSION

Other than mortality and morbidity indicators, it is essential to explain perceived illness, visits to health institutions and utilization of health care services provided while monitoring the health status of population.[9] Health seeking behavior is an important individualized aspect. Various factors affect this behavior, especially among elderly ones. In this context, this study was conducted to assess the health seeking behavior among elderly and to find out the factors associated with it in the mountainous region of Nepal. Manang district lies in trans-Himalayan region that has cold, dry weather, wind cleared zone of high mountains and detached villages located between the peak of the Himalayan mountain range and Tibetan marginal mountain run.[10]

According to CBS 2016, the total population residing in Manang was 6,444 (Male: 3,757 and Female: 2,687).[11] There are 4 rural municipalities that fall under Manang district. One of them is Nasong Rural Municipality located in the lower part of Manang. It is bounded on the east by Gorkha district, on the west by Chame village and Lamjung district, on the north by Narpa Bhumi village and Tibet and on the south by Lamjung district.[12]

The main finding of the study showed that in present 90.4 % of the respondents had visited modern health services and 9.6. % of the respondents had visited traditional health services for the treatment. It was found that 100% of respondents sought treatment either from modern or traditional health services in case of sickness. However, in the past majority (63%) of the respondents preferred traditional health services. Similarly (27.8%) majority of the elderly visited Ayurvedic and 27% of the respondents visited Dhami/Jhankri for the treatment. In our study most of the respondents visited modern health services because of the close proximity of the health center from the residence and access to health services in each ward. The result differed slightly from the study conducted in Bharatpur municipality of Chitwan district. The study showed that all the participants were seeking help for health issues in which 83.7% sought help from modern medication and 16.3% sought help from alternative medications.[13]

Similarly, in our study most of the respondents were suffering from acute illness i.e 68.7 % respondents suffered from acute illness and 53.9% respondents suffered from chronic illness. Among the acute illness the case of gastritis was mostly common in the respondents and most of the respondents suffered from hypertension among the chronic illness. Another study conducted in India where most of the respondents (65.3%) suffered from chronic illness among which hypertension was the most common chronic disease. However, the majority of the people who had chronic disease visited health facilities regularly to keep track of their condition.

In this study it was found that there was no association between the different factors such as age, education status, past occupation, source of income, marital status and religion with health seeking behavior. The study concluded that ethnicity was significantly associated with the health seeking behavior, which was in contrast with the study conducted on Sindhupalchowk district, Nepal where ethnicity was not associated with the health-seeking beahaviour.[14] Mode of transportation was also found to be associated with health seeking behavior. In most parts of the Himalayan region, walking on foot is the preferrable mode of transportation due to off road condition.[15]

The study concluded that, 18.3% of the respondents had insufficient money for the

treatment, due to which 9.6 % of the respondents visited traditional health services. Similar type of study conducted in Mahottari district concluded that Modern, Alternative and Self medications were common in the Rajbanshi community. Modern medication was popular but was expensive to afford as reported by majority people.[16]

CONCLUSION

The study result illustrates that most of the respondents from Nason rural municipality, Manang district of Nepal seek modern health service for the treatment and only few of the respondents were found to seek help from the traditional health service. Efforts should be initiated to aware about modern health services. Further studies are needed to generate a database for effective policy making and planning for interventions. Steps to be taken so that elders have some money for their own.

CONFLICT OF INTEREST

None

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