

Research Article

A study on health consciousness among the elderly in a rural population of Katihar, Bihar

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ABSTRACT

Background: India is passing through a major demographic and epidemiological transition there by leading to increasing geriatric problems as burning public health issue within the nation. The present cross-sectional study was undertaken to study health consciousness among the elderly in a rural population of Katihar.

Methods: The present study was conducted in rural field practice area of Katihar medical college and a total 450 elderly persons were interviewed using pre-designed, pre-tested semi structured questionnaire regarding their health consciousness and health seeking behavior during the study period of one year, from Jan 2013 to Dec 2013. Data was entered in Microsoft excel and analyzed by using frequency and proportion.

Results: Majority (69.7%) of the elderly were conscious about health, followed by reluctant group (16.6%), while 13.5% were not conscious about their health. Factors like gender ($p=0.00$), marital status ($p=0.02$), social category ($p=0.00$), educational status ($p=0.00$), occupation ($p=0.00$) and financial dependency ($p=0.04$) were found to be significantly associated with health consciousness among elderly.

Conclusions: On the basis of these findings, it can be recommended that there is a need not only to develop comprehensive geriatric health-care services, but community based intervention are also needed to increase the overall knowledge and consciousness towards health so as to improve their health seeking behaviour.

Keywords: Elderly, Health consciousness, Rural

INTRODUCTION

Population ageing is gaining momentum in developing countries, as demographic transformation has profound consequences for all individuals, families, communities and nations.¹ Globally about 11% of population is above 60 years of age with 8% of this population residing in South East Asian countries including India.² Elderly population in India has increased to 8.3 per cent till 2013.³ Elderly are vulnerable to chronic illnesses with insidious onset such as cardiovascular diseases, carcinomas, diabetes, musculoskeletal and mental disorders. From the morbidity point of view, at least 50% of the elderly in India have chronic diseases.⁴ They use to

suffer from multiple symptoms at a time due to debility of various body functions including immunity.⁵ The possible relationship between these diseases and intervening variables such as gender, race and addiction habit is already well established.

Apart from that, it can be beneficial to identify the determinants of health consciousness among the elderly. The findings could help policy makers in developing more effective and comprehensive strategies for improvement in public health in terms to elderly population. Therefore present cross-sectional study was undertaken to study health consciousness among the elderly in a rural population of Katihar, Bihar.

METHODS

The present community- based cross- sectional study was conducted in rural field practice area of Katihar medical college. The subjects in the age group of 60 years and above and residing in this area were included in the study during the period of one year, from Jan 2013 to Dec 2013. A total of 450 elderly persons were enrolled using multistage sampling and were interviewed regarding their health consciousness using pre-designed, pre-tested and semi-structured questionnaire after obtaining verbal consent from each individual. Descriptive statistics such as frequencies and percentages were used to describe the data regarding respondent demographic profile and Chi-square test was used for the two tested variables.

Health consciousness

Health consciousness was taken as an overall perception about their health and disease status. It also includes health seeking behaviour. Conscious people were those who were inclined towards seeking medical help at the outset of a medical problem and concerned about their health and hygiene. People who were conscious but not willing to go a health set up rather than taking medical aid from quacks or doing self-remedy at home were kept into category of conscious but reluctant and third group

RESULTS

Majority (51.7%) of the subjects were males 51.7% with sex ratio of 931 females per thousand males. About half (54.6%) of the people were in age group 60-74 years. Almost 70.0% of elderly were illiterate with comparatively higher proportion among females (89.0%). None of the female had any formal education. Most of the males were married (83.7%) while the percentage of widow and separated was quite high amongst females (58.9%). Majority of the elderly belonged to joint family (95.0%) with average family size of 12. Only 5% of the elderly population lived in a nuclear family. The percentage of financially independent people was only 32.8% and the remaining was either fully or partially dependent on others. Dependence on others was more in case of females (86.2%) and only 13.8% were financially independent. Majority of the elderly were in middle and lower middle social status (38.6% and 34.6% respectively) with a very small fraction in upper class (0.8%). A total of 56.4% elderly stayed at home unemployed while remaining 43.4% were involved in some kind of occupation, of which 48.1% were males and 38.6% were females. Majority (69.7%) of the elderly were conscious about health, followed by reluctant group (16.6%), while 13.5% were not conscious about their health. Various factors like gender ($p=0.00$), marital status ($p=0.02$), social category ($p=0.00$), educational status ($p=0.00$), occupation ($p=0.00$) and financial dependency ($p=0.04$) were found to be associated with health consciousness among elderly.

Table 1: Distribution of elderly on the basis of their health consciousness.

Health consciousness	Number	Percentage
Conscious	314	69.7
Conscious but reluctant	75	16.6
Not conscious	61	13.5

Almost two-third (67.2%) of non-conscious subjects was male while 63.1% of the health conscious subjects were females. About 14.2% of married elderly and 12.8% of those who were divorced or separated were not conscious about their health. Majority (78.7%) of the non-conscious elderly belonged to backward castes. The highest proportion of non-conscious was illiterate (70.5%). However no significant association was found between socioeconomic status and health consciousness. Majority of those who were unemployed viz. not engaged in any type of occupation (62.3%) were least conscious about their health.

DISCUSSION

Elderly people are the most vulnerable group of population. Sub optimal health consciousness is believed to be one of the major factors affecting utilisation of health services by people and determining their health seeking behaviour. Therefore the present study was conducted to study health consciousness among elderly in a rural population of Katihar, Bihar. In the present study awareness and concern about their own health was assessed and it was found that 69.7% of the people had broad awareness about seeking early medical help. A total of 16.6% people were seen conscious but reluctant about taking initiative to seek medical help. About 13.5% of the people didn't show any consciousness. The health consciousness revealed in present study is comparatively much higher as reported in earlier studies.^{6,7} However the results are much lower in comparison to finding reported by Kumar et al.⁸ in Varanasi who reported that 74% of elderly sought treatment for their illness. However similar to the findings of the present study Narapureddy *et al.* reported about 64.6% of elderly sought proper treatment and have health conscious about their health.⁹ This variation in the studies might be due to difference in knowledge, educational status and income of the study population which are found to be significant factors associated with health consciousness. Similar to present study Patle *et al.* also reported educational status and poverty status to be important factors determining health seeking behaviour.¹⁰ In the present study financial dependency of elderly on other was found to be significantly associated with health consciousness. The elderly who were more relied on other are less health conscious as compared to others. However since the study was conducted in rural field practice area, therefore results might not be generalizable.

Table 2: Association between bio-social characteristics with health consciousness among elderly (N=450).

Variables	Health consciousness			
	Conscious (n=314)	Conscious but reluctant (n=75)	Not conscious (n=61)	
Age (years)	60-74	179 (57.0)	40 (53.3)	27 (44.3)
	75-84	108 (34.4)	28 (37.3)	28 (45.9)
	Above 85	27 (8.6)	7 (9.3)	6 (9.8)
X² =3.53 df= 4 p=0.47				
Gender	Male	116 (36.9)	75 (100.0)	41 (67.2)
	Female	198 (63.1)	0 (0.0)	20 (32.8)
X² =103.3 df=2 p=0.00				
Marital status	Married	162 (51.6)	54 (72.0)	36 (59.0)
	Unmarried	3 (1.0)	1 (1.3)	4 (0.9)
	Others (Divorced separated etc.)	149 (47.5)	20 (26.7)	194 (43.1)
X² =11.48 df= 4 p=0.02				
Type of family	Nuclear	15 (4.8)	5 (6.7)	3 (4.9)
	Joint	299 (95.2)	70 (93.3)	58 (95.1)
X² =0.45 df=2 p=0.79				
Religion	Non-Hindu	254 (80.9)	60 (80.0)	48 (78.7)
	Hindu	60 (19.1)	15 (20.0)	13 (21.3)
X² = 0.16 df=2 p=0.91				
Category	General	126 (40.1)	19 (25.3)	13 (21.3)
	OBC	143 (45.5)	56 (74.7)	48 (78.7)
	SC/ST	45 (14.3)	0 (0.0)	0 (0.0)
X² =43.7 df=4 p=0.00				
Education	Illiterate	216 (68.8)	47 (62.7)	43 (70.5)
	Literate	62 (19.7)	12 (16.0)	15 (24.6)
	Literate with formal education	36 (11.5)	16 (21.3)	3 (4.9)
X² =9.5 df=4 p=0.04				
Socio economic status*	Upper	2 (0.6)	2 (2.7)	0 (0.0)
	Upper middle	22 (7.0)	7 (9.3)	7 (11.5)
	Middle	117 (37.3)	38 (50.7)	23 (37.7)
	Lower middle	109 (34.7)	19 (25.3)	24 (39.3)
	Lower	64 (20.4)	9 (12.0)	7 (11.5)
X² =13.9 df=8 p=0.08				
Occupation	Agriculture	55 (17.5)	13 (17.3)	8 (13.1)
	Small scale business	58 (18.5)	7 (9.3)	11 (18.0)
	Others	24 (7.6)	17 (22.7)	4 (6.6)
	None	177 (56.4)	38 (50.7)	38 (62.3)
Financial dependency	Independent	87 (27.7)	36 (48.0)	24 (39.3)
	Dependent to others	189 (60.2)	25 (33.3)	23 (37.7)
	Partially dependent	38 (12.1)	14 (18.7)	14 (18.7)
X² = 9.56 df=4 p=0.04				

*Udai Pareekh Socioeconomic scale

CONCLUSION

People of the village, elderly and their family members need to be explained through IEC (Information, education and communication) about various health problems with

emphasis on importance of preventive steps and early recognition of any problems, importance of timely treatment and steps that can be taken to prevent the spread and recurrence of health problems. Role of

motivation through prominent people of society and *Sarpanchas* should be recognised and brought in practice. These two community based intervention might increase the overall health consciousness among elderly.

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Conflict of interest: None declared

Ethical approval: The study was approved by the institutional ethics committee

REFERENCES

1. United Nations. Population Ageing 2006: Department of Economics and Social Affairs, Population Division.
2. WHO. World Health Statistics 2014. Available at [http:// apps.who.int/ iris/bitstream/ 10665/ 112738/ 1 /97 89240692671_eng.pdf](http://apps.who.int/iris/bitstream/10665/112738/1/9789240692671_eng.pdf). Accessed 11 March 2016.
3. Census of India. Chapter 2. Population Composition. SRS Statistical Report. 2013. Available from [http://www.censusindia.gov.in/vital_statistics/ SRS_Reports_2013](http://www.censusindia.gov.in/vital_statistics/SRS_Reports_2013). Accessed 11 March 2016.
4. Barman SK, Lata K, Ram R, Ghosh N, Sarker G, Shahnawaz K. A study of morbidity profile of geriatric population in an urban community of Kishanganj, Bihar, India. *GJMEDPH* 2014;3(1).
5. Kamble SV, Ghodke YD, Dhumale GB, Avchat SS, Goyal RC. Health Status of Elderly Persons in Rural Area of India. *Indian Medical Gazette.* 2012;295-9.
6. Chauhan RC, Manikandan, Purty AJ, Samuel A, Singh Z. Determinants of health care seeking behavior among rural population of a coastal area in South India. *Int J Sci Rep.* 2015;1(2):118-22.
7. Bhardwaj R, Kandori A, Marwah R, Vaidya P, Singh B, Dhiman P, et al. Prevalence, awareness and control of hypertension in rural communities of Himachal Pradesh. *J Assoc Physicians India.* 2010;58:423-9.
8. Kumar D, Kumari R, Shankar H. Health status and health seeking behaviour of rural geriatric population of Varanasi district, India. *Int J Med Sci Public Health.* 2015;4:1711-1.
9. Narapureddy B, Naveen KH, Madithati P, Singh RK, Pirabu RA. Sociodemographic profile and health care seeking behaviour of rural geriatric population of Allahabad district of UP: a cross sectional study. *Int J Med Sci Public Health.* 2012;1(2):87-92.
10. Patle RA, Khakse GM. Health-seeking behaviour of elderly individuals: A community-based cross-sectional study. *Natl Med J India.* 2015;28(4):181-4.

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