Health Seeking Behavior and its Associated Factors among Elderly Adults in Pokhara, Nepal : A Cross-Sectional Study

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Abstract

Introduction: Aging results from the accumulation of various forms of cellular and molecular damage over time. As a result, one's mental and physical capacities gradually deteriorate, and one's risk of becoming ill increases. The objective of this study is to assess the health-seeking behavior among elderly adults in Pokhara.

Materials and Methods: A cross-sectional study design was used to assess the health-seeking behavior of 170 senior citizens in Pokhara. The sample was chosen using a purposive sampling technique. Both semi-structured questionnaires and in-person interviews were employed as data collection methods. data were analyzed by using SPSS version 16 using descriptive and inferential statistics as per the nature of the data.

Results: This study demonstrate 100% know their nearest health facillty and 93.5% have physical assisibillty (30 minutres travel distance.75.9% of older adults were enrolled in the Social Health Insurence program, . Backache problems (57.6%), joint problems (55.3%), vision problems (55.3%), high blood pressure (51.8%), and hearing problems (26.5%) were the most prevalent problem among respondents. Health-seeking behavior was statistically significant with education (p=0.010), living arrangement (p=0.012), enrollment in social health insurance (p=0.039), and caretaker occupation (p=0.028).

Conclusion: Several morbidities were identified among elderly adults, and the preference for modern medication was found to be highest. Increasing awareness among elderly adults and their family members improves health-seeking behavior.

Keywords: *Common health problems; elderly adult; health-seeking behavior.*

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Introduction

Globalization, technological advances, migration, urbanization, and shifting gender norms directly and indirectly affect older adults' lives.[1,2] WHO defines health care seeking behavior as any action undertaken by individuals who perceive themselves having a health problem and oversee to find an appropriate remedy. Health seeking behavior is the action individuals take to maintain, improve or restore their health.[3] Elderly adult means a person of the age 65 years or more. In the context of Nepal, 60 years or over is considered an elderly adult. [4]

Global aging population is due to decreased fertility, decreased mortality, and better public health measure worldwide.[2] It is estimated that 10% of the world's population is aging, and at its current rate of growth, this percentage will rise to 16% by 2050 and 24% by 2100.5 It is anticipated that by 2050, there will be twice as many people in the world who are 60 years of age or older (2.1 billion). Between 2020 and 2050, there will likely be three times as many people 80 years of age or older, totaling 426 million.[1,5]

According to the 2021 census, 2.97 million elderly people in Nepal were willing to seek medical assistance.[6] Elderly people may not seek medical attention because their symptoms are often less obvious.[7] Older adults seek medical

care to enhance psychological well-being, reduce medical costs, receive early diagnosis and treatment, and ultimately enhance their quality of life.[8] The elderly population was disproportionately affected by visual impairment.[9] Over 25% of people over 60 have deafening hearing loss.[10] Globally, in 2020 619 million people experienced low back pain (LBP).11 An approximate 33 percent of people 65 and older have diabetes.[12] about 60% of people have hypertension by 60 years of age.[13] Nearly half of all women between the ages of 50 and 79 suffer from pelvic organ prolapse.[14,15] There are two types of health seeking behaviour modern medication and alternative medication. Participants who took modern medication went to a medical facility when they experienced health issues, while those who took alternative medication went to traditional healers or self-medicated.[14] Despite being a global priority, there are only limited researches in Nepal. Therefore, this research seeks to assess health care seeking behaviour among the aged.

Materials and Methods

A community based cross sectional descriptive study was employed to assess the health seeking behaviour and its associated factors among elderly adult aged 60 years and above residing in ward No: 30, Pokhara Metropolitancity, Kaski. Nepal. The sample size was calculating by the following formula (Estimated sample size) (n)= $\frac{Z^2pq}{d^2}$. [7]

p= 90%=0.90 health seeking behaviour of tharu community Chitwan Nepal.[18]

q=1-p=0.1

Z=1.96 (at 95% confidence interval)

d=0.05

sample size (n)= $\frac{Z^2pq}{d^2}$

$= \frac{1.96^2 \times 0.9 \times 0.1}{0.05^2}$

=138.29

=139 (To reduce the sampling error, the sample size was increased by 22.3%. So, the final sample size is 170).

The Purposive sampling technique was used to select the sample. The community aged people who were available in the home during the data collection and age of 60 years or above was included. Elderly adults who were suffering from mental illness was excluded from the study. A semi-structured questionnaire was used in this study. The validity of the instrument was established by developing the instruments on the basis of a literature review, the opinions of subject experts, and research advisors and statisticians. The instrument was given to five experts including a biostatistician and their suggestions was incorporated into the study. Pre-testing of the instrument was done in 10% of the total sample in ward 29 of Pokhara Metropolitan City. Data were collected after receiving ethical approval from the Institutional Research Committee (IRC) of Pokhara University. Formal permission was taken from the concerned authorities through written authorized letter. Data were collected through face-to-face interview. The purpose of the study was explained to the participants. Confidentiality and privacy were maintained throughout the study by using code number instead of participant's name and not disclosing the information as well as it was used only for the research purpose. Participant's dignity was maintained by giving right to reject or discontinue from the research study at any time. At the end of data collection queries of the participants were clarified and informal health education was provided about health seeking behavior. Data were edited, coded and entered into Epi Data program version 3.1 and the entered data were exported to SPSS (Statistical Package for Social Science) program version 16 and obtained data were analyzed and presented in tabular form

Results

The total participant of this study was (n=170). The mean ± SD age group of the participants was 71.38± 7.709. In the survey, 93(54.7%) were females and 77(45.3%) males. Likewise, majority, 149(87.6%) of the participants were brahmin/chhetri. Most 162(95.3%) of the participants followed Hinduism. Likewise, 116(68.2%) of participants were married. Similarly, more than half 95(55.9%) participants were illiterate. Most of them engaged in agriculture in their active time 122(71.8%). More than half 57(33.5%) of participant's caretaker involved in agriculture. Similarly, three fifth 103(60.6%) participant's family monthly income was more than Rs 25000. (Table 1)

Majority of the participant 82(48.2%) lived with spouse and other family members. Likewise, 154(90.6%) participants were engaged in any economic work. Half of the participants' sons (87; 51.2%) made decisions about their parents ' health-seeking. Similarly, 129(75.9%) participants were enrolled in social health insurance program. (Table 2)

At present more than half 98 (57.6%) participants had backache problem, among them 70(71.4%) participants visited health facility, 27(27.6%) took self-medication and few 1(1.02%) visited traditional healers for treatment of backache problem. Likewise, 94(55.3%) participants had joint problem, among them 73(77.7%) participants visited health facility and 21(22.3%) took self-medication for treatment of joint problem. Similarly, more than half 94(55.3%) participants had vision problem. among them 75(79.8%) participants visited health facility and 19(20.2%) took self-medication for the vision problem. Half 88(51.8%) participants had high blood pressure, of them that majority 87(98.9%) visited health facility. Likewise, 45(26.5%) had hearing problem. Among them more than half 26(57.8%) visited health facility. Similarly, 39 (22.9%) had coughing problem, among them 31(79.5%) visited health facility. Likewise, 22(12.9%) had difficulty in breathing, among them most 20(90.9%) visited health facility. Similarly, 23(13.5%) participants had high blood sugar, among them 23(100%) visited health facility. Likewise, 11(6.5%) women

had uterus prolapse, among them 10(90.9%) visited health facility. (Table 3)

Among the participants who were facing common health problem, all of them (100%) seek help for treatment. 100% participants were aware about health facility locally available nearby their community. Among total participants 93.5 % has residence within half an hour distance from the local health facility. (Table 4). The majority of the participants 78.2% visited local health facility last year. (Table 5)

There was statistically significant association with health seeking behavior of the participants who have joint problem and occupation of caretaker (p=0.028). Similarly, there was statistically significant association between the health seeking behavior of the participants who have vision problem with the occupation of the caretaker (p= 0.007) and with the participant who enrolled in social health insurance program program (p=0.039). Likewise, there was statistically significant association between the health seeking behavior of the participants who have high blood pressure with the living arrangements (p=0.012). Furthermore, there was statistically significant association between the health seeking behavior of the participants who have hearing problem with their education status (p=0.010). However, there was no statistically significant association found between health seeking behavior of participant who have backache problem with the selected sociodemographic variable.

Discussion

In the present study, more than half (51.8%) participants were of aged equal to 71 years and younger, which was comparable to the study conducted in Butwal, Nepal which was (55.2%).[16] Female respondents were predominent in the study (54.7 %) which was closely allign to study conducted in Manang Nepal (53.9%).[17] In this study vast majority (95.3%) participants belongs to Hinduism which was comparable to study conducted in Chitwan, Nepal in which (85.6%) belongs to Hinduism.[18]

Likewise majority of the respondents (68.2%) were married and (55.9%)were illitrate, ingaged in agriculture which alligns with the study conducted in Manang Nepal where where (73.9%) respondents were married and (71.8%) were illitrate and engaged in agriculture.[17] Three fifth (60.6%) of respondents had a monthly family income exceeding Rs. 25,000, which is similar to the study conducted in Butwal, Nepal, where more than Rs. 15,000 was reported (84.4%).[16] In this study, nearly half of the respondents (48.2%) lived with their spouse and family members which allign with the findings from the study in Tharu community, Nepal where (70%) were lived with son and daughter in law.[16] (90.6%) participants were not currently employed, which is similar with thefindings of a study conducted in Ekiti State, South-western Nigeria in where (87.4%) were unemployed.[19] (75.9%) participants were enrolled in social health insurance program contrast to study was conducted in Pokhara Lekhnath Metropolitan of Nepal in which there were (30.3%) were enrolled in health insurance.[20] In this study, back ache was the most prevalent complaint (57.6%) and followed by joint problem joint problem (55.3%) which allign with study conducted in Shimla hills of India where prevalence of musculoskeletal problem was (55.0%). Conversely, the prevalence of vision problem in this study was (55.3%) which contrast with the study conducted in Tertiary Care Institute of Odisha (38%).[21] Additionally, the prevalence of high blood pressure was (51.8%) which was similar to the study conducted in Tertiary Care Institute of Kerala 60%.[22]

Hearing impairment was present in (26.5%) of respondents, which alligns with the findings from astudy in Tharu community, Nepal[23] In the current study cough (22.9%) and breathing difficulty (12.9%) were reported, which was comparable to findings from coastal South India which was (8.4%).[24] The prevalence of high blood sugar (13.5%) consistant with the study in Chitwan Nepal.[18] The prevalence of Conversely, Prolapse of uterus had the lowest prevalence (6.5%) in elderly adult which was similar to the study conducted in Chitwan Nepal (1.1%).[18] Health seeking behavior among elderly adult was (100%), mirroring results from Chitwan, Nepal was (100%). Overall, participants suffered from multiple morbidities with majority utilizing modern medication which was similar to study conducted in Chitwan Nepal.[18]

The study revealed that all participants (100%) were aware ofhealth facility near their community, similar to the study conducted in Tharu community Nepal (86%). Furthermore, a large majority of older respondents (93.5%) resided within half an hour travell distance from the local health facility, which was similar to the study conducted in Tharu community Nepal which was (74.0%). In the current study, a Statistically significant association was observed between health seeking behavior and education (p=0.010), which is consistant with the findings among the elderly group of Osun state, Nigeria where educational status was significantly associated with health seeking practices(p<0.05).[25] In this study, a statistically significant association was observed between health seeking behavior and caretaker occupation (p=0.007). This is similar to the study conducted among 420 elderly people in rural community of Ekiti state, south -western Nigeria, which reported significant association between health seeking behavior and with employment status (p<0.001) and lack of family support (p<0.001).[19] Similarly, the result revealed significant association between health seeking behavior and living arrangement(p=0.012) and enrollment in social health insurance(p=0.039).This findings allign with a study conducted in Pokhara, Nepal where living with a partner and knowledge of social insurance were significantly associated with higher health service utilization.[20]

Conclusion

In conclusion, although access to health care facilities and basic awareness level was high in this study, backache, joint problem, vision impairment, high blood pressure were most prevalent health problem among elderly. and health-seeking decision among elderly population in semi - urban area of Nepal are strongly shaped by family caretaking capacity, cohabitation structures, educational status and health insurance mechanism. Public health strategies should focus on community awareness on health insurance service utilization implemented by Nepal government and establishing caregiver support program to ensure equitable health service to the elderly population is recommended.

Integrity and compliance statements

Ethics approval
The authors reviewed and approved the final manuscript and take full responsibility for its content.

Informed consent
Written informed consent was obtained from all participants for data collection and publication of anonymized data.

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Conflict of Interest
All authors declare there is no conflicts of interest related to this research.

Data availability
Data supporting the findings are available from the corresponding author on reasonable request.

Provenance and Peer Review
An AI-assisted tool (notebook LM) was used solely for grammatical correction and language refinement.

AI/LLM disclosure
An AI-assisted tool (notebook LM) was used solely for grammatical correction and language refinement.

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Author Contributions (CRediT)

Bhawana Basaula: Design, concept, data collection, literature search, data analysis, Report writing.

Sunita Sharma: Design, concept, literature search, data analysis, manuscript review and editing.

Sirjana Tiwari: literature search, Data Analysis, manuscript preparation, review and editing.

Bios

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