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A study of healthcare utilization and perception of adequacy of healthcare by elderly in the rural population of coastal Karnataka

Dr. Jithin Daniel J

Postgraduate, Department of community medicine, K.S Hegde medical Academy, NITTE (Deemed to be University), Mangalore.

Dr. Avin B R Alva*

Assistant professor, Department of community medicine, K.S Hegde medical Academy, NITTE (Deemed to be University), Mangalore.

*Corresponding Author

Dr. Remiza Rayikal Answar

Postgraduate, Department of community medicine, K.S Hegde medical Academy, NITTE (Deemed to be University), Mangalore.

Abstract---Background: Over the years, urbanization has led to change in the economic structure, diminishing societal values, weakening the importance of elders in the family. As a consequence of which the older generation is caught between the decline in traditional values and absence to adequate health, care and social security. This study puts in an effort to find the healthcare utilization and perception of adequacy of healthcare in the rural population of coastal Karnataka. Aims and Objectives: To study the healthcare utilization and perception of adequacy of healthcare by elderly in the rural population of coastal Karnataka. Materials and Methods: Study design: This was a community based cross sectional study. Study period: The study was conducted over a period of one year, from June 2021 to Nov 2021. Study area: The study was conducted in neighbouring villages utilizing the health services of Rural field practice area, Department of Community Medicine. Results: 89.8% of the elderly subjects didn't have any difficulties in utilizing health care services. Conclusion: Subjects residing close to Govt. PHC expressed that there were adequate facilities at their preferred health centers.

Keywords---Elderly, Healthcare, Utilization, Perception, Rural.

Introduction

The Indian aged population is currently the second largest in the world after China. In India, as per 2001 census the population of elderly was 76.6 million as compared to 20 million in 1951.^{1,2,3} The absolute number of 60 years and over in India will likely to increase to 137 million by 2021 (United Nations,2003). The decadal growth rate among elderly population during 1991-2001 was about 40 percent, which is double than the general population growth of 21 percent. Population ageing is the most significant consequence of the process known as Demographic transition. Reduction in fertility leads to a decline in the proportion of young in the population. Coupled with fertility decline, reduction in mortality enhances the life span of individuals leading to higher life expectancy at older ages. In other words, population ageing involves a shift from high mortality and high fertility to low mortality and low fertility. The population of the world stood at around 6.1 billion in the early 21st century and projected to increase to 9.4 billion in 2050 and 10.4 billion in 2100. If we compare the global population, it has doubled between 1950 and 2000 and likely to add another 4.4 billion in the next 100 years. However, the growth of the elderly population is much higher than that of general population. The proportion of elderly aged 60 and above is expected to grow from 7 percent in 2000 to 14.6 percent in 2025 and 21.1 percent in 2050. Among the elderly, the oldest old (80+) is likely to increase its proportion from just 1.1 percent in 2000 to 3.4 percent in 2050 and 7.1 percent in 2100 AD. If the percentage of elderly population is above seven percent in any country, as per the UN criterion, that country is ageing. In other words, India has emerged as “aging India” in the beginning of the 21st century. Thus twenty first century is the century of old.⁴

In Karnataka, the estimated elderly population was 3,837,000 in 2001 and projected to be 9,681,000 by 2026 (Census of India, 2001).⁵ This increasing number of elderly has a great demand on the health services and social security measures. At present the ageing has become a social problem as the socioeconomic shifts are affecting the family to continue with the care of their aged. Traditionally our Indian families had always borne the responsibility of looking after the aged but the changing times and industrialization has threatened this yester year culture. As a result family care of the elderly becomes more and more difficult and is leaving the aged to feel lonely, dependent and marginalized.¹

Urbanization, modernization and globalization have changed the traditional concept of family in India, which was to provide social support to ill, dependent and older family members. Over the years, urbanization has led to change in the economic structure, diminishing societal values, weakening the importance of elders in the family. As a consequence of which the older generation is caught between the decline in traditional values and absence to adequate health, care and social security.⁵ This study puts in an effort to find the healthcare utilization and perception of adequacy of healthcare in the rural population of coastal Karnataka.

Aims and Objectives

To study the healthcare utilization and perception of adequacy of healthcare in the rural population of coastal Karnataka.

Materials and Methods:

Study design: This was a community based cross sectional study.

Study period: The study was conducted over a period of one year, from June 2021 to Nov 2021.

Study area: The study was conducted in neighbouring villages utilizing the health services of Rural field practice area, Department of Community Medicine.

Study subjects: The study subjects consist of population aged 60 years and above residing in the study area.

Inclusion criteria: Individuals who were aged 60 and above residing in the study area and willing to give consent to be a part of this study.

Exclusion criteria: The study excluded those individuals who were:

- a) individuals who are aged around 60 but age could not be validated that the age is above 60.
- b) individuals who didn't want to reveal their details about their health.
- c) families who refused to let their elderly family member to be a part of the study.

Methodology

After obtaining informed consent, the study subjects were subjected to pre-tested and semi-structured interview and physical examination at their homes. Some got be interviewed in front of their family members and some weren't.

Frequency of utilization of health services: The frequency of visiting any health facility was noted. Subjects with chronic morbidities were expected to visit the health facilities more frequently than others. It was noted under the options once a week, once a month, whenever ill or not utilizing the same.

Adequate treatment facilities: Subjects were asked if their preferred center for treatment has adequate facilities.

Satisfaction about the treatment available: Subjects were enquired if they were satisfied with the available healthcare at their preferred center of treatment.

Results

Frequency of utilization

Table 1: Frequency of utilization of healthcare services (n = 441)

Nearest health facility	Sex				Total	
	Male		Female		Number	Percent
	Number	Percent	Number	Percent		

Govt. PHC	Frequency	Weekly once	3	3.2	0	0	3	3.2
		Monthly once	7	7.4	4	4.3	11	11.7
		When ever ill	45	47.9	33	35.1	78	83
	utilizing	Not	2	2.1	0	0	2	2.1
		Total	57	60	37	39.4	94	100
SDM RHTC	Frequency	Weekly once	6	1.7	8	2.3	14	4
		Monthly once	20	5.8	23	6.6	43	12.4
		Whenever ill	161	46.4	128	36.9	289	83.3
	utilizing	Not	0	0	1	0.3	1	0.3
		Total	187	53.9	160	46.1	347	100

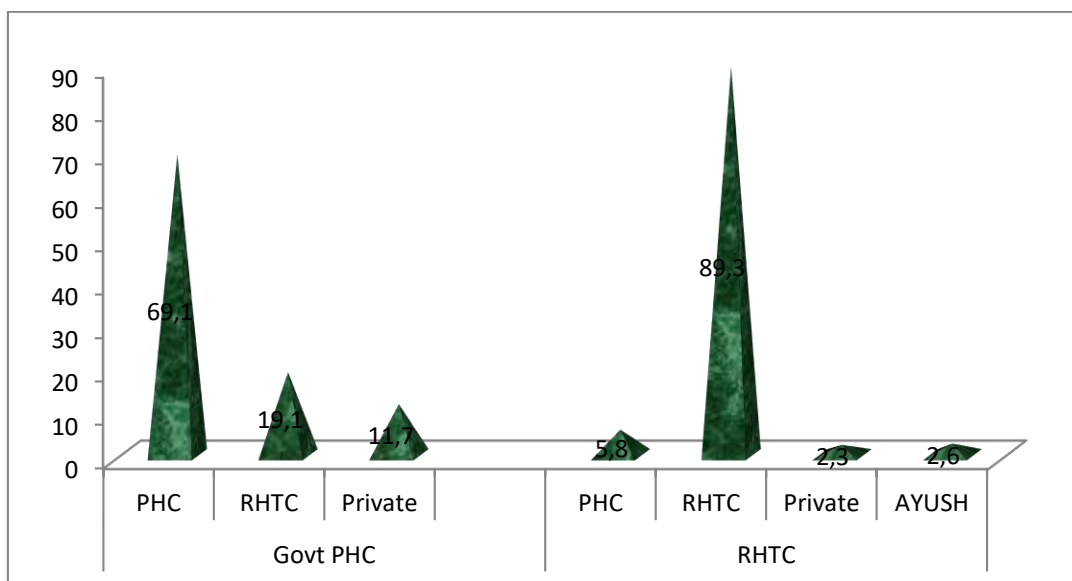


Figure 1: Frequency of utilization of healthcare services as per residence to nearest health care centers

Table 2: Opinion about facilities available at preferred health center (n = 441)

Nearest Facility	Health	Sex				Total		
		Male		Female				
		Number	Percent	Number	Percent	Number	Percent	
Govt PHC	Adequate facilities	No	3	3.2	0	0	3	3.2
		Yes	54	57.4	37	39.4	91	96.8
	Total		57	60.6	37	39.4	94	100
SDM RHTC	Adequate facilities	No	2	0.6	4	1.2	6	1.7
		Yes	185	53.3	156	45	341	98.3
	Total		187	53.9	160	46.1	347	100

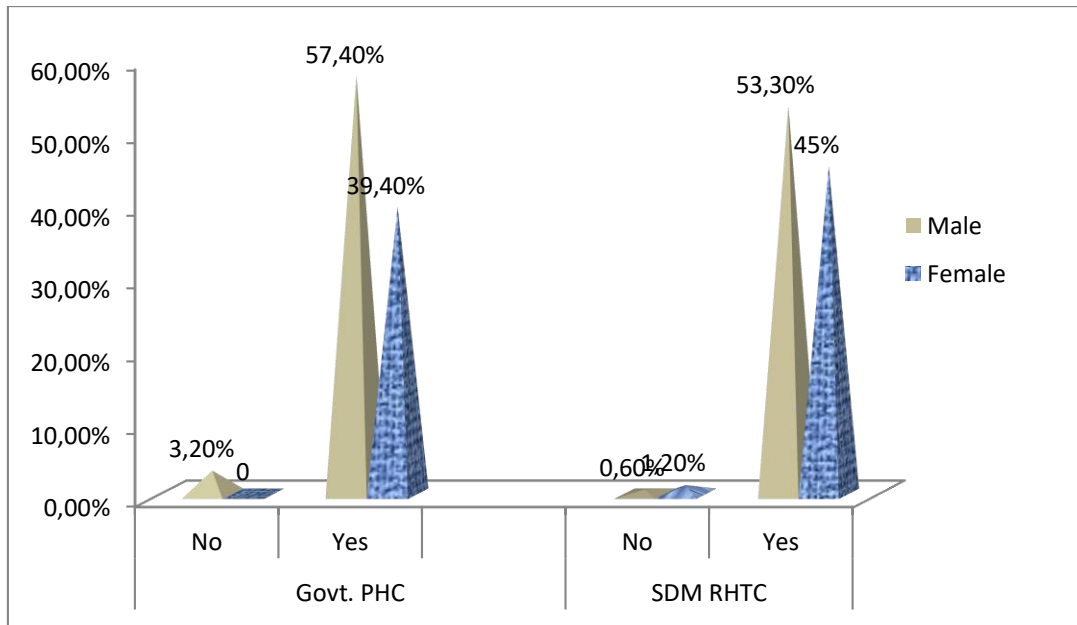


Figure 2: Opinion about adequate facilities being available at preferred health center (n = 441)

Discussion

As the old age is usually accompanied with lots of morbidities and the availability of free healthcare, many subjects utilize the services. Many subjects, due to their chronic morbidities depend on the health centers for drugs and tend to visit frequently. When this frequency of utilization was analyzed, majority of the subjects were utilizing the services only whenever ill. Of those 94 subjects residing near to PHC, 3 (3.2%) males utilized the service weekly once. (7.4%) males and 4 (4.3%) females utilized the available healthcare monthly once. But majority of the subjects, that is 45 males (47.9%) and 33 (35.1%) females didn't have any fixed pattern of utilizing the healthcare. However, 2 (2.1%) male subjects said they have not utilized any services yet. They preferred to avail the services only whenever they fall ill. In a study by Choudhary M *et al*, in the year 2012 did a study to assess the morbidity pattern and treatment seeking behavior of geriatric population in Jamnagar city, 29% of the subjects approached the health care facility regularly and 71% of them visited only when ill.⁶ In a study done by Gupta RD *et al*, at Dhaka, in the year 2014 to study the morbidity pattern and health care utilization pattern, 12.19% of males and 11.38% of female subjects, so a total of 12.23% of the subjects were utilizing the health care once a month. 28.13% of the study subjects were utilizing the services, once in 3 months. 4.6% of the subjects visited only when required without any fixed pattern of visit. There were none among the subjects who didn't utilize the services.⁷ Those 347 subjects were residing close to RHTC, majority of them utilized the service whenever they were ill. 6 (1.7%) male subjects and 8 (2.3%) female subjects utilized the services weekly. 20 (5.8%) male and 23 (6.6%) female subjects utilized the services monthly once on an average. 161 (46.4%) of males and 128 (36.9%) females, which accounted to 83.3%, utilized the services without any fixed pattern and it was only when they were ill. And only 1 (0.3%) female subject said they don't utilize any facility.

Adequate facilities

Subjects were enquired about their opinion about the availability of services in their preferred centers for healthcare. Though majority of them expressed their satisfaction about the availability of services, a small fraction of subjects were not totally satisfied with the range of services available. The available health care centers were catering only primary health needs. And not all specialists were available on all the days of the week. Moreover, very limited investigations facilities were available in these health centers. And one more common expectation from the elderly subjects was the provision of an injection on every visit, might be the reason for the possible dissatisfied fraction of subjects. Among the 94 subjects residing close to PHC, 3 (3.2%) male subjects were not satisfied with the facilities available in their preferred health center but majority of the subjects, 57 (60.6%) males and 37 (39.4%) females expressed satisfaction about the available services. Among the 347 subjects residing close to RHTC, 185 (53.9%) of males and 156 (45%) females expressed their satisfaction about the availability of services but 2 (0.6%) male subjects and 4 (1.2%) female subjects expressed their dissatisfaction about the available services in their preferred centers.

Conclusion

Subjects residing close to Govt. PHC expressed that there were adequate facilities at their preferred health centers.

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