General Awareness, Perceptions and Preferences of Household Elderly Members about Diseases and Seeking Treatment in Urban Punjab

Ms. Jagpreet Kaur
Ph.D. Scholar, Department of Economics,
Punjabi University, Patiala, Punjab, India

Dr. Sukhwinder Singh
Professor of Economics, Centre for Research in
Economic Change, Punjabi University,
Patiala, Punjab, India

ABSTRACT

In the medical theory, the general awareness and perception of symptoms or diseases are the important factors to determine the utilization of health services, if any of the family members suffers from these symptoms and diseases. This research paper highlighted that regular health check-ups and tests can help to detect health problems before these problems become serious in nature. These check-ups and tests also can help to find illness early when one's chances for getting treatment and cure are better. As expected, a very tiny proportion of sampled households' elderly members went for voluntary health check-up. Physical activity (exercise) can help older people to maintain independence, recovery from illness and reduce their risk of disease. For elderly people, walking, swimming, cycling and yoga are all good forms of exercise. The data concluded that more than one-fourth of elderly members did a physical activity.

KEYWORDS: *Awareness, perceptions, elderly members, diseases and seeking treatment*

INTRODUCTION

As a person ages, his/her body undergoes various changes gradually or fastly. Every single cell in the body undergoes this change, but rate of change various from person to person. As the world's population ages and people live longer, it is becoming increasingly important to ensure that older people enjoy a good quality of life and experience. Satisfaction with life and general to well-being in the old age constitutes one of the major concerns for the elderly people (Priyanka, 2010 [1]). Ageing is a natural process, which presents a unique challenge for all sections of the society. Although the exact definition of elderly age group is controversial, it is generally defined as the person with a chronological age of 65 years and above (WHO, 2013 [2]).With gradual improvement in health care delivery services, life expectancy has increased and thus the percentage of the elderly population also rose.

This paper focuses on the general awareness, perceptions and preferences of elderly members about diseases and health care treatment. This paper has been divided into six sections. Section I deals with data sources and methodology of study. Section II deals with the preventive steps, if any, preferred by the elderly member. Section III examines the current health care system and proper health care for elderly. Section IV examines the role of family in health care for elderly. Section V deals with general awareness and perception of households. Section VI examines the summary of main conclusion of study.

Section-I

1.1 Data Sources and Methodology of Study

This study is largely based upon the primary data. The primary data have been generated through a comprehensive sample survey of 300 urban households of nine cities, namely, Patiala, Nabha and

Rajpura (Patiala district), Ludhiana, Doraha and Payal (Ludhiana district) and Bathinda, Rampura-Phul and Bhucho Mandi (Bathinda district) selected through stratified random sampling method and through a well-structured questionnaire (Kaur, 2018[3]). The study has taken household rather than individual as the basic unit of analysis. All these households were classified into three categories of households, i.e., high status households (84), medium status households (113) and low status households (103) by assigned the quantitative scores as per the standard methodology developed by Kuppuswamy (2014[4]) for the educational level of household head and occupational status of household and for per month per capita consumption expenditure of the household by Raveendran (2008 [5]). The analysis has been carried out these three categories of households.

Section II

1.2 Preventive Measures

Healthy life styles in elderly are described as a lifelong process optimizing opportunities for improving and preserving health, physical, social and mental wellness; independence; quality of life; and enhancing successful life-course transitions (Burnner, 2005 [6]). For achieving such kind of healthy life, regular health examination and tests can help to find health problems before they start. Such test can also help to detect health problems early when one's chances for getting treatment and cure are better. In this way, the basic purpose of health check-up is to detect those hidden symptoms which may later cause an illness or disease. Thus, an early detection can prevent the occurrence of illness/disease. The preventive health measures are one of the most important aspects of health care services in India, but it is mostly ignored even in the urban setting, where a visit to a doctor/clinic is considered to be an unusual step when a person is maintaining normal health. Thus, the people living in urban areas of India are not prevention oriented compared to the people of western countries. However, some of the urban households often realize the need for these services and utilize them also. For this purpose, only aspects of the primary prevention that is the health check-up has been analyzed.

In the health check-up, a person's health condition has been examined through the different diagnostic techniques. As expected, a very tiny proportion of

sampled household's elderly members (17.03 percent) went for voluntary health check-up. All these persons were from the high status and medium status, none of the elderly person from the low status had preferred this facility. Further, 26.15 percent and 23.13 percent of elderly person in the high status and medium household went for health check-up. A detailed scrutiny of the data further revealed that all those persons who went for health check-up were either employed in service or students (Table 1.1).

Table 1.1: Distribution of Elderly Members Utilized Health Check-up

Household Status	Health Check-Up		
	Yes	No	Total
Low	0	127	127
%	0.00	100.00	100.00
Medium	37	123	160
%	23.13	76.88	100.00
High	34	96	130
%	26.15	73.85	100.00
Total	71	346	417
%	17.03	82.97	100.00

Source: Primary Survey.

The household heads were asked to state reason/s for not using health check-up to prevent the occurrence of diseases. An assessment of reasons behind this phenomenon had been reproduced in the Table 1.2. The data concluded that 51.05 percent of households reported uselessness as the main reason for not preferring health check-up. Another one-fifth of households (19.71 percent) stated that no government facility was available for check-up and 17.61 percent of the households stated the poor economic conditions as the main reason behind not going for health check-up. Interestingly, 30.65 percent of low status households mentioned the poor economic conditions as the main reason. And, another 17.74 percent of low status households reported non-availability of government facility near their homes. Further, many households also gave more than one reason (Table 1.2).

Table 1.2: Distribution of Elderly Patients Not Preferring Health Check-Up by Reasons

Reasons	Household Status			
	Low	Medium	High	Total
Useless	115	116	85	316
%	37.10	59.79	73.91	51.05
Expensive	45	22	5	72
%	14.52	11.34	4.35	11.63
Poor Economic Condition	95	14	0	109
%	30.65	7.22	0.00	17.61
No Govt. Facility	55	42	25	122
%	17.74	21.65	21.74	19.71
All Reasons	310	194	115	619
%	100.00	100.00	100.00	100.00

Note: Many patients reported multiple reasons
Source: Primary Survey.

It is well established that physical activity is essential for maintaining physical abilities and independence in older age. Regular physical activity is important contribute or to good overall health, including promotion healthy weight and reducing NCDs risk (Nelson, et al., 2007 [7]). Physical activity can also maintain to improve brain health. Observational studies have demonstrated that being physically active is associated with lower a lower risk of cognitive decline and dementia (Parker, et al., 2012 [8]). There is growing evidence that physical activity has positive effect on cognitive function for older adults with healthy cognition mild impair and dementia (Lautenschlager, et al., 2008 [9]). Generally, there is a direct relationship between physical activity and high level of education, considering the physical activity components of a healthy lifestyle, higher awareness in people with higher education is justifiable (Lee, et al., 2005 [10]). Physical activity (exercise) can help older people to maintain independence, recover from the illness at the early stage and reduce their risk of getting disease. Walking, swimming and cycling are all good forms of exercise. Table 1.3 highlights the information on physical activity of elderly people. The data concluded that only 27.82 percent elderly members do physical activity and 72.18 do not take any physical exercise. (Table 1.3)

Table 1.3: Distribution of Elderly Members by Information on Physical Activity

Household Status	Physical Activity		
	Yes	No	Total
Low	20	107	127
%	15.75	84.25	100.00
Medium	54	106	160
%	33.75	66.25	100.00
High	42	88	130
%	32.31	67.69	100.00
Total	116	301	417
%	27.82	72.18	100.00

Source: Primary Survey

Table 1.4 highlighted the comparisons of different types of physical activities. Main physical activities were walking (47.41 percent), cycling (30.17 percent), swimming (5.17 percent) and others it includes yoga and combination of two or more type of exercises (17.24 percent). In low status more than half (55.00 percent) of elderly were did walking, 25.00 percent were did other exercises. In medium status and high status 40.74 percent and 52.38 percent did walking, 37.03 percent and 26.19 percent did cycling and 18.51 percent and 11.90 percent did other exercises as physical activities respectively.

Table 1.4: Distribution of Elderly Members by Type of Physical Activity

Type of Physical Activity	Household Status			
	Low	Medium	High	Total
Walking	11	22	22	55
%	55.00	40.74	52.38	47.41
Swimming	0	2	4	6
%	0.00	3.70	9.52	5.17
Cycling	4	20	11	35
%	20.00	37.03	26.19	30.17
Others*	5	10	5	20
%	25.00	18.51	11.90	17.24
Total	20	54	42	116
%	100.00	100.00	100.00	100.00

*it includes yoga and combination of two or more types of exercises. Source: Primary Survey.

Section: III
1.3 Health Care System

WHO (2004 [11]), study on the global health care profile ranked India's health care system at 112th out of 190 countries. This survey highlighted three major health concerns for India that still are prominent today. According to WHO, (2005 [12]) the first

concern was the high vulnerability of young children. Among children under five, 43.5 percent are underweight (the highest percentage in the world) and have 6.6 percent dying before their fifth birthday (which is quite high compared to United States' rate of 0.8 percent). The second major concern is poor sanitation. Only about 30 percent of the population uses improved sanitation facilities and this figure dips below 20 percent when focusing solely on the rural population. The final concern is disease. The top three are malaria, tuberculosis, and diarrhea. Combined, these health concerns have hindered India's life expectancy: 63 for males and 66 for females.

Table 1.4 : Distribution of Elderly People by Difficulty in Getting Proper Health Care

Household Status	Difficulty in Getting Health Care		
	Yes	**No**	**Total**
Low	122	5	127
%	96.06	3.94	100.00
Medium	51	109	160
%	31.88	68.13	100.00
High	12	118	130
%	9.23	90.77	100.00
Total	185	232	417
%	44.36	55.64	100.00

Source: Primary Survey

The analysis of data on difficulty in proper health care for elderly revealed that 44.36 percent of elderly mentioned difficulty in getting health care and 55.64 percent have not faced any difficulty. The information in Table 1.4 proved that, on whole low status households face more difficulty (96.06 percent) as compared to the medium status (31.88 percent) and the high status (9.23 percent) (Table 1.4). Table 1.5 depicts household elderly members' satisfaction for current health care system 34.05 percent household were dissatisfied from current health care system. Further, dissatisfaction proportion was more in the low status (90.55 percent) as compared to the medium status (11.88 percent) and the high status (6.15 percent).

Table 1.5: Distribution of Elderly by Satisfaction of Current Health Care System

Satisfaction	Household Status			
	Low	**Medium**	**High**	**Total**
Satisfied	0	75	65	140
%	0.00	46.88	50.00	33.57
Dissatisfy	115	19	8	142
%	90.55	11.88	6.15	34.05
Neutral	5	56	45	106
%	3.94	35.00	34.62	25.42
Donot Know	7	10	12	29
%	5.51	6.25	9.23	6.95
Total	127	160	130	417
%	100.00	100.00	100.00	100.00

Source: Primary Survey

The data also shows 33.57 percent elderly satisfied from current health care system. In which 50 percent are from high and 46.88 percent are from medium status elderly members. 25.42 percent elderly are neutral from current health care system. The main reason for dissatisfaction in the low status elderly is costly treatment in private hospitals and the benefits of super specialty have not reached the poor at all. Factors such as elite orientation of the management, lack of awareness among the poor people for free treatment and ineffective mechanisms. Table 1.6 shows the elderly members' preferences on type of treatment. An analysis of data showed 53.24 percent of elderly preferred allopathic system of treatment whereas 12.71 percent homeopathic and 23.74 percent ayurvedic and rest 10.31 percent prefer any other (it includes home remedies and combination of two medicines). The main reason of preferring allopathic is fast recovery and easy availability.

Table 1.6: Distribution of Households by Type of Treatment

Household Status	Type of Treatment				
	Allopathic	**Homeopathic**	**Ayurvedic**	**Any other***	**Total**
Low	61	5	28	33	127
%	48.03	0.00	22.05	25.98	100.00
Medium	75	33	42	10	160
%	46.88	20.63	26.25	6.25	100.00
High	86	15	29	0	130
%	66.15	11.54	22.31	0.00	100.00
Total	222	53	99	43	417
%	53.24	12.71	23.74	10.31	100.00

*it includes home remedies and combination of two medicines. Source: Primary Survey

Table 1.7: Distribution of Households for Changes in Healthcare System

Household Status	Changes			
	A	B	C	Total
Low	64	36	27	127
%	50.39	28.35	21.26	100.00
Medium	76	54	30	160
%	47.50	33.75	18.75	100.00
High	29	67	34	130
%	22.31	51.54	26.15	100.00
Total	169	157	91	417
%	40.53	37.65	21.82	100.00

a- free medical facility, b- multispecialty hospital, c-Health Insurance. Source: Primary Survey

Table 1.7 shows the changes in health care system. Data shows major changes should be free medical facility, multispecialty hospital and health insurance. The data revealed that 40.53 percent of elderly wants free medical facility, 37.65 needs multispecialty hospital and 21.82 percent needs health insurance for elderly people. In low status 50.39 percent, medium 47.50 percent and 22.31 percent in the high status elderly preferred free medical facility as the changes in the health care system, other changes in health care system are multispecialty hospital and health insurance 51.54 percent of elderly in high status, 33.75 percent in medium status and 28.35 percent in low status wants multispecialty hospital as a change in health care system. 21.82 percent of elderly wants health insurance scheme as a change in health care system. 26.15 percent in high status, 18.75 in the medium status and 21.26 percent in low status wants health insurance scheme for the elderly people. Thus data revealed that most of the elderly people wanted to be the free medical facility as the change in health care system.

Table 1.8: Distribution of Household for Elderly People Health Expenses

Household Status	Sources				
	A	B	C	D	Total
Low	45	9	15	58	127
%	35.43	7.09	11.81	45.67	100.00
Medium	40	14	18	88	160
%	25.00	8.75	11.25	55.00	100.00
High	47	19	25	39	130
%	36.15	14.62	19.23	30.00	100.00
Total	132	42	58	185	417
%	31.65	10.07	13.91	44.36	100.00

a-Own Saving ,b-Health Insurance ,c-Loan ,d-Family support. Source: Primary Survey

Table 1.8 explains in the case of health expenses elderly people are dependent upon their family members (44.36 percent), 31.65 percent household elderly spend their own saving, 13.91 percent take loan for treatment and 10.07 percent household elderly members use their health insurance. The data revealed that in the low status 45.67 percent elderly members depend on their family members, 11.81 percent on loans, 35.43 percent on their own saving and only 7.09 percent on health insurance schemes for their health expenses, In the medium status 55.00 percent elderly members depend on their family members, 25.00 percent on their own saving, 11.25 on the loan and 8.75 percent on health insurance and in the high status 36.15 percent elderly depend on their own saving, 30.00 percent on family support 19.23 percent on loan and 14.62 percent on the health insurance schemes for their health expenses. Thus data showed most of the elderly people depends on their family members for their health care expenses needs.

Section IV

1.4 Role of Family in Health Care Utilization among Elderly

Family is a group consisting of parents and children living together in a household and they are also depended on each other for living a good and healthy life. Health and wellbeing are the result of synergistic interactions among a variety of determinants. Family structure and composition are two important social determinants that may also affect health behaviors and outcomes. Health problems of elderly persons are supposed to be the major concern of a family as older people are more prone to suffer from ill-health than younger age group. So, family plays an important role to care the elderly population

In Indian society, one can find three types of family- single, nuclear and joint. Nuclear family is consisting of a pair of adults and their unmarried children where as the joint family is consist of parents, their children, and the children' spouses and the off springs. The Indian family traditionally has been viewed as a close-knit social unit from which its members derived support, security, and means for meeting their needs (Chang, 1992[13]). In Indian the elderly were cared for by their families; moreover, respect for the aged was considered a virtue in the Indian tradition. The aged people also represent life experience,

knowledge, authority, and status. In today's world, however, the emphasis on individualism, nuclear family autonomy in an urban-industrial milieu and economic discrimination elderly often create pressures on the children of Indian immigrants that lead to disregard for their elderly parents (Ghosh, 2011[14]). In recent years, as the number of elderly has increased and the influence of cultural norms and traditional structures has diminished, the problems of older Indians have multiplied (Silva, 2005 [15]). Inadequate income reduced physical capabilities, and social isolation often makes old age a period of degeneration and sufferings. The Indian elderly especially are confronted with the poverty, isolation, racial discrimination, poor housing, and poor health (Bose, 2007[16]).

Regarding the household elderly health care, most of elderly people are taken care by their spouse and sons. The data showed that in low status category, 40.94 percent of elderly persons have cared off by their sons, 9.45 percent by their daughters, 33.07 percent by their spouses and 16.54 percent by their grandchildren. The data also showed that in the medium status elderly 42.50 percent cared by their sons, 40.63 by their spouses, 5.00 percent by their daughters, 7.50 percent by their grand children and 4.38 percent by domestic helpers. On the other hand, in the high status households, 22.58 percent was looked after by their son, 30 percent by spouses, 11.54 by their daughters, 12.31 by grandchildren and 19.23 percent by domestic helpers (Table 1.9).

Table 1.9: Distribution of Elderly Members for Healthcare

Household Status	Who Care you					
	Son/ Daughter in Law	Daughter	Spouse	Grand Children	Domestic Helper	Total
Low	52	12	42	21	0	127
%	40.94	9.45	33.07	16.54	0.00	100.00
Medium	68	8	65	12	7	160
%	42.50	5.00	40.63	7.50	4.38	100.00
High	35	15	39	16	25	130
%	22.58	11.54	30.00	12.31	19.23	100.00
Total	155	35	146	49	32	417
%	37.17	8.39	35.01	11.75	7.67	100.00

Source: Primary Survey

The data on distribution of elderly people to take health facility showed that in high status households, 22.58 percent elderly patients went with their son, 30 percent with spouse and 19.23 percent with their domestic helpers 12.31 percent by grand children. In the case of medium and low status, 42.50 percent and 40.94 percent elderly with sons, 5 percent and 9.45 percent with their daughters, 40.63 percent and 33.07 percent with their spouses, 7.50 percent and 16.54 percent with grandchildren and 4.38 percent, 0 percent with domestic helpers (Table 1.10).

Table 1.10: Distribution of Household Elderly People to Take Health Facility

Household Status	Who Takes to Health Facility					
	Son/Daughter in law	Daughter	Spouse	Grand Children	Domestic Helper	Total
Low	52	12	42	21	0	127
%	40.94	9.45	33.07	16.54	0.00	100.00
Medium	68	8	65	12	7	160
%	42.50	5.00	40.63	7.50	4.38	100.00
High	35	15	39	16	25	130
%	22.58	11.54	30.00	12.31	19.23	100.00
Total	155	35	146	49	32	417
%	37.17	8.39	35.01	11.75	7.67	100.00

Source: Primary Survey.

Table 1.11 explains that regarding the daily health care most of elderly was cared by their spouse (40.29 percent and son/daughter in law (35.97 percent).The data also explained that in the low status 51.18 percent elderly members were cared by their spouse, 6.30 percent by their daughters, 36.22 percent by their son /daughter in law and 6.30 percent by their grandchildren. In the case of high and medium status 30.77 percent and 39.38 percent by their spouses, 9.23 percent and 8.75 percent cared by their daughters, 36.92 percent and 35.00 percent by their son/ daughter in law, 6.92 percent and 9.38 percent by grandchildren and 16.15 percent and 7.50 percent by domestic helpers.

Table 1.11: Distribution of Elderly Members by Daily Health Care

Household Status	Daily Health Care by Family Members					
	Spouse	Daughter	Son/Daughter in Law	Grand Children	Domestic Helper	Total
Low	65	8	46	8	0	127
%	51.18	6.30	36.22	6.30	0.00	100.00
Medium	63	14	56	15	12	160
%	39.38	8.75	35.00	9.38	7.50	100.00
High	40	12	48	9	21	130
%	30.77	9.23	36.92	6.92	16.15	100.00
Total	168	34	150	32	33	417
%	40.29	8.15	35.97	7.67	7.91	100.00

Source: Primary Survey.

Section V

1.5 General Awareness and Perceptions

In the medical theory, the general awareness and perception of symptoms or diseases are the important factors to determine the utilization of healthcare services, if any of the family members suffers from these symptoms and diseases. The poor awareness and perceptions indicate lack of knowledge about the scientific way to treat the diseases. Moreover, the poor perception of symptoms and diseases may produce a communication gap between the patient and the doctor because the patient's presentation of his/her health problems to the doctor depends, in the first instance, on the patient's perceptions (Logan, 1996 [17]). Hence, it is interesting to examine the awareness and perceptions of non-communicable /communicable diseases and treatment across different categories of households. Early diagnosis has always a better chance for cure, prevention of the diseases and delays its complications. Physical health assessments can help to identify early sign and symptoms of undiagnosed cases of physical health problems in the elderly (Reji and Kaur, 2015 [18]).

The analysis of data on main causes of diseases revealed that 23.26 percent of household heads mentioned the main reasons behind their illness were old age, followed by the Pollution (22.29 percent), the God's curse (19.38 percent), germs (15.24 percent). The poor nutritional level as the cause of diseases was mentioned by 12.95 percent of households. Further, it came to light that the high status households mentioned the scientific causes, i.e., 32.39 percent of them reported ageing as the main reason and 23.58 percent mentioned the germs as the reason. In the low status households, the main cause of diseases was stated as the God's curse (32.13 percent) and the poor nutritional level (24.46 percent). In the medium status households 26.00 percent mentioned pollution, 24.00 percent reported old age, 15.00 percent mentioned God's curse and 20.75 percent germs. A very small proportion of household heads (6.87 percent) mentioned other causes which included the religious cause as major cause of diseases (Table 1.12).

Table 1.12: Distribution of Households Responses Regarding Main Causes of Diseases

Causes	Household Status			
	Low	Medium	High	Total
Germs	15	83	75	173
%	3.60	20.75	23.58	15.24
Pollution	81	104	68	253
%	19.42	26.00	21.38	22.29
Poor Nutritional Level	102	22	23	147
%	24.46	5.50	7.23	12.95
Old Age	65	96	103	264
%	15.59	24.00	32.39	23.26
God Curse	134	60	26	220
%	32.13	15.00	8.18	19.38
Any other	20	35	23	78
%	4.80	8.75	7.23	6.87
Total	417	400	318	1135
%	100	100	100	100

Note: Many households reported multiple reasons.
Source: Primary Survey.

Further, only 14.67 percent of sampled urban households preferred to seek medical treatment if any family member reported a minor symptom/disease. And, 85.33 percent did not go for treatment for the minor symptoms. The minor diseases were the body pain, headache, toothache, giddiness, etc. However, in the high status households, 27.38 percent households preferred to get treatment for the minor symptoms also. But, in the low status and the medium status households, this proportion was very low (5.83 percent and 13.27 percent respectively) [Table 1.13].

Table 1.13: Distribution of Households Preferring Treatment for Minor Symptoms

Status	Yes	No	Total
Low	6	97	103
%	5.83	94.17	100.00
Medium	15	98	113
%	13.27	86.73	100.00
High	23	61	84
%	27.38	72.62	100.00
Total	44	256	300
%	14.67	85.33	100.00

Source: Primary Survey.

Table 1.14 highlights the main reasons of not seeking treatment for minor symptoms. In the high status elderly main reason was they preferred home remedies (74.16 percent) for minor diseases, 22.47 percent elderly gives loss of working day and 3.37 percent elderly gives costly as the reason for not taking treatment for the minor diseases. In the medium status and low status 57.63 percent and 26.07 percent elderly preferred home remedies for minor diseases, 16.95 percent and 25.12 percent elderly gives loss of working day as the reason for not taking treatment. Other reason for not taking treatment is the costly treatment as main reasons for not taking treatment for minor diseases.

Table 1.14: Distribution of Household Heads Not seeking Treatment by Reason for Minor Diseases

Reasons	Household Status			
	Low	Medium	High	Total
Preferring Home Medicine	55	68	66	189
%	26.07	57.63	74.16	45.22
Loss of Working Days	53	20	20	93
%	25.12	16.95	22.47	22.25
Costly Treatment	103	30	3	136
`%	48.82	25.42	3.37	32.54
Total	211	118	89	418
%	100.00	100.00	100.00	100.00

Note: Many household gives multiple reasons.
Source: Primary Survey.

Table 1.15: Distribution of Households Preferring Treatment for Major Symptoms

Household Status	Yes	No	Total
Low	82	21	103
%	79.61	20.39	100.00
Medium	105	8	113
%	92.92	7.08	100.00
High	84	0	84
%	100.00	0.00	100.00
Total	271	29	300
%	90.33	9.67	100.00

Source: Primary Survey.

Regarding the major symptoms/diseases table 1.15 highlighted that 90.33 percent of household heads preferred to seek treatment and 9.67 percent household heads did not preferred to seek treatment. In the high status households, 100 percent household heads got treatment for major symptoms, 92.92 percent in the medium status and 79.61 percent in the

low status households. The main reasons for not seeking treatment for major symptoms diseases were the home medicine (51.72 percent), followed by costly treatment (31.03 percent) and loss of working days (17.24 percent). In high status category, 100 percent of elderly members got treatment for major symptoms (Table 1.16).

Table 1.16: Distribution of Households Not Seeking Treatment for Major Symptoms/ Diseases

Reasons	Household Status			
	Low	**Medium**	**High**	**Total**
Prefer Home Medicine	11	4	0	15
%	52.38	50.00	0.00	51.72
Loss of Working Days	3	2	0	5
%	14.29	25.00	0.00	17.24
Costly Treatment	7	2	0	9
%	33.33	25.00	0.00	31.03
Total	21	8	0	29
%	100.00	100.00	0.00	100.00

Source: Primary Survey

The data on households' preferences for seeking treatment revealed that nearly two-third of household heads (66.79 percent) preferred to get treatment from the MBBS/MD doctors. In the case of high status households, 94.05 percent preferred treatment from the doctors having MBBS/MD degree compared to 80.95 percent in the medium status households and 20.73 percent in the low status households. Indeed, it is major worry that in the low status households, 48.78 percent of patients got treatment from the unqualified healers. (Table 1.17)

Table 1.17: Distribution of Households Preferring Treatment by Doctor's Qualification

Qualification	Low	Medium	High	Total
MBBS/MD	17	85	79	181
%	20.73	80.95	94.05	66.79
RMP	25	12	5	42
%	30.49	11.43	5.95	15.50
Others*	40	8	0	48
%	48.78	7.62	0.00	17.71
Total	82	105	84	271
%	100.00	100.00	100.00	100.00

*It includes Chemists, Vaid /Hakims etc.
Source: Primary Survey.

With regard to the reasons behind seeking treatment from a particular doctor/ health centre, the analysis of answers given by the household heads presented interesting facts. For instance, on the whole, 26.06 percent household heads preferred treatment from experienced doctors/centre; 14.48 percent household heads mentioned the fast recovery as the reason; 24.13 percent household heads were attracted due to good facility available in the centre/doctor; 16.41 percent household heads preferred it due to not costly/affordable treatment; and 18.92 percent households preferred the centre/doctor which was near to their homes. Across the different categories of households, the low status households preferred to get treatment either from the 'not costly/affordable treatment' (41.67 percent) or 'near to home' (34.09 percent) facility compared to other categories of households (Table 1.18).

Table 1.18: Distribution of Households Seeking Treatment From Particular Doctor/Centre by Reason

Reasons	Household Status			
	Low	**Medium**	**High**	**Total**
Experienced Doctor	12	68	55	135
%	9.09	28.33	37.67	26.06
Fast Recovery	18	35	22	75
%	13.64	14.58	15.07	14.48
Nearest to Home	45	48	5	98
%	34.09	20.00	3.42	18.92
Good Facility	2	67	56	125
%	1.52	27.92	38.36	24.13
Not Costly	55	22	8	85
%	41.67	9.17	5.48	16.41
Total	132	240	146	518
%	100.00	100.00	100.00	100.00

Note: Some households gave more than one reasons.
Source: Primary Survey.

It means that the economic reasons i.e. not so costly/affordable treatment are more important, especially in the low status household heads, to understand the choices of households to seek treatment, if any member of their households suffered from NCDs and communicable diseases. Good facility and experienced doctor are more important reasons in high status and medium status households. Fast recovery also plays an important role in the selection of health centres for treatment.

Section VI

1.6 Summary of Main Conclusions:

The study highlighted that regular health check-ups and tests can help to detect health problems before they start. These check-ups and test also can help to find problems early when one's chances for getting treatment and cure are better. As expected, a very tiny proportion of sampled household's elderly members went for voluntary health check-up. All these members were from the high status and medium status, none of the elderly person from low status had preferred this facility. A detailed scrutiny of the data further revealed that those who went for health check-up were either employed in service or students. The data concluded that one-half of elderly member reported uselessness as the main reason for not preferring health check-up. Another one-fifth of elderly member stated that no government facility was available for seeking health check-up and one fifth of the households stated the poor economic conditions as the main reason.

Physical activity (exercise) can help older people maintain independence, recovery from illness and reduce their risk of disease. The data concluded that more than one fourth of elderly members did physical activity. The analysis of data on difficulty in seeking proper health care for elderly revealed that 44.36 percent of elderly mentioned difficulty in health care and 55.64 percent have not faced any difficulty. Low status elderly members face more difficulty as compared to medium and high status. The public health care system is inadequate in quality as well as in quantity. Near about two fifth elderly are dissatisfied from current health care system. Data also shows elderly members prefer allopathic treatment. The main reason of preferring allopathic is fast recovery and easy availability.

An assessment of data revealed that in the case of health expenses one half of the elderly people were dependent upon their family members, spent their own saving, and took loans for treatment and elderly members use their health insurance. Regarding the household elderly health care, most of elderly people were attended by their spouse and sons. Regarding the daily health care most of household are cared by their spouse (40.29 percent and son/daughter in law (35.97 percent). The analysis of data on main causes of diseases revealed that one-fourth of household heads mentioned old age, followed by the God's curse, and germs the main reasons. Further, it came to light that the high status households mentioned scientific reasons, i.e., one-third of them reported ageing as the main reason and one-forth termed the germs as the reason. In the low status households, the main cause of diseases was the God's curse and the poor nutritional level. In the medium status households, one-half of household heads mention the main causes were the God's curse, the germs and the ageing. A very small proportion of household heads mentioned other causes which included the religious cause as major cause of diseases.

In the case of minor diseases, one-fifth of sampled urban households preferred to seek medical treatment and more than four-fifth of elderly got no treatment. The minor diseases were the body pain, headache, toothache, giddiness, etc. However, in the high status households, more than one-fourth elderly members preferred to get treatment. But, in the low and the medium status households, this proportion was very low. Regarding the major symptoms/diseases, more than four-fifth of household heads preferred to seek treatment. In the high status households, 100 percent household heads got treatment for major symptoms, 92.92 percent in the medium status and 79.61 percent in the low status households. In this way data conclude people preferred treatment for major symptoms of diseases. They always ignored the minor symptoms of any diseases as they preferred home medicine to treat minor symptoms of any diseases

The main reasons for not taking treatment for minor diseases prefer home medicine, costly treatment and loss of working days. The data on households preferring treatment revealed that more than three-fifth got treatment from the MBBS/MD doctors. In the case of high status households most of elderly preferred treatment from the doctors having MBBS/MD degree compared to the medium status households and the low status households. Indeed, it is major worry that in the low status households, majority of patients got treatment from the unqualified healers.

With regard to the reasons behind seeking treatment from a particular doctor/centre, the analysis of answers given by the household heads presented interesting facts. For instance, on the whole, one-fourth of households preferred treatment from experienced doctor/centre; one fifth households

mentioned the fast recovery as the reason, one fourth of elderly were attracted due to good facility available in the centre/doctor; near about three-fifth of households preferred it due to not costly treatment and the centre/doctor which was near to home.

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