

HEALTH STATUS AND HEALTH SEEKING BEHAVIOURS AMONG THE ELDERLY IN THE DONMUANG SLUM COMMUNITY, BANGKOK, THAILAND

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ABSTRACT: This study was conducted to determine health status and the health seeking behaviours among the elderly in the Donmuang slum community, Bangkok, Thailand. This is a cross-sectional study. The data was collected using a structured questionnaire to 287 elderly during March - April 2012. Most of the study population aged 60 to 99 years, with two third of them were females. Most of elderly 66.9 % attained primary education and can read and write a little 43.6%. An average a monthly income of elderly less than 2,500 per month, 77.9% did not working. The study found that perception of health status was good 50.5%. Most of the elderly live with daughter and their spouses. Elderly have health problems 78.0 % and 71.4% under universal coverage. Major health problems were mainly found hypertension 57.8%, diabetes 31.0% and dyslipidemia 26.8% respectively. Minor illness include headache 23.3%, fever 4.5% and diarrhea 2.1% respectively. 69% of the elderly visit public health agencies is the most common health seeking behaviours for perceived major illness, 4.9% visit private health agencies and 2.8% do nothing respectively. Self - medication is the most common health seeking behaviours for perceived minor illness 22%, public health agencies 7.0%, Do nothing 6.6% respectively. There was no significant between personal profile and health seeking behaviours for perceived illness in this community.

Keywords: Health status, Health seeking behaviours, Elderly, Slum community, Bangkok

INTRODUCTION

Nowadays the number of senior people aged 60 years and older is growing rapidly worldwide. The world's population aged 80 years and older is anticipated to increase between 2008 and 2040 by 233% [1]. Sixty seven percent of aging of the world will be in developing countries, especially in Asia [2]. Most of people are living longer than ever before which settled down both high and low income regions. In addition, both fertility and mortality rate tend to decline while the average of life expectancy has increased and created a new set of challenges in today's society [3]. As a result, implication of the aging population in the global is gigantic and pervades every aspect of human development [4]. According to the data of United

Nations, Thailand changed into the period of "the aging society" since in 2005. The number of elderly people is anticipated to rise significantly over the next 25 years. Moreover, an important issue for Thailand is a very lofty rate of growth of its aging population. Since in 1960 the proportion of people who have aged 65 and over was 2.9% (0.77 million), and this tented to increase to 6% (5.3 million) in 2000. The proportion of the aged population will increase to 15%, at which time they will come to more than seven million by the year 2030 [2]. Consequently, the elder has become a most important people of public health concern as they are alive with health in all aspects, physical, mental and psychosocial [5].

Quality of life can change over the life span. Therefore, health becomes one of the major concerns about older age for both individuals and society. In addition, evaluation of functioning

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capacity assessed by activities of daily life providing a social. Definition of health in terms of variation from normal role functions with reduced ability to make resources. Health status of elderly people will be affected because they lack basic needs [6]. Moreover, attribution of poorly health workers towards the care of them are some of the parts associated with an interruption in seeking health care [6]. Uzma [7] mentioned that "health seeking behavior is not just a one of isolated event. It is part and package of a person's, a family's or a community's characteristic which leading to evolving a combination of social, personal, cultural and pragmatic factors. The process of responding to 'illness' or seeking care involves several steps and can be hardly translated into a simple one of choice or perform, or be explained by a specific model of health seeking behavior"

Unavailability and inaccessibility of health care services and limited affordability of poor people have been concerned by the Thai government launching the universal coverage program. Health care seeking is a principal issue in all kinds of morbidity, since the duration of symptoms increases the probability of severe morbidity and harmful sequelae [8]. Understanding of health seeking behaviors could manage delay diagnosis, improve treatment compliance and improve health promotion strategies in a variety of contexts [9].

In spite of such concerns, studies on the specific of health status and health seeking behaviors of the elderly in slum communities, there is an important vulnerable group in the community. Focused on Elderly population in Donmuang district, the elderly people is 11% of the total population. There are about 18,213 elderly people in this community and about 1,014 elderly people living in slum areas [9]. There is no study about health status and health seeking behaviors and also access to health service among elderly people in this district. The activity to support the elderly people have only the MOPH policy implemented such as elderly clinic, home visit, health education health promotion, prevention and disease control. The increasing number of elderly people leads to many problems in this community. In the nearly future, they might be tended to increase the severity of the situation. The aims of this study were to find out health status and health seeking behaviours among the elderly who lives in the Donmuang slum community, to determine the relationship between (1) personal profile and health seeking behaviors for the perceived health problem of the elderly findings from this study will provide more

beneficial for elderly people. Moreover, the results can be a baseline data and used as a guideline to improve the health care service system for the elderly in the Donmuang slum community, Bangkok.

METHODOLOGY

A cross-sectional study was conducted on the elderly in the Donmuang slum community. The household survey random sampling techniques was use to select the participants from fifteen slum communities in Donmuang. Sample sizes from calculation 287 participants by Yamane formula. In case of there are elderly more than one people lived together in house, simple random sampling was apply to choose only one elderly per house. Data collection was done during March to April 2013. A total of 287 participants participated in the study. Current inclusion criteria for the participants included who are aged 60 years and above, both male and female, lived in the Donmuang slum communities more than 1 year. Exclusion criteria were the participants were affected by a condition which impairs communication such as psychiatric disorders, mental impairments, severe hearing or speech. The researcher assistants were trained to understand the purpose of the study. Data was collected by face to face interviews using structures questionnaire at their residences until the required sample size is obtained.

The questionnaire was generated based on literature research. Pilot testing was conducted with elderly who lives in small slum community in Donmuang district. The internal consistency reliability (Conbach's α) was 0.81. Meanwhile, face validity and content validity of the questionnaire were both confirmed by three experts (IOC = 0.79). The results indicated that the questionnaire has good reliability and validity.

Health status was assessed through perception of health status of the elderly and physical health situation of the elderly.

Health seeking behaviour was assessed through how the elderly managed their health problem. The actions are organized into 6 groups namely (1) Self medication, (2) Buy medication/ Consult at drug store, (3) Visit public health agencies, (4) Visit private health agencies, (5) Traditional healer/Traditional treatment, (6) Do nothing/ ignoring

Major illness was assessed through illness or chronic illness that diagnosed by physician and mentioned in the past.

Minor illness was assessed through acute illness (you considered not serious) in past two weeks.

Table 1 Personal profile of the elderly (n = 287)

Variables	Frequency	Percentage
Gender		
Female	200	69.7
Male	87	30.3
Age		
60 to 69 years	140	48.8
70 to 79 years	93	32.4
80 to 89 years	49	17.1
Over 90	5	1.7
Range = 60 – 96 years, Mean = 71.03, SD = 8.024		
Marital status		
Married	151	52.6
Widowed	114	39.7
Single	13	4.5
Divorce	5	1.7
Separated	4	1.4
Educational status		
Primary school	192	66.9
No formal education	49	17.1
Secondary school	32	11.1
Vocational education	12	4.2
Bachelor's Degree or higher	2	0.7
Occupations		
Laborer	35	12.2
Self employed	27	9.4
Employee private company	1	0.3
Government or State Enterprise	3	1.0
Not working	221	77.0
Health insurance		
Universal coverage	205	71.4
Social Security Scheme	17	5.9
Civil Servant Medical Benefit Scheme	44	5.3
Others	21	7.3

Data analysis

The licensed SPSS software version 17.0 was applied for analysis and clearance. In order to determine health status and the health seeking behaviours among the elderly in the Donmuang slum community. Descriptive statistics in frequency, percentage, mean and standard deviation will be used for analysis to determine the relationship between (1) personal profile and health seeking behaviors for the perceived health problem of the elderly. Pearson's Chi – square test will be used to identify the relationships.

Ethical consideration

The research No. 006.1/56 was approved by the Ethics Review Committee for Research involving Human Research Subjects, Chulalongkorn University on 15 March 2013. Moreover, the purposes and procedures of the study was clearly explained to the participants, Finally, the elderly was sign the informed consent form containing the agreements relating to confidentiality, free participation, freedom to withdraw from the

research, and no use of the information for other purposes.

RESULTS

Table 1, found that a total of 287 elderly in the Donmuang slum community were interviewed (100% response rate). Age of the elderly ranged from 60 to 96 years. About 69.7% were females and 30.3% were males. All of half of the elderly 52.6% were married. More than 40% lived with their daughter, grandchildren and spouse. Regarding to the educational status, two thirds of the elderly got primary school education 66.9%. As for reading and writing ability, it also found that 43.6% can read and write a little. From the study in economic, the majority of the elderly for 77% was not working. Relationship with in family was happy to live together 94.8%. For health insurance of the elderly item, it revealed that 71.4% of the elderly were under universal coverage when go to the health center. Only 5.3% of the elderly were under civil servant medical benefit scheme.

Table 2 Perception of health status (n = 287)

Variables	Frequency	Percentage
Perception of health status		
Good	152	52.9
Fair	81	28.2
Not good	54	18.8

Table 3 Health seeking behaviours for perceived major illness

Type of disease	Percentage					
	Number N(%)	Self drug	Buy drugs	Public health agencies	Private health agencies	Do nothing
Hypertension	88(39.2)	3.4	1.1	89.8	2.3	13.3
Vascular and heart disease	41(18.3)	0	0	87.8	9.8	2.4
Diabetes	24(10.7)	0	0	95.8	0	4.2
Orthopedics disease	19(8.5)	5.3	0	73.7	21.1	0
Others	19(8.5)	0	0	89.5	5.3	5
Dyslipidemia	15(6.7)	0	0	80.0	6.7	13.3
Respiratory disease	12(5.3)	12	0	91.7	8.3	0
Cancer	6(2.7)	0	0	83.3	16.7	0

Table 4 Health seeking behaviours for minor illness

Type of disease	Percentage						
	Number N(%)	Self drug	Buy drugs	Public health agencies	Private health agencies	Traditional Healer	Do nothing
Headache	67(53.1)	67.2	4.5	7.5	1.5	3.0	16.4
Muscle pain	25(19.8)	36.0	24.0	20.0	4.0	4.0	12
Fever	13(10.3)	30.8	15.4	15.4	7.7	7.7	23.1
Common cold	8(6.4)	37.5	12.5	37.5	0	0	12.5
Diarrhea	6(4.8)	33.3	33.3	16.7	0	0	16.7
Nausea and vomit	5(4.0)	0	60.0	40.0	0	0	0
Rash	2(1.6)	0	0	100.0	0	0	0

Table 5 Chi square test of personal profile and health seeking behaviours (n=224)

Personal profile	Pearson chi-square	P-value
Age	1.134	0.769
Marital status	3.509	0.477
Education status	1.511	0.680
Reading and writing ability	2.966	0.392
Occupation	4.217	0.377
In view of income level	0.033	0.856
Health insurance	2.480	0.479

Perception of health status was good (52.9%), fair (28.2%) and not good (18.8%). Chronic illness of which the highest ranked were hypertension (74.1%), followed by diabetes mellitus (40.0%) and dyslipidemia (34.4%).

The study found that perception of health status of the elderly was good 52.9%, fair 28.2% and bad 18.8% (Table 2).

Health seeking behaviours for perceived major illness topic, it found that elderly, who have hypertension most visit health agencies 89.8%, do nothing 13.3%, and self medication 3.4%. Elderly who have vascular and heart disease, orthopedics disease, respiratory disease, cancer and others

disease liked to visit health agencies and followed by visiting private agencies respectively (Table 3).

Most of minor illness was headache 53.1%, muscle pain 19.8% and fever 10.3%. Almost of the elderly was self – medication, except elderly who have nausea and vomit symptom use buy drug at the medication store and most of elderly who have rash visited public health agencies (Table 4).

To determine the relationship between personal profile and health seeking behaviors (Table 5) for the perceived health problem of the elderly, it was no statistically significant level at value 0.05 between personal profile and health seeking behaviours.

DISCUSSION

In Thailand, elderly population has been increasing and also becoming the most important people at public health concerns [5]. In this study, perception of health status found that a half of elderly was good. The mostly collected from elderly were aged at 60 – 69 years and were not in the stage of acute illness and very few from one stage of chronic illness [10]. The World Health Organization emphasizes health promoting behaviours as a key strategy to maintain health status of the elderly and assist them to survive with a good quality [5].

Three fourths of the elderly have chronic health problems. Most of them (78%) reported that they have health problem diagnosed by physician, similar to the results from another study conducted in the 4th National health examination survey, the burden of disease in elderly is high blood pressure, diabetes, strokes, ischemic heart disease, cancer in various organ and renal disease [11].

In term of health seeking behaviours for major illness, most of elderly were under universal coverage (74.1%). They satisfied with overall of the health center when they get major illness. They visited health provider at the health center when they get minor illness. They managed symptom first by self medication more than met health providers. The choice of health seeking behaviours was depend on severity of the illness [12].

There was no relationship between personal profile and health seeking behaviours. The study was not consistency with Wongyara, also found that the social support receives from their family members was important factors in health seeking behaviours [13]. In this slum community, elderly face with low economic status and most of them go to health center alone, but there was no problem in choosing health seeking behaviours. There were easy to access to health services, due to location of the health center close to their places. They also satisfied with the services.

The health seeking behaviours in this community was the same direction. Moreover, universal coverage program can reduce unavailability and inaccessibility of health care services and affordability of poor people [8].

CONCLUSION

This survey contributes to our standing of health status and health seeking behaviours among elderly in Donmuang slum community Bangkok, Thailand. The study indicates that elderly faces with non- communicable diseases even though most of elderly under universal coverage. A

challenge of Thailand's public health system, in term of how to promotion of health education program for elderly should be further studied. The research is designed as cross-sectional study. Qualitative study should be done to explain seeking behaviours in each disease and update these data to feedback and suggestion on improving the health seeking behaviours of the elderly.

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REFERENCES

1. Lutala PM, Kwalya MT, Kasagila KE, Watongoka HL, Mupenda WB. Health care seeking and financial behaviours of the elderly duringwartime in Goma. Democratic Republic of Congo. African Journal of Primary Health Care & Family medicine. 2010; 2(1): 1-5.
2. Ministry of Public Health, Collaborative of Social Welfare and Health Services, and Development of Human Resourced and community-community Services for the Elderly. Proceeding of the 5th Asean & Japan High level Officials Meeting on Caring Society. Tokyo, Japan; 2007. p. 27-30
3. Biswas P, Kabir ZN, Nilsson J, Zaman S. Dynamics of health care seeking behavior of elderly people on rural Bangladesh. International Journal of Ageing and Later Life. 2006; 1: 69-89.
4. Abdullah L, Romaisa SK, Awais AM, Sana FK, Beenish K, Irum NK, et al. The health seeking behaviour of elderly population in a poor-urban community of Karachi, Pakistan. J Park Med Assoc. 2009; 59(2): 89-92.
5. Chamroonsawasdi K, Nanthamongkolchai S. Factors influencing health promoting behaviors among the elderly under the universal coverage program, Buriram Province, Thailand. Asia Journal of public health. 2010; 1(1): 15-9.
6. Waweru LM, Kabiru EW, Mbithi JN, Some ES. Health status and health seeking behavior of the elderly persons in Dagoretti division, Nairobi. East Afr Med J. 2003; 80(2): 63-7.
7. Uzma A, Underwood P, Atkinson D, Thackrah R. Postpartum health in a Dhaka slum. Soc Sci Med. 1999; 48(3): 313-20.
8. Grover A, Kumar R, Jinda SK. Socio-demographic Determinants of Treatment-Seeking Behavior among Chest Symptomatics. Indian J Community Med. 2006; 31(3): 145-49

9. Mackian S. A review of health seeking behavior: problems and prospects. *Health Systems Development*: University of Manchester; 2003. p. 1-27.
10. Ammarittagul S. Health status and factors related to health status of the elderly in Payayom Districts, Patthalung province. [Master's thesis]. Bangkok: Chulalongkorn University; 2004
11. Aekplakorn W, Kessomboon P, Sangthong R, Chariyalertsak S, Putwatana P, Inthawong R. The forth National Health Examination Survey, 2008-9. Nontaburi: Health System Research Institute; 2010.
12. Tuanwong W. Self – care behavior and quality of life of the elderly in Bangkok. [Master's thesis]. Bangkok: Mahidol University; 1997.
13. Wongraya N. Health seeking process of the elderly with osteoarthritis of knee in Rachaburi Province. [Master's thesis]. Chonburi: Burapha University; 2004.