

**COMMON HEALTH PROBLEMS AND HEALTH
SEEKING PRACTICES OF ELDERLY
PEOPLE OF THARU COMMUNITY**

BY

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DECLARATION LETTER

I here by declare that this thesis has not been submitted for candidature for any other degree.

Tanka Nath Dhakal
2015

ABSTRACT

Ageing is universal and a natural process of gradual and spontaneous change. Human ageing is a progressive decline in the homeostatic reserve of every organ system. The decline of each organ system is influenced by disease, hormonal disorder, diet, environment, personal habits, and genetic factors. Degenerative diseases and chronic disorders also affect the ageing. The most common diseases and disorders in this category are visual problem, hearing impairment, heart diseases, respiratory diseases, arthritis, hypertension, diabetes, cancer, etc. Older persons suffer more from chronic illness with compared to younger persons.

With the increase in the elderly population, the problems of elderly are also certain to increase. Nepal's population is ageing and at the same time fertility and mortality level are declining. During the last three decades, the total fertility rate has declined by one third from around 6 children per woman in the 1970s to around 4 at the turn of the century. The older population grew faster (2.73%) than the national population growth rate (2.24%).

General objective of this study was to identify the prevalence of six common perceived health problems such as hearing problem, visual problem, coughing problem, dyspnoea, joint pain and backache problem and factors affecting health-seeking practice among elderly people age 60 years and above in Lakhantari VDC of Morang District.

The study was carried out equally between both sexes of age 60 years and above. 56 percent of them belong to age group 60-69 years, 31 percent belongs to age group 70-74 years and only 13 percent belongs to age group 75 years and above. The main source of household income was agriculture (70%). Fifty percent elder people were engaged in income generating activities whereas 30 percent were engaged in non-economic activity. Twenty percent elder people were totally dependent. Seventy percent elder people were living with son and daughter in law.

Compare to other health problems, the prevalence of joint pain (47%), visual problem (42%) and back-ache (28%) was noticed higher in elder people. Prevalence of health problems were noticed comparatively high in female as well as in the age group 75 and above in both sexes. Treatment seeking behavior of elder people was noticed more than 90 percent. In average, six out of ten elder people seek treatments within the health facility and still 40 percent of them are visiting traditional healers or taking self-medication due to various reasons. Elder people aged 70 years and above were more inclined towards traditional healers where as elder people aged 60-69 years tends self-medication. Sixty six percent elder people preferred to visit local health facility at first when they become ill. Percent preferred to visit health facility was identified higher in female than in male. Utilization of local health facility among elder people during last one year was observed 57 percent. Seven out of ten elder people were residing within the half an hour distance far from the local health facility near by their community. Ninety six percent elder people perceived positive feeling (good and satisfactory) towards treatment they receive from the local facility.

Preference to visit health facilities for treatment was found associated with educational status, ethnicity and economic status of the respondents. Health facility visit during last one year (practice) was found associated with sex, ownership of fix assets and knowledge about available health service.

Finally it can be concluded that there was high prevalence of common health problems perceived by respondents, high health seeking practice but utilization of available health services by elderly people is low. Further in-depth study is needed to solve these all problems of the elderly people. The family, community and government should pay special attention to promote health and wellbeing and improve the social status of elderly people.

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ACRONAYMS

CBS	:	Central Bureau of Statistics
COPD	:	Chronic Obstructive Pulmonary Disease
CPAD	:	Centre for Population and Development
DHO	:	District Health Office
EPI	:	Expanded Program on Immunization
FCHV	:	Female Community Health Volunteer
HI	:	Health Institution
HP	:	Health Post
ICMR	:	Indian Council of Medical Research
NHRC	:	Nepal Health Research Council
NPR	:	Nepal Population Report
ORC	:	Out Reach Clinic
PHC	:	Primary Health Centre
SHP	:	Sub-Health Post
SPSS	:	Statistical Package for Social Science
UN	:	United Nation
VDC	:	Village Development Committee
WHO	:	World Health Organization