

Research Article



INTERNATIONAL RESEARCH JOURNAL OF PHARMACY

www.irjponline.com

ISSN 2230-8407 [LINKING]

STUDY OF THE HEALTH SEEKING BEHAVIOUR OF ELDERLY PEOPLE WITH NON-COMMUNICABLE DISEASE ATTENDING IN SGMH REWA

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How to cite Dr. Vinod Kumar Yadav, Dr. Anshuman Sharma, Dr. Neera Marathe, Dr. Sandeep Singh, Dr. Shikhar Sharma. **STUDY OF THE HEALTH SEEKING BEHAVIOUR OF ELDERLY PEOPLE WITH NON-COMMUNICABLE DISEASE ATTENDING IN SGMH REWA**. International Research Journal of Pharmacy. 2025; 16:9:104-118.

Doi: <http://doi.org/10.56802/irjp.2025.v16.i09.pp104-118>

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ABSTRACT

Background: Improvements in healthcare infrastructure and living conditions have significantly enhanced life expectancy, particularly among individuals affected by non-communicable diseases (NCDs). This has led to a growing elderly population managing chronic health conditions.

Objective: To evaluate the health-seeking patterns of elderly individuals and determine the primary factors that influence their healthcare decisions.

Materials & Methods: A cross-sectional study was carried out in the Medicine Outpatient Department (OPD) of Sanjay Gandhi Memorial Hospital, affiliated with Shyam Shah Medical College, Rewa. The study involved 310 elderly participants (aged 60 years and above), who

were interviewed using a semi-structured questionnaire. The data included details on healthcare utilization, history of illnesses, and socio-demographic characteristics.

Results: Among the 310 respondents, the majority (211, 68.06%) were aged between 60 and 70 years. The sample consisted of 176 males (56.8%) and 134 females (43.2%). More than half (167, 53.9%) had no formal education. A large proportion (239, 77.10%) reported living with chronic health conditions, with hypertension being the most common (113, 36.4%), followed by locomotor issues (81, 26.12%). Private healthcare services were preferred by 177 individuals (57.10%), and 183 participants (59.03%) reported undergoing regular medical check-ups. A significant number (231, 74.52%) were financially reliant on their children, and 232 (74.88%) indicated that the nearest health center was located over 5 km from their residence. Most healthcare costs were borne by their children, with health insurance covering a smaller portion (56, 18.06%). Age emerged as a significant factor affecting their healthcare-seeking behaviour.

Conclusion: The study reveals that a majority of the elderly population falls within the 60–70 age group. There is a critical need to increase awareness about aging-related health conditions. Many chronic diseases such as hypertension, diabetes, and osteoarthritis remain either undetected or inadequately treated in this demographic.

Keywords: Elderly population, Healthcare utilization, Chronic diseases, Non-communicable diseases, Health-seeking behaviour

INTRODUCTION

Chronic non-communicable diseases (NCDs) represent one of the most significant health challenges faced by the elderly population today. Even in low-resource settings, illnesses such as heart disease, stroke, and chronic respiratory conditions contribute substantially to mortality rates. Additionally, age-associated impairments—including vision loss, cognitive decline, hearing difficulties, and musculoskeletal disorders like osteoarthritis—are major contributors to long-term disability and reduced quality of life [1,2].

A large proportion of elderly individuals remain undiagnosed or untreated for these health conditions. This is often due to limited health literacy, economic barriers, and inadequate access to healthcare facilities. The way older adults perceive illness and approach medical care plays a crucial role in the management and outcome of their health conditions [3]. Promoting timely and appropriate health-seeking practices is essential to ensure early detection and management of these age-related diseases [4].

The present study aims to explore the pattern of chronic illnesses and analyze the healthcare-seeking behaviours of the elderly in an urban setting with limited resources. This demographic is particularly vulnerable due to both medical and social challenges, highlighting the need for tailored public health interventions. With the increasing burden of NCDs and the pivotal role of individual behaviour in healthcare access, understanding how elderly individuals respond to illness is critical for effective healthcare planning and delivery [5].

Globally, the ageing population is expanding rapidly. The proportion of individuals aged 60 and above is expected to double from 11% in 2000 to 22% by 2050, with the absolute number increasing from 605 million to over 2 billion. Economically developing countries, including India, are projected to experience the most rapid and substantial demographic changes [6,7].

Ageing, while a natural biological process, is often accompanied by a decline in physical and immune function. Though it is not a disease itself, it increases susceptibility to various health issues and can lead to greater dependency in daily activities. Older adults frequently suffer from multiple coexisting health problems due to physiological degeneration. One of the key determinants of managing these issues is health-seeking behaviour—defined as the decisions and actions individuals take to maintain their health, seek treatment, and prevent further illness [8].

OBJECTIVES

1. To assess the health-seeking behaviour and its associated determinants among the elderly population.
2. To compare health-seeking behaviour patterns between elderly males and females.

MATERIALS AND METHODS

This cross-sectional study was carried out in the Medicine Outpatient Department (OPD) of Sanjay Gandhi Memorial Hospital, affiliated with Shyam Shah Medical College, Rewa. The study population included elderly individuals aged 60 years and above who attended the Medicine OPD during the study period from August 2023 to October 2023.

A total of 310 elderly patients were enrolled using a convenient sampling method. Participants were interviewed using a pre-tested, pre-designed, semi-structured questionnaire after obtaining informed consent. The questionnaire collected information on their recent illnesses (within the past month), the healthcare options they utilized, and various socio-demographic and behavioural factors influencing their decisions.

The sample size was calculated based on an assumed prevalence of health-related problems in the elderly population at 42%, with the formula: $n = 4pq/d^2$,

where $p = 42\%$, $q = 100 - p$, and d was taken as the allowable error. The final estimated sample size was 310.

Participants who were critically ill or unable to respond were excluded from the study.

Data analysis was conducted using **Microsoft Excel** and **Jamovi software (version 2.3.26)**. The results were presented in terms of frequencies and percentages. Comparative analysis between categorical variables was performed using the Chi-square test. Ethical approval for the study was obtained from the Institutional Ethics Committee prior to data collection.

RESULTS

A total of 310 elderly individuals aged 60 years and above were included in the present study. The socio-demographic distribution of participants is shown in Tables [1-7](#).

Socio-demographic profile:

The majority of participants (68.06%) were in the age group of 60-70 years, followed by 22.9% in the age group of 71-80 years, and only 9.03% were above 80 years (Table [1](#)). Males constituted 176 (56.8%) of the study population, while females accounted for 134 (43.2%)

(Table 2). With respect to religion, most respondents were Hindus (79.6%), followed by Muslims (15.8%) and Christians (4.5%) (Table 3).

Regarding marital status, 182 (58.7%) were married, 121 (39.03%) were widowed, and only a small proportion (2.25%) were unmarried (Table 4). More than half of the respondents (53.9%) were illiterate, while 26.7% had education up to middle school, and only a few were graduates or postgraduates (Table 5).

Occupational distribution showed that 32.6% were farmers, 28.7% were housewives, 17.7% were daily wage workers, while smaller proportions were employed in government jobs (3.2%), private sector jobs (12.3%), or self-employed as shopkeepers (5.5%) (Table 6). Family type analysis revealed that 42.9% lived in nuclear families, 39.68% in joint families, and 17.42% in three-generation households (Table 7).

Pattern of illness among elderly:

Out of 310 participants, 239 (77.1%) were suffering from chronic illnesses, while 52 (16.77%) reported acute illnesses, and 19 (6.13%) did not report any illness at the time of study (Table 8). A statistically significant difference was observed in illness distribution between males and females ($\chi^2 = 25.095$, $p < 0.001$).

Hypertension emerged as the most common chronic illness, affecting 113 (36.45%) participants, followed by locomotor problems (26.12%) and diabetes mellitus (22.25%). A smaller proportion had cataract (5.5%), cardiovascular disease (2.9%), or a combination of hypertension and diabetes (6.8%) (Table 9).

Healthcare-seeking behaviour:

When asked about their preferred source of treatment, more than half of the respondents (57.1%) reported visiting private healthcare facilities, while 26.77% sought care in government/public hospitals. A small proportion relied on traditional healers (6.77%), home remedies (3.55%), or did not seek care (5.81%). The difference in treatment-seeking pattern between males and females was not statistically significant ($\chi^2 = 8.747$, $p = 0.068$) (Table 10).

Routine health check-ups were undertaken by 59.03% of participants, whereas 40.97% did not report regular check-ups. Gender difference in this regard was not statistically significant ($\chi^2 = 1.39$, $p = 0.237$) (Table 11).

Determinants of health-seeking behaviour:

Medical expenses were primarily borne by children (74.52%), followed by health insurance coverage (18.06%) and relatives (7.42%). A significant association was found between source of medical expenses and gender ($\chi^2 = 7.394$, $p = 0.025$) (Table 12).

Multi-morbidity (presence of more than one chronic condition) was reported in 96 participants (30.97%), while 214 (69.03%) had only one non-communicable disease. A significant association was found between multi-morbidity and gender ($\chi^2 = 21.05$, $p = 0.001$) (Table 13).

With respect to accessibility, most respondents (74.84%) reported that the nearest healthcare facility was located more than 5 km away from their residence. Only 13.87% had access within

1-2 km, and very few had a health facility within 1 km (4.19%). Distance of healthcare facility showed a statistically significant association with gender ($\chi^2 = 12.036$, $p = 0.001$) (Table 14).

So in this study, Elderly participants were predominantly in the 60-70 years age group, male, Hindu, married, and illiterate. Hypertension, locomotor problems, and diabetes were the most common chronic illnesses. A large proportion sought treatment from private healthcare providers. Majority of medical expenses were supported by children. Distance to healthcare facility and increasing age significantly influenced health-seeking behaviour. Multi-morbidity was common, affecting nearly one-third of the elderly population.

Table-1: Distribution of elderly person on the basis of socio-demographical pattern (n=310)

Age wise distribution	No. of respondents (%)
60-70	211 (68.06%)
71-80	71 (22.90%)
>80	28 (9.03%)

Table-2: Distribution of elderly person on the basis of Gender wise (n=310)

Gender wise distribution of elderly people	
Male	176 (56.8%)
Female	134 (43.2%)

Table-3: Distribution of elderly person on the basis of Religion wise (n=310)

Religion wise distribution	
Hindu	247 (79.6%)
Muslims	49 (15.8%)
Christian	14 (4.5 %)

Table-4: Marital Status elderly person (n=310)

Marital Status	
Married	182 (58.7%)
Unmarried	7 (2.25 %)
Widow	121 (39.03%)

Table-5: Distribution of elderly person on the basis of Education wise (n=310)

Education wise distribution of elderly people	
Illiterate	167 (53.9%)
1 st -8 th	83 (26.7%)
9 th -12 th	49 (15.8%)
Undergraduate	7 (2.25%)
Post Graduate	4 (1.29 %)

Table-6: Occupation wise distribution of elderly person (n=310)

Occupation wise distribution	
Daily wage worker	55 (17.7%)
Farmer	101 (32.6%)
House wife	89 (28.7%)
Govt. Job	10 (3.2%)
Private Job	38 (12.3%)
Shopkeeper	17 (5.5%)

Table-7: Type of family (n=310)

Type of family	
Joint Family	123 (39.68%)
Nuclear Family	133 (42.90%)
Third generation Family	54 (17.42%)

Table-8: Elderly people suffering from illness (Acute/chronic) (N=310)

ELDERLY PEOPLE SUFFERING FROM ILLNESS (ACUTE/CHRONIC)					
Category	Male (N)	Female (N)	Total (N)	χ^2	P-Value
Acute illness	40	12	52(16.77%)	25.095	<0.001*
Chronic illness	118	121	239 (77.10%)		
No Illness	18	1	19 (6.13%)		

Total	176	134	310 (100%)		
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***Statistically Significant**

Table-9: Chronic disease profile of Elderly people (N=310)

Chronic disease of the patients	Counts	% of total
Hypertension	113	36.45%
Diabetes	69	22.25%
Loco-motor problem	81	26.12%
Cataract	17	5.5%
Hypertension with diabetes	21	6.8%
Cardio vascular disease	9	2.9%
Total	310	100%

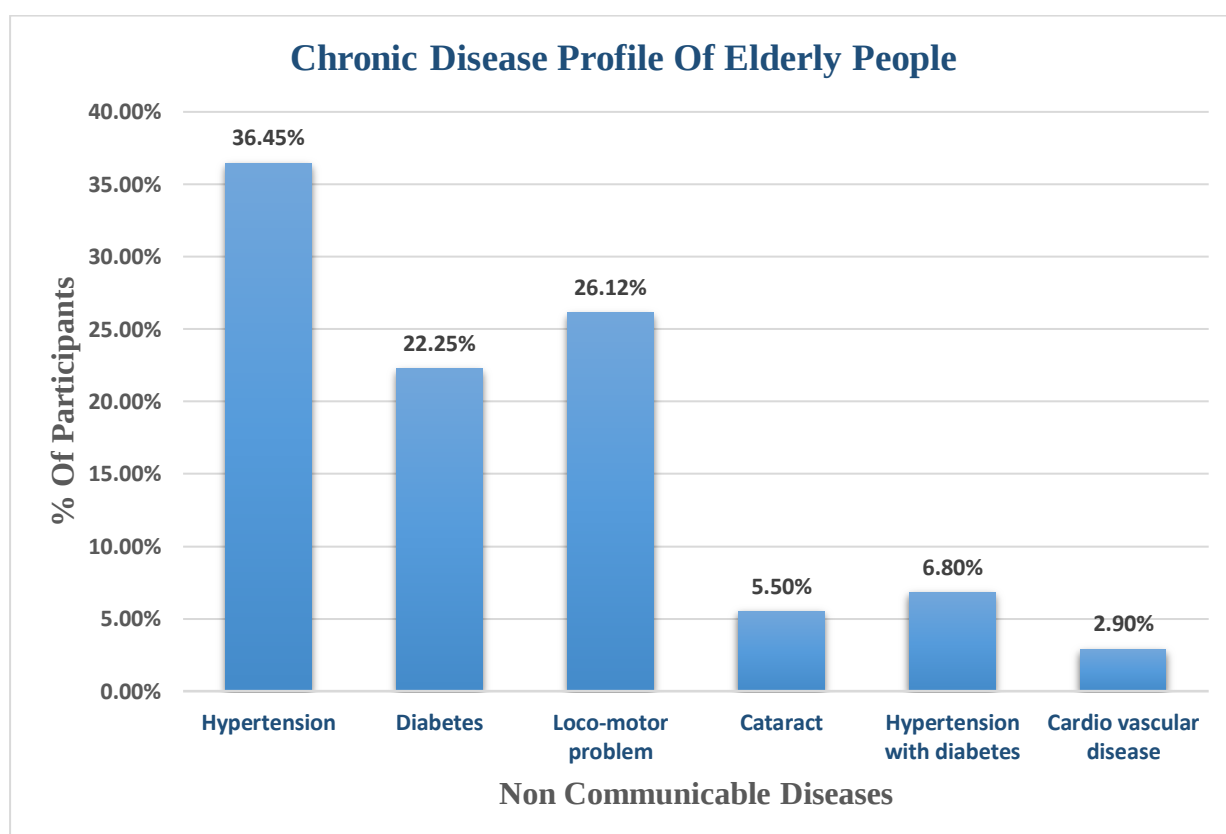


Figure 1: Chronic Disease Profile of Elderly People

Table-10: Source of treatment for Elderly people (N=310)

SOURCE OF TREATMENT					
Category	Male (N)	Female (N)	Total (N)	χ^2	P-Value
Government/Public	53	30	83 (26.77%)	8.747	0.068
Private	90	87	177 (57.10%)		
Home Remedy	5	6	11 (3.55%)		
Traditional Healers	16	5	21 (6.77%)		
NA	12	6	18 (5.81%)		
Total	176	134	310 (100%)		

Table-11: Regular routine health check-up of Elderly people (N=310)

REGULAR ROUTINE HEALTH CHECK UP					
Category	Male (N)	Female (N)	Total (N)	χ^2	P-Value
Yes	121	62	183 (59.03%)	1.39	0.237
No	92	35	127 (40.97%)		
Total	213	97	310 (100%)		

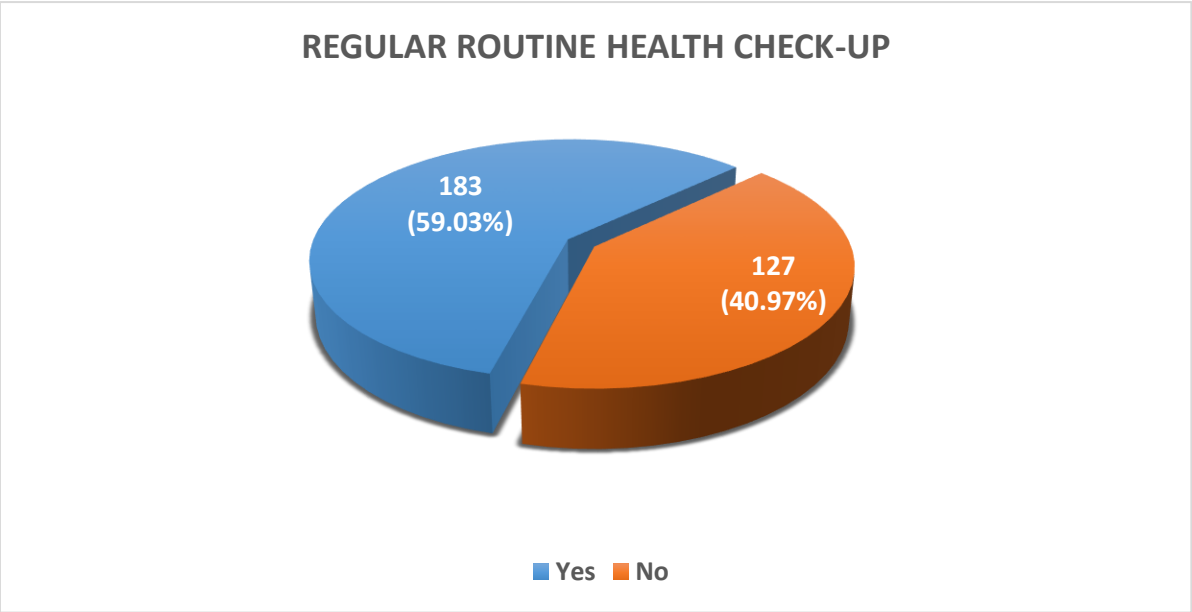


Figure 2: Regular Routine Health Check-Up

Table-12: Medical expenses done for Elderly People (N=310)

MEDICAL EXPENSES PAID BY					
Category	Male (N)	Female (N)	Total (N)	χ^2	P-Value
Paid by Children	134	97	231(74.52%)	7.394	0.025
Paid by Health Insurance	35	21	56 (18.06%)		
Paid by Relatives	7	16	23 (7.42%)		
Total	176	134	310 (100%)		

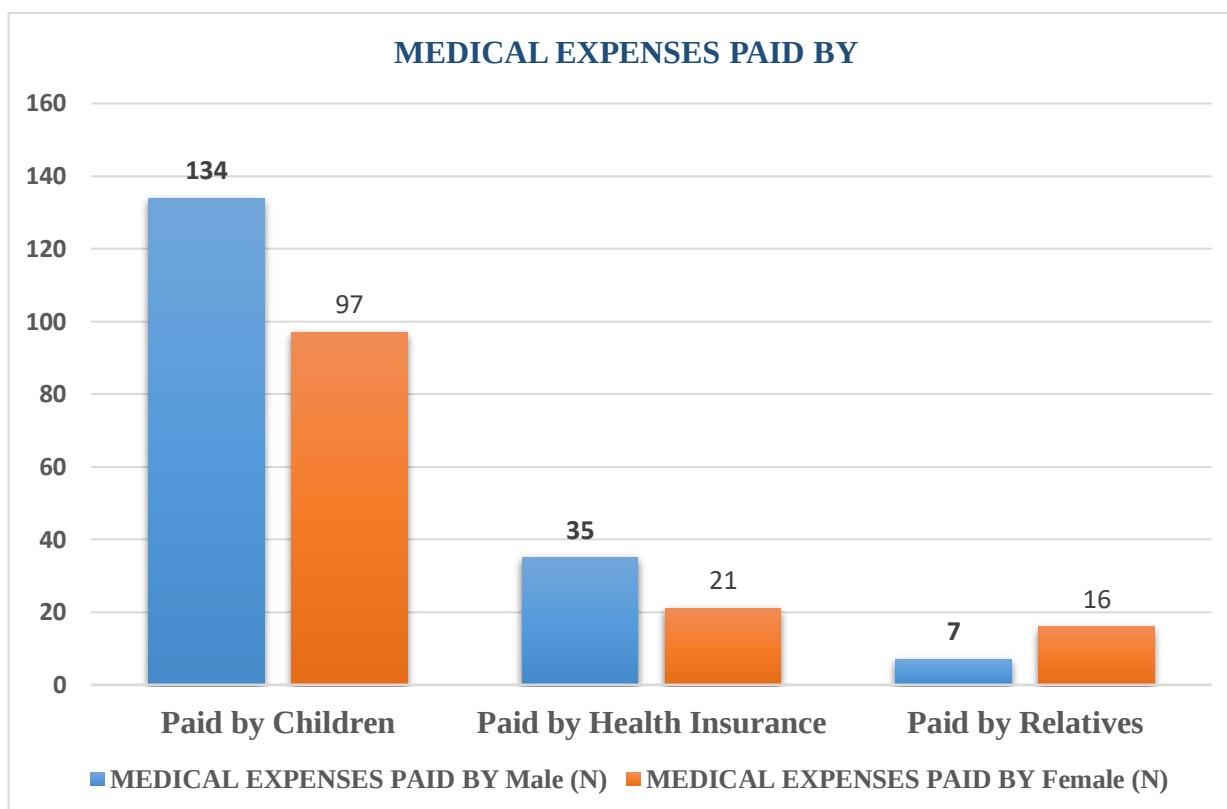


Figure 3: Medical Expenses Paid By

Table-13: Multi morbidity Present in Elderly People (N=310)

Multi morbidity Present in patients					
Category	Male (N)	Female (N)	Total (N, %)	χ^2	P-Value
Yes (More than one non-communicable disease)	36	60	96 (30.97%)	21.05	0.001*
No (One Non-Communicable Disease)	140	74	214 (69.03%)		
Total	176	134	310 (100%)		

*Statistically Significant

Table-14: The distance of health facility from elderly people residence (N=310)

DISTANCE OF HEALTH FACILITY					
Category	Male (N)	Female (N)	Total (N)	χ^2	P-Value
<1 KM	10	3	13 (4.19%)		

1-2 KM	25	18	43 (13.87%)	12.036	0.001*
3-4 KM	6	16	22 (7.10%)		
5 KM or More	145	87	232 (74.84%)		
Total	176	134	310		

***Statistically Significant**

DISCUSSION

Distribution of study participants according to their Socio-demographic profile-

The present study was conducted in Medicine OPD of Sanjay Gandhi memorial hospital associated with Shyam shah medical college Rewa, for the study of health seeking behaviour among elderly. In the present study, majority of the Elderly people were in the age group 60-70 years 211 (68.06%), followed by 71-80 years 71 (22.90%) and 28 (9.03%) Elderly people were above >80 years. Similar findings were also reported in a study by Dhananjay Kumar et al.⁽⁹⁾ (2015) Where in the majority of study participants (67.4%) were in the age group of 60-70 years, followed by 17.9% of 70-75 years and 14.7% were above >75 years. Similar results were found in a study conducted by Rock Britto Dharmaraj et al. ⁽¹⁰⁾ Bengaluru, Karnataka, India (2018), 188 (70.9%) were between 60 and 69 years of age.

In our study, most of elderly people 56.8% were males, and 43.2% were females. Similar findings were also reported in the study by Pravin N Yerpude, et al ⁽¹¹⁾ Bhuj, Gujarat (2014), 53.5% were male and 46.5% were female, In another study conducted by Dhananjay Kumar et al. ⁽⁹⁾ (2015) 47.3% were male and 52.7% were female, male elderly people is less than the female.

In this study, it was observed that more people with lower levels of education, 53.9% of the study participants were illiterate followed by 26.7% had 1st-8th education, 15.8% had educated 9th -12th level of education, 3.54% had higher education. Similar result were also observed in a study by Pravin N Yerpude, et al (11) Bhuj, Gujarat (2014), where 28.5% were illiterate followed by 22.5% had primary school education, 32.0% had secondary education, 17% had higher secondary education. Similar finding were also reported by Dhananjay Kumar et al.⁽⁹⁾ (2015) 63.9% were illiterate followed by 17.4% had primary school education, 5.7% had middle school education, 12.9% had high school and above education.

In the current study, Out of the total 310 Elderly peoples, majority of the Elderly peoples were Hindus 247 (79.6%) followed by Muslims 49 (15.8%) and Christian 14 (4.5%). Result were also observed in another study by Mukesh Shukla et al.⁽¹²⁾ (2017) 53% were Hindus and 47% Non -Hindus.

In this study, it was observed that more people 58.7% were married followed by 39.03% were widow and 2.25% were unmarried. Similar result were also observed in a study by Pravin N Yerpude, et al⁽¹¹⁾ Bhuj, Gujarat (2014), Majority (54%) was married and 43.5 % constituted widows and widowers. 28.5% of the study.

In the current study, Out of the total 310 Elderly peoples, majority were farmer 101(32.6%), followed by 89 (28.7%) were house wife, 55(17.7%) were daily wage worker, (38) 12.3% private job and 10 (3.2%) were Government job. study done by Dhananjay Kumar et al.⁽⁹⁾ (2015), 63.9% were not working followed by 22.6% were farmer, 22.4% were house wife, 8.2% were businessman and 7% were Labourer.

In this study, majority of study participants belong to nuclear family 133 (42.90%), followed by 123 (39.68%) were joint family and 54 (17.42%) were third generation family. Study conducted by the Deepak Sharma et al.⁽¹³⁾ (2013), 89.5% were belonging from joint family and 10.5% were from nuclear family.

Distribution of study subjects according to health seeking behaviour-

In the current study, majority of study participants had suffering from chronic illness 239 (77.10%) followed by acute illness 52 (16.77%) and elderly people with no illness (6.13%). Similar study done by the Pravin N Yerpude et al.⁽¹¹⁾ (2014), 68.5% were suffering from chronic illness and 31.5% were suffering from acute illness.

In the current study, majority of non-communicable disease 113(36.45%) were suffering from hypertension followed by locomotor problem were 81(26.12%), diabetes were 69 (22.25%) and 21(6.8%) were suffering from Hypertension with diabetes. A study conducted by the Sowmya Bhat et al. ⁽¹⁶⁾ (2016), Karnataka, among these majority were suffering from hypertension 50 (51.02%) followed by hypertension with diabetes were 27 (27.55%) and cataract were 24 (24.49%).

In this study, out of 310 participants, Majority 177 (57.10%) of them were taking treatment from private hospitals followed by 83 (26.77%) were taking treatment from government/public hospitals, 21 (6.77%) from traditional healers and 11 (3.55%) were usage home remedy. A

study conducted by Dhananjay Kumar et al.⁽⁹⁾ (2015) in Varanasi district, Uttar Pradesh, found that the majority of elderly individuals (61.7%) sought treatment from government hospitals, followed by pharmacies (20.9%) and private practitioners (17.4%). Similarly, Hakmaosa et al.⁽¹⁴⁾ (2015) in their study in rural Assam reported that majority (51.5%) seeking care from government hospitals, followed by private hospitals (25.7%), pharmacies (22.1%), and quacks (0.7%).

In the current study, Out of the total 310 Elderly peoples, 183 (59.03%) were visited for regular health check-up and 127 (40.97%) were not visited for health check-up. Similar study done by the Mahendra M. Reddy et al.⁽¹⁵⁾ (2022) 82 % had visited for health check-up and 18% had not visited for proper health check-up.

In this study, majority of medical expenses were paid by their children 231(74.52%), the elderly peoples had one or other form of the health insurance 56 (18.06%) and medical expenses were paid by their relatives 23 (7.42%). Similar study done by the Sowmya Bhat et al.⁽¹⁶⁾ (2016), Karnataka, most of the medical expenses 69.3% were paid by their children and by 17.3% were paid by the health insurance. In this study, Majority of 214 (69.03%) were suffering from one non- communicable disease and 96 (30.97%) were suffering from more than one communicable disease. A study conducted by Dhananjay Kumar et al.⁽⁹⁾ (2015) in Varanasi district, Uttar Pradesh, 83.4% were suffering from more than one non-communicable disease and 16.6% suffering from one communicable diseases.

In our study, majority of study participants 232 (74.84%) had health facility >5 km of their house, followed by 43(13.87%) had health facility within 1-2 km and 22(7.10%) had within 3-4 km. In contrast Study conducted by the Sushovan Roy, et al.⁽¹⁷⁾ (2024), Majority of the participants 86% had health facility within 1kms of their house.

CONCLUSION

The results of the current study showed that the majority of older persons had one or more health problems, with hypertensive disorders being the most common followed by locomotor problem and diabetes. Most of the elderly participants were in the age group of 60–70 years. The high burden of chronic diseases and the low preference for government healthcare facilities. We found that majority of medical expenses were paid by their children followed by the health insurance. Most of the study participants had health facility >5 km of their house.

There is a need to raise awareness among older persons about age-related health issues. The study found that non-communicable diseases such as hypertension, osteoarthritis, and diabetes were often neglected by many elderly individuals. Although various organizations in India are providing care for the elderly, there is a need to improve the continuity of medicine availability and enhance awareness about treatment compliance, especially for chronic conditions. There is a growing need for the establishment of counselling centres for older persons to address their physical, physiological, psychological, and social needs.

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