

A Community Based Study on the Attitude of Family towards Elderly, Girl Child Education, Nutrition and Health Care in the Rural Field Practice Areas of a Tertiary Care Hospital in Mangalore

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Abstract

Introduction: The rural population is consistently less well off than the urban population with respect to health. Rural residents often experience barriers to health care that limit their ability to obtain the care they need. Therefore, sufficient healthcare access, necessary and appropriate services must be available in timely manner. This study helps us in knowing how people in rural and urban areas are dealing with their health, their attitude towards the elderly people and importance of girl child education, nutrition and health care.

Objectives: 1. To know the attitude of the people towards the geriatric age group and also towards the girl child education, nutrition and health care. 2. To study the opinion of the people regarding the different systems of medicine and their preferences between the public and private healthcare and also their views on the satisfaction of treatment which they received. **Methodology:** It is a cross – sectional, descriptive, questionnaire-based study. A Community based study was conducted in the rural field practice areas of Department of Community Medicine, Father Muller Medical College, Mangalore, Karnataka, India between 25.09.2017 to 5.10.2017. The sample size was calculated using the purposive sampling technique. About 227 questionnaires were used to interview the subjects. **Results:** 191(84.1%) of people told that the elderly were not a burden financially or physically and 190(83.07%) told they were not a burden mentally. 215(94.7%) agreed about the girl child education and health care and 217(97.7%) told that same food was served to men and women in their families. 210(92.5%) believed in modern medicine, 151(66.5%) preferred private doctors and 214(94.3%) of people were satisfied with the treatment they received. **Conclusion:** Majority of the elderly are looked after well and not considered as a burden. Equal importance is given to the girl child education, nutrition and health care. Most of the people believed in the modern system of medicine, preferred the private doctors for treatment and also were satisfied with the treatment they received.

Key words: Attitude, Elderly, Girl child education, Nutrition, Health care.

INTRODUCTION

The rural population is consistently less well off than the urban population with respect to health. Rural residents often experience barriers to healthcare that limit their ability to obtain the care they need. Therefore, sufficient healthcare access, necessary and appropriate services must be available in timely manner. The purpose of healthcare services begins from providing basic needs to preventing and curing disease and disability.

In India the health indicators have consistently lagged behind the economic development and the need for increased investment in health care has been acknowledged. A widespread recent suggestion is that educating girls may be one of the best investments that a less developed country can make. In India herbal preparations are used in the traditional system of medicine such as Ayurveda and Unani. The general opinion of public is tilting towards the use of these drugs.

This study helps us in knowing how people in urban and rural areas are dealing with their health, their attitude towards the elderly people and the importance of girl child education, nutrition and health care. It also helps in

knowing their preferences of different systems of medicine and preference over government and private setup and also to know their views on the satisfaction of treatment they have received.

MATERIALS AND METHODS

Study design

Cross- sectional, descriptive, questionnaire-based study.

Methodology

A community-based study was conducted in the rural field practice areas of Department of Community Medicine, Father Muller Medical College, Mangalore, Karnataka, India between 25.09.2017 to 5.10.2017.

Initially, a pilot study was conducted to understand the feasibility of the study. The sample size was estimated using the purposive sampling technique and it was about 227. Nearly 227 questionnaires were used to interview the subjects in different families of the Community. Ethical clearance was taken

from the Father Muller Institutional Ethics Committee. Vide no: FMMC/EC/CCM/332/2018. The Data Collected from the questionnaire is then entered in the system through "IBM SPSS statistics 21 software". Later it is analysed by descriptive analysis.

RESULTS

In our study there were 227 subjects ($n=227$) who were interviewed using a pretested questionnaire. Among them 191(84.1%) of people told that the elderly were not a burden physically and only 1(0.4%) person told that the elderly were a physical burden. 190 (83.7%) of people opined that the elderly were not a burden mentally and 2(0.9%) told that the elderly were a mental burden. There were 191(84.1%) people who told that the elderly were not a financial burden, while only 5(2.2%) people told the elders were a financial burden on their families. 189 (96.4%) of people did not consider the elderly as an overall burden while only 7(3.6%) told that the elderly were an overall burden. (Table 1)

Among 219 subjects interviewed, 215(94.7%) agreed to educate the girl child and 4(1.8%) did not agree towards girl child education out of 220 subjects 217(97.7%) were of the attitude of serving same food to men and women in the family to take care of girl child nutrition, while 3(1.4%) did not agree to this. Out of 217 people 215(94.7%) opined that the daughters should be shown to doctors for treatment when they were ill, while 2(0.9%) showed negative attitude towards treatment of daughters when they were ill. (Table 2)

Out of 227 subjects 50(22%) believed in Ayurveda system of medicine 3(1.3%) preferred homeopathy and 71(31.3%) i.e, majority of the people believed in modern system of medicine. These people also said that they had access to free health care which was Highly significant ($P= 0.005$) HS. (Table 3)

Among 227 subjects 56(24.7%) preferred government doctors and Govt. hospital for taking treatment, while 151(66.5%) preferred private doctors and private hospitals for taking treatment. Majority of the people preferred to go to private hospitals for undergoing treatment. (Table 4)

Type of Burden	YES		NO	
	No.	%	No.	%
Physical burden	1	0.5%	195	99.5%
Mental burden	2	1%	194	99%
Financial burden	5	2.06 %	191	97.4%
Overall burden	7	3.6%	189	96.4%

Attitude	YES		NO		TOTAL	
	No.	%	No.	%	No.	%
To educate girl child	215	94.7%	4	1.8	219	96.47%
Serving same food for men and women in the family	217	97.7%	3	1.4	220	96.91%
Show to doctor for treatment of daughters	215	94.7%	2	0.9	217	95.59%

System of Medicine	Preference	
	No.	%
Ayurveda	50	22%
Hoemeopathy	3	1.3%
Modern System of Medicine	71	31.3%

Attitude	No.	%
Towards Government Doctors	56	24.7%
Towards Private Doctors	151	66.5%

Attitude	No.	%
Satisfied with treatment	214	94.3%
Not Satisfied with treatment	8	3.5%

Out of 227 subjects, who received treatment from the doctors, 214(94.3%) of people were satisfied with the treatment they received and only 8(3.5%) of them were not satisfied with the treatment. Thus, those who were satisfied with the treatment, told that they were satisfied with their doctors because their doctors heard their problems ($P= 0.000$) HS, understood the patients ($P=0.000$) HS and gave adequate advice ($P=0.000$) HS to their problem. They also told that they were taking the treatment correctly ($P=0.021$) (S) and had full confidence in their family doctors ($P=0.000$) (HS). (Table 5)

DISCUSSION

Attitude towards the geriatric age- group

Changes in socio- demographic structure of society, as well as problems experienced by the elderly and their families have influenced perceptions of the elderly and old age, which leads to attitudinal and behavioural changes.^[1]

In our study we found that only 1 person (0.5%) agreed that the elderly were a physical burden while 195(99.5%) told that the elderly were not a physical burden. In a study done by Aislinne Theresa Freeman *et al.*^[2] it was found that 486(5.71%) of the elderly were a physical burden. This was slightly higher than our study. 5609(40.8%) told that the elderly were not a physical burden. It is lesser than that found in our study. In another study done by Guler *et al.*^[1] it was found that there were 13(40.6%) elderly who were a physical burden. This was more than our study. 19(59.4%) were not a physical burden, which was less than that found in our study.

In our study we found that 2(1%) of elderly were a mental burden, while 194(99%) were not a mental burden at all. In the study done by Aislinne *et al.*^[2] there was no elderly person who was mental burden. But in the study done by Guler *et al.*^[1] there were 14(38.9%) of elderly who were a mental burden. This was more than found in our study. There were 22(61.1%) of elderly who were not a mental burden in their study, which was lesser than our study.

In our study 5(2.6%) of elderly were a financial burden to the family. But in the study done by Aislinne *et al.*^[2] 1484(17.45%) of elderly were a financial

burden. This was higher than our study. In the study done by Guler *et al.*^[1] there were 31(39.7%) of elderly who were a financial burden. In our study we found that 7(3.6%) of family members told that the elderly were an overall burden to them, while 189(96.4%) of them told that the elderly were not an overall burden.

Attitude towards girl child education, nutrition and healthcare

In our study we found that 215(94.7%) agreed to educate a girl child and 4(1.8%) people did not agree to educate a girl child. In a study done by Neeru Sharma *et al.*^[3] more than half (52%) of the mothers want their daughter's educational level to be upto Post graduation and 95% mothers would allow their daughters to select subjects of their own choice and take admission in any college, even out of the state. In another study conducted by Ganavi Ramagopal *et al.*^[4] the proportion of male child going to government and private schools was 12.4% and 87.6% respectively and 10.8% and 89.2% respectively in females. They disclosed that there is no difference between boys and girl's education.

In our study we found that 217(97.7%) of the people told that same food should be served for men and women in the family but 2(0.9%) of them denied about the same food being served for both men and women in their family. In another study conducted by Women's studies and development centre (2007)^[5] only 50% of the mothers were aware about girls extra nutritional needs and agreed that same food should be served for both men and women. This is lower than that found in our study.

In a study conducted by Maheshwari (2005)^[6] on adolescent girls in a school, 79.71% of them believed that a balanced diet should be given to girls and 20.29% of them denied about a balanced diet to be given to girls. In our study we found that 215(94.7%) of people agreed that the daughter should be shown to the doctors when they were ill; but 2(0.9%) of them did not agree with this attitude. In a study conducted by the National Family Health Survey (NFHS -2)^[1] in 1998-99,^[7] when the respondents were asked whether they would spend money on the medical treatment of girl child, all the respondents answered in the affirmative. When the respondents were asked whether medicine for their sons were procured immediately and they were given the complete course, but that was not done for daughters- 98% of the urban males and 86% of the urban females said that equal concern was shown in procuring medicine for sons and daughters, whereas only 52% of rural males and 44% of rural females showed this sensitivity. This shows that the mind set in rural areas still suffers from retro- grade attitudes.

Ganavi Ramagopal and Lala Umadevi^[4] has done a study on girl child education, nutrition and health care and in that they found that the proportion of fully immunized females were 63.1% as compared to males were 70.4%. This shows the negligence on the part of health care of girls.

Attitude towards different systems of medicine

When the attitude towards different systems of medicine was investigated in our study it was found that 50(22%) of people preferred Ayurveda, 3(1.3%) preferred homeopathy and 71 (31.3%) of people believed in modern medicine. Jaiswal *et al.*^[8] conducted a study on knowledge, attitude and practice of complementary and alternative medicine. They found that 71.73% of respondents were using the Ayurveda system of medicine. This is higher than that found in our study. In a study done by Vandana Roy^[9] on perception, attitude and usage of Complementary and alternative medicine, it was found that among the doctors 29% of them practiced Ayurveda which

was slightly lower than in our study, 34% of them practiced homeopathy which was greater than in our study. In their study it was found that 60% of the doctors practiced complementary and alternative medicines along with allopathy. This is more than in our study.

Attitude towards Government Doctors vs Private Doctors

Only 56(24.7%) of people went to Govt. Doctors for treatment while majority of them, about 151 people (66.5%) went to Private Doctors. National Sample Survey organisations (NSSO 71st round- 2015 report)^[10] on key indicators of social consumption related to health in India pointed out that in 2014, 65.3 % of households depended on private hospitals for treatment. This was slightly lower than in our study. 34.7% depended on public hospitals in rural Kerala. This was higher than that found in our study. In Urban Kerala 66.7 percent of household depended on Private hospitals for treatment. This was slightly higher than in our study. Only 33.3 % percent depended on public hospitals. This was also higher than our study.

Attitude towards the treatment they received (Satisfied or not satisfied)

The findings from our study showed that out of 227 respondents, 214(94.3%) of them said that they were satisfied with the treatment they received and only 8(3.5%) of people were not satisfied with the treatment. In a study done by Tran Tuan *et al.*^[11] in comparative quality of private and Public health Services in rural Vietnam- the mean scores of patient satisfaction for public vs Private health care were as follows - for public healthcare - attitude of physicians (Mean score=9.3), trust in professionals skills (Mean score= 8.5), clinic environment (Mean score= 8.1). Similar scores for private health care providers were 9.5, 8.8 and 9.1 respectively. The mean scores for private health care providers were more than the public healthcare; hence the respondents chose the Private health care and were satisfied with the treatment. Pia Polska *et al.*^[12] conducted a study on "Comparing the Perceived quality of private and public health services in Nigeria."

In their study it was found that the patients were satisfied more with the private hospitals than the public hospitals. The reasons were the patients perceived private hospitals (M=5.5/S.D=1.43) to be more dependable than public hospitals (M=5.06/S.D=1.49). In addition, the respondents trusted employees of private hospital more (M= 5.05/ S.D= 1.56) than they trusted staff of public hospitals (M=4.57/S.D=1.39). This was statistically significant.

CONCLUSION

From the above study we can conclude that majority of the elderly were looked after quite well and not considered as a burden- Physically, mentally or financially and not an overall burden also. Girl Child is given importance in terms of nutrition, education and healthcare.

Among Preference over different systems of medicine, majority of people believed in modern system of medicine. About 40% believed in Ayurveda and about 2% believed in homeopathy. Among preference over government and private doctors' majority of people preferred Private Doctors and were satisfied with the treatment they received. Only about 27% preferred government doctors.

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None.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

ABBREVIATIONS

FMMC: Father Muller Medical College; **EC:** Ethics Committee; **IBM SPSS:** International Business Machines, Statistical Package for Social Science; **HS:** Highly Significant; **S:** Significant; **M:** Mean; **S.D:** Standard Deviation.

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