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Health Status And Health Seeking Behaviour Among The Elderly In Rural Ladakh: A Cross-Sectional Study

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Abstract
Background: *Population ageing is a global phenomenon and India is no exception with nearly149 million person aged 60 years and above. Like other state of the country, the growing ageing population in Ladakh has become a matter of concern, particularly in the context of changing social and economic structure. Understanding the physical health problems and health seeking behaviour of the elderly is essential for developing appropriate geriatric care services.*
Objectives: *To examine the health conditions of the elderly persons and to analyse their health seeking behaviour.*
Methods: *A total of 335 respondents were selected from the Leh Block of Leh district in Ladakh using a disproportionate sampling methods.*
Results: *The results show that most common health problem among the elderly respondents were weak eyesight (63.88 per cent) and arthritis (63.58 per cent). A majority of the respondents (53.1 per cent) preferred modern allopathic medicines. However, a considerable proportion of the respondents (27.2 per cent) continued to depend on Amchi medicine, despite the availability of modern biomedical facilities.*
Conclusion: *Increasing age is often associated with various physical health problems. The prevalence of specific types of diseases and the health seeking behaviour of the elderly are greatly influenced by prevailing cultural practices.*
Keywords*: Ageing, physical health problems, health seeking behaviour*

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I. Introduction

Population ageing is a global phenomenon and India is no exception. India has one of the largest populations of aged persons in the world and is currently home to nearly149 million persons aged 60 years and above (India Ageing report, 2023). This number is expected to increase to 347 million by 2050 and the share of older persons in the total population is expected to double to 20.8 per cent.

Like other state of the country, the growing ageing population in Ladakh has become a matter of concern, particularly in the context of changing social and economic structure. Traditionally, elders were respected and honoured both within the family and the larger society. However, with the advent of modernization and urbanization, the status and authority of the elder persons have gradually declined, making them one of the most vulnerable sections of the society. Moreover, increasing age is often associated with various physical health problems. Chronic and disabling conditions such as tooth loss, impaired sight, hearing impairment, and mobility issues are commonly observed among older adults. Studies highlighted that hypertension, arthritis, and cataract were the most prevalent chronic conditions affecting the elderly populations (Agrawal et al., 2024; Tran et al., 2024; Sinha et al., 2023; Joshi et al., 2003).

The prevalence of specific types of diseases is also influenced by the cultural practices and lifestyle patterns. For instance, the high salt consumption in Ladakh, particularly through salt tea, raises the risk of hypertension, strokes, and stomach cancer (Gurmet, 2004). Cultural practices also influenced the health seeking behaviour, and older adults are generally reluctant to seek formal healthcare services. Many older adults tend to believe that certain symptoms of illness as a natural process of ageing and thus ignore or delay treatment.

Traditionally, people in Ladakh were dependent on *Amchi* (the traditional healer) for the treatment of illness. Almost every village had an *Amchi* who was among the most respected members of the society (Angmo et al., 2023; Gurmet, 2004). The knowledge and skill of *Amchi* was generally pass down through generations. However, with the introduction of modern medical facilities, the number of traditional *Amchis* has declined. In recent year, the SowaRigpa system of medicine has been reintroduced and formally recognised (Angmo et al., 2023).

Apart from *Amchi, Lhapa* (Shaman) and *Onpo* (Astrologer) also played a significant role in traditional Ladakhi society particularly among the Bhuddhis community in providing assistance to the sick (Norberg-Hodge, 1991). *Lhapas* generally perform spiritual healing rituals, while *Onpos* provide astrological guidance and recommend appropriate remedial measures. Shakspo (1995) noted that a large number of Shia Muslims also

expressed great respect and devotion towards Bhuddhist rituals associated with health and wealth. He further observed that the *Akhon,* a Muslim religious leader, often combines the practices of traditional *Amchi* medicines along with performing Shia religious rituals.

Although, these spiritual healers plays significant role in addressing psychosocial concerns, they do not employ scientifically validated medical techniques for treatment. People usually consult them to understand the perceived cause of illness, the fate of the patient, or the severity of the problem (Lubeck-Schricker, 2019). Thus, *Amchi* medicine and modern biomedical healthcare are generally regarded as the two scientific forms of healthcare services available to the population in the study area.

Existing literature shows that several studies have examined the physical health problems of the elderly population in different parts of the country. However, limited research has been conducted on the elderly population in the Leh district of Ladakh, a region characterized by unique cultural traditions, geographical isolation and difficult terrain. These environmental and socio-cultural patterns may have significant implications for the health and well-being of older adults, yet they remained unexplored. Thus, the present study was conducted in the rural areas of Leh district of Ladakh to address this research gap.

II. Objectives

The present study is guided by two major objectives, which are as follows:

- To examine the health conditions of the elderly persons living in rural areas of Leh district in Ladakh and
- To analyse the health seeking behaviour of the elderly persons living in rural areas of Leh district in Ladakh

III. Research Methodology

A cross-sectional study was conducted from May 2023 to August 2023 in the rural area of Leh district of Ladakh. Leh district is scattered on an area of 82665 Sq. kms (includes 37555 Sq. km under illegal occupation of China) with a population of 133, 487 individuals. Out of the 9 Blocks, Leh block was selected as it had the highest number of aged population with 2233 elderly. Both male and female elderly who were living with family were selected for the study. From the total population, a sample of 335 respondents were selected using stratified disproportionate sampling i.e., 15 per cent of respondents from each village.

IV. Results

Socio-economic profile

The elderly population is not a homogeneous group, as ageing is often associated with deteriorating physical health, increasing vulnerability to illness and reduced cognitive functioning. Consequently, the challenges faced by the elderly vary across different age groups. Studies also have found that increasing age is often associated with increasing medical cause and a higher demand for long-term care (Lee, et al. 2017). In every society, gender roles and expectations shape individuals way of living and their life experiences. Marital status also plays a significant role in determining individual's social standing, well-being and quality of life in old age. Research shows that marital status enhances both physical health and cognitive functioning among older persons by providing social and emotional support from their spouses and promoting healthier lifestyle (Zhang, et al., 2024). Further the educational status of an individual is an important determinant of socio - economic position in the society. The level of education among the aged in India is very low and 73 per cent of the persons aged 60 years and above in India are illiterate (Skirbeek & James, 2014).

Table 1. Socioeconomic profile of the respondents

Characteristic	Frequency	Percentage
Age Group		
60 – 69	134	40.0
70 – 79	126	37.6
80 and above	75	22.4
Gender		
Male	163	48.7
Female	172	51.3
Marital Status		
Married	225	67.2
Unmarried	9	2.7
Divorced	5	1.5
Widow / Widower	96	28.7
Educational status		
Illiterate	209	62.4
Primary	84	25.1
Secondary	33	9.9
Higher secondary	1	0.3
Graduate	6	1.8

Post graduate	1	0.3
Doctorate	1	0.3
Total	**335**	**100**

Data from the above table shows that most of the respondents (40 per cent) were in the age group 60 – 69 years followed by 37.6 per cent of the were in the age group 70 – 79 years. Only 22.4 per cent were in the age group 80 years and above. A slightly higher percentage of elderly respondents were female (51.3 per cent) compared to male (48.7 per cent). A significant majority of the respondent were married (62.7 per cent), however, widowhood was also relatively common (i.e., 28.7 per cent). In terms of the educational attainment, vast majority of the respondents were illiterate (62.4 per cent), while 25.1 per cent of the respondents had education up to the primary level. Only a small proportion of the respondents had attended secondary, Higher secondary, graduate, post graduate or doctoral levels of education.

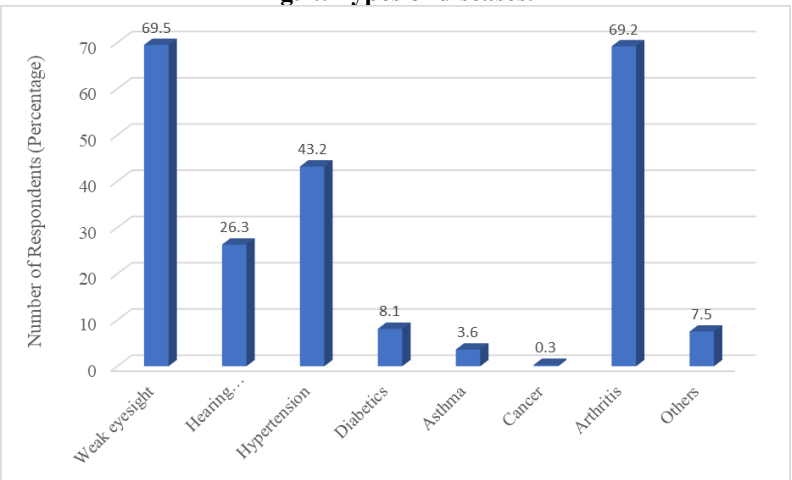
Prevalence of disease

As individuals age, they are more likely to experience biological or physiological health problems and decline in physical health often indicates reduced functional capacity and a negative perception of both physical and mental health. Studies highlighted that hypertension, arthritis, and cataract were the most prevalent chronic conditions affecting the elderly populations (Agrawal et al., 2024; Tran et al., 2024; Sinha et al., 2023; Joshi et al., 2003). The prevalence of specific types of diseases is also influenced by the cultural practices and lifestyle patterns. For instance, the high salt consumption in Ladakh, particularly through salt tea, raises the risk of hypertension, strokes, and stomach cancer (Gurmet, 2004).

Table 2. Types of diseases

Types of diseases	Frequency	Percentage
Weak eyesight	214	69.5
Hearing impairment	81	26.3
Hypertension	133	43.2
Diabetics	25	8.1
Asthma	11	3.6
Cancer	1	0.3
Arthritis	213	69.2
Others	23	7.5
*Multiple responses were given by the respondents * 27 respondents had no physical ailments		

Fig.1.: Types of diseases.



The above Table indicates that many elderly respondents had multiple health conditions. The most common health problem among those reported were weak eyesight (69.5 per cent) and arthritis (69.2 per cent). Long term exposure to intense ultraviolet (UV) radiation and environmental dust may be linked to the high prevalence of weak eyesight. Similarly, the severe cold climatic conditions and rough terrain demanding physical strain on joints are responsible for Similarly, the severe cold climatic high incidence of arthritis. Another major concern that affect 43.2 per cent of the respondents was hypertension. This condition attributed to the cultural practices of high salt consumption particularly from salt tea, raises the risk of hypertension. Age-related sensory decline appears to be the primary causes of hearing impairment, which was reported by 26.3 per cent of

respondents. Further, diseases including diabetics (8.1 per cent), asthma (3.6 per cent), cancer (0.3 per cent) as well as other conditions like thyroid, prostate, acidity, were reported at comparatively lower rates. The fact that these illness are less common does not however mean that they do not exist. Instead, it can be due to the lack of awareness among the elderly respondents, many of whom rarely visiting hospitals.

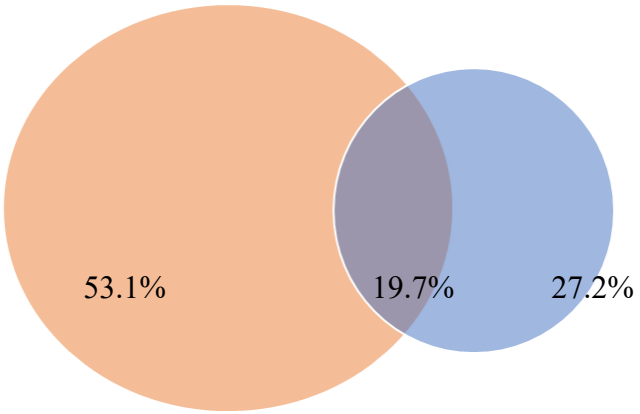
Health seeking behaviours

Traditionally, people in Ladakh were dependent on *Amchi* (the traditional healer) for the treatment of illness. Almost every village had an *Amchi* who was among the most respected members of the society (Angmo et al., 2023; Gurmet, 2004). However with the introduction of modern biomedical facilities, dependence on Amchi system has declined. In addition to *Amchi, Lhapa* (Shaman) and *Onpo* (Astrologer) also played a significant role in traditional Ladakhi society particularly among the Bhuddhis community in providing assistance to the sick (Norberg-Hodge, 1991). In the present study, however, treatment preferences are largely limited to Amchi medicines and modern allopathy care, as these two systems are generally regarded as the scientific forms of healthcare services available to the population in the study area.

Table 3. Preference for treatment when sick

Preference of treatment	Frequency	Percentage
Doctor	178	53.1
Amchi	91	27.2
Both Doctor and A*mchi*	66	19.7
Total	**335**	**100.0**

Fig.2.: Preference for treatment when sick



Data presented in the above table indicate that with the expansion of modern healthcare facilities, a majority of the respondents (53.1 per cent) prefer modern allopathic medicines. However, a considerable proportion of the respondents (27.2 per cent) continue to prefer *Amchi* medicine, in spite of the availability of modern biomedical facilities. Many respondents reported that *Amchi* medicines are more effective and have fewer side effects. There was 19.7 per cent respondents who used both traditional and modern medicine. They usually preferred allopathic medicines for severe illness or medical emergencies needing immediate assistance. On the other hand, traditional *Amchi* medicine was preferred for regular ailments, they prefer traditional *Amchi* medicine which was seen to have no side effects. Further analysis shows that 24.5 respondents visit a doctor or an *amchi* on a monthly basis primarily for regular blood pressure (BP) check-ups and a smaller segment seeking treatment for arthritis. In contrast, 23.6 per cent of respondents reported rarely visiting a doctor or an *amchi*, typically seeking medical attention only when they are sick.

V. Discussion And Conclusion

The present study highlights the health status and health seeking behaviour of the elderly living in the rural areas of Leh district in Ladakh. The results of the present study shows that many respondents had more than one types of diseases. In agreement with our findings a study conducted in America, revealed that 94.9 per cent of older adults have at least one chronic condition, while 78.7 per cent have two or more chronic conditions (Tran et al., 2024). Similarly, Patel et al. (2023) also found that the prevalence of single morbidity was 30.3 per cent while the prevalence of multimorbidity was 32.1 per cent among the older adults in India.

In the present study, weak eyesight (69.5 per cent) and arthritis (69.2 per cent) were the most common health conditions among the respondents. This findings are in consistent with other studies among the older adults

(Agrawal et al., 2024; Tran et al., 2024; Sinha et al., 2023; Joshi et al., 2003). Similarly, Engheepi et al. (2023) highlighted that musculoskeletal conditions were particularly common among elderly populations living in hilly areas. In contrast, diseases such as diabetes, asthma, and cancer were reported at comparatively lower rates. However, the lower prevalence of these diseases should not necessarily be interpreted as their actual absence. Rather, it may reflect limited health awareness and the infrequent utilization of formal healthcare services by elderly respondents. Moreover, many respondents tend to attribute health problems to the natural process of ageing.

Regarding the health seeking behaviour, a majority of the respondents (53.1 per cent) prefer modern allopathic medicines. The findings are consistent with the findings of Roy (2015) who found that the majority of the respondents (89.51 per cent) preferred allopathic medicines. However, a considerable proportion of the respondents (27.2 per cent) in the present study continue to prefer *Amchi* medicine, in spite of the availability of modern biomedical facilities. This pattern reflects a pluralistic healthcare system**,** where individuals combine different forms of medical practices to address their health needs. The continued reliance on *Amchi* medicine also reflects the cultural acceptance and long-standing historical role of traditional *Amchi* medicines in Ladakhi society. Thus, the findings of the present study suggest that despite the growing presence of modern healthcare services, traditional healthcare systems remain deeply embedded in the local healthcare practices of rural Ladakh.

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