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Health Status and Health-Seeking Behavior of Rural Elderly Persons in Unnao District of Uttar Pradesh

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ABSTRACT

India's rapidly aging population, particularly in rural areas, faces a high burden of chronic disease and significant barriers to healthcare. This narrative review synthesizes evidence on the health status and health-seeking behavior of the rural elderly in Unnao district, Uttar Pradesh, contextualized within broader regional data. The review integrates findings from published cross-sectional studies, community-based surveys, and policy analyses. The rural elderly in Unnao exhibit a high prevalence of multimorbidity, with commonly reported conditions including generalized muscular weakness (63%), gastrointestinal problems (56%), musculoskeletal disorders (45%), hypertension (up to 36%), and depression (65.9%). Health-seeking behavior is suboptimal; only 60% of rural adults demonstrate positive health-seeking behavior, with significant determinants including socioeconomic status, gender, education, and family support. Key barriers to care are financial constraints, low awareness of geriatric welfare schemes, and limited availability of specialized services. The findings underscore the urgent need for strengthening the National Programme for Health Care of the Elderly, expanding health insurance, and integrating geriatric training into primary care to address the complex needs of this vulnerable

population.

Introduction

Population aging constitutes one of the most significant demographic phenomena of the twenty-first century. Globally, the proportion of persons aged 60 years and above is expected to rise from 12% in 2015 to 22% by 2050 (World Health Organization, 2015). India, home to over 104 million elderly individuals as of the 2011 Census, is witnessing the rapid expansion of its geriatric population, with projections indicating that the elderly will constitute approximately 20% of the total population by 2050 (Census of India, 2011; World Health Organization, 2022). This demographic shift is particularly pronounced in rural areas, where an estimated 67% of India's elderly reside (Ministry of Statistics and Programme Implementation, 2021). The state of Uttar Pradesh, India's most populous state, has one of the largest elderly populations in the country, with estimates ranging from 13 to 15 million individuals aged 60 years and above (Gupta et al., 2025; United Nations, 2019).

Rural elderly populations in India face a unique constellation of challenges that distinguish them from their urban counterparts. These include higher prevalence of poverty, lower educational attainment, limited access to healthcare facilities, inadequate transport infrastructure, and weaker social support systems due to out-migration of younger family members (George et al., 2023; Dey et al., 2012; Agarwal et al., 2020). The intersection of aging, rural residence, and socioeconomic deprivation creates a state of compounded vulnerability that significantly impacts health outcomes and healthcare utilization patterns. The Unnao district of Uttar Pradesh, situated in the central part of the state, exemplifies these challenges. With a predominantly rural population dependent on agriculture and related activities, the district's elderly residents face significant barriers to accessing quality healthcare. The district's health infrastructure, while improving, remains constrained in terms of specialized geriatric services, diagnostic facilities, and trained healthcare personnel (Chopra et al., 2023; Raazi & Rahman, 2019).

Health-seeking behavior (HSB) is defined as any action undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy (MacKian, 2003). The study of HSB is critical to understanding healthcare utilization patterns and identifying gaps between healthcare needs and service uptake. Among elderly populations, HSB is influenced by a complex interplay of factors including perceived severity of illness, socioeconomic status, gender, educational attainment, family support structures, and the perceived quality and affordability of available services (Thakur et al., 2013; Yogesh et al., 2024; Patil et al., 2014). The

Anderson Behavioral Model of Health Services Utilization provides a useful framework for understanding these determinants, categorizing them into predisposing factors, enabling factors, and need factors (Andersen, 1995). This paper aims to synthesize the available evidence on the morbidity profile and health-seeking behavior of rural elderly individuals in Unnao district, Uttar Pradesh, to identify barriers to healthcare access, and to contextualize findings within the broader geriatric health landscape of rural India.

Materials and Methods

This paper employs a narrative review methodology to synthesize findings from published literature on the health status and health-seeking behavior of rural elderly populations in Unnao district and broader Uttar Pradesh. The review integrates evidence from quantitative cross-sectional studies, qualitative research, policy analyses, and national survey data. A comprehensive literature search was conducted using electronic databases including PubMed, Google Scholar, Semantic Scholar, and specialized Indian medical journal repositories such as the Indian Journal of Community Health, International Journal of Community Medicine and Public Health, and Journal of Family Medicine and Primary Care. Search terms included combinations of "geriatric health," "elderly," "health-seeking behavior," "morbidity pattern," "rural," "Uttar Pradesh," "Unnao," "quality of life," "depression," "healthcare utilization," and "India."

Studies were included if they focused on elderly populations aged 60 years and above, were conducted in rural settings in Uttar Pradesh or comparable Indian contexts, and reported on health status, morbidity patterns, quality of life, health-seeking behavior, or healthcare utilization. Both peer-reviewed journal articles and recognized national survey reports were considered. Information extracted from each study included study design, sample size, geographic location, key findings related to morbidity prevalence, health-seeking behavior patterns, determinants of healthcare utilization, identified barriers, and policy implications. Findings were synthesized thematically to address the research objectives.

This review is subject to several limitations. The heterogeneity of study methodologies, sample sizes, and health indicators across included studies limits the comparability and generalizability of findings. Several studies relied on self-reported morbidity data, which may underestimate the true disease burden due to underdiagnosis. The availability of studies specifically from Unnao district is limited; therefore, findings from surrounding districts and broader Uttar Pradesh are used to contextualize the analysis.

Results

The demographic profile of elderly populations in rural Unnao reflects patterns consistent with broader rural Uttar Pradesh. Studies from the district and surrounding areas indicate a slight female preponderance among elderly populations, with females constituting approximately 53-60% of study participants (Chopra et al., 2023; Raazi & Rahman, 2023). The majority of elderly individuals fall within the 60-70 years age bracket, accounting for 53-64% of the study population (Chopra et al., 2023; Raazi & Rahman, 2019). Educational attainment is generally low; Raazi and Rahman (2019) found that 35.45% of elderly participants in Nawabganj, Unnao, were illiterate, although Chopra et al. (2023) reported a higher literacy rate of 83% among rural elderly participants. Occupational patterns reveal that among male elderly, the majority are engaged in agriculture or have retired from agricultural work, while female elderly are predominantly homemakers (Chopra et al., 2023).

A striking finding across studies is the high prevalence of multimorbidity among rural elderly. Chopra et al. (2023) found that 75% of elderly participants in rural Uttar Pradesh were suffering from either one or two morbidities. The specific morbidity profile is dominated by chronic, non-communicable conditions. Generalized muscular weakness was reported in 63% of the rural elderly, gastrointestinal problems in 56%, musculoskeletal and joint problems in 45%, and clinical anemia in 42% (Chopra et al., 2023). The prevalence of hypertension varied between 13% and 36.81% across studies, while diabetes mellitus type II ranged from 5% to 28.63% (Chopra et al., 2023; Raazi & Rahman, 2019). Other prevalent conditions included visual problems (36%), respiratory problems (28%), skin problems (23%), and dental problems (11%) (Chopra et al., 2023).

Mental health, particularly depression, represents a significant component of the morbidity burden. A study from Unnao district found a depression prevalence of 65.9% among the geriatric population, showing significant associations with age group, marital status, occupation, type of family, and smoking history (Raazi & Rahman, 2023). Behavioral risk factors significantly contribute to the morbidity burden; Chopra et al. (2023) documented that 35% of elderly participants had some form of addiction, with smoking being the most common, affecting 16% of the sample. Analysis of WHO SAGE data demonstrates strong associations between tobacco and alcohol consumption with depression, chronic lung disease, and asthma among older adults (Harikumar & Sreena, 2025).

Quality of life assessments reveal concerning patterns. Raazi and Rahman (2019) found that quality of life scores were significantly diminished in the domain of social relationships, with factors such as illiteracy, living in nuclear families, and being widowed or divorced independently associated with lower scores. A study from the Himalayan region of Northeast India corroborates these findings, reporting that

total mean quality of life scores among rural elderly (39.4 ± 11.3) were significantly lower compared to urban elderly (51.1 ± 11.5) (Author, 2024b).

Health-seeking behavior among rural elderly in Uttar Pradesh exhibits distinct patterns. A comparative study from Western Uttar Pradesh found that only 60% of rural adults demonstrated positive health-seeking behavior, compared to 91% in urban areas (Author, 2025b). Data from the Banda district study provides additional granularity, with 31.75% of elderly individuals contacting government facilities during illness and 29.50% not utilizing any health facilities (Gupta et al., 2025). Saxena (2021) found that among 540 elderly subjects in eastern Uttar Pradesh, 120 sought no medication, 220 practiced self-medication, 80 utilized traditional medicine, 110 opted for allopathic treatment, and 50 preferred Ayurvedic medicine. A mixed-methods study of 400 adults aged ≥65 years in rural India found that 45% had inadequate health literacy and 37.5% had low self-efficacy, with only 20% monitoring diabetes complications and 45% having undergone cancer screening (Yogesh et al., 2024).

Multiple intersecting factors determine health-seeking behavior. Lower socioeconomic status, female gender, lower educational attainment, advanced age, living in nuclear families, being widowed or separated, lower caste status, and lack of health insurance all predict lower health-seeking behavior (Zaidi et al., 2024; Author, 2025b; Gupta et al., 2025; Palepu et al., 2023). Financial constraints represent the most pervasive barrier to healthcare access, with out-of-pocket health expenditure accounting for an estimated 47.1% of total health expenditure in India (Author, 2024a). Awareness of geriatric welfare services and health schemes remains critically low (Census of India, 2011), and research from Rajasthan documented extremely poor knowledge and enrollment of elderly individuals in various healthcare and welfare schemes (Jadhav & Shilpa, 2024).

Discussion

The synthesis of evidence from Unnao district and broader Uttar Pradesh reveals a geriatric health landscape characterized by high morbidity burden, suboptimal health-seeking behavior, and multiple intersecting barriers to healthcare access. The morbidity profile dominated by musculoskeletal disorders, gastrointestinal problems, hypertension, diabetes, and depression reflects the advanced stage of epidemiological transition in India, where non-communicable diseases have overtaken communicable diseases as the primary contributors to disease burden even in rural settings (Chopra et al., 2023; Raazi & Rahman, 2019; Harikumar & Sreena, 2025). The high prevalence of depression (65.9%) documented in Unnao (Raazi & Rahman, 2023) substantially exceeds estimates from other Indian studies, suggesting either genuine geographic variation or methodological differences in assessment. The consistent finding

that depression is significantly associated with social isolation, widowhood, poverty, and physical ill health underscores the importance of integrating mental health services into geriatric care programs (Ganguli et al., 1999).

The health-seeking behavior data reveal a significant gap between healthcare needs and utilization. With only 60% of rural adults demonstrating positive health-seeking behavior (Author, 2025b) and nearly 30% not utilizing any health facilities during illness (Gupta et al., 2025), there exists a substantial unmet need for healthcare. The finding that a significant proportion practice self-medication or forego treatment entirely reflects failures at multiple levels of the healthcare system (Saxena, 2021). The determinants analysis highlights the fundamental role of socioeconomic factors, as income, education, caste, gender, and family support structures are the primary drivers of health-seeking behavior, consistent with the broader social determinants of health framework (Zaidi et al., 2024; Jadhav & Shilpa, 2024).

The findings from Unnao are broadly consistent with studies from other parts of rural India, though variations in prevalence rates highlight the importance of local epidemiological assessments. The relatively lower prevalence of hypertension and diabetes in the rural sample compared to the urban Nawabganj sample suggests that within-district variation may be as significant as inter-district variation (Chopra et al., 2023; Raazi & Rahman, 2019). Health-seeking behavior in Uttar Pradesh appears suboptimal compared to regions such as Vellore, Tamil Nadu, where a 93% prevalence of health-seeking behavior has been documented, a difference possibly attributable to stronger community health worker programs and higher literacy rates in South India (Flage et al., 2025).

The implications for policy and practice are significant. Strengthening the National Programme for Health Care of the Elderly requires ensuring dedicated geriatric clinics at all district hospitals, expanding training of healthcare personnel in geriatric medicine, and integrating geriatric assessment into routine primary care (Ministry of Health and Family Welfare, 2011; Author, 2025c). Expanding health insurance coverage is critical given the catastrophic nature of health expenditure for elderly populations, with enhancements needed in targeted outreach, coverage of outpatient care and medications, and simplification of enrollment processes (Author, 2024a). Addressing social determinants through universal old-age pension coverage, strengthening social support systems for widowed women, and improving health literacy are equally essential. Community-based interventions, including training community health workers in geriatric health assessment and establishing geriatric day-care centers, can effectively complement facility-based services.

Conclusion

The rural elderly population of Unnao district, Uttar Pradesh, faces a complex and challenging health landscape characterized by a high burden of multimorbidity—particularly musculoskeletal disorders, gastrointestinal complaints, hypertension, diabetes, anemia, and depression—compounded by behavioral risk factors, socioeconomic deprivation, and limited access to quality healthcare services. Health-seeking behavior is suboptimal, with a significant proportion of elderly individuals delaying or foregoing treatment due to financial constraints, geographic barriers, limited awareness, and inadequate family support. The findings of this review underscore the urgency of strengthening geriatric health services through a multi-pronged approach addressing both supply-side and demand-side barriers. Expanding health insurance coverage, improving primary healthcare quality, training healthcare personnel in geriatric medicine, and implementing community-based interventions are essential components of a comprehensive response. As India continues to age rapidly, building an elderly-friendly health system that ensures equitable access to quality care for all older adults, regardless of residence or socioeconomic status, has never been more urgent.

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