



**COLLEGE OF SOCIAL SCIENCE AND HUMANITIES  
DEPARTMENT OF SOCIOLOGY**

**ASSESSMENT OF SOCIO-ECONOMIC FACTORS THAT AFFECTING  
ACCESS TO HEALTH SERVICE UTILIZATION OF ELDER PEOPLE IN  
GURAGE ZONE, GUMER WOREDA IN CASE OF YESHERB AND  
WULIBARAGI KEBELE.**

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## DECLARATION

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***ACRONYMS***

MOLSA .....	Ministry of labor and social affairs
HPP .....	Health policy project
SNNPR.....	South nation nationality people representatives
NCD.....	Non communicable disease
MDGs.....	Millennium development goal(s)
CSA .....	Central statistical agency
WHO.....	World Health Organization
SES .....	Socioeconomic status
NGOs .....	Non-governmental organization (s)

## **Abstract**

*The main objectives of the study were to examine socio-economic factor that affect access to health service utilization of older people at Gurage Zone gumer woreda in case of wulibarage and yesherab kebele. The study was used descriptive survey research design and employed mixed research approach. The research was conducted by obtaining both primary and secondary data. In this study judgmental sampling technique was employed .In this study questionnaires and interviews were used to gather data. In order to conduct this study out of 510 old age people, 84 elder respondents were selected. The study also purposively selected 5 health service workers in kefaficha health care and purposively 5 community members were selected to get further and detailed data. The study finding was shown that elders health service utilization was problematic due to different socio economic constraints such as shortage of income, isolation, discrimination, disrespect and other infrastructural problems are hinders the health service utilization of elders. Based on the result of the study some recommendation were forwarded to stock holder, like community advocacy to elders in different traditional association such as” “Idirs” and “Ekubis” government support and the community should do too aware about old age access to health services utilization*

## CHAPTER ONE

### 1. INTRODUCTION

#### 1.1 Background of the study

The researchers to examine a Socio-economic factor that affecting the access to health service utilization of elder's people. Socio-economic status broadly conceptualized as one's position in the social structure. Sociologists emphasizing on Weberian approach that, encompasses the notion of class, status, and power. Socio-economic status is these more than financially being of education achievement, which is often, issued indicators which empirical work. More broadly it encompasses a life time of access to knowledge, resource, and opportunities. In recent work course and posse suggest that measures of socio economic status (SES) should reflect material capital, human capital and social capital (Smice and Kington 2003).

Elderly people face combination of physical, emotional and material problem there can be different to negotiate one of the main concerns of elder peoples to retain independence freedom movement and participation social world. According to (A. Giddens 2010) elder people is the last stage of the normal life span in human beings. For statically and public administration purpose however age eligibility for retirement chronological age which is 60 or 65(sixty or sixty-five) for western development countries UN (1991:9) and 55 for some developing countries in African including Ethiopia. Age positively influences health care utilization because old age is usually associated with greater confidence and experience/exposure and when combined with greater responsibilities within the household, it is not surprising that older people will seek health care more than young ones (Addai 2000) and (Kwast BE 1988). Elderly people play vital role in African society today across the continent millions of family would not survive without contribution of elderly peoples. Still now elder people care children often, they are excess from development program and discriminate against by survive such as health care, like electric other regions in the world. Its population beginning, but in Africa this happen much more quickly by 2050<sup>th</sup> the members of people's overs (60) living Africa which increase from just fewer than 50 million to just fewer than 200 million. Ethiopia is the second most populous in sub-Saharan Africa in the population over 82.8 million people. Ethiopian experience to the burden of disease mainly attribute to communicable infection diseases and nutritional deficiency.

In developing countries, where there are no adequate resources to meet the health service needs of the general population, governments find it very difficult to meet the special needs of older people. In these countries, primary health care remains largely focused on other groups, such as mothers and young children, rather than older people and on treating communicable and infectious diseases rather than non-infectious diseases. That is why it is often said that non-communicable diseases (NCD) are exerting double-burden on the developing countries, alongside infectious diseases, maternal mortality and child survival (WHO 2011).

In the recent year Ethiopian elder people over the age of 60 have been marginalized by a great belief at a result of age change in respect to the value of Ethiopian elderly, but aging is a significant number of elder people have to family and community support mainly due to death of relative or separation cause by famine were disease and displacement the wearing of family and community support structure. Vital health indicators from development health sectors (2005) still now life expectancy of our countries is year of 63 for male and year of 64 for female and infant mortality rate has 77/1000, under five mortality rate has been reduce.

In southern part of Ethiopia in Gurage zone the number of elder people increasing rapidly. The health status of this zone is generally poor as its true further country as a whole compare to other low income country, even within sub-Saharan Africa the wide spread of SNNP Region state poverty at a long with low income level of population, low education level at adequate to clean water and sanitation facility, high population growth and access to health service are some of the major factors contributing to high burden health in the region. This study is important to know the actual condition of elder age health condition and improve their health service utilization .Because preserving elder means preserving community and they play important role to sustain the society.

Gumer is one of the woreda in Gurage Zone in SNNP region, Southern Part of Ethiopia. Older person through their lifelong accumulates in these woreda has been from low level of education, service and inference of the society. Hence, it is common to see their older persons who have the knowledge and skill to help not only them but also other are facing serious problem and resort to Begging (MOLSA 2006). This study the focused on the problem of socioeconomic factors that affect health service utilization of elder people

## **1.2 Statement of the problem**

The reason that the research initiate to examine the socioeconomic factors that affecting access to utilization of health service of elder people.

Older people in developing countries are highly vulnerable group of the society exposed to hardship, malnutrition, poverty and old-age-related diseases (Fouad 2004). In these countries, the major problems associated with old age are poor diet, ill-health and inadequate housing, which are all exacerbated by poverty. These and other factors render older people to be among the poorest of the society (WHO 2004).

The intermediate determinant of health includes health service use, dietary and sanitary practices and behavioral factors. Health quality arises from an equal distribution of underlining determinants, including income and assets, knowledge and literacy. The influence intermediate risk factors for example by constraining health, seeking behavior. They underlining determinants of health include environment and infrastructure which create direct risks in limit the ability of the poor to seek health care and practice health behavior. Accessibility of service distance, cost, actual and perceived determines of health, report of the consulting on social determinant health (2006). The reality of health care utilization for elder people varies dramatically from one sowed of another due to vary socioeconomic factor. In more developed region health care is provided by institutional network that are more or less sustained elders individual. In developing countries the picture is rather different as the modern health care system is not being the point of contact for an older person. In sufficient knowledge about their health needs and their lack of autonomy are constraints that hinder health care decisions of elderly.

For there more, such decision is often embodied in the wider family cycle of elderly (Liod 2004) and Rash Man 2001). The elder people are people who access to health service by both public and private health care providers in developing countries the public sectors have attempt to expand it is share of health service, but, still suffer from underutilization (Vanghanip, Karim E, Busek 2000 and Belachew 2001). National health care systems in the developing world are only now becoming more sensitive to the need more client based delivery approach's (Chulek 2001; Calnan 1990). The focus on in sector was related to marching and health is accountability (William 1994).

In Ethiopia, only very few studies are available on older people. Although these studies are not national, they provide valuable insights that could be taken as applicable at the broader

level. One such a study is the survey on, the living condition and vulnerability of poor urban older people in Addis Ababa, Sept 2010. The other is An assessment report on the care, support and treatment situations of older people in Southern Nations Nationalities and People's Regional State (SNNPRS), Nov 2009.

Despite the obvious differences between the study areas (Addis Ababa, which is metropolitan, and the SNNPRS), in terms of infrastructure, availability of social services, life styles, and so on, the findings of the two surveys demonstrated the desperate situation of older people in a very similar way. The former had conducted Participatory Vulnerability Assessment (PVA) exercises in all the sub-cities of Addis Ababa and identified food insecurity (which is worsened by inflation) as the top priority concern of older people. The study also disclosed that among 1,070 older men and women respondents, 79 per cent eat only once or twice a day, 78 per cent have health problems, 51 per cent receive no family support, and about 50 per cent carry out household activities, such as housekeeping and caring for grandchildren (Help Age International, 2010).

Likewise, the other study done in the SNNPRS identified poverty (including food insecurity, poor health-care system, lack of housing and decent living environment) and low/limited family support that resulted from the gradual erosion of the culture of extended family and mutual support, as the major problems older people are facing. "Limited social welfare, lack of awareness of the special needs of older people [by duty bearers] and unavailability of institutional care providers also contributed their share to the problems "are shown as the main problems (Medhin Ethiopia, 2009).

In SNNP state existing linking in part of climate change and human health related to observe, more strongly relationship was with elderly health service, climate stress, human disease, occurrence and prevalence mark in environmental. According to world health organization WHO (2010) elder people have lack of adequate human resource analytical skill health services. some researchers also have been conducted on the factor that affects health services utilization of old age people in southern Part of Ethiopia, Ethiopia as well as worldwide. They could not focus on the specific barriers of health Apha in 2004, Fistum, Chali and Belaynesh in 2011 conduct study in biological factors affect health service utilization of elder. The barriers can physical social, economic, psychological and cultural, even these it be. They focused on the biological or hard barriers that they may ignore the social obstacles. Our Study tries to fills these gaps.

The study tries to explain the socioeconomic factor that affecting older age people access to health service utilization in case of Gumer Woreda in Gurage zone, Southern Eastern Ethiopia.

### **1.3 Objective of the study**

The purpose of research is to discover answer to question through the application of scientific procedure. And also the research were have both general and specific objectives

#### **1.3.1 General objective of study**

The overall objective of the study is to examine socioeconomic factors that hinder access to health service utilization of old age people in case of Gurage zone gumer woreda.

#### **1.3.2 Specific objectives of the study**

- To examine the economic level of old age people in Gurage zone Gumer Woreda.
- To evaluate the adequate of existing health care service, provide for elder people in Gurage zone gumer Woreda.
- To assess the social factors elderly people face to accessing health care service in Gurage zone gumer woreda
- To describe the role of governmental and nongovernmental organization to provide health service access to old age people in Gurage zone Gumer woreda.

### **1.4 Research Question**

- What is he income source of old age people in Gurage Zone Gumer Woreda?
- There is adequate health care service providing for elder peoples in Gurage zone Gumer Woreda?
- What are the social challenges elderly people face in accessing health care services in Gurage zone Gumer woreda.
- What are the roles of governmental and non-governmental organizations to provide health care service utilization for elder in study area?

## **1.5 Significant of the study**

The finding of this study were relevant to reveal how different socioeconomic factors that affects access to health service utilization of elder people in society. From this study the beneficiary was mostly elders then benefits the entire community of gumer woreda. The study show direction about the problem of health services utilization of elders. It can also service as an important source for who are targeting for program intervention and solving the problem of old age people. Therefore, the study help to reduce the problems, related to utilization of health service for elder. Finally the study was seeks to provide attitudinal change through creating awareness for broad society regarding to the elders and base information for those who needs to do further for police makers and researcher in the Gurage zone gumer woreda.

## **1.6 Limitation of the study**

In this study there are many limitations that we were faced. As it usually happens in all studies, this study was faced the following limitation.

The study highly focus on socio economic factors affecting the health utilization of elders, neglect other factors such as cultural, environmental, biological and political factors.

The study also give more emphasizes on elderly health service utilization neglects child and other peoples in study kebele. Due to shortage of time and resources the study takes 84 elder samples out of 510 elder peoples.

## **1.7 Scope of the study**

The scopes of the study were geographically limited to Gurage zone in the case of Gumer woreda community, particularly in two kebel (yesharab and wulibarage). Wulibarage and yesharab kebel are rural kebel located in gumer woreda. Researchers chose these two kebel because of wulibarage and yesharab kebel elders facing many challenges in health service utilizations and access. Because these two rural kebel located far away from health care sectors and there is no available transportation access as well as infrastructure to reach clinic and live in poverty. So above reason attract our attention to select wulibarage and yesharab kebel than other. Elders in these two kebel were taken as the main target population of the study. The study will be delimited on socioeconomic factors that affect in health service utilization of old age peoples. Because there are many factors that affects the health service utilization of elders.

## **1.8. Definition of key concepts and terms**

**Elder people** are the last stage of the normal life span in human beings. Old age also called senescence in human beings, the final age of the normal life span. Old age consists of ages nearing on surpassing the average life span of human beings and thus the end of the human life cycle (A. Giddens 2010).

**Health service utilization** as a function of these components: predisposing, enabling and need. People are pre disposed to illness due to different factors such as demographic characteristic, socioeconomic status and health believes (Anderson, 1968).

**Health** is a state of complete physical, mental, and social wellbeing and not merely the absence of disease (WHO, 1948:100).

**Aging** refers to unfair treatment of people because they are old (WHO, 2004: 35).

## **CHAPTER TWO**

### **2 Review literatures**

#### **2.1 The concept of ageing**

According to the World Health Organization (2004: 35), ageing refers to "...a normal biological process defined as those time-dependent, irreversible changes that lead to progressive loss of functional capacity after the point of maturity." The changes, that the World Health Organization listed include "...physiological, psychological and social that are progressive, decremented and irreversible, of structural and functional body organs." The organization (2004: 35-36) affirms that normal ageing is not a disease, but eventually leads to structural and functional decline and involves increased susceptibility to diseases due to intrinsic and extrinsic factors.

The chronological definition of old age differs from country to country, depending on the cultural, economic, and overall developmental stage of the society in question. For example, in many developed countries, a person is considered older at the age of 65, which is an age at which a person is entitled to pension or retirement benefits.

For the purpose of this study, we take the definition of the United Nations (2007), which puts age 60 as "the dividing line between older and younger cohorts of the population." This definition, we believe, would not only save us from debating on a relativist concept, but is also in line with the definition of older people in our country as used by the Ministry of Labor and Social Affairs (MOLSA).

#### **2.2 major socioeconomic impacts on elder health**

##### **2.2.1 Income, poverty and health**

Socioeconomic factors determine where people and community live in the kinds of environment inhabit how they are treated by others the good and service they provide for themselves and what their society can provide for them. Poverty both as social concept and measurable characters relate too many of this socioeconomic factors poor communities usually do not have political power needed to get service. In many less developed countries and low income countries health status is relatively low or less of life expectancy and others indicator's (WHO malty-countries study 2005). According to WHO (2010) the life expectancy of developing countries has very low for example life expectancy of Ethiopia has 64for female and male 63, when compare to the developed country the life expectancy of our

country are low. When can take life expectancy of japan have 81 for male 83 for female to respectively. Whether at level of house hold, community, the nations, poverty is the measure determinant of ill-health. Nearly every health outcome among the poor are much worse than the wealth: poorer country also has greater proportion of peoples living below the line poverty and vulnerable to serous health risks. (Human development report 2005). Poverty generates or reinforces social exultation due to gender, geographical location ethnicity.

Rural population usually has access to water and sanitation facilities, fewer educational opportunity ends higher risks of malnutrition than urban population. The letter has more exposure to outdoor air pollution and over crowded, unsanitary housing in undeserving slum or shanty town settlements. Urban slum is growing rapidly in nearly all developing country high national income alone does not bring economic wellbeing a less it is spent efficiently on what people actually (Mc.Nayk, Ktith, pentose 2004).

### **2.2.2 Social interaction and health**

Because of patient provider's communication is central to the health care delivery processes, poor communication resulting from language barriers has implication for the quality and outcome of care. For example, poor patient provider's communities may lead to in appropriate medical testing in attempt to established diagnosed in the absence of an adequate medical history. Spanish speaking patients who reserve unclear explanation about taking prescribing mediation may take them in an appropriately, resulting in treatment that sub - optional regardless of whether the prescription where technically appropriate morals all found that Spanish speaking patents were explanation given them about prescribed medication (Brown Burt VL 1988-1991).

### **2.2.3 Gender and health**

Gender and health are related through pass ways. Gender roles and norms and gender based division of labor interact with education, employment status, income culture house hold position, age and physical social environment. These results concur with a number of studies that have demonstrated that age and gender are key factors affecting differences in the use of health services (Hong et al. 2003; Knutsen 1994).Age positively influences health care utilization because old age is usually associated with greater confidence and experience/exposure and when combined with greater responsibilities within the household, it is not surprising that older people will seek health care more than young ones (Addai 2000) and (Kwast BE 1988).

The growing feminization of poverty has been increasingly noted. In the Pacific region, the inter-household distribution of resources and the direction of responsibility between men and women. Boys and girls differ with social status and economic conditions. Gender issues in health, therefore, need to be addressed within the broader framework of poverty and social inequality. Gender is not a stand-alone category but is enmeshed in social, economic and cultural situations and practices (Standing H. 2002). Gender equality is a strong determinant of health. Men and women have different access to health information and use of health services, which leads to unequal health. Outcomes in such women are more likely to be exposed to risks such as indoor household smoke and have worse access to sanitation facilities (Ravindran Tks, 2002).

#### **2.2.4 Health and aging**

The study of aging and elderly concerns itself not only with the physical process of growing old, but also with social and cultural factors connected to aging. The aging process was once generally accepted as an inevitable manifestation of time. Aging is not something taken for granted as natural advances in medicine and nutrition have shown that much that was regarded as inevitable about aging can either be delayed or slowed down. On average, people live to a much older age than was over a century ago. As a result of improvements in nutrition, hygiene and health care (A. Giddens 2001).

#### **2.2.5 Human right and health**

Health and human rights are closely linked. Violation of the human rights of women, men and children can have the most serious health consequences. Such violations can take the form of torture, other forms of violence, denial of food and shelter, lack of access to health care facilities in times of distress. Vulnerability to ill-health is reduced by promoting and protecting human rights. How health service delivery is designed and positioned in society can either violate people's human rights. Respect for human dignity and privacy of individuals can facilitate more sensitive and human care (Maru J, 1992).

#### **2.2.6 Education and effect on health**

Education is a key element of sustainable development and is perhaps one of the most important underlying determinants of health at both individual and community levels. Education reduces poverty through increased employment and provides skills for attaining better health, according to the World Bank. "Participatory health education for school society is one of the most effective means of promoting health life style, everything the merging

pandemic non-communicable disease among the next generation of the poor education enable women to make informed choice and adopt better health and nutrition practice and also it increases the poor health care providers and community educators (Snake and Lasdsders, 2004).

Education is probably the critical determinants of health for women and girls transcend generation. Education means women benefit through increased knowledge to protect health and seek proper health care. In addition, education for women and girls result in better health. Education and welfare out comes for children and families typically, have better understanding of health promoting practice and women improved nutrition and are more likely to increased spacing between births. So they are also less likely to die than are uneducated women.

## **2.3 Theoretical frame work of aging**

One the measure problem in social gerontology in recent years is that the study of aging is not clearly directed by social theory. Theoretical development in gerontology have according to (Bengston 1997) lagged well behind others social and human science discipline.

### **2.3.1 The rise of functionalism**

The emergency of the social theory of age and aging can be located to the theory post war years with the given mental concern about the consequence of demo graphical change and the shortage of the younger people in work in USA and UK (Biggs 2001)in the post war year social gerontology emerged as a multidisciplinary field of study which attempted to respond the social. Health mind economic policy implication and projection of population change (Philipson, 1998). The important point to note is that theories often mirror theories and values of their creators and their social times reflecting culturally dominant views of what should appropriate way to analysis social phenomena. The two functionalism theories which dominated us gerontology in 1950&1960s of disengagement and Activity theories follow this normative pattern.

#### **A Dis-engagement theory:**

Such major protagonists of disinterment theories were (Cumming (W 1961) who look at how older people should be disengage from work place prepare for ultimate disengagement (Powell, 2002).The proposed that gradual withdrawal of older from work roles and social relationships is both an inevitable and natural process. Withdrawal may be accompanied from

the outset by an increased preoccupation with himself. Certain institution may make it essay for him (Cumming and Henry (W 1961).

### **B Activity theory**

It is a country to dis-engagement theory, since it claims the successful old age is ca be achieved by maintain role and relationship (Biggs 2001) Activity theories actually predated dis-engagement theories. Proponent of this and does not promote in any shape or formal positive aging. Activity neglect issues of powers, in equality and conflict between age groups. An apparent value census me reflect the interests of powerful and dominant groups within society who find it advantageous to have age power relation organized in such (Katy 1996).

### **2.3.2 Aging, political economy and politics of distribution**

It is grow a direct response to the hegemony dominance of structural functionalism in the form of dis-engagement theory, bio-medical paradigm and huge forms of dis-engagement theory social expenditure where located to older peoples (philpson 1998). As an intellectual Back Ground against functionalist theoretical dominance, political economy of old age emerged as a critical theory in both sides Atlantic political economy drown from Marxian in sight in analyzing the capitalist complexity of modern, society how and old age was socially constricted to faster the economy (Estes, , Hand book of theories of aging, second edition 1991).

### **2.3.3 Aging and postmodern world gerontology**

In the 1999 has been a vast interest in postmodern perspective of age and aging identify under period by discourse of better life style and increase lecture opportunity for older people due to health life style and increase, use of biotechnology to facilitate the longevity of human experience (J.A. Smith 2009)

The intellectual root postmodern gerontology drive from Jabots (1975) analysis of the discovers of disease in the USA and the establishment of bounders between normal and pathological aging, old age as seen as mask which concuss the essential identify of the person beneath. The view of aging process as a mask or disguise concealing the essentially youth full of self beneath is one which appears to be a popular argument (Feather Stone and Hep Worth, 1989, 1993).

## 2.4. Conceptual frame work of the study.

This study was guide the concept that socioeconomic and old age people constricted on health service utilization. This framework is constructed by researchers based on data's gained from statement of problems and related review literatures.

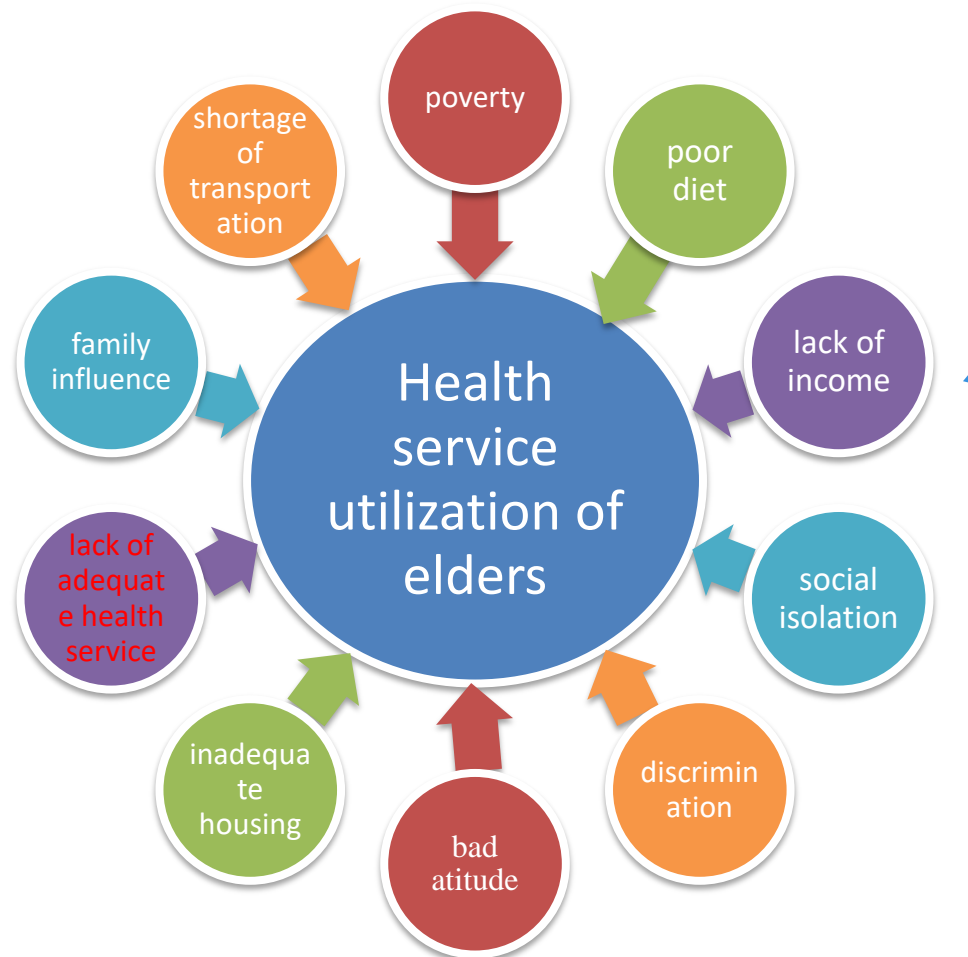


Fig1 conceptual framework (own (researchers) 2021)

The above frame work show that the factors that affect the health service utilization of elders. Economic factors like, poverty, shortage of income, inadequate housing and health service. Social factors such as: isolation, discrimination, family influence and bad attitude. In addition to this other related factors like poor diet, transportation problem and lack of health service access, and other associated factors hinder the effective health service utilization of elder in Gurage zone gumer woreda.

## **CHAPTER THREE**

### **3 Research methodologies**

#### **3.1 Description of study area**

The study area is chosen SNNPR on Gurage zone particularly Gumer woreda in two kebeles. In Gurage zone there are 14 woreda. Among these Gumer is the one. Which is 190 km from Addis Ababa and 30km away from Wolkite university main campus? Gumer is border on the south east by Silt's zone, on the south west by Geta woreda, on the North West by Cheha, and on the north by Ezha. The administrative center is Areki'te. Gurage people are not exactly known because half of the population live outside the Gurage zone. But based on 2007 census conducted by the CSA this woreda total population has 80,178, of whom 37,495 are men, 42,683 are women, 2,923 of its population are live in urban area. The health infrastructure of the Gumer woreda indicates that around five health stations or services found. From those services two private clinics (named as Bole and Are kit) and three public clinics (named as Badi, zizenicho and kefafi'cha). These data indicate that in Gumer woreda there is no enough or adequate health service sectors.

#### **3.2 Research approach**

This study employed both qualitative and quantitative in order to understand the socioeconomic factors affects access of health service utilization of elders. Both methods are important to social science research and to understanding of the experience of peoples, who going to study. Qualitative research concerned with exploring and understanding the lived experience of specified phenomena (J.A. Smith 2009). Quantitative method also used to investigate the health service utilization in the health sectors and also this method select to study the socio economic factors which affect the health service utilization of elders. Mixed research method is an approach to inquire involving collecting both quantitative and qualitative data by integrating the two forms of data and using distinct design that may involves philosophical assumption and theoretical frame work (Creswell 2014). This method was select because it helps to complement the weakness of one method by another method. Researchers' employs this method because this method provides a more complete and compressive understanding of research problem than either qualitative or quantitative method. And provide an approach for developing better, more context specific instrument also help to explain findings or how casual process work. Mixed method strengths that offset

the weaknesses of both qualitative and quantitative researches these and related advantages motivate to use mixed approaches.

### 3.3 Study design

The study was constructed through study design by used cross sectional study design in which data were collected at, one point in time from sample selected to describe same large population at that time. Since the researchers was to examine socio-economic factors there affect to health service utilization of old age people in Gurage zone Gumer woreda. to achieve the stated objective the researchers use explanatory types of research in order to why things happen or exist as they do and to solve the existing problem.

### 3.4 Sources of Data

In this study both primary and secondary source of data were employed.

**A, primary sources of data:** data were collected from communities who live in gumer woreda particularly in wulibarage and yesherab kebel elders, health extension workers and community members. The primary data were collected by using of questionnaires and interview. Participants were selected depending on the information gather from the respondents in terms of interview and questionnaires.

**B, Secondary data:** secondary source of data was important for setting the back ground of the study. To do so the researchers were used various books, scientific, journal article, kebele documents and reliable internet source. The data was collected from different website, library and books.

### 3.5. Data collection Techniques

Since the researchers were used the combination of different methods of data collection is important to cross check the reliability of data obtains for the research so, the researchers were employed appropriate data collection method including questionnaires and interviews.

**A. Questionnaires:** it is an instrument that was used to educated workers to obtain facts about current issues and intend to make is inquiries concerning information. In this questionnaire 94 respondents was participated from this 84 were elders, 5 health service workers and 5 community members who live with elder and their surroundings. The questionnaire has three major parts to gather data based on research objectives. The first part contains background information of the respondents. In background part of the questionnaire all 94 respondents were involved and prepared questions about sex, marital status, religious background, educational level and income gain intervals.

Section two is questions related to problem of health service utilization of elder and the questions prepared separately for health workers, community members and for elders. The third section is questions related with the socio-economic challenges of health service utilization of elder prepared for 5 elders' only. The questionnaire was prepared in English and Amharic language since not all of the respondents can read English. Further explanations were given for those who have low proficiency in English. The questionnaire contains both close-ended and some open-ended questions. It includes the yes or no types of questions. Additionally, the questionnaire was self-administered type of questionnaire. All questionnaires not fill by the respondents because may be not all of respondents are literati. So some questions may fill by the researchers those who cannot read and right respondents but the answer is get from respondents. Open ended questionnaires help to get rich information resulting from respondent's explanation about issues by their own words which close ended questionnaires was used to get information's from the question choice is limits by the researchers.

**B. Interviews:** a process of communication in the subjects or interviews given the needed information verbally in face to face situation attitudes and option. So, this method allows the researchers to collect valuable data from informants about socio-economic factor while affect old age access to health service utilization. The researchers were a depth interviews with those elder peoples. The interview was made with 5 of selected elders. From the total interviewees, 3 (three) of them were males and 2 (two) of them were females. The researchers were took an appointment with the interested interviewees and conduct his interview. The interview guiding questions were prepared for each of them regarding the coping strategies and future aspiration of health service utilization of elders in study area. Similarly, the interview guiding questions include the socio-economic challenges in health service access and utilization of elders was faced. The interview was conducted by local language of the area (Guragigna) and in Amharic language in order to facilitate for the interviewees to explain their idea in detail .Then, all interviews were translate in to English language after the data collection via interview completed.

### 3.6. Sample size & Sampling Techniques.

A Sample Size: Wulibarage and yeshera kebele in 2007 population census the total population of two kebele are 2058, from those populations 510 were old age peoples in both rural kebele. From 510 elders in 10% of marginal error, 90% of confident level researchers select 84 elders respondents due to shortage of time and resources to collect the data and analysis because of selecting large sample is too time taking and costly. By assuming this reason researchers select 84 elders' respondents to achieve the intended objectives of the study. In addition to get further data and information purposively chosen 5 health workers from 20 kefaicha health care service workers and five community members in a given kebele who is care taker of elders. Among these 510 peoples are old age people, means above 65 years old. Researchers in this study choose purposive sample because the study was done in most rural area. The peoples in this rural kebele have low educational status most of them cannot effectively write and read. Elders who found in yeshera and wulibarage kebele were mainly illiterates. So due to this reason in order to meet the research goal and to get clear as well as valid data the researchers were chosen purposive sampling technique.

Given  $N=510$  solution  $n= N/1+N(e)$  Required  $n?$   $n=84$

$e=10\%=0.1$   $510/1+510(0.001) =510/1+5.1=83.6$

**B Sampling Techniques:** According to (Biggs 2001) purposive sampling used to deal with the situation where it is one of that is selected based on knowledge of a population and purpose of study choose this method because researcher get deep information and data about the study from important person and real information which related with their profession and life experience. Judgmental sampling also called purposive sampling in this sampling sample choose basis on the researchers knowledge and judgment. This sampling usually used in situations where the target population comprises of intellectual individual who cannot be chosen by using any other probability and non-probability sampling technique. The process of selecting this sample using judgmental sampling involves the researchers carefully picking and choosing each individual to be a part of the sample. Researchers chose this sampling from the others because judgmental sampling consumes minimum time for execution and

quick pool or survey can conduct with the sample using judgmental sampling since the member of sample was possess appropriate knowledge and understanding of the subject. In addition to this our study area is remote and rural the educational status of the people low and most of them are illiterate due to this reason in order to achieve the study objective researchers' employ judgmental sampling.

### **3.7 Methods of Data Analysis**

To analyze the data descriptive methods of data analysis were used. The data was collected from different source was analyzed and interpreted through quantitative and qualitative methods. Data which was collected through questionnaires were tabulate, analyze and interprets by percentage in quantitative methods, while data the collected data was systematically organize and thematically analyzed .The quantitative data was analyzed by using descriptive statistics. The qualitative data was analyzed using qualitative data analysis method. The researchers started qualitative data analysis after some of the data have been collected. This helped the researchers for the next steps in the data collection process. It also gives more time to analyze quantitative data. In the process of qualitative data analysis, the recorded voice was organized and written on the paper. Then, it was transcribe since the interview conduct in Guragigna and Amharic. Both narration and thematic analysis method will be used. That means, the researchers identify analyze and report patterns (themes) within the data.

### **3.8 Data quality control mechanism**

To enhance the reliability and validity of the data the researchers is take data quality assurance. In order to apply a reliable data, the researchers were taken across check the data which was collected not be stored type. And the validity of the method was improved by knowing the actual behavior of the respondents, while the data was collected. This means respondents were asked and interviews while they are in a good condition. The carefully sampling methods were ensures the Representativeness on survey research.

### **3.9 Ethical consideration**

This research the ethical consideration was insured. The study was carried out based on the interest of respondents and the respondents were filled the questionnaires based on their own idea and through the way that have self-confidence and honesty. Interviews was obtaining inform concern prior to the interviews. The study protocol was have submitted by the Advisor from department then the written cooperation letter were submit to all concerned bodies in the study areas. In the questionnaires respondents were not wrote their name in study. The dissemination of the finding was not refer specific respondents, but the gathered population the final paper was submitted to Wolkite University College of social science and Humanity Department of S

## CHAPTER FOUR

### 4 Data Analysis and Interpretation

This chapter deals with major finding of the study. The relevant for this study has been obtained from the respondents selected by distributing questionnaires. Relevant question distributed to all of the samples (94 respondents) believing that they give important information to the study. In these 94 total samples 84 were elders select from 510 old age peoples and 5, health service workers purposively selected from 20 kefatcha health service workers. In addition to this 5 community members purposively selected from given kebeles to get information about constraints of elders in health service utilization.. Interview was made with 5 elders in detailed manner. The study was focused on socio economic factors that affect the access of old age people to their health service utilization.

#### 4.1 Table 1 Socio-demographic characteristics of the respondents

No	variation	Items	Frequency	Percentage %
1	Sex	Female	45	48
		Male	49	52
		Total	94	100
2	Age	31-40	3	3%
		41-50	4	4%
		51-60	8	9%
		61-70	34	36%
		Above – 70	45	48%
		Total	94	100

3	Religions	Orthodox	35	37%
		Muslim	42	45%
		Protestant	10	11%
		Catholic	7	7%
		Total	94	100
4	Level of education	Cannot read and write	32	34%
		Only read and write	15	16%
		Primary education	19	20%
		Secondary education finished	6	6%
		Diploma	14	15%
		Degree	8	9%
		Total	94	100

5	Marital status	Single	8	9%
		Married	52	55%
		Divorce	20	21%
		Widowed	14	15%
		Total	94	100

6	The time interval will get income and sources of income	Daily	4	4%
		Weekly	16	17%
		Monthly	40	43%
		Gifts by relatives in holiday time specially in “Arefa” and” meskell”	23	24%
		support from the neighborhoods in hard ship time	11	12%
		Total	94	100

Source: survey data 2021

As indicated in the table 1 above, in terms of respondents sex, 11(55%) of respondents were male and 9(45%) of respondents were females. The study shows that there was equal participation of females and males in the study relatively. Therefore, equal consideration of gender respondents is important of identifies the socioeconomic factors that affect health service utilization of elders.

And also in terms of respondents age above table 1 shown that, 3(3%) of the respondents were found between 31-40- years old, 4(4%) of respondents were found between 41-50 years old, 8(9%) of respondents were found between the age of 51-60 years old, 34(36%) of the respondents were found between 61-70 years old and 45(48%) of respondents age were above 70 years old. Therefore the majority of respondents were found the age between 51-60 years old then followed by those who are found above 70. So in this study many elders were participated and minimum numbers of young and adult peoples also participated. In general the study age demographic of respondents shown almost all age group populations were involved but elders takes the majority numbers.

The above table 1 in terms of religions background of the respondents shown that, 35(37%) of the respondents have orthodox religious back ground, 42(45%) of respondents have Muslim religious back ground, 10(11%) of respondents were follow protestant religion and

7(7%) of respondents were follow catholic religion. So, the majority of the respondents have Muslim religion back ground and followed by orthodox religious back ground. Societal believes and ideologies have great impact in utilization of health service. Due to their religious ideology and believes elders have no any interest to visit health service because they believes “Allah or God” have answer for every illness and sick. So religious back ground has its own impacts for utilization of health services.

The above table 1 also in terms of educational level of the respondents indicates 32(34%) of the respondents were cannot read and write, 15(16%) of the respondents were only can read and write 19(20%) of the respondents were finished primary education, 6(6%) of respondents were attended secondary school or education, 14(15%) of respondents have diploma status and 8(9%) of respondents have Ba degree level. Therefore the educational level of respondents shown that the majority of respondents were can not read and write then followed by primary education. Education was an important factor for affecting utilization of health service. Elders in wulibarage and yeshera kebele were illiterate and only can read and write. So the educational status of elders highly determines their attitudes and perceptions to ward health service utilizations. Health service worker respondents were has diploma and degree status, but the majority of elders in study area have no awareness in the utilization of health service.

The above table 1 in terms of the marital status of the respondents shown as the following 8(9%) of the respondents were single, 52(55%) of the respondents were married. 20(21%) of respondents were divorced and 14(15%) of respondents were widowed. Thought, the majority of the respondents were married followed divorced. So, the married elders and community members have great contribution increasing the awareness change the negative attitude of the society towards the old age people.

The above table 1 in terms of respondents time interval does gets income and its sources shown that 4(4%) of respondents were gets income daily the source of daily income of elders and other respondents were engaging of in minimum and small scale trade activity in local markets, 16(17%) of respondents were gets income weekly also 40(43%) of respondents were gets income monthly the source of monthly incomes were may be monthly salaries and who support by government workers and in this background data involves the health service workers who gets their incomes in one month interval, 23(24%) of respondents were get the income in holiday time. It gets in the form of gift from relatives who live in urban. Especially

in “Arefa and messkel ”holiday many peoples visit their family for holiday, so elders gets some sort of money in holiday,11(12%) of respondents were get support from their neighborhood and community. Therefor the majority of respondents were face economic hardship it made the health status of elders were poorer. So the majority of respondents were has not saved assets or wealth as well as money which invested for health services utilization.

**4.2 Table 2 Elders live with**

	From whom elders did live?	Frequency	Percentage %
1	Family	56	67%
2	Alone	20	24%
3	With relatives and religious institution	8	9%
	Total	84	100

Source survey 2021

The above table 2 shows that elders whom to live in regard to this 56(67%) of elders respondents were live from their entire family dependently may live with their son, daughter and other family members, 20(24%) of elder respondents were live alone. They live in difficult situation they need support and special attention with concerned body such as community, government and other organizations and 8(9%) of elders live with in different situation such as within their relatives and in religious institution. As a result of this the majority of elders were live with their family and some of elders live alone, different religious institution and with relatives. So the living situations of elders were determining the utilization of health service.

**4.3 Table 3 problems elders face in health services utilization**

	What problem do you face?	Frequency	Percentage %
1	Shortage of income	40	48
2	Lack of support	10	12
3	Lack of transportation	20	23
4	Lack of adequate health service	14	17
	Total	84	100

Source survey data 2021

The above table 3 shown that 40(80%) of respondents were faced shortage of income, 10(12%) of respondents were faced lack of support as main problems, 20(23%) of respondents were faced problem of transportation problems, 14(17%) of respondents were said lack of adequate health service problem. As result of this elders faced many problems which hinder their utilization health service. The majority of respondents faced problem of income and followed lack of transport access. So lack of net income, lack of transport access, lack of adequate health service and lack of supports were the main problem elders faced and hinder their health service utilization. Other respondents' health service workers were also list different problems which affect the utilization of health service they mention shortage of income, lack of transportation and lack of adequate health service access.

The key informants were asked what socio-economic problems they faced in their health service utilization, out of five elder respondents were *replied "that old age people are not treated equality with others segments of society even if the illness is the same, the elders face prejudice, discrimination, isolation and economic problems"*. The remains elders' informants said that *"in adequate infrastructure developments and lack of support were the main problems"*

**Lukiyat** she is 65 years old. She said that... ” I live with my husband and we have not any source of income my husband involve in small scale agricultural activities and the product use hand to mouth in order to survive. We live in difficult situation I am sightless person and I am in sick more than two years. I want to visit health service but difficult for us because there is no money and adequate health service near to our home. The community and neighbors support us by giving basic needs specially food.”

There is a positive relationship between economic problems and old age. As people aged their face, they cannot perform their dependence on family rise do to shortage of income and others social problems old age people cannot utilize health service properly. Resection providing just treatments giving priority for elders and worrying for their life decreasing as their age is grows old. They are considered as a person who finishes living contract. And also the respondents were asked as they face health problems frequently than any other segments of the society. So they were replied as they face health problems. Shortage of income was their main problems to utilize the health service. So, it is various that incomes was the essential in human life. And one can conclude from the majority of the respondents or elders cannot utilize their health service properly due to shortage of income.

Socioeconomic factors determine where people and community live in the kinds of environment inhabit how they are treated by others the good and service they provide for themselves and what their society can provide for them. Poverty both as social concept and measurable characters relate too many of this socioeconomic factors poor communities usually do not have political power needed to get service. In many less developed countries and low income countries health status is relatively low or less of life expectancy and others indicator's (WHO malty-countries study 2005).

#### 4.4 Table 4 Social problems elders faced in health service utilization.

	Social problems elders faced in health service utilization.	Frequency	Percentage %
1	Isolation	21	25
2	Dis respect	43	51
3	Discrimination	12	14
4	Ignoring us from special treatment	8	10
	Total	84	100

Source survey data 2021

The above table 4 shown 21(25%) of respondents were faced isolation as the main social problems which hinder the health service utilization, 43(51%) of respondents were response dis respect as main social problem elders were faced, 12(14%) of respondents were response that discrimination was the main problems elders were faced and 8(10%) of respondents were response ignoring of elders from special treatment as the main problem faced them. So the majority of respondents were respond dis respect was the main social problem elders were faced in health service and followed by isolation and discrimination of them.

#### 4.5 Table 5 situations of elder visit health services

	The situation of elders visit health care services	Frequency	Percentage %
1	Become sick	24	28
2	Become seriously sick	40	48
3	Emergency illness case	20	24
	Total	84	100

Source survey data 2021

The above table 5 shown that different situations elders visit health service as the following ways 24(28%) respondents were respond we visit the health service in sick or ill situation, 40(48%) of respondents were responds we visit the health services in seriously sick situation and 20(24%) of respondents were visit health service in situation of emergency illness and sick. So the majority respondents were visit health service in seriously sick situation and followed by sick situation. Elders cannot visit health service for checkup because their income level and infrastructural problems hinder them

#### 4.6 Table 6 types of health service

	Types of health service most time elders use	Frequency	Percentage %
1	Public	76	90%
2	Private	8	10%
	Total	84	100

Source survey data: 2021

The above table 6 shown that health service types elders were used most of their time. According to the table more than the half 76(90%) of elders were most of their time use public health service and 8(10%) of elder were use private health care.

#### 4.7 Table 7 the deference between using private and public health service.

	Is private and public health service using are difference?	Frequency	Percentage %
1	Yes	79	94%
2	No	5	6%
	Total	84	100

Source survey 2021

The above table 7 shows that 79(94%) of elder respondents were yes there is big difference using private and public health service, 5(6%) of elder were there no different between using the private and public health service.

**4.8 If your answer is yes for question number 12, what is the difference in using private and public health?**

Out of 84 elders 79 number of respondents said yes there is difference in using private and public health service they put different reasons. Most of elder respondents argued that in private health service get better treatment and special health service access. Private health service was more costly and expensive. Unlike the private one the public health service was very crowded and gets less treatment, health service access and the doctors was less qualified than private one but still have advantages less costly and get relatively everywhere. Here elders know private health service was better than public but due to different reason elders most of their time use public health cares because of their income level affected them and the problem of adequate health service was hinder elders to use private clinch.

**4.9 Table 8 Elder Source of incomes**

	What source of income des elders have?	Frequency	Percentage %
1	Family support	46	55%
2	Government support	4	5%
3	themselves	15	18%
4	Community support	19	23%
	Total	84	100

Source survey 2021

The above table 8 shown that interims of respondents source of income the majority 46(55%) of elder respondents were their income source was their family members, 4(18%) of elder respondents were their income source was government in different way, 15(18%) of elder respondents were their income source were themselves. They get income from small agricultural production and get by selling cattle and sheep and 19(23%) of respondents were community was the main source of incomes of elders. As result of this the majority of elders source of income were their family such as their son, daughter they live in urban area and the community was also sources of income for elders such as different “Idirs” and “Ekubis”

associations serves as support for elders. In addition to this other elders they get their incomes from themselves in there agricultural activities and from government supports.

**4.10 Table 9 health service delivers from government or non-government organization.**

	Get any service deliver from government and other NGOs?	Frequency	Percentage %
1	Yes	74	88%
2	No	10	12%
	Total	84	100

Source survey 2021

The above table 9 shown that the majority 74(88%) of respondents were yes government and other NGOs were give health services delivers and 10(12%) of respondents no government and other NGOs were does not give any health service delivers.

**4.11 What types of support do you get?**

The government and other NGOs provide health service delivers in order to promote the health service utilization of elders. The government constructs medical institution and tries to expansion the health access in different ways. For example: the government creates awareness in home to home teaching by appointed health extension workers. In addition to this government provide free health access, government establish or provide call it in Amharic “Tana medin ageligilot” this government sector aims to improve the health of community by give opportunity the money paid with tax specifically 150 birr for “Tana medin” then they can get health service access freely for one year. This types and other services give government to up graded the health status of elders and other rural community but still need more service access, infrastructure and delivers in order to rise the health utilization of elder in wulibarage and yesherab kebele.

What kind of support do you need from the community and government?

Informants said elders were need treatment and advocacy because they are economically inactive and physically less power full and they get less income. Due to this reason out of 5 informants 2 of them said that... ” *we need supports from the government, community and other concerned body. Need to support health service access near to their kebele and infrastructure development in order to get access easily and we were need soft foods, hot cloths and rest time in their life*”. Three of them said that ... “*we were needed respect, special treatment and affirmative action in different governmental association and organization*”. So elders are expected respect and advocacy

Is there any governmental or non-governmental organization support elders’ people? If yes how?

The government by establish an authority or a unit that would be responsible for planning, coordinating and executing interventions concerning older people.

Out of 5 informants 3 of them said that yes ... “*The Ministry of Health should outline how older people could best access healthcare services. The prevention and treatments by giving attention, health personnel should be trained, requisite drugs should be made available in all health facilities. Government accelerates the process of introduction of health insurance system and giving equal attention to the community health insurance initiative. “Tana medhin” is the best examples government facilitates health service in rural kebeles and health institutions*”

*The remains 2 of them said that... “Government or non-government organization does not give any health service expansions work. The policies of governments were more emphases in economic development and social affairs than health service. So health services become inadequate.”*

How health service delivery is design and position in society can either violate people human right. Respect for human dignity and privacy of individual can facilitate more sensitive and human care (Marru.J, 1922).

**4.12 table 10 Problems elders face in health service**

	Do you think elders face health service utilization problems?	Frequency	Percentage %
1	Yes	4	90
2	No	1	10
	Total	5	100

Source survey data: 2021

The above table 10 shown that more than half of 4(90%) of the health service worker respondents said elders was faced the problems for access to health service utilization but, 1(10%) of respondents responded that there is not faced the health problem of old age people access to health service utilization. So the majority of health service workers respondents argued elders were faced the problem of old age peoples access to health service utilization.

**4. 13 Table 11 the level of health service utilization of elders.**

The level of health service utilization of elders.	Frequency	Percentage %
Very low	2	40
Low	1	20
Medium	2	40
Total	5	100

Source survey data 2021

The above table 11 shown that 2(40%) of health workers respondents were the level of health service utilization was very law, 1(20%) of health service workers respondents were the level of health service utilization of elders was at low level and 2(40%) of health workers respondents argued the level of health service utilization of elders was medium. As a result the health service utilization of elder were probably low because we see many hinder factors

such as economic hard ship, in adequate service, lack of infrastructure and transports are the reasons make the low level of health service utilization of elders.

**4.14 Table 12 the extent of facing health problems on old age peoples.**

	The extent of elders faced problems in health service utilization	Frequency	Percentage %
1	Sometimes	3	60
2	Frequently	1	20
3	Usually	1	20
	Total	5	100

Source survey data 2021

The above table 12 shown that 3(60%) majority of health workers respondents argued elders were faced health problem sometimes, 1(20%) of health service workers respondents were said elders faced health service problem frequently and 1(20%) of health workers respondents were argued elders faced problem usually. So the above table concluded in elders faced problems in many times in their life. So they need special treatment and help, due to their old age and weak physical fitness easily vulnerable to disease and other problems.

**4.15 Table 13 health service centres in gumer woreda**

	Is there any health service in your surrounding?	Frequency	Percentage %
1	Yes	4	80
2	No	1	20
	Total	5	100

Source survey data: 2021

The above table 13 show that the majority 4(90%) of the community member respondents said that there is no health service access in our surrounding kebele or area and only1 (20%) of the community members of respondents were give yes.as a result of this table in a given

specific kebele there is lack of health service access. so this reason the elders hinder to get easily access in health services and may the services far away from their surroundings.

**4.16 Table 14 types of health service found in your area.**

	Types of health service	Frequency	Percentage %
1	Governmental	4	80
2	Private	1	20
	Total	5	100

Source survey data: 2021

The above table 14 shown that types of health services which found in Gurage zone gumer worda in yesharab and wulibarage kebele. The majority 4(80%) of community member respondents were response governmental or public health service organization was the only health service organization found in the specified area and only 1(20%) of community members respondents were response in our surrounding found private health service.

**4.17 Table 15 the distance of health service center from your kebele**

	The distance of health service from your surroundings.	Frequency	Percentage %
1	10-20km	3	60%
2	20-30km	2	40%
	Total	5	100

Source survey data: 2021

The above table 15 shows that the distance of health service from yesharab and wulibarage kebele, regarded to this 3(60%) the community members respondents were the said that the health service was founded 10-20km far away, 2(40%) of community members respondents were the health services located 20-30km faraway from living kebele or area. As result this in the wulibarage and yesharab kebele there was inadequate health service because the elder expect to go 10-30 km to get health service. This reason makes health service utilization of elders were problematic and make health status of elder poor.

#### 4.18 Table 16 indicators of low health status of elders

	Reasons make elders health status makes low.	Frequency	Percentage %
1	Low income level	2	40
2	Lack of adequate health service	2	40
3	Infrastructure problem	1	10
	Total	5	100

Source survey data 2021

The above table 17 shows that the reason for low health status elders regard to this table 2(40%) of the community member respondents argued that low level of income were the main reason for low health status of elders, 2(40%) of community members respondents were lack of adequate health service was the main reason it makes the health status of elder poorer and 1(20%) of community members respondents were infrastructure problems like transport access and lack of road are the reason for low health status of elders. So different reasons makes the health service utilization of elders and health status of elders poor such as low income, lack of adequate health service and infrastructure problem like road and transportation.

#### 4.19 Mechanism for reduce the problem of elders health service utilization

Out 5 elders 4 elders said that *“to overcome the problems of health service utilization of elders the government should design and formulate on effective socio-economic policy that encourages elder people participation in rights and to utilize their health service and should facilitate rural development infrastructures such as road and health institutions.”*

*Nasir: he is 67 years old said that.... “The problem should reduce through acceptance and appreciation of their ideas, avoiding negative attitude and discrimination that elders wrongly considered as unable to work their illness due to old age, their less value in others society should be eliminated and equal treatment should be provided for elders as they are part and part of society”.* In order to reduce the health service utilization problem, the stake holders should support and advocate elders and give economic and health assistance. The government should avoid negative out looks that encountered them during their life time the elders.

## *CHAPTER FIVE*

### **5. Conclusion and Recommendation**

#### **5.1 conclusion**

The aim of this study was to examine the socioeconomic factors that affect health service utilization of old age people at gumer woreda in yeshera and wulibara kebele. Based on the finding of the study researchers has concluded the following points

The study shows that old age people suffered from different socioeconomic factors such as, less income level, bad attitude, and discrimination, low level of education, socio-cultural factors and isolation. They are not treated equally with in others portion of society even if illness is the same.

Many of old age people have no sufficient income to get services in health institution and it makes their health status poor. It is obvious that education is an important contributing factor in human activates. However, they study shows that most of old age people in the study area evolved in primary educational level and only few of them were engaged in higher educational level. This is one of the reasons why old age people were not fully participating in health service utilization.

They have faced different social problems that are prejudice, discrimination and isolation in health service utilization. Resection provides just treatments, giving priority for elders and warring for their life is decreasing as they grow old.

The study identified that there are various socioeconomic factors that are affected elder health service utilizations such as prejudice, disrespect, discrimination and isolation and economically, shortage of income and lack of adequate health service, educational level, lack transportation and poor infrastructure and the like. Although there is some participation of elders in utilizing health in the study are. The researcher found that old age people are not fully engaged. Lastly, from government they need house, economic assistance and government should avoid negative out looks that encountered them during their life time the elders expect from government to facilitate the establishment of any organization that support elders and elders should be protect and respect because they are big resources of us.

## 5.2 Recommendation

- ✓ Awareness rising on aging and right of elder people is necessary in order to change the community attitudes towards elder's peoples. Intensive and continual awareness rising work needs to be done.
- ✓ Stake holders and the government Initiate humanitarian support for poor old age, to ensure access to income and health service.
- ✓ Policy makers design and implement programmes such as self-employment or income generation schemes for the elder people who are capable and willing to engage in.
- ✓ Government should design and formulate an effective socio-economic policy that encourages older people participation in rights and to utilize their health service.
- ✓ NGOs, especially those working on health, should incorporate or mainstream issues of older people into all their health programmes.
- ✓ Some older people may need palliative care services at home (including washing their clothes, fetching water, do shopping, etc.). This could be done by mobilizing young people and providing them with the necessary training. NGOs could play significant roles in this regard.
- ✓ The community work on continuous and integrated effort shall be made to re-orient traditional social institutions such as "*Idirs /mahbers*" and funeral/religious associations so that they could support older people whenever they fall sick or needed support.
- ✓ Advocating the health service need of older people is vital to get decision makers recognize the health problems and health service needs of older people and respond appropriately. International NGOs like Help Age International, should take initiatives in designing advocacy work projects, create forums, and seek the collaboration efforts of stakeholders.
- ✓ Finally, the researchers invite further researchers to conduct further studies on the area of elder's socio-economic problems.

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## Appendix

### Questionnaires for respondent

#### Dear respondent

This questionnaire is prepared to gather information for many essay research examine the socioeconomic factor that affect access to health service utilization of old age people in case of Gurage zone gumer worda. It will be conducted for partial fulfillment of Bachelor of Arts (BA) in sociology with the objective of examines socioeconomic factors that health service utilization of old age people in Gurage zone gumer worda.

As a member of society where the study is conducted you are selected to provide information on the research topic provided. Your impartial answers are thus vital for success of this study and for further programs to be conducted to mitigate the problems from the wider community at large.

#### Section one: back ground information of the respondents

1. Gender    A male     B female
  
2. Age A 21-30        B 31-40        C 41-50        D 51- 60        E. above 60
3. Religious    A. Orthodox        B. Muslim        C protestant      
                  D .Other-----
4. Level of education:    A. cannot read and write        B .only read and wright      
                                  C Primary education     D. secondary education      
                                  E. Diploma     F Degree
5. Marital statuses    A. single        B. married     Divorce        D. widowed
6. In what time interval do you get income?  
A. Daily        B. weekly        C. Monthly        D. yearly      
E. If any-----

#### Section: two questions for elders related to their health service utilization problem

7. From whom do you live?

- A. with family       B. with charity       C. alone   
D. If any-----

8. What types of problems do you face in utilization of health service?

- A. shortage of income       C. lack of transportation   
B. lack of support       E Bad attitude   
D. lack of adequate health care service       F If any other -----

9. What type's social problem do you face in utilization of health service?

- A. Isolation       B. dis respect       C. Discrimination   
D .Any other please specify

10 In what situations do visit health care service?

- A. become sick       B. become seriously sick       C. for checkup purpose   
D. other situation       F If any other

11. Which of health service do you use most of the time?

- A. Public       B. Private

12. Is there any difference in using private and public health center?

- A. yes       B. NO

13. If your answer in question no 17 is yes what is the difference in using private and public health services?-----  
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14. What Source of income do you have?

- A. family support       B. government support       self   
D. community support  
. E. if any other-----

15. Is there any service that delivered to you by government or other organization promotes health service utilization of elders?

- A. yes       B. No

16. If your answer is yes what type of support do you get?-----  
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**2.2 Questions for health extension workers related to elders health service utilization problem**

17. Do you think elders face health service utilization problems?

A. yes  B. NO

18. What types of problems do you face?

A. shortage of income  C. lack of transportation   
B. lack of support  E Bad attitude   
D. lack of adequate health care service  F If any other -----

19. How do you see the level of health service utilization of elders in your kebele?

A. very low  B low  C medium D high  
E. Very high  F. If any-----

20. How do you think the extent of facing health problems on old age peoples?

A. Sometimes  B. Frequently  C. Usually  D. Rarely   
E. If any-----

**2.3. Questions for community members**

21. Is there any health center in your surrounding?

A. yes  B. NO

22. If your answer is yes in question no 21, what type of health Center is it?

A. Governmental  B. private  C. Public  NGO organization   
E. If any-----

23. How far is the health center from your kebele?

A. 10-20km  B. 20-30km  C. 30-40km

24. In what reason is elders have low health status?

A. low income level  B. lack of sanitation  C. lack of adequate health service   
D. infrastructure problem  E. low educational level   
F. if any-----

C. make easily understandable

D. Accept without understanding

E. If any-----

**Section three: interviews for elder response**

1 what problem do you face in using health centers?

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2 What kind of support do you need from family community and government?

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3 What types of mechanisms will employ to limit the old age health service utilization problems?

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4 What types of measurement should take to enhance old age health service utilization?

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5. is there any organization or governmental or nongovernmental support this elder people? If yes, how? \_\_\_\_\_