



PREVALENCE OF HEALTH PROBLEMS AMONG RURAL ELDERLY IN JEHANABAD DISTRICT, BIHAR

Sailabala Dei and A.K. Sinha*

Krishi Vigyan Kendra, Jehanabad (BAU, Sabour, Bhagalpur)

*Corresponding author (A.K. Sinha) Email : aditisbala@gmail.com

ABSTRACT

Age related health problems are very common among elderly people nationwide. It is more so among the rural elderly due to lack of good medical facilities and lower socio-economic status in rural areas. The present study has been carried out on a group of 304 rural elderly in Jehanabad district in order to find out the most common health complications often seen and subjected to treatment within the available health care facilities in rural areas. They were pooled out of the health camps organized on behalf of the Government to provide basic health care from time to time. The team of medical doctors recorded the detailed clinical history and carried out relevant physical examination. The health parameters like weight, height, body circumstances, blood pressure etc. were taken and correlated with age, sex, nutritional status and other socio-economic factors with a semi-structured questionnaire. It was found that more than 50 % elderly were undernourished, had age-related physical problems/health complications ; many of them could be minimized with proper preventive measures which are possible within the existing social status.

Ageing is the process of becoming older and the term refers especially to human beings ;more scientifically, ageing is defined as a progressive deterioration of physiological functions with age including decrease in productivity. Thus , in contrast to the chronological milestones that mark stages of life in the developed world and in many developing countries, old age is seen to begin at the point when active contribution to the society is no longer possible. The present study is an attempt to focus on the evaluation of the common age related health problems among elderly who were attending rural health camps organized by the district health officials of Jehanabad, Bihar state.

MATERIALS AND METHODS

The present study was carried out in rural population of Modanganj block, Jehanabad district, Bihar during a health camp organized by District Health Officer. The elderly people above the age of 55 years to above 70 years were included in the study. The clinical examination and anthropometric measurements were taken with the help of doctors (PHC) and Anganwadi workers of the locality. Informations regarding the elderly social or occupational functionings, daily activities and presence of risk factors etc. – blood pressure, diabetes, arthritis, cataract etc. were taken through a pre-designed questionnaire from the elderly and also from the care giver present at the site. A total of 304 – older persons, 156 – male, 148 – female, were taken for study.

Then the data were analyzed for frequency distribution and prevalence of ageing problems were interpreted through tabular analysis of data.

RESULTS AND DISCUSSION

The results were summarized in Table-1 to 6. Table-1 showed that the maximum number of elderly people (30.92%) visited the geriatric health camp belonged to the age of 61-65 years and the number went on reducing as the age advanced. This could be the fact that elderly people are very sensitive to the health care within 61-65 years of age-groups and beyond 65, the sensitivity decreased a little as the age advanced. The socio-economic factors like poor ambulatory condition, deprived transport facilities and less attention might be contributing while beyond 70 years, again the health care attitude was triggered up and hence the % of elderly visiting the health camp was in the increase.

Literacy status wise, more than 60 % elders were illiterate and females were more illiterate than males and number of female visiting the health camp was less than the males. More than 50 % of both male and female elders were either under weight or under-nourished, with very few as pre-obese or obese. Likewise, more than 50 % of both male and female elders were found to have hypertensive situation i.e. their blood pressure levels were more than normal. This is irrespective of whether the elders were suffering from underweight or normal-weight conditions.

Table-1 : Distribution of elderly people according to age and sex.

Age Range (y)	Male	Female	Total
1. 55-60	36 (23.08%)	34 (22.97%)	70 (23.02%)
2. 61-65	48 (30.76%)	46 (31.08%)	94 (30.92%)
3. 66-70	32 (20.51%)	30 (20.27%)	62 (25.66%)
4. 71 & Above	40 (25.64%)	38 (38.15%)	78 (25.65%)
Total	156	148	304 (100.00%)

Table-2 : Distribution of elderly people according to literacy status.

Sex	Illiterate	Literate	Total
Male (m)	92 (59%)	64 (41%)	156 (100%)
Female (f)	98 (66.23%)	50 (33.78%)	148 (100%)
Total	190 (62.5%)	114 (37.5%)	304 (100.00%)

Table-3 : Distribution of elderly people according to nutritional status (as per Body Mass Index, BMI).

BMI	Male	Female	Total
Underweight (L 18)	59 (37.82%)	60 (48.65%)	119 (39.14%)
Normal (18-25)	78 (50.00%)	72 (48.65%)	150 (49.34%)
Pre-obese (26-29)	11 (07.05%)	10 (06.76%)	21 (6.91%)
Obese (30 & above)	08 (5.13%)	06 (04.05%)	14 (04.61%)
Total	156	148	304 (100.00%)

Table-4 : Prevalence of Hypertension in elderly people.

Type of Hypertension	Range (mmHg)	Male	Female	Total
Normal	120-80	82	78	160
		(52.56%)	(52.70%)	(52.63%)
Pre-hypertension	120-139/ 80-89	42	38	80
		(26.92%)	(25.68%)	(52.63%)
Stage-1 hypertension	140-159/ 90-99	24	26	50
		(15.38%)	(17.57%)	(26.32%)
Stage-2 hypertension	>160/>100	08	06	14
		(05.13%)	(04.05%)	(04.61%)
Total	–	156	148	304 (100.00%)

Body Mass Indices for both were indicative of lower weights according to the heights and hence reflection of the chronic energy deficiencies in both sexes; since female elders had more % of lower BMI, it may be inferred that gender based under-nutritional status was also reflected among the study samples and it was age-neutral.

Now, the most commonly health-complications of the elders in the study were musculo-skeletal, vision/ ENT-problems, respiratory and gastro-intestinal alongwith endocrinological and neural problems. All of them were suffering from multiples health-complications rather than single problem. However, almost 95% (Table 6.) of the males and 93 % of the females were suffering from a combination of problems

– respiratory, musculo-skeletal and ENT-complication, which may be very natural among the elder people of lower socio-economic status. Suitable and timely availability of health-care facilities were rarely seen in rural areas due to many constraints and more so for elder-generations. The nature and trend of these problems have been well visible in the present study and therefore focused upon a sincere planning to be taken up by the Govt. to minimize the magnitude of the problem and let the society to lead a less complicated elderly life.

CONCLUSIONS

The present study was undertaken to find out the prevalence of age-related common problems among the elderly in a less-privileged society in Bihar State.

Table-5 : Most common health-complications of elderly people.

Health-problems	Male	Female	Total
Musculo-skeletal	52	54	106
			(34.88 %)
Vision/ENT	48	45	93
			(30.59 %)
Respiratory	30	32	62
			(20.39 %)
Hastro-intestinal	16	12	28
			(09.21 %)
Neural problems	10	05	15
			(04.93 %)
Total	156	148	304 (100.00 %)

Table-6 : Multiple Health Complications of elderly people.

Health Complications	Male	Female
1. Musculo-skeletal Vision/Diabetes (DM)	112	130
	(71.79%)	(87.84%)
2. Gastro-Intestinal DM/Neural	140	142
	(89.74%)	(95.95%)
3. Respiratory/Muscular/ Skeletal/ENT	148	138
	(94.87%)	(93.24%)
Total	156	148

The most common problems seen were underweight, hypertension, joint pain, visual impairment, respiratory problems in the rural elderly population group. These were hardly treated at their own level except in some Govt. health camps organized at times for the rural set-ups. The most important risk factors like early fatality or death might emerge out of the lack of health care facilities resulting in a morbid nation at large.

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