Original Article

HEALTH STATUS OF ELDERLY IN A RURAL AREA OF NORTH EAST REGION OF INDIA

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ABSTRACT

Background: The health status of elderly people is neglected in different parts of the Country. This study will reflect the condition of health status of elderly people of rural areas of remote hilly state like Tripura.

Material and Methods: This is a cross sectional study of elderly people having the age 60 years. The study was carried out among the elderly people of a Bridya Ashram, named "Sandhyanir" at Gandhigram Village in a rural area of West Tripura district, 10 km from Agartala City during the year 2010-2011.

Results: Out of the total 90 subjects, females are dominant having 63.33% and literacy rate among elderly males and females were 22% and 12% respectively. Peoples residing in home from different parts of district are having maximum in rural background 86.67%. All the subjects were unmarried with low economical status. 60% elderly belongs to 60-65 years of age group. 70% of total samples are having moderate disability and 93.33 % are not having any psychological distress. The commonest problems of the elderly are visual impairments, 73.33%. Hearing declination was there in 63.33%, osteoarthritis in 13%, hypertension in 53.33%, insomnia in 46.67%, RTI in 43.33%, Heartburn in 23.33%, History of operations in 10%, and Kyphosis in 6.67%.

Conclusion: This cluster study gives a bird's eye view about the health status of elderly of the state. The elderly should receive the adequate medical facilities, social support and treatment irrespective to gender discrimination, financial debt and status to live an active and social productive life.

Keywords: Ageing, disability, mental state, visual impairments, Medical problems.

INTRODUCTION

In the year1988 there is estimated 159 million persons aged 65 in developing countries in compared to 140 million in developed countries.[1]Year-wise distribution of old persons in 1901, 1951, 2001, are 12 million, 19 million , 77 million respectively and hopping that it will be 177 million by 2025.[1] Participation of elderly people in different social work, community activities, staying together with family members and their mental, emotional supports are significant predictor of Elderly peoples.[2] India is in a phase of demographic transition. as per 1991 census the population of elderly in India was 57 million as compared with 20 million in 1951.[3]Health and socioeconomic challenges that are being faced by elderly population in India including Tripura State, most of facilities are provided by Government. Old age home, counselling, recreational facilities are urban based. A study in Meerut (UP) observed that 46.3% are unaware of geriatric health Services near their residence and 96% elderly people never used geriatric welfare services.[4]And 75 % of elderly resides in rural area, it is mandatory that geriatric Health care is to be included in primary health care system and all related medical and para Medical personnel is to be trained in health organization. WHO suggest that by 2015 death from chronic diseases such as Cancer, Hypertension, and Cardiovascular system and Diabetes will increase 17%, that is from 35 million to 41 million.[6] This calls for multipronged intervention programme that should be viable and easily monitored.[7] The most common diseases of elderly are Heart disease, Diabetes, Hypertension, Respiratory diseases etc.[8]A demographic revolution is on the process in world wide. There are 600 million persons aged 60 years and above. This will be double in 2025 and reach 2 billion by 2050. Majority of elderly people are belong in developing countries.[9]Ideal preventive health package include various components such as management, nutrition, physical exercise, diet, knowledge and awareness, is to be provided to elderly people. Further

to promote a positive mind set, and to create mental wellbeing, meditation, prayer etc is to be taken in account to deliver the health care among older persons.[10]According to the findings of 60th NSSO Round-proportion of aged persons who cannot move and confined to bed ranges from 77 per 1000 urban areas to 84 per 1000 in rural area.[11,12] Geriatric/elderly/senior citizens are defined as people aged 60 years and above.[13]And 35.5% elderly people are seeking allopathic treatment, 2.5 % are receiving ayurvedic treatment.[14]India has acquired the label of "ageing nation" with 7.7 % of its population being more than 60 years old. The demographic transition is attributed to the decreasing fertility and mortality rates due to availability of better health care services. It is documented that reduction of mortality is higher as compared with fertility. There is sharp decline in the crude death rate from 28.5 during 1951 – 1961 to 8.4 in 1996. Birth rate for the same period fell from 47.3 to 22.8 in 1996.[15]

Health status of senior citizens needs medical study. The discussion turned from old age pensions and railway concessions to health related advancements and genetic factors in dementia. In India elderly especially urban advocates the policy not only for social welfare department but also in planning commission. Now every department of the government is involved with the special needs and requirements for the elderly. The impetus to elderly concern in India can be traced in to three main developments-first-evolution of civil society and a mature democracy which are expanding in the social commitment of the state like Tripura Secondly, demographic transition of the state and 3rd factor is related to the growth of activism and advocacy by a groups of elderly, Non-Government organization and academicians. Consequently a National Policy for older persons has finally been formulated in the state commitments towards its aging population. In view of the above the main aims and objectives of the study are as follows.

OBJECTIVES

The study was conducted with the following objectives:

1. To determine the pattern of elderly people seeking the treatment, disability and psychological distress
2. To find out the elderly are having psychological wellbeing for better understanding of the relation between perceived health, chronic illness and disabling condition.
3. To Study the pattern of distribution according to rural urban location, age, sex, of elderly.
4. To assess the magnitude of Medical problems/illness/disease status of elderly.

MATERIAL AND METHODS

This study has been carried out among the elderly people of Bridhyashram, at Gandhigram, 10 km away from Agartala City, Capital of Tripura state in the year 2010-2011 with the help of society comprises 25 members from all section of society holding different dignified position forming a trust. The area is free of noise, pollution and with attractive natural beauty. A total 90 elderly people of the Residential home aged 6o yrs and above were included in this study. Detailed clinical history was recorded and relevant physical examination also carried out.

For assessment of disability-(The standardized rapidly disability rating scale) consisting of 18 items in 2 group-Part A; deals with ADL-(assessment of daily living) focused on, walking, Bathing, dressing, toileting, grooming, adaptive tasks and eating. Part-B; assessed by communication, hearing, vision, diet, locomotion, mental efficiency. Again dividing the total subjects in different categories to assess the disability as shown in figure3 (a) minimal disability-do not require any assistance or care. (b) Moderately disabled-require some medication. (c) Severe group needs hospitalisation. Psychological distress also assessed by different questionnaires.

The subjects were interviewed and recorded their socio-demographic data, the illness/disease status as per study protocol. The interviewees were also asked to display the container of all medication and to show the all reports they possessed. Subsequently the symptomatology was noted and general, physical examinations were also carried out. Based on reported illness, clinical features, medical records and medication they had with them, a provisional clinical diagnosis was made according to international classification of diseases. Information on treatment seeking behaviour, any surgical operation, hospital admission and socio demographic variables were used among different age, sex, marital status, occupation and source of income as classified low income group.

RESULTS

Out of 90 subjects, all are above 60years of age. Total 63.33 % are Female and 36.67 % are male respectively. All are unmarried and low economic status.

The rural and urban distributions of elderly people residing at home are 86.60 % and 13.33% respectively.

Among 90 subjects degree of disability were minimal in 23.33%, moderate in 70.0%, and severe in 6.66% respectively. Among total subjects 93.33% are having no psychological distress only 6.66% are having psychological distress

Among the total subjects 7% were shown symptoms of psychological distress while remaining 93% were without distress.

Figure 1 shows age wise distribution of study subjects.

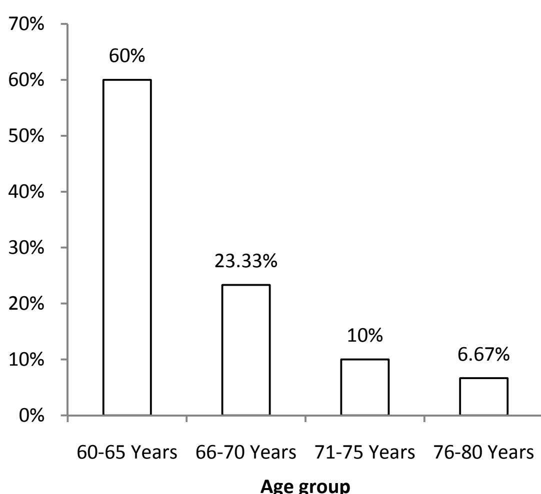

Figure 1: Age Distribution of Subjects (n=90)

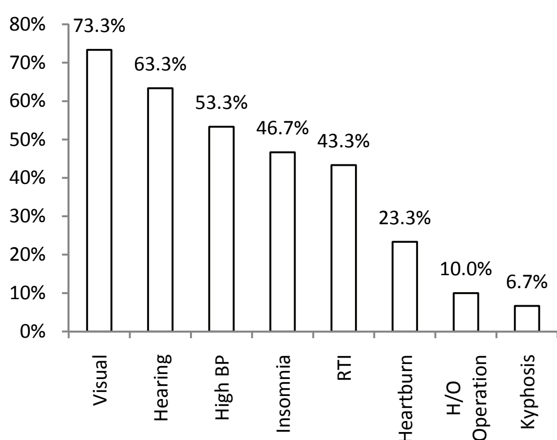

Figure 2: The Magnitude of Health Problems among the Total Subjects

Figure:2 showing the magnitude of Medical Problems in health aspects among cluster group, Visual impairment 73.33%, Hearing declination 63.33%, Hypertension 53.33%, Insomnia 46.47%, Respiratory tract infection 43.33%, Heartburn 23.33%, cataract, (operation) 10%, kyphosis (locomotor system) 6.57% respectively.

DISCUSSION

Marital status has been greatest impact on living arrangements of the elderly population.[16]In the developing countries the proportion of person aged 65 years and above who live alone ranges from 10% (Japan) and 90% (Sweden). This proportion is smaller in India because both married and widowed older persons commonly live with their children and Grand children[17] 75% females lives with elderly male and less than 40 % elderly female lives with their spouse[9]

In India Nationwide survey conducted by National sample survey Organization reported that the elderly living alone was 6% and 8% respectively for the urban and rural area. In this selective study all subjects are unmarried.[11]And 70 % of elderly aged peoples are belongs to urban and 34 % are from rural area[11]. 90 % elderly are from urban also reported.[14]and 66% elderly peoples are staying at rural area and 34% in urban as stated[9]. In this study most of elderly peoples are in rural background 86.67% which is similar with the study as mentioned[9]. In developing countries most elderly are male in comparison with female[11]. Health essay reported males 7.1%, marginally lowers than female 7.8 %[9]. In India as a whole sex ratio favours towards Male this could be attributed to various reasons such as under reporting females and higher mortality rate in different age groups.[18,19]. In this study female is more than male similar with study[9].

In this study 60% elderly belongs to 60-65 years of age which is near to NSSO study[11].Sunder et al also shows that 65 years group is common 89.6%[20].Most of elderly belongs to 60 years to 70 years age group in Gujrat[21].

About disability sunder et al[20] shows, out of their total study 22% of subjects had minimal disability, 48.5% had moderate disability and 17% severe disability. But in this cluster study minimal 23.33%, Moderate 70%, severe 6.6% similar with the study of Joshi et al.[22]

Table 1: Comparative evaluation of magnitude of Medical Health problem with other workers in India:

Problems	Joshi et al, IJE-2003 Chandigarh	Venkoba Rao-1990 Maduari, Tamilnadu	Kishore & Garg	Varanasi, Sankar et al-IJPH-2007	Sunder et al Haryana, IJE 2003	Garg et al	**Present study (%)**
Visual Impairment	61%	88%	13.6%	48.3%	65%		65%
Hearing impairment	20%	8%	18.3%		65%		63.33%
Hypertension			5.2%	11.25%		16.5%	53.33%
Insomonia	5%					14%	46.67 %
Respiratory tract infection (cough, Breathing problem	52%				58%		43.33%
Heart Burn					9.9%	10%	23.33%

CONCLUSION

There is an assumption that disease and deterioration of ill health are inevitably associated with chronological ageing process. Some elderly people are sick while others maintain health status even in to advanced age. The main risk factors are loss of fortune, fall in self-esteem, sense of helplessness, poor education, substandard health, social and gender discrimination, financial debt and status etc.

Therefore the elderly should receive adequate status and social support to live an active and social productive life. Minimum requirement of comprehensive health care are directed to elderly in particular to equip Primary Health Centre for geriatric care.

Fortunately our cultural ethos gives a special place to the elderly as wise people and counsellors of society. Both geriatric support and social engineering aimed at improving the competence of the elderly and ensuring their active participation in society should be considered together in evolving any policy on aging care. The experience and wisdom of the age is treasure for any society and its gainful utilization would be beneficial for both elderly as well as younger generation.

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