IOSR Journal Of Humanities And Social Science (IOSR-JHSS)
Volume 29, Issue 5, Series 3 (May, 2024) 01-05
e-ISSN: 2279-0837, p-ISSN: 2279-0845.
www.iosrjournals.org

Health Status Of Geriatric Women In Rural Areas Of Bangladesh: A Community Survey

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Abstract
In recent decades, the population structure in many countries has been reshaping due to the combined effect of falling fertility and increased life expectancy. Because of demographic interaction, a trend of an increasing proportion aged 60 years or more has emerged which causes new concerns to academics, researchers, and policymakers. Although aging is relatively a new demographic phenomenon in Bangladesh, demographers believe that it will have a profound impact on the economy, politics, and society as a whole. As more people live longer, retirement, pensions, and other admissible social benefits tend to extend over longer periods of time. This makes it necessary for social security systems to change substantially in order to remain effective in particular for keeping the elderly in good shape. This paper attempts to explore the types of illness, and mental conditions in older age and the type and effect of social involvement among older people which might make their attitude positive regarding their older life in Bangladesh using data collected from some selected urban areas in Dhaka City. The study was conducted among 237 females aged ≥60 years. It was observed that around one-third (31.5%) of them had Chronic diseases. The majority (58.6%) had mental health problems. 78.5% of elderly women had suffered with RTI whereas 89% had uterine prolapse. 14.8% had an eye problem and 41% had suffered with dental problems. The majority (69%) of the respondents had a missing tooth. It also describes the other factors associated with elderly women in Bangladesh.

Date of Submission: 01-05-2024 Date of Acceptance: 10-05-2024

I. Background

Bangladesh, with a population of 142.3 million in 2011, is experiencing population aging, with 9.41 million elderly individuals aged 60 and over in 2007, a significant increase from 1.94 million in 1951. The country has seen a decline in total fertility rate and household size, leading to an increase in nuclear families and a shift in the traditional role of seniors. Despite being ranked 140th in the Human Development Index in 2007/2008, with a medium Per Capita GDP, the rising number of elderly people poses socio-economic challenges. In contrast, there has been a decline in infant and child mortality rates in Bangladesh, with increased life expectancy. However, many elderly individuals, especially in poor families, face challenges such as poverty, food insecurity, and inadequate shelter. The government has initiated programs to support retired officials, but healthcare for the elderly remains a concern. In comparison, countries like the USA and Japan have implemented various care services and initiatives for their elderly populations. Research in Bangladesh aims to identify factors influencing positive aging among senior citizens to enhance their quality of life and contribution to society.

II. Material And Methods

Study Settings and Population (11 Bold): The study was conducted in the selected two thanas in Dhaka City of Bangladesh. The duration of this study is 4 months. The study will be conducted from September 15, 2019 to December 15, 2019. The study population will be all women aged ≥ 60 years in the selected area of Bangladesh. The cross-sectional study was conducted. The study was conducted in between September'19 to December'19. The data was collected through interviewing (face to-face) of the previously listed elderly people. Anthropometric measurements were taken during the interview using a measuring tape, Blood pressure machine, and weight measuring scale. All available elderly women in the study area during the study period were selected for this study. Male elderly people, those unable to speak and hear, and very sick and frail persons were excluded from this study.

Sampling Technique (11 Bold): In the proposed study area 4 community consent meetings have been conducted with the help of the local Ward Commissioners. 2 wards in Mohammadpur and 2 wards in Adabar Thana. In the proposed study area households were selected and listed where the study will be conducted. Then senior citizens were identified from the listed household based on National ID Card, House to house visits, Eligible elderly approached those who consented were recruited.

Data Collection method (11 Bold): A Bengali questionnaire was prepared based on WHO's noncommunicable disease guideline (steps I & II). Item was pulled from relevant literature. After initial compilation, the instrument was pretested in the senior age group population of the no-sampling area in Dhaka City. After internal consistency and contained validity checked final arrangement of the questionnaires was done. Test-retest validity was assessed before finalizing the questionnaire. A checklist was used to record morbidity and health profile data. The dietary habit was inquired the food frequency questionnaire. Anthropometric measurements were taken using measuring tape, stethoscope, blood pressure machine & and weight measuring scale. After explaining the purpose of the study data was collected through face-to-face interviews using a structured questionnaire. A well-trained interviewer collected data from the listed respondents. Data was collected until the desired number of data had been collected.

Data Processing and Analysis (11 Bold): Data was presented in the form of tables and graphs. Descriptive statistics were presented with frequency tables. Association was demonstrated with cross tables. Barend pie charts were generated to illustrate descriptive statistics. Quality control and quality assurance were done by pre-testing of questionnaire. At the end of an interview a review to detect and gather missed data. Follow up the next day for missed data if any. Code filled up in each completed datasheet at the end of each working day. Regular entry of each fully completed questionnaire using the SPSS program. The complete questionnaires were collected, checked for completeness and clarity then compiled. The data was analyzed using the SPSS (SPSS-20). Quantitative variables will be expressed as mean and standard deviation (SD) and qualitative variables (CI) compared using the chi-square test. For descriptive analysis frequency tables were done. To see the association cross tables were made. Statistical significance will be set at <0.05.

III. Result

Table 1: Distribution of the respondent by age

Age group	Frequency (n=237)	Percent (%)
60-64	116	48.9
65-69	66	27.8
>69	55	23.2
Total	237	100.0

The table shows the distribution of the respondents by age. Among the elderly citizens 48.9% age were belong between 60-64 years, 27.8% were between 65-69 years and about 23.2% were>69 years.

Table 2: Distribution of subjects by Chronic diseases

Chronic diseases								Total
HTN	DM	CVD	Asthma	COPD	Cancer	Fracture bone	Others NCDs	
47 (31.5)	9 (6.0)	13 (8.7)	30 (20.1)	11 (7.4)	1 (0.7)	5 (3.4)	59 (39.6)	149

The figure in parenthesis denotes the percentage.

Among 237 female respondents, 149 (66.8%) had Chronic diseases and the most common disease was hypertension (31.5%).

Figure 1: Distribution of subjects by mental health/psychological Problems

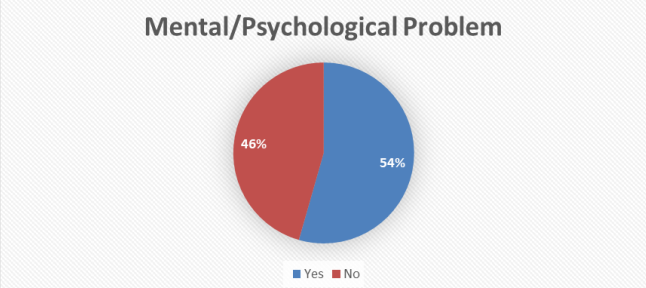


Figure illustrates the distribution psychological problem among the respondents. It was observed that among 237 respondents, 129 (54.4%) had at least one mental/psychological problem.

Table 3: Distribution of subjects by Psychological Problems

Psychological Problems					Total
Insomnia	Depression	Mania	Epilepsy	Others	
106 (82.2)	47 (36.4)	6 (4.7)	3 (2.3)	2 (1.6)	129

The figure in parenthesis denotes the percentage.

The table shows the distribution of the respondents by Psychological Problems. Among 237 respondents most common psychological problem was Insomnia (82.2%). Depression (47%) and mania/obsession (4.7%). 2.3% of the female respondents had Epilepsy.

Figure 2: Distribution of respondents by RTI

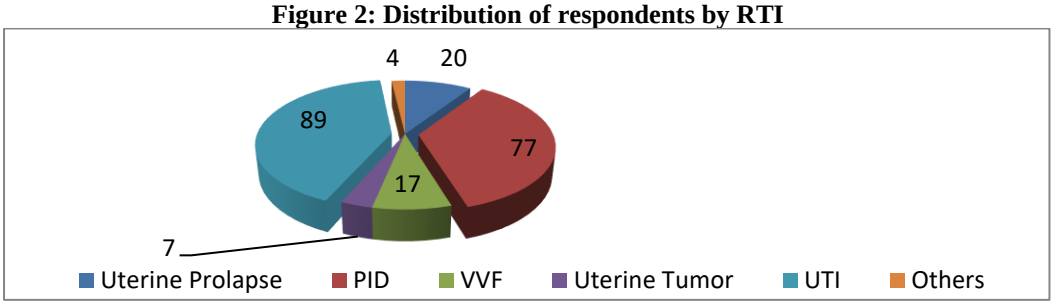


Figure illustrates the distribution of Reproductive Health Problem. 186 (78.5%) female respondents out of 237 had RTI, where uterine prolapse (89%) was very common followed by PID (77%) and Burning urination –UTI (20%).

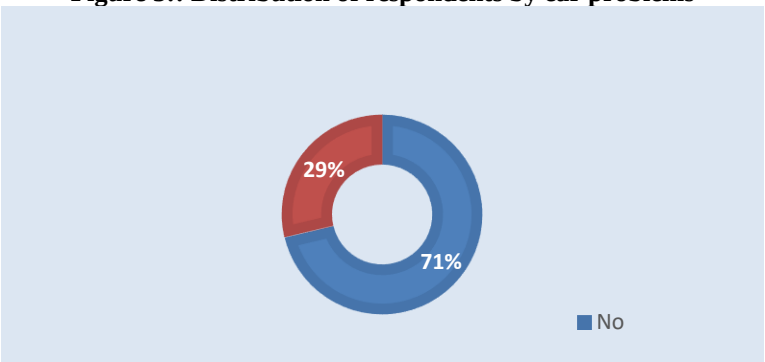
Table 4: Distribution of respondent by their eye problems

Type of Eye Problem	Frequency (n=35)	Percent
Cataract	1	2.9
Dimness of vision blindness	17	48.6
Watering of eye	16	45.7
others	1	2.9
Total	35	100.0

It was found that among the total (237) respondents, 35 have informed that they have eye problems which was 14.8%.

The table shows the distribution of the respondents by eye problems. It was observed that the common eye problem among the respondent was Dimness or vision blindness (48.6%) followed by Watering of eye (45.7%).

Figure 3:: Distribution of respondents by ear problems



The above figure illustrates that among the total respondents (237), 68 respondents have ear problems which was 29%.

Table 5: Distribution of respondent by dental problems

Dental Problem	Frequency (n=97)	Percent
Missing tooth	67	69.1
Broken teeth	4	4.1
Decay	10	10.3
Gingivitis	9	9.3
Oral _ulcer	3	3.1
Other problem	4	4.1
Total	237	100.0

It was observed that among 237 respondents 97 have at least one dental problem and 140 have informed that they have no dental problem. Among the respondents who have at least one dental problem, 69.1% have missing teeth followed by10.3% have Decay, 9.3% have gingivitis and 4.1% have broken teeth.

IV. Discussion

Most of the respondents (49%) aged between 60-64 years and all were female.

Hypertension and Asthma was the most common chronic diseases among the respondents. The majority (78.5%) of the female respondents had reproductive health problems. Uterine Prolapse (89%), PID (77%), and UTI (20%) were the most common RTIs among the female. Dimness of vision was another important health problem among elderly women.

Physical and mental well-being are very important determinants that affect the elderly's satisfaction in life. The aging of the population is a natural and unavoidable demographic process. All countries around the world have to face this reality over time. From the very beginning of this study, it was gradually discussed the inevitability of the aging population both from global and Bangladesh perspectives, its possible demographic and socioeconomic consequences, and attempts to find the determinants that may affect the socioeconomic, health, and mental status of the elderly in Bangladesh based on sample data.

Economic solvency proved to have a positive impact on the wellbeing; both physically and mentally, of the status of the elderly women. For these elder citizens should be free from physical and mental problems. Job opportunities or opportunities to work or to have access to other income-generating activities make the elderly healthy and productive. This will be beneficial both for society and for the elderly citizens. Because with the involvement of the elderly in economic activities society will get the highest labor force participation, on the other hand, activities such as these will be cheerful for the elderly, which will help them to keep them free from various diseases and boost their emotional spirit.

Health is an important aspect of human life. As age progresses virtually all elderly females are reported to suffer from some sort of health problem. The most stated health problems were eye problems, and chronic diseases i.e. cardiovascular diseases, hypertension, diabetes, arthritis, etc. knowing the nature and extent of prevalence of diseases efforts should be taken to ease the access to treatment facilities for the elderly citizens. The government according to its capacity may provide free or subsidized treatment facilities for the elderly, or at least can arrange separate arrangements in hospitals or health centers for them. These initiatives will surely make the lives of our elderly more convenient.

We all can make their life more comfortable with our little awareness. This doesn't require government initiative or any huge amount of investment, all it takes is awareness and respect towards the elderly. For elderly citizen, we can reserve seats in public transportation, and arrange special queues while providing any social service giving the elderly extra priority. We can take meals with them to make to increase their satisfaction. All these small efforts will have a huge positive impact on the lives of the elderly.

There are some limitations of this study. Sample size of the study was 384. However, the desired number of female elderly people was not available in the study area. Most of the elderly who participated in the study were aged between 60-64 years. So, equal participation of elder (>=65 years) people was not ensured. The study was conducted only in two thanas in the Dhaka City of Bangladesh and the sample size did not represent the whole population of the country. So, the internal validity of the study is in question. Drug dependency of the study subject was not assessed, which may affect the aging process of the elderly.

V. Conclusion

The study highlights the intricate relationship between aging, illness, and satisfaction among the elderly. It emphasizes the importance of not viewing aging as a burden but rather as a natural process. Education and awareness are key in helping individuals navigate aging. Family meals and values contribute significantly to the satisfaction of elderly individuals. Engaging in regular physical activities boosts happiness and satisfaction levels. Socioeconomic status plays a role in satisfaction levels, with opportunities for work or income generation being beneficial. Access to healthcare and treatment is crucial for enhancing the well-being of elderly individuals, particularly women. Government support, such as free or subsidized treatment facilities, can greatly improve the

quality of life for the elderly. The study underscores the need to address low expectations among the elderly and promote activities that support their physical well-being. Overall, fostering a culture of respect, family involvement, and access to healthcare can significantly enhance the lives of the elderly population.

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