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.
to promote a positive mind set, and to create mental wellbeing, meditation, prayer etc to be taken in account to deliver the health care among older persons. 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. Geriatric/elderly/senior citizens are defined as people aged 60 years and above. And 35.5% elderly people are seeking allopathic treatment, 2.5% are receiving ayurvedic treatment. India has acquired the label of “ageing nation” from 28.5 during 1951-1961 to 8.4 in 1996. Birth rate and fertility. There is sharp decline in the crude death rate that reduction of mortality is higher as compared with decreasing fertility and mortality rates due to availability of better health care services. It is documented 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.

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.

RESULTS
Out of 90 subjects, all are above 60 years 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.
DISCUSSION

Marital status has been greatest impact on living arrangements of the elderly population. 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. 75% females lives with elderly male and less than 40 % elderly female lives with their spouse.

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. And 70 % of elderly aged peoples are belongs to urban and 34 % are from rural area; 90 % elderly are from urban also reported; and 66% elderly peoples are staying at rural area and 34% in urban as stated. In this study most of elderly peoples are in rural background 86.67% which is similar with the study as mentioned. In developing countries most elderly are male in comparison with female. Health essay reported males 7.1%, marginally lowers than female 7.8 %. 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. In this study female is more than male similar with study.

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

About disability sunder et al 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.

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

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<tbody>
<tr>
<td>Visual Impairment</td>
<td>61%</td>
<td>88%</td>
<td>13.6%</td>
<td>48.3%</td>
<td>65%</td>
<td>65%</td>
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<tr>
<td>Hearing impairment</td>
<td>20%</td>
<td>8%</td>
<td>18.3%</td>
<td>65%</td>
<td>63.33%</td>
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<td>Hypertension</td>
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<td>5.2%</td>
<td>11.25%</td>
<td>16.5%</td>
<td>53.33%</td>
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<tr>
<td>Insomnia</td>
<td>5%</td>
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<td>14%</td>
<td>46.67%</td>
<td>43.33%</td>
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<td>Respiratory tract infection</td>
<td>52%</td>
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<td>58%</td>
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<td>Heart Burn</td>
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<td>9.9%</td>
<td>10%</td>
<td>23.33%</td>
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Figure 1: Age Distribution of Subjects (n=90)

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

Figure2 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.
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 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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