

GERIATRIC HEALTH PROBLEMS AND HEALTH CARE SEEKING PRACTICE AMONG ELDERLY PEOPLE ATTENDING ONE SELECTED GERIATRIC HOSPITAL

MAHJABEEN SULTANA BEGUM

Assistant Professor, Department of Community Medicine, Zainul Haque Sikder Women's Medical College, Dhaka

ABSTRACT

A vast majority of the elderly Bangladeshi people is suffering from various health problems, however, health care services are insufficient to cope with the problem. This study tried to find out about the geriatric health problems and health care seeking practice attending a selected hospital in Dhaka city. The information collected may help provide adequate guideline to help the elderly to overcome old age health problems.

This was a cross sectional study and included 107 respondents aged 60 years and above. The study was carried out during March June, 2001, at Prabin Hitayishi Hospital, Bangladesh Association of Aged and Institute of Geriatric Medicine (BAAIGM), Agargaon, Sher e Bangla Nagar, Dhaka.

Out of 107 respondents, 46.7% were aged 65 years or above, 67.3% were married, 14% were living with spouse, 23.4% were employed, 46.7% had self income and 19.6% were living in families with 9 or more members. Knowledge about old age diseases were limited to diabetes (57.9%), high blood pressure (53.3%), heart diseases (50.4%), respiratory diseases (31.8%), and orthopaedic diseases (3.7%), and 41.1% had no knowledge. Regarding health care knowledge, 67.3% had knowledge about self health care, 29.9% were on regular check up and 78.5% attended hospital. Morbidity pattern showed that most of the respondents (23.4%) had orthopaedic problems, followed by eye (21.5%), dental (12.4%), ENT (12.1%), respiratory (9.3%), gastrointestinal (7.5%), diabetes (2.8%) and neurological (2.8%). Six respondents had multiple diseases. Specific diseases in orthopaedic group (n=25) were spondylitis (60%), rheumatoid arthritis (20%) and osteoporosis, osteomyelitis, backpain and frozen shoulder (20%); in eye disease group (n=23) were refractory error (34.8%), conjunctivitis (30.4%), cataract (17.4%) and presbyopia (17.4%); in dental disease group (n=14) were loose teeth (78.5%) and dental caries (21.4%); in ENT disease group (n=14) were CSOM (57%), tinnitus (35%) and vertigo and hearing loss (7.1%); in cardiovascular group (n=13) were hypertension (84%) and old myocardial infarction and ischaemic heart disease (15.3%); and in respiratory disease group (n=10) were pharyngitis sinusitis (60%), bronchial asthma (20%) and bronchitis (20%). Health care seeking pattern was orthopaedic 40% (n=25), eye 13% (n=23), dental 14.3% (n=14), ENT 21.4% (n=14), cardiovascular 38.5% (n=13), respiratory 40% (n=10), gastrointestinal 25% (n=8), endocrine 66.7% (n=3) and neurological 33.3 (n=3).

Most of the elderly did not seek health care from hospital or clinic.

Key words: Health care, Elderly

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INTRODUCTION

Individuals of 60 years and above age are prone to develop certain diseases and ailments which are uncommon in younger age groups. The disorders are of two types: age dependent, which occurs as a direct consequence of physiological senescence with least

possibility of treatment or control, and age related, which are more prevalent in the advanced life which can be prevented.¹ However, in order to overcome old age health problems, not everyone has access to proper health care facilities due to ignorance, lack of family support, easy accessibility to health care facilities, financial constraints, etc.

In comparison to urban areas, access to health care services is limited in rural areas.² Decrease in fertility rate and improvement in life expectancy have led to rapid

Address of Correspondence: Dr. Mahjabeen Sultana Begum, Assistant Professor, Department of Community Medicine, Zainul Haque Sikder Women's Medical College and Hospital, Monika Estate, Rayer Bazar, Dhaka.

increases in number of older people in Bangladesh with 80,000 new elderly added every year to over 60 years age group,² which represents approximately 7.3 million people.³

In Bangladesh, majority of the elderly people are suffering from some basic problems, such as lack of sufficient income, employment opportunities, malnutrition, chronic diseases, absence of proper health care facilities and lack of adequate family support. Furthermore, problems of elderly people in our country vary according to their socioeconomic status and residence.

This study was carried out to find out the health care seeking practice among the elderly attending a selected hospital in Dhaka city. The information collected may help provide adequate guideline to help the elderly to overcome old age health problems.

MATERIALS AND METHODS

This cross sectional study was carried out during March June, 2001, Prabin Hitayishi Hospital, Bangladesh Associated of Aged and Institute of Geriatric Medicine (BAAIGM), Agargaon, Sher e Bangla Nagar, and included 107 respondents aged 60 years and above, and irrespective of sex. Prior permission was obtained from concerned authorities to carry out the study.

No set sampling technique was followed for selection of the respondents. Data were collected from all the elderly who attended the outpatient department for health care during 7 days, excluding holidays.

Predesigned and pretested questionnaire was used to collect data from the study population. A Bengali version of the questionnaire with both open and close ended questions were prepared to collect data from the respondents. Relevant information was collected by direct question and answer given by the respondents and from hospital record books.

Collected data was compiled and appropriate statistical analyses were done using computerbased software, Statistical Package for Social Science (SPSS).

RESULTS

Out of 107 respondents 46.7% were aged 65 years or above, 67.3% were married 14% were living with spouse, 23.4% were employed, 46.7% had self income and 19.6% were living in families with 9 or more members (Table I).

Table II shows that out of 107 respondents 63 (58.9%) were aware of type of old age diseases, and most common diseases were diabetes (57.9%), high blood pressure (53.3%), heart diseases (50.4%) and respiratory diseases (31.8%). In some cases, the response was multiple.

Table I

Sociodemographic characteristics of the respondents

Parameters	Number	Percentage
Age (years)		
<65	57	53.3
>65	50	46.7
Marital status		
Married	72	67.3
Others	35	32.5
Living status		
With spouse	15	14.0
With others	92	86.0
Occupation		
Engaged	25	23.4
Housewife	38	35.5
Others	44	41.1
Self income		
Yes	50	46.7
No	57	53.3
Family members		
2-4	16	15.0
5-6	30	28.0
7-8	40	37.4
>9	21	19.6

Table II

Knowledge about old age diseases (n=107)

Diseases	Number	Percentage
Diabetes	62	57.9
High blood pressure	57	53.3
Heart disease	54	50.4
Respiratory diseases	34	31.8
Orthopaedic diseases	4	3.7
Do not know	44	41.1

Regarding knowledge about self health care, 67.3% respondents had knowledge about self health care, 29.9% were on regular check up and 78.5% attended hospital in spite of referral by non medical personnel, such as friends, acquaintances or family members (Table III).

Table III
Health care pattern (n=107)

Parameters	Number	Percentage
Knowledge about self health care		
Yes	72	67.3
No	35	32.7
Regular health check up		
Yes	32	29.9
No	75	70.1
Referred to hospital by		
Medical personnel	23	21.5
Others	84	78.5

Pattern of morbidity prevailing among the respondents shows that most common were orthopaedic (23.4%), eye (21.5%), dental (12.4%), ENT (12.4%), cardiovascular (12.1%), etc. (Table IV).

Table IV
Pattern of morbidity (n=107)

Diseases	Number	Percentage
Orthopaedic	25	23.4
Eye	23	21.5
Dental	14	12.4
ENT	14	12.4
Cardiovascular	13	12.1
Respiratory	10	9.3
Gastrointestinal	8	7.5
Endocrine	3	2.8
Neurological problems	3	2.8

Specific disease pattern shows that spondylitis was most common problem (60%) in orthopaedic category, refractory error (34.8%) in eye category, loose teeth (78.5%) in dental category, CSOM (57%) in ENT category, hypertension (84%) in cardiovascular category and pharyngitis sinusitis (60%) in respiratory category (Table V).

Table VI shows morbidity pattern of the elderly according to frequency of suffering and health care seeking pattern. Six respondents had multiple diseases. Out of 3 respondents suffering from diabetes (endocrine disease), 2 (66.7%) sought health care, followed by 10 (40%) for orthopaedic problems out of 25, 4 (40%) for respiratory problems out of 10, 5 (38.5%) for cardiovascular problems out of 13, 1 (33.3%) for neurological problems out of 3, 2 (25%) for gastrointestinal problems out of 8, 2 for (14.3%) for dental problems out of 14 and 3 (13%) for eye problems out of 23.

Table V
Specific disease pattern of the respondents

Disease pattern	Number	Percentage
Orthopaedic (n=25)		
Spondylitis	15	60.0
Rheumatoid arthritis	5	20.0
Osteoporosis, osteomyelitis, backpain and frozen shoulder	5	20.0
Eye (n=23)		
Refractory error	8	34.8
Conjunctivitis	7	30.4
Cataract	4	17.4
Presbyopia	4	17.4
Dental (n=14)		
Loose teeth	11	78.5
Dental caries	3	21.4
ENT (n=14)		
CSOM	8	57.0
Tinnitus and vertigo	5	35.0
Hearing loss	1	7.1
Cardiovascular (n=13)		
Hypertension	11	84.0
Old myocardial infarction and ischaemic heart disease	2	15.3
Respiratory (n=10)		
Pharyngitis sinusitis	6	60.0
Bronchial asthma	2	20.0
Bronchitis	2	20.0

Table VI
Disease and health check up pattern of the respondents

Disease	Regular health check up		
	Yes Number (%)	No Number (%)	Total Number (%)
Orthopaedic	10 (40.0)	15 (60.0)	25 (23.4)
Eye	3 (13.0)	20 (87.0)	23 (21.5)
Dental	2 (14.3)	12 (85.7)	14 (12.4)
ENT	3 (21.4)	11 (78.6)	14 (12.4)
Cardiovascular	5 (38.5)	8 (61.5)	13 (12.1)
Respiratory	4 (40.0)	6 (60.0)	10 (9.3)
Gastrointestinal	2 (25.0)	6 (75.0)	8 (7.5)
Endocrine	2 (66.7)	1 (33.3)	3 (2.8)
Neurological	1 (33.3)	2 (66.7)	3 (2.8)
Total	32 (28.3)	81 (71.7)	113 (100.0)

DISCUSSION

From this small cross sectional study limited to one hospital of Dhaka city, it was found that 53.3% respondents were aged less than 65 years and 46.7% aged 65 or above, which is similar to findings by Azhar et al.⁴ In a study by Bhatla et al., 53.8% belonged to age group below 65 years and 46.2% were aged 65 or more.⁵ With regard to marital status, 67.3% were married and 32.5% were either widow/widower or divorced. This finding is similar to the finding by Bertil et al.⁹

Although in our study 67.3% were married, but only 14% were living with their spouse, lacking emotional and physical support. The rest 86% respondents were living with their children who cannot provide required attention to their parents because of their own engagements, like income generating and full attention to their spouse and children.

Since all the respondents belonged to old age group, only 23.4% were engaged in occupations like job, business or farming, 35.5% were housewives and 41.1% were either retired or unemployed. However 56.7% respondents had their own income either from their own income generating engagements or savings.

Most of the respondents to family size 7-8 members (37.4%), which is similar to the findings by Jabeen.⁷

Out of 107 respondents 63 (58.9%) were aware of type of old age diseases, most common being diabetes, high blood pressure, heart diseases and respiratory diseases. Jabeen in her study also found similar results.⁷

In our study, maximum number of respondents were health conscious (67.3%) and as such they were engaged in physical activities, such as social work, walking, sports, exercise, etc. Jabeen's finding is also similar to the finding of the present study.⁷

Status of regular health check up showed that only 29.9% respondents could avail the opportunity. The rest 70.1% lacked regular health check up may be due to time or financial constraints, dearth of health care facilities in the locality, or ignorance or lack of family support. However, referral to hospital was mostly encouraged by spouse or by family members (78.5%).

Health care seeking practice according disease pattern showed that 25 (23.4%) respondents were suffering from orthopaedic problems (10, 40% on regular health check up), 23 (21.5%) from eye problems (3, 13% on regular health check up), 14 (12.4%) from dental problems (2, 14.3% on regular health check up), 13 (12.1%) from ENT problems (3, 21.4%) on regular health check up), 13 (12.1%) from cardiovascular problems (5, 38.5% on regular health check up), 10 (9.3%) from respiratory problems (4, 40%) on regular health check

up), 8 (7.5%) from gastrointestinal problems (2, 25% on regular health check up), 3 (2.8%) from diabetes (2, 66.7% were on regular health check up and 3 (2.8%) from neurological problems (1, 33.3% on regular health check up).

Orthopaedic problems (23.4%) included diseases of bones and connective tissues, such as spondylitis, osteomyelitis, osteoporosis, low back pain, frozen shoulder, etc. This finding is consistent with the findings of Ibrahim et al.⁸

The most common vision problems (21.5%) were refractory errors, conjunctivitis, presbyopia and cataract. Shak and Prabhakar also observed similar prevalence.⁹

Common dental problems (12.4%) were loose teeth and caries. Studies by Ibrahim et al. and Shak and Prabhakar showed similar results.^{8,9}

In our study, ENT problems (12.4%) were CSOM, tinnitus and vertigo, which is consistent with other studies.^{8,9}

Cardiovascular diseases (12.1%) were hypertension, old myocardial infarction and ischaemic heart disease. In one study 34.7% respondents were suffering from cardiovascular diseases.³

In our study, respiratory diseases (9.3%) found were pharyngitis, sinusitis, bronchial asthma and bronchitis, which is consistent with other similar studies.^{8,9}

Gastrointestinal disease (7.5%), all being peptic ulcers, agreed with the study by Linda and Trudy,¹⁰ but not with studies by Ibrahim et al.⁸ and Shak and Prabhakar.⁹ The inconsistency may be due to the fact that respondents of our study and that of Linda and Trudy were most educated which was not the case in studies by Ibrahim et al. and Shak and Prabhakar.

Prevalence of diabetes (2.8%) and neurological (2.8%) among our respondents were less as there and excellent treatment facilities in Dhaka city for these two diseases.

CONCLUSION

Health care seeking practice was very low among the aged respondents. This may be attributed to ignorance or poverty or social negligence.

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