

Common Health Problems of Retired Armed Forces Personnel Admitted In Combined Military Hospital, Dhaka

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Abstract

Introduction: In Bangladesh there has been steady increase in aged (>60years) from 5.6% in the year 1981 to more than 7% in the year 2006 and 12% by the year 2025. In Armed Forces we have about 30 to 35% are of aged 60 years and above. Many of them are engaged in life struggle and nation-building activities. They deserve the healthy life access to all health facilities.

Objectives: To assess the common health problems of the retired Armed Forces Personnel and to find out necessary steps or quantify measures.

Materials and Methods: This was a descriptive type of cross sectional study conducted among the 112 retired Armed Forces Personnel who were admitted in Combined Military Hospital, Dhaka with a view to assess their health problems. The sample was selected purposively and data was collected by face to face interview.

Results: The mean age of the respondents was 59.20±7.22 years. The most prevalent diseases among the respondents were hypertension (32.1%), diabetes mellitus (17.0%), bronchial asthma (13.4%), ischemic heart disease (10.7%), and cataract (8.9%). Majority of respondents (57.1%) were unemployed, 28.6% were engaged in business and 14.3% had a job in private company. The association between their health problems and present occupational status was found statistically highly significant ($p < 0.05$).

Conclusion: The most common health problems were hypertension, diabetes mellitus, bronchial asthma and ischemic heart disease among the retired Armed Forces personnel. Prevalence almost all the diseases were significantly ($p < 0.05$) associated with employment status.

Key-words: Retired armed forces personnel, Combined military hospital, Common health problems.

Introduction

Retirement and ageing are closely related though retirement does not have any specific age limit. For Bangladesh civil employee the retirement age is 59, in Armed Forces it is according to the rank and length of services. Though retirement from job indicates ageing but in Bangladesh socio-economic perspective ageing does not indicate retirement from struggle for life or retirement

from productive activities or nation building activities. According to Bangladesh Bureau of Statistics, People above 60 years old are more than 35% in all divisions¹. Steady increase in aged (>60years) from 5.6% in the year 1981 to more than 7% in the year 2006 and 12% by the year 2025 in Bangladesh². The aged population in Bangladesh is growing both in absolute numbers and as a percentage of total population. The United Nations latest Population Projection for Bangladesh indicates that by the year 2025 the number of older persons is projected to grow to 16.2 million constituting 8.4% of total population². The acceleration of population aging is expected to be exceptionally high between the year 2025 and 2050 as a result of which number of older persons in 2050 will reach 42.5 million. This would constitute 16% of the total national population, when one in every six persons will be an elderly person³. Decline in fertility and improvement in life expectancy from 45 years in 1972-1973 to 58 years in 1999-2000 have led to rapid increase in the number of older people in Bangladesh to about 7% of current population by the year 2020 expected to almost double⁴. Elderly in Bangladesh is an emerging issue. Migration, urbanization, the shift from extended/joint to nuclear families, lack of access to resources and other socio economic changes can marginalize older persons from the main stream of development, taking away their purposeful economic and social roles and weakening their traditional support⁵.

Materials and Methods

This descriptive cross sectional study was carried out at Combined Military Hospital (CMH), Dhaka from 15 March to 30 June 2012. The respondents were retired Armed Forces Personnel admitted in this hospital. Inclusion criteria were who all were willing to participate in this study having only one disease. Verbal and written consent from the respondents were taken during the interview. Before data collection, the respondents were told that they were at liberty to participate and decline to answer any question during the study. Data was collected in a structured questionnaire by the researcher himself through face-to-face interview and analysis was done by SPSS 17.0 for windows.

Results

In this study out of 112 respondents, mean age was 59.20±7.22 years and maximum 38 (33.9%) was in age group 55-60 years. Majority 64(57.1%) of the respondents were unemployed, where 32(28.6%) were engaged in business and 16(14.3%)

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were service holders (Table-I). Among the respondents 36(32.1%) had hypertension (HTN), 12(10.7%) had ischemic heart disease (IHD), 19(17.0%) had diabetes mellitus (DM), 15(13.4%) had bronchial asthma (Br asthma), 9 (8.0%) had benign enlargement of prostate (BEP), 10 (8.9%) had cataract, 6 (5.4%) had cancer and 5(4.5%) had arthritis. Among the respondents only 39 (34.8%) were availing regular health checkup and 73(65.2%) did not go for regular health checkup. Most 65 (58.1%) of the respondents seek treatment from CMH, 38 (33.9%) from private hospitals and 9(8%) from government hospitals. Regarding source of treatment fund 56 (50.0%) were self-dependent, 42(37.5%), 7(6.3%) and 7(6.3%) were depending on son, daughter and wife respectively. (Table-II). Respondents employment status had significant ($p<0.05$) association with disease status; almost all the diseases were highly prevalent among respondents who were unemployed (Table-III). Source of treatment fund also had significant ($p<0.05$) association with disease status (Table-IV)

Table-I: Distribution of respondents by socio-demographic characteristics (n=112)

Characteristics		Frequency	Percentage
Age in years	45-50	16	14.3
	50-55	20	17.9
	55-60	38	33.9
	60-65	19	17.0
	Above 65	19	17.0
	Mean \pm SD = 59.20 \pm 7.22		
Current Employment status	Service	16	14.3
	Business	32	28.6
	Unemployed	64	57.1

Table-II: Distribution of respondents by health related information (n=112)

Health related information		Frequency	Percentage
Common health problems	Hypertension	36	32.1
	Diabetes Mellitus	19	17.0
	Ischemic heart diseases	12	10.7
	Cancer	6	5.4
	Cataract	10	8.9
	Arthritis	5	4.5
	Benign Enlargement of Prostate	9	8.0
	Br asthma	15	13.4
Regular health checkup	Yes	39	34.8
	No	73	65.2
Place of usual treatment	CMH	65	58.1
	Govt. Hospital	9	8.0
	Private hospital	38	33.9
Source of treatment fund	Self	56	50
	Son	42	37.5
	Daughter	7	6.3
	Wife	7	6.3

Table-III: Association of respondents' health problems and present occupational status (n=112).

Health Problems	Present Occupation			Statistics
	Service	Business	Unemployed	
HTN	5 (4.5)	12 (10.7)	19 (17.0)	$\chi^2=30.70$ df=14 $p<0.05$
DM	0 (0)	10 (8.9)	9 (8.0)	
IHD	2 (1.8)	3 (2.7)	7 (6.3)	
Cancer	4 (3.6)	1 (0.9)	1 (0.9)	
Cataract	0 (0)	2 (1.8)	8 (7.1)	
Arthritis	1 (0.9)	1 (0.9)	3 (2.7)	
BEP	0 (0)	1 (0.9)	8 (7.1)	
Bronchial asthma	4 (3.6)	2 (1.8)	9 (8.0)	
Total	16 (14.3%)	32 (28.6%)	64 (57.1%)	

• Percentage in parenthesis

Table-IV: Association of respondents' health problems and source of treatment fund (n=112)

Health Problems	Source of treatment fund				Statistics
	Self	Son	Daughter	Wife	
HTN	18 (16.1%)	16 (14.3%)	0 (0.0%)	2 (1.8%)	$\chi^2=33.83$ df=21 $p<0.05$
DM	11 (9.8%)	5 (4.5%)	1 (0.9%)	2 (1.8%)	
IHD	9 (8.0%)	3 (2.7%)	0 (0.0%)	0 (0.0%)	
Cancer	3 (2.7%)	3 (2.7%)	0 (0.0%)	0 (0.0%)	
Cataract	1 (0.9%)	8 (7.1%)	1 (0.9%)	0 (0.0%)	
Arthritis	2 (1.8%)	1 (0.9%)	2 (1.8%)	0 (0.0%)	
BEP	4 (3.6%)	2 (1.8%)	2 (1.8%)	1 (0.9%)	
Br asthma	8 (7.1%)	4 (3.6%)	1 (0.9%)	2 (1.8%)	
Total	56 (50.0%)	42 (37.5%)	7 (6.3%)	7 (6.3%)	

• Percentage in parenthesis

Discussion

In this study 33.9% were in the age group of 55-60 years and mean age was 59.20 \pm 7.22 years which is consistent with the study of Salam et al⁶ and Stephen et al⁷. Among the study population prevalence of common health problems were HTN (32.1%), DM (17.0%), Br asthma (13.4%) IHD (10.7%), cataract (8.9%), BEP (8.0%), cancer (5.4%) and arthritis (4.5%). This finding was not consistent with the studies of Hasan T⁸ where they found 29.2% gout, 19.7% heart disease, 19.7% skin disease and other than systemic problems weakness 79%, eye sight 70% and denture problem about 31%. This study revealed that 57.1% were unemployed, only 14.3% of respondents were found to have jobs in private company and 28.6% were engaged in business which is consistent with other study⁹. This indicates that these senior citizens still participate in economically productive activity. Regarding the disease prevalence almost all the diseases were highly prevalent among respondents who all were unemployed and suffered from hypertension (17.0%), diabetes mellitus (8.0%) Br asthma (8.0%), cataract (7.1%), benign prostatic hyperplasia (7.1%) and IHD (6.3%). Respondents who were involved in business were mostly suffered from HTN (10.7%), DM (8.9%), IHD (2.7%) whereas cancer (3.6%) was highly prevalent who were doing

service. The association between their present occupation and common health problems was found statistically highly significant ($p < 0.05$).

Retired Armed Forces Personnel, in the past, were dignified and respected people of the society. At their extreme of age they are still dignified and self-sufficient. Among the respondents (50.0%) were self-dependent whereas (37.5%), (6.3%) and (6.3%) are depending on son, daughter and wife respectively. It shows that even today in our society sons extend to support to elderly parents, which also accord with the study of Chaklader H⁵, where they found traditionally primary responsibility for parents fall to the son who provides shelter and food. Majority of respondents (58.0%) were getting health care from CMH⁹. This was may be due to better health care facilities and free of cost medical services. About 65.2% respondents usually did not go for regular health check-up. This may be due to the fact especially for rural respondents that difficulties to reach the CMHs, Govt. Hospitals & private clinics which mostly located in urban areas. Financial incapability also another good reason for not availing regular health check-up.

Conclusion

The most common health problems were hypertension, diabetes mellitus, bronchial asthma and ischemic heart disease among the retired Armed Forces personnel. Majority (57.1%) was unemployed and prevalence almost all the diseases were significantly ($p < 0.05$) associated with employment status. Among the respondents 50% were self-dependent for their treatment cost. The association between health problems and financial dependence was found

statically significant ($p < 0.05$). Current data has supported to take appropriate measures to increase awareness as well as prevention and control of common health problems like hypertension, diabetes mellitus, bronchial asthma and ischemic heart disease among the retired Armed Forces personnel.

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