

HEALTH CARE PRACTICE AND LIFE PATTERN OF ELDERLY WOMEN ATTENDING IN A SELECTED GERIATRIC HOSPITAL IN DHAKA CITY

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Abstract

Objective: The study was carried out to find out the health care seeking practice among the elderly women attending a selected hospital in Dhaka city.

Materials and methods: This was a cross sectional study and included 164 women aged 60 years and above. The study was carried out from March to June, 2001, at Prabin Hitayishi Hospital, Bangladesh Associated of Aged and Institute of Geriatric Medicine (BAAIGM), Agargaon, Sher E Bangla Nagar, Dhaka.

Results: In the present study, 58.5% women were aged less than 65 years, 51.2% were illiterates, 65.9% were married, only 7.3% were living with their spouse, 86.6% were housewives, only 9.8% had self income, 25.6% were earning between Taka 10,001 and 15,000 per month, and 41.5% were staying in families with 7-8 members, 90.2% had regular daily bath, 80.5% with soap, 90.2% brushed their teeth at least once a day, only 12.2% were taking regular exercise, 70.7% had knowledge about self health care, however, only 22% were on regular health check up, 12.2% women thought egg, milk, fish, meat and fruits were good for health. Regarding old age diseases, 43.9% knew about diabetes, 39% high blood pressure, 36.6% heart, 17.1% respiratory and 2.4% orthopaedic diseases. Most common diseases were eye (26.8%), cardiovascular and orthopaedic (19.5%) and ENT (14.6%). Other diseases were gastrointestinal (9.8%), respiratory (7.1%), dental and endocrine (4.9%).

Conclusion: Old women of our society should be made aware on old age diseases and self health care practices.

Key words: Health care, geriatric hospital, elderly women.

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Introduction

It is not possible to give a single definition of the elderly that could be applied consistently or would be useful in all contexts. Biologically ageing begins at least as early as puberty and is a continuous process throughout adult life. Elderly are sometimes defined in terms of retirement from the work force but, especially in societies with a normal or statutory retirement age, many individuals cease economic activity for reasons unrelated to ageing and many of those who cease to work continue to contribute indirectly to their society's economy through support to working family members, voluntary work, or deployed of wealth.¹

In 1980, the United Nations defined 60 years as the age of transition of people to the elderly segment of the population.²

Ageing is a natural process for all living beings. In case of human, those who are aged 60 to 65 years. Those over 60 years of age are prone to develop certain diseases and ailments which are uncommon in younger age groups. The disorders are of two types: (1) age dependent, occurs as a direct consequence of physiological senescence with least possibility of treatment or control, and (2) age related, which are more prevalent in the advanced life which can be prevented.³

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More people are living longer. At age 65, women in the United States can expect to live, on average, another 18.6 years, and men another 14.4 years.⁴ Health impact of prevalent chronic diseases in the elderly is substantial. In general, disability among the elderly increases with increasing age. For example, limitation in ability to perform one's usual activity is reported in the US Health Interview Survey Supplement on Aging to occur in 12% persons 65-74 years, in 9% of those 85 years and older,⁵ or, overall, in 7% in men and 10% of women 65 years and older.⁶ The proportion of older persons experiencing difficulty performing activities of daily living varies by specific activity and by sex.⁶

As far as our knowledge goes no such study dealing exclusively with elderly women were done anywhere in our country. Therefore, the present study was aimed at to find out health care practice and disease pattern of the elderly women in a selected geriatric hospital in Dhaka city.

Materials and Methods

This cross sectional study was carried out from March to June, 2001, at Prabin Hitayishi Hospital, Bangladesh Associated of Aged and Institute of Geriatric Medicine (BAAIGM), Agargaon, Sher e Bangla Nagar, Dhaka, and included 164 women respondents aged 60 years and above. 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 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 by using SPSS version 13.0.

Results

Table-I shows that out of 164 female respondents, 58.5% were aged less than 65 years, maximum were illiterate (51.2%) or read up to secondary level (34.1%), 65.9% were married and only 7.3% were living with spouse, 86.6% were engaged in household works, only 9.8% had self income, most of the women belonged to families with monthly income of Taka 10,001-15,000 (25.6%) and 15,001-20,000 (25%) and 41.5% were living with families having 7-8 family members.

Table-I
Characteristics of the respondents (n=164)

Parameters	Number	Percentage
Age (years)		
<65	96	58.5
≥65	68	41.5
Level of education		
Illiterate	84	51.2
Secondary	56	34.1
SSC	12	7.3
HSC	0	0.0
Graduate and above	12	7.3
Marital status		
Married	108	65.9
Others	56	34.1
Living status		
With spouse	12	7.3
With others	144	87.8
Occupation		
Housewife	142	86.6
Active job	8	4.9
Others	4	2.4
Self income		
Yes	16	9.8
No	148	90.2
Monthly income (Taka)		
<5,000	32	19.5
5,000-10,000	35	21.3
10,001-15,000	42	25.6
15,001-20,000	41	25.0
>20,000	14	8.5
Family members		
2-4	12	7.3
5-6	44	26.8
7-8	68	41.5
≥9	40	24.4

Health care activities by the respondents show that 90.2% took regular daily bath, 80.5% used soap for bathing, 90.2% were used to daily tooth brushing, only 12.2% took regular exercise, 70.7% had knowledge about self health care and only 22% sought regular health check up (Table-II).

Table II

Self health care pattern of the respondents (n=164)

Parameters	Number	Percentage
Daily bath		
Regular	148	90.2
Irregular	16	9.8
Soap bathing		
Yes	132	80.5
No	32	19.5
Tooth brushing daily		
Once	148	90.2
More than once	16	9.8
Regular exercise		
Yes	20	12.2
No	144	87.8
Knowledge about self health care		
Yes	116	70.7
No	48	29.3
Regular health check up		
Yes	36	22.0
No	128	78.0

About knowledge on balanced diet, 46.3% respondents had no knowledge, 41.5% informed that all types of foods are good health, only 12.2% informed that by balanced diet they mean egg, milk, fish, meat and fruits (Table-III).

Table III

Knowledge about balanced diet (n=164)

Balanced diet	Number	Percentage
All foods	68	41.5
Egg, milk, fish, meat and fruits	20	12.2
No knowledge	76	46.3

Table-IV shows knowledge about old age diseases by the respondents. Out of 164 respondents, 88 (53.7%) had not knowledge about old age diseases, 43.9% knew about diabetes, 39% about high blood pressure, 36.6% about heart diseases, 17.1% about respiratory diseases and 2.4% about orthopaedic diseases. Some of the respondents had knowledge of more one disease.

Table IV

Knowledge about old age diseases (n=164)

Diseases	Number	Percentage
Diabetes	72	43.9
High blood pressure	64	39.0
Heart	60	36.6
Respiratory	28	17.1
Orthopaedic	4	2.4
Do not know	88	53.7

Table-V shows pattern of suffering of the respondents. Most common problem was eye (26.8%), followed by cardiovascular and orthopaedic (19.5% each), ENT (14.6%), gastrointestinal (9.8%), respiratory (7.1%), dental and endocrine (4.9% each). Some of the respondents were suffering from more than one disease.

Table V

Disease pattern of the respondents (n=164)

Diseases	Number	Percentage
Eye	44	26.8
Cardiovascular	32	19.5
Orthopaedic	32	19.5
ENT	24	14.6
Gastrointestinal	16	9.8
Respiratory	12	7.1
Dental	8	4.9
Endocrine	8	4.9

Discussion

Increase in both absolute numbers and in the relative proportion of the total population that

is elderly dictate that health care needs, costs of care for the elderly and the patterns of disease and disability that exacerbate these will be major areas of scientific and social concern.⁷ These changes in population composition are manifested in several different ways. First, more people are living longer. At age 65, women in the United States can expect to live, on average, another 18.6 years.⁴ Second, the most rapidly growing segment of the older population has been shown to have the highest rates of chronic disease, disability and health care needs.^{6,8} Third, the causes of death among the elderly have shifted dramatically during the last century. Almost 50% of persons 65 years and older have arthritis, 41% have hypertension, 30% have heart disease and 29% have hearing impairment.⁸

In our small study, we noted that 58.5% women were aged less than 65 years, 51.2% were illiterates, 65.9% were married, only 7.3% were living with their spouse, 86.6% were housewives, only 9.8% had self income, 25.6% were earning between Taka 10,001 and 15,000 per month, and 41.5% were staying in families with 7-8 members.

Health care practice of the study women showed that 90.2% had regular daily bath, 80.5% with soap, 90.2% brushed their teeth at least once a day, only 12.2% were taking regular exercise, 70.7% had knowledge about self health care, however, only 22% were on regular health check up.

In the present study, it was found that 41.5% women thought that all foods were good for health, 12.2% women thought egg, milk, fish, meat and fruits were good for health, 46.3% had no knowledge about balanced diet to maintain good health.

Regarding knowledge about old age diseases, 53.7% had no idea, 43.9% knew about diabetes, 39% about high blood pressure, 36.6% about heart diseases, 17.1% about respiratory diseases and 2.4% about orthopaedic diseases.

Diseases pattern of the respondents showed that most common diseases were eye (26.8%), cardiovascular and orthopaedic (19.5%) and ENT (14.6%). Other diseases were gastrointestinal (9.8%), respiratory (7.1%), dental and endocrine (4.9%).

Conclusion

To alleviate the sufferings of the old persons, primary health care facilities should be made available in the form of community education, community participation and intersectoral activities as well as traditional health services delivery.

The older people need family care. Community support services should be developed to enhance family care.

Because most older people much prefer to remain in the community as long as possible, community services should be correctly viewed as the first approach to provide services to those who need care. As an alternative, institutional care, in the form of old age home, should be provided.

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