

Common Health Problems and their contributing factors among elderly residing in Changu VDC

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Abstract

Introduction: Aging is a normal biological phenomenon, and with the aging process different health issues started. The elderly population experience social isolation due to breakage of various bonds like work relationship, loss of relative and friends. The situation worsens when aged suffer with chronic diseases; lose their physical capabilities and financial insecurity. The objective of the study was to find out the common health problems and their contributing factors residing in Changu.

Methods: This is a descriptive study which was conducted among 50 resident of ward number 3 of Changu VDC. A semi-structured questionnaire related to health problems and factors affecting health problems was used to collect information from the respondents. The information was collected by interview technique. Data were analyzed and interpreted according to frequency and percent.

Results: The study showed that the majorities (66%) of the respondents were from the age group of 60-69 years and majorities (58%) were female. Among the total respondents, 56% had their spouse alive and most of the respondents had good relationship with their spouse (64%) and offsprings (69%). Few of the respondents (38%) had habit of smoking and only 12% had habit of drinking. The common health problems revealed through this study were gastritis (29%), followed by Asthma (27%), Hypertension (27%), Arthritis (13%), Diabetes Mellitus (10%), Heart disease (5%) and others. Psychological problems were found in few respondents. Depression was found only in 2% and boredom and loneliness in 10% and 5% respectively. The overall common health Problems among elderly were Asthma, Arthritis, Gastritis, Hypertension Diabetes Mellitus and Boredom as answered by the respondents.

Conclusion: The above study concludes that most of the respondents were suffered from varieties of problems associated to physical, social, psychological and economic aspect of health

Key words: Common Health Problem, elderly

Introduction

Ageing is a process of gradual changes in physical appearance and mental situation that cause a person to grow old. It is closely related with the dynamic process of demographic and socio-economic transformation¹⁵. Every month, 1 million people worldwide reach the age of 60 years. Among these, 80% live in the developing country^{1,2}. In almost every country, the proportion of people aged over 60 years is growing faster than any other age group, as a result of both longer life

expectancy and declining fertility rate^{3,4}. The increase in elderly population inevitably leads to an increase in age related diseases and serious constrains on their quality of life. A research article published in 2009 revealed that 56% of the adults had at least one of the chronic diseases^{5,6}.

So far talking about Nepal its elderly population has increased from 6.5% in 2001 to 9.1% in 2011. Over the same period, Nepal population has increased by 15% making the total population 26.6 million (48.56%

males and 51.43% females) from 23 million of 2001. Over 60% of the increased population is concentrated in the Kathmandu Valley making it the most congested among world’s cities^{7,8}. According to Bhaktapur survey, the causes of disability among 50+ years aged person were infectious disease 7.69%, accidents 2.56%, mental 2.56%, aging 7.69% and others 69.23% (Singh, 2003).

So this becomes the area of interest to find out the common health problem existing in the elderly of one of the community of Changu VDC of Bhaktapur district.

Methods

The study basically focuses on finding the common health problems of elderly and its responsible factors. In this respect, the study was a descriptive design which was utilized to assess the health problem among the elderly in the community of Changu, which is situated 8 km north from the main city of Bhaktapur. The total population of this village is 5,410. Among that, male are three thousand five hundred and female are two thousand eight hundred twenty five. It consists of 9 wards, each wards consist of at least 5 toles. Ward number 3 also consists of 5 toles with total population seven hundred thirty two. Among that, total population of age 60 years and above are 105. Fifty eligible elderly who were of age 60 years and above residing in the Changu VDC, ward number 3 was the study sample. Research Instrument was developed based on the objectives of the study, after literature review and consultation with the research experts and advisor. Predesigned and pretested semi-structured questionnaire was used for data collection. The data was analyzed using SPSS Statistics program

Results

Out of 50 respondents the study showed that the majorities (66%) of the respondents were from the age group of 60-69 years and majorities (58%) were female. Among the total respondents, 56% had their spouse alive and most of the respondents had good relationship with their spouse (64%) and offsprings (69%). Few of the respondents (38%) had habit of smoking and only 12% had habit of drinking. The common health problems revealed through this study were gastritis (29%), followed by Asthma (27%), Hypertension (27%), Arthritis (13%), Diabetes Mellitus (10%), Heart disease (5%) and others. Psychological problems were found in few respondents. Depression was found only

in 2% and boredom and loneliness in 10% and 5% respectively.

Table 1. Sociodemographic Characteristics of the respondents

n=50

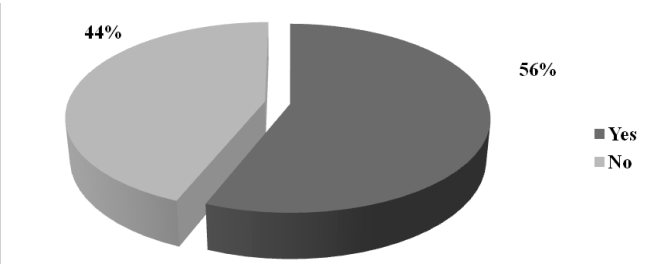
Variables	Frequency	Percent (%)
Age (in years)		
60-69	33	66.0
70-79	11	22.0
80-89	5	10.0
90 and above	1	2.0
Sex		
Male	21	42.0
Female	29	58.0
Ethnicity		
Brahmin/Chhetri	41	82.0
Indigenous	9	30.0
Religion		
Hindu	49	98.0
Buddhist	1	2.0
Marital Status		
Married	28	56.0
Single	2	4.0
Separated	1	2.0
Widow/widower	19	38.0
Types of Family		
Nuclear	11	22.0
Joint	39	78.0
No of Children		
≤2	23	46.0
3-5	23	46.0
>5	4	8.0

Table 1 Shows that most of the respondents (66%) were from age group 60 to 69 years. More than half of the respondents (58%) were female. Most of the respondents (82%) were from Brahmin/Chhetri ethnicity and almost all (98%) were Hindu. It also shows that about half of the respondents (56%) were married whereas 38% were widow/widower. Only 2% were separated. It also revealed that most of the respondents (78%) lived in joint family. Regarding number of children, it was found that equal percent of the respondents had ≤ 2 children (46%) and 3-5 children (46%).

Table 2. Educational Status and Occupation of the Respondents n= 50

Variables	Frequency	Percent (%)
Level of Education		
Under education	32	64.0
Informal Education	9	18.0
Primary	2	4.0
Lower secondary	1	2.0
Secondary	5	10.0
Higher secondary	1	2.0
Occupation		
Agriculture	25	50.0
Business	3	6.0
House manager	10	20.0
Jajamani	4	8.0
Unemployed	8	16.0

Table 2 shows that maximum percent of the respondents (64%) were under educated, respondents who had informal education were 18% and only 2% had attained education up to higher secondary level. It also shows that the main occupation of most of the respondents (50%) was agriculture, followed by house manager (20%). Very few respondents (6%) were engaged in business.



Spouse of the Respondents

Figure 1 shows that 56% of the respondents had spouse still with them.

Table 3. reveals that 12% of the respondents used to drink alcohol. Among them, most (66.6%) drink alcohol occasionally.

Habit of Drinking Alcohol

Variables	Frequency	Percent (%)
Habit of Drinking Alcohol (n=50)		
Yes	6	12.0
No	44	88.0
Frequency of Drinking Alcohol (n=6)		
Most of the time	2	33.4
Occasionally	4	66.6

Table 4 shows that 38% of the respondents had the habit of smoking, among which 68.4% took 1-10 sticks a day.

Smoking Habit

Smoking Habit	Frequency	Percent (%)
Smoking Habit (n=50)		
Yes	19	38.0
No	31	62.0
No of Sticks taken per day (n=19)		
1-10	13	68.4
11-20	6	31.5

Discussion

The present study was conducted to find out the common health problems and the influencing factors among elderly residing in Changu VDC, ward number 3. A descriptive study was done interviewing the elderly people of 60 years and above.

The respondent involvement in social and religious activities was only 26%. Similar study was done by Ibrahim and Ahmad which revealed that 77% of the respondents were participated in social and religious activities which was the contrast finding with the current study¹³. It might be because of the small sample size which could not be the generalized one. Concerning about the habit of consuming alcohol and tobacco containing substances, the findings of the present study reveals that only 12% of the respondents consume alcohol occasionally. It also shows that 60% of older persons abstain from alcohol use, drinking problems are the largest category of substance use problems in older adults¹². The current study shows that smoking habit was found in 38% of the respondents, among which male was in high number (63%). Khaini and tobacco consuming habit was found only in 4% of the respondents.

The findings of the study shows that the food consuming frequency was 3 times in 66% of the respondents but 8% of the respondents did not have interest in food which might be related to some health problems or due to aging condition. Similarly, 48% of the respondents drink 1.5 to 2 liter of water, followed by 1 liter (32%). According to the current study, 46 % of the respondents sleep 5 to 6 hours at night followed by 7 to 8 hours (44%). Regarding sleeping pattern, 20% had disturbed sleep, which might affect physical and psychological wellbeing. Similarly, the current study also focused that

only 20% of the respondents used to do exercise, among which 90% used to go for morning walk.

The study shows that 33% of the respondents took medicine due to various health problems, among which 70% were still continuing. About a quarter (27%) had completed the course. However, 3% did not complete the course because of not getting well after continuing medicine till 10 years. Among the respondents having medicine, 48% missed the dose. The reason behind this in 68.75% of the respondents was that they forgot to take medicine.

The common health problems revealed through this study were gastritis (29%), followed by Asthma (27%), Hypertension (27%), Arthritis (13%), Diabetes Mellitus (10%), Heart disease (5%) and others. Psychological problems were found in few respondents. Depression was found only in 2% and boredom and loneliness in 10% and 5% respectively. Similarly, according to the survey conducted by Lena et al.¹¹, it was found that all the respondents had some health problems, the most common being hypertension, osteoarthritis, diabetes, or bronchial asthma. Others included cataract, anemia, and skin problems. Similar study was conducted in Physical and mental health problems of the elderly in a rural community of Sepang Selangor by Sidik et al which shows that, out of 263 elderly residents (6.2% of the total population), the prevalence of physical health problems such as chronic illness and functional dependence were 60.1% and 15.7% respectively¹⁴. While the prevalence of mental health problems such as depression was 7.6%, which is consistent with the findings of the present study. Another study conducted by Khanal & Gautam also shows the similar findings⁸. It revealed that over 50% of the respondents were diagnosed with at least one health problem. Gastritis (14%), hypertension (13%) and (9%) arthritis were the most common diseases. According to the study conducted in five countries of South East Asia, the chronic conditions with regard to comparison of the health problems with different variables, the age group ranges from 60 to 69 had more health problems. It might be because this age group had covered the maximum percentage of the study population. Surprisingly, smoking and alcohol was found not to be correlated to the health problem. Data from National Longitudinal Alcohol Epidemiologic Survey demonstrate that, among persons older than 65, those with alcoholism are approximately three times more likely to exhibit a major depressive disorder than those without alcoholism. In the same survey, 30

percent of the elderly patients with alcoholism were found to have concurrent psychiatric disorders. Among persons older than 65, moderate and heavy drinkers are 16 times more likely than nondrinkers to die of suicide, which is commonly associated with depressive disorders which are the contrast finding than the current study. This might be due to small sample size which is not the representative one.

Conclusion

Based on the findings, it can be concluded that most of the elderly had some kind of health problems and some of the respondents had multiple health problems. Asthma, Arthritis, Gastritis, Hypertension and Diabetes Mellitus were the major health problems found. Arthritis was seen only in female and Hypertension and Gastritis was seen more in female. Diabetes and Asthma was seen more in male. Similarly depression was seen in single male respondents. The findings of the current study could not be generalized, as it could not cover large sample size.

Conflict of interest: None declared

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