



## A study on the Health problems of Female old age people of Chittoor District, Andhra Pradesh

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### ABSTRACT

*Health is a serious problem in old age. Old age is generally accompanied by a deterioration of health because ageing process leads to less resistance to diseases in the body. In old age, health problems become even more serious because aged person has meagre financial resources and sometimes it becomes difficult for him to meet his medical expenses. According to Ethel Shanas and George L. Maddox, "health and illness affect an individual's performance of basic personal tasks of daily living and of expected roles. Impairment and disability increase the probability of failure in carrying out tasks and social roles; and such failures in turn increase dependency which, particularly for adults, challenges widely shared personal and social expectations and Preferences for independence. Moreover, loss of autonomy tends to have a negative effect on self evaluation and life satisfaction. Health is thus both a key personal resource for any individual and social concern, because performance of social roles in economic, kinship and community organizations requires individuals who can function competently (Shanas and Maddox, 1976:592).*

*Depends upon the living conditions, social and economical status, children and other family members care on elderly and status of availability of health care facilities in living locality will have major impact on old age health status. In India due to the more gap between the married man and women in past decades majority of the female lose their spouse compared to male. This is also a major cause for increasing the psychological health problems in female elderly which automatically affects the overall wellbeing of them.*

**KEYWORDS : Health Problems, Female Elderly, Chittoor, Andhra Pradesh**

### Introduction

Health is a state of complete physical, mental social and spiritual well-being and not merely the absence of disease or infirmity 'World Health Organization'. The level of health of the individual, group, or population as subjectively assessed by the individual or by more objective measures.

There is no single "standard" measurement of health status for individuals or population groups. Individual health status may be measured by an observer (e.g., a physician), who performs an examination and rates the individual along any of several dimensions, including presence or absence of life-threatening illness, risk factors for premature death, severity of disease, and overall health.

Individual health status may also be assessed by asking the person to report his/her health perceptions in the domains of interest, such as physical functioning, emotional well-being, pain or discomfort, and overall perception of health. Although it is theoretically attractive to argue that the measurement of health should consist of the combination of both an objective component plus the individual's subjective impressions, no such measure has been developed.

### Methodology

Health status of an individual decides his life style and quality of life. In old age health status is an important factor that decides the status of living conditions, socio-economic status of elderly. Present research study conducted to understand the health status of the female old aged people. The study was carried out in selected Maldals of Chittoor district, Andhra Pradesh covering 150 elderly men and 150 elderly women i.e. total 300 aged 60 years and above. For survey both town and villages are covered. The baseline survey was conducted in the villages and sample was collected using simple random sampling method.

### Results and Discussion

Health-problems tend to increase with advancing age and very often the problems aggravate due to neglect; poor economic status, social deprivation and inappropriate dietary intake, which often result in multiple nutritional deficiencies. Despite medical services being available at government health centers and hospitals, they are not easily accessible to the poor due to long distances, costs of transport and time constraints. Poor health decreases the economic and social roles of the old. The health problems can therefore be regarded as major problems for the old.

#### 1.1.PROBLEMS OF ELDERLY

Age grows or advances do nag the problems. The elderly suffer from

various problems and the problems vary from person to person. The information on the problems the elderly females encountering in their-day-to-day live in the study area have been elicited and presented in the Table.1

**Table:1.1  
Problems of Elderly**

Sl. No.	Problems	Poor	Average	Good	Total	Chi-square	Sig
1	Health in general	148	126	26	300	119.36	**
		49.30	42.00	8.70	100.00		
2	Suffering from ailments	37	53	210	300	360.37	**
		12.30	17.70	70.00	100.00		
3	Vision	173	108	19	300	128.20	**
		57.70	36.00	6.30	100.00		
	Sufferings	Always	Occasionally	Never	Total		
4	Suffering from Asthma	67	137	96	300	183.88	**
		22.30	45.70	32.00	100.00		
5	Suffering from hearing problems	51	114	135	300	232.34	**
		17.00	38.00	45.00	100.00		
6	Cardiac troubles	1	1	298	300	594.01	**
		0.30	0.30	99.30	100.00		
7	Feeling shivering	17	104	179	300	331.87	**
		5.70	34.70	59.70	100.00		
8	Feeling dizziness	57	111	132	300	221.64	**
		19.00	37.00	44.00	100.00		
9	Dental problems	213	73	14	300	181.75	**
		71.00	24.30	4.70	100.00		
10	Loss of memory	51	227	22	300	257.94	**
		17.00	75.70	7.30	100.00		
11	Sleeplessness	199	78	23	300	150.99	**
		66.30	26.00	7.70	100.00		
12	Suffering from backache	216	76	8	300	193.76	**
		72.00	25.30	2.70	100.00		

13	Ache of knees and joints	220	54	26	300	190.18	**
		73.30	18.00	8.70	100.00		
14	Moving without support of stick	186	75	39	300	129.44	**
		62.00	25.00	13.00	100.00		
15	Getting bad dreams	47	244	9	300	292.03	**
		15.70	81.30	3.00	100.00		
16	Depend on others for nature's call	15	75	210	300	383.49	**
		5.00	25.00	70.00	100.00		
17	Depend on others for bath	29	40	231	300	410.74	**
		9.70	13.30	77.00	100.00		
18	Dressing self	261	14	25	300	332.2	**
		87.00	4.70	8.30	100.00		
19	Need assistance of others to get up from bed	30	251	19	300	316.31	**
		10.00	83.70	6.30	100.00		
20	Feeling loneliness	258	35	7	300	332.16	**
		86.00	11.70	2.30	100.00		

### The chronic problems mentioned by majority of Female Elders are

(a). Problem of dressing self (87%), (b). Ache of knees and joints, (c). Back ache (72%), (d). Dental Problems (71%), (e). Sleeplessness (66%) and vision problem (57%).

The more details on problems faced by Female Elderly is presented in the following lines.

#### 1. Health

Health is wealth, health indicates longevity. The information on the health status of the elderly has been elicited and presented in the Table. The table depicts that 148 respondents (49.30 %) have poor health, 126 respondents (42 %) have average health and mere 26 respondents (8.70 %) have sound health. The Chi-square value is significant at 1 per cent level and shows that the health of the respondents is poor.

#### 2. Suffering from ailments

Ailments come to elder people every now and then. It is evident from the table that 210 respondents (70 %) suffered lot of ailments, 53 respondents (17.70%) suffered average ailments and mere 37 respondents (12.30 %) have poor ailments. The Chi-square value is significant at 1 per cent level and shows that the elderly suffered from ailments is highly significant.

### The common ailments noticed in the study area are

#### 3. Vision

Generally vision declines with ageing. The table depicts that 173 respondents (57.70 %) have poor vision, 108 respondents (36 %) have average vision and mere 19 respondents (6.30 %) have good vision. The Chi-square value is significant at 1 per cent level and shows that the vision of the respondents is poor is highly significant.

#### 4. Suffering from Asthma

Asthma attacks the elderly. It is evident from the table that 137 respondents (45.7 %) occasionally suffered from asthma, 96 respondents (32 %) suffered never and 67 respondents (22.30 %) always suffered from asthma. The Chi-square value is significant at 1 per cent level and shows that the elderly suffered from asthma is highly significant.

#### 5. Hearing problems

Elderly suffer hearing problems along with vision. It is evident from the table that 135 respondents (45 %) never suffered from hearing problem, 114 respondents (38 %) suffered occasionally and 51 respondents (17 %) always suffered from hearing problems. The Chi-square value is significant at 1 per cent level and shows that most of the elderly suffered from hearing problems is highly significant.

#### 6. Cardiac troubles

Cardiac troubles cause elderly to suffer a lot. It is crystal clear from the table that 298 respondents (99.30%) never suffered from cardiac problem and mere 1 respondent (0.30 %) each suffered always and

occasionally suffered from cardiac problems. The Chi-square value is significant at 1 per cent level and shows that most of the elderly never suffered from cardiac problems.

#### 7. Feeling shivering

Feeling shivering is one of the major problems of elderly. It is quite obvious from the table that 179 respondents (59.70%) never felt shivering, 104 respondents (34.70%) occasionally felt shivering and 17 respondents (5.70%) always felt shivering. The Chi-square value is significant at 1 per cent level and shows that the majority of the elderly never felt shivering.

#### 8. Feeling dizziness

Feeling dizziness is another major problem of elderly. It is quite obvious from the table that 132 respondents (44%) never felt dizziness, 111 respondents (37%) occasionally felt dizziness and 57 respondents (19 %) always felt dizziness. The Chi-square value is significant at 1 per cent level and shows that majority of the elderly never felt dizziness.

#### 9. Dental Problems

At the late old age dental problems cause to suffer. The table portrays that 213 respondents (71 %) always suffered with dental problems, 73 respondents (24.3 %) occasionally suffered with dental problems and 14 respondents (4.7 %) never suffered with dental problems. The Chi-square value is significant at 1 per cent level and shows that many of the respondents' are suffering with dental problems.

#### 10. Loss of Memory

Loss of memory is one of the major problems of elderly. The table portrays that 227 respondents (75.70 %) occasionally suffered with loss of memory, 51 respondents (17 %) always and 22 respondents (7.30 %) never suffered with loss of memory. The Chi-square value is significant at 1 per cent level and shows that majority of the respondents are suffering with loss of memory occasionally.

#### 11. Sleeplessness

Sleeplessness is another major problem of elderly. The table portrays that 199 respondents (66.30 %) always suffered with sleeplessness, 78 respondents (26 %) occasionally and 23 respondents (7.7 %) never suffered with sleeplessness. The Chi-square value is significant at 1 per cent level and shows that the respondents' suffering with sleeplessness is highly significant.

#### 12. Backache

Backache is another major problem of elderly. The table portrays that 216 respondents (72 %) always suffered with backache, 76 respondents (25 %) occasionally and 8 respondents (2.7 %) never suffered with backache. The Chi-square value is significant at 1 per cent level and shows that most of the respondents are suffering with backache.

#### 13. Ache of knees and joints

Ache of knees and joints is another major problem of elderly. The table portrays that 220 respondents (73.3 %) always suffered with ache of knees and joints, 54 respondents (18 %) occasionally and 26 respondents (8.70 %) never suffered with ache of knees and joints. The Chi-square value is significant at 1 per cent level and shows that most of the respondents are suffering with ache of knees and joints.

#### 14. Moving without support of stick

In the old age people cannot move independently and depend either on the support of stick or assistance of the people. The table portrays that 186 respondents (62 %) always move without support of stick, 75 respondents (25 %) occasionally move without support of stick and 39 respondents (13 %) never move without support of stick. The Chi-square value is significant at 1 per cent level and shows that majority of the respondents are moving without stick.

#### 15. Getting bad dreams

Getting bad dreams is one of the problems of elderly. The table portrays that 244 respondents (81.30 %) occasionally get bad dreams, 47 respondents (15.70 %) always get bad dreams and 9 respondents (3 %) never get bad dreams. The Chi-square value is significant at 1 per cent level and shows that majority of the respondents are not getting bad dreams.

**16. Depend on others for nature’s call**

Elderly people sometimes even cannot answer the nature’s call without the support of the people. The table portrays that 210 respondents (70 %) never depend on others for nature’s call, 75 respondents (25 %) occasionally depend on others for nature’s call and only 15 respondents (5 %) always depend on others for nature’s call. The Chi-square value is significant at 1 per cent level and shows that majority of the respondents’ never depends on others for nature’s call.

**17. Depend on others for bath**

Elderly people sometimes even depend on other for bath. The table portrays that 231 respondents (77 %) never depend on others for bath, 40 respondents (13.3 %) occasionally depend on others for bath and 29 respondents (9.70 %) always depend on others for bath. The Chi-square value is significant at 1 per cent level and shows that majority of the respondents’ never depends on others for bath.

**18. Dressing self**

Elderly people sometimes even depend on others for dressing. The table portrays that 261 respondents (87 %) always dress by self, 25 respondents (8.3 %) never dress by self and 14 respondents (4.7 %) occasionally dress by self. The Chi-square value is significant at 1 per cent level and shows that majority of the respondents’ always dress by self by not depending on others.

**19. Need assistance to get up from bed**

Elderly sometimes need assistance of others to get up from bed. The table portrays that 251 respondents (83.7 %) occasionally need assistance of others to get up from bed, 30 respondents (10 %) always need assistance of others to get up from bed and 19 respondents (6.3 %) never need assistance of others to get up from bed. The Chi-square value is significant at 1 per cent level and shows that majority of the respondents’ occasionally need assistance of others to get up from bed.

**20. Feeling loneliness**

Elderly feel loneliness if they are not treated properly or not given due importance. The table depicts that 258 respondents (86 %) always feel loneliness, 35 respondents (11.7 %) occasionally feel loneliness and mere 7 respondents (2.3 %) never feel loneliness. The Chi-square value is significant at 1 per cent level and shows that majority of the respondents’ feel loneliness.

**1.2. Index on Problems of Elderly:**

The problems of Elderly Females are multifaceted, and to understand the severity level of problems in the study area an index has prepared based on the factors mentioned in table 1.2

The total no. of factors considered here are 20 and the index score range between 20 to 60. The respondents who obtained score between 20 to 33 are characterised as those suffering with ‘less problems’, and those who obtained rank in between 33 to 46 are grouped in to those with ‘moderately severe’ problems and others with score of 47 and above are treated as having ‘severe’ problems. The statistics on this aspect is provided in table 1.2

**GROUP INDEX**

**Table:1.2. The Index on severity of problems faced by Female Elderly**

INDEX							
		Less problems	Moderately Severe	Severe	Total	Chi-square	Sig
21	PROBLEMS OF ELDERLY	28	250	22	300	316.06	**
		9.30	83.30	7.30	100.00		

The problem of elderly has been presented under group index. The group index shows that 250 respondents (83.3 %) are suffering from moderately severe problems, 28 respondents (9.30 %) are suffering from less problems and 22 respondents (7.30 %) are facing severe problems. By and large, it is concluded that above 83 per cent of the respondents are suffering from moderately severe problems.

**Conclusion**

The findings of the present study and a careful analysis of the situation of female aged in Chittoor District of Andhra Pradesh were:

1. The majority of the female elderly facing Problem of dressing self (87%).
2. The majority of the female elderly (73.6) are suffering with Ache of knees and joints.
3. Back ache is one of the saviour problems in old age and the majority of the female elderly (72%) suffering with Back ache.
4. The high number of elderly female population facing Dental Problems (71%).
5. The majority of the female elderly facing the problem of Sleeplessness (66%) and vision (57%).

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