



Health Problems of the Aged People in Rural Area of Tamilnadu

KEYWORDS

health problems, aged people, rural area

* Dr.M.Vijayalakshmi

Associate Professor, Department of Community Medicine, Govt.Tirunelveli Medical College, Tamilnadu

* Corresponding author

ABSTRACT *Background:* Aging process is not a disease but aged people are more vulnerable to long term diseases of insidious onset such as cardiovascular illness, CVA, cancers, diabetes, musculoskeletal and mental illnesses. With the increase in the population of the aged people (7.7%), the need for assessing their problems are of prime concern in framing various schemes to address their needs. The present study was planned to assess the various health problems of the aged people in Alangulam village of Tirunelveli District.

Methodology: A Community based cross-sectional study was planned at Alangulam subcentre of Tirunelveli District and all people aged above 60 years of Alangulam subcentre who were willing to participate were included in the study. 300 people were interviewed with the pretested questionnaire and their socio demographic details, health problems and attitude towards aging were assessed after obtaining informed consent.

Results: Data was analysed using SPSS soft ware. Myalgia(28%) was the most common problem among the aged followed by Hypertension(26%), Joint pain(20%), Cataract(15%), Diabetes mellitus(8%), Chest pain(2%) and Tuberculosis(1%). 41% of the aged felt depressed due to loss of financial support and dependence, illness, lack of support from other family members, loss of spouse, unmarried daughters, alcoholic son/son in law. Almost over 67% of the study people felt that aging has affected their daily activities.

INTRODUCTION:

There is a progressive increase in the number of elderly persons with the decline in fertility and mortality rates. Recent demographic trends have shown a considerable increase in elderly population all over the world. In 1950 there were about 200 million people over 60 years throughout the world. In the year 2000, this number increased to 550 million, and by 2025 there will be about 1.2 billion. The rate of growth of older population is highest in developing countries. In India elderly population has doubled from 24.7 million (5.6% of total population) in 1961 to 56.7 million (6.8% of total population) in 1991 and is expected to be 70.6 million (6.97%) in 2001 and approximately 113 million (8.94%) by 2016 (Registrar General of India, 1991, 1996).

Increasing life span and poor health care add to the degree of disability among the elderly and compound the problems of care giving. The elderly experience changes in different aspects of their lives. The physiological decline in ageing refers to the physical changes an individual experiences because of the decline in the normal functioning of the body resulting in poor mobility, vision, hearing, inability to eat and digest food properly, a decline in memory, the inability to control certain physiological functions, and various chronic conditions. Change in socio-economic status adversely affects the individual's way of life after retirement. The economic loss is due to a change from salary to pension or unemployment leading to economic dependency on children or relatives. A feeling of low self-worth may be felt due to the loss of earning power and social recognition. Majority of the India's elderly (78%) population lives in rural areas.

The progressive increase in number of old citizens and the concomitant increasing medical expenses necessitated the need to organize the extensive data base necessary to properly manage elder patients with multiple interacting problems.

METHODOLOGY:

A Community based cross-sectional study was done at Alangulam village of Tirunelveli District between January 2016 to April 2016. All persons aged above 60 years (300 senior citizens) were interviewed at their houses with structured questionnaire after obtaining informed consent verbally. Their socio economic conditions, health problems they face and their attitude towards life were all assessed. Those who were not willing to participate were not included in the study.

The data was analysed using SPSS .

RESULTS:

Of the 300 interviewed, 171 were in the age group 60- 64 years, 77 were in the age group of 65-70 years and 52 were more than 70 years old. 121 were males and 179 were females. Around 62 of them were single. Around 70% of them were engaged in agriculture. More than 20% of them were in the social class V. 34% of them were illiterate and more than 70% of them were females.

Almost all of them had either one problem or the other. Among the chronic health problems, Myalgia (28%) was the most common problem followed by Hypertension (26%), Joint pain (20%), Cataract (15%), Diabetes mellitus (8%), Chest pain (2%) and Tuberculosis(1%).

Other associated problems were memory loss, bowel disturbances, impaired vision, hard of hearing and giddiness.

Hypertension was higher in the age group more than 70 years and Diabetes was more common in the age group of 65- 70 years. Females had complaints of joint pain and myalgia more than males.

More than 60% of the aged people were not satisfied with their current health status and felt depressed because of

the dependence, ignorance by family members and loneliness. Almost over 67% of the study people felt that aging has affected their daily activities like walking, getting up from bed and other activities. 6% of the people depended upon others for even their normal daily activities. More than 45% of the aged depended upon the old age pension.

DISCUSSION:

The study shows the multiple problems the aged people had to face owing to their illhealth, aging factor and dependency.

Senior citizens shall be provided with a separate OPD in the Government hospitals so as not wait in the crowd.

To improve the quality of life after the age 60, efforts have to start at least by the age of 30. Preventive maintenance is wiser and less expensive than crisis management. Right mental attitude and a sound physical health in adult life and middle age period are the keys for enjoying aging process.

Value of elders and preventing the disintegration of family members shall help in preventing a painful aging.

Tab: 1 – Distribution by age and sex

Age	Males	Females	Total
60-64	61	110	171
65-69	31	46	77
>70	29	23	52

Fig: 1 – PREVALANCE OF HEALTH PROBLEMS

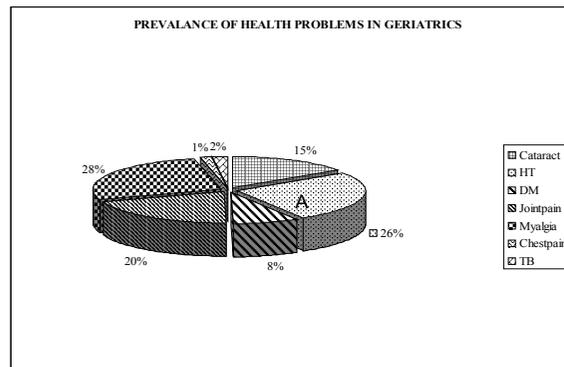
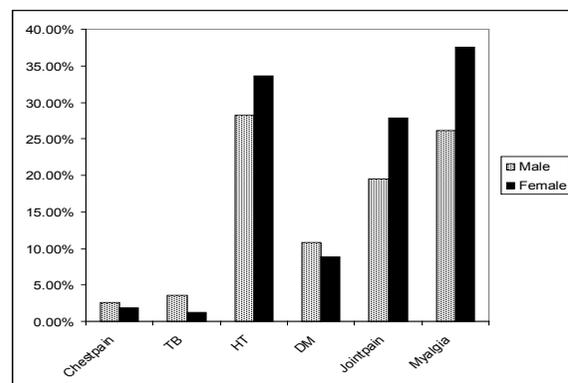


Fig :2 – Distribution of the diseases based on gender



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