



A study on health status of elderly male and female in rural area

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ABSTRACT

The study was conducted in landhari village of Hisar district, Haryana purposely. Total 50 respondents were selected randomly from village 25 male and 25 female with the objective to study the health status of elderly and find out the preventive measure followed. Health is not only a biological or medical concern but also a significant personal and social concern. Gender wise differences were found in the health status of the elderly respondents. Compared to men, the health status of women was found to be poor. This might be due to under nourishment associated with cultural practices in India especially in rural areas. Women in rural areas, generally take meals only after their husbands and children have had their food.

INTRODUCTION

Population aging is a shift in the distribution of a country's population towards older ages. This is usually reflected in an increase in the population's mean and median ages, a decline in the proportion of the population composed of children and a rise in the proportion of the population composed of elderly. Population ageing is widespread across the world. It is most advanced in the most highly developed countries, but it is growing faster in less developed regions, which means that older persons will be increasingly concentrated in the less developed regions (World United

Nations, 2013). The world population of world is rapidly ageing because of the improvement in medical care, upgrading in living conditions and the general quality of life.

The number of people aged 65 or older is projected to grow from an estimated 524 million in 2010 to nearly 1.5 billion in 2050, with most of the increase in developing countries (WHO). According to census 2011 life expectancy at birth increased about 65.77 years for males and 67.95 years for females.

The needs of the elderly are unique and distinctive as they are vulnerable. The aged not only suffer from chronic diseases but also from the unhappiness caused

by their feeling of uselessness, loneliness and despair. The era of urbanization, nuclearisation of family, industrialization, education, dual career in families, modernization and rise of individual philosophy have diminished the traditional values of India society that earlier had vested authority with elderly (Singh, 2015).

During the old age metabolism slows down and body became weak both physically and mentally. They are more prone to sickness, diseases, syndromes, etc. The common psychological problems experienced by the senior citizens are depression, cognitive impairment, death anxiety, insecurity, neglect by family members and suicidal tendencies (Usha *et al.*, 2009).

MATERIAL AND METHODS

The study was conducted in landhari village of Hisar district of Haryana purposely. Total 50 respondents were selected randomly from village 25 male and 25 female. Data was collected personally, by using well structured interview schedule. The data was suitably coded, tabulated and statistical tools like frequencies, percentages was used for analysis of data to draw meaningful inferences

OBSERVATIONS AND ANALYSIS

The results obtained from the present investigation

as well as relevant discussion have been summarized under following heads :

Socio-personal profile of the respondents:

Results revealed that most of the respondents (50.0%) were in the age group of 71-80 and majority of the respondents (60.0%) were illiterate only 28.0 per cent of respondents had obtained formal schooling upto middle level followed by graduates (6.0%). Result further revealed that majority of the respondents (90.0%) were having joint families and rest had nuclear families (10.0%).

Table 1 showed that compared to men, the health status of women respondents was found to be poor. Majority of health problem faced by respondents include B.P, body pain, eye problem and cough and cold.

Table 2 revealed that 8.0 per cent of elderly women had surgery in past year, 4.0 per cent male respondents suffered from paralysis. 4.0 per cent of elderly women had kidney problem and 16.0 per cent elderly male had asthma.

Table 3 concluded that 98.0 per cent of the respondents were dependent on their family member for proper health care and 96.0 elderly male and 100.0 per cent elderly women were depend in their son for their health. Majority of the respondent preferred Private hospital instead of Government and 100 per cent of the respondents shared their health problem with family

Sr. No.	Category	25 Male		25 Female	
		Yes	No	Yes	No
1.	B.P.	14* (56.0)**	11 (44.0)	24 (96.0)	1 (4.0)
2.	Body pain	10 (40.0)	15 (60.0)	16 (64.0)	9 (36.0)
3.	Eye problem	19 (76.0)	6 (24.0)	22 (88.0)	3 (12.0)
4.	Cough and cold	-	25 (100.0)	5 (20.0)	20 (80.0)
5.	Heart problem	24 (96.0)	1 (4.0)	2 (8.0)	23 (92.0)
6.	Skin disease	-	25 (100.0)	-	25 (100.0)

* Frequency ** Percentage

Sr. No.	Category	Male 25		Female 25	
		Yes	No	Yes	No
1.	Surgery	-	25* (100.0)**	2 (8.0)	23 (92.0)
2.	Paralysis	1 (4.0)	24 (96.0)	-	-
3.	Kidney problem	-	25 (100.0)	1 (4.0)	24 (96.0)
4.	Asthma	4 (16.0)	21 (84.0)	-	-

* Frequency ** Percentage

Table 3: Distribution of elders on the basis of dependence			
Dependent on others for health problem	Male	Female	Total
Yes	24* (96.0)**	25 (100.0)	49 (98.0)
No	1 (4.0)	-	1 (2.0)
If yes than relationship with that person			
Husband/Wife	-	-	-
Self	1 (4.0)	-	1 (2.0)
Son	24 (96.0)	25 (100.0)	49 (98.0)
Daughter in law	-	-	-
Daughter	-	-	-
Other relatives	-	-	-
Hospital preferred by the respondents			
Govt	18 (72.0)	16 (64.0)	34 (68.0)
Private	7 (28.0)	9 (36.0)	16 (32.0)
Discuss health problem with family/neighbour			
Yes	25 (100.0)	25 (100.0)	50 (100.0)
No	-	-	-
If yes do you follow their suggestion			
Yes	25 (100.0)	25 (100.0)	50 (100.0)
No	-	-	-

* Frequency ** Percentage

members and their neighbours; they also followed their suggestion for better health.

Preventive measure taken by respondents:

Data revealed that 100.0 per cent of the respondents preferred walking frequently. While 10.0 per cent respondent's preferred mental exercise like yoga. Similar work related to the present investigation was also carried out by Crombie *et al.* (2004); Keshukieture (2005); Murtagh *et al.* (2014); Pappathi and Sudhir (2005); Silawat *et al.* (2009) and Singh (2005).

Conclusion:

Gender wise differences were found in the health status of the elderly respondents. Compared to men, the health status of women was found to be poor. This might be due to under nourishment associated with cultural practices in India especially in rural areas. Women in rural areas, generally take meals only after their husbands and children have taken their food. They contend with whatever that was left, which most of the time would not be sufficient diet for them. Moreover, the diseases specific to women and other natural biological processes, which the women may undergo, could be some of the reason for the overall low health status of women.

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