

Health Status and Risk Factors of Non-Communicable Diseases Among Elderly People Living in Dhaka City

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Abstract

Elderly peoples are occupying a big portion in Bangladesh as life expectancy increases. In Bangladesh, NCDs are a significant cause of mortality, responsible for 67% of total deaths. Non-communicable diseases (NCDs) including cardiovascular diseases and stroke, type 2 diabetes, and pulmonary disorders are the result of a combination of genetic, socio-demographic, biochemical, and behavioral factors. The study focuses on the compare of the health status of elderly people residing among both communities & old homes in Dhaka city. A cross sectional analytical primary data-based study was carried out and the subjects were conducted among 200 senior citizens living at the old home and same respondents from the community living with family or alone. Most of the elderly peoples' age group was 62-65 years among both community and old home resident's. Most of the respondents were Muslim in the old home and community. Among community residents, 80.50% lived with a joint family and 19.50% in a nuclear family dwellers and old home dwellers. The health status of elderly peoples' staying in both communities and old home is more or less similar, except COPD. The COPD was found higher in old home dwellers. Anxiety was higher in community dwellers, but depression was found higher in old home dwellers. Dementia and sleep disturbance was found higher in community dwellers. Diabetes was higher community than old home. It was found among 62% and 69% community and old home respondents. COPD was larger among old home than community residents. It was found among (66%) than the community residents (41%) and arthritis was found a serious problem among the study subjects.

Key words: health status; elderly peoples; old home; community dwellers; chronic obstructive pulmonary disease (copd)

Introduction

Like many other countries, Bangladesh is undergoing urbanization and industrialization. This change is weakening family ties. It is also speeding up the nuclearization of the family in the place of joint or extended families. Such change is bringing effects to the geriatric population. Their control on the family has reduced leading to a decrease in their importance in the family. The amount of care and attention they need not paid to them properly. On many occasions, they are landing up in the old home owing to a lack of care in the regular family set up. According to the World Health Organization (1999), there were 580 million older people in the world. Their age is 65 and above. Subsequently, this figure may reach two billion in 2050 in the world. People's average life expectancy has risen to 72 years (BBS, 2018). Increased life expectancy and changes in lifestyle and the environment have led to changes in the pattern of diseases among the senior citizens in South - East Asia. In Bangladesh, inappropriate eating habits and lack of exercise are rated as the second and the third leading health risk behaviors (WHO, 1999).

In Bangladesh, the elderly people were most frequently hospitalized with asthma since asthma is a disease that can attack frequently. Although non-communicable diseases such as hypertension, diabetes mellitus and coronary artery disease are considered the most common diseases among the elderly, they are not the major causes of hospitalization among the elderly in Bangladesh (WHO, 2004). By 2025 along with other four Asian countries, Bangladesh will account for about half of the world's elderly population. However, they are prone to suffer from the problems of dependency and disability followed by the increased burden of disease. Most of the geriatric people in Bangladesh suffer from socio-economic insecurity, chronic diseases and proper health and medicine facilities (The Daily Star, July 15, 2019). The health status of the elderly people depends on adequate food-safe water, proper sanitation facilities and maintaining hygienic environment. In Bangladesh, the elderly peoples suffer from multiple health problems which may demand long term psychosocial and nursing care (Barikdar et al, 2016). Kirtanapai M (2010) documented that the higher incidence of malnutrition

in the elderly and revealed that a higher risk of malnutrition was involved among old home residents compared to elderly living in community residents. Researchers conducted one of the first comprehensive systematic reviews to assess the relationship between poverty and non-communicable diseases (NCDs) in low- and middle-income countries shows that populations with lower socioeconomic status are at an elevated risk of developing NCDs risk factors such as high BMI, tobacco use, alcohol use and hypertension, low level of physical inactivity, unhealthy diet which are high among poor nations and poor elderly people & poverty increases the risk of death and disability from non-communicable diseases, such as cancer, heart disease, stroke and diabetes (JHU,2018).However, an aged population might be expected to suffer from the problems of dependency and disability leading to an increased in disease (Dipietro, 2001). A very limited number of old homes are available for taking care of food, medical service, and

rehabilitative care older persons in Bangladesh. The ones that exist are often having too few members of staff to operate effectively and not having the necessary resources to deal with the problems of senior citizens.

Methods

The cross-sectional comparative study was a feasible design for the current study & data on the elderly people health status in the old home as well as community residents were collected by face-to-face interview. Collected data were analyzed by SPSS version 22.0. Collected information was presented in the form of tables & graphs and descriptive statistics and Chi-square was used.

Results

Age (year)	Community	Old Home
Mean±SD	63.16±2.19	63.92±3.25
62-65	166(84.5)	152(77.0)
66-71	38(19.5)	45(23.0)
72-76	0(0)	5(3.0)
77-81	0(0)	3(2.0)
Total	200(100.0)	200(100.0)

Table 1: The respondents Age.

The community and old home elderly people average age was 62-65 years.84.5% appear with 62-65 years age among community dwellers and besides, the subjects (77%) appear with 62-65 years among old home dwellers.

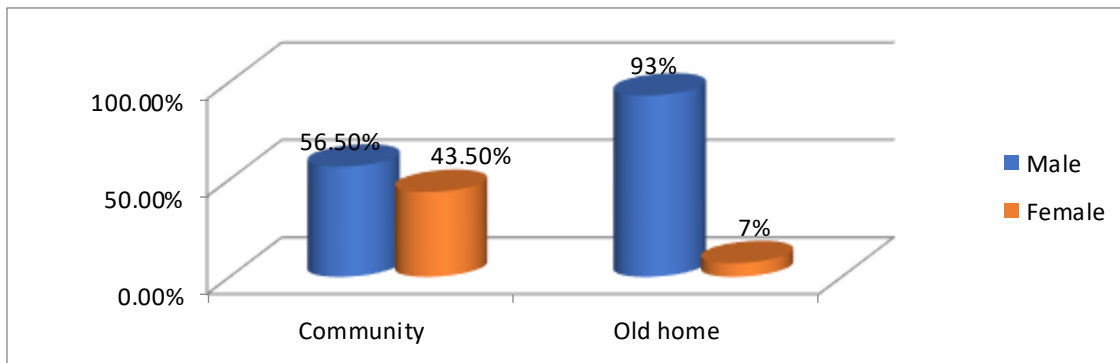


Figure 1: Gender distribution of the study subjects.

In community male and female was 56.50% and 43.50% but in the old home, the male was 93% and female was 7%.

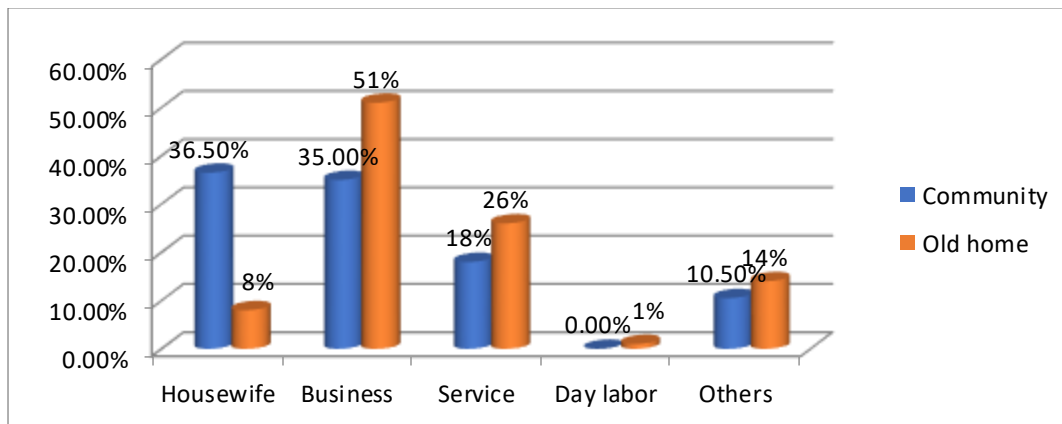


Figure 2: Occupational status of the respondents.

In the community, 36.50%, 35% and 10.50% of the respondents did household activities, business, and service. Previous occupational engagement of the old home dwellers about 51% were businessmen followed by service holders 26%, housewife 8%, and others 14%.

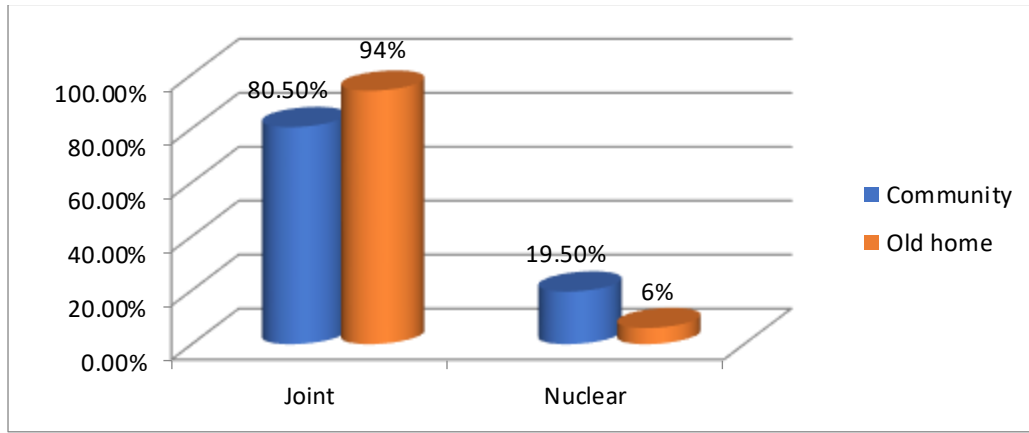


Figure 3: Family type of the study subjects.

Among community residents, 80.50% lived with a combined family and 19.50% in an elementary family. On the other hand, 94% of elderly people in the old home came from a joint family and 6% from an elementary family.

Items	Community residents	Old Home Residents
Hypertension		
Yes	161(81.0)	137(69.0)
No	34(17.0)	60(30.0)
Diabetes		
Yes	123(62.0)	137(69.0)
No	64(32.0)	64(32.0)
COPD		
Yes	95(41.0)	131(66.0)
No	99(50.0)	65(33.0)

Table 2: State of Health of the study subjects.

The state of health of geriatric peoples living in both communities and old home is more or less similar, except COPD. The COPD was found larger in old home dwellers. Prevalence of hypertension was 81% among community whereas 69% among old home & diabetes was 62% among community whereas 69% among old home. COPD was larger between old home dwellers (66%) whereas it was 41% among community elderly people.

Items	Community	Old home
Anxiety		
Yes	80(40.0)	58(29.0)
No	116(58.0)	142(71.0)
Donts know	4(2)	0(0)
Depression		
Yes	30(15.0)	46(23.0)
No	164(82.0)	146(73.0)
Dementia		
Yes	70(35.0)	46(23.0)
No	119(59.5)	146(73.0)

Table 3: Psychological state of the study subjects.

Psychological state did not follow a single pattern in either community or old home dwellers. Anxiety was higher in community dwellers, but depression was found higher in old home dwellers. Dementia and sleep disturbance was found higher in community dwellers.

Recreational activities	Appetite		Total	χ^2	p-value
	Good	Poor			
Never	9(2.2)	6(1.5)	15(3.8)	12.525	0.006
Seldom	55(13.8)	7(1.8)	62(15.5)		
Sometimes	206(51.5)	28(7.0)	234(58.5)		
Often	70(17.5)	19(4.8)	89(22.2)		
Total	340(85.0)	60(15.0)	400(100.0)		

Table 4: Association between recreational activities and appetite.

Association was found between recreational activities and appetite ($p=0.006<0.05$).

Discussion

The findings of this study showed the similarity and dissimilarity of other studies. Our country's context is different from others. So several studies were not similar to us. But biology and physiology of old age are similar for any human from any country. In those respect, the study was found similar. Although hundreds of studies were done on health in Bangladesh, the elderly focused study is rare. Among both community residents and the old home, the majority came from a joint family. Taking the history of the last seven days prior to the interview, it was found that most senior citizens both in community and old home watched TV or listened to music (sedentary activities), rather than involved in gardening, playing softball or tennis (physical activities). The health status of senior citizens staying in both community and old home is more or less similar. Psychological state did not follow a single pattern in either community or old home dwellers. Anxiety was higher in community dwellers, but depression was found higher in old home dwellers. Dementia and sleep disturbance was found higher in community dwellers. The health status of senior citizens staying in both communities and old home is more or less similar, except COPD.

Conclusion

The study has found that old home dwellers demonstrate better results in terms of selected health indicators, than those who live in regular family in the community. They are the most respectable part of our nation. They gathered vast experience in all their life. This experience helps us to go on our day to life. Their experience guided us all the time. Adult population faces many health problems. Such as hypertension, diabetes, COPD, Skin disease, Stroke, hearing and vision problems, various chronic disease and Arthritis. We should take care of them at every moment. They are an inspiration for us. With the help of their gather knowledge, the experience we can rebuild our life. But it is a matter of great regarded that our elderly people are not valued so far.

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