

Health Problems among Older Adults Residing in a Community of Kathmandu

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Abstract

Morbidity among elderly people has an important influence on their physical functioning and psychosocial wellbeing. Many elderly have several disorders at the same time, incidence of diseases increases with age. A study entitled “Health Problems among Older Adults Residing in a Community of Kathmandu District” aimed to assess the perceived health problems and identify the chronic diseases and association of chronic diseases with sex and marital status. The descriptive cross-sectional study design was used. A purposive sampling technique was adopted to select the wards of Tarkeswar Municipality of Kathmandu District to collect the data. All older adults (122) available during the data collection period were interviewed for perceived health problems whereas medical records (as available) were reviewed for selected chronic diseases (HTN, COPD and DM) by using pre tested structured questionnaire. Regarding perceived health problems, study result showed that majority of the respondents were having joint pain (23.59%), followed by abdomen pain/gastritis (22.64%), poor vision (16.99%), headache (13.20%) and least had dizziness (4.77%), poor hearing (3.77%), body ache (3.77%) and falls (2.83%).

According to Findings of the study regarding chronic diseases, majority of the respondents 46 (37.70%) had HTN (hypertension) and least (7.380%) were suffering with DM (Diabetes Melitus). Study also showed that all chronic diseases were found higher in females compared to males. Regarding marital status and chronic diseases, majority (46%) of widow and few (13%) widower had no chronic diseases. In contrast, HTN was higher (57.14%) in females living with spouse compared to male with spouse (20%). Likewise, this chronic disease was very high among widower 59% compared to widow (20%).

Based on this study finding, it can be concluded that majority of older adults had perceived joint pain, abdomen pain and poor vision. Majority female had suffered from chronic diseases and more common with HTN. This finding demands more study among older adults regarding chronic diseases based on education, occupation, ethnicity in relation to sex and marital status.

Key words: Health problems, older adults, community

Introduction

In Nepal, age 60 and above are considered as older population. Government of Nepal has defined the age of senior citizens at 60 year and above.

The population of Nepal stands at 26.6 million, with the increase of 3.5 million in the last decade. The population has more than doubled in the last 40 years. Among them 2.2 million (8.1%) of total

population) constitutes the older adults segment. (CBS, 2011). In Asia, it is estimated that the number of people aged 60 years and above will surpass the number of children by the year 2040 therefore implications of population aging in developing nations are enormous in every aspect of human development(Ladha et al.,2007).

Morbidity among elderly people has an important influence on their physical functioning and psychosocial wellbeing. Many elderly have several disorders at the same time. The incidence of diseases increases with age (Mohamed et. al 2011).

A study carried out in a municipality of Bhaktapur district showed 66% of older people had problems related to vision, 15% in hearing, 4.7 in memory 16% and 11% in bladder and bowel control respectively.23% had history of fall injury. Similarly bronchial asthma, hypertension, arthritis and diabetes in 39%, 29%, 23%, and 9% respectively (Poudel et. al.2014)

In Nepal, Hypertension (30%) is the most common diagnosed problem followed by Gastric problems (21%), Cataract (15%), Diabetes (13%), COPD (11%), Gout (11%) and Heart disease (11%) in elderly. Regarding other problems either perceived by the subjects or identified by the investigators, diminished vision (89%), backache (76%), joint pain (60%), high BP (50%), insomnia (43%), frequent headache (34%), hemi/ quadriplegia (30%), hearing impairment (28%), itchy skin (28%) and abdominal pain (25%) are the most common problems identified (Bhattarai, et.al., 2007).

Methodology

This study was aimed to assess the perceived health problems and identify the selected chronic diseases (diagnosed) among older adults. The descriptive cross-sectional study design was used. A purposive sampling technique was adopted to select the ward number 6, 7, and 8 from Tarkeswar municipality of Kathmandu district to collect the data. All older adults available and eligible to enroll in study were

interviewed for perceived health problems whereas medical cards (as available) were reviewed for selected chronic diseases (HTN, COPD and DM) by using structured questionnaire. Written letter was corresponded for permission to collect the data from authority of Municipality office. Informed verbal consent was obtained from respondents after explaining the purpose of the study and giving assurance of confidentiality before collecting the data. Collected data were edited, coded, and analyzed according to objectives.

The collected data were edited and value of every variable was coded manually before computer entry then data were entered and analyzed by using simple descriptive statistics. Pearson Chi-Square test was used for inferential statistics to find out association of chronic diseases (HTN, COPD/Asthma and DM) with sex and marital status. Outputs of data were shown in frequency, table and cross tabulation.

Findings

Regarding the socio-demographic findings of the study, majority older were female (53.28%), Brahmin (63.11%), Hindu (86.06%), married living with spouse (57.37%) and illiterate (58.20%) (Table 1)

Regarding perceived health problems study showed that (23.39) the respondent stated joint pain followed by abdomen pain/gastritis (22.64%) and poor vision(16.99%), headache (13.20%) and few had dizziness (4.72%),poor hearing (3.77%), body ache (3.77%), fever (3.77%) and falls (2.83%) (Table: 2).

According to Findings of the study regarding chronic diseases, majority of the respondents (59%) were suffering with chronic disease (HTN/COPD, Asthma/DM). (Table3). Among them all three chronic diseases (HTN, COPD, and DM) were present on both male and female in similar pattern. (Table4).

According to present study findings, HTN was higher

(57.1%) in female living with spouse compared to male with living spouse (20%). Likewise, this chronic disease was very high among widower 13(59. %) compared to widow (20%) which is highly significant ($p=.000$) (Table5).

TABLE 1
Socio-demographic Characteristics of Older Adults
n=122

Characteristics	Frequency	Percent
Age in Years		
60-75	81	66.39
76-85	30	24.60
>85	11	9.01
Sex		
Female	65	53.28
Male	57	46.72
Ethnicity		
Brahmin	77	63.11
Chhetri	20	16.39
Tamang	15	12.30
Newar	10	8.20
Marital Status		
Living with spouse	70	57.37
Widow	30	24.60
Widower	22	18.03
Educational Status		
Illiterate	71	58.20
Read and Write Only	25	20.50
Below SLC	15	12.30
Above SLC	11	9.00
Religion		
Hindu	105	86.06
Buddhist	15	12.30
Christian	2	1.64

TABLE 2
Socio-demographic Characteristics of Older Adults
n=122

Health Problems	Frequency	Percent
Joint Pain	25	23.39
Abdominal Pain (Gastric)	24	22.64
Vision problem	18	16.99
Headache	14	13.20
Dizziness	5	4.72
Hearing Impairment	4	3.77
Body Ache	4	3.77
Fever	4	3.77
Falls	3	2.83
*Others	5	4.72

* Others: Heart Disease, Weakness, Backache

TABLE 3
Chronic Diseases among Older Adults
n=122

Chronic diseases	Frequency	Percent
Yes (HTN/COPD/DM)	72	59
No	50	41

TABLE 4
Chronic Diseases According to Sex

Chronic Diseases	Male (%)	Female (%)	P Value
HTN	20 (64.5)	26 (63.4))	.805
COPD/Asthma	7 (22.6)	10 (4.4)	.805
DM	4 (12.9)	5 (12.2)	.428

TABLE 5
Chronic Diseases According to Marital Status

Chronic Diseases	Female with Spouse (%) (n-35)	Male with Spouse (%) (n-35)	Widow(%) (n-30)	Widower (%) (n-22) <i>P value</i>
HTN				
Yes	20(57.1)	7(20.)	6(20.00)	13(59.)
No	15(42.9)	28(80)	25(80)	9(41) .000
COPD/Asthma				
Yes	5(14.3)	3(8.6)	5(16.7)	4(18.2) .000
No	12(85.7)	11(91.4)	25(83.3)	18(81.8)
DM				
Yes	-	2(5.7)	5(16.7)	2(9.1)
No	35(100)	33(94.3)	25(83.3)	20(90.9) .055

Discussion

Study findings regarding socio-demography, revealed that majority of the older adults were female (53.28%), married living with spouse (57.37%), Illiterate (58.20%), Hindu (86.06%), Brahmin (63.11) and Widow (24.60%),This findings is similar to study carried out by Poudel, et al. (2014) in Bhaktapur Municipality. In which (85%) illiterate, majority (60%) were married,(30%) widow. Similarly findings of this study regarding perceived problems is consistent with study reports of Adhikari & Rizal, (2014), Bhattarai,at.el., (2007).

Regarding presence of chronic diseases (diagnosed) among respondents in this study is similar with study reports of Mohamed et, al. (2014), Poudel et, al. (2014) and Thapa, (2004). Where , majority widowers (59.%) ,were suffering from HTN. compared to widows (20%).It might be due to male are more dependent in female where as female can adjust in society by expanding their social circle during their widowhood. More interestingly, this study findings regarding marital status and chronic diseases showed that majority married female living with spouse (57.14%) had HTN compared to married male with spouse (20.%), which is highly($P=.000$) significant. Likewise, COPD is also more common in female with spouse than male.

This finding also significantly high ($P=.000$). This finding demands further study among older adults regarding chronic diseases especially HTN based on education, occupation, ethnicity in relation to sex and marital status.

Conclusion

Based on this study findings, it can be concluded that majority of older adults perceived joint pain, abdomen pain and poor vision. Majority female had suffered from chronic diseases and more common with HTN. There is no statistically significant in sex regarding presence of chronic diseases (HTN/ COPD/Asthma, and DM). But there is highly significant regarding marital status and presence of HTN and COPD. Hence, this study setting was Brahmin, Chhetri dominated community and majorities were illiterate. So, this study finding demands more study among older adults regarding chronic diseases based on education, occupation, ethnicity in relation to sex and marital status in heterogeneous community.

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