

Morbidity Patterns and Health Seeking Behaviour of 50+ Elderly People in the Rural Community at Fateyabad in Chattogram

Sara Farahnaj^{1*} Mohammed Noorul Azim¹ Mohammed Akram Hossain² Sayeed Mahmud³
Subra Praksh Datta¹ Pranay Kumar Mazumder³ Mohammad Kawser Ahmed⁴

ABSTRACT

Background: Bangladesh is a nation with 9.3% geriatric population who are above 60 years of age and it is expected to rise to 22% in 2050. Health related problems of the elderly need comprehensive geriatric care. This study aimed to explore the morbidity pattern and its associated factors among the elderly population in a rural area of the Chattogram district of Bangladesh.

Materials and methods: A cross-sectional study was conducted at Fateyabad in Hathazari, Chattogram, during the period from April to October 2023 which included 260 respondents aged 50 years and above. Data were collected by face-to-face interview by using a pretested mixed type questionnaire. Data were compiled and analysis were done by using scientific calculator and computer.

Results: HTN and Diabetes Mellitus were the most common morbidities among elderly population which was 151 (58%) and 92 (35%) respectively. Female respondents were 143 (55%) and male were 117 (45%). Majority of the elderly population belonged to age group 50-59 which was 160 (61%) years and lion share of the respondents were housewife 134 (51%). The rates of seeking healthcare services was higher among elderly population with primary and secondary education, those living with spouses and children, those residing in extended families with seven or more members and older men and women with diabetes and cardiac diseases.

Conclusion: On the basis of the findings, it is suggested that the traditional extended family structure should be sustained, wherein older people are treated with care and respect, thereby promoting health of the aged in rural Bangladesh. Furthermore, family relationships should be strengthened, because older individuals, require emotional and familial support to their end stage of life.

Key words: Diabetes; Geriatric; Hypertension; Morbidity.

Introduction

The changing world is observing rapid demographic changes due to increase in the number of older people. Globally, the number of elderly people will reach 2.1 billion by 2030, and two-thirds of these people will be from low and middle income countries.¹ Bangladesh is experiencing both epidemiological and demographic transitions, where both fertility and mortality rates is

declining which increases the life expectancy.¹ Currently Bangladesh is a land of elderly population which constitute about 9.28% of total population as compared to 7.48% of total population in 2011. It is expected that in 2050, one among every five person will be an elderly person. Most common morbidities in Bangladesh are hypertension, diabetes, arthritis, stroke, obstructed airway diseases, osteoarthritis, signs of hypothyroidism, obstructive pulmonary disease, heart failure, visual impairment and hearing loss.^{2,3,4}

Health care seeking behavior among the elderly people in Bangladesh always faces variety of obstacles like socioeconomic, demographic, cultural and health associated factors, at the individual, familial, communal and institutional levels.⁵ The existing healthcare system in Bangladesh is not sufficient to meet the needs of the growing number of older people.⁶ The funding in health sector should be raised to meet the growing number of elderly population whose nutrition and health needs must be met. To ensure adequate health care service for all, the government should allocate at least 15% of total national budget.⁷ Despite of several studies on geriatric population, little is known about the morbidity patterns of the elderly people in Bangladesh. To ensure healthy

1. Assistant Professor of Community Medicine
 Institute of Applied Health Sciences (IAHS) Chattogram.
2. Senior Consultant of Cardiology
 Chattogram General Hospital, Chattogram.
3. Professor of Community Medicine
 Institute of Applied Health Sciences (IAHS) Chattogram.
4. Intern Doctor
 Bangabandhu Memorial Hospital, Chattogram.

*Correspondence : Dr. Sara Farahnaj
 Cell : +88 01741 65 17 76
 Email : sarafarahnaj@gmail.com

Date of Submission : 10th November 2023
Date of Acceptance : 25th November 2023

aging and better healthcare facility in old age, the morbidity pattern of elderly population and the determinants of their healthcare-seeking behavior must urgently met to make future policy.

Materials and methods

This cross sectional study was performed at Fatehabad of Chattogram during the period from April to October 2023, on 50+ elderly people. Data collection from 260 respondents were done by pretested questionnaire, technique was face to face interview. Respondents were selected by non probability convenience method. Data analysis conducted by computer and calculator, results expressed by appropriate tables and figures.

Results

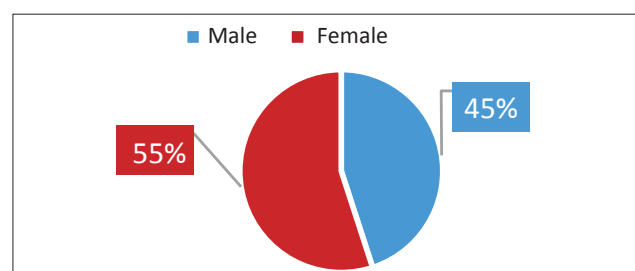


Figure 1 Gender of the respondents (n=260)

Above figure reveals that among the 260 respondents, 143 (55%) were female and 117 (45%) were male.

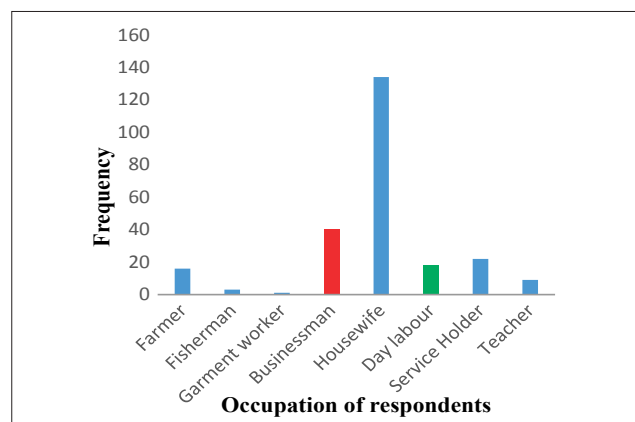


Figure 2 Profession of the respondents (n=260)

Above figure shows that majority 134 (52%) were housewives and 1 (0.38%) was garments worker.

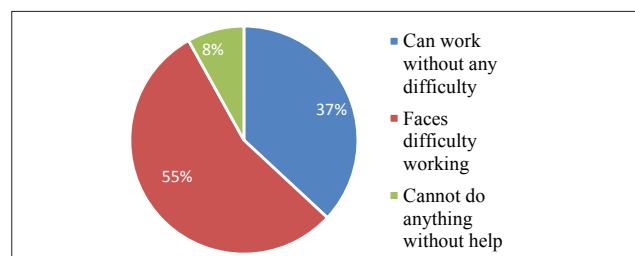


Figure 3 Working capacity among elderly people (n=260)

Above figure shows that 143(55%) face difficulty while working, 96(37%) do not face difficulty and 21(8.1%) could not do anything without help.

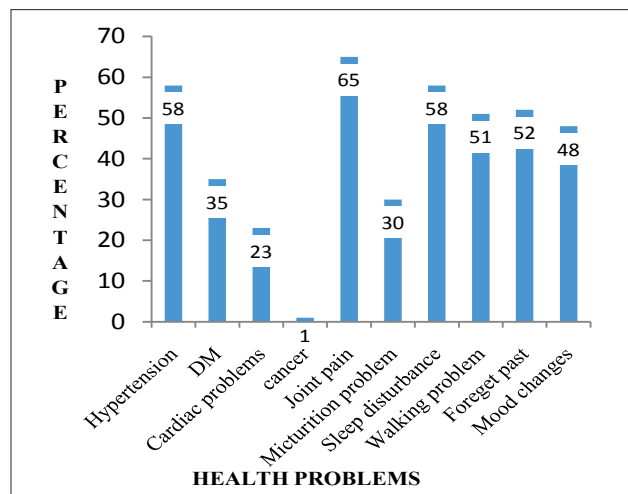


Figure 4 Health problems of elderly people (n=260)

Out of all 58% suffer from hypertension, 35% diabetes mellitus, 65% joint pain, 58% face sleep disturbance.

Table I Socio economic status of the respondents (n=260)

Class	Frequency	Percentage (%)
Upper	05	1.9
Upper-middle	63	24.2
Lower-middle	61	23.5
Upper-lower	99	38.1
Lower	32	12.3

From the table above, it is seen that majority 99 (38.1%) belong to upper-lower class family and only 5 (1.9%) were of upper class family.

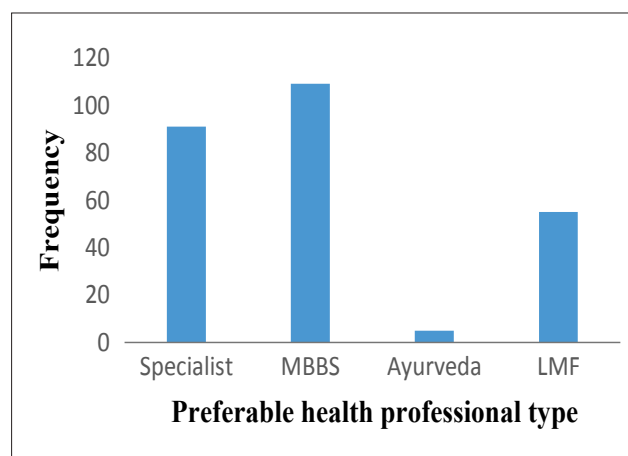


Figure 5 Selection of health care professionals (n=260)

Above figure shows that 109(42%) prefer MBBS Doctor for health advice and minority chooses alternative medicine (Ayurveda) which is 5 (2%) among the respondents.

Discussion

The study shows that among all respondents 117(45%) were males and females 143(55%). According to census 2022, the sex ratio of Bangladesh is 98.04 males against 100 females. From the study, it was found that among 260 respondents most were housewives 143(55%). Among others, 40(15.4%) were businessmen, 22(8.5%) were service holders, 18(6.9%) were day laborers, 16(6.2%) were farmers, 3(1.2%) were fishermen and 1(0.4%) was a garment worker. Based on educational status, among 260 respondents 87(33.5%) were qualified up to the primary level, 65(25%) were of secondary level, 29(11.2%) were qualified up to higher secondary (passed HSC), 18(6.9%) people completed graduation and above, 2(0.8%) people were of equivalent education and 59(22.7%) were illiterate. Among the respondents, Upper-Class Individuals with significant wealth, access to resources, and high socioeconomic status were 5 respondents (1.9%), Upper Middle-class People who enjoy a comfortable standard of living, often with well-paying jobs and higher education were 63 (24.2%), Middle-Class Individuals with moderate income and a stable lifestyle were: 61 respondents (23.5%), Upper Lower Class people who may struggle financially but have some access to basic amenities were 99(38.1%), Lower Class Individuals with limited resources and often facing financial hardship were 32 respondents (12.3%). Among the respondents, 151(58.1%) had hypertension, 92(35.4%) had diabetes, 60(23.1%) had cardiac diseases, 1(0.4%) had cancer and 92(35.4%) had other health problems. Experiences from geriatric clinics in Northern India revealed that hypertension was reported highest (50%), osteoarthritis (15%), diabetes (13%) and constipation (8%).⁸ A large number of respondents 182(70%) suffer from joint pain. After 50 years of age women are more likely to have osteoarthritis.⁹ Among the total 260 respondents 78(30%) faced difficulty in micturition, whereas in a study of Dehradun, India reported 36.53% respondents faced urinary incontinence.¹⁰ Out of 260 respondents, 127(48.8%) faced difficulty in walking. In the current study 151(58.1%) suffered sleep disturbance which has important role in human health. This sleep disturbance is described as multifaceted geriatric syndrome.¹¹ In terms of healthcare practices, 48% of respondents mentioned that they visit a healthcare professional for routine check-ups, 35% prefer specialists, 42% prefer MBBS doctors, 1% opt for Ayurveda and 2% prefer LMF. When it comes to where they usually seek medical advice or treatment, 10% go to government hospitals, less than 1% to NGOs, 45% to private clinics, 2% to traditional sources, 16% to healers or

pharmacies and 2% choose other options. Regarding medication and health expenses, 78% of respondents stated that they were currently taking medication, while 22% were not.¹²

Limitation

Some of the respondents were non cooperative because they were eager to some sort of benefits which could not have been provided. Some of the elderly people could not remember much about their diseases or what health problems they have. Regarding treatment options some of the elderly people were not able to narrate details about their health problems and medications they use. There is no chance for follow up as this study was a cross sectional study.

Conclusion

Diffirent findings revealed that diabetes and cardiac diseases were the most common morbidities. Geriatric clinics should be established and special service should be ensured for senior citizens in the hospitals. Also health education should be given at the earlier ages to prevent some diseases at the old age. More studies should be done at a larger scale in the future to find out the health seeking behavior and morbidity pattern of senior citizens of Bangladesh.

Recommendations

Family relationships should be strengthened, because older people require emotional and familial support to lead healthy and satisfying lives. Education for elderly population, which might enhance their awareness of morbidities in old age, promote healthy behaviors and increase their likelihood of seeking quality healthcare during ailments. Geriatric clinics should be established and special service should be ensured for senior citizens in the hospitals. More old homes should be established to provide rehabilitation care.

Disclosure

All the authors declared no competing interest.

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