A Narrative **Review on** Health and Socioeconomic **Challenges of** the Elderly in Bangladesh

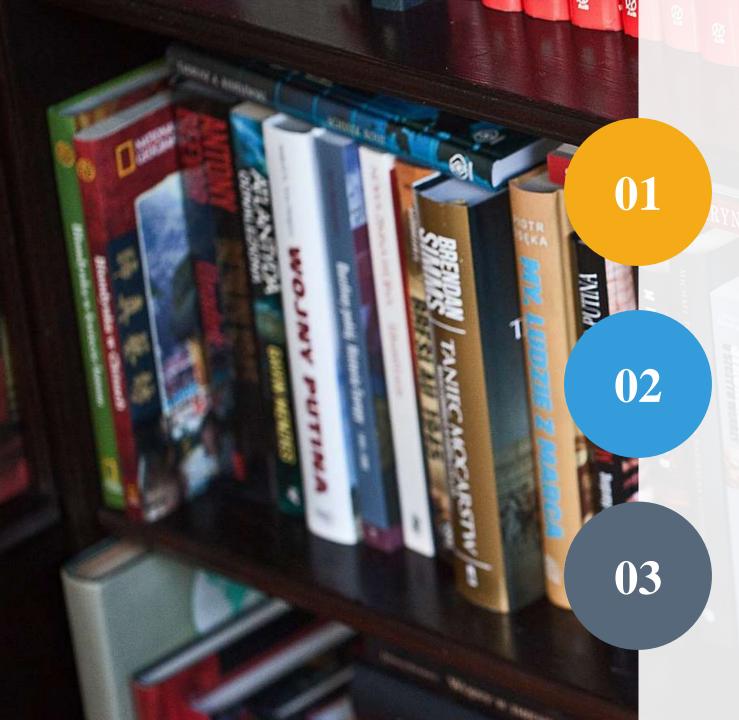
A Narrative Review on Health and Socio-Economic Challenges of the Elderly in Bangladesh

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Introduction

A Narrative Review on Health and Socioeconomic Challenges of the Elderly in Bangladesh



General Background

People above 60 years of age are considered as 'old' and taken to be the 'elderly' segment of the population of a country.

In Bangladesh, persons aged 60 or above are considered to be elderly. People in Bangladesh become older before the age of 60 because of poverty, inability, and illness due to malnutrition and geographical condition as well.

The health care needs of older people put increasing pressure on an existing system that is insufficient to meet the needs of all its citizens.

Introduction





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The problems of elderly people in our country vary according to their socioeconomic status and residence. Due to the process of globalization, the traditional support system is weakening day by day. A clear trajectory is needed to face the future support burden of the old. Gerontologists can contribute expertise from a range of professions, such as nursing, sociology, social work, economics, etc to bring about good change, making research on Bangladesh's aged population crucial and vital. 02

Objective

A Narrative Review on Health and Socio-Economic Challenges of the Elderly in Bangladesh

Research Question

What are the Health and Socio-Economic Challenges of the Elderly in Bangladesh?

Objective



To summarize the health and socio-economic challenges of the elderly in Bangladesh

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Materials and Method

A Narrative Review on Health and Socioeconomic Challenges of the Elderly in Bangladesh

Literature Analysis



Literature Search

Google Scholar databases and some electronic databases like PubMed, frontiers in Psychiatry, THE LANCET

Preference

Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guideline

Analysis

Microsoft Office Excel and Word 2016

Criteria

| 01 |
|----|
|----|

Articles are based on primary data concerning elderly people aged 60 and over



Published in peer reviewed journals

Most Importantly Objective should be to report health and explore socioeconomic status of Elderly People



The language of the journals must be in English

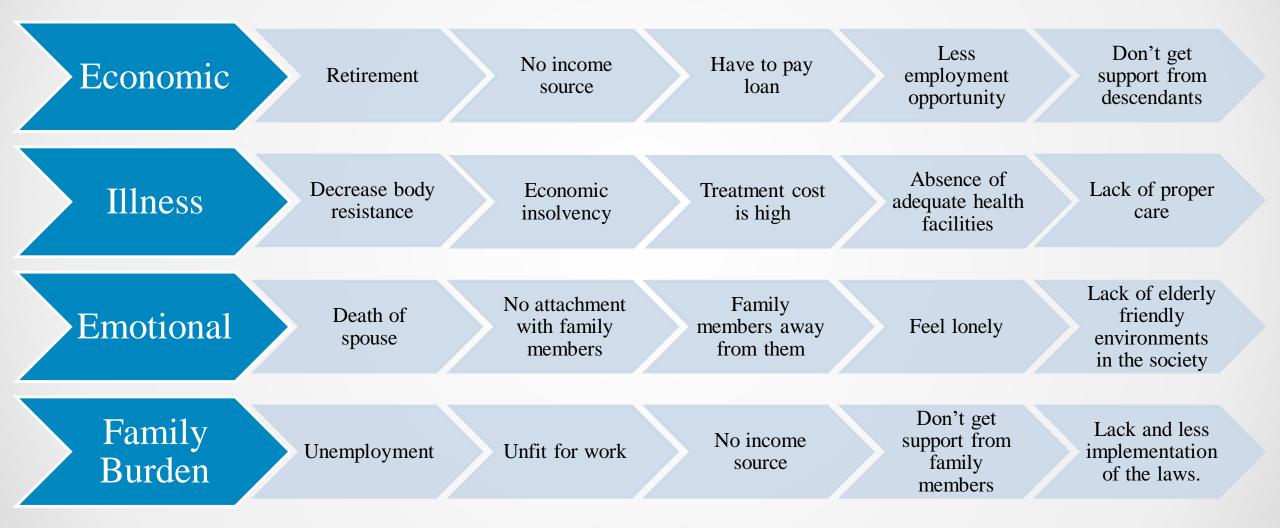


| Study Conducted | Percentage |
|----------------------|------------|
| Review Articles | 33% |
| Qualitative Studies | 17% |
| Quantitative Studies | 22% |
| Mixed-method studies | 28% |

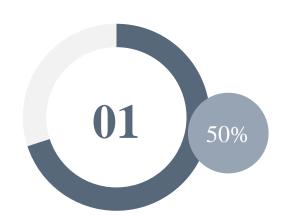
04 Result

A Narrative **Review on Health** and Socioeconomic **Challenges of the Elderly in** Bangladesh

Socio-economic Challenges of the Elderly

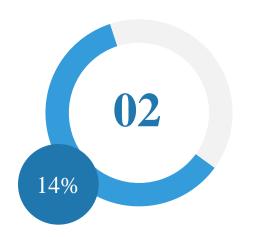


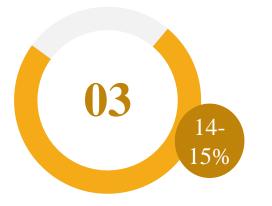
Socio-economic Challenges of the Elderly



Only 14% of elderly had health insurance coverage.

50% of the elderly are widowed or single





14-15% engaged in agricultural work and daily labour.



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Anxiety and loneliness are serious emotional issues that older people, particularly elderly women experience

Women's circumstances are significantly poorer than those of older men

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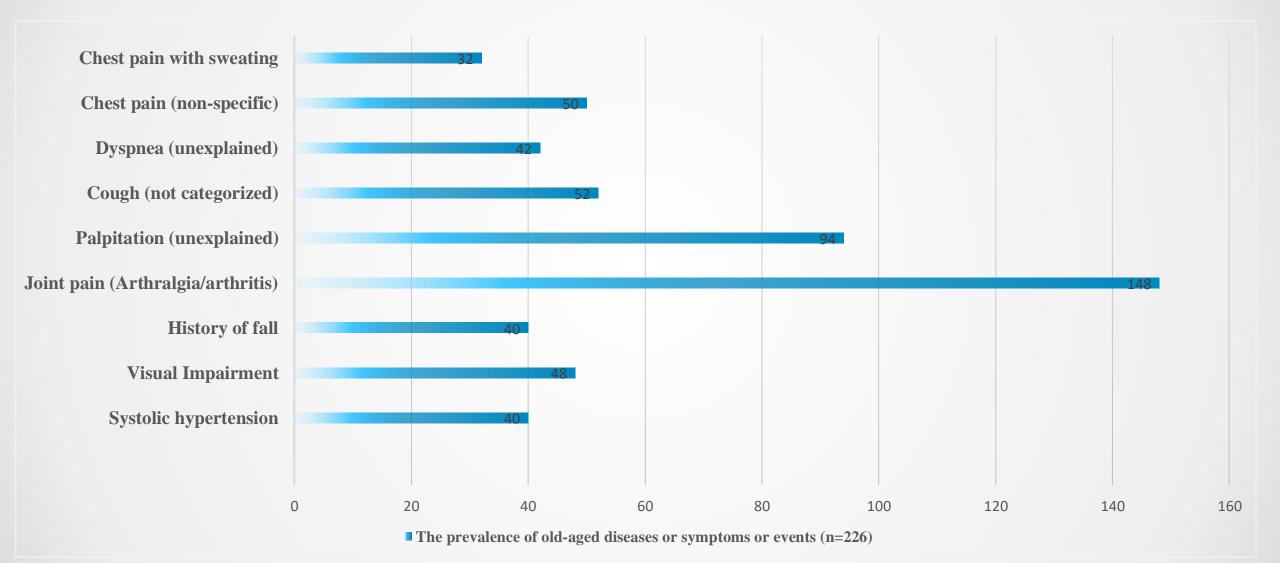
Women in rural and slum areas **do not** possess land or other property

Socio-economic Challenges of the Elderly

The Common Diseases of the Elderly

Common health problems that occur in elderly in Bangladesh are Cardiovascular disease including Hypertension, Stroke, Angina, Myocardial infarction or Heart attack, Diabetes mellitus, and its complications, Cataract, Arthritis, Osteoporosis, Skeletal deformity, Obesity, stiffness in joints, Enlarged prostate in men, Sleep disturbance, Dementia, palpitation, high blood pressure, and micturition incompetence, which may demand long term psychosocial treatment, nursing care, and hospitalization

The Common Diseases of the Elderly



The Common Diseases of the Elderly

Joint pain was the most prevalent symptom (65.5%) and chest pain with perspiration was the least prevalent (14.2%), which was the most remarkable observation

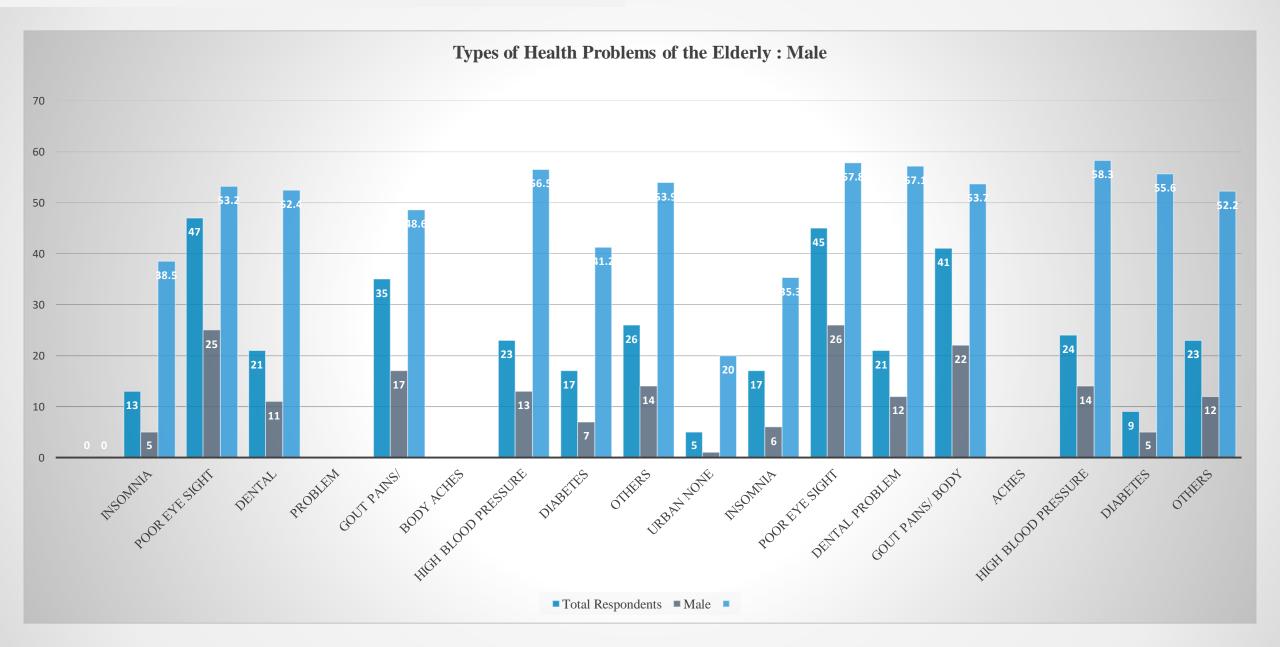
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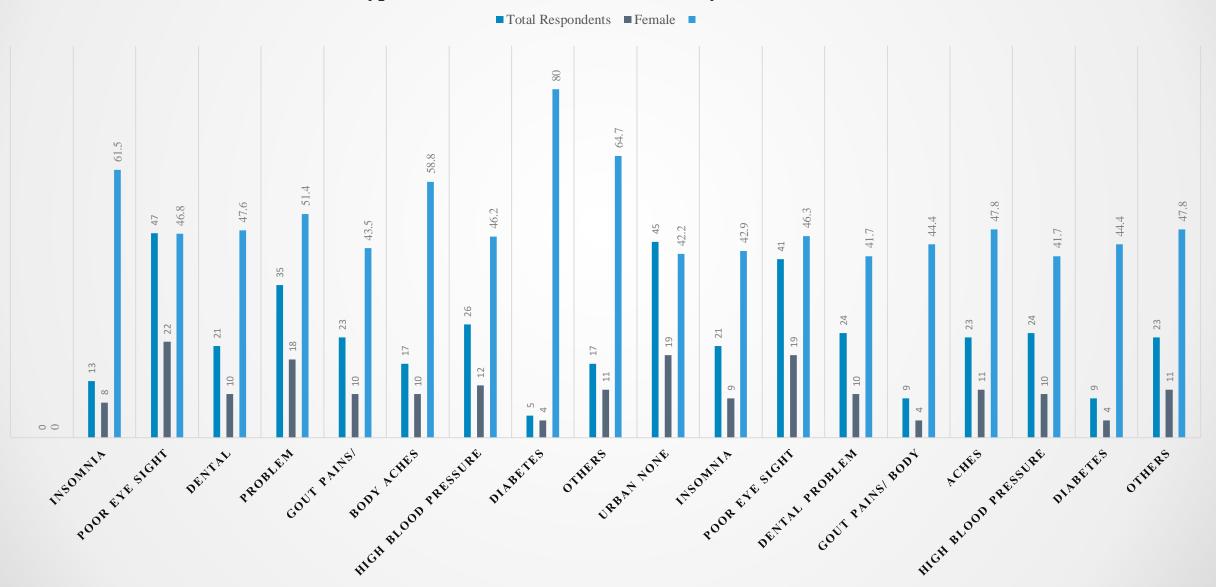
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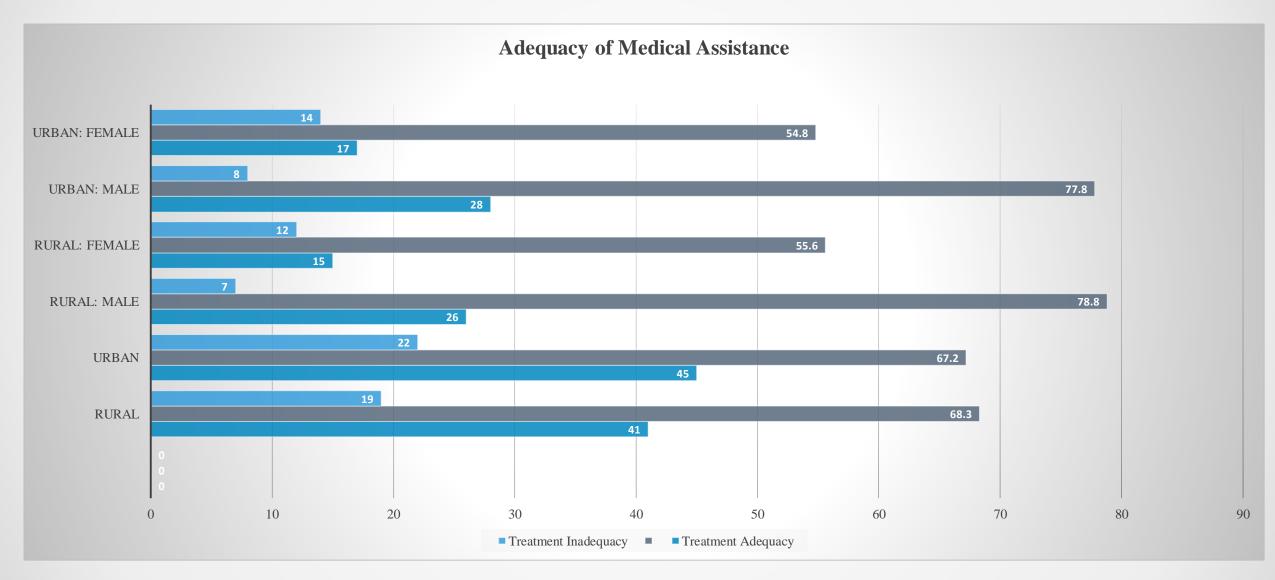
14.2% of subjects reported chest pain that was accompanied by perspiration. And the frequency of this symptom was higher in women.

More female respondents than males reported having palpitations which are normal in the early stages of menopause





Types of Health Problems of the Elderly : Female



Adequacy of Medical Assistance

| Location and Sex | Treatment Adequacy | | Treatment Inadequacy | |
|------------------|--------------------|------------------|----------------------|------------------|
| | No. of Respondents | % of Respondents | No. of Respondents | % of Respondents |
| Rural | 41 | 68.3 | 19 | 31.7 |
| Urban | 45 | 67.2 | 22 | 32.8 |
| Rural: Male | 26 | 78.8 | 7 | 21.2 |
| Rural: Female | 15 | 55.6 | 12 | 44.4 |
| Urban: Male | 28 | 77.8 | 8 | 22.2 |
| Urban: Female | 17 | 54.8 | 14 | 45.2 |

Source: Collected from "Health Needs and Health Status of the Elderly in Rural Bangladesh," Asia-Pacific Journal of Public Health 15(1):3-9.

The Issues Related To Senior Citizens' Access To Healthcare



Perceived Needs for Healthcare





Service provider related needs

- Needs for Increased Number of Service Provider
- Needs for Elderly Friendly Mechanisms in Hospital and Service Canters
- Needs for More Staff in Health Care Canter
- Community-based professional assistance
- Day Care Centre for Elderly along with their Grandchildren
- Arrangement of female doctors of slum

Service related needs

- Patient caring attitude from doctor:
- Helping team for elderly people in every hospital
- The less financial charge for poor elderly persons
- Need for cheaper medicine
- Government health allowance

Limitations

Limitations

Limited Number of Study

Lack of variety in a selected point,

Lack of information depth

Not conduct primary data collection or interviews

Qualitative and Narrative Study

Biasness in Online Study



Conclusion and Recommendations

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Recommendation

| 01 | Large-scale surveys need to be undertaken to identify the extent and nature of the problems of the elderly in Bangladesh and plan suitable approaches for the care of this population. |
|----|--|
| 02 | Should link the care of the old with the Primary Health Care system now being strengthened in the country. |
| 03 | A cheap, accessible, and effective geriatric healthcare service with an emphasis on health promotion, productive activities, and rehabilitation programs should be developed to protect the health and well-being of elderly people. |
| 04 | Consultation with the old person's family to ensure their well-being and good care is required. |

Conclusion

Loss of income, loss of a role as a worker, a role shift from independent to dependent, and loss of contact with a social group with which they were in day-today contact leads to a negative self-image that corrodes one's mental health resulting in apprehension, anxiety, depression, and frustrations and life itself starts appearing as a burden.

Rural women are more likely to suffer from diabetes, gout pain, and insomnia than elderly men. It is quite rare for older urban women to be in perfect health.

References

01

M. S. Begum, "Geriatric Health Problems and Health Care Seeking Practice Among Elderly People Attending One Selected Geriatric Hospital," Vols. Vol 23, No 1-2 (2007).

02

WHO Website

03

A. B. Gm Monawar Hosain, "Health Needs and Health Status of the Elderly in Rural Bangladesh," *Asia-Pacific Journal of Public Health* 15(1):3-9.



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Thank You