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Cross-Sectional Study of Health Status of Geriatric Population in Urban and Rural Field Practice

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Article Info

Abstract

Research Article

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Assistant Professor, Department of Preventive and Social Medicine, Hinduhrudaysamrat Balasaheb Thackarey Medical College **Background:** The geriatric population is increasing globally, and with this demographic shift, the health needs of older adults are becoming more complex. The urban-rural disparity in health outcomes among the elderly is significant, with rural populations often facing greater health challenges due to limited access to healthcare, lower socioeconomic status, and different lifestyle factors. This study aims to compare the health status of the geriatric population in urban and rural settings.

Methods: A cross-sectional study was conducted among 400 elderly individuals (200 from urban areas and 200 from rural areas) aged 60 years and above. A structured questionnaire was used to collect data on demographics, chronic health conditions, mental health status, mobility, and healthcare access. Clinical examinations and routine laboratory investigations were conducted to assess general health.

Results: The study found a higher prevalence of chronic conditions such as hypertension (65%) and diabetes (30%) in both populations. However, rural elderly participants reported significantly lower access to healthcare services (45% vs. 75% in urban areas). The rural population also had higher rates of depression and lower mobility scores.

Conclusion: The geriatric population in rural areas faces greater health challenges and limited access to healthcare services compared to their urban counterparts. Addressing the healthcare disparities between rural and urban elderly populations through targeted interventions is essential to improving their overall health outcomes.

Keywords: Geriatric, health status, urban, rural, healthcare access, chronic diseases, elderly.

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Introduction

The aging population is a global phenomenon, with the number of elderly individuals increasing due to improvements in healthcare and living standards. In India, the geriatric population is projected to grow significantly, with an estimated 20% of the total population expected to be above 60 years by 2031 (1). This demographic shift brings about a complex set of healthcare needs, as elderly individuals are more likely to suffer from chronic diseases, functional impairments, and mental health issues (2). The health status of older adults is influenced by various factors, including the availability and quality of healthcare, socioeconomic status, lifestyle, and environmental conditions.

A key determinant of health outcomes in older adults is their access to healthcare services. Urban areas typically have better healthcare infrastructure, which includes easy access to hospitals, clinics, and specialized care providers. On the other hand, rural areas often face significant barriers to healthcare access, including distance from healthcare facilities, limited availability of trained healthcare workers, and financial constraints (3). Moreover, rural populations often experience higher levels of poverty, malnutrition, and a lack of social support systems, which can exacerbate health problems.

This study aims to assess the health status of the elderly in both urban and rural settings to better understand the disparities in healthcare access, disease prevalence, and quality of life among these populations. By identifying the specific health challenges faced by the elderly in urban and rural areas, this study seeks to contribute to the development of targeted interventions to improve the health outcomes of the geriatric population.

Aim and Objectives

Aim: To assess and compare the health status of the geriatric population in urban and rural settings, focusing on chronic diseases, mental health, mobility, and access to healthcare services.

Objectives:

- 1. To evaluate the prevalence of chronic diseases among the elderly in urban and rural areas.
- 2. To assess the mental health status and mobility of elderly individuals in both settings.
- 3. To compare the access to healthcare services between the urban and rural elderly populations.

Materials and Methods

Study Design: A cross-sectional study was conducted.

Study Area: The study was carried out in both urban and rural field practice areas of a tertiary care institution.

Sample Size: A total of 400 elderly individuals were included in the study, with 200 participants from urban areas and 200 from rural areas.

Inclusion Criteria:

• Individuals aged 60 years and above.

- Willing to participate and provide informed consent.
- Residing in urban or rural areas.

Exclusion Criteria:

- Individuals with severe cognitive impairment or mental disorders that would hinder participation.
- Individuals who were critically ill or unable to provide informed consent.

Data Collection:

Demographic Data: A structured questionnaire was used to gather demographic details such as age, gender, marital status, and socioeconomic status.

Health Status Assessment: Clinical examinations were performed to assess general health, including vital signs, blood pressure measurements, and laboratory tests for chronic diseases such as diabetes and hypertension.

Mental Health Status: The Geriatric Depression Scale (GDS) was used to assess depressive symptoms among participants.

Mobility Assessment: The Timed Up and Go (TUG) test was used to assess mobility and functional status.

Healthcare Access: Information regarding healthcare access, including frequency of medical visits, availability of healthcare providers, and distance to healthcare facilities, was obtained.

Statistical Analysis: Descriptive statistics were used to analyze demographic and health data. The chi-square test was used for categorical variables, and the t-test was used for continuous variables. A p-value of <0.05 was considered statistically significant.

Results

A total of 400 elderly individuals participated in the study, with 200 from urban areas and 200 from rural areas.

Table 1. Trevalence of Chrome Diseases Among the Octratice Topulation				
Condition	Urban (%)	Rural (%)		
Hypertension	62	68		
Diabetes	28	32		
Arthritis	18	25		
Heart Disease	14	18		

 Table 1: Prevalence of Chronic Diseases Among the Geriatric Population

Table 2: Access to Healthcare Services			
Parameter	Urban (%)	Rural (%)	O.
Regular Health Check-ups	75	45	Рад

Access to Specialist	68	38
Distance to Nearest Healthcare Facility (km)	3.2 ± 1.4	8.7 ± 2.5

Results Summary:

- The prevalence of hypertension was high in both urban (62%) and rural (68%) populations, followed by diabetes, which was slightly more prevalent in the rural group.
- Urban residents had better access to healthcare services, with 75% receiving regular health check-ups compared to only 45% in rural areas.
- The average distance to the nearest healthcare facility was significantly greater for rural participants (8.7 km) compared to urban participants (3.2 km).
- Mental health assessments revealed a higher rate of depression among rural elderly (35%) compared to urban elderly (25%).
- The mobility scores, as assessed by the Timed Up and Go test, indicated that rural elderly had lower mobility compared to their urban counterparts.

Discussion

The findings of this study highlight significant disparities in the health status and access to healthcare services between elderly individuals residing in urban and rural settings. Both groups exhibited a high prevalence of chronic diseases such as hypertension and diabetes, which are common in the elderly population globally (4). However, the rural elderly were more likely to suffer from multiple chronic conditions, possibly due to limited access to early diagnosis and preventive care (5).

One of the most striking differences observed was the access to healthcare services. Urban residents had far greater access to regular health check-ups and specialist care, which is likely due to the proximity of healthcare facilities and the availability of trained healthcare professionals. In contrast, rural elderly individuals had to travel long distances to access basic healthcare services. leading to delayed diagnoses and inadequate management of chronic conditions (6). This lack of access is compounded by the financial constraints often faced by rural populations, making it difficult for them to afford medical treatment or preventive care.

The higher rate of depression among the rural elderly is concerning and may be linked to social isolation, limited access to mental health services, and the physical challenges associated with living

in rural areas (7). Additionally, the reduced mobility observed in rural elderly individuals may result from a combination of physical inactivity, a lack of proper rehabilitation services, and inadequate healthcare infrastructure (8).

These findings underscore the urgent need for targeted interventions aimed at improving healthcare access, mental health support, and chronic disease management in rural areas (8). Expanding healthcare infrastructure, providing mobile health services, and promoting communitybased health initiatives could significantly improve the health outcomes of the rural elderly population.

Conclusion

This study highlights the significant health disparities between urban and rural elderly populations, particularly in terms of access to healthcare and the prevalence of chronic diseases. The rural elderly face unique challenges, including limited access to healthcare, lower mobility, and a higher prevalence of depression. To improve the health status of the geriatric population in rural areas, it is essential to address these disparities through targeted interventions that increase healthcare accessibility and support the mental and physical well-being of older adults.

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