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Disease and Health of the Aged in Bangladesh

Introduction

THAT Bangladesh is one of the poorest countries of the world is universally recognized. Faced with a large population of 118 millions combined with a high growth rate 2.03 per cent and a population density of 1200/sq. km, the vast majority of the people of Bangladesh live in dire poverty. Religious composition shows 86 per cent are Muslims and 11 per cent are Hindus and the remaining are others (Government of Bangladesh, 1992). Aging of population, not too long ago typical for the developed countries, has in recent years emerged as a growing interest and concern in Asian countries. Improvements in living conditions and health facilities having led to rapidly declining mortality, are resulting in increasing the life spans. While the number of elderly persons continues to get accumulated in the developed countries, the proportions surviving to elderly ages in developing countries are also gradually increasing. Although the proportions of the elderly in the populations of the developing countries are still much lower than those in the developed countries, the increasing trends in life expectancy of this region are creating better awareness about the needs of the elderly people (United Nations, 1994).

There are now 370 million people aged 55 years and over living in developing countries representing 58 per cent of the world total in this age category. Over the next three decades, the regional distribution of older population will change considerably; by 2020, the proportion in developing countries is projected to rise to 72 per cent with absolute number exceeding 1 billion. Persons aged 55 years and over in developing countries also outnumber their counterparts in the industrialized nations by 13 per cent in 1988. In 2020, the 65 years and over population in developing countries is expected to surpass 470 million, which will be more than double the number in developed countries (Bureau of the Census, 1988). The aging process will be fast in Bangladesh soon due to the on-going fertility decline. The numerical

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dimension of the aged in Bangladesh is already quite tremendous. It is expected that the proportion of aged population will increase day by day. The increasing size of elderly population means additional demand for health and medical facilities. The elderly of Bangladesh will live longer and longer but the question is: are these years will be spent in good health or not? With this background, this paper is aimed to study:

- (i) The prevalence of different diseases, some selected differentials related to health conditions of urban aged (55 years and over) and
- (ii) The overall health status of the elderly in Bangladesh.

Material and Methods

The data for the present study were collected by a sample survey. It was based on field enquiry conducted during January 1992 in the urban areas (municipality of four districts; namely Chittagong, Noakhali, Comilla and Brahmanbaria in Chittagong Division) of Bangladesh. First, all the mouzas of the municipality of each district were classified into three category (high, medium and low) according to varying population size. One mouza from each category was then selected at random. Number of households within the mouza were taken proportionate to the mouza size thus consisting a total of 625 households. Second, households were selected from each mouza following a systematic sampling procedure. Personal interview approach was followed for data collection from these selected households. This method relates to the collection of information directly from the respondents. The field investigators directly contacted the desired information in the predesigned questionnaire. In all 806 (602 Muslims and 204 Hindus) elderly people (55 years and over) were interviewed and included in the analysis. The interviews were conducted by trained male investigators who had an educational level not below graduation. Simple cross tabulations have been made to show the health status of the aged populations of two main religions namely Muslim and Hindu and the technique of chi-square has been applied to test the independence of health status and different selected differentials.

Results

Measuring health of the elderly is a difficult task especially in a developing society in Bangladesh. It has been suggested that physical health can be measured in three ways: (a) clinically, through the presence of disease or impairments, (b) functionally, often through the ability to perform various activities of daily living, and (c) subjectively, through the self assessment of health or ability to function (Association of South East Asian Nations, 1985). The present survey did not go through any medical examination of the respondents.

Table 1 presents the prevalence of different diseases among the elderly of Bangladesh by sex and religion. About 65 per cent of the Muslims and 60 per cent of the Hindus are found to have been suffering from different diseases. The majority (19.7 per cent of the Muslims and 22.9 per cent of the Hindus) of the elderly sick are suffering from hypertension. In case

of diabetes, Muslims are more prone than Hindus (15.6 per cent Muslims and 8.7 per cent Hindus). The percentage of respondents suffering from gastric and other abdominal diseases is higher among Hindus than Muslims (15.8 per cent Hindus and 13.8 per cent Muslims). In case of muscular pains and paralysis also it is observed that Hindus are suffering more from these two diseases than Muslims (10.5 per cent Muslims and 13.4 per cent Hindus and 4.3 per cent Muslims and 9.7 per cent Hindus) respectively. But it is also seen that in case of asthma

TABLE 1 : PREVALENCE OF DISEASES AMONG THE AGED BY RELIGION (Percentage figures are given)

<i>Types of diseases</i>	<i>Muslim</i>		<i>Hindu</i>	
	<i>Percentage</i>	<i>Number</i>	<i>Percentage</i>	<i>Number</i>
Asthma and other respiratory	12.1	47	10.9	13
Heart disease	8.8	34	8.1	10
Muscular pains	10.5	41	13.4	17
Hypertension	19.7	77	22.9	28
Diabetes	15.6	61	8.7	11
Paralysis	4.3	17	9.7	12
Blindness	10.0	39	6.3	8
Gastric and other abdominal disease	13.8	54	15.8	20
Others	5.2	22	4.2	5
Total	100.0	392	100.0	124

and other respiratory diseases and blindness Muslims are suffering more than Hindus (12.1 per cent Muslims and 10.9 per cent Hindus and 10.0 per cent Muslims and 6.3 per cent Hindus in case of asthma and other respiratory diseases and blindness respectively).

Table 2 presents the duration of Diseases of the Aged by Religion. It is observed that a majority of the Muslims aged as well as Hindus (45.9 per cent Muslims and 41.8 per cent Hindus) are found to have been suffering from acute chronic diseases of 1 -3 years duration.

TABLE 2: DURATION OF DISEASES AMONG THE AGED SICK BY RELIGION (Percentage figures are given)

<i>Duration of diseases</i>	<i>Religion</i>			
	<i>Muslim</i>	<i>Number</i>	<i>Hindu</i>	<i>Number</i>
< 1 year	22.3	87	28.4	35
1-3	45.9	180	41.8	52
4+	31.8	125	29.8	37
Total	100.0	392	100.0	124

It also revealed that the percentages of Hindus aged are less than that of Muslims in all the duration of diseases.

Table 3 shows the distribution of the health conditions of the elderly by religion. It reveals that there exists a positive association between good health or average health and the levels of education. The percentages of respondent with the good or average health condition increases with the levels of education, irrespective of Muslims and Hindus. It is important to note that the proportions of respondents with good health is higher among those whose education level is S.S.C. and above (24.5 per cent Muslims and 27.1 per cent Hindus) as compared to other levels of education. It is almost double (13.2 per cent Muslims and 11.9 per cent Hindus) than that in case of illiterate persons. It is also observed that 43.6 per cent of Muslims and 46.3 per cent of Hindus, whose education level is S.S.C. and above had reported their health to be average. It is interesting to note that 58.0 per cent of illiterate Muslims and 55.8 per cent of illiterate Hindus had reported their health to be bad. The health condition of the Hindus was reported to be better than Muslims.

TABLE 3 : HEALTH STATUS OF THE AGED BY EDUCATION AND RELIGION
(% figures are given)

<i>Health Status</i>	<i>Education</i>								$\chi^2 = 23.9, P < .01$
	<i>Illiterate</i>		<i>Can sign only</i>		<i>Primary</i>		<i>S.S.C. +</i>		
	<i>M</i>	<i>H</i>	<i>M</i>	<i>H</i>	<i>M</i>	<i>H</i>	<i>M</i>	<i>H</i>	
Good	13.2	11.9	17.3	16.4	19.0	18.3	24.5	27.1	
Average	28.8	32.3	31.5	33.8	39.7	39.6	43.6	46.3	
Bad	58.0	55.8	51.2	49.8	41.3	42.1	31.9	26.6	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
	(131)	(41)	(109)	(32)	(155)	(55)	(206)	(76)	

Note: Primary ; No. of years of schooling <6 years

S. S. C. + : 10 years of schooling and above.

The relationship between health status and occupations is studied in Table 4. It is observed that among those who are engaged in services, the proportion of respondents with good health is the highest (23.1 per cent among Muslims and 25.3 per cent among Hindus) as compared to other occupations. This is followed by business (17.6 per cent Muslims and 19.5 per cent Hindus). It is observed that Hindus are better than Muslims in the health status classified as 'good' in all the occupations. The majority of the respondents from both among Muslims and Hindus had reported their health to be 'average'. The highest percentage being among these are those who are engaged in services (45.5 per cent Muslims and 46.4 per cent Hindus) as compared to other occupations. It is remarkable to note that the percentages of respondent with bad health is the lowest (31.4 per cent Muslims and 28.3 per cent Hindus) in services than in other occupations. The cause may be that those who are engaged in services and business are better educated and very much conscious about their health. The proportions of respondents among both Muslims and Hindus in case of services and business is more or less same.

TABLE 4 : HEALTH STATUS OF THE AGED BY OCCUPATION AND RELIGION
(% figures are given)

<i>Health Status</i>	<i>Occupations</i>								$\chi^2 = 25.1. P < .01$
	<i>Unemployed</i>		<i>Services</i>		<i>Business</i>		<i>Daily Labour</i>		
	<i>M</i>	<i>H</i>	<i>M</i>	<i>H</i>	<i>M</i>	<i>H</i>	<i>M</i>	<i>H</i>	
Good	14.3	15.7	23.1	25.3	17.6	19.5	13.7	17.0	
Average	41.6	40.1	45.5	46.4	38.4	43.1	40.1	39.9	
Bad	44.1	44.2	31.4	28.3	44.0	37.4	46.2	43.1	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
	(303)	(61)	(152)	(49)	(86)	(65)	(61)	(29)	

Note : M : Muslim H : Hindu

Table 5 provides the health status of the urban aged by smoking status and religion. It is noteworthy that about 31 per cent Muslim and 33 per cent Hindu non-smokers enjoy a good health but in case of smokers, these percentages are only 12.3 per cent and 11.5 per cent of the Muslims and Hindus respectively. Of course, this relationship does not appear to be as strong in case of 'average' health for both Muslims and Hindus. On the other extreme, the proportion of Muslims and Hindus who are smokers do possess a bad health (47.9 per cent Muslims and 48.2 per cent Hindus) as compared to those who are non-smokers. It is also observed that with slight exception, the health status of the Hindus are better than that of Muslims. Thus, it may be concluded that smoking habit has a significant effect on the health of elderly.

TABLE 5: HEALTH STATUS OF THE AGED BY SMOKING STATUS AND RELIGION
(% figures are given)

<i>Health Status</i>	<i>Smoking status</i>								$\chi^2 = 13.4. P < .01$
	<i>Smoker</i>				<i>Non-Smoker</i>				
	<i>M</i>	<i>No.</i>	<i>H</i>	<i>No.</i>	<i>M</i>	<i>No.</i>	<i>H</i>	<i>No.</i>	
Good	12.3	34	11.5	10	31.3	102	33.5	41	
Average	39.8	110	40.3	33	39.2	127	40.0	48	
Bad	47.9	133	48.2	40	29.5	96	26.5	32	
Total	100.0	277	100.0	83	100.0	325	100.0	121	

Table 6 shows the Health status of the aged by source of water and religion. It is observed that the vast majority (40.1 per cent among Muslims and 42.2 per cent among Hindus) of the respondents, irrespective of their religion, who reported their health to be 'average' are those who use water for general purpose and drinking from Tube-Well. This is followed by Tap-Water (32.6 per cent among Muslims and 33.0 per cent among Hindus). In case of good

health, the proportions of respondents for both Muslims and Hindus is the highest (36.2 per cent Muslims and 37.3 per cent Hindus) among those who use water from Tube-well for general purpose and drinking as compared to other sources. Next comes Tap water which is used by 30.5 per cent Muslims and 29.8 per cent Hindus. It is important to note that the significant proportions of the respondent (35.4 per cent Muslims and 34.9 per cent Hindus) who had reported their health to be 'bad' were those who were using water from well for general and drinking purposes as compared to other sources of water. Here also the health conditions of the Hindus were observed to be better than that of the Muslims.

TABLE 6: HEALTH STATUS OF THE AGED BY SOURCE OF WATER FOR GENERAL USE AND DRINKING AND RELIGION (% figures are given)

Source of Water	Health Status						$\chi^2=24.5. P < .01$
	Good		Average		Bad		
	M	H	M	H	M	H	
Tap water	30.5	29.8	32.6	33.0	23.2	24.1	
Well	23.2	24.1	26.3	24.8	35.4	34.9	
Tube-well	36.2	37.3	40.1	42.2	27.5	26.5	
Others	10.1	8.8	1.0	0.0	13.9	14.5	
Total	100.0	100.0	100.0	100.0	100.0	100.0	
	(147)	(49)	(282)	(98)	(173)	(57)	

(-) less than 5 cases.

Conclusions and Recommendations

This study reveals that about 65 per cent of the Muslims and 60 per cent of the Hindus among the urban elderly (60 years and above) are found to have been suffering from different diseases. The frequently cited complaints are hypertension, diabetes, muscular pains and gastric and other abdominal diseases. Religious differentials were observed in the prevalence of these diseases. Education, occupation, smoking habit and source of water show significant differentials in the health of elderly people in case of both Muslims and Hindus. In case of education there exists a positive association with good health or average health but an opposite pattern is observed with bad health. In case of occupations, services and business show important differentials in health status. It is also observed that smoking habit has a significant effect on the health of elderly meaning thereby that non-smokers possess sound health than smokers. Tube-well's water plays an important role in the health of elderly than other sources of water. The study findings seem to suggest that the overall health conditions of the Hindus are better than that of Muslims.

Having survived the numerous onslaughts on health during childhood and adulthood, the health and disability status of those increasing proportions who reach old age has to be considered sincerely (United Nations, 1988). In view of the social and health related problems

and needs of the elderly and also considering the growing magnitude of the aged, a national policy needs to be formulated to set up health care units for the elderly in the general hospitals throughout the country. A programme of free medical care for them should be gradually introduced in these hospitals. The five year development plan of the country should also consider the needy aged as a special target group along with many other under-privileged groups. Modifications in the distribution of health care services and facilities will be required to meet future needs.

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