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A comparative study to assess the health problems of elderly peoples living in selected rural and urban area in Rajkot district

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Abstract

Background: Aging is an inevitable developmental phenomenon bringing along a number of changes in the physical, psychological, hormonal and the social conditions. Old age has been viewed, as problematic period of one's life and this is correct to some extent. The aged become increasingly dependent on others.

Objective: To assess the health problems of elderly peoples living in selected rural and urban area.

Method: Present study is community based Comparative study included 300 samples. A non-probability Convenience sampling technique is use for collecting data among elderly people who meet the designated set of criteria during the period of data collection in therural and urban area of Rajkot district.

Results: area wise distribution of health problem score obtained by the samples. The physical problems total 25 questions, obtain score was 1184, and mean was 7.9 with mean percentage was 31.6% in urban whereas obtain score was 1187 and means was 7.91 with mean percentage was 31.64% in rural. The psychological problem total 10 questions obtain score was 529 and mean was 3.52 with mean percentage was 35.2% in urban and obtain score was 540 and means was 3.2 with mean percentage was 36% in rural. The socio-economical problem total 15 questions obtain score was 787 and mean was 5.24 with mean percentage was 34.93% in urban and obtain score was 757 and means was 5.04 with mean percentage was 33.6% in rural areas.

Conclusion: Hence it was considered that the elderly people had Majority of the health problems suffered from old age related physical, psychological asocial-economic problems both the urban and rural area of Rajkot.

Keywords: Assess comparative study, health problem, and elderly people

Introduction

A survey shows that 60 per cent of elderly people living with their families face abuse and harassment, 66 per cent are either 'very poor' or below the poverty line and 39 percent have been either abandoned or live alone (Romita Datta, 2018).

The study observed higher prevalence of loneliness, dependency ratio, restricted mobility, inadequate sleep, appetite problem, joint pain, impaired vision & hearing., dental problems, obesity (in urban) and high blood pressure. There is a major requirement for interventions to ensure the health of this susceptible group and to initiate a policy to address the care and needs of the disabled elderly. There is alsorequired larger study with larger sample size to explore the problem among elder population (Banker *et al.*, 2018).

Objectives of the study

1. To assess the health problem of elder peoples living in selected areas of Rajkot district.
2. To compare health problems of elder peoples living in selected area of Rajkot district.
3. To find out the association between the health's problems of people living in selected area with demographic variable.

Review of literature

1. Literature related to health problems of elderly people
2. Literature related to psychological problems of elderly people.
3. Literature related to social and economic problems of elderly people.

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Methodology

- Research Approach: Quantitative
- Research Design: comparative
- Setting: Selected urban & rural Area of Rajkot District
- Population: elderly people aged with 60 or above 60 years.
- Sample Size: 300
- Sampling Technique: Non-Probability Convenience Sampling Technique
- Method of Data Collection: Structured Knowledge Questionnaire

2. Basavanhappa BT. Nursing Research. New Delhi; JAYPEE brother, 2007.
3. Debisha Sharma. Health Care Access and Elderly Indian journal of Gerontology. 2017; 31(3):306-326.
4. <http://www.who.org>

This comparative experimental study included 300 samples. A non-probability Convenience sampling technique is used for collecting data among elderly people who meet the designated set of criteria during the period of data collection in the Rajkot district. Structured knowledge questionnaire used for assessing the health problem in elderly people.

Results: In this analysis and interpretation of data collected from 300 samples, to assess the health problem in elderly people. Descriptive and inferential statistics methods were used to analyse the data.

Major conclusions of the study are,

- In findings of the health problems of sample of elderly people, out of 300
- sample 78% had mild health problems in urban area 52% had mild health problems in rural area, whereas 59.33% had moderate health problems in rural 39.33% had moderate health problems in rural where as 47.43% had moderate health problems in urban area. And 1.33% had severe health problems in rural area whereas 0.66% had severe health problems in urban.

That area wise distribution of health problem score obtained by the samples. The physical problems total 25 questions, obtain score was 1184, and mean was 7.9 with mean percentage was 31.6% in urban whereas obtain score was 1187 and means was 7.91 with mean percentage was 31.64% in rural. The psychological problem total 10 questions obtain score was 529 and mean was 3.52 with mean percentage was 35.2% in urban and obtain score was 540 and means was 3.2 with mean percentage was 36% in rural. The socio-economical problem total 15 questions obtain score was 787 and mean was 5.24 with mean percentage was 34.93% in urban and obtain score was 757 and means was 5.04 with mean percentage was 33.6% in rural areas. Here, researcher used the chi-square Test, with the help of statistician. Hence it was proved that the Planned Intervention was effective in increasing knowledge and practice of elderly people who are suffering from physical, mental & psychosocial disease in selected urban & rural area of Rajkot district.

Conclusion

This study confirms that planned intervention is remarkably effective to improve the knowledge and practice of elderly people living in urban & rural area. By that study researcher goal to improve the elderly peoples health status achieved.

References

1. Basavanhappa BT. Medical Surgical Nursing, New Delhi; JAYPEE brother, 2005.