

Physical health status of aged women (60+): a case study of Srinagar district (j&k state)

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ABSTRACT: *There is a growing concern both at governmental and non-governmental level about the present state of senior citizens with regard to their increasing numbers and deteriorating state of health on account of psycho social trauma. The present study was carried out among the aged women of District Srinagar of the state of Jammu & Kashmir, in order to assess their physical health status. A sample of 50 aged women of various urban wards of Srinagar district was selected by using random sampling technique. Anthropometric measurements (Height, Weight, Calf circumference, Demi span measurement, BMI) were assessed by using weighing machine & measuring tape. Statistical analysis was done using SPSS and mean, standard deviation, 't test' and coefficient of correlation were computed. Results reveal that mean height(cm) of women in the age group of 60-70years was 146.77 ± 17.26 , mean weight(kg) was 59.60 ± 7.78 , mean Calf circumference(cm) was 11.64 ± 1.52 , mean Demispan measurements(cm) was 96.00 ± 4.08 and mean BMI(wt/htm²) was 28.64 ± 7.16 . Mean height(cm) of women in the age group of 70-80years was 144.27 ± 15.13 , mean weight(kg) was 54.56 ± 6.63 , mean calf circumference(cm) was 11.56 ± 1.58 , mean demispan measurements(cm) was 93.99 ± 2.90 and mean BMI(wt/htm²) was 26.16 ± 5.67 . The age differences were significant only in the measures of weight and demispan, were significant at the level of $p \leq 0.05$. Results also reveal that almost 42% of women were obese as per BMI standards. The need for health education during later years of life is stressed.*

Keywords: *Physical health, health status of aged women, Anthropometric measurements.*

I. INTRODUCTION

Ageing of homosapiens has been a natural phenomenon as is true of all other living organisms on this earth. Process of growing old has been defined as the gradual biological impairment of normal function, probably as a result of changes made in cells (mitotic cells, such as fibroblasts and post-mitotic cells, such as neurons) and structural components (such as bone and muscle). These changes would consequently have a direct impact on the functional ability of organs (such as heart, kidney and lungs), biological systems (such as the nervous, digestive and reproductive system) and ultimately the organisms as a whole (Burton, 2007). Many less developed countries have or are now experiencing a significant downturn in natural population increase (birth minus deaths), similar to the decline that previously occurred in industrialized nations. Population in India is also graying fast because of progress made in the post independence era. The 60 plus population which was estimated 12 million in 1901, had gone up to 20 million in 1951, and further crossed 80 million mark in 2001. The projected 60+ population age is 146.1 million for 2025. According to the Census of India's elderly population has already crossed 100 million mark during 2011. As per analysis of census data and projections among elderly population sex ratio is in favor of female elderly that is 1022:1000. (Census of India, 2011).

Ageing among the women has not been a favorable disposition for them, especially of those who reside in the remote and hilly regions of the country. In context of the social and economic standing in the societal milieu, this strata invariably face deplorable societal treatment. Women's health needs and health care utilization patterns become more demanding as they age over the period of time. Their access to private or public health care system reflects in adequacy or otherwise of requirements. In-fact this leads to having a decisive impact on reproductive health in their younger years to an emergence of more chronic illnesses in the middle years subsequently resulting into higher rates of disability and physical limitations during the senior years. Even in normal course women are venerable to experience physical sufferings in comparison to men on physical and cognitive health aspects. Many women remain unaware of their heart disease risk, considering it is primarily "male" disease though it has been found that even younger women too have chronic health problems. By the time women reach their middle years (45 to 64 years), 3 in 10 already suffer from high cholesterol and arthritis, and even 1 in 10 women of reproductive age (18 to 44 years) state to have arthritis, hypertension, high cholesterol, and asthma or other respiratory condition. This becomes more

accentuated in case of low-income group women who on account of financial constraints do not receive receiving timely health services. 52 percent of poor women, along with other 38 percent who are on the verge poverty line, face acute shortage of health care facilities as they can not procure it from the open market, which further gets compounded by virtual absence of governmental support systems. (Marmot, 2002). Health problems of aging women become more problematic when they have menopause related skin changes in collagen synthesis and hair distribution causing decrease in skin elasticity and increased prominence of coarse facial hair. Loss of estrogen receptor stimulation in bladder leads to decreased muscle tone, which can extrabrates frequency and incontinence. Osteoporosis is also a common phenomena consequences of results in physiological changes of aging in women. It has been found that women's peak bone mass is maintained until their mid 30's thereafter gradual loss of bone density starts occurring . This further gets accelerated at menopause stage due to loss of estrogen, either via premenopausal oophorectomy (surgical removal of the ovaries) or at menopause, leading to an imbalance in bone remodeling thus decreasing bone mineral density. Risk of suffering dementia also increase as women age accompanied by depression. Branch, 2007). The present study will look into the gaps identified from literature review. It will seek to document the physical health status of the aged women in Kashmir valley.

II. OBJECTIVES

The objectives of the present study are:-

To assess health status of aged women (60+) belonging to middle SES families from Srinagar District.
Analyze the association of age and educational qualification with physical health status of aged women.

III. RESEARCH DESIGN

An empirical field investigation with the support of a structured questionnaire and anthropometric instruments was conducted among the sample respondents living in urban agglomerations of Srinagar city (J&K State) . The criteria included only such women who were in the age group of 60+years and who were not employed in any organized or unorganized sector and had no means of earning an income
Multistage sampling technique was used for selecting the sample. The list of urban areas of Srinagar city was obtained from the local municipal offices. Random selection of locations in the Srinagar city areas was done. The sample, fulfilling the criteria for the present study was selected till the required sample was obtained. Anthropometric measurements were used for the sample. For this tool such as weighing machine and measuring tape were used. Both qualitative and quantitative methods were employed for data analysis. With the use of SPSS software, Mean, Standard Deviation, Correlation and t-test were computed for analysis and interpretation of data.

IV. RESULTS AND DISCUSSION

Fig NO 1: Showing the distribution of aged women according to education.

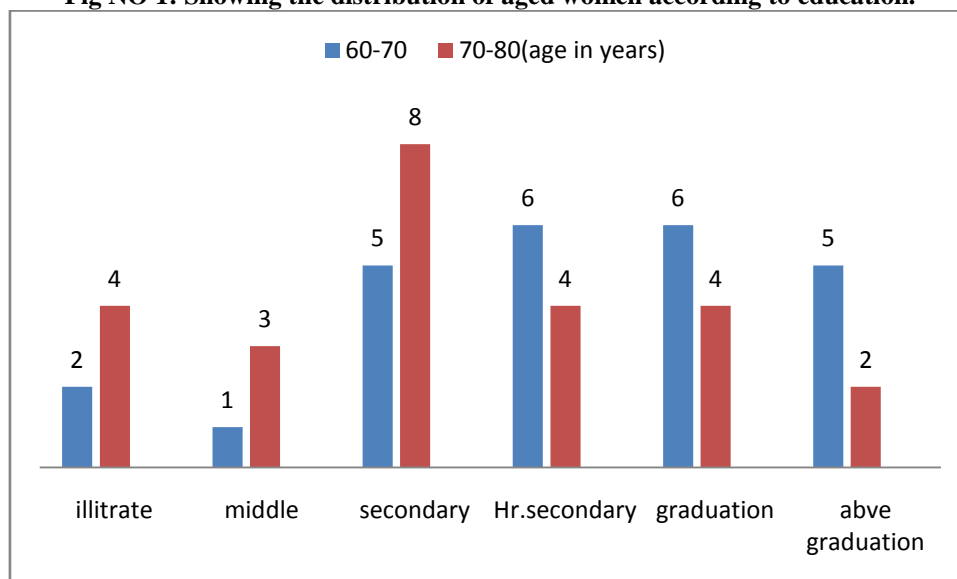


Fig NO: 1, Shows the educational qualification of the sample. Most of the women in the age group of 60-70years were either graduates (24%) or had passed the higher secondary, (24%) and (20%) were educated

graduation and above graduation. (32%) were educated up to secondary school in the age group of 70-80years and (16%) each were educated up to higher secondary or graduation level and (16%) were illiterates.

Table NO 1: Anthropometric measurements of the respondents.

Anthropometric measurements	Age in years				‘t’ value
	60-70 yrs. (N=25)		70-80 yrs. (N=25)		
	\bar{X}	δ	\bar{X}	δ	
Height (cms)	146.77	17.26	144.27	15.13	1.19
Weight (Kgs)	59.60	7.78	54.56	6.63	2.63*
Calf circumference (cms)	11.64	1.52	11.56	1.58	0.18
Demi-span measurement (cms)	96.00	4.08	93.99	2.90	2.08*
BMI	28.64	7.14	26.16	5.67	1.35

*Significant at the level of $p \leq 0.05$.

Anthropometric measurements like Height, Weight, Calf circumference, Arm spans (demi span) and BMI were used for assessing the health status. The table reveals that the mean height (in cms) among women in the age group of 60-70 years was 146.77 ± 17.26 , mean weight (in kgs) was 59.60 ± 7.77 , calf circumference (in cms) was 11.64 ± 1.52 , demi span measurement (in cms) was $93.9 \pm 11.2.90$ and BMI was 28.64 ± 7.14 respectively. Mean height (in cm) of women in the age group of 70-80 years was 144.27 ± 15.13 , mean weight (in kgs) was 54.56 ± 6.63 , mean calf circumference (in cm) was 11.56 ± 1.58 , mean demispan (in cm) was $93.9 \pm 11.2.90$ and mean BMI was 26.16 ± 5.67 respectively. There were significant difference at (0.05) level of significance on the dimensions of Weight ($t=2.63^*$) and demi span measurements (2.08^*) indicating that with age weight and demi span decreases.

Table NO: 2:-Showing BMI among aged women in according to WHO/NIN STANDARDS

Classification/ Risk of other obesity related medical complications	WHO/NIN STANDARD NORMS OF BMI	BMI OF THE RESPONDENTS (N=50)	
	BMI(kg/m ²)	F	%
Underweight	<18.5	3	6%
Normal range (Average)	18.5-24.9	15	30%
Overweight (Mildly increased)	25.0-29.9	11	22%
Obese Class I (Moderate)	>30.0 30.0-34.9	15	30%
Class II (Severe)	35.0-39.9	4	8%
Class III (Very severe)	>40.0	2	4%

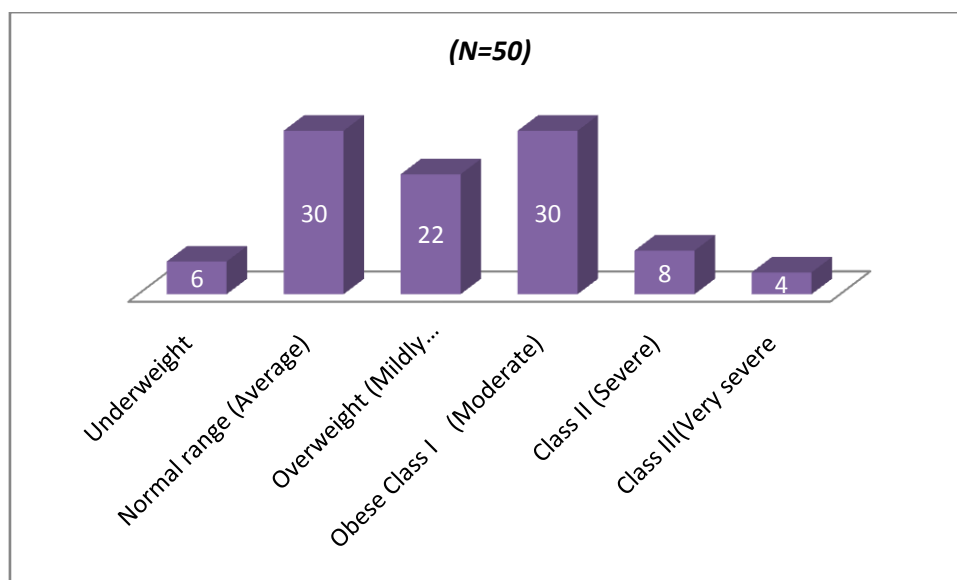


Fig No: 2:-Showing figurative presentation of data in Tab No:-2.

The table No:2 and its figurative presentation shows that 42% of age women were fall in the obesity, and 30% were fall in the norml range of BMI, 22% of women were found over weight and rest 6% of aged women were found to be under weight respectively.

Table NO: .3: Relationship among anthropometric measurements and age of the respondents.

ANTHROPOMETRIC MEASUREMENTS	AGE	HEIGHT (cms)	WEIGHT (kgs)	CALF CIRCUMFERENCE (cms)	DEMI SPAN MEASUREMENTS (cms)
Height(cms)	-.170				
Weight(kgs)	-.356*	-.255			
Calf circumference(cms)	-.026	-.030	-.002		
Demispan measurements(cms)	-.278	.434**	.091	-.153	
BMI	-.193	-.646**	.354*	-.024	-.306*

* Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed)

Table No:3 shows that there is a positive significant correlation among demispan measurement and height at the level of ($p \leq 0.05$),and BMI and weight ($p \leq 0.05$).Negative significant correlation was observed among weight and age ($p \leq 0.05$).height and BMI ($p \leq 0.05$)and demispan and BMI($P \leq 0.05$),BMI shows a negative significant correlation with height and demispan,where as it shows a positive correlation with weight.

IV. CONCLUSION AND OBSERVATION

A healthy life style reflects a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. The present research study is empirical in nature. The scope of the study extends to the District Srinagar where physical health status of 60+ age group of women living in the Srinagar city of Kashmir valley was studied 50 women were selected using random sampling technique. The study reveals that most of the aged women were educated up to secondary school. According to anthropometric measurements mean height was lesser among women aged 70-80years as compared to those aged 60-70years. Mean weight was also lesser among women aged 70-80yearsas compared to these aged 60-79years.weight decreases with age a result conformed by correlation ($-.356^*$) at the 0.05 level. Mean calf circumference also show decrease among women in the age group of 70-80years. Mean demispan measurements among women in the age group of 70-80years was less as compared to women in the age, group of60-70years.Most of the women are obese according to BMI standards. Study also concludes that age shows a negative significant relationship with weight,BMI shows a positive significant correlation with height and demispan measurements.Height also

has a positive correlation with demispan measurements. Obesity among aged women is a matter of concern as they are becoming increasingly less mobile with age. Though their weight is decreasing with age yet proper attention needs to be paid to the health education of the women. Health systems and education need to be geared up to facilitate health of aged women as the census 2011 shows that female elderly population is more than male population(1022:1000). Females are also expected to live a longer life hence efforts should be made to make these years qualitatively better for them.

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