Project on

A Comprehensive Survey of Older Citizens Experiences Seeking Medical Care in Kaliakair,gazipur

Submitted to

Department of Pharmacy

Faculty of Allied Health sciences

Daffodil International University

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APPROVAL

The Department of Pharmacy at Daffodil International University has accepted the project, " **A Comprehensive Survey of Older Citizens Experiences Seeking Medical Care in kaliakair,gazipur**" as satisfactory for the purpose of partially satisfying the requirements for the degree of Bachelor of Pharmacy. Its format and content have also been approved.

BOARD OF EXAMINERS

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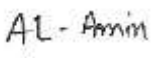
DEDICATION

TO

Almighty Allah & My Family

For the support, for their patient & understanding and their Love

Submitted by



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Contents

Abstract

Providing older citizens in Bangladesh with inexpensive, high-quality medical care remains a significant problem, despite advances in several health indicators over the past few decades. The purpose of this study was to better understand people's experiences in relation to their medical careneeds, treatment costs, accessibility, and coping methods in order to promote strategies that will improve the quality of life for older Bangladeshi citizens. The study's methodology was a qualitative-descriptive one. Between September and October 2023, older adults who were evenly distributed by gender participated in a Kaliakair, gazipur. With regard to medical care access, affordability, and coping mechanisms, done professional and skilled interviewers. To analyze the data, thematic analysis was used. It was discovered that the health of the elderly population needs improvement. The majority of them had been dealing with a number of illnesses of time, including. Diabetes and hypertension were the two non-communicable diseases that affected the majority of patients, outpacing all other illnesses. This study sheds light on the difficulties in elderly people in Bangladesh. Although there were medical care facilities accessible, providing the necessary services was hindered by costs, a shortage of

Introduction

Providing elderly people with affordable medical care access remains a significant problem despite advances in several health indices over the past few decades [1–3]. The population's age distribution has changed significantly in many countries over the past few years, particularly as the number of those 60 and older has gradually risen [4]. world's are caused by that are changing, lowering fertility rates, and rising life expectancy [5]. In Bangladesh, the demographic makeup is rapidly shifting. estimates country's of age or older, and that percentage is expected to rise to 11.5% (21.526 million) by the year 2030 [6, 7]. Bangladesh is faced with both possibilities and public health concerns as a result of the population's general life expectancy rising (from 67.7 years in 2010 to 72.32 years in 2020) [8]. Everyone is expected to be in better health so that they can live longer lives and make meaningful contributions to society in terms of their health, economy, and culture. inactivity's, and require routine medical care from various medical care facilities as a result of the shift in. Furthermore, in Bangladesh drives to be vulnerable in terms of their physical and mental health [11] and causes them to become more lonely. As a result, Bangladesh is ill-equipped to fulfill the urgent medical care needs of senior residents, who are at a greater risk of contracting diseases and having disabilities. It is possible to make better policy judgments about how to improve the health system's effectiveness in responding to the escalating medical requirements of the elderly abilities deteriorate and we become more vulnerable, which results in higher medical care costs for the household [18]. In Bangladesh, public investment is still mostly directed at maternal and child health issues, despite the fact that the government and other relevant authorities are frequently worried that elderly residents will certainly increase public health care costs in the near future [19]. The average lifespan is rising globally, and the population is aging much more quickly than in the past. These issues are also being faced by Bangladesh, which will place significant demands on the medical care system. Despite the fact that a substantial body of literature in Bangladesh focuses on medical care consumption and associated expenditures among different demographic groups, there is limited evidence of a study focusing on older people addressing their perspectives and experiences with medical care services in the Bangladeshi setting [8, 19–21]. This study aims to comprehend people's experiences of older people in Bangladesh

2.Methodology

2.1. Study design

A formal questionnaire was used to conduct the survey. interviews were conducted skilled knowledgeable interviewer. Information from the respondents was gathered using a standard questionnaire that had been evaluated beforehand (supplementary 2). We used the questionnaires as well as questions about sociodemographic data. The survey collected socioeconomic and demographic data on gender, age, marital status, family size, occupation, level of education, and household income. The study's goals were conveyed to the respondents prior to the poll being conducted. Also guaranteed were confidentiality and anonymity. Before beginning each interview, written informed consent for the survey was obtained. Software-based system will be used to express the study participants' characteristics.

2.2 Study setting & population

This study was carried out in Kalialair, , which offers a range of medical services, including tertiary and specialist treatment. Additionally, individuals in Bangladesh's capital city can accessmedical careservices because of shorter travel distances and improved connectivity. According to Bangladesh's National Policy for Elderly People [27], older citizens, or the elderly population, are those who are 60 years of age or older The responders had to be senior people who had lived in the district for at least a year. Every third family was chosen for each in-depth interview as a target, and any elderly residents discovered there were then chosen for the interview. We also employed additional probing to get information useful for our research. Repetition was observed in the data, indicating that the data had been saturated [28]. The research team concluded after interviewing these people that theme saturation had been attained and recruiting had ended. Consequently, there were equal numbers of men and women interviewed for each IDI, totaling 32 .

2.3 Data collection

one-on-one were performed between September and October 2023, taking the participants' comfort and availability into consideration. The interviews, the national tongue of the nation. The study's aims were carefully explained to the participants through personal home visits, during which time they were contacted. The Bangladeshi local administration provided the list of households. They decided to take part in the in-depth interview, and an interview time was set for them. The interviewers had extensive knowledge of the rules and have used qualitative data collection techniques before. This detailed guideline was developed after it was adapted.

2.4 Data analysis

To analyze the data, content analysis was done. The interviews were all reviewed independently by the researchers to verify the validity of the analysis. The interviewers transcribed each of the audio recordings into their home language of Bangla, and field notes were read together with the transcripts to gain a comprehensive understanding. An English-speaking multilingual translator who was intimately involved in the study translated all transcripts. Later, additional researchers double-checked the transcriptions and translations. The framework method suggested by Gale et al. was then used to organize the transcriptions. and arranged the responses according to five themes [30]. To guarantee the methodological correctness and openness of the qualitative data analysis, thematic analysis was carried out. Following Braun and Clarke's methodology, a thematic analysis was conducted in many stages that involved familiarizing oneself with the data, creating preliminary codes, identifying and evaluating themes, and developing broad interpretations [31]. The team investigators classified the data after manually classifying it in accordance with significant statements (problems, highlights, worries, and accomplishments) with elder health-related experiences.

3.1 Result

3.2 Age of person (in year)

60-65	50%
66-70	31.3%
71-80	15.6%
80	3.1%

3.2 sex

Male	68.8%
Female	31.3%

3.3 Marital status

Married	78.6%
Widowed	21.4%

3.4 Education

No formal education	21.9%
Up to primary	43.8%
Secondary	28.1%
other	6.3%

3.5 Occupation

Retired/Not-working	14.3%
Housewife	39.3%
Day laborer	25%
Business	10.7%
Other	10.7%

3.6 Monthly household income

Less than 10000	35.3%
10000-15000	41.2%
15000-20000	11.8%
More than 20000	11.8%

3.7 Place of residence

Urban	48.3%
Rural	51.7%

3.8 Household size

Less than 3	31%
3–5	34.5%
More than 5	34.5%

3.9 Membership of NGO

yes	31%
no	69%

3.10 Illness during last 1 months

yes	48.3%
no	51.7%

3.11 Children are taking care

yes	62.1%
no	37.9%

3.12 which hospital prefer to your medication

Government hospital	64.7%
Private hospital	35.3%

3.13 Cost of medication

High	52.9%

Medium	35.3%
Low	11.8%

3.14 Did you have diabetes?

yes	72.4%
no	27.6%

3.15 Chronic condition

Diabetes	41.4%
Hypertension	41.4%
Arthritis	0%
Heart diseases	17.2%

3.16 Nutrition and Diet

Poor	37.9%
Fair	31%
Good	27.6%
Very Good	3.4%

3.17 physical activity or exercise per week?

yes	69%
no	31%

3.18 Sleep Quality

Poor	48.3%
Fair	27.6%
Good	3.4%
Very Good	13.8%
Excellent	6.9%

3.19 Are you currently taking any prescribed medications

yes	65.5%
no	34.5%

3.20 Dosage and Frequency

Once daily	24.1%
Twice daily	37.9
Three time daily	13.8%
As needed	24.1%

3.20 Did you get proper treatment?

yes	58.6%

no	41.4%

3.21 Overall Health Assessment

Poor	34.5%
Fair	24.1%
Good	37.9%
Very Good	3.4%
Excellent	0%

4.1 Older people's health conditions

Participant shared their personal accounts of being ill, detailing a variety of personal ailments and various patterns of disease symptoms manifesting across the body. The vast majority of the respondents stated that they had terrible health. Most of the respondents stated that they had been dealing with a number of illnesses for a long time, including. Some of them claimed they were

unable to do anything normal, let alone walk or work. The majority of participants had with ranking first and second, respectively. Some elderly people were unable to walk because their health was so precarious. The most common illnesses. One-third of them had been afflicted by those illnesses for more than ten years. A male respondent who was 64 years old said, ", there has been no progress. The majority of the respondents gave this explanation for their deplorable state of health: they have been afflicted with this terrible ailment for a very long time. Indeed, several patients (such as those with tumors, eye conditions, and diabetes) only learned of their diseases after undergoing a significant clinical procedure or even after suffering a stroke. Consequently, I have gastrointestinal ulcers, high blood pressure, and discomfort in another organ, said one older respondent (age 68). I

4.2 The trend of seeking medical care

Medical care patterns are the series of corrective activities that people take to address perceived health issues; these patterns are crucial for providing need-based medical care delivery, especially for the elderly population, and for making the medical care system more pro-poor. When asked where they received their medical care, almost every respondent mentioned a private clinic or hospital in the affirmative. In fact, because they were so accessible and convenient, pharmacies were their first choice. A woman (20) responded,

4.3 Theme 3: Hope from the medical facilities

Most often, people select a medical care facility based on proximity or superior service that is also affordable for their household. The criteria for medical care services include a simple and accessible transportation system, comfort, and access to high-quality healthcare. Despite the fact that private clinics and hospitals had far higher treatment costs, the majority of our respondents said they preferred to receive their medical care there because they thought they could at least receive high-quality care. They observed that sub-district-level hospitals did not provide adequate services and ancillary amenities; frequently sought care at district hospital and even switched to

private hospital. The response from a (27), who said, "I typically from a private clinic since local kaliakair upazila Hospital (a sub-district level hospital) did not offer or the spectrum of my (for example, diabetes), was lacking. So, the authority advised me to go to a private clinic. But that specific private clinic advised me to check

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4.4 strategies for the medical care expenditure

Numerous coping mechanisms for reducing medical care costs have been noted. During the in-person interviews, we discovered that the elderly people primarily funded their medical expenses through finances, assistance, help, asset sales responded,. When I got sick, my older daughter would give me money, according to the other respondent (age 69). Of the older people, two-thirds said they had trouble paying for their medical bills. In fact, some people had to take out loans and carry their debt for a longer period of time. Some of them did odd jobs around the neighborhood to pay off the loan. Due to financial limitations, several of them were unable to seek medical attention. Even with well-managed medical care, they were unable to adequately get and administer medications. Furthermore, some elderly people only live off the money of their offspring. They occasionally to comply as a result. “I have severe financial troubles, said a 71-year-old respondent. To get to Upazila Health Complexes, I must use a rickshaw. I have to take my medication outside the hospital after purchasing a ticket for 5 Bangladeshi Taka. I had to take out a bank loan for three lakh Bangladeshi taka to offset the cost of my medical care. It is difficult for me to work in other people's homes right now to pay back the money”.

5.1 Discussion

The most recent sustainable development goals (SDGs) prioritize improving health and well-being on a worldwide scale; SDG-3 is specifically dedicated to promoting and ensuring healthy lives for all people, regardless of age. Due to the aging population's rapidly increasing proportion and the fact that many of them have chronic illnesses, it is essential to understand how they now access medical care in order to develop effective measures to enhance their health and wellbeing. This study aimed to document people's experiences with regard to medical care availability, ,

limitations that prevent is a common way to assess health status. Bangladesh's senior population has a poor general health status. Everyone who is older than 60 is likely to experience some form of illness or disability, including diabetes, flu, body aches, hypertension, gastric ulcers, and other conditions. Similar to other environments, Bangladesh has been dealing with an increasing burden of NCDs, and 66% of the elderly population is affected by them [33]. In close-by nations, this issue has been the subject of numerous studies. For instance, NCDs were responsible for 75% of all fatalities and 62% of mortality in India , and 70% mortality morbidity among the population in Bhutan [34]. The prevalence of cardiovascular disorders, particularly hypertension, has grown over time as a result of rapid urbanization, bad food, longer life expectancy, and lifestyle changes [35]. From 17.9% in 2010 to 21% in 2018 [36, 37], hypertension is more common in Bangladesh. According to our research, diabetes, the other major disease, affects older people far more frequently than young people [38]. More than 80% of gastrointestinal disorder-related deaths occur in adults over the age of 65 [39]. Adults over. Additionally, musculoskeletal issues and eye infections are common among Bangladesh's elderly population. In addition, we found that older individuals had a high prevalence of comorbidities, which was identified in a previous study, and thus needed more specialized care [40]. Yes, mother and child health issues continue to receive the majority of governmental funding [41, 42]. To improve the health of older citizens, it is therefore vital to make improvements to the health infrastructure.

We discovered that the difficulty in access ing medical care services and the lack of an older-friendly transportation infrastructure were the two main problems. As communication hurdles still exist in Bangladesh, older people frequently have trouble choosing their preferred medical facilities due

6.1 Conclusion

Although the number of older people is growing and the associated health burden is increasing, there is still a lack of information on the experiences of Bangladesh's older population in terms of seeking medical attention. Policies that target the obstacles and weaknesses that keep people from access in medical care must be strategically implemented. In terms of medical care access, affordability, and coping mechanisms, this study has examined older people's experiences. The results of the study indicate that in order to enhance the health of older residents in Bangladesh, it is vital to upgrade the health infrastructure that is most suited to their needs. Additionally,