INTRODUCTION

The health problems are increasing with the age, so elderly people are facing many health problems. The physiologic decrease in bone marrow function as a part of aging, perhaps as an adjustment to a decrease in metabolic demand and tissue requirement for oxygen. These alter not only red blood cell production but also plasma volume, leading to an increased frequency of a lower hemoglobin concentration.

PROBLEM STATEMENT

Comparison of hemoglobin level in elderly residing in selected old age homes and residing houses of selected urban community.

Objectives

1. To assess the hemoglobin level of elderly people residing in the old age homes.
2. To assess the hemoglobin level of elderly people residing in the homes.
3. To compare the findings between the hemoglobin level of elderly people Residing in old age homes and homes.
4. To associate the study findings with selected demographic variables.

METHODODLOGY

Research approach
The research approach used for this study was non-experimental comparative research approach.

Research design
The research design used for this study was Non-experimental comparative research design, for comparing the hemoglobin levels in an elderly residing in old age homes and residing in houses of selected urban community.

Setting of the study
The settings for the study are selected old age homes and selected urban community.

Sample
The samples selected for this study are elderly residing in selected old age homes and residing in houses of selected urban community.

Sampling technique
The sampling technique used in this study will be non-probability convenient sampling technique.

Development of the tool
This study tool consists of:-

Section I- Consent form

Section II- Observational checklist to record hemoglobin level of that participant

Part A - The hemoglobin level of elderly residing in selected old age homes.
Part B - The hemoglobin level of elderly residing in houses of selected urban Community.
MAJOR FINDINGS

1. From selected 60 samples, 33.33% and 23.33% are from old age homes and self-houses respectively are of 60-65 years, 23.33% and 40% are from old age homes and self-houses respectively are of 65-70 years, 36.67% and 26.67% are from old age homes and self-houses respectively are of 70-75 years and 6.67% and 10% are from old age homes and self-houses respectively are of 75-80 years.

2. From selected 30 samples, there are 15% male and 15% female are from old age homes, and 15% male and 15% female are self-houses.

3. From selected 60 samples, there are 16.67% and 16.67% are from old age homes and self-houses respectively are of no formal education, 30% and 33.33% are from old age homes and self-houses respectively are of primary education, 33.33% and 23.33% are from old age homes and self-houses respectively are of secondary education, 20% and 26.67% are from old age homes and self-houses respectively are of higher secondary and above educated.

4. From selected 60 samples, there are elderly people 50% living in houses and 50% living in old age homes.

5. From selected 60 samples, there are 56.67% and 33.33% are from old age homes and self-houses respectively are of 2-3 meal pattern, 36.67% and 53.33% are from old age homes and self-houses respectively are of 4-5 meal pattern, and 6.67% and 13.33% are from old age homes and self-houses respectively are of 6-7 meal pattern.

6. From selected 60 samples, there are 66.67% and 63.33% are from old age homes and self-houses respectively are taking vegetarian diet and 33.33% and 36.67% are from old age homes and self-houses respectively are taking Non-vegetarian diet.

7. From selected 60 samples, there are 66.67% and 26.67% are from old age homes and self-houses respectively are having mouth ulcers, 10% and 6.67% are from old age homes and self-houses respectively are having other (vomiting and diarrhea) and 73.33% and 66.67% are from old age homes and self-houses respectively are not having any minor illness.

8. From selected samples, there are 33.33% and 30% are from old age homes and self-houses respectively are having hypertension, 25.64% and 27.5% are from old age homes and self-houses respectively are having diabetes mellitus, 12.82% and 12.5% are from old age homes and self-houses respectively are having other major illness (asthma & dysentery) and 28.20% and 30% are from old age homes and self-houses respectively are not having any major illness.

9. From selected samples, there are 11.43% and 14.63% are from old age homes and self-houses respectively are addicted to smoking, 5.71% and 14.63% are from old age homes and self-houses respectively are addicted to alcoholism, 14.28% and 21.95% are from old age homes and self-houses respectively are addicted to tobacco chewing or other addiction and 68.57% and 48.78% are from old age homes and self-houses respectively are not having any addiction.

- From selected 60 samples, there are 63.33% and 10% are from old age homes and self-houses respectively are of normal Hb level, 20% and 6.67% are from old age homes and self-houses respectively are of mild
Hb level, 10% and 53.33% are from old age homes and self-houses respectively are of moderate Hb level and 6.67% and 63.33% are from old age homes and self-houses respectively are of severe Hb level.

- There is no significance difference in hemoglobin level of elderly residing in old age homes and residing in houses of selected urban community.
- The association between demographic variables and hemoglobin level was assessed using chi-square test and ANOVA. Since the p-values corresponding to age, gender education, area of living, meal pattern, type of diet, any minor illness, any major illness and type of addiction of elderly people are large so the demographic variables which were found not having significant association with hemoglobin level of elderly people residing in old age home and residing in houses of urban community.

REFERENCES