

# CHAPTER 8

## SUMMARY AND CONCLUSION

### Summary

Steady increase in the number of aged people is appearing as a major issue in modern times. Control of infectious diseases, advances in bio-medical technology and overall socio-economic development have raised the life expectancy of people. As a result, the number of the elderly is increasing globally. In many developing countries, and countries under economic transition, ageing population is increasing more rapidly in rural areas, owing to the exodus of young adults. Older persons are often left behind without traditional family support and without adequate financial resources (Devi & Bagga, 2006). The elderly people face many problems. The problems are biological or health related, social problems like loneliness, economic dependency and psychological problems like aimlessness, lack of courage, fear about future etc. Therefore in the present study an attempt has been made to study the different aspects of health and disease of the elderly Kaibartas of Barpeta town.

The data for the present study have been collected from different areas of Barpeta town and the areas are namely Issapurhati, Ganakkuchi patharhati, Raitpara, Jailroad, Metuwakuchi, Majormakha and Bhakatpara .All these places are situated in and around the Barpeta town, the district head quarter of Barpeta district, Assam.

Barpeta was one of the sub-division of the old Kamrup district. The erstwhile Barpeta sub-division was created nearly hundred years ago and it had been given the status of a district on 1<sup>st</sup> July, 1983. Barpeta town is situated in the North-West of Guwahati at about 100 kilometers away by the shortest motorable route (Hajo-Doulasal) from Guwahati and 140 kilometers by national high way 31. The national highway 31 runs at a distance of 10 kilometers from Barpeta town and the Barpetaroad railway station is situated at a distance of about 21kilometers towards the north. The total population of Barpeta district is 16, 93,190 and out of which male

population is 8, 67,891 and the number of females is 8, 25,299. The sex ratio is 951 and the decadal growth rate is 21.40%. The population density (per square kilometer) is 632. In Barpeta district the total literacy rate is 65.03% where male literacy is 70.72% and female literacy is 59.04% (Census of India, 2011).

Barpeta is rich in cultural art forms. The great cultural ambassador Srimanta Sankardeva contributed a great deal in creating different art forms that became integral part of Assamese culture. 92% people of Barpeta live in villages and 76.2% peoples are associated with agricultural activities, others are engaged in business, service etc. People of different castes and communities are found in Barpeta.

Barpeta town is known as “Satranagari” ( a town of monasteries). A good number of Satras (monasteries) were founded by the great saints and these regional cultural institutions or monasteries created deep impact in the society, politics, economy etc. of the region. Although the Satra institutions were established for the propagation of Vaishnavite faith but with passage of time these institutions gradually transformed into open universities embracing socio-culture centers, covering numerous subjects including education, music, dance, sculpture, drama, fine-art, ivory-works etc. Some of the important Satras of Barpeta are- Patbaushi, Ganakkuchi, Jania, Sundaridia, Barpeta, Baradi and Kanara.

### **Sample**

250 males of 55 years and above age group and 250 females of 50 years and above age group from different areas of Barpeta town like Issapurhati, Ganakkuchi patharhati, Raitpara, Majormakha, Bhakatpara, Metuwakuchi and Jailroad have been considered for the present study. Altogether 325 households were visited.

### **The people (The Kaibartas)**

The Kaibartas are the original inhabitants of Assam. They are one of the sixteen scheduled caste communities of the state as per constitution order, 1950. The Kaibarta is an important segment of the greater Assamese society. The total population of Assam in 2001 Census was 26,655,528. Of them, 1,825,949 persons were Scheduled Castes (SCs), constituting 6.9 per cent of the total population of the state. The state registered 10 per cent decadal growth of SC population in 1991-2001. There

were sixteen (16) notified SCs, and all had been enumerated in 2001 Census. The caste based occupation of the Kaibarta is fishing.

### **Kaibartas of Barpeta town**

The Kaibartas of the present study were originally engaged in fishing business. Fishing was the main occupation of them, but gradually due to lack of availability of fish in the area most of them have diverted into other occupations like petty jobs, shop keeping, thela-rickshaw pulling, daily labour, business etc. Only a few of them are presently engaged in their caste based occupation. Kaibartas used to do fishing in a local lake (beel) called “Golia beel” and in the ponds of Reserve areas which are about 8 to 10 kilometers away from their residence. But now a days the Muslims of East Bengal origin have occupied these areas. Though a section of the Kaibartas are engaged or continuing their caste based occupation but their economic condition is not good at all. Only in the rainy season they do fishing and in the other seasons they buy fishes from nearby market situated in Mandia (10 kilometers away from study areas), Keotpara (7 to 8 kilometers away from study areas), and Barpeta Road (21 kilometers away from the study areas) and sell it in the markets of Barpeta town and neighbouring areas. Now the fishing business is dominated mainly by the Muslims of East Bengal origin. In addition to this the young generation of the Kaibarta is not interested in their caste based occupation. They prefer to be a labourer or rickshaw-thela puller instead of being a fisherman. Economically they are not at all sound. Most of them are engaged as daily labourer or doing petty business or in petty service. Like the people of other castes of Barpeta they are followers of “Eka Sarana Nam Dharma” (faith is single God) great saint Srimanta Sankardeva.

### **Socio-economic and demographic background of the Kaibartas**

Out of 325 Kaibarta families, 43.1% families live in Assam type houses, 26.1% live in thatched roofed with kutchra floor type, 26.1% live in half wall with kutchra floor type and remaining 4.6% live in R.C.C. type of houses. Some of the families who are of below poverty line (BPL) have received Government sponsored houses under the scheme of “*Indira Awaas Yojana*”. The houses are built on both sides of the roads. There is no courtyard in their houses. Most of the houses are

congested and there is no open space in between two houses. 43.4% families use tube-well; 35.4% use kutchra ring-well; 9.2% use pucca ring-well and 12.0% use supply water from municipal authority for drinking and other purposes. They use drinking water without boiling or filtering.

The sanitary condition of the study areas is not so good. Out of 325 families, 38.5% families use open space, 46.1% use pit type of latrine, and only 15.4% use sanitary latrines for nature's call. Some of the families have received Government sponsored sanitary latrines under the scheme of "Total sanitation campaign" (Sampurna Anamay Yozana).

### **Age wise distribution**

Out of 250 aged males, 120 are in the age group of 55-59 years and percentage is 48.0%; 20.0% are in 60-64 years age group; 12.0% are in 65-69 years age groups; 8.0% are in 70-74 years age group and 12.0% are in 75 years and above age group.

In the females it is seen that the highest number of aged females (95) are seen in the age group of 50-54 years and the percentage is 38.0. 12.0% in 55-59 years age group; 14.0% in 60-64 years age group; 10.0% in 65-69 years age group; 16.0% in 70-74 years age group and 10.0% in 75 years and above age group.

### **Marital status, size of family and type of family**

From the study it is found that out of 250 males, 84.4% (211) are ever married, 15.2% (38) are widower and 0.4% (1) is divorced. Most of the people live in medium size families i.e. with 5-8 members. 46.0% males live in small sized families (1-4 members), 44.8% live in medium sized (5-8 members) and 9.2% live in big sized families (9+ members). Most of the aged males are living in nuclear families and the percentage is 68.0% while 32.0% are living in joint families. Out of nuclear families, 0.4% are living alone; 0.8% couples are living without any child; 6.8% are living without wives but with their unmarried children and 60.0% couples are living with their unmarried children. In the joint families 18.0% couples are living with their married sons and daughter in laws; 0.8% couples are living with married daughters and son in laws.

In the marital status of the females it is seen that out of 250 females, 50.4% (126) are widows; 46.4% (116) are ever married; 0.8% (2) are divorced and 2.4% (6) are never married. Most of the females i.e., 56.0% are living in medium size families;

35.2% live in small size and 8.8% live in big size families. 77.6% aged females are living in joint families, while 22.4% are living in nuclear families. Out of joint families, 32.4% women are living with their husbands and married sons and daughter in laws; 1.6% are living with husbands and married daughters and son in laws; 39.6% are living without husbands but with their married sons and daughter in laws; 0.8% are living without husbands but with their married daughters and son in laws and 3.2% are living with their relatives other than sons and daughters.

### **Educational status**

Regarding educational status it is seen that out of 250 aged males 14.8% (37) are illiterate and 85.2% (213) are literate. Though the percentage of literate person is higher yet most of them are not much educated. Only 2.4% aged male persons are graduates. 2.4% aged male have diploma in professional courses like engineering, pharmacist etc.

In educational status of the aged females it is found that out of 250, 46.0% (115) are illiterates and 54.0% (135) are literates. Though the percentage of literates is higher but most of them read up to matric level (up to X class). No one is found to complete their graduation.

### **Occupational status**

Regarding occupation it is seen that out of 250 aged males 17.2% are in service; 20.0% are in business; 15.2% are fisherman; 11.2% are daily labourer; 4.8% are thela-rickshaw puller; 15.2% are pensioner and 5.6% are beggars and 10.8% are totally dependent. As regards monthly income it is seen that in the males, 37.6% have monthly income of more than 5000/-rupees per month. 10.8% have no source of income and they are completely dependent on their sons, daughters or other relatives.

Regarding occupation it is seen that out of 250 aged females, 56.0% are engaged in different occupations like service, business, daily labour, begging and weaving, while 44.0% are house-wives and dependent. As regards monthly income it is seen that 11.2% females have monthly income of more than 5000/- rupees per month and 44.0% females have no source of income and they are completely dependent or house-wives.

## **Physical or biological health and disease of the aged males**

21 different types of diseases have been recorded among the aged Kaibartas and some of the diseases are found to be higher in frequency. Diseases have been classified as major and minor. Diseases like hypertension, diabetes, cancer, tuberculosis & asthma and kidney problem are considered as major diseases whereas diseases like gastrointestinal disorder, arthritis & body pain, eye ailments, anemia, skin disease, piles are classified as minor diseases. Both major and minor diseases are tried to see in relation to different factors like age, sex, education, type of occupation and type of family of the individuals.

### **Age group and disease**

Out of 250 aged males, 78.0% (195) are suffering from five different types of major diseases. 49.2% are suffering from hypertension and it is the highest percentage. The second highest major disease is found to be tuberculosis & asthma and 34.4% aged Kaibarta males are suffering from it. When diseases are considered in relation to age it is seen that in 55-59 years age group, the hypertension is the highest occurring disease and the percentage is 62.3%. In the other age groups like 60-64 years; 65-69 years; and 70-74 years age group also hypertension is found to be the highest occurring of all disease. But in the age group of 75 years and above 75 years tuberculosis & asthma is the highest occurring disease and the percentage is 41.5.

In age wise distribution of the minor diseases of the males, it is seen that in all the age groups, gastrointestinal disorder is the highest occurring disease. The second highest occurring minor disease is found to be arthritis & body pain. In the 55-59 years age group it is 29.5%; in 60-64 years age group it is 31.5%; in 65-69 years age group it is 27.5%; in 70-74 years age it is 14.5% and in the age group of 75 and above 75 years it is 16.0%.

### **Educational status and disease**

Regarding educational status of the individuals and disease it is seen that among the illiterates and the persons who have studied up to L.P and M.E. standard, tuberculosis & asthma is a frequently occurring disease, the percentage is 68.9% among the illiterates; in persons studied upto L.P. standard it is 51.5% and in persons of M.E standard it is 45.7%. But among the persons, who studied up to high school level, higher secondary level, college level and graduates, hypertension is the

frequently occurring disease and the percentages are 71.4%; 72.0%; 83.3% and 54.5% respectively.

When minor diseases are seen according to education of the males it is seen that among the males who are illiterate or studied up to L.P. level or M.E. level, the arthritis & body pain is found to be the frequently occurring disease. 62.2% illiterates; 67.7% males of L.P. level and 53.8% males of M.E. level are suffering from arthritis & body pain. But the males who have read up to high school level, college level and who are graduates, gastrointestinal disorder is a common disease among them.

### **Occupation and disease**

When diseases are considered in relation to occupations it is seen that out of 43 persons who are still in service, 48.8% of them are suffering from hypertension. On the other hand 40.0% businessman; 50.0% pensioners; and 62.9% dependent are suffering hypertension. Fisherman, daily labourers, thela/rickshaw pullers and beggars are suffering mostly from tuberculosis & asthma. 55.3% fisherman; 46.4% wage labourers; 50.0% thela/rickshaw pullers and 50.0% beggars are the sufferers of tuberculosis & asthma.

Regarding minor diseases of the aged males it is found that 60.5% pensioners are suffering from gastrointestinal disorder and it is the highest. 58.1% service holders and 36.0% businessman are also suffering from gastrointestinal disorder. It can be mentioned here that among the daily labourers, thela/rickshaw pullers and beggars, the arthritis & body pain is a frequently occurring disease. Gastrointestinal disorder, arthritis & body pain are frequently found among the fisherman also. Among the dependent males, 62.9% are sufferers of gastrointestinal disorder and 55.5% are sufferers of arthritis & body pain.

### **Family type and disease**

68.0% (170) aged males live in different type of nuclear families and 88.2% of them are living with their wives and unmarried children. The major diseases like hypertension, diabetes, cancer, tuberculosis & asthma and kidney problems are mostly found among these males. 81.4% of them suffer from hypertension; 87.5% from diabetes; 81.3% from tuberculosis & asthma and 80.0% from kidney problems. The major diseases of the aged males when considered according to the type of joint families it is seen that 72.7% are suffering from hypertension; 85.7% are suffering

from diabetes; 68.4% from tuberculosis & asthma and 60.0% are suffering from kidney problems.

When different types of minor diseases of the aged males are seen according to type of nuclear families, it is found that of the persons who are living with their wives and unmarried children, 88.0% of them are suffering from gastrointestinal disorder; 91.2% are suffering from arthritis & body pain; 62.1% are suffering from eye ailments; 77.3% are suffering from anemia; 90.0% have liver problem; 94.1% have headache; 76.9% have nerve problem and 100% have different types of skin diseases.

Regarding minor diseases it is found that among the persons living in joint families, 50.0% of them have suffered from gastrointestinal disorder; 74.4% from arthritis & body pain; 55.6% from anemia; 53.8% from liver problem and 60.0% have suffered from headache. The persons who are living without spouse but with their married sons and daughter in laws have suffered from different types of skin diseases and eye ailments and the percentages are 55.6% and 41.7% respectively.

## **Physical or biological health and diseases of the aged females**

### **Age group and disease**

When major diseases of the aged females are considered in relation to age it is seen that 45.6% (114) aged females are suffering from five different types of major diseases. Like the males, hypertension is the frequently occurring disease among the aged females and 50.9% women are suffering from hypertension. In every age groups hypertension is the frequently occurring disease and in the females of age group 50-54 years the percentage is 43.3; in 55-59 years it is 41.7%; in 60-64 years it is 53.8%; in 65-69 years it is 68.8%; in 70-74 years it is 52.2% and in 75+ years age group it is 50.0%. Thus the percentage of female sufferers is the highest in the age group of 65-69 years and it is 68.8%. The second highest major disease among the females is tuberculosis & asthma, the percentage is 36.8%.

When the minor diseases are considered according to the age of the females it is seen that in 50-54 years, 55-59 years and 60-64 years age groups gastrointestinal disorder is the highest occurring disease. In the 50-54 years age group the percentage of sufferer is 34.6; in 55-59 years age group it is 30.5%; and in 60-64 years age group the percentage is 31.1%. Again in the 50-54 years age group 35.1%; in 55-59 years



age group 33.9%; and in 60-64 years age group 24.6% women are suffering from arthritis & body pain.

### **Educational status and disease**

Regarding educational status and diseases of the aged females it can be said that among the illiterates, 62.5% are suffering from tuberculosis & asthma and it is the highest occurring disease. It is found to be in higher percentage among the women who studied upto L.P.level also and the percentage is 54.2%. But among the women who studied up to high school level, higher secondary level and college level hypertension is found to be the frequently occurring disease and the percentages are 70.0%; 75.0% and 50.0% respectively.

When minor diseases of the aged females are considered according to their educational level it is found that the females who are illiterate and who read up to L.P. level and M.E. level are frequently suffering from gastrointestinal disorder and arthritis & body pain. Out of 115 illiterates, 66.9% are suffering from arthritis & body pain and 58.3% are suffering from gastrointestinal disorder. Out of 67 women who studied upto L.P. level, 68.7% of them are suffering from gastrointestinal disorder while 67.2% are suffering from arthritis and body pain. Out of 32 aged women who read up to M.E. level, 75.0% of them are frequently suffering from gastrointestinal disorder and 50.0% are suffering from arthritis & body pain. Women who are of under matric level, 24.1% of them are suffering from skin diseases and women who read upto higher secondary level 50.0% of them are suffering from insomnia. Again it is seen that among the aged females who studied up to college level have the problems of piles and insomnia.

### **Occupation and disease**

When major diseases of the females are considered according to type of occupations it is seen that hypertension is a most frequently occurring disease. 42.2% women doing petty jobs; 42.9% businesswoman; 39.0% pensioners; 17.5% weaver and 20.9% dependents & house-wives are suffering from hypertension. But among the daily labourers and beggars, tuberculosis & asthma is found to be the frequently occurring major disease. The percentages are 33.3% and 50.0% respectively.

In occupation and minor diseases of the females it is seen that the women who are in service, business or work as daily labourer, the gastrointestinal disorder is found to be the highest occurring disease. On the other hand, among the beggars, weavers and dependents, arthritis & body pain is the frequently occurring disease.

### **Family type and disease**

22.4% (56) aged females are living in nuclear families and hypertension is found to be highest occurring disease among them and the percentage is 57.1. When major diseases of the aged females according to different types of joint families are considered it is seen that hypertension is the frequently occurring disease among the females who are living without spouses but living with their married sons and daughter in laws and the percentage is 52.3. Like hypertension, tuberculosis & asthma is also found to be in higher percentage among the aged females who are living without spouses but with their married sons and the percentage is 62.9. The aged women who are living with their husbands and unmarried children are suffering from different diseases like gastrointestinal disorder, arthritis & body pain, eye ailments, nerve problems and skin diseases and the percentages are 51.6%; 55.8%; 82.4%; 83.3% and 55.6% respectively. It is also seen that the widows living with their married children are suffering from anemia and headache and the percentages are 69.2% and 66.7% respectively. The gastrointestinal disorder is more common among the aged women who are living with their husbands and their married sons and the percentage is 50.5. But the diseases like arthritis & body pain, eye ailments, anemia, liver problem, headache, nerve problem and skin problems are frequently found among the widows. The percentage of females suffering arthritis & body pain is 62.0%; for eye ailments it is 53.1%; for anemia it is 66.7%; for liver problem it is 72.7%; for headache it is 66.7%; for nerve problem it is 50.0% and for skin diseases the percentage is 52.6%.

### **Social health of the aged**

It is generally said that biological health of a person specially of the aged is very much related to his or her social life and mental or psychological conditions.

In the present study lack of savings, lack of primary necessities of life, lack of steady economy, difficulty in establishing children, uncertain about future and too much hard work have been recorded as social problems of the aged. The socio-

economic problems of the aged in relation to age and diseases have been tried to see in the study.

When the socio-economic problems of the aged males are considered according to age it is seen that the persons who are of 75 years & above are suffering mostly from the socio-economic problems like lack of savings, lack of primary necessities of life, lack of steady economy and uncertain about their future. They reported that the socio-economic problems have affected their physical health. From the study it is seen that 51.2% people have problems in establishing their children and it is the highest. 76.7% people of 75 years and above are uncertain about their future. 50.0% in the age groups of 70-74 years have the problems like lack of primary necessities of life. In 65-69 years age group 56.7% are suffering from lack of savings and steady economy. On the other hand in 60-64 years and 55-59 years age groups the aged males feel that they have some problems in getting primary necessities of life and also they have failed in establishing their children and the percentages are 46.0 and 57.5 respectively.

When socio-economic problems are related with diseases of the aged males it is seen that persons who are suffering from hypertension have the problem of lack of savings and it is the highest i.e., 21.9%. Those people who are suffering from tuberculosis and asthma they do not have adequate prime necessities of life and the percentage is 25.4. Lack of savings is found to be a major problem for the people suffering from various types of diseases.

Again it is found that 40.4% aged males are still earner and they are taking economic responsibilities of the families. 8.4% are fully depending on their sons and 34.0% are partially depending on their sons. 2.4% are fully depending on their daughter and son in laws and 14.8% are taking financial help from both sons and daughters.

When some frequently occurring diseases are seen according to economic dependency of the males it is seen that diseases like hypertension, tuberculosis & asthma, gastrointestinal disorder and anemia are frequently found among the males who have to depend completely on their sons and the percentages are 85.7; 57.1 ;71.4 and 19.1 respectively. Arthritis & body pain (83.3%) and eye ailment (33.3%) are

common among the males who are doing physical labour for the maintenance of their families.

When the socio-economic problems of the aged females are seen according to age it is found that women of age group 60 and above are suffering from most of the problems. The problem like lack of savings is found among the women of age group 60-64 years and the percentage is 85.7%. 60.0% women of the age group of 75 years and above 75 years reported that they feel neglected and they are not getting prime necessities of life.. Lack of steady economy is a problem for the women of 65-69 years age group and the percentage is 80.0. In the age group 75 years and above, loneliness is also a major problem of the women and the percentage is 60.0. 83.3% women of age group 55-59 years reported that their children are not well established.

The females who have the problems like lack of savings, lack of primary necessities of life are suffering from tuberculosis & asthma. Out of 42 females, who are suffering from tuberculosis & asthma, 59.5% have the problem of lack of savings, 50% are lacking primary necessities of life. Out of 41 aged females who are suffering from anemia, 53.7% have the problem of regular income. There are 49 aged women who are suffering from eye ailments and 48.9 % of them have the problem of regular income and 40.8% are uncertain about their future due to their poor economic condition.

In the aged females 14.0% are compelled to take full economic responsibilities of their families; 34.0% are fully dependent on their husbands, 23.2% are fully depending on their sons; 8.8% are getting financial help from sons and daughters; 7.2% are partially depending on their husbands; 6.4% are partially depending their sons and 2.4% are depending on their relatives other than their own sons and daughters. Diseases like hypertension and gastrointestinal disorder are seen among the females who are taking the full responsibilities of the families and the percentages are 42.8 and 71.4 respectively. Tuberculosis, eye ailments and anemia are found frequently among the females who are depending on their relatives other than their sons and daughters for their maintenance and the percentages are 50.0; 33.3 and 66.7 respectively. The aged females who are fully depending on their husbands are suffering frequently from the disease like arthritis & body pain and the percentage is 68.2.

## **Psychological health of the aged**

In the present study sense of worthlessness, lack of courage, memory failure, lack of concentration, inefficiency, laziness, aimlessness and difficulty in taking decisions are recorded as psychological problems of the aged Kaibartas.

Out of 250 aged males, 6.8% are suffering from the psychological problems like sense of worthlessness; 10.4% are suffering from lack of courage; 7.6% are suffering from memory failure; 11.2% are suffering from lack of concentration; 7.6% think that they are inefficient; 14.4% are suffering from laziness; 8.4% are suffering from aimlessness and 9.2% are suffering from the problem of difficulty in taking decision. Psychological problems are more among the males of 65 years and above 65 years age group than the males of younger age group.

Regarding psychological problems of the females it is seen that out of 250 females, 11.2% are suffering from sense of worthlessness; 10.0% are suffering from lack of courage; 14.0% are suffering from memory failure; 20.0% are suffering from lack of concentration; 8.8% are suffering from inefficiency; 22.8% are suffering from laziness; 10.8% are suffering from aimlessness and 12.4% are suffering from problems of establishing their children. Problems are more in the women of higher age groups.

The aged feel neglected if they are not consulted in taking decisions in family matters. In the present study it is found that most of them are not given importance in taking the important decisions in the family. Compared to the females males are getting some importance in taking decisions in the family matters.

Both males and females reported that their mental health conditions have direct effect on their biological health.

## **Nutritional status of the aged**

The aged need special care. With advance in age a person is less active and may also suffer from some health problems related to age. These factors greatly influence the dietary intake and nutritional status of the old people (Mullick, 2006).

In the present study it has been tried to find out the nutritional status of both male and female aged Kaibartas with the help of Body Mass Index (BMI).

Among the 250 aged males it is found that 40.4% are in normal (>20.0-25.0) category and it is the highest; 36.4% are in malnourished (<18.5) category and 22.4% are in low normal (18.5-20.0) category and 0.8% are found in over weight (>25.0-30.0) category.

Regarding nutritional status of the aged females it is seen that out of 250 aged females, 37.6% are in normal (>20.0-25.0) category; 30.0% are in low normal (18.5-20.0) category; 29.2% are in CED-malnourished (<18.5) category and 3.2% are in over weight category (>25.0-30.0).

### **Occupation and nutritional status**

In occupation and nutritional status of the aged males it is seen that persons in CED-Malnourished category are mostly the dependents. Out of 27 dependents, 51.9% are in CED-Malnourished category. The second highest percentage is found among the beggar; out of 14 beggars, 50% are in category CED-Malnourished (<18.5). Most of the serviceman (62.8%), businessman (44.0%) and pensioner (39.5%) are in the normal (>20.0-25.0) category. 39.5% fisherman 42.9% daily labourers are in CED-Malnourished category. Out of 12 thela pullers or rickshaw pullers 41.7% are in low normal (18.5-20.0) category. Out of 250 aged males only 2 persons are in overweight category and one of them is a businessman and the other one is a fisherman.

When nutritional status is seen according to occupations of the aged females it is seen that most of the aged females who are in service are in normal category. Out of 13 women who are in service, 61.5% of them are in normal category. Most of the daily labourers are in CED-Malnourished category and the percentage is 45.5%. Most of the pensioners are also in low normal category (18.5-20.0) and the percentage is 39.0%. The highest percentages of aged females who are weavers and dependents or house-wives are in normal category.

### **Nutritional status and some frequently occurring diseases**

Regarding nutritional status and some frequently occurring diseases of the aged males it has been seen that out of 96 aged males who are suffering from hypertension, 15.6% are in CED-malnourished (<18.5) category; 39.65% are in low normal (18.5-20.0) category; 42.7% are in normal (>20.0-25.0) category and 2.1% are in over weight (>30.0) category. Out of 67 persons suffering from tuberculosis &

asthma, 44.8% are in CED-malnourished category; 31.3% are in low normal category and 23.9% are in normal category. Out 117 persons suffering from gastrointestinal disorder, 26.5% are in CED-malnourished category; 31.6% are in low normal category and 41.9% are in normal category. Out of 100 males suffering from arthritis & body pain, 24.0% are in CED-malnourished category; 40.0% are in low normal category and 36.0% are in normal category. Out of 31 anemic persons, 35.5% are in CED-malnourished category; 35.5% are in low normal and 29.0% are in normal category. Out of 24 persons having liver problem 20.8% are in low normal category and 79.2% are in normal category.

Regarding some common diseases and the nutritional status of the aged females it is found that, out of 58 aged females who are suffering from hypertension, 18.9% are in CED-malnourished category; 31.0% are in low normal category; 41.4% are in normal category and 8.6% are in over weight category. Out of 42 females suffering from tuberculosis & asthma, 38.1% are in CED-malnourished category; 30.9% are in low normal category and 30.9% are in normal category. Out of 142 aged females who are suffering from gastrointestinal disorders, 19.0% are in CED-malnourished category; 45.8% are in low normal category; 34.5% are in normal category and 0.7% are in over weight category. Out of 143 females suffering from arthritis & body pain, 16.1% are in CED-malnourished category; 34.3% are in low normal category and 49.6% are in normal category. Out of 41 anemic females, 17.1% are in CED-malnourished category, 36.6% are in low normal and 46.3% are in normal category.

## **Waist/hip ratio of the aged Kaibartas**

To find out the central obesity the waist hip ratio of both males and females have been calculated and it is seen that the mean value of waist/hip ratio is found to be 0.97. In age wise distribution it is seen that the highest mean value is 0.98 and it is found in the 70-74 years age group and the lowest mean value is 0.96 and it is found in the 60-64 years of age group. Among the aged males 94.0% are in normal ( $\leq 0.95$ ) category and 6.0% are in central obesity ( $\geq 0.95$ ) category.

Regarding the mean value of the waist/hip ratio of the aged females it is seen that the mean value of waist/hip ratio is 0.95. The highest mean value i.e., 0.97 is found in the women of above 70 years of age group and the lowest mean value i.e., 0.94 is found in the women of 50-54 years and 55-59 years age groups. Among the

aged females 75.6% are in normal ( $\leq 0.85$ ) category and 24.4% are in central obesity ( $\geq 0.85$ ) category.

## **Nature of treatment of the aged Kaibartas**

Regarding nature of treatment for various types of diseases it is found that out of 500 (male & female) individuals, 87.6% persons consult allopathic doctors and use allopathic medicines; 8.6% use homeopathic medicines and 3.8% persons consult ayurvedic doctors and use ayurvedic medicines for various types of diseases. It is also recorded that for major diseases they consult allopathic, homeopathic or ayurvedic doctors but for minor diseases like digestive disorder, arthritis, skin diseases etc. they use different types of traditional medicines.

## **Conclusion**

The elderly Kaibartas of present study are of poor economic condition. Though most of them are literate but they studied upto only a few level of high school. They could not well establish their children also. Most of the aged males and females are suffering from different types diseases. They are not free from problems related to social and psychological aspects. Poor economic condition is a major problem for them. They are not much educated so they have to earn by physical labour or doing petty jobs or small business. The Kaibartas of present study are happy with the medical facilities they are receiving from the newly established medical college hospital of Barpeta. However, they think that poor elderly should get more facilities and some financial help from the government. It has been observed that the earning sons are unable to take good care of their parents but most of the parents are satisfied whatever their sons are doing for them. The parents are of the opinion that their children are not earning much it is therefore not possible for them to take good care for their parents. The economic condition of the service holders and pensioners are comparatively better. Widows and widowers are more sufferers than the currently married couples. A number of diseases are recorded but tuberculosis is a common disease among the persons doing hard labour of poor economic condition and of poor nutritional status. As the people are living in a rural set up the problems of elderly of city area like loneliness are not seen. People are not aware about how to keep a good health. According to them it is one's luck that will determine whether one will enjoy or suffer.