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Association between socio-economic status and health of older adults in rural Bangladesh and India: A comparative cross-sectional study

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Objective

This study attempts to examine the effects of SES on health of older adults, and related gender differences, in rural Bangladesh and India using standardized data collection instruments.

Target Population

People of aged 50 and over at Matlab, Bangladesh and Vadu HDSS site Pune district, India.

Data Source


Methods

Bangladesh data set was collected from a rural Upazilla “Matlab” under Chandpur District where the International Centre for Diarrhoeal Diseases Research, Bangladesh (ICDDR,B) has been maintained a field work station since 1963. Using the SAGE short version of questionnaire, a sample of 4004 people of aged 50 and over was randomly selected from the Matlab HDSS database of 31,400 people. The data was collected through face-to-face interviews by a team of college graduate who received extensive training on data collection and have previous experience of data collection. India data set was collected from the Vadu HDSS site, Pune district in Maharashtra. This HDSS site consist of some 80,000 people spread over 22 villages. The data was also collected from a sample of randomly selected 6000 individual of aged 50 and over by field-based trained graduates using SAGE short version of questionnaire.

This table represents the socio-demographic profile of people aged 50 and over in Matlab, Bangladesh and Pune district, India.

### Results

In Bangladesh, level of education is significantly associated with all the four health indicators, while in India level of education is not significantly associated with most of the indicators of health of older adults. Similarly, quality of life is significantly associated with asset quintiles in Bangladesh whereas it is not significantly associated in India. However, all other health indicators in most cases are not significantly associated with asset quintiles in both countries. Older women are likely to experience worst health in both countries but it is more widespread in Bangladesh compared to India.

### Conclusion

Education is the better predictor of health of older adults than wealth, and it is more obvious in Bangladesh than in India. As the proportion of older people rapidly increasing in both countries, the findings of this study have profound implications with regard to designing health intervention programmes for older adult populations in the forcoming years.