

Health status of the rural elderly

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Abstract

An enormous proportion of the world's elderly live in rural areas and show wide variations in health status. Many, particularly those in the developing countries, are vulnerable to greater socioeconomic and health marginalization mainly due to inadequate provision of services and economic deprivation. As with the urban elderly, locomotor, visual and hearing disabilities, as well as life-threatening conditions of coronary heart disease, diabetes and hypertension are common among rural elders also. Infections continue to take a heavy toll in many parts of the world. Higher prevalence of health and functioning impairments and of risk factors like sedentarism and current smoking have been reported for the rural elderly in developed countries like the United States, where less frequent use of certain preventive services also has been observed among the rural elderly. The positive association of well-being and health with variables such as living with family, having children, and community involvement, which has been reported from developing countries like Ghana and India, supports the usefulness of the time-honored value of joint family systems and lifelong social and physical activity--all known to foster healthy aging. Such traditional virtues therefore need to be preserved and strengthened. Effective geriatric health care services need to stress a community approach to primary health care, with provision of support and training for both family caregivers and professionals. In addition, emphasis on health promotion, cost-effective indigenous systems of medicine and gender-sensitive programs is needed.