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TITLE

A study on the perceived

health (status) and health care

Practices of Elderly person

of Gulsan colony area of w-

est chowbaga Kolkata.

Preface

This field work has been given by our Anthropology department of Bangabadi morning College which is under our Calcutta University. This field work is given by our H.O.D Prof. prasenjit Sarkar and Prof. Chumo sheppa to the students of 5th semester. This field work is for our practical Exam.

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DEPARTMENT OF ANTHROPOLOGY
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Forwarded by
Sheppa
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I take this opportunity to the University of Calcutta. My special thanks goes to the head of the department of anthropology Prof. Prosojit Sankar Das to Empiric knowledge of field work, he ^{taught} learn the ~~to~~ how to write field project that is very helpful for me. I am very thankful for my guidance. Chumo Sherpa and Anaita Mazumder checked my data on written portion, and connect this that is very helpful correctly completed this project. and very thankful elderly person who gave their health information, Thank you so much.

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Introduction

Anthropology: Anthropology is a discipline which serves that infinite curiosity about human being. Etymologically the term is derived from two distinct Greek words - Anthropos: the meaning of which is man and the logos refers to science or study. Therefore, we define anthropology as a discipline which studies that human being scientifically.

Branches of Anthropology: In the beginning, anthropology was divided into two major branches according to the scope of study. They were physical anthropology and cultural anthropology. The biological aspect of man was dealt solely under physical anthropology and the cultural anthropology included the whole of mental, rational and material technological processes and products of the human being in an integrated pattern. But with time development of more division in the subject has been noted. Physical anthropology continues to be one of the major fields of anthropology. The cultural anthropology has given rise to three major sub-fields - Archaeological anthropology, linguistic anthropology and social cultural anthropology.

Physical Anthropology: Paul Broca (1871), the famous biologist defined physical anthropology as the science whose objective is the study of humanity considered as a whole, in its parts and in relationship to the rest of nature. Although it is related to the biological sciences like anatomy, physiology etc.

Archaeological Anthropology: Archaeological anthropology has been derived from the broad field of archaeology (archaios means ancient and logia means study) which is concerned with the study of the extinct cultures. Archaeology is able to supplement anthropology by recovering the remains of ancient men of bygone days along with the material evidences of his culture.

Linguistic Anthropology: It is sub-field of cultural anthropology, which is concerned solely with language. But the study of languages as a discipline arose much before the birth of an anthropology.

Social-cultural Anthropology: Social anthropology is a sub-field of cultural anthropology because of its intensive interest in social behaviour and the organization of social groups.

Field: Physical anthropology continues to be one of the major field of anthropology. The term fieldwork is used to describe research in all areas of anthropology. From social and cultural anthropology to medical or biological anthropology or science establishes the relation between cause and effect in unvalues. That stage like experiment observation and inference.

I have done this field work on health of elderly person (above 60+) and I study about Human Growth and development may be categorised grossly two main types.

① Prenatal development and ② post natal development.

Postnatal period is commonly divided into the following age periods:

- 1) Neonatal → Birth to 2 weeks
- 2) infancy or babyhood → 2 weeks to 2 years.
- 3) childhood.
- 4) Adolescence - 12 to 18 years
- 5) Adulthood.
 - i) Early adulthood → 18 to 40 years
 - ii) Middle adulthood → Early 40s to 60s
 - iii) Late adulthood → Early 60s and above.

I have done this field work on late adulthood (old age):

late adulthood or old age begins at 60 and extends till death. physical and physiological decline starts up in this period and the period is known as senescence. a time of growing old or advent and partly from physical factors. The physical cause of decline is the change in the body cells. not due to a specific disease but to degeneration. psychological causes of decline include unfavourable attitudes towards self, other people, work or life in general. this can lead to senility, just as changes in the brain tissue can. individuals who have no sustaining interests after retiring from work are likely more depressed or disorganized.

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CHAPTER - I

Scope of study:

I get the knowledge about age effect, there are individual differences in the effect of ageing people age differently because they have different hereditary endowments, different socio-economic and educational backgrounds and different patterns of living. These differences are apparent among members of the same sex but they are even more apparent when men and women are compared. Ageing takes place at different rates for the two sexes. How an individual copes with the strain and stress of everyday life will also effect the rate of decline. In modern times, medical techniques, caution clothing and grooming make many men and women to look, act and feel as they did when they were much younger.

As noticed there the physical changes first mark by changes in appearance different internal system change and therefore physiological malfunction sensory and sexual changes are noticed. The changes in motor capacities signify changes in strength and speed more time is needed at this time to learn new things or to cope up with new setup. There are various causes for the changes in the mental abilities most important among these are lack of environmental stimulation and lack of motivation to be mentally alert. Changes in interests and lack of motivation to be mentally alert. Changes in interests are also cause by the reason like deterioration in health and economic status, change

change in residence and marital status and change in values. Leisure time increases and loneliness appears. Bent of mind goes toward religion, perhaps due to the concern over death.

I am get the Empirical knowledge about the most common living arrangement for the elderly in our society is that an elderly couple can live either alone or with their married son and family the same applies for an elderly widow or widower. Recently, 'home for elders' have been introduced in our society many helpless elders are found to live in these homes. certain problems in adjustment specific to this stage are physical and economic dependency on others, difficulty in establishing new contact, etc. old people are supposed to behave in a mature manner to their own children, who by this time have become adults having different interest and outlook. common physical hazards at this stage are diseases, physical handicaps, malnutrition, acidity and sexual deprivation, reduction in income and loneliness add fuel to fire.

Aim and objective of the study.

Aims : To offer purposeful learning experience to us through interaction with life pro-situation under supervisory guidance for professional growth in term fieldwork enables students and researchers to examine the way scientific theories interact with real life. It is important in both the social and natural sciences. Social science such as Economics or history focus on people culture and society.

The objective of field work program in social work education is to provide the student with actual experience in applying social work methods and enable him/her to become familiar with the real work or practice that is, to relate the academic theory to concrete reality as found in the agency setting.

Following are the objective of the fieldwork.

1. To offer purposeful learning experience to students through interaction with life situation induce a supervisory guidance for professional growth in term of the knowledge skill and attitudes.
2. To foster attitudes in the students towards professional self development, increasing self awareness, appreciation of both capacities and limitations.

3. To develop in the student the required skill in helping the needy through organizational works and methods, that is listening, participating communication and so on.
- 4) To enable the student to develop and deepen the capacity to relate theory to practice, and also to relate the experience to theory.
- 5) Development of skill in problems solving at the micro and macro level
- 6) Integration of classroom learning with field practices.
- 7) Development of skill required for professional practice at the particular level of learning.
- 8) Development of self awareness and professional ideas.
 - a) Help to examine practice issue that may effect or impede services created by the interaction of personal and professional values and ethics as defined in the NASW code of ethics as well as the professional standards present in the agency setting.
- 9) Our aim about learning of elderly persons health related problem. why they are getting ~~steep~~ sick every time what there problems, we study about health. and also what amount of knowledge we have, we gave that knowledge there also as suggestion.

Pre-requirement of field work

Self-Preparation: Every fieldwork whether it is a training or research involves certain kinds of preparation stage. A L Epstein (ed) in his book "The Craft of Social Anthropology (1969) has pointed out preparation for fieldwork has come to be seen as an essential part of the training of students the subject and fieldwork itself is a unique and necessary experience". It is nothing about but an orientation of the investigator before leaving for the field. This preparation is generally of two folds - Intellectual preparation and material preparation.

The intellectual preparation chiefly means the library work. Since an I plans to study a late adulthood group of person. I need a prior introduction about the group various literatures are available in the library from which one can build his preliminary ideas on the particular group. I also need the information about the area to which the particular group is located.

Naturally, I should have grown a first-hand knowledge about the the field-locality before reaching there. I should consult them according to me specific purpose. Thus the philosophies of change, process of change motivations and theoretical models acquaint me with the implication of change different aspect of life.

I should also know the various field methods and techniques as used by the anthropologists in their fieldwork. Once for 'Notes and Queries on Anthropology' was the main guide for me in collection data. Now there are a good number of books on anthropological method however an intellectual preparation provides the glimpse on the people, area and the techniques of work.

① The other kind of preparation is the 'material preparation' I should carry the bag becomes filled up with a variety of items like, schedule, pen and pencil, camera etc. A prior information about the area enable me to be fully equipped while me is in the field. otherwise, I remains overburdened with my own problems and cannot concentrate properly on the field. It is a foolish idea to seek comfort in the field, but carrying necessary articles often saves from embarrassment.

② Mentally prepared: In field I should forget me own social status values and sentiments rather I was to attune myself with the manner and etiquette of the particular field as a successful field worker. I ought to be satisfied with the available accommodation. Local people may come forward to provide a space for living when they conditionally accept the newcomers this happens only where the investigator can satisfy them with an amiable, behaviour.

Field technique and approaches.

Field techniques: The techniques are usually the part of a broad method, 'observation' and 'Interview' are two broad methods of data-collection. Each of these methods consists of a number of techniques.

Interview: An interview may be defined as face-to-face meeting of persons on some particular points.

The purpose can vary widely to include, as for example, a meeting to arrange for a course of action, to collect information or to select persons etc.

Normally it involves putting of relevant questions to the interviewee and recording his response, set questions are asked and answers are recorded in a standardized form. An interview, without any purpose, is not an interview at all but an idle conversation.

In social-cultural anthropology an investigator is mostly a stranger in the native situation so he has to ask various things which he does not know.

However the person starts with a working hypothesis. It is a preliminary plan of work based mainly on textual information. It has to be tested in the field and modified may be made as per the objective of field work.

Techniques of interview can be classified into two distinct types on the basis of nature and scope of investigation techniques for documentary interview and technique for special interview.

○ Techniques for documentary interviews:

The techniques, which are devised mainly for the documentation of real facts, are called documentary interview techniques. Four different techniques have been distinguished here, namely, survey with census, narration or description of facts; case history recording and representation through genealogical table. Each of these techniques follows a special procedure typical to its own.

i) census survey technique: The field work usually begins at the area under investigation. The investigator moves from door to door to count the people therein and during this visit he collects the primary information of the respective family. A schedule is essentially used for this purpose. The technique is very useful in gathering a basic data about a people.

ii) Description or narrative technique: In this technique the informant is required to narrate certain facts on the basis of his experience. No particular case is investigated. As narration differs from man to man due to the variation of individual psychology. The social cultural anthropologists normally avoid this technique, but its use becomes inevitable in collecting information on religion.

iii) Case history (concrete) technique:-

This is the technique where a person (informant) is allowed to the recent past. In this type of investigation a large number of concrete cases are collected and analysed in order to draw a conclusion. the technique has proved its worthiness in collecting data on a particular topic, particularly for the cases like birth, marriage and death. It is the most convenient way of data collection.

iv) Genealogical technique:- In this technique, the pedigree of the informant is traced. the genealogical knowledge plays an important role among the non-literate peoples. ancestry can be traced back to several generations with the help of standardized symbols and charts. A large number of collaterals are known by the name. this method help to gather huge information relating to social structures and other institution of human group.

Techniques for special interview:- Documentary interview techniques may not always yield the correct data. It is therefore necessary to check the available data for final representation. some special technique that are employed for the final verifications of the data are called special interview technique. this interview have been chalked basically on two principles - interview in depth and repeated interview.



Interview

(1) Interview in Depth:- In a general way, an informant is interviewed only once, although the clarifications may be sought in a second interview. Under the special technique like 'Interview in depth', an unusually long period is consumed for interview. Such interviews (in-depth) may be of two kinds single interview depth and multiple interviews depth.

a) single interview depth - here the informant is interviewed for a long time but in a single sitting, the interview gets completed. Such an interview is renowned for a deeper understanding of technique. Two important types of it are 'Focussed interview' and clinical interview.

clinical interview:- This type of interview is quite similar to the focussed 'interview' but the difference is that the clinical interview is concerned with broad underlying feelings or motivation or with the course of individual's life experience, rather than with the effects of specific experience as a found of focussed interview. It resembles the method of questioning as a doctor ask a sick person in order to diagnose him.

b) multiple interview in depth:- Here the informant is interviewed not only over a fairly long period he has to submit numerous interviews at different dates. There are three types of multiple interview - the mermaid interview, the interview with prisoners and the psychoanalysts

memoir interview :- It is a technique where is different
sing sitting on informant is allowed
to exercise his memory to describe the events which he
experienced a long time back.

ii) Repeated (panel) interview :- The technique is almost similar
to that of the previous one i.e
Interview in depth'. But the difference is that here a
group of persons are interviewed instead of a single
person. The persons of the group are subjected to repeated
interview. at various interview

I used the techniques for documentary interview, asks
them documentation such as, name, age, sex, address,
marital status, education. etc. used census survey
technique. try to apply description or narrative technique.
I always use case history technique, and use the
techniques for special interview, and apply clerical
interview technique.

Field approaches

Field approach means an approach which joins the highway with a driveway to private property that is vacant, in an unimproved condition or a farm field.

- Types of Approaches: (i) longitudinal, (ii) cross-sectional, (iii) cross-cultural, (iv) experimental.

Two approaches are very popular here.

- i) longitudinal study
- ii) cross-sectional study.

Longitudinal study: (observe one group at different times)

In this approach the same group of individuals is studied over an extended period of time. It involves re-examining of the same at intervals. Data is first collected at the commencement of the study and then additional data is gathered from time to time all through the length of the study. In some cases, longitudinal studies can last several decades. It assesses changes in one more persons generally one single characteristics.

Cross-sectional study: (compare groups of differ in age or back ground).

In cross sectional study, people of different ages are assessed. This types of research aims to compare development levels at various ages or back grounds. This kind of study provides information about difference in development among different age group rather than features changing with age in the same person. again a researcher may measure or

to observe a group of young adults and compare this data with information gathered about a group of elderly participants. Gesell and his co-workers developed nonmotor four aspects of human growth - motor behaviour, language behaviour, adaptive behaviour, and personal-social behaviour. They studied large numbers of children in each age group ranging from birth through adolescence to determine the approximate age at which each step in the growth process normally occurs.

⊙ advantage of cross-sectional study:

- It can be done relatively quickly, so save time and energy.
- Gives a picture of typical characteristics of different ages.
- relatively inexpensive to carry out.
- The whole project can be handled by a single investigator.

⊙ disadvantage of cross-sectional study:

- It does not consider individual differences, deal with group averages.
- provides only an approximate representation of developmental process.
- It cannot eliminate cohort or generational influence.
- It does not take into consideration the cultural and environmental changes occurring over time.

* I applied cross-sectional study field approaches.

Emic and Etic approaches: Different types of data produce different kinds of ethnographic descriptions, which also vary in terms of perspective - from the perspective of the studied culture (Emic) or from the perspective of the observers (Etic). Emic perspectives refer to descriptions of behaviors and beliefs in terms that are meaningful to people who belong to a specific culture, e.g. how people perceived and categorized their culture and experiences, why people believe they do, what they do, how they imagine and explain things.

macro approach: At the macro level, sociologists examine social structures and institutions. Research at the macro level examines large-scale patterns. In recent years, sociologists have become increasingly interested in the process and impact of globalization.

micro approaches: micro approaches to studying society. The micro-level approach is a contemporary development and is based on social interaction. The approach was pioneered and influenced by advocates of symbolic interactionism including Herbert Blumer and Erving Goffman.

Rapport

Objective of the fieldwork is to get a reliable and verifiable information. at the first step, cooperation can be sought only after the establishment of friendship. I should start with friendly greeting as per the respective cultural pattern. This is the key to Entry-point. Use of pen and pencil is not recommended at the initial phase. because a noting may make the people suspicious which hamper in building of an easy relationship. It should be remembered that the human mind is highly sensitive. An anthropologist should win the people with love and sympathy, instead of with an sophistication.

Rapport is the most difficult but the most interesting stage in fieldwork. A good rapport brings the so close to the people that they provide him not only with all required information, they try to protect him in all ways. with time they really forget that the person is outsider, rather take him as their own kin or a well-wisher. naturally the people here do not feel shy in allowing the investigator to watch all of their socio-cultural activities. At this time the investigator must be very caution about himself. He may participate in eating, drinking or talking together but he should not violate any rule.

I must followed this every rules of rapport. First always to bear is my college Identity card. and told them this interview is done only for covered my syllabus of CU anthropology practical field perceived health of elderly persons. then I convince them if they gave me data then I complete my field work. and try to build good relation with them. then I completed my rapport.



Data collection

Cross-Checking of Data

Data Collection: Data are collected at the last phase of fieldwork. They are largely based on our sense-observations. The word 'observation' in the context of data collection, includes all forms of sense perception used in recording responses as they impinge upon our senses. But response is not a datum. "A datum is what is observed, is manifest or phenotypical. I look for the facts by observing the people carefully. I try to understand the themes of every behaviour. Being and observer, one should keep myself aloof from the struggle of the community. I am supposed to be an objective observer from all bias and inhibitions, but there are certain limitations for me. No confidential information can be gathered in this way. At present I most of the supplement their 'observation' by the methods of interview; the collected data is purely qualitative in nature.

Primary data: Primary data are those which are collected afresh for the first time and thus happen to be original in character. Eyewitness events are taken into account.

Secondary data: Secondary data are those which already been collected by someone else and such data, are generally processed data. Hearsay evidences are also counted here.

Qualitative data: Qualitative data is the descriptive and conceptual finding collected through questionnaires, interviews, or observation. It's describing the attributes or properties that an object possesses.

Quantitative data: Quantitative data that can be counted or measured in numerical values. Examples. Height in feet, age in years, and weight in pounds are quantitative data.

Cross-checking of data: cross checking data that means rechecking the data to make sure they have been entered accurately.

Using each of these approaches I may be asking the same question of different respondents, or even the same question of the same respondent

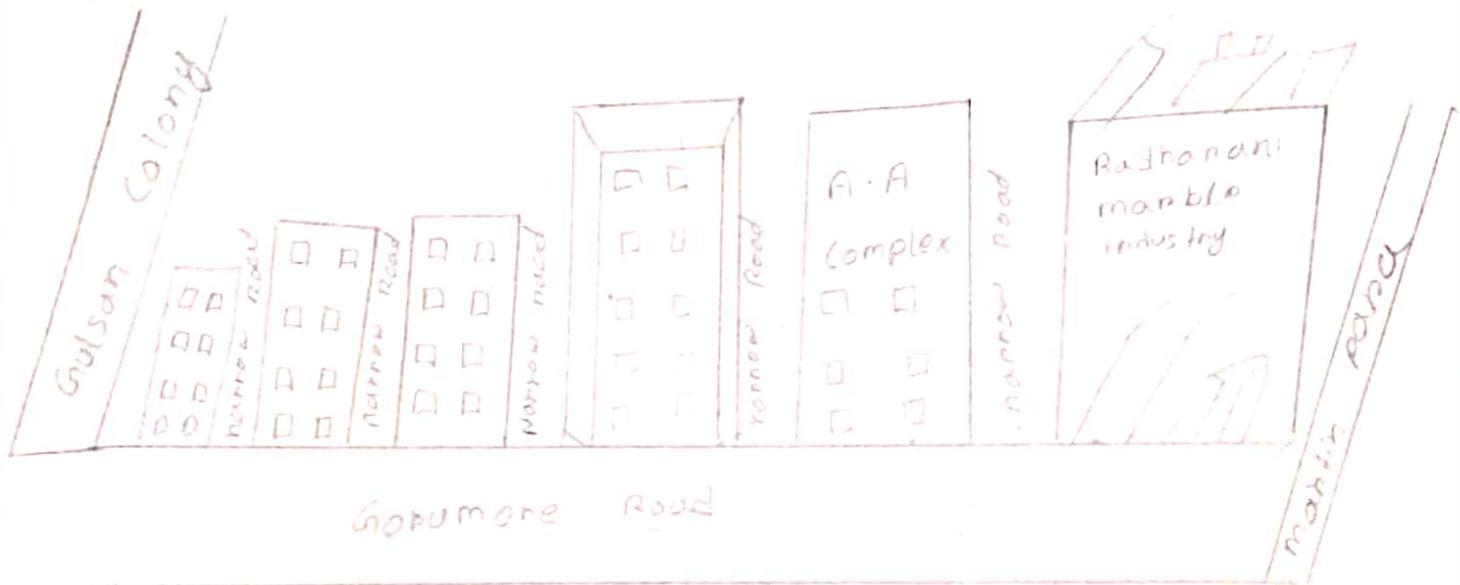
but in more than one way. By exploring the topic using different techniques, I can be sure that my results will not hold bias. For

example, I will check that what I learn in qualitative discussions supports my survey findings, and that these results have been supported in results from other similar studies from secondary research sources. I will cross check that I observe in the small towns with what people tell me through both qualitative and quantitative.

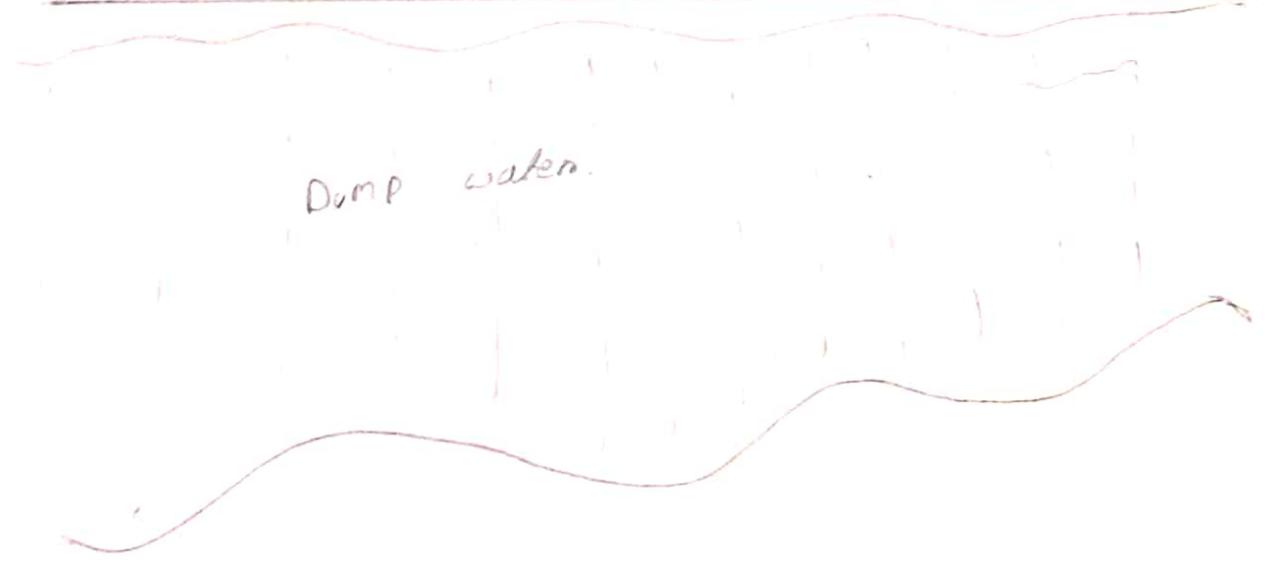
Research, to be sure that what I observe is consistent with what others perceive is going. I will not just rely on evidence from one area. I will compare and contrast both both qualitative and quantitative findings across all six areas to look for consistencies. I have set up community panels of residents in each of the six areas and I intend to re-visit them over time to allow me to compare and contrast their views with other similar participants.

CHAPTER - II

map of Locality



Dump water.



Area of Study

Name of the area is panchna gram. ward No. 108, Kolkata municipal corporation is an administrative division of Kolkata municipal corporation in Borough No. 12, covering parts of VIP Nagar, Jagorani colony, Uttar panchna gram (Martin Park Gulshan Colony), *Pastun Chowbaga, Sandarhat Ghoubaga, Barab Adarsa Nagar, Nonadanga, mundapana and East Culeutta Township (Ruby - ananda pur - Nazirabad - Urbana - Hussainpur - madu - rdaha) neighbourhoods is south Kolkata in the Indian state of West Bengal.

The ward is served by Talsala, Anandapur Pragati maida and Kolkata Leather Complex police station of Kolkata Police. Karaya women police station.)

This area is newly developed area nearly 20 to 30 years. this area is nearly 20 to 30 years. this is area is muslim dominated like line of the area EM Bypass. Now - a days people from (Topsia, Rajabazar and Park circus) start residing here mostly. From topsia this area is developing so many new building and shops are progressing. Now days the population like education and it's poor and ^{health} care facilities of the area is poor and most of the people of this area are less educated. A section of the people are belong to the primary and secondary level of education.

Demographic profile (with table)

Distribution of population on the basis of age and sex.

Table No. → 1

Sex age	M	%	F	%	Total	%
60-64	6	24%	9	36%	15	60%
65-69	4	16%	3	12%	7	28%
70-74	2	8%	1	4%	3	12%
Total	12	48%	13	52%	25	100%

Age and Sex analysis:

Table 1 showing there is a trend of rapid decreasing number of female response from the age of 60 years as age grow in/increasing.

But in general from the age of 60 in both the gender number of population show in gradually decreasing as age is increasing.

out of total 25 person 48 percent male and 52 percent are female response.

Distribution of male population in the basis of marital status.

Table → 2

age	unmarried				married				widower		widow		Divorce				Total					
	M	%	F	%	M	%	F	%	M	%	F	%	M	%	F	%	M	%	F	%	Total	%
60-64	-	-	-	-	6	24	7	28	-	-	2	8	-	-	-	-	6	24	9	36	15	60
65-69	-	-	-	-	4	16	2	8	-	-	1	4	-	-	-	-	4	16	3	12	7	29
70-74	-	-	-	-	2	8	1	4	-	-	-	-	-	-	-	-	2	8	1	4	3	12
Total	-	-	-	-	12	48	10	40	-	-	3	12	-	-	-	-	12	48	13	52	25	100

marital status analysis:

Table two is observed that 48% married male and 40% married female and 12% is widow of total respondents.

From table 2 it is that not a single unmarried male and female could be observed.

It also could be noticed that there is no widower and divorce.

This table also showing the same trend decreasing numbers as age is increasing among the elderly married couple who are in wedlock as well as widows also.

Distribution of population on the basis of educational status

Table → 3

age	Illiterate								Literate				Total					
	can sign				cannot sign				M	%	F	%	M	%	F	%	total	%
	M	%	F	%	M	%	F	%										
60-64	1	4%	1	4%	-	-	1	4%	5	25%	7	28%	6	24%	9	36%	15	60%
65-69	1	4%	2	8%	1	4%	-	-	2	8%	1	4%	4	16%	3	12%	7	28%
70-74	2	8%					1	4%					2	8%	1	4%	3	12%
Total	4	16%	3	12%	1	4%	2	8%	7	28%	8	32%	12	48%	13	52%	25	100%
M & F	7				3				15				60%					

Educational qualification analysis

This table shows that 40% of the respondents (male & female) are illiterate out of this 28% can sign only and remaining can not even sign.

But 60% of the respondents are literate. The literate respondents are mostly pursued primary level of education from this situation it could be assessed that respondents as well as others of the locality got least schooling facilities due to different phases possible reasons may be financial condition and social restriction. In evaluation the reason further study needed.

It could also be noticed that literacy percentage is slight high than the illiterate. In case of female, male also showing the trend.

Distribution of population on the basis of Occupation.

Table - 4

Occupational age	Business				Drivers				Labour				Job (Private)				Tailoring				Home maker				Total									
	m	f	%		m	f	%		m	f	%		m	f	%		m	f	%		m	f	%		m	f	%		Total %	%				
60-64	3	12	-	-	1	4	-	-	1	4	-	-	1	4	-	-	-	-	-	-	-	-	-	-	9	36	6	24	9	36	15	60		
65-69	1	4	-	-	1	4	-	-	2	8	-	-	-	-	-	-	-	-	-	-	3	12	4	8	3	12	7	28						
70-74	1	4	-	-													1	4	2	4	1	4	3	12										
Total	5	20			2	8			3	12			1	4			1	4			13	52	12	48	13	52	25	100%						

Occupation analysis:

① Elderly female population all are home makers and none of them are involved in any occupation but all the male folk are engaged in different occupation like business, driving, tailoring or working as day labourer, irrespective of age. as respondents are coming from muslim community. there is a stigma on the women folk to work outside that's why irrespective of that's why irrespective of financial and social condition but women folk all are the homemakers.

• It could be observed that elderly males they were engaged in low income manual labour mostly due to their poor education status.

Distribution of population on the basis of requirement of medicine

Table - 5

Requirement of medicine age	Required				Not Required				Total					
	M	%	F	%	M	%	F	%	M	%	F	%	Total	%
60-64	2	8	5	20	4	16	4	16	6	24	9	36	15	60
65-69	2	8	3	12	2	8	-	-	4	16	3	12	7	28%
70-74	1	4	-	-	1	4	1	4	2	8	1	4	3	21%
Total	5	20	8	32	7	28	5	20	12	58%	13	52%	25	100

Requirement of medicine data analysis:

There is a trained intake of medicine among the women response is higher but medicine intake is lower in percentage among the male.

① Distribution of the population on the basis of food preference:
Preference:

Table -> 6

Food preference age	Vegetarian				Non-Vegetarian				Total					
	M	%	F	%	M	%	F	%	M	%	F	%	To ten	%
60-64	-	-	-	-	6	24	9	36	6	24	9	36	15	60
65-69	-	-	-	-	4	16	3	12	4	16	3	12	7	28
70-74	-	-	-	-	2	8	1	4	2	8	1	4	3	12
total	-	-	-	-	12	48	13	52	12	48	13	52	25	100

Food preference data analysis.

Inrespective of gender and age all the respondents are non-vegetarian in general.

Distribution of the population on the basis of Smoking, consumption of tobacco and other.

table -> 7.

Habituated age	Smoke				consume liquor		chewing betel nut		Chewing betel leaf				tobacco				No				Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M/F	%		
60-64	1	4	-	-	-	-	-	-	-	-	-	-	2	8	-	-	3	12	9	36	15	60
65-69	2	8	-	-	-	-	-	-	1	4	-	-	-	-	-	-	2	8	2	8	7	28
70-74	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	4	1	4	3	12
Total	4	16	-	-	-	-	-	-	1	4	-	-	2	8	-	-	6	24	12	48	25	100

Habituated data analysis:

- Smoking / consuming liquor like habits are totally absent among women respondents. Exceptionally only one respondent could be found who is habituated to chewing betel leaf.
- negligible male percentage (16%) smoke; only 8% habituated on edibles others have no addiction
- consuming liquor and smoking habits are considered shame in islam that's why male have not take from this cans of habits which indirectly has them to keep themselves healthy.

Distribution of the population on the basis of types of medicine used.

Table - 8

Age	Prescribed								Self medicine				Total											
	Ayur	Homeo Pathi	Allopathi				natu Vedi	Tredi fional	any other	M	F	M	F	M	F	Total	%							
			M	F	M	F												M	F					
60-64			1	4	5	20					1	4	3	12	4	16	1	4	6	24	9	36	45	60
65-69			2	8	3	13					2	8							4	16	3	12	7	29
70-74			1	4							1	4	1	4					2	8	1	4	3	12
TOTAL			4	16	8	33					3	12	4	16	5	20	1	4	12	48	13	52	25	100

uses types of medicine data analysis.

In my study area respondents prefer allopathic treatment/ medicine it could also be noticed that small percentage (16) time to time visit allopathic doctors.

and most of the cases they follow the first prescription for their future complication due to there financial condition the female also showing the same trend majority of the respondents (male and female) do not visit doctors either there having good health or due to the financial condition.

But it could be observe females are suffering from different diseases than male.

They suffering from obesity and joint pain related complication. as women have less scope to go outside, mobility is restricted due to the husband system and social restriction but side awareness among them is noticed and now they walk on roof of the house or adjacent the house area.

CHAPTER - III

EXAMINATION
DEPARTMENT OF ANTHROPOLOGY
BANGALORE MORNING COLLEGE

Health care practices: 1

Health care is the improvement of health via the prevention, diagnosis, treatment, amelioration or cure of disease, illness, injury, and other physical and mental impairments in people. Health care is delivered by health professionals and other health fields.

Perceived: Taken on by the senses heard seen, felt etc. spontaneous memories are activated by specific signals from the parts of the brain that deal with perceived stimuli like smells, pictures, and words.

The adjective perceived its latin words in per meaning throughly and capere, meaning "to grasp" today it retains a sensing or grasping some time mentally or sensings first, something you infer or suspect rather than detecting with your senses the second meaning however is quite the opposite, something sensed through your actual senses especially those of sight or hearing.

Diagnosis: medical diagnosis is the process of determining which disease or condition explains a person's symptoms and signs. It is most often referred to as diagnosis with the medical context being implicit. The information required for diagnosis is typically collected from a history and physical examination of the person seeking medical care, often one or more diagnostic procedure, such as medical tests, are also done during the process. Sometimes diagnosis is done during the process. Considered a kind of medical diagnosis is an major component of the procedure of a doctor's visit. From the point of view of statistics the diagnostic procedure involve classification tests.

most of the elderly persons was complain about side back pain, stomachache pain, leg pain that was there perception when they went to doctor that time doctor prescribed Sonography or some test then the doctor diagnosed kidney stone.

Some elderly persons are not sleeping well at night then they went to the doctor. after diagnosing the symptom for insomnia disease. while collecting data among the elderly persons of the age 60-65 not getting sick easily.

Some of the person have back pain, gastric problem, giddiness doctor diagnosed appendix and low blood pressure.

few persons complain about in back pain, gastric problem, leg pain, cough and cold, stomach pain, Body pain, bone pain but they cannot visit the doctor of her financial condition.

few elderly person suffering from body pain, problem related to sleep at night, knee pain, joint pain, acidity, fever etc they generally buy medicines from medical shops and use until they get cured, so in most diagnosed and that prescribed medicine use many times causes they prefer self medicine they get the medical and buy and as self medicine.

in mostly of the elderly person diagnosed by pressure and there perception they feel very hot and angry in nature.

Some of the person get operation in appendix, kidney stone, heart and eye operation for few disease.

one of the person is gastric problem, coughing, chest pain, do not sleep well at night, brain problem, angry in nature, at the talking time loud on voice. feel pain, neck pain, head pain, belly pain, ear pain, not eat, feel sadly. feel outside gets pierce. Doctor diagnose. she have in Tuberculosis patient, high blood pressure, brain problem, gastric problem.

another of the persons perceived is weight loss, irregular heart-beat feel joint pain, hot feeling, eyes problem, belly pain, back pain, Headish etc. they diagnosed, as thyroid, uric acid, both replace, stone in kidney operation, piles (Babasio).

o And few elderly persons between 61-65 ages are not fallen sick easily they are work on outside and remain healthy

Common diseases:

A disease is a particular abnormal condition that negatively affects the structure or function of all parts of an organism, and that is not immediately due to any external injury. Diseases are often known to be medical conditions that are associated with specific signs and symptoms. A disease may be caused by external factors such as pathogens or by internal dysfunctions. For example, internal dysfunctions of the immune system can produce a variety of different diseases, including various forms of immunodeficiency, hypersensitivity, allergies and auto immune disorders.

In human, disease is often used more broadly to refer to any condition, that cause pain, dysfunction, distress, social problems or death to the person affected or similar problems, for those in contact with the person. In this broader sense, it sometimes includes injuries, disabilities, disorders, syndromes, infections, isolated symptoms, deviant behaviors, and atypical variations of structure and function while in other context and for other purposes these may be considered distinguished categories, disease can affect people not only physically but also mentally. as contracting and living with a disease can affect the affected persons perspective on life.

There are two types of disease (i) chronic disease
ii) occasionally disease.

(i) Chronical disease: chronic diseases are defined broadly as conditions that last year or more and require on going medical attention or limit activities of daily living or both, chronic disease such as heart disease, cancer, and diabetes are the leading causes of death and disability in the united states.

o A disease that persist for a long time. A chronic disease is one lasting 3 months or more. chronic disease generally cannot just be prevented by vaccines or cured by medication. nonde they disappear

Occasionally disease: A occasionally disease is appear suddenly and lasts for short amount of time. this is different from chronic diseases, which develop gradually and remain for months or end. Some examples include the influenza virus and common cold, occasionally disease can include these common symptoms: • Fever, • sore throat, • cough, sneezing, Diarrhoea, Runny nose, Nausea, red, headache.

seasonal affective disease: seasonal affective disorder is a type of depression that's related to changes in seasons seasonal affective disorder begins and ends at about the same times every year. it's like most people with this disease symptoms starts in the fall and continue into the winter months, sapping your energy and making you feel moody. such as malaria, Dengue, chikungunya and typhoid are common disease during the rainy season.

I found in two types of disease (i) chronic disease that is asthma, piles, tuberculosis, heart problem, high blood pressure and diabetes.

ii) Occasionally disease is cough, cold, fever, tooth pain, headache, dizziness, knee pain, tooth pain, acidity, gastric problem, insomnia, joint pain etc.

Different methods of treatment.

Different types of persons used different types of treatment such as ayurveda, Homeopathy, Allopathy, Naturopathy, traditional medicine, or any other type of medicine or or few people used self medicine.

Ayurveda: Ayurveda, a natural system of medicine originated in india more than 3,000 years ago, based on the idea that disease is due to an imbalance or stress in a person's consciousness. Ayurveda encourages certain lifestyle interventions and natural therapies to regain a balance between the body, mind, spirit and the environment. ayurveda treatment starts with an internal purification process. Followed by a special diet, herbal remedies, massage therapy yoga and medicine.

the concept of universal interconnectedness, the body's Constitution (Prakriti) and life forces (doshas) are the primary basis of ayurvedic medicine.

Homeopathy: Homeopathy is a treatment based on the use of highly diluted substances, which practitioners claims can cause the body to heal itself.

2010 House of Commons Science and Technology Committee report on homeopathy said that homeopathic remedies perform no better than placebos (dummy treatments).

Allopathic treatment = Allopathic medicine, or allopathy. It is an archaic term used to define science based modern medicine, they are regional variation in usage of the term in the United States. The term is used to contrast with osteopathic medicine, especially in the field of medical education.

Naturopathy: Naturopathy or naturopathic medicine is term or alternative medicine. A wide array of pseudoscientific practices branded as natural non-invasive or promoting "self-healing" are employed by its practitioners, who are known as naturopaths.

Self medicine: self-medicine is a human behaviour in which an individual uses a substance or any exogenous influence to self-administer treatment for physical or physiological conditions, for example headache or fatigue.

most of the elderly person take allopathic treatment and allopathic medicine. because in this treatment do the various types of test such as X-ray, Blood test, L-T scan, MRI, Urine test, sputum test etc that is very helpful for finding diseases, its we know ^{kind of} which disease is ~~run~~ body suffer. its treat easily and easy to cure disease.

most of the elderly person used self medicine in allopathic or already prescribed doctor that medicine used again self medicine.

few person are used Home-made medicine tness dny part (Tani-but) a for short time disease. Some persons are used dua) process.

Remedial Practices

Yoga: yoga is a group of physical, mental and spiritual practices or disciplines which originated in ancient India and aim to control and still the mind, recognizing a detached witness consciousness and touched by the mind and mundane suffering.

The purpose of yoga is to build strength awareness and harmony in both the mind and body, the way, yoga can support the healing process and help the person experience symptoms with more composure and less distress.

- yoga improves strength balance and flexibility
- yoga helps with back pain relief
- yoga benefit heart health.

Regular walking: Sometimes overlooked as a form of exercise walking briskly can help you build stamina burn excess calories and make your heart healthier. you do not have to walk for hours. A brisk 10 minute daily walk has lots of health benefits and counts towards recommended 150 minutes or weekly exercise. It helps maintain a healthy weight and lose body fat.

Physical Exercise: Exercise is a body activity that enhances wellness, it is performed for various reasons to add growth of improved strength, develop muscles and the cardiovascular system. bone athletic skills. weight loss or maintenance

improve health, or simply for enjoyment. many individuals chose to exercise outdoors where they can congregate in groups, socialize, and improve well-being as well as mental health.

movements and activities done to keep your body healthy and make it stronger.

• I do this field work on health of elderly person so they can not do physical exercise, because they are elderly and one half of elderly adults is not active due to discomfort and pain back pain, sometimes, heart condition and lung disorder can be barriers to exercise and limit motivation. so they are not do physical exercise.

• But most of the people do regular walking they walk slowly daily morning or after lunch few distance they walk slowly for there good health and other benefit is not ~~may~~ wait gain, so they do simple regular walk.

Food prefer in relation to disease:

Consuming unhealthy food and beverages, such as sugar-sweetened beverages and highly processed food, can lead weight gain, obesity and other diseases. Food plays a vital role in maintaining physical and mental health. The right diet can help fight conditions and illness like heart disease, diabetes, osteoporosis, cancer and obesity among many others.

(1) Preference: chronic disease - including heart disease, stroke, diabetes and cancer account for some of the most common health problems in the United States according to statistics from the Centers for Disease Control and prevention. Yet many of these chronic diseases are preventable, as they are linked to poor diet and lifestyle choices including tobacco use, excessive alcohol consumption and undervalued physical activity. The power to help prevent chronic disease or making positive diet and lifestyle changes can help reduce risk. Eating healthy foods, getting enough exercise, and refraining from tobacco and excessive alcohol use confer numerous health benefits - including possible preventing the onset of chronic diseases.

- Vegetables and fruits are an important part of a healthy diet, and variety is as important as quantity. No single fruit or vegetable provides all of the nutrients ~~you~~ need to be healthy, eat plenty every day.

A diet rich in vegetables and fruits can lower blood pressure, reduce the risk of heart disease and stroke prevent some types of cancer, lower risk of eye and digestive problems. and have a positive effect upon blood

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Sugar which can help keep appetite in check. Eating non starchy vegetables and fruits like apples, pears, and green leafy vegetables and may even promote weight loss. Their low glycaemic loads prevent blood sugar spikes that can increase hunger.

Restriction: A dietary restriction is a limitation on what a person can eat, while some are spurred by allergies, others are based on social choices, lifestyle changes, and health choices. In this sense or the definition a dietary restriction won't be life threatening.

10 Dietary restrictions all event planners should be.
o lactose intolerance, o gluten intolerance or sensitivities
o vegetarianism, veganism, Kosher, Keto, Diabetes, Dairy free

in ~~my~~ ^{my} diet food preferences are milk, fruit, vegetable vitamins, calcium, paneer, small dish, pulses, and restriction are tomato, Brinjal, and for diseases core. Beer, salt, fat for high blood pressure, and egg yolk also and smoke.

CHAPTER - IV

General observation.

After the active phase or life-span, declining process starts resulting in old age or senescence. During this period many molecular and cellular changes occur, organismic changes are also included here. These changes are measurable and can be explained, but these do not exhibit any specific pattern or well-defined sequence. In some individuals the changes are fast; in others slow. Individuals are characterized by several senescent characteristics e.g. graying of hair, loss of body against disease, cardiovascular irregularity etc.

When the term senescence is used when talking about the changes which occur during the period of obvious functional decline in the later years of life-span. Some people prefer to use ageing for the same process and period.

The process involved in aging is common to all members of a species having universal inescapable consequence of getting older, changes are:

- 1) Decline in metabolic efficiency.
- 2) Decrease in the power of replacing worn out old cells and repairing the damaged tissues, organs and organ systems.
- 3) Sclerotization in the structure and function of body.
- 4) Ageing takes place due to interaction of the genetic material (DNA) i.e. the program already exists in the body as a predetermined property of life.

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① wear and tear occurs in the tissues of the body due to continuous and constant usage which is not replenished in the long run.

visible changes due to ageing are morphological and physiological. Because of ageing the tissues do not renew and as a result cells show senile involution. The memory declines, aged persons need more time to learn and react. The speed of conduction in motor nerves also shows a decline. There is reduction of density in long bones and vertebrae, and therefore, light and sitting light show decrease. muscles become weak and get brittle. Bone marrow does not produce as many new cells as they could before when the body was young. vital capacity and muscle tone declines. A stopping body with dried wrinkled skin is often found in old persons. cells cannot retain water causing the skin to hold less volume of blood and less urine is often found than the same person. Heart's efficiency to pump blood diminishes, brain and kidney's receive smaller quantities of blood. Eye sight fall short, dental decay and disorden may cause chewing difficulties and speech problem. hair becomes thin and turns gray. The number of taste buds in the tongue gradually diminishes with age. inactivation of certain useful enzymes of the body and production of some defective proteins at the same time increase defect of the DNA structure. some cell of the brain accumulate worn out cell pigment.

Case-study

Name: Muhammad he is auto drivem now, Age: -
Occupation - Sex.

History: He belongd to very poor family. his father work in Pan-shoped so he tern very poor only madnasha study they do and school study. is class-1-IV.

At the age \rightarrow 10-12 he work Bag shop packing and any other work. when they adult he do Auto driving. and he healthy at small age they do not fallen sick in small age. they married at age his 60. in poor family and they married. his only one sons. and. he have 7 siblings 5 sister and a brother but 2 sisters are death. after married his father was died.

Health related problem now: Now a day he get old but they work continue.

they have side back pain, belly pain and leg pain. Doctor Prescribed there side back pain for kidney stone. and stomach pain for gastric problem. they used Doctor medicine daily but he also used home-made medicine. that medicine make with (jantibuti) or any plant parts such as Bonk, seed, stem etc. he know few jantibuti medicinal purpose then he make and oil himself. and he need 5 Lime mamas, Quran, they believe Allah is the relief to on every disease so ~~the~~ he need Quran and Namaz read and blowing in water and himself body. That water they drink daily as medicine. I get only few amount deta about him and write

Case-study

Mrs. Tara Parveen is an 67-years old female who live in an Apartment that adjoins his son's house. Mrs. Tara parveen is accompanied to this clinic visit by his son who assist with the history. Although previously outgoing and social, Mrs tara parveen recently has been limiting her outside activities.

Self Risk Assessment: Mrs tara parveen complete the study independent brochure the waiting room. the clinic's "yes" to the question use have been advised to use a walker to get around safely. sometime feel unstead when I am waiting.. and I am worried about falling. this risk score is 4.

History: She started that for the past year he has felt dizzy when he stands up after sitting or lying down and that he often need to "catch himself": on this dizziness is intermittent but happen severly this per week. she denies experiencing pain, cough, chest pain, throat, medical problem list.

→ Hypertension, → Depression, → Vit D3 deficient →, Allergic
 → Bronchitis pain, → tuberculosis, → Belly pain, → anxiety.

Suggestion

Elderly person go through many changes, and you may need to adjust the ~~your~~ lifestyle for healthy ageing. Healthy eating and regular physical activity can be keys to good health at old age. Making suitable lifestyle choices may also prevent some health problems such as diabetes, heart disease, and some cancers.

- selected high-fiber foods like whole grain bread and cereals, beans, unsalted nuts and seeds, deeply coloured vegetables (like green beans) and fruit
- Drink vitamin D-fortified low-fat or fat free milk; milk product or other drinks with added vitamin D and calcium keep bone strong.

Habit daily physical activity that may store the extra calories leading to weight gain. Extra weight may lead to overweight or obesity. Overweight and obesity may increase risk for diabetes, heart disease, high blood pressure, high blood cholesterol, kidney disease, fatty liver disease etc

Consume less of these foods and drinks. Some seeds and drinks have many calories but few are essential nutrients your body need. Added sugars, solid fats and salt don't provide a healthy amount of nutrients.

Its government made the elderly hospital near the area so that is very helpful for elderly persons monthly check-up for there good health.

Field Diary

Name - MD. Sagir

Time - 2:00 PM - 2:30 PM

Date 29th August 2022

When I go to his home he opened the door.

then I told him I am student of G.U

in Bangabasi morning college for my
field work of anthropology, of elderly
persons health assessment. He say come

then I go in the home and ask

few question on my schedule and observed
his health related problem. and he helped
me alot he said today I give timely invitation

of my sibling and its you want collecting data
of my sibling, you can go there near them

and asked them their health issue at

the time → 2:50 - 3:00 PM I collect data of

his brother Sekh Raja, and he very frankly
answers my all question.

then. Sekh Raja or I told him uncke he said
my sister is sleeping now. you are come

tomorrow and collect your data with her.

Name: Sajda Khatlon

Time: 2:30 pm - 3:00 pm

Date: 30th August 2022

I go her home. I told about myself.

I am student of Bangabasi morning

Under Calcutta university. This is

- my field work in anthropology practical.

field work on perceived health assessment of

elderly person. then she told ok come

and she asked to sit. give me a five minute

I complete my this work then you can

do your field work. then she told about all

data of their health related

EXAMINATION
DEPARTMENT OF ANTHROPOLOGY
BANGABASI MORNING COLLEGE

Name: Abid Hussain

Date: 31st August 2022

Time: 2:00 PM - 2:30 PM

I went to his house. I told about myself and convince if you tell me about your health so I can make this field work project. and you are ~~always~~ always saved I am not publish the data. this is only for my project the he agreed and welcomed and told about health related problems. at last of interview I sayed thank you.

Name : MD Nasim

Time 2:30pm - 3:00pm

Date - 31st August

~~PKA :-~~

I told him about my self. that time he and his wife they both had lunch. they asked wait few minute. we are comple our lunch then I will talk to you. after few minute. after few minutes he and his wife Tona parveen they told about their health related problems. I noted all problem there.

Name : Roshan Ara

Time : 2:30 pm - 3:30 pm

Date : 1st sep 2022

I got her home that time roshan ara and her husband Md Naquie they did talk together. I told myself they sayed ok asked your question. we will try to give youn all question answer. at this process i completed my seedule. and he told we are go to noon or 10p walking please come with me that place present my nighbour. we you get the deta about her. then I meet Nuzmuss nehan time: 3:30 to 4:00. roshan aunty already told about my self, she said brother she tariya need to know deta about our health related problem. the Nuzmuss uncle gave all deta about her health. and he said you please come in my home at evening. and take the deta of my wife. (Nazma Begum). at evening I go there howe and nazma Aunty gave all deta about her health related problem.

Name:- Hena Begum

Date: 3rd Sep 22

Time : 6:00 - 6:30 PM

I go his home. her very good relation with. She likes my aunty I called her Hena Aunty. She said say tanija why are you coming. she said any complain to my grand children. I said no. (her I teach these grand children as tuition teacher.) I need college did work practical so I can asked few question about your health related trouble, she asked please said your question then I easily I get my completed my Deta. and there present Hena Aunty friend Sajda Begum and she gave her Deta and very easily they are trust me. I cannot needed any convence. and Hena Aunty also offered to tea or coffee. but I said no thank you. then I leave there home.

Name Rajda Begum

Time: 2:00 PM - 2:30 PM

Date 30th August 22

I go her home. she told me please come
I know why are you coming to meet me.
my brother told yesterday and please
asked the question that you need.
she answers my all question very
happily not misunderstanding anything
and not she said show your i-d card
in your college nothing she ^(asked) gave me,
and end my interview she gives me
blessing. and she told you are like my
daughter.

Name - Saina Bibi

Time : 7:00 - 7:30 pm

Date : 3rd Sep 2022.

I am go her home at evening.
and I convene this is for
my field work project. if they
get the ~~idea~~ about health related
proble. so I complet my this ~~field~~.

Name :> Sk. Kasim

Time : 7:30 - 8:00 pm

Date : 3rd sep 2022.

When I go his home us same possedone or
Convenee, and he agreed, then he got
the ~~idea~~.

Date → 4th sep 22

Time → 6.00 - 6.30 PM

Name → Jane alan

Next day I go his home. and I get myself. and say this is my Anthropology field work project about elderly person health related problem, and I convince then he gave their information. by interview method.

Name → Noor Jahan Begum

Date → 4th sep 22

Time → 6:30 - 7:00 PM

on 4th September I arrived at home of noor jahan begum, who is our neighbor. I told her about my college field work and then we started our interview and after half an hour the interview has been completed.

Name -> Bibi jhvee

Time :-> 7:00pm - 7:30 pm

Date :-> 4th Sep 2022

on 4th september. I arrived the next building ~~at~~ which is beside my building. I told her about my college field work and that then I started my interview, and after half an hour we complete this interview.

Name -> MD. Muntiza.

Time :-> 7:30 - 8:00 pm

Date :-> 4th Sep 2022

next I arrived MD muntiza house. then I told her about my field work, then they agreed for the interview, after half an hour my interview was completed.

Name - MD Nayim Khan

Date: → 5th Sep 2022

Time → 3:00 - 3:30 pm

On 5th September, I arrived next building. I meet the person MD Nayim Khan, and I convince him for this interview, then he agreed for completed interview.

Name: Abda Khatton

Date: 5th Sep 2022

Time: 3:30 - 4:00 pm

Next I arrived ~~at~~ neighbour of Nayim Khan who is Abda Khatton, and I convince her for this field work and she agreed. then I completed my interview.

Name :- MD Kazim Uddin

Date: 5th sep 2022

Time: 4:00 - 4:30 PM.

I arrived in MD Kazim Uddin. then I convince her my field work. She agreed for interview. then I completed my interview.

Name - MD Zahid

Date: 5th sep 22

Time: 7:00 - 7:30 PM.

on 5th September. I arrived to MD Zahid home, and I to convince her my field work. She agreed for interview. then I completed my interview.

Name -> MD Fakh Khan

Time -> 7:30 - 8:00 PM

Date :> 5th Sep 2022

Next I arrived in MD Fakh Khan house. then I convince for interview. then he agreed, and help for completed my field work.

Name -> Klabon Nisha

Time -> 8:00 - 8:30 PM

Date -> 5th Sep 2022.

at 8:00 PM in evening time I arrived his home, and I convince for interview he asked how question, I answer to all the question truly then she agreed for interview. then I completed my interview.

Reference.

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rewrite

- 1) Introduction — Indrani Basuay, 2022.
- 2) scope of study — Indran Basuay 2022
- 3) Field technique and approaches → Indran basuay.
- 4) Health care practices definition only → <http://en.m.wikipedia.com>
(accessed. Date & time)
- 5) Common Disease definition only → [www.http://en.wikipedia.com](http://en.wikipedia.com)
- 6) Residential practices → <https://www.nhs.uk.com>.

Sharma
11/01/23

Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Taniga Nalin
Semester:
Place:

Date: 21 Aug 22
Time: 2:00 - 2:30

1) Personal Information of the Informant:

a. Name: Mr. Sagia b. Age: 64 c. Sex: Male
d. Address: 390 West Chowbaga KOL-100
e. Marital Status: Married
f. Education: 12 pass g. Occupation: Leather business

2) Health Problems:

a) Perceived	b) Diagnosed
<u>irritated - very hot angry in nature headache</u>	<u>high B.P</u>

3) Requirement of Medicine:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

4) Type of Medicine:

Prescribed	Self-Medication
<ul style="list-style-type: none"> 1. Ayurveda 2. Homoeopathy 3. Allopathy 4. Naturopathy 5. Traditional medicine 6. Any other 	

5) Food Preference: Vegetarian / Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
<u>all</u>	<ul style="list-style-type: none"> → <u>Beef</u> → <u>egg</u> →

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. : Nil

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

Taniga Nalin
21/8/22

Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: *Janiya Nishim*
 Semester: *D*
 Place:

Date: *22nd Aug 22*
 Time: *3:00*

1) Personal Information of the Informant:

a. Name: *SEKH RAJU* b. Age: *66* c. Sex: *M*
 d. Address: *SI West chowbaga uttarpanchnogan*
 e. Marital Status: *M*
 f. Education: *signed* g. Occupation: *wood Labour.*

2) Health Problems:

a) Perceived	b) Diagnosed
<i>Not feeling sleep</i>	<i>yes insomnia.</i>

3) Requirement of Medicine:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

4) Type of Medicine:

Prescribed	Self-Medication
<ul style="list-style-type: none"> 1. Ayurveda 2. Homoeopathy 3. Allopathy 4. Naturopathy 5. Traditional medicine 6. Any other 	

5) Food Preference: Vegetarian / Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
<input checked="" type="checkbox"/>	<input type="checkbox"/>

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc.:

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

[Signature]
12/8/2022

Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Taniga Neshim
 Semester:
 Place:

Date: 30/8/22
 Time: 2:00 PM - 2:30 PM

1) Personal Information of the Informant:

- a. Name: Rajda Begum b. Age: 64 c. Sex: F
 d. Address: 81 west choubaga ullarpanchono gram
 e. Marital Status: married
 f. Education: 4 class g. Occupation: house wife.

2) Health Problems:

a) Perceived	b) Diagnosed
<p>1) Leg pain 2) cough cold</p>	

3) Requirement of Medicine:

Yes	No
	<input checked="" type="checkbox"/>

4) Type of Medicine:

Prescribed	Self-Medication
<p>1. Ayurveda 2. Homoeopathy 3. Allopathy 4. Naturopathy 5. Traditional medicine 6. Any other</p>	<p><u>nos medicine for Allopathy</u></p>

5) Food Preference: Vegetarian / Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
x	x

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. : NO

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

12/10/2022

Diabetes Mellitus is a chronic disease characterized by high blood sugar levels. It is caused by a deficiency of insulin or the body's inability to use insulin effectively.

Diabetes Mellitus is a chronic disease characterized by high blood sugar levels. It is caused by a deficiency of insulin or the body's inability to use insulin effectively.

1) Prevalence & Health consequences of Diabetes Mellitus

- a) Diabetes - 10% of the population
- b) Diabetes - 10% of the population
- c) Diabetes Mellitus - 10% of the population
- d) Diabetes Mellitus - 10% of the population

2) Health Consequences

Diabetes Mellitus	Health Consequences
Diabetes Mellitus	Health Consequences
Diabetes Mellitus	Health Consequences

3) Diagnosis of Diabetes

Diabetes	Diabetes
Diabetes	Diabetes

4) Types of Diabetes

Diabetes Mellitus	Diabetes Mellitus
Diabetes Mellitus	Diabetes Mellitus

5) Food Habits & Vegetables in Diabetes Mellitus

6) Food Consumption related to health

Diabetes Mellitus	Diabetes Mellitus
Diabetes Mellitus	Diabetes Mellitus
Diabetes Mellitus	Diabetes Mellitus

7) Habituated to eating, automatic inquiry, sleeping, drinking, drinking, drinking

8) Participating in activities, regular, regular, regular, regular, regular



Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Tanya Nishu
 Semester: 2
 Place:

Date: 30th Aug 22
 Time: 2:30 PM - 3:00 PM

1) Personal Information of the Informant:

a. Name: S. Sharda Khetan b. Age: 62 c. Sex: F
 d. Address: 390 West Durgam KOL-5100
 e. Marital Status: Widow
 f. Education: graduate g. Occupation: House maker

2) Health Problems:

a) Perceived	b) Diagnosed
<u>1) Joint pain</u> <u>2) Body pain</u>	<u>None</u>

3) Requirement of Medicine:

Yes	No
	<input checked="" type="checkbox"/>

4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homeopathy 3. Allopathy 4. Naturopathy 5. Traditional medicine 6. Any other	<u>None</u> <u>(Self) medicinal</u> <u>herbs</u> <u>Almonds?</u>

5) Food Preference: Vegetarian / Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
<u>Self using</u> <u>herbs</u>	

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. : NO

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

Tanya Nishu
30/8/22

Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Taniga Nashim
 Semester: 5
 Place:

Date: 31st Aug 22
 Time: 3:00

1) Personal Information of the Informant:

a. Name: Abid Hussain b. Age: 64 c. Sex: Male
 d. Address: 390 West Chowbaga Kol-100
 e. Marital Status: Married
 f. Education: 8th pass g. Occupation: Labourer

2) Health Problems:

a) Perceived	b) Diagnosed
<p><u>not get ill's easily</u></p>	<p style="text-align: center;">x</p>

3) Requirement of Medicine:

Yes	No
x	✓

4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy 4. Naturopathy 5. Traditional medicine 6. Any other	<p style="text-align: center;">x</p>

5) Food Preference: Vegetarian / Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
<p style="text-align: center;">x</p>	<p style="text-align: center;">x</p>

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. :

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

after dinner go to walk.

Taniga Nashim
12/11/2022

Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Taniya Nashim
 Semester: V
 Place:

Date: 31st Aug 22
 Time: 2:30 pm - 3:00 pm

1) Personal Information of the Informant:

- a. Name: MD Nasim b. Age: 65 c. Sex: Male.
 d. Address: 340 west chowbaga kol-100
 e. Marital Status: Married
 f. Education: No g: Occupation: Worker

2) Health Problems:

a) Perceived	b) Diagnosed
<p>→ <u>Knee pain</u> → <u>Tooth pain.</u></p>	<p>→ <u>Knot Cholesterol</u> → <u>disease</u> give few medicine</p>

3) Requirement of Medicine:

Yes	No
	<u>X</u>

4) Type of Medicine:

Prescribed	Self-Medication
<p>1. Ayurveda 2. Homoeopathy 3. Allopathy ✓ 4. Naturopathy 5. Traditional medicine 6. Any other</p>	<p><u>yes sometimes</u> <u>herb</u></p>

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 BANABASI MORNING CAMPUS
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5) Food Preference: Vegetarian /Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
<u>vitamin c</u>	<u>very hot cold</u> <u>very cold</u> <u>not eat</u>

→ not eat in

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. : X

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):


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Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Taniya Nashim
 Semester: V
 Place:

Date: 1st Sep 22
 Time: 2:00 - 2:30 pm

1) Personal Information of the Informant:

- a. Name: Tara Parveen b. Age: 61 c. Sex: F
 d. Address: 81 West chowbaga ultra panchoonogram
 e. Marital Status: Married
 f. Education: 10th pass g. Occupation: Hous wife.

2) Health Problems:

a) Perceived	b) Diagnosed
→ high blood pressure → T.B → Gastric problem → Not sleep → Brain problem → angry, loud talking	→ T.B → Blood pressure high → Brain problem → Gastric problem

3) Requirement of Medicine:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

→ Fall outside home, Fell, very pain neck, head, ear, belly, not eating, → fell sadly.

4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy 4. Naturopathy 5. Traditional medicine 6. Any other	<u>not.</u>

5) Food Preference: Vegetarian /Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
(Dairy) → Cow meat → Tea, coffee → Brinjali → cold water → cold drink, curd	→ happy rice → paneer → milk → small fish → vegetable.

not eat

→ eating

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. :

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

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Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Taniga Noshim
 Semester: D
 Place:

Date: 1st Sep 22
 Time: 2:30-3:00 PM

1) Personal Information of the Informant:

- a. Name: Roshan Ara b. Age: 65 c. Sex: F.
 d. Address: 21 West Chowbaga Urban Panchayogram
 e. Marital Status: Widow
 f. Education: 9th Pass g. Occupation: Housewife

2) Health Problems:

a) Perceived	b) Diagnosed
<p>→ <u>no problem</u> → <u>headache</u></p>	<p><u>prescribed few medicines</u></p>

3) Requirement of Medicine:

Yes	No
✓	

4) Type of Medicine:

Prescribed	Self-Medication
<p>1. Ayurveda 2. Homoeopathy 3. <u>Allopathy</u> 4. Naturopathy 5. Traditional medicine 6. Any other</p>	

5) Food Preference: Vegetarian / Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
✓	✓

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. :

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

Taniga Noshim
12/11/2022

Preliminary Health Assessment of Elderly Persons 2022

Date: 2nd Sep 22
Time: 3:00 PM - 3:30 PM

Name of data collector: Taniga Nashin
Semester: D
Place:

1) Personal Information of the Informant:

- a. Name: Md Nadvie
- b. Age: 62
- c. Sex: M
- d. Address: 81 West Chowbag ulatan purchogram.
- e. Marital Status: Marr
- f. Education: 10th pass
- g. Occupation: job

2) Health Problems:

a) Perceived	b) Diagnosed
=> Bone pain	x

3) Requirement of Medicine:

Yes	No
x	✓

4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy 4. Naturopathy 5. Traditional medicine 6. Any other	x

5) Food Preference: Vegetarian / Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
take vitamin D in sunlight	

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. : x

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.): ✓


12/11/2022

Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Janiga Nallam
 Semester: ✓
 Place:

Date: 22nd Sep 22
 Time: 3:30 PM

1) Personal Information of the Informant:

a. Name: Nazmuss mehar b. Age: 61 c. Sex: F
 d. Address: 81 west chowbaga uttaranchinogram
 e. Marital Status: M
 f. Education: 10 Pass g. Occupation: Home made

2) Health Problems:

a) Perceived	b) Diagnosed
x	x

3) Requirement of Medicine:

Yes	No
x	x

4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy 4. Naturopathy 5. Traditional medicine 6. Any other	

EXAMINATION
 DEPARTMENT OF ANTHROPOLOGY
 BANIGASAHIPUR COLLEGE
 DAV

5) Food Preference: ✓ Vegetarian / Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
x	x

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. : x

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.): ✓

Q
12/11/22

Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Taniga Nashin
 Semester: 0
 Place:

Date: 2nd SEP 2022
 Time: 6:00pm - 6:30pm

1) Personal Information of the Informant:

a. Name: Nazma Begum. b. Age: 63 c. Sex: F
 d. Address: 81 west chabaga ultraapanchogram
 e. Marital Status: M
 f. Education: 10th pass g. Occupation: House wife.

2) Health Problems:

a) Perceived	b) Diagnosed
→ urine thyrade	→
→ high . b . P	→ high Blood pressure
→ chest. problem	→
→ knee pain	

3) Requirement of Medicine:

Yes	No
✓	

4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy 4. Naturopathy 5. Traditional medicine 6. Any other	X NO

5) Food Preference: Vegetarian /Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
→ Milk, →	→ masur dal → Dahi → Tomatoes → Cheri, Begun.

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. : NO

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

✓
 ↓
leg

Taniga Nashin
12/9/2022

Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: *Taruna Nishan*
 Semester:
 Place:

Date: *3rd sep 22*
 Time: *6:00 - 6:30 PM*

1) Personal Information of the Informant:

- a. Name: *Hona Begum* b. Age: *61* c. Sex: *F*
 d. Address: *340 west chowbaga kol-714*
 e. Marital Status: *married*
 f. Education: *8th pass* g. Occupation: *House wife.*

2) Health Problems:

a) Perceived	b) Diagnosed
→ back pain → kidney problem → dizziness	→ appendix operation → Low B.P.

3) Requirement of Medicine:

Yes	No
	X

4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy 4. Naturopathy 5. Traditional medicine 6. Any other	✓

5) Food Preference: Vegetarian / Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
<i>eat vegetable.</i> → vitamin-D → calcium food	→ Junk food → diet food

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. :

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

Taruna Nishan
 10/11/2022

Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Taniya Noshin
 Semester: V
 Place: _____

Date: 3rd Sep 22
 Time: 6:30 - 7:00 PM

1) Personal Information of the Informant:

- a. Name: Sajda Begum b. Age: 62 c. Sex: F
 d. Address: 300 west Chowbagakal - 14
 e. Marital Status: M
 f. Education: 5 pass g. Occupation: House wife.

2) Health Problems:

a) Perceived	b) Diagnosed
→ Difficult breathing	→ asthma
→ _____	→ Diabetes
→ eye irritation	
→ _____	→ high b.p
→ _____ feel very hot	

3) Requirement of Medicine:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy 4. Naturopathy 5. Traditional medicine <input checked="" type="checkbox"/> 6. Any other <input checked="" type="checkbox"/>	

5) Food Preference: Vegetarian / Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
eat <input checked="" type="checkbox"/> → milk → sprout → vegetable	→ _____ → sugar/sweet → _____ → _____

→ Not eat

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. :

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

no child.

S
12/11/2022

Preliminary Health Assessment of Elderly Persons 2022

Name of data collector:
Semester:
Place:

Date: 31/1/22
Time: 7:00 pm - 7:30

1) Personal Information of the Informant:

- a. Name: Sarna Bibi b. Age: 69 c. Sex: F
 d. Address: 300 West Chowbaga Kol-5100.
 e. Marital Status: Married.
 f. Education: signed g. Occupation: House wife.

2) Health Problems:

a) Perceived	b) Diagnosed
→ Goss → Helle very hot → Foot pain	High B.P

3) Requirement of Medicine:

Yes	No
✓	

4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy 4. Naturopathy 5. Traditional medicine 6. Any other	

5) Food Preference: Vegetarian / Non-Vegetarian

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6) Food Consumption related to health:

Preference	Restriction
→ vegetable → fruits	→ Beef → No-egg

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. :

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

12/1/2022

Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Taniga Nashim
 Semester: V
 Place:

Date: 3/11/22
 Time: 7:30-800

1) Personal Information of the Informant:

a. Name: SK Kaim b. Age: 72 c. Sex: Male
 d. Address: 390 west chowbaga kol-14
 e. Marital Status: married
 f. Education: signed g. Occupation: seller, clothes

2) Health Problems:

a) Perceived	b) Diagnosed
<p>→ Difficult breathing → cough and cold → Dyspnea.</p>	<p>→ Asthma.</p>

3) Requirement of Medicine:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

4) Type of Medicine:

Prescribed	Self-Medication
<p>1. Ayurveda 2. Homoeopathy 3. Allopathy 4. Naturopathy 5. Traditional medicine 6. Any other</p>	

5) Food Preference: Vegetarian / Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
<p>→</p>	<p>→ smoke.</p>

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. :

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

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Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Taniya Noshim
 Semester:
 Place:

Date: 4th Sep 22
 Time: 6:00 - 6:30 pm

1) Personal Information of the Informant:

- a. Name: Jane Alam b. Age: 64 c. Sex: M
 d. Address: 310 West Erumbaga Rd - 14
 e. Marital Status: M
 f. Education: 4 Pass g. Occupation: Driver

2) Health Problems:

a) Perceived	b) Diagnosed
<p>→ Back pain → Neck pain → Dizziness (need chakkar)</p>	<p>→ High B.P</p>

3) Requirement of Medicine:

Yes	No
✓	✗

4) Type of Medicine:

Prescribed	Self-Medication
<p>1. Ayurveda 2. Homoeopathy 3. Allopathy 4. Naturopathy 5. Traditional medicine 6. Any other</p>	✓

5) Food Preference: Vegetarian / Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
<p>→ vegetable fruit</p>	<p>→ salt → Beer</p> <p style="text-align: right;">→ No + eat</p>

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. :

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

[Signature]
 12/11/2022

Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Toniya Noshim
 Semester: D
 Place:

Date: 11/12/22
 Time: 6:30 - 7:00 PM

1) Personal Information of the Informant:

- a. Name: Noor jahan begum b. Age: 63 c. Sex: F
 d. Address:
 e. Marital Status: widow
 f. Education: Nil g: Occupation: House wife.

2) Health Problems:

a) Perceived	b) Diagnosed
→ chest pain → BP → Foot pain	→ high B.P. → heart, opper. diges.

3) Requirement of Medicine:

Yes	No
✓	

4) Type of Medicine:

Prescribed	Self- Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy 4. Naturopathy 5. Traditional medicine ✓ 6. Any other	X

5) Food Preference: Vegetarian /Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
→ fruit → vegetable	→ Betts → salt → fat

→ Not eat

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. : X

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.): ✓

Toniya Noshim
 12/12/2022

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 BANGABASI MORNING COLLEGE
 DATE:

Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Taniya Nashim
 Semester: V
 Place:

Date: 4th sep 22
 Time: 7.00pm - 9.30pm

1) Personal Information of the Informant:

a. Name: Bibi jhveer b. Age: 70 c. Sex: F
 d. Address: 300 west chowbaga kotsi 100
 e. Marital Status: Married
 f. Education: Nil g. Occupation: House wife

2) Health Problems:

a) Perceived	b) Diagnosed
<p style="font-size: 2em; color: red;">→ Gps →</p>	<p style="font-size: 2em; color: red;">→</p>

3) Requirement of Medicine:

Yes	No
	✓

4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy 4. Naturopathy 5. Traditional medicine 6. Any other	<p style="font-size: 1.5em; color: red;">Allopathy</p> <p style="font-size: 1.5em; color: red;">Herbs</p>

5) Food Preference: Vegetarian / Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
<p style="font-size: 2em; color: red;">X</p>	<p style="font-size: 2em; color: red;">-</p>

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. :

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

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Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Taniya Nashem
 Semester: V
 Place:

Date: 4 sep 22
 Time: 7:30 : 8:00 PM

1) Personal Information of the Informant:

a. Name: MD. Murtiza b. Age: 72 c. Sex: M
 d. Address: 390 west Chowbaga Kol-100
 e. Marital Status: married
 f. Education: signed g. Occupation: Stretching (Silai)

2) Health Problems:

a) Perceived	b) Diagnosed

3) Requirement of Medicine:

Yes	No
	<input checked="" type="checkbox"/>

4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy 4. Naturopathy 5. Traditional medicine 6. Any other	

5) Food Preference: Vegetarian / Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. :

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

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Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Taniga Noshin
 Semester: V
 Place:

Date: 5th Sep 22
 Time: 3:00 - 3:30 PM

1) Personal Information of the Informant:

a. Name: MD Nagim Khan b. Age: 62 c. Sex: M
 d. Address: 3612 Topsia road Kot-39
 e. Marital Status: married
 f. Education: signed g. Occupation: Business

2) Health Problems:

a) Perceived	b) Diagnosed
→ X	 X

3) Requirement of Medicine:

Yes	No
	X

4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy 4. Naturopathy 5. Traditional medicine 6. Any other	X

5) Food Preference: Vegetarian /Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. : X

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.): X

Taniga Noshin
 12/11/2022

Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Taniga Noshim
 Semester: I
 Place: _____

Date: 5th sep 22
 Time: 3:30 - 4:00 pm

1) Personal Information of the Informant:

- a. Name: Abda Khatton b. Age: 61 c. Sex: F
 d. Address: 3612 Tosta Road kat-3a
 e. Marital Status: married
 f. Education: 12th pass g. Occupation: House wife

2) Health Problems:

a) Perceived	b) Diagnosed
<p>→ Body pain</p> <p>→ not sleeping</p> <p>→ Normal fever</p>	<p>Not chronic diseases</p> <p>prescribed few medicine</p>

3) Requirement of Medicine:

Yes	No
✓	

4) Type of Medicine:

Prescribed	Self-Medication
<p>1. Ayurveda</p> <p>2. Homoeopathy</p> <p>3. Allopathy</p> <p>4. Naturopathy</p> <p>5. Traditional medicine</p> <p>6. Any other</p>	<p style="font-size: 2em; opacity: 0.5;">X</p> <p style="text-align: center; font-size: 0.8em;">EXAMINATION DEPARTMENT OF ANTHROPOLOGY BANGABANDI MORNING COLLEGE DATE: _____</p>

5) Food Preference: Vegetarian / Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
<p>1) Fruit</p> <p>2) vegetable</p>	<p>→ tea, coffee</p>

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. :

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

Taniga Noshim
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Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Tanigo Nashim
 Semester: IV
 Place:

Date: 5th Sep 22
 Time: 4:00 - 4:30 PM

1) Personal Information of the Informant:

- a. Name: MD Kazimuddin
- b. Age: 64 c. Sex: M
- d. Address: 36/1 Tostla road Kol-34
- e. Marital Status: Marnied
- f. Education: 12th pass g. Occupation: Business (clothes)

2) Health Problems:

a) Perceived	b) Diagnosed
→	X

3) Requirement of Medicine:

Yes	No
	✓

4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy 4. Naturopathy 5. Traditional medicine 6. Any other	X

5) Food Preference: Vegetarian / Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
X	X

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. : X some time.

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

Tanigo Nashim
12/11/2022

Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Tasya Nashim
 Semester: V
 Place:

Date: 5th Sep 22
 Time: 7:00 - 7:30pm

1) Personal Information of the Informant:

- a. Name: MD Zahid.
- b. Age: 65 c. Sex: M
- d. Address:
- e. Marital Status: M
- f. Education: 5 PUS g. Occupation: Auto Driver.

2) Health Problems:

a) Perceived	b) Diagnosed
→ Side back pain	→ kidney stone
→ belly pain	→ gastric
→ leg pain	

3) Requirement of Medicine:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy 4. Naturopathy 5. Traditional medicine 6. Any other	
unani none made	

5) Food Preference: Vegetarian / Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
→ Fruit	→ Beef
→ vegetable	→ Fat

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc.:

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

Tasya Nashim
 12/11/2022

Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Taniya Noshim
 Semester: V
 Place:

Date: 5th Sep 22
 Time: 7:30 - 9:00 pm

1) Personal Information of the Informant:

- a. Name: MD Fakim Khan b. Age: 65 c. Sex: M
 d. Address: 36/9 Topsis road vol-730,
 e. Marital Status: married
 f. Education: 10th Pass g. Occupation: Business

2) Health Problems:

a) Perceived	b) Diagnosed
<p>→ <u>...</u> → <u>stiff body</u></p>	<p>→ <u>operation</u></p>

3) Requirement of Medicine:

Yes	No
	✓

4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy 4. Naturopathy 5. Traditional medicine 6. Any other	✓

5) Food Preference: Vegetarian / Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
<p>→ <u>chick pea</u></p>	

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. :

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

Taniya Noshim
 12/11/2022

Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Taniya Noshim
 Semester:
 Place:

Date: 5th Sep 22
 Time: 8:00 - 8:30 AM

1) Personal Information of the Informant:

a. Name: Kilabun Nisha b. Age: 68 c. Sex: F
 d. Address: 36/1 Topsisia Road Kal → 39
 e. Marital Status: married
 f. Education: Signed g. Occupation: House wife

2) Health Problems:

a) Perceived	b) Diagnosed
<ul style="list-style-type: none"> → <u>Wight loss, irregular periods</u> → <u>feet joint pain, hot</u> → <u>Tooth pain</u> → <u>Eyes problem</u> → <u>Belly, back pain</u> → <u>Blackish stool</u> 	<ul style="list-style-type: none"> 1) <u>Thyroid</u> 2) <u>uric acid</u> 3) <u>tooth heplace</u> 4) <u>ston in kidney (opennd)</u> → <u>Piles (labon)</u>

3) Requirement of Medicine:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

4) Type of Medicine:

Prescribed	Self-Medication
<ul style="list-style-type: none"> 1. Ayurveda 2. Homoeopathy 3. <input checked="" type="checkbox"/> Allopathy 4. Naturopathy 5. Traditional medicine 6. Any other 	

5) Food Preference: Vegetarian / Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
<ul style="list-style-type: none"> → <u>(kharun)</u> → <u>dates</u> 	<ul style="list-style-type: none"> → <u>Annan/madondal</u>

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. :

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

12/11/2022