Morbidity Profile of Elderly in Urban Slum of Udaipur, Rajasthan

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ABSTRACT

Ageing is a normal process. The modernization plays a vital role in the ageing process of an individual. The situation of elderly worsens when the elderly population is affected by chronic diseases. In the developing countries the prevailing socio-economic conditions of elderly, the process of ageing along with suffering from various health and social problems definitely affect the day to day of an individual's life during the old age. **Objectives:** Older people are a valuable resource for their societies and should feel valued. Good health throughout the life and timely care and prevention of diseases can improve the wellbeing of elderly people. The study was planned to know the morbidity profile of elderly. **Materials and Methods:** The present cross sectional study on 300 elderly people, residing in urban slum, the field practice area of urban health training centre of the department of community medicine, GMCH, Udaipur. **Results:** Out of 300 study subjects 176 (58.67%) were male, and 124 (41.33%) were female. Majority (75.67%) belonged to age group 60-69 years, (78.67%) joint family and (39.33%) were illiterate. The morbidity pattern showed, (61.0%) impaired vision (25.0%) hypertension, (15.33%) insomnia, (14.67%) anaemia and (14.0%) gastrointestinal were the major health problems. The condition of females compare to males was worse in all respects. **Conclusion:** High prevalence of morbidity and social problems were observed in the elderly subjects. Good health in older age can be achieved by providing timely access to early detection, palliative and primary health care. The geriatric health care services are to be strengthened along with provision of social support to the elderly for enabling them to deal their day to day life.

KEYWORDS: Ageing, Chronic diseases, Hypertension, Vision.

INTRODUCTION

Aging is a natural biological process which is associated with deterioration of health status of elderly people. The ageing is inevitable and it is a concern of every one. The world will have more elderly people than children because economies are globalizing and the technologies are evolving rapidly. The biggest demographic and social transformation is ageing of population. The two extremes of life, child and elderly need special care. Elderly life is full of problems- physical, social and economic. Older people are helpless and a disability is more likely to occur in the old age. In India, the proportion of elderly people of 60 years and above has grown up from (6.8%) in 1991, to (7.4%) in 2001 and further (8.6%) in 2011. The life expectancy has steadily gone up from 32 years at the time of independence to over 63years in 2001. The size of the elderly population rose in absolute terms during the last century from 12 million in 1901 to 76.5 million in 2001 and has reached 103.2 million in 2011 and is likely to reach 113 million in 2016. There is ample scope for research in epidemiology to study the causes affecting health of elderly, their treatment in hospital, role of family and general practices into preventive geriatrics.

The problems associated with the ageing population are that of inadequate facilities for medical care, issues of economic and social support. Research on morbidity profile of the elderly population is essential for planning its health-care facilities.

NEED OF STUDY: Ageing population will hamper the achievement of socioeconomic and human development goals if timely actions are not taken. Societies, who take care of elderly people and support them in their daily life, have to be better prepared to cope with the changing world. WHO promotes a healthy life-course to save lives, protect health and alleviate disability and pain in elderly people.

Objectives:
To study the demographic profile of elderly
To study the medical and social problems of elderly

MATERIALS & METHODS

The present cross sectional community based study was conducted on 300 elderly people of age more than 60 years, residing in urban field practice area of the department of community medicine GMCH, Udaipur. After identifying the first house randomly in the selected area, every 5th house was visited by using systematic

random sampling method to include all the elderly subjects of above 60 years residing in those selected houses till the required sample is covered. The information regarding socio-demographic profile, medical and social problems of the selected subjects was gathered in a pre-tested, pre-designed questionnaire.

The purpose of the study was explained to them, and oral consent was obtained. The data so collected was entered in the excel sheet and analysed. The study was conducted during a period of 2014.

RESULTS

Table 1: Socio-demographic characteristics:
A major fraction (75.67%) of the participants was in the age group of 60-69 years , (72.16%) male and (80.64%) female, while a small fraction (3.0%) were observed in age group of 80 years and above. A joint family system was seen among the population interviewed to be the most common (78.67%), followed by the nuclear family (21.33%). Majority (55.33%) of the subjects were observed married, (24.43%) of the elderly men were widower while (69.35%) of the women were widow among the total subjects. Majority (39.33%) respondents were Illiterate, most common in female (44.35%) as compared to male (35.80%).

Demographic Factors	Male No.	(n = 176) %	Female No.	(n= 124) %	Total No.	%
Age in years						
60 – 69	127	(72.16)	100	(80.64)	227	(75.67)
70 -79	45	(25.57)	19	(15.33)	64	(21.33)
80 and above	04	(02.27)	05	(04.03)	09	(03.00)
Type of family						
Joint	130	(73.86)	106	(85.48)	236	(78.67)
Nuclear	46	(26.14)	18	(14.52)	64	(21.33)
Marital status						
Married	130	(73.86)	36	(29.03)	166	(55.33)
Unmarried	02	(01.14)	01	(00.81)	03	(01.00)
Separated	01	(00.57)	01	(00.81)	02	(00.67)
Widow / Widower	43	(24.43)	86	(69.35)	129	(43.00)
Educational Status						
Illiterate	63	(35.80)	55	(44.35)	118	(39.33)
Literate	31	(17.61)	29	(23.39)	60	(20.00)
Primary	2	(14.20)	17	(13.71)	42	(14.00)
Secondary	25	(14.20)	13	(10.48)	38	(12.67)
Graduate	21	(11.93)	08	(06.45)	29	(09.67)
Post Graduate	11	(06.26)	02	(01.62)	13	(04.33)

Table 2: Health problems of the elderly:
There were (17.67%) respondents had no health problems while (82.33%) observed one or other health problems , the most common being impaired vision, hypertension, insomnia, anaemia, gastrointestinal or tuberculosis. It is seen that most of the respondents had more than one health problem. Except DM and TB, all health problems were found to be more common among female. Nearly half of the female were suffering from insomnia and anaemia,

+Diseases	Male No	%	Female No.	%	Total No.	%
Impaired Vision	96	(54.55)	87	(70.16)	183	(61.00)
Hypertension	27	(15.34)	48	(38.71)	75	(25.00)
Insomnia	12	(06.82)	34	(27.42)	46	(15.33)
Anaemia	13	(07.39)	31	(25.00)	44	(14.67)
Gastrointestinal	18	(10.23)	24	(19.35)	42	(14.00)
Osteoarthritis	21	(11.93)	17	(13.71)	38	(12.67)
Diabetes	22	(12.50)	15	(12.10)	37	(12.33)
No Disease	36	(20.45)	17	(13.71)	53	(17.67)

*Multiple responses, total not additive

Table 3: Attitudes towards old age daily life:
Almost half of the respondents felt that old age had affected their day- to- day life. Among these (27.33%) felt that age had partially affected their daily activities. (34.34%) of the people interviewed felt neglected by their family members, while (48.33%) felt unhappy in life and (45.0%) felt they were a burden to the family. An unfavourable attitude was observed to be more among female than male.

Attitude	Male No. %		Female No. %		Total No. %		Statistical Test
Old age has affected day to day life							
Partially	38	(21.59)	44	(35.48)	82	(27.33)	χ2 = 7.88 d f = 2 p < 0.05 significant
Completely	40	(22.73)	28	(22.58)	68	(22.67)	
Not affected	98	(55.68)	52	(41.94)	150	(50.0)	
Felt neglected by family members							
Always	07	(03.98)	19	(15.32)	26	(08.67)	χ2 = 12.7 d f = 2 p < 0.05 significant
Sometimes	44	(25.00)	33	(26.61)	77	(25.67)	
Not Neglected	125	(71.02)	72	(58.06)	197	(65.66)	
Feel a burden to family							
Yes	63	(35.80)	72	(58.06)	135	(45.00)	χ2 = 14.57 d f = 01 p < 0.05 significant
No	113	(64.20)	52	(41.94)	165	(55.00)	
Not happy in life							
Yes	77	(43.75)	68	(54.84)	145	(48.33)	χ2 = 3.57 d f = 1 p >0.05 not significant
No	99	(56.25)	56	(45.16)	155	(51.67)	

Table 4: Perception of the subjects towards their health status:
(82.33%) respondents had minor as well as serious health problems. Female had a poor perception on health as compared with male. Nearly equal respondents had minor and major illness.

Description	Male No. %	Female No. %	Total No. %	Statistical Test
Perception on their health				
On the whole good	38 (21.59)	15 (12.10)	53`(17.67)	χ2 = 6.79 d f = 2 p < 0.05 significant
Have minor illness	64 (36.36)	61 (49.19)	125 (41.67)	
Have serious Illness	74 (42.05)	48 (38.71)	122 (40.66)	
What the reason felt as the main problem in old age				
Morbidity	93 (52.84)	81 (65.32)	174 (58.00)	χ2 = 5.44 d f = 2 p < 0.05 significant
Economic aspects	51 (28.98)	30 (24.19)	81 (27.00)	
Social Adjustment	32 (18.18)	13 (10.49)	45 (15.00)	

DISCUSSION

Table 1: Socio demographic characteristics:
In our study, out of the three age categories, the majority (75.67 %) subjects were observed in age group 60-69 years, and (3.0 %) in 80 years and above, similar findings were observed (72.40 %) by Balamurugan J et al.[1] and (72.30 %) by Lena A et al.[2], however in contrast to our

study Manikanta P [3] observed (40.7 %) subjects in 60-69 years. A study by Lena A et al. [2] shows (2.8 %) above 80 years, match to our study.

Observations of gender distribution by Surekha Kishore et al. [4] (62.10 %) male, (37.90 %) female and Mohammed Ubaidula et al. [5] (55.94 %) male, (44.06%) female are quite similar to our study (58.67 %) male and (41.33 %) female.

A joint family system was seen to be the most common (78.67 %) among the population interviewed, similar findings (75.74%) were observed by Mohammed Ubaidula et al. [5]

A majority of respondents were married (55.33 %) and (43.0 %) widow/widower, similar findings (47.4 %) married, (43.8 %) widow/ widower were observed by Balamurugan J et al. [1] and (47.4 %) married, (43.66 %) widow/widower by Lena A et al. [2]

Gupta I et al [6] reported (63.0%) illiterate observed in the data of 52nd round, National Sample Survey, India. In our study (39.33 %) observed illiterate, similar findings (45.0 %) were observed by Balamurugan J et al. [1], (41.1 %) by Lena A et al. [2], and (38.6 %) Manikanta P [3], whereas (80.2 %) observed by Singh C et al. [7]

Table 2: Health problems of the elderly:
In our study impaired vision was observed in majority (61.0 %), similar findings (62.0 %) were observed by Mohammed Ubaidula et al. [5] and (61.5 %) by Balamurugan J et al. [1] In the study by Jadhav V S et al. [8] and A J Purty et al. [9], the prevalence of hypertension was observed in elderly (21.6 %) and (21.59 %) respectively. These findings were comparable (25.0 %) with our study. In contrast, Chadda S L et al. [10] reported prevalence rate of hypertension (58.8 %) male and (52.2 %) female. Kavita Banker et al. [11] found that insomnia (34.0 %) in total subjects was more in female (40.8 %) as compared to male (25.9 %). In our study insomnia (15.33%) was observed more among females (27.42 %) than males (6.82 %). Mundada V et al. [12] observed anaemia (8.32 %) was more in female (11.58 %) as compared to male (4.71 %), whereas in our study anaemia (14.67 %) observed more in females (25.0 %) against males (7.39 %). In our study gastrointestinal problems were found (14.0 %) (female 19.35 % vs. male 10.23 %) similar findings were reported by Surekha K. et al. [13] (12.3 %) but not similar to Kavita et al. [11] (7.4 %) (female 8.8 % vs. male 6.2 %) and Mohammed et al [5] observed (7.5%) (female 5.76 % vs. male 9.09 %). Jadhav V S et al. [8] in his study observed osteoarthritis (13.44 %), more in female as compared to male (14.02 % vs. 12.79 %) similar findings were observed (12.67%) in our study (female13.71 % vs. male 11.93 %) but in contrast to Mohammed et al [5] observed (28.0 %) (female 32.69 % vs. male 24.24 %). Our study shows that (12.33 %) respondents were Diabetic (female 12.10 % vs. male 12.50 %) is comparable with studies done by Vinod Mundada et al. [12] (13.92 %) (female 17.07 % vs. male 10.43 %) and Mohammed Ubaidula et al. [5] (15.73 %) (female 15.38 % vs. male 16.16 %).

Table 3: Attitude towards old age daily life:
Lena A et al. [2] observed that (97.7%) respondents reported that old age has affected their day-to day life, in contrast to our study (50.0%) (female 58.06% vs. male 44.32%).

In our study (34.34 %) of the respondents felt neglected by their family members (female 41.93% vs. male 28.98%). Female were more sufferer, similar findings were observed by Singh C et al. [7], they reported (26.1%) felt neglected by family members, while Prakash R et al. [14] reported (17.3%) and Lena A et al. [2] observed (62.0%) having feel of neglected by family members. In our study (45. 0%) of the respondents (female 58.06% vs. male 35.80%) said that they feel themselves a burden on the family because most of the respondents were not economically productive. Similar findings (female 55.8% vs. male 44.2%) were observed by Lena A et al. [2] (48.33%) of the respondents were observed not happy in their life. Similar findings (53.2%) are reported by Singh C et al. [6] and (47. 9%) (female 55.0% vs. male 45.0 %) by Lena A et al. [2]

Table 4: Perception of the subjects towards their health status:
Regarding perception of elderly towards their health (41.67%) told that they have minor illnesses against (40.66%) having serious illnesses, only (17.67%) felt, on the whole good, females were more sufferers. Similar finding were observed by Manikanta P [3], who observed (48. 0%) have serious illnesses and (23.0%) on the whole having good health. A study done by Mohammed Ubaidula et al. [5] observed maximum respondents (62.43%) were facing morbidity, (26.56%) economic and (11.01%) social adjustment problems, similar findings are observed in our study (58.0%, 27.0% and 15.0%) respectively. Female were facing more problems.

CONCLUSION

The topic of WHO Day 2012 was ageing and health with the theme "good health adds life to years". This study highlighted that majority of the elderly people are affected by medical and social problems, thus the focus should be on strengthening of geriatric health services along with social support so that the elderly people may be looked timely and regularly for their morbidity care so as to deal a happy daily life. The segment of social mobilisation should also be campaigned for considering the elderly as valuable to the societies and to be respected as elders.

ACKNOWLEDGEMENT

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