

## STUDY OF HEALTH PROBLEMS AND HEALTH RELATED SOCIAL FACTORS IN GERIATRIC POPULATION AT UHC AREA OF S N MEDICAL COLLEGE, BAGALKOT

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**ABSTRACT: BACKGROUND:** A major emerging demographic issue of 21<sup>st</sup> century is the ageing of the population as an inevitable consequence of demographic transition experienced by most countries. Change in socio-economic status and various health problems adversely affect an individual's way of life during old age. **Objective:** To study the health problems and health related social factors of the elderly in an urban health centre area. **Methodology:** The study was conducted in Urban Health Centre area of S.N.Medical College, Bagalkot. The total population of UHC was 4500 covering six Anganwadis. All the people who were 60 years and above were studied in that area, who were 244 in all. Study design and variables: A Cross-sectional study. A pretested, structured questionnaire was used to collect information by house to house interview method on Socio-demographic factors and health related factors. **Results:** The mean age of the study population was  $67.0 \pm 14.7$  (Mean  $\pm$  2SD). Majority (44.7%) of geriatric population belonged to the age group of 60-64 years. 62.3% were females. Around one third (36.1%) of them were illiterate. Half (50%) of the elderly were housewives. 44.3% belonged to lower socio-economic status. 46.3% of the study population was having hypertension. 32% of the aged complained of locomotors problems such as joint pain & other musculoskeletal problems. 19.3% of the study population was having a habit of tobacco chewing. Main interfamily problem was related to economic status (27.5%). 29.9% of the elderly solved their problems themselves. Majority (80.7%) of them preferred to stay with their son followed by daughter (7%). 64.3% of the aged spends time by looking after their house. **Conclusion:** The main health problems among the elderly were hypertension and locomotors system related problems. The social factors associated with elderly were, habits such as tobacco chewing, main reason for interfamily problem was economic related. Therefore elderly people need care and support from the family members and society.

**KEYWORDS:** Geriatric population, Urban area, Health problems, Social factors

**INTRODUCTION:** Ageing, a biological phenomenon is a global issue with its implications on population, infrastructure, social issues, finances and health. The world is graying and so is India. Currently pegged at around 8% of our population. The Indian elderly are projected to

constitute around 21% of our population by 2050. For the developing countries including India, the ageing population may pose mounting pressures on various socio-economic fronts including health care expenditures. For such countries the social and economic consequences of ageing could be harsh and the options for diluting the adverse effects of grey population may be limited.<sup>1</sup>

Ageing of populations and extension of life are significant by-products of the demographic transition. Ageing of population is primarily the result of two factors, reductions in fertility and mortality. The reduction in mortality rates implies a longer life span for the individual and the reduction of fertility implies a decline in the proportion of the young in the total population. Thus an 'ageing population' means a population characterized by higher average life expectancy and increasing proportion of the elderly in the total population.<sup>2</sup>

Old age can be broadly characterized by time-altered changes in an individual's biological, psychological and health related capabilities and its implications for the consequent changes in the individual's role in the economy and the society. This immediately implies that there are a vast number of issues that call for an attentive focus on the elderly.<sup>3</sup> The best course is to 'Grow old gracefully or at least gracefully accept that we are growing old'.<sup>4</sup> Longer and much advanced age need more intensive and long term care, which in turn may increase financial stress in the family. Inadequate income is a major problem of elderly in India.<sup>5</sup>

The aged, living in retirement, not only suffer from chronic diseases but also from the unhappiness caused by their feeling of uselessness, loneliness & despair. This makes it necessary to look into the various aspects of their problems like social, economic, and psychological and other related aspects.<sup>6</sup>

Hence, this study was taken up with the objective of assessing the health status and social factors among the elderly with a view to improve our health care services for them.

**OBJECTIVE:** To study the health problems and health related social factors of the elderly in an urban area.

**METHODOLOGY:** The study was conducted in Urban Health Centre area of Dept. of Community Medicine which is located 6 Km away from S.N.Medical College; Bagalkot. The total population of UHC was 4500 covering six Anganwadis.

**Study Subjects:** The United nation defined 60 years as the age of transition of people to the elderly segment of the population. In India 60<sup>th</sup> year is conventionally taken as the pointing old.<sup>7</sup> All the people who were above 60 years were 244. The elderly who couldn't be interviewed during the first round were interviewed during second round and elderly still remaining un-interviewed were contacted during third round in-order to obtain maximum coverage. Informed consent was taken.

**Study Period:** From January 1 to June 30, 2009 over a period of six months. Study design and variables: A Cross-sectional study. The pretesting of the proforma was done on 50 elderly persons to test the factors like time required to collecting the information from each elderly and clarity of questions and feasibility of study. A pretested, structured questionnaire was used to collect information by house to house personal interview method on socio-demographic factors, health related factors. Blood pressure was measured using standard Sphygmomanometer in a sitting position. Blood Pressure classification was done based on seventh report of the Joint National Committee.<sup>8</sup>

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Blood pressure classification	SBP (mmHg)	DBP (mmHg)
Normal	<120	<80
Pre-hypertension	120-139	80-89
Stage I hypertension	140-159	90-99
Stage II hypertension	≥160	≥100

General physical examination was done. Data was tabulated & analyzed and findings were described using proportions & percentage.

**RESULTS:** The mean age of the study population was 67.01±14.6 (Mean±2SD). Majority (44.7%) of the aged belonged to the age group of 60-64 years and 23.8% belonged to 65-69 years. 62.3 % were females. 36.1% of the elderly were illiterate. Half (50%) of the elderly were housewives by occupation followed by businessmen (16.8%). Majority of the elderly belonged to the socio-economic class V (44.3%) and IV (34.0%).

46.3% of the study population was having hypertension. Among the hypertensive's, 36.5% were in pre-hypertension stage, nearly one third (34.4 %) of them were in stage I and 11.9% in stage II of hypertension.

The next major health problem was locomotors (32%) in the form of Joint pain, myalgia and musculoskeletal problems. 13.5% of aged were suffering from Diabetes. The other health problems in the elderly were Diminished vision, Respiratory problems and hearing problems.

19.3% of the study population was having a habit of tobacco chewing in the form of ghutka, tobacco and pan. Tobacco smoking was present in 8.2%. The main reason for interfamily problem was economic (27.5%) related. 29.9% of the elderly people used to solve family problems by themselves. 34.8% and 27.5% of them solved by discussing with their son & spouse respectively. Majority (80.7%) of them preferred to stay with their son followed by daughter (7%). Only 4.5% of them were staying alone. Majority (64.3%) spends time by looking after their house and 13.1 % with their young ones. Others were involved in agriculture, labour . 4.5% were not involved in any kind of work. 48.4% of the aged felt that, there is necessity of old age homes in their area.

**DISCUSSION:** In this study, conducted in urban area among elderly, majority (44.7%) was in the age group of 60-64 years and the mean age was 67 years. Similar observations were made by A. J. Purty et al.<sup>9</sup> that is the mean age was 67.1 years and the largest age group was 60-64 (41.8%) years old. It is observed in this study that, 37.7% were males and 62.30 % were females. A study carried out by Rajashree Bhatt et al.<sup>10</sup> reported almost similar results that is 33.9% were male & 66.1% were female.

In our study, 36.1% of the elderly were illiterate, 31.6% had studied upto primary school and only 6.1% were college & above. According to the NSS 52<sup>nd</sup> round,<sup>11</sup> 63% of the elderly were illiterate in India (Gupta I). Padda, *et al.*<sup>12</sup> reported 38.6% illiteracy at Amritsar which is in accordance with our study, in contrast it was 78% in a study conducted in Tamil Nadu by Elango,<sup>13</sup> and Singh, *et al.*<sup>14</sup> reported 80.2%.

In our urban study area, half (50%) of the elderly were housewives and 16.8% were businessmen by occupation. In a study conducted by Purty AJ et al.<sup>9</sup> the predominant occupation was agricultural labour 64.7% as the study was conducted in rural area. Niranjana GV

et al.<sup>15</sup> found that 46.2% of the geriatric population belonged to the social class-III whereas in this study, majority of the elderly belonged to the socio-economic class V (44.3%) and IV (34%).

It was found in this study that 46.3% of the elderly were having hypertension. Among the hypertensive's, 36.5% were in pre-hypertension stage, nearly one third (34.4 %) of them were in stage I and 11.9% in stage II of hypertension.. A study carried out by Rajashree et al<sup>10</sup> reported almost similar findings i.e., 34.4% were having hypertension and were classified as prehypertension (43.1%), stage I (30.7% ) & stage II (9.6). In HM Swami et al<sup>16</sup> study, most common diseases in order of their magnitude were hypertension (58%) joint pains/arthritis (50.5%) cataract (19.1%), gastritis (17.7), deafness (13.5%) followed by diabetes mellitus (12.2%). In the present study, the most common health problems of the elderly were Hypertension (46.3%), locomotors system related (32%), diminished vision (13.9%) and respiratory problems(14.3). A.S Padda etal<sup>12</sup> revealed that, Arthritis (60.6%) being the commonest cause of illness followed by cataract or visual impairment (54%). 16.6% of the aged were hypertensive which is less when compared to our study.

19.3% of the elderly were having a habit of tobacco chewing in this study. Tobacco smoking was present in 8.2%. Bala etal.<sup>17</sup> in their study of tobacco use in Gujarat state found in age group of 65 years or older 10.68% were tobacco chewer and 64.7% were smokers. The main reason for interfamily problem was economic (27.5%) related. Unlike our study, Singh, *et al.*<sup>14</sup> reported that the main reason for feeling sad was loneliness (20%), followed by neglect in the family (26.1%), illness (11.5%), and economic causes (10.2%). Majority (80.7%) of them preferred to stay with their son followed by daughter (7%). Srivastava & Mishra's<sup>18</sup> revealed that the majority of elderly were found living with their spouse & other member. Majority (64.3%) spends time by looking after their house. while Singh, *et al.*<sup>14</sup> in his study, reported that 55.8% were occupied in productive work, 28% in agriculture, 15.1% in labor, and 44.2% were dependent on others.

**CONCLUSION:** The present study in the urban area has identified common health problems such as Hypertension, locomotors system related problems, diabetes, diminished vision and respiratory problems. The study also revealed tobacco chewing as the main habit, economic problem as the main interfamily problem. Most of them solved their family problems by themselves and by discussing with their spouse. There is an urgent need to develop geriatric health care services in the developing countries like India and provide training to health care providers to manage the commonly existing health problems in the community.

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**Table 1: Socio-demographic profile of study population**

Category	No.	% (N=244)
<b>Age</b>		
60-64	109	44.7
65-69	58	23.8
70-74	36	14.7
75-79	22	9.0
80+	19	7.8
<b>Gender</b>		
Male	92	37.7
Female	152	62.3
<b>Education</b>		

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Illiterate	88	36.1
Primary school	77	31.6
Middle school	39	16.0
High school	25	10.2
College & above	15	6.1
<b>Occupation</b>		
Farmer	07	2.9
Labor	32	13.1
Housewife	122	50.0
Business	41	16.8
Skilled workers	22	9.0
Others	20	8.2
<b>Socio-economic class</b>		
Class I	03	1.2
Class II	16	6.6
Class III	34	13.9
Class IV	83	34.0
Class V	108	44.3

**Table 2: Health problems and Hypertensive status of the aged**

<b>Health problem (Multi-response)</b>	<b>No.</b>	<b>%</b>
Hypertension	113	46.3
Locomotors	78	32.0
Diabetes	33	13.5
Diminished vision	34	13.9
Respiratory problems	35	14.3
Hearing problems	06	2.5
IHD	04	1.6
Others	24	9.8
<b>Hypertensive status (N=244)</b>		
Normal	42	17.2
Pre-hypertension	89	36.5
Stage I	84	34.4
Stage II	29	11.9

**Table 3: Social problems of the elderly**

<b>Social problems</b>	<b>No. (N=244)</b>	<b>%</b>
<b>Habits</b>		
Tobacco smoking (Bidi & cigarette)	20	8.2
Tobacco Chewing (Tobacco, Gutka & Pan)	47	19.3
Alcohol	12	4.9
No habits	165	67.6

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### **Reason for Interfamily problems**

Economic	67	27.5
Marriage	05	02.0
Education & employment	05	02.0
Property	06	02.5
Illness	02	0.8
No problems	159	65.2

### **Solving family problems**

Self	73	29.9
Spouse	67	27.5
Son	85	34.8
Others	19	07.8

### **Prefer to stay with**

Son	197	80.7
Daughter	17	7.0
Brother	08	03.3
Alone	11	04.5
Others	11	04.5

### **Spends time by looking after**

Agriculture	12	04.9
House	157	64.3
Young one's	32	13.1
Labor	14	05.8
Others	18	07.4
Nil	11	04.5

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