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Original Research Article

A Cross-Sectional Study Done in Geriatric Age Group People Living Under Field Practice Areas of B.J.M.C. Ahmedabad to Assess Their Major Health Problems and Its Impact on Their Living

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ABSTRACT

Objectives- This study is done to assess major health problems suffered by geriatric age & socio-demographic factors affecting the morbidity of geriatric people.
Materials & methods- Cross-sectional study done in the urban field practice area of B.J.M.C, Ahmedabad from Nov 2013 to Dec 2013.Total 200 old age people are randomly covered under this study using a pre-structured &predesigned questionnaire. Data was analyzed in Epi info and chi-square test was applied. *P* value of less than 0.05 was considered significant
Results – Among 200 geriatric people, chronic illness was reported in 59%, more in lower socio-economic class (63%).71% complained of joints pain ,19% had difficulty in walking .Visual impairment and hearing impairment was observed in 48% and 32% of them respectively. 44.4% of the studied group used tobacco in any form. 64% preferred govt. health facilities for treatment especially lower S.E.class (76%). 23%had history of hospitalization in last 12 months.8% were aware of govt. benefits regarding geriatric people.
Conclusion– Since majority of studied group suffered from chronic illness which emphasizes the need of special rehabilitation services for this group. Study also highlights the intervention such as IEC activities regarding the available benefits for geriatric people as 92% of them were unaware of it.
Keywords- Geriatric age problems, socio-economic status, substance abuse, chronic illness.

INTRODUCTION

WHO theme in 1999 and 2012 were to improve the quality of life of geriatric people. It is imperative to know the health profile of these people to improve the health services for them.

There is no United Nations standard numerical criterion, but the UN agreed cutoff is 60+ years when referring to the elderly population. [(1)] In India, the elderly account for 7% of the total population, of which two-thirds live in villages and nearly half of them in poor conditions. [(2)] Ageing is a biological process and experienced by the mankind in all times. Urbanization, nuclearisation of family, migration, and dual career [(3)] families are making care of the elderly more and more of a personal and social problem in India. A feeling of low self-worth may be felt due to the loss of

earning power and social recognition. This state of mind is harmful. With the prospect of this situation worsening in the coming decades, ways and means of managing the stress effectively needs to be examined. [4]

The general characteristics of old age are physical and psychological changes. It is common to associate old age with disability. Older people are heterogeneous i.e., extreme losses of physical, mental and social functions are often seen in old people. In India the population over 60 years of age, 10% suffer from impaired physical mobility and 10% are hospitalized at any given time, both proportions rising with increasing age. In the population over 70 years of age, more than 50% suffer from one or more chronic conditions. The chronic illnesses usually include hypertension, coronary heart disease, and cancer. According to Government of India statistics, cardiovascular disorders account for one-third of elderly mortality. Respiratory disorders account for 10% mortality while infections including tuberculosis account for another 10%. Neoplasm accounts for 6% and accidents, poisoning, and violence constitute less than 4% of elderly mortality with more or less similar rates for nutritional, metabolic, gastrointestinal, and genito-urinary infections.

MATERIALS & METHODOLOGY

A cross-sectional study conducted in urban field practice area of B.J.M.C, Ahmedabad from Nov 2013to Dec 2013.Total 916 old age people are listed in family folder prepared by MSW of community medicine department, and B.J.M.C. Out of these 21.8% population i.e.200 geriatric age people were randomly covered under this study. A pre-structured &predesigned questionnaire was used for this purpose. Verbal consent of participant was taken prior performing the study. Community based cross-sectional study design was adopted for this study. The urban field practice area of B.J.M.C is distributed among 5 MSWs working in the community medicine department of B.J.M.C, Ahmedabad.40 geriatric age people were randomly selected from these areas. Thus total 200 samples were covered in this study. House to house visit was done in the selected area. Age assessment was done by local document and calendar method. Subjects in the age of 60 years and above were considered as study subjects. The data was collected using predesigned and pretested semi structured questionnaire in their vernacular language. Interview method was adopted in filling the questionnaire. It included information regarding their education status, family type, socio-economic status; subjective feeling regarding their health status, information about their major health problem, awareness about government facilities, respect from their family members, tobacco addiction etc. Modified Prasad classification was used for assessment of socioeconomic status.

Statistical analysis: Data was analysed in Excel & Epi-info software (version 3.5). Qualitative variables were presented as frequencies and percentages. The chi-square test was used to test for significant associations between categorical variables. p=<0.05 was considered significant statistically.

RESULTS

Demographic profile: Among 200 geriatric people, 56% were female and 44% were male.71% belonging to young old age group (60-74). Literacy rate was 44%.72.3% was living in joint families. Majority of them belongs to S.E.Class III (34%) & S.E.Class IV (53%).55% were married.13.5% were separated and living singly. (Table 1)

Suffering from any chronic illness:

Out of the 200 geriatric people studied, 40% of females& 35% of males showed

subjective feeling of being good. Among females memory disturbance (42.8%) & depression (28.6%) is more as compared to males. Among males in the studied population 34.1% have bowel disturbances, 22.7% have diabetes, 44.7% have hypertention&56.8% have arthritis. (Figure 1&Table 2)

Health impairment:

Majority (71%) of geriatric people complained joints pain .19% of them had either difficulty in walk or unable to walk. Visual impairment and hearing impairment was observed in 48% and 32% of them respectively. 44.4% of the studied group was using tobacco in any form. 23%had history of hospitalization in last 12 months 64% preferred govt. health facilities for treatment especially by the lower socio-economic class (76%). 31%were satisfied from the respect they got from family members, more in upper socio-economic class (38%).8% were aware of govt. benefits regarding geriatric people. (Figure 2)

Attitude towards old age:

Table 3 shows that out of the 200 studied populations almost 95.5% of the respondents felt that old age had affected their day-to-day life. Among these, 86.7% felt that age had partially affected their daily activities. Out of the total people interviewed 22.5% were of opinion that they were regarded as a burden to family & got no respect from their family. Only 38% were satisfied from their status in the family.

Table: 1. Demographic Distribution of Study Population.

AGE(years)	MALE(n=88)	FEMALE(n=112)	TOTAL(n=200)	Chi-square(X^2)	
60-74	45(51.1%)	97(86.6%)	142(71.0%)	9.198	df=2 p=0.01(S)
75-84	16(18.1%)	13(11.6%)	29(14.5%)		
>85	6(6.8%)	3(2.7%)	9(4.5%)		
MARRITAL STATUS					
Married	40(45.5%)	70(62.5%)	110(55.0%)	27.908	df=3 p=0.000038 (VS)
Single	10(11.4%)	2(1.785)	12(6.0%)		
Separated	6(6.8%)	9(8.1%)	15(7.5%)		
Widow/widower	3(3.4%)	40(35.7%)	43(21.5)		
EDUCATION STATUS					
Literate	58(65.9%)	30(26.8%)	88(44.0%)	19.96	df=1 P=0.0000079 (VS) Odds ratio=3.99
Illiterate	30(34.1%)	62(55.4%)	92(46.0%)		

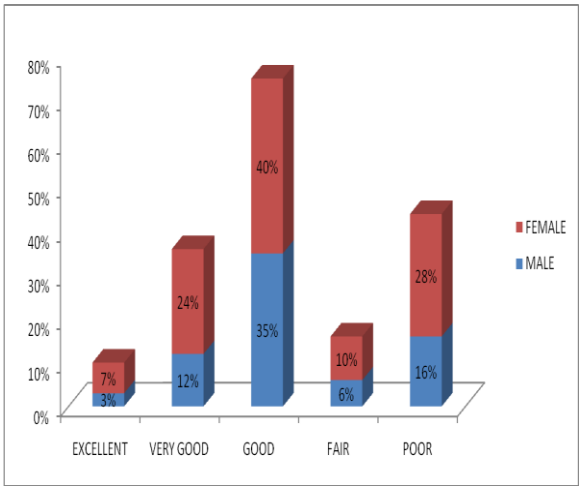

Figure 1-Showing subjective feeling of well being among study subjects (n=200);**multiple responses were given

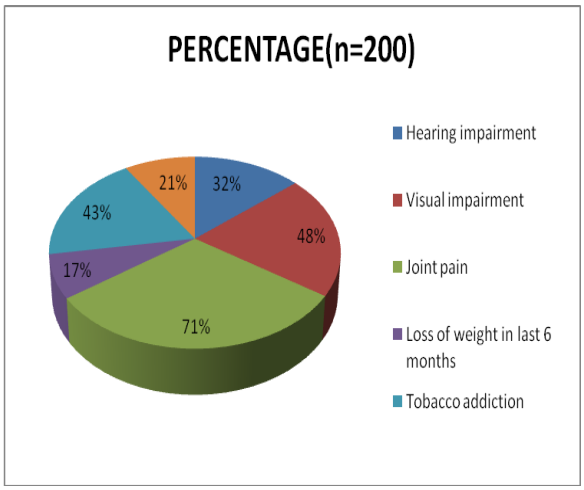

Figure2: Geriatric age having health impairment*
*multiple responses were given

TABLE: 2-Geriatric age people suffering from chronic illness.

CHRONIC DISEASE*	MALE(n=88)	FEMALE(n=112)	TOTAL(n=200)	
Memory Disturbances	28(31.8%)	48(42.8%)	76(38%)	
Depression	20(22.7%)	32(28.6%)	52(26%)	
Bladder Disturbances	20(22.7%)	14(12.5%)	34(17%)	
Bowel Disturbances (constipation/diarrhea)	30(34.1%)	14(12.5%)	44(22%)	
Diabetes Mellitus	20(22.7%)	22(19.6%)	42(21%)	
Hypertension	42(47.7%)	40(35.7%)	82(41%)	
Arthritis	50(56.8%)	40(35.7%)	90(45%)	
Kidney problems	4(4.5%)	2(1.8%)	6(3%)	
Heart Disease	6(6.8%)	2(1.8%)	8(4%)	
Others	8(9.1%)	6(5.34%)	14(7%)	

X^2=18.96
df=9
P=0.025
Yates chi-square=15.23
Yates p value=0.089

*multiple responses were given

TABLE: 3-Showing attitude towards old age.

ATTITUDE	MALE(n=88)	FEMALE(n=112)	TOTAL(n=200)	
Respect from family members				
Satisfied(partially/completely)	41(46.5%)	35(31.2%)	76(38%)	X^2=8.542 df=2 P=0.0139
Sometimes avoided	35(39.8%)	44(39.2%)	79(39.5%)	
Got no respect/burden to family	12(13.6%)	33(29.5%)	45(22.5%)	
Old age affected day to day life	68(39.5%)	104(60.4%)	172(95.5%)	
Partially	58(37.2%)	98(62.8%)	156(86.7%)	Odds ratio=0.3551
Completely	10(62.5%)	6(37.5%)	16(8.9%)	

DISCUSSION

72.3% of the studied population was living in joint families. Various studies by Padda, *et al.*, [6] Singh, *et al.*, [7] and Sivamurthy, *et al.* [8] have brought out similar findings. The higher prevalence of joint families could be because of the urban field practice area and social migration of the youngsters being less.

It is indeed true that it is the marital status that determines ones position within the family as well as the status in society. The proportion of elderly married, widowed, or unmarried were found to be similar to the study conducted by Singh, *et al.* [7] Shah [9] reports that 64.3% of elderly women were widows and most of them were have dependent functions. According to the NSS 52nd round, [10] 63% of the elderly were illiterate in India. Our study showed that almost half of our respondents were illiterate (51.1%) as also evident in another study done by Yadava. K.N *et al.* [5] Padda, *et al.* [6] reported 38.6% illiteracy at Amritsar, while it was 78% in a study conducted in Tamil Nadu by Elango, [11] and Singh, *et al.* [7] reported 80.2%.It is observed in this study that illiteracy is higher among females (62%) than males (22.8%). The disparity in literacy status may be attributed to the area being urban slum. Educating females in those days was not considered as important as establishing a marriage at an early age.

Half of them would visit their neighbors or relatives. Goel, *et al.* [13] reported that 24.8% were not having any social contact outside the home. Almost 25% of the respondents felt neglected similar finding in study by Yadava. K.N *et al* [5] and sad and felt that people had an indifferent attitude towards the elderly as compared with 8.9% reported by Singh, *et al.* Prakash, *et al.* [12] reported 17.3%. Some of the respondents thought that people don't respect them because they were aged and could not contribute to the family and society. A study conducted by Goel, *et al.* [13] showed 45% of the respondents had utilized geriatric welfare services as compared with 21% in our study. In our

study, 16% of the respondents felt that old age affected their role in the family as compared with 38% in the study conducted by Elango. [(11)] It was observed in our study that even though the respondents were not very happy in life or did not have a good relationship with their children, they still preferred to stay at home or die rather than stay in old age homes.

CONCLUSION & RECOMMENDATIONS

- The government agencies should carry out special surveys to identify the vulnerable aged and the deprivations suffered by them.
- Maintenance and Welfare of Parents and Senior Citizens Act, 2007 should be implemented in letter and spirit.
- There is need to sensitize the community at large and the opinion group leaders, particularly about the special health needs of geriatric age group, particularly the females/widows.
- Panchayati Raj institutions should develop system for social protection in form of assuring old age pension from relevant source and supply of drugs from proper source. It was felt by researcher during the study that there was no involvement of panchayat or any other opinion leader in taking care of the aged and the infirm.
- Appropriate and relevant indicators of health of the aged be developed, taking in to account the way in which the elderly perceive their quality of life and value their health.
- Evaluate reasons for failure of government institutions to attract large number of elderly population. It is strongly recommended that qualitative studies should be carried for a focused and an in depth analysis of special health needs of elderly.

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