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A study of health status and morbidity profile of elderly

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ABSTRACT

Ageing is a continuous process that begins with conception and ends with death. Every life on earth goes through this process and is inevitable. Technological development and urbanization has led to a shift in population from rural to urban areas. The traditional values are in a process of shattering and this has poised a great threat to the issue of care of elderly in India. Lack of employment and income increase the dependency of the elderly on others, and thus further worsen their health situation.

Key Words : Health status, Rural areas, Employment

INTRODUCTION

India, the world's second most populous country, has experienced a dramatic demographic transition in the past 50 years, entailing almost a tripling of the population over the age of 60 years (*i.e.*, the elderly) (Government of India, 2011). This pattern is poised to continue. It is projected that the proportion of Indians aged 60 and older will rise from 7.5% in 2010 to 11.1% in 2025 (UNDESA, 2008). According to UNDESA data on projected age structure of the population, India had more than 91.6 million elderly in 2010 with an annual addition of 2.5 million elderly between 2005 and 2010.

Living to a ripe old age should be a cause for celebration. Advances in the field of medical science has added to life expectancy. Due to improved healthcare worldwide, the average lifespan of an individual has increased in the last few decades.But with an increase in the living years anddue to lack of proper care,scores of elderly people are forced to live a life of humiliation, abuses and isolation. What goes without saying is that older people have a depleting health that needs constant care and management.

In the light of above scenario, the present study focused on analyzing the situation of health and presence of diseases in the elderly.

METHODOLOGY

The study was conducted in an urban area of Rajasthan. The study sample comprised of one hundred elderly (50 males and 50 females)who were co-operative, mentally receptive and willing to participate in study.

A structured questionnaire was designed to study the various aspects relating to age, sex,

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family type, morbidity profile, health problems and health care practices followed by the elderly. The data so collected was tabulated and analyzed to draw the results.

RESULTS AND DISCUSSION

General information:

The study sample comprised of 50 males and 50 females. In accordance with the social system prevalent in our country, joint family system dominated the family structure of the elderly. Most of the elderly were enjoying a married life and were socially active.

Morbidity profile:

Study of morbidity profile (Table 1) showed that most of the elderly (70%) faced one or more health or physical issues, the number being higher in females (37) as compared to the males (33). One-fifth of the respondents suffered from one problem followed by four (14%), three (11%), more than five (9%), two (8%), and five health problems (8%).

Table 1: Morbidity profile

Details	Male (N=50)		Female (N=50)		Overall (N=100)	
	No.	(%)	No.	(%)	No.	(%)
None	17	34.00	13	26.00	30	30.00
One	10	20.00	10	20.00	20	20.00
Two	4	8.00	4	8.00	8	8.00
Three	4	8.00	7	14.00	11	11.00
Four	5	10.00	9	18.00	14	14.00
Five	5	10.00	3	6.00	8	8.00
>5	5	10.00	4	8.00	9	9.00

NSSO (2006) analysis of morbidity patterns by age clearly indicates that the elderly experience a greater burden of ailments (which the National Sample Survey Organisation defines as illness, sickness, injury, and poisoning) compared to other age groups, across genders and residential locations. More women report poor health status as compared to males, and yet a far greater proportion of men are hospitalized as compared to females (Rajan and Sreerupa, 2008).

Health problems:

Gastro-intestinal problems and cardiac problems (Table 2) were common among the elderly. Amongst gastro-intestinal problems constipation, indigestion and gastritis were more common. Many elderly suffered from hypertension and heart problems. Visual difficulty, chewing problem, breathlessness, sleeplessness and diabetes were also present.

Various other studies have also reported similar data. The elderly most frequently suffer from cardiovascular illness, circulatory diseases, and cancers, while the non-elderly face a higher risk of mortality from infectious and parasitic diseases (Kosuke and Samir, 2004; Shrestha, 2000).

Health care practices:

Regular health checkups should be an integral part of life style for the maintenance of health. Contrary to this, a majority (Table 3) of the elderly (91%) did not visit health checkup centres regularly. Only nine percent respondents went for a regular checkup and that too once a year or once in six months. Nearly one-third elderly were undergoing medication for one or the other health problem.

Table 2 : Health Problems*

Details	Male (N=33)		Female (N=37)		Overall (N=70)	
	No.	(%)	No.	(%)	No.	(%)
Gastro-Intestinal Problem						
Constipation	10	30.30	12	32.43	22	31.43
Indigestion	7	21.21	8	21.62	15	21.43
Gastritis	5	15.15	4	10.81	9	12.86
Diarrhoea	0	0.00	1	2.70	1	1.43
Amaebiosis	1	3.03	0	0.00	1	1.43
Eye problems						
Cataract	3	9.09	3	8.11	6	8.57
Visual Problem	13	39.39	12	32.43	25	35.71
Cardiac Problem						
Hypertension	17	51.52	15	40.54	32	45.71
Low BP	1	3.03	2	5.41	3	4.29
Heart Problem	6	18.18	2	5.41	8	11.43
Breathing Problem						
Asthama	5	15.15	6	16.22	11	15.71
Breathlessness	8	24.24	9	24.32	17	24.29
Bone and Dental Problem						
Difficulty Chewing	9	27.27	13	35.14	22	31.43
Artificial Dentition	4	12.12	4	10.81	8	11.43
Pain in Joints	2	6.06	5	13.51	7	10.00
Arthritis	2	6.06	3	8.11	5	7.14
Fracture (Recent)	0	0.00	0	0.00	0	0.00
Other Problem						
Sleeplessness	7	21.21	7	18.92	14	20.00
Diabetes	5	15.15	4	10.81	9	12.86
Hearing Problem	1	3.03	2	5.41	3	4.29
Worm Infestation	1	3.03	0	0.00	1	1.43
Kidney Problem	0	0.00	0	0.00	0	0.00
Oedema	2	6.06	3	8.11	5	7.14

*Data from elderly reporting one or more health problem

Twenty nine percent took supplements regularly while laxatives and sleeping pills use was not so common.

Conclusion:

Physical and health risks are very high among the elderly. The increased costs of health care facility have further deprived their access to treatment. Lack of awareness, ignorance towards health related issues,lack of employment, economic dependency, changing family structure, lack of social support maybe the major contributing factors to limited access to health care and medical facilities for the elderly. It is high time to launch health awareness programmes at large scales as well as to provide

Table 3: Health Care Practices

Details	Male (N=50)		Female (N=50)		Overall (N=100)	
	No.	(%)	No.	(%)	No.	(%)
Health Checkup						
Regular	5	10.00	4	8.00	9	9.00
Irregular	45	90.00	46	92.00	91	91.00
Frequency of Regular Health Checkup						
Once a month	0	0.00	0	0.00	0	0.00
Once in 6 month	2	4.00	2	4.00	4	4.00
Once a year	3	6.00	2	4.00	5	5.00
Under Medical Treatment						
Yes	17	34.00	19	38.00	36	36.00
No	33	66.00	31	62.00	64	64.00
Use of Laxatives						
Never	38	76.00	35	70.00	73	73.00
Occasional	9	18.00	11	22.00	20	20.00
Frequent	3	6.00	4	8.00	7	7.00
Use of Supplements						
Yes	13	26.00	16	32.00	29	29.00
No	37	74.00	34	68.00	71	71.00
Use of Sleeping Pills						
Yes	1	2.00	1	2.00	2	2.00
No	43	86.00	44	88.00	87	87.00
Occasional	6	12.00	5	10.00	11	11.00

low cost medical facilities to elderly within their reach.

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