

International Journal of Scientific Research and Reviews

Morbidity profile among senior citizens of urban slum area of thane district of maharashtra –community approach

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ABSTRACT

The WHO Brasilla declaration on ageing states that healthy older persons are an important resource for their family, community and the economy. This study was performed to assess demographic status among senior citizens in a selected urban area of Thane District, to identify morbidity status among senior citizens in the selected urban area of Thane District, and to compare the morbidity status with selected demographic variables such as age and gender. A community survey was undertaken in the urban area in Thane District of Maharashtra in India. A house to house survey of a total of 853 senior citizens of age 60 years and above was done. The simple random sampling method was used from the list of nine primary health centers. Written consent was taken from each individual. The structured questionnaires and Interviewing Technique was used to collect data regarding the socio-demographic and morbidity parameters by visiting home.

The average age of our study population was 64.43 (± 6.01) years. Among the senior citizens, majority of the population were females. Majority (77.7%) of the population belonged to the age group of 60 to 69 years. Majority (61%) of our senior citizens had no formal education. 73% senior citizens were married. At the time of survey, the average number of illness per person was recorded as 1.14. Morbidities like hypertension, and musculoskeletal diseases, and number of morbidities was found to be higher in female senior citizens. There was a higher prevalence of hypertension and diabetes in senior citizens.

The growing population of elderly people is a concern for both developed and under-developed countries, therefore an urgent need to develop geriatric health care services is the need of the hour. This finding may serve as baseline data and help in planning services and training to health care providers to manage health problems of the geriatric population in the community.

KEY WORDS: Senior citizens, elderly, morbidity, prevalence

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INTRODUCTION

Senior citizens are a great asset for any country. Their rich experience and wisdom contributes to the sustenance and progress of the nation. It is the duty of young individuals to respect and look after the health of our senior citizens.¹ Across the world, in the recent years, the population of people aged 60 years and over is growing faster; the proportion of this population is rising each year. By the year 2025, the world will host 1.2 billion people.² The aged in India constituted 8.6% of the total population. It is expected that by 2020 the number of people aged 60 and above in the world will outnumber children <5 years of age and India will have 16% of the world's aged population.³ Early surveillance of health needs of senior citizens is essential to provide effective services and planning of strategies for intervention and care.⁴

The present study aims to identify the morbidity profile among senior citizens and its association with selected variables like age and gender.

MATERIAL AND METHODS

The present survey was carried out in an urban slum area of Thane District of Maharashtra in India. This slum area belongs to the urban community field of the nursing school. The subjects included male and female senior citizens, aged 60 years and above. The simple random sampling method was used from the list of nine primary health centers. Senior citizens were interviewed using a structure questionnaire by the researcher in local Hindi and Marathi languages. The purpose of the study was explained to them in their own language, after which a written consent was obtained. A detailed medical history was taken and their outpatient department [OPD] papers were checked to confirm the diagnosis.

Statistical Analysis used:

Data was entered in Microsoft Office Excel and analysed using the Statistical Package for the Social Sciences software (SPSS) version 22.0. Categorical data was summarized in terms of frequency count and percentage. Significance was assessed using the chi-square/ Fisher exact test.

Findings related to demographic characteristics:

Table-1: Demographic details of our senior citizens.

Categories	N=853					
	Female (N=496)		Male (N=357)		Total (N=853)	
	n	%	n	%	n	%
AGE (years)						
60-69	398	80.24	278	77.87	676	79.24
70-79	80	16.12	63	17.64	143	16.76
≥80	18	3.62	16	4.48	34	3.98
Mean	64.43 years					
EDUCATION						
No formal schooling	319	64.31	109	30.53	428	50.17
Less than 5 years of schooling	68	13.7	82	22.96	150	17.58
High School	101	20.36	140	39.21	241	28.25
JR College/ graduate	8	1.61	26	7.28	34	3.98
MARITAL STATUS						
Married	290	58.46	319	89.35	609	71.39
Widow/Widower	196	39.51	32	8.96	228	26.72
Single	5	1	6	1.68	11	1.28
Divorced	5	1	0	0	5	0.58
PROFESSIONAL STATUS						
Employed (Full time)	29	5.84	136	38.09	165	19.34
Employed (Part time)	33	6.65	54	15.12	87	10.19
Pensioner	12	2.41	25	7	37	4.33
Housewife	418	84.27	0	0	418	49
Retired	2	0.4	100	28.01	102	11.95
Not working	2	0.4	42	11.76	44	5.15

RESULTS

The demographic details of our study population are summarized in Table 1.

Age and gender: A total of 853 participants were included in the present study, of which 58.14% were females and 41.85% were males. Most of our respondents, belonged to the age group of 60-69 years, (80.24% females; 77.87% males). Minority (3.98%) participants were above 80 years of age. The minimum age of our study population was 60 years while the maximum was 90 years, with a mean age of 64.43 years.

Education: With regards to the educational status, 50.17% subjects had received informal education, among which 28.25% had completed high school education and 3.98% of subjects were graduates or had a junior college education. It has been observed that males were more educated than females.

Marital status: Regarding the marital status of our respondents, majority were married (71.39%), whereas less than 2% were single and divorced, and the remaining 26.72% of the participants were widow or widower.

Professional status: As far as occupation was concerned, majority (84.27%) females were engaged in household activities. More than 50% of males were working full time or part-time and economically helping their family.

Family income per month: In our study, 34.93% respondents had a family income between Rs. 8101 to 10000/- per month whereas 32.12% had a family income of less than Rs. 8100/- per month. Nearly 13.01% earned more than Rs. 15000/- per month.

Self-earning: More than 60% (65.88%) participants responded that they were not earning, whereas 34.11% responded that they were self-earning.

Economic dependency: As compared to their male counterparts, 88.1% female participants economically depended on their family members. Many (70.22%) senior citizens responded that they were completely economically dependent on their family members while 29.77% were not economically independent.

Pension: Majority (95.66%) of our study population said that they were not getting any kind of pension while the remaining 4.33% received some kind of pension.

Table 2 enumerates the monthly family income, self-learning status, economic dependency and pension status of our senior citizens.

Hospital facility available: As far as availability of hospital facility was concerned, majority (71.62%) males and females were utilizing private health care facility as their main source of health care while 21.92% were taking medical facility from government, and the minority (6.44%) were availing both private as well as government health care facility.

Accessibility of the hospital facility: Approximately 80% (78.66%) had a hospital facility within 30 minutes of their residence, while 2.22% had a medical facility within 2 hours of their place of residence.

Health insurance: Majority (98.59%) of our participants did not have any kind of health insurance while only 1.4% had health insurance.

Findings related to morbidity status among senior citizens:

The morbidity status of our senior citizens uncovered that 30.48% of our senior citizens reported that they were unwell at the time of interview. Out of 853 subjects, 24.85% were diagnosed with hypertension. About 13% respondents had multiple conditions. Females were at a higher risk of

having more than one disease compared to males. Among our senior citizens, 16.52% were found to be diabetics; males and females were equally affected by diabetes. About 14% of our senior citizens had arthritis and knee pain; females were affected more by arthritis. Of our respondents, 5.39% suffered from respiratory diseases; both males and females were equally affected. The other common morbid conditions recorded were musculoskeletal conditions (16.64%), heart disease (4.68%), and stroke (1.28%), among others.

Out of the total, 20.98% senior citizens were found to be suffering from various other conditions including acidity, weakness, piles, thyroid, gall stone, headache, tuberculosis, anemia, alcoholism etc.

Nearly 13.24% of our senior respondents were suffering from more than one medical condition, with a higher incidence being noted among females. Females were significantly more affected by stroke ($p=0.026$), and musculoskeletal diseases ($p=0.019$).

Morbidity status in the different age groups. Hypertension (38%), followed by diabetes (35%) were the most common major diseases in the age group of 70 to 79 years. Except for heart diseases and cataract, all other conditions were more commonly observed in the 70-79 years age group. Diabetes and Arthritis were found to be increasingly prevalent with advancing age. Arthritis ($p=0.012$) and diabetes ($p=0.037$) were found to be statistically significant with regards to three different groups of age.

DISCUSSION

The present study highlights the demographic and morbidity status among senior citizens. Almost 79% of the senior citizens included in this study belonged to the 60-69 years age group with 58.14% females and 41.85% males. In a similar study done by Anil Jacob et.al, a similar higher female preponderance (58.8% females vs. 41.2% males) was recorded. They too noted 72% of their senior citizen population fall within the age group of 60 to 69 years, followed by 17% above 70 years and 11% above 80 years of age.⁵ In contrast to this, in another study done by Gupta et al, the age group of 65-69 years consisted of the least number (11%) of elderly individuals.⁶

Another similar study conducted by Ibrahim NK et al noted that 25% of their study population rated their health as poor and that females had a significantly high morbidity status as compared to males. One-fourth of their population was reported having more than one morbid conditions. A high prevalence of morbidity of hypertension, and diabetes was found among elderly people in Saudi Arabia.⁷ The present study also highlighted similar prevalence of high morbidity of hypertension, diabetes, arthritis, and respiratory disease among senior citizens.

CONCLUSION

The results of this study showed that a major proportion of elderly people were between the age group of 60 to 69 years, and that a large fraction of senior citizens are economically dependent on their family members. Prevalence of morbidity status is high among senior citizens. As a result there is increasing need for prompt interventions to ensure the health of this needy and vulnerable group.

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