Health Problems of the Elderly in Budgam District (J&K): A Cross Sectional Study

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ABSTRACT

Introduction: Human life expectancy has almost doubled with increased expectancy and percentage of elderly people is also increasing. The current statistics for the elderly in India highlights a new set of medical, social and economic problems that could arise if a timely initiative is not taken. Hence there is a need for highlighting problems and morbidity pattern that are being faced by the elderly people and to suggest strategies for bringing about an improvement in their health status. Study aimed to determine the pattern of physical morbidity in elderly in Budgan district.

Material and Methods: A cross sectional study was done among 404 elderly in Budgam district (J and K) during November 2015 to June 2016 for eight months. Sample size was calculated using standard statistical method and sampling was done by Cluster Random Sampling design. Data was collected on standardized a pre-tested questionnaire using face to face interview after getting consent from the elderly.

Results: Elderly of 60-64 years constituted the maximum percentage of 37%. Number of males (56.1%) is more than the number of females (43.9). The most important symptom of ill health was decreased vision 38.8% . As far as existing morbidity is concerned, hypertension was seen in 37.3%,COPD on treatment in 16.8% and Diabetes mellitus on treatment in 12.7%.

Conclusion: The study highlights the morbidity pattern of elderly n the Budgam District

Keywords: Elderly, health problems, morbidity.

INTRODUCTION

The elderly who are a precious asset for any country contribute with their rich experience and wisdom, for the progress of the nation and their special health and economic issues differ from those of the general population. In this connection the United Nations Principles on elderly address the independence, participation, care, self-fulfillment and dignity of older persons as a priority.[1]

Becoming older is merely not a matter of accumulating years but also a process of "adding life to years, not years to life". The World Health Day theme in 2012 was *Ageing and health* with the focus on "Good health adds life to years". The goal is to focus on how good health can help older men and women lead full and productive lives and are a resource for their families and communities. Becoming older concerns us irrespective of caste, creed, age and on our place of residence.[2]

In 2000, there were 600 million people aged 60 years and above; which is projected to be 1.2 billion by 2025 and 2 billion by 2050. Currently, about two thirds of all older people are living in the developing world and by 2025, it will be75%. In the developed world, the very old i.e above 80 years is the most growing population group. Lifespan of women is more than men in virtually all societies; hence in very old age the ratio of women/men is 2:1.[3] Based on the projections by United Nation

Population Division, there will be two elderly persons for every child in the world by 2050. This means that the aged 60 and above population will account for 32 % of the population by 2050.[4]

Human life expectancy has almost doubled with increased expectancy and percentage of elderly people is also increasing.[5] Elderly in India account for 7% of the total population of which two-thirds live in villages and nearly half of them in poor conditions.[6] Thus, India is an ageing society with the rate of growth of ageing population exceeding the general population.[7] No United Nations standard numerical criterion has been their but the agreed cutoff is 60+ years when referring to the elderly population.[8]

Thus, the current statistics for the elderly in India highlight a new set of medical, social, and economic problems that could arise if a timely initiative is not taken by policy and program mangers. There is a need to highlight the Health problems and morbidity pattern that are being faced by the elderly people and strategies for bringing about an improvement in their health status also need to be explored. In Budgam district (Jammu and Kashmir), less work has been done till date to reveal health status of elderly population. Hence this study was undertaken with a objective to explore the health problems of elderly in Budgam district (Jammu and Kashmir).

MATERIAL AND METHODS

A cross-sectional study was conducted in District Budgam of Kashmir Division (J and K). The district has a total of 11 tehsils and 98 villages with a total population of 7.35 lakhs. Sample size was calculated using standard statistical method and sampling was done by Cluster Random Sampling design. Data was collected on a pre-tested questionnaire using face to face interview method as per the following inclusion and exclusion criteria after taking an informed consent.

Selection criteria

Inclusion criteria: All individuals more than or equal to 60 years of age.

Exclusion criteria: Those participants who are not willing or in a position to give information due to any reason.

Sample size was calculated by using open EPI version 4.06.08. Using estimated morbidity 30%, Confidence interval 95%,30

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clusters, Design effect of one and Personal response rate as 80% the sample size calculated was 404 study subjects. Need based medical examination was done whenever there were complaints of ill health not reported previously and laboratory diagnosis was sought wherever the facilities were available in the vicinity of the study subject. Ethical approval from the institutional ethical board was sought who gave the consent for the same. Before undertaking the study the consent from the study subjects was sought and only those subjects were recruited who gave the consent for the same.

STATISTICAL ANALYSIS

For statistical analysis MS excel 2007 was used. Descriptive statistics like mean and percentages were used for data interpretation.

RESULTS

Table 1 shows that majority of the studied population was in age group of 60-64 years (36.3%) followed by 65-69 years (32.2%). Only 7.8% were aged ≥ 75 years.

56.1% of studied population were males whereas 43.9% were females (table-2).

Among the total study subjects recruited depicted in Table 3, 4.6% of study participants were free from any symptoms of ill health and with a highest proportion of Decreased Vision (38.8%), followed by headache (13.4%), pain in the joints with (11.9%), fever (7.6%), attacks of unconsciousness (6.1%), abdominal pain (3.9%), expectoration (3.9%), oedema (2.2%), paralysis (2.2%), micturition problems (2.2%), itching (1.2%) and numbness and decreased hearing with 1% each.

Table 4 shows that in the present study most common morbidity prevalent was, hypertension (37.3%) followed by COPD (16.3%), Diabetes mellitus (12.7%), Hypothyroid on treatment (9.4%), Post prandial fullness with 4.7% . Cataract and SDH with 2.4% each. Bronchitis, Depression, Migraine, Polyp, Post Cholicystectomy/ postappendectomy, Alzhiemers and Vague body pain with 1.1% each respectively.

DISCUSSION

The prevalence of health problems in this study population was Decreased vision with 38.8% followed by Hypertension with 37.3%, COPD on treatment in 16.8%, Diabetes mellitus on treatment in 12.7% and Pain in the joints with 11.9%. Hypertension remains as a major problem since it may be related to ageing issue or essential hypertension. Prakash R et al in their study on morbidity pattern among geriatric population in urban area of Udaipur reported that out of 300 elderly subjects examined 44% had cataract, 48% had hypertension.[9] Gaur DR et al found in their study that joint pain and cataract occupy the top position among different morbid conditions i.e 46% and 45% respectively. Hypertension (22%), GIT problems (14.8%), Diabetes (11%) and loneliness and depression (9%) were among other major morbidities.[10]

In another study on morbidity in elderly conducted in South Korea, it was reported that the most prevalent morbidity was hypertension (37.5%), followed by arthritis (15.6%), diabetes mellitus (14.9%).[11]

Swami HM et al reported that elderly females had higher rate of morbidity, other common morbidities were hypertension (58%), osteoarthritis (50.55%), cataract (18.51%), gastritis (17.67%),

Age in years	Number	Percent
60-64	149	36.3
65-69	132	32.2
70-74	97	23.7
≥75	32	7.8
Total	410	100.0

Table-1: Age of the studied population

Gender	Number	Percent
Male	230	56.1
Female	180	43.9
Total	410	100.0

Table-2: Gender of studied population

	Frequency	Percent
Absent	19	4.6
Decreased vision	159	38.8
Headache	55	13.4
Abdominal pain	16	3.9
Pain in the joints	49	11.9
Fever	31	7.6
Expectoration	16	3.9
Oedema	9	2.2
Attacks of unconsciousness	25	6.1
Paralysis	9	2.2
Micturition problems	9	2.2
Itching	5	1.2
Numbness	4	1.0
Decreased hearing	4	1.0
Total	410	100.0

Table-3: Symptoms of ill health

	Frequency	Percent
Diabetes mellitus on treatment	11	12.7
Bronchitis	1	1.1
Cataract	2	2.4
COPD on Treatment	14	16.3
Depression	1	1.1
Hearing Defect	4	4.7
Hypertension	32	37.3
Hypothyroid on treatment	8	9.4
Migraine	1	1.1
Polyp	1	1.1
Post Cholicystectomy/ postappendectomy	1	1.1
Post prandial fullness	4	4.7
SDH	2	2.4
Alzhiemers	1	1.1
Vague body pain	1	1.1
Malignancy	2	2.4
Total	86	100

Table-4: Existing morbidity amongst the subjects

deafness (13.53%), diabetes mellitus (12.51%).[12]

A study of socio-medical problem of aged population in a rural area of Wardha, showed that morbidity rates increased with increasing age. Conditions commonly seen amongst aged were cataract (30%), arthritis (15.7%), refractory error (13.7%), anemia (13.3%), chronic bronchitis (7.3%), dental caries (7%), hypertension (5.2%), hearing problem (5%), filariasis (1.5%)

and general disability (1.3%).[13]

According to Multicentric Study for health care status of elderly conducted by GOI, out of total 10000 elderly surveyed 45.4% had cataract, 21.6% had hearing problem, 31.6% had bowel complaints, 13.4 had urinary problem, 0.8% were detected with cancer, 2.7% had reported an episode of paralytic attack, 1.4% were having Parkinson's disease.[14]

Joshi K et al in their study in rural area of Chandigarh reported that prevalent morbidity among elderly people was anemia which was followed by dental problems, hypertension, chronic obstructive airway disease (COAD), cataract, osteoarthritis, skin and nail (fungal) infection, urinary incontinence, and senile pruritis.[15]

Padda AS et al reported in their study in urban and rural area of Amritsar found that most common diseases were arthritis (60.60%), cataract or visual impairment (54.01%), caries teeth (21.91%). Other morbidities were hypertension (16.6%), chronic bronchitis (14.04%) and asthma (12.61%).[16]

Kishore S et al in their study in rural area of Dehradun reported that hypertension was commonest morbidity (41.4%), followed by musculoskeletal problems (36.8%) and respiratory problems (36.1%). Other morbidities were eye problems (27.7 %), psychosocial problems (28.8%), ear problems (5.6%), gastrointestinal track problems (12.3%) and skin problems (4.2%).[17]

Jacob A et al reported in their study on elderly in Tamil Nadu that joint pain/ joint stiffness was present in 43.4%, dental and chewing problem in 45.3%, visual problems in 68%, hypertension in 25.9%, diabetes mellitus in 8.3%, gastrointestinal complaints in 12%, heart disease in 9% and respiratory problems in 7.3%.[18]

CONCLUSION

The study highlights the health problems the geriatric population faced in Budgam District of J and K. Since not much studies have been done in the study area, the study highlights the common health problems the elderly face. It is recommended that government agencies should carry out special surveys to identify the vulnerable aged and focus on deprivations suffered by them. There is also need to sensitize the community at large and the opinion group leaders, about the health needs of geriatric population with focus on females and widows

Limitations

This study did not incorporate measures of environmental characteristics. Due to lack of time and resources this study could not estimates Psychological well being of elderly. There are increased chances of recall bias in the study as it deal with elderly population. Also misreporting and under reporting might have occurred because of biased reporting by different segments of the population. Besides the study is record based only

Strenghts

Since not much studies have been done in the Budgam district in context of elderly hence this study will form a benchmark for other studies on the subject. The study highlights the health problems elderly face and will guide policy makers to direct resources for the geriatric population and fully implement the geriatric program.

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