

	=>80	14 (9.4)	10 (6.7)		df 2
	Total	65(43.4)	85 (56.6)		
Gender	Male	15 (10)	24 (16)	0.51	>0.5 df 1
	Female	50(33.3)	61(40.7)		
Educational status	Illiterate	10(6.6)	12 (8)	12.95	>0.05 df 6
	Primary	09(6.0)	14 (9.3)		
	Middle school	23(15.3)	14 (9.3)		
	Higher secondary	11(7.3)	28(18.6)		
	Intermed./Diplo	09 (6)	07 (4.6)		
	Graduation	03(2.0)	08(5.3)		
	Prof.degree	-	02(1.3)		
Diet	Vegetarian	21(14.0)	45(30.0)	6.36	<0.05 df 1
	Non-vegetarian	44(29.3)	40(26.7)		
Exercise	Regular	17 (11.3)	52 (34.7)	18.2	<0.0001 df 1
	Irregular	48 (32.0)	33 (22.0)		

Table 3: Association of Anaemia with selected socio demographic factors n=150

Attributes	Characteristics	Anaemics No (%)	Non -anaemics No (%)	χ^2	p
Age group	60 – 69	28(18.7)	31(20.6)	8.57	<0.05 df 2
	70 – 79	27(18.0)	40(26.7)		
	=>80	18(12.0)	06 (4.0)		
	Total	73(48.7)	77(51.3)		
Gender	Male	14(9.3)	25(16.7)	3.44	>0.05 df 2
	Female	59(39.3)	52(34.7)		
Educational status	Illiterate	15(10.0)	7 (4.6)	12.96	>0.05 df 2
	Primary	16 (10.7)	7 (4.6)		
	Middle school	15 (10.0)	22(14.6)		
	Higher secondary	18 (12.0)	21(14.0)		
	Intermediate/dip.	5 (3.4)	11(7.4)		
	Graduation	4 (2.7)	7 (4.6)		
	Prof. degree	-	2(1.4)		
Diet	Vegetarian	31(20.7)	35(23.3)	0.14	>0.05 df 1
	Non-vegetarian	42(28.0)	42(28)		

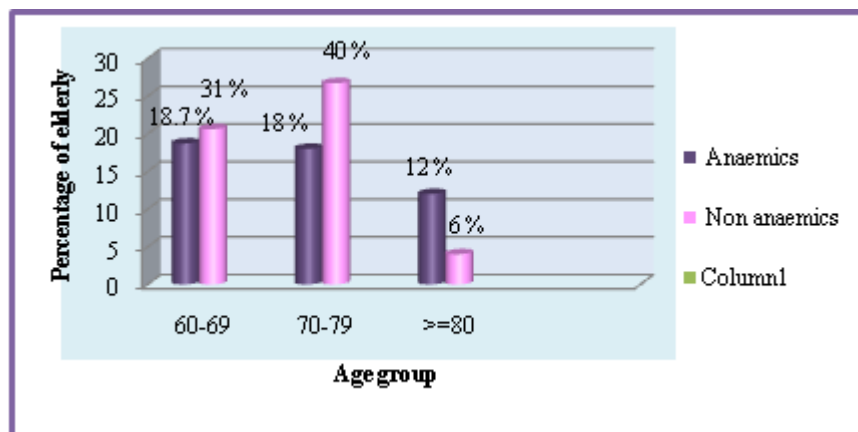


Figure 1: Association between anaemia and age in elderly

Table 4: Association of Diabetes with selected socio demographic factors among elderly, n=150

Attributes	Characteristics	Diabetics No (%)	Non-Diabetics No (%)	χ^2	p
Age group	60 – 69	19 (12.7)	40 (26.7)	8.57	<0.05 df 2
	70 – 79	26 (17.3)	41 (27.3)		
	=>80	16 (10.7)	08 (5.3)		
	Total	61(40.66)	89(59.33)		
Gender	Male	15 (24.5)	24 (26.9)	0.11	>0.05 df 1
	Female	46 (75.4)	65 (73.1)		
	Illiterate	9 (6.0)	13 (8.6)		
	Primary	10 (6.7)	13 (8.6)		

Education	Middle school	15 (10.0)	22 (14.7)	12.6	>0.05 df 6
	Higher secondary	18 (12.0)	21 (14.0)		
	Intermediate/diplo.	5 (3.3)	11 (7.4)		
		4 (2.7)	07 (4.7)		
	Graduation		02 (1.3)		
	Professional degree	-			
Diet	Vegetarian	19 (12.7)	47 (31.3)	6.89	<0.01 df 1
	Non-vegetarian	42 (28.0)	42 (28.0)		
Exercise	Regular	17 (11.3)	52 (34.7)	13.6	<0.0001 df 1
	Irregular	44 (29.3)	37 (24.7)		

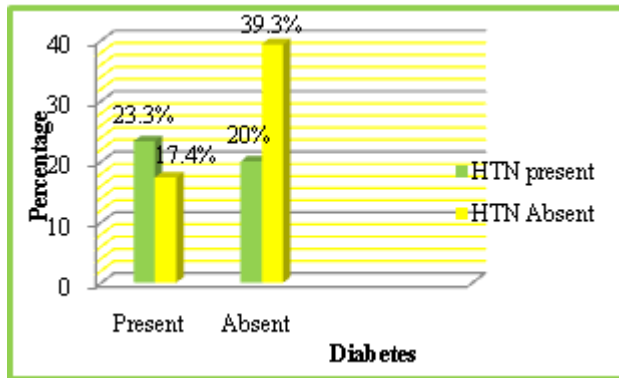


Figure 2: Association between hypertension and diabetes in elderly

4. Discussion

Change in socio-economic status and various health problems adversely affect an individual's way of life during old age. Shifting to old age homes has been found to have an influence on health status of the subjects as the subjects staying in the old age homes were found to be less overweight/ obese and higher percentage belonged to normal weight category (nutritional status) as compared to those staying with the families thereby indicating a positive impact of old age homes on the nutritional status of the subjects. But the psychological stress of staying away from the families is clearly reflected in deviance of the cardiovascular functions among old age home females.

A study carried out by Kalawathy MC among 357 elderly samples of 191 women and 166 men in urban area discovered that there was significant association with age .overall prevalence of Hypertension was 51.85 percent in 103 women and 82 men. ⁽⁴⁾

Another study done by Ajay K Dewale in Urban area of central India it was revealed that there was a significant association of age with Anaemia in elderly. ⁽⁵⁾ As per the findings of the study done by Nico S. Rizzo showed that there was a significant association $p < 0.001$ of diet and Diabetes. Vegetarian foods are associated with lower risk of metabolic syndrome including Diabetes Mellitus ⁽⁶⁾.

5. Conclusion

India is in a phase of demographic transition and constitutes about 7.5 percent of the elderly population with the number of people in the 60-plus age group about 324 million. As the number of the elderly increases, the physical health problems will also increases

Early identification of geriatric morbidities should be ensured through periodic screening and regular health check-ups. Regular & repeated counseling for monitoring of physical parameters is essential for timely interventions and treatment adherence. Proper elderly health care services are required to further curtail the prevalence of non communicable diseases and improve the quality of life of an elderly .Prevalence of high morbidity among elderly in old age homes needs strengthening of geriatric health care services in accordance with the common existing problems in the Old age homes.

The effects of ageing, low socioeconomic status and inadequate access to health care contributed to the elderly poor health status. Therefore, early identification of geriatric morbidities should be ensured through periodic screening and regular health checkups. Regular and repeated counseling for monitoring of physical parameters is essential for timely interventions and treatment adherence. Behavioral changes for weight reduction through dietary modification and regular exercise and avoidance of substance abuse will add to quality of geriatric health.

Hypertension, diabetes and anaemia are some of such chronic illnesses which if detected timely, can prevent morbidity among the elderly. 21(14%) percent of the elderly who had diabetes and 25(16.6%) percent of the elderly who had hypertension were neither detected nor aware of it, which means that there are elderly who are not aware of their signs and symptoms of disease status. Awareness about the disease, lifestyle modification and regular health checkup is all what is required for a healthy aging.

Health of the elderly is an important issue in today's developing world. The main reason for this concern is the rapid increase in the population of this vulnerable group. A more transparent and accessible health care infrastructure in the urban settings of the country can bring down the rate of morbidity and mortality due to physical health problems which are preventable and treatable to a great extent if detected at the earliest. This will not only improve the health of the elderly but also their quality of life.

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