

Morbidity Profile among the Elderly in an Urban Slum Population of Burla, Sambalpur

Giri Mamata Rani¹, Dash Manoj Kumar²

¹Associate Professor, Department of Community Medicine, PRM Medical College, Baripada, Mayurbhanj

²Assistant Professor, Department of Community Medicine, PRM Medical College, Baripada, Mayurbhanj

Abstract: **Background:** There has been rapid growth in the number of older population & making it a challenge in front of health sector for service delivery as most of them live in rural areas. Burden of morbidity is enormous among them. **Objective:** To know the morbidity pattern among the elderly. **Material & methods:** It was a community based cross-sectional study conducted in an urban slum. **Result:** Out of 96 study subjects 75 (78.12%) were in the age group of 60–69 years, 19 (19.79%) were in the age group 70–79 years and only 2 (2.08%) were in the age group more than 80 years. Among the elderly 34 (35.4 %) were males & 62 (64.6 %) were females. Majority 69 (71.9%) were illiterate. 70 (73%) were having addiction. In the morbidity pattern, visual loss was the most common condition among 31 (32.29%) subjects, followed by HTN 25 (26.04%), Hearing loss 9(9.37 %), Diabetes mellitus 8(8.33%) and osteoarthritis 5 (5.20%). **Conclusion:** The overall morbidity was high among the study population which was mostly of the non-communicable diseases and degenerative disease.

Keywords: Morbidity, Elderly, Urban slum

1. Introduction

Discoveries in medical science and improved social conditions have increased the life span of man. There has been a rapid, large and ubiquitous growth. In the number and proportion of older persons India is poised to become home to the second largest number of older persons in the world. For the year 2010 the estimates are 8% of the total population were above the age group 60 years and is likely to rise to 19% by 2050^[1]. More than 80% of them are in rural areas, making service delivery a challenge. 73% of them are illiterate. Increase in the number of older old population (above 80 years). Nearly 30 % of them are below poverty line. Burden of morbidity is enormous among them. Non-communicable diseases are extremely common. Disabilities are very frequent affecting their functionality^[2]. Government of India launched national programme for health care of the elderly (NPHCE) during 2010–11, to provide the package of comprehensive health care in the package of comprehensive health care in an integrated manner comprising preventive, promotive, curative, rehabilitative, referral services to the geriatric population. With this background the present study was conducted to know the morbidity pattern among the geriatric population living in an urban slum.

2. Materials and Methods

It was a community based cross-sectional study. The study was conducted in the urban slum of Goudapali, which is the field practicing area of the department of Community Medicine, VIMSAR, Burla, Sambalpur, Odisha. The study subjects were in the age group of 60 years and above. The study was performed by house-to-house survey. After taking the verbal consent, each individual was subjected to personal interview and clinical examination and medical records were also verified. The data was collected in a pre-designed and pre-tested questionnaire. Instruments used were

sphygmomanometer, weighing machine, Snellen's chart, torch and stadiometer. The data was analyzed by SPSS v.11.

For subjects not diagnosed of hypertension earlier, systolic blood pressure (SBP) of more than 140 mmHg and diastolic blood pressure (DBP) of more than 90 mmHg was taken as hypertensive.

3. Results

In the present study a total of 96 subjects were participated. Out of 96 elderly 75 (78.125%) were in the age group of 60–69 years, which is known as 'Young old', followed by 19 (19.79%) were in the age group 70–79 years known as 'Old old' & only 02 (2.08%) were in the age group more than 80 years which is known as 'Very old' age.

Among the elderly 34 (35.4%) were males and 62 (64.6%) were females. Majority of the study subjects 69(71.9%) were illiterate. In their occupation 54 (56.25%) were housewife, followed by 20 (20.83%) were unskilled workers during their working time. When the body built was assessed a large number 20 (20.8%) had chronic energy deficiency i.e BMI < 18.5.

Out of 96 study subjects, only 70 (73%) were having one of the addictions. Maximum number of subjects 45 (46.87%) were addicted to tobacco-chewing, followed by 17 (17.70%) subjects were taking 'Bhanga' which is locally available. Few subjects 06 (6.25 %) were taking alcohol, which was locally made.

In the disease morbidity pattern, visual loss was the most common condition among 31 subjects (32.29%). Other common conditions were hypertension (26.04%) followed by hearing loss (9.37%), diabetes mellitus (8.33%) and osteoarthritis (5.20%).

4. Discussion

In the present study majority of the subjects belonged to the age group 60—69 years. Females were more in numbers. Majority of the study subjects (71.9%) were illiterate whereas Khadervalli et al in his study reported 27 % as illiterate [3]. Among the disease morbidity pattern visual impairment was the most common problem (32.29%), followed by hypertension (26.04%). In a study conducted by Padda A S et al, the prevalence of hypertension was 16.6% [4]. In another study by ICMR, visual impairment (65%) was the major morbidity followed by arthritis (36%), respiratory tract involvement in 10% [5,6]. A study conducted by Prakash R, Choudhury S K , Singh U S the major morbid condition was 48 % hypertension, followed by 44% cataract, 14.6 % had musculoskeletal disorder.[7,8]. In the present study 3.12 % had psychological problems but in a study conducted by R P Thakur 52.3% had depression [9].

As per the study conducted by Khokkar & Mehra in urban community of Delhi, 30.35% of the subjects had history of taking alcohol [5], whereas in the findings of Lena A, et al alcohol use was 8% and tobacco was 23.75% [10].

In this study, 8.3% of the subjects had diabetes mellitus whereas in a study by Sanjiv Kumar Burman, et al, it was 15% [11]. Hearing problem was present among 9.37% of subjects which is very less as compared to the findings of the study conducted by Noor, et al. [12].

Gaur et al had reported osteoarthritis in 46 % of the study subjects whereas in this study it was found to be much lower i.e 5.2 % [13]. Digestive problems, the most common one being constipation were present in 2.8 % cases. These findings were similar to that of Niranjana GV [14].

5. Conclusion

The overall morbidity was high among the study population which was mostly of the non-communicable diseases and degenerative disease. Also a large proportion of study subjects were indulged in some form of addiction which is harmful. Health education and behavior change communication should be imparted to lead a healthy life among these elderly populations.

6. Funding source

None

7. Conflict of interest

Nil

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Table I: Socio-demographic features of the study subjects

Variable	Categories	Number (%)
Age (years)	60—69	75 (78.125)
	70—79	19 (19.791)
	>=80	02 (2.083)
Sex	Male	34 (35.41)
	Female	62 (64.6)
Education	Illiterate	69 (71.9)
	Primary	20 (20.8)
	Secondary	06 (6.3)
	Higher Secondary & above	01 (1.0)
Occupation	Housewife	54 (56.25)
	Unskilled worker	20 (20.83)
	Semi-skilled worker	3 (3.125)
	Skilled worker	6 (6.25)
	Clerk, Shopkeeper, Farmer	12 (12.5)
BMI	<18.5	20 (20.83)
	18.5—25	53 (55.20)

	>25	23 (23.95)
Addiction	Bhang	17 (17.70)
	Tobacco (chewable)	45 (46.87)
	Smoking	2 (2.08)
	Alcohol	6 (6.25)
	None	26 (27.083)

Table II: Morbidity pattern of the study population (n=96)

	Male	Female	Total (%)
Morbidity			
Hypertension	8	17	25 (26.04)
Diabetes Mellitus	3	5	8 (8.33)
Hearing loss	4	5	9 (9.37)
Visual problem	11	20	31 (32.29)
Constipation	1	1	2 (2.08)
Pallor	1	2	3 (3.12)
Osteoarthritis	2	3	5 (5.20)
Weakness	1	2	3 (3.12)
Prolapse uterus	0	1	1 (1.04)
Bronchial asthma	1	1	2(2.08)
Psychological	2	1	3 (3.12)

