

**Original Research Article****A study on health profile of geriatric population in an urban slum of bijapur**Santosh M Biradar^{1*}, Mallikarjun K Biradar², V S Kamble³, Shrinivas Reddy⁴^{1,4}Asst Prof., Department of Community Medicine, ESIC Medical College, Gulbarga, India²Asst Prof., Department of Community Medicine, MIMS, Mandya, India³Associte Prof., Department of Community Medicine, ESIC Medical College, Gulbarga, India**ARTICLE INFO:****Article history:**

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Urban slum**ABSTRACT**

Background: Advances in medical field have increased the longevity of people by reducing morbidity and mortality to a great extent. With the increase in longevity, problems related to old age have also increased. These problems are more confounded by social factors. Objective: To assess the various health problems faced by elderly people & suggest the remedial measures so that effective preventive and promotive measures can be implemented. Methodology: Community based cross-sectional study of the elderly persons residing in an urban slum of Bijapur. Results: Among acute health problems most common were arthritis (39%) and bronchitis (20.8%). Most common chronic illness observed was respiratory illness 19% (COPD and asthma) followed by visual impairment (11.5%), arthritis (11.1%), and hypertension (9.1%) Mini Mental State Examination (MMSE) showed that majority of respondents 297 (60%) were having the normal score. Conclusion: The pattern of geriatric health problems have different characteristics and hence require a specific type of screening programme based on the finding of various geriatric health studies .

Introduction

Advances in medical field have increased the longevity of people by reducing morbidity and mortality to a great extent. In India, census record shows an increase in elderly population i.e, people above 60 years of age from 24.7 million in 1961 to 75.9 million by 2001. The population of elderly is projected to about 324 millions by the year 2050[1]. With the increase in longevity, problems related to old age have also increased. These problems are more confounded by social factors like illiteracy, poverty, economical dependency, lack of care, etc. This study intends to assess the various health problems faced by elderly people & suggest the remedial measures so that effective preventive and promotive measures can be implemented.

Methodology

A cross-sectional study was carried out in an urban slum of Bijapur city in the month of Feb & March 2012. All the houses in which elderly people were residing were included in the study. If in a house there were more than one elderly person, then only one was considered for the study. Out of 566

elderly people in the area, after explaining the purpose of the study 495 participated in the study. After obtaining their oral consent, thorough physical & systemic examination was carried out in broad day light. The relevant information was collected in a pre-designed and pre-tested proforma. Data was analysed by EPI Info software and tests like proportions applied.

Results & discussion

Majority 381 (76.9%) of elderly people were in the age group of 60-69yr and very few 6 (1.3%) were in the age group of above 80yr. The ratio of male 254(51.3%) to female 241 (48.7%) population was almost equal. These findings are almost similar to study conducted by Lena A at udupi, where they reported that geriatric population in age group of 60-69 yr constituted 72.3% and male to female ratio was almost equal[2]. In a study conducted at Chandigarh by MK Sharma³ showed that 66.7% of elderly population were aged between 60-65 years where as ICMR study by Bela shah *et al* there were 80% of elderly in the age group of 60-69 yr, and 2% were in the age group of 80 years and above[4].

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Table 1: Sociodemographic Profile of Geriatric people

	Male 254(51.3%)	Female 241(48.7%)	Total 495
Age group			
60-69	168	213	381(76.9%)
70-79	84	24	108(21.9%)
>80	2	4	6(1.2%)
Marital Status			
Married	224	181	405(81.8%)
Unmarried	7	3	10(2.1%)
Widow/Widower	20	56	76(15.3%)
Divorced	3	1	4(0.8%)
Education			
Illiterate	118	212	330(66.8%)
Primary school	54	20	74(14.9%)
Middle school	34	5	39(7.8%)
High school	28	3	31(6.3%)
PUC	19	1	20(4.1%)
Graduate	1	---	1(0.02%)
Socioeconomic Status (Prasad Classification)			
< 479	Class V	193 (39%)	
480-960	Class IV	203 (41%)	
961-1599	Class III	74 (15%)	
1600-3199	Class II	17 (3.4%)	
>3200	Class I	8 (1.6%)	

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It was observed from study that 379(76.5%) elderly were living in joint family. A similar study by Lena A reported 56.8% of elderly people were from joint family. This shows concept of joint family prevalent in this area [2].

Majority 405 (81.8%) of respondents were currently married of which 221(55.3%) were male and 181(44.7%) were female. About 76(15.3%) of the respondents had lost their life partner. Human Development Indicator Survey conducted by Indrani Gupta *et al* in Delhi observed that 80% of the males are currently married as compared to only 40% of the elderly females. The results are comparatively lower than our study [5].

A large number of respondents 330 (66.7%) were illiterate and illiteracy was more in female 88% (212 of 241) compared to males 46.4% (118 of 254). NSS 52nd round noted 63% of elderly were illiterate in India and Indrani Gupta *et al* reported 90% females and 66% of males were illiterate[5,6]. These results are similar compared to our study.

In our study majority of elderly 396 (80%) were from lower socioeconomic class (class IV and class V) while in a study conducted by Natarajan V S only 46.67% belonged to lower class[7].

Table 2: Distribution of Acute Health Problems

Acute Illness (Past one month)		
	Frequency *	Percentage n=495
1.Arthritis	193	39
2.Bronchitis	103	20.8
3.Genitourinary	25	5
4.Gastro Intestinal	23	4.6
5.Eye / Ear problems	14	2.8

Note * multiple answers allowed

About 318(64.2%) elderly had acute and 248(50.1%) had chronic health problems. Among acute health problems during past one month, most common were arthritis (39%) and

bronchitis (20.8%) followed by gastro intestinal, genitourinary, eye and ear infections.

Table 3: Distribution of Chronic Health Problems

	Frequency *	Percentage n=495
1.Asthma	48	9.7
2.COPD	46	9.3
3.Visual impairment	57	11.5
4.Arthritis	55	11.1
5.Hypertension	45	9.1
6.Auditory impairment	19	3.8
7.Bowel & Bladder	12	2.4
8.Others (CNS disorders like parkinsonism, malignancies, skin infections etc)	16	3.2

Note *multiple answers allowed

Out of 495 interviewed 248(50.1%) respondents were suffering from chronic illness and of these majority had respiratory illness 19% (COPD and asthma) followed by visual impairment (11.5%), arthritis (11.1%), and hypertension (9.1%).

followed by respiratory disorders 23%, genitourinary disorders 18.3% and digestive system disorders 17.5%[8]. A study by Leena *et al* at Udipi reported that osteoarthritis 41.3% and asthma 10.7% as most common chronic disorders [2]. A study by Jhila Rudra De found that visual impairment/ Complaint (88%) and locomotive disorder (40%) were the most common problem, followed by respiratory disorder(16.1%),hearing loss(8.2%) ,genitourinary disorder(3.5%)[9].

Natarajan and Ravindra in their study on elderly at Chennai reported that majority had locomotor disorders (37.15%)

Table 4: Perception of elderly regarding old age

Attitude towards old age	Frequency	Percentage
Not Happy in life	213	43.1
Happy in life	282	56.9

Table 5: Mini Mental State Examination

Score	Frequency	Percentage
0-9 (Severe)	12	2.4
10-18 (Moderate)	76	15.4
19-27 (Mild)	110	22.2
27-30 (Normal)	297	60
Total	495	100 %

It was seen that about 213 (43%) of the respondents were depressed which is almost similar to study done in Udupi where 47.9% of elderly were not happy in life[2].

Mini Mental State Examination (MMSE) was used to screen for dementia. It was observed that majority of respondents 297 (60%) were having the normal score i.e. above 27. Only few 12(2.4%) had score below 9 which indicates severe cognitive impairment.

Conclusion

The care of elderly is drawing more and more attention of the Government and public. It is already a major social and health problem in affluent countries. It is ironical that while science had prolonged life, the changes that it has brought about in cultural and social pattern have robbed the elderly of the states and self esteem and have deprived them of chance to function usefully in the society. The pattern of geriatric health problems have different characteristics and hence require a specific type of screening programme based on the finding of various geriatric health studies including the current one. Screening for the following problems identified in order of priority would be a cost effective programme like visual, auditory, cardiovascular system, respiratory system, including common malignancies screening would be beneficial for the elderly.

Conflict of interest statement

We declare that we have no conflict of interest.

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