



Health Problems Among Elderly Population of a Selected Urban Area in Bangalore: a Descriptive Study

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ABSTRACT

A descriptive research study was conducted using a quantitative approach to assess the physical and functional health problems among elderly. 100 samples above 60 years were recruited using simple random technique. The setting of the study was Siddagunte Palya, an urban area in Bangalore that has a population of 15,000. Semi structured interview schedule using four part questionnaires, was done after obtaining informed consent and institutional ethical clearance to collect data. The average time taken for the interview per person ranged from 45 mts to 1 hr. Approximately 4 to 5 elderly was interviewed per day. 50 (50%) had vision problems, which was the most common physical health problem of the elderly, currently or within 3 months. Musculo skeletal problems 44(44%) were the second most physical health problem of the elderly currently or within 3 months. Fourteen (14%) of the elderly had no physical health problems.

KEYWORDS : elderly; urban area, health problems

Introduction

Aging is a normal, universal process, which every living organism has to pass throughout life. In the words of Seneca "Old age is an incurable disease" but more recently Sir James Sterling Ross commented; "You do not heal old age. You protect it. You promote it. You extend it."

Increased life expectancy and decreased birth rate have contributed to the increased graying population. There is an estimated 605 million elderly in the world today. Out of 605 million elderly, 400 million live in developing countries. Greece and Italy have the highest proportion of elderly, (both 24% in 2000). By 2025 the number of elderly in the world is expected to reach more than 1-2 billion. Out of 1-2 billion, 840 million elderly will be in developing countries. Within the next 25 years, Europe is projected to retain its title as the largest population of the elderly.

By 2025, the proportion of the elderly is expected to reach 25% in North America, 21% in Eastern Asia, 14% in Latin America and 11% in South and Central Asia. By 2025 China (287 million), India (168 million), Indonesia (35 million), Brazil (33 million) and Pakistan (18 million) will be the five developing countries among the ten countries with the largest population of elderly in the world. The aging population throws up major problems to national and international public health, significantly affecting the work force and social security schemes. The gravity of the problem varies from country to country but no country can claim exemption.

Singh MC et al in their study of epidemiological aspects of visual impairment in those above 50 years in rural area showed that age specific visual impairment increased at a rate of 13.2% with each decade of advancing age. The study conducted by Niranjana et al in the slums of urban area reported that among the elderly population, cataract was the most common (44%).

The millions of elderly population pose a severe challenge to achieve the accepted social goal. That is Health for All. We all know that aging is a natural process and not a disease. Nursing care is recognized as the largest single component of services required to care for the frail and sick (ICN.1999). Care of the elderly is an area where nurses need to work more independently.

In Kollam District, Kerala Suresh conducted a study on the old age problems and senior citizens. Samples of 40 caregivers of the elderly were selected by multistage random sampling technique from 390 caregivers of four wards. The data analysis showed that 20% of the elderly people did not suffer from any disease, while 22.5% suffered from hypertension and arthritis. 7.5% of the elderly suffered from asthma and diabetes mellitus. 5% of them had heart disease and anemia, and 10% of them suffered from other diseases.

Vinod A. Hukkeri conducted a study on common health problems encountered by senior citizens and facilities available to them in se-

lected geriatric institutions of Belgaum District. The study showed that out of 52 elderly subjects 32(61.5%) was men. The study also revealed that 42(80.8%) had problems with vision, 30(51.3%) had difficulty in chewing 26(50%) had problem with memory, 19(36.5%) had joint pain, 12(23.17%) had problems with genito urinary problems, 10(19.2%) had back pain 7(13.5%) had chest pain, and 6(11.5%) had problems with hearing.

Saraswathi conducted a study on Analysis of problems of the aged above 60 years in a urban slum community of Hyderabad. Total 60 elderly subjects were selected by simple random technique as subjects of the study. Thirty-eight out of 60 (63.3%) suffered with one or two diseases. Fifteen out of 60 (25%) had problems with indigestion, feeling of fullness in the stomach, belching, and flatus. Problems of vision were the most frequent (48 out of 60) (80%).

Materials and methods

This study used a descriptive research design following a quantitative approach. 100 samples above 60 years were recruited using simple random technique. The setting of the study was Siddagunte Palya, an urban area that has a population of 15,000. The boundaries of the area to the north is Bannerghatta road, to the south is Thavarekere road, to the east Diary circle, to the west is new Gurappan Palya. Semi structured interview schedule was done after obtaining informed consent and institutional ethical clearance to collect data.

The tools consisted of; Part I: - Base line data consists of 19 items such as name, age, sex, address, religion, marital status, education, etc. Part II :- Physical assessment format consists of items like general appearance, height weight, BMI, temperature, respiratory rate, pulse rate, urine albumin and sugar and system wise physical health problems currently or within 3 months. Part III: - Activities of daily living which consists of 6 items like bathing, continence, dressing, eating, toileting, and transferring. Part IV: - Mini mental status examination consists of 11 items which dealt with problems associated with recall, comprehension and remote memory. The average time taken for the interview per person ranged from 45 mts to 1 hr. Approximately 4 to 5 elderly was interviewed per day.

Results:

Sample characteristics:

Highest number of elderly 58 (58%) was in the age group ranging from 60-69 years. The females 61(61%) were more than males 39 (39%). Among the elderly 61(61%) were illiterates and 39 (39%) were literate. Most of the 65(65%) elderly were married. Eighty-four (84%) of the elderly belonged to nuclear families. Only 11 (11%) of the elderly had independent income. Twenty-four (24%) of the elderly did physical exercise. Eighty-four (84%) of the elderly took 3 meals /day.

Physical health problems of the elderly:

More than half, 58(58%) of the elderly had 3 or more than 3 physical health problems. 50 (50%) had vision problems, which was the most common physical health problem of the elderly, currently or within 3

months. Musculo skeletal problems 44(44%) were the second most physical health problem of the elderly currently or within 3 months. Fourteen (14%) of the elderly had no physical health problems. Physical assessment revealed that 21(21%) of the elderly had BMI <18. Among the elderly, history of illness recorded that 29(29%) of the elderly had hypertension and 22(22%) of the elderly had diabetes mellitus but on physical examination 1(1%) had increased blood pressure and 12(12%) of the elderly had positive urine sugar, two (2%) of the elderly had positive urine albumin.

Important reported physical health problems of the elderly

Table 1: Frequency and percentage distribution of subjects according to various physical health problems (n=100)

Physical health problems	n	%
Loose tooth	33	33
Cataract	25	25
Indigestion	21	21
Joint pain	20	20
Back pain	19	19
Low appetite	18	18
Pain while walking	18	18
Persistent head ache	17	17
Chest pain	16	16
Continuous watering from the eyes	16	16
Fatigue	14	14
Breathlessness on exertion	14	14
Breathing difficulty	12	12
Heart burn	12	12
Muscle weakness	12	12
Impaired hearing	11	11

Table 1 shows that loose tooth 33(33%) is the most frequent reported physical health problems of elderly, followed by 25(25%) cataract, 21(21%) indigestion and 20(20%) joint pains.

Functional problems of elderly:

Most of the elderly 97 to 99 (97-99%) of the elderly were independent of all the functions like dressing, toileting, continence, eating, transferring except bathing. Three (3%) of the elderly were dependent on bathing.

MMSE findings:

Majority, 80(80%) of the elderly were normal in cognitive impairment. Nineteen (19%) of the elderly had mild cognitive impairment. One percent (1%) of the elderly had moderate cognitive impairment.

Discussion:

The first objective of this study is to assess the health problems in terms of physical health problems, functional problems and cognitive problems of elderly who aged 60 years and above. Findings of the study reveals that majority 58(58%) of the elderly suffered with 3 or more than 3 physical health problems. This finding is similar to the study conducted by Saraswathi, (which revealed that 25%) suffered with 3 or 4 diseases)

The findings of the study revealed that 21(21%) of the elderly were found to have BMI of <18. This finding is consistent with the findings of Srikrishna wherein 17.1% of the elderly had BMI <18.5 kg/m². According to the rank ordering of the items in physical health problems of the elderly, 33(33%) of the elderly had loose tooth, 25(25%) of the elderly had cataract, followed by 21(21%) of the elderly having indigestion. In the present study 14(14%) of the elderly did not have any physical health problems, which is same as the findings of Suresh, where in 20(20%) of the elderly did not suffered from any disease.

According to the health problems in each system it was found that 50(50%) of the elderly had problems with vision which is corroborated with the findings of Saraswathi; Subbra Srimani, Vinod, Grower et al. Niranjan et al. In this study, incidence of musculoskeletal problems 44(44%) is the second highest physical health problem. This is also reported by Padma et al. The reason for high prevalence of musculo skeletal problems was decreased absorption of calcium as age increases

As a result of many changes in the gastro intestinal system with increase age, GI problems increase in old age. The present study shows that 33(33%) of the elderly had GI problems. This finding is supported

by Saraswathi. The study also revealed that 29(29%) had respiratory problems, 31(31%) had cardio vascular problems and 37(37%) of the elderly had mouth and throat problems.

ADL was scored based upon Katz ADL score administered to the study population. The findings of the study reveals that majority (97-99%) of the elderly were independent of the function like dressing, eating, continence, toileting, and transferring except bathing.

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