



A Study of Socio-demographic Profile and Morbidity Pattern In Geriatric Population in Urban area of Amravati District, Maharashtra India.

KEYWORDS

Geriatric, Morbidity profile, urban

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ABSTRACT

The elderly population suffer from various medical problems which includes Diabetes, Hypertension, Cataract, Hearing loss, Arthritis, Asthma, and Others very few population based study address this problem. **Objective:** To study the socio-demographic & morbidity profile of geriatric age group population in Amravati urban area Badnera Maharashtra. **Material & Method:** The cross sectional study was conducted in Urban Area of Amravati District Badnera. 153 elderly person of age 60 years and above were interviewed on pre-designed questionnaire by house to house visit in urban area of Badnera. **Result:** Diabetes was most common morbidity 90(58.8%). Males were more affected with higher proportion 49(76.5%). Hypertension 81(53.0%) was second commonest morbidity among female 51 (57%). The prevalence of hearing loss was 48 (31%). Male 27(42%) was more affected than female 48 (31%) Followed by Bronchial asthma prevalent female 29(32.5) than male 10 (15.5%).

Introduction:

Geriatric age group population is defined as population which is aged 60 and above¹. The worldwide proportion of elderly population is expected to double from current 6.9% to 16.4% by 2050. India is the 2nd largest country in the world, number of elderly population is expected to 179 million by 2031 and 301 million by 2015² the percentage of elderly population (60+) has gone up from 6.0 to 8.3 percent from 1991 to 2013. The proportion of females as compared to males is higher in the elderly population. The increase in proportion of elderly population has significantly contributed to demographic burden in a developing country like India.

As The elderly population is vulnerable to various age related as well as other communicable and non-communicable diseases, this poses the additional burden on the health system³. Aging is a natural process. In the world of Seneca "old age is incurable disease" but more recently Sir James Sterling Ross commented, "You do not heal old age you protect it"⁴. It is also an inevitable part of human existence. The growing healthy population is a source of both joy and worries, joy because people are living longer lives, worries are about how to respond to feature with longer and older population with their rightful demands and needs⁵.

Due to decline in normal physical and physiological function of body resulting in various morbidity⁷. The increase in proportion of elderly population has significantly contributed to demographic burden in a developing country like India⁸. In this background, an attempt is made to study the variables affecting the geriatric age person residing in city of Amravati Urban area of Bandera

The study was conducted with the **objective:-** To study the Socio-demographic & morbidity profile of geriatric age population in Amravati district urban area Maharashtra.

Material and methods:

The present study was conducted in Urban Area of Amravati District Badnera which is the field practicing area of Urban Health Centre Badnera. The study carried out for the period of six months from March 2016 to August 2016. House to house survey was done for collection of data. Every household in the community was visited by the investigator and all elderly person aged 60 years and above were

included in the study, after obtained informed consent. Only one household visit was given by investigator the absent respondent was excluded from the study.

The questionnaire was developed by reviewing related Indian studies. The questionnaire was pilot tested on elderly individual and necessary changes were made. The questionnaire schedule was included information about a) identification data: family information, B) information regarding elderly person, their lifestyle & psychological assessment. c) Health complaints. The interview was conducted in local language Marathi. The purpose of study was explained also care was taken to ensure privacy and confidentiality of interview as a part of study. The data was collected and was compiled, tabulated and analyzed using statistical package finding were described using proportion and percentage. The data collected and analyzed using SPSS Version 10 software.

Table No.1 Distribution of respondents according to socio-demographic profile

Variable	Males		Females		Total	
	No	%	No	%	No	%
Age (yrs)						
60-69	52	78.7	78	87.5	130	84.96
70-79	9	16.6	9	10.0	18	11.76
80	3	4.5	2	2.5	5	3.26
Total	64	41.8	89	58.1	153	100
Education						
Illiterate	14	32.5	29	67.4	43	28.0
Primary	24	34.7	45	65.2	69	45.0
Secondary	14	56.0	11	44.0	25	16.33
High school	10	76.9	3	23.0	13	8.4
Graduate	2	66.6	1	33.3	3	1.9
Total	64	41.8	89	58.2	153	100
Occupation						
Worker	18	28.0	00	00	18	11.7
Non worker	35	54.5	88	98.8	123	79.7
Retired	11	17.5	1	23	12	7.8
Total	64	41.8	89	58	153	100

Result:

Total 153 respondent were included in the study out of total 153 elderly people, 64(41.8%) were male & 78 (51.8%) were female. Most of the respondent belongs to 60 to 69 years age group (84.96%). We found only 5(3.26%) respondent were in the age group of 80 and above. 43(28%) did not have any formal schooling. 3(1.95%) respondent were completed their graduation. 123(79.7%) belongs to non- worker group almost all (99.3) respondent were living with family.

Table No 2 Morbidity Pattern of respondent

Morbidity	Males		Females		Total	
	No	%	No	%	No	%
Hypertension	30	46.5	51	57.0	81	53.0
Diabetes	49	76.5	41	46.0	90	58.8
Tuberculosis	3	4.5	4	4.5	7	4.5
Arthritis	4	6.0	7	8.0	11	7.0
Bronchial Asthma	10	15.5	29	32.5	39	25.0
Ischemic heart disease	2	3.0	7	8.0	9	6.0
Stroke	3	4	4	4.5	7	4.5
Cataract	5	8.0	11	12.0	16	10.4
Hearing loss	27	42.0	21	23.5	48	31.0
Others	9	14.0	14	16	23	15.0

Diabetes was most common morbidity 90(58.8%) among the respondent males were more affected with higher proportion 49(76.5%). Hypertension 81(53.0%) was second commonest morbidity with majority of female 51 (57%) respondent than male 30 (46.5%). Majority of respondent suffered from hearing loss 48 (31%) male 27(42%) was more affected than female 48 (31%). Bronchial asthma was more prevalent in female 29(32.5) than male 10 (15.5%).

Table No. 3 Age wise morbidity pattern of respondent

Morbidity	Age in Years			
	60- 69 (n= 130)	70-79 (n=18)	>80 (n=5)	Total (n=153)
Hypertension	67 (51.5)	10(55.5)	4(80.0)	81(61.83)
Diabetes	87 (67.0)	00	3(60.0)	90(69.0)
Tuberculosis	5 (4.0)	1 (5.5)	1(20.0)	7(5.0)
Arthritis	11 (8.5)	00	00	11(6.5)
Bronchial Asthma	32 (26.5)	3 (16.5)	4(60.0)	39(25.0)
Ischemic heart disease	4 (3.0)	4 (22.0)	1(20.0)	9(6.0)
Stroke	4 (3.0)	00	3(60.0)	7(5.0)
Cataract	14 (11.0)	1 (5.5)	1(20)	16(10.5)
Hearing loss	34 (26.0)	10 (55.5)	4(60.0)	48(31.0)
Others	16 (12.0)	3 (16.5)	4(60)	23(15.0)

(Figures in parenthesis indicates percentages)

Highest load of morbidity was found in >80 years respondents 60% to 80% the most common morbidity among these study population was hypertension, it's also equally affected 60-69 and 70-79 age groups 67(51.5% & 10(55.5%) respectively followed by diabetes more prevalent in 60 to 69 age group 87 (67%) , bronchial asthma 32(26.5%) cataract 14(11%) and others 16 (12%). however hearing loss was more prevalent in 60-69 age groups 10(55.5%),

Discussion : The present study was community based cross – sectional study done in Urban Area of Amravati District Badnera. . In the present study there was more no of elderly female 89 (58.1%) over the elderly male 64(41.8%). Gurav et al9 reported 51.98% female and 48.02% male in slums area near Kalwa of Thane district. Kishore and Garg10 had reported 55% of female and 45% of male in study

conducted in the village Anji (Mothi) Wardha district. The study conducted by Vandana et al¹¹. at Urban Health Training Centre Turbhe Mumbai found that 68.8% female and 31.3% female. Bawalkar et al¹². reported 55.3% female over 44.7% of male. Our study showed that 28 % of the respondent were illiterate and 45% were had educated up to primary level. Sanjiv kumar et al⁴. Reported 40% at Kisanganj Bihar, while it was 13% in a study conducted urban setting of Gujrat reported by H Chandwani et al⁴. In a study conducted at Tamilnadu by Elango¹³ reported 80.2%. It is observed in the study illiteracy is higher in female 67.4%. Sanjiv Kumar et al4, reported 40% in Bihar. H chandwani was also observed that illiteracy was higher in female 16.5% than male 10.8%. A leena et al¹⁴. in karnataka reported that illiteracy was much higher in female 62% as compare to male 22.8%. It was observed that the prevalence of diabetes was highest (59%) followed by Hypertension (53%), hearing loss (31%) bronchial asthma (25%), cataract (10%) others (15%).

It was observed in our study that health problems have significant relationship with age. As age increases, number of health problems also increases During the study we found that 99.3% respondent was living with family most of the respondent from our study were non worker 79.75% and very few of them were doing light work.

In the present study diabetes was the main problem contributing (58.85%) followed by hypertension (53%), and hearing loss (31%). Diabetes and Hearing loss more prevalent in male respondent i.e (76.5%) & (42%) and Hypertension and bronchial Asthma in female (57%) & (32%) respectively. A very high hypertensive (81.48%) respondents was reported by Sushama Tiwari et al³ in rural population of Varanasi. H Chandawani et al reported hypertension (83.1) was main morbidity among elderly person followed by diabetes (76%), Asthama (12.2%), Hearing loss (20.9%) in urban setting of Gujarat diabetes contributing about this finding is somewhat similar to present study. Sanjiv kumar reported more no of diabetic (35%) female as compare to male (10%) In Kisanganj Bihar this finding is comparable with present study. Kishor S. et al¹⁴. also reported that hypertension was more in male as compare to female in a study conducted at Deharadun Uttaranchal. We do not found sufficient study to compare the male and female wise morbidity variation.

In the present study the most common morbidity in 80 & above years was hypertension (80%), Hearing Loss (60%), Bronchial Asthma(60%), Stoke(60%) and others(60%) this may be due to pathophysiological changes in body. Vandana et al¹¹ reported that highest load of morbidity was observed above the age of 75 years (46%) cardiovascular like hypertension, respiratory (11.9%), hearing impairment(10.6%) and endocrinal about (28.1%) during the study we have registered only 5 patients so we have found very high morbidity prevalence.

Conclusion :

Old age is usually associated with increasing health problems. The ageing population is both a medical and sociological problem it makes a greater demand on the health services of a community. There is need to set up special health services for geriatric population in accordance with the common existing problems.

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