A STUDY ON MORBIDITY PROFILE AMONG ELDERLY PERSONS IN A RURAL AREA OF KOZHIKODE DISTRICT

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ABSTRACT

BACKGROUND

World population is aging, which is a concern of 21st century because of advances in medical sciences and improved social conditions. In developing countries like India where aging occurs rapidly due to the phase of demographic transition characterised by rapid fertility decline and increase in life expectancy. In India for the year 2010, the estimates are 8% of total population are above the age of 60 years and is likely to rise to 19% by 2050. Aging is a time of multiple illness and general disability. Old age diseases are not always curable, but only treatable, implying a strain on financial as well as physical health infrastructure resources, both at the macro and micro levels.

MATERIALS AND METHODS

A cross-sectional study was done in 2016 in Atholi Panchayath of Kozhikode, which is situated in North Kerala. Elderly people with 60 years and above were included in the study. A sample size of 324 was calculated and cluster sampling method was done for selection of study subjects. Data was collected using a semi-structured questionnaire after getting ethical clearance and was analysed using SPSS software.

RESULTS

Among the 324 subjects participated in the study, 163 (50.3%) were males and 161 (49.67%) were females. Mean age of the study subjects were 68.11 yrs. (range 60-94). Majority of the respondents were in the age group of 60-64 years (39.2%). Most common morbidities among the respondents were musculoskeletal disorders (57.4%) followed by vision problems (41.7%), gastric problems (39.2%), diabetes (31.5%) and hypertension (30.7%).

CONCLUSION

In our country, proportion of elderly is consistently increasing and there is need to focus on their health needs. A multilevel approach including age friendly health infrastructure development, social security measures, residential care homes, free treatment, etc. are required to manage geriatric morbidity among rural population.

KEYWORDS

Elderly, Morbidity Profile, Kozhikode, Health Seeking Behaviour.

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BACKGROUND

World population is aging, which is a concern of 21st century.[1] Advances in medical science and improved social conditions during the past few decades have increased the life expectancy of man and increase in percentage of elderly population. The expectation of life at birth in developed countries is more than 70 years.[2] By 2025, the number of elderly people is expected to rise more than 1.2 billion with about 840 million in low income countries.[3] In developing countries like India where aging occurs rapidly due to the phase of demographic transition characterised by rapid fertility decline and increase in life expectancy.[4] In India, for the year 2010, the estimates are 8% of total population are above the age of 60 years and is likely to rise to 19% by 2050.[5] Population aging has got major social and health implications. Aging is a time of multiple illness and general disability. Among a global population of 600 million elderly, many are suffering from chronic morbidities, both physical and psychological. Common morbidities reported among elderly are visual impairment, locomotor disorders, musculoskeletal joint pains, neurological complaints, cardiovascular disease, respiratory disease, skin conditions, gastrointestinal problems, mental health problems, hearing loss, genitourinary disorders, etc.[6,7] Old age diseases are not always curable, but only treatable, implying a strain on financial as well as physical health infrastructure resources, both at the macro and micro levels.[8]

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AIMS AND OBJECTIVES

To assess the morbidity profile among elderly persons in rural area of Kozhikode district.

MATERIALS AND METHODS

With the objective to assess the morbidity profile of elderly, a cross-sectional study was done in 2016 among elderly people with 60 years and above in Atholi Panchayath of Kozhikode, which is situated in North Kerala. The sample size of 324 was calculated by taking prevalence of hypertension as 35.7% in a study by Sabitha et al[9] considering the design effect also. By cluster sampling method, 9 wards were selected out of total 11 wards in Atholi Panchayath and from each ward 36 elderly subjects were randomly selected. Prevalence of morbidities were assessed based on participants previously diagnosed treatment reports. Data was collected using a semi-structured questionnaire after getting ethical clearance and was analysed using SPSS software.

RESULTS

Among the 324 subjects participated in the study, 163 (50.3%) were males and 161 (49.67%) were females. Mean age of the study subjects were 68.11 yrs. (range 60-94). Majority of the respondents were in the age group of 60-64 years (39.2%).

SOCIODEMOGRAPHIC PROFILE

Age Group	Sex		Total
	Male	Female	
60-64 years	47 (28.8%)	80 (49.7%)	127 (39.2%)
65-69 years	49 (30.1%)	42 (26.1%)	91 (28.1%)
70-74 years	33 (20.2%)	13 (8.1%)	46 (14.2%)
75-79 years	20 (12.3%)	8 (5.0%)	28 (8.6%)
80 years and above	14 (8.6%)	18 (11.2%)	32 (9.9%)
Total	**163 (100.0%)**	**161 (100.0%)**	**324 (100.0%)**

Table 1. Age and Sex Wise Distribution of Study Subjects

Marital Status	Sex		Total
	Male	Female	
Married	125 (76.7%)	109 (67.7%)	234 (72.2%)
Divorcee	4 (2.5%)	0 (0.0%)	4 (1.2%)
Separated	3 (1.8%)	5 (3.1%)	8 (2.5%)
Single	3 (1.8%)	1 (0.6%)	4 (1.2%)
Widow/er	28 (17.2%)	46 (28.6%)	74 (22.8%)
Total	**163 (100.0%)**	**161 (100.0%)**	**324 (100.0%)**

Table 2. Distribution of Study Subjects According to Marital Status

Number	Frequency	Percentage
No children	8	2.5%
1 child	22	6.8%
2-4	219	67.6%
5 and above	75	23.1%
Total	**324**	**100%**

Table 3. Distribution of Study Subjects According to Number of Children

Status	Frequency	Percentage
Illiterate	109	33.6%
Primary	111	34.3%
Secondary	75	24.1%
Higher secondary	7	2.2%
Diploma	36	0.9%
Professional	19	5.9%
Total	**324**	**100%**

Table 4. Distribution of Study Subjects According to Educational Status

Type	Frequency	Percentage
Low income jobs	196	60.49%
Moderate income jobs	91	28.09%
High income jobs	37	11.42%
Total	**324**	**100%**

Table 5. Distribution of Study Subjects According to Their Previous Occupation Based on Income

Occupation	Frequency	Percentage
Working full time	60	18.5
Working part time	35	10.8
Pensioner	31	9.6%
Dependent	198	61.1%
Total	**324**	**100%**

Table 6. Distribution of Study Subjects According to Their Current Occupation

Staying With	Frequency	Percentage
Spouse and sons/daughters/joint family	211	65.2%
Spouse only	25	7.7%
With children	48	14.8%

Table 7. Distribution of Study Subjects According to Their Living Arrangement (Stay)

MORBIDITY PROFILE

Morbidity	No		Yes		Duration			
	Freq	%	Freq	%	<1 Yr.	1-5 Yrs.	6-10 Yrs.	>10 Yrs.
Musculoskeletal problems	138	42.6	186	57.4	12	53	108	13
Vision problems	189	58.3	135	41.7	2	70	55	8
Gastric problems/Constipation	197	60.8	127	39.2	18	13	58	38
Diabetes mellitus	222	68.5	102	31.5	2	57	37	6
Hypertension	224	69.1	100	30.7	9	33	53	5
Urinary complaints	276	85.2	48	14.8	0	24	23	1
Hearing problems	291	89.8	33	10.2	3	24	6	0
Skin problems	294	90.7	30	9.7	3	19	6	2
Cardiac problems	295	91.0	29	9.0	0	19	10	0
Respiratory illness	300	92.6	24	7.4	10	5	9	0
Haemorrhoids	302	93.2	22	6.8	0	14	8	0
Mental problems	310	95.7	14	4.3	0	10	2	2
Carcinomas	318	98.1	6	1.9	0	4	2	0

Table 8. Morbidity Profile of Study Subjects

DISCUSSION

The present study was conducted among the 324 elderly subjects has 163 males (50.3%) and 161 females (49.7%), which show that there is equal distribution of male and female in the sample. Mean age of the study subjects were 68.11 yrs. (range 60-94). Among the males, majority (30.1%) belong to the age group of 65-69 years, whereas majority of the females (49.7%) belong to the age group of 60-64. Majority of the respondents were married (72.2%) and living with the spouse followed by widowers (22.8%). Majority of the respondents (67.6%) were having 2-4 children followed by 5 and above. Majority of the respondents (34.3%) were having primary level education followed by illiterates (33.6%) and those with secondary level of education (24.1%). Looking at the financial status of the respondents in the past, a majority of them (60.49%) were found to have lower income jobs. With an idea of ascertaining the current financial productivity, the present occupational status of the respondents was looked into. A majority of them (61.1%) were found to be dependent/not working. However, around 30% were found to be working either full time or part time. A majority of the respondents (65.2%) were living with their spouse and children followed by their children alone (14.8%). Findings in this study was almost similar to the study done by Vivin et al[10] among elderly in Chidambaram.

Most common morbidities among the respondents were musculoskeletal disorders (57.4%) followed by vision problems (41.7%), gastric problems (39.2%), diabetes (31.5%) and hypertension (30.7%). Among the subjects with musculoskeletal disorders- 61% were having the same for 6-10 years; vision problems- 47% with more than 6 years; gastric problems- 75.6% with more than 6 years; diabetes- 42% with more than 6 years; hypertension- 58% with more than 6 years. In a study by Sabitha et al[9] among elderly of Kozhikode, prevalence of common morbidities were hypertension (35.7%), diabetes (23%), joint symptoms (19.4%), breathlessness (9.6%), ischaemic heart disease (7.6%), coronary vascular disease (6.5%) and cancer (1.1%).

CONCLUSION

In our country, proportion of elderly is consistently increasing and there is need to focus on their health needs. Old age should be regarded as a normal inevitable biological phenomenon. According to Sir James Sterling Ross, "you do not heal old age, you protect it, you promote it and you extend it." A multilevel approach including age friendly health infrastructure development, social security measures, residential care homes, free treatment, etc. are required to manage geriatric morbidity among rural population. Therefore, an urgent need is found in creating awareness regarding geriatric morbidity among both healthcare system and social welfare system.

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