



Assessment of Health Profile and Health Seeking Behaviour of Elderly Population in An Urban Area of Odisha - A Cross Sectional Study

Dr.Archana Patnaik*, Dr.Subharchana Das**

*Prof &HOD, Dept. of Community Medicine, IMS & SUM Hospital -2, Phulnakhara, Bhubaneswar, SOA University, **PG resident, Dept. of Periodontics &Oral Implantology, Institute of Dental Sciences, SOA University, Odisha, India.

Received: 2024-08-10

Revised: 2024-08-17

Accepted: 2024-08-20

ABSTRACT

Background -As we all know ageing is a normal physiological phenomena like pregnancy and child birth. As per National policy for older person 2020, elderly population means 60 years and above (4) and they contribute 10.5% of total population. Now a days life expectancy is gradually increasing and the elderly population size is also increasing. According to the United Nations Population Fund's India Ageing Report 2023, is that the population above 60 years will double from 10.5% or 14.9 crore (as on July 1, 2022) to 20.8% or 34.7 crore by 2050 (3) .So development of different morbid conditions are also increasing in elderly population . **Aims and Objectives**-The current study was done to assess the health profile as well as the health seeking behaviour of elderly population in an urban area of Odisha .**Materials & methods** –A community based cross sectional study was done in the Urban field practice area of Hi-Tech medical college and Hospital ,Bhubaneswar , Odisha .A total study population of 574 was interviewed and examined by house to house visit with the help of our field workers and then results are analysed in SPSS software . **Results** – Among the elderly population of 60 years and above ,around 64.5% have one or more type of morbidity .The most common morbidity was cardiovascular disease (31.7%) ,followed by cataract (27.5%) ,musculoskeletal disorders (25%),endocrinal (19.4%),gastrointestinal disorders (18.6%) ,respiratory disorders (15.8%) ,genitourinary (15.5%),hearing impairment(15.1%),central nervous system disorders(12.3%),psychiatric disorder (7.4%) ,skin disorders (4.9%).About the health seeking behaviour of elderly population,86.5 % of them undergone treatment and there is no significant difference in health seeking behaviour between male and female elderly population (P >0.05) . **Conclusion** –The elderly should be screened at regular basis to detect morbid conditions at earliest and prompt treatment should be started to avoid health deterioration .Special geriatric clinics should be strengthened as per the needs of beneficiaries.

Key words –Elder population, morbidity, health seeking behaviour

INTRODUCTION

As we all know ageing is a normal physiological process like pregnancy and child birth .In the words of Seneca ,” Old age is an incurable disease “,but Sir James Sterling Ross commented ,You do not heal old age ,you protect it ,you promote it and you extend it (1) Ageing is generally a process of deterioration in the functional capacity of an individual that results from structural changes, with advancement of age. It is not merely a matter of accumulating years but also a process of "adding life to years, not years to life." The world health day theme in 2012 was “Good health adds life to years”. The focus was how good health throughout life can help older men and women lead full and productive lives and are a resource for their families and communities (2) , Now a days life expectancy is gradually increasing and the elderly population size is also increasing .According to the United Nations Population Fund's India Ageing Report 2023, is that the population above 60 years will double from 10.5% (as on July 1, 2022) to 20.8% by 2050 (3) . The World’s population aged 60 and over is projected to reach around 2.1 billion by 2050 (4).

Over the past five decades India has undergone a spectacular demographic transition ,with the southern states becoming the biggest drivers of ageing (5), It is observed that more than 50% of the population above 70 years of age suffer from one or more chronic conditions (6,7) .India is currently experiencing a substantial burden of chronic morbid conditions (8) .With this background the current study was done to assess the health profile as well as the health seeking behaviour of elderly population in an urban area of Odisha.



MATERIALS AND METHODS

The study was conducted at the Urban field practice area of Hi-Tech medical college and Hospital, Bhubaneswar, Odisha from January 2023 to May 2023. There are 3 slums in the field practice area with an estimated total population of 11,488 in the 2022 out of which elder population comprises of 1148 (10% of total population). Out of total elder population we have taken 50% of the elder population (1148/2=574) for our study purpose. The necessary sample collected through Stratified Random Sampling as there are 3 slums and from each slum, samples were collected proportionately through simple random sampling technique which constitute 574 sample size. All the study subjects were contacted by house to house visit with the help of our field staff and then after taking the informed consent they were interviewed and examined using the pretested questionnaire .It includes socio demographic profile of the study subjects (Age ,sex ,religion, , marital status ,education) ,Past history of chronic diseases and presence of current illness, their health seeking behaviour with respect to chronic diseases. Data analysis was done using Epi info Software. Appropriate statistical tests like percentages and Chi-square tests were applied to analyse the data.

RESULTS –

The present study was conducted in the urban field practice area of Hi-Tech Medical college and hospital, Bhubaneswar, Odisha. Table-1 describes the socio-demographic profile of study population. Out of 574 sample size, 49% (281) were males and 51% (293) were females. Maximum study subjects (68.4%) were in the age group of 60-69 years .Majority of study population were Hindu (90%).Majority were married (71.9%) and 24.7% were living without spouse. Majority of elder population were illiterate (72.9%) and only 6% were having high qualification(graduate and postgraduate).

Table -1 :-Socio-demographic profile of the study population (n = 574)

Variables	Male	Female	Total
Age (Years)			
60-69	211 (75%)	182(62.1%)	393(68.4%)
70-79	61 (22%)	82 (28%)	143(24.9%)
80 & above	9 (3%)	29(9.9%)	38(6.6%)
	281 (49%)	293(51%)	574(100%)
Religion			
Hindu	253(90%)	263(89.7%)	516 (90%)
Muslim	22 (7.8%)	24 (8.1%)	46 (8%)
Others	6(2.1%)	6 (2%)	12 (2%)
Marital status			
Married	224(79.7%)	189 (64.5%)	413 (71.9%)
Unmarried	6 (2.1%)	5 (1.7%)	11 (1.9%)
Without spouse (widow/widower)	47 (16.7%)	95 (32.4%)	142(24.7%)
Divorced	4 (1.4%)	4 (1.36%)	8 (1.4%)
Education			
Illiterate	173 (61.5%)	246 (84%)	419 (72.9%)
Primary	55 (19.5%)	30(10.2%)	85 (14.8%)
Secondary	14 (5%)	6 (2%)	20(3.5%)
Senior secondary	11(3.9%)	3 (1%)	14 (2.4%)
Graduation	20(7.1%)	5 (1.7%)	25 (4.4%)
Post graduate	8 (2.8%)	3 (1%)	11 (1.9%)

Table -2 Health profile of study population (n = 574)

Chronic disease	Male	Female	Total
Present	182 (64.8%)	188 (64.2%)	370 (64.5%)
Absent	99 (35.2%)	105 (35.8%)	204 (35.5%)
Total	281(49%)	293(51%)	574 (100%)

Table -2 describes the health profile of study population. Out of the total 574 sample size ,64.5% elderly have one or more morbid conditions. Both male and female study subjects were having almost same percentages of morbid conditions ,64.8% among male and 64.2% among female elderly population.



Table -3-Morbidity pattern of the study population with chronic diseases

Morbidity	Number	%
CVS	182	31.7
Cataract	157	27.4
Musculoskeletal	144	25
Endocrinal	111	19.4
Gastrointestinal	107	18.6
Respiratory	91	15.8
Genitourinary	89	15.5
Hearing impairment	87	15.1
CNS	71	12.3
psychiatric	42	7.4
Skin	28	4.9

Table-3 shows the presence of different morbid conditions in the elderly population in our study area. The most common morbidity present was cardiovascular disease (31.7%), followed by cataract (27.5%), musculoskeletal disorders (25%), endocrinal (19.4%), gastrointestinal disorders (18.6%), respiratory disorders (15.8%), genitourinary (15.5%), hearing impairment (15.1%), central nervous system disorders (12.3%), psychiatric disorder (7.4%), skin disorders (4.9%).

Table -4 :-Health seeking behaviour of study population

Treatment sought	Male	Female	Total
Yes	121 (88.3%)	129 (84.8%)	250 (86.5%)
No	16 (11.7%)	23 (15.2%)	39 (13.5%)
Total	137 (100%)	152 (100%)	289 (100%)

(Chi square = 0.74, df =1, P > 0.05, Not significant)

Table -4 describes the health seeking behaviour of study population. About 86.5 % (250) elderly undergone treatments for their morbid conditions. More number of elder male 88.3% undergone treatment than elder females (84.8%) but there is no significant difference in health seeking behaviour found between male and female elderly population (P >0.05).

DISCUSSION –

Out of 574 study population, 49% (281) were males and 51% (293) were females. Maximum study subjects (68.4%) were in the age group of 60-69 years .Majority of study population were Hindu (90%).Majority were married (71.9%) and 24.7% were living without spouse. Majority of elder population were illiterate (72.9%) and only 6% were having high qualification (graduate and postgraduate).

In our study around 64.5% elderly have one or more type of morbidity and the most common morbidity was cardiovascular disease (31.7%) ,followed by cataract (27.5%) ,musculoskeletal disorders (25%),endocrinal (19.4%),gastrointestinal disorders (18.6%) ,respiratory disorders (15.8%) ,genitourinary (15.5%),hearing impairment(15.1%),central nervous system disorders(12.3%),psychiatric disorder (7.4%) ,skin disorders (4.9%). As per a study conducted by Srinivas P .J. and Manjuvasini S in Visakhapatnam district Andhra Pradesh (2014) 64% elder population have morbidity and common diseases among them are Musculoskeletal System (39%) followed by diseases of Circulatory system (21%) and diseases of Eye were most commonly seen (9). In a study done by I.C.M.R. in rural community visual impairment (65%) was the leading morbidity followed by joint involvement (36%), respiratory tract (10%), skin (8.5%), CNS (7.45%) and CVS (6.3%) (10). Sarkar in a study conducted in an old age home at Calcutta stated the commonest morbidity to be visual loss (96%), arthritis (57%), cataract (51 %) and hypertension (44%) (11) .As per a study by Preeti Usha et al ,In Uttarakhand most common morbidity in elder population is musculoskeletal (77.2%) followed by Psychological (75.9%) ,Digestive (73.6%),Eye (56.6%) ,endocrine (35.9%),Cardiovascular (33.08%), ear (24.6%) respiratory !9.7%) ,neurological (6.6%) and urological (1.2%) (12). About the health seeking behaviour of elderly population,86.5 % of them undergone treatment and there is no significant difference in health seeking behaviour between male and female elderly population (P >0.05).

The limitations of our study is all the elder population of our study area were not interviewed and detailed investigations were not done due to time constraints.



CONCLUSION

In our study around 64.5% elderly have one or more type of morbidity and the most common morbidity was cardiovascular disease (31.7%), followed by cataract (27.5%), musculoskeletal disorders (25%), endocrinal (19.4%), gastrointestinal disorders (18.6%), respiratory disorders (15.8%), genitourinary (15.5%), hearing impairment (15.1%), central nervous system disorders (12.3%), psychiatric disorder (7.4%), skin disorders (4.9%). So, the elderly should be screened at regular basis to detect morbid conditions at earliest and prompt treatment should be started to avoid health deterioration. Special geriatric clinics should be strengthened as per the needs of beneficiaries.

Acknowledgment –We acknowledge all the study participants for supporting and providing us correct information for our research work.

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How to cite this article:

Dr.Archana Patnaik et al. *Ijppr.Human*, 2024; Vol. 30 (8): 278-281.

Conflict of Interest Statement: All authors have nothing else to disclose.

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