

Research Article

Morbidity, psycho-social profile and health seeking behavior of the elderly population in urban slums of Davangere City, India

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ABSTRACT

Background: The proportion of older persons has been rising steadily. Population ageing is becoming a major concern both in the developed and developing countries. Rapid urbanization and modernization of society has brought in its wake a breakdown in family values and the framework of family support, social isolation and elderly abuse leading to a host of morbidity including psychological problems among elderly population. Objectives: 1) To assess the morbidity pattern of the elderly people in urban slums. 2) To know the psycho-social profile of the elderly people in urban slums. 3) To assess the health seeking behaviour of elderly population.

Methods: Study was cross sectional study conducted in slums of Davangere city, for duration of three months. Study population was 60 years and older residents of urban slums. Study was carried out by interview and clinical examination of the study subjects by using pre-designed, pre-tested semi-structured questionnaire. Data was entered in Microsoft excel and presented as frequency and proportions.

Results: Out of 180 elderly persons, 23% were males and 77% were females. 44% of them lived in joint families. The most prevalent morbidity was musculoskeletal problem (46%) followed by psychosocial problem (31%), respiratory problems (23%), cataract (19%) and ear problems (19%). 57% of elderly said they were not socially active and 43% had an unfavorable attitude towards life. Majority of the elderly utilized government health care facilities for their treatment for both acute and chronic illness. The elderly population had financial constraint and lack of accessibility in seeking health care.

Conclusions: The study has highlighted high prevalence of morbidity among elderly in urban slums. As there is rapid increase in number of elderly, there is an urgent need to develop affordable and accessible geriatric health care services.

Keywords: Morbidity, Psychosocial profile, Health seeking behavior, Elderly

INTRODUCTION

Globally the elderly population is growing at a rate of 2.6 per cent per year, considerably higher than the general population which is increasing 1.1 per cent annually.¹ In India, the elderly population account for 7.5 per cent of the total population.² Eventually this population will be experiencing the old age problems. Unfortunately in India old age population is facing these problems (more so in

slums) blindly though many advances have taken place in the medical field to add life to years. Thus understanding the geriatric problems and providing the appropriate health care services to this increasing population is a matter of serious concern of today.

Rapid urbanization and societal modernization has brought in its wake a breakdown in family values and the framework of family support, social isolation and elderly

abuse leading to a host of psychological problems. Thorough understanding of the morbidity pattern, creating the awareness and providing the needed health service is crucial. In India Attempts regarding these issues are very scanty and insufficient enough to address the issues. With this background our study was carried out to know the morbidity, psycho-social profile and health seeking behaviour of the elderly population in urban slums of Davangere city.

Objectives

- 1) To assess the morbidity pattern of the elderly people in urban slums.
- 2) To know the psycho-social profile of the elderly people in urban slums.
- 3) To assess the health seeking behaviour of elderly population.

METHODS

It is a community based cross-sectional study conducted for three months from 1st September to 30th November 2013. There are 4 slums under the Urban Health Centre located in the field practice area of JJM Medical College. Two slums were selected through simple random sampling. Slums were visited with pre intimation and door to door survey was done to identify the persons above 60 yrs. All the 180 residents of the slum who consented to participate were studied. The study was done by interviewing and clinical examination of 180 subjects above 60 years old by using pre-designed, pre-tested, semi-structured questionnaire.

RESULTS

In the present study, out of 180 elderly persons, 42 (23%) were males and 138 (77%) were females. 73% of the elderly were currently not working and among them 45% were receiving old age pension. Majority (44%) of the elderly lived in joint families followed by nuclear families (36%). In our study 90% of females and 71 % of males were illiterate (Table 1).

Among study population, musculoskeletal problems were prevalent in 46% (male-38%, female 49%) of elderly followed by psychosocial problems 31% (male-21.3%, female 33.6%), respiratory problems (23%) and hypertension (19%), cataract (19%), ear problems (19%) and diabetes 11 % of elderly population (Table 2).

Majority of the elderly population said had company at home (61%), their advice was honored (62%), were involved with their family activities (67%) & outside the family (60%). Around 57% also said they were not socially active outside home and 43% had an unfavorable attitude towards life (Table 3). Among those elderly who had unfavorable attitude, loneliness was major reason (36%) followed by poverty (29%) and illness (29%) (Figure 1).

Health seeking for chronic illness 140 (92%) was higher than that for acute illnesses 86 (72%). Allopathic medicine was preferred more (82%) for both acute and chronic illness. Majority had visited government institution for both acute (47%) and chronic illness (56%) (Table 4).

Table 1: Socio-demographic profile.

Variables	Categories	Male (n=42)		Female (n=138)		Total (n=180)	
		No.	%	No.	%	No.	%
Religion	Hindu	28	67	104	75	132	73
	Muslim	14	33	34	25	48	27
Occupation	Currently not working	26	62	105	76	131	73
	Currently working	16	38	33	24	49	27
Type of family	Single	00	00	4	3	4	2
	Nuclear	14	33	52	38	66	37
	Joint	24	57	50	36	74	41
	3 generation	4	10	32	23	36	20
Marital status	Married	13	31	17	12	30	17
	Widow / widower	00	00	94	68	94	52
	Separated / divorced	27	64	27	20	54	30
	Unmarried	2	5	00	00	2	1
Literacy status	Illiterate	30	71	124	90	154	86
	Literate	12	29	14	10	26	14
Socio-economic status	III	6	14	8	6	14	8
	IV	22	52	84	61	106	59
	V	14	34	46	33	60	33

Table 2: Morbidity pattern among elderly.

Morbidity	Male	Female	Total
Musculoskeletal	16 (38%)	67 (49%)	83 (46%)
Respiratory problems	16 (38%)	25 (18%)	41 (23%)
Hypertension	15 (36%)	19 (14%)	34 (19%)
GIT problems	13 (30%)	21 (15%)	34 (19%)
Cataract	9 (21%)	26 (19%)	35 (19%)
Dental problems	12 (28%)	21 (15%)	33 (18%)
Ear problems	7 (16%)	28 (20%)	35 (19%)
Anemia	8 (18%)	23 (17%)	31 (17%)
Diabetes	5 (11%)	14 (10%)	19 (11%)
Neurological problems	5 (11%)	12 (9%)	17 (9%)
Skin diseases	1 (3%)	7 (5%)	8 (4%)
Psychosocial problems	9 (21.3%)	46 (33.6%)	55 (31%)
Genitourinary system problems	2 (5%)	1 (1%)	3 (2%)

Many of the subjects reported multiple morbidities

Table 3: Psycho-social profile of elderly population.

Variables	Males No. (%)	Females No. (%)	Total No. (%)
Availability of company at home:			
Always	22 (52)	88 (64)	110 (61)
Mostly	08 (19)	30 (22)	38 (21)
Feel lonely	12 (29)	20 (14)	32 (18)
Response to advice given:			
Honored (responsive)	28 (67)	84 (61)	112 (62)
Ignored (not responsive)	14 (33)	54 (39)	68 (38)
Involvement with family:			
Always	28 (67)	92 (67)	120 (67)
Mostly	10 (23)	32 (23)	42 (23)
Sometimes	02 (5)	10 (7)	12 (7)
Never	02 (5)	04 (3)	06 (3)
Activities outside home:			
Active	26 (62)	82 (59)	108 (60)
No activity	16 (38)	56 (41)	72 (40)
Social contacts outside home:			
Socially active	18 (43)	60 (44)	78 (43)
Socially inactive	24 (57)	78 (56)	102 (57)
Attitude towards life:			
Favorable	26 (62)	76 (55)	102 (57)
Unfavorable	16 (38)	62 (45)	78 (43)

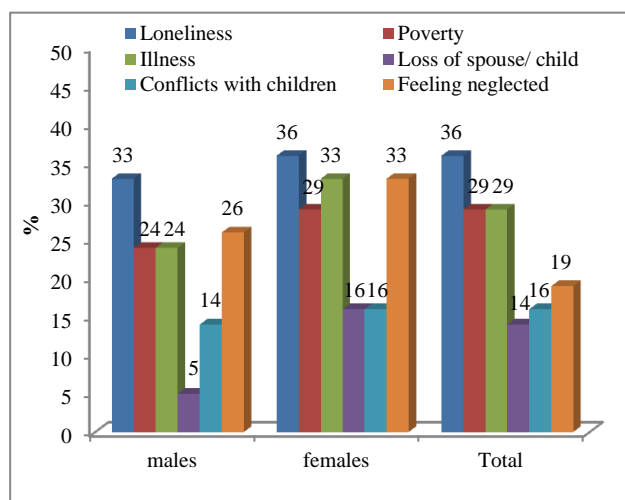


Figure 1: Reasons for unfavorable attitude towards life.

Table 4: Health seeking behavior of elderly.

Treatment	Acute illness (119)	Chronic illness (152)
No treatment	10 (8%)	3 (2%)
Private institutions	37 (31%)	50 (33%)
Government institutions	56 (47%)	85 (56%)
AYUSH	2 (2%)	6 (4%)
Traditional healers	2 (2%)	5 (3%)
Pharmacy	12 (10%)	3 (2%)

DISCUSSION

In the present study 70% of the elderly were found in the age group 60 to 69 years, maximum numbers of elderly (50%) were in the age group of 60-64 years. Majority of them were Hindus (73%) followed by Muslims (27%) and almost similar findings has been reported in the study conducted by Pooja Chauhan et al.³

The study highlighted 73% of the elderly were currently not working. In our study the most common morbidity among elderly was musculoskeletal problems (46%). Almost similar findings have been reported in the study conducted by Piramanayagam A et al.⁴ (39.2%).

In our study, the prevalence of psychosocial problems among elderly was found to be 31% (males-21.3%, females-33.6%) which is low compare to the study conducted by Rahul Prakash et al.⁵ (42% had psychosocial problems). The prevalence of psychosocial problems was more among females and similar observation has been reported by Rahul Prakash et al.⁵

Cataract was problem among 19% of elderly population (males-21%, females-19%) and an almost similar finding has been reported in the studies conducted by of HM Swami et al.⁶ and Shradha K et al.⁷ In our study, the prevalence of diabetes was 11% which is comparable (12.5%) with findings of HM Swami et al.⁶

Majority of the elderly population said had company at home (61%), their advice was honored (62%), were involved with their family activities (67%) & outside the family (60%). Around 57% said they were not socially active outside home and 43% had an unfavorable attitude towards life. Among those who had unfavorable attitude towards life the reasons given were – loneliness, poverty and illness. Similar observation has been reported by Prakash et al.⁸ suggest that these factors tend to make the elderly and particularly elderly women, vulnerable.

Health seeking for chronic illness (92%) was higher than that for Acute Illnesses (72%). Allopathic medicine was preferred more (82%) for both acute and chronic illness. Top reasons cited by the elderly for choosing a particular health care facility was

1. The doctor there was very good.
2. Doctor charges reduced fees.
3. The health care facility is close to the residence.

The elderly population has financial constraints and dependency in seeking health care. The Government run health centers were more commonly utilized than private clinics both for acute and chronic illness and similar result was observed in the conducted by Harshal T Pandve et al.⁹

CONCLUSION

The study has highlighted 77% of elderly were females, 73% were not currently working. A high prevalence of morbidity was observed like musculoskeletal, psychosocial problems, respiratory problems, cataract, ear problems and hypertension were identified. Around 57% also said they were not socially active outside home and 43% had an unfavorable attitude towards life. Among those who had unfavorable attitude towards life the reasons given were - loneliness, poverty and illness.

Recommendation

As there is a rapid expansion in number of elderly population having multiple health problems, there is a need to develop quality geriatric health care services. These problems need to be addressed by creating the awareness regarding availability of health services and providing health services. The psycho-social problems can be combated by developing a positive and compassionate attitude towards the elderly with the aim to improve their quality of life. The study emphasizes the need for social security programs to meet the financial needs of the elderly and counseling services for their psychological needs. The families should give emotional support to make elders happy and satisfied in their life.

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