



# Health Related Problems and Their Consequences Influencing Old Aged People

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## ABSTRACT

**Introduction-** A rapid increase in the number of the elderly as well as their proportion in our population, has led us to being more conscious of the many social, economical, psychological and health problems of the elderly in our country. Of these problems, health and medical problems are generally considered to be important as they affect a large majority of the elderly. It is very important to understand the health needs of the elderly and so solicit their opinion in improving the existing health care system in the country. This article was undertaken study the problems of the elderly with a special focus on the health issues in Bhopal area.

**Methods-** Descriptive study was conducted, sampling was done by purposive sampling method. 190 elderly population participated in the study. Data was collected and properly analyzed by using appropriate statistical tools.

**Results-** Mean age of the elderly population participating in the study was 71.52±8.7 years. Females were 28.4% while males were 71.6%. According to health status minor disease was seen in 52.1% while severe disease in 33.7%. Depression was seen in 10% while heart disease in 23.7%.

**Conclusion** - Elderly population were more prone to stress and health related problems. So special attention is required for their care and support to provide them healthy quality of life.

**Keywords:** Old age, morbidity, health, quality of life

## INTRODUCTION

Population of India is increasing and also there is increasing trend of longevity and falling fertility. It has resulted in a dramatic increase in the population of adults aged 60 and more. It has lead to wide-ranging and complex health and economic challenges to which our country must rapidly adapt.<sup>1,2</sup>

As India's population grows, its expanding share of older adults is particularly notable. Currently, the growth rate of the number of older individuals (age 60 and older) is three times higher than that of the population as a whole<sup>4</sup> Three dominant demographic processes drive the growing share of older Indians: declining fertility rates due to improved access to contraceptives, increasing age at marriage, particularly among women, and declining

infant mortality; increasing longevity because of advances in medicine, public health, nutrition, and sanitation; and large cohorts advancing to older ages<sup>5,6</sup>.

India's total fertility rate has decreased from 5.9 in 1950 to 2.3 in 2013 and is projected to drop further to 1.88 by 2050, which is below the replacement level. Life expectancy at birth has improved vastly over the last few decades, increasing from 36.2 years in 1950 to 67.5 years in 2015 and projected to rise to 75.9 years by 2050<sup>7,8</sup> Even more significant in its implications for population aging, life expectancy at age 60 has also increased dramatically, rising from about 12 years in 1950 to 18 years in 2015 and projected to rise further to more than 21 years by 2050. Average Indian life expectancy at age 80 has likewise increased significantly, from about 5

years in 1950 to more than 7 years at the present time. By the middle of this century, it is predicted to rise to 8.5 years<sup>7-10</sup>

A rapid increase in the number of the elderly as well as their proportion in our population, has led us to being more conscious of the many social, economical, psychological and health problems of the elderly in our country. Of these problems, health and medical problems are generally considered to be important as they affect a large majority of the elderly. It is very important to understand the health needs of the elderly and so solicit their opinion in improving the existing health care system in the country. This article was undertaken study the problems of the elderly with a special focus on the health issues in Bhopal area.

**AIM AND OBJECTIVES**

The study was conducted to know the health problems influencing elderly population and also to study the association with various factors leading to health problems among elderly population

**METHODS**

Descriptive study was conducted, sampling was done by purposive sampling method. 190 elderly population participated in the study. Population was selected from elderly people residing in catering area of RKDF medical college, Bhopal and Urban health training centre of RKDF medical college for a duration of 6 months. Institutional ethical committee clearance was taken before the conduct of study and informed consent of participants was obtained .A questionnaire was prepared with special reference to assessment of declining physical capacities of old age and also evaluate the condition being associated with many diseases. Health status evaluation was done by assessing the loss of vision and hearing, along with other cardiac and systemic health problem faced by them .This was self reported data by participants. General physical activities defined by level of intensity in accordance with CDC, adapted from Dr Barbara Ainsworth classification<sup>14</sup> Data was collected and properly analyzed by using appropriate statistical tools.

**RESULTS**

Mean age of the elderly population participating in the study was 71.52±8.7 years. Females were 28.4% while males were 71.6%. Married elderly population were 88.9% and single (separated/widow or widower) were 11.1%.

Illiterate elderly were 45.8%, primary education (14.2%), secondary (13.7%), high school (13.7%) and graduate (13.7%). (Table 1)

According to vision good vision was seen in (1.1%) and difficulty in seeing was in 41.6%. Hearing was good in 1.1% while hearing loss present in 76.3%. According to health status minor disease was seen in 52.1% while severe disease in 33.7%. Depression was seen in 10% while heart disease in 23.7%. UTI in 11.6% while skin disease in 13.7%. Sedentary lifestyle was seen in 32.6% while mild activity was seen in 36.8%. (Table 2)

**Table 1- Distribution according to gender, marital status and education.**

Variable	Number (%)
<b>Gender</b>	
Female	54 (28.40)
Male	136 (71.60)
<b>Marital status</b>	
Married	169 (88.90)
Single	21 (11.10)
<b>Education</b>	
Graduate	24 (12.60)
High school	26 (13.70)
Illiterate	87 (45.80)
Primary	27 (14.20)
Secondary	26 (13.70)

**Table 2 Distribution according to health status and physical activity**

Variable	Number (%)
<b>Vision</b>	
Difficulty in seeing	79 (41.60)
Good vision	2 (1.10)
Other (cataract etc)	11 (5.80)
Use Spectacles	98 (51.60)
<b>Hearing</b>	
Good	2 (1.10)
Hearing loss present	145 (76.30)
Using hearing aids	43 (22.60)
<b>Health Status</b>	
Minor disease	99 (52.10)
No disease	27 (14.20)
Severe disease	64 (33.70)
<b>Present Complaints</b>	
Depression	19 (10.00)
Heart disease	45 (23.70)
Joint Pain	19 (10.00)
Nervous disorder	9 (4.70)
Renal & urinary tract complaints	22 (11.60)
Respiratory illness	8 (4.20)
Skin disease	26 (13.70)
Weakness	9 (4.70)
Others	33 (17.40)
<b>Physical activity</b>	
Sedentary	62 (32.60)
Mild activity	70 (36.80)
Moderate activity	48 (25.30)
Vigorous activity	10 (5.30)

**Table 3- Association of different parameters with age group of elderly.**

Variable	Age group			P value
	60 to 70	71 to 80	More than 80	
<b>Gender</b>				
Female	30 (31.3)	18 (29)	6 (18.8)	0.395
Male	66 (68.8)	44 (71)	26 (81.3)	
<b>Marital status</b>				
Married	84 (87.5)	59 (95.2)	26 (81.3)	0.102
Single	12 (12.5)	3 (4.8)	6 (18.8)	
<b>Education</b>				
Graduate	10 (10.4)	11 (17.7)	3 (9.4)	0.721
High school	14 (14.6)	7 (11.3)	5 (15.6)	
Illiterate	43 (44.8)	29 (46.8)	15 (46.9)	
Primary	12 (12.5)	9 (14.5)	6 (18.8)	
Secondary	17 (17.7)	6 (9.7)	3 (9.4)	
<b>Health Status</b>				
Minor disease	51 (53.1)	31 (50)	17 (53.1)	0.946
No disease	15 (15.6)	8 (12.9)	4 (12.5)	
Severe disease	30 (31.3)	23 (37.1)	11 (34.4)	
<b>Vision</b>				
Difficulty in seeing	46 (47.9)	20 (32.3)	13 (40.6)	0.03
Good vision	0 (0)	2 (3.2)	0 (0)	
Other (cataract etc)	8 (8.3)	2 (3.2)	1 (3.1)	
Use Spectacles	42 (43.8)	38 (61.3)	18 (56.3)	
<b>Hearing</b>				
Good	1 (1)	1 (1.6)	0 (0)	0.764
Hearing loss present	76 (79.2)	44 (71)	25 (78.1)	
Using hearing aids	19 (19.8)	17 (27.4)	7 (21.9)	
<b>Present Complaints</b>				
Depression	11 (11.5)	5 (8.1)	3 (9.4)	0.216
Heart disease	26 (27.1)	14 (22.6)	5 (15.6)	
Joint Pain	9 (9.4)	6 (9.7)	4 (12.5)	
Nervous disorder	6 (6.3)	2 (3.2)	1 (3.1)	
Renal and urinary tract complaints	8 (8.3)	12 (19.4)	2 (6.3)	
Respiratory illness	4 (4.2)	2 (3.2)	2 (6.3)	
Skin disease	15 (15.6)	4 (6.5)	7 (21.9)	
Weakness	5 (5.2)	3 (4.8)	1 (3.1)	
Others	12 (12.5)	14 (22.6)	7 (21.9)	
<b>Physical activity</b>				
Sedentary	33 (34.4)	26 (41.9)	3 (9.4)	0.005
Mild activity	35 (36.5)	15 (24.2)	20 (62.5)	
Moderate activity	21 (21.9)	18 (29)	9 (28.1)	
Vigorous activity	7 (7.3)	3 (4.8)	0 (0)	

Significant association was found between vision and age group (P value <0.05). Also significant association was seen between physical activity and age group (P value <0.05). Rest all parameters were not significantly associated with age group of elderly. (Table 3)

## DISCUSSION

Elderly population in Indian societies are facing stress due to health issues. Decline in support from other family persons have worst consequences leading to declining health among elderly. Access to basic facilities and physical security is also declining among elderly.

In this study we have found that about one third of the elderly population reported that they were se-

riously ill (33.7%). While 52.1 percent of the elderly respondents reported having minor illness and remaining respondents no illness. According to gender, males were having poor health. This may be due to less involvement in household activity and more stress. More number of women reported difficulties pertaining to vision as compared to males. 41% had poor vision and 1.1% had good vision, also there was significant association found. However, more than half of study population (51%) reported having using spectacles for good eyesight. While three fourth had hearing loss also and only 1.1 percent of the respondents were having hearing loss. As in the case of vision, most women than men reported having also reported deterioration in their visual and auditory capacities during later years. For instance, in a study by Kaur et al. (1987), a majority of elderly persons reported

poor eye sight (48 percent), ill health (30.7 percent) and general weakness (29.3 percent). Nair (1989) found that 6 percent of the respondents of are study were totally or partially blind and about 3 percent were hard of hearing. Similar findings were reported in a study conducted by James (1994).<sup>11-13</sup>

Gender wise differences were observed among the problems relating to physical health reported by respondents. Nervous disorders, heart complaints, skin diseases and urinary problems were more commonly mentioned by men of the study sample and most of the women reported suffering from joint pain and depression. With reference to physical activity the performance of day-to-day activities was reported more in women compared to men. Less physically active were the males. However, a majority of the elderly respondents could perform these activities without any assistance from others. Nair's (1991) study revealed that 8 percent to 44 percent of his study sample had difficulty in performing physical tasks. It was found that of the total respondents needing assistance in these tasks, only about half (47.9 percent) were receiving it. It may be because some of them did not have any family members and were living along and in case of others it might be due to the apathy of their family members.<sup>13</sup> In our study mild activity was seen in 36.8%, while moderately active were 25.3%, 32.6 % were sedentary mostly. Only 5.3% had vigorous activity present.

## CONCLUSION

Elderly population were more prone to stress and health related problems. So special attention is required for their care and support to provide them healthy quality of life. Similarly, appropriate social policy should be made and implemented for the welfare of the elderly.

The findings of this study are different in many respects but they fully support and insist on policies and program to be made to improve the quality of life of the elderly. In this study there was significant association of lifestyle of elderly with their physical activity.

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