

## Morbidity profile & attitude towards life of geriatric age population, in urban area of Amravati District, Maharashtra India

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### Abstract

**Introduction:** People at or over the age of 60 constitute above 7.7% of total population. Change in socioeconomic condition and due to aging various health problems affect elderly.

**Objectives:** To study morbidity profile affecting the geriatric age person & attitude towards life

**Material & Method:** A Cross sectional study 246 elderly person 60 years old and above were interviewed using pre-tested schedule.

**Result:** Among all 146 respondents Diabetes was most common morbidity 93 (37.8%) most of the respondent were male 49 (73.1%) The second most common morbidity was Hypertension 85 (34%) female respondent were found to more prone 51(64.3%) Overall 73 (29%) respondent felt that there priority worthless this complaint was more commonly seen in males. Very few respondents were having memory problems 11(4.47%) This was predominantly seen in female respondents 8 (72.8%).

**Keywords:** morbidity profile, geriatric age, population, Amravati

### Introduction

Ageing is a universal and inevitable phenomenon of life. It refers to a multidimensional process of physical, psychological and social changes. While some dimensions grow and expand over time, others decline. "Old age" refers to a phase of human life known for reduced physical ability, declining mental ability, the gradual giving up of role playing in socio-economic activities, and a shift to a status of economic dependence. Old age is called "dark" not because the light fails to shine but because people refuse to see it [1]. 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" [2]. 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 needs [3]. Psychological problems are also common among elder one. The loss of occupation is main cause for psychological depression in the minds of some people. The family members are unable to understand the mental condition of age old. Loneliness and feeling of isolation is main problems [4]. 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 system [5]. The increase in proportion of elderly population has significantly contributed to demographic burden in a developing country like India [6].

Across India many community based studies have been

estimated the prevalence of depression & morbidity among elderly population but there are very few studies related to attitude towards life of elderly population. In this background, an attempt is made to study the socio-demographic variables, morbidity profile affecting the geriatric age person & attitude towards life residing in city of Amravati Urban area of Bandera.

### Material & Method

The present Cross sectional study was carried out in OPD, (Clinic) in Sanjyot Maternity & Nursing Home Situated in Urban Area of Amravati district Badnera. During May 2016 to October 2016 over a period of 6 months. On an average 6-10 aged person visited daily. All the aged person 60 and above were interviewed during checkup the information about participants demography and attitude towards life were interview in detail. Verbal & written consent was taken from the respondent before collecting the information.

The questionnaire schedule was included information about a) identification data: family information, socioeconomic condition physical and physiological environment of family. B) Information regarding elderly person, their lifestyle & psychological assessment. The interview was conducted in local language Marathi. The 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,

**Table 1:** Distribution of respondents according to socio-demographic profile

Variable	Males		Females		Total	
	No	%	No	%	No	%
Age (yrs.)						
60-69	54	40.9	78	59.1	132	90.4
70-79	3	33.3	6	66.7	9	6.4
80	2	40	3	60	5	3.2
Total	59	40.4	87	59.6	146	100
Education						
Illiterate	15	35.7	27	64.3	42	19.1
Primary	28	43.0	37	67.0	65	44.5
Secondary	14	56.0	11	44.0	25	17.1
High school	8	72.7	3	27.3	11	7.2
Graduate	2	66.6	1	33.3	3	2.1
Total	67	45.8	79	54.2	146	100

Total 146 respondent were included in the study out of total 146 elderly people, 67(45.8%) were male & 79 (54.8%) were female. Most of the respondent belongs to 60 to 69 years age group 132 (90.04%). We found only 5(3.2%) respondent were

in the age group of 80 and above. 42(19.1%) did not have any formal schooling. 3(2.1%) respondent were completed their graduation.

**Table 2:** Morbidity Pattern of respondent

Morbidity	Males (n=67)		Females (n=79)		Total (n=246)	
	No	%	No	%	No	%
Hypertension	34	50.7	51	64.3	85	34.0
Diabetes	49	73.1	44	55.9	93	37.8
Tuberculosis	2	28.5	5	71.5	7	2.8
Arthritis	5	41.6	7	58.4	12	8.2
Bronchial Asthma	11	28.2	28	71.8	39	15.8
Ischemic heart disease	3	33.3	6	66.7	9	3.6
Stroke	3	42.8	4	57.2	7	2.8
Cataract	5	31.2	11	68.8	16	6.5
Hearing loss	26	54.1	22	45.9	48	19.5

Among all 146 respondents Diabetes was most common morbidity 93 (37.8%) most of the respondent were male 49 (73.1%) female contribute about 44 (55.9%). The second most common morbidity was Hypertension 85 (34%) female respondent were found to more prone 51(64.3%) however the male respondent were 34(50.7%). Small no of population were

also affected by Bronchial asthma 39 (15.8%) Hearing loss 48 (19.5). Cataract.16 (6.5%). The female respondent were more affected with higher proportion to bronchial asthma 28(71.8%) Cataract 11(68.8%) and Ischemic heart disease 6 (66.6%). Males were mostly affected by hearing loss 26 (54.1%)

**Table 3:** Attitude towards Life

Attitude Towards Life	Males		Females		Total	
	No	%	No	%	No	%
Felt that life is empty	24	48.0	26	52	50	20.32
Dropped many interest and hobbies	10	38.4	16	62	26	10.56
Often get bored	1	33	2	67	3	1.21
Fell helpless	15	53.5	13	46.5	28	11.38
Do not feel of energy	13	38.2	21	61.6	34	13.82
Think most people better than you	3	23.5	10	76.5	13	5.28
Not in good sprit most of time	10	45	12	55	22	8.9
Have more memory problem	3	27.2	8	72.8	11	4.47
Fell that you are citizen is hopeless	1	50	1	50	2	0.8
Not satisfied with life	12	52	11	48	23	9.34
Do not think it wonderful to be alive now	14	53	12	47	26	10.56
Affered something happen to you	00	00	1	100	1	0.4
Prefer to stay at home	12	46.15	14	53.85	26	10.56
Fell priority worthless	22	61.11	14	38.89	36	14.34
Do not fell happy most of time.	35	47.94	38	52.06	73	29.67

Overall 73 (29%) respondent fell that there priority worthless this complaint was more commonly seen in males (61.11%)followed however 50 (20.32%) respondents feels that there life was empty and this complaints was almost equal for

both the gender.26 (10%) of respondents were like to stay at home and they don't think life is wonderful. Very few respondents were having memory problems 11(4.47%) This was predominantly seen in female respondents 8 (72.8%).

## Discussion

The present study was OPD based cross – sectional study done in Urban Area of Amravati District Badnera. In the present study there was more no of elderly female 87 (59.6%) over the elderly male 59(40.4%). Kishore and Garg had reported 55% of female and 45% of male in study conducted in the village Anji (Mothi) Wardha district <sup>[7].</sup> Gurav *et al* <sup>[8]</sup> reported 51.98% female and 48.02% male in slums area near Kalwa of Thane district. The study shows comparable finding with above studies. Our study showed that 42 (19.1%) of the respondent were illiterate however a contrast finding was reported by. Sanjiv kumar *et al* <sup>[3]</sup>. 40% at Kisanganj Bihar, in a study conducted at Tamil Nadu by Elango <sup>[9]</sup> reported 80.2%. Similarly much lower literacy rate than present study was observed by H Chandwani<sup>10</sup> in urban setting of Gujarat. A leena *et al* <sup>[11]</sup>. In Karnataka reported that illiteracy was much higher in female 62% as compare to male 22.8%.

In the present study we have found female 87 (59.1%) were more illiterate as compare to male 15(35.5%) this finding is comparable with above findings. In the present study overall diabetes was the main problem contributing 93(37.8%) followed by hypertension 85(34%) but during the study we observed that diabetes was much more common in male respondent 49 73.1% however A very high hypertensive (81.48%) respondents was reported by Sushama Tiwari *et al* <sup>[12]</sup> in rural population of Varanasi. H Chandawani *et al* reported hypertension (83.1) was main morbidity among elderly person followed by diabetes.

In the present study the most common other morbidity were, Hearing Loss 48 (19.5%), Bronchial Asthma 39 (15.8%), Stoke (60%) cataract 16(6.5%) but the high proportion of Bronchial Asthma 11(71.8%), Tuberculosis 5 (71.5%) & Cactract 11 (68.8%) were found in female respondents. This may be due to pathophysiological changes in body. Vandana *et al* <sup>[13]</sup> 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. The overall percentage finding is comparable with above finding. Sanjiv Kumar *et al* in urban community of Gujarat reported that 98 (61.25) Cactract, 81(50.63%) hypertension <sup>[3]</sup>. This comparable finding with the above study. In this study respondent said they do not fell happy most of the time 73 (29.67) and 50 (20.32) respondent said that there life was empty. However the study conducted by H Chandwani *et al*. in urban setting of Gujarat reported that 53.3% respondent were not happy & Singh *et al* <sup>[14]</sup> reported 53.2%. A Leena *et al* <sup>[11]</sup>. In south India also reported that the 47% respondent were not happy with the life. During the study we found that most of the respondent were having social contact with friends and relatives so we found only 29.73% respondent not happy with life and finding are not comparable with above study. We also found that respondent were fell priority worthless (14.63%) this is because of people don't respect them because they were aged and could not contributed to family and society. Singh *et al* <sup>[14]</sup> also reported (9%) of respondent fell there priority worthless in rural population. This finding is comparable to our study.

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