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Demographic profile and health status of elderly at Dharwad, Karnataka

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ABSTRACT

The increasing physical debilities, loss of economic independence and psychological stress alter the productive life of elderly. The present investigations were undertaken in Dharwad, Karnataka with the objective of studying demogrophic profile and the health related problems of 200 rural and urban aged 60 years and above. Among the study population more than 60 per cent of the aged in rural areas including females were illiterates with lack of economic independence and belonged to middle income group in joint families. Minor ailment of impairment of vision, walking, dental, digestion and hearing were more prevalent among rural aged more so among females. Major ailments noted included osteoporosis, hypertension, diabetes, cardiovascular disease etc. Thus planning for health care expenditure needs to be started in order to avoid major crisis.

Keywords: Elderly; health; ailments; rural; urban

INTRODUCTION

With improved health services, reduced infant mortality, medical break-through and increased life expectancy the percentage of elderly rose from 45 million in 2000 to 58 million in 2010 and by about 2020 it is expected to reach 76 million (Bhat Mari 2001) thus ushering an era of elderly population in India. Aging is a time of multiple illnesses. Poor health is repeatedly cited by the aged as one of their most serious problems. Society generally considers old age as synonymous with illness. Life is not mere living but living in good health applies particularly to the elderly. Proper care and support in the fag end of their lives can lead to healthy aging. Old age brings retirement and reduced physical activity which leads to lack of appetite and less functional activity of intestinal tract. Emotional problems alter digestive process and problems associated with teeth frequently appear producing inevitable changes in eating habits. A further problem elderly face is lack of economic independence.

WHO has reported that roughly 30 per cent of all deaths at ages 65-74 years in the developed countries are attributable to cardiovascular diseases and cancer accounts for 25 per cent of the deaths among men and women (Anon 2002). The nationwide health survey conducted by National Sample Survey Organisation (NSSO) has revealed that the elderly in India suffered from chronic illnesses including joint pain (35 to 50%) and reported that five to six per cent of the elderly die due to cancer every year (Anon 2003). As people survive longer in later years non-communicable diseases are more likely to increase and thereby healthcare expenditure rises. This calls for accountability of demographic profile and morbidity pattern among the aged. Hence an attempt has been made to study the socio-economic status and health profile of the rural and urban elderly in Dharwad, Karnataka.

METHODOLOGY

Three different villages were selected at random from three different zones of Dharwad Taluka, Karnataka. Accordingly 35 respondents (aged 60 years and above) from Narendra, 30 from Amminbhavi and 35 from Maradgi were selected at random for rural male and female elderly subjects. Similarly 100 urban male and female elderly were selected from different areas of Dharwad city thus making a total of 200 elderly. Information was obtained using a pre-tested questionnaire including the characteristics of the elderly, their socio-economic status, health condition etc during personal interviews. The results thus obtained were quantified, classified, tabulated and expressed in frequencies, means, standard deviation and percentages (Gupta 1984).

RESULTS and DISCUSSION

The various aspects related to socio-economic profile, morbidity pattern and health status of respondents are presented below. Of the total 200 rural and urban elderly male respondents were 91 (45.5%) and females 109 (54.5%). Information on age profile of elderly is presented in Table 1. Majority of the elderly (23%) belonged to 60-65 years age group followed by 70-75, 65-70, 80 years and above age groups with least in 75-80 years age group. Higher percentage of males (31.87) belonged to 60-65 years and females (25.69%) to 70-75 years age group. Greater proportion of rural elderly (25%) were found in 80 and above years age group with least in 60-65 years (14%) of age group. Reverse trend was observed among urban elderly subjects. Similar trend was reported among Indian elderly by Visaria (2001).

The characteristics of elderly including their socio-economic status are given in Table 2. Maximum of elderly subjects were illiterates (48%) followed by

Table 1. Distribution of respondents according to age

Age (years)	Rural (n=100)	Urban (n=100)	Male (n= 91)	Female (n=109)	Total (n= 200)
60-65	14 (14.00)	32 (32.00)	29 (31.87)	17 (15.6)	46 (23.00)
65-67	20 (20.00)	17 (17.00)	20 (20.00)	17 (15.6)	37 (18.50)
70-75	22 (22.00)	22 (22.00)	16 (17.58)	28 (25.69)	44 (22.00)
75-80	19 (19.00)	17 (17.00)	11 (12.09)	25 (22.94)	36 (18.00)
80 and above	25 (25.00)	12 (12.00)	15 (16.48)	22 (20.18)	37 (18.50)

Figures in parentheses indicate per cent values

26 per cent of subjects who had studied up to primary level, 14.5 per cent up to secondary level while only 11.5 per cent had studied up to first standard and above. Among males majority (27.47%) had studied up to secondary level with least number being illiterates (19%). Majority of females (69.73%) were illiterate with only one female being studied up to college and above. Of the rural elderly majority were illiterate (77%) followed by 19 per cent who had studied up to primary level. Higher proportion of the elderly (76%) including males and females were not economically productive and lesser percentage of them was still working either as labourers, tailors, farmers or private tutors. A similar trend was noted among urban and rural subjects.

Majority of elderly (67.5%) belonged to middle income group followed by high and low income groups. Maximum females (65.14%) were found in middle income group. Elderly belonging to middle income group were more in urban (74%) localities than in rural areas. Least percentage of elderly (2%) in rural areas belonged to high income group. Maximum proportion of elderly (82%) both males and females living in rural and urban areas were reported to be Hindus (82%) followed by Muslims (13%) and Jains (5%). Higher percentage of female elderly were from Hindu community. Lesser proportion of males (14.29%) and females (11.93%) were Muslims. Of the rural and urban respondents majority of elderly belonged to Lingayat community (59.15%) while least were Brahmins (18.29%).

Relatively higher percentage (81%) of elderly stayed along with their spouses,

Table 2. Characteristics of the elderly in Dharwad, Karnataka

Characteristic	Rural (n=100)	Urban (n=100)	Male (n=91)	Female (n=109)	Total (n= 200)
Education					
Illiterate	77 (77.00)	19 (19.00)	20 (21.98)	76 (69.73)	96 (48.00)
Primary	12 (19.00)	33 (33.00)	24 (26.37)	28 (25.69)	52 (26.00)
Secondary	03 (3.00)	26 (26.00)	25 (27.47)	04 (3.67)	29 (14.50)
College & above	01 (1.00)	22 (22.00)	22 (24.18)	01 (0.92)	23 (11.50)
Occupation					
Not working	64 (64.00)	88 (88.00)	61 (67.03)	91 (83.49)	152 (76.00)
Working	36 (36.00)	12 (12.00)	30 (32.97)	18 (16.51)	48 (24.00)
Income (₹)					
Low (< 3,500/-)	24 (24.00)	06 (6.00)	05 (5.5)	25 (22.94)	30 (15.00)
Middle (3500-5220)	74 (74.00)	61 (61.00)	64 (70.33)	71 (65.14)	135 (67.50)
High (> 5,220/-)	02 (2.00)	33 (33.00)	22 (24.17)	13 (11.92)	35 (17.50)
Religion					
Hindu	80 (80.00)	84 (84.00)	72 (79.12)	92 (84.40)	164 (82.00)
Brahmin	02 (2.50)	28 (33.33)	24 (33.33)	06 (6.52)	30 (18.29)
Lingayat	54 (67.50)	43 (51.19)	40 (55.56)	57 (61.96)	97 (59.15)
Others	24 (30.00)	13 (15.48)	08 (11.11)	09 (31.52)	37 (22.56)
Muslim	11 (11.00)	15 (15.00)	13 (14.29)	13 (11.93)	26 (13.00)
Jain	09 (9.00)	01 (1.00)	06 (6.59)	04 (3.67)	10 (5.00)
Family type					
Joint	58 (58.00)	66 (66.00)	57 (62.64)	67 (61.47)	162 (81.00)
Nuclear	38 (38.00)	30 (30.00)	33 (36.62)	35 (32.11)	68 (34.00)
Solitary	04 (4.00)	04 (4.00)	01 (1.1)	07 (6.42)	08 (4.00)

Figures in parentheses indicate per cent values

Table 3. Health problems and diseases of the elderly in Dharwad, Karnataka

Ailment	Rural (n=100)	Urban (n=100)	Male (n= 91)	Female (n=109)	Total (n= 200)
Minor ailments					
Weak vision	76 (76.00)	71 (71.00)	57 (62.64)	90 (82.57)	147 (73.50)
Walking impairment	79 (79.00)	51 (51.00)	51 (56.04)	79 (72.48)	130 (65.00)
Dental problem	38 (38.00)	53 (53.00)	40 (43.96)	51 (46.79)	91 (45.50)
Indigestion	33 (33.00)	24 (24.00)	22 (24.18)	35 (32.11)	57 (28.50)
Hearing impairment	26 (26.00)	22 (22.00)	16 (17.58)	32 (29.66)	48 (24.00)
Constipation	28 (28.00)	15 (15.00)	17 (18.68)	26 (23.85)	43 (21.50)
Major ailments					
Osteoporosis	18 (18.00)	08 (8.00)	10 (10.99)	16 (14.69)	26 (13.00)
Hypertension	03 (3.00)	22 (22.00)	13 (14.29)	12 (11.01)	25 (12.50)
Diabetes	04 (4.00)	18 (18.00)	11 (12.09)	11 (10.09)	22 (11.00)
Cardiovascular disorders	Nil	04 (4.00)	3 (32.97)	01 (0.92)	04 (2.00)
Others	19 (19.00)	14 (14.00)	10 (10.99)	23 (21.10)	33 (16.50)

Figures in parentheses indicate per cent values

daughters, son-in-laws, grandchildren and others. Very few (4%) lead solitary life which is negligible as compared to developed countries where higher percentage of elderly lead solitary life or are taken care in old age homes (Iruday Rajan 2001). Majority of females lived in joint families. Higher proportion of urban elderly subjects (66%) lived in joint families. Equal proportion (4%) of rural and urban elderly lead solitary life. Those who lead solitary life had brought companions from the villages to serve them or lived independently.

The morbidity pattern and health ailments including physiological and inborn errors of metabolism among the elderly population are summarized in Table 3. All the elderly had one or the other illnesses. Of the minor ailments majority reported weak vision (73.5%) followed by walking impairment (65%), dental problems (45.5%), bad digestion (28.5%), hearing problems (24.0%) and constipation (21.50%). Females including those in rural areas had more of physiological problems than their counterparts. Among the major ailments hypertension (12.5%), diabetes (11.00%)

and cardiovascular diseases (2%) were observed among elderly. Osteoporosis as revealed in joint pain, bent back etc was more evident among females (14.69%). Higher proportion of males as compared to females had hypertension (14.29%), diabetes (12.09%) and cardiovascular disease (32.97%). Number of diabetics in the study population was comparatively higher (11%) than national estimates of 3 to 4 per cent. Majority of urban elderly had complaints of major ailments. None of the rural subjects were diagnosed for cardiovascular problems which might be attributed to lack of healthcare facilities, poverty, ignorance and improper diagnosis. Other ailments including piles, Alzheimer's disease, paralysis, cancer and stroke were more prevalent among female elderly (21.1%). Higher number of respondents in rural areas (19%) suffered from other ailments as compared to urban.

It is recommended that elderly should be made economically independent and secure through provision of light occupations. Along with emotional support of the family members and caregivers mobile medical care units need to be provided to improve the health profile of the aged.

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