STUDY OF MORBIDITY PATTERN IN GERIATRIC POPULATION AND CORRELATION OF HOUSING CONDITIONS WITH RELEVANT MORBITIES IN A RURAL AREA OF KANPUR

S. Goel*, V. K. Srivastava**, Seema Nigam***, S. C. Saxena**, Punit Varma****, R. P. Sharma**

Resident*, Professor**, Asso. Professor***, Lecturer****

Deptt. of Community Medicine, G.S.V.M. Medical College, Kanpur

ABSTRACT :

Research question : What is morbidity pattern among geriatric population (60 years ana above') in rural area of Kanpur and its relation with housing conditions.

Objectives :

To assess morbidity profile among geriatric population and housing conditions.

Study Design : Cross Sectional

Settings : A rural area of Kanpur.

Study Subject : 120 people aged 60 years and above.

Statistical Analysis : Proportions and percentages.

Result : Out of 120 geriatric populations 53 were males while 67 were females. 64.5% of males were illiterate while illiterate females were 66.7%. 76.1% of geriatric population belongs to socioeconomic class IV & V. 80.4% of geriatric people have some or other kind of morbidity. Respiratory and musculoskeletal morbidities were more prevalent in persons living in poor housing conditions.

Key words : Morbidity pattern, Geriatric population, Rural area.

Introduction :

India is characterized by significant rural based living, economic inequalities, increasing generation gap and declining sex ratio. Previous available data on geriatric morbidity shows about 90% of geriatric population suffer from some or other type of morbidity. According to one UN projection 21% of Indian population will be 60+ after 2050 which was 6.8% in 1991[2]. There are differences in morbidity prevalence with respect to place of living (rural or urban), socioeconomic class and gender. Geriatric population in addition suffers from degenerative diseases adding to their disease burden. Careful health planning and timely interventions over a life long course especially at village level will greatly help towards achieving the goal of healthy aging. This is particularly important in geriatric medicine as the prevalence of disability is strongly related to age and is often associated with loss of ability to carry out activities necessary fo daily living[3].

Material and methods :

A cross sectional study was done in a rural area of Kanpur. All persons aged 60 years and above were included in the study. A total of 120 geriatrics were contacted in the study. Each individual was interviewed and examined. Information regarding history of current and past illness was taken. Housing condition was

assessed taking living space, ventilation, lighting & cleanliness into consideration. The information was collected on predesigned and pretested proforma. Data collected was analyzed using percentages and chi square test.

Criteria for diagnosis :

Morbidities evident on basis of history of present illness, clinical examination along with medical records available with patient available were included in the study.

Results :

Table 1

AGE, SEX AND LITERACY STATUS OF STUDY POPULATION

Age/Literacy	Males (53)		Females (67)	
	Illiterate	literate	Illiterate	literate
60-65	16(30.2)	10(18.9)	22(32.8)	6(8.9)
66-70	9(16.9)	4(7.5)	16(23.9)	5(7.5)
71-75	5(9.4)	2(3.8)	6(8.9)	4(6.0)
76-80	4(7.5)	0(0)	1(1.5)	4(6.0)
81-85	1(1.9)	2(3.8)	3(4.5)	0(0)
Total	35(66.0)	18(15.0)	48(71.6)	19(28.4)
N=120	N_1=53		N_2=67	

This table shows that 66% males were illiterate while 71.6% females were illiterate. Maximum people belonged to age group 60-75[4].

Table 2

MORBIDITY PROFILE OF STUDY POPULATION - AGE & SEX WISE

Age/Sex	60-70		71-80		81 & above		N=120
Morbidity	M	F	M	F	M	F	
Vision	31(79.4)	41(83.7)	5(45.5)	11(73.3)	2(66.6)	3(100)	93(77.5)
M.skeletal	8(20.5)	15(30.6)	6(54.5)	7(46.7)	3(100)	3(100)	42(35)
Resp. disorders	3(7.7)	9(18.4)	3(27.3)	5(33.3)	2(66.6)	2(66.6)	24(20)
CNS	2(5.2)	4(8.2)	7(63.6)	5(33.3)	0(0)	3(100)	21(17.5)
CVS	7(17.9)	4(8.2)	2(18.2)	4(26.7)	1(33.3)	1(33.3)	19(15.8)

Skin	2(5.2)	4(8.2)	3(27.2)	5(33.3)	1(33.3)	1(33.3)	16(13.3)
GIT	3(7.7)	2(4.1)	3(27.2)	3(20)	2(66.6)	1(33.3)	14(11.7)
Hearing	1(2.6)	3(6.1)	3(27.2)	1(6.7)	1(33.3)	1(33.3)	10(8.3)
Psych.	0(0)	2(4.1)	1(9.1)	5(33.3)	0(0)	1(33.3)	9(7.5)
Genito.	0(0)	1(2)	2(18.2)	3(20)	0(0)	1(33.3)	7(5.8)
ENT	1(2.6)	0(0)	2(18.2)	1(6.7)	0(0)	0(0)	4(3.3)
Others	0(0)	0(0)	2(18.2)	0(0)	0(0)	(0)	2(1.7)
Total	58	85	39	50	12	17	261

This table shows 77.5% geriatrics have ocular morbidities followed by musculoskeletal in 35%. Respiratory problems contributed 20% to morbidities. Neurological and cardiovascular problems together contributed 33%. Psychiatric problems were more prevalent in females.

Table 3

RESPIRATORY DISORDERS IN RELATION TO HOUSING CONDITION

HOUSING CONDITION		RESP. DISORDERS	
		N=24	%
SPACE	Adequate	10	41.67
	Inadequate	14	58.33
VENTILATION	Adequate	9	37.50
	Inadequate	15	62.50
LIGHTING	Adequate	11	45.83
	Inadequate	13	54.17
CLEANLINESS	Adequate	10	41.67
	Inadequate	14	58.33

Out of all persons suffering from respiratory disorders, 58.33% were having inadequate living space, 62.50% have inadequate ventilation 54.17% have inadequate lighting & 58.33% have inadequate cleanliness.

Table 4
MUSCULOSKELETAL DISORDERS IN RELATION TO HOUSING CONDITION

HOUSING CONDITION		MUSCULOSKELETAL DISORDERS	
		N=42	%
SPACE	Adequate	16	38.10
	Inadequate	26	61.90
VENTILATION	Adequate	13	30.10
	Inadequate	29	69.90
LIGHTING	Adequate	18	42.86
	Inadequate	24	57.14
CLEANLINESS	Adequate	17	40.48
	Inadequate	25	59.52

Out of all persons having musculoskeletal problems, 61.90% have inadequate living space, 69.90% have inadequate ventilation, 57.14% have inadequate lighting & 59.52% have inadequate cleanliness.

Discussion :

It is responsibility of state to protect the health of old people within its economic capabilities and is mandated in article 41 of constitution of india[5].

Study shows that 77.5% of geriatric population was suffering from ophthalmic problems followed by musculoskeletal 35% and 20% had respiratory problems. Neurological and cardiac problems constituted 33% of morbidities followed by skin, G.I.T. and other problems.

Study also shows that all parameters of housing were adversely placed in interviewed families and respiratory and musculoskeletal problems were more prevalent in persons living in poor housing conditions.

References :

1. ELANGO'S STUDY (1998) Study of health and health related social problems in a rural area of Tamil Nadu.

2. RAHUL PRAKASH. A study of morbidity pattern in geriatric population in an urban area of Udaipur, Rajasthan.

3. COLLEDGE (1999) Principles of geratic medicine.

4. http://www.indianjmedsci.org/article.asp ?issn=0019-5359; year =2001;volume=55;issue=11; spage=609; epage=15;aulast=khokhar;type=0.

5. http://medind.nic.in/iaj/t04/i1/iajt04i1p 35o.pdf.

❖ ❖ ❖