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## Health Problems among Elderly Population in Urban Samayapuram, Trichy, Tamil Nadu, India

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### Abstract

Aging is a physiological change. It declines the quality of life of elderly people physically, mentally & socially. To assess the health problems among the elderly population in urban area, Samayapuram, Trichy The study was undertaken to understand the health status of elderly people and to gather some information about their perceived health needs using the information in urban area, Samayapuram. The cross sectional descriptive study was conducted in urban Samayapuram. Herein, an attempt is made to describe the situation and major health problems faced by the elderly from 100 elderly population of aged 60 and above. Then the Data was analyzed using SPSS 16. Findings reveal that majority of the study population of elderly, both male and female had chronic health problems which includes Type II Diabetes Mellitus (59%), visual impairment (48%), Depression (48%), systemic hypertension (45%), Osteoarthritis (16%), Hearing problems (6%). The Support system for elderly is more cost effective and satisfying to the elderly than the public support systems, which are often not accessible. So improving support system in primary care for elderly is more essential.

### Article Info

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### Keywords

Urban Area,  
Health Problems,  
Elderly,  
Samayapuram.

### Introduction

The health of an individual does have a direct relationship with human resources development and economic development of a nation. One of the biggest social changes brought about by improved standards of living is population aging.<sup>12</sup> Worldwide increase in longevity has shifted the age distribution toward older populations. Globally the number of elder above 60 years will nearly triple increasing from 606 million in 2000 to 1.9 billion by 2050<sup>11</sup>. By 2050, older people will outnumber children under the age of 14 Years. Health in old age is associated with health in earlier years of life, from womb to tomb. Intrauterine growth retardation may

increase the risk of diseases of the cardiovascular system and diabetes in later life and also obese children have the risk of developing chronic diseases like diabetes, cancer, hypertension, respiratory disorders right up to old age<sup>8</sup>.

India is in a phase of demographic transition. There has been sharp increase in number of elderly person between 1991 & 2001 and it has been projected by the year 2050, the number of elderly would rise to about 324 million.

The demographic transition is attributed to the decreasing fertility and mortality rates due to availability of better health care services<sup>14</sup>.

The common health problems of cardiovascular, neurological and musculoskeletal systems, cataract, hearing difficulties etc. are known to impair the quality of life in elderly population. Moreover, problems become more complicated when their children start neglecting them, elderly face psycho-social problem coupled with economic and health problem. They need to be helped to maintain their health and independent of life where possible<sup>4</sup>. Frequent cross sectional study among geriatric population can give an estimate of the future challenges facing geriatric medicine<sup>6</sup>.

## **Materials and Methods**

The Cross sectional descriptive study was conducted in the urban health centre, Samayapuram, Trichy. All elderly patients above age of 60 years attending OPD of Urban Health Centre, Samayapuram were taken as study population.

A structured questionnaire was prepared to understand the health problems among elderly people including socio demographic profile of subjects. A total of 100 patients attending OPD on selected date fulfilling inclusion criteria and giving consent to participate in study were interviewed. The data was entered in M.S. Excel spread sheet and analyzed using SPSS 16version.

## **Results and Discussion**

A study was conducted in the urban health centre, Samayapuram. A total of 100 patients attending OPD on selected date Fulfilling inclusion criteria were participated in this study. Table 1 shows the socio demographic distribution of study population, 81% were under 60-69 years and mean age of study population was 66 years.55% were males.

Maximum were Hindus 94%, majority have completed primary school 48%, unskilled workers 45%, 28% were unemployed, classified according to Kuppusamy classification. Marital status, 79 % were married. Table 2 describes the Healthproblems among study population. In that majority of population have type II diabetes mellitus and hypertension. Among 59% diabetic, 4% had diabetic ulcer, 6% had diabetic neuropathy. Among 45% hypertension, 2% had hemorrhagic stroke. Most of the people visit the health care facility weekly 49%. Among the study population 35% were alcoholic, 50 % were tobacco users, 70 % ophthalmology problems, mental stress 58%.On general examination, among study population shows that 20% had pallor, 8% had pedal

edema, 15% had cataract, 4% had right sided Hard of Hearing, 2% had left sided, 5% had bilateral. 2% had right pterygium, 3% had left pterygium.in this study.

In the present study, the age distribution of elderly between 60-69 years of age constituted the maximum of 81%, followed by more than 70 years about 19%. Number of females 45% was less than males 55% in our study as compared to more number of elderly males<sup>4</sup>. The main health problem in this study population was Diabetes mellitus about 59%, Hypertension 45%, Hearing problem 6%, Osteoarthritis 16%, Depression 48%.

Diabetes and hypertension was marginally higher compared to other studies in other parts of urban area. A majority of elderly reported Poor eye sight 48%, as compared with in present study was less about 6%<sup>8</sup>. Regarding education in the present study was only 34% were Illiterate; literacy has a positive impact on overall health.

The percentage of Loneliness as the reason for mental stress was 7% in present study as compared to 4.43%<sup>14</sup>. Most of the study population was chronically sick compared to other study<sup>9</sup>. Alcohol and tobacco consumption in the present study not much higher than in other study<sup>4</sup>. With regard to the performance of day-to-day activities in the present study population was 44% of elderly were doing their daily work with some difficulties, 40% were doing their work without difficulties compared with study<sup>11</sup> (1991) 44% had difficulty in performing physical activity.

The magnitude of marital status effects on disability and mortality, among elderly males and females<sup>7</sup>. Community based health insurance (CBHI) provides a viable alternative where the government services cannot reach the elderly<sup>8</sup>. Implementation of proper and cost effective programmes for the elderly in rural India is imperative<sup>2</sup>Recommendation under the UHC framework have prioritized primary and secondary prevention and health promotion among the age and avoiding institutionalization<sup>5</sup>.

Recommendations include establishing collaborative agreements with ophthalmological services to provide high quality IOL surgery to these patients, training of health staff to identify and refer patients in need of surgery, monitoring the uptake of cataract surgery among patients needing services, and monitoring the outcome of surgery to improve refractive outcome<sup>3</sup>.

**Table.1** Socio demographic distribution of study population

	FREQUENCY	PERCENTAGE
<b>AGE IN YEARS</b>		
60 – 69	81	81%
>70	19	19%
<b>GENDER</b>		
Male	55	55%
Female	45	45%
<b>MARITAL STATUS</b>		
Married	79	79%
Unmarried	1	1%
Widow	20	20%
<b>EDUCATION</b>		
Illiterate	34	34%
Primary school	48	48%
Middle school	18	27%
High school	0	0
Diploma	0	0
Graduate	0	0
Professional	0	0
<b>OCCUPATION</b>		
Unemployed	28	28%
Unskilled	45	45%
Semiskilled	27	27%
Skilled work	0	0
Clerk	0	0
Semi profession	0	0
Profession	0	0

**Table.2** Health problems among study population

	FREQUENCY	PERCENTAGE
<b>DISEASE</b>		
Type 2 DM	59	59%
Systemic HTN	45	45%
Hearing problems	6	6%
Vision problem	6	6%
Arthritis	16	16%
URI/FEVER	2	2
<b>DIESEASE DURATION</b>		
Acute	21	21%
Chronic	79	79%
<b>HEALTHCARE VISIT</b>		
Monthly	23	23%
Occasionally	16	16%
Rarely	12	12%
Weekly	49	49%
<b>ALCOHOL CONSUMPTION</b>		
Everyday	3	8%
Ocasionally	20	3%
Weekly	4	20%
Rarely	65	4%

No		65%	
<b>TOBACCO USAGE</b>			
Everyday	28	28%	
Occasionally	22	22%	
No	50	50%	
<b>EYE PROBLEMS</b>			
Cataract	15	15%	
Refractive error	15	15%	
Nil	70	70%	
<b>DISEASE COMPLICATION</b>			
Type II DM	Ulcer	4	4%
	Neuropathy	6	6%
SHTN	Stroke	2	2%
CVS	Infarction	4	4%
<b>MENTAL STRESS</b>			
No		42	42%
Yes	Ill health	28	28%
	Loneliness	7	7%
	Poverty	23	23%

One of the major elements of health status of elderly is perceived health and early surveillance of the health needs, is required to provide cost effective services. The Support system for elderly is more cost effective and satisfying to the elderly than the public support systems, which are often not accessible. So improving support system in primary care for elderly is more essential.

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