

**Original Article****Morbidity pattern and treatment seeking behaviour of geriatric population in Jamnagar city**

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**ABSTRACT**

**Background:** Ageing of a population is a matter of great concern for the health sector. The elderly are, on the whole less healthy than the non-elderly. The aged population has special health problems that are basically different from those of adult or young.

**Aims:** The present study aimed to assess the pattern of morbidity, co-morbidity, and treatment-seeking behaviour of the elderly in urban population of Jamnagar, delineate the common health conditions affecting the elderly.

**Material and methods:** This community based cross sectional study was carried out in urban area of Jamnagar city. In this study five wards were randomly selected, out of which total 200 samples were selected by simple random method during November 2012 to December 2012.

**Results:** Majority of the elderly were in the age group of 71-75 years of age (28%) followed by 60-65 years of age (21%) and males constituted 57 percent of the respondents. Most common geriatric problems reported by the study population were visual problems (65%), hypertension (40%), dental problems (34%), diabetes (26%), joint complain (26%) and hearing problems (22%). Treatment seeking behaviour was more prevalent for hypertension (90%) and diabetes (92%) as compared to others.

**Conclusion:** Awareness among the elderly population should be created for regular medical check-ups to ensure prevention and early detection of the chronic diseases. There is a necessity in the modification of strategy towards the wellbeing of elderly is a priority at this juncture.

**Key word:** Elderly, morbidity pattern, treatment seeking behaviour

**INTRODUCTION:**

Ageing is a universal phenomenon associated with deteriorating health status. It is said that nobody grows old merely by living a certain number of years. With the passage of time certain changes take place in an organism leading to morbidities, disabilities and even death [1]. The boundary of old age cannot be

defined exactly because it does not have the same meaning in all societies. Government of India adopted 'National Policy on Older Persons' in January, 1999. The policy defines 'senior citizen' or 'elderly' as a person who is of age 60 years or above [2].

In 2010, an estimated 524 million people were aged 65 or older – 8% of world's

population. By 2050, this number is expected to nearly triple to about 1.5 billion, representing 16% of world's population [3]. The population over the age of 60 years has tripled in last 50 years in India and will relentlessly increase in near future. In 2001, the proportion of older people was 7.7% which will increase to 8.14% in 2011 and 8.94% in 2016 [4].

Ageing of a population is a matter of great concern for the health sector. The elderly are, on the whole less healthy than the non-elderly [5]. Many health problems are known to increase with age and this demographic trend may lead to an increase in the absolute number of health conditions in the population. In addition, because there is a growing body of evidence that older people are at risk for multiple, co-morbid conditions, health care seeking will probably also increase [6].

The aged population has special health problems that are basically different from those of adult or young. Most diseases in aged are chronic in nature – cardiovascular diseases, arthritis, diabetes, stroke, cataract, deafness, cancer, chronic infections etc. Most often elderly may suffer from multiple chronic conditions, visual defects, hearing impairment and deterioration of speech which can cause social isolation [7].

The present study aimed to assess the pattern of morbidity, co-morbidity, and treatment-seeking behaviour of the elderly in urban population of Jamnagar, delineate the common health conditions affecting the elderly.

## MATERIAL AND METHODS:

This community based cross sectional study was carried out in urban area of Jamnagar city. In this study five wards were randomly selected, out of which total 200 samples were selected by simple random method during November 2012 to December 2012. The study population comprises elderly people aged 60 years or more. The survey was done by house to house visit. The Pre-designed, pre-tested, semi structured proforma was used to

collect data regarding demographic characteristics and morbidity conditions. Oral informed consent was taken from the study subjects. Data entry & analysis was performed using MS Excel 2007.

## RESULTS:

In the present study 200 study subjects were included aged 60 years or more from the 5 wards of urban area of Jamnagar city.

Table 1: Distribution of elderly person on the basis of socio-demographical pattern

Socio-demographic factors	Freq. N=200	%	
Age (years)	60-65	42	21
	66-70	40	20
	71-75	56	28
	76-80	40	20
	>80	22	11
Sex	Male	114	57
	Female	86	43
Type of family	Nuclear	30	15
	Three generation	124	62
Education	Joint	46	23
	Illiterate	68	34
	Primary	42	21
	Secondary	50	25
Occupation	Higher secondary	40	20
	Not Working	156	78
Spouse	Working	44	22
	Dead	158	79
Addiction	Alive	42	21
	Yes	138	69
	No	62	31

Majority of the elderly were in the age group of 71-75 years of age (28%) followed by 60-65 years of age (21%) and only 11 per cent of respondents were in the age group of >80 years of age. Males constituted 57 percent and females 43 percent of the respondents. Majority of the respondents belonged to three generation family (62%) while others belonged to joint family (23%) and nuclear family (15%). 34 percent of respondents were illiterate while 66 percent were literate, out of which 21 percent were educated up to primary level, 25 percent

up to secondary level and 20 percent are up to higher secondary level. Majority of respondents were not working (78%) and had lost their life partner (79%), also 69% were having some kind of addiction.

TABLE 2: Physical morbidity pattern and associated treatment seeking behaviour

Type of complain	Freq. n=200 (%)	Treatment taken	
		Yes (%)	No (%)
Visual problems	130 (65)	26 (20)	104 (80)
Hypertension	80 (40)	72 (90)	8 (10)
Dental problems	68 (34)	32 (47)	36 (53)
Diabetes	52 (26)	48 (92)	4 (8)
Joint complain	52 (26)	28 (54)	24 (46)
Hearing problems	44 (22)	24 (55)	20 (45)
Impairment of memory	30 (15)	4 (13)	26 (87)
Dyspnoea	30 (15)	12 (40)	18 (60)
Difficulty in micturition	28 (14)	18 (64)	10 (36)
Abdominal problems	22 (11)	16 (73)	6 (27)
Fatigue	22 (11)	4 (18)	18 (82)
Urinary incontinence	22 (11)	6 (27)	16 (73)
Chest pain	16 (8)	4 (25)	12 (75)
Nutritional deficiency	16 (8)	10 (63)	6 (37)
Muscle pain	16 (8)	6 (38)	10 (62)
Significant weight loss	10 (5)	6 (60)	4 (40)
Frequent fall	6 (3)	2 (33)	4 (67)

Figures in parenthesis shows percentage

Table 2 shows that most common geriatric problems reported by study population were visual problems (65%), hypertension (40%), dental problems (34%), diabetes (26%), joint complain (26%) and hearing problems (22%) while impairment of memory, dyspnoea, difficulty in micturition, abdominal problems, fatigue, urinary incontinence, chest pain and others were miscellaneous problems in about 3 to 15%

of interviewed study population.

Treatment seeking behaviour was more prevalent for hypertension (90%) and diabetes (92%) as compared to others viz. visual problems (20%), dental problems (47%), joint complains (54%) and memory impairment (13%).

Figure 1: Health check-up

■ Regular ■ As and when required

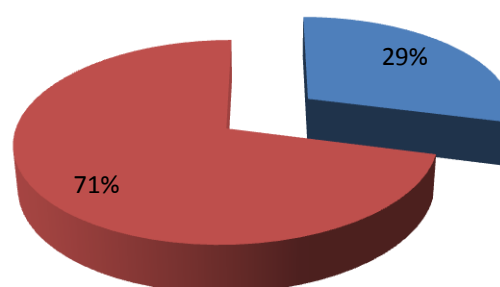


Figure 1 shows that majority of the respondents (71%) went for the health check-up as and when required while only 29% of them visit the health facility for the regular check-up.

## DISCUSSION:

In our study, majority of the elderly were in the age group of 71-75 years of age (28%) followed by 60-65 years of age (21%). Study by Shraddha K et al [2] also revealed that 31.9% of study population belonged to age group of 60-64 years and 14.9% belonged to age group 70-74 years. In the present study males constituted 57 percent and females 43 percent of the respondents. Similar findings were also observed in the study done by Baweja S et al [8]. In the present study majority of the respondents belonged to three generation family (62%) but contradictory to the present study, study done by Shraddha K et al [2] found that majority of the respondents belonged to Nuclear family (48.9%). In our study we found that 66 percent of respondents were literate. M. Kannan et al [9] also observed in their study that more number of respondents were literate (78%). Majority of respondent were not working (78%) in

this study which is almost similar to the findings observed by Sherina Mohd Sidik et al [10].

In the present study major geriatric problems reported were visual problems (65%), hypertension (40%), dental problems (34%), diabetes (26%), joint complain (26%) and hearing problems (22%). High prevalence of eye disorders was also reported by Goswami et al [11] and Ajay K. et al [12]. In a study by Hanger et al [13] and Rahul Prakash et al [14] reported 43.6% and 48 % elderly were hypertensive respectively. Comparable results were also found in the studies done by Shraddha K et al (2) and Lena et al [15].

### CONCLUSION:

Old age is usually associated with increasing health problems. The burden of chronic diseases was high among the elderly. Present study highlighted that most of the elderly people don't go for regular health check-ups. So awareness among the elderly population should be created for regular medical check-ups to ensure prevention and early detection of the chronic diseases. With the change in the demographic trends, the proportion of elderly is becoming higher. So there is a necessity in the modification of strategy towards the wellbeing of elderly is a priority at this juncture.

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