



A Cross Sectional Study On Health Problems Among Elderly Inmates Residing In An Old Age Home Of Belagavi, India

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Introduction: Senior citizens, often known as people in their elderly years, are becoming more prevalent in developing nations. Slowly, the responsibility for caring for the elderly is moving from families to community-level old age facilities for individuals who are financially strapped, lack family care, or are homeless. In most developing nations, older people who are institutionalised for housing, healthcare, rehabilitation, and amusement do not have enough knowledge of their health issues. The purpose of this study is to determine the issues facing senior housing facilities in urban areas. **Objective:** To know the prevalence of various health problems among elderly inmates residing in an old age of Belagavi. **Materials and Methods:** The present study was a cross-sectional study done in an old age home of Belagavi from May 2023 to July 2023. Universal sampling was done to obtain a sample size of 72. Totally, 72 inmates were enrolled. Data were obtained by interviewer method, medical records, and clinical examination; by using a pretested questionnaire after obtaining an informed consent **Results:** Elders of 60-69 years constituted the maximum percentage of 47%. Number of females is more than the number of males and most of the elders were from upper lower socio-economic status. The prevalence of individual health problems was Visual problems 23%, Hypertension 60%, Arthritis 43%, Diabetes mellitus 45% and Hearing problems 3%. The overall prevalence of Visual impairment and Blind was 46 % and 21 % respectively. **Conclusion:** Geriatric clinics that are specialised are absolutely necessary. In old age facilities, proper and routine health examinations should be performed along with referral services. To offset their medical costs, all elderly people need insurance coverage.

.KEY WORDS: Elderly inmates, old age home, morbidity profile.

Introduction: Sir James Sterling Ross says “You do not heal old age, you protect it, promote it, extend it.” Ageing is a normal physiological phenomenon.¹ Over the past century, the senior population has grown rapidly around the world. The development of medical knowledge has extended people's lives by facilitating improved diet and healthcare. By 2025, the proportion of Indians aged 60 or older is predicted to rise to 18.4% of the country's overall population,

according to Sharma et al.² By 2050, there will be 2 billion persons in the globe who are 60 years of age or older, up from 80 million in 1980 (World Health Organisation, 2012). Along with rising urbanisation and globalisation, the population is ageing. The ancient Indian idea of family, which was to offer social care to ailing, dependent, and elderly family members, has evolved as a result of urbanisation, urbanisation, and globalisation.³ The older persons constitute one of the most vulnerable sections of the society. Not only are they physically frail, but they also lack both cash means and respectable social standing.⁴ It is well recognised that the prevalent health issues affecting the aged population's musculoskeletal, cardiovascular, neurological, and endocrinological systems, as well as cataracts and hearing issues, among others, have a negative impact on their quality of life.⁴ The idea of old age homes has shown to be beneficial for the elderly in this dynamic period where the population is ageing quickly on the one hand and joint family conventional practise and societal values are eroding on the other. Government agencies and NGOs are establishing old age homes to offer care, housing, and assistance to the financially vulnerable, those without family, and the impoverished. There are several research on the issues affecting the elderly age group that were undertaken among the Indian population. Although residents in old age homes make up a significant portion of the population in our nation, not enough is known about the health issues these populations face there. Consequently, this study was conducted with an objective to assess the morbidity pattern and socio demographic profile of inmates of an old age home in Belagavi, Karnataka.

Materials and Methods:

A descriptive cross-sectional study was conducted from May 2023 to July 2023 to assess socio-demographic profile, morbidity pattern and quality of life of elderly residing in an old age home of Belagavi. Oral consent was obtained from administrative body of the old age home. 72 inmates were enrolled for the study who are aged 60 or above. Before data collection informed consent was taken from each inmate. Each individual in the study was subjected to personal interview and clinical examination. A pre-designed pre-tested questionnaire was used for the collection of data on socio-demographic characteristics, reason for staying in old age home and morbidity pattern. Complete general and systemic examination was carried out for all the inmates of the old age home especially respiratory, cardiovascular, gastro-intestinal, genito-urinary, central nervous system were examined and findings were recorded in proforma. Information related to chronic diseases were reported based on their report of investigation done by their physicians.

Data entry and analysis was done in Epi-Info software version. P-value of < 0.05 considered as statistically significant.

Result: 72 inmates were interviewed and examined in this old age home. Among them 23 were males and 49 were females. Elders aged between 60 and 69 years constituted the maximum i.e 34 (47%). Most of the elders were from upper lower socio-economic status. Prevalence of individual health problems is as follows hypertension 60% (43), type 2 diabetes mellitus 45% (33), musculoskeletal problems 43% (31), visual impairment 23% (17), skin problems 17% (12), hearing impairment 3%, oral problems 4% etc.

Table1: Sociodemographic characteristics of inmates

Sociodemographic variables	Gender		Total
	Male	Female	
Gender	23	49	72
Age in years			
<50	02	17	19
50-60	09	08	17
60-70	04	10	14
70-80	06	11	17
80-90	02	02	04
>90	-	01	01
Literacy status			
Illiterate	01	07	08
Primary education	05	08	13
Secondary education	05	15	20
Puc	07	08	15
Graduate	05	11	16

Table 2: Prevalence of Health Problems among elders

Health problems	Gender		Total
	Male	Female	
Visual defects*	04	13	17
Hypertension	12	31	43
Diabetes mellitus	09	24	33
Hearing impairment	02	-	02
Oral problems	03	-	03
Musculoskeletal disorders	11	20	31
Skin problems	03	09	12
Other health issues			

Table 3: Reason for taking shelter in old age home:

Reason	Male	Female	Total %
Fight in the family	6	11	17 (22.2%)
To get rid of loneliness	12	19	31(43%)
No one to look after	10	30	40 (55%)
No income source	2	25	27(37.5%)
Did not want to be a burden	4	8	12(16.6%)
No place to live	2	11	13 (18%)
Only daughters	8	22	30 (41%)

Discussion: 72 senior people in all were questioned and examined. 23 (32%) men and 49 (68%) women made up the whole population. There was a drop in the number of subjects as people aged. Additionally, it was noticed that the older research group had a range of impairments and disabilities, which had an impact on every aspect of their health. In our survey, 11% of the population was illiterate, 18% had completed elementary school, 28% had completed secondary school, 21% had attended a PUC, and 22% had received a graduate degree.

In this study, out of total population 28.71% came to old age home due to fights in the family, 53.84% came to old-age home to get rid of loneliness, 68.20% did not have anyone to look after them. Out of total population 53.84% came to old age home because they did not want to be burden on anyone and wanted an independent life. 56.41% came to old age homes because they did not have any place to live and 14.84% had no sons and did not want to stay with their married daughters.

43% of inmates were suffering from osteoarthritis (Table 2). M.K.Sharma et al⁵ observed osteoarthritis in 57.2% individuals. More females (62.0%) were suffering from osteoarthritis than males (46.5%). The reason for this may be that the post- menopausal females suffer more from osteoporotic and degenerative changes due to hormonal withdrawal. High prevalence of arthritis/joint pain among females

In a study by Surekha Kishore et al⁶ prevalence of hypertension in elderly persons was 41.4%. A study conducted in Chandigarh by Kumar⁷ found 44.9% prevalence of hypertension. This is comparable with present study (60%). Hypertension was more common among females (63.26%) as compared to males (52.17%) in present study. Chadha et al⁸ reported prevalence rate of 58.8% and 52.2% among females and males respectively. Similar results were also reported by SPS Bhatia⁹ (Females 46.4%, Males- 34.9%).

The prevalence of diabetes mellitus was 45% in present study (Table 2). A study conducted in Ahmedabad by Kavita et al⁹ shows that prevalence of diabetes mellitus among old age home inmates were 14.9%.

43% of inmates were suffering from osteoarthritis (Table 2). In present study, males are suffering from musculoskeletal disorder(osteoarthritis) more than the females (40.82%). M.K.Sharma et al⁵ observed osteoarthritis in 57.2% individuals, More females (62.0%) were suffering from osteoarthritis than males (46.5%). males (46.5%).

In this study dermatological problems were found in 17% inmates (Table 5). Similar finding was observed by the Kokhar¹⁰ (8.5%).

Eye problems were found to be present in 23% of inmates. The leading cause of diminished vision in developing countries is cataract. SPS Bhatia¹¹ observed same in 18.6% of aged persons. 3% inmates were suffering from hearing impairment (Table 2) in the present study. A study conducted in rural Tamilnadu¹² observed (15.4%) of inmates were suffering from hearing impairment.

In this study, out of the total population, 22% came to old age home due to fights in family, where as in the study done in Punjab¹³, 44.44% came to the old age home due to fights in family. 43% came to the old age home to get rid of loneliness. In the study in Punjab by Jasmeet et al,¹³ 15.3% came to the old age home to get rid of loneliness. 55% did not have anyone to look after them. In a similar study done in Andhra Pradesh by Bharati¹⁴ in 2009, 60% came to the old age home for the same reason. In this study, Out of the total population, 41.67% came to the old age home because they dint want to be a burden on anyone and wanted an independent life, where as in the study done by Jasmeet et al¹³ 17.78% came to the old age home for the same reason. 18% came to the old age home because they did not have any place to live, where as in the study of Bharati¹⁴ 5.33% came to the old age home for the same reason. In this study, out of total population, 41% came to old age home because they had daughters

only. In the study in Jasmeet et al¹³ 8.89% came to the old age home because they had no sons, and did not want to live with their married daughters.

We found that, 54.87% of the residents liked the health services provided by this old age homes.

The results of the current study point to a critical need for counselling for both the elderly home residents and their relatives. Retirement and pension arrangements at the federal level and personal health insurance decisions should be made as well as health insurance plans for the elderly. These senior living institutions should arrange routine health exams, and all government hospitals should have a distinct geriatric OPD.

Because the spectrum of morbidities was so broad and this study was conducted, one of the study's drawbacks is that investigations and tests relevant to many other morbidities could not be carried out, with the exception of screening for diabetes and hypertension. based on the patient's medical history, physical examination, and records.

Conclusion: According to the study, there were an equal number of men and women living in old age homes. The vast majority of people were widows. More persons than childless people had children as a percentage. Unskilled or previously jobless employees were more likely to be in old age homes. Most people learned about these senior living facilities via friends and family members and arrived of their own free decision. The main factor was discovered that the inhabitants of the old age homes did not have someone to take care of them, they did not have a place to live, and they did not want to be a burden on anyone. The most frequent excuse for coming was loneliness. The majority of participants reported mild to severe physical discomfort, as well as physical, mental, or emotional issues that in some cases made it difficult for them to go about their daily and social lives. The government should enhance the quality of life for senior citizens by providing them with necessities like food, shelter, and recreational activities. establishing policies and programmes for the elderly that call for the implementation of welfare policies to ensure that older people have the right to live in dignity, free from abuse and exploitation, and that they have the opportunity to actively participate in social, cultural, and economic activities.

References :

- 1) Usha Rani SP, N UdayaKiran, Puneeth N, Kempaller VJ. Morbidity profile of inmates in old age homes in Mangalore, South India. *Int J Med Sci Public Health* 2016;5: 2230-2233
- 2) Sharma S. Ageing: An Indian experience. *Souvenir of ANCIPS 94, Madras.* 1994:101-5 3.
- 3) Asadullah, Md & kuvalekar, kunal & katarki, basavraj & Malamardi, Sowmya & khadka, santosh & wagle, shailesh & padmamohanan,. (2012). A STUDY ON MORBIDITY PROFILE AND QUALITY OF LIFE OF INMATES IN OLD AGE HOMES IN UDUPI DISTRICT, KARNATAKA, INDIA.
- 4) Prasad, K N. Cross Sectional study on Health Problems among Elderly inmates of Old age homes in Urban areas of Chennai, India. *International Journal of Recent trends in Science and Technology.* December 2013, volume 9, Issue 1, 96-99.

- 5) M.K. Sharma, H.M. Swami, Rajbir Gulati, Vikas Bhatia , Dinesh Kumar Life style and morbidity profile of geriatric population in urban area of Chandigarh. Journal of The Indian Academy of Geriatrics, Dec, 2005.Vol. 1(3),122-125.
- 6) Surekha Kishore, Ruchi Juyal, Jayanti Senwal, Ramesh Chandra. Morbidity profile of elderly persons. JK Science, April-June 2007;9(2);87-89.
- 7) Kumar R, Ahlawat SK, Singh MM, Thakur JS. Time trends in prevalence of risk factors of cardiovascular diseases in Chandigarh. IAPSM 3 rd conference (NZ) Chandigarh; 2000.
- 8) Chadha SL, Radhakrishna S. Epidemiological study of coronary heart diseases in urban population of Delhi. Indian J. Med. Research 1990 ; 92:424-30.
- 9) Banker K, Prajapati B, Kedia G. Study Of Health Profile of Residents of Geriatric Home in Ahmedabad District. National J Community Med. 2011 Dec. 31 [cited 2023 Jun. 17];2(03):378-82.
- 10) A Khokhar, M Mehera. Life style and morbidity profile of geriatric population in urban area, Delhi. Indian Journal of Medical science, 2001, volume-55, (11); 609- 615. 15.
- 11) SPS Bhatia, HM Swami, JS Thakur, V Bhatia, A study of health problems and Loneliness Among the Elderly in Chandigarh, IJCM, Oct 2007;32,(4);255-258
- 12) Purty AJ, Bazroy J, Kar M, Vasudevan K, Veliath A, Panda P. Morbidity Pattern among the elderly population in the rural area of Tamil Nadu, India. Turk J Med Sci 2006; 36: 45.50
- 13) Jasmeet Sandhu, Tripti Arora, Institutionalized in Punjab: A sociological study of an old age home, Department of sociology, Gurunanak Dev University, Amritsar. March 23rd ,2013.
- 14) Bharati, Kanchan. Old Age Homes: New Face of Old Age Care in India by Help Age India, research and development journal, May 2009

