

Short Communication

MORBIDITY PROFILE OF ELDERLY PEOPLE IN SLUMS OF SURAT CITY

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INTRODUCTION

The United Nations has identified the top three socio-economic issues, the world is facing in the 21st century namely- global warming, global terrorism and global ageing.¹ Broadly speaking, the ageing of a population has been defined as “an increase in the proportion of the aged vis-à-vis a decrease in the proportion of the young.” Old age in India begins at 60 years of age.² Currently, there are 580 million people in the world who are aged 60 years or older; around 355 million live in developing countries. By 2020, this number will reach more than 1,000 million worldwide, over 700 million of them in developing countries. Average life expectancy has increased dramatically in the 20th century as mentioned below.³ Physicians have been interested in the problems of ageing from the earliest times. The elderly have their own mortality indices and special problems of disease, disability and need for support.⁴ This study was carried out to explore morbidity conditions of elderly people in slums.

METHODOLOGY

This cross-sectional study carried out in urban slums of Surat city included people of the age 60 years and

above. The study subjects were interviewed using a pretested interview schedule prepared with the inputs from them. These slums are in proximity to the Surat Municipal Institute of Medical Education and Research (SMIMER). The interview schedule contained important variables affecting the health and wellbeing of the study subjects. The questions, validated before preparing interview schedule, were simple and largely close ended. The period of information collected was spread over twenty one months, commencing from January 2007 up to September 2008.

The complete enumeration technique with random sampling was used for selection of the study subjects. The study was conducted among 400 people (60 years and above). Interviews were conducted after obtaining their informed consent, and building rapport with the respondents to ensure their co-operation.

OBSERVATIONS AND DISCUSSION

To lead morbidity conditions, more than half of the females and around one third of the males were having arthritis. This difference is found to be statistically highly significant.

Table1: Gender-wise distribution of morbidity conditions

Morbidity	Number (Percentage)		P value by χ^2 test
	Male	Female	
Arthritis	44 (32.35)	143 (54.16)	P<0.001**
Dimness of vision	56 (41.17)	91 (34.46)	P>0.05
Hypertension already detected and taking treatment	10 (7.35)	32 (12.12)	P>0.05
Hypertension detected during the study	21 (15.44)	37 (14.01)	P>0.05
Diabetes mellitus already detected and taking treatment	11 (8.08)	9 (3.40)	P<0.05*
Diabetes detected during the study	16 (11.76)	22 (8.33)	P>0.05
Bronchial Asthma	19 (13.97)	14 (5.30)	P<0.05*
Chronic Bronchitis	3 (2.20)	13 (4.92)	P>0.05
Ischemic heart disease	4 (2.94)	6 (2.27)	P>0.05
Tuberculosis	4 (2.94)	3 (1.13)	P>0.05
Piles	7 (5.14)	1 (0.37)	P<0.05*
Impaired hearing	53 (38.97)	106 (40.15)	P>0.05

* Statistically significant ** Statistically highly significant

This might be due to the post-menopausal osteoporotic changes among females. This finding is supplemented by revealing of higher prevalence (68.18 %) of restricted mobility among females as

compared to prevalence among males (44.11 %), statistically being a highly significant difference. Padda A. S. et al⁵ and C.K.Purohit,⁶ had reported the prevalence of arthritis 60.6 per cent and 25.4 per

cent among elderly, respectively. Mobility handicap accounted for 17.6 per cent of the surveyed elderly in a study by Irudaya.⁷ A study by Moharana found that, 37.0 per cent of respondents were having osteoarthritis.⁸ A study in Chandigarh reported 45.7 per cent prevalence of musculoskeletal and connective tissue disorders.⁹

CONCLUSION

High prevalence of arthritis suggests the need for physical rehabilitation services to be incorporated in our health care set up.

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