A Descriptive Study On Prevalence Of Perceived Health Problems Among Elderly Residing In Selected Urban Community, Amritsar, Punjab

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Abstract: Background: Aging is natural and continuous irreversible changing process. Aging brings about a number of physiological and psychological changes. Simply it is the process of becoming old.[1] It is also defined as that, which increases the susceptibility of individuals, as they grow older, to the factors that eventually leads to death. Material and methods: In present study quantitative approach was adopted with descriptive research design. The study was conducted at Guru Nanak Pura, the field practice area of SGRD Department of community medicine, Amritsar using the senior citizen card framed by the concerned department. Study was conducted on 104 elderly persons through non-probability convenience sampling with the objectives to find the prevalence of perceived health problems in elderly and to ascertain relationship between prevalence of perceived health problems with demographic variables among elderly. Statistical analysis: On statistical testing, it was found that prevalence of skin problems among elderly were 99.03%, hair problems(99.19%), least number of problems related to personal hygiene(1.96%), vision problems(41.35%), nose problems were perceived lesser (0.96%), gastrointestinal problems were (13.46%),cardiac problems perceived were(45.19%) , respiratory problems were (37.5%), genito-urinary tract infections were (20.19%), neurological problems were perceived as (47.11%). There was significant association of vision, ear problems. respiratory and genitor-urinary problems with age, respiratory problems with gender, Association of hair, vision, personal hygiene, respiratory, genito-urinary and nervous system were significant with marital status. Vision was significantly associated with educational status. Hair problems were having significant association with monthly income. Conclusion: Identification of perceived health problems will help the staff, clinical instructors and nursing students to focus their activities on elderly care focusing on more prevalent health problems identified.

Keywords: Health Problems, Ageing, Elderly, Senior citizen.

I. INTRODUCTION

"You do not heal old age, you protect it; you promote it; you extend it-

The dream of the people all over the world is to live longer in perfect health in each and every phase of life. We are all conceived, live a life and die. When looked at from the beginning of time, this change is called development, when viewed from the perspected of the ending, it is aging "(Reker)". Successful ageing refers to modification of behavioural process to achieve the best possible outcome of ageing. "Geriatric population are vulnerable to physical, mental and social problems, the commonest old age problems are- physical dependence, loneliness, insecurity, diminished self concept and other diseases like asthma, arthritis, carcinoma and diminished vision, hypertension, respiratory diseases- chronic bronchitis, osteoporosis, Alzheimer's disease, diabetes mellitus, depression, dental problems, neurological disorders, anxiety. *WHO 1999* reports that there are currently about 580 million senior citizens in the world and by 2020 approximately 70% of the senior citizens population will be living in developed countries. With this increasing population the burden of disease is also expected to be high in the community. Health in old age is improving and should continue to improve. This means that

older people will contribute more as active citizens within their families helping to create a stronger and more prosperous society. The aging of the community brings with it new and serious problem both nationally and internationally with who describing it an important developmental element requiring emergency action. The term old age defines not only an individual appearance, but also refers to loss of power, role and position. The investigator, from her personal experience in nursing profession and during family visits in community has witnessed many elderly who were complaining many health problems such as physical, social and psychosocial problems like depression, hypertension, diabetes, hearing and vision problems etc. Hence, the investigator was motivated to conduct this study so that necessary measures can be taken in this regard.

II. METHODS AND MATERIAL

The present study was conducted at Guru Nanak Pura, the field practice area of SGRDIMSR i.e. Urban Health Centre (UHC), Amritsar. Ethical permission was taken from head of the community department to conduct the study. Guru Nanak Pura is having total 4284 population out of which 435 comprise of elderly population. Target population consists of all the people of age above 60 years who were complaining for any health problems and who are residing in Guru Nanak Pura and were willing to participate in the study. Research Approach used was Quantitative and Convenience sampling technique was used to select the sample for the study. The sample for the present study consisted of 104 elderly people above 60 years who were meeting inclusion and exclusion criteria for selection and conveniently accessible. Research Design was Descriptive Method and Tool of Data Collection Method was structured Questionaire i.e Senior citizen card framed by Department of community medicine SGRD, University of Health Science & Research, Vallah, Amritsar. Written Consent was taken from all the willing participants.

III. RESULTS

N=104

Sr. No.	Socio-demographic Characteristics	f	%
1.	**Gender**		
	Male	56	53.8
	Female	48	46.2
2.	**Age(In Years)**		
	60-70	63	60.6
	71-80	36	34.6
	>80	5	4.8
3.	**Marital Status**		
	Unmarried	1	1.0
	Married	76	73.1
	Widow/widower	27	26.0
4.	**Education Status**		
	Illiterate	30	28.8
	Middle	51	49.0
	Secondary	15	14.4
	Graduate	8	7.7
5.	**Occupation status**		
	Pensioner	22	21.2
	Working	32	30.8
	Non-working	50	48.1
6.	**Monthly Income (In Rs.)**		
	Nil	56	53.8
	<5000	16	15.4
	5000-10000	13	12.5
	>10000	19	18.3
7.	**Dietary Pattern**		
	Vegetarian	76	73.1
	Non-vegetarian	28	26.9

Table 1: Frequency and percentage distribution of Socio-demographic profile of elderly

Table:1 shows number of the subject (53.8%) were males and minimum number of subject (46.2%) were females. Maximum number of subject (60%) belong to the age group of 60 to 70 years and (34%) of subjects were in age group of (71-80) and only (4.8%) of subjects were in age group above 80 year. Married subject were more in number (73.1%), widow/ widower were (26.0%) and only (1.0%) were unmarried. Subjects with middle school education were (49.0%) and (28.8%) of subjects were illiterate, (14.4%) of subjects completed their secondary education and minimum number of subjects (7.7%) were graduates. Most of the subjects (48.8%) were non-working , (30.8%) subjects were working and least subjects (21.2%) were pensioners. monthly income of (53.8%) subjects is nil and minimum (12.5%) of subjects had monthly income is Rs. 5,000-10,000.Maximum (73.1%) of subjects were vegetarian and minimum (26.9%) of subjects were non-vegetarian.

N=104

Sr. No.	Perceived health problems	F	%
1.	**General Appearance**		
	Build		
	Mesomorphic	34	32.7
	Endomorphic	67	64.4
	Ectomorphic	3	2.9
2.	**Skin**		
	Dryness	15	14.4
	Rashes	4	3.8
	Moisture	84	80.8
	Normal	1	1.0
3.	**Hairs**		
	Dry scalp	87	83.7
	Dandruff	12	11.5
	Normal	5	4.8
4.	**Personal Hygiene**		
	Poor	2	1.9
	maintained	102	98.1
5.	**Vision**		
	Cataract	29	27.9
	Glaucoma	14	13.5
	Normal	61	58.7
6.	**Ear**		
	Deafness	7	6.7

	Normal	97	93.3
7.	**Nose**		
	Discharge	1	1.0
	Normal	103	99.0
8.	**Throat**		
	Normal	104	100.0
9.	**Alimentary System**		
	Hernia	10	9.6
	cholilithiasis	4	3.8
	Normal	90	86.5
10.	**Cardio Vascular System**		
	hypertension	42	40.4
	CAD	5	4.8
	Normal	57	54.8
11.	**Respiratory System**		
	Asthma	38	36.5
	TB	1	1.0
	Normal	65	62.5
12.	**Genito-urinary System**		
	urinary incontinence	16	15.4
	UTI	1	1.0
	Nocturia	4	3.8
	Normal	83	79.8
13.	**Nervous System**		
	Depression	29	27.9
	Dementia	13	12.5
	parkinsonism	7	6.7
	Normal	55	52.9

Table 2: Frequency and percentage distribution of perceived health problems among elderly

Table 2 shows that General Appearance(build) of 67 elderly were endomorphic (64.4%), 34(32.7%) belongs to mesomorphic and 3(29%) belongs to ectomorphic. In context to Skin, 84(80.and %) have normal skin. Perceived Hair problems, 87(83.7%) have dry scalp, 12(11.5%) have dandruff and 5(4.8%) have hair. PersonalHygiene of 102(98.1%) was maintained and 2(1.9%) were with poor personal hygiene. In Vision 61(58.7%) having normal vision, 29(27.9%) suffering from cataract and 14(13.5%) suffering from glaucoma. In Ear 97(93.3%) having normal ears and 7(6.7%) suffering from deafness.

In Nose 103(99.0%) having normal nose and 1(1.0%) having discharge from nose. In Throat 104 (100%) having normal throat. In Alimentary System 90(86.5%) having normal alimentary system, 10(9.6%) suffering from hernia and 4(3.8%) suffering from cholilithiasis. In Cardiovascular System 57(54.8%) having normal cardiovascular system, 42(40.4%) suffering from hypertension and 5(4.8%) suffering from CAD. In Respiratory System 65(62.5%) having normal respiratory system, 28(36.5%) suffering from asthma and 1(1.0%) suffering from TB. In Genitourinary System 83(79.8%) are normal, 16(15.4%) suffering from urinary incontinence, 4(3.8%) suffering from nocturia and 1(1.0%) suffering from UTI. In Nervous System 55(52.9%) are normal, 29(27.9%) suffering from depression, 13(12.5%) suffering from dementia and 7(6.7%) suffering from parkinsonism.

Sr. No.	Perceived health problems	Prevalence
1.	Skin	99.03
2.	Hairs	95.19
3.	Personal Hygiene	1.92
4.	Vision	41.35
5.	Ear	6.73
6.	Nose	0.96
7.	Gastro-intestinal	13.46
8.	Cardiac	45.19
9.	Respiratory	37.5
10.	Genito-urinary	20.19
11.	Neurological	47.11

Table:3 Prevalence of perceived health problems among elderly

N=104

S. No.	Socio-demographic Variables	Perceived health problems	X^2 Value	df	P-Value
1.	**Age (In Years)**	Build	2.396	4	.663[NS]
		Skin	10.781	6	.095[NS]
		Hairs	2.781	4	.595[NS]
		Personal Hygiene	1.327	2	.515[NS]
		Vision	**10.495**	**4**	**.033***
		Ear	**10.232**	**2**	**.006***
		Nose	.657	2	.720[NS]
		Alimentary System	4.630	4	.327[NS]
		Cardio Vascular System	6.206	6	.401[NS]
		Respiratory System	**12.666**	**4**	**.013***
		Genito-urinary System	**24.113**	**6**	**.000***
		Nervous System	7.451	10	.682[NS]
2.	**Gender**	Build	4.988	2	.083[NS]
		Skin	6.212	3	.102[NS]
		Hairs	.207	2	.902[NS]
		Personal Hygiene	1.748	1	.186[NS]
		Vision	2.692	2	.260[NS]
		Ear	.033	1	.856[NS]
		Nose	1.178	1	.278[NS]
		Alimentary System	.968	2	.616[NS]
		Cardio Vascular System	1.948	3	.583[NS]
		Respiratory System	**7.507**	**2**	**.023***
		Genito-	5.705	3	.127

			X^2 Value	Df	P-value
		urinary System			
		Nervous System	2.132	5	.831

N.B. *= Significant (p-value <0.05), NS= Non-significant(p-value>0.05)

Table 3 (a): Association between perceived health problems among elderly with selected socio-demographic variables

Table3(a)shows significant association of ear, vision, respiratory and genitor-urinary health problems with age. Respiratory problems having significant association with gender.

N=104

Sr. No.	Socio-demographic Variables	Perceived health problems	X^2 Value	Df	P-value
3.	Marital Status	Build	2.737	4	.603 NS
		Skin	2.435	6	.876 NS
		Hairs	**23.755**	**4**	**.000***
		Personal Hygiene	**51.678**	**2**	**.000***
		Vision	4.020	4	.403 NS
		Ear	**13.944**	**2**	**.001***
		Nose	2.880	2	.237 NS
		Alimentary System	.241	4	.993 NS
		Cardio Vascular System	9.044	6	.171 NS
		Respiratory System	**18.512**	**4**	**.001***
		Genito-urinary System	**15.773**	**6**	**.015***
		Nervous System	**30.457**	**10**	**.001***
4.	Education Status	Build	7.045	6	.317 NS
		Skin	2.967	9	.966 NS
		Hairs	6.573	6	.362 NS
		Personal Hygiene	2.119	3	.548 NS
		Vision	**18.333**	**6**	**.005***
		Ear	4.231	3	.238 NS
		Nose	2.491	3	.477 NS
		Alimentary System	1.495	6	.960 NS
		Cardio Vascular System	14.910	9	.093 NS
		Respiratory	4.167	6	.654

			X^2 Value	df	P-value
		System			NS
		Genito-urinary System	**21.599**	**9**	**.010***
		Nervous System	16.195	15	.369 NS

N.B. *= Significant (p-value <0.05), NS= Non-significant(p-value>and =0.05)

Table 3 (b): Association between perceived health problems among elderly with selected socio-demographic variables

Table 3(b) shows significant association of hair, personal hygiene. Vision, respiratory, genitor-urinary and nervous system related problems with marital status. Vision and genitor-urinary problems were associated with education status.

N=104

S. No.	Socio-demographic Variables	Perceived health Problems	X^2 Value	df	P-value
5.	Occupation status	Build	3.198	4	.525 NS
		Skin	5.585	6	.471 NS
		Hairs	6.721	4	.151 NS
		Personal Hygiene	4.588	2	.101 NS
		Vision	5.415	4	.247 NS
		Ear	.986	2	.611 NS
		Nose	1.090	2	.580 NS
		Alimentary System	5.947	4	.203 NS
		Cardio Vascular System	3.972	6	.680 NS
		Respiratory System	2.469	4	.650 NS
		Genito-urinary System	7.279	6	.296 NS
		Nervous System	6.943	10	.731 NS
6.	Monthly Income(In Rs.)	Build	3.380	6	.760 NS
		Skin	4.428	9	.881 NS
		Hairs	**16.007**	**6**	**.014***
		Personal Hygiene	2.221	3	.528 NS
		Vision	5.429	6	.490 NS
		Ear	.105	3	.991 NS
		Nose	.865	3	.834 NS

		Alimentary System	12.440	6	.053 **NS**
		Cardio Vascular System	6.883	9	.649 **NS**
		Respiratory System	10.104	6	.120 **NS**
		Genito-urinary System	14.452	9	.107 **NS**
		Nervous System	16.926	15	.323 **NS**

*N.B. *= Significant (p-value <0.05), NS= Non-significant(p-value>0.05*

Table 3(c): Association between perceived health problems among elderly with selected socio-demographic variables

Table3(c) Hair problems were significant with monthly income.

IV. DISCUSSION

Old age refers to ages nearing or surpassing the life expectancy of human beings and is thus the end of the human life cycle. Ageing is natural and continuous irreversible changing process. Ageing brings about a number of physiological and psychological changes. Present study was conducted on prevalence of perceived health problems among elderly at Guru Nanak Pura, the field practice area of SGRDIMSR i.e. Urban Health Centre (UHC), Amritsar. Ethical permission was taken from head of the community department to conduct the study. Guru Nanak Pura is having total 4284 population out of which 435 comprise of elderly population. Target population consists of all the people of age above 60 years who were complaining for any health problems and who are residing in Guru Nanak Pura and were willing to participate in the study. Research Approach used was Quantitative and Convenience sampling technique was used to select the sample for the study. The sample for the present study consisted of 104 elderly people above 60 years who were meeting inclusion and exclusion criteria for selection and conveniently accessible. Research Design was Descriptive Method and Tool of Data Collection Method was structured Questionnaire i.e Senior citizen card framed by Department of community medicine SGRD, University of Health Science & Research, Vallah, Amritsar. Written Consent was taken from all the willing participants. On statistical analysis, it was found that among 104 samples, 29(27.9%) suffering from cataract, (6.73%) suffering from Hearing problems, 28(36.5%) suffering from Asthma, 42(40.4%) suffering from Hypertension, 13.46 suffering from gastrointestinal problems. Supported similar study (Dwala A K et.al, (2010) conducted cross sectional study to assess health problems among elderly people in urban area of Nagpur. Which showed 69(31.22%) had cataract, 38(17.19%) had Hearing problems, 31(14.03%) had Asthma, 83(37.56%) had Hypertension. In present study researcher found a significant association of ear, vision ,respiratory and genitor-urinary health problems with age. Respiratory problems having significant association with gender. significant association of hair, personal hygiene. Vision ,respiratory, genitor-urinary and nervous system related problems with marital status. Vision and genitor-urinary problems were associated with education status. hair problems were significant with monthly income.

V. CONCLUSION

It was concluded that there are number of perceived health problems among elderly. Identification of perceived health problems will help the staff, clinical instructors and nursing students to focus their activities on elderly care focusing on more prevalent health problems identified.

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