

Original Article

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Geriatric Women: An Unheard Voice

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Abstract:

Background: Geriatric age group constitutes 8.3% of India's population, with sex ratio in favour of elderly women by 1022:1000. Health problems of women in geriatric age in particular have not been explored reasonably and therefore little attention from health planners was made available for geriatric women across the developing countries including India. **Objectives:** 1.To assess the magnitude and pattern of health problems in geriatric women, 2. To find out relation between socio-demographic factors and health problems of subjects. **Methods:** A community-based cross-sectional study was

conducted among geriatric women aged 60 years and above (n=512), residing at Kalyanpuri, a resettlement colony in Delhi. An interview in their local language with the help of a pre-structured and pre-tested proforma along with physical examination was carried out. Diagnosis was made on the basis of history, clinical examination and available treatment and/ or investigation reports. Data was analysed using SPSS version 12. For comparison of proportions, chi-square test was used. **Results:** Out of 512 geriatric women, 80% belonged to 60-69 years age group.74.8% reported one or more morbidities. On an

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average 4 morbidities were found in most of the subjects. The most prevalent morbidity was arthritis (46.9%) followed by cataract (42.0%), acid peptic disorder (35.4%), orodental problems (34.6%) and respiratory problems (22.1%). Among the socio-demographic variables, age, literacy status,

marital status were significantly associated with morbidities ($P < 0.05$). **Conclusion:** Very high prevalence of morbidities was found among geriatric women, in the study area. This indicates the need for an accessible, affordable, pro-elderly, comprehensive health services in the community.

Key Words: Elderly, geriatric, women, morbidity, health

Introduction:

Ageing in an individual leads to progressive deterioration of physiological function, an intrinsic age-related process of loss of viability and increase in vulnerability¹. The cut off has been set at 60 years and above to define elderly by World Health Organisation (WHO) and same criteria is followed by India too. Though individual life span has been prolonged recently in India, age related morbidities emerged hand in hand as a substantial concern and elderly women in particular being the major victim of such morbidities because of gender disparity, illiteracy, dependency and financial insecurity. Globally, elderly constitute around 11% of total population². As per Census 2011 reports, geriatric group constitutes 8.14% of the total population in India, with sex ratio in favour of elderly women by 1022:1000³. The life expectancy is currently estimated 67.57 years for women against 65.46 for men⁴. Corresponding to the current trend, it is likely that the elderly women will outnumber their male counterparts, in coming years. The high

proportion of men and women in the elderly population is a challenge to policy makers, as their problems differ both in nature and magnitude.

With the advancement of age, physical condition may restrict movements, social changes may force dependency and mental conditions may lead to depression and anxiety. To worsen the situation, health problems, especially age-related, may lead to major disabilities.

While health issues of geriatric population have been identified as a policy concern in many developed countries, in developing countries like India, geriatric section, the women in particular has not been paid enough attention.

Unfortunately not many studies have been carried out at community level to address the morbidity profile of elderly women. The present community based study was designed to bridge the lacunae in information on morbidity profile of geriatric women in India.

Materials & Methods:

The present study was done among elderly women aged 60 years and above at Kalyanpuri, a re-settlement colony in east Delhi, which is field practice area of department of Community Medicine, Lady Hardinge Medical College. Kalyanpuri area is made up of total 11 blocks having a total population of 25747. Out of 11 blocks 6 were randomly selected in order to cover at least 50% of the elderly women population in the area. Local data based on house to house survey in the year 2011 revealed 527 elderly women to be present in those 6 blocks. Considering anticipated non-response at least 500 women were decided to be studied. If any subject was found to be absent on a planned visit, another visit was made within 7 days and

if she could not be contacted despite of two visits, was excluded from the study.

Finally 512 elderly women were enrolled in the study. They were interviewed in details on socio-demographic factors and morbidity profile with the help of a pre-structured and pre-tested proforma. They were also clinically examined and investigated when required. Informed written consent was taken from all the study subjects. Morbidities were recorded on the basis of self-reporting or history or examination or available treatment and/or investigation reports.

Data was entered and analysed using SPSS version 12. Morbidity outcome were measured in proportions and Chi-square test was applied to find out significant difference.

Result:

Out of 512 elderly women enrolled in the study majority i.e. 80.3% were young old (60-69 years) followed by old-old (70-79 years) 15.2% and oldest-old (≥ 80 years) 4.5%. The mean age of the population was found to be 64.61 ± 5.8 years. Majority of geriatric women were Hindu (78.9%), illiterate (93.2%) and

belonged to low socio-economic status (82.6%). 53.3% of subjects were widow. proportion of women living with children only was 49.6%. Majority of the women (60.4%) were financially dependent on family members [Table 1].

Table 1: Socio-demographic characteristics

Variable	Number	%
Age (years)		
60-69	411	80.3
70-79	78	15.2
≥80	23	4.5
Marital Status		
Widow	273	53.3
Married	239	46.7
Religion		
Hindu	404	78.9
Sikh	88	17.2
Muslim	19	3.7
Christian	1	0.2
Literacy status		
Illiterate	477	93.2
Primary school	28	5.4
Secondary school	6	1.2
High school	1	0.2
Type of family		
Joint	353	68.9
Nuclear	159	31.1
Socioeconomic status		
Upper middle	20	3.9
Lower middle	69	13.5
Upper lower	229	44.7
Lower	194	37.9

Roughly three-fourth (74.8%) of the women were having some or the other morbidities at the time of study, out of which 40.2% had ≤3

morbidity and 34.6% had >3 morbidities. Common perceived symptoms among the study subjects were found to be joint pains

(82.8%), visual problems (76.2%), weakness (68.3%), indigestion (41.2%), low backache (33.6%) and disturbed sleep (32.8%). The symptoms like diarrhoea (11.5%), headache

(13.1%), hearing problems (13.3%) and breathlessness (17.6%) were relatively less [Table 2].

Table 2: Distribution of perceived symptoms among study subjects

Perceived Symptoms	Number	%
Joint pain	424	82.8
Visual problems	390	76.2
Weakness	350	68.3
Indigestion	211	41.2
Low backache	172	33.6
Disturbed sleep	168	32.8
Constipation	93	18.1
Chronic cough	90	17.6
Breathlessness	90	17.6
Hearing problems	68	13.3
Headaches	67	13.1
Diarrhoea	59	11.5

The common morbidities among elderly women in the study evident by examination or treatment history were ocular (49.2%), musculoskeletal (46.9%), gastrointestinal

(35.7%), dental (34.6%), respiratory (22.1%), skin (16.6%), cardiovascular (16.0%) and genitourinary (14.1%) [Table 3]

Table 3: Distribution of morbidities according to body system in study subjects

System	Number	%
Ocular	252	49.2
Musculoskeletal	240	46.9
GIT	183	35.7
Oro-dental	177	34.6
Respiratory	113	22.1
Skin	85	16.6
CVS	82	16.0
Genitourinary	72	14.1
Ear	64	12.5
Psychosocial	60	11.7
Endocrine	44	8.6
Breast	35	6.8
CNS	15	2.9

The proportion of morbidity was found to be increasing with the advancement of age. After 70 years the proportion of morbidities was drastically higher and subjects were found to be suffering from multiple morbidities. The ocular, musculoskeletal and dental morbidities were found significantly high ($P < 0.001$) with increasing age. Also relation between age and occurrence of respiratory, skin, genitourinary, gastrointestinal tract, ear, psycho-social, morbidities either single or multiple was found to be significantly higher ($P < 0.05$) than cardiovascular, central nervous system,

endocrine and breast problems. In the present study morbidity was found to be more in illiterate and just literate (76.9%) as compared to educated elderly (45.7%). The relation between literacy and marital status with morbidities was found to be statistically significant ($P < 0.05$). [Table 4]. No significant relation was found in the socioeconomic status and number of morbidities. However musculoskeletal, GIT, Respiratory and CVS morbidities were more in middle socioeconomic class as compared to lower.

Table 4: Association between morbidities and demographic variables

Demographic Variables	No of Morbidities			χ^2	P
	None	≤3 Morbidities	>3 Morbidities		
1.Age Group					
<70 years (n=411)	129 (31.4)	202 (49.1)	80 (19.5)	136.853	P<0.001
≥70 years (n=101)	0 (0.0)	4 (3.9)	97 (96.1)		
2.Education					
Illiterate (n=477)	110 (23.1)	190 (39.8)	177 (37.1)	25.886	P<0.05
Literate (n=35)	19 (54.3)	16 (45.7)	0 (0.0)		
3. Marital status					
Widow (n=273)	27 (9.9)	101 (37.0)	145 (53.1)	114.069	P<0.001
Married (n=239)	102 (42.7)	105 (43.9)	32 (13.4)		
4. Socio-economic status					
Middle (n=89)	10 (11.2)	36 (40.5)	43 (48.3)	2.666	P>0.05
Lower (n= 423)	119 (28.1)	170 (40.2)	134 (31.7)		
5. Financial Dependence					
Dependent (n=309)	76 (24.6)	114 (36.9)	119 (38.5)	5.775	P>0.05
Independent (n=203)	53 (26.1)	92 (45.3)	58 (28.6)		

DISCUSSION

The elderly women in the present study are characterized by poor literacy, low socioeconomic status and financial dependency. Similar socio-demographic pictures are common feature in developing

countries^{5,6,7,8,9}. In the present study 74.8% of the elderly women reported to have some morbidity at the time of survey. Various studies^{5,7,8,9,10,11,12,13} had reported morbidities in the range of 71.5-98.4%. Most of these

studies were carried out in geriatric population as a whole irrespective of gender, and reported higher prevalence of morbidity in women than men and the relationship between morbidity and female sex was statistically significant.

The average number of morbidities per person was found to be 3.71 in our study. Similar findings (2-4 morbidities per person) have been reported by other studies^{9,11,12,13}. A relatively little higher morbidities per person in our study might have been resulted due to difference in setting of study, as it was carried out in elderly women of resettlement colony who were illiterate and were having poor living standards.

Common perceived symptoms among elderly women in this study were joint pains, visual problems, weakness, indigestion, low backache and disturbed sleep. Mehta P et al (2011)¹⁴ in Vadodara also noted similar results.

Almost half of the women (49.2%) were found to have ocular problem in the present study. The leading ocular problems found were cataract of one or both eyes (42.0%) and refractive error (18.6%). In a multicentric study conducted by Ministry of Health & Family Welfare (MOHFW) in collaboration with WHO (2007)¹⁵, it was found that 45.4% of the elderly women suffered from ocular morbidities which was comparable to our findings. According to the Kant S et al (2002)¹⁶, eye problems in resettlement colony of Delhi was found to be 57%. Lower prevalence of ocular morbidities in our study may be due

to availability and accessibility of health services in the locality.

In the present study 46.9% of elderly women had musculoskeletal morbidities. Mehta P et al¹⁴ found almost similar distribution (46.2%) of musculoskeletal morbidities in their study on geriatric women.

One-third of elderly women (35.7%) in our study had GIT morbidities. These included acid peptic disorder, constipation, diarrhoea, piles, gallstone disease and others. High prevalence of acid peptic disorder was observed in our study which may be because of poor nutrition, increased use of non-steroidal analgesics and indigestion owing to decreased physical activity.

Oro-dental morbidities were found in 34.6% of elderly women from the present study. Khokhar A¹² in her study on elderly in urban migrant community of Delhi found it to be 90.6%. This variation may be due to inclusion of both male and female population in the later study.

Respiratory morbidities were present in 22.1% subjects. It included upper respiratory infections (URI)/ lower respiratory infections (LRI), chronic obstructive pulmonary disease (COPD), asthma and tuberculosis. Kant S¹⁶ in his study on resettlement colony of Delhi found the prevalence of respiratory morbidity 33.5% and Khokhar A¹² in urban migrant elderly found it to be 41.4%. The lower prevalence of respiratory morbidity in the present study may be because only elderly women were studied and COPD/Chronic lung diseases were found to be higher in men,

probably because more number of men smoke as compared to women.

The present study has recorded 16.0% of cardiovascular morbidity among study subjects which included hypertension and coronary artery disease. Bhatia SPS¹⁷ and Sharma MK¹⁸ found high prevalence of CVS morbidity (51.2% and 61%) in their study. The variation may be explained on the basis of difference in study methodology (self-reporting by the subject) and difference in age group (>65 years) and gender (both male and female) of subjects in these studies.

The prevalence of morbidity was found to be increasing with the advancement of age. In the present study it was observed that the proportion of morbidity drastically rose after 70 years and multiple morbidities were highly prevalent in this age group. Relation between increasing age and ocular, musculoskeletal, dental, respiratory, skin, genitourinary, gastrointestinal tract, ear, psycho-social, morbidities either single or multiple was found to be significantly higher ($P<0.05$) as compared to other problems. Other studies have also shown increase in morbidities with age^{5,14}. We found more morbidities in illiterate

women as compared to literate and widows as compared to married and these relations were statistically significant ($P<0.05$). Similar findings have also been documented by other studies^{5,7,9,12,14}.

In our study no significant relation was observed between socio-economic status, living arrangement, financial dependence and morbidities in elderly women and this was also observed by Manda PK⁵ et al and Goswami A⁹.

The elderly women often have multiple morbidities, among which anaemia tops the list followed by arthritis and cataract. Some of the health problems were accepted as a part of ageing by the elderly women and they didn't perceive the need for health care. This study found out that the social problems of elderly women revolved around widowhood, dependency, illiteracy and ignorance. Given the growing number of elderly women and health problems, policymakers should consider these factors for future planning of gender sensitive geriatric friendly health and social care services to improve quality of life of elderly women.

References:

1. Ageing research; University of Liverpool - a member of The Russell Group; Available from URL: <http://www.liv.ac.uk/ageing-research/>. Accessed on Aug 2011.
2. Report on World Population Ageing 2009; Economic and social affairs; United Nations Department of Economic and Social Affairs/Population Division; Available from URL:

- http://www.un.org/esa/population/publications/WPA2009/WPA2009_Working_Paper.pdf. Accessed on Aug 2011.
3. Ministry of Health & Family Welfare, Government of India. National Programme for the Health Care of Elderly. Operational Guidelines 2011-2012, Ministry of Health and Family Welfare, Government of India, New Delhi, 2011
 4. V, Laskar AR. Women's health: Beyond reproductive years. *Indian J Public Health* 2011; 55:247-51
 5. Manda P K, Chakrabarty D, Manna N, Mallik S, Chatterjee C. Disability among geriatric females: an uncared agenda in rural India. *Sudanese Journal of Public Health*, October 2009, Vol. 4 No. 4
 6. Lena A, Ashok K, Padma M, Kamath V, Kamath A. Health and social problems of the elderly: a cross-sectional study in Udipi Taluk, Karnataka. *Indian J Community Med*. 2009 Apr; 34(2):131-4.
 7. Joshi K, Kumar R, Avasthi A. Morbidity profile and its relationship with disability and psycho-social distress among elderly people in Northern India. *Int J Epidemiol* 2003; 32: 978-987.
 8. Chakraborty S: Health Seeking Behavior of Aged Population of a Rural Block in West Bengal, Working Paper No. 8, Achuta Menon Center for Health Science Studies, Thiruvananthapuram, Kerala. 2005
 9. Goswami A, Reddaiah VP, Kapoor SK, Singh B, Dey AB, Dwivedi SN, Kumar G. Health Problems and Health seeking behavior of the Rural Aged. *Indian Journal of Gerontology* 2005, Vol 19 No. 2 pp 163-180
 10. Lahariya C, Khandekar J, Pradhan SK. Effect of impairment and disability on Health-Related Quality of Life of Elderly: A community based study from Urban India. *Indian J Community Med* 2012; 37:223-6
 11. 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
 12. Khokhar A, Mehra M. Life style and morbidity profile of geriatric population in an urban community of Delhi. *Indian J Med Sci* 2001;55:609-15
 13. Agrawal S, Deo J, Verma AK, Kotwal A. Geriatric health: Need to make it an essential element of primary health care. *Indian J Public Health* 2011;55:25-9
 14. Mehta P, Patel K, Chauhan K. Assessment of Diet, Nutrition & disease profile of Elderly Females residing in rural setting of Vadodara. *Helpage India-Research & Development Journal*; Vol 17: No. 1, Jan 2011

15. Srivastava RK. Multicentric study to establish epidemiological data on health problems in elderly: a Govt. of India and WHO collaboration programme. Ministry of Health & Family Welfare, Government of India 2007.
16. Kant S, Mishra P, Goswami A. Morbidity among Elderly persons residing in a Resettlement colony of Delhi, Indian J. Prev. Soc.Med. Vol: 35 No. 1 & 2, Jan-Jun 2004.
17. Bhatia SPS, Swami HM, Thakur JS, Bhatia V. A Study of Health Problems and Loneliness among the Elderly in Chandigarh. Indian Journal of Community Medicine Oct.2007; 32(4): 255-7.
18. Sharma MK, Swami HM, Gulati R, Bhatia V, Kumar D. Life style and Morbidity Profile of Geriatric population in Urban area of Chandigarh. Journal of The Indian Academy of Geriatrics, Vol.1, No. 3, Dec 2005