# Health Problems among the Elderly in Selected Area of District Chamba, Himachal Pradesh

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**Abstract**

*Estimation of the health problems in developing countries is required from time to time to predict trends in disease burden and health care for elderly. Developing countries have poor track record of equitable distribution of health care. Old age is associated with decline in physical, physiological and cognitive functions affecting quality of elderly population. The robust increase in proportion of elderly has resulted in demographic burden in a developing country like India. To cope up with this burden appropriate and timely intervention is required. The objectives of this study were: to assess of health problems among elderly population and find the association between the health problems among elderly with demographic variables. The study tools were semi structured dichotomous questionnaires. Result revealed that health problems among elderly were arthritis (incidence 68.13%), vision impairment (66.26%), dementia (62.40%), hearing problem (52.53%), sleeping disturbance (49.06%), hypertension (46.13%), constipation (38.20%), diabetes mellitus (36.26%), and urinary tract infection (9.46%).*

**Key words:** Health problems, Elderly, Arthritis

Aging is defined as a progressive deterioration of physiological functions with age, including a decrease in productivity. Thus, in contrast to the chronological milestones that mark stages of life in the developed world, in many developing countries, old age is seen to begin at the point when active contribution to the society is no longer possible. Age-associated cognitive decline has been a matter of curiosity among the health investigators since long. Cognition includes all high level functions carried out by the human brain, including comprehension and formation of speech, visual perception and construction, ability to calculate, attention, memory, and functions such as planning and problem solving. Common problems of elderly are shown in Fig 1.

The number of person above age of 60 year is growing fast. The percentage share of elderly population in India is said to rise from 8.6 percent in 2011 to 10.1 percent in 2021 and projected to touch 13.1 percent in 2031. There were nearly 138 million elderly people in India in 2021 including 67 million men and 71 million women. An increase of nearly 34 million elderly persons was seen in 2021 over population census of 2011. This number is expected to increase by 56 million by 2031. This number of older persons is projected to double to 1.5 billion in 2050. India is the second largest country to have elderly population with highest population in Kerala (16.5%) followed by Tamil Nadu (13.6%), Himachal Pradesh (13.1%), Punjab (12.6%) in 2021. The conventional concept of family in India, which was to provide support to elderly is changing soon with urbanisation, modernisation and disintegration of joint family into nuclear ones.

Thus older people have become vulnerable healthwise due to lack of financial security and neglect by the society. The major concern of elderly is medical and psychological problems, which is maker of a poor physical and cognitive status. Estimates of health problem of the elderly in developing countries are required from time to time to foresee trends in disease burden and plan health care for elderly. Developing countries have a poor track record of equitable distribution of health care. Marginalised groups living in urban slums and rural village have poor access to health services.

**Need of study:** India is currently experiencing a substantial burden of non-communicable diseases and lifestyle-related ailments. The rural elderly are mostly of lower socioeconomic status (SES) and highly dependent on others. On the other hand, the urban elderly experience social exclusion, crime, and mental stress. While chronic diseases are dramatically rising across the country, there exists a significant socioeconomic and health inequality between urban and rural India, which is tending to widen the urban-rural gap. Cardiovascular disease (CVD), diabetes,

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hypertension, cancer, and chronic respiratory diseases together formed around 60 percent of all the factors responsible for deaths in India in 2014. About 27 percent of Indian adults suffer from cardiovascular disease and 18 percent are diagnosed with diabetes, with the prevalence being much higher in urban areas as compared to rural areas. Around 10 percent people living in rural areas have no access to essential medicines and only 19 percent have a health insurance.

**Review of Literature**

Sushma Tiwari, Ashutosh kumar Sinha, Kishor Patwardhan, Samgeeta Gehlot (2010) conducted a study on the prevalence of common age-related health problems among elderly people from rural areas of Varanasi district. Health camps were organised in randomly selected 12 villages in a block of Varanasi district in February-March 2007 covering 728 elderly people. The assessment criteria for the study was history and clinical examination, MMSE, interview from patient/ care giver, activity of daily living, instrumental activities of daily living, Yesavage geriatric depression scale. The common health-related problem as reported by elderly were: cognitive impairment (2.74%), musculoskeletal (53.15%), special senses (eye, ear etc. 20.46%), respiratory system (10.98%), GI tract and CNS (6.18%), excretory system (0.27%), endocrine system (0.28%). Common diseases as recognised by physicians were: osteoarthritis (53.15%), cataract (20.98%), COPD (10.98%), constipation (6.18%), vertigo (6.18%), PID (2.74%), diabetes mellitus (0.27%). Joint pain and visual impairment were the most common problems in rural elderly population which cause dependency


**Figure 1: Common problems of the elderly**

among the elderly population. In this study prevalence of mild cognitive impairment was 2.74 percent (male 2.7%, female 2.77%). Illiteracy, age and nutrition were the most risk factors for poor cognitive function.

Vinita Pandey, Sathiyaseelan, Gunasekaran, Chandini Tiagi (2021) conducted a study to assess the prevalence of common physical health problems among senior citizens living in Sarojini Nagar, Lucknow. It also associated the prevalence of common physical health problem among senior citizens with their selected socio demographic variables. A quantitative research approach and descriptive cross sectional research design was adopted. The sample size of 150 senior citizens was selected by using non-probability purposive sampling technique. The tools used were: Performa of demographic variables, checklist to screen the history of common physical health problems and checklist to assess the existing common physical health problems of senior citizens. The study result revealed that majority of the elders were suffering from vision problems (93.3%), hearing problems (56.0%), hypertension (42.7%), diabetes mellitus (42.7%) and obesity (30.7%) . The study concluded that majority of the elders were suffering from one or the other common health problems while only few reported to be completely healthy. There was a need to create awareness regarding the reason for common physical health problems to encourage practicing a healthy life style.

Renee EI-Gabalawy, Corey S, Mackenzie, Shahin Shooshtari, Jitender Sareen (2011) conducted a study in a population-based exploration of prevalence and health outcomes among older adults is comorbid physical health condition and anxiety disorders. The study examined the likelihood of anxiety disorders among respondents with common physical health condition and explored the associations between this co morbidity and older adults' perceived mental and physical health. A survey method trained lay interviewers to assess psychiatric disorders based on self-reported diagnoses by heath professional. Multiple logistic regressions examined whether suffering from a physical health condition increased the odds of any assessed anxiety disorder (panic, agoraphobia, social phobia and post-tramatic stress disorder). Multiple linear regressions examined associations between self-rated health and comorbid physical health conditions and anxiety. The result showed that after adjusting for confounding variable, the presence of chronically painful conditions (i.e., arthritis, back pain and migraine) and of other commonly occurring disease (i.e., allergies, cataracts, and gastrointestinal, lung and heart disease) were positively associated with

anxiety. The comorbidity of anxiety with allergies, cataracts, arthritis and lung disease resulted in poorer self-rated physical and mental health after adjusting for confounding variables. The study found that the health problems in order adults are associated with increased odds of anxiety, and this comorbidity is associated with poorer self-reported health than medical problems or anxiety alone.

## Objectives

The study endeavoured:

1. To assess the health problems among the elderly, and
2. To find out the association of the health problem with demographical variables among the elderly.

## Methodology

*Research approach:* A quantitative research approach adopted to accomplish the objective of the study.

*Research design*: A community-based survey research design was adopted to accomplish the main objective of study.

*Sample size and sampling technique*: The sample size for the present study was 150 elderly people (above 60 years) of age which were selected by non-probability convenient sampling.

*Tool & Technique:* Fifty semi self structured dichotomous questionnaires were used to collect information regarding health problems among elderly people. Demographic variable performa consisted of 11 variables seeking personal information about elderly people such as age, gender, marital status, residence, type of family, religion, educational status, pervious occupation, pension/savings (in Rupees), food habits, previous knowledge regarding geriatrics health problems and source of knowledge to assess the health problems among elderly people in selected area of district Chamba.

*Data collection process and ethical consideration:* The data collection was done in July 2022; prior permission was obtained from concerned authorities. Sample confidentiality was maintained and informed consent was obtained from individuals. Approval from ethical committee, management committee of college, permission by the Panchayat Pradhan of selected areas of district Chamba was obtained.

**Validity & reliability of tools:** The tools were validated by the experts in the fields of community. Reliability was calculated by Karl Pearson's correlation co-efficient formula. The calculated value 't' value was found to be 0.9 which was statistically high.

## Results

The demographic characteristics of study subjects are given in Table 1. Table 2 outlines the prevalence of health problems among the elderly. The means core, mode, median and standard deviation as related to health problems of elderlies is shown in Table 3.

**Table 1: Percentage distribution of sample characteristics**

| Sample characteristics | f | Percentage (%) |
|---|---|---|
| *Age (in years)* | | |
| 60-65 | 65 | 43.33 |
| 66-71 | 45 | 30 |
| 72-77 | 29 | 19.33 |
| 77 and above | 11 | 07.33 |
| *Gender* | | |
| Male | 79 | 52.66 |
| Female | 71 | 47.33 |
| *Marital status* | | |
| Married | 116 | 77 |
| Unmarried | 01 | 0.6 |
| Widow | 19 | 12 |
| Widower | 14 | 9.33 |
| *Residence* | | |
| Urban | 00 | 0 |
| Rural | 150 | 100 |
| *Type of family* | | |
| Nuclear | 92 | 61.33 |
| Joint | 57 | 38 |
| Extended | 01 | 0.6 |
| *Religion* | | |
| Hindu | 139 | 92.66 |
| Muslim | 11 | 7.331 |
| Sikh | 00 | 0 |
| Christian | 00 | 0 |
| *Educational status* | | |
| Primary | 67 | 44.66 |
| Higher (Secondary) | 60 | 40 |
| Diploma and degree | 21 | 14 |
| Professional course | 02 | 1.333 |
| *Previous occupation* | | |
| Government job | 58 | 38.66 |
| Private job | 21 | 14 |
| Business | 18 | 12 |

**Table 1: Percentage distribution of sample characteristics**

| Sample characteristics | f | Percentage (%) |
|---|---|---|
| Other | 53 | 35.33 |
| *Pension /savings per month (in Rupees)* | | |
| 20,000-30,000 | 83 | 55.33 |
| 30,001-40,000 | 32 | 21.33 |
| 40,001-50,000 | 10 | 6.66 |
| 50,001 or above | 25 | 16.66 |
| *Food habits* | | |
| Vegetarian | 16 | 10.66 |
| Non vegetarian | 132 | 88 |
| Eggetarian | 02 | 1.33 |
| *Previous knowledge about geriatric problem* | | |
| Yes | 81 | 54 |
| No | 69 | 46 |
| *If yes, source of knowledge* | | |
| Mass media | 27 | 18 |
| Family | 30 | 20 |
| Friends | 66 | 44 |
| Health Professionals | 27 | 18 |

**Table 2: Prevalence of health problems among elderly**

| Health problem | Percentage (%) |
|---|---|
| Arthritis | 68.13 |
| Vision impairment | 66.26 |
| Dementia | 62.40 |
| Hearing problem | 52.53 |
| Sleep disturbance | 49.06 |
| Hypertension | 46.13 |
| Constipation | 38.20 |
| Diabetes mellitus | 36.26 |
| Asthma | 18.80 |
| Urinary tract infection | 9.46 |

**Table 3: Mean score, mode median and Standard deviation of health problems among elderly**

| Characteristics | Sample size | Mean | Mode | Median | SD |
|---|---|---|---|---|---|
| Health problems among elderly | 150 | 22.41 | 23 | 23 | 5.17 |

### Association between health problems among the elderly with demographical variables

Result depicted the calculated chi square values for age as 0.39, df=03, $p<0.05$, for gender as 0.014, df=01, $p<0.05$, marital status 5.69, df=3, $p>0.05$, residence 7.4, df=01, $p<0.05$, type of family 4.01, df=01, $p\leq0.05$, religion 0.56, df=3, $p\leq0.05$, for educational status 0.51, df=03, $p\leq0.05$, occupation 0.31, df=03, $p\leq0.05$, monthly income 0.31, df=3, $p\leq0.05$, food habits 2.69, df=02, $p\leq0.05$, previous knowledge about geriatric problem 0.03, df=1, $p\leq0.05$, and for source knowledge 1296.43, df=03, $p\geq0.05$.

Hence it was concluded that prevalence of health problems among elderly was not significantly associated with age, gender, residence, type of family, religion, educational status, previous occupation, pension/savings per month, food habits, and previous knowledge about geriatric between problem. There was significant association marital status and source of knowledge.

## Discussion

Elderly population is on the rise in our country. Given the demographic change since independence, they form a sizeable vulnerable group needing urgent attention and support. The health problems specifically the non-communicable diseases faced by these groups are also the issues identified as priority areas for our population as a whole. There is a need to have interventions in health care at both policy and programme levels keeping this group at the centre of attention. A greater level of integration of care is needed while focusing on elderly as a population.

## Implications

*Nursing Research*

There is need for extended and intensive nursing research in the area of health of the elderly. There is need to find innovative methods of teaching which are more acceptable, assessable and cost effective for the elder people so that they are aware about the health problems among them.

*Nursing Education*

The nursing curriculum must emphasise on various risk factors, causes, sign & symptoms, warning signs, home remedies and various diseases originating with age. Nurse educator must ensure that education is relevant to geriatric care and encourage elderly people about healthy lifestyle. Education should duty cover the health problems among elderly.

*Nursing Administration*

In this era of technology nurse administrators can take responsibility to motivate nurses to learn more about health problems among elderly like diabetes mellitus, hypertension, arthritis, vision impairment, hearing impairment, constipation, UTI, and insomnia. They should suggest government to make schemes, subsidy, and health services for the welfare of elderly people.

*Nursing Practice*

It is also responsibility of health professionals to educate the people regarding health problems among elderly. They should identity the areas where awareness is less in the community people. They should conduct teaching programmes, health education/ awareness camps for increasing the awareness of health problems among elderly and home remedies for the prevention of health problems among them. The community health nurse need to assess the awareness of people regarding health hazards among elderly and provide education about healthy habits and provide health care on prevention.

**Recommendation**

- The study can be replicated a large sample and thereby can be generalised for large population.
- A comparative study may be carried out to assess the prevalence of health problem among elderly in rural & urban area of district Chamba.
- The same study can be done among the elderly people of all 12 districts of Himachal Pradesh.

## Conclusion

On the basis of total mean score, the study findings revealed that prevalence of health problem among elderly was 68.13 percent for arthrits, 66.26 percent vision impairment, 62.4 percent dementia, 52.53 percent hearing problem, 49.06 percent hypertension, 38.2 percent diabetes mellitus 63.26 percent asthma 18.8 percent, and UTI 9.46 percent for UTI. The finding also revealed that prevalence of the health problems among elderly had the highest mean percentage of 22.41. There was also significant association of the prevalence of health problems among elderly with two variables that is, marital status and source of knowledge.

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