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Original article

Morbidity Pattern among Urban Slum Women beyond Reproductive Years

Anju Ade[1*], R V Manasa[2], S G Hiremath[3]

[1]Associate professor, [2]Statistician,[3]Professor, Department of Community Medicine, Navodaya Medical College, Raichur, Karnataka-584103, India.

ABSTRACT

Background: With changing demographic profile India has older women than men as life expectancy for women is 67.57 as against 65.46 for men. Both social and health needs of the older women are unique and distinctive as they are vulnerable. **Objectives:** 1.To study the socio-demographic profile of the women beyond reproductive years. 2 To study the morbidity pattern among these women. **Materials and Methods: -** A cross-sectional study carried out in the urban slum of Raichur, north Karnataka, India. A total of 136 elderly women (50 years old and above) were interviewed using a pre-designed, pre-tested schedule. Findings were described in terms of proportions and percentages. **Results:** A major fraction of the population was in the age group of 56-60 years old; A majority (58.8%) of the respondents were Hindus. joint family system was seen to be the most common (75%) among the population Majority of them (82.3%) were illiterate and tobacco chewers 60 (83.3%). the most common health problems were Arthritis, Upper respiratory tract infections, Dental caries & dental stains, Reduced visual acuity (refractive error), Hypertension, diabetes, Cataract, bronchial asthma. **Conclusions**: There is a need to recognize the special health needs of the women beyond the reproductive age. Information on common health problems in this age and health facilities including where those services are available should be provided. Health workers at primary level should be equipped with knowledge and skills in order to address the problems of this special group.

KEYWORDS: Morbidity pattern, urban slum, addiction, elderly women.

INTRODUCTION

The Indian aged population is currently the second largest in the world. The absolute number of the over 60 population in India will increase from 76 population in 2001 to population 137 million by 2021[1].Gender is an important factor associated with health seeking behavior particularly in a gender segregated rural Indian society [2]. With changing demographic profile India has older women than men as life expectancy for women is 67.57 as against 65.46 for men. Both social and health needs of the older women are unique and distinctive as they are vulnerable [3].

The proportion of women physically immobile due to various health problems is higher than for men of the same age. Low social status, discriminatory practices, early marriage, food taboos, multiple pregnancies and poor attention to health are responsible for the poor health of older women. There is an accumulation of disadvantages that make them vulnerable. Older women have more problems with activities of daily living (ADL), but get less help from others. They are the traditional care givers and are expected to provide care to parents, parents-in –law, and spouse. Women report lower life satisfaction and higher psychological distress. Depression is the most common symptom reported in women [4].

There are number of factors that increase the vulnerability of women beyond reproductive years and thus point toward specific health needs of this segment of population [3].This study was conducted to study the socio-demographic profile of urban slum women beyond reproductive years and to study the morbidity pattern among these women.

MATERIALS AND METHODS

This cross-sectional study was carried out from 22/08/12 to 22/ 09/12 in an urban field practice (slum population) of Department of Community Medicine, Navodaya Medical College, Raichur, Karnataka state of India. The study protocol was approved by the ethical committee of Navodaya Medical College, Raichur. Total wards/colonies of this slum area are five, out of these one ward was randomly selected. There are 140 women in the age group 50 to 80 years in the selected ward. Using systemic random

sampling (every alternate house), 136 women were included in the study. Thus study population comprised of women aged 50 to 80 years who are permanent resident of urban slum. Verbal consent was obtained from study participants. Women who were not willing to give consent were excluded from the study.

Data was collected by interviewing the study subjects using a pre-designed and pre-tested schedule. They were interviewed about their socio-demographic profile, morbidity pattern. This was followed by a general physical examination and systemic examination. Weight was measured in kilograms using a bathroom scale to the nearest 0.5 kg and height was measured in standing position with bare foot against the wall and was calculated to the nearest 0.5 cm. Body mass index was calculated. Data was entered into excel spreadsheet analyzed in SPSS version 17.Findings were described in terms of proportions and percentages to study the socio-demographic status of the samples and morbidity pattern of their health problems.

RESULTS

A total of 136 elderly women were interviewed in the age group of 50 to 75. Table1 shows that a major fraction of the population was in the age group of 56-60 years old; while a small fraction (5.8%) were 70-75 years old. A majority (58.8%) of the respondents were Hindus. A joint family system was seen to be the most common (75%) among the population interviewed followed by the nuclear family. 22.0% of the women in present study were widows. Literacy was found to be low in the study population. Majority of them (82.3%) of the were illiterate.

Table 1: Socio-demographic characteristics of study population.

Age in years	Frequency	Percent (%)
50-55	34	25
56-60	40	29.4
61-65	30	22.0
66-70	24	17.6
71-75	8	5.8
Religion		
Hindu	80	58.8
Muslim	40	29.4
Christian	16	11.7
Socioeconomic Status		
Upper	10	7.3
Middle	34	25
Lower	92	67.6
Marital status		
Married	98	72.05
Single	02	1.4
Separated	06	4.4
Widow	30	22.0
Literacy		
Illiterate	112	82.3
Primary	10	7.3
High-school	8	5.8
PUC	6	4.4
Graduate	0	0
Type of family		
Nuclear	34	25 %
Joint	102	75%

As shown in Table 2, Out of the total 136 elderly women, 72 women had habits like smoking, alcohol and chewing tobacco and Gutka. Majority of them were tobacco chewers 60 (83.3%).

Table 2: Distribution of study women according to their habits.

Addiction	Frequency	Percentage
Smoking	4	5.5%
Alcoholic	8	11.1%
Tobacco/Gutka	60	83.3%
Total	72	100

Table 3: Morbidity observed in the study population (n=136)

Morbid Conditions	Frequency	Percentage
Acid Peptic disease	04	2.9
Allergic rhinitis	05	3.6
Apthous ulcer	06	4.4
Arthritis	34	25
Bronchial Asthma	04	2.9
Cataract	06	4.4
Diabetes	08	5.8
Dental caries & dental stains	38	27.9
Dermatological complaints/pruritis	10	7.3
Generalised body ache	40	29.4
Gastrointestinal pain/Diarrhoea	05	3.6
Impaired hearing	04	2.9
Hypertension	10	7.3
Anemia	20	14.7
Reduced visual acuity (refractive error)	10	7.3
Tuberculosis	02	1.4
Upper respiratory infections	14	10.2
Uterine Prolapse	01	0.7
Urinary problems	08	5.8
Varicose Veins	03	2.2

As shown in Table 3, Aphthous ulcer was present among 4.4% women. Dental caries & dental stains, 27.9% women suffered from dental morbidities. Arthritis was reported 25% among study women. Generalized body ache was among 29.4% of women. In this study, 14.7% women were found to be anemic. The leading cause of diminished vision in developing countries is cataract, which was found in present study in 4.4% of women and 7.3% women had reduced visual acuity due to refractive errors.

The presence of diabetes mellitus in 5.8% and hypertension 7.3% among study women further reflects the increasing life-style diseases in the community. Dermatological morbidities like pruritis, Icthiosis was found to be among 7.3% of women.

In this study, gastrointestinal complaints like pain in abdomen, diarrhea, constipation etc was found among 3.6% of study women and Acid Peptic disease constituted 2.9%.Out of total morbidities, 2.9% was constituted by hearing impairment. Upper respiratory tract infections, e.g., common cold and pharyngitis, cough, sore throat etc were reported 10.2% in this study. Tuberculosis was found only in 2(1.4%)) of the study population.2.9 % women were suffering from Bronchial Asthma. Urinary problems like nocturia, frequent and urgency of micturition, urinary incontinence were found 5.8% of study women. There was one case of detected uterine prolapse and 3(2.2%) women were suffering from varicosity of the veins.

DISCUSSION

Throughout her life, a woman plays different social roles, viz. daughter, wife, mother, grandmother and care giver, which influence the health of her family. While older men have the privilege to retire from work, women are never relieved of their social responsibilities. At this stage, the protective advantage of hormones is lost and women become more vulnerable to certain diseases than men. It is time now to focus on issues concerning health of this special group [3].

Out of the total 136 elderly women, 72 women had habits like smoking, alcohol and chewing tobacco and Gutka. Majority of them were tobacco chewers 60 (83.3%).In this area, women use tobacco in pan (betal leaves). Mundada et al [5] reported 45.42% women were chewing tobacco but there was no habits of smoking or alcoholism among women.

In this study, all the respondents had health problems, the most common being Arthritis, Upper respiratory tract infections, Dental caries & dental stains, Reduced visual acuity (refractive error) Hypertension, diabetes, Cataract, bronchial asthma. Others included anemia, urinary problems, gastrointestinal problems, Aphthous ulcers, Acid peptic disease etc. It is seen that most of the respondents had more than one health problem. This study shows higher morbidity among study respondents and identified common existing medical problems such as like anaemia, arthritis, upper respiratory tract infections, Gastrointestinal problems, cataract, hypertension, and diabetes mellitus etc..

In this study, Aphthous ulcer was present among 6 (4.4%) women. Acid Peptic disease constituted 3.1% in this study. Similarly other studies [5,6,7] also reported acid peptic disease among elderly females. In this study, gastrointestinal complaints like pain in abdomen, diarrhoea, constipation etc was found among 3.9% of study women. Prakash R et al [8] reported gastrointestinal complaints 5.5% among females. In this study, 20 (14.7%) women were found to be anemic. Mundada et al [5] showed 8.53% females were having anemia.

Cataract is the leading cause of diminished vision in developing countries which was found in present study among 4.4% of women and 7.3% women had reduced visual acuity due to refractive errors. Prakash R et al [8] reported cataract 60 % and refractive errors, 12.72% among females. Mundada et al [5] showed 127 (38.71%) cataract and 43 (13.10%) of refractive error among females. In present study, Arthritis was reported 25% among study women. A high prevalence of arthritis / joint pain (43.2%) was reported among females by Purty et al [9].Similarly Other studies [8,10,11] found that osteoarthritis was more in females. In this study, 40(29.4%) of women reported generalized body ache.

The presence of diabetes mellitus in 5.8% of study women further reflects the increasing life-style diseases in the community. George L S [7] observed diabetes more among females (60%). Other studies [5,12] also reported diabetes among females. In this study, 6.3% of women were found to be hypertensive. But other studies[5,8] reported 28.04% and 54.5% of hypertension respectively among elderly women. 38(27.9%) women suffered from dental morbidities like dental caries & dental stains. This could be because of the lack of awareness of oral hygiene among the women due to illiteracy. Also due to habits like chewing tobacco, betel leaves. George L S [7] found that dental morbidities were found to be more among females than males.

Dermatological morbidities like pruritis, Icthiosis was found to be among 10(7.3%) of women. While George L S [7] reported 4.7% of dermatological morbidities like Icthiosis, vitiligo and pediculosis among elderly women. Mundada et al[5] reported only 1.82% of females presented with various skin disorders. Out of total morbidities 4 (2.9%) was constituted by hearing impairment. George L S [7] reported 68.2% hearing impairment among females while Mundada et al [5] reported, 28.04% females had some degree of hearing impairment.

Upper respiratory tract infections, e.g. common cold and pharyngitis, cough, sore throat etc were reported 14 (10.2%) in this study which may be due to their overcrowded dwellings, poor nutrition, indoor smoke pollution and tuberculosis was found only in 2(1.4%)) Of the study population. Kant S et al[12] reported that 17(37%) females had chronic cough and 24 (47%) gave history of chest pain in last one year. Mundada et al [5] reported COPD, 17(5.18%), Bronchiectasis,6 (1.82%) and only one case of tuberculosis among females. On the contrarary to this, Prakash R et al [8] reported no upper respiratory tract and tuberculosis among women. 4 (2.9%) women were suffering from bronchial asthma**.** George L S [7] showed bronchial asthma was more prevalent among elderly women (72.7%) while other studies [5,8] reported 2.43% and 18.2% of bronchial asthma among females respectively.

Urinary problems like nocturia, frequent and urgency of micturition, urinary incontinence were found among 8 (5.8%) of study women. Mundada et al[5] found 4.57% females were suffering from urinary tract infection & 2.43% females had urinary incontinence. There was one case of detected uterine prolapse. In this study, 3(2.2%) women were suffering from varicosity of the veins. George L S [7] reported 63.6% varicosity among elderly women.

CONCLUSION

There is a need to recognize the special health needs of the women beyond the reproductive age. Awareness should be generated regarding healthy lifestyles and seek timely care among women beyond reproductive years, along with their caregivers in the family. Information on common health problems in this age and health facilities including where those services are available should be provided. At present there is lack of appropriate training of the health personnel in dealing with the needs of this special group. Health workers at primary level should be equipped with knowledge and skills in order to address the problems of this special group.

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*Corresponding author: Dr Anju Ade
E-Mail: anju.ade@gmail.com