Research Article

Geriatric Life Style Profile in an Urban Slum of Maharashtra

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Abstract: Elderly age also known as Geriatric is increasing in number in Developing countries. Life style characteristics are important in determining the quality and quantity of life. Many current day problems especially of the geriatric population like hypertension, diabetes mellitus and osteoarthritis are related to nutrition and lifestyle. This study is undertaken to study the lifestyle pattern of the geriatric population in the field practice area of Dr. Shri Guru Govind Singh Memorial Hospital (S.C.G.M.C), Nanded. It is a community based cross sectional study, conducted from Jan 2013 -Dec 2014.A total of 600 subjects aged 60 years and above were selected by probability proportional to size (PPS) sampling method among 11 wards in study area. The data was entered in Microsoft Excel and analyzed by using frequency and percentages. Majority of study subjects i.e. 74.8% were engaged in sedentary life style and maximum study subjects i.e.46.3% spent their leisure time in gossiping Out of 600, majority of study subjects i.e. 161(26.8%) were addicted to tobacco chewing/ Gutkha followed by 153(25.5%) were addicted to others like pan, betel nut, hukka , 133 (22.2%) were not addicted ,69(11.5%) had multiple addiction,58(9.7%) were smokers and 26(4.3%) were addicted to alcohol. .Behavior and lifestyle modification in the form of primordial prevention and counseling of the high risk groups should be carried to improve the quality of life of the aged.

Keywords: Addiction, Lifestyle, Geriatric, Leisure time, Urban, Ageing.

INTRODUCTION

The geriatric population is defined as population age 60 years and above [1]. Ageing has been defined as progressive, generalized impairment of function leading to loss of adaptive response to stress and growing risk of age related disease, resulting in progressive increase in age specific mortality [2]. Heaton reported that as the body ages, it gradually declines in condition and function. Overall body movement becomes slower and less steady. Reflexes are slower and muscle strength decreases. These conditions tend to result in a more sedentary lifestyle [3].

Lifestyle is developed in the form of a set pattern of behavior, very gradually, over many years, in the way we eat, drink, exercise, use intoxicants, and are predisposed to own health care and personal protection, sexual practices and so on. Since these behavioral patterns are acquired very gradually, changing them becomes a difficult proposition and needs a lot of persuasiveness as well as persistent approach on the part of the health care providers including health educators.[4] Changes in lifestyle, including diet and physical activity, and the increasing numbers of elderly people are both key factors for the worldwide epidemic of diabetes [5]. Realizing the importance of life style in role of health, this present study was carried out to determine the lifestyle profile of the elderly population.

MATERIAL AND METHODS

The present study was carried out at the urban field practice area and was part of thesis conducted under department of Community Medicine Dr. Shri Guru Govind Singh Memorial Hospital (S.C.G.M.C), Nanded. Study period was Jan 2013 to Dec 2014. Ethical approval was taken from Institutional Ethical Committee.

Study Design: Community based cross-sectional study.

Computation of Sample Size: As depression being one of the common health problem in geriatric people, prevalence of depression was taken for calculating sample size for study, prevalence of depression using Geriatric Depression Scale (GDS)-15 in various studies conducted in different part of India was in range of 42%- 53%.[6-9]So the lowest prevalence i.e. 42% was taken into consideration for sample size estimation. By adopting the following formula for sample size calculation[10] i.e. $n=z^2pq/l^2$ at 95% confidence interval, with an allowable error of 10%.Thus total 600 elderly subjects were studied. The total 11 wards under field practice area of urban health centre of a Medical College in a city of Maharashtra were enlisted. As wards-sampling units vary considerably in population size, probability proportional to size (PPS) sampling method [11] was used, Study population of the age group 60 years and above enumerated for each ward by using voter (Electoral) list of 2012. For history of addictions those persons having habit of smoking, alcohol consumption, or any other type of addictions for more than 6 months were considered   Physical activity of the study subjects was defined by the criteria recommended by WHO.[12] Interpretation was made as vegetarian diet and mixed diet (those who were consuming vegetarian and non vegetarian food. Data was collected by semi-structured questionnaire.

RESULTS

The study subjects were interviewed and the following observations were made.[Table 1] Out of 600 subjects, mostly 77.8% were addicted to one or other substance. Out of all study participants, 59.5% subjects were vegetarian in nature while 40.5% use to take mixed diet. Majority of study subjects i.e. 74.8% were engaged in sedentary life style and maximum study subjects i.e.46.3% spent their leisure time in gossiping. Most of the elderly people (77.3%) were not practicing any kind of exercise like walk. jogging, yoga, meditation etc.

Out of 600, majority of study subjects i.e. 161(26.8%) were addicted to tobacco chewing/ Gutkha followed by 153(25.5%) were addicted to others like pan, betel nut, hukka, 133 (22.2%) were not addicted, 69(11.5%) had multiple addiction,58(9.7%) were smokers and 26(4.3%) were addicted to alcohol. Among 262 males, majority i.e.67 (25.6%) were not addicted, while only 26(10.0%) were alcoholic in nature. Among 338 females majority 121(35.8%) each were tobacco/Gutkha chewers and were addicted to substances like pan, betel nut, hukka, and rest 30(8.9%) were having multiple addiction[Table 2].

Table-1: Distribution of study subjects according to lifestyle pattern.

Life style pattern		Male (%)	Female (%)	Total (%)
Addiction	Yes	195(74.4)	272(80.5)	467(77.8)
	No	67(25.6)	66(19.5)	133(22.2)
Diet	Veg	164(62.6)	193(57.1)	357(59.5)
	Mixed	98(37.4)	145(42.9)	243(40.5)
Physical Activity	Sedentary	181(69.1)	268(79.3)	449(74.8)
	Moderate	76(29.0)	69(20.4)	145(24.2)
	Heavy	5(1.9)	1(0.3)	6(1.0)
Exercise	Brisk walk	28(10.7)	47(14.0)	75(12.6)
	Jogging/sports	22(8.4)	25(7.4)	47(7.8)
	Others[*]	11(4.2)	3(0.9)	14(2.3)
	Nil	201(76.7)	263(77.7)	464(77.3)
Leisure Time Spent	Watching TV	62(23.7)	108(31.9)	170(28.3)
	Religious activity	32(12.2)	79(23.4)	111 (18.5)
	Gossiping	141(53.8)	137(40.5)	278 (46.3)
	Others[**]	27(10.3)	14(4.2)	41 (6.9)
Total		**262(100)**	**338(100)**	**600(100)**

Figures in parenthesis denote percentages
*Others include Yoga/ meditation/ etc** others include listening radio, weaving, etc

Table-2: Distribution of study subjects according to type of addiction

Type of addiction	Male (%)	Female (%)	Total (%)
Smoking	58(22.1)	0(0)	58(9.7)
Tobacco chewing/Gutkha	40(15.3)	121(35.8)	161(26.8)
Alcohol	26(10.0)	00(0)	26(4.3)
Others*	32(12.2)	121(35.8)	153(25.5)
Multiple addiction	39(14.8)	30(8.9)	69(11.5)
No addiction	67(25.6)	66(19.5)	133(22.2)
Total	**262(100)**	**338(100)**	**600(100)**

Figures in parenthesis denote percentages)
*Others- Pan, Betel nut, Hukka.

DISCUSSION

In current study, various components of unhealthy lifestyle are being studied like lack of physical activity, faulty dietary habits, substance abuse, and excessive alcohol intake. Out of 600 subjects, majority of study subjects i.e.467 (77.8%) were addicted to one or other substance, reflecting the need for intervention measures to aware the masses. 59.5% subjects were vegetarian in nature while 40.5% were on mixed diet in this study which is very similar to previous studies conducted by Srivastava MR *et al.;*[13],where most (53.44%) of the respondents were vegetarians. Khokhar A *et al.;* [14] (55.46% vegetarian & 45.5% no vegetarian) and Moharana PR *et al.;* [15] (52.0% vegetarian & 48.0% non- vegetarian).While Singh JP *et al.;*[16] concluded that 45.25% of the subjects were vegetarian and 54.75% were on mixed diet, Since no vegetarian diet is a faulty dietary habit, people should be counseled to improve their dietary lifestyle.

Among physical activity, Majority of study subjects i.e. 74.8% were engaged in sedentary life style, females were more sedentary 79.3% as compared to males 69.1% which has got similarity with study conducted by Singh JP *et al.;*[16],(51.0%) sedentary life style, followed by moderate (48.25%) and heavy workers (0.75%). Females (61.76%) were more sedentary while males (66.67%) were more heavy workers. M.K.Sharma *et al.;* [17] mentioned that 25.9% have sedentary life style this highlights the fact that sedentary type physical activity levels are high in the study area and there is a need to encourage the people to engage in some or other type of physical activities. In current study, Most of the elderly people (77.3%) were not practicing any kind of exercise like walk. jogging, yoga, meditation etc. Similar findings were obtained by study conducted by Srivastava MR *et al.;* (2014)[13], in which only 9.72% of the women and 10.71 of the men engaged themselves in some physical activity in the form of walking. Khokhar A *et al.;* [14] found that only 4.16% of the women and 8.92% of the men practiced yoga and meditation. Maximum study subject's i.e.46.3% spent their leisure time in gossiping. Among Males 53.8% and among females 40.3%. In a study by Srivastava MR *et al.;*[13] ,most (29.77%) of the women spent their leisure time in religious activities, whereas most (33.15%) of the men spent their leisure time in socializing.

In our study [Table 2], out of 600 subjects, majority of study subjects i.e.467 (77.8%) were addicted to one or other substance, 22.1% males were smokers while 35.8% females chewed tobacco. In contrast, Niranjan GV et al[18] found that (90.4%) of aged had one or more addictions.42.6% males were smokers while 68.3% females chewed tobacco. 27.1% respondents had multiple addictions like use of tobacco and alcohol. Singh JP *et al.;*[16] found that majority of the study subjects had no addiction (57.75) and among them majority were females (66.23%). Among addicts, majority of the study subjects were tobacco chewers(23.75%), followed by pan chewers (13.5%), alcoholics (8.5%), gutkha chewers (6.5%), smokers (4.0%), kharra chewers (1.5%), and others (0.75%). Barman SK et al[19] found that 47.5% were addicted to alcohol, tobacco addiction was seen in 30% of study subjects and 15.63% were smokers. The tobacco use in the present study should be a cause of concern. Tobacco habits take shape in adolescence and early adulthood, and tend to continue into old age. Anti tobacco campaigns are of relatively recent onset, and might have missed out the present elderly when they were adolescents/ young adult

CONCLUSION

This study highlights the importance of comprehensive community based programmes for reducing risk factors and lifestyle diseases in elderly and ensures health ageing. For problem of addictions, different educational and motivational activities are needed. To spend leisure time easily relaxing recreational facilities like library, TV room etc. should be made available for geriatric persons at the community halls. Creating awareness among the older people that regular physical exercise will keep them healthier is of concern.

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