

LIFE-STYLE AND HEALTH OF THE ELDERLY IN KARNATAKA

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Abstract

The main focus of the study is to examine the type of life style adopted by the elderly and its effects on their health conditions. For this purpose data available from the Census, National Family Health Survey-2 (NFHS-2) and National Sample Survey 60th round (NSS) were used. The NFHS-2 data for Karnataka is based on information from a sample of 4,173 households. Besides collecting data on the characteristics of the households, NFHS-2 also collected information about individual members on the prevalence of Asthma, Tuberculosis, Malaria, and Jaundice, as well as three risk behaviours such as chewing paan masala or tobacco, consumption of alcohol and smoking for all the household members.

The NSS 60th round had collected data on disease pattern, duration of illness and their treatment for individual members of the households who suffered during the two weeks prior to the survey and also hospitalisation of a member, during the 365 days before the survey whether living or dead at the time of the interview. An analysis of this data has brought out, how the risk behaviours of elderly people affected their health conditions and suffering from different diseases.

Findings of the study

The data indicate that the elderly population has been steadily growing in Karnataka. The proportion of ageing was relatively higher in rural than in urban areas. And, the proportion of elderly females was higher than the elderly males both in rural and urban areas. Illiteracy was significantly higher among elderly females than elderly males. Over half of the elderly women were widows in India and it was much higher in Karnataka state. The proportion of elderly males living with their wives was far higher than the elderly women living with their husbands. Interestingly, though the ageing population was increasing a majority of the elderly were economically active. However, the economically active population among the elderly was declining since the last decade.

Data show that the habit of chewing tobacco, consumption of alcohol and smoking regularly was much higher among the elderly than the non-elderly people. Of course, life styles such as consumption alcohol, regular smoking and tobacco chewing have adverse effects on one's ability to control diseases. A higher proportion of elderly among less educated and low standard of living category chewed tobacco. Similarly, higher percentage of elderly with middle level of education, who are working and belonging to low standard of living consumed alcohol. Interestingly, those belonging high standard of living and with middle level of education smoked regularly.

As the elderly population is growing, their morbidity levels are also on the increase. The NFHS-2 data show that elderly people suffered from Asthma eight times more than the non-elderly people. Proportion of elderly suffering from TB as well as Malaria was lower than the non-elderly, which was reverse in the case of Jaundice.

The NSS data show that morbidity was higher among literates and economically not active population. For instance, more than one-third of the elderly people were suffering from some ailments during the 15 days prior to the survey among literates and economically not active population. Similar was the situation with respect to hospitalization. A higher percentage of males, literates and economically not active population among the elderly had been hospitalized during the 365 days prior to survey. Diseases like cardiovascular, asthma, diabetes, joints and bones disorder, eye ailments, etc. are common among old people. For instance, 141 persons per 1,000 elderly populations were suffering from cardiovascular disease, 120 persons from Asthma, 91 persons from Eye ailment and 169 persons from other ailments.

Morbidity by gender showed an interesting picture. Morbidity was higher among males than females. Diseases like Asthma and Respiratory problems, Kidney and Prostate disorders, Diabetes and Skin diseases were higher among males. Gynecological problems, joints and bones disorder, neurological/psychiatric problems and other physical disabilities were higher among females. However, cardiovascular disease, cancer and eye-ailment were common among both male and female elderly.

There appeared to be interrelationship between life-styles and morbidity. Lifestyles such as alcohol consumption, regular smoking and tobacco chewing had adverse effects on health of elderly. For instance, Asthma was higher among elderly who smoked regularly, consumed alcohol and chewed tobacco. TB was higher among those who smoked regularly. The elderly morbidity due to alcohol abuse was 8.6 percent.