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Research Article

Geriatric Life Style Profile in an Urban Slum, Central India

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Abstract: Lifestyles are learnt through social interaction with parents, peer groups, friends and siblings and through school and mass media. Health is both a consequence of an individual's lifestyle and a factor in determining it. A community based cross sectional study was conducted in urban slum areas of UHTC, dept. of community medicine, NKP Salve institute of medical sciences & research centre, Nagpur. A minimum sample size of 400 geriatric people (≥60 yrs) were selected for study by house to house visits and worked out assuming 'p' of 50% and precision of 10%. Physical examination was performed. Elderly with using bidi / cigarettes were as smokers, using alcohol as alcoholics and those with Body Mass Index (BMI) >25 as overweight. Majority of the study subjects had no addictions (57.75%), mixed diet (54.75%), no exercise (52.25%) and sedentary type physical activity (51.00%). The exercise was more prevalent in males (58.18%) than females (40.43%) and association of exercise with gender was found to be highly significant. From the study it can be concluded that health requires the promotion of healthy lifestyle.
Keywords: Geriatric life style, Prevalence, Urban slum, UHTC (urban health training centre), Nagpur

INTRODUCTION

Lifestyle is defined as "the way people live" has shown considerable evidence of being associated with the health of an individual [1]. Many current day problems especially of geriatric population, like Hypertension, Diabetes mellitus & arthritis are related to nutrition & life style.

The capacity of our biological systems (eg muscular – strength, cardinal capacity) increases during the first years of life, reaches its peak in early childhood and declines thereafter. How fast it declines is, largely determined by external factors relating to adult life style, including smoking, alcohol consumption, diet & social class [2].

Life style diseases have emerged as silent killers. WHO has warned that more than 270 million people are susceptible of falling victim to diseases linked to unhealthy life style? Major contributions of susceptible population are from china, India, Pakistan & Indonesia. Life style diseases are the result of an ill relationship of people with their environment. The fact that our diet is changing day by day, from high nutritional food, we move towards Junk food, has contributed to the era of life style diseases.

Reduction in physical activity & exercise has also added to the scenario. Substance abuse especially tobacco smoking & alcohol drinking may also increase the risk of certain diseases later in life. But unlikely other diseases, life style diseases can be barred, as its influence can be weakened by changing our life styles, improving diet and making the environment healthier.

In the last 20 years, a considerable body of evidence has accumulated which indicates that there is an association between health and lifestyle of individuals [3]. Many current-day health problems especially in the developed countries (e.g., coronary heart disease, obesity, lung cancer, drug addiction) are associated with lifestyle changes. It may be noted that not all lifestyle factors are harmful. There are many that can actually promote health. Examples include adequate nutrition, enough sleep, sufficient physical activity, etc [1].

MATERIALS AND METHODS

The cross sectional study was conducted from Nov 2009 to March 2011 in urban slum areas of UHTC, covering a population of 20342, which is an adopted area under the administrative control of dept. of community medicine, NKP Salve Institute of medical sciences & research centre, Nagpur. A minimum sample size of 400 elderly people (≥60 yrs) were selected for study by house to house visits and worked out assuming 'p' of 50% and precision of 10% at 95% confidence interval. The first house was selected by lottery method and then every 3rd house was selected by systematic random sampling method. Information about study was given to all study subjects, rapport was

developed and then subjects were called at UHTC for detailed history and examination.

RESULTS

In the present study, the total population ≥60 yrs of the age were 400. Out of these, 165 (41.25%) were males and 235 (58.75%) were females. The life style profile of study subjects shows that majority of the subjects had no addictions (57.75%) while subjects were taking mixed diet (54.75%), subjects were not doing exercise (52.25%) and sedentary type physical activity (51.00%).

It has been observed from table no. 1 that exercise was more prevalent in males (58.18%) than females (40.43%). The association of exercise with gender was found to be highly significant.

Majority of the study subjects had no addiction (57.75) and among them majority were females (66.23%). Among addicts tobacco chewers (23.75%) were maximum, followed by pan chewers (13.5%), alcoholics (8.5%) etc.

Table 1: Distribution of study subjects according to their life style profile (n=400)

Life style profile		Male 165 (%)	Female 235 (%)	Total 400 (%)
Substance Abuse	Yes	87(51.48)	82(48.52)	169(42.25)
	No	78(33.77)	153(66.23)	231(57.75)
Diet	Veg.	67(37.02)	114(62.98)	181(45.25)
	Mixed	98(44.75)	121(55.25)	219(54.75)
Exercise	Routine	41(56.16)	32(43.84)	73(18.25)
	Occasionally	55(46.61)	63(53.39)	118(29.50)
	No	69(33.01)	140(66.99)	209(52.25)
Physical Activity	Sedentary	78(38.24)	126(61.76)	204(51.0)
	Moderate	85(44.04)	108(55.96)	193(48.25)
	Heavy	2(66.67)	1(33.33)	3(0.75)

Highly significant p<0.001, Significant p<0.05, NA (Not significant)

DISCUSSION

Old age is the last phase of human life cycle and the duration of this period depends upon the life style enjoyed so far. Old age should be regarded as normal, inevitable biological phenomenon [4].

In the present study, the total population ≥60 yrs of the age were 400. Out of these, 165 (41.25%) were males and 235 (58.75%) were females. Majority (65.50%) of the study subjects was in the age group 60-69 yrs, followed by 28.50% in the age group of 70-79 yrs and rest 6.0% were aged ≥80 yrs. The findings of this study are more or less similar to the study of H. M. Swami [5].

Table-2: Distribution of study subjects according to Substance Abuse (n=400)

Substance Abuse	Male 165 (%)	Female 235 (%)	Total 400 (%)
Alcohol	32(94.10)	2(5.90)	34(8.5)
Tobacco	52(54.73)	43(45.27)	95(23.75)
Smoking	10(62.50)	6(37.5)	16(4.0)
Kharra	3(50.0)	3(50.0)	6(1.5)
Pan	38(70.37)	16(29.63)	54(13.5)
Gutka	2(7.69)	24(92.31)	26(6.5)
Others	1(33.33)	2(66.67)	3(0.75)
None	78(33.77)	153(66.23)	231(57.75)

Highly significant p<0.001, Significant p<0.05, NA (Not significant)
(Multiple responses were allowed)

This study shows that, the majority of the subjects were non addicted (57.75%), no exercise (52.25%), sedentary type physical activity (51.00%) and mixed diet (55.0%).

Among substance abuse 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%), gutka chewers (6.5%), smokers (4.0%), kharra chewers (1.5%), and others (0.75%). Here association of substance abuse with obesity is highly significant

(BMI >25 kg/m^2). This study is more or less similar to the study of M. K. Sharma et al [6], while other study by S C Tiwari et al [7] mentioned that 34.31% subjects (30.22% males & 4.09% females) were found to be substance abusers and Rajshree Bhatt et al [8] mentioned that 26.6% elderly were addicted to different form of tobacco.

Among physical activity**,** majority of study subjects (51.0%) have 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 [6] mentioned that 25.9% have sedentary life style among the geriatric population age > 65 years in an urban area of Chandigarh. This reveals 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 any type of physical activities like walking, running, cycling, swimming, aerobic exercise, outdoor sports, walking or cycling to reach their workplace etc..

Majority of study subjects (18.25%) were engaged in routine exercise followed by occasional exercise (29.50%) and no exercise (52.25%). According to other study by Eun-kyung Woo et al [9] (36.6%) and PR Moharana et al [10] (48%) elderly go for daily exercise, which is much higher than present study. Since physical activity enhances relaxation, relives stress, depression and increases mental agility along with fostering well being which guarantee independent living and increased ability to cope until late in life, educating the community about the benefits of exercise will go a long way in improving the quality of life.

This study also shows that 48.25% of the subjects were vegetarian and 54.75% were non- vegetarian. This is in contrast to findings of the study done by A Khokhar et al [11] (55.46% vegetarian & 45.5% non-vegetarian) and PR Moharana et al [10] (52.0% vegetarian & 48.0% non- vegetarian). Since non-vegetarian diet has higher content of saturated fats efforts should be made to make the community aware about harmful and useful aspects of the diet, which they consume.

Since life style has an important bearing on the disease outcome it becomes imperative to intervene by the method of primordial prevention so that harmful lifestyle pattern is not adopted by the community and this needs to be further strengthened by screening of the high risk individual and motivating them to adopt a healthy lifestyle so that old age becomes more active and disease free.

CONCLUSION

The life style profile of study subjects shows that majority of the subjects had no addictions (57.75%) and among them majority were females (66.23%), while subjects were taking mixed diet (54.75%). Here exercise was more prevalent in males (58.18%) than females (40.43%). The association of exercise with gender was found to be highly significant. This study also revealed that 51.0% study subjects have sedentary life style. Females (61.76%) were more sedentary while males (66.67%) were more heavy workers.

Recommendations: Behaviour and lifestyle modification in the form of primordial prevention and counselling of the high risk groups should be carried to improve the quality of life of the aged**.**

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