Original Research Article

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A cross sectional study of elderly widows residing in urban field practice area of S. N. Medical College, Bagalkot, Karnataka

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ABSTRACT

Background: Widows are the most vulnerable segment among the elderly population in India. Elderly widows face several social, economic, emotional and cultural deprivations due to their gender, widowhood and old age. Hence, this study was done with the objective to know the socio demographic profile and morbidity of elderly widows residing in urban field practice area of S.N. Medical College, Bagalkot.

Methods: This cross sectional study was done in 8 Anganwadi areas during 2016 by cluster random sampling. All the elderly widows residing in the areas were included after informed consent. Ethical clearance was obtained from Institutional review board. Data regarding their socio demographic profile, cause of death of husband, the number of years being a widow, health seeking behavior and their chronic morbidities were noted. Height and weight of each elderly widow was measured and body mass index calculated using the formula weight in kilogram divided by height in meter 2 and classified according to South East Asian category. Blood pressure was recorded three times with the widow in a sitting posture in an interval of 3 minutes and the least value was documented according to JNU classification.

Results: Out of 140 elderly widows who were residents of the areas, majority (69.29%) were between 60 to 74 years of age followed by 27.86% between 75 to 89 years of age. It was observed that 75% of them were illiterate. The leading cause of death of husband was coronary heart disease (19.29%), chronic obstructive pulmonary disease (12.86%) and alcoholic cirrhosis (10.71%). On examination of the non-hypertensive widows, it was observed that 36.06% were in Stage I and 22.68% were in Stage II of hypertension (JNU classification).

Conclusions: Elderly widows are a vulnerable segment of the community. Their health care needs are a priority and regular health check-ups are to be planned.

Keywords: Widow, Urban slum, Morbidity

INTRODUCTION

Widows are the most vulnerable segment among the elderly population in India. Elderly widows face several social, economic, emotional and cultural deprivations due to their gender, widowhood and old age.1

In 2011, elderly persons aged 60 years and above were 8.6% and placed India in aged category as per UN classification. The proportion of older widowed women has increased rapidly compared with men leading to wider gender disparities in older ages. Higher life expectancy among women, difference in the ages at which men and women marry and differing proportions of older men and women who remarry are responsible for one-tailed skewed sex ratio among older adults.²

Widows in the lower economic status are more vulnerable to negative consequence in health compared to other women.³

Economic deprivation is considered as a possible factor to contribute to a high morbidity rate among elderly widows as compared to currently married women.⁴

Hence, this study was done with the objective to know the socio demographic profile and morbidity of elderly widows residing in the urban field practice area of S.N. Medical College, Bagalkot.

METHODS

This cross sectional study was done in 8 Anganwadi areas under urban field practice area, SNMC, Bagalkot during 2016 by cluster random sampling. All the elderly widows residing in the areas were included after informed consent. Ethical clearance was obtained from Institutional review board. Data regarding their socio demographic profile, cause of death of husband, the number of years being a widow, their health seeking behavior and their chronic morbidities were noted. Height and weight of each elderly widow was measured and body mass index calculated using the formula weight in kilogram divided by height in meter ² and classified according to South East Asian category. Blood pressure was recorded three times with the widow in a sitting posture in an interval of 3 minutes and the least value was documented according to JNU classification of hypertension.

RESULTS

Out of 140 elderly widows who were residents of the areas, majority (69.29%) were between 60 to 74 years of age followed by 27.86% between 75 to 89 years of age. Hindus contributed to 74.29% and Muslims to 25.71%. Maximum number (51.43%) was residing in their own homes and 33.57% were living in rented homes and 15% in homes rented by municipality. It was observed that 75% of them were illiterate (Figure 1).

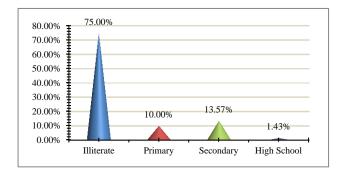


Figure 1: Distribution of elderly widows according to their education.

It was noted that 73.57% had a BPL ration card. Majority (72.86%) were receiving either widow pension or old age pension or their husband's pension. Maximum number (75%) was living with their sons (Figure 2).

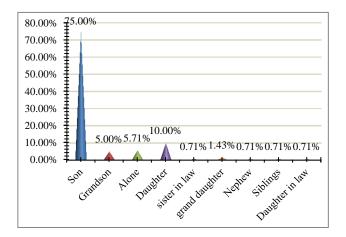


Figure 2: Distribution according to their living arrangement.

Majority were widowed between 45 to 64 years of age (Figure 3).

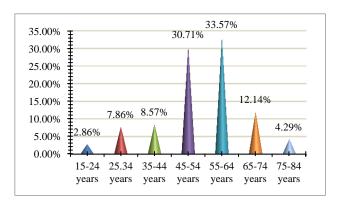


Figure 3: Distribution according to age at becoming widow.

It was observed that maximum number (37.86%) were widows since 11 to 20 years. The leading cause of death of husband was coronary heart disease (19.29%), chronic obstructive pulmonary disease (12.86%) and alcoholic cirrhosis (10.71%). Majority (87.14%) were seeking health care from private hospitals. In this study, 30.71% of the widows were a known hypertensive. It was noted that 27.14% were tobacco chewers.

Anthropometry revealed that 42.14% had normal weight (BMI 18.5-22.99). Pre obese (BMI 23-27.5) were 25% and obese (BMI>27.5) were 16.43%. On examination of the non-hypertensive widows, it was observed that 36.06% were in Stage I and 22.68% were in Stage II of hypertension (JNU classification) (Figure 4).

There was an association between tobacco chewing and hypertension (Odds ratio 3.6) (p=0.001).

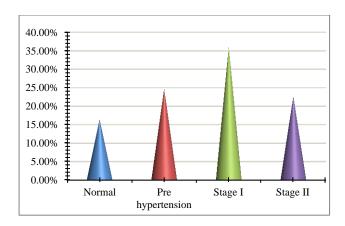


Figure 4: Distribution according to blood pressure measurement (non hypertensives).

Table 1: Association between hypertension and tobacco chewing.

	Hypertension			Chi square	P value
	Yes	No	Total	10.97	0.001
Tobacco chewing -Yes	26	13	39		
Tobacco chewing -No	36	65	101		
	62	78	140		

Odds ratio 3.6.

The leading reported morbidities were hypertension (19.29%), both diabetes mellitus and hypertension (11.43%) and bronchial asthma (7.86%). On examination, majority (37.86%) had cataract, 25.71% had denture problems and 20.71% had joint pains.

DISCUSSION

An attempt has been made to study the socio demographic profile of elderly widows, cause of death of husband, morbidity pattern and their health seeking behavior in urban field practice area of SNMC, Bagalkot.

In this study, it was observed that about 50% were still living in rented homes. Housing is the most basic requirement which has to be addressed by the concerned authorities.

Education is the key factor for empowerment of any individual. It has been noted that three- fourths of the elderly widows were illiterate. Only home based vocational skills can be encouraged depending on their interest and health concerns.

It was observed that about three fourth had social security by way of public distribution system and pension and were taken care of by their sons. It has been noted that maximum number were widowed between the ages of 45 to 64 years. Awareness regarding education of girl child needs to be highlighted in this community.

This paper revealed that elderly widows had greater rates of self reported morbidities. Disease pattern showed that Non communicable disease was more common and this finding is similar to a study done in India.² This pattern is the advanced phase of health transition and demographic ageing of India.⁵

More than one fourth of the elderly widows were chewing tobacco. There is an association between tobacco use and development of hypertension.

Majority of the husband's death had been due to a lifestyle disease. Therefore awareness regarding diet and exercise and harmful effects of tobacco and alcohol abuse has to be brought about in the community.

In this study, majority had normal body mass index compared to another study where underweight was more common. 6 This could be attributed to adequate diet.

On examination of the non hypertensives, about 60% were found to be in either stage I or Stage II of hypertension. For women, being widowed for a short amount of time or for the long term seemed to be worse for many health outcomes as compared to married women. Regular screening of the elderly for hypertension needs to be planned and implemented on a regular basis.

About 90% were seeking health care from private institutions. Primary health care is the need of the hour for this vulnerable population. Mobile clinics can be planned by the concerned authorities. Specialist camps for cataract and denture problems can be taken up by teaching institutions.

CONCLUSION

Elderly widows are a vulnerable segment of the community. Their health care needs are a priority and regular health checkups are to be planned. Awareness regarding the harmful effects of tobacco chewing has to be brought about. Referral centers have to be informed for cataract surgery.

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