

UGC MINOR RESEARCH PROJECT

EXECUTIVE SUMMARY

Education is a key determinant of the life style and status an individual enjoy in a society. It affects almost all aspects of human life, including demographic and health behaviour. Education probably increases the Elderly knowledge towards different diseases/infections they had and health seeking behaviour. Thus education reduces the risk of infection which may result to the diseases which may go beyond the control of treatment. While studying the disease pattern of elderly men and women according to demographic and other socio-economic variables an understanding of the inter relationships of these variables with education is essential. Thus, this minor research was under taken to study the "Aging and their disorders among elderly in slums and non-slums in Mumbai" in Rafi Nagar slums and Shivaji Nagar non-slum area in Mumbai and thus to understand the diseases that are chronic or associated with chronic conditions whose complications or end-stage outcomes require long-term medical intervention by the formal health sector services associated with elderly, the Signs of depression in the elderly, the morbid conditions among elderly people and finally the health facilities and their utilization.

One slum was selected at random from slums on the plain area. This slum was Rafi Nagar, from Deonar comes under M/E WARD of Mumbai. Shivaji Nagar non-slum also was selected at random from non-slum area. This also comes from Deonar comes under M/E WARD of Mumbai. The schedules were prepared and then filled in by the trained investigators by interviewing the study elderly having age 60 and above using cluster sampling method. Thus 326 elderly were interviewed from the Rafi nagar slum area, and 276 elderly were interviewed from Shivaji Nagar non-slum area, Deonar. After analyzing the data the results were obtained. These results discussed are as follows:

Poverty reduction, self-empowerment and elimination of disparity are important and worthy goals for improving health care in these communities, the speed of development and size of urban slums render achievement of these goals enormously challenging. Adequate and just characterization of the determinants of chronic and acute diseases in slums requires long-term prospective population-based surveillance. It also requires new science to understand social-cluster determinants of diseases. This is also challenging and expensive. But further neglect of this neglected population is likely to become even more costly.

In the present study, it was found that irrespective of whether elderly men and women who were residing in a slum or non-slum area, were found suffering from

A) Chronic non-infectious diseases such as Hypertension, Diabetes, Asthma, Ignored injuries (intentional or unintentional), Mental illnesses and Reproductive health problems.

In the long term, those elderly suffering from

- i) Hypertension may lead to Stroke; cardiovascular events, including myocardial infarction, congestive heart failure; kidney failure.
- ii) Diabetes may lead to Kidney failure requiring transplantation or dialysis; chronic infection (foot ulcer, osteomyelitis); acute recurrent infections (urinary tract infection, bacteremia, sepsis, pneumonia); blindness; sexual dysfunction
- iii) Asthma may lead to Respiratory infection, respiratory failure
- iv) Ignored injuries (intentional or unintentional) may lead to Chronic infection (osteomyelitis, non-healing wounds); limb deformity affecting ambulation, manual dexterity; long-term or permanent brain injury
- v) Mental illnesses may lead to Consequences of attempted suicide or homicide; violence; intractable behavior; restricted self-care and
- vi) Reproductive health problems may lead to Sterility; unwanted pregnancy; peripartum complications; congenital complications of infection (toxoplasmosis, CMV)

B) Chronic infectious diseases such as Tuberculosis, latent TB infection,

In the long term, those elderly suffering from

Tuberculosis, latent TB infection may lead to Late-stage TB; Multidrug resistant TB

C) Acute infectious disease with chronic outcomes such as Skin lesion and superinfection

In the long term, those elderly suffering from

Skin lesion and superinfection may lead to Bacterial superinfection; kidney failure due to post-streptococcal glomerulonephritis

D) Behavior and habits such as Tobacco use, Alcohol abuse and Illicit drug use

In the long term, those elderly suffering from

Tobacco use may lead to Cardiovascular diseases, cancer

Alcohol abuse may lead to Liver failure, cirrhosis, unintentional injuries

Thus, probably illiteracy may be one of the determinant factors which lower the knowledge of elderly regarding the diseases they suffering from.

Utilization of health facilities available in the study area was also found low.

In the Rafi Nagar slum area, around 30% of elderly male and women have not sought treatment from Govt. hospital whereas elderly female even not sought

treatment. Even in Shivaji Nagar non-slum area, approx. 45% of elderly male and women have not sought treatment from Govt. hospital

Only 74% of both elderly men and elderly women have taken treatment from Govt. Hospital from Rafi Nagar slum area, where as 86.2% men and 91.6 female were satisfied with the Govt. Hospital treatment.

64.5% and 60.3% of elderly male and elderly female respectively have taken treatment from Govt. hospital from Shivaji Nagar non-slum area, where as 80.8% of elderly male and 81.7% elderly female were found satisfied with the treatment from Govt. Hospital.

Those elderly males who have taken treatment from Private Hospital were only 51.3% whereas treatment taken by elderly female were 65.3% and were from Rafi Nagar slum area. Even after taking treatment from private hospital, 20% and 24.2% of elderly male and elderly female respectively were found unsatisfactory whereas those elderly males who have taken treatment from Private Hospital were only 53.6% whereas treatment taken by elderly female were 51.4% and were from Shivaji Nagar non-slum area. Even after taking treatment from private hospital, only 1.9% of elderly male and no one from elderly female were found unsatisfactory.

Thus, this minor research project on “Aging and their disorders among elderly in slums and non-slums in Mumbai” in Rafi Nagar slums and Shivaji Nagar non-slum area in Mumbai was undertaken to have a firsthand knowledge about the diseases /infections particularly chronic and non-chronic diseases associated with elderly people in slums in Mumbai and efforts are also made to know the its prevalence. The disease pattern among elderly was found to be very high. The awareness increases with the increase in the level of education. This meager research is not enough to generalize the awareness about the diseases among elderly in a slum and there is a scope for further research in such area with a larger sample size.

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