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Prevalence of major morbidities among geriatrics of Haryana, India

Ashma Khan and Manju Dahiya

Abstract
Human resource is an asset for a country. It plays a quintessential role in economic growth and development due to financial well-being and better health care facilities. The substantial reduction in the world's mortality rate resulted from an increasing number of elderly persons. Old age cannot be called a disease; however, people cannot do their basic activities because of the impairments. Therefore, the present study encompasses the regional dynamics of geriatric morbidities and their health care utilization. This study was conducted from two Eco-cultural zones from Haryana, i.e., Bagar Zone and Mewat Zone. The two blocks from Nuh and Hisar II from Haryana were selected in two zones. Twenty-five males and twenty-five females aged 65 and above old age pension holders from four villages were selected from two blocks. Therefore, a total of 200 respondents samples were compiled for this study. The primary health problem found Anemia, muscular pain, burning feet, arthritis, and obesity, significantly higher among female geriatrics. Most geriatrics went to unqualified practitioners, followed by belief in faith healers in both the districts. None of the respondents practiced self-meditation/Yoga for any treatment in district Nuh. In comparison, most geriatrics believed in home remedies and practiced meditation/Yoga in Hisar. The present findings of the study emphasize that there is need to appropriate facilities for the district's senior citizens in the hospitals and aware of doing Yoga/meditation at home. It may help to overcome the morbidities in elderly people.

Keywords: Age, morbidities, remedies, geriatrics, Haryana

1. Introduction
According to the population census 2011, there are nearly 104 million geriatrics in India, 53 million females and 51 million males. More than 73 million (71%) elder people reside in rural areas, while 31 million (29%) of the older adults live in urban areas. The geriatrics population's proportion will rise from 5.96% to 6.80% from 1971 to 1991 and 7.47% to 8.3% from 2001 to 2011 (UNPF, 2011). In India, Haryana shares 8.7% of old adults from the total elderly population (60+ and above). Males are 1089 and females are 1105 whereas the rural population is 1513 compared to urban, 681 (in thousands) (Population census 2011). The growth in the elderly population has shot up to 36% from 2001 to 2011, while the growth rate will be 25% in an earlier decade. Despite increased life expectancy, poverty is not diminishing quickly; thus, the aged become the most vulnerable factor of society with physical, social, and economic backwardness. Aging is the constant process of growing older at the cellular, organ, or whole-body level throughout the life span. According to World Health Organization (WHO), most developed countries have accepted the chronological age of 65 years to define elderly individuals. While this definition is somewhat arbitrsary, it is often associated with the age at which one can receive pension benefits (Dahiya and Dahiya, 2021; Khan and Dahiya, 2022) [8, 11]. The elderly age can categorize into three different groups: young old (60-74 years), old (75-84 years), and oldest-old (>85 years). The rapidly growing absolute and relative number of older people in both developed and developing countries means that more and more people will enter old age when the risk of developing certain and debilitating diseases is significantly higher. There are many health complaints in the geriatrics population due to various factors (Khan and Dahiya, 2021) [10], and all of these should be dealt with accordingly. However, prioritization should implement the most adverse consequences for social and spiritual well-being.
In India, geriatrics experience two types of medical complications: communicable and non-communicable diseases. In addition, they also reveal the weakening of sensory functions such as vision and hearing, which make their living and daily activities very difficult. The consequences of any disease in terms of severity among the elderly are affected by one crucial

factor, which is health-seeking behavior. Health care-seeking behavior refers to an individual's decision or action to maintain, attain, or regain good health and prevent illness which influences elderly people in deciding on public or private health services (Dahiya and Dahiya, 2021) [8]. Also, few elderly persons may go for traditional medicines, self-medication, or home remedies. Hence, it becomes a challenge for them as well as their care-takers. There are many reasons why geriatrics are not treated the way they expect or should be treated. The aged segment has economic, health, and assistance-related problems associated with deficient literacy levels. Nearly 60-75 percent of all geriatrics are economically dependent on others, usually their children. Changes in the family system from joint to nuclear family and work participation of females indicates care-related problems of the aged. This breakdown of the social backbone significantly affects the family's finances. There is less pooling of the resources with decreased finances, and elder care takes a hit. The government should ensure effective planning of healthcare services for the elderly and prepare a feasible design relevant to the country's needs for implementing the plan. The problems related to the aging of the population are inadequate facilities for medical treatment and non-provision of economic and social support. There is a need to make them accessible to every elderly.

2. Study Area and Methodology

This description gives a methodological procedure and steps adopted in carrying out the present study (Figure 1). The study was conducted in Nuh and Hisar districts from Haryana (Figure 2). For the study, we selected two blocks, Nuh and Hisar II, two villages from each block, i.e., Ghasera and Shahpur Nangli from Nuh, Patan and Gorchhi from Hisar II block were selected arbitrarily, along with a well-structured interview schedule is prepared. This interview schedule was pre-tested on 30 respondents (15 males and 15 females) of Hisar and Mewat city other than the selected sample. Accordingly, the modifications were made to the schedule. After improving the interview schedule, to find the aftermath of old-age pension, the geriatrics who had spent five years receiving old-age pension were selected for the study. So, 25 males and 25 females from each village from the age of 65 years and above were selected randomly, thus constituting a total sample of 200 respondents for calculating the impact of old-age pension on the livelihood chances of geriatrics. Then the required data were collected randomly from each village. According to the planned objectives, the data were collected with the help of the pre-structured interview schedule developed by the researcher. This includes health morbidities faced by geriatrics, reasons for health problems, utilization of various health facilities, remedial measures adopted by geriatrics other than hospitals, and issues perceived by the geriatrics related to different aspects of day-to-day life. The secondary data were collected from books, journals, Newspapers, Magazines, literature reviews, various websites, etc. A list of old-age pensioners was collected from the official website (http://pension.socialjusticehry.gov.in).

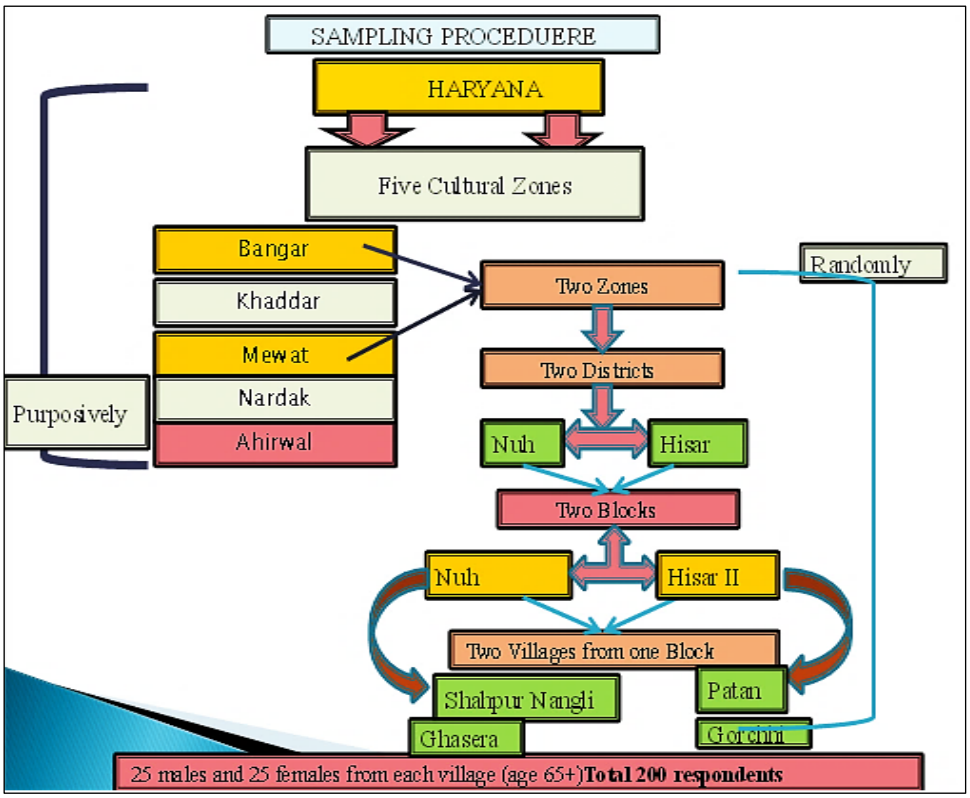

Fig 1: Methodology opted to know about major morbidities faced by geriatrics in Haryana

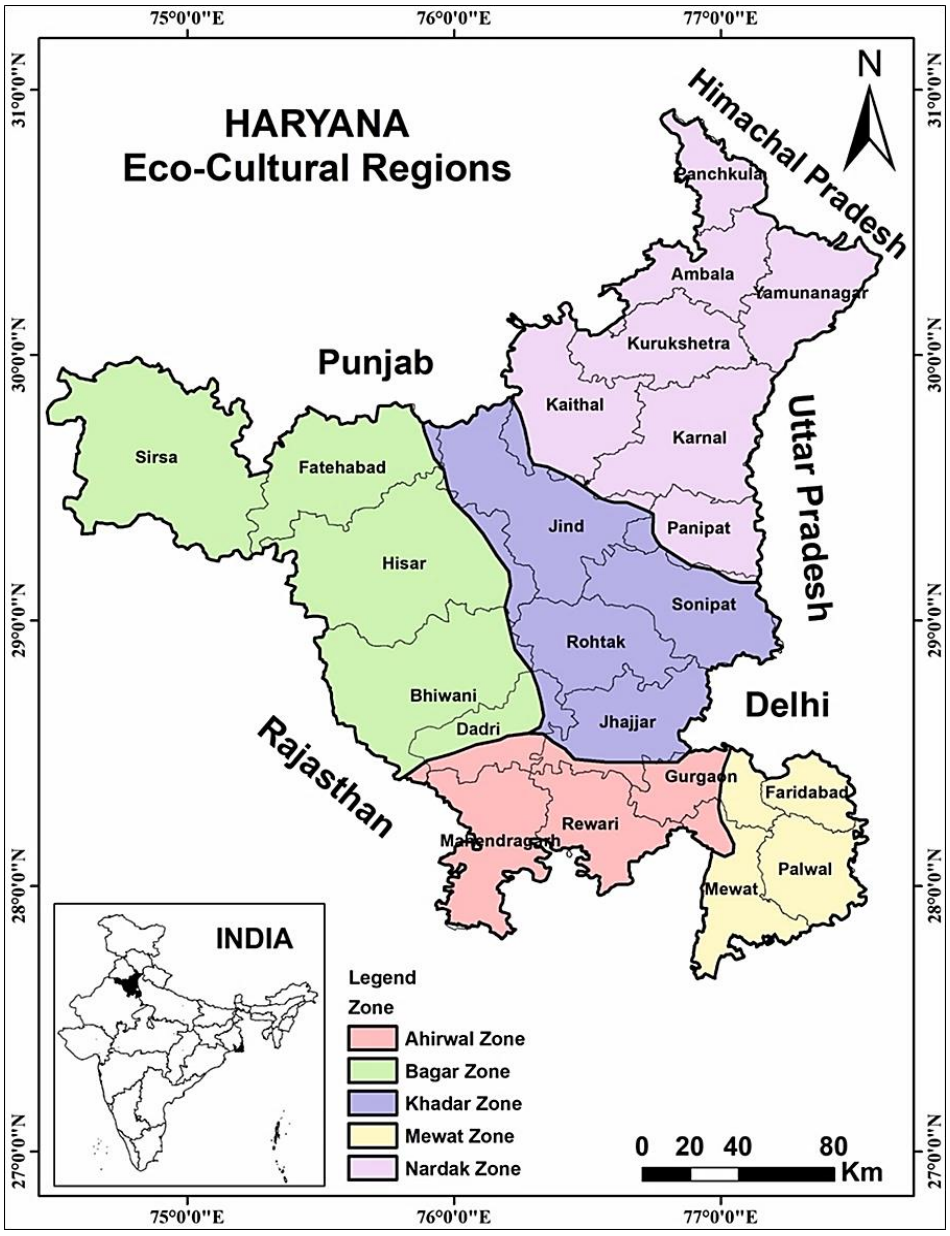

Fig 2: The map shows study area and the Eco-cultural regions of Haryana (Modified after Singh, 1994; Khan and Dahiya, 2021) [, 10]

3. Results and Discussion

A cross-cultural study was carried out among geriatric populations residing at the field practice area of Muslim and Hindu dominated. A total of 200 old-age pensioners were interviewed. Healthy ageing is a major concern in old age for all classes of people, and it may be rural or urban. Without good health, the surviving years in the last stage of the life cycle could burden the person himself, his family and society. The primary health morbidity in both districts was muscular pain (81.0%), followed by Depression/stress (80.0%) and hearing loss (71.0%). Similar findings were also supported by Bhawalkar *et al.* (2013) [7], Adhikari *et al.* (2017) [1], Shah *et al.* (2017) [14] and Gupta *et al*. (2019) [9] which shows that musculoskeletal disorder was the most common (43.31%), followed by eye problems (37.2%) and hypertension (13.7%) in elderly. The possible reasons may be a different working pattern, income variable, pollution, area and lack of awareness.

3.1 Socio-demographic profile of the geriatrics in Nuh and Hisar

The socio-demographic status of the geriatrics, i.e., age, gender, religion, formal education, marital status, occupation of the family, type of family, and family educational status from the Hisar and Nuh collected to understand the significant morbidities faced by geriatrics (Figure 3)

3.1.1 Age

The data from the present study shows that more than half of the respondents (52.0%) were in the age group of 71-75 years and 25.0% respondents in the age group of 65-70 years in Nuh. Additionally, 12.0% of respondents were 76-80 years old, and 11.0% were 81 and above years.

In Hisar, 3/4th of respondents (75.0%) was in the age group of 65-70 years, followed by 13.0% in the age group of 71-75 years, 8.0% in the age group of 76-80 years and only 4.0% respondents were in the age group of 81 and above years.

3.1.2 Gender

It was pre-decided in the survey to take equal members of gender-wise geriatrics. Therefore, 25 males and 25 females constituted the sample from each village. The total number of geriatrics included in the sample was 200.

3.1.3 Religion

The data taken from the Nuh, Haryana revealed that most of the respondents (98.0%) were Muslim, and only 2.0% were Hindu. In Hisar, most of the respondents (95.0%) were Hindu, and only 5.0% were Muslim. The overall sampled data showed that most geriatrics were Muslims (51.5%) and 48.5% were Hindu.

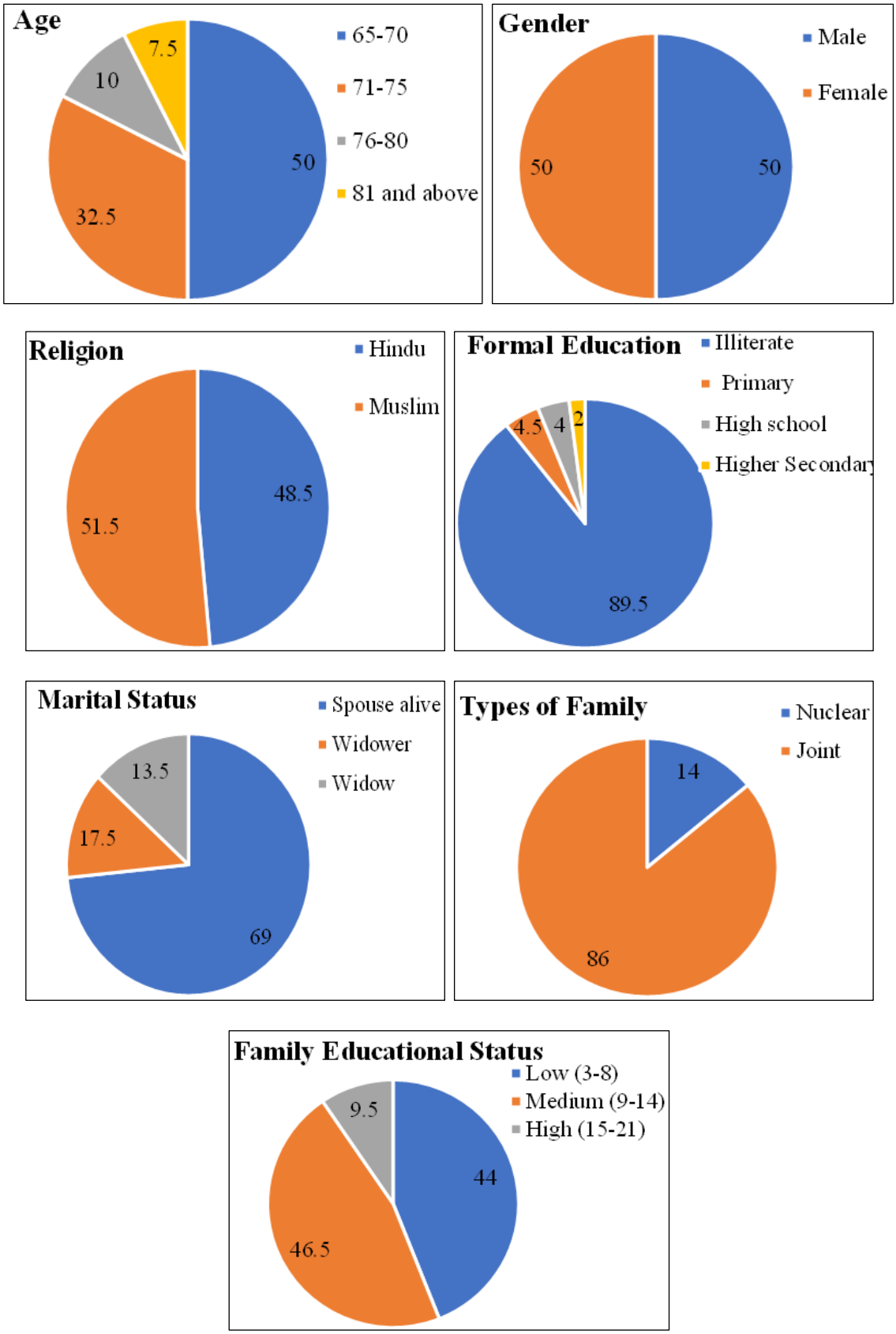

Fig 3: Overall Socio-Demographic Profile of the Geriatrics

3.1.4 Formal education
In a similar nutshell, a trend was observed in both the districts, i.e., most of the respondents were illiterate. Maximum education of the geriatrics was observed up to higher secondary in Nuh and Hisar districts.

3.1.5 Marital status
Data showed that 34.0% of respondents in Nuh and 28.0% in Hisar had lost their life partners.

3.1.6 Type of family
Overall data in Nuh and Hisar districts indicated that most respondents, 90.0% and 82.0%, respectively, belonged to joint families and the rest of the respondents had nuclear families.

3.1.7 Family educational status
In Nuh, most respondents (55.0%) had low family academic status, while half of the respondents (50.0%) had medium family educational status in Hisar.

3.2 Gender-wise major health morbidities faced by geriatrics
The study highlighted the gender-wise significant health morbidities in (Table 1). The significant morbidities in physical health problems showed that Anaemia ($p<0.00001$), muscular pain ($p<0.00001$), burning feet ($p<0.00001$), arthritis (0.00001) and obesity (0.035502) disorders were found to be significantly higher among female geriatrics in Nuh and Hisar districts, Haryana. In contrast, hypertension (0.000052), heartburn (<0.00001), angina pectoris (0.020334), and hearing loss (0.379537) problems were significantly more severe among male geriatrics in Nuh and Hisar districts. In mental/psychological health problems, no significant differences were observed in males and females of both districts. Similar findings align with Sharma *et al.* (2015) [15], who found that heart diseases and angina pectoris are significantly more in males. Among mental/psychological health problems, no significant differences were observed in males and females of both districts.

Table 1: Gender wise major health morbidities faced by geriatrics

n=200

Sr. No	Health problems	Male F (%)	Female F (%)	Total (n=200)	Chi-square	P-value
	Physical					
1.	Arthritis	35(17.5)	70(35.0)	105 (52.5)	24.56*	0.00001
2.	Vision	46(23.0)	43(21.5)	89(44.5)	0.1822	0.669485
3.	Hearing loss	40(20.0)	34(17.0)	74(37.0)	0.7722	0.379537
4.	Heartburn	60(30.0)	28(14.0)	88(44.0)	20.77*	< 0.00001.
5.	Hypertension	47(23.5)	20(10.0)	67(33.5)	16.36*	0.000052
6.	Muscular Pain	45(22.5)	84(42.0)	129(64.5)	39.32*	< 0.00001
7.	Diabetes	16(8.0)	14(7.0)	30(15.0)	0.1569	0.692061
8.	Anaemia	9(4.5)	51(25.5)	60(30.0)	42.0*	< 0.00001
9.	Piles	24(12.0)	20(10.0)	44(22.0)	0.4662	0.49474
10.	Angina pectoris	26(13.0)	13(6.5)	39(19.5)	5.383*	0.020334
11.	Skin	7(3.5)	6(3.0)	13(6.5)	0.0823	0.774244
12.	Obesity	8(4.0)	18(9.0)	26(13.0)	4.4209*	0.035502
13.	Constipation	9(4.5)	14(7.0)	23(11.5)	1.2282	0.267757
14.	Burning feet	28(14.0)	60(30.0)	88(44.0)	25.67*	< 0.00001
15.	Asthma	40(20.0)	30(15.0)	70 (35.0)	2.197	0.138208
16.	Dental	42(21.0)	48(24.0)	90(45.0)	0.7273	0.393769
	Mental/Psychological					
1.	Alzheimer's	43(21.5)	38(19.0)	81(40.5)	0.5187	0.471386
2.	Depression/Stress	32(16.0)	22(11.0)	54(27.0)	2.5368	0.111221
3.	Loneliness	5(2.5)	7(3.5)	12(6.00)	0.3546	0.551515
4.	Insomnia	45(22.5)	35(17.5)	80(40.0)	2.0833	0.148915

*Significant at 5% level of significance.

3.3 Age-wise major health morbidities faced by geriatrics
As the age advances, the morbidities become more familiar to a person. Gradually, the power to work decreases and the elderly are more confined to their own house. The distribution of morbidities according to age from Nuh and Hisar (Haryana) is shown in Table 2. In the age group between 65 to 70 years, heartburn (23.0%) and burning feet (22.0%) were the most prevalent problems, while in the age groups 71-75 years, muscular pain (30.0%) was most prevalent, followed by arthritis (28.5%). In the age group of 76-80 years, muscular pain (10.0%) followed by arthritis, vision, hearing loss, burning feet, and dental (9.0%) were the most prevalent morbidities faced by geriatrics. At the age of 80 and above, hearing loss and muscular pain (7.5%) were the significant morbidities found in society. However, the differences in the morbidity patterns across the various age groups in geriatrics in Haryana were statistically substantial for arthritis, vision, hearing loss, hypertension, muscular pain, diabetes, skin, constipation, burning feet, asthma, and dental problems. All the mental/psychological health problems in all the age groups were statistically significant. Similar findings were observed by Qadri *et al.* (2013) [13] that in the age group of 65-68 years, 54.8% were hypertensive, followed by 14.5% were suffering from diabetes mellitus. In the age group of more than 75 years, 76.6% were anemic, 61.7% suffered from cataracts, and 70.2% had dental problems.

Table 2: Age-wise major health morbidities faced by Geriatrics

n=200

Sr. No	Health problems	N	Age-Group (Years)				Significance
	Physical		65-70 (100)	71-75 (65)	76-80 (20)	80 & above (15)	
1.	Arthritis	105	18(9.0)	57(28.5)	18(9.0)	12(6.0)	$\chi2$=95.83,* p=<0.00001
2.	Vision	89.0	25(12.5)	32(16.0)	18(9.0)	14(7.0)	$\chi2$=50.99,* p=<0.00001
3.	Hearing loss	74.0	15(7.5)	26(13.0)	18(9.0)	15(7.5)	$\chi2$=70.29,* p=<0.00001
4.	Heartburn	88.0	46(23.0)	22(11.0)	12(6.0)	8(4.0)	$\chi2$=5.490 p=.139217
5.	hypertension	67.0	20(10.0)	28(14.0)	10(5.0)	9(4.5)	$\chi2$=18.02* p=.000434
6.	Muscular Pain	129	34(17.0)	60(30.0)	20(10.0)	15(7.5)	$\chi2$=81.27* p=<0.00001
7.	Diabetes	30.0	10(5.0)	7(3.5)	8(4.0)	5(2.5)	$\chi2$=16.63* p=.000841
8.	Anaemia	60.0	32(16.0)	21(10.5)	3(1.5)	4(2.0)	$\chi2$=2.57, p=.461442
9.	Piles	44.0	19(9.5)	19(9.5)	4(2.0)	2(1.0)	$\chi2$=3.208 p=.360637
10.	Angina pectoris	39.0	18(9.0)	17(8.5)	2(1.0)	2(1.0)	$\chi2$=3.4899, p=.32208
11.	Skin	13.0	2(1.0)	2(1.0)	5(2.5)	3(1.5)	$\chi2$=21.83* p=.000071
12.	Obesity	26.0	13(6.5)	8(4.0)	2(1.0)	3(1.5)	$\chi2$=0.83, p=.840703
13.	Constipation	23.0	5(2.5)	2(1.0)	7(3.5)	9(4.5)	$\chi2$=54.20,* p=<0.00001
14.	Burning feet	88.0	44(22.0)	18(9.0)	18(9.0)	8(4.0)	$\chi2$=24.72,* p=.000018
15.	Asthma	70.0	20(10.0)	28(14.0)	13 (6.5)	9 (4.5)	$\chi2$= 23.78,* p= .000028
16.	Dental	90.0	28(14.0)	30(15.0)	18(9.0)	14(7.0)	$\chi2$=42.23,* p= <0.00001
	Mental/Psychological						
1.	Alzheimer's	81.0	20(10.0)	26(13.0)	20(10.0)	15(7.5)	$\chi2$=59.64,* p=<0.00001
2.	Depression/ Stress	54.0	15(7.5)	34(17.0)	4(2.0)	1(0.5)	$\chi2$=32.07,* p=<0.00001
3.	Loneliness	12.0	1(0.5)	3(1.5)	4(2.0)	4(2.0)	$\chi2$=18.98* p=.000276
4.	Insomnia	80.0	15(7.5)	30(15.0)	20(10.0)	15(7.5)	$\chi2$=71.33* p=<0.00001

*Significant at 5% level of significance

3.4 Gender-wise reasons for health problems as perceived by geriatrics

In the Nuh district, most of the male geriatrics (40.0%) reported age as the primary reason for their health problems. The main health issues in male are the poor financial condition (35.0%), unhealthy diet (33.0%), lack of health facilities (25.0%), not proper timings of serving food (15.0%), poor sanitation (12.0%), carelessness (11.0%), physical/mental abuses (9.0%), feeling of negativity (8.0%), smoking (7.0%) and over work (5.0%) (Table 3). The female geriatrics reported an unhealthy diet (45.0%) as the primary reason for their health problems. The morbidities in females are mainly due to ageing (34.0%), poor financial condition (30.0%), lack of health facilities (28.0%), poor sanitation (23.0%), and feeling of negativity (17.0%). The other health issues in females are carelessness (15.0%), overwork (12.0%), physical/mental abuses (11.0%), not proper timings of serving food (8.0%) and smoking (2.0%) were the primary reasons for health problems (Table 3). However, the Nuh district showed unhealthy diet (78.0%) followed by age (74.0%), poor financial condition (65.0%), lack of health facilities (53.0%), poor sanitation (35.0%), carelessness (26.0%), feeling of negativity (25.0%), not proper timings of serving food (23.0%), physical/mental abuses (20.0%), over work (17.0%) and smoking (9.0%) were the main issues for illness (Table 3).

Table 3: Gender wise reasons for health problems as perceived by Geriatrics

n=200

Sr. No.	Reasons	Nuh (n=100) F			Hisar (n=100) F			Grand total
		Male	Female	Total	Male	Female	Total	
1.	Age	40.0	34.0	74.0	36.0	30.0	66.0	140
2.	Unhealthy diet	33.0	45.0	78.0	10.0	15.0	25.0	103
3.	Not proper timings of serving food	15.0	8.00	23.0	9.0	12.0	21.0	44.0
3.	Carelessness	11.0	15.0	26.0	14.0	16.0	30.0	56.0
4.	Poor financial condition	35.0	30.0	65.0	8.00	10.0	18.0	83.0
5.	Lack of health facilities	25.0	28.0	53.0	6.00	4.00	10.0	69.0
6.	Physical/Mental abuses	9.00	11.0	20.0	15.0	19.0	34.0	54.0
7.	Over work	5.00	12.0	17.0	7.00	13.0	20.0	37.0
8.	Feeling of negativity	8.00	17.0	25.0	18.0	17.0	35.0	60.0
9.	Poor sanitation	12.0	23.0	35.0	3.00	5.00	8.00	46.0
10.	Smoking	7.00	2.00	9.00	11.0	4.00	15.0	24.0
11.	Drinking	-	-	-	12.0	-	12.0	12.0

*Multi response table, frequency and percentage

The male geriatrics (36.0%) in Hisar district reported age as the major reason for their health problems. Similarly, feeling of negativity (18.0%), physical/mental abuses (15.0%), carelessness (14.0%), drinking (12.0%), smoking (11.0%), unhealthy diet (10.0%), not proper timings of serving food (9.0%), poor financial condition (8.0%), over work (7.0%), lack of health facilities (6.0%) and poor sanitation (3.0%) are also the main concerns for their morbidities (Table 3). Similarly, the female geriatrics (30.0%) is also reported age is the main reason for their health problems. The other reason for illness in the female geriatrics are physical/mental abuses (19.0%), feeling of negativity (17.0%), carelessness (16.0%), unhealthy diet (15.0%), overwork (13.0%), not proper timings of serving food (12.0%), poor financial condition (10.0%),

poor sanitation (5.0%), lack of health facilities and smoking (4.0% each) (Table 3). The overall trend in Hisar district revealed that age as the primary reason for their health problems followed by a feeling of negativity (35.0%), physical/ mental abuses (34.0%), unhealthy diet (25.0%), not proper timings of serving food (21.0%), overwork (20.0%), poor financial condition (18.0%), smoking (15.0%), drinking (12.0%) and poor sanitation (8.0%). Similar findings are in trend with the study of Adhikari *et al.* (2017) [1] and Barua *et al.* (2017) [6], who pinpointed that elderly who did not seek treatment, elaborated 'lack of money' not feel the necessity to go to the hospital (62.5% each), no one to took them to the hospital (9.8%) and trust on God for healing (8.0%) were the most common reasons.

3.5 Districts wise prevalence of major health morbidities among Geriatrics

Results further revealed that in Nuh district, morbidity among geriatrics were found to be significantly higher as compared to Hisar viz. heartburn (p=<0.00001), hypertension (p=0.00057), anaemia (p=0.000509), asthma (p=0.003027), dental (p=0.000219) and alzheimer's (p=0.000923) (Table 4). The possible reasons for this may be the unavailability of health facilities, fondness for meat and meat products which cause heartburn, acidity etc. and unawareness about the nutritional unimportance of the consumption of different food patterns, more pollution in Nuh as near to metro cities and prevalence of high concentration of fluoride in water.

Table 4: Districts wise prevalence of major health morbidities among Geriatrics

n=200

Sr. No.	Health problems	Nuh (n=100)	Hisar (n=100)	Significance
	Physical			
1.	Arthritis	57.0	48.0	$\chi2$=1.6241, P= .202527
2.	Vision	40.0	49.0	$\chi2$=1.6398, p= 200347
3.	Hearing loss	36.0	38.0	$\chi2$=0.0858 p= .769586
4.	Heartburn	67.0	21.0	$\chi2$=42.93,* p=<0.00001
5.	Hypertension	45.0	22.0	$\chi2$=11.87,* p= .00057
6.	Muscular Pain	71.0	58.0	$\chi2$=3.6904, p= .054728
7.	Diabetes	21.0	9.00	$\chi2$=5.6471, p= .017485
8.	Anaemia	35.0	25.0	$\chi2$=12.08,* p= .000509
9.	Piles	27.0	17.0	$\chi2$=2.9138, p= .087827
10.	Angina pectoris	24.0	15.0	$\chi2$=2.58, p= .10822
11.	Skin	9.00	4.00	$\chi2$=2.0568, p= .151531
12.	Obesity	9.00	17.0	$\chi2$= 2.8294, p= .092556
13.	Constipation	8.00	15.0	$\chi2$=2.4073, p= .120773
14.	Burning feet	49.0	39.0	$\chi2$=2.0292, p= .1543
15.	Asthma	45.0	25.0	$\chi2$=8.79,* p= .003027
16.	Dental	58.0	32.0	$\chi2$=13.65,* p= .000219
	Mental/Psychological			
1.	Alzheimer's	52.0	29.0	$\chi2$=10.97,* p= .000923
2.	Depression/Stress	26.0	28.0	$\chi2$=0.1015, p= .750071
3.	Loneliness	7.00	5.00	$\chi2$=0.3546 p= .551515
4.	Insomnia	35.0	45.0	$\chi2$=2.0833 p= .148915

*Significant at 5% level of significance

3.6 Utilization of various health facilities by old age pensioner

Most of the geriatrics preferred government facilities for vision treatment, hypertension, muscular pain, and asthma (25.0% each) followed by arthritis (20.0%), diabetes and dental (12.0%), angina pectoris, and heartburn (11.0%), piles (9.0%), burning feet (6.0%), insomnia (5.0%), hearing loss, skin and depression/stress (4.0% each), constipation and alzheimer's (3.0% each respectively) and Anaemia and obesity (2.0% each) (Table 5). Although, few geriatrics were utilizing private facilities for the treatment of vision, hypertension, and dental problems (8.0% each), muscular pain and diabetes (6.0%), arthritis, angina pectoris, and depression/ stress (5.0%), piles, burning feet, asthma, insomnia (4.0% each respectively), hearing loss, heartburn, skin, constipation, Alzheimer's (2.0% each) and Anaemia and obesity (1.0% each) (Table 5). Several geriatrics were taking allopathic treatment for asthma (18.0%) followed by hypertension (15.0%), muscular pain (14.0%), diabetes (11.0%), arthritis, vision (10.0%), dental (9.0%), heartburn, piles (8.0% each) angina pectoris (7.0%), burning feet and insomnia (6.0%), depression/stress (4.0%), skin and constipation (3.0%), hearing loss, alzheimer's (2.0% each) and anaemia and obesity (1.0%) (Table 5). Many of the geriatrics were also taking ayurvedic treatment for vision and hypertension (10.0%) followed by asthma (7.0%), arthritis, muscular pain, and angina pectoris (5.0% each respectively), and others shown in Table 5. Homeopathic treatment was maximum utilized for vision (13.0%) followed by muscular pain (12.0%), arthritis.

Table 5: Utilization of various health facilities by old age pensioner

n=200

Health problems	Utilization				Type of treatment						No treatment	
	Government facilities		Private facilities		Allopathic		Ayurvedic		Homeopathic			
Physical	**Nuh**	**Hisar**	**Nuh**	**Hisar**	**Nuh**	**Hisar**	**Nuh**	**Hisar**	**Nuh**	**Hisar**	**Nuh**	**Hisar**
1. Arthritis (n=57+48)	20.0	10.0	5.00	20.0	10.0	15.0	5.00	5.00	10.0	10.0	32.0	18.0
2. Vision (n=40+49)	25.0	14.0	8.00	22.0	10.0	13.0	10.0	15.0	13.0	8.00	7.00	16.0
3. Hearing loss (n=36+38)	4.00	9.00	2.00	7.00	2.00	9.00	1.00	3.00	3.00	4.00	30.0	22.0
4. Heartburn (n=67+21)	11.0	3.00	2.00	5.00	8.00	5.00	4.00	1.00	1.00	2.00	54.0	13.0
5. Hypertension (n= 45+22)	25.0	5.00	8.00	12.0	15.0	8.00	10.0	4.00	8.00	5.00	12.0	5.00
6. Muscular pain (n=71+58)	25.0	15.0	6.00	23.0	14.0	18.0	5.00	9.0	12.0	11.0	40.0	20.0
7. Diabetes (n=21+9)	12.0	2.00	6.00	5.00	11.0	4.00	3.00	1.00	4.00	2.00	3.00	2.00
8. Anaemia (n=35+25)	2.00	11.0	1.00	4.00	1.00	10.0	1.00	2.00	1.00	3.00	32.0	10.0
9. Piles (n=27+17)	9.00	5.00	4.00	9.00	8.00	6.00	4.00	6.00	1.00	2.00	14.0	3.00
10. Angina pectoris (n=24+15)	11.0	3.00	5.00	6.00	7.00	4.00	5.00	3.00	4.00	2.00	8.00	8.00
11. Skin (n=9+4)	4.00	1.00	2.00	3.00	3.00	1.00	2.00	2.00	1.00	1.00	3.00	-
12. Obesity (n=9+17)	2.00	2.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	6.00	14.0
13. Constipation (n=8+15)	3.00	4.00	2.00	7.00	3.00	5.00	1.00	2.00	1.00	4.00	3.00	4.00
14. Burning feet (n=49+39)	6.00	8.00	4.00	13.0	6.00	11.0	2.00	6.00	2.00	4.00	39.0	18.0
15. Asthma (n=60+18)	25.0	2.0	4.00	6.0	18.0	4.00	7.00	3.00	4.00	1.00	31.0	10.0
16. Dental (n=58+32)	12.0	9.00	8.00	15.0	9.00	9.00	4.00	8.00	7.00	7.00	38.0	8.00
Mental/Psychological												
1. Alzheimer's (n=52+29)	3.00	4.00	2.00	2.00	2.00	4.00	1.00	1.00	2.00	1.00	47.0	23.0
2. Depression/Stress (n=26+28)	4.00	1.00	5.00	2.00	4.00	1.00	4.00	1.00	1.00	1.00	17.0	25.0
3. Loneliness (n=7+16)	-	-	-	-	-	-	-	-	-	-	7.00	16.0
4. Insomnia (n=35+45)	5.00	8.00	4.00	10.0	6.00	8.00	2.00	6.00	1.00	4.00	26.0	25.0

(10.0%), hypertension (8.0%), dental (7.0%), diabetes, angina pectoris and asthma (4.00%), hearing loss (3.0%) and others (1.0% each respectively) (Table 5). It has been concluded that the government hospitals were the most utilized facility by the geriatrics for all the health-related problems. In contrast, the types of treatment like Allopathic, Ayurvedic, and homeopathic followed by geriatrics were almost identical. In Nuh district, 54.0% of the geriatrics did not utilize any facilities for treatment, viz, government and private hospitals. Similar findings by Nipun *et al*. (2015) [12], Sharma *et al.* (2016) [15], and Gupta *et al*. (2019) [9] showed that the majority preferred allopathic medicines (81.2%) followed by ayurvedic medicines (11.3%) and homeopathic medicines (7.3%) for their health problems. Most elderly preferred going to a PHC/CHC/Govt. hospital for their treatment.

In Hisar, most of the geriatrics (15.0%) utilized government facilities for muscular pain treatment followed by vision (14.0%), Anaemia (11.0%), arthritis (10.0%), hearing loss and dental (9.0%), burning feet and insomnia (8.0%), hypertension and piles (5.0% each), constipation and Alzheimer's (4.0%), heartburn and angina pectoris (3.0%), diabetes, obesity and asthma (2.0%), skin and depression/ stress (1.0%). (Table 5). Whereas the study shows that the private facilities were maximum utilized for muscular pain (23.0%), vision (22.0%), arthritis (20.0%), dental problems (15.0%), burning feet (13.0%), hypertension (12.0%), insomnia (10.0%), piles (9.0%), hearing loss and constipation (7.0%), angina pectoris and asthma (6.0%), heartburn and diabetes (5.0%), Anaemia (4.0%), skin (3.0%), alzheimer's and depression/ stress (2.0%) and obesity (1.0%) (Table 5). Allopathic treatment was maximum utilized for muscular pain (18.0%) followed by arthritis (15.0%), vision (13.0%), burning feet (11.0%), anaemia (10.0%), heartburn and dental (9.0%), hypertension and insomnia (8.0%), piles (6.0%), heartburn and constipation (5.0%), diabetes, angina pectoris, asthma and alzheimer's (4.0%) and skin, obesity and depression/stress (1.0% each respectively) (Table 5). Ayurvedic treatment was maximum utilized for vision followed by muscular pain (9.0%), dental (8.0%), piles, burning feet and insomnia (6.0%), arthritis (5.0%), hypertension (4.0%), hearing loss, angina pectoris and asthma (3.0%), Anaemia, skin and constipation (2.0%), heartburn, diabetes, obesity, alzheimer's and depression/ stress (1.0% each) (Table 5). Although, homeopathic treatment utilized maximum for muscular pain (11.0%) followed by arthritis (10.0%), vision (8.0%), dental (7.0%), hypertension (5.0%), hearing loss, constipation, burning feet and insomnia (4.0%), Anaemia (3.0%), heartburn, diabetes, piles and angina pectoris (2.0%) and skin, obesity, asthma, alzheimer's and depression/stress (1.0% each) (Table 5). Therefore, the present study indicates that the private facilities were utilized mainly by the geriatrics of district Hisar for all the health-related problems. In contrast, the types of treatment (Allopathic, Ayurvedic and homeopathic) followed geriatrics were almost the same. 25.0% of the geriatrics did not utilize any facilities viz; government and private hospitals and the types of treatment in Hisar district. This was quite in agreement with the study of Rupali *et al.* and Kumar *et al.* (2015) that the elderly preferred self-medication, traditional methods, paraprofessionals (7.2%, 16.9%, and 24.8%, respectively) for curing health-related problems.

3.7 Remedial measures adopted by geriatrics other than hospitals

Remedial measures adopted by geriatrics other than hospitals in Nuh and Hisar were listed in Table 6. Most of the geriatrics (25.0%) went to unqualified practitioners for the treatment of asthma followed by muscular pain (20.0%), heartburn (14.0%), arthritis (13.0%), anaemia (11.0%), dental problems (10.0%), burning feet and Alzheimer's (8.0% each), vision (7.0%), angina pectoris and insomnia (5.0% each), hearing loss (4.0%), diabetes and constipation (3.0% each) and hypertension (2.0%). Majority of the elderly believed in home remedy for burning feet treatment (31.0%) followed by hypertension (30.0%), anaemia (21.0%) piles (14.0%), Alzheimer's (9.0%), hearing loss, muscular pain and dental

(8.0% each), arthritis (7.0%), obesity and asthma (6.0%), skin (3.0%) and anemia (2.0%).

Majority of the geriatrics believed in quacks/faith healer for dental treatment (20.0%) followed by hearing loss (18.0%), arthritis (12.0%), heartburn and Alzheimer's (10.0% each), hypertension and insomnia (7.0% each) and depression/stress (5.0%). 20.0% geriatrics had faith in Worship/Namaz to treat Alzheimer's followed by insomnia (14.0%), depression/stress (12.0%), muscular pain (11.0%), loneliness (7.0%), hypertension and angina pectoris (3.0% each). None of the respondents practiced self-meditation/Yoga for any treatment in Nuh. In Hisar, 20.0% geriatrics were seeking alzheimer's treatment from unqualified practitioners followed by vision (16.0%), insomnia (11.0%), hearing loss (9.0%), depression/ stress (7.0%), arthritis, heartburn, burning feet, asthma (6.0% each), muscular pain (5.0%), angina pectoris (4.0%), hypertension and loneliness (3.0% each) and dental problems (2.0%).

Table 6: Remedial measures adopted by geriatrics other than hospitals

n=54

Diseases	Remedial measures									
	Namaz/Worship		Unqualified practitioners		Quaick/Faith Healer		Home Remedy		Yoga/Meditation	
	Nuh	Hisar	Nuh	Hisar	Nuh	Hisar	Nuh	Hisar	Nuh	Hisar
Physical										
1. Arthritis (n=32+18)	-	-	13.0	6.00	12.0		7.00	7.00		5.00
2. Vision (n=7+16)	-	-	7.00	16.0	-	-	-	-	-	-
3. Hearing loss (n=30+22)	-	-	4.0	9.00	18.00	4.00	8.00	9.00	-	-
4. Heartburn (n=54+13)	-	-	14.0	6.00	10.0	-	30.0	7.00	-	-
5. Hypertension (n= 12+5)	3.00	-	2.00	3.00	7.00	-	-	-	-	2.00
6. Muscular pain (n=40+20)	11.0	-	20.0	5.00	-	-	8.0	7.00	-	8.00
7. Diabetes (n=3+2)	-	-	3.00	-	-	-	2.00	-	-	-
8. Anaemia (n=32+10)	-	-	11.0	-	-	-	21.0	10.0	-	-
9. Piles (n=14+3)	-	-	-	-	-	-	14.0	3.00	-	-
10. Angina pectoris (n=8+8)	3.00	-	5.00	4.00	-	-	-	-	-	4.00
11. Skin (n=3+0)	-	-	-	-	-	-	3.00	-	-	-
12. Obesity (n=6+14)	-	-	-	-	-	-	6.00	6.00	-	8.00
13. Constipation (n=3+4)	-	-	3.00	1.00	-	-	-	3.00	-	-
14. Burning feet (n=39+18)	-	-	8.00	6.00	-	-	31.0	12.0	-	-
15. Asthma (n=31+10)	-	-	25.0	6.00	-	-	6.00	-	-	4.00
16. Dental (n=38+8)	-	-	10.0	2.00	20.0	-	8.00	6.00	-	-
Mental/Psychological										
1. Alzheimer's (n=47+23)	20.0	5.00	8.00	20.0	10.0		9.00	4.00	-	10.0
2. Depression/Stress (n=17+25)	12.0	5.00	-	7.00	5.00	-	-	5.00	-	8.00
3. Loneliness (n=7+16)	7.00	11.0	-	3.00	-	-	-	-	-	2.00
4. Insomnia (n=26+25)	14.0	-	5.00	11.0	7.00	-	-	10.0	-	4.00

Only 12.0% geriatrics believed in home remedy for burning feet followed by piles, insomnia (10.0% each), hearing loss (9.0%), arthritis, heartburn, muscular pain (7.0% each), constipation and dental problems (6.0% each), depression/stress (5.0%), Alzheimer's (4.0%), angina pectoris and burning feet (3.0% each). Few geriatrics (10.0%) practiced self-meditation/Yoga to treat Alzheimer's followed by muscular pain, obesity, depression/stress (8.0% each), arthritis (5.0%), angina pectoris, asthma, and insomnia (4.0% each). Very few geriatrics (11.0%) believed in worship for loneliness, followed by Alzheimer's and depression/stress (5.0%).

4. Conclusion

With the change in demographic trends, geriatrics is becoming higher. The elderly age group usually corresponds with increasing health, social and financial problems. The geriatrics population surveyed under this study had suffered from various morbidities. In the present study, a list of common morbidities observed among the people was Muscular pain. Females were more affected than males. This study was a community-based cross-cultural study undertaken to assess the health status of the geriatrics population in the cultural zones of Haryana. This study was highlighted a high prevalence of morbidities among geriatrics. So, there is an urgent need for nationwide efforts to develop various intervention programs for decreasing age-related morbidities. More specialized healthcare facilities should be increased, particularly in rural and semi-urban areas (PHC/CHC). They spread awareness about medicines and healthcare equipment beneficial to them in old age. Provisions for dependent ageing parents allowance for employees in govt/public sector. A hospital designed with a special geriatrics ward at the grassroots level to avoid geriatrics inconvenience. Special agent for medical and life insurance facilities until the end of life provides medical and financial security in old age. The elderly should be encouraged to attend health and nutrition awareness programs in their localities. Dietary quality should be improved, especially in elderly-only households, by increasing availability and access to fruit, vegetables, meat, and milk throughout the year. Periodic medical and health check-ups should be taken up by the elderly compulsorily. The health problems of the elderly should be examined seriously, and proper treatment should be given in time.

5. Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. There is no conflict of interest.

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