Social Ties and the Prevalence of Multimorbidity among the Elderly Population in Selected States of India

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Introduction:

Aging of population is an inevitable reality. Each and every person has to undergo through this phase and this has been enhanced through the demographic transition. The developed countries have attained the edge, whereas the developing countries are still undergoing the procedure or going on the same pathway with the exponentially increase in elderly population. Due to globalization and rapid urbanization, the population composition is changing rapidly. With the decline in fertility and mortality, there is an increase of the older population and rapid decrease in younger population which will result in more dependency of the elderly on the younger generation. Therefore, proper expedient should be preceded in relation to elderly with their health and well being. With the increasing age, the prevalence of chronic morbidities and multimorbidity are prominent. Multimorbidity is the coexistence of more than one disease among any individual. In India, chronic diseases and multimorbidity are common and is facing double burden which also affects the lifestyle of the elderly. The neighborhood and home environment plays an important role to the old age population and in long run their status and place in the society also determines their health and wellbeing.

Objective:

The main aim of this paper is to evaluate the influence of social ties on self-reported prevalence of multimorbidity among the elderly population in selected states of India.

Data Source:

A cross-sectional design was followed using the data from BKPAI (Building Knowledge Base on Population Ageing in India) in 2011funded by United Nations Population Fund (UNFPA) India. Seven states have been selected for the survey, they were Himachal Pradesh, Punjab, West Bengal, Orissa, Maharashtra, Tamil Nadu, Kerala, from each state 1280 with elderly are selected. The total individual elderly surveyed sample size is 9852 from 8329 households from both rural and urban areas. These states have been selected as they have the highest proportion of the elderly population

(60+ age group) which is higher than the national average and also it covers every national regions of the country.

Methodology:

For the data analysis, multivariate analysis and multinomial regression are conducted using STATA version 12 to show the association between social ties and multimorbidity by taking together the response variables, the self-reported chronic non-communicable diseases like Arthritis, Heart disease, Diabetes, Lung Disease with Asthma, Hypertension, Cataract, Depression, Dementia, Alzheimer's disease and Cancer and then, categorizing it as: 'No Disease', 'One Disease' and 'Multimorbidity'. The predicted variables were demographic, socio-economic, residential types, and the variables for social ties that includes social support, social engagement, perceived support, connectedness and the importance of the elderly.

Results:

Table 1: Distribution of Chronic Morbidities and Multimorbidity among the Elderly population, 2011

	Elderly population	
Chronic Morbidities	**n**	**%**
Heart disease	662	7
Diabetes	1,065	11.25
Lung disease	824	8.71
Hypertension	2,083	22.01
Arthritis	2,675	28.27
Cataract	1,157	12.23
Depression	151	1.6
Dementia	76	0.8
Alzheimer's Disease	110	1.16
Cancer	42	0.44
All morbidities	5756	58.4
Having One disease	3,358	34.09
Multi morbidity	2,398	24.35

Source: Author''s calculation from BKPAI, 2011

The finding suggests, about 24.35% of the elderly population are suffering from the prevalence of multimorbidity. Out of all the diseases, Arthritis is the most prevalent disease followed by hypertension and cataract. From the regression study, with reference to 'No disease', the prevalence of multimorbidity is positively high on the oldest old with age, i.e., 80+ (33.98%;

p<0.01), female (26.12; p<0.01), Others (27.89%; p<0.05) in Caste, Christian (45.97%) in religion, widowed (26.63%), completed less than 5years of formal education (28.17%), ever-worked (27.21%; p<0.01), from highest wealth quintile section (38.05%; p<0.01) from Urban (25.76%; p<0.05) Kerala (43.42%; p<0.01), but on the other hand, the elderly who are engaged in public meeting in last 12 months (22.20%; p<0.05), attending any group, club, society, union or organizational meeting in last 12 months; who visits family and friends in last 12 months (23.29%), need support in decision making (23.90%), who prefers to stay with their son and spouse only (23.09%), but stays alone (19.22%) are having low prevalence of multimorbidity.

Conclusion:

The study indicates the female oldest old (80+), who are others in Caste, Christian in religion, widowed, having less than 5 years of education completed, ever worked, from highest wealth quintile, residing in urban Kerala are more associated with the prevalence of multimorbidity. The elderly population who are more socially connected through family visits, public gatherings, gets support in decision making, who prefers to spend their later years with son and spouse only, but stays alone shows lesser prevalence of multimorbidity. The received and perceived social integration and support from associated neighborhood in the older days, facilitates better health and wellbeing of the elderly population in selected states of India.