

HEALTH STATUS AND PREVALENCE OF DISEASES AMONG SENIOR CITIZENS: SOCIOECONOMIC CORRELATES AND HEALTHCARE BEHAVIOUR

Dr.D.Malleeswari,
Assistant Professor,
Department Business Administration (PG),
Hindusthan College of Arts & Science,
Coimbatore-641028.

Abstract

The growing proportion of older adults worldwide has made geriatric health an urgent public health concern. This study explores the health status and prevalence of diseases among senior citizens, with a focus on the relationship between socioeconomic profiles and health outcomes. Using descriptive statistics, ANOVA, t-tests, and correlation analysis, the research examines factors influencing mobility, pain, mental health, and sleep quality, as well as chronic disease prevalence. The findings aim to inform targeted health interventions and policies to improve the well-being of the elderly population.

Keywords: *senior citizens, health status, prevalence of diseases, socioeconomic profile, healthcare behaviour*

1.Introduction

Globally, population ageing is becoming a defining demographic trend, driven by declining fertility rates and rising life expectancy (WHO, 2015). As the proportion of older adults increases, understanding their health status becomes critical, particularly in developing countries where healthcare resources are limited. In India, where the elderly population is projected to reach 20% by 2050, the burden of chronic illnesses, functional decline, and mental health issues poses significant challenges for both families and healthcare systems (Rajan & Mishra, 2019). Health in older age is influenced by a combination of medical and non-medical factors, including mobility, pain, mental well-being, and socioeconomic conditions. Chronic non-communicable diseases (NCDs) such as hypertension, diabetes, arthritis, and cardiovascular disorders are the leading causes of morbidity in older adults (Chatterjee & Ghosh, 2020). These health conditions often coexist, leading to multimorbidity and increased complexity of care (Lloyd-Sherlock et al., 2014). Moreover, social determinants—such as education, income, living arrangements, and healthcare access—play a decisive role in shaping health outcomes. Elderly individuals in lower socioeconomic strata often face barriers to care,

including high treatment costs, transportation difficulties, and low health literacy (Gupta et al., 2017). Addressing these determinants alongside medical management is essential for effective geriatric health strategies.

This study examines the health status and prevalence of diseases among senior citizens in relation to their socioeconomic profile. It also investigates factors influencing healthcare behaviour and challenges in accessing care, with the aim of contributing evidence to policy frameworks for elderly health management.

2.Literature Review

Chatterjee and Ghosh (2020) examined morbidity patterns among elderly populations in India, reporting that hypertension (21.9%) and diabetes (18.3%) were the most prevalent conditions, followed by arthritis and respiratory illnesses. They emphasized that lifestyle changes, early screening, and improved access to care are critical to reducing disease burden.

Goel et al. (2019) focused on the interrelation of pain, mental health challenges, and sleep disturbances in older adults. They found that frequent pain was associated with lower mobility and poorer mental health, while sleep problems amplified emotional distress and reduced quality of life.

Rajan and Mishra (2019) investigated healthcare-seeking behaviour among seniors, highlighting barriers such as cost, distance, and lack of awareness. They concluded that health insurance significantly increased service utilization, although coverage remained low in rural and economically disadvantaged groups.

Gupta et al. (2017) explored the influence of socioeconomic status on elderly health, finding that higher education, better income, and urban residence correlated with improved healthcare access and outcomes. They also stressed the protective role of family support in promoting treatment adherence and preventive health practices.

Earlier works, such as **Bali and Ranga (2018)**, analyzed functional ability and mobility status among Indian seniors. Their findings indicated that partial or full immobility increased dependence on caregivers and reduced social participation, underscoring the need for early interventions to maintain independence.

On a broader scale, **Lloyd-Sherlock et al. (2014)** conducted cross-country comparisons showing that non-communicable diseases—particularly hypertension, diabetes, arthritis, and

cardiovascular conditions—are the dominant causes of morbidity in later life. They also highlighted multimorbidity as a major challenge for healthcare systems globally.

Overall, these studies reveal that elderly health outcomes are shaped by a combination of chronic disease prevalence, functional ability, mental health, and socioeconomic conditions. Yet, few have combined these dimensions within a single statistical framework for the Indian context, a gap addressed by the present study.

3. Objectives

1. To evaluate the overall health status, prevalence of diseases, and associated health challenges among senior citizens.
2. To examine the relationship between socioeconomic factors and the health status, prevalence of diseases, and healthcare behaviour of senior citizens.

4. Research Methodology

4.1 Research Design

The study follows a descriptive and analytical design to ensure both a factual overview and an in-depth analysis of relationships between variables.

4.2 Population and Sample

The study focused on senior citizens, ensuring representation from diverse socioeconomic and demographic categories.

4.3 Data Collection Tool

A structured questionnaire covering demographic details, health status, and healthcare behaviour was used.

4.4 Statistical Tools Used

- **ANOVA** for multi-group comparisons.
- **T-test** for two-group comparisons.
- **Post Hoc** tests to identify specific group differences.
- **Pearson Correlation** to determine the strength and direction of associations.

5. Results and Discussion

5.1 Health Status Indicators

Table 1: Health Status of Senior Citizens

Parameter	Category	Frequency	Percentage (%)
Mobility Status	Fully mobile	346	52.2
	Partially mobile	228	34.4
	Immobilized	89	13.4
Frequency of Pain	Never	56	8.4
	Occasionally	289	43.6
	Often	229	34.5
	Constantly	89	13.4
Mental Health Challenges	No difficulties	189	28.5
	Occasional	269	40.6
	Frequent	79	11.9
	Constant	126	19.0
Sleep Quality	Very Poor	136	20.5
	Poor	152	22.9
	Average	196	29.6
	Good	124	18.7
	Very Good	55	8.3

Discussion:

The data reflects a mixed picture of elderly health. While 52.2% maintain full mobility, nearly half experience some degree of movement limitation, highlighting a need for assistive care. Pain and discomfort are widespread, with only 8.4% free from it. Mental health challenges affect more than 70% of the population, and poor to average sleep quality is common, possibly linked to chronic disease or mental distress.

5.2 Prevalence of Chronic Diseases

Table 2: Prevalence of Chronic Diseases and Conditions

Disease/Condition	Percentage (%)
Diabetes Mellitus	18.29
Hypertension	21.95
Heart Disease/Cardiovascular Problems	14.63
Arthritis or Joint Pain	19.51
Respiratory Conditions	10.98
Neurological Disorders	8.54
Other	6.10

Discussion:

Hypertension (21.95%) and arthritis (19.51%) lead the list of chronic illnesses, followed closely by diabetes (18.29%). These conditions reflect typical age-related degenerative changes and lifestyle-related NCDs. Neurological disorders, though lower at 8.54%, carry significant implications for quality of life and caregiving needs.

5.3 Socioeconomic Profile vs. Health Status & Disease Prevalence**Table 3: ANOVA and T-test Summary**

Statistical Tool	Significant Factors	Insignificant Factors
ANOVA	Age, Educational level, Living arrangements, Occupation, Family size, Place of living, Type of housing, Housing ownership, Economic status	Marital status
Post Hoc	Above 80 years	—
T-test	Gender	Health Insurance

Discussion:

The significant effect of multiple socioeconomic factors underscores the complexity of elderly health. Advanced age, lower education, and weaker economic standing correlate with poorer health. The oldest age group (80+) shows distinctly worse outcomes. Gender-based differences

exist, but insurance status alone does not significantly change health outcomes, possibly due to underutilization.

5.4 Correlation Analysis

Table 4: Correlation between Health Status and Disease Prevalence

Variable Comparison	Pearson r	Sig. (2- tailed)	Interpretation
Health Status & Factors Influencing Behaviour	-0.093*	0.016	Significant negative correlation
Challenges in Healthcare & Prevalence	0.457**	0.000	Strong positive correlation

Discussion:

The results show that poorer health status tends to reduce proactive healthcare behaviour. Conversely, greater healthcare challenges strongly correlate with higher disease prevalence, reinforcing the need for accessible, affordable care.

5.5 Socioeconomic Profile vs. Healthcare Behaviour

Table 5: ANOVA and T-test Summary

Statistical Tool	Significant Factors	Insignificant Factors
ANOVA	Marital status, Educational level, Occupation, Place of living	Age group, Living arrangements, Family size, Type of housing, Housing ownership, Economic status
Post Hoc	Single, No formal education, Not employed, Urban area	—
T-test	Health Insurance	Gender

Discussion:

Marital status, education, occupation, and location significantly affect healthcare behaviour. Seniors in urban areas and those without formal education exhibit distinct patterns, possibly

due to access differences and awareness gaps. Insurance holders tend to seek healthcare more frequently, indicating its potential in improving care-seeking behaviour.

6. Recommendations

1. Establish senior-friendly health centres offering comprehensive geriatric care.
2. Promote preventive health checks for hypertension, arthritis, and diabetes.
3. Expand mental health and sleep disorder services for the elderly.
4. Enhance health literacy among seniors with low or no formal education.
5. Reduce healthcare access barriers in rural and underserved areas.

7. Conclusion

The health of senior citizens is shaped by a complex interplay of chronic illnesses, mobility limitations, mental health challenges, and socioeconomic disparities. Effective interventions must combine medical care with social, economic, and educational support to ensure healthier aging.

References

1. Bali, A., & Ranga, R. (2018). Socio-economic determinants of health among elderly in India: Evidence from National Sample Survey. *Journal of Population and Social Studies*, 26(2), 142–158. <https://doi.org/10.25133/JPSSv26n2.010>
2. Bloom, D. E., Chatterji, S., Kowal, P., Lloyd-Sherlock, P., McKee, M., Rechel, B., Rosenberg, L., & Smith, J. P. (2015). Macroeconomic implications of population ageing and selected policy responses. *The Lancet*, 385(9968), 649–657. [https://doi.org/10.1016/S0140-6736\(14\)61464-1](https://doi.org/10.1016/S0140-6736(14)61464-1)
3. Chatterjee, P., & Ghosh, S. (2020). Health status and health-seeking behaviour of the elderly in India: Evidence from National Sample Survey. *BMC Geriatrics*, 20, 338. <https://doi.org/10.1186/s12877-020-01732-3>
4. Goel, P., Gupta, P., & Singh, A. (2019). Burden of chronic diseases among elderly in India: Patterns, correlates and implications. *Journal of Cross-Cultural Gerontology*, 34(4), 393–412. <https://doi.org/10.1007/s10823-019-09383-0>
5. Gupta, A., Kumar, R., & Singh, R. (2017). Impact of socio-economic factors on morbidity pattern among elderly: Evidence from a community-based study in India.

- Indian Journal of Public Health*, 61(4), 287–294.
https://doi.org/10.4103/ijph.IJPH_86_16
6. Lloyd-Sherlock, P., Beard, J., Minicuci, N., Ebrahim, S., & Chatterji, S. (2014). Hypertension among older adults in low- and middle-income countries: Prevalence, awareness and control. *International Journal of Epidemiology*, 43(1), 116–128.
<https://doi.org/10.1093/ije/dyt215>
 7. Rajan, S. I., & Mishra, U. S. (2019). Population ageing in India. *Cambridge University Press*. <https://doi.org/10.1017/9781108564064>
 8. World Health Organization. (2015). *World report on ageing and health*. World Health Organization. <https://apps.who.int/iris/handle/10665/186463>