EUROPEAN JOURNAL OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES

http://www.ejbps.com

ISSN 2349-8870
Volume: 6
Issue: 13
367-370
Year: 2019

STUDY OF MORBIDITY PATTERN OF PATIENTS ATTENDING URBAN HEALTH TRAINING CENTRE OF GOVERNMENT MEDICAL COLLEGE, AURANGABAD.

Dr. Mohan K. Doibale, Dr. Gautam B. Sawase, Dr. Tasqeen M. Momin and Dr. Sunayana G. Kumthekar*

Dept. of Community Medicine, Govt. Medical College, Aurangabad, MH, India.

***Corresponding Author: Dr. Sunayana G. Kumthekar**
Dept. of Community Medicine, Govt. Medical College, Aurangabad, MH, India.

Article Received on 07/10/2019 **Article Revised on 28/10/2019** **Article Accepted on 17/11/2019**

ABSTRACT

Background: The morbidity data is not a tough to collect but difficult part comes during measurement of morbidity by not doing any subjective bias. Morbidity and OPD data from this centre is an important source to plan for providing Universal health care to population residing in urban slums. **Methodology:** It is a retrospective record-based study, conducted in the field practice area of Urban Health Training Centre, Government Medical College, Aurangabad. The patients were grouped into age groups of 0-1yrs, 1-6yrs, 6-12 yrs., 12-20yrs, 20-40yrs, 40-60yrs and >60 yrs. For this study information was taken off 6 months duration from 1st July 2017 to 31st December 2017. **Result:** A total of 27575 patients attended the OPD of UHTC during a 6 months period from July 2017 to December 2017. Out of the total, 14455 were females (52.4%) and 13120(47.6%) were males. While patients reported were more in the age group 20-40 years (25.6%). Communicable diseases were constantly present throughout the period in all age groups compared to non-communicable and others. **Conclusion:** The study gives an outline of the morbidity pattern of patients which would help the health care providers and administrators to plan, practice and deliver high-quality services as per the community needs.

KEYWORDS: Morbidity profile, Communicable disease, Non-communicable disease, Urban Health Training Centre.

INTRODUCTION

Health is a dynamic state which is difficult to measure. However, there are various mortality and morbidity indicators that help in assessing the health of a community. The sustainable development goal advocates the idea of Universal Health Coverage.[1]

Further, these data tell about the paradigm shift in disease trends over the years i.e. non-communicable diseases have increased drastically worldwide due to changing lifestyle. However, developing countries like India infectious disease still continue to cause greater morbidity. Annual mortality because of NCDs is more than 36million, which also includes young people of age group (> 14 million).[2]

Sustainable Development Goals (SDGs) aims at providing universal health coverage and UHTC is a part of this plan. Data obtained from UHTC gives us an idea regarding disease pattern prevalent in urban slums in different age group and gender-wise.[3]

The objective of UHTC is to provide provision of preventive, promotive, curative and rehabilitative service to an urban slum population, record keeping and analysis for evaluation and monitoring of the urban health service. Multiple researchers have been done countless research at National and local level for standardization of morbidity.[4,5]

To monitor the progress of disease control programs and for timely intervention, a constant watch on morbidity pattern of diseases is significant. The knowledge of the disease burden provides timely and effective treatment to the community. It will help policymakers to deliver a better quality of health services with available resources.[6]

Keeping this in mind, an attempt to study the morbidity pattern and seasonal variation of OPD patients of an Urban Health and Training Centre (UHTC) under Dept of Community Medicine, GMC, Aurangabad has been done. The objectives of the study are to assess the morbidity profile of patients as per age, sex, and season and to determine the seasonal variation of morbidities.

MATERIALS AND METHODS

The present study is retrospective record-based study was conducted in the field practice area of Urban Health Training Centre, Govt. Medical College, Aurangabad attached to the teaching hospital and medical college. Urban Health Centre has situated in the slums about 3

km from the teaching institute. The field practice area of Urban Health Centre consists of mainly Harsh Nagar and Labour colony areas & has a population of 11450 (2011 census).

Urban Health Centre provides curative, preventive and promotive health services to the urban slum population and conducts daily out-patient services for six days a week from 8:30 am to 12:30 pm viz General OPD, Paediatrics OPD, Chronic and specialist OPDs, Antenatal health check-ups and follow up services are provided to ANC and PNC mothers. National Health Programme like immunization, RNTCP and AIDS control programmes are also implemented.

Study type- A retrospective record-based study.

Study Area- UHTC, under the Dept. of Community Medicine, GMC, Aurangabad.

Study Period- July 2017 to December 2017.

All the data of OPD patients regarding morbidity enter in the patient records registers on daily basis. The data was collected from the OPD registers of UHTC. It was then classified into communicable and non-communicable diseases. The patients were grouped into age groups of 0-1yrs, 1-6yrs, 6-12 yrs., 12-20yrs, 20-40yrs, 40-60yrs and >60 yrs. For this study information was taken off 6 months duration from 1st July 2017 to 31st December 2017.

Ethics clearance was taken for the institutional ethical committee.

The trial version of Statistical Package for the Social Sciences (SPSS) Version 23 and Excel 2016 was used for statistical analysis.

RESULT

Table 1: Age wise distribution of patients attending OPD.

Sr. No.	Age Group (Years)	Frequency	Percentage
1	0-1	1368	5
2	1-6	5541	20
3	6-12	4225	15.3
4	12-20	2324	8.5
5	20-40	7070	25.6
6	40-60	4484	16.3
7	>60	2563	9.3
8	Total	27575	100

According to Table 1. It was observed that patients reported for consultation in OPD were more in the age group 20-40 years (25.6%) in contrast to other age groups.

Table 2: Gender wise distribution of patients attending OPD.

Sr. No.	Gender	Frequency	Percentage
1	Male	13120	47.6%
2	Female	14455	52.4%
3	Total	27575	100%

Majority of the patients attending UHTC OPD were female (52.4%) compared to males (47.6%) (Table 2) this may be due to the timing of OPD in morning hours when males engaged in outdoor activities.

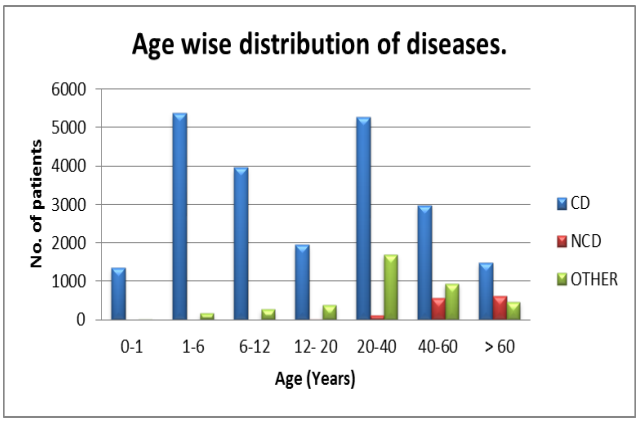

Fig 1: Age wise distribution of diseases.

Fig.1 describes morbidity pattern of disease according to the age group which make known that in all age groups, communicable diseases were considerably common compared to NCD and Others (includes a headache, backache, weakness) and it was found statistically significant (X^2= 3938, DOF= 4, p<0.0000001). Unavailability of medications for NCD may contribute to reduced attendance of patients to UHTC OPD.

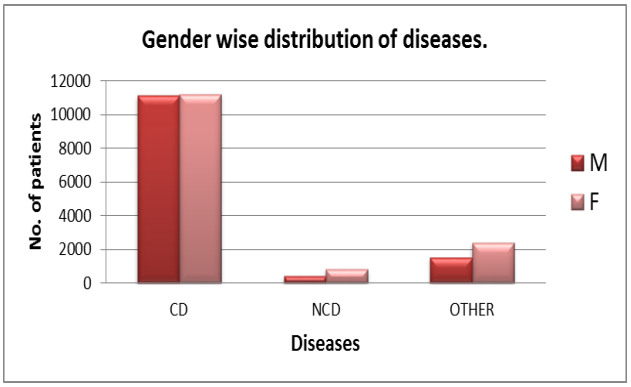

Fig 2: Distribution pattern of diseases amongst patients attending OPD at UHTC.

The associations between different types of diseases according to the sex are discussed and given in Fig 2. It was found that out of total reported cases at OPD, communicable diseases contributed to the principal cause of morbidity in the study population. The differences of morbidity pattern in attendance rate among the male and female were found to be statistically significant (X^2=261.6, DOF=2, p<0.000001).

Table 3: Distribution of patients according to Age and sex of patients.

Sr. No.	Age	Male (n=13120)	Percentage (%)	Female (n=14455)	Percentage (%)	Total (n=27575)	Percentage (%)
1	0-1	782	6.0	586	4	1368	5
2	1-6	3008	22.9	2533	17.5	5541	20.1
3	6-12	2324	17.7	1901	13.2	4225	15.3
4	12-20	1084	8.3	1240	8.6	2324	8.4
5	20-40	2520	19.2	4550	31.5	7070	25.6
6	40-60	2000	15.2	2484	17.2	4484	16.3
7	>60	1402	10.7	1161	8	2563	9.3

Gender wise analysis reveals that the total consultation was higher for females than males, while children in kindergarten age group were commonly males compared to females. However, in age group 20-40years almost 1/3rd of all females attending OPD, it may be because of the routine ANC check-up or gynaecological complaints in the female. (Table 3).

DISCUSSION

The study confirms that our health systems are stressed with a dual burden of disease with communicable diseases (81.1%) contributing more than that of non-communicable diseases (4.6%) and others (14.3%).

The results of the study showed that most of the patients reporting to the UHTC were between 20-40years of age group (25.6%). Similar results were obtained in an earlier study conducted by Abdul et al at North India[4] and other similar studies conducted in past.[7,8] However results shown by a study in Rural community by Sangeeta et al.[5] revealed most of the patients were in >45years age group.

Gender wise analysis revealed that the soundings were higher for females than males due to daytime OPD. Similar findings have been established in other studies done by Vikas et al at AFMC and other studies.[2,3,9-11] While controversy seen in a study done by Gaur & Gupta found that males utilizing services more than females.[8,12]

In this study, out of most of the morbidities registered in OPD, communicable diseases were the one which was constantly in higher number compared to other diseases in all age groups. This finding is similar to study done by Deepak, Abdul & Sangeeta et al.[3,4,5] while finding is, in contrast, to study conducted by Yadav et al. found that Non-communicable diseases were more common in their study.[13]

The association between different types of diseases according to the sex found that out of the total reported cases at OPD, communicable diseases (%) followed by Other (%) followed by Non-communicable diseases (%). The similar pattern was also reported in studies done by Vikas, Abdul & Sangeeta et al.[2,4,5,8,14-16] that most of the females were attend OPD for communicable morbidities. In this study, total OPD attendance was most commonly encountered for communicable disease compared to non-communicable for almost all age groups. This may be owing to worsening living and environmental conditions in urban areas which may contribute to high communicable diseases.

CONCLUSION

The study gives an outline of the morbidity pattern of patients attending an urban health training centre over a period of one year, which would help the health care providers and administrators to plan, practice and deliver high-quality services as per the community needs.

This knowledge would help in planning health services to meet the patient's needs and also help in training health staff.

RECOMMENDATION

For the prevention & control of communicable diseases, more emphasis should be given on environmental sanitation, personal hygiene, provision of safe water & health education.

It is highly recommended that long-term studies with wider coverage will act as a perfect tool for health planners to plan better strategies.

This is an eye-opener for the for the health planners to equip themselves against these diseases & develop appropriate health care policies & practices.

LIMITATION

The study does not explore the causes of the observed patterns also.

REFERENCES

1. Park. K. Text Book of Preventive and Social Medicine. 24th edition. Jabalpur: Banarsidas Bhanot, 2017; 13-51.
2. Deepak Upadhyay, Arun Singh*, Hari Shanker Joshi, Medhavi Agarwal And Rashmi Katyal. Study Of Patterns Of Diseases Among Patients Attending The Out-Patient Department At Urban Health And Training Centre Of A Medical College In India. International Journal Of Biomedical Research, 2017; 8(08): 455-460.
3. Dr Abdul Rouf1, Dr Mahbooba Rasool1, Dr S M Salim Khan1, Dr Mariya Amin1, Dr Sheikh Mohd Saleem1. Morbidity Pattern Among Patients

Attending Urban Health Centre In North India. JMSCR, August 2017; 05(08).
4. Vikas Yadav1, Manjunath SR1, S Mukherji2, TS Ramakrishnan3. Morbidity Profile Of Opd Patients Of An Urban Health And Training Center: A Tool For The Health Planners. National Journal Of Community Medicin, Apr-Jun 2015; 6(2).
5. Sangeeta Kansal1, Alok Kumar2, IJ Singh3, SC Mohapatra4. A Study On Morbidity Pattern In Rural Community Of Eastern Uttar Pradesh. Indian J. Prev. Soc. Med, 2008; 39: 3-4.
6. Seema Sharma1, Neelu Saluja2, Seema Choudhary3, D. R. Gaur4, S. M. Pandey5. Morbidity Profile Of Outpatients Attending An Urban Health Centre In A District Of Haryana. J. Evolution Med. Dent. Sci./ Eisen- 2278-4802, Pissn- 2278-4748. May 19, 2016; 5(40).
7. Dutta SP and Kale PV. "An Observational Research Study in Primary Medical Care in Pondicherry", Indian Journal of Preventive and Social Medicine, 1969; 1(2).
8. Gupta A, Reddy B.V., Nagar MK. Portfolio of Outpatients Attending Centre for Urban Health, Madhya Pradesh, Central India, 2015; 4–7.
9. Mustafa SSA. "Study of Morbidity & Health Expenditure in a Rural Health Centre", Chiraigaon, India M. Comm.H. Dissertation, 1977.
10. Belcher DW, Wurapa, FK et al., "A household Morbidity Survey in Rural Africa", International Journal of Epidemiology, 1976; 5: 113-119.
11. N Madhiwala, A Jesani. "Morbidity among Women in Mumbai city Impact of Work & Environment", Economic and Political Weekly, 1997; xxxii(43): 38-44.
12. Gaur BPS, Paul SK, Pegu B. Morbidity profile of outdoor patients attending an urban health training centre of South Andaman district, India. *Int J Community Med Public Health*, 2016; 3: 3184-7.
13. Yadav V, Manjunath SR, Mukherji S, Ramakrishnan TS. Morbidity Profile of OPD patients of an Urban Health and Training Center: A Tool for the Health Planners. Ntl J of Community Med, 2015; 6(2): 46-50.
14. Pandey JN. "A Case Study of Health Culture of Ledhupur Village", Thesis submitted for the degree of MD, Department of Preventive and Social Medicine, Institute of Medical Sciences, Banaras Hindu University, Varanasi, 1977.
15. Singh. IJ. "A Study of Morbidity Pattern in a Rural Community", Health and Population, 1979; 2(3): 193-206.
16. Welfare F. Indian Public Health Standards (IPHS) For Primary Health Centres Contents, 2006; (March): 1–9.
17. Arun A, Gupta P, Srivastava JP, Prakash D. A study of the morbidity pattern amongst patients attending the OPD at Urban health training centre, Era‟s Lucknow Medical College and Hospital, Lucknow. Int J Adv Res, 2013; 1(10): 906-13.