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Socio-clinical and Health related Problems of the Geriatric Population: A study in Ganjam district of South Odisha

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Abstract

With a rapidly increasing geriatric population the epidemiological data regarding the socio-clinical profile & health related problems are urgently required for proper health planning. Objective was to study the Socio-clinical profile and Health related problems of the elderly and their attitude towards life. The present study was a descriptive study carried out in the Geriatric Clinic of MKCG Medical College, Hospital. A total of 315 elderly patients (60 years old and above) who attended the geriatric clinic were interviewed using a pre-tested schedule. Findings were described in terms of proportions and percentages to study the socio-economic status of the samples and its correlation to social problems. It was found that around 72% of the patients belonged to the age group of 60-69 years old. Nearly 32% of the respondents were illiterate. Around 48% felt they were not happy in life. A majority of them had health problems such as hypertension followed by arthritis, diabetes, asthma, cataract, and anemia. About 68% of the patients said that the attitude of people towards the elderly was that of neglect. The results of the study showed that there is a need for geriatric counseling centers that can take care of their physical and psychological needs. The stringent rules for eligibility to social security schemes should be made more flexible to cover a larger population.

Key words: Attitude, elderly, morbidity, social and health problems

Introduction

There is no United Nations standard numerical criterion, but the UN agreed cutoff is 60+ years when referring to the elderly population. ^[1] In India, the elderly account for 7% of the total population, of which two-thirds live in villages and nearly half of them in poor conditions. ^[2] Urbanization, nuclearization of family, migration, and dual career ^[3] families are making care of the elderly more and more of a personal and social problem in India.

With the decline in fertility and mortality rates accompanied by an improvement in child survival and increased life expectancy, a significant feature of demographic change is the progressive increase in the number of elderly persons. Increasing life span and poor health care add to the degree of disability among the elderly and compound the problems of care giving. In India, the life expectancy has steadily gone up from 32 years at the time of independence to over 63 in 2001. The elderly experience changes in different aspects of their lives.

The physiological decline in ageing refers to the physical changes an individual experiences because of the decline in the normal functioning of the body resulting in poor mobility, vision, hearing, inability to eat and digest food properly, a decline in memory, the inability to control certain physiological functions, and various chronic conditions. Change in socio-economic status adversely affects the individual's way of life after retirement. The economic loss is due to a change from salary to pension or unemployment leading to economic dependency on children or relatives. A feeling of low self-worth may be felt due to the loss of earning power and social recognition. This state of mind is harmful. With the prospect of this situation worsening in the coming decades, ways and means of managing the stress effectively.^[4]

Objectives:

1. To study the background and socio-economic status of the elderly.
2. To study the social and health problems faced by the elderly and their attitude towards life

Materials & Methods

This study was carried out over a period of 1 year from January to December 2012. The study subjects included elderly men and women aged 60 years and above^{[1], [5], [6]} who belonged to the rural field practice area of the Department of Community Medicine, Geriatric Clinic of MKCG Medical College, a Medical College located in South-East India.

The subjects for this study were the elderly patients attending the geriatric clinic regularly for various health problems. The questionnaire was developed by reviewing related Indian studies. This questionnaire was then pilot tested on twenty elderly individuals and the necessary changes were made.

A total of 315 subjects were interviewed using this pre-tested questionnaire. The interview was carried out in the local language. The purpose of the study was explained to them and oral informed consent was obtained. Care was also taken to ensure privacy and confidentiality of the interview as part of the study. In order to avoid the interference and influence of other family members and neighbors, each respondent was called and interviewed privately where he/she could feel comfortable. The data collected was

tabulated and analyzed using the statistical package SPSS, Version 17. Findings were described using proportions and percentages.

Results

Socio-demographic Profile

Table-1 shows that a major fraction (71.74%) of the population was in the age group of 60-69 years old, while a small fraction (3.49%) were 80 years old or older. The proportion of Females (55.87%) was more than the Males (44.12%) in the study sample. A majority (87%) of the respondents were Hindus. This reflects the true picture of the population based on religion at the local and national level. A joint family system was seen to be the most common (53.8%) among the population interviewed followed by the nuclear family. Only 17.26% of the elderly men were widowed while 66.47% of the women were widows. The unmarried group of 1.9% was comprised of only men. Literacy was found to be low in the study population.

Health Related Problems

Figure-1 shows that all the respondents had health problems, the most common being hypertension, osteoarthritis, diabetes, or bronchial asthma. Others included cataract, anemia, and skin problems. It is seen that most of the respondents had more than one health problem. Osteoarthritis was found to be more common among females while other health problems were almost similar among both the genders.

Attitudes towards old age

Almost 93% of the respondents felt that old age had affected their day-to-day life. Among these, 81.6% felt that age had partially affected their daily activities. Half of the people interviewed felt neglected by their family members, while 46% felt unhappy in life and 31.8% felt they were a burden to the family. An unfavorable attitude was observed to be more among females than males.

Females had poor perception regarding economic and social security as compared with males. Approximately 43% of the respondents interviewed had feelings of insecurity while around 58.2% were deprived of financial security. Other reasons of insecurity included illness, not having issues or Male children. In our study 50.7% of the respondents felt sad mainly because of poverty followed by illness

(39.5%). Other reasons for feeling sad were unmarried daughters at home, alcoholic son/son-in-law, financial loss, and illness of spouse, children staying away from them, death of children, or not owning a house.

It was also observed in the study that only 31.8% were aware of the government welfare schemes for the elderly and only 17.2% had utilized the geriatric welfare services in our study. Three-fourths of the population studied was not eligible for these schemes because of having male children or property. It was observed that 68.5% of the respondents had friends and social contacts outside the home. In case of a conflict with family members, nearly half of the respondents (47.3%) preferred to sleep in order to get over it, 31.7% preferred to discuss it with others, and 21% preferred to find a solution. It was observed in our study that around 54.3% of the respondents felt that old age affected their role in the family. A total of 32.7% of the respondents felt they were not consulted by the family members for making decisions. They felt they were ignored by family members because of their physical illness and economic dependence. In spite of being unhappy due to these problems, they still preferred their home to an old age home for their residence.

Discussion

Almost more than half of the respondents who were interviewed were from joint families (56.8%), while 33% were from a nuclear family. Various studies by Padda, *et al.*,^[6] Singh, *et al.*,^[7] and Sivamurthy, *et al.*^[8] have brought out similar findings. The higher prevalence of joint families could be because of the rural study area and social migration of the youngsters being less when compared with cities. It is indeed true that it is the marital status that determines one's position within the family as well as the status in society. The proportion of elderly married, widowed, or unmarried were found to be similar to the study conducted by Singh, *et al.*^[7] Shah^[9] reports that 64.3% of elderly women were widows and most of them were dependent.

Our study showed that 32.06% of our respondents were illiterate and around 35% had education up to the primary level. Padda, *et al.*^[6] reported 38.6% illiteracy at Amritsar, while it was 78% in a study conducted in Tamil Nadu by Elango,^[11] and Singh, *et al.*^[7] reported 80.2%. It is observed in this study that illiteracy is higher among females (40.9%) than males (20.86%). The disparity in literacy status may be attributed to the area being rural. Educating females in those days was not considered as important as establishing a marriage at an early age. In our study, approximately 18.7% were still working as unskilled workers against those who were at home (78%). Similar results were seen in a study by Elango,^[11] while Singh, *et al.*^[7] in his study, reported that 55.8% were occupied in productive work, 28% in agriculture, 15.1% in labor, and 44.2% were dependent on others.

Half of the interviewed subjects felt neglected by their family members unlike in the study conducted by Singh, *et al.*,^[7] which reported that 26.1% felt neglected by family members, while Prakash, *et al.*^[12] reported 17.3% having feelings of neglect. In this study, 46% of the respondents said that they were not happy in life as compared with 53.2% reported by Singh, *et al.*^[7] A total of 68.5% of the respondents said they had friends and that they participated in social functions. Half of them would visit their neighbors or relatives. Goel, *et al.*^[13] reported that 24.8% were not having any social contact outside the home as compared with approximately 32% in our study. Almost half of the respondents felt neglected and sad and felt that people had an indifferent attitude towards the elderly as compared with 8.9% reported by Singh, *et al.* . Some of the respondents thought that people don't respect them because they were aged and could not contribute to the family and society. Around 50.7% of the respondents mentioned that they felt sad mainly because of poverty followed by illness (39.5%). Unlike our study, Singh,*et al.*^[7] reported that the main reason for feeling sad was loneliness (20%), followed by neglect in the family (26.1%), illness (11.5%), and economic causes (10.2%). Prakash *et al.*^[12] reported that 23.3% of the respondents felt sad because of loneliness followed by feeling neglected (17.3%). In his study, Goel, *et al.*^[13] mentioned that 55.1% of the respondents had a negative attitude towards life. A study conducted by Goel, *et al.*^[13] showed 45% of the respondents had utilized geriatric welfare services as compared with 17.2% in our study. In our study, 54.3% of the respondents felt that old age affected their role in the family as compared with 38% in the study conducted by Elango.^[11] It was observed in our study that even though the respondents were not very happy in life or did not have a good relationship with their children, they still preferred to stay at home or die rather than stay in old age home.

Conclusion

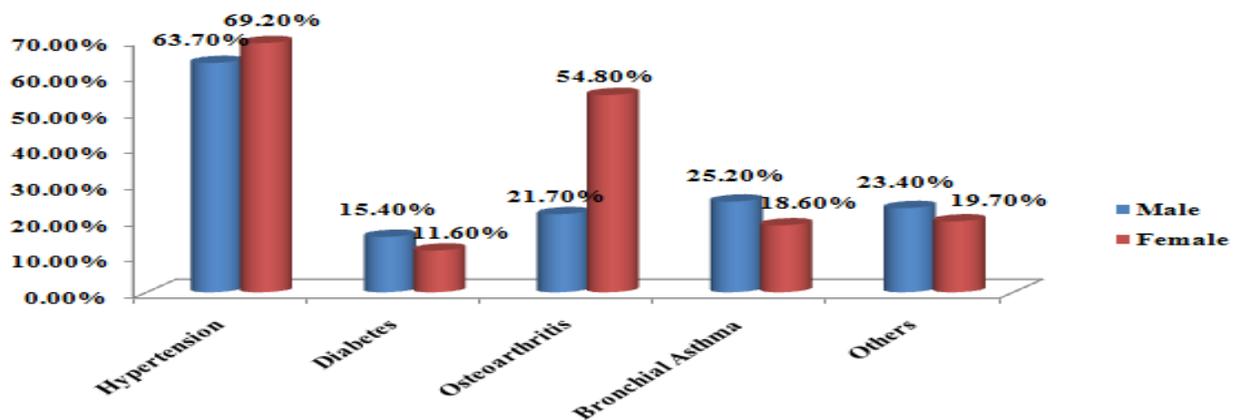
The results of this study showed that a major proportion of the elderly were out of the work force, partially or totally dependent on others, and suffering from health problems with a sense of neglect by their family members. There is a growing need for interventions to ensure the health of this vulnerable group and to create a policy to meet the care and needs of the disabled elderly. Further research, especially qualitative research, is needed to explore the depth of the problems of the elderly.

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Table-1: Socio-Demographic Profile

		Male	Female	Total (n=315)
Age in Years	60 – 69	86 (61.87%)	140(79.54%)	226 (71.74%)
	70 – 79	46 (33.09%)	32 (18.18%)	78 (24.76%)
	≥ 80	7 (5.03%)	4 (2.2%)	11 (3.49%)
Marital Status	Married	105(75.53%)	46(26.13%)	151 (47.93%)
	Single	6 (4.31%)	0 (0%)	6 (1.90%)
	Separated	4 (2.87%)	13 (7.38%)	17 (5.39%)
	Widow/Widower	24 (17.26%)	117 (66.47%)	141 (44.76%)
Education	Illiterate	29 (20.86%)	72 (40.90%)	101(32.06%)
	Just Literate	3 (2.1%)	15 (8.52%)	18 (5.71%)
	Primary	57 (41%)	51(28.97%)	108 (34.28%)
	Secondary	27 (19.42%)	18 (10.22%)	45 (14.28%)
	High School	18 (12.94%)	11(6.25%)	29 (9.20%)
	Intermediate	2 (1.43%)	9 (5.11%)	11 (3.49%)
	Graduate	3 (2.15%)	0 (0.00%)	3 (0.95%)

**Figure-1 : Health Problems Of The Geriatric Population**