

**Original article:**

## **A cross sectional study to assess social and health problems of elderly attending geriatric opd at slum community**

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### **ABSTRACT**

**Introduction:** Elderly population is on rise in India. As age advances there are lot of physical impairments which impact quality of life and daily living activities and this get much worsened due to deteriorating socioeconomic conditions in geriatric population.

**Objectives:** To study health and social problems of the elderly and their perception towards life.

**Materials and Methods:** This observational cross-sectional study was conducted in geriatric out patient department at urban health centre in slum area over the period of 6 months. Total 104 patients of age 60 years and above who attended geriatric OPD were selected by convenient sampling and interviewed using modified and validated OPQOL questionnaire.

Findings were described in terms of frequency and percentages and various graphical methods. Chi square test was used to study association between gender and their perception towards life.

**Results:** Maximum of the patients (86%) belonged to the age group of 60-70 years. Physical problems of most of the patients were musculoskeletal pain (69%), hypertension (49%) and diabetes (45%). Maximum had social issues like financial dependency (60%) and poverty (51%). Only 12% participants had good perception towards life and maximum (52%) had bad perception. There was significant association found between good score of perception towards life and gender ( $\chi^2=0004$ )

**Conclusion:** The results of this study showed that majority of elderly population is suffering from multiple physical, psychological and social problems. Holistic approach with comprehensive program should be planned to address issues faced by geriatric population. This signifies greater importance of geriatric counselling center in OPDs.

**KEYWORDS-**Elderly, Health problems, Perception towards life

### **INTRODUCTION**

Aging is a global phenomenon. In India, as per 2011 census the elderly account for 8% of the total population, of which two-thirds live in villages and nearly half of them in poor conditions.<sup>1</sup> Aging is generally defined as a process of deterioration in the functional capacity of an individual that results from structural changes, with advancement of age. In India, the attainment of the age 60 has been mostly considered for the purpose of classifying aged persons. Elderly experience changes in different aspects of their lives. The position of the elderly in the family is depended upon their economic position, support systems available, marital and health status, thus older people become more vulnerable to physical disabilities as a result of social economic and emotional alienation and isolation. A feeling of

low self-worth may be felt due to the loss of earning power and social recognition. In slum area, health of the older persons may be particularly influenced by poverty, lack of education, poor nutrition and increased risks of accident. “Various factors such as food sharing practices, eating the left overs, poor medical facilities, poor sanitation as well as low levels of education may be responsible for poorer nutritional and health status of the elderly from lower income group.<sup>2</sup> Added to this, incidence of widowhood is much higher among the elderly. All these health problems and social factors like Economical dependency, loneliness, ignorance by family members and society are responsible for changing the perception of elderly towards life. 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 needs to be examined.<sup>3</sup> A substantial number of studies have been conducted in different parts of the world on geriatric populations<sup>4,5</sup> but few have been done in developing countries.<sup>6,7</sup> There is an imminent need to set up a database of such conditions so as to initiate intervention strategies and to fix priorities for planning health care services regarding the elderly.<sup>8</sup>

Keeping all these issues in mind this study is conducted. This study has explored the social and health problems faced by the elderly and change in their perception towards life among old people attending geriatric OPD at slum community.

This makes it necessary to look into the various aspects of their problems. The geriatric population is more likely to be affected by multiple health problems<sup>9</sup> which become much more of a burden on the country.

#### **OBJECTIVES**

- To observe the social and health problems faced by the elderly.
- To assess their perception towards life.

#### **METHODOLOGY:**

This Cross-sectional observational study was carried out over a period of 6months i.e., from the month of August 2015 to January 2016 at Geriatric OPD (Out Patient Department) in a urban health Centre, field practice area of community medicine department. All Elderly people aged 60 years and above who were enrolled in geriatric OPD at urban health Centre and attended OPD within study period were included in the study. Patients having psychological disorder and patients with severe visible morbidity such as physically dependent and acutely ill were excluded. Convenient sampling method was used. Total 130 patients were enrolled in geriatric OPD out of that 104 were selected after applying inclusion and exclusion criteria for study.

#### **Designing and validation of Questionnaire**

- Semi-structured questionnaire was prepared and developed by reviewing OPQOL (Older People’s Quality of Life): a brief quality of life questionnaire for elderly<sup>10</sup> and related Indian studies.<sup>11,12</sup> This questionnaire was modified after pilot study done in 20 elderlies from subject population and then validated with consultation of senior faculty members of the community medicine department. After test and retest good reliability was achieved. This final questionnaire was then used for the study.

- A Questionnaire includes Socio-demographic profile, questions regarding health problems, social problems and 13 questions regarding perception towards life.
- Scoring of questionnaire  
Each of the 13 items was scored as -  
Strongly agree=1, Agree=2, Neither=3, Disagree=4, Strongly disagree=5.  
The items are summed for a total OPQOL-Brief score, then positive items are Reverse coded, so that higher scores represented positive perception toward life.  
53-65- Very good, 40-52- Good ,14-39- bad ,0-13 -very bad

#### **Data collection and analysis :**

- Data collection was started after ethics committee clearance. The tool used for the study was a detailed interview schedule.
- The purpose of the study was explained to the participants and written informed consent from the participants was taken prior to the interview. Maximum 10 interviews were taken during 1 OPD.
- The interview questions were about the respondent's family background, socio-demographic conditions, health problems, social interactions and problems faced by them and their perception towards life.
- The interview was carried out in the local language comfortable for the participants. (Marathi and Hindi)  
Privacy was maintained during interview. In order to avoid the interference and influence of other family members and other patients, each respondent was interviewed privately in separate room where they could feel at ease.

#### **RESULT AND ANALYSIS:**

All responses were tabulated by using Microsoft-Excel 2010 Software. Findings were described by using frequency and percentages. Various graphical methods were used to show results. To find out association between gender and perception towards life, Chi square test was used.

Out of (n=104) participants 4 couldn't complete their interview. Out of (n) 100, 86 were from 60-70 age group and 14 were 70 and above. Maximum (63) were females and (37) were male. More than half the population 68 belongs to Muslim religion, 20 belongs to Hindu, 7 were Buddhist. 64 participants having joint family and 30 having nuclear family, whereas 6 participants living alone. Out of all, 64 participants were illiterate, 15 were educated up to secondary school and 28 completed primary education. Only 7 participants completed education up to graduation. In our study 54 participants were living with spouse, 34 were widow and 11 were separated, 1 participant was living single. Out of total number, maximum (40) mentioned spouse as their guardian, 30 mentioned son as guardian, 4 mentioned daughter while 26 had not a single guardian.

Figure1. shows that almost everybody was suffering from multiple health problems. It shows Maximum participants (69%) were suffering from musculoskeletal pain, (49%) hypertension, (45%) diabetes, (29%) had both hypertension and diabetes, while others having (28%) constipation, (20%) hearing difficulty, (18%) vision problems, (12%) urinary incontinence and (11%) asthma.

Figure 2. showing social problems of old population living in slum. Maximum (60%) were financially dependent on others, 51% were suffering from poverty, 47% were neglected and feeling loneliness, 34% lost their spouse, 25% were having addicted son, 31% were not having own house so not feeling secure.

Figure3. shows Participants score for perception toward life. We found that only 12% participants have very good perception toward their life.

We also found there is significant association between gender and perception toward life (Table.2). Males had significantly good perception towards life compared to females ( $\chi^2$  value=**0.0004**).

**Table 1. sociodemographic information of participants**

Sociodemographic characteristics		Frequency	Percentage
<b>Age</b>	60-70year	86	86
	=>70 year	14	14
<b>Gender</b>	Female	63	63
	Male	37	37
<b>Religion</b>	Muslim	68	68
	Hindu	20	20
	Buddhist	7	7
	Other	5	5
<b>Family type</b>	Nuclear	30	30
	Alone	6	6
	Joint	64	64
<b>Education</b>	Illiterate	46	46
	Primary	28	28
	Secondary	15	15
	Graduate	7	7
	Postgraduate	4	4
<b>Socioeconomic status (Modified Kuppuswami scale)</b>	Upper Middle	8	8
	Lower middle	18	18
	Upper Lower	48	48
	Lower	26	26
<b>Marital status</b>	Married	54	54
	Widow	34	34
	Separated	11	11

	Single	1	1
<b>Guardian</b>	Son	30	30
	Daughter	4	4
	Spouse	40	40
	Nobody	26	26

**Table.2. Association between gender and perception towards life**

GENDER	PERCEPTION TOWARDS LIFE		TOTAL	CHI SQUARE VALUE
	GOOD SCORE	BAD SCORE		
MALE	18	19	37	0.000424
FEMALE	10	53	63	
TOTAL	28	72	100	

**DISCUSSION:**

In the present study, the maximum number of study subjects we came across were from age group 60-70 years (86%) and females (63%). The reason behind the age being decreased life expectancy beyond 70. The reasons of females being in large numbers might be due to their negligence towards their own physical fitness, nonworking economically dependent housewives and most neglected by other family members, all of which lead to multiple health issues over the period till they get older. Similar study was done by Saxena V, et al<sup>13</sup> showing that 74.6% elderlies belonged to 60–70 years age group. Also, Gupta, et al<sup>14</sup> found maximum number of patients coming to OPD were females. As our urban health centre was situated in Muslim predominant area, most of the patients attending OPD we found were from Muslim community.

Almost more than half of the respondents who were interviewed were from joint families (64%), while 30% were from a nuclear family and 6 subjects were leaving alone. Study by Padda, et al<sup>15</sup> have brought out similar finding. People from slum areas prefer to live together due to financial dependency on each other and also less migration to other cities for the purpose of higher education and job settlement might be one of the reasons. In the present study 46% elderlies were illiterate and 28%, 15% and 7% elderlies were educated up to primary, secondary and graduation, respectively. Only 4% could reach up to postgraduation. Similar results were shown by Gladius J H, et al<sup>16</sup> (2016) at Tamilnadu. Socioeconomic status of majority of families were upper lower (48%) and lower (26%) as

against the study done by Pandve H T, et al.<sup>17</sup> in Pune urban showing majority from lower middle followed by middle class.

Most common physical problem of elderly was musculoskeletal pain (69%), followed by hypertension, diabetes, constipation, hearing difficulty, vision problems, urinary incontinence and asthma. Results of study done by Verma V, et al.<sup>18</sup> found involvement of musculoskeletal system (68.5%) was most common and other commonly involved health systems were psychological (59.75%), digestive (29.75%), ear (13%), respiratory (11.25%). Chauhan P, et al.<sup>19</sup> (2013) at Nellore also did a study among geriatric people and found involvement of musculoskeletal system (69.7%), digestive (16.2%) cardiovascular (38.3%) respiratory (26.9%), neurological (6.2%), psychological (12.8%) and urogenital (5.7%). In both of these studies, musculoskeletal system was seen commonly affected in elderly but there are other studies showing different results. A study by Thakur et al.<sup>20</sup> found that visual impairment was the most common morbidity among elderly with the prevalence of 83.3% and 44% respondents suffering from arthritis. The most prevalent morbidities among elderly in urban slum areas observed by Thomas et al.<sup>21</sup> were hypertension (46.9%) followed by arthritis (30.2%), diabetes (26.5%), respiratory problem (24.3%), and cataract (21%). Marimuthu et al.<sup>22</sup> in their study attribute the poor health condition of slum-dwellers to illiteracy, poor environmental conditions, and lack of proper health facilities. Slum areas are still not properly covered by government health infrastructure which might also contribute to high morbidity among elderly. Many studies conducted in Indian slums found lack of health facilities in slum areas.<sup>23</sup>

In our study, it was observed that financial dependency (60%), poverty (51%), loneliness (47%), felt neglected (47%) were the major social problems of the elderly. A study by A Lena et al.<sup>11</sup> observed that 48% of the respondents were suffering mainly because of poverty (47.9%) followed by illness (41.3%). Other reasons of social problems were unwed daughters at home, alcoholic son/son-in-law, financial loss, illness of spouse, children staying away from them, death of children, or not owning a house. Half of the interviewed subjects felt neglected by their family members unlike in the study conducted by Singh, et al.<sup>24</sup> which reported that 26.1% felt neglected by family members, while Prakash, et al.<sup>25</sup> reported 17.3% having feelings of neglect.

A Lena et al.<sup>11</sup> observed in their study that almost 98% of the respondents felt old age had affected their day-to-day life. Among these, 86.4% felt that age had partially affected their daily activities. Half of the people interviewed felt neglected by their family members, while 47% felt unhappy in life and 36.2% felt they were a burden to the family. An unfavorable attitude was observed to be more among females than males. Similarly, in we observed (52%) of participants have bad perception towards life due to multiple problems of old age while (26%), (20%) and (12%) of them have good, very bad and very good perception respectively. This shows that more than 50% population of old age group from slum area is not happy with their life. Our findings are also observed by Manikanta P et al.<sup>26</sup> Compared to males, females have significantly more bad perception towards life. This can be explained as although both genders are in old age group; illiteracy, financial dependency, postmenopausal changes in body these are extra things which can worsen female's day today life.

## CONCLUSION:

The results of this study showed that in elderly population multiple physical illnesses and financial dependency give rise to many psychological problems. Most of the psychological problems can be avoided if solved at the family level and then by society earliest. Even most of the physical and psychological illnesses are due to negligence at the family level. Holistic approach with comprehensive program should be planned to address issues faced by geriatric population. This signifies greater importance of geriatric counselling center in OPDs.

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