Health And Social Problems Of Geriatric Population In An Urban Setting Of Gujarat, India

H Chandwani, P Jivarajani, H Jivarajani

Citation

Abstract
Change in socio-economic status and various health problems adversely affect an individual's way of life during old age. The present study attempts to assess the health and social problems of the elderly and their attitude towards life in an urban area of Gujarat. A total of 311 elderly persons (60 years old and above) were interviewed using a pre-tested schedule. Around 66% of the patients belonged to the age group of 60-69 years old. Nearly 13% of the respondents were illiterate. Around 56% felt they were not happy in life. A majority of them had health problems such as hypertension followed by arthritis, diabetes, constipation etc. About 44% of the respondents said that they were not loved by family members. 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 study was done by the Department of Community Medicine, Medical College, Vadodara, Gujarat, India.

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. By 2020, 10.4% of population amounting to 142 million people 60 years or older will be living in India (2).

The elderly are a precious asset for any country. With rich experience and wisdom, they contribute their might for sustenance and progress of the nation. Their special health and economic issues differ from those of the general population. The United Nations Principles address the independence, participation, care, self-fulfillment and dignity of older persons as an ensured priority (3).

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 (4).

With rapid increase in elderly population accompanied by a decline in the physiological functions in this age group, the foremost apparent challenge is to prevent physiological ageing getting converted into pathological ageing i.e. when diseases supervene. The psychosocial environment around elderly is also to be kept healthy.

The care of the elderly is drawing more and more attention of the Government and public. It is already a major social and health problem in affluent countries. While science has prolonged life, the changes that it has brought about in cultural and social patterns have robbed the elderly of their status and self-esteem and have deprived them of chance to function adequately in the society (5).

Majority of the problems that confront older persons are the result of priorities, policies and practices of society. Ageing is mainly associated with social isolation, poverty, apparent reduction in family support, inadequate housing, impairment of cognitive functioning, mental illness, widowhood, loss, bereavement, limited options for living arrangement and dependency towards end of life (6).

All these problems have an impact on the quality of life in old age and health care at the time of need. In traditional Indian societies, joint family system used to take care of most of these social issues. However, with industrialization and urbanization, disintegration of traditional joint family has been the major social problem. Nevertheless family and
the community are the most important caretaker of elderly in
India. It is thus necessary to strengthen the traditional family
system through community education and social intervention
(7).

In the absence of well-organized social support network, the
scenario appears gloomy. In not so distant future, the elderly
in the organized sector will be opting more and more for
living arrangement namely old age homes and senior citizen
homes. For the elderly in the unorganized sector the options
remain limited to poverty and destitution, in absence of
family support.

In this background, an attempt is made to study the variables
affecting the old age persons residing in the city of
Vadodara, Gujarat state. This may serve as a baseline data
and help in planning the services for this section of
population.

This study was thus conducted with the following
objectives:

To study the background and socio-economic status of the
elderly

To study the social and health problems faced by the elderly
and their attitude towards life

MATERIALS AND METHODS

The present study was planned as a cross-sectional
population study and carried out over a period of 4 months
from January to April 2009 in the community by house to
house visits. The study subjects included elderly men and
women aged 60 years and above who belonged to the Gotri
and Ellora Park area of Vadodara city. A total of 311
subjects were interviewed. Families in the area were
approached and family members of above 60 years age were
interviewed in detail and medical examination was
conducted. For any house that was found closed, the visit
was invariably repeated after prior intimation to the
household/neighbour.

The questionnaire was developed by reviewing related
Indian studies. This questionnaire was then pilot tested on
ten elderly individuals and the necessary changes were
made. A separate questionnaire was filled for each ‘elderly’
person and a detailed interview was conducted followed by
medical examination. The schedule had four parts: a)
Identification data; family information, socio-economic
condition, physical & psychosocial environment of the
family b) The information regarding elderly person, their
lifestyle & psychological assessment c) Health complaints
and d) Finding of medical examination pertaining to health.
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
interviewed privately in a separate room of a house where
he/she could feel comfortable. The data thus collected was
compiled, tabulated and analysed using the statistical
package SPSS, Version 11.5 for Windows. Findings were
described using proportions and percentages.

RESULTS

SOCIO-DEMOGRAPHIC CHARACTERISTICS

Table 1 shows that a major fraction of the population was in
the age group of 60-69 years old, while a small fraction (9%)
were 80 years old or older. Males formed slightly higher
proportion of the study sample. A majority (92%) 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
(61.2%) among the population interviewed followed by the
nuclear family. Only 13% of the elderly men were widowed
while 37% of the women were widows. The unmarried
group of 1% was comprised of only men. Literacy was
found to be adequate in the study population.

Figure 1

Table 1: Demographic distribution of the respondents

<table>
<thead>
<tr>
<th>Variables</th>
<th>Males (n=184)</th>
<th>Females (n=127)</th>
<th>Total (n=311)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (yr)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60-69</td>
<td>107 (58.1)</td>
<td>99 (78.0)</td>
<td>206 (66.2)</td>
</tr>
<tr>
<td>70-79</td>
<td>51 (28.8)</td>
<td>24 (18.9)</td>
<td>75 (24.6)</td>
</tr>
<tr>
<td>&gt;80</td>
<td>24 (13.0)</td>
<td>4 (3.1)</td>
<td>28 (9.0)</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>135 (73.1)</td>
<td>56 (44.1)</td>
<td>191 (61.4)</td>
</tr>
<tr>
<td>Single</td>
<td>3 (1.6)</td>
<td>0 (0)</td>
<td>3 (1.0)</td>
</tr>
<tr>
<td>Separated</td>
<td>22 (12.0)</td>
<td>24 (18.9)</td>
<td>46 (14.8)</td>
</tr>
<tr>
<td>Widow/widower</td>
<td>24 (13.0)</td>
<td>47 (37.0)</td>
<td>71 (22.8)</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illiterate</td>
<td>20 (10.9)</td>
<td>21 (16.5)</td>
<td>41 (13.2)</td>
</tr>
<tr>
<td>Just literate</td>
<td>8 (4.3)</td>
<td>5 (3.9)</td>
<td>13 (4.2)</td>
</tr>
<tr>
<td>Primary</td>
<td>47 (25.5)</td>
<td>38 (29.9)</td>
<td>85 (27.3)</td>
</tr>
<tr>
<td>Secondary</td>
<td>30 (16.3)</td>
<td>25 (19.7)</td>
<td>55 (17.7)</td>
</tr>
<tr>
<td>High school</td>
<td>38 (20.7)</td>
<td>24 (18.9)</td>
<td>62 (19.9)</td>
</tr>
<tr>
<td>Intermediate</td>
<td>9 (4.9)</td>
<td>12 (9.4)</td>
<td>21 (6.8)</td>
</tr>
<tr>
<td>Graduate</td>
<td>32 (17.4)</td>
<td>2 (1.6)</td>
<td>34 (10.9)</td>
</tr>
</tbody>
</table>

(Percentages are in parentheses)

HEALTH PROBLEMS OF THE ELDERLY

Table 2 shows that all the respondents had health problems,
the most common being hypertension, arthritis, diabetes, or constipation. Others included anemia, accidents, skin problems and other minor ailments. It is seen that most of the respondents had more than one health problem. Osteoarthritis and diabetes were found to be more common among females while other health problems were almost similar among both the genders.

**Figure 2**

Table 2: Morbidity pattern of the respondents

<table>
<thead>
<tr>
<th>Morbidity</th>
<th>Male (n=184)</th>
<th>Female (n=127)</th>
<th>Total (n=311)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>156 (84.8%)</td>
<td>104 (81.9%)</td>
<td>260 (83.6%)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>127 (69.0%)</td>
<td>111 (87.4%)</td>
<td>238 (76.5%)</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>1 (0.5%)</td>
<td>0 (0.0%)</td>
<td>1 (0.32%)</td>
</tr>
<tr>
<td>Arthritis</td>
<td>125 (67.9%)</td>
<td>118 (92.9%)</td>
<td>243 (78.1%)</td>
</tr>
<tr>
<td>Bronchial Asthma</td>
<td>23 (12.5%)</td>
<td>15 (11.8%)</td>
<td>38 (12.2%)</td>
</tr>
<tr>
<td>Chronic Bronchitis</td>
<td>26 (14.1%)</td>
<td>9 (7.1%)</td>
<td>35 (11.3%)</td>
</tr>
<tr>
<td>Ischaemic Heart Disease</td>
<td>37 (20.1%)</td>
<td>6 (4.7%)</td>
<td>43 (13.8%)</td>
</tr>
<tr>
<td>Stroke</td>
<td>11 (5.9%)</td>
<td>1 (0.8%)</td>
<td>12 (3.9%)</td>
</tr>
<tr>
<td>Constipation</td>
<td>161 (87.5%)</td>
<td>83 (65.4%)</td>
<td>244 (78.5%)</td>
</tr>
<tr>
<td>Piles</td>
<td>47 (25.5%)</td>
<td>8 (6.3%)</td>
<td>55 (17.7%)</td>
</tr>
<tr>
<td>Benign enlargement of prostate</td>
<td>20 (10.8%)</td>
<td>0 (0.0%)</td>
<td>20 (6.4%)</td>
</tr>
<tr>
<td>Cataract</td>
<td>81 (44.0%)</td>
<td>39 (30.7%)</td>
<td>120 (38.6%)</td>
</tr>
<tr>
<td>Hearing loss</td>
<td>53 (28.8%)</td>
<td>12 (9.4%)</td>
<td>65 (20.9%)</td>
</tr>
<tr>
<td>Others</td>
<td>17 (9.2%)</td>
<td>19 (15.1%)</td>
<td>36 (11.6%)</td>
</tr>
</tbody>
</table>

Figures in parentheses are in percentages

**ATTITUDES TOWARDS OLD AGE**

Table 3 shows that almost 73% of the respondents felt that old age had affected their day-to-day life. Among these, 58% felt that age had partially affected their daily activities. Half of the people interviewed felt neglected by their family members, while 56% felt unhappy in life and 37.6% felt they were a burden to the family. An unfavorable attitude was observed to be almost equal among females as well as males.

**Figure 3**

Table 3: Attitude towards old age

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old age has affected</td>
<td>124</td>
<td>102</td>
<td>226</td>
</tr>
<tr>
<td>Day-to-day life</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partially</td>
<td>80</td>
<td>91</td>
<td>171</td>
</tr>
<tr>
<td>Completely</td>
<td>44</td>
<td>11</td>
<td>55</td>
</tr>
<tr>
<td>Feel neglected by family member</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Always</td>
<td>24</td>
<td>26</td>
<td>50</td>
</tr>
<tr>
<td>Sometimes</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Feel a burden to family</td>
<td>54</td>
<td>63</td>
<td>117</td>
</tr>
<tr>
<td>Not happy in life</td>
<td>82</td>
<td>93</td>
<td>175</td>
</tr>
<tr>
<td>Feel they are not loved</td>
<td>40</td>
<td>50</td>
<td>90</td>
</tr>
</tbody>
</table>

Figures in parentheses are in percentages

**Figure 4**

Table 4: Perception of elderly regarding economic and social security

<table>
<thead>
<tr>
<th>Perception regarding Security</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deprived of finances</td>
<td>77</td>
<td>103</td>
<td>180</td>
</tr>
<tr>
<td>Deprived of companions</td>
<td>24</td>
<td>40</td>
<td>64</td>
</tr>
<tr>
<td>Troubled with feeling of insecurity</td>
<td>65</td>
<td>80</td>
<td>145</td>
</tr>
</tbody>
</table>

Figures in parentheses are in percentages

Table 4 shows that females had poor perception regarding economic and social security as compared with males. Approximately 47% of the respondents interviewed had feelings of insecurity while around 58% were deprived of financial security. Other reasons of insecurity included illness, not having issues or male children.

**Figure 5**

Table 5: Perception of elderly regarding economic and social security

<table>
<thead>
<tr>
<th>Perception regarding Security</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deprived of finances</td>
<td>77</td>
<td>103</td>
<td>180</td>
</tr>
<tr>
<td>Deprived of companions</td>
<td>24</td>
<td>40</td>
<td>64</td>
</tr>
<tr>
<td>Troubled with feeling of insecurity</td>
<td>65</td>
<td>80</td>
<td>145</td>
</tr>
</tbody>
</table>

Table 5 shows that 41% of the respondents felt sad mainly because of illness followed by loss of spouse (37.6%). Other reasons for feeling sad 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.
It was also observed in the study that only 32.3% were aware of the government welfare schemes for the elderly and only 12.2% 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 57.8% of the respondents had friends and social contacts outside the home. In case of a conflict with family members, nearly half of the respondents (48%) preferred to sleep in order to get over it, 29% preferred to discuss it with others, and 18% preferred to find a solution.

It was observed in our study that around 55% of the respondents felt that old age affected their role in the family. A total of 41% 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
The present study attempts to assess the geriatric morbidity (after the age of 60 years) and the social problems of the elderly in urban area of Vadodara city, Gujarat.

Socio-demographic characteristics of families show that almost 61% of the respondents who were interviewed were from joint families. Similar findings have been brought out by various studies by Padda, et al. (8), Singh, et al. (9), and Sivamurthy, et al. (10). The higher prevalence of joint families could be due to Indian tradition of joint families and this tradition is deeply rooted in Gujarat state.

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 (9). Shah (11) reports that 64.3% of elderly women were widows and most of them were dependent.

According to the NSS 52nd round (12), 63% of the elderly were illiterate in India. Our study showed that 13% of our respondents were illiterate and around 27% had education up to the primary level. Padda, et al. (8) reported 38.6% illiteracy at Amritsar, while it was 78% in a study conducted in Tamil Nadu by Elango (13), and Singh, et al. (9) reported 80.2%.

It is observed in this study that illiteracy is higher among females (16.5%) than males (10.8%). The disparity in literacy status may be attributed to the fact that educating females in those days was not considered as important as establishing a marriage at an early age.

Half of the interviewed subjects felt neglected by their family members unlike in the study conducted by Singh, et al. (9), which reported that 26.1% felt neglected by family members, while Prakash, et al. (14) reported 17.3% having feelings of neglect.

In this study, 56.3% of the respondents said that they were not happy in life as compared with 53.2% reported by Singh, et al. (9). A total of 57.8% 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. (15) 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. (9). 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 41% of the respondents mentioned that they felt sad mainly because of illness followed by loss of spouse (37.6%). Unlike our study, Singh, et al. (9) 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. (14) reported that
23.3% of the respondents felt sad because of loneliness followed by feeling neglected (17.3%). In his study, Goel, et al. (15) mentioned that 55.1% of the respondents had a negative attitude towards life.

A study conducted by Goel, et al. (15) showed 45% of the respondents had utilized geriatric welfare services as compared with 12.2% in our study. In our study, 55% of the respondents felt that old age affected their role in the family as compared with 38% in the study conducted by Elango (13). 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.

The authors do accept some of the limitations of this study. A scoring system for attitude was not used because the objective of the study was not to quantify the attitudes and grade the subjects but just to assess the load of existence of such problems among the subjects.

ACKNOWLEDGEMENT

To the study subjects for their co-operation.

References

2. WHO Fact Sheet No: 135, Revised 2007
10. Siva Murthy, AR Wadakannavar. Care and support for the Elderly population in India: Results from a survey of the aged in rural North Karnataka paper submitted to the IUSSP General Population Conference held in Salvador (Brazil) during 18 th - 24 th August 2001.
Author Information

Haresh R Chandwani, MD
Assistant Professor, Department of Community Medicine, Medical College, Vadodara, Gujarat, India

Parimal J Jivarajani, MD
Assistant Professor, Department of Community Oncology, Gujarat Cancer & Research Institute, Ahmedabad, Gujarat, India

Harsha P Jivarajani, MD
Assistant Professor, Department of Medicine, B.J. Medical College, Ahmedabad, Gujarat, India