

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

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## 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/neighbor.

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

Variables	Males (n=184)	Females (n=127)	Total (n=311)
<b>Age (yrs)</b>			
60-69	107 (58.1)	99 (78.0)	206 (66.2)
70-79	53 (28.8)	24 (18.9)	77 (24.6)
>80	24 (13.0)	4 (3.1)	28 (9.0)
<b>Marital status</b>			
Married	135 (73.4)	56 (44.1)	191 (61.4)
Single	3 (1.6)	0 (0)	3 (1.0)
Separated	22 (12.0)	24 (18.9)	46 (14.8)
Widow/widower	24 (13.0)	47 (37.0)	71 (22.8)
<b>Education</b>			
Illiterate	20 (10.9)	21 (16.5)	41 (13.2)
Just literate	8 (4.3)	5 (3.9)	13 (4.2)
Primary	47 (25.5)	38 (29.9)	85 (27.3)
Secondary	30 (16.3)	25 (19.7)	55 (17.7)
High school	38 (20.7)	24 (18.9)	62 (19.9)
Intermediate	9 (4.9)	12 (9.4)	21 (6.8)
Graduate	32 (17.4)	2 (1.6)	34 (10.9)

*Figures in parentheses are in percentages*

**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

Morbidity	Male (n=184)	Female (n=127)	Total (n=311)
Hypertension	156 (84.8)	104 (81.9)	260 (83.6)
Diabetes	127 (69.0)	111 (87.4)	238 (76.5)
Tuberculosis	1 (0.5)	0 (0.0)	1(0.32)
Arthritis	125 (67.9)	118 (92.9)	243 (78.1)
Bronchial Asthma	23 (12.5)	15 (11.8)	38 (12.2)
Chronic Bronchitis	26 (14.1)	9 (7.1)	35 (11.3)
Ischaemic Heart Disease	37 (20.1)	6 (4.7)	43 (13.8)
Stroke	11 (5.9)	1 (0.8)	12 (3.9)
Constipation	161 (87.5)	83 (65.4)	244 (78.5)
Piles	47 (25.5)	8 (6.3)	55 (17.7)
Benign enlargement of prostate	20 (10.8)	0 (0.0)	20 (6.4)
Cataract	81 (44.0)	39 (30.7)	120 (38.6)
Hearing loss	53 (28.8)	12 (9.4)	65 (20.9)
Others	17 (9.2)	19 (14.9)	36 (11.6)

*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

	Males	Females	Total
Old age has affected Day-to-day life	124(54.9)	102(45.1)	226 (72.7)
Partially	89(49.4)	91(50.6)	180 (57.9)
Completely	35(76.1)	11(23.9)	46 (14.8)
Feel neglected by Family member			
Always	24(40.0)	36(60.0)	60 (19.3)
Sometimes	76(46.6)	87(53.4)	163 (52.4)
Feel a burden to family	54(46.2)	63(53.8)	117 (37.6)
Not happy in life	82(46.9)	93(53.1)	175 (56.3)
Feel they are not loved By family members	48(34.8)	90(65.2)	138 (44.4)

*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 4**

Table 4: Perception of elderly regarding economic and social security

Perception regarding Security	Males	Females	Total
Deprived of finances	77 (42.8)	103 (57.2)	180 (57.9)
Deprived of companions	34 (45.9)	40 (54.1)	74 (23.8)
Troubled with feelings Of insecurity	65 (44.8)	80 (55.2)	145 (46.6)

*Figures in parentheses are in percentages*

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.

**Figure 5**

Table 5: Reasons for feeling sad

Reasons	No.
Poverty	5 (1.6)
Illness	128 (41.2)
Neglected	104 (33.4)
Loss of spouse	117 (37.6)
Loneliness	101 (32.5)
Others	193 (62.1)
Daughters not married	34 (10.9)
Alcoholic son/son-in-law	21 (6.8)
No issue or no male issue	24 (7.7)
Illness of spouse/children	30 (9.6)
Children staying away	32 (10.3)
Financial loss	29 (9.3)
Death of children	11 (3.5)
Not owning a house	12 (3.9)

*Figures in parentheses are in percentages*

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 ones 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 52 nd 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**

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