

A Descriptive Study to Assess the Physical Health Problems of Elderly People in Selected Old Age Homes in Indore (M. P.)

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Abstract: *Currently care in developing countries focuses on communicable diseases and little attention is paid to the needs of older adults. Health personnel need information and skills to manage the needs of older adults. The WHO has urged governments to develop policies and programme to support modifications of health priorities and service delivery to strength the family and community base to support health needs of older adults (Kumar 1999) In ancient India life span of one hundred years was divided into four stages; life of student, householder, forest dweller and ascetic. There was gradual move from personal, social to spiritual preoccupations with age. A descriptive survey approach was used to assess the physical health problems of old age persons in old age homes, the size of population included in the study were only 300 old age persons who have age of 80 and above. The study was conducted on Elderly People in Selected Old Age Homes in Indore. There is a significant association between Sex $\chi^2 (1) = 8.0$, Living arrangement $\chi^2 (1) = 15.3$, education status $\chi^2 (1) = 19.2$, monthly income $\chi^2 (1) = 20.8$, present occupation $\chi^2 (1) = 18.9$, personal bad habits $\chi^2 (1) = 7.8$ at 1 df $p < 0.05$ and physical health problems of old age persons. There is no significant association between other variables like age group, marital status, dietary habits and previous occupation and physical health problems of old age persons.*

Keywords: elderly health, old age homes, physical health issues, developing countries, ageing care policies

1. Introduction

Ageing is universal –it occurs at different rates and degrees; progressive–it interferes with lifestyle; detrimental it has a general gradual decline; intrinsic - it is un - modifiable. Primary ageing is “a biologic process whose first cause apparently is rooted in heredity” (Busse and Blazer 1980) Secondary ageing is “the defects and disability whose first cause comes from hostile factors in the environment, particularly trauma and disease. As “old” and as constituting the “elderly” segment of the population. In the traditional Indian culture, a human life span is one hundred years. Manu, the ancient law giver, in his Dharmshashtra divided this span of life into four ‘ashrams’ or life stages, Brahmcharya, grahastha, vanaprastha, samnyasa.

Older people, even those in generally good health, will eventually need more care than they did earlier in their lives. The ways societies provide or fail to provide this care can have everything to do with an older person’s quality of life. In April 1999 the WHO warned that the growth of global older adult population and the health consequences of ageing need to be taken seriously. WHO estimated that 580 million people worldwide are 60 yrs. of age or older, 355 million of whom live in developing countries. Furthermore, by 2020, one billion people worldwide will be older adults. The growing older adult’s population leads to more cases of hearing and vision deficits, mental health problems.

2. Review of Literature

Naik Nisha (2007) A comparative study, to assess emotional well - being of senior citizens staying in old age home versus senior citizens staying with family in Pune in 2007. The study consisted of 120 male and female citizens out of which 60 from old age home and 60 residing in family. Findings shows

that there is significant difference in senior citizens staying with family and senior citizens staying in old age home at $p, 0.01$. Maximum (90%) of the senior citizens from old age home are under Border line emotional well being, 05% of them under negative emotional well - being and rest 05% of them under positive emotional well - being.

3. Methodology

A descriptive survey approach was used to assess the physical health problems of old age persons in old age homes, the size of population included in the study were only 300 old age persons who have age of 80 and above. The study was conducted on Elderly People in Selected Old Age Homes in Indore. A structured interview schedule was developed by the investigator for determining physical health problems in old age persons in old age homes.

4. Result

There is a significant association between physical health problems of old age persons and selected demographic variables. There is a significant association between Sex $\chi^2 (1) = 8.0$, Living arrangement $\chi^2 (1) = 15.3$, education status $\chi^2 (1) = 19.2$, monthly income $\chi^2 (1) = 20.8$, present occupation $\chi^2 (1) = 18.9$, personal bad habits $\chi^2 (1) = 7.8$ at 1 df $p < 0.05$ and physical health problems of old age persons. Hence, it is inferred that there is a significant association between these selected demographic variables and physical health problems of old age persons in old age homes.

However, the χ^2 value of some other variables like age group, marital status, dietary habits and previous occupation were found not significant at $p < 0.05$ level of significance. There by indicates that there is no association between these variables

with physical health problems of old age persons in old age homes.

5. Recommendations

- 1) Develop more health education programmes in the community as well as mass media for the family caregivers of the elderly to make the care more effective.
- 2) Reduce the stress of caregivers and to change the existing trends in industrialization.
- 3) WHO's recommendations also agree to this as family care is the most acceptable one for the senior citizens.
- 4) A similar study can be done to assess the psychological health of old age persons.
- 5) A geriatric club can be set up in the community and hospitals.
- 6) The study can be repeated on a large sample.
- 7) The study can be conducted to find out the effectiveness of various national programme and policy for old age persons.
- 8) An experimental study can be undertaken.

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