

Assessment of Social Health in Elderly

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Abstract: *Introduction:* Elderly or geriatric age group refers to the population who have crossed the chronological age of 60 years. Changing traditional values, mobility of younger generations, change in family structure and the changing role of women have also contributed to the crisis in the care of elderly. Social health is therefore of much importance in the geriatric population. *Objective:* To assess the social health in elderly in Jorhat district of Assam. *Materials and methods:* Community based cross sectional study conducted from October 2015 to January 2016 in a randomly selected urban slum of Jorhat district. *Results:* Out of total 154 respondents, maximum were female (53.9%). Most (71.5%) of the respondents were in the age group of 60-69 years and only 4.5% were more than 80 years. Majority (83.7%) participants felt that old age has affected their day to day life activities either partially (63.6%) or completely (20.1%). A total of 16.9% of the respondents said that they were not sad at all and 83.1% were sad on the day of interview. *Conclusion:* The results of this study showed that a major proportion of participants felt that their day to day activities were affected by their old age. A major chunk of study population was not happy due to various reasons like feeling of loneliness, felt neglected and for their alcoholic sons. Moreover, a bulk of study population was not aware of the government scheme of elderly. Further indepth studies are required to unfold the exact.

Keywords: Elderly, geriatric, social health, old age and health

1. Introduction

Elderly or geriatric age group refers to the population who has crossed the chronological age of 60 years [1]. In 1999, the Government of India adopted 'National Policy on Older Persons' where elderly or senior citizen has been termed to person of 60 years and above [2]. Increase in age brings about numerous gradual changes in the body and mind of human beings. Old age can be broadly characterized by time-altered changes in an individual's biological, psychological and health related capabilities and its implication for the consequent changes in the economy and society [3]. The Indian tradition is rich in respecting and providing care to the elderly through family, kinship and community. However the recent transitions to urbanization, industrialization and globalization have caused attrition to these traditional values and norms in Indian society [4]. Changing traditional values, mobility of younger generations, change in family structure and the changing role of women have also contributed to the crisis in the care of elderly [5].

India has an estimated figure of 76.6 million people above the age of 60 years which means above 7.7 percent of India's total population is constituted by the elderly [6]. By the year 2020, 10.4 percent of global population amounting to 142 million people would be of 60 years or above [7] and 12.4% of Indian population would be above 60 years as per an estimate by the Government of India [8]. According to another estimate elderly would constitute about one-third of world's total population by 2050 [9].

Increase in population of the elderly could be attributed to a combination of multiple factors like enhanced longevity due to advancement in medical sciences [10]. Aging is associated with social isolation, apparent reduction in family

support, inadequate housing, and impairment of cognitive functioning, loss, limited options and dependency [11].

Social health is an established dimension of health through the WHO definition of health [12]. However the elderly continue to suffer from ailments pertaining to social health. With the increase in materialistic society, nuclear families and rapid technological advancements the older people feel a sense of disconnected with the younger generations. Hence the health of geriatric population is important in all its aspect.

2. Objectives

To assess the social health in elderly in Jorhat district of Assam.

3. Materials and Methods

The present study was a community based cross sectional study conducted from October 2015 to January 2016 in a randomly selected urban slum of Jorhat district, Assam. Both male and female elderly population of Jorhat constituted the study universe. One urban slum Dhakaipatti was selected by lottery method out of total 5 notified urban slums wards in Jorhat district. The elderly population in this particular slum constituted the sample frame and the study population constituted the population after applying the inclusion and exclusion criteria. A total of 154 elderly who fulfill the inclusion and exclusion criteria were considered in the study. More than one respondent were considered from a single household, if present.

A pretested, structured and closed ended questionnaire was used for data collection. It was developed after thorough

searching of literature for the related earlier research papers. Data were entered in MS Excel 2007 and analyzed in Epi-info™ 7. Data have been presented as tables, bar diagram and pie charts. Ethics clearance was obtained from Institutional Ethics Committee (Human), Jorhat Medical College, Jorhat.

4. Results

Socio-demographic characteristics

Table-1 shows that out of a total of 154 respondents, maximum were female (53.9%). Most (71.5%) of the respondents were in the age group of 60-69 years and only 4.5% were more than 80 years. Majority of the study participants belonged to Muslim religion (81.8%). Most of the participants lived in joint family (56%), followed by 39% living in three generation family and 5% lived in a nuclear family (Fig-1). Most of the respondents were illiterate (44.8%) followed by primary (27.9%) and secondary (11.7%).

Table 1: Socio-demographic profile of participants

Variables	Male (n=71)	Female (n=83)	Total (n=154)
Age in years			
60-69	49 (69)	61 (73.5)	110 (71.5)
70-79	18 (21.4)	19 (22.9)	37 (24.)
>80	4 (5.6)	3 (3.6)	7 (45.5)
Religion			
Hindu	4 (5.6)	24 (28.9)	28 (18.2)
Muslim	67 (94.4)	59 (71.1)	126 (81.8)
Education			
Illiterate	34 (47.8)	35 (42.1)	69(44.8)
Primary	18 (25.4)	25 (30.1)	43 (27.9)
Secondary	6 (8.5)	12 (14.5)	18 (11.7)
High School	4 (5.6)	9 (10.9)	13(8.4)
Intermediate	5 (7)	1 (1.2)	6(3.9)
Graduate	3 (4.2)	1 (1.2)	4(2.6)
Post graduate	1 (1.4)	0 (0.0)	1(0.65)

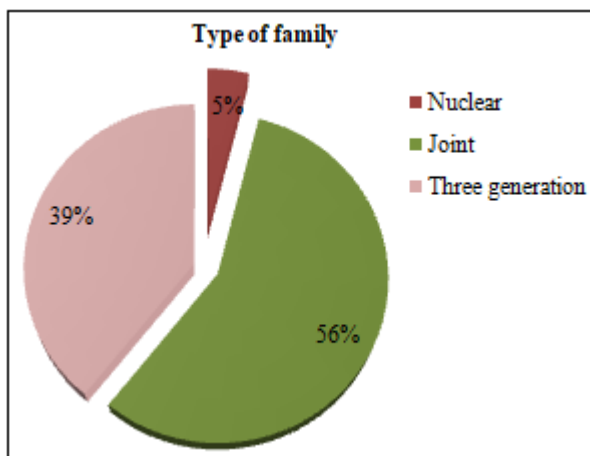


Figure 1: Showing the type of family

Attitude towards old age

Table-2 shows that a majority (83.7%) participants felt that old age has affected their day to day life activities either partially (63.6%) or completely (20.1%). However 16.3% participants did not feel that old age has affected their day to day life activity in any way. A total of 38.3% respondents felt neglected by their family members. Also, 40.2% respondents felt themselves as a burden to the family, 6.5% felt that they are not being loved by their family and 27.9% said that they were not happy on the day of interview.

Table 2: Showing attitude towards old age

Variables	Male (n=71)	Female (n=83)	Total (n=154)
Old age has affected day today activities			
No	13 (18.3)	12 (14.5)	25 (16.2)
Partially	36 (50.7)	62 (74.7)	98(63.6)
Completely	22 (31)	9 (10.8)	31 (20.1)
Feel neglected by family members			
No	52 (73.2)	43 (51.8)	95 (61.7)
Sometimes	17 (24)	34 (41)	51 (33.1)
Always	2 (2.8)	6(7.2)	8 (5.2)
Feel a burden to family	24 (33.8)	38	62
Not loved by family	3 (4.2)	7 (8.4)	10 (6.5)
Not happy today	14 (19.7)	29 (35)	43 (27.9)

Economic and Social security

Table-3 shows that females had perception of more economic and social insecurities as compared to males in percentage. About 43.5% of participants had sense of insecurity and 63.6% said that they were deprived of finances in the family some way or the other. Only 22% were aware that there are government welfare schemes for the elderly people.

Table 3: Showing perception regarding economic and social security

Variable	Male (n=71)	Female (n=83)	Total (n=154)
Deprived of finances	37 (52.1)	61 (73.5)	98 (63.6)
Deprived of companions	14 (19.7)	15 (18)	29 (18.8)
Sense of insecurity	24 (33.8)	42 (50.6)	67 (43.5))
Govt schemes for old	21 (29.5))	13 (15.6)	34 (22)

Reasons for feeling sad

A total of 16.9% of the respondents said that they were not sad at all and 83.1% were sad on the day of interview. The reasons for sadness were asked and multiple responses were considered. Majority (57%) said that they were sad due to illness, followed by 28.9% due to alcoholic son or son-in-law, 25% due to loneliness. Other reasons for sadness included financial, feeling of being neglected, loss of spouse, unmarried daughter, no children and illness of a family member (Fig-2).

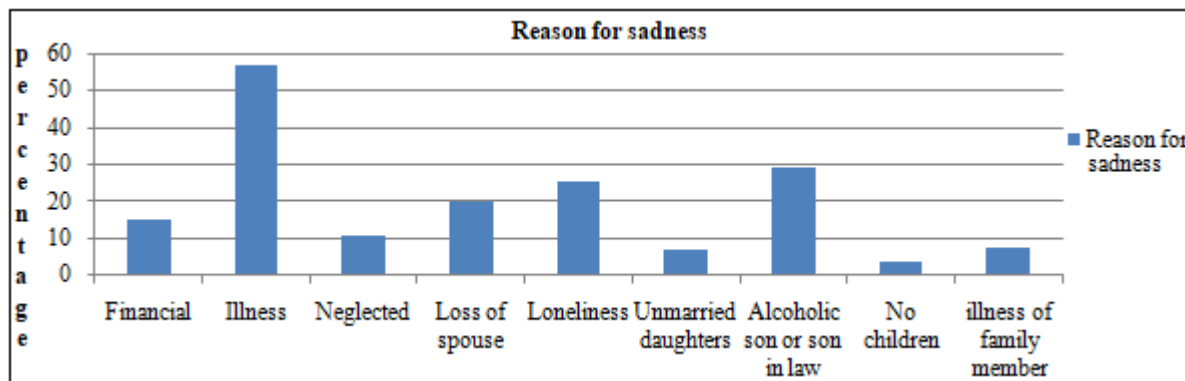


Figure 2: Showing the reasons for feeling sad on the day of interview

5. Discussion

Majority (56%) of persons belonged to joint family, while 39% were from nuclear family. Similar findings were observed by Singh *et al.* [13.], Padda *et al.* [14] and Sivamurthy *et al.* [15]. Higher proportion of elderly in joint family might be due to lower socio-economic conditions in the slum area. Living together reduces the financial burden and enhances security. Lack of construction area in urban slum may also be a reason to remain as joint family.

The study revealed that 44.8% of the respondents were illiterate and 27.9% had education level up to primary level. The study done in by NSS second round [16] found that 63% of the elderly were illiterate in India. Our study finding is comparable with the findings of Padda *et al.* [14] but far less than that of Elango [17] and Singh *et al.* [13] where they reported illiteracy 78% and 80.2% respectively. Interestingly, proportion of male illiteracy is more compared to female (47.8% vs. 42.1%). The finding is contrary to the observation of Lena *Aet al.* where female were found more illiterate (62% vs. 22.8%) in the Udupi Taluk Karnataka [18].

Only 16.9% of the participants were reported happy, while 83.1% were not happy due to variety of reasons. Amongst them illness was the most common reason contributed by 57% of the respondents. Lena M *et al.* reported cause of sadness was 41.3% [18]. Feeling sad due to loneliness of our study finding (25%) was comparable with the findings of Singh *et al.* [13] and Prakash *et al.* [19].

38.3% respondents felt neglected by their family members, whereas Lena *et al.* found half and Singh *et al.* reported 26.1% of the interviewed subjects felt neglected by their family members. Being neglected one of the reasons for of their sadness which contributed 10.1% of respondents, while Singh *et al.* found 13.1% and Prakash *et al.* reported it was 17.3%.

83.7% participants felt that old age has affected their day to day life activities whereas Lena *et al.* reported 98% and also found more among females that is consistent to our finding. Females were more concerned about feelings of social security contrary to the finding of Lena *et al.* but about of govt. schemes males were more concerned. This may be due to the reason that male are usually foremost and find more opportunity to get them exposed to outdoor activities in our social system.

6. Conclusion

The results of this study showed that a major proportion of participants felt that their day to day activities were affected by their old age. A major chunk of study population was not happy due to various reasons like feeling of loneliness, felt neglected and for their alcoholic sons. Moreover, a bulk of study population was not aware of the government scheme of elderly.

Due to increase in elderly population dependency ratio increasing. In addition to that a proportion of the elderly population is partially or totally dependent on others and also suffering from various health related dilemma with a sense of ignorance by their family members. Social health in elderly requires a deeper understanding and further research to explore the depth of the problems of the elderly and to create community awareness. Moreover, policies should be directed for improving the social participation of elderly and need to be implemented in community at large for aged population.

7. Conflict of interest

None

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