Social Aspects of Geriatric Health: A Cross Sectional Study at Rural Mangalore, Karnataka, India

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Background: The growth rate of the older population is significantly higher than that of the total population and majority of elderly in India are staying in rural areas. Health problems of old people are related to social factors.

Objective: To study the social aspects of health of geriatric population living in rural area.

Materials and Methods: This was a cross-sectional study involving community based survey in two rural areas of Mangalore, Karnataka, India. The systematic random sampling method was used and the house was considered as sampling unit. The participants were interviewed by using predesigned and pre tested semi-structured tool.

Statistical analysis: Categorical data analysis was done using Fishers exact test & McNemars chi square test. The level of statistical significance was set at 0.05 (two sided).

Results: The mean age of all the participants was 67.8 ± 6.8 years. Among the participants 25% were illiterate, 42.2% were staying in joint families, and 26.7% were widows/widowers. As compared to widow/widowers, married elderly reported to be having significantly higher rate of both smoking and alcoholism; as well as going for regular walk (p=0.0005). Individuals who had friends, who had a liking to travel and to visit relatives earlier, were shown to have significant reduction in those activities now in old age (p= 0.0005).

Conclusion: The morbidity increases with the age with associated social factors, more so in widowed people. There is a growing need of interventions to ensure the health of this vulnerable geriatric population and to create a policy to meet the care and needs of the disabled elderly.

Keywords: Elderly, Social problem, Health variables, Decision making, Income source.
INTRODUCTION

The older population is growing faster than the total population in practically all regions of the world and the difference in growth rates is increasing. Currently, the growth rate of the older population (1.9 %) is significantly higher than that of the total population (1.2 %)\(^1\). In the period between 1996 to 2016, Indian population in the age group above 60 years will increase from 62.3 to 112.9 million\(^2\). Further it was reported that in the year 2001, 75 percent of elderly in India were living in rural areas\(^3\).

The rapid urbanization and societal modernization has brought in its wake a breakdown in family values and the framework of family support, economic insecurity, social isolation, and elderly abuse leading to a host of psychological illnesses. In addition, widows are prone to face social stigma and ostracism\(^4\). With the changing age structure of the population leading to increase in the proportion of old persons, and with ongoing economic development and the consequent changes in family structure and relationships, the elderly lose their relevance and significance in their own households and face problems. The elderly experience changes in different aspects of their life. This may be attributed to physiological decline in ageing due to physical changes, inability to control certain physiological functions, various chronic conditions and change in socio-economic status. A feeling of low self – worth may be felt due to the loss of earning power and social recognition\(^5\). Many surveys have shown that retired elderly people are confronted with the problems of financial insecurity and loneliness\(^6,7\). The theme\(^8\) for World health Day 2012 is “Ageing and Health” which makes us aware about the increasing life expectancy and the social transformation leading to challenges in the health of old people.

Hence this study was conducted with the objective to find out the background and social problems associated with the health of elderly, including their habits and interest in life.

MATERIALS AND METHODS

This is a cross-sectional study conducted in 135 individuals aged 60 years and above, in Kotekar Panchayat and Kasaba Bengre, two rural areas of Mangalore, Karnataka; to assess the social problems associated with the health of elderly. The participants were selected by using systematic random sampling method and the house is considered as sampling unit. These individuals were interviewed with the help of a predesigned and pre tested semi-structured tool. This community based survey was conducted for 2 months – October and November 2011.

Statistical analysis

Statistical analysis was performed using statistical software SPSS version 18. Categorical data analysis was done using Fishers exact test & McNemars chi square test. The level of statistical significance was set at 0.05 (two sided).

RESULTS

Socio-demographic variables

In this study, 63.7% (n= 86) were females and 36.3 % (n= 49) were males. The mean age of all the participants was 67.8 ± 6.8 years. Religion wise distribution showed 68.9 % (93/135) Hindu, 25.9 % (35/135) Muslim and 5.2 % (07/135) Christian. Among the participants 25.2 % (34/135) were illiterate, 36.3 % (49/135) were just literate and remaining 38.5 % (52/135) have studied upto high school and above. 57.8 % (78/135) of participants were belonging to nuclear family, while 42.2 % (57/135) were staying in joint families. At the time of study, 73.3 % (99/135) were married (with their spouse alive), 26.7 % (36/135) were widows/widowers.

When various variables were applied to gender, marital status and type of family, it was observed that smoking was highly significant among males (p=0.0005) and even during old age, males were decision-makers (p=0.012) as compared to their counterpart. History of smoking (p=0.006) and alcoholism (p= 0.036) were significantly higher among married elderly than widows/widowers. Also good habit like going for regular walk were significantly higher among married elderly (p=0.001). However type of family had no effect on any of the variables.
Past History Vs Present History

When the data containing same variables were analyzed (Table 2), Major illnesses were significantly higher in old age as compared to their own past history (p = 0.004). Also those who were very regular earlier, for going to walk every day, have now reduced going for regular walks (p = 0.006). Same individuals who had friends, who had a liking for travel and visit relatives earlier, were shown to have significant reduction in those activities in old age (p = 0.0005). Also, even old age had...
made them lose their power as major decision makers in the family (p = 0.0005). Same individuals who had friends, who had a liking for travel and visit relatives earlier, were shown to have significant reduction in those activities in old age (p = 0.0005). Also, even old age had made them lose their power as major decision makers in the family (p = 0.0005).

**DISCUSSION**

The sex ratio observed in our study was comparable with another hospital based study at Karkala, Karnataka where 60% were females and 40% were males. Similarly the distribution of married, and widows/widowers in our study was also almost same as that of Karkala (Karnataka) study where 78.6% elderly were married and 21.4% were either unmarried or widowed. In this study, among those who were not working (60.9% of the total participants), 82.6% get money from their children to survive and the source of income for others was either from their spouse or own pension and savings. In another study conducted in three villages in Tamil Nadu, it was found that as age increased, the family support also increased, implying reduction of individual income and increasing dependence on others.

Major illnesses were significantly higher in old age as compared to their own past history. Similar finding was reported in a study done on elderly population in rural area of Varanasi district of India. In the Varanasi study it was also mentioned that compared to married people higher percentage of widows/ widowers suffered from old age related morbidities. In our study also same trend was seen (Table 1). Also those who were very regular earlier, for going to walk every day, have now reduced going for regular walk. In a study conducted in Tamil Nadu villages, 88% of the geriatric study population had functional limitations beyond the age of sixty years.

| Response                  | Past       | Present    | P  |
|---------------------------|------------|------------|----|
| Major illness (%)         | 56(41.5)   | 74(54.8)   | 0.004* |
| Smoking (%)               | 21(15.6)   | 16(11.9)   | 0.180  |
| Paan (%)                  | 29(21.5)   | 24(17.8)   | 0.227  |
| Alcohol (%)               | 13(9.6)    | 11(18.1)   | 0.754  |
| Regular walk (%)          | 102(75.6)  | 87(64.4)   | 0.006* |
| Good relation children (%)| 127(94.8)  | 129(96.3)  | 0.750  |
| Had friends (%)           | 107(79.3)  | 82(60.7)   | 0.0005*|
| Like to travel (%)        | 105(77.7)  | 84(62.2)   | 0.0005*|
| Visit relatives (%)       | 120(88.9)  | 100(74.1)  | 0.0005*|
| Like to stay with family (%)| 132(97.8) | 131(97)    | 1     |
| Major decision maker (%)  | 96(71.1)   | 74(54.8)   | 0.0005*|
| Offered prayer (%)        | 128(94.8)  | 127(94.1)  | 1     |

* p<0.05 - significant
In this study, same individuals who had friends, who had liking to travel and to visit relatives earlier, were shown to have significant reduction in those activities now in old age. In a study of Goel et al. conducted on activity status of elderly in rural area of Meerut, UP, it was reported that most of the elderly (69.5%) enjoyed their leisure time activities at home, lying idle being the commonest (59.6%) activity.

CONCLUSION

This study highlights the facts that morbidity increases with the age with associated social factors, more so after the death of the spouse. Elderly showed lack of interest in traveling, loss of decision making power and increased economic dependency on their children, endangering their health—physical, mental and social. There is a growing need of interventions to ensure the health of this vulnerable group and to create a policy to meet the care and needs of the disabled elderly.

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CONFLICTS OF INTEREST

None declared

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