

Original Research Article

Health Status, Family Relation and Living Condition of Elderly People Residing in Geriatric Homes of Western Nepal

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ABSTRACT

Introduction: Rapid aging of population in developing world posed social-economic and financial challenges to individuals, families and societies. Due to lack of love, affection, care and support from family and community, proportion of elderly living in geriatric homes are increasing day by day. The study was carried out to find out the health status, family relation and living status of elderly in geriatric homes.

Methods: Descriptive cross-sectional study was carried out among 190 elderly living in six geriatric homes of western Nepal. Information was gathered regarding health status, family relation and living status and presented in proportions and percentages.

Results: Out of 190, 64.2% were females and 35.8% were males. The study highlighted most of the elderly people (84.1%) suffered from one or more health related problems. The main health problems were arthritis/osteoarthritis (30.5%), cardiovascular (27.9%), gastro-intestinal illness (20.0%), COPD/asthma (15.3%) and neurological disorder (14.2%). Only 27.4% of the elderly used to participate in family ceremonies, 23.7% were consulted by family members in important matters and 28.9% received financial support from family. Most common reason for staying in geriatric homes were due to no one to care them at home (32.1%), quarrels and problems in family (28.9%), death of the spouse (21.1%). Most of the elderly were satisfied towards the foods provided in geriatric homes but not satisfied towards medical care.

Conclusion: There is an increasing need of social and economic support to elderly by families and societies. Appropriate living arrangement, sufficient facilities for medical care, recreational activities is also necessary.

Key words: Elderly people, geriatric homes, health status, family relation, living condition

INTRODUCTION

One of the main features of the world's population since last few decades has been rapid increase in the absolute and relative numbers of older people in both developed and developing countries. [1] Elderly people are considered as senior

citizens over the age of retirement but the age of retirement varies from country to country. The International Plan of Action adopted by World Assembly on Aging (WAA) applied the term to persons over the age of sixty. [2] World Health Organization (WHO) estimates that the proportion of

world's population of aged 60 years and over will be doubled from about 11% of 2000 to 22% in 2050. The absolute numbers of people aged 60 years and over expected to increase from 605 million to 2 billion over the same period. [3] Although more developed countries of the world share the high proportion of older people today but most rapidly aging population are in less developed countries. It is projected that the number of older people in less developed countries will increase more than 250%, compared with a 71% increase in developed countries in between 2010 and 2050. [4]

This remarkable phenomenon in world's population is being driven by declines in fertility and improvement in longevity. Life expectancy at birth now exceed 83 years in Japan—the current leader and is at least 81 years in several other developed countries. Although life expectancy in less developed countries experienced a steady increase since World War II except many parts of Africa where there in fall in life expectancy due to the deaths caused by HIV/AIDS epidemics. The most dramatic gain occurs in East Asia where life expectancy at birth increased from less than 25 years in 1950 to more than 74 years today. In more developed countries fertility fell below the replacement level by 1970s. It fell in surprising speed in many less developed countries from an average of six children to two-three children in between 1950 and 2005. In 2006, 44 of less developed countries had fertility below replacement level. [4]

The International Plan of Action on Aging (IPAA) was adopted by the United Nations in Vienna, Austria in 1982. Twenty year later, the Second World Assembly on Aging was held in Madrid, Spain in 2002 and it outlined an action plan at the national and regional levels to increase the awareness of aging issues and develop the concrete plan of action for aging. [5]

The Senior Citizen Act of Nepal 2063 (2007) defines elderly people (regarded as senior citizen) as people who are 60 years or above. [6] Past high fertility rates, combined with the decline in mortality and subsequent decline in fertility, Nepal also experienced the increasing share of elderly people in overall population. [7] According to the Population Census 2011 of Nepal, there were 2.1 million elderly people, which constitute 8.1% of the total population. It was 6.5% in 2001, 5.8% in 1991 and 5.0% in 1951 which shows that there has been a sharp increase in between 2001 and 2011. [8-10] According to Nepal Demographic Health Survey (NDHS) 2011, total fertility rate decreased from 3.1 per woman to 2.6 per woman in between 2006 and 2011. [11]

Although elderly people hold the important roles in family, but these days they are neglected, abused and thought as a burden to the family. [12] Elderly people from all classes, ethnic, caste and gender background share a common view - love, affection, care and protection. Almost all elderly people want to live with their families. [7]

Government of Nepal developed the National Plan of Action for Senior Citizen in 2062 (2006) which deals with various aspects such as economic and social security, health and nutrition, participation and involvement, education and entertainment and legal condition and reform. The government is providing social security allowance Rs. 500 per months to the people aged 70 and above and to the widow aged 60 and above. [13] Although population aging poses social and economic challenges to individuals, families and societies, with the right policies societies can address these challenges and can take advantages of the opportunities. [14] Elderly people usually suffer from many chronic health problems like Diabetes, Hypertension, Cardiovascular

diseases, Cancer, Arteriosclerosis, kidney diseases, Parkinson's diseases, Arthritis, Dementia etc. The duration of both acute and chronic condition for the elderly is longer and their chronic conditions are more likely to be lethal. [15]

The study was carried out to assess the health status, family relations and living condition of elderly people residing in selected geriatric homes of Nepal.

MATERIALS AND METHODS

A quantitative descriptive cross sectional study was conducted during September to December 2013. The study was carried out in six purposively selected geriatric homes of three districts (Kaski, Tanahun and Syanja) of western Nepal. There were 190 elderly people of 60 years and above residing in those selected geriatric homes. Non probability conjugative sampling technique was used to collect the information from all those 190 elderly of 60 years and above. Face to face interview was

RESULTS

conducted in local language by using pretested structured interview schedule. Propose of the study was explained and oral informed consent was obtained from each subject before conducting the interview. Care was also taken to maintain the privacy and confidentiality. Similarly an observational checklist was fulfilled from each of the selected geriatric homes to observe the living conditions of elderly in geriatric homes. Written permission to conduct the study was also taken from the administration of all selected old age homes. The study was conducted only after receiving the ethical approval from Pokhara University. The information was gathered regarding various health problems, different aspect of family relation and living condition of elderly in old aged homes. The Data collected were tabulated and analyzed using Statistical Packages for Social Sciences (SPSS) version 16.0. Findings were described by using proportions and percentages.

Table 1: Socio-demographic characteristics

Variables	Female (n=122)	Male (n=68)	Total (n=190)
Age in years			
60-64	15 (12.3)	8 (11.8)	23 (12.1)
65-69	17 (13.9)	10 (14.7)	27 (14.2)
70-74	28 (23.0)	14 (20.6)	42 (22.1)
75-79	27 (22.1)	12 (17.6)	39 (20.5)
80 or above	35 (28.7)	24 (35.3)	59 (31.1)
Former Residence			
Rural	68 (55.7)	39 (57.4)	107 (56.3)
Urban	54 (44.3)	29 (42.6)	83 (43.7)
Marital status			
Never married	3 (2.4)	17 (25.0)	20 (10.5)
Having spouse	28 (23.0)	25 (36.8)	53 (27.9)
Widow/widower	91(74.6)	26 (38.2)	117 (61.6)
Educational status			
Illiterate	96 (78.7)	38 (55.9)	134 (70.5)
Non-formal education	19 (15.6)	16 (23.5)	35 (18.4)
Primary	1 (0.8)	7 (10.3)	8 (4.2)
Secondary and above	6 (4.9)	7 (10.3)	13 (6.8)
Religion of elderly			
Hindu	122 (100)	68 (100)	190 (100)
Pension from previous occupation			
Yes	5 (4.1)	13 (19.1)	18 (9.5)
No	117 (95.9)	55 (80.9)	172 (90.5)
Receiving Social security allowance			
Yes	94 (77.0)	35 (51.5)	129 (67.9)
No	28 (23.0)	33 (48.5)	61 (32.1)
Figures showed in parenthesis indicate percentages.			

Socio-demographic characteristics

Of the total 190 elderly people residing in geriatric homes about two-third (64.2%) were female and about one-third (35.8%) of them were male. Nearly one-third (31.1%) of the elderly were aged 80 years and above. The mean age of the respondents was 75 years with standard deviation (SD) ±9.60. More than half of the elderly (56.3%) were from the residence of rural areas. Majority of the elderly (61.6%) were widow. Similarly, seven out of ten (70.5%) were illiterate. Almost all the elderly people living in geriatric homes were Hindus. Only one out of ten were receiving pension from previous job and just above two-third of them (67.9%) were receiving 500 rupees as social security allowance provided by government of Nepal. (Table 1)

General health status and unhealthy behaviors

More than half (54.2%) of the elderly had good memory power. Nearly half of them (48.9%) had good hearing capacity but only one-fourth (23.7%) had good visual capacity. The unhealthy practices such as

smoking and tobacco chewing were also observed significant proportions (40.5% and 23.2% respectively). But the practice of consumption of alcohol by elderly people was found in very low proportions (3.7%). (Table 2)

Table 2: General health status and unhealthy behaviors.

Variables	Female (n=122)	Male (n=68)	Total (n=190)
Memory status			
Good	65 (53.3)	38 (55.9)	103 (54.2)
Moderate	46 (37.7)	26 (38.2)	72 (37.9)
Poor	11 (9.0)	4 (5.9)	15 (7.9)
Visual status			
Good	25 (20.5)	20 (29.4)	45 (23.7)
Moderate	49 (40.2)	27 (39.7)	76 (40.0)
Poor	48 (39.3)	21 (30.9)	69 (36.3)
Hearing status			
Good	58 (47.5)	35 (51.5)	93 (48.9)
Moderate	41 (33.6)	28 (41.2)	69 (36.3)
Poor	23 (18.9)	5 (7.4)	28 (14.7)
Smoking habit			
Yes	43 (35.2)	34 (50.0)	77 (40.5)
No	79 (64.8)	50 (50.0)	113 (59.5)
Alcohol consumption			
Yes	1 (0.8)	6 (8.8)	7 (3.7)
No	121 (99.2)	62 (91.2)	183 (96.3)
Chewing tobacco			
Yes	15 (12.3)	29 (42.6)	44 (23.2)
No	107 (87.7)	39 (57.4)	146 (76.8)

Figures showed in parenthesis indicate percentages.

Table 3: Prevalence of morbidities among elderly people (multiple responses).

Variables	Female (n=122)	Male (n=68)	Total (n=190)
Arthritis/Osteoarthritis	38 (31.1)	20 (29.4)	58 (30.5)
CVDs/Hypertension	37 (30.3)	16 (23.5)	53 (27.9)
Gastro-intestinal illness	29 (23.8)	9 (13.2)	38 (20.0)
Neurological illness	24 (19.7)	5 (7.3)	29 (15.3)
Asthma/COPD	17 (13.9)	10 (14.7)	27 (14.2)
Diabetes Mellitus	10 (8.2)	4 (5.9)	14 (7.4)
Skin problems	9 (7.4)	3 (4.4)	12 (6.3)
Psychiatric illness	5 (4.1)	5 (7.3)	10 (5.3)
Other illness	7 (5.7)	3 (4.4)	10 (5.3)

Figures showed in parenthesis indicate percentages.

Prevalence of morbidities among elderly people

Major morbidities identified among elderly people residing in geriatric homes were Arthritis/Osteoarthritis (30.5%), Cardiovascular Diseases (CVDs)/Hypertension (27.9%), Gastro Intestinal Illness (20.0%), Chronic Obstructive Pulmonary Diseases (COPDs)/Asthma

(15.3%) and neurological disorder (14.2%) respectively. (Table 3)

Family relationship on different aspect

The study revealed that only about half (53.7%) of them had affable relation with family members and only one-third (33.7%) of them used to visit regularly to family residence while only one-fourth (26.3%) of

their family members used to visit geriatric home regularly. The proportions of the elderly supported by family members for foods, cloths and medicines were observed below one third (28.9%). Similarly, low

proportions of elderly used to participate on family ceremonies and were consulted for important family matters (27.4% and 23.7% respectively). (Table 4)

Table 4: Family relationship of the respondents

Variables	Female (n=122)	Male (n=68)	Total (n=190)
Affable relation with family members			
Yes	64 (52.5)	38 (55.9)	102 (53.7)
No	58 (47.5)	30 (44.1)	88 (46.3)
Regular visit to family residence			
Yes	43 (35.2)	21(30.9)	64 (33.7)
No	79 (64.8)	47 (69.1)	126 (66.3)
Regular visit by family members			
Yes	33 (27.0)	17 (25.0)	50 (26.3)
No	89 (73.0)	51 (75.0)	140 (73.7)
Participated on family ceremony			
Yes	33 (27.0)	19 (27.9)	52 (27.4)
No	89 (73.0)	49 (72.1)	138 (72.6)
Consulted on important family matters			
Yes	29 (23.8)	16 (23.5)	45 (23.7)
No	93 (76.2)	52 (76.5)	145 (76.3)
Family support for food/cloths/medicine			
Yes	44 (36.1)	11 (16.2)	55 (28.9)
No	78 (63.9)	57 (83.8)	135 (71.1)

Figures showed parenthesis indicate percentages.

Living condition of elderly in geriatric homes

Two out of ten elderly (20.5%) were staying in geriatric homes for 10 years or beyond. Various reasons were identified for staying elderly people in geriatric homes. The most common reasons were no one to care them at home (32.1%), quarrels and problems in family (28.9%), death of the spouse (21.1%) respectively. Just half of the elderly (51.1%) had paid for their stay in the geriatric home. About two-third of them (65.8%) had good relationship with other mates in the geriatric home. Most of them (81.6%) had high satisfaction on the food provided by geriatric homes but only few proportions (15.8%) had high satisfaction on medical care. Similarly below two-third of the respondents had high satisfaction on recreational facilities available in geriatric homes. (Table 5)

During observation of six selected geriatric homes; it was found that there were no sufficient living rooms for elderly people in five geriatric homes. Only one had separate living room for each elderly. There were more than 10 elderly living in a single room in one of the geriatric home. Similarly one of the six geriatric homes, had evidence of water leakage from the roof. There were no sufficient toilets (one for every five elderly) in five geriatric homes. Almost all of geriatric home had no separate toilet for male and female elderly. Bathrooms were observed in five geriatric homes but three of these were unused. Five out of six had separate kitchen but only three of these had running water facility inside the kitchen. Two out of six did not have sufficient supply of drinking water. Cleanliness of the surrounding was observed in almost all of the geriatric homes.

Table 5: Living status of elderly in geriatric homes.

Variables	Female (n=122)	Male (n=68)	Total (n=190)
Duration of stay			
<1 year	30 (24.6)	17 (25.0)	47 (24.7)
1-3 years	24 (19.7)	16 (23.5)	40 (21.1)
4-6 years	23 (18.9)	14 (20.6)	37 (19.5)
7-9 years	17 (13.9)	10 (14.7)	27 (14.2)
≥ 10 years	28 (23.0)	11(16.2)	39 (20.5)
Reason for staying in geriatric home			
No one to care at home	38 (31.1)	23 (33.8)	61(32.1)
Quarrels and problems in family	33 (27.0)	22 (32.4)	55(28.9)
Due to death of spouse	30 (24.6)	10 (14.7)	40 (21.1)
Spend life on religious activities	8 (6.6)	5 (7.4)	13 (6.8)
Migration of family to a broad	4 (3.3)	4 (5.9)	8 (4.2)
No home to stay	6 (4.9)	1 (1.5)	7 (3.7)
Sent out of home	3 (2.5)	3 (4.4)	6 (3.2)
Mode of stay in geriatric homes			
Unpaid	64 (52.5)	29 (42.6)	93 (48.9)
Paid	58 (47.5)	39 (57.4)	97 (51.1)
Relation with mates			
Good	82 (67.2)	43 (63.2)	125 (65.8)
Satisfactory	37 (30.6)	23 (33.8)	60 (31.6)
Poor	3 (2.5)	2 (2.9)	5 (2.6)
Satisfaction on food provided			
High	98 (80.3)	57 (83.8)	155 (81.6)
Moderate	23 (18.9)	11(16.2)	34 (17.9)
Poor	1 (0.8)	0 (0.0)	1 (0.5)
Satisfaction on medical care			
High	14 (11.5)	16 (23.5)	30 (15.8)
Moderate	85 (69.7)	41 (60.3)	126 (66.3)
Poor	23 (18.9)	11 (16.2)	34 (17.9)
Satisfaction on recreational facilities			
High	80 (65.5)	43 (63.2)	123 (64.7)
Moderate	29 (23.8)	17 (25.0)	46 (24.2)
Poor	13 (10.7)	8 (11.8)	21 (11.1)
Figures showed in parenthesis indicate percentages.			

DISCUSSION

This study showed that majority (64.2 %) of the elderly people residing in geriatric homes were female which is similar with the study conducted in Ahmadabad [16] (54.2%) and Tamil Nadu, [17] (53.0%) India. This shows elderly female must have to face family problems than the elderly male and could not stay with families. In this study 61.6% of the elderly people were widow/widower and the proportion was about double among female than that of male. Female widows are more likely to abuse from community peoples and even from family members in some context due to some prevailing superstitions and hence decide to stay in geriatric homes. The study revealed 70.5% of elderly living in geriatric

homes were illiterate (female–78.7% and male–55.9) which is lower than the study conducted in Jammu, India [18] (93.3%).

This study exposed memory, visual and hearing impairment (moderate to poor) among elderly were 45.8, 76.3 and 51.0% respectively. The finding of this study is supported by the study carried out in Ahmadabad, India [16] which showed 34.7% memory and 44.2% vision impairment. Also a study conducted in Pune, India [19] revealed that visual impairment was most common (83.2%) among the elderly. Memory, vision and hearing impairments are common in old age. The unhealthy practices such as smoking, tobacco chewing and consumption among elderly in this study were observed in 40.5%, 23.2% and 3.7%;

much more high among male elderly than that of female elderly. The study conducted in Pune, India [19] also concluded male elderly were more addicted than that of female elderly.

Out of total 190 elderly people, 160 (84.2%) were suffering from one or more morbidities. Similar results were observed in a study conducted in Ahmadabad, [16] Karnataka, [20] and Varanasi, [21] India. This might be due to the weak immune system and poor regenerative abilities among elderly people. Our study found Arthritis/Osteoarthritis (30.5%), Cardiovascular Diseases (CVDs)/Hypertension (27.9%), Gastro Intestinal Illness (20.0%), Chronic Obstructive Pulmonary Diseases (COPDs)/Asthma (15.3%), Neurological disorder (14.2%) and Diabetes Mellitus (7.2%) as major morbidities among elderly living in geriatric homes. Proportion of all these morbidities were higher in women than men except Asthma/COPD, Diabetes Mellitus and Psychiatric illness. Different studies show different proportions of different morbidities among elderly population. A study conducted among elderly living three old age homes in Kathmandu, Nepal [22] explored that more than half were diagnosed at least one chronic problems of hypertension and arthritis. Similar study conducted in Dhulikhel Municipality, Nepal [23] found hypertension (45.3%), heart disease (22.6%), musculoskeletal diseases (17.5%), diabetes (10.0%) and respiratory diseases (6.6%). A study of Jamaica [24] revealed that among the elderly people mainly 21.9% were suffering from hypertension, 37.3% from diabetes and 16.5% from osteoarthritis respectively.

The present study revealed 53.7% of elderly living in geriatric homes had affable relation with family members, 33.7% used to visit regularly to family residence and 26.3% family members of elderly used to

visit geriatric home regularly. Affable relation with family members was little bit higher among male elderly while regular visit by elderly to family members and family members to elderly was little bit higher among female elderly. This result is controversy to the result obtained in a study of Tamil Nadu, India [25] where higher proportions of female elderly were having cordial relationship with spouse, son and daughters. The present study showed that 27.4% elderly people living in geriatric homes used to participate on family ceremony while a study conducted in 20 old age homes of five district of Tamil Nadu [17] showed overall 35.5% (male 33.8% and female 37.3%) elderly people living in geriatric homes used to participate on family ceremony. Similarly our study exposed only 23.7% of elderly were consulted in important family matters; little bit higher than a study conducted in India [17] where 16.1% (male 20% and female 11.1%) elderly were participated in important family matters. Only 28.9% of the elderly were supported financially in present study. But in contrast to the study conducted in Tamil Nadu, India, [17] 42.3% were supported by both their son and daughter. This shows the people these days are not devoted in providing support to their parents.

This study discovered that more than half of the elderly people (51.1%) paid for the stay at geriatric home but this result contrasts from the study carried out in Tamil Nadu, India, [17] where it was reported that 81.0% had a free stay in 20 geriatric homes. This showed that the government needs to give more emphasis on providing more facilities to the elderly people. The present study identified various reasons for staying elderly people in geriatric homes which were no one to care them at home (32.1%), quarrels and problems in family (28.9%), death of the spouse (21.1%), spend life on religious activities, migration of family to a

broad, no home to stay and sent out of home respectively. A study in same setting found familial conflict (53.6%) was major reason for shifting at geriatric home and other reasons were no one to take care at home (33%), financial constraint (6.4%) and loneliness (7%).^[16] Another study conducted in 20 old age homes in Tamil Nadu revealed that the main reasons for stay in the old age home was 'no one to care at home' (75.5% male and 88.6% female) and sent out of home (20.2% of male 88.6% female).^[17] Most of the elderly (81.6%) had good perception on the food provided by geriatric homes but only few proportions (15.8%) had good perception on medical care. Similarly below two-third (64.7%) of the respondents had good perception on recreational facilities available at geriatric homes. Overall Satisfaction towards the quality of care and support provided by geriatric homes in similar setting was observed in most (91.5% - 88.3% male and 94.3% female) of the samples.^[17]

CONCLUSION

The study highlighted lack of sufficient care and support from families and communities to the elderly people living in geriatric homes. It also explored the various morbidities among elderly and lack of medical care and treatment. Living arrangement in geriatric homes was not satisfactory. There is an immediate need to establish the mechanism to support the elderly people from the families and societies. Administration of geriatric homes needs to improvement in living arrangement and basic facilities. Provision of regular medical care and treatment is necessary for elderly. Government should have to support the geriatric homes and elderly people through the provision of appropriate policy.

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