

Original Research Article

Assessment of general well-being before and after treatment for morbidities among inmates of a destitute centre of north Karnataka: a pre and post evaluation study

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ABSTRACT

Background: The destitute centre was established in 1992, 14th August; situated in Karnataka with a built up area is 29 acres and has 33 males and 17 female inmates. The patients here can be classified as having psychiatric illness, destitute with general co morbid conditions and wandering tramps with normal mentation. The study was done to know the morbidity profile among the inmates of destitute centre and to assess the change in the quality of life before the morbidity assessment and after medication and treatment.

Methods: It was a pre-post evaluation study done from August 2012 to December 2012. All of the 50 resident inmates of the destitute centre were evaluated before and after clinical examination and treatment with General Well Being Scale (GWBS).

Results: Among the total inmates, 06 (12%) were in age group 20-29 years, 11 (22%) belonged to 30-39 years, 10 (20%) belonged to 40-49 years, 09 (18%) each belonged to 50-59 and 60-69 years age group respectively, 04 (8%) belonged to 70-79 years and 01 (2%) of the elderly belonged to age ≥80 years of age. 38 (76.0%) were males and 12 (24%) were females. Majority of the inmates i.e. 42 (84.0%) belonged to broken families, about 4(8.0%) elderly belonged to problem families. 18 (36.0%) consumed tobacco, about 07 (14.0%) were either smoking or consuming alcohol, about 02 (4.0%) had both alcohol and smoking habits.

Conclusions: 74% of them had psychiatric comorbidities and these were likely to cause significant functional impairment. Appropriate treatment helped 5 (10%) individuals to be shifted to rehabilitation center.

Keywords: Morbidity profile, Inmates, Destitute centre, Rural area

INTRODUCTION

The word “destitution” derives from the Latin word destituere, it includes three components: inability to meet basic needs, assetlessness, and dependence on others.¹ Nirashitara Parihara Kendra (Destitute Centre) was established in 1992, 14th August; situated in Karnataka.² Built up area is 29 acres and has 33 males and 17 female inmates. The staff pattern is headed by the superintendent

under whom 13 staff members are working. Inmates of this centre are those who are homeless and begging for alms. Here general medical, psychiatric treatment and rehabilitation services are provided to the inmates. This centre is under the direct administration of the District commissioner and Social welfare officer.³ Financial aids are provided from the Government of Karnataka. The patients here can be classified as

1. Having psychiatric illness,
2. Destitute with general co morbid conditions and
3. Wandering tramps with normal mentation.⁴

Medical aids are provided by nearby primary health centre which is undertaken by a tertiary care hospital situated 17 kilometres away. Psychiatric consultation is undertaken every third Wednesday of the month by Psychiatrists from the tertiary care hospital. General surgical ailments are treated at the nearest District Hospital. The main aim of central relief committee is to strive for beggars free Karnataka.² It strives for better living conditions for beggars. The study was undertaken with the following objectives:

1. To know the morbidity profile among the inmates of destitute centre and the factors associated with the morbidity status.
2. To assess the change in the quality of life before the morbidity assessment and after medication and treatment.

METHODS

It was a cross sectional study done from August 2012 to December 2012 under the rural field practice area of department of Community Medicine, J.N. Medical college, KLE University, Belgaum, Karnataka.

Selection criteria

All of the 50 resident inmates of the destitute centre, admitted at Nirashitara Parihara Kendra from August 2012 to December 2012 were included in the study.

They were interviewed by predesigned pretested questionnaire. Morbidity profile was assessed using clinical assessment tools like snellens chart, mercury sphygmomanometer to assess vision, blood pressure and body mass index was assessed using stadiometer, weighing machine. Detailed general physical examination was done to look for signs of vitamin deficiency disorders and dental pathologies. A detailed systemic examination was done to assess the type of morbidity and were classified as per international classification of diseases (ICD-10).⁵ Anaemia was diagnosed by clinical examination of nails and conjunctival mucosa. Blood pressure was measured using mercury sphygmomanometer in supine position. Vision was assessed using Snellen's chart. Elderly inmates were evaluated for evidence of cataract changes in eyes. All inmates were also screened by consulting psychiatrists and those diagnosed with psychiatric illness were treated accordingly. Their wellbeing was assessed before the clinical examination and at the end of the study period, twice, using general wellbeing scale (GWS) which had eighteen questions with six variables in each question with a score ranging from zero to five assessing various parameters like general feeling, nervousness, behaviour, emotions or feelings, state of mind i.e. mood, stress factors, happiness, satisfaction, worried, upset, if in pain,

emotional state and if feeling exhausted.⁶ Scores for each variable were tabulated and the general well-being was evaluated before beginning treatment and after completion of the study period.

Data analysis

Data was analysed using SPSS 17th (trial version). The findings were expressed as numbers and percentages.

RESULTS

Socio-Demographic factors

Among the total 50 inmates of the destitute centre, 06 (12%) belonged to age group 20-29 years, 11(22%) belonged to 30-39 years, 10 (20%) belonged to 40-49 years, 09 (18%) each belonged to 50-59 and 60-69 years age group respectively, 04 (8%) belonged to 70-79 years and 01 (2%) of the elderly belonged to age ≥ 80 years of age. Among the total inmates, 38 (76.0%) were males and 12 (24%) were females. The literacy status among the total participants, a large proportion 22 (44.0%) were illiterate, 10 (20.0%) had studied up to primary school, 15 (30.0%) had studied up to high school, 02 (4.0%) up to pre university college and 01 (2.0%) was a graduate. 17 (34.0%) were beggars, 2 (4.0%) were agriculturists, 3 (6.0%) were wandering tramps and 28 (56.0%) were unemployed. Majority of the inmates i.e. 42 (84.0%) belonged to broken families, about 4 (8.0%) elderly belonged to problem families, about 02 (4.0%) belonged to joint families and 01 (2.0%) each belonged to nuclear and three generation families respectively. Among the study participants 18 (36.0%) consumed tobacco, about 07 (14.0%) were either smoking or consuming alcohol, about 02 (4.0%) had both alcohol and smoking habits. Whereas 23 (46.0%) were neither smokers nor consumed alcohol. Among the study participants majority of the elderly 40 (80.0%) had anaemia, 03 (6.0%) each elderly had jaundice (K-70), clubbing, 02 (4.0%) had koilonychia, and 01 (2.0%) had lymphadenopathy and oedema respectively. Among the total elderly studied, 37 (74.0%) had peripheral neuropathy, 04 (8.0%) each suffered from hypertension (I-10) and allergic bronchitis (J-15) respectively. 37 (74%) had psychiatric illnesses (F-01 to F-99).

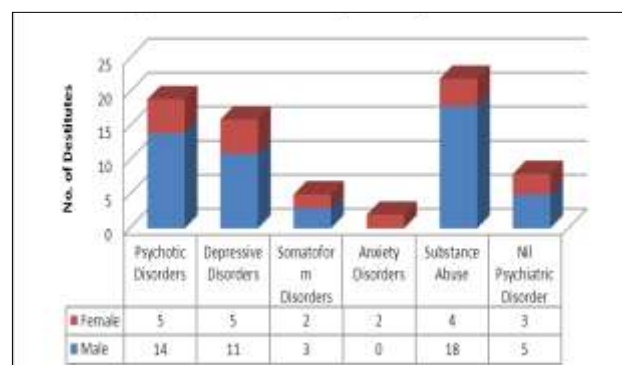


Figure 1: Psychiatric comorbidities among destitute.

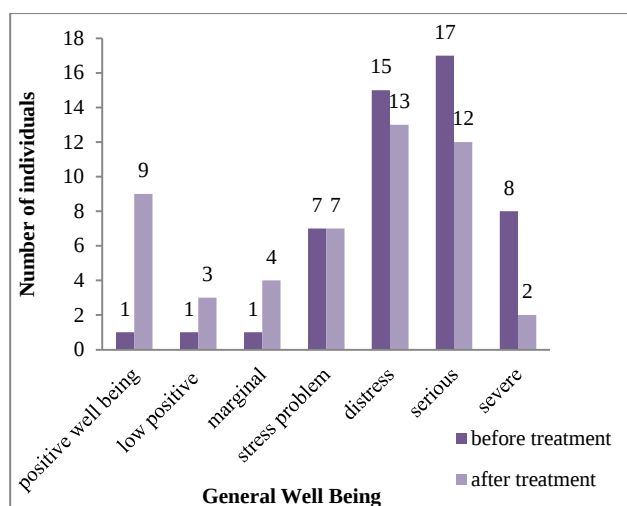


Figure 2: Assessment of individuals using general well-being scale before and after treatment.

Table 1: Treatment given for common morbidities.

Conditions	Drugs (treatment given)
Co-Morbid conditions – anaemia -- jaundice (chronic alcoholic liver disease)	Tab. Albendazole, Tab. Ferrous sulphate
COPD	Tab. Inderal (beta blocker)
Hypertension	Bronchodilators
Psychiatric illnesses - anxiety disorders	Antihypertensives
Psychosis	Tab. Inderal (low dose)
Depressive disorders	Tab. Respiradone
Somatiform disorders	Antidepressants
	Symptomatic treatment

DISCUSSION

The total population of destitute in India is about 1% i.e. about 12 million people.⁷ In the present study, the prevalence of morbidities in this population is higher (74%) compared to the study done by Mander et al in Delhi was 5.4%.⁸ As compared with homeless population of Britain the percentage of mental illness ranges from 30-50%.⁹ And in France, the percentage of mental illness among homeless population was 33% the study done in United States of America which was 20-25%.^{10,11} In the current study 54% of homeless people had substance abuse pattern and was more common among male gender, in comparison to 27% (USA) consumed alcohol.¹¹

Limitations

- Two inmates were discharged and five were freshly admitted third month.
- Five individuals admitted (third month) were not included in the study.

Recommendations

Life skills like carpentry, weaving should be taught to the individuals in the rehabilitation home. This will help them to earn back their livelihood.

CONCLUSION

In our study psychiatric disorders were most common and were associated with substance abuse, broken and problem families at the time of admission. Inmates quality of life improved significantly after taking medications and after regular treatment for their respective morbidities.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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