Original Research Article

Assessment of the health needs of elderly residing in selected villages of district Sirmour

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ABSTRACT

Background: Ageing is a universal phenomenon experienced by every human being across various cultures. Ageing varies with time scale. Some people appear much older than their chronological age, whereas many old people act and look much younger than actual age. Study objective was to assess the health needs of elderly residing in selected villages of district Sirmour.
Methods: Descriptive cross-sectional design was used. 163 elderly were selected by non-probability convenient sampling technique and data was collected by using socio demographic sheet and checklist based on Omaha problem classification scheme through interview, in vivo bio physiologic and observation method.
Results: 62.2% of the elderly were in the age group of 60-70 years and half of the elderly were males i.e., 50.9%. 35.6% were private employees where as 18.4% were home makers and 26.4% were farmers. 68.7% of the elderly responded that they had medical history 66.9% of the elderly had more than 5 family members. 45.4% of the elderly responded that their annual income is between 2.5-5 lakh. 124 insufficiencies were found in the environmental domain, 262 needs were identified related to the psychosocial domain, 929 needs were related to physiological domain and 442 needs were due to poor health related behavior.
Conclusions: Results of the study revealed that most of the elderly had health needs. So this study concludes that there is need to take actions for the health promotion and prevention of diseases in the elderly.

Keywords: Assessment, Elderly, Health needs

INTRODUCTION

People above 60 years of age considered to be in the geriatric group.60-65 years is young old, 66-75 year is old and more than 75 year is oldest and more than 100 is centenarian. Over some past years the number of elderly in the developing countries is rapidly increasing and will soon surpass the number in the developed countries.[1]

Every individual experiences ageing differently because of the individual differences in personalities, availability of the social support and difference in cultures to which they belong.[2]

Some people appear much older than their chronological age, whereas many old people act and look much younger than actual age. This happens because of the influence of the environmental factors and life style pattern.[3]

Hence people living in healthy environment and adapting the good life style pattern are able to live more than those who are not adapting the good life style habits and healthy environment. There is remarkable increase in the population and this increase in population is associated with the affordable and accessible health care services. Because of the change in health care facilities fertility rate is decreasing and life expectancy rate is increasing, that

again results in the population increase, especially the old age population.[4]

According to a report, by the year of 2050 one in six people will cross 65 years of age in the world.[5] According to 2011 census of India elderly people covers 8% of the total population. In Himachal Pradesh the population is 10.4% living in rural and urban areas i.e. 10.5% and 8.7% respectively.[6]

Older people are often isolated, living on the margins of families and communities are vulnerable. The accessibility of services and support depends upon the development of community. The brunt of social implication of migration from rural to urban areas is borne by the elderly.[7] The moving into the city by a single person, often a man is followed by his wife and children leaving behind the elderly, mostly landless surviving on day to day earning, without any long term savings.[8] Even Social rights of elderly are neglected and some time they are profusely abused which goes unreported and list of these problems goes on.[1]

In ruling out the needs of the elderly it becomes necessary to perform the health assessment. Health assessment of elderly is very essential for rendering need based care. It implies their detailed investigation in term of physical, mental, social and spiritual health and wellbeing. The need for such comprehensive assessment arises because of potential or actual breakdown of independent living due to ageing process, vulnerability, and multiple pathology, harmful effect of drugs, inadequate or lack of social and economic support etc.[3]

Statement of the problem

A cross sectional study to assess the health needs of elderly residing in selected villages of district Sirmour in a view to develop health information booklet.

Objectives of the study

Objectives of the study were to assess the health needs of elderly residing in selected villages of district Sirmour and to develop and provide health information booklet to elderly residing in selected villages of district Sirmour.

METHODS

Quantitative research approach has been used by the researcher, under which cross sectional research design was used. This design was selected because in the study, researcher was interested in finding out the health needs of elderly residing in selected villages of district Sirmour.

Research setting

Selected villages of district Sirmour (Researcher has selected the 9 villages of district Sirmour according to

easy accessibility and out of 9 villages 7 are adopted by the Akal College of Nursing where as two villages were selected because these were community posting areas) Selected villages:- Bagroti, Macher, Bhanog, Nanu, Dimber, Lana Bhalta, Kheri, Salana and Sangrah.

Study population

Elderly aged 60 years or above residing in selected villages of district Sirmour.

Study time period

The study was conducted from October 2017 to July 2019..

Inclusion criteria

Elderly who were able to speak and understand Hindi language.and who were willing to participate in the study were included.

Exclusion criteria

Elderly who were not able to give data by themselves and who were not available at the time of data collection were excluded.

Data collection instruments

The tool was divided into 3 sections.

Section A: Socio demographic sheet to assess the socio demographic profile. It includes gender, age, educational status, marital status, occupational status, and socio economic status, residential area, living with, surgical history, medical history, and family income.

Section B: Observation checklist to assess the needs related to environmental domain and interview schedule to assess the psychosocial needs, physiological needs and health related needs that are based on Omaha problem classification scheme.

Section C: Sphygmomanometer and stethoscope were used to monitor blood pressure under physiological domain.

Reliability and validity

Validity was obtained from various medical and nursing experts. Split half method was applied and reliability was calculated using Karl's Pearson coefficient after conducting the Polit study on 20 subjects.

Data analysis

The data analysis was done according to the objectives of study. Descriptive statistics was used with to analyse

study findings. Calculations and graphs were carried out by using Microsoft excel sheet.

RESULTS

Section A: socio-demographic variables of the samples

Results revealed that majority of subjects were between the age group of 60-70 years i.e. 62.2%. Males were more in comparison to females i.e. 50.9%. Most of subjects had no formal education and only few were graduate i.e. 38.0%, 53.4% were living with their spouse and children.

As per the occupational status 35.6% were private employees where as 18.4% were home makers and 26.4% were farmers. 68.75 of the elderly responded that they had medical history and out of them 46.65% said that they were hospitalized due to their condition. 31.3% of the respondent revealed that they had surgical history. 66.9% of the subjects were having more than 5 family members. 45.4% of the elderly responded that their annual income is between 2.5-5 lakh.

Study revealed that 124 insufficiencies were found in the environmental domain, 262 needs were identified related to the psychosocial domain, 929 needs were related to physiological domain and 442 needs were due to poor health related behaviour.

Table 1: Frequency and percentage distribution of elderly according to personal profile (n=163).

Variables	Categories	Frequency (f)	Percentage (%)
Age (in years)	60-70	102	62.6
	71-80	49	30.0
	81-90	12	7.4
Gender	Male	83	50.9
	Female	80	49.1
Educational status	No formal education	62	38.0
	Primary education	42	25.8
	Middle	31	19.0
	Senior secondary	24	14.7
	Graduate and above	04	2.5
Marital status	Married	103	63.2
	Unmarried	03	1.8
	Widow	47	28.8
	Widower	10	6.2
Living with	Alone	17	10.4
	Spouse	18	11.1
	Spouse and children	87	53.4
	Children	40	24.5
	Relatives	01	0.6
Occupational status	Private employees	58	35.6
	Retired	20	12.3
	Farmer	43	26.4
	Business	11	6.7
	Self employed	01	0.6
	Home maker	30	18.4
Medical history	Yes	112	68.7
	No	51	31.3
Surgical history	Yes	51	31.3
	No	112	68.7
Hospitalization	Yes	76	46.6
	No	87	53.4
Family members	1-2	40	24.5
	3-4	14	8.6
	More Than 5	109	66.9
Income (in Rs.)	5-10 lakh	36	22.1
	2.5-5 lakh	74	45.4
	Less than1 lakh	53	32.5

Domain 1

It covers sanitation, housing and neighbourhood. 76.7% elderly were having adequate sanitation conditions near to their home. 74% of the elderly were having adequate living space at their home where as 13.5% were having inadequate living space. 71.8% elderly were living with safe neighbourhood where as 28.2% of them were having unsafe neighbourhood.

Table 2: Frequency and percentage distribution of subjects under Domain 1: n=163.

Variables	Category	Frequency	Percentage
Sanitation	Adequate	125	76.7
	Inadequate	38	23.3
Housing	Untidy living area	10	6.1
	Structurally weak housing	9	5.6
	Inadequate living space	22	13.5
	Adequate	122	74.8
Neighbourhood	Unsafe	46	28.2
	Safe	117	71.85

Domain 2

82.80% elderly use the community resources properly, 11% elderly have lack of knowledge while 6.10% had poor knowledge regarding the community resources. 93.90% had good social contacts whereas 6.10% elderly had lack of social contacts. Majority of the elderly had satisfactory relationships i.e. 93.90%. Out of 163 samples 92% of them were spiritual and have faith in God where as 8% of them were non spiritual. 76.70% were able to control their emotions where as 23.30% were not able to control their emotions. 3.10% of elderly said that they had faced abuse and 96.90 had never experienced abuse in their life. 79.10% of the elderly responded that they had feeling of loss while 20.90% had no feeling of loss. 51.50% of the elderly replied they had faced the loss of loved one (Husband, wife, children and parents) and 48.50% had faced no loss in their life. 72.40% of the elderly responded that they feel sad where as 27.60% of the elderly denied on this statement.

Domain 3

60.7% of the elderly responded that their hearing is normal and they don't have any difficulty in hearing and only one elderly person was using hearing aids.

66.3% of the elderly having abnormal vision and it is in the form of trouble in reading small word i.e., 50.3% and difficulty in seeing distant objects i.e., 52.8%. 74.8% of the elderly were not having good oral health. 53.45% of

the elderly having teeth deformity, 72.4% of the elderly having missing teeth, 42.9% having tooth decay, 7.4% had injured and swollen teeth and 9.8% of them having Ill-fitting dentures.

Table: 3 Frequency and percentage distribution of elderly based on hearing problems (n=163).

Variables	Category	Frequency (F)	Percentage (%)
Hearing	Normal	99	60.7
	Abnormal	64	39.3
Using hearing aids	Yes	01	0.62
	No	162	99.38

Table 4: Frequency and percentage distribution of elderly based on vision problem (n=163).

Variables	Category	Frequency (F)	Percentage (%)
Vision	Normal	55	33.7
	Abnormal	108	66.3

Table 5: Frequency and percentage distribution elderly based on vision problems (n=108).

Variables	Frequency (F)	Percentage (%)
Trouble in reading small words	82	50.3
Difficulty in seeing distant objects	86	52.8

Table 6: Frequency and percentage of elderly based on their oral health problem (n=122).

Variables	Frequency (F)	Percentage (%)
Teeth deformity	87	53.4
Missing teeth	118	72.4
Tooth decay	70	42.9
Injured and swollen teeth	12	7.4
Ill-fitting dentures	16	9.8

Table 7: Frequency and percentage of elderly based on cognition n=163.

Variables	Category	Frequency (F)	Percentage (%)
Cognition	Alert	147	90.2
	Non alert	16	9.8
Attention	Attentive	156	95.7
	Non-attentive	7	4.3
Memory	Good	157	96.3
	Bad	6	3.7
Language	Normal	154	94.5
	Abnormal	9	5.5

90.2% of the elderly were having good cognition level 95.7% elderly were attentive, 96.3% had good memory and 5.5% of the elderly's language was not clear. 71.8% elderly reported of pain in the form of joint pain, generalized pain, acute pain, chronic pain and pain related to disease condition.

20.20% elderly replied that they had itching, 14.10% were having inflammation and 13.50% had dry skin. 54.60% elderly had abnormality in neuromuscular system. 53.40% had decreased strength, 44.20% of them had decreased tone and 27% had walking difficulty. 34.40% had breathing problems. Out of them 25.20% had breathing difficulty, 19% of them having cough, 16% having abnormal breathing sounds and 14.70% were having nocturnal dyspnoea. 24.50% were suffering from edema, 16% of them having delayed capillary refill, abnormal pulse rate was found in 11.70% of the elderly, whereas abnormal BP was the major problem in the elderly. 55.20% had normal digestion and 44.80% of them were having abnormality indigestion. 34.40% had abnormal stool consistency, 13.50% having abnormal stool frequency and 12.30% had fecal incontinence. 28.20% reported of polyuria and 25.20% had urinary incontinence.

Domain 4

47.90% had inadequate sleep where as 52.10% have adequate sleep. 74.20% reported that they do adequate physical activity while 25.80% of them live a sedentary life. 23.3% had not maintained their hygiene, 35.6% of them do the substance abuse, 16.0% elderly were not able to recognize health problems, 83.4% were using medical services effectively, 73% use to go for regular health check-ups, 14.1% had medication noncompliance, 85.3% were not having adequate medicines, 13.5% of them were not able to take medicines by them self.

Table 8: Frequency and percentage distribution of sleep related problems (n=78).

Variable	Frequency (F)	Percentage (%)
Insomnia	67	41.1
Frequent awakening	44	27.0
Discomfort to family members	4	2.5

Table 9: Frequency and percentage distribution of health related behavior (n=163).

Variable	Category	Frequency (F)	Percentage (%)
Personal hygiene	Maintained	125	76.7
	Not maintained	38	23.3
Substance abuse	Yes	58	35.6
	No	105	64.4
Able to recognize health problems	Yes	137	84.0
	No	26	16.0
Use medical services	Yes	136	83.4
	No	27	16.6
Regular health checkups	Yes	119	73.0
	No	44	27.0
Medication non compliance	Yes	23	14.1
	No	140	85.9
Adequate medicines	Yes	24	14.7
	No	139	85.3
Failure to take medicines without help	Yes	22	13.5
	No	141	86.5

Table 10: Total needs found in four domains (as per Omaha problem classification scheme).

Domains	Needs identified (f)
Environmental domain	124
Psychosocial domain	262
Physiological domain	929
Health related behaviour	442
Total needs	1757

Needs per person

17.55 (10.77%) needs were identified in every individual. Most of the elderly were having needs related to physiological domain i.e., 5.69%. In the environmental domain 0.76% of the needs identified. And in the psychosocial and health related domains following needs were identified i.e., 1.6% and 2.7%.

DISCUSSION

Findings of the present study revealed that majority of subjects were between the age group of 60-70 years i.e., 62.2%, 30.1% in 71-80 years and 7.4% were in the age group of 81-90 years. Majority of the subjects were male i.e., 50.9% and 49.1% were females. 53.4% were living with their spouse and children. 68.7% of the elderly responded that they had medical history. 3.10% elderly reported that they face abuse and 63.80% elderly reported of joint pain. 19% elderly said that they have cough and 53.40% have heart problems.

A similar study was done in Maharashtra Pune, in which most of the elderly were in 60-70 years age group i.e. 44%, 35% belongs to age group of 71 years to 80 years and only 21% were above 80 years of age. Male population was also high i.e., 57% and female population was 43%. 32% of the elderly having health related problems and in 5% of the elderly abuse was found. 45% elderly were living with their married son or daughter. 51% of the elderly having joint and knee pain, 13% were having cough and cold and only 5% having heart disease.[9]

Similar findings were reported by Kaur et al at Amritsar, Punjab, majority of the elderly were male (53.8%), between 60-70 years of age (60.6%). Results of the study showed that 83.7% were having dry scalp problems, 1.9% of the elderly had not maintained their hygiene. 27.9% were suffering from cataract and 6.7% of the elderly were having deafness. 40% elderly were suffering from hypertension and 36.5% were having asthma. 15.4% elderly had urinary incontinence where as 1% having nocturia. 12.5% elderly were having dementia and 6.7% had Parkinsonism.[7]

A study was conducted on 200 elderly in Kolkata revealed that most elderly were from the age group 60-69 years. 44% of the elderly belongs to the upper middleclass families. 68.26% of the participants reported of dependence on others. 52% participants felt that they were not happy in life. 87.98% of the elderly having multiple morbidities. 75.96% participants had visual impairment, 68.75% had hypertension. osteoarthritis, conductive deafness, urinary problem, ischemic heart disease, diabetes, dementia and gastritis and constipation were other common health problems.[8]

CONCLUSION

The present study was done to assess the health needs of elderly residing in selected villages of district Sirmour in a view to develop a health information booklet. The present study revealed that most of elderly were having some health needs related to the environmental, psychosocial, physiological and health related domain. Health information booklet was a guide for the elderly to provide the basic knowledge to the elderly related to their health.

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