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Original Research Article

A study on assessment of socio-demographic characteristics and pattern of health-care support among geriatric people residing in old age homes, Nandyal

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ABSTRACT

Background: Geriatric age is one of the vulnerable phases of life. Geriatric population in India is faster growing share of population with more special needs for health-care and support. Objective was to study the socio-demographic factors and assess pattern of health care support among geriatrics residing in old age homes, Nandyal.
Methods: This was a cross-sectional study among geriatric people aged more than 60 years residing in old age homes, Nandyal from October 15, 2019, to December 15, 2019. One hundred eighty participants were included. Those who were not present during the analysis were excluded from the class using convenience sampling. Data was collected using a pre-designed, pre-tested, semi-structured questionnaire and analysing data using SPSS version-22.
Results: Around 180 subjects, 76 (42%) of the elderly received treatment for their morbidities from private clinic and hospitals, while 37.8% from government hospitals. Children bear health care expenses for 32 (17.5%) of the elderly. Among 84 (46.7%) of elderly dependent on their social security schemes. while 30 (16%) had health insurance. Around 72 (40%) of elderly financially dependent on their children. Major complaints are Arthritis (47.7%) followed by hypertension (20%) and acid-peptic disease.
Conclusions: A high prevalence of arthritis, hypertension and acid peptic disease were identified. It also highlighted that economic independence and the use of social security schemes among elderly is less. Based on these findings recommended that there is a need to develop financial assistance and social security schemes are needed to enhance health care facilities, economic independence and utilization services.

Keywords: Elderly, Health care support, Morbidity, Old age homes

INTRODUCTION

Aging is a universal phenomenon associated with deteriorating health status. It is said that nobody grows old merely by living in a certain number of years.[1] The world is rapidly aging the number of elderly aged 60 and above. Government of India adopted 'National Policy on Older Persons' in January, 1999. The policy defines 'senior citizen' or 'elderly' as a person who is of age 60 years and above.[2]

Census 2011, In India the geriatric population aged more than 60 years account for 7.5% of the total population and is projected to rise to 12.4% by the year 2026. Among 104 million people elderly persons in India, 53 million were females and 51 million were males. It is likely to increase to 10% by the year 2025 and 18% by 2050.[3]

A number of studies have discussed various reasons for the elderly to be in old age home. Lack of care in the family, insufficient housing, economic hardship and break-up of joint family are cited as reasons by studies

carried out by Bansod et al.[4]

The government ensures effective planning of health-care services for the geriatric people and prepares a feasible design relevant to the country needs for implementing the plan. The problems related to the aging of the population are that of inadequate facilities for medical treatment and of providing economic and social support; hence the information on the morbidity profile and health care support of this population is necessary for planning their health-care facilities.[5]

The aged population has special health problems that are basically different from those of adult or young. Most diseases in aged are chronic in nature- cardiovascular diseases, arthritis, diabetes, stroke, cataract, deafness, cancer, chronic infections etc.[6] Most often elderly may suffer from multiple chronic conditions, visual defects, hearing impairment and deterioration of speech which can cause social isolation.[7]

METHODS

A cross-sectional study was conducted in old age homes in Nandyal. The study took place from October 15 2019 to December 15, 2019 (2 months). A total of 180 study subjects were in this study. The study subjects included elderly men and women. The study sample was collected by convenience sampling using a pre-designed, pre-tested, semi-structured questionnaire. Statistical analysis using a SPSS version-22 and results expressed as a percentage, mean, standard deviation.

Inclusion criteria

A total of 180 elderly subjects (60 years and above) and those who were willing to give informed consent and who were present during the study were included in this study.

Exclusion criteria

Those who were not willing to give informed consent and who were not present during study were excluded.

RESULTS

This study was conducted after taking permission from Head of the Department and Institutional ethical committee and Head of the old age homes.

Table 1 shows socio-demographic characteristics of the study population.

Out of 180 subjects 96 (54%) were women, 84 (46%) were men. Majority of the elderly were in the age group of 71-75 years of age (31.7%) followed by 61-65 years of age (27.8%) and only 25.6% of respondents were in the age group of 66-70 years of age. In this study, majority of the respondents (77%) were widow/widower and 20 percent of the geriatric people were divorced and separated. Majority of the geriatric people were Hindu. 82.2% of elderly were illiterate. Majority of elderly belongs to low socio-economic class according to modified Kuppuswamy classification.

Table 1: Socio-demographic characteristics of study population (n=180).

Study variables	Frequency	%
Age (in years)		
60-65	50	27.8
66-70	46	25.6
7-75	57	31.7
76-80	16	8.8
>80	11	6.1
Gender		
Male	84	46.7
Female	96	53.3
Religion		
Hindu	144	80
Muslim	17	9.4
Christian	19	10.6
Education		
Illiterate	148	82.2
Primary school	17	9.4
Middle school	8	4.4
High school	6	3.3
Degree	1	0.6
Marital status		
Widow/widower	138	76.7
Divorced/separated	36	20.0
Unmarried	2	1.1

Table 2: Shows pattern of health care support among geriatric people.

Study variables	Women (n=96) N (%)	Men (n=84) N (%)	Total (n=180) N (%)
Place of treatment			
Government hospital	38 (39.6)	30 (35.7)	68 (37.8)
Private clinic/hospital	39 (40.6)	37 (44)	76 (42.2)
Unqualified persons	18 (18.8)	15 (17.9)	33 (18.3)
None	1 (1.0)	2 (2.4)	3 (1.7)
Health care expenses borne by			
Children	21 (21.9)	11 (13.1)	32 (17.8)
Own savings only	12 (12.5)	22 (26.2)	34 (18.9)
Insurances	7 (7.3)	23 (27.4)	30 (16.7)
Government schemes	56 (58.3)	28 (33.3)	84 (46.7)
Health care taken by			
NGO	24 (25.0)	4 (4.7)	31 (17.2)
Children	32 (33.3)	12 (12.5)	40 (22.2)
All family members	25 (26)	26 (27)	42 (23.3)
Self	15 (15.6)	42 (43.7)	67 (37.2)
Who is the financial supporter			
NGO	24 (25.0)	4 (4.7)	32 (17.8)
Children	51 (53.1)	38 (31.5)	72 (40.0)
Self	21 (21.8)	42 (43.7)	76 (42.2)

Table 2 shows pattern of health care support among geriatric people

Most of the elderly (37.8%) received treatment for their morbidities from the government hospitals, while 42.2% received it from private clinic/ hospital. For 17.8% of the elderly the health-care expenses were borne by their children. Among women, (21.9%) received healthcare expenses from children, while (26.2%) of men had their healthcare expenses borne by their own savings.

Among women, (58.3%) of the geriatric people received health care expenses from government schemes. Regarding health insurance, (16.7%) of the elderly population possessed it to bear the expenses. Children were bearing health care in 23% of the study subjects, and 23.3% of elderly were taking care of their family members. While, in 37.2%, it was taken care by itself only. Forty percentages of the study subjects were dependent on their children for the financial support, and 42.2% elderly people were independent for their financial support.

Table 3: Distribution of study subjects according to morbidity conditions.

Morbidity conditions	Women (n=96)		Men (n=84)		Total (n=180)	
	N	%	N	%	N	%
Musculoskeletal system						
Arthritis	49	51.0	37	44.0	86	47.7
Spondylitis	12	12.5	12	14.3	24	13.4
Prolapsed intervertebral disc	7	7.3	8	9.5	15	8.3
Respiratory system						
Chronic bronchitis	3	3.1	2	2.3	5	2.7
Bronchial asthma	4	4.1	2	2.3	6	3.3
Allergic rhinitis	3	3.1	9	9.5	11	6.1
Upper respiratory infections	9	9.3	10	11.9	19	10.5
Cardiovascular system						
Hypertension	13	13.5	24	28.5	37	20.5
CHD	4	4.16	5	5.9	9	5.0
GIT						
Acid peptic disease	23	23.9	13	15.4	36	20.0
EYE problems						
Uncorrected refractive error	17	17.7	9	10.7	26	14.4
Cataract	14	14.5	6	7.1	20	11.1
EAR problems						
Hearing loss	9	9.3	4	4.7	13	7.2
Dermatological problems						
Dermatitis	2	2.0	0		2	2.0
Other problems						
Benign prostatic hypertrophy	0	0	5	5.9	5	5.9
Diabetes	10	10.4	13	15.4	23	12.7
Hemorrhoids	5	5.2	4	4.7	9	5.1

Table 3 shows the morbidity profile of the study subjects. Arthritis was higher in women (51%) compared to men (44%). Hypertension (20.5%) followed by acid peptic disease (20%), diabetes (12.7%), and uncorrected refractive error (14.4%) were chief morbid conditions among the elderly subjects. Proportion of hypertension was higher in men (28.5%) when compared with that of in women (13.5%).

DISCUSSION

This study was carried out to identify the socio-demographic characteristics, and pattern of health-care support among the elderly people residing in old age homes in Nandyal.

In this study, majority of the elderly were in the age group of 71-75 years of age (31.7%), followed by 60-65 years of age (27.8%). Study by Shraddha et al also revealed that 31.9% of study population belonged to age group of 60-64 years and 14.9% belonged to age group 70-74 years.[2] In this study, 46 percent were males and 54 percent were females. Similar findings were also observed in the study done by Baweja et al.[8]

In this study we found that (82.2%) of respondents were literate, 9.2% were educated up to primary level.

Purty et al also found similar high percentage of illiterates 78.7% among elderly person from rural Tamilanadu.[9] It was found that 42.2% of the elderly people received the health care from the private clinics/hospitals when compared with the government hospitals (37.8%). Goswami et al study found 60% of the elderly persons sought treatment from private qualified and non-qualified doctors and only 22% utilized government facilities and the rest sought treatment from other sources.[10]

According to the 2005-2006 National Family Health Survey (NFHS) and District-Level Household Survey (DLHS) data, private facilities are more utilized compared with government facilities. This difference might be because of higher proportion of study subjects belonging to lower socioeconomic status.

This study (46.7%) of the elderly people, the healthcare expenses were borne by government schemes, which was found to be similar to the findings of Sharma et al Chinnakali et al, Thomas et al.[7,11,13] 42.2% of elderly were financially independent and 40% found dependent on their children which was similar to the findings of Thomas et al.[11] While, 27% of men and 26% of women were supported by their all family members. Majority of morbid conditions was arthritis (48%), and hypertension (20.5%), followed by 20% were acid peptic diseases. It was lower when compared with the findings of Prakash et al.[14]

This study only restricted for old age homes and results are not applicable for general population. These are limitations of the study.

CONCLUSION

A study represents among elderly residing in old age homes in Nandyal. There should be separate geriatric clinics in private and government hospitals to deal with by the elderly. It was also highlighted that economic independence and the use of social security schemes among elderly is less. Based on these findings recommended that there is a need to develop geriatric health care services. Financial assistance and social security schemes are needed to enhance health care facilities, economic independence and utilization services.

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