

Health Profile of Elderly Residing in the Family Settings and in the Old Age Home: A Comparative Study

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Abstract

Background: India is in the state of demographic transition. Number of elderly people is ever rising while question about their care is becoming complicated due to changing family structure and emergence of old age homes is one of its byproduct.

Aim: To study health profile of elderly residing in family settings and in old age homes

Methodology: Study design: Observational cross-sectional study, Study area: Urban field practice area of teaching tertiary care institute in Pune city, Study subjects: randomly selected elderly individuals 60 years and above residing in the family settings in the community and from one of the old age homes, Study tool: pre-designed, pre-tested questionnaire, detailed clinical examination.

Statistical analysis: Descriptive statistics, Chi square test.

Results: Total 100 elderly individuals participated in the study. 50 were residing in family settings in the community and 50 were residing in the old age home. It was also observed that married study subjects were residing in the family settings more often compared to study subjects who were either widow/widower, single or divorced and this difference was statistically significant ($X^2=28.415$; $p=0.001$). Use of canes/walkers was more observed in the study subjects residing in the Old age Home ($X^2=20.294$; $p=0.001$). In other aspects related to health profile no statistically significant difference was observed.

Conclusion: There was no difference observed in the health profile of elderly residing in family settings and in old age homes

Key words: Elderly, Health Profile, Family settings, Old age home, Comparison

(Journal of The Indian Academy of Geriatrics, 2015; 11:66-69)

Introduction

The phenomenon of population ageing is becoming a major concern for the policy makers all over the world, for both developed and developing

countries, during last two decades. But the problems arising out of it will have varied implications for underdeveloped, developing and developed countries.

As per 2011 Census, 8% of India's population is 60 years and above. ¹ For a developing country like India, this may pose mounting pressures on various socioeconomic fronts. Again this segment of population faces multiple medical and psychological problems. There is an emerging need to pay greater attention to ageing-related issues and to promote holistic policies and programmes for dealing with the ageing society. The old-age dependency ratio climbed from 10.9% in 1961 to 13.1% in 2001 for

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India as a whole. For females and males the value of the ratio was 13.8% and 12.5% in 2001. About 65 per cent of the aged had to depend on others for their day-to-day maintenance. Less than 20% of elderly women but majorities of elderly men were economically independent. In rural areas 55% of the aged with sickness and 77% of those without sickness felt that they were in a good or fair condition of health. In urban areas the respective proportions were 63% and 78%. The proportion of elderly men and women physically mobile decline from about 94% in the age-group 60–64 years to about 72% for men and 63 to 65% for women of age 80 or more.²

Urbanization, modernization and globalization have led to change in the economic structure, the erosion of societal values, weakening of social values, and social institutions such as the joint family.³ In last few years the numbers of old age homes are increasing catering to the needs of the senior citizens. Some of the important reasons for emergence of old age homes are migration of young couples from the rural areas to cities in search of better employment opportunities to fend for themselves. Many youngsters have moved to places far away from their native homes and in the recent past to many countries abroad so even if they want to, they cannot accommodate their parents in their own homes. Elders are sometimes too incapacitated or unwell to look after themselves or get medical care especially in an emergency.⁴

There are many studies related to health of the elderly population in India, but there are very few studies which compared the health profile of the elderly residing in family setting and residing in the old age homes. The present study was carried out with aim to compare health profile of elderly residing in family setting and in the old age homes in our field practice area.

Methodology

Present observational cross-sectional study was carried out in the urban field practice area of the teaching tertiary care hospital in Pune city of Maharashtra state in India.

Study subjects and Study area: Individuals of age 60 years and above were selected randomly from families residing in the urban field practice area as well as from the Old age home in the field practice area. The old age home provides all the necessary facility to the old persons as lodging, boarding, clothing and bedding as well as counseling services, medical care, T.V., Radio, News paper and others programmes. There are helpers to

assist the bed ridden or incapacitated elderly to perform their daily needs.

Study tool: Pre-designed and pre-tested questionnaire was used for data collection which included socio-demographic details, medical history and other relevant data. The face to face detailed interviews were taken by the field investigators at home and at the old age home which was followed by detailed clinical examination of the study subjects.

Data entry and Statistical analysis: Data was entered in the MS-Excel sheet. Statistical analysis was done by using statistical software Primer of Biostatistics. Descriptive statistics, Chi square test was used as a test of significance.

Ethical aspects: Written informed consent was taken from the study subjects. The study was approved by the Institutional Ethical Committee.

Results

Total 100 study subjects participated in the present study. 50 study subjects were residing in the family settings in the community and 50 study subjects were residing in one of the old age home of the study area. Majority of the study subjects that is 40 were between 60 to 65 years of age-group, while 11 study subjects were above the age of 80 years. 46 study subjects were males and 54 study subjects were females. It was observed that above the age of 70 years more study subjects were residing in the old age homes compared to those who were residing the family settings, though this difference was not statistically significant ($X^2=8.188$; $p=0.085$) as shown in the Table 1. No such difference was observed in case of gender of the study subjects.

Table 1: Age-wise distribution of study subjects

Sr. no.	Age-group	Residing in Family Settings (n=50)	Residing in Old Age Home (n=50)	Chi square value	P value
1.	60-65 years	23	17	8.188	0.085;
2.	66-70 years	12	5	with 4 d.f.	Not significant
3.	71-75 years	8	12		
4.	76-80 years	4	8		
5.	Above 80 years	3	8		

Total 39 study subjects were currently married while 50 were widow. 10 were single and 1 study subject was divorced. It was also observed that married study subjects were residing in the

family settings more often compared to study subjects who were either widow/widower, single or divorced and this difference was statistically significant ($X^2=28.415$; $p=0.001$).

In the present study 25 study subjects were known case of hypertension and were on medication for the same. 8 study subjects were known diabetics and on medication. Seven study subjects underwent Bypass surgery, 6 of those were residing in the Old age Home. 16 study subjects underwent cataract surgery, 13 of those were residing the family settings in the community.

Table 2: Comparison of Health Profile

Sr. no.	Variables	Residing in Family Settings (n=50)	Residing in Old Age Home (n=50)	Chi square value	P value
1.	Satisfaction with perceived Health status				
	Satisfied	32	29	0.168	0.682; Not significant
	Not satisfied	18	21		
2.	Vision related problems				
	Yes	42	32	4.210	0.04; Significant
	No	8	18		
3.	Hearing related problems				
	Yes	35	38	0.203	0.652; Not significant
	No	15	12		
4.	Use of Canes/Walkers				
	Yes	3	24	20.294	0.001; Highly significant
	No	47	26		
5.	Memory related problems				
	Yes	14	24	3.438	0.064; Not significant
	No	36	26		
6.	Sleep related problems				
	Yes	23	28	0.640	0.424; Not significant
	No	27	22		
7.	Problems related to bladder control				
	Yes	18	25	1.469	0.226; Not significant
	No	32	25		
8.	Problems related to bowel control				
	Yes	14	16	0.048	0.827; Not significant
	No	36	34		
9.	Decreased appetite				
	Yes	27	22	0.640	0.424; Not significant
	No	23	28		

In the present study total 61 study subjects were satisfied with perceived health status. Majority of them that is 32 were residing in the family setting while 29 were residing in the Old age

Home. Vision related problems were more common the study subjects residing in the family settings. Use of canes/walkers was more observed in the study subjects residing in the Old age Home. In other aspects related to health profile no statistically significant difference was observed as shown in the Table 2.

Discussion

Present study compared the health profile of elderly individuals 60 years and above residing in the family set up and residing in the old age homes. The study observed that there was no much difference in the health profile of the study subjects residing in the family set up and residing in the old age homes. The study subjects who are alone that is single/divorced/ widow were more likely to be residing at old age homes. Use of canes/walkers was statistically high in old age home study subjects.

There are many studies which had studied health profile of elderly in the family settings in community as well as health profile of elderly residing in the old age homes separately in the study area as well as in the other parts of India.^{5,6,7,8,9,10,11,12}

There are few studies which had compared some of the aspects of health like nutritional status, mental health status, depression or psychiatric morbidity in the elderly population residing in the family settings in the community and residing in the old age home.^{13, 14,15}

Chakrabarti D (2009) carried out the study regarding well-being of the elderly residing in Old Age Home and those in Family Setting in Tripura.¹⁵ In this study elderly living in family setting were having more subjective well-being and level of satisfaction scores as compared to elderly living in old age homes. This study recommended providing more facilities for elderly living in old age homes either by government or by non-government authorities. Gupta et al (2014)¹⁶ in Lucknow, India studied dimensions of quality of life (QOL) of elderly people living in community and in old age homes and the predictors of QOL among elderly people. This study also concluded that QOL of elderly residing in paid old age homes were similar to those from the community as observed in the present study.

Conclusion

Present study concludes that there is no difference in the health profile of elderly individuals residing in the family settings and elderly individuals residing in the old age homes.

Limitation of the study: The present study compared health profile of the study subjects residing in the family settings with study subjects residing in only one old age home. The sample size is also comparatively small.

Acknowledgement: Authors are grateful to Dr. A.V. Bhore, Dean, Smt. Kashibai Navale Medical College, Narhe, Pune for his constant support and encouragement.

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