Research Paper

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Unmet Needs of Elderly in A Rural Population of Wardha

Medical Science

KEYWORDS : Elderly, Sadness, Leisure time, unmet needs

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ABSTRACT

India is moving towards advanced phase technologically due to which there is increase in awareness of health care among the people that led to the improvement in the quality of health care facility and increase in quality of life. Therefore this cross-sectional study was conducted with the objective to find out various reasons for sadness in elderly people and their spending of leisure time. The study was conducted during December 2015 to January 2016 for 2 months duration in a rural area in Deoli Block in Wardha district. There were more male (61.70%) in our study than females (38.30%). Result shows that most (33.06%) males were sad due to poverty followed by loneliness (16.93%), financial constraints (16.12%), illness (8.87%) and felt neglected (8.06%). Among females most common reason for sadness was observed due to illness (27.27%), followed by neglected (15.58%) and equal reasons (1.29%) of poverty, loss of spouse, loneliness, children staying away and financial constraints were reported by them. Elderly male should be health educated about ill effects of addictions like tobacco chewing, smoking and alcohol. Most of the elderly patient felt sadness and common among them were poverty, illness, felt neglected and financial constraints.

Introduction:

India is moving towards advanced phase technologically due to which there is increase in awareness of health care among the people that led to the improvement in the quality of health care facility and increase in quality of life. Ageing is a complex, multifactorial and inevitable process which begins before birth, the rate being different in the various stages of life. [1] In India, the elderly account for 7% of the total population, of which two-thirds live in villages and nearly half of them in poor conditions. [2] Urbanisation, nuclearisation of family, migration, and dual career families are making care of the elderly more and more of a personal and social problem in India. [3] A study from China reported wide disparities in the functional health of older adults. [4] Indian studies noted a negative association between socio-economic status and parameters of social morbidity such as widowhood and economic dependence among the elderly. [5] Therefore the present study focuses on the unmet needs of the elderly patients i.e. evaluation of reasons for their sadness and how the elderly spend their leisure time.

Aim

To study unmet needs of elderly in a rural population of Deoli block in Wardha district.

Objectives

1) To find out various reasons for sadness in elderly people
2) To learn ways of spending of leisure time by elderly people.

Materials and methods

Study population: A detail health check up was done on the elderly people visiting Deoli PHC.

Study Design and settings: This cross-sectional study was conducted during December 2015 to January 2016 for 2 months duration in a rural area in Deoli Block in Wardha district. Based on the Literature review it was indicated that 48% sadness was observed among the elderly. Statcalc. Menu of EPI Info software was used for calculation of sample size, sample size was calculated as 142 at 99% confidence level. Considering the dropout rate and non-response rate of 10% additional 10% was added to the calculated sample size which became 156. During the 2 month duration of the study, total 201 elderly patients were studied, so it was considered as our sample size for this study. Elderly subjects above 60 year old were interviewed in the OPD run by Department of Community Medicine, Jawaharlal Nehru Medical Sciences, Sawangi (Meghe) in Deoli block of Wardha District. The questionnaire was formed after reviewing Indian studies. This questionnaire was then pilot tested on 10 elderly people and the necessary changes were made. Socio-demographic details like age and gender were taken. BMI was recorded after calculating the Height and Weight. Their addictions regarding tobacco and alcohol were asked. Various reasons for their sadness were enquired.

Consent: Consent was taken from all the interviewed elderly people. All those elderly who were willing to participate in the study were chosen. They were informed about the study purpose and a rapport was developed with them before beginning of the interview. Also they were ensured of full confidentiality throughout the study.

*Statistical Analysis:*The data collected was tabulated and analyzed using the statistical package SPSS, Version 16.0 for Windows. Findings were described using proportions and percentages.

Results

Table -1. Age and Genderwise distribution of elderly patients

Parameters	No. of patients (n=201)
Age	
<65	129 (64.2%)
66-70	42 (20.9%)
71-75	10 (5.0%)
75-80	20 (10.0%)
Gender	
Male	124 (61.7%)
Female	77 (38.3%)

Table- 2. Genderwise distribution of addictions and BMI.

Variables	Male(n=124)	Female(n=77)	Total(n=201)
Addictions			
Smoking			
Yes	31 (25.00%)	6 (7.79%)	37 (18.40%)
No	93 (75.00%)	71 (92.20%)	164 (81.59%)
Alcohol			
Yes	30 (24.19%)	0 (0.00%)	31 (25.00%)
No	94 (75.80%)	77 (77.00%)	170 (84.57%)
Tobacco Chewing			
Yes	61 (49.19%)	12 (15.58%)	73 (36.31%)
No	63 (50.80%)	65 (84.41%)	128 (63.68%)
BMI			
Underweight	20 (16.12%)	31 (40.25%)	51 (25.37%)
Normal	64 (51.61%)	22 (28.57%)	86 (42.78%)
Overweight	22 (17.74%)	13 (16.88%)	35 (17.41%)
Obese	18 (14.51%)	11 (14.28%)	29 (14.42%)

Table- 3. Gender-wise distribution of reason for sadness and spending leisure time

Variables	Male (n=124)	Female (n=77)	Total (n=201)
Reasons for sadness (Multiple responses)			
Poverty	41 (33.06%)	1 (1.29%)	42 (20.89%)
Illness	11 (8.87%)	21 (27.27%)	32 (15.92%)
Felt neglected	10 (8.06%)	12 (15.58%)	22 (10.94%)
Loss of spouse	0 (0.00%)	1 (1.29%)	1 (0.49%)
Loneliness	21 (16.93%)	1 (1.29%)	22 (10.94%)
Daughters not married	0 (0.00%)	2 (2.59%)	2 (0.99%)
Children staying away	0 (0.00%)	1 (1.29%)	1 (0.49%)
Financial constraints	20 (16.12%)	1 (1.29%)	21 (10.44%)
None	62 (50.00%)	42 (54.54%)	104 (51.74%)
Spending Leisure time (Multiple responses)			
Resting At home/ lying idle	41 (33.06%)	29 (37.66%)	70 (34.82%)
Watching TV	52 (41.93%)	60 (77.92%)	112 (57.72%)
Listening Radio	21 (16.93%)	6 (7.79%)	27 (13.43%)
Reading Newspaper	21 (16.93%)	10 (12.98%)	31 (15.42%)
Talking to friends and gossiping	20 (16.12%)	16 (20.77%)	36 (17.91%)
Roaming outside home	62 (50.00%)	22 (28.57%)	84 (41.79%)

Discussion

Table 1 show that most (64.20%) elderly patients belonged to less than 65 year age group followed by 66-70 years (20.90%), 75-80 years (10.00%) and 71-75 years (5.00%). Similar findings were observed in the study by Tiwari S [6] *et al.* in Varanasi where 60-69 years participants were 69.8% and 70 to 79 years were 29.8%. There were more male (61.70%) in our study than females (38.30%) which shows more male visited the hospital during the period of the study. Dissimilar findings were seen in the study conducted by Goel PK [7] *et al.* in Meerut, where they observed that more females were present in their study than the males i.e. 47.2% male and 52.8% female.

Table 2 shows 25.00% males and 7.79% females were smokers. 24.19% males used to drink alcohol whereas none of the females took it. 49.19% males and 15.58% females used to chew tobacco. 16.12% males and 40.25% females were found underweight. 51.61% males and 28.57% females were found to have normal BMI. 16.88% and 14.28% females were found overweight and obese respectively. While 17.74% males were found overweight and 14.51% were obese. In a study by Tiwari S [6] *et al.* similar findings were observed.

Table 3 shows most (33.06%) males were sad due to poverty followed by loneliness (16.93%), financial constraints (16.12%), illness (8.87%) and felt neglected (8.06%). Among females most common reason for sadness was observed due to illness (27.27%), followed by felt neglected (15.58%) and equal reasons (1.29%) of poverty, loss of spouse, loneliness, children staying away and financial constraints were reported by them. In a study by Lena A [8] *et al.* done in Karnataka revealed that 48% of the respondents felt sad mainly because of poverty followed by illness (41.3%). Other reasons for feeling sad were unwed daughters at home, alcoholic son/son-in-law, financial loss, illness of spouse, children staying away from them, death of children, or not owning a house.

Most of the males used to spend their leisure time by roaming outside home (50.00%), followed by watching TV (41.93%) , resting at home (33.06%), Listening radio (16.93%), Reading newspaper (16.93%) and talking to friends (16.12%). Most of the females spend their leisure time by watching TV (77.92%) followed by residing at home (37.66%), roaming outside home (28.57%), talking to friends (20.77%), reading newspaper (12.98%) and listening radio (7.79%). In a study by Goel PK [9]*et al.* it was observed that most of the elderly (69.5%) reported that they enjoyed their leisure-time activities at home, idling being the commonest (59.6%). Leisure time activity at home was significantly more in females than in males, being 92.0% and 44.3%, respectively; this was in spite of the fact that elderly females were most prone to spend their leisure time in idleness (86.6%).

Conclusion

Elderly people should be health educated about ill effects of addictions like tobacco chewing, smoking and alcohol. Most of the elderly patient felt sadness and common reasons for it were poverty, illness, felt neglected and financial constraints. Most of the elderly spend their leisure time either by watching TV, roaming outside home, talking to friends or lying idle.

Recommendation

There should be elderly clubs in every villages so that they can get together to enjoy their life happily and get rid of monotonous routine after retirement or jobs for those who want to earn. All the family members must spend time together at home. Experience of elderly people should be availed and involving them in local community activities might help remove their sadness.

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References

1) WHO Ageing: Exploding the myths.(1999). Indian Med Assoc. 97, 138-40.

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2) Jamuna, D. (1997) Stress dimensions among caregivers of the elderly. Indian J Med Res. 106, 381-8.
3) Jamuna, D. (2003) Issues of elder care and elder abuse in the Indian context. *J Aging Soc Policy.* 152, 125-42.
4) Beydoun, M.A. and Popkin, B.M., (2005). The impact of socio-economic factors on functional status decline among community-dwelling older adults in China. Soc Sci Med; *60,* 2045-57.
5) Soneja, S., Nagarkar, K.M., Dey, A.B., Khetrapal, K. and Kumar, V. Socio-economic status and its relationship to parameters of social morbidity among elderly patients seeking outpatient medical care. In: Kumar V, editor. Aging: Indian perspective and global scenario. New Delhi: All India Institute of Medical Sciences; 1996; 137-9.
6) Tiwari S et al. (2010). Prevalence of Health problems among elderly: A study in a rural population of Varanasi. Indian J Prev Soc Med. 41(3), 226-230.
7) Goel PK et al. (2003). Unmet needs of the Elderly in a Rural Population of Meerut. Indian Journal of Community Medicine. 28(4), 165- 166.
8) Lena A *et al.* (2009) Health and Social Problems of the Elderly: A Cross-Sectional Study in Udupi Taluk, Karnataka. Indian Journal of Community Medicine. 34(2), 131-134.
9) Goel PK *et al.* (2007). Activity Status of Elderly in a Rural Area. Indian Journal of Community Medicine. 32(2), 149