



A COMPARATIVE STUDY ON PHYSICAL HEALTH PROBLEMS OF INSTITUTIONALIZED AND NON- INSTITUTIONALIZED ELDERLY IN SELECTED COMMUNITIES OF AMRITSAR.

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ABSTRACT A comparative study was conducted to assess and compare the physical health problems of institutionalized and non institutionalized elderly in selected communities of Amritsar. The comparative descriptive research design was used. Checklist was used to assess physical health problems of 100 elderly people. Major findings of the study revealed that Institutionalized elders had more physical health problems as compared to non institutionalized elders. Cardiovascular problems among the institutionalized elders were found to be 66% whereas it was 50% in non institutionalized elders. Respiratory problems were more in institutionalized elders (44%) as compared to non institutionalized elders (24%). Gastrointestinal problems among institutionalized elders were reported 76% and 70% in non institutionalized elders. The problems related to nervous system were more prevalent among institutionalized elders (70%) as compared to non institutionalized elders (48%). Genito urinary problems were found nearly equal (36%, 32%) at both places as. Sleep disturbances were more prevalent in institutionalized elders (62%) and it was nearly half (34%) in non institutionalized elders. Institutionalized elders reported more Sensory problems (76%) than non institutionalized elders (52%). Skin itching, impaired skin integrity, weakness, fall & injuries, tremors, unexplained complaint about chronic pain were more common in institutionalized elders (84%) as compared to non institutionalized elders (70%). The association between the physical health problems and age, marital status, occupation, source of income, income, frequency of hospitalization, were found to be statistically significant and gender, education, and history of illness was found to be statistically non significant.

KEYWORDS : Physical health problems, Institutionalized, Non Institutionalized

INTRODUCTION

Old age as a natural, normal, universal and inevitable biological phenomenon. It is a developmental phase in the life process which begins at conception and continues until death.² N.A. Ansari (2008) Life is normally divided into five main stages namely infancy, childhood, adolescence, adulthood and old age. In each of these stages an individual has to find himself in different situations and face different problems¹.

The elderly population has a distinct set of medical and social problems, which will become increasingly apparent as population ageing continues. The role of families in care of older person has declined due to structural changes and individuals see alternative accommodation due to isolation or loneliness; they go to institutions mainly because they have no relatives to care for them. Overall prevalence rate rises to 71.5% for those over 60 years, including mental health problems, visual impairment, respiratory disorders, bone and joint disorders, Cardiovascular Diseases (CVDs), Cancers and Diabetes.²

NEED OF STUDY

Old age constitutes one of the major challenges confronted by the societies in the present century A Study showed that among the population over 60 years of age, 10% suffer from impaired physical mobility and 10% are hospitalized at any given time, both proportions rising with increasing age. In the population over 70 years of age, more than 50% suffer from one or more chronic conditions.³

Now days, the role of families in care of older person has declined due to structural changes which results in the rejection or neglect of the aged. Thus, the individuals see alternative accommodation due to isolation or loneliness⁴.

A survey in old age home done by Trichard revealed largest proportion (37%) suffered from confusional states, 31% were diagnosed as having a senile organic condition and 25% showed moderate to severe depression. 53% had incapacitating muscular weakness or stiff and painful joints, 35% had a significant degree of deafness, 25% had a visual defect and 23% were incontinent.⁵ The researcher found it essential to identify the health problems of elders belonging to different settings.

STATEMENT OF PROBLEM

A comparative study on physical health problems of institutionalized and non- institutionalized elderly in selected communities of Amritsar

OBJECTIVES

The objectives of study are:-

- To assess the physical health problems of institutionalized and non institutionalized elderly.
- To compare the physical health problems of institutionalized and non- institutionalized elderly.
- To find out the association between physical health problems of institutionalized and non institutionalized elderly with selected demographic variables.

ASSUMPTIONS

- Elderly people living in non institutionalized homes have better physical health than institutionalized elderly.

DELIMITATIONS

- Study will be delimited to:
- Institutionalized and non institutionalized elderly above 60 years.
- Old age homes and Urban communities of Amritsar.

MATERIAL AND METHOD

The research design used in this study was comparative descriptive research design. Total 100 elderly were selected with 50 from each setting by convenient sampling. The tool used for study was checklist on physical health problems conducted by structured interview schedule. Part A consist 10 questions related to socio demographic variables such as age, gender, place of living, marital status, education status, present occupational status, source of income, monthly income, any history of past illness and frequency of hospitalization. Part 2 consist check list of 44 items. The selected aspects are:- Cardiac problems, respiratory problems, GI problems, nervous system problems, genitourinary problems, sleep problems, musculoskeletal problems, sensory problems and miscellaneous problems.

The prepared instrument along with objectives, blue print and criteria checklist was submitted to nine experts which includes experts in the field of Medicine, Social and Preventive Medicine, Medical surgical Nursing. The reliability coefficient of scale was found to be 0.9; hence, the tool was highly reliable.

RESULT AND FINDINGS

Findings related to demographic variables

It was found that majority of respondents in institutions (50%) and non institutions (76%) were in the age group of 61 -70 years. 38% institutionalized elders were married and widow/widower and in non institutions 60% were married 40% were widow/widowers. 30% of respondents from institutions and 34% from non institutions were having education till secondary level. Majority of respondents were unemployed both in institutions (72%) and non institutions (52%). Majority of institutionalized respondents (82%) dependent upon their children or on old age homes but in non institutions only 38% were

dependent on children, 24% were employed and pensioner. Maximum numbers of institutionalized respondents (70%) had monthly income less than 1,000 per month whereas maximum numbers of non institutionalized respondents (36%) had monthly income more than 10,000 per month. 32% institutionalized and 48% non institutionalized respondents were already diagnosed with some disease condition. 78% institutionalized and 96% non institutionalized respondents never admitted in hospital.

Findings related to compare the physical health problems of institutionalized and non institutionalized elderly.

Table1: Comparison of physical health problems among institutionalized and non-institutionalized elderly.

N= (50+50=100)

Various problems	Institutional		Non-institutional	
	n	%	n	%
Cardiovascular	33	66.0	25	50.0
Respiratory	22	44.0	12	24.0
Gastrointestinal	38	76.0	35	70.0
Nervous system	35	70.0	24	48.0
Genito-urinary	18	36.0	16	32.0
Sleep	31	62.0	17	34.0
Musculoskeletal	33	66.0	30	60.0
Sensory	38	76.0	26	52.0
Miscellaneous	42	84.0	35	70.0

*** Institutionalized and non institutionalized elderly had multiple physical**

Health problems

The result revealed the frequency of problems was high in institutionalized elders as compared to non institutionalized elders. The most frequent problem observed in institutionalized elders was miscellaneous (84%) (Skin itching, impaired skin integrity, weakness, fall & injuries, tremors, unexplained complaint about chronic pain) whereas in non institutionalized elders both gastrointestinal and miscellaneous were found 70%. The less frequent problem observed in institutionalized elders was Genito urinary (36%) whereas respiratory (24%) in non institutionalized elders.

Finding related to association between physical health problems of elderly and demographic variables.

The association between the physical health problems and age, marital status, occupation, source of income, income, *frequency of hospitalization*, was found to be statistically significant and gender, education, and history of illness was found to be non significant.

DISCUSSION

The present study revealed that elders of both places had multiple health problems. The similar results were depicted in other study done by **Md Asadullah (2012)** found 92.2% of elders had one or more health problems. The percentage of respondents having single, two and three or more health problems were 21.1%, 31.1% and 40% respectively.⁶

Findings of present study showed physical health problems were high in institutionalized elders as compared to non institutionalized elders. Similarly in the study carried out by **F.Al-Nasir (1999)** found more disability among institutionalized than non institutionalized elders. Non institutionalized elders were less confused (39%) than institutionalized (64%), less sensory impairment; 89% had no hearing difficulties, compared to 77% of the institutionalized group, 67% had no visual impairment compared to 63%. in institutionalized group, and urinary incontinent was found only 17% in non institutionalized which was 50% in the institutionalized group.⁷

CONCLUSION

As the study was done to compare the physical health problems of institutionalized and non institutionalized elders so it was concluded that elderly living in institutions had more physical health problems as compared to non institutionalized elders. So the frequency of problems was high in institutionalized elders.

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