



Geriatric health

PERCEPTION OF HEALTH AMONG THE ELDERLY IN A RURAL AREA OF KASHMIR VALLEY: A CROSS SECTIONAL STUDY

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ABSTRACT **INTRODUCTION:** Ageing is a universal process and it affects every individual, family, community and society. It is a normal, progressive and irreversible process. It has been seen that self-perceived health status ratings are highly correlated to physician assessments of health conditions. Several studies have also found that self-ratings of health among elderly adults are valid measures of the respondent's objective health status and matchup as well to physician evaluation. **OBJECTIVE:** To assess the perception of health among elderly residing in a rural area and to study its relation to various sociodemographic variables of the said population. **METHODOLOGY:** Multistage cross sectional study was conducted among 1020 elderly residing in Block Hajin of Kashmir. Perception of health was assessed on a 5 point Likert scale and was compared across various socio demographic variables of the participants. **RESULTS:** The overall perception of health was very dissatisfied in 3.4%, dissatisfied in 29.2%, neither satisfied nor dissatisfied in 18.3%, satisfied in 44.4% and very satisfied in 4.3%. The perception of health was significantly associated with Socio economic class, age group, gender, zone, marital status, occupation, education and current health status of the study participant. **CONCLUSION:** In-depth studies through multidisciplinary assessment on issues like socioeconomic problems, morbidity pattern, Quality of life and social security needs of the elderly should be done nationwide. Also policies need to be focused on improving the Quality of life of the elderly in order to enable them to enjoy the process of ageing.

KEYWORDS : Geriatrics, Elderly, Quality of life, Perception of health.

INTRODUCTION

Ageing is a universal process and it affects every individual, family, community and society. It is a normal, progressive and irreversible process. ⁽¹⁾WHO categorizes old age into three age brackets as "Young aged" (60 to 69 years), "Middle aged" (70 to 79 years) & "Old aged" (80 years and above). ⁽²⁾ As per the Census of India(2011) the aged population 60 years and above constitutes 8.6 percent of the total population of the country. In Jammu and Kashmir, the elderly population has risen from 432 thousand in 1991 to 675 thousand in 2001. The proportion of the elderly has risen from 5.78 percent in 1991 to 6.71 percent in 2001 and 7.4 percent in 2011(Census 2011 J&K). ⁽³⁾ Self perceived health status is a predictor of morbidity and mortality, physical functioning and utilization of health services among populations. Furthermore, self-perceived health status ratings are highly correlated to physician assessments of health conditions. Finally, it is very important to assess the extent to which self-perceived health inequities exist and what drives them. ⁽⁴⁾ Several studies have also found that self-ratings of health among elderly adults are valid measures of the respondent's objective health status and matchup as well to physician evaluation. ⁽⁵⁾

This study is an attempt to assess the perception of health (POH) in the elderly residing in a rural area of Kashmir and may serve as a baseline data and help in planning the services for this section of population for improvement in their physical functioning, utilization of services and overall Quality of Life.

OBJECTIVE

To assess the perception of health among elderly residing in a rural area and to study its relation to various sociodemographic variables of the said population.

METHODOLOGY

The study was conducted in three zones of Hajin Block of district Bandipora of Kashmir Valley which is the rural field practice area of Department of Community Medicine of SKIMS for a period of 1 year. The study population comprised of geriatric population (i.e aged 60 years and above) which accounts 7.4 percent of total population.

The sample size was calculated (based on studies on QOL which show that 68 % of the proportion of elderly population have a good quality of life) by applying following equation :

$$n = Z^2 P(1-P)/e^2$$

Where

n = sample size

Z = level of confidence (for 95% CI, Z = 1.96)

P = Proportion of study population having good quality of life
e = confidence limit (precision)

Taking confidence limit as 3 % the sample size came out to be 928. Assuming non- response rate to be 10%, 1020 individuals were taken up for the study.

SAMPLING PROCEDURE

This multistage sampling study was conducted in Hajin Block which is divided into three health zones namely Hajin, Sumbal and Ajas. Study Sample was drawn from these three health zones by applying Probability Proportionate to Size (PPS) technique All the villages in each zone were enlisted and subsequently desired sample was drawn from each village again using PPS technique. Household was the final sampling unit. In each village one house (first house) in the centre of village (nearer to a landmark) was selected. Subsequent houses were selected by moving in one direction only. If the desired sample of elderly was not achieved in this direction then the house opposite to the first selected house was taken and further houses lying in that direction were selected till the desired sample required by PPS technique for that village was got. The POH was assessed on a 5 point Likert scale as Very dissatisfied, dissatisfied, Neither satisfied nor dissatisfied, satisfied and Very satisfied.

Ethical permission for this study was obtained from Institutional Ethics Committee of SKIMS. All the elderly people eligible for the study were interviewed individually after taking written consent from them. Confidentiality was maintained at all times.

RESULTS:

It was seen that majority of the study population belonged to Young aged group (55.3%). There are three residential zones of our Field practice area with majority (413) of study population belonging to Hajin zone (40.3 %). 74% of the participants were married while others were either single, divorced or widowed and most of them were not currently engaged in any kind of work(83%). Majority(73.8%) of study population belonged to Lower class (Class IV & V of Udai Pareek Scale). Majority (89.8%) of the study participants were currently ill and among these Hypertension alone was found in about 48.1%, diabetes alone was seen in 1.8% while as both were seen in 5.1%. 34.8 % were having other problems like Hypothyroidism, Osteoarthritis, Cataract, Dyspepsia, joint pains and anxiety.

Responses of the study population to overall perception of health on a 1-5 Likert Scale was Satisfied in 44.4%, dissatisfied in 29.2%, Neither satisfied nor dissatisfied in 18.6%, very satisfied in 4.3% and very dissatisfied in 3.4%

Table 1: Relationship between overall Perception of Health Responses of study population and their socioeconomic class

Socioeconomic Class		How satisfied are you with your health.					Total	P-Value
		Very dis-satisfied	Dis-satisfied	Neither satisfied nor dis-satisfied	Satisfied	Very satisfied		
Upper	Count	2	5	14	38	6	65	0.000
	%	3.1%	7.7%	21.5%	58.5%	9.2%	100.0%	
Middle	Count	2	38	40	110	12	202	
	%	1.0%	18.8%	19.8%	54.5%	5.9%	100.0%	
Lower	Count	31	255	136	305	26	753	
	%	4.1%	33.9%	18.1%	40.5%	3.5%	100.0%	
Total	Count	35	298	190	453	44	1020	
	%	3.4%	29.2%	18.6%	44.4%	4.3%	100.0%	

* P value calculated as per Pearson's chi-square test.

Table 1 provides us an overview of association between the responses to overall perception of health of study subjects viz a viz their socio economic class. On application of Pearson's Chi-Square test, it was found that a strong association exists between overall perception of health and "Socio economic class" (P-value of 0.000). The response to

overall perception of health was "Satisfied" in 58.5% of study population belonging to Upper SES class as compared to only 40.5% of those belonging to Lower class and response to Overall perception of health was "Dissatisfied" in only 7.7% of study population belonging to Upper SES class as compared to 33.9% of those belonging to Lower SES class, thus concluding that with improvement in SES class the overall perception of health also improves.

Table 2: Relationship between overall Perception of Health Responses of study population and their age group

Age group		How satisfied are you with your health.					Total	P- value*
		Very dis-satisfied	Dis-satisfied	Neither satisfied nor dis-satisfied	Satisfied	Very satisfied		
Young aged	Count	19	146	108	256	35	564	0.022
	%	3.4%	25.9%	19.1%	45.4%	6.2%	100.0%	
Middle aged	Count	11	122	64	149	8	354	
	%	3.1%	34.5%	18.1%	42.1%	2.3%	100.0%	
Old aged	Count	5	30	18	48	1	102	
	%	4.9%	29.4%	17.6%	47.1%	1.0%	100.0%	
Total	Count	35	298	190	453	44	1020	
	%	3.4	29.8	18.6	44.4	4	4.3	

* P value calculated as per Pearson's chi-square test.

Table 2 Provides us an overview of association between the responses to overall perception of health of study subjects viz a viz their age group. On application of Pearson's Chi-Square test, it was found that a statistical association exists between overall perception of health and

"Age group" (P-value of 0.022). The above table shows the study subjects whose response to overall perception of health was "Satisfied" belonged to Old aged group with highest percentage of 47.1% and those whose response was "Dissatisfied" belonged to Middle aged group with a highest percentage of 34.5%* P value calculated as per Pearson's chi-square test.

Table 3: Relationship between overall Perception of Health Responses of study population and their gender

Sex		How satisfied are you with your health.					Total	P value*
		Very dis-satisfied	Dis-satisfied	Neither satisfied nor dis-satisfied	Satisfied	Very satisfied		
Male	Count	12	115	79	246	21	473	0.000
	%	2.5%	24.3%	16.7%	52.0%	4.4%	100.0%	
Female	Count	23	183	111	207	23	547	
	%	4.2%	33.5%	20.3%	37.8%	4.2%	100.0%	
Total	Count	35	298	190	453	44	1020	
	%	3.4%	29.2%	18.6%	44.4%	4.3%	100.0%	

* P value calculated as per Pearson's chi-square test.

Table 3 provides us an overview of association between the responses to overall perception of health of study subjects viz a viz their gender. On application of Pearson's Chi-Square test, it

was found that a strong association exists between overall perception of health and "Gender" (p-value of 0.000). The above table clearly shows that 52% of males rated their response to overall perception of health as "Satisfied" as compared to 37.8% of females..

Table 4: Relationship between overall Perception of Health Responses of study population and their respective zones

Zone		How satisfied are you with your health.					Total	P value*
		Very dis-satisfied	Dis-satisfied	Neither satisfied nor dis-satisfied	Satisfied	Very satisfied		
Sumbal	Count	14	92	64	194	26	390	0.000
	%	3.6%	23.6%	16.4%	49.7%	6.7%	100.0%	
Hajin	Count	3	135	81	186	8	413	
	%	0.7%	32.7%	19.6%	45.0%	1.9%	100.0%	
Ajas	Count	18	71	45	73	10	217	
	%	8.3%	32.7%	20.7%	33.6%	4.6%	100.0%	
Total	Count	35	298	190	453	44	1020	
	%	3.4%	29.2%	18.6%	44.4%	4.3%	100.0%	

* P value calculated as per Pearson's chi-square test.

Table 4. provides us an overview of association between the responses to overall perception of health of study subjects viz a viz their residential zones On application of Pearson's Chi-Square test, it was found that a

strong association exists between overall perception of health and "Zones" as evident from Chi-Square P-value of 0.000 The above table shows that highest percentage (49.7%) of study subjects whose response to Overall perception of health was "Satisfied" belonged to zone Sumbal as compared to 33.6% of those belonging to zone Ajas.

Table 5: Relationship between overall Perception of Health Responses of study population and their marital status

Marital status		How satisfied are you with your health.					Total	P value
		Very dis-satisfied	Dis-satisfied	Neither satisfied nor dis-satisfied	Satisfied	Very satisfied		
Married	Count	23	201	147	346	38	755	0.043

	%	3.0%	26.6%	19.5%	45.8%	5.0%	100.0%
Widowed	Count	12	91	42	102	6	253
	%	4.7%	36.0%	16.6%	40.3%	2.4%	100.0%
Others	Count	0	6	1	5	0	12
	%	0.0%	50.0%	8.3%	41.7%	0.0%	100.0%
Total	Count	35	298	190	453	44	1020
	%	3.4%	29.2%	18.6%	44.4%	4.3%	100.0%

* P value calculated as per Pearson's chi-square test.

Table 5 provides us an overview of association between the responses to overall perception of health of study subjects viz a viz their marital status. On application of Pearson's Chi-Square test, it was found that a

weak statistical association exists between overall perception of health and "Marital status" as evident from Chi-Square P-value of 0.043. The table shows that highest percentage (50%) of study subjects whose response to Overall perception of health was "Dissatisfied" belonged to category Others (i.e Single/ Separated/Divorced).

Table 6. Relationship between overall Perception of Health Responses of study population and their Occupation

Occupation		How satisfied are you with your health.					Total	P- value*
		Very dis-satisfied	Dis-satisfied	Neither satisfied nor dis-satisfied	Satisfied	Very satisfied		
None	Count	33	271	161	352	30	847	0.000
	%	3.9%	32.0%	19.0%	41.6%	3.5%	100.0%	
Labourer / Farmer	Count	2	21	22	75	13	133	100.0%
	%	1.5%	15.8%	16.5%	56.4%	9.8%	100.0%	
Business	Count	0	6	7	26	1	40	100.0%
	%	0.0%	15.0%	17.5%	65.0%	2.5%	100.0%	
Total	Count	35	298	190	453	44	1020	100.0%
	%	3.4%	29.2%	18.6%	44.4%	4.3%	100.0%	

* P value calculated as per Pearson's chi-square test.

Table 6 provides us an overview of association between the responses to overall perception of health of study subjects viz a viz their occupation. On application of Pearson's Chi-Square test, it was found that a strong

association exists between overall perception of health and "Occupation" as evident from Chi-Square P-value of 0.000. The above table shows that highest percentage (65%) of study subjects whose response to Overall perception of health was "Satisfied" belonged to Business class as compared to 41.6% of those who were not working.

Table 7: Relationship between overall Perception of Health Responses of study population and their Educational status

Educational Status		How satisfied are you with your health.					Total	P value*
		Very dis-satisfied	Dis-satisfied	Neither satisfied nor dis-satisfied	Satisfied	Very satisfied		
Illiterate	Count	33	271	161	372	35	872	0.005
	%	3.8%	31.1%	18.5%	42.7%	4.0%	100.0%	
Literate	Count	2	27	29	81	9	148	100.0%
	%	1.4%	18.2%	19.6%	54.7%	6.1%	100.0%	
Total	Count	35	298	190	453	44	1020	100.0%
	%	3.4%	29.2%	18.6%	44.4%	4.3%	100.0%	

* P value calculated as per Pearson's chi-square test.

Table 7 provides us an overview of association between the responses to overall perception of health of study subjects viz a viz their Educational status. On application of Pearson's Chi-Square test, it was found that a strong association exists between overall perception of health and "Educational status" as evident from Chi-Square P-value of 0.005. The above table shows that highest

percentage (54.7%) of study subjects whose response to Overall perception of health was "Satisfied" were Literate as compared to 42.7% of Illiterate.

On application of Pearson's Chi-Square test it was found that association between "overall perception of health" and "Family type" was not statistically significant as evident from Chi-Square P-value of 0.179.

Table 8: Relationship between overall Perception of Health Responses of study population and their health status

Are you currently ill		How satisfied are you with your health.					Total	P value*
		Very dis-satisfied	Dis-satisfied	Neither satisfied nor dis-satisfied	Satisfied	Very satisfied		
Yes	Count	34	291	182	384	25	916	0.000
	%	3.7%	31.8%	19.9%	41.9%	2.7%	100.0%	
No	Count	1	7	8	69	19	104	100.0%
	%	1.0%	6.7%	7.7%	66.3%	18.3%	100.0%	
Total	Count	35	298	190	453	44	1020	100.0%
	%	3.4%	29.2%	18.6%	44.4%	4.3%	100.0%	

* P value calculated as per Pearson's chi-square test.

Table 8 provides us an overview of association between the responses to overall perception of health of study subjects viz a viz their Health status. On application of Pearson's Chi-Square test, it was found that a strong association exists between overall perception of health and "Health status" as evident from Chi-Square P-value of 0.000. The above table shows that highest percentage (66.3%) of study subjects whose response to Overall perception of health was "Satisfied" were not currently ill as compared to 41.9% of those who were currently ill.

health was very dissatisfied - 3%, dissatisfied - 33.3%, neither satisfied nor dissatisfied - 20.6%, satisfied 42.6% & very satisfied - 1.1% .⁽⁴⁾

In another study in Karnataka by Khongsdir S et al the rating about overall perception of health was: 1% -very dissatisfied, 29% - dissatisfied), 36% - neither satisfied nor dissatisfied, 33% - satisfied & 1% - very satisfied.⁽⁷⁾ In a study conducted in Canada among those aged 65 years and above 75.6% of all respondents reported good health and 24.3% reported less than good health.⁽⁴⁾

In our study more males (52%) were satisfied with their health than females (37.8%). Similar findings were reported from a study conducted in Canada where females reported less good health than males.⁽⁴⁾ In the current study those who were not currently ill had better POH than those who were currently ill. A study from Canada also observed that the absence of chronic health conditions was strongly predictive of good self reported health.⁽⁴⁾ Participants from higher SE

DISCUSSION

In present study, the rating on 5 point Likert scale about overall POH of study subjects was-very dissatisfied, 29.2%- dissatisfied, 18.6% - neither satisfied nor dissatisfied,44.4% -satisfied & 4.3% - very satisfied. Somewhat similar results were found in a study in Kerela in which the rating of rural senior citizens about overall perception of

class and those with better educational status had better perception of health. Similar findings were reported by Bonner WAI et al from Canada where those with better income and higher education perceived their health better.⁽⁴⁾

CONCLUSION

The overall POH of study subjects was very dissatisfied OR dissatisfied. In-depth studies through multidisciplinary assessment on issues like socioeconomic problems, morbidity pattern, Quality of life and social security needs of the elderly should be done nationwide. Also policies need to be focused on improving the Quality of life of the elderly in order to enable them to enjoy the process of ageing.

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