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HEALTH NEED ASSESSMENT OF GERIATRIC PATIENTS IN RURAL WARDHA, CENTRAL INDIA: A MIX METHOD STUDY

Community Medicine

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ABSTRACT

Background: The phenomenon of population ageing is inevitable. United Nations has defined Population 'ageing or graying nation' where 7% of total population is over 60 years of age. India already has crossed the bar with 8% population above 60 years of age as per census 2011. To address ever growing needs of geriatric population, the first step is to identify and assess those needs. Present study is conducted with objective to assess the health, psychosocial and financial needs of geriatric population in rural Wardha.

Methods: This is a community based cross sectional study using mix methods. The Present mix method study had two components - a. Quantitative component: comprising of details on socio-demography, psychosocial needs and financial dependency measured in all 60 participants using predesigned questionnaire and b. Qualitative component: comprises of 10 In Depth Interviews (2 IDI per ward) of elderly participants in community and 5 exit interviews of elderly participants those availed services at PHC. Content analysis of qualitative data was done manually while quantitative data is reported using frequency and percentages.

Results: PHC was the first point of contact for 65% of elderly, but most of them were not satisfied with the services and the reason for dissatisfaction was long queue for OPD registration, long waiting period, no sitting arrangement while waiting, frequent non- availability of medicine. Irregular availability of medicine was reported as reason for skipping medicines and out of pocket expenditure. Financial dependency on children limits elderly in healthcare decision making. The recreational activities were limited to taking care of their grand-children, watching TV, and engaging in household activities.

Conclusions: Elderly have very basic needs that can be addressed in present setting like a separate queue for registration, adequate sitting arrangement in waiting area, regular availability of medicines. Complete Healthcare insurance of elderly may be a solution to prevent out of pocket expenses.

KEYWORDS

Elderly, Geriatric, Need Assessment

INTRODUCTION

The phenomenon of population ageing is inevitable. Globally, the population is ageing rapidly. Between 2015 and 2050, the proportion of world's population over 60 years will nearly double, from 12% to 22% [1]. United Nations has defined Population 'ageing or graying nation' where 7% of total population is over 60 years of age [2]. India already has crossed the bar with 8% population above 60 years of age as per census 2011[3] and is expected to rise above 20% by the year 2050 [4]. The concern of rise in elderly population was raised early in 1999 at National Policy of older persons [5]. To address the health problems of elderly Ministry of health and family welfare had launched National program for Healthcare of Elderly (NPHCE) in 2010 as a part of 11th five year plan [6]. But still we lag behind and addressing the needs of elderly is a challenge.

To address ever growing needs of geriatric population, the first step is to identify and assess those needs. Comprehensive approach is required for assessment of all these factors and unmet health needs in elderly people. Present study is conducted with objective to assess the health, psychosocial and financial needs of geriatric population in rural Wardha.

METHODS

Present study was conducted in the Field practice area of Kasturba Rural Health training Centre, Anji under Department of Community Medicine, Mahatma Gandhi Institute of Medical Sciences, Sevagram, Wardha for the period October 2015 to December 2015.

This is a community based cross sectional study using mix methods. Considering time frame and other feasibility constrains, it was decided to enroll total 60 elderly for the study. Ten elderly participants were enrolled from each of the five wards in the study area and another 10 elderly participants attending OPD at PHC were enrolled. Inclusion criteria for the participants were age more than 60 years, those residing in the study area and their willingness to participate. The Present mix method study had two components - *a. Quantitative component:* comprising of details on socio-demography, psychosocial needs and financial dependency measured in all 60 participants using predesigned questionnaire and *b. Qualitative component:* comprises of 10 In Depth Interviews (2 IDI per ward) of elderly participants in community and 5 exit interviews of elderly participants those availed services at PHC.

Purpose of the study and other details were explained to the participants. Oral consent was taken before enrolment. The Facilitation for counseling and/or treatment as per requirement was integral component of the study. Content analysis of qualitative data is done manually while quantitative data is reported using frequency and percentages.

RESULTS

The results of the present study are described under quantitative and qualitative components with a triangulation of the findings at the end.

Quantitative component: Total 60 elderly participants including 44% (n=26) males and 56% (n=34) females were studied. Mean age of the participants was 67 years. Most of them were engaged in labor work (44%) and agricultural farming (40%), rest 16% were either not working or engaged in household chores. As per modified BG Prasad classification, 3% (n=2) belonged to upper class, 10% (n=6) belonged to upper middle class, 12% (n=7) belonged to middle class, 62% (n=37) belonged to lower middle class and 13% (n=8) belonged to lower class. Out of all study participants, 45% elderly suffered from chronic disease in one or the other form. Hypertension was the most common chronic illness followed by visual impairment, Diabetes mellitus and others (Figure no.1).

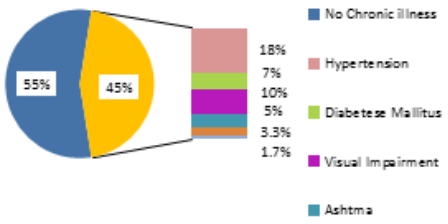

Fig No.1: Chronic illness in elderly

The common illness suffered by elderly in the recent past i.e. last 1 month prior to the interview was noted as Upper respiratory tract infection, diarrhea, diseases of urinary tract, fever of unknown origin in 3.6% cases.

The study area is within 2 km reach of Primary Health Centre (PHC). It also has private practitioners. From study area, District Hospital is 13 km and Medical College is 23 km away. The preference for participants for availing health services was noted. 65% preferred to PHC, 20% preferred District Hospital, 8% opted for Medical College and rest 7% opted for Private practitioners. Psychosocial needs of the elderly participants were assessed with the following parameters- dependency on performing daily activities, availability of sufficient food and financial dependency in healthcare decision making. 96% of the elderly reported that they can perform daily activity on their own and rest 4% were dependant on family members. 93% of the elderly reported that they get sufficient food oppose to 7% who reported of not getting sufficient food in one or other meal of the day. Only 34% reported to be financially independent for healthcare decision making, 8% elderly were dependant on their spouse and the majority 58% were depend on their children. Gender wise, it was noted that 79% females and 31% males were financially dependent on their children.

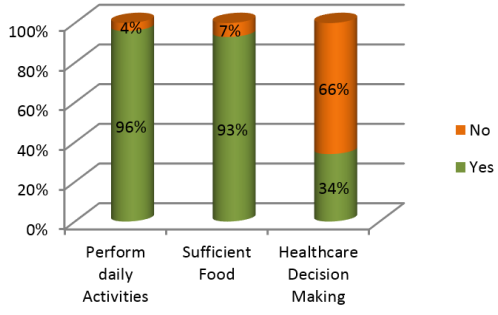

Fig No.2: Psychosocial needs of elderly

Qualitative component: Total 15 interviews of elderly including 2 in depth interviews each from 5 ward and 5 exit interviews of elderly availing OPD services at PHC were recorded. Content analysis is presented as follows- most of the elderly valued the free services provided at Primary health Centre and most of them preferred to avail services from PHC rather than from Private. One of the participant responded, “Sarakari davakhanyat amche kam kami kharchyat hote” (At PHC, we get the services at minimal cost). Another elderly replied, “Amhala ha sarakari davakhana javal aahe ani tapasani,aushadhi ya var kharch padat nahi mhanun ithe yeto” (this PHC is nearby to us and we come here as investigation and treatment is free).

Even though most of the elderly participants avail services from government set up but very few of them were satisfied with the services provided there. The reason for dissatisfaction were long queue for OPD registration, long waiting period, no sitting arrangement while waiting, frequent non- availability of medicine. One of the elderly said, “aamcha barach vel doctaranchi bhet ghenyasathi vaat baghnyatach nighun jato. Ya vayat ranget ubhe rahun form kadhane jamat nahi” (most of our time is spent on waiting for our turn at OPD. Also, it is very inconvenient to stand in queue at this age). Most of them also reported that they had to purchase medicine from private medical stores due to its unavailability at PHC. Some of them having financial dependency on their children found the situation difficult and had to skip medicines on few occasions. One of elderly participant said, “baryachada sarkari davakhanyat aushadhi upalabdh nasatat. Evdha vel davakhanyat ghalvun mag baherun aushadh ghyave lagtat” (most of the times, medicine are not available adequately. After spending so much time at PHC, one need to take medicines from outside).On asking about overall satisfaction with life, some of the elderly reported that they feel lonely. The most of elderly were engaged in taking care of grand children, watching TV and engaging in household work as recreational activity.

Triangulation of the Findings: 65% of the study participants preferred PHC as the first point of contact as the services are provided free of cost. But most of them are not satisfied with the services and the reason for dissatisfaction was long queue for OPD registration, long waiting period, no sitting arrangement while waiting, frequent non-availability of medicine. 45% of the elderly participants were suffering from chronic disease like Hypertension, Diabetes mellitus, visual impairment, etc. But due to frequent non- availability of medicine sometimes elderly have to skip medicines or it may add to their out of pocket expenses. Also, most (66%) of the elderly were financially dependent which limited their role in their own healthcare decision making. The recreational activities were limited to taking care of their grand-children, watching TV, and engaging in household activities.

DISCUSSION

In present study, 45% of elderly were suffering from one or the other form of non communicable disease with hypertension in 18%, diabetes mellitus in 7%, visual impairment 10% , asthma 5% and others 5%. Communicable diseases in last one month were recorded and prevalence was found to be 3.6%. The similar trend was observed in a study on Morbidity, Prevalence and Health Care Utilization Among Older Adults in India with 43.9% elderly suffering from non communicable diseases and 4.5% elderly suffered from communicable diseases.[7].

In our study 95.4 % elderly were independently able to perform their daily activity which is higher than national average i.e. 91.6% reported under NSSO survey 2014[8]. Also, financial dependency in elderly was very high i.e. 66%. However it was better than national average with 31% male and 79% female elderly in our study were financially dependent compared to 57.4% male and 88.8% female elderly at national level[8].

In our study we observed that only 34% elderly were engaged in their own Health care decision making which is slightly lower than 39% observed in a dissertation study titled 'the role of family in health and healthcare utilization among elderly' by Sureshwari Das[9].

A primary evaluation of health service delivery under National Rural Health Mission (NRHM) was conducted by Kaveri Gill in the states of Andhra Pradesh, Uttar Pradesh, Bihar and Rajasthan had 'perception of patients on health service delivery' as a component. The reason for dissatisfaction in discending order were noted as no medicines, staff absenteeism and long waits[10]. In our study we though primarily focus was on elderly the reason for dissatisfaction were much similar to above study i.e. irregular availability of medicine, long queue, long waiting period, no sitting arrangement. However, non availability of staff was not the reason in our study.

CONCLUSIONS

We conclude that there is need to address very basic needs of elderly raised in this study. If regular availability of medicine is ensured at PHC, it will develop trust in elderly and will help in adhering to their medication particular to chronic diseases. Similarly, small steps like separate queue for elderly, adequate sitting arrangement will be helpful. Complete Healthcare insurance of elderly may be a solution to prevent out of pocket expenses. Platform of Recreational activities for elderly can be developed to address loneliness among them. Finding of this study may not be generalized as the sample size was low and confined to a geographic area. However the study gives insight about various needs of elderly, many of which are possible within the present setup.

REFERENCES:

[1] Ageing and health. Factsheet. World Health Organization. September 2015. Available at http://www.who.int/en/news-room/fact-sheets/detail/ageing-and-health. Accessed on 05.03.2018.
[2] Suvalaxmi Chakrabarti, Prof Ashis Sarkar. Pattern and Trend of ageing in India.The Indian Journal of Spatial Science; Vol. II, No. 2, Article 4— 1
[3] Census India 2011. Chapter - 2 Population Composition. Office of the Registrar General & Census Commissioner, Ministry of Home Affairs, Government of India. Available at http://www.censusindia.gov.in/vital_statistics/srs_report/9chap%202%20-%202011.

pdf. Accessed on 07.03.2018
[4] Subaiya, Lekha and Dhananjay W Bansod. 2011. Demographics of Population Ageing in India: Trends and Differentials, BKPAI Working Paper No. 1, United Nations Population Fund (UNFPA), New Delhi.
[5] National Policy For Older Persons year 1999. Ministry Of Social Justice And Empowerment Government Of India. Available at http://socialjustice.nic.in /writereaddata/UploadFile/National%20Policy%20for%20Older%20Persons%20Year %201999.pdf. Accessed on 06.03.2018
[6] Operational Guidelines, National Program for Health Care of Elderly. Directorate General of Health Services, Ministry of Health & Family Welfare Government of India. 2011 Available at
[7] Gopal Agrawal, P. Arokiasamy. Morbidity, Prevalence and Health Care Utilization Among Older Adults in India. Journal of Applied Gerontology. Vol 29, Issue 2, pp155 – 179
[8] National Sample Survey Office, Ministry of Statistics and Programme Implementation, Government of India. Health in India, Report No. 574 (71/25.0), NSS 71 st Round. January – June 2014. Available at http://mospi.nic.in/ sites/default/files/ publication_reports/nss_rep574.pdf. Accessed on 07.05.2018.
[9] Sureswari Das. The role of family in health and Healthcare utilization among elderly. May 2012. Available at http://ethesis.nitrkl.ac.in/3646/1/project.pdf. Accessed on 07.05.2018.
[10] Kaveri Gill. A Primary Evaluation of Service Delivery under the National Rural Health Mission (NRHM): Findings from a Study in Andhra Pradesh, Uttar Pradesh, Bihar and Rajasthan. Working Paper 1/2009 - PEO Planning Commission of India. May 2009.