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Dr. Kriti K Bhat

Assistant Professor,
Department of Community
Medicine, K. V. G. Medical
College Hospital, Sullia,
Dakshina Kannada,
Karnataka, India

Dr. MC Yadavannavar

Professor, Department of
Community Medicine, Shri B.
M. Patil Medical College
Hospital, Vijayapur,
Karnataka, India

An epidemiological study of psychosocial factors influencing rural geriatric women in north Karnataka: A cross-sectional study

Dr. Kriti K Bhat and Dr. MC Yadavannavar

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Abstract

Background: Ageing is a process that converts healthy adults into frail ones with an exponential increase in vulnerability to most diseases and death. It is becoming a social problem, particularly in the rural areas. Women are more likely to live through old age when disabilities and multiple health problems are more common. Elderly women also have psychosocial problems like depression, negligence, isolation, maladjustment, loneliness and frustration. Hence this study was undertaken focusing on rural elderly women.

Objectives: To assess psychosocial factors influencing the rural elderly women and their morbidity status.

Methods: A community based cross-sectional study was conducted in the rural field practice area of Shri B M Patil Medical College, Vijayapura from November 2015 to February 2016. A house-to-house survey was done and all women aged ≥ 60 years were included in the study. They were interviewed using pretested & predesigned questionnaire after obtaining informed consent. Information regarding demographic profile, present or past illness, psychosocial history, economic history and physical activity of daily living were collected. Analysis was done using SPSS v.16 and data was represented using proportions and percentages.

Results: Majority of the participants were illiterate (96.4%). Most (83.6%) of them were financially dependent. Around 46.1% of them said they were lonely. Most common chronic illness was arthritis (73.3%) and visual problem (58.8%).

Conclusion: Our study reveals that majority of the elderly women are suffering from psychosocial problems and one or multiple chronic illnesses. There is an urgent need to formulate and develop need-based quality geriatric healthcare services in rural areas.

Keywords: Elderly women, psychosocial, morbidity, rural

Introduction

Globally, as a result of demographic transition a phenomenon called 'population ageing' is occurring in which older individuals come to form a proportionately larger share of total population in the community [1]. Also, the population in the developing countries is on the rise due to the development of medical science and availability of services. The functional status of an individual greatly influences the quality of life [2]. Worldwide there are an estimated 605 million elderly which is expected to rise to 1.2 billion by 2025. According to census 2011, the Indian geriatric population has reached nearly 100 million [3].

A major component of the burden of illness for the elderly derives from prevalent chronic disease. India is facing a double burden of communicable and non-communicable diseases where nutrition has an important role as a result of epidemiological and nutritional transition [4]. The presence of these diseases greatly influences the quality of life and the psychological well-being of the geriatric population.

Throughout our lifetime, we all face challenges and adjustments in response to life experiences such as coping with losses and change, establishing meaningful roles, exercising independence and control, and finding meaning in life. We find satisfaction in ourselves and our life when we successfully meet these challenges. However, if these tasks are not successfully met, the result is unhappiness, bitterness, and a fear of the future. Women have a change in their role within the family multiple times in their lifetime and are often faced with multiple losses [5, 6].

Corresponding Author:

Dr. Kriti K Bhat

Assistant Professor,
Department of Community
Medicine, K. V. G. Medical
College Hospital, Sullia,
Dakshina Kannada,
Karnataka, India

Adjusting to the various life changing situations is quite a tough feat in itself. Also, the fear of loss of independence is great.

Therefore, the present study was undertaken to understand the problems faced by rural geriatric women with a view to improve the services given to them.

Objectives

To assess psychosocial factors influencing the rural elderly women and their morbidity status.

Methods

After taking ethical clearance from the Institutional Ethical Committee, a community based cross-sectional study was conducted in the rural field practice area of Shri B. M. Patil Medical College, Vijayapura from November 2015 to February 2016. A house-to-house survey was done and a pilot study was conducted on 25 women aged ≥ 60years. It was found that 50% of the elderly were experiencing at least one health problem. The total sample size was estimated by using formula:

$$n = 4 * P * Q / l_2$$

Where n – is the sample size,

P = Prevalence of characteristic studied taken as 50%,

Q = (1-P),

L = Permissible margin of error in the estimated value which was taken as 8% at 95% confidence level.

Required sample size was calculated to be 160. Considering a nonresponse rate of 10%, 176 was the sample size. A total of 200 elderly women aged ≥ 60 years were chosen to be a part of the study. They were interviewed using pretested & predesigned questionnaire after obtaining informed consent. Information regarding demographic profile, present or past illness, psychosocial history, economic history and physical activity of daily living were collected.

Analysis was done using SPSS v.16 and data was represented using proportions and percentages.

Results

Of the 200 elderly women who were interviewed, 73.9% of them were Hindus and 26.1% of them were Muslims. Majority (96.4%) of them were illiterates. (Table 1) 47.3% of them were widows. About 7.3% of them were found to be living alone. Most of them (83.6%) were unemployed. 13.3% of them were found to be using chewing tobacco.

Table 1: Socio-demographic profile of the elderly women

Characteristics		Number, n	Frequency (%)
Religion	Hindu	148	73.9
	Muslim	52	26.1
Marital status	Married	103	51.5
	Widow	95	47.3
	Separated	2	1.2
Type of family	Living alone	15	7.3
	Nuclear	35	17.6
	Three generation	70	35.2
	Joint	80	40
Education	Illiterate	193	96.4
	Literate	7	3.6
Occupation	Employed	33	16.4
	Unemployed	167	83.6
SES	I	11	5.3
	II	18	8.8
	III	84	41.8
	IV	65	32.5
	V	21	10.5
Habits	Tobacco	27	13.3
	Smoking	0	0
	Alcohol	0	0
	No substance abuse	173	86.7

Majority of the participants (74.5%) said that they were well cared for and that they received their family members’ attention at most times though they were not always involved in the important decisions taken for their family. (Table 2) 69.1% of the participants said that they shared work responsibility with their family members which included child care, household chores and picking stones

from food grains. 26.7% of them felt that there was maladjustment in their family. 74.5% had good social relations and 63% of them said that declining health would have a minor role in preventing them from maintaining social relationships. (Figure 1) Majority (83.6%) of the participants were financially dependent either on their family members or their relatives.

Table 2: Psychosocial factors influencing them

Factors		Number, n	Frequency (%)
Get family members’ attention	Yes	149	74.5
	No	51	25.5
Important decisions for family	Yes	53	26.7
	No	147	73.3
Sharing work responsibility	Yes	138	69.1

	No	62	30.9
Maladjustment	Yes	53	26.7
	No	147	73.3
Social relations	Good	149	74.5
	Strained	51	25.5
Loneliness	Yes	92	46.1
	No	108	53.9
What do you do in your spare time?	Radio	75	37.6
	Television	24	12.1
	Meditation	0	0
	Reading	0	0
	Others	101	50.3
Participation in social activities	Yes	133	66.6
	No	67	33.3
Heard of old age homes	Yes	112	55.8
	No	88	44.2
Financially independent	Yes	33	16.4
	No	167	83.6

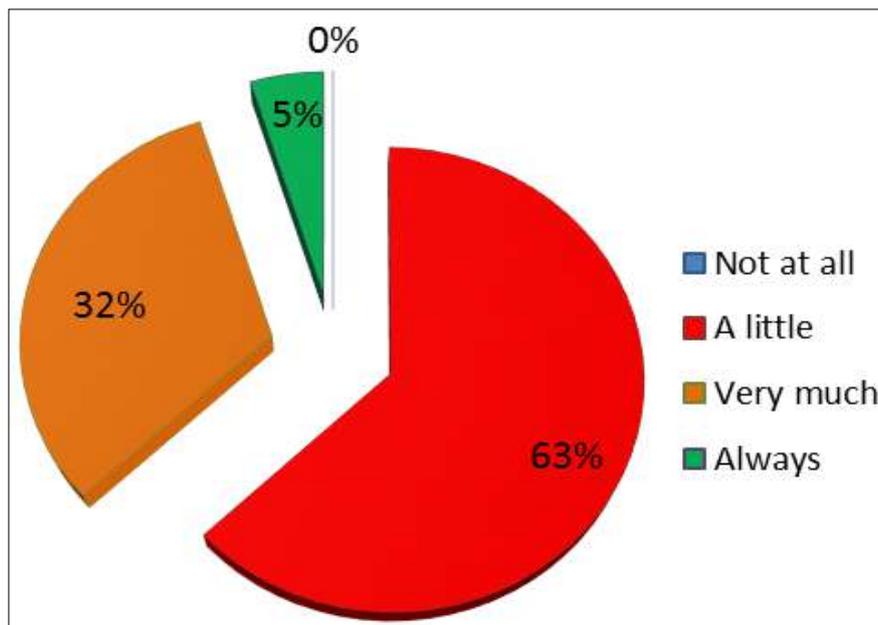


Fig 1: Showing to what extent declining health influences their social relations.

Most of the chronic illnesses reported were arthritis (73.3%), visual problems (58.8%), dental & chewing difficulty (50.3%). The other morbid conditions seen were

hearing difficulties, hypertension, type-2 diabetes mellitus, bronchial asthma and some genitourinary conditions. (Figure 2).

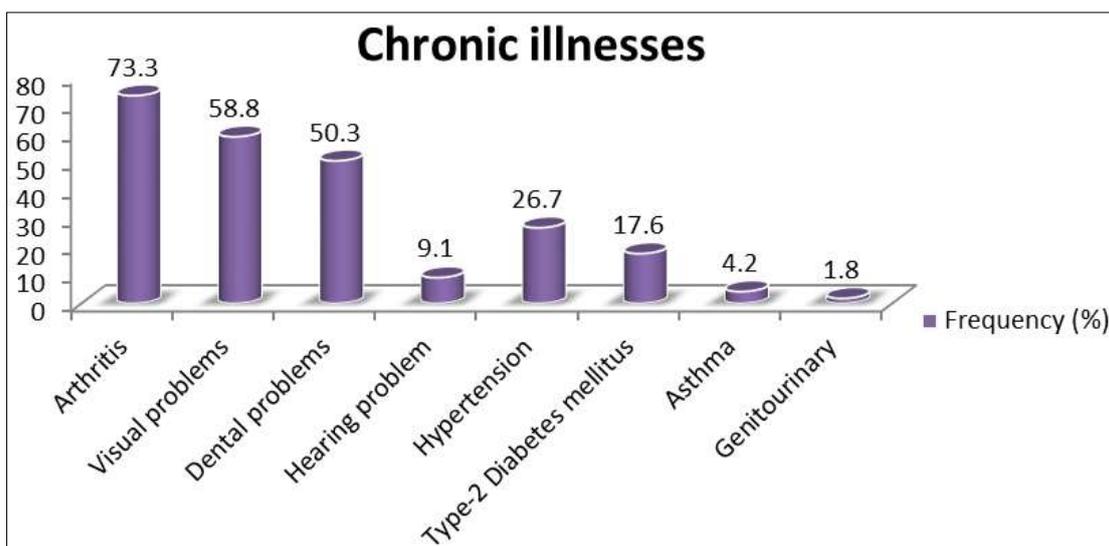


Fig 2: Morbidity pattern – chronic illnesses reported in the elderly women

Discussion

As revealed by several studies done on the geriatric population in India, majority of them were unemployed and illiterate^[7]. Many like to argue that an increase in the ageing population can result in a variety of undesirable macroeconomic phenomena. Though the negative correlation between the proportion of the geriatric women and the savings rate has not been clearly established, the scarcity of investment capital has largely been attributed to the rise in their population^[1]. In the present study majority of the participants were financially dependent (83.6%) while the rest had some source of income. Hence there might be an increase in the demands on old age schemes. Also, a comprehensive social security coverage is very much necessary to meet the financial needs of these people.

At least 41% of them said that they were lonely at most times while the remaining enjoyed the company of their family members always. This can be attributed to the fact that most of them were widows who were illiterate and having maladjustment with their contacts. Similar findings were seen in a study conducted by Dahiya *et al.*^[8, 9] A lot of the participants (66.6%) said that in their spare time they would go out for a walk with their neighbours, relatives in the present study. Also, they were involved in activities outside home, performing the household and family related works, religious functions, informal meeting with others and social functions which are similar to the findings of Dahiya *et al.*^[8]

Disease and disability among the geriatric women is a major blow to national economy. It is a known fact that most of the morbidity and mortality related factors are concentrated in this age group. Also, the non-communicable diseases (NCDs) are known to predominate in them^[10]. Among the several identified morbidities, joint pain and visual problems along with dental problems were reported to be the most common in this study. Shraddha *et al* and Swami *et al* found that diseases of the eyes were most prevalent among all morbidity conditions and cataract was reported to be most common among eye disorders^[11, 12]. In this study, 26.7% of them were found to be hypertensives which is similar to the findings of Shraddha *et al.* which is lower than that found in a study conducted by Hameed *et al.*^[12, 12]. Also, only 4.2% of the participants of this study reported to be suffering from bronchial asthma which is similar when compared to 2.2% and 6% prevalence found by Shraddha *et al.* and Purty *et al.* in their studies respectively^[11, 14]. The aforementioned findings thus reflect an increase in the prevalence of lifestyle diseases among geriatric women.

Conclusion

Though Indian culture tells the younger generation to look up to their elders, a lot of them are deprived of their due respect, love and affection. From a psychological perspective, a variety of factors which might have contributed to their misery have been highlighted in this study. Irrefutably, their lack of motivation makes it impossible for them to ponder about their present or future and thus dwell in their past. The geriatric women are caught in between the lack of need-based comprehensive geriatric healthcare facilities and the decline in traditional values. Therefore, their health issues should be tackled with a psychosocial approach and the promotion of good intra-familial and social relationships. Also, there is an urgent need to revamp existing norms and also formulate and

develop quality geriatric healthcare services in rural areas along with integration of geriatric clinics with the current health care delivery system.

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Ethical approval: The study was approved by the Institutional Ethics Committee.

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