

Original Article

AGEING AND HEALTH: A HEALTH PROFILE OF INMATES OF OLD AGE HOME

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ABSTRACT

Background: Gradual nuclearization of the joint family, changes in the value system, migration of youth to urban areas for work and increasing participation of women in the workforce are important factors responsible for the marginalization of older people. The old age homes, which were uncommon, have recently spread across the country, indicating the growing rift between the generations.**Method:** The study assesses health status and examines types of health problems based on knowledge, awareness and perception of the inmates' two old age homes in Vadodara city. A total of 50 inmates from two old age homes were interviewed. The questions were so designed that they explore health status. The primary data thus generated have been analyzed and presented in form of frequency distribution table converted into percentage**Result:** It is observed from table that major health problems found among inmates are Blood pressure 54%; weakness 44% followed by pain/ tingling in lower limbs 38%, disturbed sleep 36%, and breathlessness 32%, back pain and gastric problem. Thyroid, heart attack, arthritis and hysteria problem was observed in one-one respondent Two inmates were suffering from paralysis. There were four diabetic. Two inmates had T.B in past.**Conclusion:** It is observed that majority of inmates were suffering from health problems associated with ageing. The elderly comprise a very important vulnerable group is ignored but needs urgent attention.**Key words:** Ageing, Population, Health, Health problems, Old age home

INTRODUCTION

According to WHO¹ "Developing countries will become old before they become rich while industrialized countries became rich while they were growing old." By the year 2020, it is anticipated that one in three deaths in developing countries will be through causes related to old age, and that the majority of these deaths will be from non-contagious diseases such as circulation system disorders, cancers and diabetes.² It is a social expectation in India that the adult sons will take care of their aged parents and the daughters take charge of the parents in case the parents do not have sons.³⁻⁵ Studies have looked at the structure of old age homes, life of the inmates, and their level of satisfaction or dissatisfaction, loneliness, depression and family linkage of the inmates.⁶⁻¹²

Evidently migration has been on rise also the employment instability leading to bifurcations of the families and structure of the family went on weakening with respect to the sharing and time allotted in the family and the social security of the elderly. Many of the studies emphasise the transition in the role and status of the elderly Indians from pre-industrial society to the existing industrial social order.¹³⁻¹⁵

An in depth Knowledge awareness and perception (KAP) study of the inmates of old age homes in India is not commonly available. Some studies are conducted, but do not include sufficient information regarding their health perception. Therefore this study highlights health status and examines health problems as perceived.

METHODOLOGY

The study was conducted in Vadodara city of Gujarat state, India. The city is predominantly service sector oriented as large population is established due to industrial setups consequently the education and tertiary services in and around the vicinity and it is fast growing industrial urban centre in the state of Gujarat. The city is well known for its cosmopolitan culture leading to change in lifestyle. The diminishing joint family system and several other factors have resulted in manifestation of old age homes.

There are four old age homes in city, mainly facilitated by trust where the inmates pay nominal charges for food and accommodation of which two are included in study. Two out of four old age homes were selected of which one have 21 inmates and 18 have responded to the interview while other has 62 inmates of which 32 responded. Thus, a total of 50 inmates from two old age home were interviewed.

The study is explorative and descriptive in nature. It is based on personal interview conducted in old age homes in Vadodara city. The questions were so designed that they explore health status as knowledge, awareness and perception of the inmates. A five point scale was used for to give more choice and better expression of suitability, with some open ended questions.

Over and above this, personal observation and respectful dialogue with elderly inmates are incorporated into the study. The primary data thus generated have been analysed and expressed in percentage. Percentages may add to more than 100 because of multiple responses.

RESULTS

There are 54% males and 46% females respondents in the group. It is observed that majority of inmates are above 70years and are residing in old age home almost for 5 years. A majority of 48 % inmates are those having son, 32 % inmates are those who are alone i.e. unmarried/ widow/ no children/ separated and 20 % are those who have only daughter. It was found that elders having only daughters were more stable and satisfied in the life. When asked about how they feel when family members come to meet, 66% inmates felt happy, 10% doesn't feel anything, it doesn't make any difference to them and 6 %inmates have feeling of anger for their family members while 12 % refused to answer the question.

Majority of inmate feels old age home as better place than home. When asked about whether they miss home, result was 50-50 except in group of inmates having only daughter majority (63 doesn't miss home. This can be as a gesture to avoid saying the truth and also to project that there decision of shifting to the old age home is a wise and correct.

Table 1.1: Socio-demographic characteristics of the old-age home inmates

Socio-demographic characteristics	Female (%)	Male (%)	Total (%)
	(n=46)	(n=54)	
Age Group (yrs)			
60 - 65	71	29	14
65 - 70	42	58	24
> 70	42	58	62
Education Qualification			
Primary	35	65	34
Secondary	40	60	40
Higher secondary	50	50	4
Graduation	50	50	8
PG/ PG Diploma	100	-	2
Illiterate	83	17	12
Last occupation			
Job/Service	26	67	48
Business	-	33	18
Housewife	74	-	34
Source of Monthly income			
Interest of savings	33	67	30
Own/ Husband's pension	38	62	32
Send by children/ relatives	63	37	38
Residing period at Old Age Home			
< 1	17	83	12
1 - 5 yrs	52	48	58
> 5	47	53	30
Family background			
Alone: unmarried/widow/no children/separated			32
Having son among children			48
Having only daughter			20
Frequency of visit by family members			
Once in 15 days			16
Once in month			28
Rare			44
Doesn't come			12
Feeling of inmates during visit of family members			
Happy			66
Emotional			6
Angry			6
Doesn't make any difference			10
Refused to answer			12

Table 1.2: View of study participants about old age home compared to their home (in %)

Family background	Old age home is better*		Do miss home	
	Yes	No	Yes	No
Having only daughter	90	10	50	50
Alone	87	13	37	63
Having son	71	29	50	50

*compared to their own home

It is observed from table 2. that major health problems found among inmates are Blood pressure 54%; weakness 44%; followed by pain/ tingling in lower limbs 38%;, disturbed sleep 36%;, breathlessness 32, %; Back pain 32 %;and gastric problem 20%;.Two inmates were paralytic patient. Thyroid, heart attack, arthritis and hysteria problem was observed in one-one respondent. There were only four diabetic. Two inmates were having T.B in past.

More than half of the elderly people are suffering from hypertension which is very high which emphasis need for regular screening for hypertension among elderly population.

Table 2: Health Problem of Elderly

Problems	No. of Elderly (%)
Blood pressure	27(54%)
Weakness	22 (44%)
Pain in lower limbs	19(38%)
Disturbed sleep	18(36%)
Back pain	16(32%)
Breathlessness	16(32%)
Pain in hands	11(22%)
Gastric problem	10(20%)
Shoulder/ neck pain	10(20%)
Difficulty in hearing	8(16%)
Can't see properly	7(14%)
Tremors in hands and feet	7(14%)
Mentally depressed	6(12%)
Use sleeping pills	4 (2%)
Diabetes	4(8%)
Difficulty in speaking	3(6%)
Paralysis	2(4%)
T.B. in past	2(4%)
Arthritis	1(2%)
Heart attack	1(2%)
Hysteria	1(2%)
Thyroid	1(2%)

The physiological changes occur in all body systems such as musculoskeletal, cardiovascular, respiratory, neurological and gastrointestinal systems. Significantly, these changes lead to diseases. The sleep pattern changes, as we grow old. The duration of sleep is shortened and the quality of sleep also becomes poorer. Sleeping pills thus are used for pressure in stroke.¹⁹

Heart failure and stroke episodes occur in association with old age and rising levels of blood pressure.²⁰

Disorders of the gastrointestinal system related to normal ageing changes include peptic ulcers, loss of appetite, dysphagia, hernia, carcinoma, and gastritis. The major change in the gastrointestinal system is the decrease of hydrochloric acid and atrophy of the gastric mucosa.

Table 3: Emotional Status

Perceived Emotional status	Percentage
Forgetting things/ difficulty in recollecting things	34
Lack of motive to live	34
Life feels like burden	20
Lack of concentration	22
Negative tendency	14

The perception about present and future life of the inmates was suggesting the lack of enthusiasm for the future course of life and 14% inmates were having negative tendency like evil speaker, vicious in criticism, violent etc. which may be due to accumulated

dissatisfaction in the life. Observation were made that couples were comparatively with better mental state then others as they had their partner's support. The emotional behavior tends to change with the age, when level of dependency and expectation rises with the near and dear ones also the relation which they had shared till the present age.

Table 4: Awareness for healthy ageing

Perceived precaution of inmates to have healthy ageing	%
Exercise/ regular walking	60
Proper Balanced and nutritious diet	66
Control on mind	06
Good habit and healthy life style	20
Stay away from vices like alcohol, tobacco, etc.	10

The unmet expectations and unthinkable happening in the life damages the mental health and this manifestation is well observed in the Inmate. It is found in 28% inmates. Almost 50% of inmates were having mild emotional problem. On asking inmates they told that since they have started facing old age problems they have become bit more emotional. Feeling sad or crying seeing others suffering , or while watching movies or sad stories they start relating their own life and start feeling sad and depressed ; such type of sings are been considered in mild emotional problem. 22 % inmates were having severe emotional problem. Tendency to cry on any sad event, stories or movies; get deeply moved by small miseries; even feel disturbed when family members of other inmates visit them. Such problems were considered under severe emotional problem.

DISCUSSION

The group of elders having son among children ,the elderly parents were compelled to leave their house, due to conflict and problem of adjustment, frequent hurt to self respect and dignity by family members. This finding is in line with the observations made by Mishra, Nalini, & Rajan, ^{6,9,11} that the elderly persons are opting to stay in old age homes to avoid conflicts and domestic quarrels at home. Mishra ⁶ mentioned in her study that the children of the elderly residents did not object to and expressed no sense of guilt or responsibility at the decision of their parents to reside in old age home rather they felt relieved. The elderly residents, however, felt that they have been driven out of the family.

Reasons for shifting in old age homes for alone elders i.e. unmarried/ widow etc. are alone in house, not able to do housework due to age, some come on their wish- thinking that it's better to stay with companion then living alone in house. Main reason for group of elders having only daughter to shift in old age home was difficulty in doing house work because of ageing. Elders having only daughters were in better condition than others. The economic dependency is high among inmates for their monthly expense. Despite India's re-

cent rapid economic growth, the living conditions of a majority of older Indians remain poor.¹⁶ less than 11 percent of older Indians have a pension of any sort, according to national surveys.¹⁷ Finding goes with the study by Anindya Jayant Mishra¹⁸ who showed that the decision of the elderly to reside in the old age home were influenced by multiple factors, some respondents said that it was their disagreement and conflict with sons and daughter-in-law that forced them to come here.

Compared to men, women reported more difficulty in basic activity of daily living. This greater prevalence among women has been explained by higher co-morbidity²¹, prevalence of depression²² which can be one factor leading to more mental problem among females. Elderly people are highly prone to mental morbidities due to ageing of the brain, problems associated with physical health, cerebral pathology, socioeconomic factors such as breakdown of the family support systems, and decrease in economic independence. The mental disorders that are frequently encountered include dementia and mood disorders. Other disorders include neurotic and personality disorders, drug and alcohol abuse, delirium, and mental psychosis.²³ Since this cohort of people may have one or more variety of the breakdown (social, economical, cultural and emotional) they may also be subjected to sleep deprivation and the sleep pattern changes, as we grow old. The duration of sleep is reduced and the quality of sleep also becomes poorer, for which a proper Sleep hygiene has to be taught to elders by health care providers in old age homes. Stress management or relaxation therapy will also of great help to them.²⁴

When people are in old stage they become more dependent and mentally weaken difficulty in speaking and listening, this increases the risk of mistreating in absence of clear conversation of signs and symptoms.

During discussion the inmates suggested multiple alternative precautions for healthy ageing viz., exercise and regular walking 60% eat healthy, fresh and nutritious food 66% i.e. more amount of vegetables and fruits, less spicy and oil free food as digestive system weakens with age. One should live healthy lifestyle and with good habits 20%, should stay away from drugs or any addictions like smoking drinking etc. 10%. And 6% of inmates replied that one should have complete control on mind, as mind directly affect body. Diet and exercise have been found to have significant effects on blood pressure, diabetes, cholesterol levels, osteoporosis, carbohydrate metabolism, respiratory functioning, chronic pain, depression and can reduce medication use.

Inmates also shared their perception regarding life and death. Among the total views 6% were not able to express their perception while majority 68% expressed that life is based on karma, while 56% believed in re-birth. There was also philosophical perception that death is inevitable and when role of individual ends one exit. 52% felt 'atma' is immortal while for 18% in-

mates thought of death is disturbing. There were multiple answers to the statement. Values and beliefs are essential parts of the human spirit and affect all aspects of life. They contribute in supporting health and managing illness. The values and beliefs are the component which enables to lay and perform the responsibility and duty of life, giving the moral of life.

LIMITATION

A large range of health problems are encountered by elderly people, but some common is considered for present study. The study is based on Knowledge awareness and perception (KAP) of elderly people which may need further medical/clinical investigation. The authors do accept the limitations of this study as it was from the volunteered respondent and thus lacks the complete representation of inmates.

CONCLUSION

The aging is an unavoidable stage of the life. The increase in the life expectancy and with the advancement of the health care facilities the share of the ageing population is going to rise. The aging of the population has brought with it new and serious issues, and also health matter to be addressed at national and international level. The health care system must plan policies and actions for the weak and susceptible elderly population aiming to protect the self-respect of the elderly people. Especially in the developing countries like India proper management of health sector is still inadequate and old age population cohort will add to the burden. Thus an effective health perspective and its maintenance can ease the problem at individual level. Also Old age home can never replace home, all inmates agreed to this reality. A combination of qualitative and quantitative approaches is required to investigate the depth of the problems of the elderly with complete understanding of ageing issues; however the study highlights changing urban scenario and health of elderly in urban areas.

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REFERENCES

1. World Health Organization. Active ageing: Towards age-friendly primary health care, Geneva: WHO Publications; 2004. 3 - 4.
2. Ayrançı. U., Ozdag, N. Old Age And Its Related Problems Considered From An Elderly Perspective In A Group Of Turkish Elderly. The Internet Journal of Geriatrics and Gerontology. 2005; 2 (1).
3. Vatuk Sylvia. Cultural perspectives on social services for the aged in India. 1980. In: Nusberg Charlotte And Osako Masako

- (Eds.), *The situation of the Asian/pacific elderly*. 1981. Proceedings of two symposia held in Hong Kong and San Diego, 1980. International Federation on Ageing. Washington, D. C. 1981; 98-109.
4. Vatuk Sylvia. Withdrawal and disengagement as a cultural response to aging in India. In: Fry Christine (ed.), *Aging in culture and society Comparative viewpoints*. Praeger: J.F.Bergin; 1980; 126-148.
 5. Vatuk Sylvia. "To be a burden on others". Dependency anxiety among the elderly in India. 1990. In: Lynch Owen (ed.), *Divine passions. The social construction of emotion in India*, Berkeley: University of California Press: 1990; 64-88.
 6. Mishra Saraswati. Scenario of segregated seniors. A case study of inmates of old age homes. *Indian Journal of Gerontology*. 1993; 7(3, 4): 104-110.
 7. Bagga Amrita. A study of women in old age homes of Pune. In: Chakravarty Indrani (Ed.), *Life in twilight years*, Calcutta: Kwaliti Book Company; 1997. 171-175.
 8. Dandekar Kumudini. *Elderly in India*. New Delhi: Sage; 1996.
 9. 12. Nalini B., *Institutional care for the aged. The issues and implications*. In: Chakravarty Indrani (Ed.), *Life in twilight years*, Calcutta: Kwaliti Book Company; 1997, 63-77.
 10. Chadha N.K., Kanwar P. Psychosocial determinants of institutionalised elderly- An empirical study. *Indian Journal of Gerontology*. 1998; 12(3,4): 27-39.
 11. Rajan S., Mishra U.S., & Sarma P.S., *India's elderly. Burden or challenge?* New Delhi: Sage; 1999.
 12. Das N. P., Shah Urvi. *A Study Of Old Age Homes In The Care Of The Elderly In Gujarat*. Population Research Centre, Department of Statistics, Faculty of Science, M.S. University of Baroda, 2004.
 13. D'souza Victor. Changing social scene and its implications for the aged. In: Desai K.G. (ed.), *Aging in India*. Bombay: TISS; 1982. 71-79.
 14. Khan I.H. Reflections on ageing in Indian context. In: Hussain M.G (Ed.), *Changing Indian society and status of the aged*, New Delhi: Manak; 1997; 59-72.
 15. Singh Dalip. Day care centres and home for aged. In: Bali Arun (ed.), *Understanding greying people of India*. New Delhi: Inter-India Publications; 1999; 214-230.
 16. Zakir Husain and Saswata Ghosh. "Is Health Status of Elderly Worsening in India? A Comparison of Successive Rounds of National Sample Survey Data". *Journal of Biosocial Science*. 2011; 43(2): 211-231.
 17. Sharanjit Uppal and Sisira Sarma. Aging, Health, and Labor Market Activity: The Case of India. *World Health & Population*, 2007; 9(4): 79-97.
 18. Anindya Jayant Mishra. A study in an old age home in India: A case study of Kanpur, *Indian Journal of Gerontology*, 2003; Volume 17, No.1 and 2.
 19. Baliga SS, Gopakumaran PS, Katti SM, Mallapur MD. Treatment Seeking Behavior and Health Care Expenditure Incurred for Hypertension among elderly in Urban Slums of Belgaum City. *National Journal of Community Medicine*, 2013; 4(2):227-230.
 20. Kannel WB, Wolf PA, Verter J, et al. Epidemiologic assessment of the role of blood pressure in stroke. The Framingham study. *JAMA*. 1970; 214:301-10.
 21. Al Snih, S., Fisher, M. N., Raji, M. A., Markides, K. S., Ostir, G. V., & Goodwin, J. S. Diabetes mellitus and incidence of lower body disability among older Mexican. *Americans. Journal of Gerontology Series A: Biological Science Medical Sciences*, 2005; 60: 1152-1156.
 22. Van Gool, C. H., Kempen, G. I., Penninx, B. W., Deeg, D. J., Beekman, A. T., & van Eijk, J. Impact of depression on disablement in late middle aged and older persons: Results from the longitudinal aging study Amsterdam. *Social Science and Medicine*, 2005; 60:25-36.
 23. Khandelwal SK. Mental health of older people. In: Dey AB, editor. *Ageing in India. Situational analysis and planning for the future*. New Delhi: Rakmo Press; 2003.
 24. Anitha R, Palani.G, Sathiyasekaran.BWC. Morbidity Profile of Elders in Old Age Homes in Chennai. *Natl J Community Med*. 2012; 3(3):458-64.