ANALYSIS OF THE PROBLEMS OF THE AGED ABOVE 60 YEARS IN A SELECTED URBAN COMMUNITY IN HYDERABAD

[This article is based on a project study conducted as part of M Sc. (N). Course.]

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Ageing is a normal, universal and inevitable change which takes place even with the best of nutrition and health care. It involves all aspects of the organism and is largely characterised by a decline in functional efficiency and decreased capability to compensate and recover from stress (Robbins, Contran, and Kumar, 1984).

Elderly people are vulnerable to physiological, mental and social crisis, and to a typical presentation of illnesses common to the aged. Sengupta and Chakraborthy (1982) revealed that 69% of males aged above 55 years were chronically ill and 5.6% were acutely ill in a Calcutta slum. The commonest old age problems are economic dependency, loneliness, insecurity, diminished self concept and diseases like asthma, arthritis, carcinomas, chronic obstructive pulmonary disease, cardiac complications, diabetes, and osteoporosis. Perceptual and cognitive problems like diminished vision, hearing and memory (**Coleman, 1982**) are also common. Morbidity increases with advanced ageing (**Garg and others, 1982**).

Advancements in medical and Nursing technology and improvements in general health practices and nutrition have increased the life expectancy of people. The aged population is increasing all over the world both in developed and developing countries (**Kerrigan, 1982**). The aged have to be treated as a group requiring special care since the type, degree and magnitude of their problems are different from other age groups. Care of the aged has thus become an essential component of nursing and medicine.

Objectives of the study:

a) To identify socio-economic environment of those aged above 60 years.

b) To identify Physiological, Pathological and Psychosocial problems of the aged above 60 years through an assessment proforma.

c) To analyse the problems of the aged according to frequency and degree of the problems present.

d) To relate socio-economic background with extent of Physiological, Pathological and Psychosocial problems.

METHODOLOGY

A door to door survey was carried out a Madarsaheb Maktha and Raj Nagar urban slum areas of Hyderabad, and a population 186 people aged above 60 years were identified. Sixty of them were randomly selected into the study. A structured assessment proforma was prepared to identify problems of the aged. Each of the sixty people were visited in their homes and assessed and interviewed.

Description of the sample : Table 1 gives characteristics of the sample. Among the sixty old people studied 40 were females and 20 were males. Thirty three out of the sixty people were between 60-64 years. 65% of the sample were Muslims because Muslims constituted a majority of the population in the area. 80% of the sample were not employed, more than ¾ of the sample was either illiterate or had studied only upto 5th Class. 50% of the sample were widowed, 76.7% of the sample belonged to single families and 23.3% belonged to joint families. Only 40% of the sample were heads of their families, 56.67% (34 out of 60) were not contributing money to their families and were completely dependent. 40% had a total family income of more than Rs. 1500/- per month and 36.67% had between Rs. 501-1000 per month.

Table 1
Characteristics of Sample

Characteristics	No.	%age
Age in years		
a. 60-69	43	71.7
b. 70+	17	28.3
Sex		
a. Male	20	33.3
b. Female	40	66.7
Education		
a. Illiterate	38	63.3
b. Literate	17	36.7
Marital Status		
a. Spouse living	30	50.0
b. Spouse not living	30	50.0
Type of family		
a. Single	46	76.7
b. Joint	14	23.3
Head of family		
a. Self	24	40.0
b. Others	36	60.0
Occupation		
a. Not employed	48	80.0
b. Employed	12	20.0

Discussion of identified problems

Problems identified were categorised into:

1. Physiological problems of the Aged.
2. Pathological problems of the Aged.
3. Psychosocial problems of the Aged.

1. Physiological problems

These were categorised into four: perceptual, functional, mobility and →

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[at the time of writing this article].

structural problems. Perceptual problems occupied highest place, followed by functional, mobility and structural problems in descending order.

a) Perceptual problems identified were problems with hearing, vision, taste, smell and skin perception. Table 2 presents perceptual problems of the aged. Eighty percent of the sample was suffering with decreased vision, blurred vision or complete loss of vision. 41.67% of the sample was suffering with impaired hearing and ringing in the ears. 30% of the sample was suffering with problem of decreased or altered perception of taste. 15% of the sample had problems with smell. Skin sensation was decreased in 3.33% of the sample.

Table 2
Perceptual Problems of the Aged

Area of Problem	Frequency	N=60 %age
Vision	48	80.00
Hearing	25	41.67
Taste	18	30.00
Smell	09	15.00
Skin Sensation	02	03.33

Visual problems were found more in females specially those aged above 70 years. Hearing and taste problems were also found more in females. These problems have been documented as increasing with age (Storlie, 1970).

Though the highest number i.e. 48 (80%) had visual problems only 16 (33.33%) had taken treatment. Though visual problems were frequent in females it was the males who sought treatment and corrective measures for their problems more often.

b) Functional problems identified in the sample were problems with salivation, bowel movements, digestion, mastication, speech, circulation and swallowing. Table 3 gives the data. Problems with the digestive tract seemed to be commonest i.e., problem with salivation (38.33%), appetite (36.67%), and bowel movements (35%). Decreased production of digestive juices and enzymes during old age (Barrowclough and Pinel, 1979) could be the reason for the frequent digestive problems.-

The next common problem was with mastication due to loose teeth which was stated by 21.6% of the sample. Speech was not clear due to loss of teeth in 11.67% of the sample. 6.67% of the aged faced problem with swallowing.

The next common problem was with micturition. Ten people (16.67%) complained of frequent and scanty micturition. 13.33% had numbness and tingling sensation of extremities and a feeling of giddiness.

Both severity and frequency of functional problems were more in males. These problems increased with advanced ageing.

b) Mobility problems of the aged were related to spine and extremities. Table 4 presents the data. The most frequent mobility problem was due to reduced movements of the spine (65%). The chief complaints were constant backache, inability to get up from the floor without support, and inability to stand erect and bend. The next frequent problem was with joints of the lower extremity. Problem with the knee was present in 46.67% of the sample, 30% suffered with hip problem and 28.33% with ankle problem. Mobility problems of the upper extremity were less common.

The number and degree of mobility problems increased with advancing age. The frequency of problems was higher in those above 70 years. Joint problems were found to be more common in females. Reduced mobility of the shoulder joint was more common in those who were between 60-70 years. The reduced mobility could be due to the loss of elasticity and resilience in the joints in ageing (Adam, 1981).

d) Structural problems identified were problems with teeth, eyes, tongue, spine, skin upper and lower extremities, hair chest and neck. Out of the 60 people 31 had one or more structural abnormalities. Commonest observed problems were changes in teeth, eyes and tongue. These problems increased with advancing age.

Table 3
Functional Problem of the Aged

Area of Problem	Frequency	N=60 %age
Salivation	23	38.33
Appetite	22	36.67
Bowel movements	21	35.00
Digestion	15	25.00
Mastication	13	21.67
Breathing	12	20.00
Micturition	10	16.67
Circulation	8	13.33
Speech	7	11.67
Swallowing	4	6.67

2. Pathological Problem

Fifty five people (91.67%) were suffering with one disease or other. Only 8.33% of the aged were disease free. Table 5 gives the data regarding pathological conditions. 25% were suffering with 3-4 diseases. Two (3.33%) of them were having five or more diseases, and 38 people (63.33%) were having one or two diseases.

Multiple disease conditions

Table 4
Mobility Problems of the Aged

Joint	Frequency	N=60 %age
Spine	39	65.00
Lower extremity		
Knee	28	46.67
Hip	18	30.00
Ankle	17	28.33
Upper extremity		
Shoulder	11	18.33
Elbow	11	18.33
Wrist	5	8.33
Neck	4	6.67
Fingers and Toes	4	6.67

i.e. more than two diseases were more common in those who were above seventy years. The number of diseases, both active or latent increased with advancing age. Coni, Davision and Webster (1980) stated that evidence of several pathological problems and disabilities was common in those aged above 80 years.

Table 5
Pathological Problems of the Aged

No. of disease Conditions	Frequency	N=60 %age
With no disease	5	8.33
With 1-2 diseases	38	63.33
With 3-4 diseases	15	25.00
With 5 or more diseases	2	3.33

Treatment status of the sample: Though 91.67% of the sample had disease conditions only 55% were taking treatment of any kind. The characteristics of people seeking treatment were: males aged less than 60 years; people with spouses alive; belonging to joint families; heads of families; family income more than Rs. 1500/- per month; and those with better education.

3. Psycho-Social Problem

All the aged people had psycho-social problems according to their responses to questions on the proforma. The degree of the problem was more severe in those: who were aged above 70 years; belonging to single families; illiterate and unemployed; with low family income, and widows. Decreased social participation and isolation were the problems expressed most frequently. Bhanumathi (1983) revealed that economic problems and loss of mental faculties were common in females.

Implications

Among the three categories of problems i.e. Physiological, Pathological and Psychosocial, people said that perceptual problems in the physiological category were of great concern to them. A close observation of the identified problems showed that majority of the problems faced by the aged were preventable. Since the perceptual problems were common these need attention of nursing and other health professionals. The urgent need of the aged is ophthalmic services within t he community as a majority had decreased vision due to cataract. Most of the old people would not be able to avail of services even if camps were organised as they would not be able to go to the camps on their own. What is needed here is more intensive community and social services. Eye camps should be organised as close to the houses as possible. Many of the sample were unemployed and economically dependent. They should not be deprived of health care due to lack of financial resources. Linkage between voluntary agencies, and health services should be strengthened so that spectacles, hearing aids and other treatment and corrective measures are provided freely.

Majority of the aged were not employed and were having a lot of leisure time. They were facing the problem of lack of avenues to spend time. To meet this need we must provide libraries and recreation facilities for the aged in the community. Government could provide economic help to the aged by giving old age pensions and some form of employment.

Old age and dependency tend to make the old sensitive. This should be kept in mind while dealing with them. Community health workers and social workers need to develop rapport with the old. Rudeness and abrupt talk could further traumatise the feelings of the old.

The ageing population and their problems are increasing every day. The Government should make provision for special hospitals and extra wards for geriatric patients. The beds for geriatric care is negligible or even non existent in most hospitals. Geriatric clinics should be organised in every hospital where the old can get health assessment and treatment without waiting in long queues and being jostled along with crowds in outpatient departments.

Community health Nurses must make regular visits and find out the problems of the aged and provide care accordingly. A National Policy is urgently needed in this neglected field of health care. Just as Maternal and Child Health services are being given a special status in the health care system; so should the care of the old be made an important area of concern. In this year of "Health Ageing" every one has a duty to identify the problems of the old and help them to go through the changes of ageing in a healthy way.

According to Henderson (1966) Nursing is concerned with each period of life cycle from conception to birth. In the care of the aged, the Nurse contributes to the adjustment necessary with ageing and the acceptance of death. Nurses have special responsibility to give unhurried, sympathetic and helpful consultations to the elderly.

The International Council of Nurses has given various guidelines for organising programmes of Healthy Ageing. If some of these could be implemented we would have done something toward making the process of ageing healthy.

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