



Original Research Article

A Study on Social Determinants of Health among Elderly in the Rural Population of Anekal Taluk, Bangalore District, Karnataka

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ABSTRACT

Introduction: Social determinants are one of the important factors that play a major role in maintaining well-being in the elderly.

Aim: The aim of this study was to systematize the knowledge of the social determinants of health in the elderly, using the Dahlgren and Whitehead Model as a conceptual guide.

Objectives: To study the social determinants of health and the factors associated with it among the rural elderly. To list the health problems and to assess dependence level based on KATZ Activities of Daily Living (ADL) scale.

Methodology: This was a descriptive cross sectional study, done at Anekal between July and August 2014. 207 elderly participated in the study. After obtaining consent, structured interview schedule was administered

Results: Of all the elderly 125 (60.4%) were females, 82 (39.6%) were males. 56(27.1%) elderly lived alone and 143(69.1%) were financially dependent. 177 (85.5%) reported feeling lonely. Common Health problems were musculoskeletal problems followed by diabetes and hypertension. According to Katz ADL scale, 169(81.2%) elderly were independent. Dependence was significantly associated with physical activity, living condition and health problem.

Conclusion: The findings of the study highlight the continuing need for identification and intervention of Social determinants of health among elderly as it influences their life and changes in it may influence the whole social structure. Therefore, it becomes necessary especially in the rural set up for elderly to be more or less independent so that they could live a pleasant life during their old age.

Key words: Social determinants, elderly.

INTRODUCTION

The demographic transition in the twentieth century had led to the continuous increase in elderly population across the world. India with approximately 8% population (WHO 2011) aged more than 60 years is classified as a country with aging

population. [1] The impact of a changing population structure has made the family smaller in size, and with fewer children to undertake the role of caregiver for elderly parents. Young people struggle to find employment in the new society, and migration of rural labourers to cities

separates family members and communities. [2] Social determinants are one of the important factors that play a major role in maintaining well-being in the aged. Therefore, social support from family, friends, and community has become an important issue that should be recognized. Thus, in India's development context, the management of safety nets for the ageing population of the country is crucial because senior citizens require social and economic support, which may be rapidly eroded due to various social changes brought in by rapid economic development. [3] There are multiple problems of old age including inequality of opportunity for employment; inadequate income; unsuitable housing; lack of social services and of provisions for sustaining physical and mental health; stresses and strains produced by changing family patterns and family relations; and lack of meaningful activities in retirement. [4] Social support network structure has a very meaningful and purposeful scope in the study of elderly. A person who has a larger social support network linking to the community has greater probability to have better treatment, care and support for members. It has a bearing on the wellbeing and health of the elderly people. [5]

Need for the Study: Social and psychological health promotes wellbeing and is a necessary requirement for Healthy and active ageing. Individual life style factors like smoking, alcohol consumption, reduced physical activity; harmful dietary practices are modifiable. [6] Documentation of the existing social support systems among the rural elderly which influence interactions with each other's and promotes mental Health has not been explored. This depicts the friendship patterns and norms in the community and the social and community influences on Health. [7]

The study of socio-economic dimensions of old age is gaining popularity

in India as the size of the aged population is projected to grow at an accelerated pace in the next decades. [8] If proper support systems are not in place, this chain of events may leave the vulnerable groups like the elderly population of the country in jeopardy. Hence, significant policy initiatives have been taken to create safety nets for the elderly in the country. [9] This study therefore aims to assess the social determinants of health among elderly in the rural population of Anekal Taluk, Bangalore Urban District, Karnataka.

Objectives

1. To study the social determinants of health among the rural elderly and the factors associated with it
2. To list the health problems and to assess dependence level based on KATZ Activities of Daily Living (ADL) scale

MATERIALS AND METHODS

A cross sectional study was carried out among the Elderly patients (≥ 60 years) attending the clinic in Anekal General Hospital, Bangalore Urban District, Karnataka. Most of them were from rural background. The study was conducted during the period of July - August 2014. The study population comprised of elderly attending the clinic in Anekal General Hospital. Those elderly patients who are not able to comprehend or not able to answer the questions were excluded from the study.

A structured interview schedule was used to collect relevant data from the respondents.

The interview schedule had three parts:

- Socio-demographic details
 - Social Determinants of Health
 - KATZ Activities of Daily Living (ADL) scale
1. Demographic details and the study variables: Age, Gender, Literacy level of elderly, Occupation, Income, Marital status, possession of BPL

card, Type of family, No of family members and financial condition.

2. Social determinants of health: It is a questionnaire to assess the social support systems for the elderly existing in the family and in the community and to identify some of the social problems faced by the elderly and to list the health problems and the treatment seeking behaviour of the elderly
3. KATZ Activities of Daily Living (ADL) scale which assess the dependence of the elderly.

Procedure: Institutional ethical committee approval was taken prior to the study. Non - Probability convenient sampling was followed. After establishing rapport with the patient, the purpose and procedure of the study were explained. Informed written consent from the patient was taken. Structured interview schedule was administered to the patient.

Statistics and analysis of the data: The data was coded and entered in Microsoft Excel and analysed using SPSS version 16 for proportions, frequencies and associations. Frequencies, measures of central tendency and dispersion, chi square tests were used to analyse data. We considered p value as significant when p value is less than 0.05. When more than 20 % of cells in tables have value less than 5, then we considered Fisher's exact test for significance.

RESULTS

Most of the study population hails from rural background. The elderly were categorised into three age groups of ten years each as 60-69, 70-79 and 80 & above. Of all the elderly 82 (39.6%) were males, 125 (60.4%) were females, 135(64.9%) were living alone and 143(68.8%) were financially dependent.196 out of 207 were belonging to Hindu religion. Out of 207,

56(27.1%) were living alone, 199 out of 207(90.1%) possesses BPL card. According to Modified BG Prasad socioeconomic scale, 170 out of 207 (82.1%) belong to lower socio economic class. The demographic details are represented in Table 1.

Table1. Socio - demographic profile of the Study population

Sl. No.	Variable	Category	Frequency	Percentage
1	Age (in Years)	60-69	158	76.3%
		70 – 79	41	19.8%
		80& above	8	3.9%
2	Gender	Males	82	39.6%
		Females	125	60.4%
3	Marital status	Married	171	82.6%
		Unmarried	2	1.0%
		Widowed	34	16.4%
4	Education (Highest education attained)	Illiterate	40	19.3%
		Primary school	131	63.3%
		Middle school	17	8.2%
		High school	11	5.3%
		Higher secondary school	8	3.9%
5	Occupation	Daily wage	38	18.4%
		Farmer	47	22.7%
		Housewife	79	38.2%
		Unemployed	41	19.8%
		Others	2	1.0%
6	Financial condition	Fully dependent	143	69.1%
		Partially dependent	44	21.3%
		Independent	20	9.7%

Table 2.1 Common Health Problems Among Elderly

Sl. No.	Health problems	Frequency	%
1	Musculoskeletal problems	177	85.5
2	Hypertension	64	30.9
3	Diabetes	54	26.1
4	Vision problem	24	11.6
5	Hearing problem	22	10.6
6	Gastritis	20	9.7

Table 2.2 Common Life Style Factors among Elderly

Sl. No.	Variable	Category	Frequency	Percentage
1	Physical activity	Walking	36	12
		Working in field	47	15
		Household chores	82	27.7
		More than 1	100	33
2.	Tobacco use	Present	184	88.9
		Absent	23	11.1
3.	Alcohol use	Present	74	35.7
		Absent	133	64.3

Health problems are present in 188(90%) of the elderly. The Common health problems among elderly are tabulated in Table 2.

Table 3 Social Determinants

Sl. No.	Parameter	Number	%
1	Satisfied with family support	81	39.1
2	Decision making in family	74	35.7
3	Loneliness	177	85.5
4	Migration of children affected health care	90	43.5
5	Member of community group	27	13.0
6	Access health care	180	87.0
7	Attend functions	72	34.8

Table 4 Social Determinants

Sl.No.	Variable	Category	Frequency	Percentage
1	Availed Government scheme	Yes	143	69.1
		No	64	30.9
2	KATZ Activities of Daily Living (ADL)	Independent	169	81.6
		Dependent	38	18.4

Table: 5 Factors Associated With Health Problem & ADL

Sl. No.	Variable	Association	Chi square	P value
1	Health problem	Age	4.9	0.04
		Occupation	4.9	0.03
		Tobacco use	1.5	0.04
2	KATZ ADL	Physical activity	15.4	0.01
		Living condition	12.0	0.01
		Health problem	6.2	0.03

No significant association was found between health problem and dependence with other social determinants like gender, education, alcohol use, accessing health service

DISCUSSION

The present study showed, of all the elderly 56 (27.1%) were living alone and 143 (68.8%) were financially dependent. The common Health problem was musculoskeletal problem followed by hypertension and diabetes. According to Katz ADL scale 169 (81.2%) elderly were independent. The dependence was significantly associated with physical activity, living condition and health problem. Study done at Thailand showed

20.7% loneliness and 69.95% satisfaction and common health problems were arthritis (675%) followed by hypertension (13%) and diabetes (3%) . Study in Punjab [2] showed 12.4% loneliness among elderly, 65% satisfaction in life, 11.8% were involved in decision making. Our study showed that around 85.5% were having loneliness probably due to the shift of the children to the urban place for job and education. By ensuring alternative occupation like involving in self-help groups, decreased tobacco use and improved living condition, health problems can be reduced thereby increasing the dependence level among the elderly. The findings of the study highlight the continuing need for identification of social determinants of health among elderly. Intervention in these determinants may influence the entire social structure.

CONCLUSION

The findings of the study highlight the continuing need for identification and intervention of Social determinants of health among elderly as it influences their life and changes in it may influence the whole social structure. Therefore, it becomes necessary especially in the rural set up for elderly to be more or less independent so that they could live a pleasant life during their old age.

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Conflict of interest: Nil

REFERENCES

1. Aging facts - WHO. (Online), (Dated 13 Aug 2012), Available from http://www.who.int/kobe_centre/mediacentre/forum/forum_whd-2012/en
2. Rohit Kumar. Social determinants of health among elderly: an anthropological study. International Journal of Research in Sociology and Social Anthropology. 2013; 1(1): 11.
3. Jitapunkul J, Chayovan N, Kespichayawattana J. National policies on aging and long term care provision of

- older persons in Thailand. Ageing and long term care: national policies in the Asia Pacific. Singapore: Institute of Southeast Asian Studies, 2002;
4. SaritaSood, Arti Bakhshi .Perceived Social Support and Psychological Well-Being of Aged Kashmiri Migrants. 2012; (2).
 5. Prakash, I.J. Ageing in India: A life course perspective of maintaining independence in older age. World Health Organization. Retrieved on March 6, 2012, from http://whqlibdoc.who.int/hq/1999/WHO_HSC_AHE_99.2_life.pdf
 6. Gorman, M. Development and the rights of older people. In The ageing and development report.2000; 3.
 7. Population ageing and health in India - prediction based on Census 2001. (Online), (Dated 14 Aug 2012) Available from <http://www.cehat.org/humanrights/rajan.pdf>
 8. Un World Population and Urbanization trends, (Online), (Dated 8 Aug 2012), Available from <http://www.un.org/popin/wdtrends.htm>
 9. Indira JP. Issues in mental health and psychological well-being of older persons. Gerontological social work in India: some issues and perspectives. 2000; 185-200.

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