



ELDERLY IN ABBOTTABAD; HEALTH PROBLEMS AND LONELINESS

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ABSTRACT... Research Question: What are the health-related problems of the aged and why do they feel lonely? **Objective:** To study the health-related problems and loneliness among the elderly in different micro-environment groups. **Participants:** Aged persons of age 65 years and above. **Design:** Cross-sectional. **Setting:** Urban and rural area of Abbottabad. **Period:** 1st Jan, 2012 to 31st Dec, 2012. **Statistical Analysis:** t-test and Z-test. **Results:** During the study, it was found that out of the total 361 aged persons of Abbott bad, 311 (86.1%) persons reported one or more health-related complaints, with an average of two illnesses. The illness was higher among the females (59.5%) as compared to males (40.5%). The main health-related problems were disorders of the circulatory system (51.2%), musculoskeletal system and connective tissue (45.7%). It was also found that loneliness was prevalent more in females (72.8%) as compared to males (65.6%). Loneliness was more prevalent among persons who lived alone (92.2%) as compared to those who lived with their spouse (58.9%) or when husband and wife lived with the family (61.4%). It was higher among the widows (85.2%) and widowers (75.8%) who lived with the family as compared to the aged who lived with the spouse (58.9%) and the aged husband and wife who lived with the family (61.4%). **Conclusions:** Special geriatric services should be started in the hospitals as the majority of the aged have one or more health-related problems. The aged persons should be involved in social activities to avoid loneliness among them.

Key words: Health problems, loneliness, mean score, microenvironment groups

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INTRODUCTION

From the beginning to the end of the 20th century, human life expectancy at birth has almost doubled in developed countries with the increased life expectancy and so the percentage of elderly people is also increasing worldwide, which is considerable now. Projections indicate that by the year 2020, there will be 470 million people aged 65 and above in developing countries, more than double the number in developed countries¹. The growth projected for older populations in developing countries is far greater and has considerable implications for health and social policy. The age structure of the population is changing as the proportion of elderly persons is increasing. With ongoing economic development and the consequent changes in family structure

and relationships, the elderly lose their relevance and significance in their own households and face problems. The problems of the aged differ not only between nations but also within nations and between groups. Being old, weak, hard of hearing, partially blind and immobile, the aged seldom move out or approach for help and consultation. They are superficially respected, cared for and heard. Due to the above problems, the aged feel lonely and this has detrimental influence on health of the aged (both sexes); and also, loneliness leads to progressive spontaneous reduction of daily milieu and social requirements, as well as an impression of dependence that cannot be easily overcome.

With this background, the present study was

undertaken in the Ayub Teaching Hospital, Abbottabad to study the health related problems and loneliness among the elderly in different micro-environment groups.

Research Hypotheses	
1	<p>H₀: There is no significant difference in the level of loneliness in both aged male and females.</p> <p>H₁: The female old age patients feel more loneliness as compared to males.</p>
2	<p>H₀: There is no significant difference between the level of hypertension and digestive problems in both patients.</p> <p>H₁: The female patients are more hypertensive as compared to male patients.</p>
3	<p>H₀: There is no significant difference in the level of cataract problems in female as compared to males.</p> <p>H₁: The female patients have more cataract problems as compared to males.</p>
4	<p>H₀: There is no significant difference in the level of timeliness in both male and female patients.</p> <p>H₁: The female patients are more concerned on timeliness issues than male patients.</p>
5	<p>H₀: There is no significant difference in the level of responsiveness to medicines in both male and female patients.</p> <p>H₁: The female patients are more responses to medicines as compared to male patients.</p>

METHODOLOGY

In this study we used quantitative survey methods to validate the hypothesis based on literature review. This study is conducted in to evaluate the difference between the loneliness between the old age male and female patients. The patients having experience of both the public and private hospitals

were included in the study in order to make a close comparison between the public and private hospitals. Respondents were availing facilities from the public and private hospitals. This study was conducted at a local level in the Abbott bad, Pakistan.

MATERIALS AND METHODS

A total of 361 aged persons of age 65 years and above were selected as sample from Abbottabad (ATH). A stratified random sampling technique was used to select the sample. The houses to be taken up for survey in each sector were decided on the basis of voter list using the random number table. The investigator visited each of the selected houses; if husband and wife were found to be of age 65 years and above, then both were included in the study. To ensure cooperation, at least half an hour was spent, prior to getting the information, to build a rapport and create an atmosphere of trust and confidence. The information for the study was collected using the Upmanyu and Upmanyu² loneliness scale and a semi-structured interview schedule for health-related problems.

RESULTS

Out of the total 361 aged persons, 152 were males and 209 were females. The age of the study population ranged from 65 years to 92 years. It was also observed that 213 (59%) of them were married, 142 (39.3%) were widows/widowers, 2 (0.6%) were separated/divorced and only 4 (1.1%) were unmarried. About one-third of them, i.e., 33.5%, were illiterates and 28% were graduates/postgraduates/professionals. From the total 361 aged persons, 311 (86.1%) reported one or more health-related complaints, with an average of two illnesses. Among the 311 ill persons, illness was higher among females (59.5%) as compared to males (40.5%).

The main health-related problems among the aged were those of the circulatory system (51.2%), with about two-fifths (41.6%) suffering from hypertension, followed by those of the musculoskeletal system and connective tissues disorders (45.7%); cataract was seen in 18.6%. Hypertension was the most prevalent condition,

Area sex	Total					
	Male		Female		Total	
	N=152	%	N=209	%	N=361	%
Health problem						
Diabetes mellitus	8	5.3	35	16.7	43	11.9
Eye (Cataract)	30	19.7	37	17.7	67	18.6
Circulatory system	76	50.0	109	52.1	185	51.2
Hypertension	53	34.9	97	46.4	150	41.6
Heart attack	23	15.1	12	5.7	35	9.6
Digestive system	19	12.5	25	12.0	44	12.2
Respiratory system	17	11.2	20	9.6	37	10.2
Musculoskeletal system	64	42.1	101	48.3	165	45.7
Connective tissue						
Skin	7	4.6	8	3.8	15	4.2
Others	28	18.4	31	14.8	59	16.3

Table-I. Gender wise health related problems of the ages

and it was significantly more in females (46.4%) than in males (34.9%). Also, diabetes mellitus was significantly more in females (18%) than in males (6.4%) [Table I].

The health-related problems in relation to circulatory system were higher in females (56.9%) in the “65+ years” age group as compared to males (52.1%) in the same age group. The disorders of the musculoskeletal system and connective tissue were also higher in females (49.4%) in the “65+ years” age group as compared to the males (39.4%) in the same age group. However, this problem was almost similar in either sex (about 45%) in the age group of “75+ years.”

Living arrangement in different micro-environments Out of the 361 aged persons, only 352 (97.5%) who were living in five different micro-environment groups for the elderly were taken for analysis of the data as the other 9 persons were living with their distant relatives. From these 352 persons, 13 (3.7%) were living alone, 35 (0.9%)

were living with their spouse, 175 (49.8%) couples (husband and wife) were living with their family and 94 (26.7%) widows and 35 (9.9%) widowers were living with their family. It was observed that females had higher (72.8%) mean score on loneliness than males (65.61), and this was also higher (77.73%) among the “75+ years” age group than among the “65+ years” age group (66.75%).

Loneliness mean score (92.1%) was significantly higher among the aged who lived alone as compared to that among those who lived with their spouse (58.8%) or those couples who lived with their family (61.3%). It was also higher among the widows (85.2%) and widowers (75.7%) who lived with their family as compared to the aged who lived with their spouse and the aged couples who lived with their family.

Loneliness mean score was higher among the females as compared to the males who lived alone. It was also higher among the widows as compared to widowers who lived with their family.

Sex	Micro-environment groups											
	I Live alone			II Live with spouse			III H/W live with family			IV/V Widow/Widower live with family		
	N	Mean	SD	N	Mean	SD	N	Mean	SD	N	Mean	SD
Male	5	82.00	29.73	16	53.75	13.55	88	63.20	24.87	35	75.71	23.95
Female	8	98.50	29.84	19	63.16	23.17	87	59.46	23.00	94	86.18	25.61

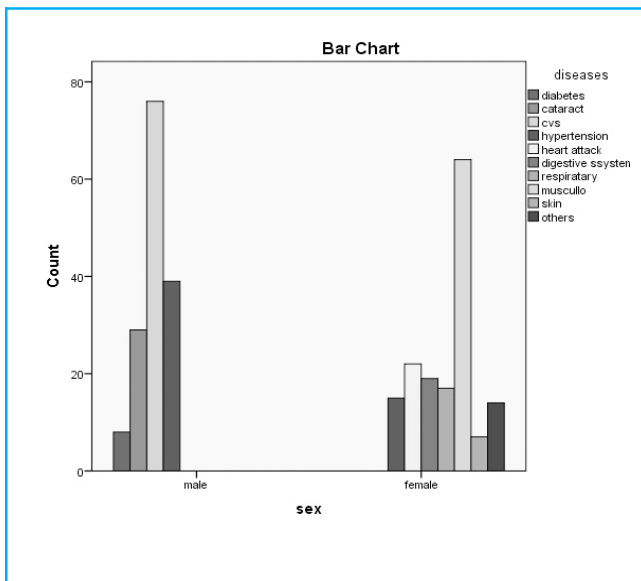
Table-II. Gender-wise differences with respect to loneliness within different micro-environments

SD = Standard Deviation, N = Number, H = Husband, W = Wife

No gender-wise differences were observed among the aged who lived with their spouse or the couples who lived with their family [Table II].

The population was categorized on the bases of different age groups which were divided.
 Group 1 = > 65 years
 Group 2 = > 75 years

The rural population was only 31 persons which constituted 10% of the total study where as 90 % (280) urban population participated in the survey.



DISCUSSION

In most developed countries, there are about 65 men for every 100 women in the age group of 65 years and above according to WHO³. In Pakistan, there are 108 men for every 100 women; and in Abbottabad, it is 116 men for every 100 women

RGI⁴ of age 65 years and above. In most developed and developing countries, many more women than men are widowed as per WHO³. A high percentage of widows (49.3%) and widowers (25.7%) were observed in the present study. It is due to the fact that the longevity of females is more than that of males. Of the total 361 elderly persons studied, 86.1% had one or more health-related problems, whereas Ray⁵ observed the same in 81.3% and Saraswati⁶ in 72.4% in Abbottabad among the aged persons. There were on an average 2 health-related complaints per aged ill person, whereas Padda⁷ and Parvan⁸ reported the corresponding figure as 2.55 and 2.62 respectively. The leading health-related problems observed were those of the circulatory system (hypertension, heart attack), musculoskeletal system, connective tissue, eye (cataract); diabetes mellitus; those of respiratory system and skin. About 18.6% aged persons had cataract in one or both the eyes, and Ray⁵ observed the same in 23.4% of aged persons.

The prevalence of diabetes mellitus was found to be 11.9% in the aged persons, and it was significantly more in females than in males; whereas Weinberger⁹ reported almost half of diabetics were aged 65 years or above, with an approximately equal distribution between men and women. Diseases of the respiratory system were found in 10.2% of the aged persons, and Kishore¹⁰ observed the same in 7.3%. A low prevalence of respiratory diseases in Abbottabad may be due to the fact that the city is well planned and has a comparatively lower level of air pollution. Diseases of the circulatory system were present in

51.2% of the aged persons in the present study. Hypertension was the most prevalent condition, in 41.6%, and it was more in females (46.4%) than in males (34.9%). This is in agreement with a study conducted in Abbottabad by Kumar,¹¹ which found the prevalence of hypertension to be 44.9%; however, Parvan⁸ reported a 19.7% prevalence of hypertension in Shimla. Heart disease was found in 9.6% of the aged persons in this study. A study conducted by Swami¹² by recording ECG test on the elderly had reported that 32.5% had this abnormality in Abbottabad. The difference between the two studies was that in the present study, the patients only reported the disease; but in the other study, the disease was investigated and abnormality was found, about which the patient was aware/unaware.

Out of the 361 aged persons, only 352 were studied for loneliness – living in five different categories – as the marital status and living arrangement of an individual can play an important role in the later years of life. It was found that loneliness mean score was significantly higher in females as compared to males. Studies by Gangrade¹³ and Singh¹⁴ have reported more loneliness in females than in males. Contributory factors for higher loneliness in females were loss of companion, illiteracy, less social contacts and maltreatment by the family members. It has been found that loneliness was significantly higher among the aged who were living alone as compared to those who were living with spouse, or couples who were living with the family. It is due to the fact that though the widows/widowers live with their families, they are maltreated/ignored in their own homes. Being single, without the life partner, it is not possible for them to discuss their personal problems with others. Gurudas¹⁵ observed that men who lived with their spouse had more satisfaction with life than those who had lost their wife. Jindal¹⁶ found that isolation was more prevalent among the widowers than among the married ones. Loneliness was also significantly lower in the aged couples who were living with the family as compared to the widow/widowers who were living with the family. Nayyar¹⁷ observed that aged living with the family were happier than those

living alone. Therefore, it can be seen that the aged who were living alone or those who were widows/widowers were experiencing more loneliness than the aged who were living with their life partner. Keeping in view the magnitude of health-related problems and loneliness in Abbottabad, it is recommended that geriatric health services should be strengthened by dedicated indoor and outdoor services in different health-care delivery systems with more social and recreational facilities for them.

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