

Deprived Self-Care and Social Support System Among Elderly

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ABSTRACT

The present descriptive analysis was conducted among elderly residing in old age home, Chandigarh. The sample size for the study was total 30 elderly. The purposive sampling technique was used to draw the sample. Under data collection, procedure, on interview schedule method was used. The tool includes socio-demographic characteristics variables and Barthel Index for self-care assessment (BI) to characteristic variables like Bowels, Bladder, Grooming, Toilet use, Mobility, Dressing, stairs and bathing. Modified Social Support Questionnaire includes 12 items for measuring social support system in old age people.

Key words: Social support system, Self care, old age

INTRODUCTION

Social support system defined social network, with provide assistance from family, friend, neighbor and other community members. (WHO state in 2005), good relationship and strong supportive system improve health of the older people.

Today is the modern Era, 21st century, India is also experiencing the rapid change whether it is sector of Agriculture, Communication, Transportation or Health care. Many factors such as Modernization, urbanization and globalization have

ultimately reached the point in change the society values erosion, economic structure, their awareness and social institutions the young today is searching for the never identify that is Economic independent and modernized social roles, outside a family or within. In this age illness is increasing. Older people need much health care. Factor among old age people which play a major roles in giving of socio are physical ability, declining mental ability. The life of expectancy is less than 60 year. The chronological age was 60 year.¹

The last stage of life is older age of the older person. They have decreased capacity of adaptation. The population is continuously changing, the percentage of individual of different age groups. The world's population of age 60 and above, older people is currently seven sixty million people. The duly routine like eating, bathing, mobility, walking, dressing, governing and toileting, to assess the daily living activities that the individual can perform independently or requires any assistance. The self-care factors include beliefs, cultural practices and maturity, values, level of knowledge, skills, membership in social groups, feelings, and availability of health care techniques.²

Support of society is the perception of caring one self and needs the assistance from other people also, as a result, supportive social network formed. It also includes physical health, and death rate

elderly with low social support system high diseases. So, it proportionately affects the variations in health-promoting behaviors and outcomes³

According to Encyclopedia social support system care is one of the for assistance available made people. Social environmental support has been linked to may benefits for both physical and mental health.⁴

Social support system can be also available among social sites and can be often through social media websites such as online socio group. This group increased the availability of social support.⁵

According to Hwang, social support is similar to face social but its non-judgment and interactions. Social media provides emotional comfort which create awareness about health issues.⁶

According to Krause, social support receive help by social networks and for those individuals with limitations in every day routine activities which include personal care, dressing, walking, eating, bathing, toileting high level of social support positively increased physical health and mental well beings. Very old age people also associated with low social economic position and low social networks, low level of incomes and low level of health as positively social support provided positively which associated with promoting well beings among older people.⁷

Several investigators have found that loneliness, lack of social support, unhappiness, increased the risk factors of aging, gender, living alone, reduce social networks, loss of spouse, health and disabilities. Risk of being socially isolated or lonely increased in older people, when they risk at the age of 80 majority of live because widowhood. Loneliness is factor for mortality among old age and which today affect the living standard of person.⁸

Various problems are placed by old age people because of change attitude of young generation towards elder people. In older time in joint family members gave respect

to elders which is existed in India but now elder people being deprived of their rights⁹

Gender is also a risk factors for lack of social support. Women have great risk of loneliness and lack of social support. Older women are more prone that elder men their friends and aging sibling and may have died. Lack of social relationships is a strong risk factor for that among older people such as smoking, obesity, lack of physical activities. Some health problem also the risk factor of living along among older people these disabilities are sensory impairment such as bearing loss, vision loss, impaired cognitive function. Poverty and low self-esteem death of spouse, also increase for being socially isolated.¹⁰

Higher number of chronic conditions such as lungs disease, arthritis, heart disease, poor mental health status, poor hearing vision and poor general health, also increase risk of loneliness. (Hall and Havnes 1999) because hearing and vision problem there are community able barriers in family and society. Mental health problem such as depression affects this social relationship.¹¹

REVIEW OF LITERATURE

Oyinlola Oluwaghemiga (2016) conducted a descriptive study to result includes elderly feel disturbed about children welfare and find it difficult to sleep freely in their home, they felt rejected and abandoned by their family members is the ultimate significant effect.¹⁸

Kumari Sonam, Verma Mithflesh et.al (2015-2016) conducted a study on reasons of shifting people in old-age homes. Sample size was 120, 50% of respondents belongs to above 66 years and 50% belongs to below 66 years. The result out of all respondents only (33.4%) of respondents was educated. The reason of shifting was some are alone, some don't have any children, some of them children are settled in abroad, some of them are being misbehaved by son and daughter-in-law and rest of there don't wasn't their parents with them due to psychiatric and physical problems.¹⁹

Sharma Pawan and Kaur Gurpreet (2015) study Result was the problems faced by senior citizens residing with families both physical and psychosocial are higher as compared to physical psychosocial problems residing in old age home.²⁰

Mishra V, Chakravarty A et.al (2015) The primary tool used was pre-designed and interview schedule. The result was the female elderly were suffering from more number of diseases. The most common illness was arthritis to point pain.²¹

Shamsi Akbar and SC Tiwari (2014) conducted a study includes the interview method was used, and correctional exploratory design was used. The Result of the study is Misbehavior of son and daughter in law was found to be most common reason of elderly for residing in old age home.²²

Verma Ramesh, Dixit Pragya et.al (2014) result includes, the most common morbidity

among participants was diminished vision which was more prevalent in female than males. Dental problem was found, and other problem was general body weakness, indigestion and respiratory problem.²³

Dubey Aruna and Sharma Neeraj (2011) Result was, the feeling of elderly women among younger ones is unsatisfied, and they feel not getting respect, love and affection from family in old age home.²⁴

Kari Sundali et.al (2010) People whose age were 85 years and above had worst mental health, were less physical active and more at risk of malnutrition.²⁵

Tabatta Renata, Pereira de Brit et.al (2007) conducted a study shows that there was statistically significant correlation between emotional support and Karz index.²⁶

Ramamurti, Yamuna (1984) conducted a study shows Broadly, economic, personal and social problems were the main issues among elderly.²⁷

Methodology Chart



METHODOLOGY

Research setting:

The study was held in old age home Kartar Aasra sector-1 and old citizen home sector-15, Chandigarh.

Target population:

The target population of the study consists of the old age people residing in all age home, Chandigarh.

Selection and development of research tools:

The tool consists of demographical variables. Barbel index scale which is standardized scale was used to measure the deprived self-care among elderly. Modified social support questionnaire by Sarason (1983)

Content validity of research Tool:

The tools were given to 8 experts of nursing field and their suggestions were taken into consideration. The tools were modified and corrections were made accordingly as per the suggestion of experts and consultation of guide.

Ethical consideration:

- A formal permission to conduct research project was taken from principal from department of nursing. Children School of health sciences, Punjab. After that ethical approval was taken from ethical committee of the college. Then final permission was taken from head office of old age homes sec-15 and sector-1, Chandigarh.
- Consent was taken individually from the participants from the old age home and the study was conducted in sector-15 senior citizen home and sector-1 Kartar Aasra of Chandigarh.

Data collection procedure:

The procedure of data collection was carried out among the elderly of old age homes i.e., senior citizen home, sector-15 and Kartar Aasra, sector-1, Chandigarh.

ANALYSIS AND INTERPRETATION OF DATA

Table 1 n=30

Sociodemographic proforma		Percentage (%)	Frequency(f)
Age	66-65	16.7%	5
	66-70	33.3%	10
	71-75	26.7%	8
	Above	23.3%	7
Sex	Male	50.0%	15
	Female	50.0%	15
Education	Illiterate	23.3%	7
	Literate	76.7%	23
Marital status	Married	90.0%	27
	Unmarried	10.0%	3
	Widow/widower	0.0%	0
	Divorced	0.0%	0
No. of children	None	20.0%	6
	One	20.0%	6
	Two	40.0%	12
	Three of Above	20.0%	6
Financial support	Yes	46.7%	14
	No	53.3%	16
Occupation	Unemployed	76.7%	23
	Retired	23.3%	7
	Business	0.0%	0
	Any other	0.0%	0
Use of leisure time	Use of TV Radio	50.0%	15
	Use of Mass	10.0%	3
	Newspaper/Magazines	40.0%	12

Table 1 According to the age of elderly (33%) belongs to the age group of 66-70 years, followed by 26.7% belongs to 71-75 years of age, 23.3% belongs to above 75 years of age and 16.7% belongs to 61-65 years of age. According to gender, both males and females were 50%. According to education, 76.7% were literate, and 26.3% were illiterate. According to marital status, 90% were unmarried. According to number

of children, 40% had two children, 20% had one, 20% had three or above and 20% had no children. According to financial support, 53.3% had no financial support, while 46.7% had financial support. According to occupation, 76.7% were unemployed, and 23.3% were retired. According to use of leisure time, 50% used TV/radio, 40% used newspaper/magazines, and 10% used mass media.

Table 2 n=30

BARTHEL INDEX SCORE		
Category Score	Percentage	Frequency
No Self-care Deficit (5-20)	93.3	28
Slight Self-care Deficit (10-15)	3.3	1
Moderate Self-care Deficit (5-10)	3.3	1
Severe Self-care Deficit (0-5)	0.0	0
Maximum Score = 20		
Minimum Score = 0		

Table 2(a) & Figure 1: shows that (93.3%) 28 elderly were no self-care deficit followed by (3.3%) were slight and moderate self-care deficit and no one falls in severe self-care deficit.

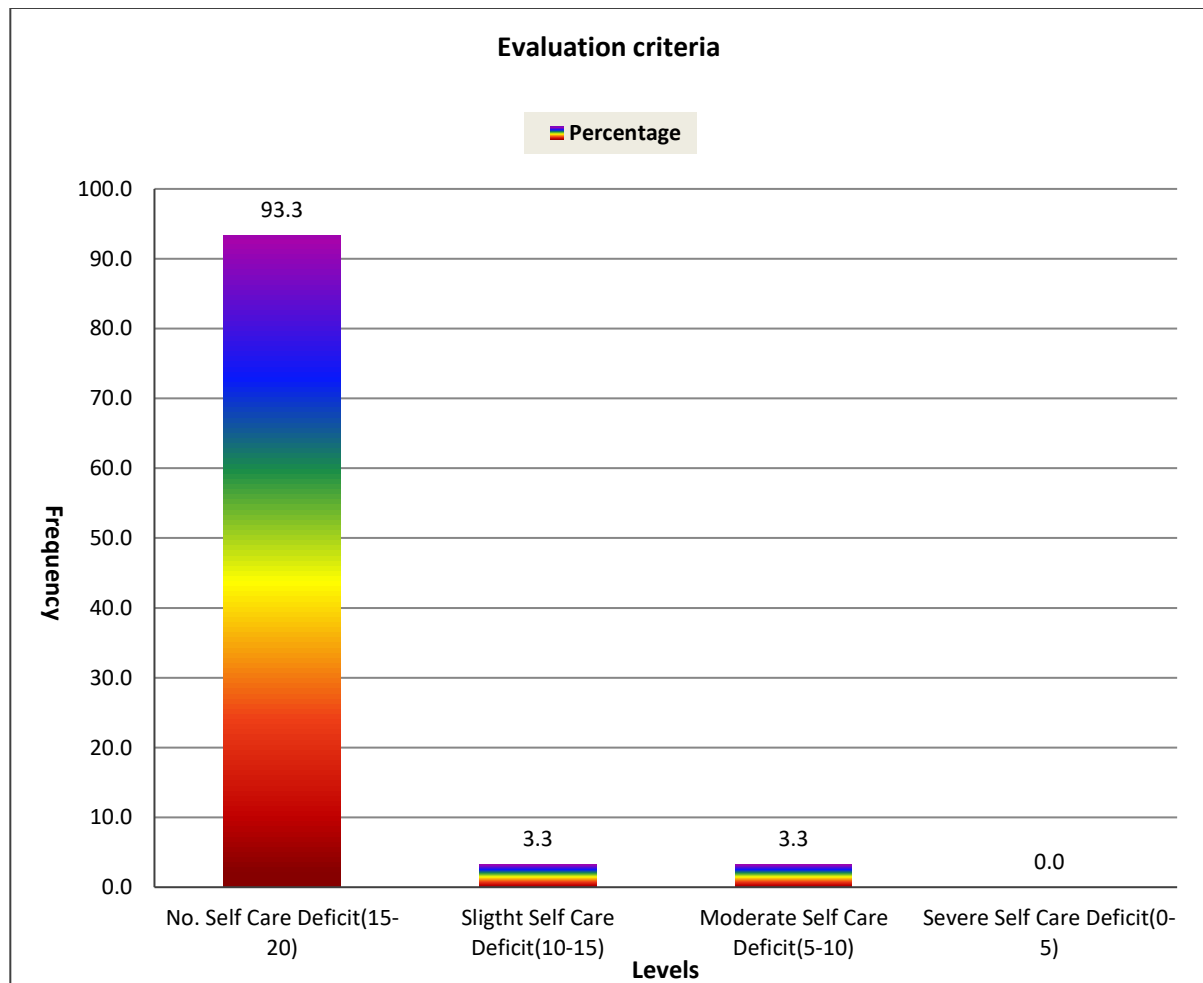


Figure 1: Bar-Graph showing Frequency percentage distribution according to Barthel index scale.

Section 3:

Table 3 n=30

CRITERIA MEASURE OF SOCIAL SUPPORT SYSTEM SCORE		
Category Score	Percentage	Frequency
Good Social Support System (38-48)	10.0	3
Average Social Support System (25-37)	90.0	27
Poor Social Support System (12-24)	0.0	0

Maximum Score=48

Minium Score=12

Table 3 and Figure 3 shows that (90%) 27 respondents had average social support system followed by (10%) had good social

support system and no one belongs to poor social support system category.

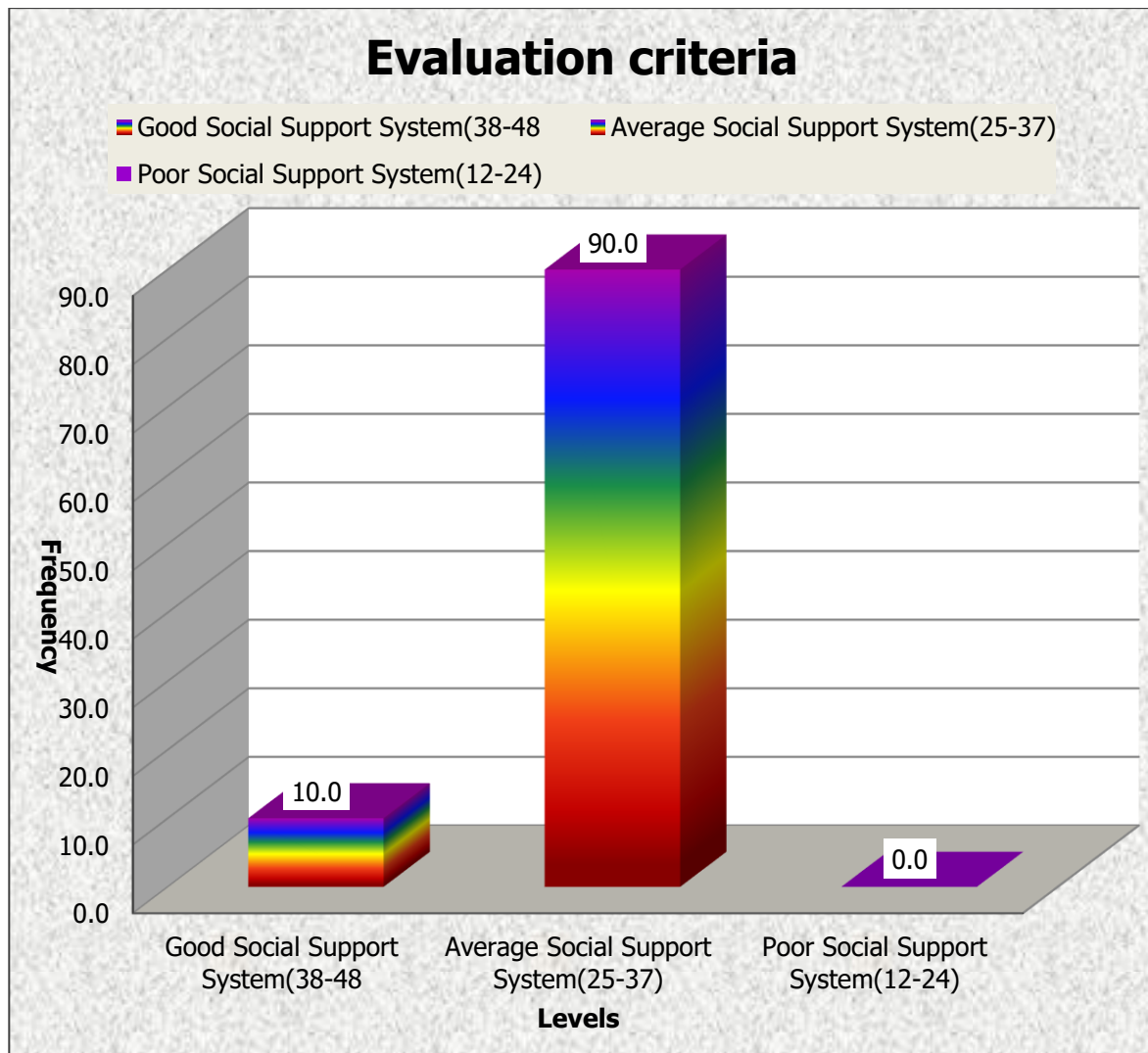


Figure 2: Bar Graph showing frequency distribution according to modified social support system

Section 3

Objectives 3: To find out the relationship between deprived self-rate and social support system among old age home.

Table 3

Table 4 To assess the relationship between Barthel index score and social support system score. n=30

Pearson's correlation	Mean	SD	N	Correlation(r)	Table Value	P Value	Result
Barthel Index Score	19.20	2.722	30	0.183	0.361	0.332	Non – significant
Social Support System Score	33.17	2.768					

Table 4 shows that there is no significant relationship between Barthel index score and social support system score.

Section 4:

Objective 5: To determine the association between self-care and social support system among elderly in old age home with selected socio-demographical variables.

Table 5(a) m=30

Demographic Variables		Levels(N=30)				Association with BARTHEL INDEX Score				
Variable	Opts	No Self-care Deficit	Slight Self-care Deficit	Moderate Self-care Deficit	Severe Self-care Deficit	Chi Test	P Value	df	Table Value	Result
Age	60-65	4	0	1		8.510	0.203	6	12.592	Not Significant
	66-70	10	0	0						
	71-75	8	0	0						
	Above75	6	1	0						
Sex	Male	13	1	1		2.143	0.343	2	5.911	Not Significant
	Female	15	0	0						
Education	Illiterate	6	1	0		3.647	0.161	2	5.991	Not Significant
	literature	22	0	1						
Marital status	Married	25	1	1		0.238	0.888	2	5.991	Not Significant
	Unmarried	3	0	0						
	Widow/ widowed	0	0	0						
	Divorced	0	0	0						
No. of children	None	5	1	0		8.214	0.023	6	12.592	Not Significant
	One	6	0	0						
	Two	12	0	0						
	Three or above	5	0	1						
Financial support	Yes	13	0	1		2.018	0.364	2	5.991	Not Significant
	No	15	1	0						
Occupation	Unemployed	22	1	0		3.647	0.161	2	5.901	Not Significant
	Retired	6	0	1						
	Business	0	0	0						
	Any other	0	0	0						
Use of leisure time	Use of TV Radio	14	0	1		2.518	0.641	4	9.488	Not Significant

(a) Shows that there is no significant association between barthel index score and selected socio-demographical variables.

Table 5(b) n=30

Demographic Variables		Levels(N=30)			Association with SOCIAL SUPPORT SYSTEM Score				
Variable	Opts	Good Social Support System	Average Social Support System	Poor Social Support System	Chi Total	P Value	df	Table Value	Result
Age	60-65	1	4		4.444	0.217	3	7.815	Not Significant
	66-70	0	10						
	71-75	2	6						
	Above75	0	7						
Sex	Male	3	12		3.333	0.068	1	3.841	Not Significant
	Female	0	15						
Education	Illiterate	0	7		1.014	0.314	1	3.841	Not Significant
	literate	3	20						
Marital status	Married	2	25		2.014	0.156	1	3.841	Not Significant
	Unmarried	1	2						
	Widow/widower	0	0						
	Divorced	0	0						
No. of children	None	1	5		1.296	0.730	3	7.815	Not Significant
	One	0	6						
	Two	1	11						
	Three or above	1	5						
Financial support	Yes	3	11		3.810	0.051	1	3.841	Not Significant
	No	0	16						
Occupation	Unemployed	0	23		10.952	0.001	1	3.841	Significant
	Retired	3	4						
	Business	0	0						
	Any other	0	0						
Use of leisure time	Use of TV/Radio	1	14		12.222	0.002	2	5.991	Significant
	Use of Mass Media	2	1						
	Newspaper/Magazines	0	12						

(b) Shows that only two variables, i.e. occupation and use of leisure time were significant and all other variables were having non-significant association between social support system among elderly in old age home and selected socio-demographical variables.

DISCUSSION

This chapter deals to discuss the findings of the study. For this, purposive sampling technique was used to select the 30 elderly. In first section according to the age of elders most of respondents lies in the age group of (66-70) years in this (50%) are male and rest (50%) are females, (76.7%) were literate (90%) are married, (40%) had two children,

(53.3%) had no financial support, (76.7%) were unemployed and (50%) respondents in TV and radio at their leisure time.

(93.3%) i.e. 28 elders were having self-care deficit followed by (3.3%) i.e. 1 elder have slight self-care deficit and (3.3%) have moderate self-care deficit and no one falls in severe self-care deficit. (90%) respondents had average social support system followed by (10%) had good social support and no one belongs to poor social support category. Relationship between deprived self-care and social support system among old age home and the result showed that there is no significant relationship between deprived self-care and social support system. Navjot Kaur, Jasbir Kaur, et.al (2015) shows

Perceived self-care deficit and social support had significant positive relationship between them.³

CONCLUSION

in the age group of (66-70) years in this (50%) are male and rest (50%) are females, (76.7%) were literate (90%) are married, (40%) had two children, (53.3%) had no financial support, (76.7%) were unemployed and (50%) respondents as TV and radio at their leisure time. (93.3%) i.e. 28 elders were having self-care deficit followed by (3.3%) i.e. 1 elder have slight self-care deficit and (3.3%) have moderate self-care deficit and no one falls in severe self-care deficit. (90%) respondents had average social support system followed by (10%) had good social support and no one belongs to poor social support category. Result showed that there is no significant relationship between deprived self-care and social support system.

Most of the respondents belong to 66-70 years, most of them are literate, most respondents are married having two children, most respondents having good financial support, most of them are unemployed. This showed there is no significant relationship between deprived self-care and social support system. There is no significant relationship between deprived self-care and selected socio demographic variables and there is only two variables i.e. occupation and use of leisure time were significant and other variables were having no significant association between social support system among elderly in old-age homes and selected socio demographic variable.

MAJOR FINDINGS

- In frequency distribution table, it was found that 10 (33.3%) of the sample was falling under the age group of 66-70 years, 23 (76.7%) were literate, 27 (90%) were married, 12 (40%) had two children, 23 (76.7%) were unemployed, 15 (50%) and TV/radio in the leisure time.

- In case of Barthel index score, 28 (93.3%) falls in no self-care deficit category followed by 1 (3.3%) falls in moderate and slight self-care category.
- In case of financial category, (16) 96.25% (mean percentage) were having no social support, in case of occupation category, (23) 97.39% (mean percentage) were unemployed.
- In case of leisure time, (15) 96% mean percentage used TV/radio in their free time.
- According to social support questionnaire, (27) 90% fall in average social support system followed by (3) 10% having good social support system.
- In case of association, occupation and use of leisure time were significant and other all variables were having non-significant association with the demographic variables and social support system.

Declaration By Authors

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