Original article

Socio-demographic variation among the elderly people living in old care home

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Summary

The older population is rapidly growing throughout the world. Bangladesh has a long cultural and religious tradition of looking after the elderly and it is expected that families and communities will care for their own elderly members. But rapid socioeconomic and demographic transitions, mass poverty, changing social and religious values, influence of western culture, and other factors have broken down the traditional extended family and community care system. Most of the elderly people in Bangladesh suffer from some basic human problems, such as poor financial support, senile diseases, and absence of proper health and medicine facilities, exclusion and negligence, deprivation, and socioeconomic insecurity. Increase care based on socio-demographic variation may be more able to improve the quality of life of elderly people as well as old care home residents. This cross-sectional study was done to find out the socio demographic variation among 138 elderly respondents irrespective of sex living two different old care homes of Bangladesh from January 2018 to September 2019. They were interviewed with a socio-demographic questionnaire. The results showed that, the mean age of the respondents was 70.83±8.28 years and more than half (54.35%) of the respondents were 60-69 years of old. The respondents were predominantly male (58.7%). with male to female ratio being roughly 3:2. More than half of the respondents (52.2%) were from urban background and rest (47.8%) were from rural background. Nearly three quarters (87.7%) of the respondents were Muslim and 8.7% were Hindus. More than 50% had monthly family income of <10000 Bangladeshi taka (BDT). Majorities (70.3%) of the respondents were widow/widower and 10.9% were single. Over one third (38.4%) of the respondents were studied up to primary level, 26.8% were graduated, 14.5% were studied up to secondary level and 11.6% up to higher secondary level. A few respondents were illiterate (8.7%). Most of them came from nuclear family (79.7%). and rests were from joint family (20.3%). It was seen that, single or widower urban male people from nuclear family were more coming in the old care home. Majority (60.9%) of the respondents had chronic physical illness. A few of the respondents had family history of mental illness (7.2%). Only 1.4% had history of drug addiction. The mean duration with standard deviation of staying in old care home by the respondents was 4.145±3.35 years.

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Introduction

Ageing refers to a progressive degenerative process advancing with chronological age, leading to increased functional deterioration and vulnerability, ultimately culminating in death. It is a biological reality, which has its own dynamic, and is largely beyond human control. There is no fixed rule about the age beyond which a person should be considered old, as it varies from country to country and society to society. In developed societies, chronological age plays an important role and the age of 65, roughly equivalent to retirement age, is said to be the beginning of old age. But in developing countries of Asia like Bangladesh, chronological age has little importance in defining old age. However, 60 is generally the age at which governments and agencies start defining old age but life expectancies are different in different places.[1,2] Decreasing fertility and increasing life expectancy has reshaped the age structure of population all

over the world. Availability of improved healthcare services, more comfortable life-style and recreational facilities as well as healthy food habit has enhanced human longevity. This has led to a steep increase in the number of older people. Globally the population of older persons is increasing at a rate of 2.6% per year. This means that, the demand for old care homes, special living arrangements, traveling facilities, geriatric hospital, and recreation centers for ageing population.[3] Though a small proportion (around 6%) of the total population of Bangladesh constitutes the elderly population, but the rate of their increase is fairly high. The elderly population (aged 60 years and above) in Bangladesh in 1911, 1951, 1981 and 1991 were 1.37, 1.86, 4.90 and 6.05 million respectively and the projected figures for 2025 will be 17.62 million. This change in population characteristics will have serious consequences on society as well as on the overall socio-economic development of the country.[1]

As an Asian country, Bangladesh has a long cultural and religious tradition of looking after the elderly and it is expected that families and communities will care for their own elderly members. But rapid socioeconomic and demographic transitions, mass poverty, changing social and religious values, influence of western culture, and other factors have broken down the traditional extended family and community care system. Most of the elderly people in Bangladesh suffer from some basic human problems, such as poor financial support, senile diseases, and absence of proper health and medicine facilities, exclusion and negligence, deprivation, and socioeconomic insecurity.[4] In perspective of Asia, in Bangladesh there is a substantial lack of scientific papers about the socio-demographic variation of the elderly people living in old care home. Clinical experience and sharing with senior and junior colleagues have influenced the researcher to conduct a research aimed to obtain credible baseline data to identify the socio demographic variation among the elderly residents of old care home and recommend them to take appropriate medical service timely. Moreover, it can be of great help in clinical setting and further planning for service delivery. Furthermore, this research will be helpful for better communication between clinician and old care home residents.

Materials and methods

This was a descriptive type of cross-sectional study conducted in two different old care homes of Bangladesh from January 2018 to September 2019. One old care home was Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM) popularly known as *Probin Hitoishi Sangha* in Agargaon, Sher-E-Bangla Nagar, Dhaka, which is an autonomous institution and another was Old Rehabilitation Centre (Boyosko Punorbashon Kendro) in Bishia-Kuribari, Monipur, Gazipur, which is a private institution. Residing person of old care homes of either sex those who gave consent for the study was the inclusion criteria. The person with severe neuro-cognitive impairment and incapable to give consent were excluded from the study. The sample size was 138 and sampling was done by purposive sampling technique. The respondents were interviewed with a socio-demographic questionnaire. Informed consent was taken from the respondents assuring confidentiality and freedom of choice of participation. Firstly researcher collected data by structured questionnaire for socio-demographic variable from the residents of old care home by face to face interview to avoid bias and then they were assessed. The researcher faced some obstacles during interview. In Bangladesh, people are not accustomed with this type of study. They became suspicious about the interview, which became more evident when they were illiterate or less educated. This picture was also prominent in old care home. Many of the residents of old care home were suspicious about the interviews at the beginning of the study. Much time was taken to explain the aim of the study as well as to convince them to participate voluntarily for the interview. Considering the situation either written or verbal informed consent was taken. However, like any other studies in a few cases suspiciousness and truthfulness regarding information could not be ruled out. But it seems unlikely that these factors would have substantially affected the result of the study. The data were analyzed and presented using SPSS version 25.

Results

The results showed that, the mean age of the respondents was 70.83±8.28 years and the youngest and the oldest respondents were 60 and 99 years old respectively. More than half (54.35%) of the respondents were 60-69 years old, followed by 28.26% 70-79 years, 13.04% 80-89 years, 4.35% 90 years and above old (Figure 1).

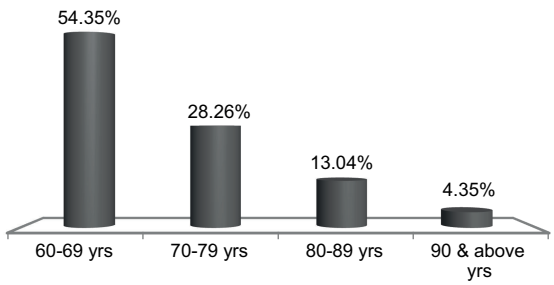

Figure 1: Distribution of respondents by age (n =138)

The respondents were predominantly male (58.7%) with male to female ratio was roughly 3:2 (Figure 2).

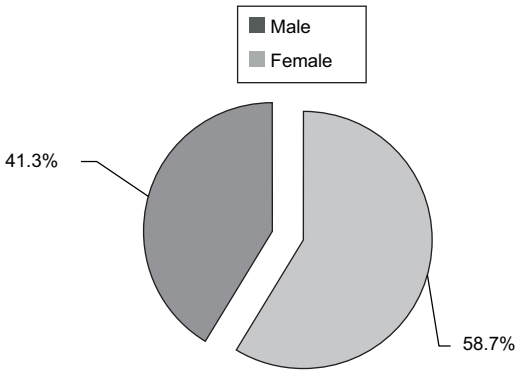

Figure 2: Distribution of respondents by their sex (n=138)

More than half of the respondents were from urban background (52.2%) and rest are from rural background (47.8%). Only 2 (1.5%) foreigners were found. Nearly three-quarters (87.7%) of the respondents were Muslim and 8.7% Hindus. More than 50% had monthly family income of Taka <10000 BDT. Majority (70.3%) of the respondents was widow/widower and 10.9% were single. Over one-third (38.4%) of the respondents were studied up to primary level, 26.8% were graduated, 14.5% were studied up to secondary level and 11.6% were up to higher secondary level. A few respondents were illiterate (8.7%). Most of them came from nuclear family (79.7%) and rests were from joint family (20.3%). In terms of family member, 68.1% had less than 4 family members (Table 1).

Table1: Distribution of respondents by their socio-demographic condition (n=138)

Socio-demographic characteristics	Frequency	Percentage
Nationality		
Bangladeshi	136	98.5
Foreigner	2	1.5
Habitants		
Rural	66	47.8
Urban	72	52.2
Religion		
Islam	121	87.7
Hindu	12	8.7
Christian	3	2.2
Buddhist	2	1.4
Monthly income (in BDT)		
<10000	71	51.4
10000-20000	28	20.3
20000-30000	14	10.1
30000-50000	12	8.7
>50000	13	9.4
Marital status		
Married	16	11.6
Single	15	10.9
Divorced	8	5.8
Separated	2	1.4
Widow/widower	97	70.3
Education		
Illiterate	12	8.7
Primary	53	38.4
Secondary	20	14.5
Higher secondary	16	11.6
Graduate and above	37	26.8
Family type		
Nuclear	110	79.7
Joint	28	20.3
Family members		
<4	94	68.1
5-7	21	15.2
7 or more	23	16.7

Majority (60.9%) of the respondents had chronic physical illness. A few of the respondents had family history of mental illness (7.2%). Only 1.4% had history of drug addiction. The mean duration with standard deviation of staying in old care home by the respondents was 4.145±3.35 years (Table 2).

Table 2: Some pertinent information about respondents (n= 138)

Pertinent information about respondents	Frequency	Percentage
Family history of mental illness	10	7.2
Chronic physical illness	84	60.9
History of drug addiction	2	1.4
Forensic history	0	0.0
Duration of staying in old care home (in years)	4.145±3.35	

Discussion

The results showed that, the respondents were predominantly male (58.7%) with male to female ratio being roughly 3:2. Habitants from urban region were slightly higher (52.2%) than rural. Most of the respondents were retired person (28.99%) and most of the women were housewife, as a result they constitute 26.81% of total respondents. Nearly 50% had monthly income of BDT<10000, it indicated most of them came from lower socio-economic condition. Majority (70.3%) of the respondents were widow/widower. Over one third (38.4%) of the respondents was educated up to primary level. In terms of type of family, most of the respondents (79.7%) were from nuclear family. This might be indicating strong familial bondage in joint family. Chronic physical illnesses like diabetes mellitus, hypertension, arthritis, sleep disturbance, headache, constipation etc. were found among majority (60.9%) of the respondents. This was a common scenario in old age and it strongly associated with the ageing process. That condition might be due to residential unfamiliar environment of old care home and also living away from home as well as son, daughter, grandchildren and other relatives also a stressful condition. That also might be due to extreme stress or trauma, bereavement and complicated or chronic grief, family history of anxiety disorders, other medical or mental illnesses or neurodegenerative disorders (like Alzheimer's or other dementias). Common fears about aging could lead to anxiety. Many older adults were afraid of falling, being unable to afford living expenses and medication, being victimized, being dependent on others, being left alone, and death.[5]

Respondent from urban background were found to be associated with more anxious and stressful. This possibly reflected the effect of industrialization, urbanization and rapid, complex change of urban life. It was also found in studies that depression and anxiety were more prevalent and as well as affect more among urban people than rural people.[6] Interestingly, it was found that respondents who educated up to primary level were seemed more depressed, anxious and fearful and those who were graduated and above were found mostly normal. Several studies also had established that the more educated experience fewer depressive symptoms than the less educated.[7,8] A longitudinal study stated that, more education leads to less depressive symptoms, rather than vice versa.[9] This might be indicating higher educated persons have better coping ability. It had been also reported that economic condition and social status also played an important role regarding depression as higher educated people were solvent and lived in a higher social position with available facility.[10]

Conclusion

Elderly people living in old care home are mostly male and single or widow/widower urban people from nuclear family are more coming in the old care home. Though this study had some limitations, it might open the windows for further research in this field. Also multicenter subsequent broad based studies are required to confirm the findings of the study. As old persons need appropriate care, treatment, love and affection, both government and non-government social organizations as well as care homes for old peoples should look into this matter. Multidisciplinary team approach consisting psychiatrist, psychologist, social worker, nurse, occupational therapist is really essential.

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