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## Assess the Health Problems among Elderly of Ernakulam District, Kerala

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### ABSTRACT

*"A phenomenological study to assess health problems of elderly in Ernakulam district ". Aim: To assess the health problems of elderly and it's management.*

***Materials and Methods:** A phenomenological study was conducted among 10 senior citizens at Ernakulam district. The data saturation was attained with the 10 the interview.*

*Data collection tool comprised of socio demographic Performa and lead questions for in-depth interview. The interview was audiotaped, coded, transcribed and translated into English. Themes and sub themes were derived. The major themes derived from study were internal and external support, attitude to food and nutrition, risk for accidents, health problems and psychological symptoms.*

*The study findings showed that majority of the elderly had support from family and friends. Many of them had difficulty chewing and had normal diet patterns. Diabetes (30%) and hypertension (30%) were the common medical condition among elderly. Medication error (70%) was the common cause of risk of accidents among elderly and risk for fall was another major concern. Most of the elderly do not have any significant psychological symptoms.*

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### INTRODUCTION

Ageing is a natural process which is inevitable and thus being the end of the human life cycle. Perceiving ageing with fear is recent phenomenon, it seems to be increasing each day, as world become more complex and moreover ageing is associated with decline in functional ability which affects all aged peoples.

Aged have limited regenerative abilities and more prone to disease, syndrome and sickness than adults.

### REVIEW OF LITERATURE

A study was conducted to assess the causes and consequences of fall among elderly people at home among 389 participants aged above 60 years in Brazil. A total of 191 were women (41.10%) and 198 were men (60.89%). Data was collected using questionnaire method.

Findings of the study showed that the highest incidence of falls was the bathroom (24.94%), followed by the kitchen (18.25%). However, according to the age group, people over 80 years were those who suffered more falls, with an average of 2.16 per year.

A study was conducted to assess the nutritional status of elderly among 360 elderly persons aged over 60 years old in Assam. Out of the total of 360 elderly persons, 15% were found to be malnourished and 55% were at risk of malnutrition.

The association between nutritional status and older age group, female gender, dependent functional status, dependent financial status and inadequate calorie intake was found to be significant.

A study was conducted to identify geriatric health problems among 407 elderly population aged above 60 years old in Pune. A total number of 156 [38.33%] were males and 252 [61.67%] were females. Findings of the study showed that hearing and visual impairments were high.

An article "A Healthy Lifestyle in Old Age and Prospective Change in Four Domains of Functioning" by Marjolein Viser, Hanneke A.H, Windhaven was published in the Journal of Aging and Health in May 29, 2018.

The aim of this article is to study the associations between healthy lifestyle in old age and decline in physical, psychological, cognitive, and social functioning. A population-based sample of 3,107 Dutch men and women aged 55 and 85 years (1992/1993; Longitudinal Aging Study Amsterdam) was used with five 3-yearly follow-up examinations. Lifestyle score, based on smoking status, alcohol consumption, physical activity, and body mass index (BMI), ranged from 0 (unhealthy) to 4 (healthy).

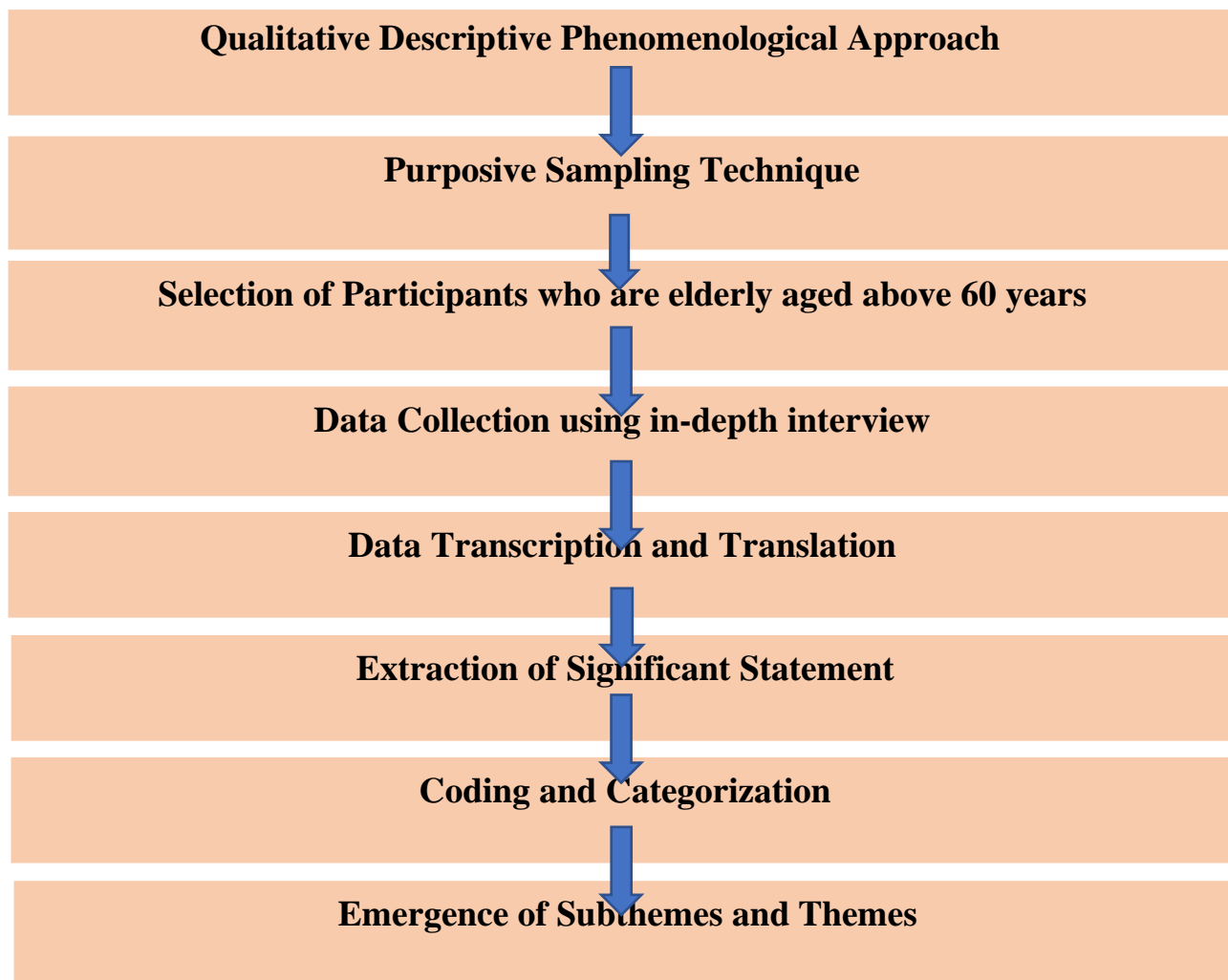
Outcomes included gait speed, depressive symptoms, cognitive status, and social contacts. The result was persons with a healthy lifestyle had a 10.6% slower decline in gait speed (0.04 m/s, 95% confidence interval [CI] = [0.03, 0.05]), 10.8% slower increase in depressive symptoms (-1.07 [-1.70, -0.44]), a 1.8% slower decline in cognitive functioning (0.47 [0.23, 0.70]), and a 4.9% slower decline in social contacts (0.58 [0.01, 1.15]) compared with persons with no or one healthy lifestyle factor.

A quantitative study "Family support, multidimensional health and living satisfaction among the elderly: a case from Shaanxi province, China" by Lijian Wang and Liu Yalng. A cross sectional survey was conducted in 2019, and 938 elderly people from 7 districts of Shaanxi province were enrolled.

Multivariable linear regression and mediation effect analysis were employed to examine the integrated relationships among these variables. The results showed that emotional support and decisional support from families were positively related to the living satisfaction of elderly individuals, while the relationship between daily living support and living satisfaction was not significant.

These results indicate the pathways in the relationships of different types of family support to living satisfaction via mental state and social integration, having significant implications for enhancing the living satisfaction of the elderly.

## MATERIALS AND METHODS



### DATA COLLECTION PROCEDURE

Data collection was done as a part of add on course on geriatric care. The data was collected from 10 elderly persons at Ernakulam district. The data was collected after obtaining consent from the participants. Questions were asked and was allowed to talk freely about their life experience. Language of communication was Malayalam and English. Recording was done through video call recordings

### ANALYSIS AND INTERPRETATION

#### Theme 1: Internal And External Support

##### 1.1 Support from family, friends and neighbors

Participant 1: " Mmmm... I stay with my younger son, his wife and children. They take care of me. "

Participant 3: " Sometimes I call my friends through telephone. "

Participant 7: " I talk with my neighbors regularly. "

##### 1.2 Support from health professionals

Participant 1: " I go for regular medical checkup in the nearby hospital. "

Participant 4: " Mmm... No, I can't go to hospital as I have difficulty in walking. "

Participant 8: " I am frequently visited by the palliative care unit ".

### **1.3 Comfortable living environment**

Participant 1: " I have my own room with all necessary facilities. "

Participant 4 : " Mmm... I want to have a walker but now I use a stick. "

Participant 6: " Some days I live with my daughter and some days I live with my elder son. These changes are a bit uncomfortable for me. "

## **Theme 2: Attitude To Food And Nutrition**

### **2.1 Loss of appetite**

Participant 1: "Well.. I have a normal appetite...!"

Participants 3:"I lack interest for food and I'm having less appetite these days...."

Participant 9: "Recently I eat very less, after my surgery as I have complaints of constipation."

### **2.2 Dietary habits**

Participant 1: "I eat normal diet."

Participant 2,7: "I preferably take diabetic diet as I'm diabetic."

Participant 3: "I keep restrictions on fats and oily foods as I'm having hyperlipidemia ".

Participant 4: " I don't eat too much spicy foods as I'm frequently having gastritis complaints."

### **2.3 Chewing and swallowing problems**

Participant 4: "I eat all types of foods with ease."

Participant 5: " I can't chew well as I lost most of my teeth"

Participant 8: "I'm sad as I can't chew well due to distasteful mouth "

## **Theme 3: Risk For Accident**

### **3.1: Fall**

Participant 1,5: Yes, I slipped in bathroom 2 months ago

Participant 3: No, I have no history of fall

Participant 9: Mmm, I had recently undergone a surgery for fracture as I had slipped from stairs

### **3.2: Burns and scald**

Participant 1: Yes, I had a history of scald on my fingers while cooking

Participant 8: I have no history of Burns or scalds

### **3.3: Elder Abuse**

Participant 1: No, No I have no such history. My children are taking care of me very well

Participant 7: No I have no such history

### **3.4 : Medication error**

Participant 4: Some times I forget to take my pills

Participant 10: sometimes I take wrong medication

## **Theme 4: Health Problems**

### **4.1 Lifestyle diseases**

Participant 1:"yah.... Iam having diabetes mellitus and hypertension since 20 years"

Participant 3: "Mmm...well.. I am having hypertension."

Participant 4 : "well , I don't have any problem other than diabetes "

Participant 5: "Yah I suffering with fatty liver."

Participant 10: "Mmm.... Iam having cholesterol since 4 year."

#### **4.2 Chronic disease**

Participant 1: "I am having joint pain and stiffness through out the day, and general feeling of sickness and fatigue".

Participant 2: "Ah... 5 years back I had an attack of stroke".

Participant 5: "Last year I underwent angioplasty now iam taking Medication for that".

Participant 7: "I am having back ache and Iam having trouble while walking".

Participant 10: "Mmm..Iam panting while climbing stairs, and Iam using inhalers."

### **Theme 5: Psychological Symptoms**

#### **5.1 Feeling of loneliness and social isolation**

Participant 1: Eyy never... I am always engaged in taking care of my grandchildren

Participant 7: sometimes, mainly during the day time because children goes to work

#### **5.2 Sleep disturbances**

Participant 2: yes.. I have difficulty to fall asleep during the night because of the day time naps

Participant 5: no... I usually sleep at 10.30 after big boss

Participant 9: no.. I can't sleep well because of severe pain and hot weather

#### **5.3 Adjustment issues**

Participant 1: I have no adjustment issues with my family

Participant 4: sometimes I feel generation gap in adjusting with my grandchildren Participant

10: Yes. I feel difficulty to adjust with the lifestyle and food habits of my grandchildren

## **RESULTS**

### **Participant Characteristics:**

Most of the participants were middle income class (70%), some of them belonged to high income (20%) few of them were low income (10%). Majority 6(60%) of participants were male and 4 (40%) were female participants.

The themes and subthemes derived in the study were:

### **Theme 1: Internal And External Support**

#### **Subthemes:**

1.1 Support from family, friends and neighbors

1.2 Support from health professional

1.3 Comfortable living environment

### **Theme 2: Attitude To Food And Nutrition**

#### **Subthemes**

2.1 Loss of appetite

2.2 Dietary habits

2.3 Chewing and swallowing problems

### **Theme 3: Risk For Accident**

#### **Subthemes**

- 3.1 Fall
- 3.2 Burns and scalds
- 3.3 Elder abuse
- 3.4 Medication error

#### **Theme 4: Health Problems**

##### **Subthemes**

- 4.1 Lifestyle diseases
- 4.2 Chronic diseases

#### **Theme 5: Psychological Symptoms**

##### **Subthemes**

- 5.1 Feeling of loneliness and social isolation
- 5.2 Sleep disturbances
- 5.3 Adjustment issues

## **DISCUSSION**

In the theme internal and external support, the sub themes emerged were support from family, friends In the theme internal and external support, the sub themes emerged were support from family, friends and neighbors, support from health professionals and comfortable living environment. Findings from the present study supported the findings of another study titled " Family support, multidimensional health and living satisfaction among the elderly. The analysis revealed that emotional support and decisional support from families were positively related to the living satisfaction of elderly individuals, while the relationship between daily living support and living satisfaction was not significant. These results indicate the pathways in the relationships of different types of family support to living satisfaction via mental state and social integration, having significant implications for enhancing the living satisfaction of the elderly.

In the theme psychological symptoms, the subthemes emerged were feeling of loneliness and social isolation, mood swings, anxiety, sleep disturbances, fear of aging and adjustment issues. Findings of the present study supported the finding of another study titled, "A Healthy Lifestyle In Old Age and Prospective Change in Four Domains of Functioning." Analysis revealed that the persons with a healthy lifestyle had a 10.6% slower decline in gait speed ,10.8% slower increase in depressive symptoms, and a 4.9% slower decline in social contacts compared with persons with no or one healthy lifestyle factor.

In theme risk for accident, the sub themes emerged were fall, Burns and scald, elder abuse and medication error. The findings of the present study supported the findings of another study titled by "A qualitative study to assess causes and consequences of fall among elderly people at home in Brazil". The analysis revealed that on an average of 1.6 falls per year ; there was an average of 1.57 for men and 1.63 for women. However, according to the age group, people over 80 years were those who suffered more falls, with an average of 2.16 per year. The place with the highest incidence of falls was the bathroom (24.94%), followed by the kitchen (18.25%). Most people reported they have suffered some kind of injury (92.03%); excoriations (46.52%) were the most common, followed by fractures (29.05%), and the sites with more episodes were the ankle (19.79%) and knee (18.25%).

In the theme health problems in Pune the sub themes were Tobacco use, alcohol use, visual impairments, hearing impairments, urinary problems, hypertension, arthritis, cataracts. The finding of the present study supported the findings of another study titled 'A cross sectional

study of elderly conducted in Pune. The analysis brought out themes under headings and result showed that prevalence of hypertension was 30.7% (125/407); 12% (49/407) had diabetes; 7.6% (31/407) gave history of ischemic heart disease, males more than females (OR = 3.75, 95% CI 1.62-8.82). A large proportion, 32.6%, (133/407) had dental problems. Almost half of the population gave history of depression. Among these diabetes and hypertension were high.

In the theme psychological symptoms, the subthemes emerged were feeling of loneliness and social isolation, mood swings, anxiety, sleep disturbances, fear of aging and adjustment issues. Findings of the present study supported the finding of another study titled, "A Healthy Lifestyle In Old Age and Prospective Change in Four Domains of Functioning." Analysis revealed that the persons with a healthy lifestyle had a 10.6% slower decline in gait speed ,10.8% slower increase in depressive symptoms, and a 4.9% slower decline in social contacts compared with persons with no or one healthy lifestyle factor.

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