

RESEARCH ARTICLE

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A Cross Sectional Study on the Prevalence of Elder Abuse in the Rural Field Practice Areas of A Tertiary Care Hospital In Mangaluru

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Abstract

Objectives: The objectives of this study was to define and identify the symptoms of elder abuse, create awareness about its existence to the primary health care workers and recommend an appropriate strategy for its prevention. **Methods:** A descriptive cross-sectional study by questionnaires based was done considering prevalence and problems of elder abuse in Dakshina Kannada rural areas of Jaranadagudde and Ammunje district, peripheral health centres, Mangaluru, Karnataka, India in February, 2016. **Results:** The study showed that the prevalence of abuse was 1.57% in the sample population and undoubtedly, the offenders were their children even though it is quite low comparatively. **Conclusion:** Even though low, we opine that, to prevent elder abuse, interventions and policies are of utmost importance and help reduce the burden on the ageing population especially in a developing country like India.

Key words: Burden, Cross-sectional Study, Elder abuse, Prevalence, Problems, Survey.

INTRODUCTION

According to a famous saying “You do not heal old age, you protect it, you promote it, you extend it”. Elderly mistreatment is a hidden and often ignored problem in society.^[1] Many have heard the phrase ‘Granny Battering’ but have known little more than that, other than perhaps some awareness of problems publicised in television programmes on Care Homes. The term ‘Granny Battering’ dates back to 1975.^[2]

Action on elder abuse developed a definition which was later adopted by the World Health Organisation as elder abuse is either a single or a repeated act or a lack of appropriate action occurring within any form of relationship where there is an expectation of trust, which causes harm or distress to an older person physically or mentally. There has been debate since from long time about prevalence figures since the syndrome was first recognised. A systematic review of international elder abuse prevalence looked at studies where abuse was reported by older people themselves or by family members or professional caregivers, and was investigated using specified objective measures. In their extensive literature search they found only seven studies which have fulfilled these criteria: one among these was the first major study conducted



in the United Kingdom, by Ogg and Bennett in 1992. The systematic review of studies found that more than 6% of the total general population, and quarter of vulnerable adults and a about third of family caregivers reported being involved in significant abuse which suggests a much larger number of episodes than are known to statutory services.^[3,4] The objectives of this study were to define and identify the symptoms of elder abuse, create awareness about its existence to the primary health care workers and recommend an appropriate strategy for its prevention.

MATERIALS AND METHODS

This community based cross sectional study was carried out in rural setting of Jarandagudde and Ammunje in Bantwal Taluk of Dakshin Kannada District, Karnataka, India for a period of four days from 29th January to 2nd February 2016. Approval from Institutional Ethics Committee was obtained wide Ref.No. FMMC/FMIEC/2924/2016. This study included 127 subjects in the geriatric age group of 60 years and above. House-to-house visits were made until the desired samples were met.

Inclusion criteria

Participants were 60 years or above and were resident of the same area (Jarandagudde and Ammunje)

Exclusion criteria

Not willing to participate in the study, staying alone in the house, inebriant state, those who failed to comprehend the interview, mentally unstable and comatose subjects.

Cluster random sampling technique was used to select the study area (Jarandagudde and Ammunje) and simple random sampling technique was used to select the study sample. Information was collected on a predesigned and pretested schedule. Informed consent was obtained from the subjects after clearly explaining about the study to them. The questions were asked in the language which the participants understood and response were noted to bring out the result. Modified BG Prasad Scale was used for assessment of socioeconomic status. The person showing suggestive scoring was again asked more on type of abuses and perpetrators of abuse. Attempts were made to identify types of abuse. The study focused on abuse of elders in the home settings only. Attempts were made to verify the signs of abuse. Also based on the interviewer's opinion, various aspects related to the subjects (condition of the house, accessibility, etc) were graded from a scale of 0-10. The data collected was entered into SPSS 23 version and it

was analyzed and presented in percentages or proportions using relevant statistical tests wherever applicable.

RESULTS

Table 1: Demographic Information of Participants

Gender	Number	Percentage (%)
Male	49	38.6
Female	78	61.4
Age		
60-69 years	73	57.5
70-79 years	35	27.6
80-89 years	17	13.4
>90 years	02	1.6
Marital status		
Single	1	0.78
Married	73	57.4
Widowed	52	40.9
Separated	1	0.78
Locality		
Jarandagudde	69	54
Ammunje	58	46
Professional situation		
Working	31	24.4
Retired	39	30.7
Others	57	44.9
Socioeconomic level		
High	05	3.9
Middle	74	58.3
Low	48	37.8
Residential status		
Owned	123	96.9
Others	04	3.1

There were 127 elderly people in our study survey having 49 (38.6 %) men and 78 (61.4%) women above the age of 60 years. Elders belonging to age between 60-69 years were 73 (57.5%) and 02 (1.6%) were more than 90 years which shows the longevity of the life in this study. Marital status revealed that majority (73) of them were married constituting 57.4% and only one (0.78%) was single. Locality wise distribution was little more in Jarandagudde than Ammunje area 69 (54%) and 58 (46%) respectively in our study.

Professional status revealed that elderly person belonging to no work mentioned as others constituting about 44.9 % were more than working (24.4%) and retired (30.7%). Socioeconomic status revealed that majority of elders

belongs to middle (74%) class family compared to high (05%) and low status (48). Our study revealed a very good residential status of 96.9% showing least burden on elderly people in these two localities where others were only 3.1%.

Table 2: Distribution of various problems among the elders

	Response	N (%)
Neurological Problems	Yes	19 (15)
	No	108 (85)
Affective disorders	Yes	20 (15.7)
	No	107 (84.3)
Anxiety disorders	Yes	08 (6.3)
	No	119 (93.7)
Behavioural problems	Yes	02 (1.6)
	No	125 (98.4)
Consumption of nicotine/ alcohol	Yes	29 (22.8)
	No	98 (77.2)
Cardiovascular problems	Yes	52 (40.9)
	No	75 (59.1)
Musculoskeletal problems	Yes	49 (38.5)
	No	78 (61.4)
Diabetes	Yes	28 (22)
	No	99 (78)
Cancer	Yes	01(0.8)
	No	126(99.2)
Physical disability	Yes	07(5.5)
	No	120(94.5)
Need assistance to carry daily work	Yes	10(7.9)
	No	117(92.1)
Hot water facility	Yes	110(86.6)
	No	17(13.4)
Ventilation	Yes	21(16.5)
	No	106(83.5)
Sufficient living area	Yes	121(95.3)
	No	06(4.7)
Cleanliness of the living area	Yes	112(88.2)
	No	15(11.8)
Good relation with family persons	Yes	120(94.5)
	No	07(5.5)
Good relation with friends	Yes	116(91.3)
	No	11(8.7)
Good relation with family neighbours	Yes	119(93.7)
	No	08(6.3)
Social service care	Yes	18(14.2)
	No	109(85.8)

Table 3: Neglect or Abuse from family members

Reasons for Neglecting	Response	N (%)
Nutrition, Cloths, Hygiene or Medical related	Yes	02(1.57)
	No	125(98.42)
Restriction for activities	Yes	0(0)
	No	127(100)
Administration of non rescription drugs	Yes	0(0)
	No	127(100)
For affective needs	Yes	01(0.8)
	No	126(99.2)
Physical abuse	Yes	1(0.8)
	No	126(99.2)
Sexual abuse	Yes	0(0)
	No	127(100)
Financial abuse	Yes	0(0)
	No	127(100)

DISCUSSION

Jarandagudde and Ammunje area of Dakshina Kannada district was selected for our study in particular, as these area were the field practise area of our Fr. Muller Institution. In our study, there were 127 elder people in the area of Jarandagudde and Ammunje upon whom the survey was conducted and there were 49 (38.6 %) men and 78 (61.4%) women above the age of 60 years. Our studies showed that the survival of elderly women was longer than elderly men in this locality. Similarly, elders belonging to age between 60-69 years were 73 (57.5%) and 02 (1.6%) were more than 90 years which shows the longevity of the life of elders in this study especially in the selected areas. Marital status of elders revealed that, majority them were married constituting 57.4 % and only one (0.78%) was single. The reason for being single was not clearly revealed by the subject showing the helplessness. Locality wise distribution was little more in Jarandagudde than Ammunje area 69 (54%) and 58 (46%) respectively in our study which was not comparatively significant. Professional status revealed that elder person belonging to no work mentioned as others constituted about 44.9 % which were more than working (24.4%) and retired (30.7%) which indicates that elders with no job may feel insecurity in terms of financial needs as they have to depend on their children or relatives. Socioeconomic status revealed that majority of elders belongs to middle class family (74%) compared to high (3.9%) and low status (37.8%) which indicate burden of cost of living in the current scenario. Our study revealed a very good residential status of 96.9% showing least burden on elder people in these two localities

which may show balancing act to overcome socioeconomic status (Table 1).

Cardiovascular problems and lack of social care service was found to be bigger challenge found in our studies which needs to be keenly addressed (Table 2).

Abuse results revealed that, among 127 (100%) people, 2 females (1.57%) have been found to be abused by the family members. Both the females were neglected for nutrition, clothing and medical needs. Among two, one (0.78%) was also physically abused whereas the other (0.78%) was denied of the affective needs. Rest of 125 (98.4%) subjects were found to be not abused physically, verbally, sexually or financially which is highly satisfactory and acceptable results which was found in our study (Table 3).

Limitations

The limitation of this study was found to be non-consideration of the gender for criterion mentioned under all the aspects. As this was a house to house survey, most cases of morbidity were elicited by self reporting. There was no screening or conformation by laboratory test and follow up, hence few percentage might have been a biased report by the subjects. This may underestimate the morbidity because early or subclinical cases like diabetes, hypertension and cancer etc might have been missed. However, we opine that, further studies considering these limitations has to addressed in further studies in near future involving these two area and also should be compared by considering other areas as well for a better community health.

CONCLUSION

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The study was designed with the overall aim of defining and identifying the symptoms of elder abuse and to develop a strategy for its prevention. From the statistics obtained in our study, we came to conclusion that elder abuse in the study area is less significant. It is found that the dependent female population is more likely to get abused compared to independent male population. Elder Indian women appear to be greater risk of abuse and neglected than men. To prevent elder abuse, interventions and policies are of utmost importance and help reduce the burden on the ageing population. Lastly, giving respect to the elders can save our society from elder abuse.

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CONFLICT OF INTEREST

Nil

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