Journal of Advances and Scholarly Researches in Allied Education
Vol. XIV, Issue No. 2, January-2018, ISSN 2230-7540

Health and Well-Being of Elderly: Need of Social Work Intervention

Dr. B. Venkata Subbareddy*

Academic Consultant, Department of Social Work, Vikrama Simhapuri University, Nellore

Abstract – Health is a very important factor in the well-being of the elderly since they are prone to diseases due to degenerative changes. The life style diseases like diabetes, hyper-tension, cardio vascular problems, digestive disturbances, cancers etc., accelerates among the elderly. The complications of degenerative changes among elderly are more and it has impact on physical status directly or indirectly. The present study aims at studying the socio-economic profiles and elderly health status to identify scope for social work intervention. 400 elderly were selected with the help of simple random sample with proportionate allocation from an universe of 1200 elderly from Vidavaluru, Venkatachalam and Manubolu mandals. The study reveals that less than one third of the elderly i.e. 32.25 percent have health problems like eye sight and hearing problems followed by 32.0 percent with body aches, cold and cough, 18.75 percent have diabetes, B.P., menopausal problems, 12.50 percent have diabetes, B.P., skin, heart, respiratory, etc. The intervention provided to the elderly has a positive and visible impact in the areas such as health behaviors (preventive care).

----------X----------

INTRODUCTION

As age advances the function of the body gets affected due to the degenerative changes . Loss of eye sight, loss of hearing capacities and loss of motor coordination are common in the process of ageing Jamuna (2004). But anaemia and malnutrition are common in lower socio-economic groups. Incidents of accidents due to falling, loco-motor diseases like stroke and paralysis make elderly completely dependent on other family members. It reduces their mobility. Elderly person as a patient/disabled person further faces many problems. Regarding chronic diseases faced by the elderly: NSSO survey (2004) released that the prevalence of heart diseases among elderly men and women was much higher in urban areas than in rural parts. Urinary problems were more common among aged men while more aged women reported to suffer from problems of joints.

Epidemiological evidence indicates that environment and life style contribute considerably to cause disability and diseases of later life (Siva Raju,2002). People can be made aware to avoid physical deteriorations that characterize old age like arthritis, fracture, loss of hearing, sight and taste - the gradual breakdown of sensory systems. Advances in medical gerontology and better ways of life will compress morbidity, mortality, and disability, into a shorter period. Thus, the onset of major fatal diseases (heart disease, cancer, and Alzheimer's disease) and other debilitating diseases (degenerative joint disease, sensory impairments and memory loss) would be postponed. Such delay in the onset of age-dependent diseases can make the elderly healthy and happy. As a consequence of general health awareness, improved hygiene and immunization, successful treatment of diseases including organ transplantation, the elderly people is steadily increasing. The extent of advancements in medical sciences has given man a hope to reach his maximum life span of about 100 years. Increased life expectancy is a global trend.

Good nutrition and good health are inseparable, and the effects of a faulty diet appear sooner or later. Gopalan et.al.,(1996) exhorts that the Indian elderly, especially the aged women, are at high risk of chronic undernutrition. Many studies have identified elderly groups nutritionally at risk of malnutrition through medical psychological or socio-economic conditions. Despite of all ailments and handicaps, the medical facilities available for the aged are inadequate and many aged are compelled to seek help from private practitioner's inspite of their poor economic status (Ketshukietue Dzuvichu , 2005)

METHODOLOGY:

The present study aims at studying the socio-economic profiles of elderly, their health status and to identify scope for social work intervention.

OBJECTIVES OF THE STUDY

1. To understand the socio-demographic and economic profile of elderly;

2. To assess the health status of elderly;

3. To identify the elderly problems and provide suitable interventions to minimize the problems of the elderly.

PLACE OF THE STUDY

The study is undertaken in a select district of Andhra Pradesh State i.e. Nellore. Andhra Pradesh, the largest state in the southern part of the country. According 2011 census the percentage of population in the age group of 60 and above years to total population of Andhra Pradesh in 2011 is 8.8; among them 8.3 percent are men and 9.4 percent are women and 9.5 percent living in rural areas where as 7.2 percent in urban areas. The population of the district is 29,63,557 and in Nellore district the population of elderly is 295225.

Sampling Design : The universe of the present study consists of 1200 elderly from Vidavaluru, Venkatachalam and Manubolu mandals. From each mandal two villages were identified and from the six villages a sample of 400 elderly were selected by the method of simple random sample with proportionate allocation.

Tools used: After a thorough scrutiny of measures, an inventory to assess health status of older persons was standardized by Ramamurthi as part of his ICMR Major Research Project on health (1996) was chosen along with self developed interview schedule.. which was used by many researchers in the field of health and ageing (Jamuna et. al., 1999; Lalitha, 2000; Sudharani, 2000 and Uma Devi, 2002).

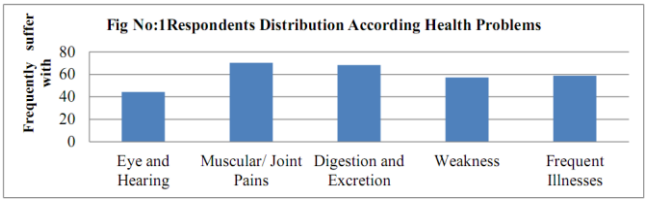
Analysis of Data : The data has been analyzed by using certain statistical techniques as follows: Percentages, mean, median, standard deviation has been calculated for a large number of variables under study. The statistical analysis is carried out with SPSS 16.0.

HEALTH STATUS

Table: 1 Respondents distribution according to their present health status

S. No	Health status	Frequency	Percent
1	Excellent	001	00.2
2	Good	017	04.2
3	Moderate	282	70.5
4	Poor	077	19.2
5	Very poor	023	05.8
Total		**400**	**100.0**
S. No	**Health Problems**	**Frequency**	**Percent**
1	Mild health problems	254	63.5
2	Major health problems	127	31.8
3	Psychological problems	019	04.8
S. No.	**Health Problem**	**Number**	**Percent**
1.	All the below (2 + 3 + 4 + 5)	018	04.50
2.	Diabetes, B.P., skin, heart, respiratory, etc.	050	12.50
3.	Diabetes, B.P., menopausal problems	063	18.75
4.	Eye sight and hearing problems	141	32.25
5.	Body aches, cold and cough	128	32.00
Total		**400**	**100.0**

From the Table 1, it was observed that a little less than three-fourths of the elderly i.e. 70.5 percent have 'Moderate' health status when compared to last five years followed by 19.2 percent have 'Poor health status', 5.8 percent have ' Very poor health', 4.2 percent have 'Good health status' and a least percentage of the elderly i.e. 0.2 percent stated that they have 'Excellent Health status' when compared to the last five years. Further the table revealed that a little above three fifths of elderly i.e., 63.5 percent have mild health problems as against nearly one third (32.8 percent) have major health problems and a less percentage of the elderly i.e. 4.8 percent have psychological problems. It is also observed that one third of the elderly i.e. 32.25 percent have health problems like eye sight and hearing problems followed by 32.0 percent with body aches, cold and cough, 18.75 percent have diabetes, B.P., menopausal problems, 12.5 percent have diabetes, B.P., skin, heart, respiratory, etc. and a less percentage of the elderly i.e. 4.5 percent have all the mentioned problems (diabetes, B.P., skin, heart, respiratory, menopausal problems, eye sight, hearing problems, body aches, cold and cough etc.) Study revealed that a majority of the elderly i.e. 89.2 percent have been on Allopathic treatment when they had health problems followed by Homeopathy 6.0 percent. It was clear from the results that two fifths of the elderly i.e. 41.2 percent have taken treatment from Private hospital followed by 37.0 percent at Government general hospital/PHC, 17.8 percent from R.M.P doctors, 3.2 percent from super specialty hospital and a less percentage of the elderly (0.8) percent have taken treatment from the traditional healers.



It is clear from the results that a little above two fifths i.e. 44.4 percent of elderly 'Very Frequently' had problems related to eye and hearing and 70.2 percent were troubled by muscular joint pains and swellings, 68.2 percent were troubled by problems of digestion and excretion. Nearly three fifths i.e. 57.5 percent 'frequently' troubled by weakness, lack of energy, lassitude and sleeplessness and 58.8 percent frequent illnesses.

Need of Social Work Intervention

Social Work is a profession to assist people who are in need of physical, psychological, health-wise and economic support. Social worker plays different roles in helping the needy people as enabler, broker, mediator, resource mobiliser, advocate, referral agent in different settings like old age homes, day care centres, etc.

PROCESS OF INTERVENTION:

Phase -1 Pre-Intervention

The researcher identified the elderly who were with different problems and formed them into a group. Then for intervention the researcher met the group members through home visits and took their consent to participate in the process of the group work. The group members were mobilized and enquired about their convenience of place for group work sessions. Then they said anganwadi centre will be the convenient place for them. So the researcher met the anganwadi teacher and took her permission to conduct the group work sessions at anganwadi centre during the afternoons. The researcher explained the purpose of the study to the elderly (group members) followed by introduction of the group members. During this phase, necessary rapport was established and the tools mentioned above were administered.

Phase-II Intervention*:*

After the data was collected, necessary intervention related to problems of the elderly was provided by using the self developed interventional manual which includes various spheres of elderly life at individual and familial level. Total 11 intervention sessions were provided to the groups on 11 themes during group work.

Phase-III Post intervention:

After 12 weeks of intervention the researcher again administered the tools to study the efficacy of group work to observe the impact of the intervention in decreasing the frequency of problems to a minimum extent of the respondents to lead a happy and healthy life. Regarding health certain activities were taken up for the group members. First they were reluctant and less participative later the groups became active.

Objective	Themes/objectives	Content/process	Methods
To provide Social Work intervention to minimize health problems	Health problems Active ageing	Healthy ageing: Health problems of the elderly Preventive/curative measures Importance of exercise/yoga	Discussion Group counselling Demonstration

Session 1: Health Problems:

As age advances the function of the body gets affected. Loss of eye sight, loss of hearing capacities, and loss of motor co-ordination, life style diseases like diabetes, hyper tension, cardio vascular problems, digestive disturbances, cancers etc are common during old age. Management of common health problems is feasible by simple interventions and it is also helps in improving functional status and quality of life. Hence the researcher explained about the health problems experienced by the elderly during old age. The group worker explained them the concept of health promotion in recent times refers to empowering people individually and collectively to take informed responsibility for their own health and in a wider sense for a healthy environment and health enhancement. Health promotion is not antagonistic but rather it is complementary to it, its aim is to keep people healthy. Health promotion therefore requires a radical reorientation of overall health strategy from curing diseases and to promote and maintain health. Physical activities are an integral component of everyday life for many older people in India. While Indian seniors are less likely to participate in organized sports and structural recreational activity than their counterparts in the developed world. At this juncture the worker explained moderate levels of exercise, walking, yoga with meditation and other healthy habits benefit to the group members.

Session II: Nutritional problems:

The researcher explained to the group members that the problems encountered in maintaining health and nutritional status and gave suitable education /counselling. Certain interventions were provided to group members through education /suggestions. The practical, feasible and relevant nutrition education had been suggested to the elderly for intervention (Sujatha Ramamurti, 2004) are : the group worker suggested to take a cereal pulse combination in place of regular rice by mutual supplementation of the limiting amino acids, the overall quality and quantity of protein can be remarkably increased. The group worker further suggested including whole grains and pulses will provide sufficient amount of dietary fiber to them. The elderly can get the advantage of the physiological role attributed to fiber in human nutrition. Thrice in a week, green leafy vegetables should be taken by them which are rich sources of

vitamin C, b-carotene, iron, calcium and fiber. The diet should be easy to chew and easy to digest. While cooking nutrient retention should be given top priority. The group worker suggested the members that the diet should include optimal quantities of macro and micronutrients by incorporating fruits and vegetables. They provide nutrients (antioxidants) that slow ageing and provide immunity. Many studies have shown that micronutrients play a significant role in maintaining health and in enhance the immunological status of an old person. Vitamin C requirement could be met by including rich, cheaper and indigenous sources of vitamin C, such as fruits and vegetables like cabbage, amla, greens etc and suggested to them how to cook it properly to get maximum retention. The B complex vitamins, b carotene, vitamin e and Zinc should also be provided through cheaper but rich dietary supplements. On the whole the senior citizens were educated about 'Healthy ageing practices' like right type of intake of food, regular exercise, physical check-ups and adopting a healthy life style for a relatively fit and disease free old age.

CONCLUSION:

Old age, in general is a multi-dimensional problem. The problems which are associated with old age and the care of elderly are not exclusively the problems of social, cultural and economic ramifications, rather they include health and medical problems also that affect their life .The intervention provided to the elderly has a positive and visible impact in the areas such as health behaviors (preventive care).

REFERENCES:

Chandra Paul Singh, Dr. (2005). 'Social-Economic Status and Health conditions of handless Rural aged in Haryana'. Research and Development Journal HelpAge India, 11: p. 1.

Dey, A.B. and D. Chowdhury. (1997). 'Infections in the elderly'. Indian journal of Medical Research, 106, pp. 273-285.

Jamuna, D. (2004), "The Status and Dynamics of Elder Care in the Indian Context," In : P.V. Ramamurthi and D. Jamuna (Eds.), Handbook of Indian Gerontology. New Delhi: Serials Publications, pp. 208-242.

Ketshukietue DzuvichU (2000), 'Health problems of the aged among the Angaminagas'. Journal of Human Ecology, 17: p. 2.

Rao, M.K. (2003). 'Health status of the Rural Aged in Andhra Pradesh; A sociological perspective'. Research and Development Journal, HelpAge India, 9: p. 2.

Siva Raju, S. (2002). "Health of the Elderly in India: Issues and Implication." *Research and Developmental Journal* 1(8), pp. 25-30.

Suneetha and Subbareddy, 'Problems of the elderly: Role of Social work in Social issues Problems and Perspectives' Ed by K.Suneetha, Sonali publications, New Deldhi, pp.107-123.

Corresponding Author

Dr. B. Venkata Subbareddy*

Academic Consultant, Department of Social Work, Vikrama Simhapuri University, Nellore

E-Mail – bvsrvsu@gmail.com