

Prevalence of elder abuse among the patients attending outpatient department of tertiary care hospitals of Lahore, Pakistan

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ABSTRACT

Background: With a gradual increase in life expectancy and a rise in old age population globally, the world is facing new challenges in the care of this segment of the population. This change has also affected Pakistan in the form of a change in socio demographic profile of the country which has resulted in a change in our values.

Aim: This study explored the frequency of elder abuse, its common forms and association with different socio demographic variables, in individuals coming to OPDs of different tertiary care hospitals of Lahore.

Methods: A purposive convenient sampling technique was adapted to select 600 subjects (both male and female) to be included in this study on voluntary basis. Demographic details were documented and elder abuse was assessed through a screening test "Hwalek - Sengstock Elder Abuse Screening Test (H-S EAST)" of elder abuse.

Results: Among 600 patients, abuse reported by 320 (54%) patients. Physical abuse was reported by 5 (0.8%), neglect 236 (39.3%) and verbal abuse 49(8.2%). Financial abuse 14(2.3%), 89 were (14.8%) financial dependent. Loneliness was noted in 320 (53.5%) of elders.

Conclusion: Physical, Emotional and Financial abuse of elders was reported in the study population to a significant extent.

Keywords: Elder abuse, Risks of abuse, Physical abuse, Neglect, Verbal and Financial abuse.

INTRODUCTION

With the advancement in medical science, the life expectancy rate has risen up to three decades by the last fifty years and it is predicted that by the year 2023, average age will become 72 years.¹ It is estimated that about 9% of the world population is of the age of 65 or above which is expected to become 16% by the year 2050.² With the improvement in life span, Pakistan is also facing a rise in its elder people population. In Pakistan 4.2% of the people are above 65 years. With limited resources and poor understanding of aging process, Pakistan is facing new challenges in the care of its elderly population¹.

With changing values and disintegration of centuries old joint family system, the care of elderly is increasingly perceived as a burden for the society^{3,4}. Poverty, economic recession and insufficient health facilities have made the situation worst in such a way that elderly people are the direct sufferer of the situation. Thus elder people are becoming a victim of neglect and abuse. Data of Epidemiological studies suggest that between 4% to 6% of elderly people experience some form of abuse⁵.

Elder abuse is a violation of fundamental rights of older adults and affects quality of life in healthy Ageing⁶. Population trends suggest that the next 20 years will witness dramatic increase in elder population. Increase in elder population is expected to increase the stress on family which is a risk factor for elder abuse⁷. Elder abuse is a significant public health problem which is likely to be

under estimated as many victims are unable to or afraid to disclose/report violence against them⁸. There is no nationwide tracking system for elder abuse⁹. It remains one of least investigated type of violence in national surveys and one of the least addressed issue in national action plan¹⁰. According to WHO 16% of elders are abused. Only 4% of elder abusing is reported¹¹. Urgent public health action is needed within a cultural context¹².

The definition developed by the International network for prevention of elder abuse states that "elder abuse is a single or repeated act or lack of appropriate action occurring within any relationship where, there is an expectation of trust which causes harm or distress to an older person it can take any form of physical, emotional or sexual abuse with long lasting consequences¹³. Elder abuse is important public health problem. A 2017 study based on the best available evidence from 52 studies in 28 countries from diverse regions, including low-and middle-income countries, estimated that, over the past year, 15.7% of people aged 60 years and older were subjected to some form of abuse¹⁴. In May 2016, the World Health Assembly adopted a Global strategy and action plan on ageing and health that provides guidance for coordinated action in countries on elder abuse that aligns with the Sustainable Development Goals¹⁵. Globally, too little is known about elder abuse and how to prevent it, particularly in developing countries. The scope and nature of the problem is only beginning to be delineated. Many risk factors remain contested, and the consequences and evidence for what works to prevent the elder abuse is limited. At present no reliable figure about elder abuse in home is present in Pakistan because of the occurrence of elder abuse behind

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closed doors, privacy of home compounded by lack of proper reporting system or establishment of anti-domestic violence programs for elders.¹² A rapid decline in social infrastructure has resulted in misbehavior towards elders from their family members. It is unfortunate to avoid discussion on elder abuse related issue because of respect for family privacy.

MATERIAL AND METHODS

Subjects aged 65 year or above, both sexes who were ambulatory and cognitively intact were included. Patients with emergency medical condition or having serious medical conditions were excluded. This cross sectional study was conducted in OPD's of two tertiary care hospitals of Lahore.. Convenient sampling was used to collect data of 600 elder patients willing to participate on voluntary basis. 300 consecutive adult patients aged 65 years or above attending OPD's of SGRH and 300 consecutive adult patients of age 65 years or above attending OPD's of Mayo Hospital were included in the study. Data was

collected by the researcher by using a questionnaire which consists of two parts. The first part consisted of demographic details and the second part consists of H/S EAST (Huwalek-Sengstock elder abuse screening test). Questionnaire was filled by the Doctor herself. Data was entered and analyzed by using SPSS version 23.0.

RESULTS

Among 600 patients, 32 (6%) were above 70 years of age and mean age was 68.2 years. Male to female ratio was 1.5:1. Abuse was reported by 320 (54%) patients. Physical abuse was reported by 5 (0.8%). Screening test revealed that study population was vulnerable to neglect 236 (39.3%) and verbal abuse 49 (8.2%). Financial abuse 14 (2.3%), 89 were (14.8%) financially dependent. Loneliness was noted in 320 (53.5%) subjects. Increasing age, number of Children, less monthly income, duration of illness, illiteracy, marital status and unemployment were noted to be risk factors for elder abuse.

Table 1: Association of elder abuse with socio-demographic factors

| Socio-Demographic Variable | | Abused | | Not Abused | | Chi Square/p value | Remarks |
|----------------------------|------------|--------|------|------------|------|--------------------|-----------------|
| | | n | % | n | % | | |
| Gender | Male | 139 | 42.0 | 192 | 58.0 | 38.14/<0.001 | Significant |
| | Female | 181 | 67.3 | 88 | 32.7 | | |
| Education | Illiterate | 208 | 62.1 | 127 | 37.9 | 23.37/<0.001 | Significant |
| | Literate | 112 | 42.3 | 153 | 57.7 | | |
| Current Marital Status | Married | 224 | 45.7 | 266 | 54.3 | 62.34/<0.001 | Significant |
| | Unmarried | 96 | 87.3 | 14 | 12.7 | | |
| Living with Spouse | Yes | 218 | 45.4 | 262 | 54.6 | 60.43/<0.001 | Significant |
| | No | 102 | 85.0 | 18 | 15.0 | | |
| Currently Employed | Yes | 132 | 47 | 149 | 53 | 8.58/0.003 | Significant |
| | No | 188 | 58.9 | 131 | 41.1 | | |
| Residence | Rural | 32 | 44.4 | 40 | 55.6 | 2.60/0.107 | Not Significant |
| | Urban | 288 | 54.5 | 240 | 45.5 | | |
| Religious Affairs | Yes | 262 | 61.8 | 162 | 38.2 | 41.56/<0.001 | Significant |
| | No | 58 | 33.0 | 118 | 67.0 | | |

Table 2: Association of Elder Abuse with Various Factors

| Variable | | Abused | | Not Abused | | Chi Square/p value | Remarks |
|---------------------------|----------|--------|------|------------|------|--------------------|-------------|
| | | n | % | n | % | | |
| Savings | Property | 112 | 37.3 | 188 | 62.7 | 61.71/<0.001 | Significant |
| | Nil | 208 | 69.3 | 92 | 30.7 | | |
| Living in their Own House | Yes | 106 | 37.9 | 174 | 62.1 | 50.52/<0.001 | Significant |
| | No | 214 | 66.9 | 106 | 33.1 | | |
| Enough Eating & Clothing | Yes | 177 | 39.2 | 275 | 60.8 | 147.9/<0.001 | Significant |
| | No | 143 | 96.6 | 05 | 4.3 | | |
| Access to Mobile/TV | Yes | 175 | 41.6 | 246 | 58.4 | 78.49/<0.001 | Significant |
| | No | 145 | 81.0 | 34 | 19.0 | | |
| Smoking | Yes | 104 | 44.1 | 132 | 55.9 | 13.42/<0.001 | Significant |
| | No | 216 | 59.3 | 148 | 40.7 | | |
| Regular Visits to Doctor | Yes | 45 | 25.4 | 132 | 74.6 | 78.56/<0.001 | Significant |
| | No | 275 | 65.0 | 148 | 35.0 | | |

Table 3: Association of Elder Abuse with Comorbidities

| Comorbidities | | Abused | | Not Abused | | Chi Square/p value | Remarks |
|-----------------------|-----|--------|------|------------|------|--------------------|-----------------|
| | | n | % | n | % | | |
| Diabetes | Yes | 84 | 59.6 | 57 | 40.4 | 2.89/0.089 | Not Significant |
| | No | 236 | 51.4 | 223 | 48.6 | | |
| Osteoarthritis | Yes | 37 | 50.7 | 36 | 49.3 | 0.234/0.628 | Not Significant |
| | No | 283 | 53.7 | 244 | 46.3 | | |
| Hypertension | Yes | 84 | 56.0 | 66 | 44.0 | 0.571/0.450 | Not Significant |
| | No | 236 | 52.4 | 214 | 47.6 | | |
| Take their Medication | Yes | 19 | 6.5 | 272 | 93.5 | 49.7/<0.001 | Significant |
| | No | 301 | 97.4 | 08 | 2.6 | | |

Table 4: Mean Comparison of Various Variables among Study Groups

| Variable | Abuse n = 320 | Not Abused n = 280 | t Test value | p value | Remarks |
|-----------------------------|--------------------|-----------------------|--------------|---------|-------------|
| | Mean±SD | Mean ± SD | | | |
| Age (Years) | 69.26 ± 4.43 | 68.55 ± 4.15 | 2.02 | 0.044 | Significant |
| Income (Rupees) | 12367.19 ± 6061.11 | 19507.14 ± 8494.57 | -11.69 | < 0.001 | Significant |
| No. of Children | 5 ± 2 | 4 ± 2 | 3.678 | < 0.001 | Significant |
| Duration of Illness (Years) | 3.56 ± 3.96 | 2.90 ± 3.49 | 2.152 | 0.032 | Significant |

DISCUSSION

The population of elder people in the world is increasing. In Pakistan by 2050 estimated 44 million people will be over 60 year or older so elder abuse will become significant health problem⁸. During the course of this research, a total of 600 respondents were interviewed who were 65 years and above attending OPDs of Ganga Ram and Mayo hospitals, Lahore.

In this study more than half the subjects alleged some form of abuse. Neglect was the commonest form of abuse followed by verbal abuse. Physical abuse was reported by small proportion of elders. None of the participant reported sexual abuse.

Current study revealed that the socio-demographic factors like age, marital status, education, employment, number of children, presence of spouse, medical condition and duration of illness significantly affect the rate of elder abuse. The prevalence of elder abuse is different in different region especially eastern and western world.

In USA, one in ten American suffer from some form of abuse. Prevalence of elder abuse in Netherland is 5.6% while in UK, one in six people suffering from elder abuse range varies between 2 to 8%. In Asian countries rate of elder abuse in India is 23.1% and 34.1% in Bangladesh. This study was cross sectional in nature and abuse was screened from the elders. Types of abuse vary in eastern and western worlds. Verbal and psychological abuse is common in Asian population especially Chinese, Indian, Japanese, Korean and in Singapore.

While financial abuse is common in USA and UK, as governments accountability office found abuse as growing epidemic because American Retirement system advises workers to acquire 8 to 10 times their final salary in retirement in individual directed account so elder have to handle very large pots of money in the last period of their life time.¹⁷

Current study shows most common type of abuse is neglect and verbal abuse. Same findings were noted in studies done in Sri Lanka and India.^{18,19} A Study done on Srilankans reported physical abuse (9.8%), financial abuse (18.5%) and neglect in 85% of females and 75% of males.²⁰ In this study high percentage of neglect was seen which was associated with Asian cultural practices of living with son and facing poverty. Loneliness was also found in this study. Most older people expect to live with their Children and grandchildren but changing socio economic pattern excludes older adults. Those having more than 3 children also poses risk of psychological abuse. This is similar to study done in Srilankans.²⁰

According to study conducted in Delhi, Bangalore and Nagpur. Half of elderly 50% reported abuse, verbal abuse was 41%, disrespect 33%, Neglect 29% were the most

common type of abuse it is just similar to the findings of present study.^{16,21,22}

In socio-demographic factors, it was found as age had statistically significant relationship with form of abuse, this is similar to a study done in Maharashtra India that described that elderly aged 80 Years or above had significantly high odds for getting physical, verbal and financial abuse. In the study of Maharashtra, the percentage of elder abuse in rural area was high as compared to urban areas, this is contrary to the findings of present study which may be due to the fact that the sampling was done in hospitals not from the community.¹⁸

IN the study done in Maharashtra described that elderly who had no disability morbidity or injury had a lower percentage of abuse and neglect as compared to the elderly who had any disability or morbidity which made them dependent on others. That may be the reason which made them more vulnerable to abuse and neglect.

Acireno in 2014 found that elder abuse was a form of domestic violence. the majority of the elder abuse were in the form of neglect and verbal abuse in domestic setting, similar to the findings of the present study¹⁸.

The main limitation of this study was that those patient who do not have access to hospital services and those who are not ambulant would not have been sampled. This group may be more vulnerable to abuse²³.

CONCLUSION

Physical, Emotional and Financial abuse of elders was reported to a significant level in the study population. Limitation of this study was that it studied elders who sought treatment in hospitals. Community studies are needed to establish the true prevalence of elder abuse.

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