

Perception Regarding Family Support among Elderly Residing in Kirtipur Municipality, Kathmandu

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ABSTRACT

Background: Elderly as a vulnerable group need more care and support. With increase in the age elderly experience physical, psychological and social changes requiring more family support.

Objectives: The objective of this study was to assess the perception regarding family support among elderly residing in Kirtipur Municipality, Kathmandu.

Methods: A descriptive cross-sectional research design was used. Non probability purposive sampling was used for selecting 96 respondents from Kirtipur ward no 4. Data collection was done by face-to-face interview using structured questionnaire after taking informed verbal consent from each respondent.

Data analysis: Statistical Package of Social Science (SPSS) software version 20 was used for descriptive analysis of data.

Results: The findings of the study revealed that 59.38% elderly people perceived high family support, 31.25% perceived moderate family support and 9.38% perceived low family support. Regarding each domain of family support, high perceived support was on physical and daily life support followed by emotional, financial and informational support.

Conclusion: Overall family support was high, however informational support was perceived less in comparison to other domains.

Keywords: Domains of Family support, Elderly, Family support, Perception.

INTRODUCTION

Old age is the age of long life experience, an event which is gradual and inevitable. With increase in age elderly experience physical, psychological and social changes. The other terms that can be used for elderly are senior citizens, old people, seniors, older adults and elders. ^[1] Elderly are defined as people who are 60 years old and above. ^[2] The Senior Citizen Acts (2063), Nepal also defines the senior citizen as people who are 60 years and above. ^[3]

The number of elderly is expected to be more than double by 2050 and to more than triple by 2100, rising from 962 million

globally in 2017 to 2.1 billion in 2050 and 3.1 billion in 2100. ^[4] This could be due to increase in life expectancy. The average life expectancy at birth of the global population was 72 years in 2016. ^[2] In Nepal, the life expectancy has increased from 64.06 years in 2000 to 70.7 years in 2016. ^[5] Life expectancy of male is 70.1 years whereas; life expectancy of female is 71.3 years. ^[5] According to 2011 census in Nepal, the population of age 60 years and above was 8.14% (2154410) of total population. ^[6] According to gender, population of male aged 60 years and above accounted for 4.02% (1064939) and for female it was 4.12% (1089471). ^[6]

When the physical and mental health declines and when elderly no longer function independently, it is often members of family who become their support. [7] Health and well-being of elderly people mostly depend on family support. Family support is the support that people receive from other family members. Family support can be in several aspects such as emotional support, informational support, help in problem solving, health, treatment, daily activities, personal needs, financial support and so on. [8]

Family support is essential for elderly people's mental health. Support from the family members reduces the psychological distress among elderly. [9] Providing the financial assistance and practical support that helps elderly to do their housework reduces the elderly's burden in life. [10] This support may also reduce their anxiety about life pressures which improves their psychological well-being, [10] and reduces the level of depression. [11] Family support is also one of the dominant factor in predicting the physical health and well-being of the elderly. [12] The literature related to elderly reveals that elderly people who had perceived better family support informed no any health and non-health problem in their life. [13] Further, elderly with better support shown to have an enhanced quality of life. [13] Family support also facilitates the sense of blessing and greater degree of achievement among elderly in certain cultures. [13]

In traditional society, the support to elderly was given by the family members but with time and modernization, the young generations are leaving their village in search of comfort and better study and employment opportunities in urban areas or abroad. As a result the family support is being deteriorating. [15] A study on importance of family support showed that weakening of family ties was the most common cause of social isolation and loneliness among elderly. [16] Social isolation and loneliness has been identified as the risk

factors for poor physical and mental health, reduced wellbeing and increase mortality among elderly. [17] Furthermore, previous study has revealed that elderly with low family support may have higher incidence of depression. [17]

Family support allows the elderly to feel cared for, promote physical health and increase well-being and quality of life. The literature has shown that as a result of lack of family support, elderly may feel alone, face physical and emotional health problems and increase symptoms of depression. [19] A study done in Tanahu, Nepal among 116 elderly women revealed that depression was present in 67.7% among which 50% respondents had no financial support and 53% were living alone. [20] A study done on abuse experienced by elderly in Kathmandu among 76 respondents revealed that neglect from the family members was the most common form that was experienced by (47%, n=36) of respondents, followed by behavioral or emotional abuse (37%, n=28), financial abuse (32%, n=24), physical abuse (8%, n=6) and (3%, n=2) were sexually abused. Main reason of elderly abuse were physical and mental disability to look after themselves (42%), had loss of spouse (28%). Further, 20% of the respondents reported that their family members were busy and there was no one to take care of them and 16% reported they had no property. [21] A study done in Kathmandu among 33 respondents revealed that lack of family support leads to problems such as physical problem (54.5%), emotional problem (78.8%), economic problem (9.1%) and social problem (18.2%) after the migration of their children. [22]

In Nepal, people belong to extended family where children are supposed to respect and obey the elders. However with modernization the life style of family is changing. Couple prefer nuclear family, after marriage son prefers to settle elsewhere with his wife and children. Urbanization and modernization has become big problem for elderly to cope with. The biggest issue is that elderly live their life in

loneliness. Grand children are always busy in technology, gadgets and their friends while parents are busy with their job. The problem is mainly for elderly because they have no one to talk to; no one to share their feelings with and they don't have any activities to be engaged in. In today's scenario many young adults go abroad and settle, as a result of which they are unable to visit and care for their elderly parents. [23-24]

The change in family structure due to urbanization and modernization may have affected the way elderly feels about their family support but there are not many studies done in Nepal that studied the perception of family support among elderly. Thus, the objective of the study was to assess the perception regarding family support among elderly residing in Kirtipur Municipality, Kathmandu. This study will give the opportunity for elderly to express their perception regarding family support. The finding of this study will help to identify the level of family support among elderly. This study can be used as the baseline data for the future studies.

MATERIALS AND METHODS

A quantitative descriptive cross-sectional design was used to identify the perception of family support among elderly who are 60 years and above, residing in Kirtipur Municipality. A non-probability purposive sampling technique was used for collecting the data from 96 respondents. Elderly who were available during the data collection period and who could understand and speak Nepali language were included, whereas those elderly who had hearing and speech related problem and who were bed ridden were excluded in this study. The data collection instrument was self-developed which consisted of two parts,

Part I included questions related to socio-demographic information such as age, gender, marital status, types of family and source of income. Part II included questionnaire related to perception regarding family support consisted of 23 questions. This tool has 4 domains:

Physical and Daily Life Support: 6 items, Informational Support: 5 items, Financial Support: 4 items and Emotional Support: 8 items.

Each item was measured in 4-point-Likert scale, with possible scores ranging from 0 to 3 (0=Never, 1=Seldom, 2=Often, 3=Always).

Scoring Criteria

The scoring was based on mean scale score. Mean scale score denotes low support (0-1), moderate support (1.1-2) and high support (2.1-3). The mean score was calculated by adding up the score in each domain separately and dividing by total number of items of each domain.

The questionnaire was translated from English to Nepali. The face and content validity of the instrument was done, and pretesting was done among 10% of the total sample size in Kirtipur and necessary modification was made.

The study was conducted after obtaining ethical approval from Research Committee of Lalitpur Nursing Campus. A face to face interview was conducted door to door with the respondents in their home. Eight respondents were interviewed per day by using self developed structured interview questionnaire. When there were two or more than two elderly in one family all the elderly were taken for study separately. Interview time did not exceed 30 minutes for each respondent. Informed verbal consent was taken from each respondent, confidentiality was assured and privacy was maintained during data collection. Respondents were given freedom to withdraw from the study at any time they wish to. When the respondent showed emotional distress or difficulty to continue due to emotional outburst, researcher stopped for a while and asked them if they wanted to continue or withdraw and went accordingly. Statistical Package for the Social Sciences (SPSS) version 20 software was used for data analysis. Descriptive statistics was used to determine the level of perceived family support among elderly.

RESULTS

Table 1: Respondents' Socio-Demographic Information. N=96

Variables	Frequency	Percentage(%)
Age (in years)		
60-69	40	41.67
70-79	39	40.62
80 and above	17	17.71
Mean age±SD=71.55±8.296		
Range=60-95		
Gender		
Male	52	54.16
Female	44	45.84
Marital Status		
Married	59	61.46
Widow/ Widower	35	36.46
Unmarried	2	2.08
Source of income ^a		
Son	58	60.42
Elderly allowance	32	33.33
Agriculture	17	17.71
Husband	16	16.67
Pension	15	15.63
Daughter	6	6.25

Note: ^a Multiple Responses

Among 96 respondents, 41.67% were between the age of 60-69 years, 17.71% were of age 80years and above. Mean age was 71.55years. Regarding the gender, 54.16% were male and 45.84% were female. More than half 61.46% were married whereas, only 2.08% were unmarried. Regarding the source of income 60.42% of elderly were dependent on their son (Table-1).

Regarding the type of family, 77.09% belonged to joint family whereas a small number of respondents 8.33% were from extended family (Figure-1).

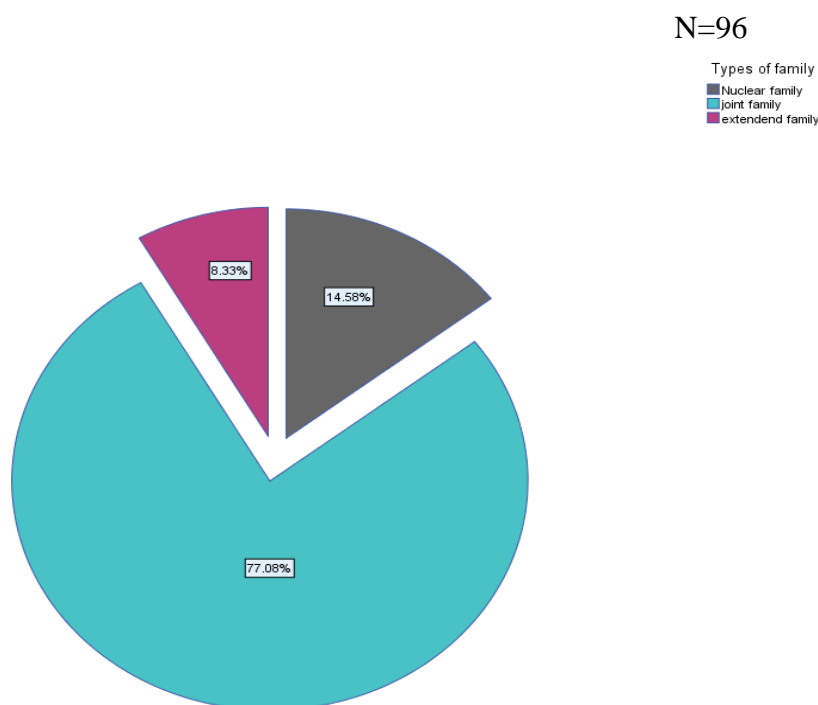


Figure 1: Respondents' Type of Family

Table 2: Respondents' Response regarding Physical and Daily Life Support Domain N=96

Items	Never n (%)	Seldom n (%)	Often n (%)	Always n (%)
Does your family provide you food timely according to your need?	3(3.13%)	13(13.54%)	11(11.46%)	69(71.87%)
Does your family provide clothes as per your need?	3(3.13%)	19(19.79%)	32(33.33%)	42(43.75%)
Does your family pay attention to your daily needs?	5(5.21%)	16(16.67%)	45(46.87%)	30(31.25%)
Does your family shows concern when you are not feeling well?	4(4.17%)	7(7.29%)	9(9.37%)	76(79.17%)
Does your family take you to the doctor when you are sick?	6(6.25%)	5(5.21%)	14(14.58%)	71(73.96%)
Does your family help you to carryout daily activities such as washing clothes and whenever you need assistance?	14(14.58%)	10(10.42%)	24(25.00%)	48(50.00%)

Table 2 shows the respondents' response regarding physical and daily life support domain where, 71.87% of respondent perceived that their family always provide food timely according to their need. Majority (79.17%) of respondents' family always shows concern if

they are not feeling well. One fourth (25%) of respondent responded that they never/seldom got help from their family in carrying out daily activities.

Table 3: Respondents' Response regarding Informational Support Domain N=96

Items	Never n (%)	Seldom n (%)	Often n(%)	Always n (%)
Does your family share important decisions with you?	23(23.96%)	20(20.83%)	25(26.04%)	28(29.17%)
Does your family listen to your problems?	10(10.42%)	14(14.58%)	25(26.04%)	47(48.96%)
Does your family help you to solve your problems?	9(9.37%)	16(16.67%)	25(26.04%)	46(47.92%)
Does your family ask for your opinion in decision making?	20(20.83%)	33(34.37%)	16(16.67%)	27(28.13%)
Does your family share their problems with you?	19(19.79%)	22(22.92%)	31(32.29%)	24(25.00%)

Table 3 shows respondents' response regarding informational support domain which reveals that the family of 44.79% respondents' never/seldom involved them in sharing important decision. Nearly half of respondents (47.92%) perceived their family always help to solve their problems. More than half (55.2%) respondents perceived their family never/seldom ask for their opinion in decision making.

Table 4: Respondents' Response regarding Financial Support Domain N=96

Items	Never n (%)	Seldom n (%)	Often n (%)	Always n (%)
Does your family help economically in your treatment?	1(1.04%)	11(11.46%)	18(18.75%)	66(68.75%)
Does your family give you money whenever you need it?	10(10.42%)	22(22.92%)	26(27.08%)	38(39.58%)
Does your family give you money before you ask for it?	42(43.75%)	30(31.25%)	9(9.37%)	15(15.63%)
Does your family take care of your extra expenses (transportation, religious activities)?	13(13.54%)	23(23.96%)	35(36.46%)	25(26.04%)

Table 4 shows respondents' response regarding financial support domain which reveals that 68.75% respondents' family help them economically in their treatment. Majority (75%) of respondents perceived that their family never/seldom gives them money before they ask for it and the family of 37.50% respondents never/seldom takes care of their extra expenses.

Table 5: Respondents' Response regarding Emotional Support Domain N=96

Items	Never n (%)	Seldom n (%)	Often n (%)	Always n (%)
Does your family respect you?	5(5.21%)	12(12.50%)	16(16.67%)	63(65.62%)
Does your family understand your personal desires?	11(11.46%)	33(34.38%)	32(33.33%)	20(20.83%)
Does your family help you to participate in social activities?	12(12.50%)	19(19.79%)	33(34.38%)	32(33.33%)
Does your family treat you as an important person?	6(6.25%)	14(14.58%)	23(23.96%)	53(55.21%)
Does your family help you to stay happy?	4(4.17%)	9(9.38%)	28(29.17%)	55(57.28%)
Does your family love you?	1(1.04%)	11(11.46%)	15(15.63%)	69(71.87%)
Does your family use respectful approach while talking to you?	3(3.13%)	7(7.29%)	24(25.00%)	62(64.58%)
Does your family encourage you to invite your friends at home?	8(8.33%)	18(18.75%)	22(22.92%)	48(50.00%)

Table 5 shows respondents' response regarding emotional support domain where, 65.62% respondents perceived that their family always respect them. Nearly half (45.84%) of respondents perceived that their family never/seldom understand their personal desire. Half of the respondents perceived that their family always encourages them to invite friends at home.

Table 6: Overall Level of Perception regarding Family Support N=96

Perception	Frequency(n)	Percentage (%)
Low support	9	9.38
Moderate support	30	31.25
High support	57	59.38

Table 6 reveals that 59.38% respondents perceived high level of family support, 31.25% perceived moderate level of family support and 9.38% perceived low level of family support. The overall mean score was 2.10 with standard deviation 0.6644 which revealed respondents perceived high level of family support.

Table 7 reflects that 75% of the respondents perceived high level of physical and daily support from their family members. Only 41.67% elderly perceived informational support as high.

Table 7: Respondents' Level of Perception regarding Family Support Domain N=96

Family support domain	Level of family support			Mean Score	SD
	Low(0-1) n (%)	Moderate(1.1-2) n (%)	High(2.1-3) n(%)		
Physical and daily life	6(6.25%)	18(18.75%)	72(75.00%)	2.34	.6560
Emotional	8(8.33%)	22(22.92%)	66(68.75%)	2.23	.7254
Financial	19(19.79%)	40(41.67%)	37(38.54%)	1.81	.6507
Informational	20(20.83%)	36(37.50%)	40(41.67%)	1.80	.8761

DISCUSSION

Considering the sociodemographic variables, the study reveals that among 96 respondents, most of the respondents (41.67%) were between the age group 60-69years. The mean age of respondents was 71.55. More than half of the respondents (54.16%) were male. The current study showed that most of the respondents (61.46%) were married and 36.46% were widowed. In this study, majority of respondents (77.09%) belonged to joint family. Among 96 respondents regarding the source of income majority of respondent 60.42% of elderly depends on their son, 33.33% on elderly allowance, 17.71% on agriculture, 16.67% on their husband, 15.63% on pension and 6.25% on their daughter.

In this study family support was categorized into four domains. Regarding the physical and daily life support domain, majority (75%) of respondents perceived high level of support, (18.75%) of respondents perceived moderate support, remaining (6.25%) of respondents perceived low support, the mean score for this domain was 2.34 which revealed that respondents perceived high level of physical and daily life support. Regarding informational support domain 41.67% perceived high level of informational support, 37.50% perceived moderate level of support and 20.83% perceived low level of informational support, the mean score for this domain was 1.80 which revealed that respondents perceived moderate level of informational support. In this study informational support was perceived as least one in comparison to other domains. This finding is contradictory to the finding of the study done in Malaysia which showed that

respondents received high informational support in comparison to other aspects. [12]

Further regarding emotional support domain, majority (68.75%) of respondent perceived high level of emotional support, (22.92%) perceived moderate level of support and remaining (8.33%) perceived low level of emotional support, the overall mean score for this domain was 2.23, which revealed that respondent perceived high level of emotional support. Similarly, a study done in Malaysia among 162 elderly showed that respondents received high emotional support in comparison to other aspects. [12]

Likewise for financial support domain, 38.54% perceived high level of financial support, more than half (41.67%) perceived moderate level of support and 19.79% perceived low level of financial support, the mean score for this domain was 1.81 which shows that respondent perceived moderate level of financial support. In the study done in Devghat, Tanahu among 106 elderly it was found that half of the respondents (50%) had no financial support. [20]

The mean score of overall family support was 2.10 which revealed that the respondents perceived high family support. In contrast a study done in Egypt revealed that respondents perceived moderate level of social support, in this study social support include the support received from their family, friends and relatives where it appeared that average score of social support was significantly higher among family. [19]

CONCLUSION

Overall family support perceived by elderly was high. Regarding each domain of family support, high perceived support was

on physical and daily life followed by emotional, financial and informational support.

The findings of this study will provide a baseline data for future researcher related to this topic. This study can be replicated on a larger population which will be helpful for generalization of the findings. Further study can be done in rural settings to explore the perception of elderly regarding family support. Also, as this study showed informational support less in comparison to other domains, so a qualitative study can be done to explore the reasons why elderly perceived less informational support. Further comparative study can be conducted to find out the family support among pensioner and non-pensioner elderly.

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