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A study on perceived self-care deficit among elderly person

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Abstract
Background of the study: Self-care deficits emerges when individuals cannot meet the demands placed upon them, and the desired self-care behavior is not produced. Most of the elderly perceive self-care deficit in activities like feeding, bathing, dressing, grooming and toileting.

Objectives: The objectives of the study were to assess the perceived self-care deficit among elderly residing in Ludhiana city Punjab and also aimed to find its association selected socio demographic characteristics.

Methodology: A Descriptive study was conducted on 100 elderly residing in Haibowal Kalan of Ludhiana city, Punjab. Convenience sampling technique was used to take the study sample. A questionnaire to assess socio-demographic characteristics, standardized Modified Barthel Index for self-care assessment (MBI) by Shah Surya were used for data collection. Data was obtained by self-report method.

Results: Socio demographic characteristics of elderly shows that majority i.e. 41 elderly residing in Ludhiana city were in age group 70-79 years, 44 among them were females, 33 were illiterate, 65 were married, 68 belonged to Hindu religion, 87 were living in joint families and 54 were living with their spouse and children. Financial characteristics shows that majority 95 were unemployed, 41 were home makers as former occupation, 60 had nil monthly income and 60 were dependent financially on their caregivers. Near to one third i.e. 31 subjects had hypertension, 22 had joint pain and 12 had diabetes. 14 subjects had undergone hysterectomy and 12 had heart bypass surgery. Results of present study revealed that more than half i.e. 55 elderly perceived slight self-care deficit, whereas 35 perceived moderate self-care deficit, seven had no self-care deficit, two perceived total self-care deficit and only one perceived severe self-care deficit. Study revealed a significant weak positive relationship between the perceived self-care deficit and social support. Perceived self-care deficit had higher among age group ≥80 years, in females who were widow/widower/ divorced, living with their children and financially dependent on caregivers. Social support had lowered among elderly of age group ≥80 years, in females who were illiterate, widow/widower/divorced and had no monthly income.

Conclusion: Overall study brought out the observation on perceived self-care deficit and social support among elderly. The study concluded that majority of elderly perceived slight self-care deficit. Perceived self-care deficit was found significantly associated with age group, gender, marital status, living status and monthly income.

Keywords: Perceived self-care deficit, elderly

Introduction
Old age is natural, normal, universal and inevitable biological phenomenon. It is a development phase in the life process which begins at conception and continues until death. Old age is the last stage in the life journey and closing period in the life span of a man with decreased capacity for adaptation. We cannot heal old age, we have to protect it and help it to extend their its life span [1].

The most important self-care activities are feeding, bathing, dressing, grooming and toileting. In assessing activities of daily living, it is to be determined whether the individual is able to perform self-care activities in dependently or requires the assistance of others and whether performance of these activities support or hinders the client's overall health [2].

Factors that influence the practice of self-care include maturity, cultural practices and beliefs, skills, values, level of knowledge, membership in social groups, social support system, illness, disabilities, injuries, availability of health resources and reinforcing factors such as family and health personnel [3].

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Materials and Method
Sample and Setting
The study was conducted on 100 self-care deficit elderly residing in Ludhiana. Sampling is a process of selecting a portion of population to represent the entire population. The process of sampling makes it possible to accept a generalization to the intended population on the basis of careful observation within a relatively small portion of population.

Description of Tool
The tool used was divided into three parts as follows

Part A: Socio demographic profile of the elderly.
It includes age, gender, education, marital status, religion, type of family, source of income, medical problem if any and surgical problem if any.

Part B: It consists of Modified Barthel index (Shah Version) related to self-care assessment. The Modified Barthel Index includes the 10 subtest items, scored on a 5-point ordinal scale which varies from item to item (e.g. 0, 1, 3, 4, or 5 for *personal hygiene*; 0, 3, 8, 12 or 15 for *ambulation*). The Modified Barthel Index scores the degree of independence of a person from any assistance and self-care deficit. (Regardless of how minor, and for what purpose the assistance is provided). Minimum score of this tool is 0 and maximum scores are 100. Further there are 5 categories for interpretation of this tool: (0-20) total self-care deficit, (21-60) severe self-care deficit, (61-90) moderate self-care deficit, (91-99) slight self-care deficit, (100) no self-care deficit.

Data analysis
In order to analyse the data both descriptive and inferential statistics were utilised.

Findings

Table 1: Distribution of the subjects as per their socio- demographic characteristics N=100

Variables	%age
Age (in yrs)	
60-69	40
70-79	41
≥80	19
Gender	
Male	56
Female	44
Educational status	
Illiterate	33
Elementary	12
Secondary	30
Graduation or above	25
Marital status	
Never married	02
Married	65
Widow/widower/divorced	33
Religion	
Sikh	32
Hindu	68
Type of family	
Joint	87
Nuclear	13

Table 1 depicts the percentage distribution of elderly as per their socio demographic characteristics. It shows that out of 100 elderly 40 were in age group 60- 69 years, 41 subjects in 70-79 years and 19 elderly were in ≥ 80 age group. More than half of the subjects i.e. 56 were males and rest 44 were females. Regarding educational status of elderly majority of them i.e. 33 were illiterate, followed by 30 were studied up to secondary, 25 were graduate and 12 elderly were educated up to elementary. Regarding marital status 65 elderly were married, 33 were widow/widower/divorced followed by 2 who were never married. Most of them i.e. 68 belonged to Hindu religion and rest 32 were Sikhs. About type of family majority i.e. 87 elderly were from joint family and 13 had nuclear families.
Hence, it was concluded that most of the elderly residing in Ludhiana city belonged to age group 70- 79 years, were males, illiterate, married, belonged to Hindu religion and living in joint families.

Perceived self-care deficit among elderly
This section describes the level of self-care deficit among elderly residing in Ludhiana city Punjab. The perceived self-care deficit was assessed by using standardized tool that is Modified Barthel index for self-assessment. Percentage was computed to assess the level of perceived self-care deficit among elderly.

Table 2: Percentage distribution of elderly as per perceived self-care deficit

Perceived self-care deficit	Criterion measure	%age
Total	00- 20	02
Severe	21- 60	01
Moderate	61- 90	35
Slightly	91- 99	55
No	100	07

Table 2 and Figure 1 shows the percentage distribution of elderly as per perceived self-care deficit. It revealed that

more than half that is 55 elderly perceived slight self-care deficit, whereas 35 perceived moderate self-care deficit, 7 had no self-care deficit, 2 perceived total self-care deficit and only 1 perceived severe self-care deficit.
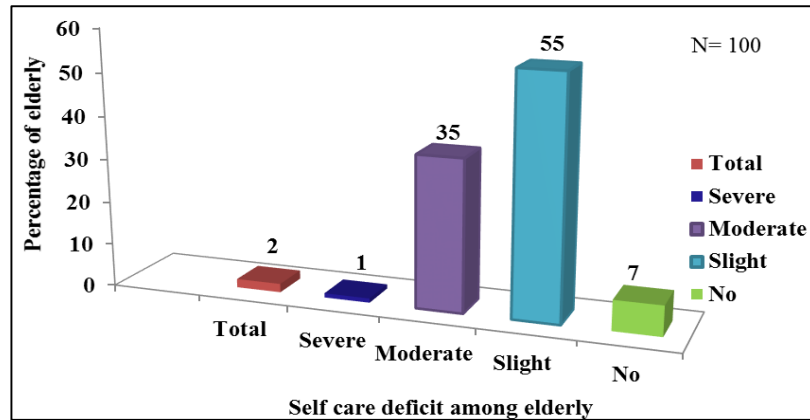

Fig 1: Association of Perceived Self Care Deficit with Selected Socio-Demographic Characteristics

Table 3: Association of perceived self-care deficit with selected socio-demographic characteristics N=100
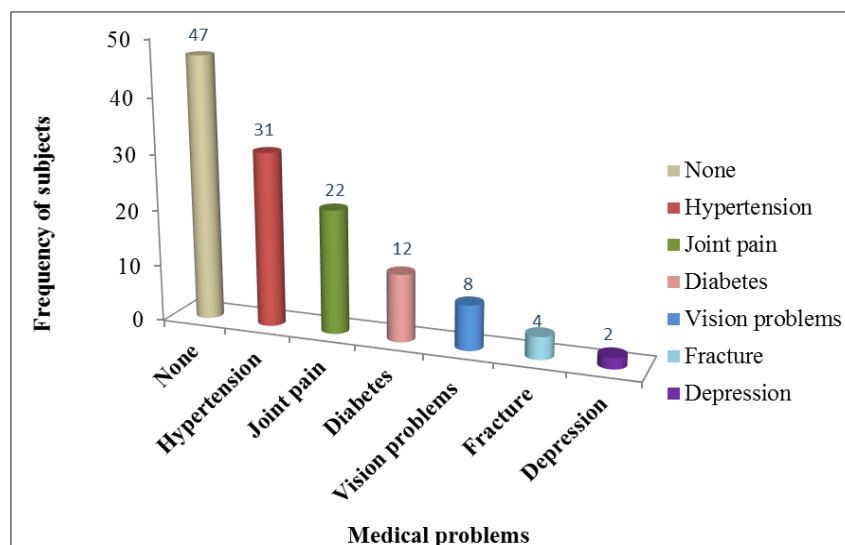
Selected socio demographic characteristics	n	Perceived self-care deficit Mean±SD	F/t value	p value
Age (in yrs)				
60-69	40	95.9±4.2		
70-79	41	89.8±9.1	26.83	0.000*
≥80	19	73.6±20.5		
Gender				
Male	56	92.3±7.9	2.71	0.004*
Female	44	85.2±17.7		
Marital status				
Never married	02	95.5±3.5		
Married	65	91.8±11.4	4.37	0.015*
Widower/widow/divorced	33	83.7±15.9		

*- Significant ($p \leq 0.05$) NS-Non significant (p>0.05) Minimum score: 0 Maximum score: 100 Higher the mean score, lower is the perceived self-care deficit and vice versa.

Table 3 represents the association of perceived self-care deficit with age (years), gender and marital status The data obtained indicates that elderly who were in age group ≥80 years had more perceived self-care deficit as their mean score is less i.e. (73.6±20.5) as compared to 60- 69 years that got (95.9±4.2). It was found statistically significant at p≤0.05. Association with gender indicates that females had higher self-care deficit as compared to males as their mean score is (85.2±17.7) i.e. less than males (92.3±7.9).

Statistically is was found significant at $p \leq 0.05$. Association of perceived self-care deficit with marital status shows that widow/widower/divorced had more self-care deficit (83.7±15.9) than married ones (91.8±11.5). It was found statistically significant at $p \leq 0.05$.
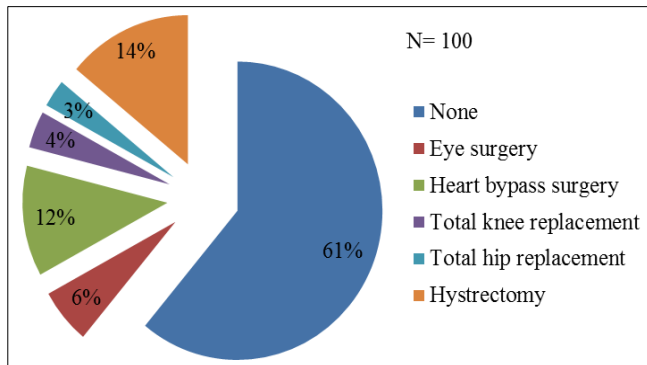
Hence it was inferred that perceived self-care deficit had higher in age group ≥ 80 years. It was more in females and those who were widow/widower/divorced.

*Subjects had multiple responses.

Fig 2: Distribution of elderly as per their medical problems

Figure 2 shows the medical problems of elderly. It depicts that out of 100 most of the elderly i.e. 47 had no medical problems, other than this 31 had hypertension, 22 had joint pain, 12 diagnosed with diabetes, 8 complained of vision problems, 4 sustained fracture and 2 had depression.

Hence it was concluded that most of the elderly had no any medical problems. In medical problems hypertension, joint pain, and diabetes were most common.

Fig 3: Distribution of elderly as per their surgical problems

Figure 3 shows the surgical problems in elderly. It depicts that majority of elderly i.e. 61 had no surgical problems, 14 had undergone hysterectomy, 12 had heart bypass surgery, 4 had got total knee replacement, and 3 had undergone total hip replacement.

Discussion
The present study findings revealed that out of 100 elderly more than half that is 55 elderly perceived slight self-care deficit, whereas approximately one third i.e. 35 perceived moderate self-care deficit, 7 had no self-care deficit, 2 perceived total self-care deficit and only 1 perceived severe self-care deficit.

Similar study had conducted by Kari Sundsli *et al.* (2010) shows that 43% of the participants had perceived higher abilities to care for themselves and another 57% had deficit in performing daily self-care activities [4].

In present study association of perceived self-care deficit with monthly income concluded that perceived self-care deficit was more in those elderly who were having nil monthly income because they scored less i.e. (87.2±15.2) as compared to those who were having <5000 scored (87.4±12.7), 5001- 10,000/- scored (95.1±5.4) and to those who were having >10,000/- and scored (97.2±2.0).

These findings are quite similar to study conducted by T. Farid *et al.* (2009) to determine the relationship of socio demographic factors to self-care limitations or dependency among older persons in Egypt. Results shows that lower socio-economic status was related to more functional limitations and higher self-care dependency [5].

Conclusion
Overall study brought out the observations on perceived self-care deficit and social support among elderly. According to the findings of present study, it can concluded that majority of subjects residing in Ludhiana city perceived slight self-care deficit. It also concluded that perceived self-care deficit was higher among age group ≥80 years, in females who were widow/widower/divorced, living with their children and had nil monthly income.

Recommendations of the Study
Based on the result of the study following recommendations are made:
- A similar study can be conducted on large sample to validate and generalize its findings.
- A comparative study can be conducted to assess the perceived self-care deficit among elderly in rural and urban community.
- A similar study can be done with the objective of preparing IEC material regarding self-care assistive devices.

Limitations of the study
The study has some limitations for generalizing its findings. These are
- The study was restricted to 100 elderly due to time and resources constraints. This limits the generalization of study findings.
- Investigator relies in information provided by elderly.

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