
Health Problems Faced by Elderly and Services Offered by Old Age Home/Aafiat, Lahore, Social Welfare Department, Punjab

Nazia Salah ud Din ¹ Tahira Jabeen ² Afzaal Afzal ³

Volume 4, Issue 1 (Winter 2024) | ISSN (Online): 2959-300X | ISSN (Print): 2959-3174 | Pages: 32-40

Corresponding Author: Afzaal Afzal. ✉ afzaal.afzal2010@gmail.com

Abstract: The demand for increased physical as well as psychological healthcare facilities is driving up concerns about an ageing population, especially in resource-constrained countries. Older adults in Pakistan experience insecurity due to a number of social and economic causes. In such situations, when conventional family care is unavailable or the elderly lack resources like housing, old age homes offer services to the elderly. The present quantitative study aimed to ascertain the demographic profile of the elderly population residing in an old age home or Aafiat, investigate the factors that contribute to their residence in an old age home, examine the physical and mental health challenges experienced by those receiving residential care, and find out the elderly population's satisfaction level with the services provided by the old age home. However, this article merely addressed the issues with older people's physical and mental health and how satisfied they were with the services and facilities the old age home offered. It was a cross-sectional study, and in order to gather data, interviews were conducted with each of the 25 inmates who were present at the Lahore old age home/Aafiat. According to the findings, the majority of respondents expressed high satisfaction with the level of services received; however, the data revealed that the elderly in the old age home experienced several challenges linked to their physical and mental health.

Keywords: Elderly, Old Age Home, Physical and Mental Health, Problems, Services

Introduction

Globally, ageing is a process that started some 3.5 billion years ago, when life first emerged, while aging-related damage causes a variety of detrimental alterations to accumulate across cells and tissues, which gradually reduce function and may ultimately, result in death (Harman, [2001](#)). Ageing fast is a global phenomenon and in different regions of the world, the percentage and total number of those 65 and older are rising, though at varying rates. From about 130 million in 1950 to 419 million in 2000, the number of older adults has more than tripled. During that time, the elderly's proportion of the population has increased from 4 percent to 7 percent (Waite, [2004](#)). Old age has traditionally been viewed as a difficult time in life when people begin to reflect on their lives and begin to find meaning in them. They also become

¹ Assistant Professor, Department of Social Work, Lahore College for Women University, Lahore, Punjab, Pakistan.
Email: nazialcwu@gmail.com

² Associate Professor, Department of Social Work, University of the Punjab, Lahore, Punjab, Pakistan.
Email: tahira.dsw@pu.edu.pk

³ Community Development Officer, Housing Urban Development and Public Health Engineering Department, Punjab, Pakistan. Email: afzaal.afzal2010@gmail.com

more dependent on others due to their weak bodies and worry about the future, while deep despair results from low income and their deteriorating status in the family and society (Panday & Kumar, [2017](#)). The biological process of getting older is a universal phenomenon that occurs naturally during life. People start to notice changes in their psychological, social, and physical well-being as they get older; therefore, they are more susceptible to physical and psychological problems (Hassan et al., [2017](#)). A number of significant causes contribute to the marginalisation of older people, including the gradual increase in the nuclear family system, shifts in societal values, young movement to metropolitan regions for employment, and rising rates of female labour involvement (Bhatt et al., [2014](#)). In addition to dealing with physical changes, older people also experience emotional, psychological, and social changes. While some people manage these changes rather well, others will suffer from severe mental stress and frustration. Moreover, family members should be aware of the psychological shifts and strains that older people go through in order to provide them with the required attention and care (Vincent & Noronha, [2019](#)).

As the global population ages and life expectancy increases, it is critical to guarantee that older adults have positive subjective well-being and a high quality of life (Benksim et al., [2021](#)). While the responsibilities that old age homes play are significant and more knowledge is needed about the work that they undertake, since old age homes may clearly demonstrate age-related challenges including dementia, disorientation, severe and multiple impairments, and consequent dependency on others (Clough, [2021](#)). Furthermore, the number of older people residing in old age homes is growing, necessitating attention to these facilities' living conditions for the elderly (Janbandhu et al., [2022](#)). An aged person's health is a valuable asset in old age since it allows them to live longer into their 70s and 80s and beyond, as ageing causes physiological changes that prohibit life from returning to its previous state but numerous actions may be taken to enhance one's health and lifespan and lower the likelihood of both mental and physical incapacity (Ahmed & Rani, [2018](#)). In terms of both psychological and physiological requirements, old age presents significant challenges to human life (Brahmbhatt & Shah, [2019](#)). Due to a decline in their immune systems that leaves them extremely weak and susceptible, seniors confront a variety of health issues in their later years. If the fundamental health support system is weakened or not available at all, the situation gets much worse (Sabha et al., [2022](#)). Even if the total number of senior people doubles or even triples, awareness of concerns pertaining to older populations is still low in many countries (Shrestha, [2000](#)). Different obstacles will need to be overcome by developed and developing nations when choosing service delivery strategies for their ageing populations. Achieving the objective of ageing in place requires innovative delivery strategies and detailed, longitudinal data (Flesner, [2004](#)). Because ageing is basically a biological process that requires ongoing medical attention, various related support services, and health care (Kabir et al., [2024](#)),

Literature Review

Inmates of two elderly homes in Vadodara city were the subjects of a study conducted by Bhatt et al ([2014](#)) which evaluated their health and looked at various health issues based on their knowledge, awareness, and perceptions. Interviews were conducted with fifty inmates from two senior homes. The questions were intended to probe one's current state of health. After analysis, the main data were transformed into percentages and shown as a frequency distribution table. According to the study findings age-related health issues were discovered to affect the majority of elderly. Blood pressure, weakness, lower limb pain or tingling, sleep disturbance, dyspnea, backache, and stomach issues were the main health issues among

the elderly. One respondent had symptoms of hysteria, arthritis, a heart attack, and thyroid. Two of the inmates were paralysed, while four had diabetes. The study concluded that the elderly represent a significant and vulnerable demographic that is often overlooked yet needs immediate attention.

Hassan et al. (2017) conducted research in Egypt by using a descriptive comparative approach to evaluate psychological issues as seen by old people who were institutionalised and those who were not. Ninety senior citizens were selected to make up a convenient sample in which 45 were institutionalised old individuals, whereas the pension and disbursement settings in the Cairo area of Egypt were the source of 45 non-institutionalised elderly individuals. The results showed that the institutionalised elderly under study experienced significant problems with depression, isolation, and anxiety compared with the non-institutionalized elderly. The study concluded that psychological issues among the elderly rise with age.

Vincent and Noronha (2019) examined in a study the challenges faced by elderly women living in institutions. A total of eighty respondents were selected by simple random sampling from four care facilities in the Udupi District. The survey found that most of the respondents were from rural areas and had low incomes. Their lack of psychological and emotional support contributed to their despair. Furthermore, they get agitated and short-tempered as a way of expressing their feelings. Some attempt to deal with it by engaging in more religious pursuits, such as meditation and prayer. A study was recommended on the basis of findings that healthy relationships and integration with other inmates can be facilitated by constructive interactions among inmates. The most crucial element of any person's life, according to the study's conclusion, is creating a financial plan for the future by the time they reach middle age.

Benksim et al. (2021) carried out a study that aimed to investigate the socio-economic, health, and nutritional attributes of the elderly in the province of Marrakech who were either institutionalised or not. Between March 2017 and June 2019, 368 older people participated in the study; of them, 180 lived in public institutions and 188 were housed in their own homes. Information was gathered about functional, socioeconomic, dietary, and health issues. The study found that the elderly living in institutions were illiterate (80.0%), had poor income (95.5%), were single (73.3%), did not have children (56.1%), and did not have health insurance (98.9%). A significant percentage of institutional residents experienced severe dental decay (43.3%), hearing problems (35.6%), and malnutrition (22.2%). When it came to depression and everyday activities, there was no discernible difference between the two groups.

A study from India by Ahmed and Rani (2018) explored health-related problems faced by the elderly residing in old-age homes. Interviews were conducted to collect the data from a sample of 120 respondents selected through the purposive sampling technique. According to the study findings, the majority of respondents (67%) reported having eye problems. These were followed by hearing problems (60%), diabetes (58%), knee pain (45%), blood pressure (30%), joint aches (13%), and asthma (13%).

Akbar (2021) investigated, through a qualitative study, the quality of life and obstacles faced by senior citizens living in old age homes in Pakistan. Interviews and non-participant observation of 86 senior citizens residing in an old-age home named *Apna Ghar* were used to get the data. Males and females 60 years of age and older provided the data. The results of the study demonstrated that older residents in old

age homes encountered a variety of issues, such as psychological, physical, emotional, and health-related issues. The study suggested, based on its findings, that a strategy for handling the issues faced by the elderly should be implemented by the government, families, and members of society.

A cross-sectional study from India by Brahmabhatt and Shah (2019) investigated the elderly's psychological characteristics, socio-demographic profile, and health status who were residing in old age homes. Interviews were conducted with five hundred senior residents from nine old-age facilities. There were 42.20% men and 57.80% women in the study population. Of the older population, 59.60% had lived in an old-age home for three to ten years. According to the study findings, joint discomfort (47.40%), poor eyesight (39.20%), sleeplessness (28.00%), weakness (23.20%), and memory impairment (23.20%) were five common problems among the elderly, while health issues among the older population were quite concerning. Moreover, cancer, anaemia, diabetes, cataracts, hypertension, coronary heart disease, asthma, and osteoarthritis were the main health issues that were prevalent in the elderly.

Kumar and Pathak (2017) conducted a study with the objective of exploring the health and social issues of 350 senior citizens (160 men and 190 women) ranging in age from 60 years to over, living in 15 old age homes spread across four Indian cities: Amritsar, Jalandhar, Ludhiana (Punjab), and Chandigarh (Union Territory). Personal interviews and observations were used to get the data. The research findings indicate that some issues, including insufficient income, shifting social roles, and a lack of social security, exacerbate the socio-economic challenges faced by the elderly.

Sabha et al. (2022) carried out a study with the purpose of evaluating the perceived health state and accessibility of local elderly home residents to various health services, while 119 senior citizens residing in old age homes (OAHs) in Pakistan's Lahore city participated in this cross-sectional research. The health-related outcomes of the elderly population were evaluated using the Short Form Health Survey Questionnaire, which was divided into eight areas. The availability of healthcare services was ascertained through the use of a self-structured questionnaire. According to the results, the study population's mean age was 69.88 ± 5.08 years. The pain domain has the lowest mean score (19.20 ± 12.12), whereas the emotional well-being domain (58.28 ± 26.58) has a somewhat higher score. Furthermore, one of the main problems that OAHs' older population has identified is the lack of health care services. The study concluded that the older population in OAHs has poor health and encounters several obstacles while seeking to access basic medical facilities.

The above-mentioned literature review depicts that the elderly face multiple health-related problems that must be addressed for their wellbeing, but very little literature is available in the Pakistani context, especially related to those elderly residing in old age homes. So it is needed to explore the problems faced by the elderly population in residential care, as well as the quality of services provided to them, to improve services according to the needs of the elderly.

Methodology

The present study was carried out with the objective of identifying the psychological and physical health issues faced by elderly home residents as well as their level of satisfaction with the facilities and services that are provided to them. This was a cross-sectional research, and the interview schedule served as a

useful tool for collecting quantitative data. The majority of the interview questions were closed-ended regarding the respondents' demographic profile, the reasons behind their decision to live in an old age home, the physical and mental health problems they faced and the extent to which they were satisfied with the services offered by the old age home/Aafiat. However, the current paper only addressed the respondents' psychological and physical issues as well as their degree of satisfaction with the services provided by the institution. At the time of data collection, there were 25 residents at the old age home/Aafiat, Lahore, and each of them was interviewed. Due to the quantitative nature of the data, SPSS was used for analysis to compute percentages and perform the chi square test for drawing inferences.

Results

Table 1 shows that multiple health related problems were faced by the elderly residing in old age home including eye, hearing, genitourinary and oral health related problems. Furthermore, hypertension, diabetes, weakness of muscles, skeletal disorders and cardiac problem was also reported by the respondents.

Table 1

Physical Health Problems Faced by Respondents (N=25)

Types of health problem	Yes	No	Pearson Chi-Square	df	P-value
Eye problems	14	11			
Hearing problem	02	23			
Genitourinary problems	03	22			
Oral health problems	04	21			
Hypertension	07	18	23.422	8	0.002
Diabetes	06	19			
Weakness of muscles	08	17			
Skeletal disorders (e.g. joint pain etc.)	11	14			
Cardiac problem	07	18			

According to table 2 respondents were facing different psychological/emotional problems i.e. 44 percent were suffering with the problem of forgetfulness, 32 percent were suffered with dementia and 36 percent had depression. Furthermore, 28 percent respondents reported that they suffered with sleep disturbances, 36 percent reported the feeling of loneliness and 32 percent respondents had fear of death. Mood swings was reported by 28 percent respondents and feeling of being burden on others was reported by 32 percent respondents.

Table 2

Psychological/Emotional Problems Faced by Respondents (N=25)

Types of problems	Yes	Percentage	No	Percentage
Forgetfulness	11	44	14	56
Dementia (loss of memory)	08	32	17	68
Depression	09	36	16	64
Sleep disturbances	07	28	18	72
Loneliness	09	36	16	64
Fear of death	08	32	17	68
Mood swings	05	20	20	80
Feeling of being burden on others	08	32	17	68

Table 3 depicts the self-reported current status of doing daily life activities of the respondents. Majority i.e. 80 percent respondents were capable of independently move in the institution and 68 percent respondents reported that they took bath by himself/herself. Moreover, 80 percent respondents reported to dress by their own selves, while 88 percent respondents were capable to feed himself/herself. Majority of the respondents i.e. 84 percent reported to have their medicine by their own selves and 60 percent respondents had ability to independently go outside the institution.

Table 3

Self-Reported Current Status of Doing Daily Life Activities (N=25)

Types of activities	Yes	Percentage	No	Percentage
Independently move in the institution	20	80	05	20
Take bath	17	68	08	32
Dress himself/herself	20	80	05	20
Feed himself/herself	22	88	03	12
Take medicine by himself/herself	21	84	04	16
Go outside the institution independently	15	60	10	40

According to the results table 4 shows that 16 percent respondents' spouse use to visit them in the old age home, while 36 percent respondents reported that their children visit them in the institution. Only 04 percent respondents reported that their siblings come to meet them and 20 percent respondents reported that their friends used to visit them.

Table 4

Visitors of the Respondents (N=25)

Visitors	Yes	Percentage	No	Percentage
Spouse	04	16	21	84
Children	09	36	16	64
Siblings	01	04	24	96
Friend	05	20	20	80

Table 5 depicts the level of satisfaction of respondents regarding services offered by the institution to them. The results show that mostly respondents were very satisfied with the quality and quantity of different types of services/facilities provided by the old age home/Aafia to the residents.

Table 5

Satisfaction Level of Respondents Regarding Services of the Institution (N=25)

Types of services	Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied	Pearson Chi-Square	df	P-value
Regular supply of medicine	12	07	02	01	03			
Doctor/nurse is available in the institution	17	08	0	0	0			
Regular medical checkups/ tests are conducted	11	10	02	0	02			
Food quantity is sufficient/3 meals a day	21	04	0	0	0			
Food quality is good/satisfactory	17	08	0	0	0			
Proper referrals for medical treatment	11	11	02	0	01			
Counseling services are provided	08	03	07	02	05			
Recreational facilities are available	21	03	0	0	01			
Proper system for cleanliness	23	02	0	0	0			
Washrooms are according to the needs of residents	23	01	01	0	0	171.809	56	0.000
Rooms are well lit and arranged according to needs	25	0	0	0	0			
Conflicts among residents are resolved by staff	09	08	07	0	01			
Rooms are shared by maximum 2 to 3 residents	23	02	0	0	0			
Efforts are made to contact family members for rehabilitation	08	08	02	02	05			
Regular monthly stipend is provided	10	10	01	01	03			
Residents involved in day to day affairs of the institution	10	05	10	0	0			

Discussion

The present study examined the physical and mental health challenges faced by the elderly residing in an old age home and the satisfaction level of the elderly regarding the services of an old age home. The study found that the elderly living at the old age home dealt with a variety of health problems, such as issues with their eyes, hearing, genitalia, and mouth. In addition, the respondents mentioned having high blood pressure, diabetes, muscular weakness, bone abnormalities, and heart problems. Different psychological and emotional issues were also plaguing the respondents, for example, forgetfulness, dementia, and despair. In addition, the participants mentioned experiencing sleep difficulties, expressed a sense of

isolation, and expressed a dread of dying. Mood fluctuations and feeling like a burden to others were also reported by the respondents. Another study by Bhatt et al. (2014) found that blood pressure, weakness, lower limb pain or tingling, sleep disturbance, dyspnea, backache, and stomach issues were the main health issues among the elderly residing in an old age home. Current study findings are also in accordance with a study from Egypt by Hassan et al. (2017), which found that the institutionalised elderly under study experienced significant psychological problems with depression, isolation, and anxiety. The present study found physical health problems faced by the elderly were mainly related to their eyes, hearing, and dental/mouth, which are in accordance with the findings of the studies by Benksim et al. (2021), Ahmed and Rani (2018), and Akbar (2021). The results of the current study showed that most respondents were suffering from psychological and emotional disturbances along with physical ailments of multiple natures during their stay at an old age home, and another study by Brahmhatt and Shah (2019) found the same: the majority of elderly residing in an old age home suffered from physical as well as psychological problems. However, according to the findings of the present study, the majority of the respondents were very satisfied with the services of the old age home being offered to them.

Conclusion

The results of the current study indicate that the elderly population faces a variety of physical and psychological problems and it is concluded on the basis of findings that older adults who live in old age home lack a close family member around are particularly vulnerable, and it is crucial to provide them with the necessary care and attention in these circumstances. The elderly become fragile and prone to extra complications when they age along with physical and psychological issues. Therefore, it is imperative that those giving care or tending to the elderly in an old age home give careful consideration to both their physical and mental well-being.

Recommendations

1. The care workers should be properly trained in providing care to older adults in the old age home.
2. Proper attention should be given to physical and mental health issues of the elderly residing in old age home.
3. Basic health care services should be provided in the old age home for timely diagnosis and treatment of physical and mental health issues faced by elderly.
4. Referral system should be available for older adults for necessary medical tests and in case of further treatment.

References

- Ahmed, A. S., & Rani, P. R. (2018). A Study on Health Problems among the Elderly Residing in Selected Old age Homes of Hyderabad City. *International Journal of Medicine and Pharmaceutical Science (Ijmps)*, 8(1), 19-24. <https://doi.org/10.24247/ijmpsfeb20183>
- Akbar, A. (2021). Problems and challenges faced by elder people in old age homes: a qualitative analysis. *Academic Research International*, 12(2), 43-51.
- Benksim, A., Ait Addi, R., Khalloufi, E., Habibi, A., & Cherkaoui, M. (2021). Self-reported morbidities, nutritional characteristics, and associated factors in institutionalized and non-institutionalized older adults. *BMC Geriatrics*, 21(1). <https://doi.org/10.1186/s12877-021-02067-3>
- Brahmbhatt, N., & Shah, T. (2019). A cross-sectional study of health and psychosocial problems among elderly people living in old-age homes of Ahmedabad and Gandhinagar districts, Gujarat, India. *International Journal of Medical Science and Public Health*, 0, 1. <https://doi.org/10.5455/ijmsph.2019.0823330082019>
- Bhatt, B. M., Vyas, S., & Joshi, J. P. (2014). Ageing and health: a health profile of inmates of old age home. *National Journal of Community Medicine*, 5(01), 1-5.
- Clough, R. (2021). *Old age homes*. Routledge.
- Flesner, M. K. (2004). Care of the elderly as a global nursing issue. *Nursing Administration Quarterly*, 28(1), 67-72. <https://doi.org/10.1097/00006216-200401000-00014>
- Harman, D. (2001). Aging: Overview. *Annals of the New York Academy of Sciences*, 928(1), 1-21. <https://doi.org/10.1111/j.1749-6632.2001.tb05631.x>
- Hassan, W., El-Halim, Z. A., Ahmed, S. S., & Mostafa, N. (2017). Psychological Problems as Perceived by Institutionalized and Non-Institutionalized Elderly. *Journal of Education and Practice*, 8(33), 61-67. <https://iiste.org/Journals/index.php/JEP/article/download/39743/40861>
- Janbandhu, P. V., Phad, S. B., & Bansod, D. W. (2022). Lifestyle changes and perception of elderly: A study of the old age homes in Pune city, India. *International Journal of Geriatrics and Gerontology*, 6(1). <https://doi.org/10.29011/2577-0748.100038>
- Kabir, I., Kulsum, M. U., Sarker, M. A., Rahaman, A., & Ali, S. M. (2024). Psycho-social condition of elder persons in Bangladesh: A case study on elder people in Bangladesh. *International Journal of Research and Innovation in Social Science*, VIII(II), 1470-1483. <https://doi.org/10.47772/ijriss.2024.802103>
- Kumar, R., & Pathak, R. K. (2017). Socio-economic problems of the elderly residing in old age homes. *Indian Journal of Gerontology*, 31(4), 497-506.
- Panday, R., & Kumar, P. (2017). Quality of life among elderly living in old age home: A brief overview. *Delhi psychiatry journal*, 20(2), 1-6.
- Sabha, N. U., Ghani, M., Kausar, S., Kausar, F., & Qamar, M. (2022). Perceived health status of geriatric population living in old age homes and their access to health care facilities. *Biomedica*, 38(1), 33-38.
- Shrestha, L. B. (2000). Population aging in developing countries. *Health Affairs*, 19(3), 204-212. <https://doi.org/10.1377/hlthaff.19.3.204>
- Vincent, P., & D'Mello, L. (2019). Institutionalized elderly women-issues & Concerns. *International Journal of Health Sciences and Pharmacy*, 6-12. <https://doi.org/10.47992/ijhsp.2581.6411.0037>
- Waite, L. J. (2004). The demographic faces of the elderly. *Population and development review*, 30(Supplement), 3-16.