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A cross sectional study to assess the magnitude of elderly abuse and its associated factors in the urban field practice area of a Government Medical College, Bengaluru

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ABSTRACT

Introduction

Elderly abuse is a distressing and widespread societal concern. Abuse of elders encompasses physical, psychological, verbal, and financial abuse. Understanding this challenge is crucial to safeguard the rights and dignity of the ageing population.

Objectives

To assess the magnitude of elderly abuse and its associated factors in the urban field practice area of a Government Medical College, Bengaluru.

Methods

A community-based cross-sectional study was conducted amongst the elderly population in the urban field practice area of a Government Medical College, Bengaluru. Using the simple random sampling method, 150 study participants were selected and elderly abuse was assessed using the Hwalek - Sengstock Elder Abuse Screening Test.

Results

Out of the 150 study participants, 17.3% experienced abuse. The most common type of abuse was psychological abuse (16%). Factors such as age, religion, marital status, socioeconomic status, current living arrangement, financial dependency, presence of any comorbidities, etc., were found to be significantly associated with abuse ($p<0.05$).

Conclusion

Abuse was prevalent amongst the elderly population, and psychological abuse was the most common type of abuse. Victims of abuse were reluctant to report the abuse due to the lack of awareness and in order to avoid social stigmatization.

Key Words: Abuse, Elder, Psychological, Urban.

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INTRODUCTION

Obscured within the shadows of society, a distressing reality persists, the widespread and often overlooked issue of elderly abuse. As our population ages, so does the vulnerability of our elders to various forms of abuse, encompassing physical, emotional, financial, and neglectful acts. This problem strikes at the core of our moral obligations, challenging our responsibility to safeguard those who once nurtured us. According to the World Health Organization (WHO), elderly abuse is defined as "a single or repeated act or lack of appropriate action, within any relationship where trust is expected, resulting in harm or distress to an older individual." [1] The World Health Organization defines individuals above 60 years as elders.[2] In 2020, the global population aged 60 and above reached 1 billion. By 2030, one in six people will be elderly, and this number will exceed 2 billion by 2050.[3] Shockingly, statistics reveal that approximately one in six older adults (15.7%) worldwide experienced some form of abuse within community settings. Even more frightening is the evident discrepancy in reporting, as only 4% of elderly abuse cases are officially reported.[1] Yon et al.'s systematic review across 28 countries found an overall pooled prevalence of 15.7% in community settings.[4]

Elderly individuals, due to physiological constraints, diminished physical and mental capacities, coexisting health issues, restricted financial means, and limited social networks, are often perceived as frail and burdensome to society. These vulnerabilities in the elderly population render them susceptible to abuse. In most cases, perpetrators of elderly abuse are not strangers, but individuals entrusted with caregiving responsibilities - family members and caregivers. Underreporting prevails due to the victim's hesitancy to seek help or report, often because the abuse is inflicted by close family members, who are their primary caregivers.

In Indian contexts, the comprehension of elderly abuse is restricted due to the traditional belief that Indians hold deep respect for their parents, elders, and ancestors. The Longitudinal Ageing Study in India (LASI) reported that the prevalence of abuse in India in the year 2016 as 5.2%.[5] Physical abuse rates are higher among the elderly residing in rural areas, while social neglect, psychological abuse, and financial abuse prevail more in urban areas.[6] Elderly abuse demands attention from policymakers, healthcare systems, and social welfare organizations. The present study aims to assess the magnitude of elderly abuse and its associated factors in the urban field practice area of a Government Medical College, Bengaluru.

METHODOLOGY

A community-based cross-sectional study was conducted amongst the elderly residents in an urban field practice area of a Government Medical College, from March to May 2023. Our study included elderly individuals aged 60 years or more, residing in the study area. Only the participants who provided informed consent were included. Elders with the diagnosis of depression or other psychiatric disorders were excluded from the study. The sample size of 150 was calculated based on a previous study conducted by Pritish Kumar et al.,[7] where the magnitude of elderly abuse was 9.6%. This calculation considered a confidence level of 95%, a power of 80%, and an absolute precision (d) of 5%. Simple random sampling technique was used to select the required number of participants for the study. An area map was drawn, and houses were numbered. Using a random number generator, the houses were selected. When a house had no elderly residents, the next house was visited. In cases with multiple elderly residents, one participant was chosen using the lottery method. Socio-demographic and elderly-related particulars were collected. A pre-tested, validated, and semi-structured questionnaire was used for the study. Elderly abuse was assessed using the Hwalek - Sengstock Elder Abuse Screening Test (H-S/EAST),[8] a validated screening tool [9] designed to identify older individuals experiencing abuse. A higher score on the H-S/EAST suggests a higher probability of abuse. Participants showing suggestive scoring of abuse were administered with another set of questions to identify the type of abuse. Precautions were taken to avoid asking questions about abuse in the presence of other family members. The collected data was kept confidential. The collected data were entered into Microsoft Excel and analyzed using SPSS version 26.0. Sociodemographic data were presented using descriptive statistics namely mean, standard deviation, and percentage. Chi-Square test was used to assess the association between the qualitative

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variables. p-value <0.05 was considered statistically significant. Ethical approval was obtained from the Institutional Ethics Committee [BMCRI/EC/02/23-24].

Results

Sociodemographic characteristics of the study participants

The study involved 150 elderly individuals, with a mean age of 68.19 ± 6.53 years. Among them, 108 (72%) were in the age group of 60-69 years. The majority were females (82,54.7%). A significant portion of the population, 98 individuals (65.3%), were unemployed. The majority of families, 103 families (68.7%), belonged to the upper-lower socioeconomic class, according to the Modified Kuppuswamy Scale 2022.[10] Additionally, 76 elders (50.7%) lived with their spouse and children. Notably, 107 participants (71.3%) reported having their finances managed by others.

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Participants who experienced abuse

26 (17.3%) elderly participants, reported experiencing abuse. The types of abuse varied and included psychological, verbal, physical, and financial abuse. Psychological abuse was the most prevalent, affecting 24 individuals (16%), followed by verbal abuse affecting 14 individuals (9.3%), physical abuse affecting 11 individuals (7.3%), and financial abuse affecting 9 individuals (6%). Notably, 21 elderly individuals (14%) had faced at least one episode of abuse in the last 12 months. Additionally, 18 individuals (12%) of the elderly population encountered more than one type of abuse, emphasizing the multifaceted nature, complexity, and severity of the issue. Among all elderly participants, 118 individuals (78.7%) reported experiencing feelings of unwantedness

Perpetrators and reporting of abuse

In the overall context, sons were identified as the perpetrators in 12 cases (46.2%), while daughters-in-law were responsible in 7 cases (26.9%) [Table 1]. None of the individuals who experienced abuse reported it to local authorities. The reasons for refraining from reporting included a desire to maintain the confidentiality of family matters in 12 cases (46.2%), a lack of awareness in 10 cases (38.5%), and a lack of confidence in the system in 4 cases (15.4%).

Table 1:Perpetrators of elderly abuse

Perpetrators of elderly abuse	Frequency* n (%)
Spouse	4 (15.4%)
Sons	12 (46.2%)
Daughters	2 (7.7%)
Son in law	3 (11.5%)
Daughter in law	7 (26.9%)
Others	3 (11.5%)
***Multiple responses considered**	

Abuse and associated factors

Factors such as age, religion, marital status, socio-economic status, current living arrangement, the presence of any comorbidities, financial dependency, utilization of pension/social benefits, and regular contact with family and friends demonstrated significant association (p<0.05) with elderly abuse. [Table 2]. Age and current living arrangements showed significant association (p<0.001) with abuse.

Among the 26 elderly individuals who faced abuse, 14 individuals (53.8%) were in the age group of – 70-79 years. Of these 26 individuals, 46.2% (12) resided with their spouses and children, 26.9% (7) with their children, 11.5% (3) with their spouses, and 15.4% (4) lived alone. Abuse was more prevalent among individuals who had lesser regular interactions with family and friends (p<0.05). Abuse was more

pronounced when participants' finances were managed by others, and when the elderly were dependent on others for their daily needs. Out of the 26 elderly individuals who have faced abuse, 3 (11.5%) managed their finances independently, and 23 (88.5%) were financially dependent. Factors such as gender, type of family, educational qualification, current occupation, and substance abuse, did not show a significant association with elderly abus.

Table 2: Elderly abuse and associated factors (N=150)

Characteristics	Presence of abuse, n (%)	Absence of abuse, n (%)	p value
Age			
60 – 69 years**	9 (8.3%)	99 (91.7%)	<0.001**
70 – 79 years**	14 (45.2%)	17 (54.8%)	
80 years and above	3 (27.3%)	8 (72.7%)	
Socio-economic status			
Lower middle	5 (26.3%)	14 (73.7%)	<0.001**
Upper lower**	8 (7.8%)	95 (92.2%)	
Lower**	13 (46.4%)	15 (53.6%)	
Current Living Arrangement			
Living with spouse and children	12 (15.8%)	64 (84.2%)	<0.001**
Living with spouse	3 (20%)	12 (80%)	
Living with children	7 (12.7%)	48 (87.3%)	
Living alone**	4 (100%)	0	
Financial Dependency			
Self/Independent*	3 (11.5%)	40 (32.3%)	0.034*
Others/Dependent*	23 (88.5%)	84 (67.7%)	
Presence of any comorbidities#			
Yes*	23 (22.5%)	79 (77.5%)	0.014*
No*	3 (6.2%)	45 (93.8%)	
Regular contact with Family and Friends			
Yes*	3 (7.3%)	38 (19.5%)	0.047*
No*	23 (21.1%)	86 (78.9%)	

**Significantly associated at the level of p<0.05.*
***Significantly associated at the level of p<0.01.*
#Comorbidities encompassed were hypertension, diabetes mellitus, arthritis, cataracts, gastric problems, respiratory diseases, and sleep disorders.

DISCUSSION

The study conducted in the urban slums of Bengaluru found that 17.3% of participants experienced elderly abuse. Comparable studies in various Indian urban areas reported prevalence rates between 9% and 25%.[7],[11]-[12] Conversely, studies in rural India indicated higher prevalence rates, ranging from 25% to 51%.[13]-[14] A study done in the United States reported a prevalence of 11.4%.[15] Elderly abuse rates vary based on urban and rural settings and exhibit diverse patterns across different countries. Yon et al.'s systematic review across 28 countries found a pooled overall abuse prevalence of 15.7% in community settings, consistent with this study.[4] However, Yon et al.'s systematic review on elderly abuse in institutional settings reported a much higher prevalence of 64.2% based on staff reports, emphasizing the influence of setting on abuse rates.[16] The HelpAge India 2022 report indicated an overall elderly abuse prevalence of 10.3% in India, lower than in the present study. In the same report, the prevalence in Bengaluru was 19%, which is similar to the present study.[17] The Longitudinal Ageing Study in India (LASI) reported 10.1% of abuse in Karnataka.[5] Various factors differ from region to region, which might contribute to the difference in prevalence rates of elderly abuse. The Agewell Foundation's 2021 report, revealed a higher prevalence of 41.2% in India, which was attributed to the COVID-19 impact.[18] This present study, conducted after the peaks of COVID-19, revealed a lower prevalence. A hospital-based study by Nisha et al. in Bangalore reported 16% abuse, similar to the present study.[19]

Among the participants who experienced abuse, 12% encountered more than one type of abuse. Similar studies in Indian urban areas reported the prevalence of multifaceted abuse between 20% and 24%.[11]-[12] In this present study, at least one episode of abuse in the last 12 months was reported by 14% of participants, contrasting with the 31% reported by Kumar et al. [7] The Longitudinal Ageing Study in India (LASI) reported the prevalence of abuse in India in 2016 as 5.2%,[5] while a study done in China found 21.4%.[20]

Psychological abuse (16%) was most prevalent in the current study, consistent with other Indian studies,[11]-[12],[14],[21] and international studies.[22],[23] Elders are perceived as burdens, particularly given the substandard lifestyle prevalent in slum areas, potentially leading to heightened instances of psychological abuse. In the current study, psychological abuse accounted for 16%, followed by verbal abuse at 9.3%, physical abuse at 7.3%, and financial abuse at 6%. A systematic review done by Yon et al. reported pooled psychological abuse at 11.6%, physical abuse at 6.8%, financial abuse at 4.2%, neglect at 2.6%, and sexual abuse at 0.9% in community settings.[4]

Sons (46.2%) were the predominant perpetrators, and none of the cases of abuse were reported to local authorities, which aligns with findings from other studies.[7],[21] Reasons for non-reporting included a desire for family confidentiality (46.2%), lack of awareness (38.5%), and distrust in the system (15.4%), which was consistent with findings from another qualitative study.[24] HelpAge India reported that elders often suffer in silence to maintain family reputation and confidentiality.[17]

Age showed a significant association with abuse, with higher prevalence in the 70-79 age group, corroborating with other studies.[7],[14] Gender did not exhibit a significant association, consistent with several other studies.[7],[11],[19] This could be attributed to the fact that elderly abuse is not influenced by the gender of the individuals. Significant associations were observed in terms of socio-economic status and current living arrangements, aligning with the study done by Saikia et al.[21] The presence of comorbidities also demonstrated a significant association, consistent with findings in other studies.[14],[23],[25] Maintaining regular contact with family and friends was significantly associated with abuse, mirroring the results of the study done by Kumar et al.[7] Financial dependency demonstrated a significant association, similar to some other studies.[7],[14],[19] Overall, the study emphasizes the importance of considering diverse factors that influence elderly abuse.

Conclusion

The findings of this study suggest that elderly abuse is prevalent in the urban slums of Bengaluru, influenced by various socio-demographic factors. Psychological abuse was the most common form of abuse. Significant associations with abuse included factors such as age, religion, marital status, socio-economic status, current living arrangement, the presence of any comorbidities, financial dependency, utilization of pension or social benefits, and regular contact with family and friends. The most common

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perpetrators were their sons and daughters-in-law. Since we relied on self-reported data, there are chances of social desirability bias, which might have underestimated the magnitude of elderly abuse. Also, focusing on a specific urban slum in Bengaluru limited the generalizability of our results.

Addressing elderly abuse requires a comprehensive strategy that integrates social, economic, and educational interventions. Enhancing socioeconomic status, treating comorbidities, and ensuring regular family and social contact can reduce abuse. Increasing awareness of old-age pension schemes can enhance financial support for the elderly. Community clubs can offer social engagement and support, lowering abuse incidence. Raising awareness of reporting procedures is crucial. Implementing elderly awareness programs, sensitizing the younger generation, improving social benefits and legal provisions, endorsing reporting mechanisms, and establishing support systems are essential steps. Collective efforts can safeguard the elderly, ensuring ageing with dignity, respect, and security.

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