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Elderly Abuse and Its Associated Factors in Chandragiri Municipality: A Cross-Sectional Study

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ABSTRACT

Introduction: Elder abuse is a complex issue that affects older people as a result of poor physical and mental health, aging, shared living, social isolation, a lack of support, and a generation gap. It is the result of shifting socioeconomic paradigms and demographic developments, which have an impact on individuals, families, and societies. The main aim of this study was to determine the prevalence of elder abuse and the factors that are linked to it among the elderly population in the Chandragiri municipality.

Methods: This was a cross-sectional study conducted among 204 elderly people over 60 years residing in a community of Chandragiri municipality through face-to-face interviews using a structured questionnaire. Simple random sampling was used to select wards and proportionate stratified sampling was used to select participants from each ward. Descriptive and bi-variate analysis was done using SPSS v.25.

Results: More than two-thirds (67.6%) of the elderly experienced at least one form of abuse. Caregiver neglect (57.8%) and psychological abuse (42.2%) were the most common types of abuse. This study showed that 17.6% of the elderly experienced sexual abuse. Elderly abuse was strongly associated with illiteracy (p value=0.032) and Cancer (p value= 0.027).

Conclusions: The majority of the elderly had been abused in some way, the most common being caregiver neglect, followed by psychological abuse. A deeper investigation is required to learn more about the true nature of elderly abuse in Nepal and appropriate strategies should be adopted for healthy aging without any sort of abuse against them.

Keywords: *Associated factors; Elderly abuse; Elderly people; Nepal; Prevalence*

INTRODUCTION

WHO defines Elder Abuse as "any type of action, series of actions, or lack of actions, which produce physical or psychological harm, and which is set within a relationship of trust or dependence. Elder abuse may be part of a cycle of family violence; caregivers may cause it, or maybe the result of a lack of training of social and health institutions, who cannot meet the needs of older persons".[1]

Elder abuse is a significant social health issue affecting the health and security of elderly individuals in today's communities.[2] Elder mistreatment is a significant public health issue, and prior studies have suggested that such mistreatment can cause significant adverse health outcomes.[3]

The purpose of this study is to determine the prevalence of elder abuse and the factors that are linked to it among the elderly population in the Chandragiri municipality.

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METHODS

A community-based, cross-sectional study was conducted among elderly people aged 60 and above living in the Chandragiri municipality. Chandragiri municipality was selected purposively and 8 wards out of 15 were selected by simple random sampling using RAND BETWEEN function in MS Excel. The participants from each of 8 wards were selected using the proportionate stratified sampling. The sample size was 204 elderly people. It was calculated using the formula z^2pq/d^2, taking prevalence 15.7% 95% confidence interval 5% margin of error, and 10% non-response rate.[4]

Both males and females above age 60 were included while elderly people with cognitive difficulties, speech and hearing disabilities, and who are not willing to participate were excluded during the sample selection. When more than one elderly person is present in the same household, only one elderly person is chosen based on their seniority.

The study tools were adopted and compiled from the previous studies through an adequate literature review. Simple and understanding language was used to get the proper information from the respondent. Forward and backward translation was done under the supervision of the supervisor. Pre-testing was done to ensure face validity.

For data collection, a face-to-face interview was done using pretested structured questionnaires. Data was cleaned, coded, classified, entered, and analyzed through SPSS V.25. Descriptive analysis was done to identify the frequency and percentage distribution of background variables, including sociodemographic variables, health-related variables, and types of abuse experienced by the elderly people and Bivariate analysis were carried out to assess the association between background variables and elderly abuse. The p-value <0.05 was considered statistically significant. Ethical approval was taken from the Institutional Review Committee (IRC) of the Manmohan Memorial Institute of Health Sciences (MMIHS) (MMIHS-IRC 629). Informed consent was obtained during the data collection, and the privacy and confidentiality of respondents were maintained.

RESULTS

Table 1 illustrates the socio-demographic characteristics of the respondents, where the majority of the respondents (53.9%) were aged 60-69, with females (52.5%) outnumbering males (47.5%). Almost two-thirds of the respondents (65.7%) were of Janajati ethnicity. More than two-thirds (70.1%) of the respondents had attained primary education (70.1%). The majority of the respondents (67.6%) were married. Most of the respondents (97.1%) had nuclear families (97.1%), and the unemployed respondents (60.3%) outnumbered employed respondents (39.7%).

Table 1. Socio- demographic characteristics of the respondents

Characteristics	Number (n=204)	Percentage
Age (years)		
60-69	110	53.9
70-79	46	22.6
80 and above	48	23.5
Sex		
Male	97	47.5
Female	107	52.5
Ethnicity		
Brahmin/Chhetri	42	20.6
Janajati	134	65.7
Others	28	13.7
Education		
Illiterate	34	16.7
Primary education	143	70.1
Secondary education	11	5.4
Higher education	16	7.8
Marital status		
Married and living with spouse	138	67.6
Widow/divorced/ separated/ unmarried	66	32.4
Type of family		
Nuclear	198	97.1
Joint	6	2.9
Employment status		
Employed	81	39.7
Unemployed	123	60.3

Table 2 shows the distribution of the respondents according to their health-related characteristics of the elderly. Nearly half of the respondents (47.5%) had chronic sickness, encompassing hypertension (32.8 %), heart disease (25.0 %), obesity (11.8 %), cancer (7.4%) and diabetes (6.7%). Talking about personal habits, 7.8% and 4.9% of the respondents intake tobacco/smoke and consume alcohol, respectively.

Table 2. Health related characteristics of the elderly

Characteristics	Number (n=204)	Percentage
Presence of Chronic Illness		
No	107	52.5
Yes	97	47.5

Characteristics	Number (n=204)	Percentage
Type of Chronic Illnesses*		
Obesity	24	11.8
Hypertension	67	32.8
Diabetes	14	6.9
Cancer	15	7.4
Heart disease	51	25.0

*Multiple choice question

Table 3 shows the distribution of abuse among the respondents. Two-thirds of the respondents (67.6%) said they had been subjected to abuse, where the majority of the respondents had faced neglect (57.8%), followed by psychological abuse (42.2%), physical abuse (8.8 %), financial abuse (27.5 %) and sexual abuse (17.6 %).

Table 3. Abuse among elderly

Characteristics	Number (n=204)	Percentage
Experienced abuse	138	67.6
Type of Abuse*		
Neglect	118	57.8
Psychological	86	42.2
Financial	56	27.5
Physical	18	8.8
Sexual	36	17.6

*Multiple choice question

Table 4 revealed the association between socio-demographic variables with abuse among the elderly. The study found a significant correlation (0.032) between educational status and elderly abuse, but no significant associations were found with age, gender, ethnicity, marital status, family type, or work status.

Table 4. Association of socio-demographic characteristics with abuse among elderly

Characteristics	Category	Experienced abuse (n=204)		p-value
		No n (%)	Yes n (%)	
Age	60-69 years	32 (29.1)	78 (70.9)	0.284
	70-79 years	14 (30.4)	32 (69.6)	
	80 years above	20 (41.7)	28 (58.3)	
Sex	Female	37 (34.6)	70 (65.4)	0.475
	Male	29 (29.9)	68 (70.1)	
Ethnicity	Brahmin/ Chhetri	16 (38.1)	26 (61.9)	0.560
	Janajati	40 (29.9)	94 (70.1)	
	Others	10 (35.7)	18 (64.3)	
Educational status	Illiterate	17 (50.0)	17 (50.0)	0.032*
	Primary	45 (31.5)	98 (68.5)	
	Secondary	2 (18.2)	9 (81.8)	
	Higher school	2 (12.5)	14 (87.5)	
Marital Status	Married	49 (35.50)	89 (64.50)	0.164
	Others	17 (25.75)	49 (74.25)	
Family type	Nuclear	64 (32.3)	7.7)	0.620
	Joint	2 (33.3)	4 (66.7)	
Employment status	Unemployed	42 (34.1)	81 (65.9)	0.500
	Employed	24 (29.6)	57 (70.4)	

*p-value<0.05

Table 5 shows the association between health-related characteristics with abuse among the elderly. This study revealed a link between senior abuse and cancer (0.027 %) and smoking and/or tobacco consumption (0.020). However, there is no linkage between chronic illness (obesity, hypertension, diabetes, heart disease, and others) and alcohol consumption.

Table 5. Association of health related characteristics with abuse among elderly

Characteristics	Category	Experienced abuse (n=204)		p-value
		No n (%)	Yes n (%)	
Presence of chronic illness	No	34 (31.8)	73 (68.2)	0.853
	Yes	32 (33.0)	65 (67.0)	
Type of chronic illnesses				
Obesity	No	60 (33.5)	119 (66.5)	0.211
	Yes	5 (20.8)	19 (79.2)	

Characteristics	Category	Experienced abuse (n=204)		p-value
		No n (%)	Yes n (%)	
Hypertension	No	39 (28.7)	97 (71.3)	0.146
	Yes	26 (38.8)	41 (61.2)	
Diabetes	No	59 (31.6)	128 (68.4)	0.770
	Yes	5 (35.7)	9 (64.3)	
Cancer	No	65 (34.4)	124 (65.6)	0.027*
	Yes	1 (6.7)	14 (93.3)	
Heart diseases	No	49 (32.0)	104 (68.0)	0.341
	Yes	17 (33.3)	34 (66.7)	
Others	No	66 (32.4)	138 (67.6)	0.856
	Yes	66 (32.4)	138 (67.6)	
Personal habit				
Drinking alcohol	No	63 (32.5)	131 (67.5)	0.344
	Yes	3 (30.0)	7 (70.0)	
Smoking and/or tobacco intake	No	65 (34.6)	123 (65.4)	0.020*
	Yes	1 (6.3)	15 (93.8)	

*p-value<0.05

DISCUSSION

Our study revealed that two-thirds of the elderly (67.6%) had experienced some form of maltreatment in the last six months. More than half of the elderly (57.8%) reported caregiver neglect, with two-fifths (42.2%) reporting psychological abuse. This finding is more significant in comparison to other studies.[5-9] The changes in setting could explain this. This study was conducted in Chandragiri, Kathmandu, where there is a lot of international movement of young people looking for work. As a result, the majority of the elderly in this community are either alone or cared for by their daughters-in-law and grandchildren.

This study also found that 17.6% of the elderly have experienced sexual abuse. The result is higher than in prior studies.[5-9] This reported status of sexual abuse might be still underreporting influenced by several deep-rooted cultural factors like social stigma and patriarchal society, where women, including elderly women, are often seen as subordinate to men. This power imbalance within marriage or family structures can make it difficult for women to report sexual abuse, as they may perceive it as part of their duty or face intimidation from their partners. The interviewer›s question about this hidden feature in married senior couples, as well as the comfort of talking with the female interviewer, may have contributed to the participants› secret feelings of sexual abuse.

In this study, illiteracy among the elderly was linked to their mistreatment (p = 0.032). The findings are similar to those of an Indian study that found that education is highly linked to reduced vulnerability to abuse.[9] This could be because education boosts confidence, employment, and a sense of self-respect and respect from others, lowering the risk of being abused in Nepalese society.

However, there was no significant association between participant age and elder maltreatment in this study (p=0.284). This study also discovered no correlation between sex, race, marital status, family type, or employment status and elder maltreatment.

In terms of chronic diseases, this study discovered a significant association between abuse and cancer in the elderly (p=0.027). Furthermore, chronic illness is frequently associated with the need for caregivers to provide more care to the elderly, increased financial expenses, and diminished physical capacity, all of which increase the elderly›s reliance on others for basic life tasks, increasing their risk of being mistreated.

The study was conducted among elderly people in Chandragiri municipality, Kathmandu, and highlights several limitations. As this area is an urban setting within Kathmandu Valley, the findings may not represent all elderly people in Nepal, particularly those living in rural areas where cultural and socio-economic dynamics can differ significantly. Additionally, the absence of multivariate analysis in the study raises concerns about potential confounding bias.

CONCLUSIONS

This study showed the prevalence of elderly abuse was very high where illiterate elderly individuals were more abused than literate ones. Elder abuse was significantly associated with illiteracy and chronic illnesses like cancer. Hypertension, heart disease, diabetes, cancer, and the need for financial assistance for medicine and other charges afflicted the majority of the elderly. Such elderly people were undoubtedly more prone to abuse. Effective health interventions related to healthy aging are required to address the needs of the elderly and reduce abuse against them.

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CONFLICT OF INTEREST

None

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