PERCEIVED FAMILY SUPPORT AMONG ELDERLY RESIDING IN GOKARNESHWOR MUNICIPALITY, KATHMANDU

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ABSTRACT

Family support is an essential factor among the elderly to maintain health and wellbeing. Most of the elderly are living with the family and depend on them for care. However support from family has been decreasing with the increasing age. The objective of the study was to assess perceived family support among elderly residing in Gokarneshwor, Kathmandu. A descriptive cross-sectional research design was used for conducting this study among 216 elderly residing in Gokarneshwor Municipality of Kathmandu over a period of July 2022 to October 2022 through non-probability purposive sampling technique. Data collection was done by using face to face interview using valid standard tool for family support scale (FSS). Data was analyzed by using SPSS version 16. The results of this study showed that more than half (55.1%) respondents perceived low family support from their family members. Only 44.9% had high family support. Respondents who had chronic disease were financially dependent perceived low family support. There was significant association between perceived family support and age (p=0.015), educational level (p=0.013) and working elderly (0.001). The study concluded that family support perception from elderly was low and some elderly was perceived high support from their family members. However sleep related care, information and decision making support was perceived less than other variables. Family members should be encouraged to build positive family relationship with elderly and involve them in wise decision making.

KEYWORDS

Elderly, family support, perceived, Nepal

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INTRODUCTION

Ageing is a natural process which results from the impact of a wide variety of molecular and cellular damage over time.[1]According to Senior Citizens Act Nepal (2063), senior citizens mean a citizen of Nepal having completed the age of sixty years.[2]

Globally, the ageing population is increasing rapidly.[1] The percentage of the elderly people over 65 years almost doubled from 6 per cent in 1990 to 11 per cent in 2019 in South-Eastern Asia.[3] With the increasing age numerous physiological, psychological and social role changes and develops the risks of chronic disease.[4] As a result of such illnesses, a person's reliance and care is placed on family members, at the same time elderly need support from family members.[5]

Family support provides necessary care for the elderly. This support improves health and well-being of older people.[6] Thus, the objective of the study was to assess the perceived family support among elderly.

MATERIALS AND METHODS

A quantitative descriptive cross-sectional research design was carried out in the community ward number 4, Gokarneshwor Municipality. The study period was from July to October 2022. Total 216 (with adding 10% non -response rate) elderly people aged 65 years and older living with family, who could understand and communicate in Nepali language, had not been diagnosed with mental health problems, those who were available at their home and willing to participate on a voluntary basis were included in this study. Elderly those who have hearing and speech related problem, bed ridden, physically and mentally ill was excluded in this study. Non probability purposive sampling technique was used to select the samples.

Family Support Scale (FSS) is a valid standard tool was used to collect data about family support among elderly.[7] Permission was taken from the researcher to use this tool. FSS includes 20 items consisting 4 point likert scale with possible scores ranging from 0 (No) to 3 (Much). Total scores were ranging from 0 and 60. Higher scores (more than and equal to mean scores) indicates perceived high support and lower the mean score (less than mean score) was indicate low support.

Pretesting of instrument was done in 10% of estimated sample size which was 21. Pretesting was done in ward number 7 of Gokarneshwor Municipality. A modification was not required to the questions that measured the family support among elderly. The researcher, with the help of the bio linguistics translator, translated the questionnaire to Nepali, which was again back translated to English. Reliability of instruments was maintained by cronbach alpha which was 0.79. The result of cronbach's Alpha was 0.94 in the original study.

Data collection was conducted only after obtaining the formal approval from research committee of Nepal Medical College, (Ref. No: 03-079/080) Institutional Review Committee (IRC). Formal written permission was obtained from ward number 4 of Gokarneshwor Municipality for data collection by submitting the request letter from Nepal Medical College. Informed and written consent was obtained from each elderly and objectives of the study were explained before data collection. A face to face structured Interview schedule was used to collect data. During data collection privacy was maintained by taking interview separately at the corner of home setting. Confidentiality of all the data was maintained. Each day 12 respondents was interviewed for 10-15 minutes each working day by using family support scale questionnaire.

The data coding, entering and analysis were performed by SPSS version 16 Software using both descriptive and inferential statistics. Descriptive statistics such as frequency, percentage, mean, standard deviation and inferential statistics was used to assess the association between the variables chi-square was used at 95% confidence interval level ($P<0.05$).

RESULTS

Table 1 shows the socio-demographic characteristics of respondents. The age of respondents ranged from 65 to 91 years. The mean age was 72.88±6.6 years. Regarding gender, more than half (52.8%) was female and 47.2% were Male. More than half (63.4%) were married whereas 0.5% unmarried and 36.1% were widowed. In terms of education, nearly one third of respondents (69.4%) were illiterate whereas 18.5% literate, 5.6% primary, 4.6% secondary and 1.8% had secondary and above. In reference to types of family, more than one third (75%) respondents were living with the joint family. Majority of respondents (81%) were not employed.

Table 1: Socio demographic characteristics (n=216)

Variables	n	%
Age Groups		
65-75 years	151	69.9
76 and older	65	30.1
Mean±SD 72.88± 6.6 years		
Gender		
Male	102	47.2
Female	114	52.8
Marital status		
Married	137	63.4
Unmarried	1	0.5
Widow/Widower	78	36.1
Educational status		
Illiterate	150	69.4
Literate	40	18.5
Primary	12	5.6
Secondary	10	4.6
Higher secondary and above	4	1.8
Types of family		
Joint	162	75
Nuclear	50	23.1
Extended	4	1.9
Employed		
Yes	41	19
No	175	81

Table 2 depicts that almost all respondents have at least one source of family income. More than half (66.50%) reported the sources of family income by Son. Likewise, 59.50%, 22.30%, 11.20%, 20% and 13.5% income sources were from allowances, agriculture, pension, daughter, husband and others were the source of family income respectively. Most of the respondents stated that family members (89.40%), wife (38.40%) and husband (23.60%) were the primary source of family support to provide care. More than half (52.3%) respondents reported that they have chronic disease. Regarding financial dependency, 68.1% were dependent for money towards the family members.

Table 2: Socio demographic characteristics (n=216)

Variables	n	%
Sources of Family Income*		
Son	143	66.5
Old/widow allowance	128	59.5
Agriculture	48	22.3
Pension	24	11.2
Daughter	26	12.1
Husband	43	20.0
Others	29	13.5
Source of Family support*		
Husband	51	23.6
Wife	83	38.4
family members	193	89.4
No support	2	0.9
Chronic disease		
Yes	113	52.3
No	103	47.7
Financial dependent		
Yes	147	68.1
No	69	31.9

*Note:- Multiple responses, others denote business, labor work, brother/nephew and house rent

Table 3 shows that 44.4% respondents reported that their family loves some to them. Nearly half (47.2%) respondents stated that they get some respect from their family. Nearly one third respondents get assistance for daily living activities. 78 (36.1%) respondents mentioned that they involve in religious activities with the help of family members. Little more than one third respondents communicate that they received less useful information from their family members. One third respondents (32.9%) received less emotional support. 35.2% respondents experienced that their family members share little important decision. Some few respondents express that their family members do not understand their personal desires.36.6% respondents received little support to participate in social events. Nearly half (49.5%) get much support to listen problems by family members. Nearly half (46.8%) respondents get some support for problem solving. Less number of respondents stated that family members were not aware of

Table 3: Family support related information (n=216)				
Items	**No n (%)**	**Little n (%)**	**Some n (%)**	**Much n (%)**
My family loves me	4 (1.9)	47 (21.8)	96 (44.4)	69 (31.9)
I get respect from my family	12 (5.6)	59 (27.3)	102 (47.2)	43 (19.9)
My family helps me with daily activities	18 (8.3)	43 (19.9)	89 (41.2)	66 (30.6)
My family helps me with religious activities	26 (12)	74 (34.3)	78 (36.1)	38 (17.6)
My family gives me useful information	39 (18.1)	78 (36.1)	75 (34.7)	24 (11.1)
My family gives me emotional support	43 (19.9)	71 (32.9)	68 (31.5)	34 (15.7)
My family shares important decisions with me	41 (19)	76 (35.2)	75 (34.7)	24 (11.1)
My family understands my personal desires	21 (9.7)	76 (35.2)	85 (39.4)	34 (15.7)
My family helps me to participate in social events	39 (18.1)	79 (36.6)	78 (36.1)	20 (9.3)
My family listens my problems	18 (8.3)	45 (20.8)	107 (49.5)	46 (21.3)
My family helps to solve my problems	17 (7.9)	57 (26.4)	101 (46.8)	41 (19)
My family is aware of my health	12 (5.6)	51 (23.6)	103 (47.7)	50 (23.1)
My family helps in my treatment	7 (3.2)	46 (21.3)	108 (50)	55 (25.5)
My family treats me as an important person	20 (9.3)	60 (27.8)	92 (42.6)	44 (20.4)
My family gives me money when I need it	28 (13)	58 (26.9)	90 (41.7)	40 (18.5)
My family is careful about my food	11 (5.1)	41 (19)	126 (58.3)	38 (17.6)
My family is careful about my sleep	62 (28.7)	89 (28.7)	48 (22.2)	17 (7.9)
My family gives me companionship	14 (6.5)	48 (22.2)	110 (50.9)	44 (20.4)
My family helps me to stay happy	7 (3.2)	48 (22.2)	119 (55.1)	42 (19.4)
I am satisfied with my family support	5 (2.3)	51 (23.6)	115 (53.2)	45 (20.8)

Note: No (0), Little (1), Some (2), Much (3)

their health. Half of the respondents respond that they get support for treatment by their family members. 42.6% respondents reported that they were treated some as important person. About one fifth expressed that their family members gives money when needed. More than half of respondents reported that daughter in law and wife of elderly cares about food and 28.7% reported that their family members were not careful about sleep of elderly. Half of the respondents reported they get companionship as a family support. More than half of the respondents were happy and satisfied with family support.

Table 4: Perceived family support of respondents (n=216)		
Level of Support	**n**	**%**
Low support (<34.1 mean score)	119	55.1
High support (≥34.1mean score)	97	44.9

Table 4 displays that 55.1% respondent's perceived low family support from their family members. Only 44.9% had high family support.

Table 5 reveals association between socio-demographic characteristics and level of family support. The findings of study showed that there was a statistically significant association between age groups, educational level and employed with level of family support (P<0.05).

Table 5: Association between socio-demographic characteristics and family support (n=216)

Characteristics	Level of family support		x^2	P Value
	Low n (%)	High n (%)		
Age groups				
65-75	75 (63.0%)	76 (78.4%)	5.966	0.015
76 and older	44 (37.0%)	21 (21.6%)		
Gender				
Male	52 (51.0%)	50 (49.0%)	1.321	0.25
Female	67 (58.8%)	47 (41.2%)		
Marital status				
Married	69 (50.4%)	68 (49.6%)	3.384	0.066
Unmarried	50 (63.3%)	29 (36.7%)		
Educational level				
illiterate	91 (60.7%)	59 (39.3%)	6.165	0.013
Literate	28 (42.4%)	38 (57.6%)		
Types of family				
Nuclear	25 (50.0%)	25 (50.0%)	0.682	0.409
Joint/extended	94 (56.6%)	72 (43.4%)		
Employed				
Yes	13 (31.7%)	28 (68.3%)	11.186	0.001
No	106 (60.6%)	69 (39.4%)		
Chronic disease				
Yes	68 (60.2%)	45 (39.8%)	2.476	0.116
No	51 (49.5%)	52 (50.5%)		
Financial dependent				
Yes	84 (57.1%)	63 (42.9%)	0.782	0.377
No	35 (50.7%)	34 (49.3%)		

Note: Chi square test significant (P< 0.05 at 95% confidence interval)

DISCUSSION

In the present study most of the elderly were financially dependent on their family. A study from India supports the findings of recent study suggested that respondents received financial support from spouse and family members.[8,9] The recent study shows that more than half respondents reported the sources of family income by son which is supported by the study conducted in Pakistan.[10]

The current study shows most of the respondents stated that family members and spouses were the primary source of family support to provide care. Similar findings were observed in the study where it was reported that spouse can be an important support for both male and females as the males can looks after for finances and females take care of health issues.[11] As per the recent study it is reported that more than half (52.3%) respondents have chronic disease. The other various studies showed that the prevalence of chronic disease was high among the elderly.[11,12]

In this study it was found that more than one third respondents perceived some form of supports from family and nearly one third respondents get much assistance for daily living activities. This finding was in line with other study.[6] Furthermore, one third respondents received less emotional support such as respect and some reported no emotional support perceived from family members. However, contrasting findings were observed in the study of Indonesia and Kathmandu where elderly appreciated the emotional support given by their family.[6,13,14] In addition to this, nearly half of the respondents reported that their family loves them to some extent. This is consistent with the findings of the study carried out in Indonesia.[6]

The present study revealed that 35.2% respondents had experienced that only few

of their family members involve them in decision making. This might be due to busy schedule, stressful life and work exhaustion. The current research finding was supported by a study conducted in Kathmandu and Pakistan which depicts that the family of 44.79% and 61.7% respectively respondents never/ seldom involved them in sharing important decision.[10,13] However, another study conducted in India is contrast where some respondents reported that their family members did not involve them in decision making.[15] More than one third respondents communicate that they received little support to participate in social events. The findings of present study displays less number of respondents (9%) had received much support to attend social event. In contrast to this a study conducted in Pakistan shows 54.2% respondents were allowed to attend social events to great extent. Furthermore, the current study revealed that nearly one third respondents reported that they were allowed some support and 18% were not allowed to attend social event, which was similar with the results of other study.[10]

The results of recent study displays that half respondents stated that their family members listen to their problems and helps in problem solving. Similarly a study conducted in Kathmandu depicts a consistent finding. Regarding personal desire, in our study a few respondents expressed that their family members do not understand their personal desires which is contrary to the study conducted in Nepal.[13] The findings of the present study demonstrated that few respondents stated that family members were not aware of their health. Half of the respondents reported that they get support for treatment by their family members. In the study done in the Indonesia, it was found that elderly received great attention towards their health and family support to access the health care services.[15]

We found that 60.2% respondents expressed that their family members gives money when needed. Various studies supported this finding where respondents had received financial support from their families.[6,13,15] Likewise, more than half respondents reported that daughter in law, son and spouse of elderly cares about food. The result of the study is consistent with the findings of Indonesia.[16] Regarding happiness and satisfaction, more than half of the respondents stated that they were happy and satisfied with family support. Similar finding was observed in India and Indonesia where majority had received good support from their homes.[14-16]

As per literature review good family support from their family members was found 55.1% and 77.5% respectively whereas in our study it was found that more than half (55.1%) respondents perceived low family support from their family members. Only 44.9% had high family support. However, it is similar to the recent study where 64.10% had low family support among elderly.[10,17,18] The present study discovered that the literate respondents perceived high family support than who were illiterate. A study conducted in Indonesia and India showed consistent findings as ours, educated elderly people had perceived better family support.[15,17]

In this study, the results of chi- square test with a confidence level of 95% were obtained as a result of p-value 0.015 (< 0.05) which means that there is statistical association between ages of respondents with level of family support which is similar to the study findings of Indonesia. We noted that there is an association between educational level and employment with level of family support. The present findings are consistent with findings of previous studies conducted in different countries.[17]

Our study results conclude that respondents with chronic disease perceived less family support and those who have no disease have perceived high family support. Other studies support as our conclusion that medically healthy aged people perceived better family support.[19-21] Regarding financial dependence the present study found that those respondents who were financially dependent have the perception of low family support than who were not dependent. However, there is no statistical significance between chronic illness, financial dependent and level of support. This finding is contradictory to the finding of study done in India which shows significant relation between chronic illness, financial dependent and quality of life and family support.[15]

In conclusion, our study findings reported that the overall perceived family support of elderly from their family members was low. Less than half perceived high family support. The age groups of 65-75 years old perceived high family support than older. There is an association between age groups, education level, employed and level of family support. Illiterate elderly perceived low family support than literate. Those who do not work have felt low family support. These findings suggest that family members should pay attention towards all elderly in emotional and informational support which contributes to their health and well-being.

As participants were limited to the Gokarneshwor, Municipality this limits the geographical diversity and implies difficulty in generalizing the findings to other settings. A

detailed in depth study can be done related to family support for elderly in rural areas.

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