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Social Problems and their Impact on Elderly Health in Najran, Saudi Arabia

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Abstract

Introduction: The study explores the social challenges and their effects on the health of elderly individuals in Najran, Saudi Arabia. Given the increasing elderly population and the potential for various social problems to impact their health, understanding these issues is critical for developing effective interventions.

Methods: This cross-sectional study involved 145 elderly participants from Najran, Saudi Arabia. Data were collected through a self-administered questionnaire, focusing on perceptions of aging, feelings of being a burden, neglect by family members, and the presence of chronic medical conditions. Sociodemographic variables such as gender, education, and occupation were also examined for their association with reported social problems and health outcomes.

Results: A significant portion of the participants (77.9%) felt that old age negatively affected their daily lives, with 78.6% feeling like a burden to their families and 58.6% feeling neglected. Moreover, a majority reported having at least one chronic medical condition, with hypertension being the most prevalent (73.8%). Analysis revealed that certain sociodemographic factors were linked to increased feelings of burden and lack of companionship.

Conclusions: The findings underscore the prevalence of social problems among the elderly in Najran and their association with adverse health outcomes. The high rates of chronic conditions and feelings of neglect and burden highlight the need for targeted interventions to support the elderly. Further research is required to identify specific contributing factors and develop comprehensive strategies to enhance the health and well-being of this vulnerable population
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Keywords: Elderly, Social Problems, Chronic Conditions, Najran, Cross-sectional Study.

Introduction

The term "elderly" or "old age" refers to ages close to or exceeding the typical human lifespan. Because it has different connotations in different communities, the line defining old age cannot be precisely defined. Aging is an unavoidable developmental phenomenon that causes a variety of changes in social, hormonal, psychological, and physical situations [1]. By "regular changes that occur in mature genetically representative organisms living under deplorable environmental settings as they advance in chronological age" define aging in terms of biology. It has been said that getting older is a difficult time in life. As they get older, the elderly person depends more and more on others [2]. Worldwide, the number of elderly people has sharply increased in recent years, and there are currently more elderly individuals alive than ever before. The population's proportion of individuals 60 and older is gradually rising annually [3]. There will be 1.2 billion persons over the age of 60 in the world by 2025, and that number will rise to 1.9 billion by 2050 [4]. The EMR predicts a similar trend; whereas the elderly population's proportion of the overall population was 5.8% in 2000, it is anticipated to rise to 8.7% by 2025 and 15.0% by 2050 [5]. The aging of the population and the accompanying demographic shift are global phenomena that necessitate international, national, regional, and local intervention [5, 6]. There has been a rise in global awareness of the health problems associated with aging populations in recent years [7]. Compared to younger individuals, the health issues that older people face are more complicated by social, economic, and psychological relationships. Additionally, because these issues are typically complex and frequently concealed by sensory and cognitive limitations, their detection necessitates specialized knowledge. The morbidity and death rates have gotten worse as a result of these variables [8]. The physical and mental health of elderly individuals is significantly impacted by morbidity. Many older people simultaneously suffer from many ailments. As people age, diseases become

more prevalent [9]. Similar studies have been conducted to address social problems among elderly [10-13]. This study aims to assess the social problems and their effect on the health of the elderly in Najran, Saudi Arabia. Other objectives are to identify the associations between particular medical conditions, co-morbid conditions, disability, psychological health, and sociodemographic factors.

Methods

In December 2022, a cross-sectional study was carried out in Najran, Saudi Arabia, aimed at evaluating the impact of social problems on the health of the elderly population. The research setting involved elderly attendees of both genders at a general hospital in Southern Saudi Arabia. A total of 145 elderly individuals were included in the study, with the sample size determined using a statistical formula that factored in the desired degree of confidence, the estimated proportion of the population exhibiting the trait of interest, and the allowable margin of error. An efficient sampling technique was used to select participants, which included both male and female subjects aged 60 years or older. Those younger than 60 and those who did not complete the online questionnaire were excluded from the study.

Data collection was conducted through personal interviews facilitated by social specialists at the hospital, using a questionnaire adapted from previous research by Lena et al. The questionnaire comprised sections on sociodemographic characteristics, attitudes toward aging, perceptions of economic and social security, and morbidity patterns. The study was conducted with ethical considerations in mind; participants were informed about the survey's purpose, their voluntary participation, and the confidentiality of their responses, ensuring no personal identifying information was collected. For data analysis, the Statistical Package for Social Sciences (SPSS) version 26 was utilized. Descriptive statistics provided

insights into the prevalence and characteristics of the sample, while categorical risk factors were assessed through the Chi-square test. A p-value of less than 0.05 was considered indicative of statistical significance. This methodology provided a comprehensive approach to understanding the effects of social problems on the elderly's health in Najran.

Results

Based on the data presented in Table 1, the sample of elderly individuals in this study is primarily female (80.7%), with an average age of 80.27 years (range: 60 - 92 years). The majority of participants are illiterate (80.0%), and most reside in urban areas (75.2%). In terms of marital status, the majority are widowed (73.8%), while a small percentage are single (2.1%), married (22.0%), or divorced (2.1%). In terms of occupation, the majority of participants are unemployed (91.7%), while a small percentage are employed (8.3%).

Table 2 presents data on various social and psychological problems that may be experienced by elderly individuals in Najran. According to the data, a majority of participants (77.9%) feel that old age affects their day-to-day life to some extent, while 78.6% feel like a burden on their family. In terms of feeling neglected by family members, the majority (58.6%) feel neglected sometimes, while a small percentage (41.4%) feel neglected always. In terms of overall happiness, the majority of participants (75.9%) feel happy in their life, while a small percentage (24.1%) do not. However, the vast majority of participants (95.2%) feel loved by their family, with only a small percentage (4.8%) feeling that they are not loved. In terms of economic and social security, a majority of participants (76.6%) feel that they have adequate support, while a small percentage (23.4%) feel deprived. Finally, a majority of participants (62.8%) feel deprived of companions, while a smaller percentage (37.2%) do not. Table 3 presents data on the prevalence of various medical conditions among elderly individuals in Najran. According to the data, the most common condition is hypertension (73.8%), followed by various conditions such as bronchial asthma(2.1%), diabetes (2.8%), and osteoarthritis (4.8%). A small percentage of participants (16.6%),

Table (1): **Socio-demographic characteristics of the Participants (No=145)**

Variables	*Descriptive Statistics*		*%*
Age	Mean ± SD Median (Range)	80.27± 9.85 88 (60 - 92)	
Gender	Male	**28**	**19.3**
	Female	**117**	**80.7**
Education	Illiterate	116	80.0
	Primary	**7**	**4.8**
	secondary	**5**	**3.4**
	Moderate	6	4.1
	university	**11**	**.77**
Residence	Urban	109	75.2
	rural	36	24.8
Marital status	Single	3	2.1
	Married	32	22
	Widow	107	73.8
	Divorced	3	2.1
Occupation	Employed	12	8.3
	Unemployed	133	91.7

report experiencing other medical conditions. Table 4 presents data on the relationship between various sociodemographic characteristics and the feeling among elderly individuals that they are a burden on their families. According to the data, there are significant differences in the prevalence of this feeling based on gender, education, and occupation. Specifically, a higher percentage of females (72.4%), illiterate individuals (74.5%), and unemployed individuals (76.6%) report feeling like a burden on their families, compared to males (6.2%), individuals with higher levels of education (5.5% for primary education and higher), and employed individuals (2.1%), respectively. There is no significant difference based on residence or marital status. Table 5 presents data on the relationship between various sociodemographic characteristics and the feeling

among elderly individuals that they are deprived of companions. According to the data, there are significant differences in the prevalence of this feeling based on gender, education, residence, and occupation. Specifically, a higher percentage of females (56.6%), illiterate individuals (56.6%), urban residents (60%), and unemployed individuals (60%) report feeling deprived of companions, compared to males (6.2%), individuals with higher levels of education (2.1% for primary education and higher), rural residents (2.8%), and employed individuals (2.8%), respectively. There is no significant difference based on marital status.

Discussion

The results of our study, which aimed to assess the social problems and their impact on the health of elderly individuals in Najran, Saudi Arabia, are consistent with findings from previous research on the topic. According to our data, a majority of elderly individuals in Najran reported feeling that old age affects their day-to-day life to some extent (77.9%), and many also reported feeling like a burden on their families (78.6%) and feeling neglected by family members (58.6%). These findings are consistent with the findings of Abolfotouh et al. (8), who reported that functional ability, perceived health status, depression, and economic dependence are all low among elderly individuals in Saudi Arabia, and that loneliness, being single, illiteracy, and diminished functional competence are all factors that predict depression in this population. Our results also align with the findings of a study conducted in Turkey (11), which reported that social difficulties impact all older individuals to varying degrees, and that there is no connection between financial assistance from family members and other financial resources, or between males and females in terms of social problems.

In addition, our data showed that a majority of elderly individuals in Najran reported having at least one chronic medical condition, with hypertension being the most common (73.8%). These findings are consistent with the findings of a study conducted in southern Saudi Arabia (10), which reported that elderly individuals receiving home care had a wide range of chronic illnesses, and with the findings of a

study conducted in India (13), which reported that a significant majority of older people experienced health issues. These results highlight the importance of preventive, curative, and rehabilitative programs for improving the quality of life for elderly individuals with chronic illnesses (10).

Furthermore, our data showed that certain sociodemographic characteristics, such as gender, education, and occupation, were associated with higher rates of feelings of burden or deprivation of companions among elderly individuals in Najran. These findings are consistent with previous research indicating that certain sociodemographic factors may be associated with negative outcomes in terms of health and well-being among elderly populations (5, 6). For example, a study conducted in India (13) found that a significant majority of older people were not employed, were either completely or partially dependent on others, and experienced health issues while feeling neglected by their families. These findings suggest that interventions are needed to protect the health of this vulnerable population and to address their specific care needs. Overall, the results of our study provide important insights into the social problems and health issues faced by elderly individuals in Najran, and highlight the need for interventions and support to address these issues.

Further research is needed to identify specific factors that may contribute to negative outcomes among this population, and to develop effective strategies for improving their health and well-being. The study boasts several strengths that contribute significantly to the understanding of the social and health dynamics affecting elderly populations in Najran, Saudi Arabia. Firstly, its cross-sectional design allows for a comprehensive snapshot of the current state of elderly well-being, capturing a wide array of factors from sociodemographic characteristics to health conditions and social problems. The inclusion of a diverse range of variables such as feelings of being a burden, perceived neglect, happiness, and medical conditions provides a multifaceted view of the elderly's life experiences, facilitating a deeper understanding of their needs. Additionally, the high response rate and the use of a self-administered questionnaire adapted from validated sources enhance the reliability and

relevance of the findings. This approach ensures that the data reflects the participants' personal perceptions and experiences, offering valuable insights for developing tailored interventions. However, the study is not without its limitations. The cross-sectional nature of the study, while beneficial for capturing a broad snapshot, limits the ability to establish causality between observed factors and outcomes. Longitudinal studies would be necessary to track changes over time and determine cause-and-effect relationships. Another limitation is the study's reliance on self-reported data, which could introduce bias due to participants' memory, willingness to disclose, or interpretation of questions. The sample's demographic skew towards older, illiterate women predominantly from urban areas may also limit the generalizability of the findings to the entire elderly population in Najran or other regions.

Conclusions

The findings from this study highlight the significant social and health-related challenges faced by elderly individuals in Najran, Saudi Arabia. The demographic profile of the participants predominantly consists of older, illiterate women residing in urban areas, the majority of whom are widowed and unemployed. These characteristics correlate with higher incidences of social and psychological issues, such as feeling like a burden to their families, feeling neglected, and experiencing a sense of deprivation of companions. Despite these challenges, a notable majority express happiness and feel loved by their families, indicating a complex interplay between support, perceived burdensomeness, and emotional well-being. The high prevalence of chronic medical conditions, particularly hypertension, further complicates their situation. Sociodemographic factors such as gender, education, and occupation significantly influence feelings of being a burden and deprivation of companions, underscoring the need for targeted interventions that address the specific vulnerabilities of these populations. Tailored support mechanisms that consider these sociodemographic factors could significantly improve the quality of life and well-being of the elderly in Najran.

Conflict of interests

The authors declared no conflict of interests.

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Table (2) **Distribution of Participants as regarding social and psychological problems in their life (No=145)**

Variable	*Answer*	*No %*
1) Is old age affect day to day life	Completely	32 (22.1)
	Partially	113 (77.9)
2) **Do you feel like burden on your family**	Yes	114 (78.6)
	No	31 (21.4)
3) Do you feel neglected by family members	Always	85 (58.6)
	Sometimes	60 (41.4)
4) Are you feeling happy in your life	yes	110 (75.9)
	No	35 (24.1)
5) Do you feel that you are be loved in your family	yes	138 (95.2)
	No	7 (4.8)
6) Perceptions of the elderly regarding economic and social security	yes	111 (76.6)
	No	34 (23.4)
7) Are you deprived of companions	yes	91 (62.8)
	No	54 (37.2)

Table *(3)* Distribution of morbidity pattern among Participants (No=145)

Variable	*Answer*	*No %*
Morbidity pattern among respondents	Bronchial asthma	3 (2.1)
	Diabetes	4 (2.8)
	Hypertension	107 (73.8)
	Osteoarthritis	7 (4.8)
	Others	24 (16.6)

Table (4) **The relation between Socio-demographic characteristics and the elderly's feeling that they are a burden on their families.**

Variable	Feeling burden on families (N=114) (78.6%)	Not feeling burden on families (N=31) (21.4%)	Total (N=145)(100%)	P-value*
	No (%)	No (%)	No (%)	
Gender				
Male	9 (6.2)	19 (13.1)	28 (19.3)	< 0.001
Female	105 (72.4)	12 (8.3)	117 (80.7)	
Education				
Illiterate	108 (74.5)	8 (5.5)	116 (80.0)	< 0.001
Primary	2 (1.4)	5 (3.4)	7 (4.8)	
secondary	0	5 (3.4)	5 (3.4)	
Moderate	1 (0.7)	5 (3.4)	6 (4.1)	
university	3 (2.1)	8 (5.5)	11 (7.6)	
Residence				
Urban	86 (59.3)	23(15.9)	109 (75.2)	0.887
Rural	28(19.3)	8 (5.5)	36 (24.8)	
Marital status				
Single	3 (2.1)	0	3 (2.1)	< 0.001
Married	5 (3.4)	27(18.6)	32 (22)	
Widow	104 (71.7)	3(2.1)	107 (73.8)	
Divorced	2 (1.4)	1(0.7)	3 (2.1)	
Occupation				
Employed	3 (2.1)	9 (6.2)	12(8.3)	<0 .001
Unemployed	111 (76.6)	22 (15.2)	133(91.7)	

*Chi-Square Tests

***Table (5)* The relation between Socio-demographic characteristics and the deprivation of companions.**

Variable	Deprived of companions (N=91) (62.8%)	Not deprived of companions (N= 54) (37.2%)	Total (N=145)(100%)	P-value*
	No (%)	No (%)	No (%)	
Gender				
Male	9 (6.2)	19 (13.1)	28 (19.3)	**< .001**
Female	82 (56.6)	35 (24.1)	117 (80.7)	
Education				
Illiterate	82(56.6%)	34 (23.4)	116 (80.0)	**0.003**
Primary	3(2.1)	4 (2.8)	**7** (4.8)	
secondary	1(0.7)	4 (2.8)	**5** (3.4)	
Moderate	2(1.4)	4 (2.8)	6 (4.1)	
university	3 (2.1)	8 (5.5)	**11** (7.6)	
Residence				
Urban	87 (60)	22 (15.2)	109 (75.2)	**< 0.001**
Rural	4 (2.8)	32 (22.1)	36 (24.8)	
Marital status				
Single	3 (2.1)	0	3 (2.1)	**< 0.001**
Married	9 (6.2)	23 (15.9%)	32 (22)	
Widow	76 (52.4)	31(21.4%)	107 (73.8)	
Divorced	3 (2.1)	0	3 (2.1)	
Occupation				
Employed	4 (2.8)	8 (5.5)	12(8.3)	**0.028**
Unemployed	87 (60.0)	64 (31.7)	133(91.7)	

*Chi-Square Tests