

Investigation the Abuse of Family with Rural Elderly in ilam in 2019

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Abstract

Background: ABUSE is among the meaning of deprivation of human rights and grandeur that appear as negligence, authority negation, financial exploitation, physical and psychological vexations, and rejection. This study was done to investigate the ABUSE of family with rural elderly in the city of Ivan in 2019.

Methods: 92 elderlies who lived in two villages of the city of Ivan in 2019 were selected by stage cluster sampling in this descriptive cross-sectional study. An 8-point Iranian questionnaire of ABUSE related to the elderly in the family and with scores ranging from 0 to 100 was the research tool. Data were analyzed using descriptive statistics in SPSS-16 software.

Results: There was no physical ABUSE and rejection, but the highest level of ABUSE was emotional negligence. The mean scores of financial ABUSES were less than 10%, authority negation less than 15%, financial neglect less than 20%, caring neglect and psychological ABUSE less than 25%, and emotional negligence less than 55% in both villages.

Conclusion: It is suggested that the ABUSE level be measured using the elderly in homes and centers such as hospitals, nursing homes, etc. the injured elderly should be screened and receive necessary consultation and support services.

Keywords: Abuse, Rural, Elderly

Introduction

The population of the elderly has grown nowadays^(1, 2), and the elderly are affected by various diseases at this age that these diseases have negative effects on the elderly⁽³⁾. ABUSE is one of the problems affecting this

group. Elderly ABUSE means that a career or trustee deliberately or unintentionally does or does not a specific behavior that increases the risk and harm or violates human rights and decreases the quality of life of the elderly (over 60 years). This ABUSE includes physical, sexual, and emo-psychological ABUSE, negligence, rejection, or financial ill-use⁽⁴⁻⁶⁾. Some factors such as no readiness of family to take care of the elderly or specific social conditions such as modernism, change, and conflict in the value system make the elderly at risk of ABUSE by family members⁽⁷⁾.

The likelihood that a person being abused in the family is far higher than outside the family⁽⁸⁾. the

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family members neglect deliberately or unintentionally by insouciance to provide emotional, caring, and safety needs, neglecting to help them to do their indoors and outdoors works and providing a decent living for the elderly⁽⁹⁾. Different degrees of ABUSE have a significant impact on reducing the health and safety of the elderly.^[10] elderly ABUSE is not a new issue and is among substantial public and social health problems around the world⁽¹¹⁾. Socio-economic and geographical factors in different age groups influence social support. Sometimes, family members ABUSE weak the social base of the elderly due to not reach the stage of filial puberty or compulsory responsibility, as well as changing the roles of family, the existence of the crisis, the psychological stresses of modern life, and unfaithfully⁽¹²⁾.

the results of various studies have confirmed the presence of elder abuse in Iran^(13, 14). ABUSE, regardless of its type, is often hidden, especially if ABUSE is psychological⁽¹⁵⁾. The effects of elderly ABUSE include decreased self-confidence, feelings of hopelessness, inadequacy, disability, and even reduced quality of life and increased mortality⁽¹⁶⁾. rate of elderly ABUSE at the home account from 67 to 73.3% of all elderly ABUSE cases in Europe^(17, 18). Providing proper solutions to reduce elderly ABUSE helps to improve their quality of life^(6, 19). Educating how to communicate and care for the elderly in families and promoting a culture of family respect for the elderly is too vital in preventing elderly ABUSE⁽²⁰⁾ and is effective in improving the quality of life of the elderly⁽²¹⁾. This study was done to investigate the ABUSE of family with rural elderly in the city of Ivan in 2019.

Material and Method

92 elderlies who lived in two villages of the city of Ivan in 2019 were selected by stage cluster sampling in this descriptive cross-sectional study. Inclusion criteria included being at the age of 60 and older, ability to answer questions, no severe hearing impairment, no psychological illness and cognitive disorders (MMSE score of 6 or higher), informed consent of the elderly to participate in research and do not participate in other studies.

Then, the aims of the study were explained to the participants and were completed the written consent form, demographic information, and the questionnaire of elderly ABUSE in the family. Heravi Karimvi et al

designed this questionnaire. and in 2009, then validated for the Iranian community⁽⁷⁾, which includes 49 items in 8 sub-scales: Caring negligence, psychological ABUSE, physical ABUSE, financial ABUSE, authority negation, rejection, financial neglect and emotional negligence. Scores ranging from 0 to 100 and higher scores indicate more abuse. The mean duration of each questionnaire answering was 30 minutes. Data were analyzed using descriptive statistics and in SPSS-22 software.

Findings

Tables 1 provide demographic information of the elderly in the two villages, and Table 5 shows the mean and standard deviation of the dimensions of elderly ABUSE in the two villages.

Table1-Dimensions of Elderly Family Abuse in Two Villages

Index	Group	Mean (SD)
Emotional neglect	Rural 1	28(55.4)
	Rural 2	14(53.3)
Neglect of care	Rural 1	7(23.6)
	Rural 2	4(18.2)
Financial neglect	Rural 1	2(18.7)
	Rural 2	3(16.4)
Disclaimer	Rural 1	8(12.2)
	Rural 2	5(6.5)
Psychological Abuse	Rural 1	14(25.5)
	Rural 2	16(19.6)
Physical Abuse	Rural 1	0
	Rural 2	1.7
Financial Abuse	Rural 1	2(9.8)
	Rural 2	3(9.7)
Exclusion	Rural 1	0
	Rural 2	0.5

Discussion

Based on the results of the present study, there was no physical ABUSE and rejection. Physical ABUSE in studies by Va'ezil et al. was 3.12% ⁽²⁰⁾, Hervey et al. 4.7% ⁽¹¹⁾, in studies by Burji et al. in rural regions, was 1.5% (26), and Skirbekk et al. 5.3% (22). Elderly rejection in the studies by Burji et al. in rural regions was 8.5% ⁽²³⁾, and studies by Rohani et al. were 9.3% ⁽²⁴⁾. The results of these studies are in line with the results of the present study.

Emotional negligence had the highest level of ABUSE with almost 55%. Emotional neglect in the study by Va'ezil's et al. was 42% ⁽²⁰⁾, which is consistent with the present study. In the study by Hervey Karimvi et al., the level of elderly ABUSE in the dimension of emotional negligence was 17.4% (11) that is not in line with the present study that it could be caused by the cultural and social differences in the life of the elderly in urban and rural regions.

The mean scores of financial ABUSES were less than 10% in both villages, and financial negligence was less than 20%. Financial ABUSE in studies by Hervey et al. was 7.9% (11), in the studies by Skirbekk et al., was 5.4% ⁽²²⁾, and in the studies by Amstadter et al., was 6.6% (25), which are consistent with the results of the present study. Financial negligence of the elderly in the study by Va'ezil et al. was 28.7% (20), which is higher than the present study. In the study by Hosseini, financial abuse was 14.3% ⁽²⁶⁾. The authority negation was less than 15% in this study. The authority negation of the elderly was 10% in the survey by Karimvi et al. ⁽¹¹⁾ and in the study by Va'ezil et al. was 12.5% ⁽²⁰⁾, which is consistent with the present study. Caring negligence and psychological abuse were less than 25% in this study. The psychological abuse in the survey by Va'ezil et al. was 22.18% ⁽²⁰⁾, and in the study by Nasiri et al. was 53.3% (12). Also, in the study of Rahimi et al., Psychological ABUSE is the second most common familial elderly ABUSE ⁽²⁷⁾. In the study by Nanjing in China, 35% of older adults were abusive and neglected. (28). In the study of Abdi et al., The prevalence of abuse in the elderly was equal to one percent ⁽¹⁾. In old age, this group of people may be abused in viral diseases such as Covid-19, which requires preventive measures to prevent ⁽²⁹⁾.

Conclusion

According to the results of the present study, there

was no physical ABUSE and rejection. Although the elderly was assured of confidentiality, they may report less to ABUSE because of being confident, shame in disclosing abuse, fear of losing caregivers, and fear of diminishing social status. Emotional negligence had the highest level of ABUSE, and there were some aspects of the ABUSE in behavior with the elderly. It is suggested that the ABUSE level be measured using the elderly in homes and centers such as hospitals, nursing homes, etc. the injured elderly should be screened and receive necessary consultation and support services.

Conflict of Interest: There is no conflict of interest between authors.

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References

1. Hatefi M, Tarjoman A, Borji MJ, health. Do religious coping and attachment to god affect perceived pain? Study of the elderly with chronic back pain in Iran. 2019;58(2):465-75.
2. Khalighi E, Ghiasi G, Karimi E, Borji M, Salimi E, Tarjoman A, et al. Assessment of mental health elderly with chronic pain based on quranic components. 2019:1-12.
3. Solaimanizadeh F, Mohammadinia N, Solaimanizadeh LJ, health. The relationship between spiritual health and religious coping with death anxiety in the elderly. 2019:1-8.
4. Molaei M, Etemad K, Taheri Tanjani P. Prevalence of Elder Abuse in Iran: A Systematic Review and Meta Analysis %J Salmand: Iranian Journal of Ageing. 2017;12(2):242-53.
5. Keyghobadi F, Moghaddam Hosseini V, Keyghobadi F, Rakhshani MH, JoMUoMS. Prevalence of elder abuse against women and associated factors. 2014;24(117):125-32.
6. Naughton C, Drennan J, Treacy MP, Lafferty A, Lyons I, Phelan A, et al. Abuse and neglect of older people in Ireland. 2010.
7. HERAVI M, ANOUSHEH M, MEMARIAN

- R. THE SURVAY OF THE EFFECTS OF FAMILY COUNSELLING PROGRAM ON THE PREVENTION OF ABUSE OF ELDERLY WOMEN IN TEHRAN-1375. 2000.
8. Pournaghash-Tehrani SJDR. Assessment of domestic violence in families in Tehran. 2006;13:23-36.
 9. Manoochehri H, Ghorbi B, Hosseini M, Oskuyee NN, Karbakhsh MJAIN, Midwifery. Degree and types of domestic abuse in the elderly referring to. 2008;18(63):43-50.
 10. Sheykhi MTJJoCFS. The elderly and family change in Asia with a focus in Iran: a sociological assessment. 2006;37(4):583-8.
 11. Heravi-Karimooi M, Rezhe N, Foroughan M, Montazeri AJJoA. Investigation of elderly abuse by family members Jahandidegan institute in Tehran. 2011;22(6):37-50.
 12. Nassiri H, Heravi Karimooi M, Jouybari L, Sanagoo A, Chehrehgosha MJJoA. The prevalence of elder abuse in Gorgan and Aq-Qala cities, Iran in 2013. 2016;10(4):162-73.
 13. Zandi F, Fadaei F, editors. Victimization of elderly. Proceeding of the Second congress of Analysis of Geriatrics Issues in Iran Tehran: Andisheh Kohan; 2008.
 14. Nowrouzi SJMsDTUoSW, Sciences R. Assessment of Elder Abuse in Tehran. 2009.
 15. Wang J-J, Lin J-N, Lee F-PJGn. Psychologically abusive behavior by those caring for the elderly in a domestic context. 2006;27(5):284-91.
 16. Heravi Karimoi M, Jadid Milani M, Faghihzadeh SJJoh. The effect of family counseling programs on prevention of psychological abuse of elderly women. 2005;11(2):79-86.
 17. Berkman B. Handbook of social work in health and aging: Oxford University Press; 2006.
 18. PrinceMJ, AcostaD, Castro-CostaE, JacksonJ, Shaji KJPm. Packages of care for dementia in low-and middle-income countries. 2009;6(11):e1000176.
 19. Estebarsari F, Mostafaei D, Khalifehkandi ZR, Estebarsari K, Taghdisi MHJJoHE, Promotion H. Concepts and Indexes of Elder Abuse: The Conceptual Framework for Applied Studies in the Field of Elder Abuse. 2017;5(1):15-9.
 20. Vaezi A, Lotfi MH, Shaker MJJoCHR. The Effect of Implementation of Elderly Respect Training Program in Families on Elder Abuse in Yazd. 2018;7(2):74-84.
 21. Brownell P, Heiser DJJogsw. Psycho-educational support groups for older women victims of family mistreatment: A pilot study. 2006;46(3-4):145-60.
 22. Skirbekk V, James KJBPH. Abuse against elderly in India–The role of education. 2014;14(1):336.
 23. Borji M, Asadollahi K. Comparison between Perceived Misbehavior by Urban and Rural Elderlies %J Journal of Nursing Education. 2016;4(3):41-50.
 24. Rohani M, Dehdari T, Hosseinyrad M, Alaei M. The Frequency of Domestic Elder Abuse in Tehran City, Iran, in 2018 %J Salmand: Iranian Journal of Ageing. 2019;14(3):368-79.
 25. Amstadter AB, Zajac K, Strachan M, Hernandez MA, Kilpatrick DG, Acierno RJJoIV. Prevalence and correlates of elder mistreatment in South Carolina: The South Carolina elder mistreatment study. 2011;26(15):2947-72.
 26. Hosseini RS, SalehAbadi R, Ghahfarokhi J, Alijanpouraghamaleki M, Borhaninejad V, Pakpour VJJoSUoMS. A comparison on elderly abuse in Persian and Turkish race in Chaharmahal Bakhtiari province. 2016;23(1).
 27. Rahimi V, Heidari M, Nezarat S, Zahedi A, Mojadam M, Deris SJQJoGN. Factors related to elder abuse within the family. 2016;3(1):89-100.
 28. Dong X, Simon MA, Gorbien MJJoEA, Neglect. Elder abuse and neglect in an urban Chinese population. 2007;19(3-4):79-96.
 - 29- Karimian M , Mansouri F , Gheiasi G, Solaimanizadeh L, Otaghi M, et al. Psychological Abuse in the Elderly During Exchanging News of COVID-19, Iran J Psychiatry Behav Sci. Online ahead of Print ; 14(2):e103932. doi: 10.5812/ijpbs.103932.