CHAPTER 1

INTRODUCTION

Background and Significance of Research Problem

Aging is a universal, unavoidable, and irreversible process (Davidhizar, 1997). Advancing age is associated with a gradual decline in an individual's physical and mental ability making him/ her prone to many health problems and disabilities. Some older adults have to depend on other people. Currently, the number of older people is rapidly growing all over the world because advances in health technology and good self care abilities have resulted in a decrease in death rates, and an increase in life expectancy. Also, with a decrease in birth rates, the older adult population is becoming a larger proportion of the total population. At the same time, the number of potential caregivers and workers is decreasing. These changes are able to affect the older adult's quality of life (The Supreme Patriarch Center on Aging, 2003). In the United States, the U.S. Bureau of the Census predicts that by the year 2030 the percentage of adults aged over 65 years will increase to 75% from 13% of the total population in the year 1999; those over 85 years of age will likely increase from 1.4% of the total population in 1995 to 4.6% in 2050; and the cumulative growth of this population in this period is anticipated to be more than 400% (Administration on Aging, 2001).

Similarly in Thailand, since 1960, the percentage of the Thai older adults aged 60 and over has increased from 4.6% in 1960 to 10.23% of the total population in 2003 (Institute for Population and Social Research, Mahidol University, 2003). The

older population will continue to grow rapidly. The group of people over 60 years of age has been projected to increase up to 10.8 million or 15.3% of all population by the year 2020 (Jitapunkul & Bunnag, 1998). Moreover, the life expectancy at birth for the Thai population has been increasing. In 1999 the life expectancy at birth of males and females was 69.4 years and 74.1 years, respectively. By 2005-2010 the life expectancy is expected to be 71.0 years for males and 75.4 years for females (Ministry of Public Health, 2000).

Although the change of the population structure and the life expectancy at birth are occurring worldwide, the increased rate in Thailand is the highest when compared with other countries in the world, especially in developed countries (Chayovan, 1999). The number of years used for increasing a proportion of older people, aged 60 and older, from 7% to 14% is less than 25 years, whereas in Great Britain it took 130 years (Chayovan, 1999). This dramatic increase in the older adult population has had a major impact both on health care delivery systems and family members who are maintaining their elderly relatives in their home.

Based on the geographic structure, Thailand is divided into four regions: central, northern, northeastern, and southern. The preliminary results of population and housing census in the year 2000 showed that the older adult population aged 60 and over was comprised of 9.4% of the total population (National Statistical Office, 2000a). Among all regions, the northern and central regions showed the highest proportions of the aged which were about 10.8% and 9.9%, respectively (National Statistical Office, 2000b). Chiang Mai, one of the provinces in the northern region, has a significant increase in the aged population. A number of older adults in Chiang Mai increased from 126,687 in 1995 to 199,481 in 2000, which were respectively

comprised 8.37% and 12.57% of the total population (Chiang Mai Provincial Public Health Office, 2001).

Certainly, the increased number of older adults and the demographic transition in Thailand have many impacts on society. Social, economic, and moral status changes are reported by older adults. Traditionally, both Thai men and women have to retire from work at the age of 60. After retirement, most of them have less income and may depend on their families. Although some of Thai older adults living in rural areas, especially in the agricultural sector remain economically active more than those living in urban areas, they had a higher rate of inadequate income when compared with those in urban areas. Since most of Thai older adults (81.1%) live in the rural area, financial problem is a prominent problem in this group. It is indicated that a high proportion of Thai older adults cannot meet an acceptable quality of life unless they are supported by their offspring or provided with adequate public welfare (Jitapunkul & Bunnag, 1998). Moreover, since the life expectancy of individuals has increased, many older adults living for a longer period of time are vulnerable to many health and related problems. Therefore, older adults are more likely to be dependent. The aged dependency ratio, which highlights the burden on the working-age population to support the older adults, is increasing and this burden will substantially increase in the twenty-first century (Jitapunkul & Bunnag, 1998). In 1999, the aged dependency ratio was 13% and has been projected to increase up to 16%, 23%, and 55% by the year 2010, 2020, and 2050, respectively (Chayovan, 1999). Additionally, the Thai culture, previously regarded as being generous, hospitable, and seniority-respecting, has been currently deteriorated to such a level by materialistic values or modernism. Therefore, some Thai people are less restrictive in moral value, but tend

to be competitive, exploitative, and self-centered (Bureau of Health Policy and Plan, Ministry of Public Health, 1997). The sense of filial obligation also has been changed for the worse. Because of the materialistic development, new employment patterns, delayed marriage, and favorable creation of smaller families, the family structure in Thailand has been changed from an extended family to a nuclear or single family. The change has weakened the relationship among family members, deprived family members of their time for one another, and lessened their sense of being able to help one another. Moreover, nuclear family has resulted in a decrease in the number of family members who can help and support the elderly. Older adults are given less care by their families and tend to be neglected. As a result, there is a higher incidence of physical and mental health problems (Bureau of Health Policy and Plan, Ministry of Public Health, 1997; Wiehe, 1998). These changing situations can lead to elder abuse. Moreover, the dependent nature of sick older adults may create stress and induce abuse or neglect for some family members (Fulmer, Street, & Carr, 1984).

Elder abuse has been found in the nursing literature since the late 1970s (Fulmer, 1999). It refers to the behavior that causes harm to an older adult (Comijs, Pot, Smit, Bouter, & Jonker, 1998). It has been identified as a hidden social problem in society because it is rarely reported and is the least recognized form of family violence (Hogstel & Curry, 1999; National Center on Elder Abuse [NCEA], 1999). The exact incidence and prevalence of elder abuse are little known. In 1996-1998, the National Elder Abuse Incidence Study (NEAIS) conducted by the National Center on Elder Abuse at the American Public Human Service Association in collaboration with the Westat, Inc., was designed to study the incidence of both reported and unreported cases of domestic elder abuse and neglect. The national findings showed that in 1996

449,924 older adults aged 60 and older were abused and/or neglected in domestic setting. Of this total, 70,942 episodes or 16% were reported to and substantiated by the Adult Protective Services (APS) agencies, while the rest of 378,982 episodes or 84% were unreported to APS (NCEA, 1998). Therefore, the incidence of elder abuse and neglect is 10.2 per 1000 or 1.2% (Mixson, 2000; Thomas, 2000). From these results, for every new elder abuse and neglect case reported to APS, it is estimated that five cases were unreported (NCEA, 1998).

The prevalence rates of elder abuse have been studied in a few countries. In a community survey, Pillemer and Finkelhor (1988) showed that the prevalence of elder abuse in the United States was 3.2%. The prevalence of physical abuse, verbal abuse, and neglect were 2.0%, 1.1%, and 0.4%, respectively. Moreover, abused men outnumbered abused women (52% and 48%). It was estimated that about 820,000 to 1,860,000 American older adults were abused each year (NCEA, 1999). Other studies in Canada and Great Britain found comparable prevalence figures of abused older adults. However, the highest prevalence of chronic verbal abuse was reported in Great Britain (5.6%). In addition, these studies showed that the prevalence of financial abuse was 1.1% to 2.5% (Ogg & Bennett, 1992; Podkieks, 1992). In Australia, the rate of elder abuse among the service's community patient population was 4.6% and psychological abuse was the most common type of elder abuse (Kurrle, Sadler, & Cameron, 1992). In Costa Rica, the community prevalence study conducted by the Costa Rican Census Bureau in 1994 found that 2.2% of older adults aged 60 and older experienced verbal or physical abuse (Gilliland & Picado, 2000). In Amsterdam, Netherlands, Comijs, Pot, et al. (1998) found that the 1-year prevalence of elder abuse in community-based setting was 5.6%. The prevalence of

various types of abuse, verbal aggression, financial mistreatment, physical aggression, and neglect, was 3.2%, 1.4%, 1.2%, and 0.2%, respectively. In India, the prevalence of neglect among female elderly was about 40% (Bambawale, 1997). Because of the considerable differences in definitions, measurements, designs, and data, the prevalence of elder abuse varies from study to study. It is also impractical to compare results across studies (Yan & Tang, 2001). However, as presented above, most studies have projected that older adults between 1% and up to 6% are subjected to be abused or neglected (Thomas, 2000).

Elder abuse has not been recognized as a problem in the Thai society. Traditionally, the concept of filial piety has been mentioned so widely in the Thai society that most Thai people take it for granted the problem of elder abuse does not exist. Thus, very few studies about this problem have been conducted. However, Jitapunkul (1998) presented that there is elder abuse in the Thai society, including verbal abuse, psychological abuse, and financial abuse. Some cases of elder abuse are reported by the media, such as newspaper and television. Additionally, the evidence of neglect of older adults is increasing which is supported by the increasing need for home care services. Seeherunwong, Sindhu, Chintanawat, and Kangchai (2001) studied the prevalence of elder abuse among 509 Thai female older adults in Bangkok and Chonburi. The findings revealed that the prevalence of various types of abuse, psychological abuse, neglect, physical abuse, and exploitation, was 70.3%, 65.4%, 59.7%, and 21.2%, respectively, whereas the life stress score was low and elderly women were satisfied with their lives. Elder abuse also affected the psychological symptoms of older women. The researchers discussed about the inconsistent findings that may be due to the different meaning of abuse among Thai older adults compared

to that of the western older adults or may be due to the improper research instrument used. The findings implied the need to develop a cultural sensitive measure for abuse, so that the real incidence and prevalence and the causal factors can be identified.

Even though the prevalence of elder abuse seems low, the consequences are obviously significant to the elderly. Physical abuse directly affects physical health resulting in the increased health care costs (Kruger & Moon, 1999). Physical health problems found include malnutrition, sleep disorders, chronic pain, and bone fractures (Arns, 1999; Rosenblatt, 1997). Moreover, from a study on the mortality associated with elder mistreatment, Lachs, Williams, O'Brien, Pillemer, and Charlson (1998) reported that elder mistreatment is associated with shorter survival and increased mortality. Also abuse can affect on the victim's mental health. Grief, sadness, anxiety, panic attacks, depression, hopelessness, and suicide were reported (Jones, Holstege, & Holstege, 1997; Rosenblatt, 1997). Comijs, Penninx, Knipscheer, and van Tilburg (1999) examined psychological distress among 77 victims of elder mistreatment and found that victims of elder mistreatment had significantly higher levels of psychological distress than older adults who are nonvictims. Elder abuse does not only induce enormous individual consequences, but also has a great impact on family and entire community (Heisler, 2000).

Because of these consequences, it is essential for health care providers, especially nurses, to become leaders in the prevention and management of elder abuse. Prevention can reduce the morbidity associated with elder abuse, decline the associated societal dependency and utilization of health and home care services, and improve the quality of the last years of life. Therefore, prevention of abuse is crucial for the Thai older adults. However, the effectiveness of any intervention program is

directly related to the degree of recognition and understanding of the causes or risk factors for elder abuse.

Previous studies revealed several risk factors or situations which might lead to a family member abusing an older adult such as functional and cognitive impairment in the older adults, family conflict, caregiver stress, and inadequate financial resources. These factors are based on theories or explanations for the occurrences of elder abuse, including psychopathology in the abuser, caregiver stress from overwhelming demands on caring and over dependency, attitudes toward aging or ageism (DiLoreto, 1999; Hogstel & Curry, 1999; Swagerty, Takahashi, & Evans, 1999; Woolf, 1998), as well as the caregiving context and sociocultural climate (Jones, Holstege, et al., 1997). Since information about risk factors is inadequate, a study of these risk factors is needed.

In the United States, the combination of an aging population and the adverse effects of elder abuse have produced a high level of societal awareness of abusive behavior toward older adults. With this concern, many research studies have been conducted in this area for managing this problem. Moreover, all states have elder abuse laws and most states have mandated reporting the evidence found by all health care professionals (McGuire & Fulmer, 1997). In Thailand, the country authorities still do not fully embrace elder abuse as a major issue to be concerned. There is a limited understanding of the nature of the problem. Elder abuse remains invisible to the society. Therefore, abused older adults have to manage this problem by themselves which may be ineffective. Unless paying more attention to the problem and developing the prevention and management program, elder abuse problems are

expected to get worse. Furthermore, the public awareness and policy making on elder abuse issue need to be raised through research results.

Identification of the Problem

Older adults, aged 60 and over, are considered highly vulnerable and potentially subject to abuse. This group of population tends to depend on family members in various aspects such as physical care, financial support, and so on. Although elder abuse, one kind of family violence, is a serious social problem, it is the least talked about and least recognized one. Furthermore, many people do not realize its existence at all, especially in Thailand. Therefore, the body of knowledge on elder abuse is still small compared with that on child and spousal abuse (Rosenblatt, 1997).

Although the exact incidence or prevalence of elder abuse in Thailand is unknown, it seems to be increasing. The media has reported many cases of elder abuse. The need of home care services for neglected older adults is increasing. These evidences have made elder abuse significant to be concerned in preventing and reducing the occurrence. Knowledge about the prevalence of elder abuse help nurses and other health care providers understand the severity of the problem. Also understanding the risk factors makes the risk factor modification plan possible and successful. However, in Thailand, a study of the prevalence and risk factors for elder abuse has never been reported. Therefore, such study is required. However, since elder abuse is a culturally sensitive issue, a study of elder abuse in Thailand needs a proper instrument. Developing the research instrument is also necessary.

Statement of Purpose

The purposes of this study were as follows:

1. To develop an instrument for screening elder abuse for Thai older adults
2. To identify the prevalence of various types of elder abuse, including physical abuse, psychological abuse, exploitation, neglect, and violation of rights, in Chiang Mai, Thailand.
3. To describe the risk factors for elder abuse in Chiang Mai, Thailand.
4. To examine the predicting ability of age, gender, the family history of psychiatric illness and substance abuse, health status, attitudes toward aging, living arrangement, financial status, and functional ability.
5. To describe the management of elder abuse by the abused older adults in Chiang Mai, Thailand.

Research Questions

The research questions for this study were as follows:

1. What are the psychometric properties of the new elder abuse instrument?
2. What is the prevalence of each type of elder abuse, including physical abuse, psychological abuse, exploitation, neglect, and violation of rights among older adults, in Chiang Mai, Thailand?
3. What are the risk factors for elder abuse?
4. How much of variability in elder abuse can be explained by age, gender, the family history of psychiatric illness and substance abuse, health status, attitudes toward aging, living arrangement, financial status, and functional ability?

5. How do older adults in Chiang Mai, Thailand manage the problem?

Definition of Terms

Terms used in the study were defined as follows:

Thai older adults are Thai people aged 60 years and older residing in Chiang Mai, Thailand.

Elder abuse is the unintentional or intentional acts of a variety of violence on older adults which result in unnecessary physical harm and/or mental distress of the older adult either temporarily or over a period of time, including physical abuse, psychological abuse, exploitation, neglect, and violation of rights.

Physical abuse is non-accidental use of physical force that results in body injury which includes physical beating and/or sexual activity which is not agree upon.

Psychological abuse is willful infliction of mental or emotional pain through verbal or non verbal threats, intimidation, and humilitation or lack of concern.

Exploitation is taking advantage of some one else's resources for personal monetary gain or profit.

Neglect is the deliberate or unintentional withholding of assistance vital to the performance of activities of daily living.

Violation of rights is actions which limit or deny human rights within an older adult's family or community.

Operationally, elder abuse was measured by the Elder Abuse Scale developed by the researcher.

Prevalence of elder abuse is the number of the abused elderly presented in the sample of older adults residing in Chiang Mai, Thailand during a study time divided by the number of older adults in the sample at that time.

Risk Factors are the elements or situations that make an older adult more susceptible to be abused, including personal factors, health status, attitudes toward aging, living arrangement, financial status, and functional ability.

Personal factors are the individual characteristics affecting abuse, including age, gender, and the family history of psychiatric illness and substance abuse.

Health status is an individual's state of health perceived by an older adult.

Attitudes toward aging are family members' feelings toward an older adult perceived by the older adults.

Living arrangement is the living conditions in family perceived by the older adults

Financial status is an older adult's and family members' state of money perceived by the older adults.

Health status, attitudes toward aging, living arrangement, and financial status were measured by the Modified Health, Attitudes toward aging, Living arrangement, Finances (H.A.L.F) Assessment Tool modified from Ferguson and Beck's H.A.L.F. Assessment Tool (1983) by the researcher.

Functional ability is an individual's ability to perform basic and extended or instrumental activities of daily living. The basic activities of daily living (ADL), including feeding, grooming, transfer, toilet use, mobility, dressing, stairs, bathing,

bowels, and bladder were measured by the Barthel ADL Index (BAI) (Jitapunkul, Kamolratanakul, Chandraprasert, & Bunnag, 1994; Jitapunkul, 1999). The instrumental activities of daily living, including walking outdoors, cooking, heavy house work, able to exchange money, and able to use public transport were measured by the Chula ADL Index (CAI) (Jitapunkul, Kamolratanakul, & Ebrahim, 1994; Jitapunkul, 1999).

Management of elder abuse is actions taken by the older adults when they are abused as assessed by the interview guideline developed by the researcher.

Significance of the Study

Study results will be beneficial to all health care professions, especially nurses. Knowledge of prevalence rates of elder abuse and risk factors for abuse among older adults serves as baseline information for planning programs to prevent this problem. Once the risk factors are identified, health care providers can develop interventions to prevent older adults from abuse, including setting a surveillance plan for abuse situations among high risk groups of aged population. Moreover, with the consideration of the present needs of society, this study was conducted in a community-based setting. This study, therefore, reflects the real situation of elder abuse in the Thai society, especially in Chiang Mai. The results of this study may stimulate an increased level of societal awareness of the abusive behaviors directed toward the elderly people. Additionally, the results may be useful for nurses and other health care professions in setting priorities for prevention and management of elder abuse thereby a good quality of life will be achieved. This study will also contribute to nursing knowledge. The study will generate an empirical model for

describing factors leading to elder abuse and help nurses to more clearly understand this phenomenon. Additionally, knowledge from this study may not only contribute to the gerontological nursing curriculum, particularly the matter of violence to older adults, but also provide support to families who have older adults. In terms of contribution to nursing research, the results from this study will provide baseline data for further studies in the area of family violence, especially in the aged population.