

**Biopsychosocial
profile and needs
senior citizens davao
city psychology essay**



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Topic background: “ What is the topic all about?”

The elderly – people who are 60 years and above – now comprise the fastest growing population group in the Philippines. And assuming that normal conditions will continue to prevail in the future, the number of aging people in the Philippines will soar to 22 million by 2040 from 4.6 million in 2000. By 2050, the elderly group is expected to swell to 19.8 per cent in our country.

(1) According to World Health organization, the life expectancy in the Philippines increased from 65 years old in 1990 to 71 years old this year. (2) This is a good indication that the health care system in the Philippines is improving. However, is it sufficient enough? Are we ready to cater the health needs of this growing population? As family physicians, one of our roles is caring for a patient from womb to tomb. Moreover, we must apply the biopsychosocial model in dealing with our patients. The scope of the biopsychosocial model is determined by the historic function of the physician to establish whether the person soliciting help is “ sick” or well; and if sick, why and which ways sick; and then to develop a rational program to treat illness and restore and maintain health. (3)

The present study focuses on the biopsychosocial situation of the elderly persons in Davao City. By looking into that condition, it is the aim of the researcher to offer proposals that will help in the legislation on senior citizens in Davao City for a better elderly health care and benefits.

Review of related literature: “ What is already known about the topic?”

Presently, there are already studies regarding the health and psychosocial situations in the elderly.

An earlier study done by Lightfoot (1983) dealt on the preventive issues and the black elderly through a biopsychosocial perspective and found out that preventive services in an elderly population must focus on maintaining physical health, supporting psychological well-being, and sustaining an adequate economic base and a dependable social-service network. High-risk factors in the elderly include being black, being poor, living alone, experiencing major life changes, being recently bereaved, or being recently discharged from a hospital. Important issues involved in maintaining good psychological and mental health include previous psychological health, previous intellectual capability, and the response to diminished physical health and to other major life changes. An adequate social network must include maintaining or developing friendships, capitalizing on the strengths of subcultural identifications, and having ready access to social, legal, health, and political-action groups.(4)

A study done in Taiwan (2002) on the health status and needs of community elderly living alone revealed that financially subsidized medical services, free health examination and home visit by public health nurses were the most frequently used services. Moreover, the most imperative health needs among the community elderly living alone were medical services, financial subsidy and arrangement of the leisure activity setting. (5)

Chuks MBA studied the general health conditions of older women in urban Ghana in 2006 and found out that a little over 60% of the women think that their general health condition is satisfactory while 35% of them believe their health condition has worsened in the last 12 months. Worsening health condition increases with age, while almost 4 out of every 5 women have malaria and 42% have hypertension, leading to an supposition that older women in Ghana are assuming a double burden of disease since they are afflicted with the usual tropical diseases such as malaria and other vector-borne illnesses, and they are now experiencing chronic illnesses such as hypertension and diabetes. (6)

A study done by Abdulraheem (2007) regarding health needs assessment and determinants of health seeking behaviour among elderly Nigerians made known that the most frequently reported illnesses were body pain (89. 5%), joint pain (86. 4%), generalized body weakness and fatigue (81. 5%), poor sight (78. 2%), fever (71. 3%) %, irritability, anger, and nervous tension (70 %), listlessness, depression, and headaches (60 %), and decreased mobility (65. 8%). 68. 8% had never visited health facilities while family care/family consultation was the first choice (44. 6%) of treatment for the most frequently reported illnesses. Socio-economic indicators and nature of illness were the most pervasive determinants of health care seeking behaviour among the elderly and in terms of health-care expenditure, the nature of illness and quality of service provided ranked the major determinants.(7)

A local study done by Pascual (2008) on geriatric club members in Davao Medical Center revealed that about three-fourths have chronic illness mostly hypertension. Minority of the elderly respondents was immunized and most

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had some nutritional risk. Medical and economic supports were the main necessities of the elderly population that need prioritization. Geriatric Program activities, hospital and city government policies should structure their strategies gearing towards addressing such needs of the elderly. (8)

However, there are no studies done regarding the biopsychosocial situation of the elderly persons in our local setting.

Research question: “ What is not yet known about the topic?”

This paper will answer the question “ What is the biopsychosocial situation of the elderly persons in Davao City?”

Significance of the study: “ What will healthcare be if the answers to the research question will be known?”

The growing aging population has today placed other economic sectors at a risky end. Knowing the psychosocial situations of our senior citizens will encourage an additional curriculum in the medical field which will focus more on a comprehensive geriatric assessment.

Identification of the health situation will augment the legislation of the Older Person Welfare Code of Davao City such as health insurance, better hospital services as well community health services.

Objectives: “ What will this study do?”

General Objective:

To describe the biopsychosocial situation of senior citizens in Davao City

Specific Objectives:

To describe the health situation of the senior citizens in Davao City.

To describe the psychosocial situation of the senior citizens in Davao City.

Methodology

Research design

This research has a cross-sectional study design and will utilize secondary data from the Older Persons Survey 2009 (OPS 2009) done in Davao City.

About the OPS 2009

The OPS 2009 was a citywide baseline data gathering initiative carried out by the Davao City Older Persons – Technical Working Group (DCOP-TWG).

The DCOP-TWG is a multidisciplinary group composed of physicians, lawyers, academics, older persons and various representatives of government offices within Davao City. The group was organized by two city councilors in 2008 for the specific tasks of conducting research and undertaking measures that would lead to the formulation of Implementing Rules and Regulations for RA —, or the Senior Citizens Act.....

Setting

The study was conducted last July-August 2009

Participants

Senior citizens (aged 60 and above) residing in Davao City

Sampling procedures

Interventions and comparisons

Randomization

Data gathering

This was done by the technical working group for legislations on older persons.

Sample size computation

Data handling and analysis

Ethical considerations

Dummy Results