

Attitude Towards Geriatric Population And Awareness Regarding Their Health Needs Among Adults In The Field Practice Area Of HMCH, Bhubaneswar: A Cross-Sectional Study

Dr. Sonia Samantaray,
Dr. Abhipsa Pradhan,
Dr. Subhashree Das,
Prof. (Dr.) Lisa Sarangi,
Miss S Prerana Priyadarshini

⁴ Professor & Hod,³ Assistant Professor,^{1,2} Postgraduate Medical Trainee, Statistical Officer⁵,
Department Of Community Medicine, Hi-Tech Medical College & Hospital, Bhubaneswar

Abstract

Background: India is experiencing a rapid demographic transition with an increasing elderly population, placing significant demands on health systems. Understanding community attitudes and awareness of geriatric health needs is crucial for strengthening geriatric services. The present study assessed attitudes, awareness, and related sociodemographic determinants among adults in the field practice area of our college.

Material and Methods: A community-based cross-sectional study was conducted among adults aged 18–59 years residing in the field practice area of our college. Data were collected using a pre-tested semi-structured questionnaire along with the Kogan Attitude Toward Old People Scale. Data were analysed using SPSS version 22, and chi-square test was applied.

Results: A total of 216 adults participated. Awareness of geriatric health policies was moderate. Financial hardship was the major perceived barrier in elderly healthcare access. Attitudes were generally positive though misconceptions existed.

Conclusions: Adults showed positive attitudes but inadequate awareness toward geriatric health needs. Financial constraints and lack of awareness remain major barriers.

Keywords: Geriatric health, attitudes, awareness, community study, elderly care, KOGAN

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I. Introduction

The world is undergoing a major demographic shift, with the elderly population rising rapidly. By 2050, adults aged 60 years and above will form nearly one-fifth of the global population, reaching two billion.¹ In India, the elderly population is expected to increase from 138 million in 2021 to 194 million by 2031.² This group faces diverse medical and social challenges. Family caregivers often lack adequate knowledge of safe caregiving practices, including fall prevention and appropriate restraint use.³ Caregiving is physically, emotionally, and financially demanding, and the way caregivers perceive this burden can influence their stress, satisfaction, and overall well-being.⁴

Objectives

1. To evaluate attitude towards the geriatric population among the study participants.
2. To assess awareness about common health issues faced by the elderly (e.g., falls, dementia, incontinence, polypharmacy).
3. To identify sociodemographic factors associated with participants' awareness and attitude towards elderly healthcare.

II. Material And Methods

Study Design

A community-based cross-sectional study was conducted to assess the awareness and attitudes of adults towards geriatric health and care.

Study Setting and Duration

The study was carried out in the field practice area of Sundarpada, under Hi-Tech Medical College and Hospital, Bhubaneswar, Odisha, from April 2025 to June 2025.

Study Population

The study population consisted of adults aged 18 to 59 years residing in the selected field practice area for at least one year and living with at least one geriatric person (≥ 60 years) in the household.

Selection Criteria

Inclusion Criteria

Adults aged 18–59 years residing in Sundarpada.

Individuals living with at least one elderly person aged ≥ 60 years for at least one year.

Participants who provided written informed consent

Exclusion Criteria

Individuals who declined to participate.

Chronically ill or bedridden adults unable to respond to the study questionnaire.

Sample Size Determination

The sample size was estimated using the formula:

$$n = Z^2PQ / L^2$$

Where:

Z = 1.96 (95% confidence interval)

P = 50% (assumed prevalence due to limited literature)

Q = 100 – P = 50

L = 7% margin of error

This yielded a minimum sample size of 196. Accounting for a 10% non-response rate, the final sample size was 216 participants.

Sampling Technique

A simple random sampling technique was used to select eligible adults from the community household listing.

Data Collection Tools and Techniques

Data were collected using a structured, pre-tested questionnaire, which included:

1. Sociodemographic information
2. Awareness regarding common geriatric illnesses and available welfare programmes
3. Attitude assessment using the Kogan Attitude Towards Old People Scale (KAOP).⁴

The *Kogan Attitude Towards Old People Scale (KAOP)* consists of **34 items**, divided into **17 positive statements** and **17 negative statements**, each reflecting common perceptions and stereotypes about older adults. The items are paired to measure similar facets of attitude, such as sociability, adaptability, emotional traits, and health, with one item framed positively and the other negatively. Responses are recorded on a **six-point Likert scale** ranging from *strongly disagree* to *strongly agree*, and negative items are reverse-scored to balance the measure. This design ensures comprehensive coverage of both favourable and unfavourable views toward aging, with total scores ranging from **34 to 204**, where higher scores indicate more positive attitudes.

Trained investigators administered the questionnaire during home visits.

Collected data were entered into MS Excel and further processed in the Department of Community Medicine.

Statistical Analysis

Data analysis was conducted using SPSS version 22.

Descriptive statistics (mean, proportions, standard deviation) were used to summarize findings.

Chi-square test was applied to test associations between categorical variables.

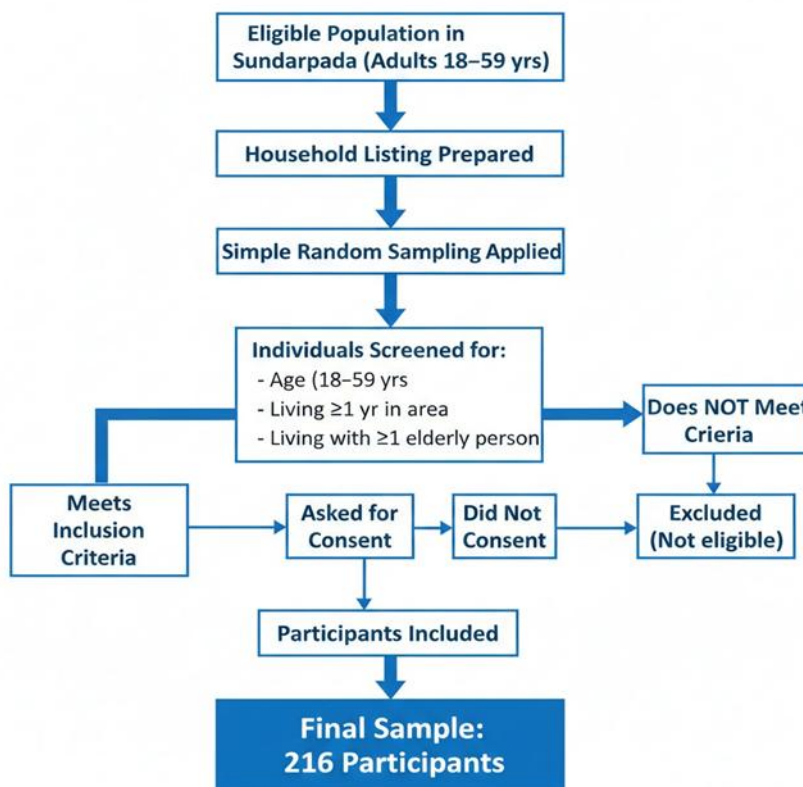
Fisher's Exact Test was used where cell frequencies were < 5 .

A p-value of < 0.05 was considered statistically significant.

Ethical Considerations

Ethical approval was obtained from the Institutional Ethics Committee (IEC) of Hi-Tech Medical College and Hospital, Bhubaneswar. Participation was voluntary, and informed consent was secured from all individuals. Confidentiality and anonymity were maintained throughout the study. No physical, emotional, or social harm was inflicted on participants.

Figure-1: Participant Selection Process



III. Results

A total of **216 adults** participated in the study. The socio-demographic characteristics and key findings are summarized below.

Socio-demographic characteristics

The majority of participants belonged to the **20–29 years age group (35.2%)**, followed by **30–39 years (32.4%)**. Males constituted **57.4%** of the study population and more than half of the respondents were **married (56.9%)**. Regarding educational status, **34.3% were postgraduates** and **26.9% were graduates**, while **10.2% had no formal education**. In terms of occupation, **24.1% were self-employed/business owners**, followed by **19.4% homemakers**.

Awareness about common health issues faced by the elderly

Assessment of awareness showed that **46.3% had moderate awareness**, **31.0% had high awareness**, and **22.7% had low awareness** of geriatric health issues. Nearly **40.7% reported knowing 1–2 geriatric care services**, whereas **31.5% had never heard of any service**. Only **30.6% reported that a geriatric unit was available** at the nearest healthcare facility, and **82.9% had never used such services**.

Utilization of geriatric welfare services among elderly

A large proportion (**81.9%**) believed the community needs greater awareness regarding geriatric health services, and **93.5% supported the development of elderly-friendly services**. When asked who holds primary responsibility for elderly care, **59.7% attributed it to family**, while **30.6% believed it was government responsibility**.

Attitude towards the geriatric population among the study participants

On the Kogan Attitude Toward Older People (KAOP) scale, **26.4% demonstrated a positive attitude, 51.9% had a neutral attitude, and 21.8% showed negative attitudes** toward older adults.

IV. Tables

Table 1. Socio-Demographic Characteristics of Respondents (N=216)

Variable	Category	Frequency (%)
Age (years)	20–29	76 (35.2)
	30–39	70 (32.4)
	40–49	42 (19.4)
	≥50	28 (13.0)
Gender	Male	124 (57.4)
	Female	92 (42.6)
Marital Status	Married	123 (56.9)
	Unmarried	74 (34.3)
	Widow/Widower	19 (8.8)
Education Level	No formal education	22 (10.2)
	Primary	14 (6.5)
	Secondary	48 (22.2)
	Graduate	58 (26.9)
Occupation	Postgraduate	74 (34.3)
	Homemaker	42 (19.4)
	Business/Self-employed	52 (24.1)
	Skilled/Professional	38 (17.6)
	Domestic worker	27 (12.5)
	Unemployed	24 (11.1)
	Student	33 (15.3)

Table 2. Awareness Levels on Geriatric Health Issues

Awareness Category	Frequency (%)
Low Awareness	49 (22.7)
Moderate Awareness	100 (46.3)
High Awareness	67 (31.0)

Table 3. Awareness of Geriatric Services

Variable	Category	Frequency (%)
Awareness of Geriatric OPD/Home-care/Palliative Services	None	68 (31.5)
	1–2 services	88 (40.7)
	≥3 services	60 (27.8)
Nearest Hospital Has Geriatric Unit	Yes	66 (30.6)
	No	150 (69.4)
Family Used Geriatric Services	Yes	37 (17.1)
	No	179 (82.9)

Table 4. General Attitude Toward Geriatric Services

Item	Response	N (%)
Community needs more awareness	Yes	177 (81.9)
	No	39 (18.1)
Support elderly-friendly services	Yes	202 (93.5)
	No	14 (6.5)
Responsibility for elderly healthcare	Family	129 (59.7)
	Government	66 (30.6)
	Community	21 (9.7)

Table 5. Attitude Categories Based on KAOP Scale

Category	Frequency (%)
Negative Attitude	47 (21.8)
Neutral Attitude	112 (51.9)
Positive Attitude	57 (26.4)

V. Discussion

Our findings reveal moderate awareness of geriatric health issues (46.3%), limited familiarity with geriatric services (only 27.8% aware of ≥3 services), and predominantly neutral attitudes toward older adults (51.9%) based on the KAOP scale. This pattern aligns with broader evidence from India that geriatric care infrastructure and literacy lag behind demographic realities, with rapid population ageing projected to exceed 300 million older adults by 2050, intensifying demand for age-friendly health systems and community-based

services.^{4,5} The high proportion reporting no geriatric unit in the nearest hospital (69.4%) and low family utilization of services (82.9% never used) reflect systemic gaps documented in national policy analyses, which call for strengthening geriatric OPDs, integrated home-care, and palliative services, as well as workforce training and financing reforms.⁶

The predominance of neutral and mixed attitudes toward older adults in our sample is consistent with literature showing that attitudes are often contingent on exposure, training, and perceived service accessibility. Reviews of ageing in India highlight that limited social protection and service visibility can reinforce ambivalence and stereotypes, particularly among younger and non-clinical populations, underscoring the need for targeted public education and community engagement strategies.⁷ Our respondents' strong support for elderly-friendly services (93.5%) and community awareness initiatives (81.9%), despite low service awareness and utilization, mirrors national observations: willingness exists, but enabling systems and clear pathways to care are insufficiently developed.⁶

Comparatively, studies assessing KAOP among health trainees and professionals often report more positive attitudes when curricula include structured geriatric exposure, suggesting that education and practical contact are pivotal modifiers. For instance, a descriptive study among nursing internship students using the KAOP found that knowledge and competency in elderly care were associated with more favourable attitudes, supporting the case for formal geriatric modules and supervised clinical experience to reduce ageism and shift neutrality toward positive engagement.⁷ While our community-based sample differs from trainee cohorts, the contrast points to an actionable lever: integrating geriatric content into medical, nursing, and public health education, coupled with community-facing programs, can improve both awareness and attitudes.

Taken together, the convergence of our results with national analyses and training-focused studies suggests a dual strategy: expand and signal availability of geriatric services locally (OPDs, home care, palliative teams) while embedding age-sensitive education across health and social sectors. Policy guidance in India emphasizes system redesign and workforce capacity for senior care; our data add ground-level evidence that such reforms must be paired with public-facing awareness to translate goodwill into utilisation.⁶ The demographic momentum documented by UNFPA and others magnifies the urgency: without coordinated awareness, service expansion, and attitude transformation, neutral and negative perceptions risk persisting despite supportive intent.^{4,5,7}

VI. Conclusions

This study highlights important gaps in awareness and utilisation of geriatric health services, alongside mixed attitudes toward older adults within the community. Although the majority of respondents expressed support for elderly-friendly initiatives and recognised the need for greater awareness, actual knowledge of available services and their use remained limited. The predominance of neutral attitudes on the KAOP scale further reflects ambivalence toward aging, suggesting that stereotypes and insufficient exposure to geriatric issues continue to shape perceptions.

Strengthening geriatric units in hospitals, expanding community-based services, and integrating aging-related content into medical and public health education are essential to bridge these gaps. Policy-level interventions must be complemented by public awareness campaigns to transform supportive intent into practical engagement. As India faces rapid demographic aging, fostering positive attitudes and improving service accessibility will be critical to ensuring dignified, comprehensive care for older adults.

VII. Recommendations

Based on the findings, it is recommended that geriatric health services be strengthened through the establishment of dedicated units in hospitals and the expansion of OPD, home-care, and palliative services, alongside community-based awareness campaigns to improve knowledge and utilization. Integrating structured geriatric content into medical, nursing, and public health curricula can foster empathy and reduce ageism, while policy-level interventions should ensure adequate funding, workforce training, and social protection schemes to complement family-based caregiving traditions. Promoting intergenerational engagement and conducting longitudinal research to monitor changes in awareness and attitudes will further support the development of a comprehensive, elderly-friendly health system that meets the needs of India's rapidly aging population.

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