

ORIGINAL INVESTIGATION

Assessing the met and unmet needs among elderly people in Isfahan, Iran: a mixed method

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Background. Due to the vast increasing of elderly population, it is required to assess the met and unmet needs among aged people. This study intended to identify and then assess met and unmet needs in a sample of older adults in Isfahan, Iran.

Methods. In this mixed study we carried out 5 focus group discussions with 50 elderlies aged 60 years and above. Then, checklist based survey was done regarding older peoples' experience and perspectives about their needs in a randomly selected 350 elderlies in October-December 2016.

Results. The findings indicated that the most educational level belonged to Diploma and above (49.6%). The most areas of unmet needs among elderlies dedicated to happiness (90%), giving help from state and charity institution (60.9%), places for entertainment (57.6%), extra income during aging period (52.6%), followed by providing recreational spaces (45.9%) and self-cleaning (42.6%), respectively. The area characterized by the highest percentage of met need was access to general physician (86.2%) followed by relation with children and grandchild (85%).

Conclusions. Based on four categories recognized in the current study, supportive, emotional, cultural and healthcare needs were prioritized as the most unmet needs by elderlies, respectively. Thus, it is suggested that policy makers will pay more attention to fulfil elderlies' emotional and supportive needs in Isfahan.

Key words: Aged people, Needs assessment, Iran

INTRODUCTION

Increasing growth of elderly population is a global phenomenon; it has become as a serious concern among many countries ¹. A longer life expectancy, accompanied by rises in non-communicable diseases (NCDs) rates and the changes in family structure results in long-term care for older adults an urgent issue for states and societies.

According to World Health Organization ² In 2010, an estimated 524 million people were aged 65 or older – 8 percent of the world's population. By 2050, this number is expected to nearly triple to about 1.5 billion, representing 16 percent of the world's population.

Ageing has profound consequences on a broad range of economic, political and social processes. First and foremost is the increasing priority to promoting the well-being of the growing number and proportion of older persons in most countries of the world. Over the past three decades, the Islamic Republic of Iran (I.R. Iran) has been experiencing rapid socio-demographic and economic changes. Studies conducted in Iran have estimated that the Iranian over 60 years old will be 10 and 20% in the years 2021 and 2050, respectively ³. So, Iran must be prepared to confront aging management in the next decades and have had specific policies to tackle with aging issues from now.

In recent years Isfahan as a developed city in Iran, was

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being able to decrease the rate of death by improving health care services. This progress has led to highly increasing of older adults so that the share of Isfahan elderly population had been increasing compared to the ratio of total country (9.1 against 8.2) ⁴.

Healthy Ageing requires the wide participation of sectors of government and non-governmental agency in such a way inter-sectoral actions can protect older people from poverty and poor health condition through social protection schemes ⁵. Nowadays issues such as providing social support, health services, housing, transportation facilities, social insurance and participation as well as respect for elderly are among the most determinants of successful aging which every society must be aware of them for better planning to improve elderly quality of life ^{6,7}. In order to meet this target, the first step in any country must be allocated on need assessment among elderly to assess comprehensively the older adults' needs, including physical, psychological and social aspects.

Several theories ^{8,9} have demonstrated that individuals' needs should be viewed holistically when taken into account in needs assessment of older people. Needs are considered personal, subjective, variable, constantly changing, as well as relative, highly political and value-laden ¹⁰. So in addition to objective aspects of needs, such as becoming/ being in need of help, receiving help, need assessment from aged-people' experiences and viewpoints is required since they are influenced by the individual's life course, family, social group and society. Besides, accurate assessments of unmet and met needs are essential for effectively planned measures for elderly ¹¹.

In Iran there is no structured needs assessment tool currently in widespread use. Thus, a new multidisciplinary needs assessment tool which consider multiple aspects of aged people needs, based on own perspectives, is useful for research in primary care and successful in identifying met and unmet needs. Through which researchers can be better understand the needs and problems that elderly people might be encountered with. Understanding what constitutes need from older adults' point of views, may help guide future definitions of successful aging and subsequently, the development of models of care, interventions, and policy reform.

Needs assessment studies in Iran have little dedicated to investigate older people needs from their own perspective. However, the met and unmet needs of the older adults in Iran as well as Isfahan are underexplored. So this study aimed to identify met and unmet needs in a sample of older adults in Isfahan by employing both elderly viewpoints and survey to capture a comprehensive understanding of their needs.

METHODS

DESIGN

This mixed-method study was conducted in two phases. In the first phase (qualitative), 5 focus group discussions (FGDs) have been made with 50 elderly people to capture the older people' views about their needs in July-August 2016. In the second phase (survey), a checklist based survey was done regarding older peoples' experience and perspectives about their needs in October-December 2016.

PARTICIPANTS

In qualitative phase, in order to organizing a valid and reliable checklist to assess the various needs of elderly people, male and female elderlies from five regions, including north, south, east, west and central of Isfahan municipality were included in 5 focus groups.

The inclusion criterion was age 60 years and older. Individuals with severe and moderately severe dementia were excluded from the study due to potential problems with the verbal communications. Finally, 50 elderlies were participated in focus group discussions.

In survey phase based on Cochran' formula 350 aged persons, from five regions of Isfahan were randomly selected

DATA COLLECTION

Focus groups were audiotaped, and tapes were transcribed verbatim to ensure systematic analysis of the discussions promptly. Focus groups were conducted for approximately 1 hour and were facilitated by a moderator and a co-moderator. All moderators received training in focus-group implementation.

Survey research was conducted through structured face-to-face interviews by a checklist. This checklist was derived from focus groups findings and consisted of 20 questions which covers 4 dimensions of older people' needs, including emotional needs, healthcare needs, cultural and recreational needs and supportive needs. To score the checklist, the method used in The Camberwell Assessment of Need for the Elderly (CANE) was employed. CANE questionnaire ¹² gives the possibility to distinguish between those needs which receive sufficient support from either informal sources or services (met needs) and those for which optimal interventions are missing (unmet needs). Each item is scored as follows: 0 = no need, 1 = met need, 2 = unmet need and 9 not known. CANE usefulness has been proved regarding diverse needs of elderly people ^{13,14}. In current study, a Cronbach alpha of 0.87 was obtained from this sample.

Table I. Socio-demographic characteristics of the study population.

Socio-demographic characteristic		Male (215) No.(%)	Female (125) No. (%)	Total (340) No. (%)
Age group(years)	60-70 year old	155(72.1)	109(87.2)	264(77.6)
	70 and above	60(27.9)	16(12.8)	76(22.4)
Marital status	Single	2(9)	4(3.2)	6(1.8)
	Married	193(89.8)	81(64.8)	274(80.6)
	Divorced	6(2.8)	8(6.4)	14(4.1)
	Death of spouse	14(6.5)	32(25.6)	46(13.5)
Educational status	Illiterate	15(7)	34(27.2)	49(14.4)
	Primary school	71(33)	48(38.4)	119(35)
	Diploma and above	125(58.1)	43(34.4)	168(49.4)
Monthly family income	Below 285 USD	69(32.1)	59(47.2)	128(37.6)
	Between 285 and 855 USD	120(55.8)	62(49.6)	182(53.5)
	Above 855 USD	26(12.1)	4(3.2)	30(8.8)
Type of insurance	Social security insurance	116(54)	75(60)	191(56.2)
	Iranian health insurance	75(34.9)	37(29.6)	112(32.9)
	Others	19(8.8)	12(9.6)	31(9.1)

DATA ANALYSIS

Descriptive analyses were calculated in terms of frequencies and percentages. Responses were tabulated for the level of needs rated by elderly people. Data were analyzed using the Statistical Package for the Social Sciences (SPSS), version 21.

RESULTS

In Table I, the socio-demographic characteristics of elderly have been shown. As it is evident, out of 350 elderly, 49.5 percent were diploma and higher regarding educational status. 191 elderly were insured by Social security insurance, representing the highest proportion. Besides, regarding acquiring income, 53.5% of elderly lived with income between 285 and 855 USD monthly. Table II, illustrates the number and percent of met and unmet needs among elderly, as it is evident, most of unmet needs among the elderly were in the area of happiness (90%), Giving help from state and charity institution (60.9%), places for entertainment (57.6%), extra income during aging period (52.6), followed by providing recreational spaces(45.9%) and self-cleaning(42.6%). Regarding met needs and no needs, as it is evident in Table II, access to general physician (86.4) and purchasing rehabilitation devices (26.2) are among the most percentage, respectively.

Table III shows the priorities of needs among elderly based on four categories. The priority order in met needs include healthcare, emotional, cultural and supportive needs, respectively. No needs and not known

needs in comparison with two other categories are not noticeable.

DISCUSSION

Need assessment as the first step in planning, affects goals and content of any program, and paves the way for effective use of resources and facilities. Identifying needs before program development, increases efficiency and effectiveness and ensures closing the gap between existing and desired situation. Owing to importance and necessity of the early planning to meet elderly people's needs in the future, in this study, we assessed the elderly needs. Namely, this study classified elderly needs into four main groups, and then explored needs from elderly's perspectives in a representative sample. It is difficult to compare various need assessment studies because of substantial dissimilarity in study methods, such as sample characteristic, applied tools and definitions of needs. Findings of our study were to some extent inconsistent with studies did by Walters et al.¹⁵ and Ashokkumar et al.¹⁶. In the Walters et al.'s work that has been conducted in north-west London in 2000, the commonest unmet needs recognized by the elders are eyesight/hearing, psychological distress and incontinence, i.e. the main unmet needs are physical/mental illness. Also, in Ashokkumar et al.'s study, the most of the unmet needs were in the area of accommodation and eyesight/hearing in India. But our findings implied that the most unmet needs were supportive and emotional needs. Nevertheless, these

Table II. Levels of needs rated by elderly people.

Category	Item	No need No. (%)	Met need No. (%)	Unmet need No. (%)	Not known No. (%)
Emotional needs	Relation with spouse	4(1.2)	256(75.3)	62(18.2)	18(5.3)
	Relation with children and grand child	3(0.9)	289(85)	38(11.2)	10(2.9)
	Relation with relatives	12(3.5)	238(70)	77(22.6)	13(3.8)
	Happiness	3(0.9)	31(9.1)	306(90)	-
Supportive needs	Giving help from others	41(12.1)	186(54.7)	108(31.8)	5(1.5)
	Giving help from state and charity institution	38(11.2)	91(26.8)	207(60.9)	4(1.2)
	Need to pension and securing the future	15(4.4)	259(76.2)	55(16.2)	11(3.2)
	Extra income during aging period	27(7.9)	124(36.5)	179(52.6)	10(2.9)
Cultural and recreational needs	Participation to rituals	5(1.5)	280(82.4)	49(14.4)	6(1.8)
	Providing recreational spaces	26(7.6)	148(43.5)	156(45.9)	10(2.9)
	Places for entertainment	41(12.1)	85(25)	196(57.6)	18(5.3)
	Places for cultural and religious activity	34(10)	219(64.4)	79(23.2)	8(2.4)
	Access to library	38(11.2)	162(47.6)	126(37.1)	14(4.1)
	Having pilgrimage and tourism travel	9(2.6)	219(64.4)	105(30.9)	7(2.1)
Healthcare needs	Self-care	6(1.8)	183(53.8)	145(42.6)	6(1.8)
	Sense of physical well-being	9(2.6)	228(67.1)	93(27.4)	10(2.9)
	Access to healthy food	7(2.1)	279(82.1)	51(15)	3(0.9)
	Access to general physician	8(2.4)	293(86.2)	36(10.6)	3(0.9)
	Access to specialist physician	13(3.8)	243(71.5)	83(24.4)	1(0.3)
	Purchasing required medicine	48(14.1)	249(73.2)	40(11.8)	3(0.9)
	Purchasing rehabilitation devices	89(26.2)	213(62.5)	33(9.7)	5(1.5)
	Access to diagnostic and laboratory services	17(5)	273(80.3)	46(13.5)	4(1.2)

Table III. Percentage of the categorized needs among elderly people.

Category	No need	Met need	Unmet need	Not known
Emotional needs	1.62	59.85	35.5	3
Supportive needs	8.9	48.55	40.37	2.25
Cultural and recreational needs	7.5	54.55	34.85	3.10
Healthcare needs	7.25	72.08	19.37	1.3

results are slightly consistent with the Ashokkumar et al. regarding benefit area.

To the best of our knowledge, no study has applied our methodology as we did in this study to reveal the met and unmet needs of elderly people in Iran. However, some other studies that have been explored the health aspects of elderly, indicated consistent results with our work. For example, Alipour et al.¹⁷ showed a significant effect of structural and emotional support on the quality of life of elderly in Tehran (the capital of Iran).

In the present study, cultural and recreational needs have been met, moderately. This finding is similar to Mohaghegh Kamal et al.'s work that has been demonstrated cultural and recreational needs are not as a main priority needs since this type of needs mostly satisfied in the old age people in Iran¹⁸. Moreover, Ahn and Kim¹⁹ confirmed the cultural and recreational needs have had the lowest needed area of elderly in Korea in comparison to physical and

financial needs. This may be clarified in part by the existing of high cultural and recreational facilities in Isfahan such as parks, green spaces, mosques and other sacred religious centers, as well as possibility for pilgrimages and tourism tours. For elderly related healthcare needs, we identified services for healthcare including access to general practitioners, specialist, diagnostics centers and rehabilitation devices are the most met needs. This suggests that accessibility to healthcare services and facilities for elderly peoples is acceptable in Isfahan and contributes to fulfillment of elderly healthcare needs. This finding is in line with the Health Transformation Plan that has been launched in the health system of Iran in 2014 and mainly aimed to improve access to healthcare²⁰. Furthermore, high level of education among elderly in this study (50% diploma and higher), could be resulted in healthy seeking behaviors and contributes to meet health care needs. The advantage of this work was the investigation of needs from own

elderly perspective not merely from expert's point of view and this reflects more actual elderly needs. Despite, the main limitation of our work was the difficulty in access and communication with elderly. We tried to interview elderlies in appropriately time and patiently manner.

For future studies it is recommended to investigate the determinants of met and unmet needs in Isfahan and in Iran as a whole, and then develop interventions based on identified main determinants to further satisfy elderly needs.

CONCLUSIONS

In sum, in elderly related policy making, it requires to pay attention towards emotional and supportive needs in Isfahan. So, we suggest developing policies in securing future necessities of elderly by state provision, promoting emotional aspects of social support including relationship with spouse, children and relatives as well as engaging elderlies in daily social affairs.

ETHICAL CONSIDERATION

This study received the required ethics approval from Isfahan University of Medical Sciences Research Ethics Committee with ethical code No: IR. MUI.REC.1395.2.029.

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CONFLICT OF INTEREST

The Authors declared no potential conflicts of interest with respect to the research, and publication of this article.

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