

DEPENDENCY CHALLENGES AND ASSISTANCE LEVELS

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1- INTRODUCTION

The European Council defined dependence as a situation where people need been helped because their loss or diminution of physical, psychological or social capacity, when performing Daily Life Activities both Basic and Instrumental (DLA-B and DLA-I). Dependence is due not only to physical causes, there are also psychological and social factors involved. In this study, done in MANCOSI (Mancommunity of the Cider Region), there has been taken information about subjective perception of functional capacity and difficulties for performing DLA measured.

MANCOSI is made up by five municipalities from Asturian central-west region. These municipalities have in common a higher percentage of people over 65 and an aging rate higher than in any other Asturian municipality (SADEI, 1998).

Municipalities	Aging Index	Dependence Index	Older than 65 years
Cabrana	515.84	0.86	29%
Villavieiosa	274.73	0.62	28%
Bimenes	230	0.60	28%
Sariego	188.2	0.55	23%
Nava	164.73	0.56	22%
ASTURIAS	158.02	0.47	19%

The rising of the rate of growth of over 65 population in all MANCOSI municipalities together with the fact that these municipalities are located in rural or semi rural surroundings are factors to be taken into account for socio-sanitary planning. Another factor to be considered is geographical dispersion that affects social relations and favours physical and social isolation. National surveys forecast by 2005, an upraise of 13% of population over 65, that will be the 17.4% of the whole population (García y Martínez, 1999). But MANCOSI is already over these figures and there will be an alarming over aging. All these facts have evident social, political and economical implications.

2- OBJECTIVES AND METHODOLOGY

Objectives.- a) Analyse risk factors for this population group. b) Screening functional capacity or autonomy level for performing DLA.

Sample.- Representative sample taken by aleatory stratified sampling proportionally affixed by age, gender and municipality (N.C. 95% and E.M. \pm 3,7%). 709 people over 65 took part in the study.

Instruments.- 1) A 67 item Questionnaire "ad hoc" in the following areas: Classifying data, residence and family structure, activity and leisure, social network, health, sanitary resources and sensed and perceived needs, and 2) Evaluation scales or screening (E.A.D.G., Mini-mental - Lobo's adaptation, 1979a and b-, Katz and Lawton Indexes).

Field work.- Data were compiled through personal interviews in Health Centres and in the home of those who were dependent.

Statistical analysis.- descriptive and comparative, using contingency tables and chi-square proof to show if there were statistically significant differences and associations. Data were statistically treated by SPSS.

4- CONCLUSIONS

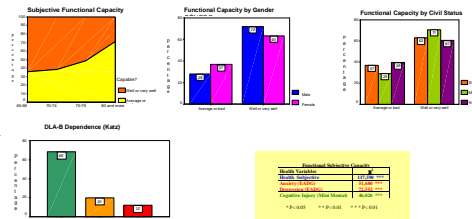
These people present a good life quality: Only a 12% shows dependency in several areas of DLA-B (68% are independent and 20% are dependent in only one of the areas of DLA-B). This is according to what Bazo (1996: 209) says "the degree of dependence is not greater than 10-15%" and many old people "never experience such needs, in a high or medium level". Nevertheless it is convenient to make the following considerations:

- Functional capacity slows down at the age of 75 ($\chi^2 = 57,77$; $p = 0,000$), and that has to do with life quality - LQ - (Albuerne, Labra & Juanco, 1996).
- Functional capacity is significantly related with LQ showed by psychological indicators as anxiety, depression and cognitive functioning, as well as through subjective health perception (cf. tables and graphics 3.1 & 3.2).
- Geographical dispersion favours isolation and the lack of social relations and is an obstacle to take care of dependent old people.
- Women, widows and widowers, and single people are the people who have a worse vision of their functional capacity. Aging and dependency seem to have a woman face (36% women vs 26% men - $\chi^2 = 7,82$; $p = 0,005$ -) Maybe higher life expectation in women and the population over aging play a very important part in the above considerations.
- Family seems to be and will be a strong supporting device: 65% of those who ask for help for DLA, have the service in their family context. But Administrations must make an extra effort to near social and assistance services to old people and their families in the rural areas (only 9% says they are helped by Welfare Services).
- In this sense the Braking Distances Programme, promoted by Welfare Services, is a strategy to near these services to dependent people and their families in the rural area. That is why the domestic help service and the domestic catering service are very important tasks in the Programme. There are another services related to DLA-I which are being planned.
- If we take into account the great potential that old autonomous and independent and with a good quality life people from MANCOSI have, it could be promoted social participation and solidarity actions intra and inter generations. This is another aim of the Braking Distances Programme, because our elders not only are more and older, but they are aging in far better conditions than ever before, and old people are a potentiality that our society should not ignore. "Help is not always, as we think, solidarity of who has the power and the health with old people, but we have to take advantage of their experience and weight which would be a help to prevent sharp brakes in our paths" (Savater, 1993:55).
- It is also necessary give old people human and material means which will enable them to have autonomy, life quality and satisfaction (Albuerne, 2002). Preventing is always better than curing. This thought is also valid for social and social-sanitary policies.

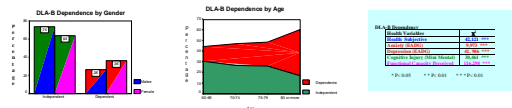
3- RESULTS:

The tables give a view of the results of this study

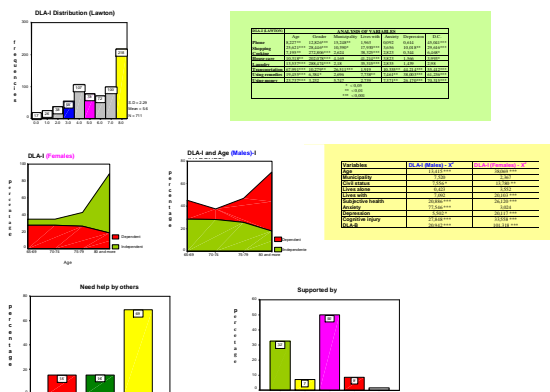
3.1 Functional Capacity



3.2- Daily Life Basic Activities (DLA-B)



3.3- Daily Life Instrumental Activities (DLA-I)



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