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## A STUDY TO ASESSE THE PREVALENCE OF PSYCHO –SOCIAL PROBLEMS AMONG ELDERLY IN URBAN POPULATION OF PALASA, SRIKAKULAM, ANDHRAPRADESH.

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### ABSTRACT

Ageing can be defined as the process of progressive change ,which occurs with the passage of time ,independent of the varies of life ,the assaults of disease and the random abuses of social living. It is a universal phenomenon in the lives of humans from conception, and according to most biologists the aging begins from the fourth decade of life and ends with death, the end of biological life. The process of human aging is complex and individualized, occurs in the biological, psychological and social sphere .**Objectives** To assess the prevalence of psycho – social problems among elderly in urban population of Palasa , Srikakulam. To associate the prevalence of psycho –social problems among elderly in urban population with their selected demographic variables. **Methodology** A descriptive design was employed by using Non probability convenient sampling technique. Data was collected from the psycho-social problems among 100 elderly in urban population, of Palasa, Srikakulam, Andhrapradesh. Data analysis consisted of descriptive and inferential statistics . **Results** In this study out of 100 elderly urban population 33(33 %) had low Anxiety ,51 (51%) had moderate Anxiety, 16(16 % )had high anxiety of psycho –social problems .26 (26%) had low depression ,54 (54%) had moderate Depression ,20 (20%) had high depression of prevalence of psycho-social problems , 46 (46%) had low financial problems ,34 (34%) had medium financial problems,20 (20%)had high financial problems of psycho- social problems .26 (26%) had low spiritual 50 aspects(50%) had medium spiritual aspects ,24(24%) had high spiritual

problems of psycho-social problems . 28(28%) had low stress,49(49%) had medium stress,23 (23%) had high stress of psycho-social problems . **Conclusion** The Social problems refer to family burden, social isolation, dependency and financial problem.The present study finding serve as a basis for the professionals to conducted further studies on psycho-social problems .Awareness Programmes should be conducted to the different urban area and also can conducted to the same study with different variables on a large sample. Effective teaching materials and audio visual aids should be used to communicate the ideas there by improving their knowledge and attitude towards the psycho – social problems among the elderly.

## BACK GROUND OF THE STUDY

Aging is a physiological process, dynamic and irreversible, which occurs in the individual development of living organisms over time<sup>[1]</sup>. It is a universal phenomenon in the lives of humans from conception, and according to most biologists the aging begins from the fourth decade of life and ends with death, the end of biological life. The process of human aging is complex and individualized, occurs in the biological, psychological and social sphere<sup>[2]</sup>.

Ageing a progressive development in the life span and is a marker of life's journey towards growth and maturity . Ageing can be defined as the process of progressive change ,which occurs with the passage of time ,independent of the varies of life ,the assaults of disease and the random abuses of social living<sup>[3]</sup>.

Old age is generally the chronological age, a universal phenomenon and a challenge to everyone, who reaches it irrespective of occupation, skill or learning<sup>3</sup>. The world is rapidly aging: the number of people aged 60 and over as a proportion of the global population will double from 11% in 2006 to 22% by 2050. As per the WHO guidelines people 60-74 years of age are called elderly and those between 75 and 85+years of age as old. <sup>[4]</sup>.

**Depression** Almost all people feel at times during their lives unhappiness, sadness or disappointment. Such transient feelings are normal. But if you end up on a daily basis and this feeling remains for long periods, then the person probably suffers from depression. The incidence of depression is higher in the elderly. In the elderly, symptoms of depression are often apparent by the constant feeling of fatigue, decreased interest, diffuse pain throughout the whole body or disturbance in the memory or concentration, especially when these symptoms cause change in the habits of the older individual. The emotional support of the family members allows senior citizens to express their feelings and make them feel important members of the society. Additionally, alternative therapy methods of depression such as music therapy, art therapy and the use of games can also contribute to this role <sup>[5]</sup>.

Anxiety and phobias Stress is the dominant symptom of neurotic disorders and shows both psychological and physical signs and symptoms. Psychological symptoms include feeling of fear or terror without any particular reason. The physical symptoms that accompany stress are generally associated with

the activity of the autonomic nervous system and include tightness of muscles, tachycardia and increased sweating<sup>[6]</sup>. Anxiety and phobia during old age, may be remnants from previous chronic conditions or may be new problems that appear for the first time. The physical health disorders are often associated with neuroses, as well as with loneliness and self-care inability. Sometimes physical diseases can occur with nervousness, tachycardia and other symptoms of anxiety.

Economy the problem of economic insecurity is faced by the elderly when they are unable to sustain themselves financially. Many older persons either lack the opportunity and/or the capacity to be as productive as they were. Increasing competition from younger people, individual, family and societal mind sets, chronic malnutrition and slowing physical and mental faculties, limited access to resources and lack of awareness of their rights and entitlements play significant roles in reducing the ability of the elderly to remain financially productive, and thereby, independent<sup>[25]</sup>

## METHODOLOGY :

The present study was aimed for the assess the prevalence of psycho –social problems among elderly in urban population ,Palasa ,Srikakulam ,Andhrapradesh. Non-experimental research approach was adopted to achieve the objectives of the study. The sample size consists of 100 elderly of selected urban population who fall under inclusion criteria. Men and women who are above 60 years to 90 years of age. Elderly who can understand and communicate in English /Telugu. Those who are willing to participate in the study

Section -1: Consists of elderly demographic data .Section -II: A self structured tool to assess the prevalence of psycho-social problems among elderly in urban population. It consists of 30 questions.. The reliability of instrument was established by administering the tool to 10elderly population. who were included in the pilot study and who full fill the inclusion criteria. Internal consistency of the tool was established by split-half method using Cronbach's alpha for self structured questionnaire  $r=.8163$  and the tool was found to be highly reliable.

A pilot study is a trail study carried out before a research design finalized to assist in defining the research questions or to test the feasibility, reliability and validity of the proposed study design . selected the samples by **Non -probability convenience sampling technique**, who fall under inclusion criteria. The collected data was analyzed . with the help of descriptive and inferential statistics to meet the objectives of the study. Statistical technique such as Non parametric test (Chi-square) were applied to test the framed hypothesis and the obtained results were categorized and presented accordingly .

**RESULTS :****Table: 1 Frequency and percentage distribution of demographic variables among elderly in urban population. N=100**

S.NO	Demographic variables	Frequency (f)	Percentage (%)	
1	Age in year	60-69years	76	76.%
		70-79 years	17	17.%
		80-90 years	7	7.%
2	Gender	Male	59	59%
		Female	41	41%
3.	Religion	Hindu	96	96%
		Muslim	2	2%
		Christian	2	2%
4.	Marital status	Married	97	97%
		Un married	3	3%
5.	Geographical status	Rural	29	29%
		Urban	69	69%
		Slum areas	2	2%
6.	Educational status	Illiterate	53	33%
		Primary education	25	25%
		Secondary education	6	6%
		High school	12	12%
		Degree and other courses	4	4%
7.	Occupation	Home maker	44	44%
		Labour	18	18%
		Private employee	5	5%
		Government employee	16	16%

		Skilled agricultural & fishery workers	12	12%
		Machine operators	1	1%
		Un employed	4	4%
<b>8.</b>	<b>Monthly income</b>	Rs 5,000-10,000	57	57.0%
		Rs 10001-15000	20	20%
		Rs 15001-20,000	4	4%
		Rs20001-25000 above.	19	19%
<b>9.</b>	<b>Duration of illness</b>	<6 months	74	74%
		7-12 months	17	17%
		>13 months	9	9%
<b>10.</b>	<b>Duration of treatment</b>	<6 months	72	72%
		7-12 months	19	19%
		>13 months	9	9%
<b>11.</b>	<b>Mode of payment</b>	Y.S.R vaidya seva	9	9%
		Employment health scheme	11	11%
		White ration card	67	67%
		Paid	13	13%
		Other mode of payment	0	0%
<b>12.</b>	<b>Socio economic status</b>	Higher class	17	17%
		Higher middle class	19	19%
		Lower middle class	60	60%
		Higher lower class	4	4%

**Table 1:** shows that out of 100 elderly urban population 76% were 60-69 years of age group, 17 % were 70-79 years of age group, 7% were 80-90 years of age group. Regarding gender 59% were male, 41% were females. Religion 96% were Hindu 2% were muslim, 2 %, Christian 2%. Regarding marital status 23.36% were illiterate,

5.97% were primary education, 33.6% were secondary education, 97% were married, 3% were unmarried. Regarding geographical status Rural 29%, urban 69%, slum areas 2%. Regarding educational status 53% were illiterate 25% were primary education, 6% were secondary education, 12% were higher secondary education, 4% were degree and above, related to occupation 44% were Home maker, 18% were labour, 5% were private employee, 6% were government employee, 12% were skilled agricultural and fishery workers, 1% were machine operators, 4% were unemployed. regarding monthly income 57% were Rs.5000-10,000, 20% were Rs.10,001-15,000, 4% were Rs.15001-20,000, 19% were 20,001 -25000 above. Regarding Duration of illness 74% were < 6 months, 17% were 7-12 months, 9% were > 13 months. Regarding Duration of treatment 72% were < 6 months, 19% were 7-12 months, 9% were > 13 months. Regarding Mode of payment 9% were Y.S.R. Vaidya seva, 11% were employment health scheme, 67% were white ration card, 13% were paid, 0% were other mode of payment. Regarding socio-economic status 17% were higher class, 19% were higher middle class, 60% were lower middle class, 4% were higher lower class.

**Table 2 : Frequency and percentage distribution of Psycho-social problems among elderly in urban population .**

PSYCHO-SOCIAL PROBLEMS		Frequency	Percentage
ANXIETY	Low Anxiety	33	33%
	Moderate Anxiety	51	51%
	High Anxiety	16	16%
DEPRESSION	Low Depression	26	26%
	Moderate Depression	54	54%
	High Depression	20	20%
FINANCIAL PROBLEMS	low financial problems	46	46%
	moderate financial problems	34	34%
	high financial problems	20	20%
SPIRITUAL PROBLEMS	low spiritual problems	26	26%
	moderate spiritual problems	50	50%
	high spiritual problems	24	24%
STRESS	low stress	28	28%
	moderate stress	49	49%
	high stress	23	23%

- ❖ out of 100 elderly in urban population psycho-social problems 33% had low Anxiety, 51% had moderate Anxiety, 16% had High Anxiety of Psycho-Social Problems
- ❖ out of 100 elderly in urban population psycho-social problems, 26% had low Depression, 54% had moderate Depression, 20% had high Depression.
- ❖ out of 100 elderly in urban population (26%) had Low Financial Problems, 34% had Financial problems, 20% had high level of Financial problems of psycho-social problems.
- ❖ out of 100 elderly in urban population of psycho-social problems 26% had low spiritual problems, 50% had medium spiritual problems, 24% had High spiritual problems.

- ❖ out of 100 elderly in urban population psycho –social problems 28% had low stress,49 % had medium stress, 23 % had high stress.

## DISCUSSION

**The first objective** of the study was to assess the prevalence of psycho-social problems among elderly in urban population. Among 100 elderly urban population 33 (33 %) low Anxiety , 51 (51%) had moderate anxiety ,16% had high anxiety of psycho-social problems. 26 (26 % ) had low depression , 54(54%) had moderate depression ,and 20 (20%) had high depression of psycho –social problems . 46 (46% )had low financial problems,34 (34%) had medium financial problems,20 (20%) had high financial problems of psycho –social problems .26(26%) had low spiritual problems ,50 (50% ) had medium spiritual problems ,and 24 % had high spiritual problems .28(28%) had low stress ,49(49%) had medium stress,23(23%) had high stress of psycho- social problems.

The present study supported by the study conducted by Mrs. Jancy (2018). Conducted a descriptive study on the Findings of the study revealed that majority of respondents (55%)of sample mild psycho-social problems ,3.33% had moderate problems , and 41.67 had severe problems.

**The second objective** of the study was to associate the prevalence of psycho-social problems among elderly in urban population with their selected demographic variables . The study revealed that there is significance association on prevalence of elderly in urban population with Association on prevalence of Anxiety, psycho-social problems among elderly in urban population with Age , Religion ,Geographical status, ,occupation ,monthly income ,Duration of illness, Duration of treatment ,Mode of payment, were statistically significant at  $P < 0.01$  to  $P < 0.05$ .

The present study supported by the study conducted by Kamala Raj.N.Mehrotra and S. Batish (2019) on assessment of psycho-social problems among elderly females. A descriptive study was conducted to explore the problems faced by elderly females and to seek suggestions by them to overcome these. Amongst psycho-social problems, stress and strain was the prominent problem (85%) followed by declining authority (77.50%), loneliness (72.50%) feeling of neglect (65.0%) and so on. The relationship between age and physical problems of elderly females was found to be non significant (2.824) whereas it was significant with respect to psycho-social problems (13.981)

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