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A Study To Assess The Biopsychological Needs Of Elderly Population In Selected Community Areas, Gurugram, Haryana.

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Abstract: Biopsychosocial needs are all the requirements related to an individual's entire health, taking into consideration the interconnection of relationships, mental health, and physical health. The rapidly rising average adults has brought various global healthcare challenges. We aimed assess the biopsychosocial needs of elderly population. Moreover, we examined the relationship and association of Biological, Physiological and Social needs of elderly population in selected community areas of Gurugram, Haryana.A Descriptive research design was used. In that 181 elderly population having age group 60 years and above sample were selected through enumerative sampling technique. The data was collected with the help of self - structured questionnaire. The results of the study revealed the majority level of Biological, Psychological and Social needs among elderly population were belonged to the >70 Years, with a majority being males 94 (51.9%) and married 102 (56.4%). The majority of participants 170 (93.9%) lived in joint family. Majority of participants 114 (62.9%) had 3 to 5 no. of children and majority of the participants 175 (96.6%) had Hindu religion. The majority of participants (81.2%) exhibited non – communicable disease, followed by 13.3% who were communicable disease. Regarding education, 43.3% of the participants experienced secondary education, while 74.6% were found to be unemployed. The correlation was calculated by using Karl Pearson's correlation formula and a moderate positive significant relationship was observed between biopsychosocial needs (Kr = 0.377; p-value=0.01). Demographic variables was significantly associated with age, education and marital status ($p<0.005$). Although there was no association found between gender, occupation, type of family, income, no. of children and religion. The results of the study revealed that majority of the participants 68% were dependent followed by 30.90% were semi - dependent and remaining 1.10% were independent. The study has shown a moderate positive relationship between biopsychosocial needs in elderly population at 0.001 level of significance (r=0.377).

Index Terms – Elderly population, Biopsychosocial needs, Dependent, Independent and Semi – dependent.

I. Introduction

Biopsychosocial needs are all the requirements related to an individual's entire health, taking into consideration the interconnection of relationships, mental health, and physical health. The rapidly rising average adults has brought various global healthcare challenges. In simple words, Biopsychological needs looks after the biological, psychological and social needs or requirements in an individuals life. The world‘s elderly population is increasing. There were 962 million adults over the age of 60 within the country in 2017, and estimates for 2050 indicate that number will quadruple to 2100 million. Compared to all of the globe, Europe had the largest percentage of adults (25%) over the age of 60 in 2017. 77 million elderly individuals lived in Latin America that same year. Individuals' tasks towards their physical well-being, or self-care, are their main method for maintaining biological changes. In the context of society, looking for fresh positions as well as becoming engaged with the worldwide body are two tactics used to adjust to modifications in identity (like the end of their careers. In the psychological realm, people are able to control their thoughts and feelings regarding age-related changes by positively reinterpreting bad experiences, particularly where biological declines are unavoidable. According to World Health Organization (WHO) One in six individuals on the planet will be 60 years of age or older by 2030. At this point, there will be nearly two trillion individuals beyond the age of 60, up from 1 billion in 2020. The number of individuals in the world who are 60 years of age or older is expected to double (to 2.1 billion) by 2050. It is anticipated that among 2050 and the year 2020, the global population of people their eighties of age as beyond will treble, as reaching 426 million. Two thirds of people over 60 worldwide will reside in low- and middle- income nations by 2050.

II. Review of Literature

SS Batool et.al 2024 conducted an investigation on the emotional drivers of older each person's quality of life in Canada with Pakistan with the aim of determining the relevance of these factors. Using hierarchical regression analysis, the quality of life of elderly individuals in Pakistan and Canada was found to be significantly predicted (R 2 =.27 and.68) by biopsychosocial factors (i.e., wellness as well as lifestyle, ongoing medical conditions, self-efficacy, self-esteem, alongside social support) after demographic variables were taken into account. Remarkable disparities were observed in the biopsychosocial characteristics of older adults from Pakistan and Canada: the former group scored considerably higher on self-efficacy, quality of life, and health and lifestyle, while the latter group scored much greater on social support and self-esteem.

Cehns Lanshuang et. al. 2021 conducted a study on The relationship between elderly citizens' subjective well-being (SWB) and the mediation mechanism of the neighborhood participation. According to the study's findings, neighborhood involvement was favorably correlated with one's SWB. In particular, seniors who participated in the community more frequently reported better life satisfaction participated in the community more frequently reported better life satisfaction, more positive affect, and less negative affect. When certain major social and economical variables were taken into account, the influence of community involvement on

SWB was mediated, respectively, by three BPN, which are requirements for relatedness, competence, and autonomy. ted a study on Community participation and subjective well being with the objective to examine.

Mhaolain Aine M. Ni et. al. 2011 conducted a study on Subjective well being amongst community dwelling elders with the objective to ascertain which variables, as shown by the area's superior inhabitants' happy lives, planned their overall health. Depression, isolation personality traits, recent physical activity, and provided weariness are predictors of individual satisfaction with life as judged via the Life Contentment Scale. Joy in life is an indicator of well-being and healthy aging, but it depends just as much on an individual's psychological and emotional well-being the way it can on their physiological health and frequency of physical activity. The primary fields for intervention are represented by these areas.

III. Research methodology

Research Approach: Quantitative Research Approach

Research Design: Descriptive Research Design

Target population: elderly people residing in Budhera, Gurugram, Haryana.

Sample size: 181

Sampling Technique: Enumerative sampling techniques

Research Setting: Budhera, Gurugram, Haryana.

Demographic variables: Age, Gender, Education, Occupation, Marital status, Monthly income, Number of children, Type of family, Religion, and disease condition.

Tool: Self – Structured Biological, Psychological and Social needs questionnaire was prepared for elderly people.

Research Variable: Biopsychosocial needs.

IV. Analysis and Interpretations :

			n = 181
S.NO.	**Demographic Variables**	**Frequency (f)**	**Percentage(%)**
1	**Age**		
	>70 Years	85	47.00%
	66 - 70 Years	34	18.70%
	60 - 65 Years	62	34.30%
2	**Gender**		
	Female	87	48.10%
	Male	94	51.90%
3	**Education**		
	No Formal Education	50	27.60%
	Primary Education	29	16.20%

	Secondary Education	78	43.30%
	High School Education	10	5.50%
	Graduate	8	4.10%
	Post Graduate	6	3.30%
4	**Occupation**		
	Employed	0	0.0%
	Self Employed	46	25.40%
	Unemployed	135	74.60%
5	**Marital Status**		
	Divorced/ Separate	3	1.60%
	Married	102	56.40%
	Unmarried	0	0%
	Widow/ Widower	76	42.00%
6	**Income**		
	15000 to 30000	41	22.70%
	Less than 15000	121	66.80%
	More than 30000	19	10.50%
7	**No. of Children**		
	0 to 2	65	35.90%
	3 to 5	114	62.90%
	>5	2	1.20%
8	**Type of Family**		
	Joint Family	170	93.90%
	Nuclear Family	11	6.10%
9	**Religion**		
	Hindu	175	96.60%
	Muslim	5	2.80%
	Sikh	1	0.60%
	Christian	0	0.00%
10	**Disease Condition**		
	Communicable	24	13.30%
	Non – Communicable	147	81.20%
	Nil	10	5.50%

Data presented in table 1, shows that the majority of the participants 85 (47%) were belonged to the >70 years followed by 62 (34.3%) were belonged to the 60 – 65 years and the remaining 34 (18.7) belonged to the 66 – 70 Years. With regard to the gender of the participants, 94 (51.9%) were males and 87 (58.1%) were females. As per the data regarding marital status, majority 102 (56.4%) were married followed by 76 (42.0%) were widow/ widower. The remaining accounted for divorced/ separated 3 (1.6%) of the participants. Data on type of family showed that 170 (93.9%) had joint families and remaining 11 (6.15) were staying in nuclear families. Data on the number of children showed that 114 (62.9%) had 3 to 5, followed by 65 (35.9%) had 0 to 2 and

remaining 2 (1.2%) had children more than 5. Data on the type of religion showed that 175 (96.6%) were Hindu, followed by 5 (2.8%) were Muslim and remaining 1 (0.6%) were Sikh. There was no participants who had their religion as Christian. Data on education showed that, 78 (43.3%) mentioned their education level as secondary education followed by 50 (27.6%) for no formal education. 29 (16.2%) had primary education, 10 (5.5%) had high school education, 8 (4.1%) were having primary education and remaining 6 (3.3%) were post graduates. With regard to occupation of the participants, majority 135 (74.6%) were unemployed, 46 (25.4%) were self - employed and remaining 0 (0.0%) were employed. As per the data on disease condition , majority of the participants 147 (81.2%) were suffering from non - communicable disease i.e. pain, fracture, diarrhea etc. followed by 24 (13.3%) communicable disease i.e. TB, Asthma, RTI etc. and remaining 10 (5.5%) had no disease condition.

Section 2 : Level of Biopsychosocial needs

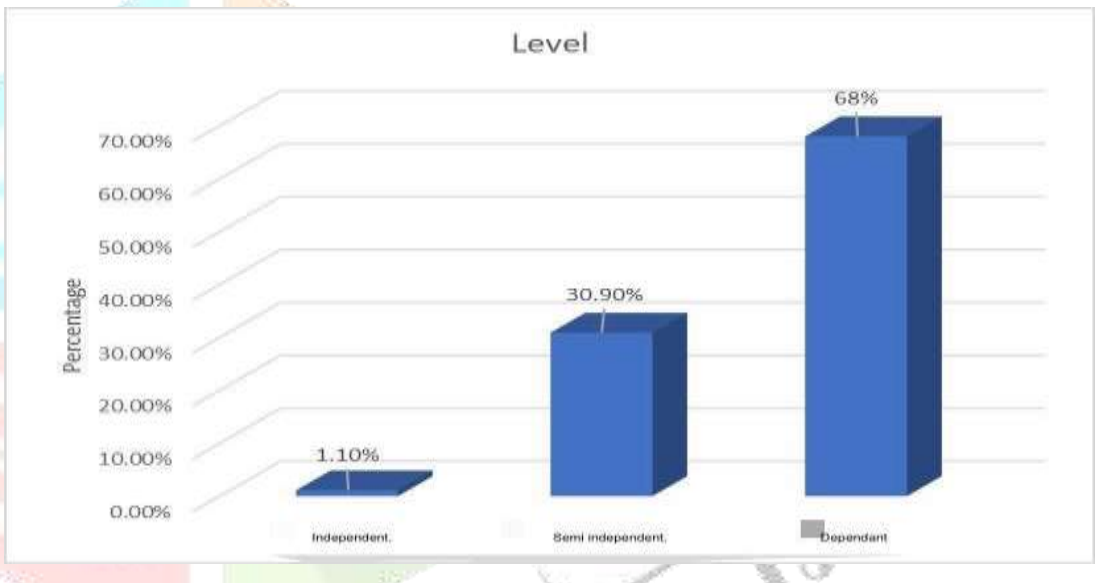

Fig 1 Bar Diagram showing levels of Biopsychosocial needs

The data presented in Figure 1 showing the elderly people who were dependent on others for their biopsychosocial needs to be fulfilled was found to be 68.0% whereas 30.9% were semi-dependent for their needs. Only 1.10% were found independent. The interpretation for Biopsychosocial needs are 0 to 20 indicates Dependent, 21 to 40 indicates Semi – dependent and 41 to 60 indicates independent.

V. Conclusion :

In the present study, the mean percentage of biological needs was 59.10% , psychological needs was 53.55% and social needs was 68.25%. In the present study, the majority of the participantswere dependent (68%) followed by semi dependent (30.90%) and independent (1.10%). In the present study, the majority of participants with 123 had dependent level followed by 56 had semi dependent level and 2 had independent level. The present study showed a moderate positive relationship between biopsychosocial needs (Kr=0.377) at 0.01 level of significance. In the present study showed that biopsychosocial needs

was significantly associated with age p<0.001. In the present study also showed a significant association between biopsychosocial needs and education (p<0.030). In the present study there was no significant association found between gender, occupation, income, number of children, type of family and religion. The results of the study revealed that majority of the participants 68% were dependent followed by 30.90% were semi - dependent and remaining 1.10% were independent . The study has shown a moderate positive relationship between biopsychosocial needs in elderly population at 0.001 level of significance (r=0.377).

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