



# STUDY TO ASSESS PSYCHOSOCIAL PROBLEMS AMONG ELDERLY RESIDING IN RURAL AREAS OF BLOCK PACHHAD, RAJGARH, DISTRICT SIRMOUR (H.P.)

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**Abstract:** Elderly population refers to the individuals aged 60 years and above. Psychosocial problems include broad spectrum of all complaints which are not strictly medical or somatic. They affect person's functioning in daily life, his or her environment or life events. The study aims at assessing psychosocial problems among elderly population of selected rural areas. Descriptive design was used for the present study, with the help of convenient sampling 80 samples were selected. Social Functioning Scale and Brief Psychiatric Rating Scale were used for data collection. The descriptive analysis was used for the analysis. Superiority of the population is independently competent but in terms of performance they need assistance in some aspects. About 4/5<sup>th</sup> of the elderly are unemployed, they stay back at home all the day. In families where the working members live far from their houses old people have to work to complete their routine and they are lonely. This aspect of the health needs awareness to be built in the society. Beside physical health, health workers needs to work on recognizing mental health and social problems as well and plan awareness campaign to educate people about mental health

**Key words:** elderly population, psychosocial problems

## I. INTRODUCTION

Ageing is a universal phenomenon experienced by every human being during the life period. It is an inevitable as well as irreversible demographic reality.

People in age group > 60 are considered as geriatric. It is further categorised as young old in age group 60-65, 66-75 years being the old, followed by >75 known as oldest and more than 100 the centenarian. Across the world the elderly population has raised within a short time period.

According to United Nations, 'if the proportion of population lying above 60 reaches 7 per cent of the total population of the country it is said to be ageing'. For the first time in the history people can think of living up to the age above sixties. According to WHO, "by year 2050 the elderly [population in the world may rise to 2 billion from 900 million in 2015<sup>1</sup>. By 2020 the elderly aged 60 and above will exceed the population of children under 5."

Long lives along with them bring number of opportunities for the elderly, their families and society as well. But the extent of these opportunities depends on a heavily factor called -HEALTH. WHO defines health as, "Health is a state of complete physical, mental and social well-being and not merely absence of disease or infirmity."<sup>2</sup> It is important to maintain all the health variables to have a healthy ageing process. As defined by WHO "Healthy ageing is the process of developing and maintaining the functional ability that enables wellbeing in older age." It includes the ability of an individual to meet his basic needs; learn, grow and make, decisions; to build relationships and become a productive member of society.

With the progress of ageing an individual begins to lose control over his functioning and has declined physiological, psychological and social functions. This downfall in the health functioning gives rise to problems like hearing problems, diminished vision, decreased cognitive functions, poor coping, reduced musculoskeletal functioning resulting in conditions like dementia, depression, etc. These problem leads to dependency of the elderly population on the working population, which is an increase in burden upon the adult age group.

In India, population of elderly is increasing at a high rate which is expected to continue for the decades further. According to a survey report, proportion of population above the age of 60 is projected to raise from 8 per cent in 2015 to 19 per cent by 2050. By the end of the century elderly with constitute about 34 per cent of population in the country. Himachal Pradesh, Maharashtra, Odisha and Punjab are the first runners in population aging.

According to J.D. Page, the normal senile changes include confusion, failing of memory, over concern about one's health, irritability, lessening of interest, heightened selfishness, anxiety, fear of death and restlessness. Today, if we take a look at old age it seems to be a time of depression and lots of challenges such as changes in family relationship, loss of job, death of close ones or friends. Loss of family and friends leads to loss of protective and supportive relationships making them feel abandoned, weak and vulnerable.

According to BKPAI survey data, indicates around 26 per cent of older men and 60 percent women do not have personal income which indicates elderly to work even during old age. In the year 2012-13 the NSSO estimated about 34 percent of old age people were working. Himachal having the elderly work participation more than 40 percent i.e., 48.8 %.

As the proportion of people growing old is increasing the demand about the knowledge of healthy ageing also raises along with it. Ageing has many domains to look upon as nutrition, physical health, the ability to perform activities of daily living, lifestyle, and psychological health. A cross sectional study conducted in Norway gave the conclusion that low levels of psychological distress in elderly is dependent on diet, smoking, social support and less problems performing instrumental activities of daily living.

It is first time in history that, no. of older adult outnumbers children under age 5yrs, in addition older adults live longer than ever before. one out of every 65 years old today will live past age 90 yrs, as people get older there is increased likelihood of them experiencing bereavement, most come through experience without the need for professional help but for some there are longer detrimental effect on physical and mental health.<sup>3</sup>

Meanwhile as people age, they experience some kind of changes or decline in health status which means that as age related changes set in, the elderly become challenged health wise and coping will become the only tool to move on in life.<sup>4</sup>

Considering these age-related changes in elderly population which accounts for the fastest growing sector of the global population, it is intended to dig deep in age related changes in elderly and how they are coping with them. In coping with these changes role of the nurses is very important.

Older people may experience life stresses common to all people, but also stressors that are more common in later life like a significant ongoing loss in capacities and decline in functional ability. For example older adults may experience reduced mobility, chronic pain, frailty or other health problems, for which they require some form of long term care. In addition, older people are more likely to experience bereavement or a drop in socioeconomic status with retirement. All of these stressors can result in isolation, loneliness or psychological distress in older people, for which they may require long term care.<sup>4</sup>

The older adults with physical condition usually have high rates of depression as the coping strategies used for the stressors are low. As people get older there is an increased likelihood of them experiencing bereavement, most come through the experience without the need for professional help, but for some there are longer lasting detrimental effects on physical and mental health. This may leave some elderly in a pattern of grief and mourning etc. which may occur as a result of avoidance of coping strategies.

Ageing has gained lots of attention over the years as the population of elderly keep rising, so as a result of this psychosocial needs and coping with it need to assess.

### **NEED FOR THE STUDY**

The state of wellbeing is a multifaceted phenomenon that directs to individual's feelings, and exploring the thoughts and perspectives of elderly is becoming an important area of research. With the advancement in the lifestyle the working population is more attracted towards modern settlement and they are having keen interest in adopting modern living. In order to have a well facilitated life and live an easy life the adults prefer to make their living in the urban settlements where the elderly find it difficult to adapt because of the environment they are adapted to earlier is more convenient for them. To live a healthy and peaceful life elderly prefer live back at their rural spots where they are left alone and vulnerable to health issues as they carry out their routine themselves. They do not have anyone close to them, so that they can talk and spend leisure time. Due to this reason today, we have so many old aged people having psychiatric illness those are left unrecognised and run their lives however it is possible for them.

To find out psychosocial problems of elderly associated with their life this study had been carried out by the researchers.

### **Statement of the study:**

A descriptive study to assess the psychosocial problems among elderly residing in selected rural areas of block Pachhad, Rajgarh, district Sirmour [H.P.].

**OBJECTIVES OF STUDY**

1. To assess the social problems among elderly residing in selected rural areas of district Sirmour.
2. To assess the level of psychological distress, present in elderly residing in local areas of district Sirmour
3. To develop health information pamphlet in order to create awareness among elderly related to coping strategies for psychosocial problems.

**OPERATIONAL DEFINITIONS**

- **Psychosocial problem:** Psychosocial problems include broad spectrum of all complaints which are not strictly medical or somatic. They affect the person's functioning in daily life, his or her environment or life events.
- **Elderly:** Individuals aged 60 years or above living in selected rural areas of district Sirmour.
- **Coping strategies:** Coping strategies refer to the methods used by elderly to overcome psychosocial problems.
- **Health information pamphlet:** A pamphlet providing knowledge regarding psychosocial problems and healthy ways to cope up with them.

**VARIABLES**

Psychosocial problems, knowledge, coping strategies.

**ASSUMPTIONS**

1. One third of elderly population will have psychiatric illness.
2. Elderly population will have impaired social functioning.

**DELIMITATIONS**

The study is limited to elderly people above 60 years of age residing in selected rural areas of district Sirmour.

**RESEARCH METHODOLOGY****Research approach and design:**

Quantitative research approach was used under which descriptive design was used to conduct this study.

**Research setting:**

The research setting selected for the conduction of study was the rural areas of block-Pachhad, district Sirmour.

**Population:**

Population is defined as entire set of individuals having common characteristics and are of common interest to the researcher.

- Target population: elderly people (>60 years of age)
- Accessible population: elderly population residing in selected rural areas of Block Pachhad, District- Sirmour (H.P.)

**Sample:**

The sample comprises of elderly people ageing more than 60 years of age residing in selected rural areas of Block Pachhad, District Sirmour (H.P.)

**Sampling technique:**

Purposive sampling was used for the selection of study subjects.

**Sample size:** 80

**Sample selection criteria:****Inclusion criteria:**

4. Elderly people ageing >60 years.
5. Elderly living in rural areas.
6. Elderly willing to participate in the study.
7. Elderly who can understand Hindi.

**Exclusion criteria:**

1. Elderly those who are not present at the time of data collection.
2. Elderly who cannot participate due to any disability and illness.

**Data collection instruments:****Selection of tool: the tool used to collect data in this study are:**

Section A: Socio-demographic data sheet (constructed by researcher).

Section B: Social functioning scale

Section C: Brief psychiatric rating scale

**3. Description of tool:****Section A: Socio-demographic sheet**

**Section B:** Standardized Social functioning scale

**Section C:** Standardized Brief Psychiatric Rating Scale was used to assess psychological functioning among elderly.

#### IV. RESULTS AND DISCUSSION

The results are as; majority of the participants 75% in the study belonged to age group 60-70 years. Most of the population 55% participating comprised of females. Elderly population in the study had 44 (55%) people who had no formal education, followed by 20 (25%) educated till primary school, whereas only 14 (17.5%) had completed their high school; and 1 (1.3%) senior secondary educated, among all the participant only 1 (1.3%) candidate had completed graduation. Results of occupational variable shows that most of the elderly 49 (61.3%) are unemployed followed by 21 (26.3%) those are retired. 3 (3.8%) participants are government employees, 2 (2.5%) working in private sector and 5 (6.3%) are self-employed. In terms of marital status majority of the elderly 48(60.0%) have their spouses to accompany them, whereas 26 (32.5%) are widows/widowers followed by 6 (7.5%) those have been divorced. Majority of subjects 60 (75%) have more than 3 children; 13 (16.3%) 3 children; 3 (3.8%) 2 children; 3 (3.8%) having only 1 child and 1 (1.3%) childless. Most of the elderly 38 (47.5%) had family monthly income <15,000, 22 (27.5%) having income ranging 31,001-45,000; followed by 14 (17.5%) with 15,001-30,000 monthly earning, a few of them 3 (3.8%) having income ranging 45,001-60,000 per month and 3 (3.8%) earning  $\geq$ 60,000. The majority of elderly 77 (96.3%) are residing in their own houses, 1 (1.3%) housing on rent and 2 (2.5%) residing in old age homes. Among all the subjects most of them 64 (80.0%) have medical illnesses like hypertension, diabetes, hearing problems, visual defects and arthritis. 12 (15.0%) have surgical problems like eye surgeries for cataract, hysterectomy and cholelithiasis followed with mental illness in 4 (5.0%) people. Minor population 28 (35.0%) has experienced social problems like domestic violence whereas most of them have good social life.

##### Results related to loneliness:

33 (33.6%) of adolescent are often feel that they are Intune with people around them. 8(8.2%) of adolescent are often feel that they have lack of companionship. 9.2% of adolescent are often feel that there were no one whom that they can trust. 14.3% of adolescent often feel alone. 36.7% of adolescent often feel that they are a part of group of friends. 17.3% of adolescent often feel that they have common with the people around them. 13.3% of adolescent are often feel that they are no longer close to any one. 13.3% of adolescent are often feel that their interesting ideas are not share by those who around them. 26.5% of adolescent are often feel outgoing and friendly. 18.4% of adolescent are often feel that they are close to people. 13.3% of adolescent are often feel left out. 15.3% Of adolescent often feel that their relationship with others are meaningful. 28.6% of adolescent often feel that no one really knows them well. 11.2% of adolescent often feel isolated from other. 9.2% of adolescent are often feel that people are around them but not with them. 21.4% of adolescent often feel that there are people who understand them.18.4% of adolescent often feel shy. 19.4% of adolescent often feel that there are people with them they can talk. 17.3% of adolescent often feel that there are people with them they can turn to.

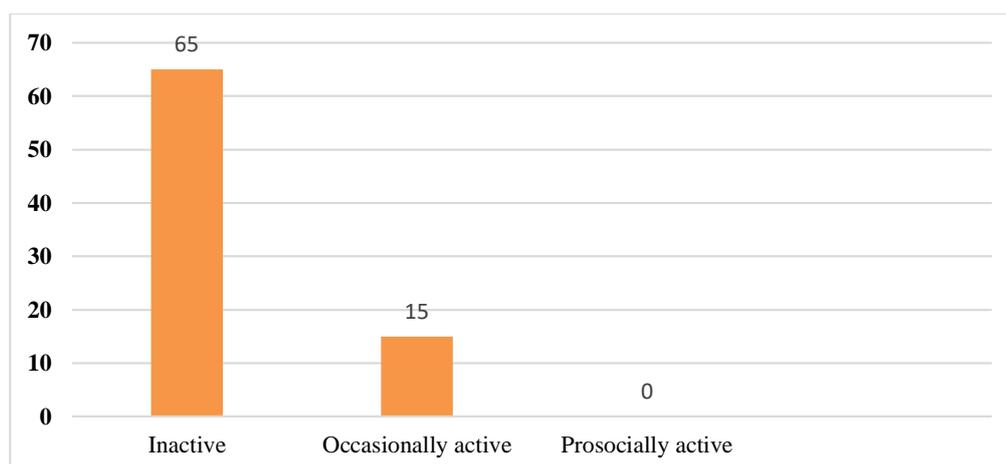
#### SOCIAL FUNCTIONING AMONG ELDERLY

**Table 1: Frequency and percentage distribution of level of withdrawal among elderly N=80**

S. No.	Level of withdrawal	Frequency (n)	Percentage (%)
1.	High risk of social isolation (0-5)	0	0.0%
2.	Low risk of social isolation (6-10)	16	20.0%
3.	Socially healthy (11-15)	64	80.0%

**Table 2: Frequency and percentage distribution of interpersonal functioning among elderly. N=80**

S. No.	Interpersonal functioning	Frequency (n)	Percentage (%)
1.	Poor interpersonal functioning (1-9)	1	1.35
2.	Average interpersonal functioning (10-18)	37	46.3%
3.	Good interpersonal functioning (19-27)	42	52.5%



**Fig.1: Percentage Distribution of Interpersonal Functioning among elderly**

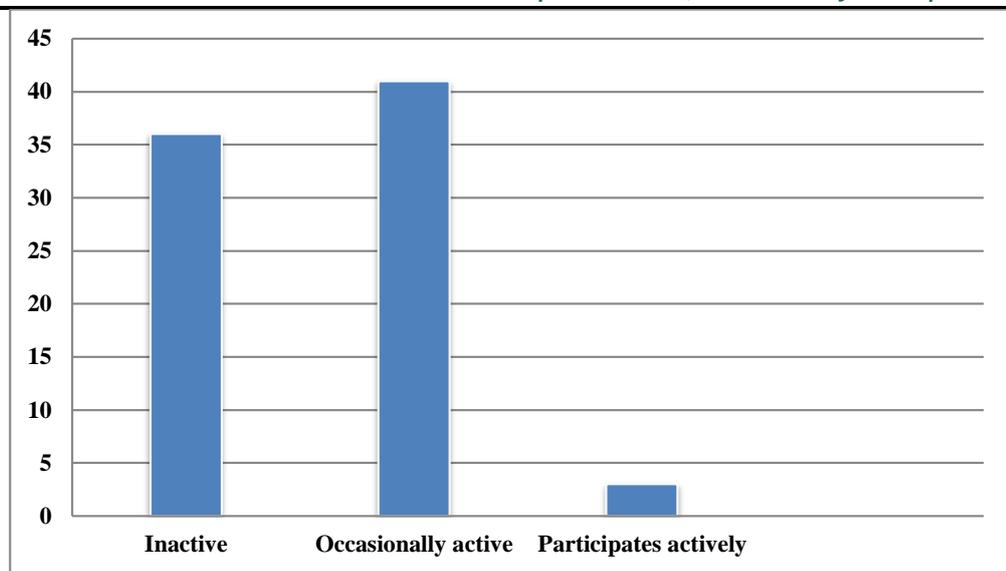


Fig 2: Percentage distribution of Recreation activities among elderly.

Table 3: Frequency and percentage distribution of level of independence in terms of competence among elderly. N=80

S. No.	Level of independence (c)	Frequency (n)	Percentage (%)
1.	Dependent (1-13)	1	1.3%
2.	Moderately dependent (14-26)	18	22.5%
3.	Independent (27-39)	61	76.3%

### SECTION C: PSYCHOLOGICAL DISTRESS AMONG ELDERLY RESIDING IN RURAL AREAS

As per the Brief psychiatry rating scale results majority of population 74(92.5%) has been identified with mild psychological distress followed by 6(7.5%) suffering from moderate psychological distress.

#### DISCUSSION

In the present study majority of the population 36 (45%) participated were females and 44 (55%) were males. In a study conducted in old age homes the total population in the study was 148 and majority 93 (62.8%) comprised of female candidates as well followed by males being 55 (37.2%) rest of the proportion. In this study the age groups were 60-70 years; 60 (75%), 71-80 years; 17 (21.3%), 81-90 years; 3 (3.8%) 90 and above respectively. In the other study the age groups included were 60-65 years, 65-70 years, 70-75years, 75-80 years and 80-85 years. The frequencies of the age groups were as follows 28 (18.9%), 38 (25.7%), 29 (19.6%), 19 (12.8%), 34 (23%).<sup>26</sup>

In the study majority of the population 48 (60.0%) are having their spouses as their companions, followed by 26 (32.5%) those are widowers and 6 (7.5%) divorced. In the study the superiority of the population 105 (70.9%) were widow/widowers and 132 (89.2%) were not living with their partners. The educational status of the samples of current study is as: most of the population is illiterate i.e., 44 (55%), 20 (25%) having primary education, 14 (17.5%) secondary education and 1 (1.3%) those have cleared with senior secondary and graduation each. In the following study educational status reflected that total 45 (30.4%) were illiterate followed by 41(27.7%) with secondary education and 37 (25%) those were graduates.

#### II. ACKNOWLEDGMENT

The present study reveals that majority of elderly population has mild psychiatric illness and a few of them are at moderate level as well. But these factors are left unknown in the society as people are not aware about mental health and importance of mental health. Most of the elderly are socially active and have good interpersonal relationships whereas they do not participate in prosocial activities actively. Even though recreational activities are still being done actively as compared to prosocial activities. They need to participate to have good social interaction and company to share their problems. Superiority of the population is independently competent but in terms of performance they need assistance in some aspects. About 4/5th of the elderly are unemployed, they stay back at home all the day. In families where the working members live far from their houses old people have to work to complete their routine and they are lonely. This aspect of the health needs awareness to be built in the society. Beside physical health, health workers needs to work on recognizing mental health and social problems as well and plan awareness campaign to educate people about mental health.

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