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Manisha Gholap

Krishna Institute of Nursing
Sciences, Karad Krishna
Institute of Medical Sciences
Deemed To Be University,
Karad, Maharashtra, India

Mahesh Chendake

Krishna Institute of Nursing
Sciences, Karad Krishna
Institute of Medical Sciences
Deemed To Be University,
Karad, Maharashtra, India

Corresponding Author:

Manisha Gholap

Krishna Institute of Nursing
Sciences, Karad Krishna
Institute of Medical Sciences
Deemed To Be University,
Karad, Maharashtra, India

Assess psychosocial problems of geriatric population

Manisha Gholap and Mahesh Chendake

Abstract

Background of the study: In India so many problems are faced by the geriatric peoples. Psychological problems are integrated of our health care system. Most of the times it ignored by the family members. So early identification of problems are necessary to improve quality of life of these people.

Objectives: Study revealed with the objectives of Assess psychosocial problems of geriatric population among nuclear verses joint family in selected rural area”.

Material and Methods: Descriptive study done in rural area on 100 samples with self-prepared questionnaire which was validated by experts. Ethical permission taken before conduction of study. Samples collected according to inclusion criteria. With convenient sampling techniques. Data collection with interview technique all the information given to the samples before conduction of study. Scale prepared to measure psychological problems (0-12 normal, 12-36 mild to moderate psychological problem, 36-48 severe psychological problems. 1.85% are in severe psychological problems.

Results: In the study according to Scio demographic variables majority of people are in the age group of 66-70 (46.29%), joint family majority (61.11%), males ((68.51%), nuclear family (69.56%), in the diet (57.40%), majority of family members are (72.22%).

In the psychological problems 70.37 % subjects in joint family and 63.04 % subjects in nuclear family, 36.95% mild psychological problems, p value is 0.5235there is no significant association with psychological problems of old age.

Conclusion: Elderly people are suffered with loneliness, economic insecurity, nobody was showing respect toward them. But family members support to them then person can overcome from this problems.

Keywords: Elderly people, psychological problem, social problems.

Introduction

In India most of the elderly people are in isolation. Nobody was there to talk with them. They are facing problems like anxiety, depression, agitation, dementia, and also dominated by negative thoughts. There was generation gap from younger and older ones. It is necessary to explore their problems and treat them properly. In rural area primary health workers has to be trained to identify the mental problems and treated earliar ^[1-4].

Psychosocial issues more concern with the elderly people along with some medical diseases like Hypertension, cardio vascular diseases. Some respiratory conditions this condition also leads to loneliness. holistic approach were must to treat them ^[2].

Today most of the joint families are converted into nuclear family. They want to increase their living standards. In addition for the elderly people nobody giving respect to them this lead to withdrawn from the society lead to isolation. Good communication system has to be develop involve them in decision making show respect toward them give care when they ill at home. When serous issue are present related with health then hospitalization is must to them ^[3].

Most of the elderly not affected with depression but chronic factors are responsible like chronic disease condition, restricted mobility, and self-neglected personal hygiene, associated with cognitive impairment. But if proper health care will help them to improve quality of life of elderly person. Different governmental policy has to implement like Ayushman Bharat to protect their needs and create awareness among the rural people to protect them ^[5, 6].

Some social factors are also responsible like lack of support, low economy, changing family structure lack of health care facility,

increasing cost effectiveness care. Social welfare was necessary to ensure good life and maintain dignity [7-10]. Suicides are very common in elderly adults. Because they are suffering with so many physical comorbid illnesses, mental illness family burden of psychiatric illness and lack of facilities available to treat the physical disorders. People are unaware of use of adapting coping strategies during stress time. Quality of life also varies low. According governmental policy survey has to be done to identify these vulnerable people and assuring them for pension and compulsory health insurance [8].

Methods

Present study done to assess the psychological problems of geriatric population among nuclear verses joint family in selected rural area. Samples selected above age of 60 elderly people with convenient sampling method done. Ethical

permission taken before data collection. samples selected according to inclusion criteria of the study. Information given to samples about the study and then included in the study. Self-prepared questionnaire was used to assess the psychological problems of elderly person and used for data collection which was validated by experts. Samples included in the study those knows Marathi. Psychological problems divided into classification like normal mild, modrate and severe (scoring done 0-12 normal 13-24 mild 25-36 moderate 37-48 severe psychological problem.) data analysed according to objectives of the study. Tool prepared. Section A: Scio-demographic Variables. Section B: Structured questionnaire to assess the psychological problems among old age person.

Results

Table 1: Demographic data according to sample characteristic

n=100

Sr. No	Socio-demographic variables	Joint Family	%	Nuclear family	%
1	Age in years				
	60to65	0	0	1	2.17
	66to70	25	46.29	23	50
	71 to 75	12	22.22	10	21.73
	76to85 and above	17	31.48	12	26.08
2	Gender				
	Male	17	31.48	18	39
	female	37	68.51	28	61
3	Religion				
	Hindu Maratha	12	22.22	8	17.19
	Kumbhar	10	18.51	10	21.73
	Sutar	11	20.37	9	19.56
	Ramoshi	10	18.51	10	21.73
	Dhangar	11	20.37	09	19.56
4	Education				
	Illiterate	33	61.11	25	54.34
	Primary	16	29.62	16	34.78
	Secondary	3	5.55	3	6.52
	Higher secondary	2	3.70	2	4.34
	Graduate	0	0	0	0
	Post graduate	0	0	0	0
5	Occupation				
	Farmer	14	26	17	37
	Own business	0	0	2	4.34
	House wife	39	72.22	26	56.52
	Service	1	1.85	1	2.17
6	Monthly family Income				
	Less than 3000	36	67	32	69.56
	3001-6000	7	12.96	12	26.08
	6001- 9000	5	9.25	2	4.34
	9001 &above	6	11.11	0	0
7	Type of family	54	54	0	0
	Joint	46	46	0	0
	Nuclear				
8	Type of diet				
	Vegetarian	15	27.77	21	45.65
	Mixed	39	72.22	25	54.34
9	Marital status				
	Married	23	42.59	30	65.21
	Unmarried	0	0	0	0
	Widow/widower	31	57.40	16	34.78
	Divorced	0	0	0	0

In the above table shows are in 76-85 years of age and above 12(26.8%), females are more 28(61%), Hindu and ramoshi are equal 10(21.73), maximum peoples are illiterate

25(54.34%), maximum are house wife's 26(56.52%), monthly income less than 3000 are more 32(69.56%), most

of the families are joint family, 54(54%) maximum are in mixed diet 25(54.34%) married are 30(65.21%).

Table 2: Distribution of subjects according to Psychological problems of old age in nuclear verses joint family

n=100

Score	Joint Family		Nuclear family		P value
	N	Percentage	N	Percentage	
0-12 normal	38	70.37%	29	63.04%	0.5235
13-24 mild	15	27.77%	17	36.9%	
25-36 moderate	0	00%	00	00	
37-48 severe	1	1.85%	00	00	

In above -Joint family table shows 38 (70.37%) normal no any psychological problems. 15(27.77%) of people are in mild psychological problems. only 1(1.85%) of people had severe psychological problem.

In nuclear family 29(63.04%) of people are normal and 17(36.9%) of people shows mild psychological problems. p value is 0.5235 which shows there is no significant psychological problems of old age.

Table 3: Association between selected socio-demographic variables and Psychological problems of old age

n=100

Sr. No.	Socio-demographic Variables	Psychological problems				P value
		Normal	Mild	Moderate	severe	
1	Age					0.2060
	60-70years	31	19	0	1	
	71-85 years	36	13	0	0	
2	Sex	27	8	0	0	0.1256
	Male	40	24	0	1	
	Female					
3	Educational status					1.0000
	Illiterate	38	17	0	0	
	Literate	29	15	0	1	NS
4	Income					0.6489
	₹3000	47	20	0	0	
	₹3000	20	11	0	1	
5	Type of family	38	15	0	1	0.5235
	Joint family	29	17	0	0	
	Nuclear family					
6	Marital status					0.3943
	Married	38	15	0	0	
	Widow/widower	29	17	0	1	

NS – Not Significant; S – Significant.

As per above table there was no any association with any Scio demographic variables and psychological problems of elderly people.

Discussion

In present study shows maximum elderly person are in 76-85 years of age 12(26.8%), females are more 28(61%), Hindu and ramoshi are equal 10(21.73), maximum peoples are illiterate 25(54.34%), maximum are house wife’s 26(56.52%), monthly income less than 3000 are more 32(69.56%), most of the families are joint family, 54(54%) maximum are in mixed diet 25(54.34%) married are 30(65.21%).

Joint family 38 (70.37%) normal no any psychological problems. 15(27.77%) of people are in mild psychological problems. In nuclear family 29(63.04%) of people are normal and 17(36.9%) of people shows mild psychological problems. p value is 0.5235 which shows there is no significant psychological problems of old age.

Similar study done in Karnataka Govindarajan VA, Banavaram AA, Arjunan I. (2019). To assess the psychological status of elderly person. Total 510 samples selected as a samples with cross sectional study design was used. Mini-mental status examination. And geriatric depression scale was used to assess the depression. Results shows that 32.6% of people present depression which was higher in rural rather than urban that is 30.4% bur there was not significant differences shown among rural or urban people. This study was similar to my study [11].

Similar Cross sectional descriptive study done by Rajesh Kumar Seth. (2017). On 271 elderly people. Study done to psychological problems along with morbidity pattern. All the samples selected with the age of above 65years of age with semi structured interviewed result shows 66.2% of people falls in sick more than 12 months. From that 81.8% of people had joint pain in females 64.7%.45.7% of male satisfied in life where 45.55 were not. 51.8% of people had emptiness in their life [12].

Similar study descriptive study done by Tracy B. E. Omorogiuwa. (2016). To explore the psychosocial problems among elderly people. All the 372 samples selected for study were randomly selected with above age of 62.results people shows highest mean value of socioeconomic 2.75 and health problems mean value 2.69, social problems mean value. 2, 74 so as per findings psychosocial functioning has to improve in elderly people [13].

Contradictory Cross sectional study done in Mysore by Prakash B Prashantha B, Shraddha K. (2012). To assess the prevalence’s of psychosocial problems among elderly in urban population. Samples selected for study was 526 with above age group of 60 years. Result shows anxiety and insomnia 2.4%,in male and 4% in female,somatic symptoms in 2%,severe depression in 1.1%.mental illness were present with all aged people with more than age of 75years [14].

Contradictory study found in Karnataka. Study done to found psychiatric disorder among rural geriatric population by Sreejith S. N, Pooja Raghunath, Sreekanth S. N. (.result shows out of 152 samples females have higher prevalence’s of mental disorder96 (77.6%) and in male 72(42.4%). anxiety and depression common disorder found in both population along cognitive impairment found in population those above 80 years of age [15].

Conclusion

Based on the study findings conclusions were drawn that elederly person had problems with most of the in joint family, because most of them are in low socioeconomic problems. They are not able to fulfil their basic need along with health problems of this persons. So these people are neglected on lack of love and affection towards them. But it was necessary to give proper care to them and respect and this will help them to reduced stress and depression.

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