



The Study of Psycho-Social Status of the Elderly People in Rural Area

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Financial Support: None declared

Conflict of Interest: None declared

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How to cite this article:

Bhalge U, Gaikwad B. The Study of Psycho-Social Status of the Elderly People in Rural Area. Natl J Community Med 2019; 10(6): 346 - 350.

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Date of Submission: 09-04-19

Date of Acceptance: 20-05-19

Date of Publication: 30-06-19

ABSTRACT

Background: Ageing is a physiological process which is associated with progressive degeneration of all organs and tissues of the body.

Objectives: To study the psychosocial status among elderly male and female people in rural area.

Materials and Methods: The present cross sectional study was undertaken in field practice area of Rural Government Medical College to study psychosocial status of Geriatric population. All the elderly (60 years of age and above) were included in present study.

Results: Total number of elderly enlisted in study was 442 which are 8.65% of the total population. Out of which number of elderly studied were 393. In the present study 224 (57.00%) were having leisure time activity at home while 169 (43.00%) outside home. Family members of 316 (83.60%) elderly used to honor their advice while family members of 62 (16.40%) elderly used to ignore their advice. 168 (42.75%) were having feeling of loneliness.

Conclusions: More number of elderly females had feeling of loneliness as compared to elderly males. Majority were having sad attitude towards life. Loneliness was found to be main reason for sad attitude towards life.

Keywords: elderly, psychosocial, geriatric

INTRODUCTION

The twenty-first century is often called the age of ageing.¹In the words of Seneca; "old age is an incurable disease", but more recently, Sir James Sterling Ross Commented: "You do not heal old age. You protect it, you promote it, and you extend it".²

Ageing is a physiological process which is associated with progressive degeneration of all organs and tissues of the body. The rate at which degeneration occurs does not strictly follow the chronological age. There are ethnic, racial and genetic differences amongst individual. The biological age and chronological age do not show any correlation, although they are closely related to each other.³

Geriatrics is the study of medical aspects and care of elderly.⁴In 1980, United Nations recommended

60 years as the age of transition to the elderly segment of the population.⁵

Since 1950, the proportion of the world's population aged 60 years and over has changed from one in thirteen to one in ten, with some developing countries ageing faster than developed countries. It is projected that by the year 2050 this figure will increase to one of five and by 2150 it will be one out of three.¹

The change in demographic picture can be attributed to lowering of birth and death rates and increased life expectancy. This positive outcome due to improved knowledge about preventive and curative health care, availability of health services to larger segment of population through public and private agencies and improved delivery system. Thus, the dream to live long is now becoming

reality. Paradoxically when this dream is coming true, there are problems that arise and overshadow the joys of longevity and affect the social, economic and physical well being of individual, families and the societies in which they live. 33.07 percent of the elderly in India are without their life partners. The widowers among men are nearly 14.98 percent as against 50.06 percent widows among women.⁶

Elderly people are highly prone to mental morbidities due to ageing of brain, problems associated with physical health, cerebral pathology, socio-economic factors such as breakdown of the family support system, and decrease in economic independence. The mental disorders frequently included are dementia and mood disorder. Other disorder includes neurotic and personality disorders, drug and alcohol abuse delirium and psychosis.⁷

Elderly are vulnerable to long term diseases of insidious onset such as cardiovascular illness, CVA, cancers, diabetes, musculoskeletal and mental illnesses.²

Urbanization, nuclearisation of family, migration and dual career families are making care of the elderly more and more of personal and social problems in India.⁸

Keeping in view of all these facts, it was decided to study psychosocial status of elderly population in field area of rural government medical college.

MATERIAL AND METHODS

The present cross sectional study was undertaken in field practice area rural government medical college to study psychosocial status of Geriatric population. All the elderly (60 years of age and above) were included in present study. The total population of field practice area was found to be 5112. Total number of elderly enlisted in study was 442 (8.65%) of the total population. Out of which 393 elderly were studied. Remaining 49 were not available for study because of temporary migration and were excluded from the study.

All the elderly (60 years of age and above) were included in present study. Those who were not available for study because of temporary migration were excluded. Houses which were permanently locked or who have transferred their residence or elderly who cannot be contacted after three successive visits to their homes were excluded.

METHOD

All the elderly of 60 years and above were first enlisted from house to house survey with the help

of Voters ID and other available record. Initially the pilot study was carried out in the field practice area for pretesting the pro forma and necessary modifications were made in pro forma and same was finalized. For identification and initial contact, the help of the medical social worker was obtained. Family members were explained about the purpose of the study and efforts were taken for their maximum co-operation in the study. The investigator paid house to house visit and interviewed all the 393 study subjects. Pre-tested structured questionnaire was used to obtain information about name, age, sex, marital status, education, occupation, living arrangement, attitude towards life, feeling of loneliness, leisure time activities etc from the study subjects.

Statistical Analysis: Analysis was done by using percentages, Chi-square test, Test of significance of difference between two means and Test of significance of difference between two proportions.

RESULTS

Table 1 shows distribution of elderly according age and sex. Total 393 elderly people were participated in the study. The age of elderly ranged from 60-100 years. The majority (59.55%) of the subjects were in the age range of 60 -69 years. The percentages of elderly females were more as compared to elderly males. The ratio of male to female elderly was 1:1.18. The mean age for elderly males was 69.30 ±6.40 and mean age for elderly females was 69.10 ± 6.90 and this difference was not found to be statistically significant (Z= 0.29, p > 0.05).

Table 1: Distribution of Elderly According to Age and Sex

Age in Years	Male (%) (n=180)	Female (%) (n=213)	Total (%) (n= 393)
60-64	53 (29.45)	74 (34.74)	127 (32.32)
65-69	51 (28.33)	56 (26.29)	107 (27.23)
70-74	40 (22.22)	35 (16.43)	75 (19.08)
75-79	25 (13.89)	31 (14.56)	56 (14.25)
80 +	11 (6.11)	17 (7.98)	28 (7.12)
Total	180 (45.8)	213 (54.2)	393 (100)

Table 2 shows Significantly higher proportion of male prefer activities outside home compared to female during their leisure time (p<0.001). Family members of 316 (83.60%) elderly used to honor their advice. Significantly more number of elderly females (Z=4.86, p<0.01) had feeling of loneliness as compared to elderly males. Higher proportion of female were having sad attitude towards life compared to male. Significant association was found between attitudes towards life and sex of elderly (χ² =36.70, p<0.001).

Table 2: Distribution of elderly according to psychosocial profile

Variable	Male (n=180) (%)	Female (n=213) (%)	Total (n=393) (%)	x ² value	P value
Leisure time activities					
At Home	88 (48.89)	136 (68.85)	224 (57)	8.90	<0.01
Outside Home	92 (51.11)	77 (36.15)	169 (43)		
Response to advice given					
Honored	155 (87.08)	161 (80.50)	316 (83.60)	2.97	>0.05
Ignored	23 (12.92)	39 (19.50)	62 (16.40)		
Feelings					
Loneliness	54 (30.00)	114 (53.52)	168 (42.75)		
Neglected	44 (24.44)	54 (25.35)	98 (24.94)		
Attitude towards Life					
Happy	82 (45.56)	37 (17.37)	119 (30.28)		
Sad	98 (54.44)	17 (82.63)	274 (69.72)		

*15 participants (2 male and 13 female) were living alone.

Table 3: Distribution of elderly according to reasons for sad attitudes towards life (n=274)

Reasons for sad attitude	Male (n=98) (%)	Female (n=176) (%)	Total (n=274) (%)
Loneliness	54 (55.11)	114 (64.77)	168 (61.31)
Illness	27 (27.55)	36 (20.46)	63 (22.99)
Poverty	9 (9.18)	6 (3.41)	15 (5.48)
Loss of spouse	1 (1.02)	5 (2.84)	6 (2.19)
Family problem	4 (4.08)	9 (5.11)	13 (4.74)
Others	3 (3.06)	6 (3.41)	9 (3.29)

(*Out of 393 participants 274 elderly people responded to sad attitude)

Table 4: Distribution of Elderly According to Loneliness and Living Arrangement (n=168)

Living Arrangement	Feeling of Loneliness		Total (%)
	Male (%)	Female (%)	
With spouse & children	33 (42.86)	44 (57.14)	77 (100)
With spouse only	17 (43.59)	22 (56.41)	39 (100)
With children only	2 (5.41)	35 (94.59)	37 (100)
Alone	2 (13.34)	13 (86.66)	15 (100)
Total	54 (32.14)	114 (67.86)	168 (100)

(*Out of 393 participants 168 elderly people responded to feeling loneliness)

χ² =24.91, df =3, p< 0.001 Rows 4 and 5 are pooled together.

Table 3 shows reasons for sad attitudes towards life. Loneliness was found to be main reason for sad attitude followed by illness, poverty, loss of spouse, family problems,

As shown in table 4, higher proportion of female (68.86%) having feeling of loneliness as compare to male (32.14%), revealing association between living arrangements and feeling loneliness (p<0.001).

DISCUSSION

Psychosocial profile (Table two)

In the present study 224 (57.00%) were having leisure time activity at home while 169 (43.00%) out-

side home. Family members of 316 (83.60%) elderly used to honor their advice while family members of 62 (16.40%) elderly used to ignore their advice. 168 (42.75%) were having feeling of loneliness. Among them 114 (53.52%) females and 54 (30.00%) males were having feeling of loneliness. Significantly more number of elderly females (Z=4.86, p<0.01) had feeling of loneliness as compared to elderly males. 98 (24.94%) were having feeling of neglect.

The finding of present study was comparable with following studies. B. S. Garg et al (1981)⁹observed that 28.4% felt to be indifferently treated, 33.3 % felt as neglected and the remaining 46.3% felt respects in the family. U. C. Parvan et al (1983)¹⁰reported that only 18 (7.5%) complained that their advise was not sought in important family matter.S. Kishore and B.S. Garg (1997)¹¹reported that out of 600 aged persons 139 (31.5%) had feeling of neglect and 146 (24.3%) had a complaint of feeling of loneliness. The finding of other studies was partially comparable with following studies.P.K. Goel et al (2003)¹²observed that out of 32.2% were feeling lonely, family member of 66.1 % elderly used to honours their advise while family member 33.9% elderly used to ignore their advise .69.5% of elderly were having leisure time activity at home while 30.5% outside home..

Rahul Prakash et al (2004)²reported that out of total 300 elderly 23.3% were facing loneliness. 40 (21.05%) males and 30 (27.3%) females had loneliness. 22 (20%) females had feeling of neglected. N. Singh et al (2009)¹³found that 16.8% elderly were feeling lonely. Advice was honored in 88.4% cases and ignored in 11.6%. Family members of 91.4% honour advice given by elderly males. Family members of 14.3% ignore advice given by elderly females. The finding of other studies was not comparable with following studies. SPS Bhatia (2007)¹⁴revealed that females had higher (72.8%) mean score on loneliness than males (65.6%).

Lena et al (2009)¹⁵ observed that Out of 213 studied, 57.3% felt neglected by family members sometimes and 4.7% always. In the present study, most of elderly were having leisure time activity at home as they spend leisure time with their grandchildren. Family members of many elderly used to honour their advice as there is some respect for older persons in rural area.

The contributing factors for higher loneliness in females may be loss of companion, less social contact, misbehavior by family members and illness at that age.

Attitudes towards life: (Table: 3) In the present study 119 (30.28%) were having happy attitude towards life whereas 274 (69.72%) were having sad attitude towards life. 98 (54.44%) males and 176 (82.63%) females were having sad attitude towards life. There is association between attitudes towards life and sex of elderly ($p < 0.001$). In the present study loneliness 168 (61.31%), illness 63 (22.99%), poverty 15 (5.48%), family problems 13 (4.74%), loss of spouse 6 (2.19%) were common reasons for sad attitude towards life. The finding of the present study was partially comparable with the following authors. Lena et al (2009)¹⁵ revealed that 47.9% felt unhappy in life, 48% of the respondents felt sad mainly because of poverty 47.9% followed by illness 41.3%. N. Singh et al (2009)¹³ observed that the attitudes of 42.2% elderly towards life were favorable, 32.7% elderly had neutral attitude and 25.1% elderly had unfavorable attitudes towards life. Among the elderly having unfavorable attitudes towards life, the reasons were illness 73.1%, loneliness 68.8%, loss of spouse, 24.7%, poverty 16.1% and liabilities 4.3%. The finding of the present study was not accordance with the following authors. P.K. Goel et al (2003)¹² reported that 55.1% of elderly were sad attitude towards their lives and 44.9% were having happy attitude and main reason for sad attitude was loss of spouse 49.2% and illness 44.1%. In the present study, most of the elderly females were having sad attitudes toward life than elderly males. The common reason being loneliness, death of spouse, illness.

Loneliness with living arrangement: (Table: 4)

In the present study, significant association was found between feeling of loneliness and living arrangement ($\chi^2 = 24.91$, $p < 0.001$). SPS Bhatia (2007)¹⁴ reported that loneliness was significantly higher among the aged who lived alone as compared to that who lived with spouse or with their family.

The reason may be that though the widowed live with their families, they may be ignored in their homes. Elderly living with spouse, children were

having more emotional satisfaction than alone or widowed.

CONCLUSION

In the present study we conclude that there was a higher proportion of male prefer activities outside home compared to female during their leisure time. Majority were having sad attitude towards life. More number of elderly female had feeling of loneliness as compared to elderly males. Loneliness was found to be main reason for sad attitude towards life.

ACKNOWLEDGEMENTS

Authors sincerely thank all the participants who were involved in the study.

Ethical approval: The study was approved by the Institutional Ethics Committee

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