

**Original article:**

## **A study of socio-psychological aspects of health of elderly in the village naagkalan, threawal block of district amritsar**

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Date of submission: 10 November 2014 ; Date of Publication: 15 December 2014

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### **Abstract:**

**Background and objectives:** Ageing in human refers to multidimensional process of physical, psychological and social change. Besides physical morbidities and disabilities, two other important components, psychological and social aspects of health are completely ignored. So this study was undertaken to explore these factors and family support among elderly.

**Materials and Methods:** In this cross-sectional study, 300 subjects aged 60years and above were studied over a period from 1<sup>st</sup> January 2014 to 31<sup>st</sup> August 2014. They were interviewed with the help of pretested and pre-structured questionnaire regarding their satisfaction towards life and other factors. The data collected was statistically analysed using Epi info.7

**Observation and Results:** Out of the total subjects, maximum were in the age group of 60-6 years. Majority of the respondents were satisfied regarding fulfilling their duties of raising their children. 76.33% felt that family will be the source of help in crisis situation and 22.33% said that none or only god is going to help them and this was found to be statistically significant with their education status. In case of 63.33% of subjects, decision makers were others in the family. Majority had friend circle and only 4% were members of any social group. It was observed that those who had friend circle were not in need of any association with social group/organization

**Conclusion:** In the present study, majority of the respondents were satisfied in life regarding fulfillment of duties towards their children and family support was still the major support system especially in literates. In 63.33% decision makers were others in the family. Although majority of respondents had social contact with their neighbours and friends, but very few (only 4%) of them were members of any social group/organization.

**Keywords:** elderly, socio-psychological problems, health

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### **Introduction:**

Ageing is generally defined as a biological process of alteration in the functional capacity of an individual that results from structural changes, with advancement of age. Ageing in human refers to multidimensional process of physical, psychological and social change. Ministry of Social Justice and Empowerment, Government of India adopted 'National Policy on Older Persons' in January, 1999.

The policy defines 'senior citizen' as a person who is 60 years old or above.

The world health day theme in 2012 was "Good health adds life to years". The focus was how good health throughout life can help older men and women lead full and productive lives and be a resource for their families and communities. Ageing concerns each and every one of us – whether young or old,

male or female, rich or poor – no matter where we live<sup>1</sup>.

Ageing may be viewed as a phase of biological, psychological and social development of individuals including transition in social position, roles, status and attitude. Changing demographic transition stages have affected the population of the elderly worldwide. The world's population 60years and older age group has doubled since 1980 and is forecast to reach 2 billion by 2050<sup>2</sup>. Life expectancy of an average Indian has increased from 24 years in 1900 to 65.4 years in 2004. This results in an increasing numbers of elderly persons which contributes to 7% of India's population<sup>3</sup>.

According to the census 2011, 8.6% of persons are in age group 60+ years compared to 7.4 in census 2001. Similarly, percentage of persons in age group (15-59) have increased from 56.9 in 2001 to 60.3 in 2011. In Punjab, percentage of elderly (60yrs or more) to total population is 10.3% and working population (15-59) to total population is 64% according to census 2011<sup>4</sup>. One of the important aspects of their health is the socio-psychological component. Life satisfaction in terms of raising their children and fulfilling their duties, declining decision making power with age are some of the factors that create anxiety among them. Social Network is an important support system. Social connections come from a variety of factors- family, friends, interaction with neighbours and participation in community or religious organization. Loss of personal authority can be the basic concern for the aged, and this may disturb them psychologically.

Health of the older persons may be particularly influenced by poverty, lack of education, economic dependence, lack of social support and network. Physical morbidities are explored by many

researchers but the socio-psychological components are studied by very few of them. So this study was planned to study the social and psychological factors of the health of elderly.

**Aims and Objectives:**

1. To study the socio - psychological aspects of health of elderly
2. To study factors associated with them

**Materials and methods:**

This was a cross-sectional study conducted among the elderly population 60 years and above residing in the village Naagkalan; the field practice area of department of Community Medicine, Government medical college Amritsar. The study period was from 1<sup>st</sup> January 2014 to 31<sup>st</sup> August 2014. Each house was given number starting from 1. After entering every house, the Socio-demographic profile of family was noted in pretested and pre structured Questionnaire. Any person more than or equal to 60 years from the family was included in the study. Those who were bed ridden and not able to respond were excluded from the study. Out of the total 362 subjects found, 300 subjects were selected randomly.

Ethical clearance was obtained before conducting the study from the ethical committee of Government Medical College, Amritsar. During the study, before interviewing the above elderly, informed and written consent was taken after explaining the purpose of study. After building rapport with the respondent; socio demographic profile including their current employment status was recorded followed by questions regarding their social and psychological well being.

**Statistical Analysis:** Data collected was entered in Microsoft office excel and then analysed using Epi info version 7 Software. Descriptive statistics was presented in frequency and percentage and chi-square test was applied for categorical variables.

### Observation and Results:

Demographic characteristics are tabulated in Table 1. A total of 300 respondents (49.33% males and 50.66% females) were included in the present study. Out of the total subjects, maximum were in the age group of 60-64 years (Males=31.08% & Females = 38.16%) respectively. Regarding marital status, majority of the subjects were currently married (66.00%) whereas 34% were widow/widower. Regarding the educational status 52.00% were illiterates (Females=58.55% > Males=45.27%) and very few number of respondents were graduate or postgraduate. As far as employment status was concerned, majority (71.33%) of them were currently not employed. Out of the total employed (28.67%), majority were males (82.55%). Table2. Shows that 91% of respondents were satisfied regarding fulfilling their duties of raising their children, with only 9% who were not satisfied. Table3. Shows that 229 respondents (76.33%) said that they expect help in crisis from their family and 71 responded that others like relatives, neighbours will be of help with 67

(22.33%) of them saying that none or god is only going to help. Table.4 shows the association between help in crisis and education status of the respondent, and it was found to be statistically significant with illiterate expecting help more from others than the family. Table 5. Shows the decision maker in the family, only 36.67% of respondents took major decisions for the family and in 63.33 % decision makers were others in the family. Table.6 shows that 72.33% of respondents visited their neighbours and only 27.67% never reached out to their neighbour. Table.7 shows that 76.33% of respondents had friend circle and 23.67% did not had any friend circle. Table.8 shows that out of 229 respondents who had friend circle, majority (85.71%) shared their problems with them. Table.9 shows that majority of the respondents (96%) were not involved as members of any social group and only 4% respondents were members of some group. Table.10 shows the association between having a friend circle and being the member of some social group and it was found to be statistically insignificant.

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Table.1 Distribution of respondents on the basis of socio-demographic characteristics

Characteristics		Males (n=148)	Females (n=152)	Total (n=300)
Age(years )	60-64	46 (31.08%)	58 (38.16%)	104 (34.67%)
	65-69	46 (31.08%)	36 (23.68%)	82 (27.33%)
	70-74	26 (17.57%)	20 (13.16%)	46 (15.33%)
	≥75	30 (20.27%)	38 (25.00%)	68 (22.67%)
Marital Status	Married	114 (77.03%)	84 (55.26%)	198 (66.00%)
	Widow/Widow er	34 (22.97%)	68 (44.74%)	102 (34.00%)
Education	Illiterate	67 (45.27%)	89 (58.55%)	156 (52.00%)
	Primary	26 (17.57%)	28 (18.42%)	54 (18.00%)
	Middle	14 (9.46%)	12 (7.89%)	26 (8.67%)
	High	23 (15.54%)	11 (7.24%)	34 (11.33%)
	Diploma	12 (8.11%)	8 (5.26%)	20 (6.67%)
	Graduate	4 (2.70%)	4 (2.63%)	8 (2.67%)
	Postgraduate	2 (1.35%)	0 (0.00%)	2 (0.67%)
Presently employed or not	Yes	71 (47.97%)	15 (9.87%)	86 (28.67%)
	No	77 (52.03%)	137 (90.13%)	214 (71.33%)

Table.2 Distribution of respondents according to their satisfaction regarding fulfilling duties for children

Satisfaction regarding fulfillment of duties towards raising their children	Frequency (n=300)	Percent
Yes	273	91.00%
No	27	9.00%
Total	300	100.00%

Table 3. Distribution of respondents according to the person who help them in their crisis

Help in crisis	Frequency	Percent
Spouse	79	26.33%
Children	64	21.33%
Friends	3	1.00%
neighbours	1	0.33%
None or God only	67	22.33%
spouse and children	77	25.67%
Children and grandchildren	7	2.33%
spouse, children and grandchildren	2	0.67%
Total	300	100.00%

Table 4. Relation of Educational status of respondents and their helping group in crisis

Help in crisis	Education Status of respondent		
	Illiterate	Literate	Total
Family	111(48.47%)	118(51.53%)	229(100%)
Others or none	45(63.38%)	26(36.62%)	71(100%)
Total	156(52.00%)	144(48.00%)	300(100%)

P<0.05 ; Chi-square 4.8262

Table 5. Distribution of respondents on the basis of decision maker in the family

Decision Maker	Frequency (n=300)
Myself	110 (36.67%)
Others	190 (63.33%)
Total	300 (100%)

Table 6. Distribution of respondents on the basis of their visit to their neighbours

Visit to Neighbour	Frequency (n=300)	Percent
Yes	217	72.33%
No	83	27.67%
Total	300	100.00%

Table 7. Distribution of respondents on the basis of their friend circle

Friend Circle	Frequency (n=300)	Percent
Yes	229	76.33%
No	71	23.67%
Total	300	100%

Table 8. Distribution of respondents on the basis of their sharing problems among their friend circle

Sharing of problems with friends	Frequency(n=229)	Percent
Yes	198	85.71%
No	31	14.29%
Total	229	100.00%

Table 9. Distribution of respondents on the basis of their participation in social group/organization

Member of any Social Group/Organization/Association	Frequency(n=300)	Percent
Yes	12	4.00%
No	288	96.00%
Total	300	100.00%

Table 10. Distribution of respondents on the basis of having a friend circle and its association with being a member of social group

Member of any social group/organization/ association	Friend circle		
	Yes	No	Total
Yes	12	0	12
No	217	71	288

P>0.05

**Discussion:**

The present study showed that 66% respondents are currently married and 34% are widow/widower. Out of those who had lost their spouse, majority (66.67%) were females. Similar findings were reported by Syed Qadri et al. in which 60.8% were currently married and 34.8% were widow/widower with widows more than widower<sup>5</sup>. Marital status determines the position of a person in family and society. Elderly women who have lost their spouse were more likely to be dependent on others especially in rural areas. Our study showed 52% illiteracy, a study by Padma et al. reported 38.6% illiteracy<sup>6</sup>.

It was observed in this study that 28.67% respondents were still working or employed and majority of them were males (82.56%). Some other study reported 17.3% were employed mostly as in odd jobs<sup>7</sup>. In this study, 229 respondents ( 76.33%) felt that family will be the source of help in crisis situation and 4 ( 1.33%) felt that others including neighbours and friends will be of help and 67 (22.33%) said that none or only god or almighty is going to help them. Another study reported that 95% of the respondents had family and non-formal support during crisis from spouse, children, in-laws, relatives, friends and neighbours. Only 5% were not having any support.

The study shows that to a large extent support comes in the form of spouse and children<sup>8</sup>.

The association of help in crisis was found to be statistically significant with education status. Literate received more support from their family than the illiterate who expect help outside the family from friends, neighbours or even depending solely on God or higher being. In our study, 72.33% respondents said they had contacts with neighbours and they visit them regularly and 76.33% had their own friend circle around the village and outside as compared to study conducted by Lena et al. which reported that 68.5% have friends and social contacts outside home<sup>9</sup>.

Only 4% of the respondents were part of any social organization/group. Table.10 further shows the relation of having a friend circle with being a member of any social group and this was found to be statistically insignificant. Hence it supports our observation that those who had a friend circle are not in need of any social group/ organization.

**Conclusion:**

In the present study, 91% of the respondents were satisfied in life regarding fulfillment of duties towards their children. Majority (76.33%) had support system from their families which was more in literates and a significant number (22.33%) especially the illiterates

felt that none of the family member is going to help them in days of crisis. Only 36.67% of respondents took major decisions for the family; showing that with increasing age, decision making authority is transferred to younger ones. Although it was observed that majority of respondents had social contact with their

neighbourers and friends and they share their problems with their friends, but very few (only 4%) were the members of any social group/organization. Those who have a good social network near them, don't need to participate outside and associate with any social group/organization

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