



**PHYSIOLOGICAL AND PSYCHOSOCIAL HEALTH ISSUES OF
ELDERLY PEOPLE LIVING WITH FAMILY IN SELECTED RURAL
COMMUNITY AREAS OF VADODARA**

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ABSTRACT

Background: An exceptional increase in the number and proportion of older adults in the country, rapid increase in nuclear families, and contemporary changes in psychosocial and physical matrix and values often compel this segment of society to live alone or in old age homes. The UN defines a country as 'ageing' when the proportion of people over 60 years reaches 7 percent of its population. India exceeded that rate of proportion with 7.8 percent in 2001 and India comes under the purview of the UN definition of an 'ageing country'. The number of elderlies was 77 million in 2019 and is expected to cross 100 million in 2021. The elderly people have to be treated as a group requiring special care since the type; degree and magnitude of their problems are different from other age groups. Care of the aged has thus become a crucial part of health care professional, especially nursing professional working in the tertiary care as well as Indian health care delivery system.

Aim: To assess physiological and psychosocial health issues of elderly People living with family in selected rural community areas of Vadodara.

Material and methods: A Descriptive research design were carried out for this study. Total 500 samples were taken from selected rural areas of Vadodara for this study. The samples were selected using stratified random sampling technique. Demographic variable, physiological tool and psychosocial rating scale were used to gather data for this study. Descriptive and Inferential statistics such as frequency, percentage and chi- square test were implied for the analysis of data.

Result: The obtained research data revealed that the top three common diseases occurred in the elderly were visual problem (55%), hypertension (40%) and hearing problem (34%) as well as diabetes mellitus (34%) simultaneously. While the psychosocial rating scale revealed that 99.8% of participants had mild issues while 0.2% had severe issues. While assessing the association, there were some statistically significant associations between the Physiological and psychosocial health issues of elderly people with selected demographic variables at 0.05 level of significance. Hence, we reject the null hypothesis.

Conclusion: Descriptive & inferential statistics were used for data analysis. The statistical chi square test was used to find out the association between the physiological and psychosocial health issues with selected demographic variables. Tables and diagrams were used to represent the demographic characteristics, physiological and psychosocial health issues. The result of the analysis shows that the, elderly People living with family in selected rural community areas are suffering with physiological and psychosocial health issues and some of them are associated with the demographic variables too.

Keywords: physiological issues, psychosocial issues, older adults, tertiary care

INTRODUCTION

Elderly is usually defined as a process of deterioration in the functional ability of a human being that results from structural changes, all physical, psychological factors, isolation from social, economic, and other activities with progression of age. It is the finishing phase of the life span. It is a period when people 'move away' from earlier more pleasing periods or times of 'usefulness'. Elderly, a progressive development in the life span and is an indicator of life's journey towards growth

and prime of life. Elderly can be defined as the process of progressive change, which occurs with the passage of time, independent of the vagaries of life, the assaults of disease and the random abuses of social living. In every phase of life, there are problems to be faced. But the problems faced by people who are elderly may be more severe. Again, the problems faced by people who are in there 60's may be different from problems faced by people who are in there 80's. The problems of the

elderly men may be different from the elderly women. Though everyone knows that one day she/he will get old, no one knows when the ageing process really starts. For the sake of convenience, the UN has given the cut-off age of 60 for a person to be considered elderly. There are three groups of individuals: young old (60 -75 years), old (75-85 years) and very old individuals (>85 years). In 1000, life expectancy was around 18 years. In early 1900, the average age was around 47 years, 85 years by 2000. In India, life expectancy was 31.7 years in 1941 and it increased to 60.5 years in 2010. The life expectancy graph which used to be pyramid has now become almost a rectangle. The total number of elderly people globally is anticipated to be doubled during 1996-2016 from 62.3 million to 112.9 million. A study on the profile of the aged in India revealed that the ratio of urban to rural of 60+ people was 3 in 1986 but came down to 2 in 2010 and this gap is further reduced as there is relative increase in the number of the rural aged.

MATERIALS AND METHODS

Research Approach:

The Quantitative Approach will be used for this study.

Research Design

The research design chosen for this study is Descriptive Research Design.

Place of Study

The study will be conducted in selected rural areas of Vadodara.

Source of Data

Source of data for this study are elderly people living with family in selected rural areas.

Sample description

Population

Populations for the study will be elderly people from rural areas living with family

Sample size

500 elderly people will be selected from the rural areas.

Sampling Technique

In this study Stratified Random Sampling Technique will be used.

Selection Criteria

Inclusion Criteria: -

- Elder Men and Women who they are more than their 60 years age.
- Elder Men and Women who they are understand, read and write regional Gujrati language.

Exclusion Criteria: -

- People who they will be present during interview schedule for data collection process.
- Elderly people who are in critically sick.
- Elder people with Mental Retardation problem.

Description of Tools

The tool is prepared by the investigators, after an extensive study of the related literature and with the guidance of experts. The tool consists of three sections.

Section 1: Demographic Data:

This section includes demographic variables like Age, Gender, Religion, Education, Occupation, monthly family income, type of diet, type of family etc. The baseline data were collected by using semi structured interview schedule if people are illiterate.

Section: 2 Self structured checklist on Physiological Health Issues of elderly people:

This section includes self-structured distributions of Physiological Health Issues of elderly people like Visual Problems, Hearing Capacity, Hypertension, Heart Disease, Asthma, Diabetes Mellitus, Skin Disorders, Arthritis, Urinary Problems, Cancer, Hemorrhoids etc.

Section: 3 Self structured rating scale on Psychosocial Health Issues of elderly people

This section includes 36 items self-structured rating scale on psychosocial health issues of the elderly.

Section I
Table 1: Frequency and percentage distribution of selected demographic variables of elder people

Demographic Variables		
	Frequency	Percentage (%)
Age		
60-65 years	102	20 %
66-70 years	271	54 %
71-75 years	115	24 %
76 and above	12	2 %
Gender		
Male	310	62%
Female	190	38 %
Religion		
Hindu	483	96 %
Muslim	09	2 %
Jain	04	1 %
Christian	04	1 %
Education		
No formal education	213	42 %
Primary	200	40 %
Secondary and higher secondary	60	13 %
Graduate	15	03 %
Postgraduate	12	02 %
Occupation		
Farmer	110	22 %
Self-employee	199	40 %
Housewife	122	24 %
Private job	20	04 %
Daily wages worker	16	03 %
Government employee or retired from Government	33	07 %
Monthly income of family		

Less than 3000 Rs	28	06 %
3001 -6000 Rs	142	28 %
6001-9000Rs	265	53 %
More than 10000Rs	65	13 %
Type of family		
Joint family	440	88 %
Nuclear family	60	12 %
Type of diet		
Vegetarian	400	80 %
No vegetarian	65	93 %
Mixed Diet	35	7%
Marital status		
Single	54	11 %
Married	385	77 %
Widow/Widower	52	10 %
Divorced	03	1 %
Separated	06	1 %
Financial dependent		
Independent	399	80 %
Partially independent	79	16 %
Fully dependent	22	04 %
Health Services		
Government Health Services	297	59 %
Private Physician/ Hospital	203	41 %

Section II

Table 2: Findings related to the Frequency and percentage of physiological and psychosocial health issues of elder people.

A) A table describes the Findings related to the Frequency and percentage of physiological health issues of elder people.

Physiological Health Issues					
Sr.No	Physiological Health Issues	Yes		No	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1	Visual Problem	274	55 %	226	45%
2	Hearing Problem	170	34%	330	66%
3	Hypertension	197	40%	303	61%
4	Heart Disease	20	04%	480	96%
5	Asthma/ Respiratory Problems	40	08%	460	92%
6	Diabetes Mellitus	171	34%	329	66%
7	Skin Disorder	65	13%	435	67%
8	Arthritis	92	18%	408	82%
9	Impaired Gait	158	31%	342	68%
9	Urinary Problems	87	17%	413	63%
10	Hemorrhoids	05	01%	495	63%
11	Cancer	13	03%	487	97%
12	Other Problem	06	01%	494	99%

B) Findings related to the Frequency and percentage of psychological health issues among the elder people.

Total no of elder people	1-36 No Issues		37-72 Mild Issues		73-109 Moderate Issues		110-144 Severe Issues	
	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)
500	0	0	499	99.8%	0	0	1	0.2%

Data presented in Table 2 B): the table represents that from 500 participants, 499 (99.8%) elderly people scored between 37 -72 (Mild Issues) in the psychosocial rating scale tool. While only 1 (0.2%) participant scored in the range of 110 – 144 (severe issue)

SUMMARY

In this study a quantitative research approach with descriptive research design was used. Data was collected from 500 elderly people living in selected rural areas of Vadodara. Consent form was signed by

each participant prior before conducting the study.

The tool was prepared by the investigators, after an extensive study of the related literature and with the guidance of experts. The tool consists of three sections. The demographic tool includes demographic variables like Age, Gender, Religion, Education, Occupation, monthly family income, type of diet, type of family etc. The baseline data were collected by using semi structured interview schedule if people are illiterate. The self-structured checklist on physiological issues includes self-structured distributions of Physiological Health Issues of elderly people like Visual Problems, Hearing Capacity, Hypertension, Heart Disease, Asthma, Diabetes Mellitus, Skin Disorders, Arthritis, Urinary Problems, Cancer, Hemorrhoids etc. The self-structured rating scale for psychosocial issues includes 36 items self-structured rating scale on psychosocial health issues of the elderly people like, loneliness, participation in activities, social isolation, lack of love and affection, neglected by family of society, economic insecurity and felling, burden to family etc.

The statistical chi square test was used to find out the association between the physiological and psychosocial health issues with selected demographic variables. Tables and diagrams were used to represent

the demographic characteristics, physiological and psychosocial health issues. The result of the analysis shows that the, elderly People living with family in selected rural community areas are suffering with physiological and psychosocial health issues and some of them are associated with the demographic variables too. But only few variables had significant association, hence null hypotheses are rejected.

CONCLUSION

The findings from the study revealed that all 500 participants had some physiological and psychosocial health issues. From which some had an association with certain demographic variables. The findings from the self-structured checklist for identifying physiological health issues revealed that every participant had some or the other problems. Visual problems were found to be the highest (55%) among them all, followed by hypertension, hearing problems and diabetes mellitus. We found out that majority of elderly people (499) had scored in the range of 37- 72 (mild issues) and 1 had a scored in the range of 110- 144 (severe issues) in the self-structured rating scale for identifying psychosocial health problems.

REFERENCES

- [1] Subramanya G. Social problems (With special reference to India). 1stEdition, Subash Publishers; 2000.

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- [2] Sidik SM, Rampal L, Afifi M. Physical and Mental Health Problems of The Elderly. *Malaysian Journal Of Medical Science*. 2015; 11: 52-9.
- [3] Sreevani R. Emotional problems among elderly people in a selected old age home. *The Nursing Journal of India* 2012 May; XCVIII(5): 106-7.
- [4] Usha V. K. Lalita K. The Official Journal of Trained Nurses Association of India Kerala Branch KNF Vol. 3; September 2018; Village of Kottayam District.
- [5] Bhatia SPS, Swami HM, Thakur JS, Bhatia VA. A study of health problems and loneliness among the elderly in Chandigarh. *Indian Journal of Community Medicine* 2012; (32):255-8.
- [6] Sreetha P., Dhanya, Angela Gnanadurai, Neethi Valsan. Effect of Colouring Mandala Art on Depression among Elderly Persons. *Int. J. Nur. Edu. and Research*. 2021; 9(2):185-188. doi: 10.5958/2454-2660.2021.00045.4
- [7] J. K. Trivedi, Himanshu Sareen, Mohan Dhyani, Psychological Aspects of Widowhood and Divorce, 2009 Jan-Dec; 7(1): 37-49. PMID: PMC3151454