Assess psychosocial challenges faced by the senior citizens in selected areas of bharatpur

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Abstract: The ageing process indeed begins after that you age in born although to be treated old person. It is regularly expected that following the age of desolation an individual be as an elderly old age has serious sequel. In this phase of life, inexorable and universal psychological changes occur in every body system. It is a time to reach senior citizen's potentialities and to satisfy long range goals. The objectives of the study here: (i) Find out psychosocial problems faced by the senior citizens. (ii) Find out the association between challenges faced by the senior citizens and selected demographical variables. (iii) design and develop manual on management of senior citizens problems. A descriptive survey approach was used for the study. Samples were selected from selected areas of Bharatpur. The reliability for the tool was established by test-retest method using Karl pearson's coefficient of correlation formula. The sample size was of 500 senior citizens (60-80 years). Purposive sampling technique was used. The researcher used interview schedule to assess socio demographic data and psychosocial problems assessment rating scale to assess challenges faced by the senior citizens. Statistical analysis indicated that moderate psychosocial problems found to be more prevalent among respondents (445, 89%) followed by mild level of problems (55, 11%). Manual was developed for management of senior citizens problems.

Keywords: Senior citizens, psychosocial problems, challenges.

Introduction

Ageing as applied to living things is the aggregation of changes in an organism that give it more and more likely to die. It is because of changes in cells, structural components and functional decline in organs such as wrinkling of skin, graying of hairs, stooped posture, difficulty in chewing and swallowing, urinary incontinence, heart problem, visual problems, hearing problems, taste problems, decreased range of motion in the Joints, decrease perspiration, decreased muscle tone, loss of brain mass, atrophy of cheek muscles, loss of taste buds and loss of motor, sensory and autonomic fibres. Some psychological changes of ageing are death anxiety, helplessness, hopelessness, depression and suicidal tendencies. Some social challenges are faced by the senior citizens such as economic dependency, Reduction in authority & power, lack of respect, social isolation and elder abuse. (Rao S, 2017).

Methodology : The methodology adopted for this research activity is to "assess challenges faced by the senior citizens in selected areas of Bharatpur." Quantitative research approach is an objective, organized process in which *numerical data* are being collected to obtain information regarding phenomena. This approach aims to classify features, to explain phenomena, to generalize the findings and to test hypothesis.

Research Approach: In present study, Descriptive research approach was used. This approach observes, describes and set down in writing the phenomena and may help to reveal new facts.

Research Design: For the present study, non-experimental descriptive survey research design is adopted to accomplish the stated objectives. Data is collected through door- to-door survey.

Variables : In the study the demographic variables were-age, gender, religion, marital status, type of family, number of children in family, educational qualification, occupational status, financial dependence, living arrangements, Smoking habit, source of entertainment and type of responsibility.

Setting of the Study : The study was conducted in the selected areas of Bharatpur (Rajasthan) i.e. Rajendra Nagar, Jawahar Nagar, Mukharji Nagar, Pushpvatika Colony, Ganga Mandir Colony, Gopalgarh, Paibagh Colony, Tilak Nagar and Vijay Nagar Colony.

Population: In the present study, population to whom the study was generalized consists of senior citizens between the age group of 60 to 80 years.

Sample and Sampling Techniques: The sample of the present study comprised 500 senior citizens residing in Bharatpur. A maximum of 558 senior citizens were screened for present study and out of them 500 senior citizens fulfilled the inclusion criteria selected purposively by using non-probability sampling (purposive sampling technique) that deemed fit as a sample and consequently selected as subjects for the present non- experimental research design.

Data Collection Tools and Techniques: The research instrument prepared is based on the research

objectives which are in the form of interview-schedule. Interview schedule has three parts as follows:

Part I   :   Socio-demographic data

Part II   :   Psychosocial problems assessment rating scale

Part 1: (Socio-demographic data) -

This part consisted of items for obtaining information from the sample subjects. The research scholar developed the socio-demographic data sheet. It consists of 13 items, which elicits information about the senior citizens. This part is meant for the collection of socio-demographic variables of the sample subjects. It includes- age in years, gender, religion, marital status, type of family, number of children in family, educational qualification, occupational status, financial dependence, living arrangements, smoking habit, source of entertainment & type of responsibility

Part II: (Psychosocial problems assessment rating scale)

This part consisted of structured statements to assess psychosocial problems in senior citizens on three-point scale. The scale consisted of six domains with number of items were 60. Maximum score was 120 and minimum was zero. Domains of Psychosocial problems No. of related questions Table

Domains of psychosocial problems Score	No. of related questions	Score
Intra familial relation	06	12
Loneliness and insecurity	11	22
Elder abuse	11	22
Identify crisis	04	08
Social adjustment	10	20
Depression	18	36
TOTAL	**60**	**120**

Psychosocial problems assessment rating scale consisted of 60 items to assess psychosocial problems faced by the senior citizens. Three options were given in front of the items. Subjects were asked to rate themselves according to the frequency with which they experience each symptom using three point scale. Total numbers of items were 60. Each item was given two (never); one (sometimes), zero (always) marks. Reverse scoring was done for negative items. Negative items 8, 10, 11, 16, 17, 18, 19, 20, 21, 22, 23, 24, 27, 28, 31, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 56, 57 & 58 were reversely marked.

Zero (Never), one (Sometimes), 2 (Always) was given for each item. **Psychosocial problems score**

Maximum score = 120

Minimum score = 0

Criterion measures for assessment of level of psychosocial problems as follows**:**

Mild psychosocial problems – $\leq$ 33% (1-40)

Moderate psychosocial problems – 34-67% (41-80)

Severe psychosocial problems – $\geq$ 68% (81-120)

To calculate level of psychosocial problems score, the difference of maximum score (120) and minimum score (0) was divided by number three. The score (40) obtained was added to the minimum score and the standard score for the mild problems (lowest) category was obtained. Similarly, to the other two categories the same number was added to get the score for moderate and severe problems category.

RESULTS

Major findings are summarized as follows :-

Finding regarding sample characteristics :

Distribution of senior citizens with regard to their socio-demographic variables.

Age: 46.2% senior citizens were from the age group of 61-65 years. 41.8% were in the age group of 66-70 years and 8% were in the age group of 71-75 years. **Gender:** Majority (53.2%) of the subjects were more frequently female. Remaining 46.8% were males. **Religion:** Majority (66.4%) of the subjects were Hindus. 19.4% were Muslims. 8% belonged to Sikh community. 6.2% senior citizens belonged to Christian community. **Marital status:** As per the marital status was concerned 71.4% were married, 16.6% widow/widower. 21.3% had separated from family and 4.2% were divorced. **Type of family:** 55.6% of respondents were living in Joint family. 36.2% in nuclear family. Remaining 8.2% were in extended family. **Number of children:** As per number of children in family was concerned one- third (32.8) of the senior citizens found to be more frequently four. 32.4% found with three children in family. More than four children were observed in 18.8% families of senior citizens. **Educational qualification:** The breakup shows that majority (43.6%) were iterate whereas 36% were educated up to primary/middle level. Level of education of 12% subjects found to be either secondary or higher secondary. **Occupational status:** 61.4% subjects were unemployed. Remaining 38.6% were employed. **Financial dependence**: 50% had depending on others. 31% were **found** to be partial dependent, 19% subjects were found with independent of financial dependence. **Living arrangement:** 47% respondents were living with spouse and children. 30.4%

living with spouse. 10% living alone. **Smoking habit:** Large chunk (65.2%) of the senior citizens never smoked. 17.2% had quit the habit of smoking. Remaining 16% identified with presence of smoking habit. **Source of entertainment:** 44.8% were more frequently watching television. Source of entertainment was reading newspaper revealed by 31.8% senior citizens. Remaining 7.6% had played games on mobile. **Type of responsibility:** 38.6% senior citizens were engaged in job. 37% were engaged in caring of their grandchildren. Remaining **24.4**% were engaged in doing household chores.

Findings to assess psychosocial problems faced by the senior citizens.

Overall, 39.41% senior citizens population was suffering from psychosocial problems. 42% senior citizens were facing more intra familial relation problems. Large chunk (326. 65.2%) of population of senior citizens had more frequently moderate level of Interfamilial relation problem as compared to one hundred seventy four (34.8%) sample subjects suffered from mild level of Interfamilial relation problems. 36.90% senior citizens expressed loneliness & insecurity. Statistical analysis indicated that more than three fourth (400, 80%) respondents suffered from mild level of loneliness & insecurity problems. 36.90% senior citizens expressed experience of elder abuse. The proportional differences in elder abuse indicated that less than two third (310, 62%) participants had more frequently moderate level of elder abuse problems. A large proportion of population of senior citizens experience of identity crisis (57.5%). More than three fourth (410, 82%) participants had more frequently moderate identity crisis problems. 38.6% of population of senior citizens was experiencing problems related to social adjustment. Comparison in proportions exposed to social adjustment indicated that approximately three-fourth (381, 76.2%) sample subjects had more frequently moderate level of social adjustment problems. 44.05% senior citizens had reported depression. Assessment of depression indicated that a large proportion (429, 85.8%) of population of senior citizens suffered from moderate level of depression. Comparison in levels of psychosocial problems indicated that more than three fourth (445, 89%) sample subjects had suffered from moderate level of psychosocial problems while fifty-five (55, 11%) had mild level of psychosocial problems.

Findings related to association of psychosocial problems faced by the senior citizens with selected socio-demographic variables.

The association of age of senior citizens is statistically significant (P < 0.001) with psychosocial problems faced by the senior citizens. The calculated value of X^2 is 58.21 for 3 degrees of freedom at the 0.001 level of significance. Hence, research hypothesis H_{A2} is accepted. The association of gender of senior citizen with psychosocial problem faced by the senior citizens found to be significant (P < 0.001) statistically. The association of gender of senior citizens with psychosocial problems faced. The calculated value of X^2 is 33.68. So research hypothesis H_{A2} is accepted. The association of marital statuses of senior citizens is statistically significant (P<0.001) with psychosocial problems faced by the senior citizens. The calculated value of X^2 is 21.12 for 3 degrees of freedom at the 0.001

level of significance. Thus, research hypothesis H_{A2} is accepted. The association of type of family of family of senior citizens found to be significant statistically (P <0.001) with psychosocial problems faced by the senior citizens. The calculated value of X^2 is 22.40 for 2 degrees of freedom at The association of number of children in family of senior citizens is statistically the 0.001 level of significance. Hence, research hypothesis is accepted. significant (P <0.0001) with psychosocial problems faced by the senior citizens. The calculated value of X^2 is 58.88 for 5 degree freedom at the 0.001 level of significance. Hence, H_{A2} is accepted. Proportional differences in educational qualification of senior citizens is associated significantly (P <0.001) with physical problems faced by the senior citizens. The calculated value of X^2 is 93.18 for 3 degrees of freedom at the 0.001 level of significance. Hence, research hypothesis H_{A2} is accepted. The association of occupational status of senior citizens with psychosocial problems faced by the senior citizens could confirm significant (P<0.001). The calculated value of X^2 is 81.61. Hence, research hypothesis is accepted. The association of financial dependence of senior citizens is statistically significant (P <0.001) with psychosocial problems faced by the senior citizens. The calculated value of X^2 is 29.12 for 2 degrees of freedom at the 0.004 level of significance. Hence, research hypothesis H_{A2} is accepted. The association of living arrangements of family of studied senior citizens is statistically significant (P<0.0001) with psychosocial problems faced by the senior citizens. The calculated value of X^2 is 47.12 for 4 degrees of freedom at the 0.001 level of significance. Hence, research hypothesis is accepted. The association of smoking habit of studied senior citizens is statistically significant (P <0.001) with psychosocial problems faced by the senior citizens. The calculated value of X^2 is 15.68 for 2 degrees of freedom at the 0.001 level of significance. Hence, research hypothesis H_{A3} is accepted. The association of type of responsibility is statistically significant (P <0.001) with psychosocial problems faced by the senior citizens. The calculated value of is 19.10 for 2 degrees of freedom at the 0.001 level of significance. The rest of the variables i.e. religion and source of entertainment were not having significant association with psychosocial problems faced by the senior citizens.

Assessment of Levels of Psychosocial Problems faced by Senior Citizens

Psychosocial Problems		Freq. (N)	Percent (%)	Mean Score	Mean Percent (%)
Score	Level of problem				
1-40	Mild	55	11.0%	38.31	44.18%
41-80	Moderate	445	89.0%	48.41	55.82%
81-120	Severe	0	0.0	0.00	0.00
Total		500	100.0%	86.72	100.00%

Statistical analysis indicated that 89% senior citizens had moderate level of psychosocial problems whereas 11% senior citizens suffered from mild level of psychosocial problems. The results of the present study revealed that senior citizens do suffer from psychosocial problems. 11% of the senior citizens population suffered from mild level of psychosocial problems. 89% had moderate level of psychosocial problems and none of the senior citizens had severe level of psychosocial problems. Senior citizens had maximum problems score related to identity crisis (57.5%) followed by depression (44.05%). The third main problems was related to Interfamilial relation problems (42%) followed by elder abuse (36.90%) and loneliness and insecurity (27.04%). Similar findings were found by Ammar NH and Zaidi A (2015) 42% respondents expressed experience of physical and psychological abuse. More number of female was suffering from abuse than male. Abuse was higher among widowed senior citizens significantly. Sip P (2016) says elderly males and females had lower level of percentiles 43.21 and 36.82 (below 45) in domain of social adjustment.

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