Physiological and Psychological Problems of Aged and Identify The Support System Available to Them in Selected Urban Community of Jaipur with A View to Develop and Test A Guideline for The Management of Problem.

Jogendra Sharma [1,] Dr. S.C. Sharma[2], Dr. Mahipal Singh[3]

[1]*Research Scholar, IIS University, Jaipur (Raj)[1]*
[2]*Research guide,* [3]*Research Guide faculty of Nursing IIS University, Jaipur (Raj)*

Abstract:-

Introduction: - Aging is a continuous, complex, and dynamic process that begins with birth and ends with death. And unless we die in our early years, each of us will grow old and experience the effects of the aging process. Elderly people are vulnerable to psychological and social crisis and to a typical presentation of illness common to the aged. The most common old age problems are economic dependency, loneliness, insecurity, diminished self-concept, physical illness, perceptual and cognitive problems like diminished vision, hearing and memory. Morbidity increases with advancement of age. However in recent years, the issues or problems of old people in society have increasingly become prominent. There are 81million older people in India-11 lakh in Delhi.

Material &Methods :- study was conducted among 200 aged people with a simple random technique from 10-09-2014 to 14-01-2015to assess the physiological and psychological problems of aged and identify the support system available to them in selected urban community of Jaipur Results: The data revealed that Majority (72%) reported to have moderatePhysiological and Psychological problems and (28%) had only mild problems. Majority of were getting support from their relatives and 53 percent enjoy moderate support from friends where as 47 percent have poor support from friends. Interestingly, there was no correlation physiological and psychological problems and support system available to the aged in the community.

Conclusion: Physiological And psychological problem of the aged are very common and Social support available for the aged in the society is inadequate and governmental and non-governmental agencies have to take serious steps to improvise in this direction.

Key words: Physiological problem, Psychological problems, psychological domain, social domain, physical domain and spiritual domain

I. INTRODUCTION

A man's life is ordinarily isolated into five primary stages specifically outset, adolescence, puberty, adulthood and maturity. In each of these stages an individual needs to end up in diverse circumstances and face distinctive issues. The maturity is not without issues. In old age physical quality deterioration, mental solidness weekens,cash force gets to be depressing combined with carelessness from the more youthful era.

Old age is a natural life cycle change. However in recent years, the issues or problems of old people in society have increasingly become prominent. There are several reasons behind this. In the first place both in absolute and relative terms, the number of elderly is increasing all over the world. There are 81million older people in India. According to an estimate nearly 40% of senior citizens living with their families are reportedly facing abuse of one kind or another, but only 1 in 6 cases actually comes to light.

Elderly individuals are helpless against mental and social emergency and to a common presentation of illness common to the aged. The most widely recognized seniority issues are dependency, loneliness, insecurity, diminished self concept, physical illness, perceptual and cognitive problems. Morbidity increments with progression of age. Headway in therapeutic, nursing innovation, change by and large wellbeing practices and nourishment has expanded the future of the individuals. The matured oblige exceptional consideration since the sort, degree and size of the issue are unique in relation to the next age bunches. Consideration of the matured has along these lines turn into a vital part of nursing.

Ageing is an objective reality with some injury, illness and decline in physical capacity. It is however not necessary that it would have adverse effects on mental ability of the elderly. On the contrary, they have a fund of experience; nevertheless, their convivial and economical roles often shrink and their status tends to go down. Traditions of vanaprastha and sanyasashramas contribute much to this. The aged get retired and also they themselves accept their retirement, leading to decrease in social roles and responsibilities. It is the role change, the

decreased level of convivial activities, interactions, onset of economical stringency or even early death brings about a chain of deteriorative changes in the life style of the old aged people.

A study was directed in a country town Anji (mothi) of wardha region, Gujarat state, India in the year 2000 on the socio medicinal angles and mental impression of the elderly populace. This study incorporated 600 people of age 60 years or more. Extent of females were 330 (55%) and guys 270(45%) individually. 330(66.5%) of them were ignorant, and dominant part were horticultural workers (238, 39.66%) and day by day workers (172, 28.66%). 244 people (40.67%) were still the leader of the family and rest were identified with the leader of the gang. The study uncovered that 91(15.17%) felt the adjustment in mentality of relatives, 139(31.5%) felt disregarded and 146(24.33%) forlornness individually.

A prospective study of elders in the community was done in Canberra and Queanbeyan in Australia in 2001 over a period of 3-4 years where the baseline assessment of predictors was done. The data were analyzed using Cox proportional model. A sample of 897 people aged 70 years and above and living in the community were studied. For the sample as whole the significant predictors of mortality were,male sex, poor physical health, poor cognitive functioning, and low neurotism. Physical ill health and poor cognitive functioning was found to predict mortality. Psychosocial factors such as socio economic status, psychiatric symptoms and social support did not do the prediction of mortality, once sex, physical health and cognitive functioning were controlled. Mortality among men was found to be more than twice as that of women, even when adjusted for other predictors (Ozols&Rourke, 1991; Palombo, 2006).

An investigation of wellbeing and wellbeing related a social issue in the geriatric populace was directed in a provincial zone of Tamilnadu India (2000). Around 200 people matured 60 years or more, out of 317 of aggregate geriatric populaces were subjected for complete clinical examinations with the goal of discovering real wellbeing issues and related social issues. 70 percent of the ladies were discovered to be widows contrasted with 13 percent widowers among guys. There were indications of deterioration of joint family framework. 73 percent of populace had no occupation. 38 percent of the populace felt their position in the family has been decayed. 66 percent of the matured were absolutely reliant on their youngsters and 22 percent on their relatives and just 12 percent were autonomous. Study discoveries demonstrated that comparable studies in diverse settings would uncover the personal satisfaction of elderly.

An article namely 'geriatrics' a challenge for the twenty first century published in 2002 explains about the living arrangements of elderly people, influenced by several factors like gender, health status , presence of disabilities and socio economic status. The extended family system of India has been a great support to the elderly during crisis. The traditional family is fast disappearing even in rural

areas. With rapid urbanization, families are becoming nuclear and smaller and are not always capable of looking after the older relatives. The change in the age structure makes the issue of social security and economic support for the aged an important issue. In India social security comes from the family support.**Objectives of study were**1.)To assess the physiological problems of aged in relation to selected variables.2)To assess the psychological problems of aged in relation to selected variables.3)To identify the social support available to the aged in community for the selected variables.4)To find association between physiological problems of aged and selected variables.5)To find association between psychological problems of the aged and selected variables.6)To find a correlation between social support and physiological and psychologicalproblems of aged.7)To develop and test a guideline for the management of problem of aged.

II. MATERIAL & METHODS

A study was conducted to assess the physiological and psychological problems of aged and identify the support system available to them in an urban community area under CHC Sanganer of Jaipur city.200 aged people were undertaken with a simple random technique from 10-03-2014 to 14-07-2014 and a guideline was develop for the management of problem. Physiological & psychological problems were assessed by physiological & psychological problems rating scale under four domains namely psychological domain, social domain, physical domain and spiritual domain. Support systems were measured by support systems scale. . Association between physiological & psychological problems and related variables were studied by chi square association method and correlation between support systems and physiological & psychological problems were studied by Karl Pearson's correlation method.

III. RESULTS

Section I: - Description of sample characteristics.

The present study used simple random sampling as the sampling technique. The size of the sample was 200 aged people, living in CHC Sanganer area of Jaipur city. Sample characteristics included in the study were age, sex, educational status, income, marital status, earning member of the family and living arrangements.

The frequency and percentage of the sample in relation to their demographic characteristics are presented in the following table.

Table.1 :- Frequency and percentage distribution of sample characteristics

(N= 200)

Variable	Frequency	Percentage (%)
Age:		
60-64 years	98.0	49.0
65-69 years	80.0	40.0
70-74 years	22.0	11.0
75 years and above	Nil	Nil
Gender:		
Male	178.0	89.0
Female	22.0	11.0
Marital Status:		
Married	158.0	79.0
Unmarried	Nil	Nil
Divorced	Nil	Nil
Widow / Widower	42.0	21.0
Occupation:		
Employed	118.0	59.0
Unemployed	82.0	41.0
Type of Occupation:		
Worker	118.0	59.0
Farmer	Nil	Nil
Business	Nil	Nil
If employed, monthly income:		
More than 60000	Nil	Nil
60000-40000	Nil	Nil
39999-20000	Nil	Nil
Less than 20000	118.0	59.0
Less than 10000	82.0	41.0
Religion:		
Hindu	162.0	81.0

Muslim	38.0	19.0
Christian	Nil	Nil
Others specify	Nil	Nil
Educational status:		
Illiterate	140.0	70.0
Literate	60.0	30.0
Earning member of the family:		
Self	118.0	59.0
Spouse	22.0	11.0
Son\daughter	60.0	30.0
Son in law\daughter inlaw	Nil	Nil
Others specify	Nil	Nil
Living arrangements:	100.0	50.0
Elderly couple alone	40.0	20.0
With Family members	60.0	30.0
With Relatives	Nil	Nil
With Others		

Section I: Data in above table revealed that most of the elderly 49 percent were within the age group of 60-64 yrs, 40 percent were within 65-69 yrs and the remaining 11percent were within the age group of 70-74 yrs.With regard to gender distribution, majority of the aged 89 percent were males and 11 percent were females.According to marital status, majority of the elderly 79 percent were married and 21 percent were widows/widowers
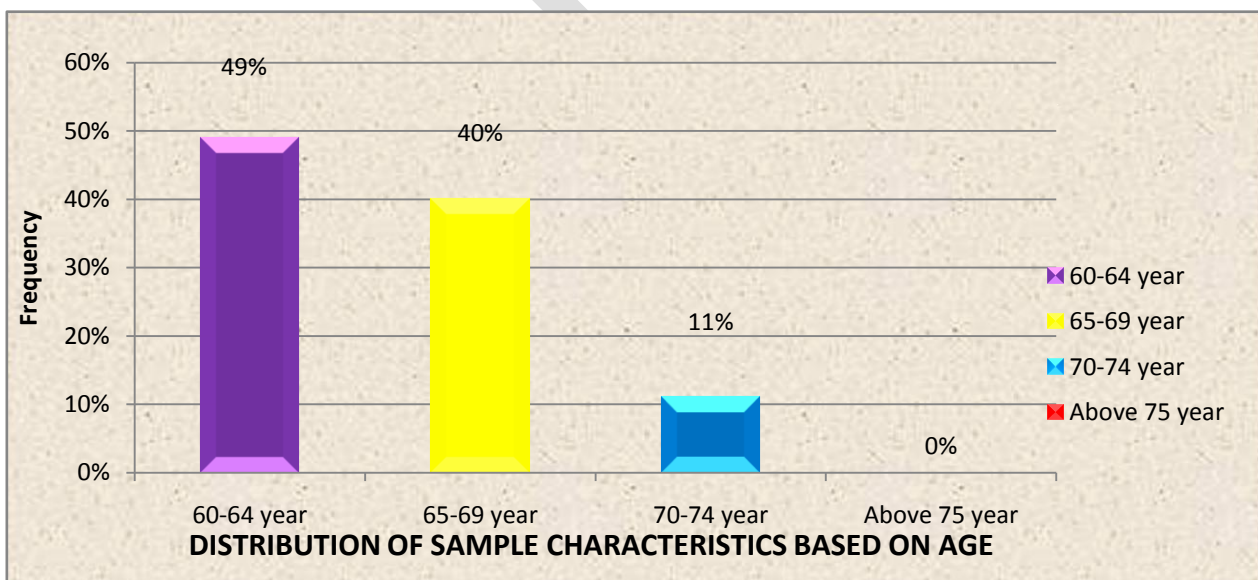

Fig 1: Bar diagram depicting percentage distribution of sample characteristics based on age.
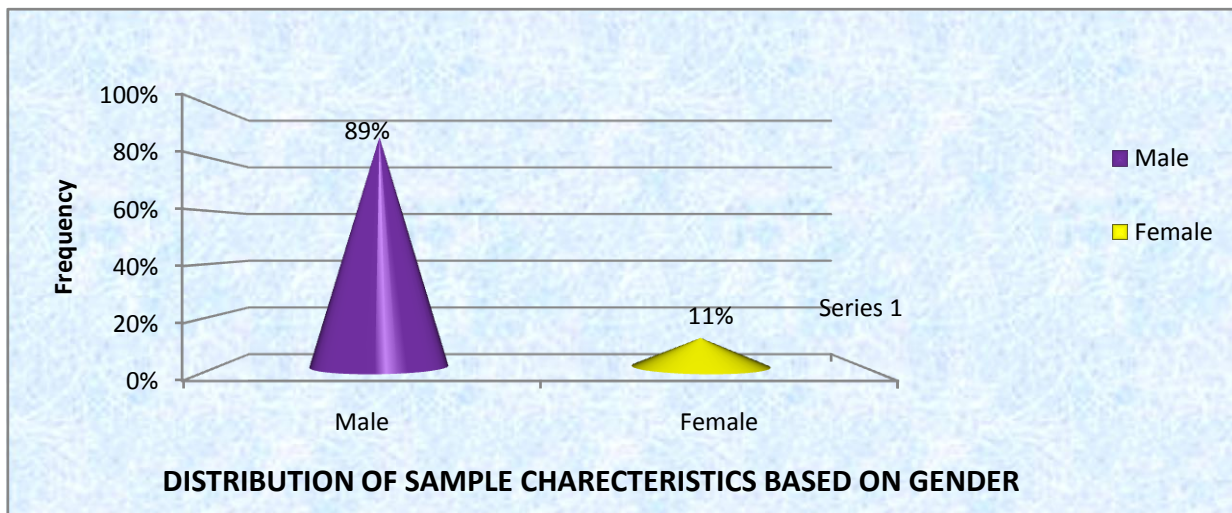
Fig 2: Cone diagram depicting percentage distribution of sample characteristics based on gender.
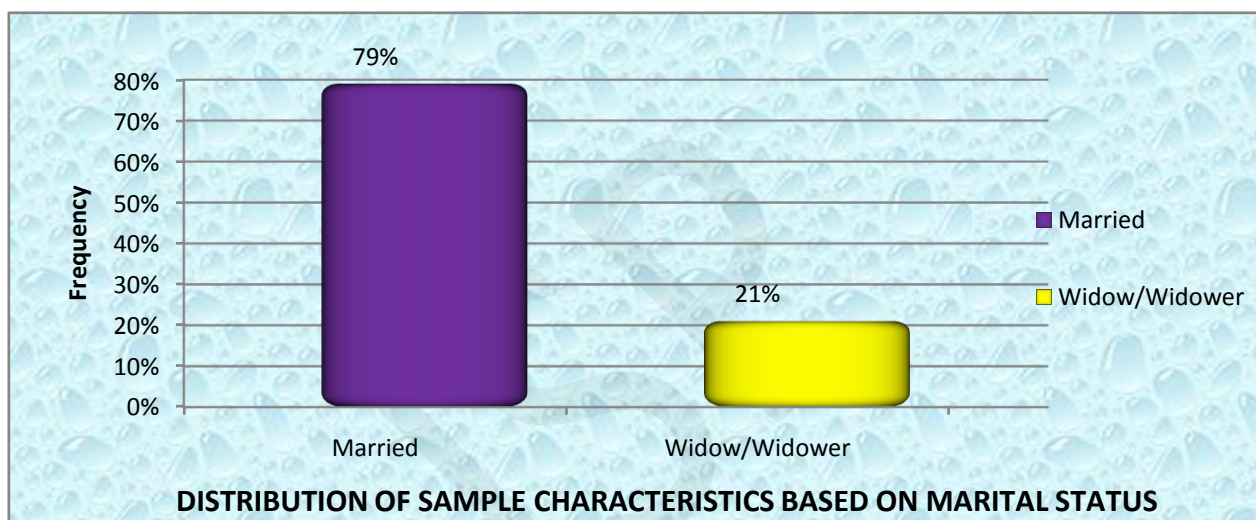

Fig 3: Cylinder diagram depicting percentage distribution of sample characteristics based on marital status.

Table2. :-Shows the distribution of psychological, social, physical and spiritual problems in the selected population (n=200).

Sl. No.	Area (Domain)	Mild n (%)	Moderate n (%)	Severe n (%)	Total n (%)
1	Physical	Nil	200(100%)	Nil	200
2	Psychological	Nil	200(100%)	Nil	200
3	Social		144(72%)	Nil	200
		56(28%)			
4	Spiritual	58(29%)	142(71%)	Nil	200

Data in above table revealed that physical, psychological & social problems are in moderate level, where as social & spiritual problems are at mild level.

Section II Distribution of support systems available for the aged in the community.

Table 3: Support from the relatives available for the aged in the community n=200

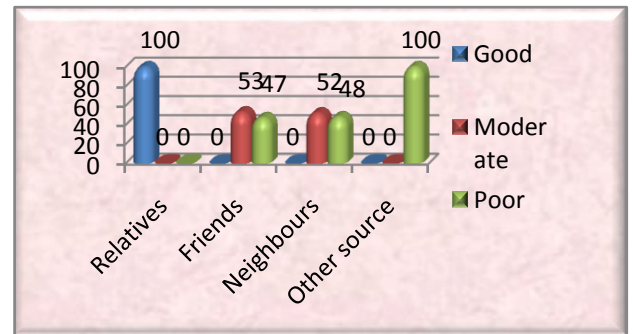| Sl. No	Support system available	Good support n (%)	Moderate support n (%)	Poor support n (%)
1.	Relatives	200(100%)	Nil	Nil
2.	Friends	Nil	106(53%)	94(47%)
3	Neighbors	Nil	104(52%)	96(48%)
4.	Other sources	Nil	Nil	200(100%)

Figure 4: Cylinder Diagram shows Support system available for aged in the Community

Table 3 and Figure4 shows all the aged reported to have good financial and material support from the relatives and shows that 53 percent reported having moderate support from friends and 47 percent reported having poor support and shows that 52 percent obtained moderate social support from neighbors where as 48 percent reported getting poor support from neighbors and shows that all the aged were getting poor support from other sources

Table 4: Mean physiological & psychological problems score and mean psychosocial problem percentage score in four areas

Sl.No	Areas	Maximum score	Mean	Standard deviation	Mean percentage
1.	Psychological problems	52	22.1	1.7667	42.50
2.	Social problems	24	9.16	3.3657	38.16
3.	Physical problems	24	12.32	1.9842	51.33
4.	Spiritual problems	20	07.48	3.7403	37.40

Table 5: Mean social support score and mean social support percentage in four areas

SL.No	Areas	Maximum score	Mean	Standard deviation	Mean percentage (%)
1.	Support from relatives	3	3	00	100
2.	Support from friends	4	1.33	0.995	33.25
3.	Support from neighbors	4	1.45	0.914	36.25
4.	Support from other sources	4	0.28	0.451	07.00

Section III: Association between physiological & psychological problems of the aged and selected demographic variables. Section deals with the analysis of

association between physiological & psychological problems of the aged and selected demographic variables using   chi-square   test.

Table 6: Association between physiological & psychological problems and age

Variables	Mild	Moderate	Severe	χ^2	df	Level of significance
60-64 yrs	0	54	44			
65-69 yrs	0	32	48	2.044	06	P>0.05
70-74 yrs	0	10	12			NS
75 yrs and above	0	0	0			

Table 6 shows that there was no significant association between physiological& psychological problems and age (χ^2_{cal}=2.044, p>0.05) at 0.05 level of significance. Hence the null hypothesis was accepted and research hypothesis was rejected.

Table 7: Association between physiological & psychological problems and sex (n=200)

Variables	Mild	Moderate	Severe	χ^2	df	Level of significance
Male	86	92	-			P>0.05
Female	10	12	-	0.032	2	NS

Table 7 shows that there was no significant association between physiological& psychological problems and sex (χ^2_{cal}=0.032, p>0.05) at 0.05 level of significance. Hence the null hypothesis was accepted and research hypothesis was rejected.

Table 8:Association between physiological & psychological problems and marital status (n=200).

Variables	Mild	Moderate	Severe	X^2	df	Level of significance
Married	72	86	00			
Unmarried	00	00	00			P>0.05
Divorced	00	00	00	0.89	6	NS
Widow	24	18	00			

Table 8 shows that there was no significant association between physiological & psychological problems and marital status (χ^2_{cal}=0.89, p>0.05) at 0.05 level of significance. Hence the null hypothesis is accepted and research hypothesis was rejected. And association between physiological & psychological problems and employment status,education& religion also (χ^2_{cal}=0.89, p>0.05),(χ^2_{cal}=0.374, p>0.05),(χ^2_{cal}=0.327, p>0.05) at 0.05 level of significance. Hence the null hypothesis was accepted and research hypothesis was rejected.

IV. CONCLUSION

The Conclusions drawn from the present study explores:

- The study has brought out the fact that there were moderate problems in physical, psychological, social and spiritual domain. Present study did not find any significant

association between physiological and psychological problems and related variables like age, sex, marital status etc.Social support available to them like health agency, non-governmental agency is very poor.

- Findings of the present study highlights the need to give importance to geriatric assessment and effective implementation of nursing care for the geriatric population in the coming decades the geriatric population will be doubled and the present social support is not at all adequate. Therefore, it is for the government to start new avenues for the care of the aged. Budding nurses should be equipped with information on these areas. Hence the nursing curriculum should be modified with special emphasis on geriatric nursing and separate clinical hours should be initiated.

REFERENCE

[1]. Austria Wakayema Y, Mar Da M, Sunohara N, Kachi T, Nippon Ronan.Igakkaizasshi 2009 June; 30(6): 396-403.
[2]. Elango S. A study of health and health related social problems in the geriatric population in a rural area of Tamilnadu. Indian journal of public health.2000; Vol XXXII, No 1: 7-8.
[3]. Khan.M.Z, KaushikArchana. Where do the elderly stand in the changing economic scenario? Social Welfare 1999; 35-9.
[4]. Kishore jugal, Reddaiah.v.p, Kapoorvinay, Gill.j.S. Characteristics of mental morbidity in a rural primary health centre of Haryana. Indian journal of psychiatry 1996; 38 (3):137-142.
[5]. KlausnerJ.Ellen, AlexopoulosS.George. The future of psychosocial treatments for elderly patients.Psychiatric services. 2000 Feb; l50:1198-1204.

.

[6]. Ozols, J. &Rourke, B. P. (1991). Classification of young learning-disabled children according to patterns of academic achievement: Validity studies. In B. P. Rourke (Ed.), Neuropsychological validation of learning disability subtypes. pp. 97-123.
[7]. Palombo, J. (2006). Nonverbal learning disabilities.New York, NY: W. W. Norton & Company. Book Chapter: The Social Features of NLD Subtypes. 96
[8]. Panos, P. T., Porter, S. S., Panos, A. J., Gaines, R. N., &Erdberg, P.S. (2001).An evaluation of a case of agenesis of the corpus callosum with Rourke's nonverbal learning disorder model.Archives of Clinical Neuropsychology, 16, 507-521.
[9]. Saraswathi.K, Prakasamma M. Analysis of the problems of the aged above 60 years in a selected urban community in Hyderabad . Nursing journal of India 2000; VOL LLXXXI No 4:86-88.
[10]. Sharma A L. geriatrics a challenge for the twenty first century.Indian journal of public health. 2003 Jul; 47 (3): 16-20.
[11]. Woods.T Bob. What's so different about older people? Clinical psychology and psychotherapy.2003 Jan; 10: 129-132