Original Research Paper

Community Medicine

PSYCHOSOCIAL PROBLEMS AMONG ELDERLY WOMEN OF RURAL AREA OF MAHARASHTRA

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ABSTRACT **Introduction:** The health problems of the elderly are complicated by social, economic and psychological interactions to a greater degree than younger people. Moreover, these problems are usually multiple and are often masked by sensory and cognitive impairments so that special skills are required to detect them. These factors contribute to a worsening of morbidity and mortality. Little is known about the health needs of elderly population. Psychosocial issues encompass the psychological and social aspects of a person's life influencing thoughts, feelings, behaviors, health, functioning, well-being and/or Quality Of Life.

Objective: To assess and analyze the psychosocial problems as perceived / faced by geriatric women in the study area.

Material And Methods: Community based cross-sectional study was carried out in the field practice area of Rural Health and Training Centre. All women (n=260) aged 60 years and above of six Anganwadi area interviewed by house to house survey. Statistical analysis was done by SPSS 17.0.

Results: 33.46% of elderly women belonged to age group of 60-64 years. Among perception of psychosocial problems in elderly women feeling of negligence was more common followed by feeling of loneliness, strained relation with family and maladjustment in family. There is significant relation between Psycho-social problem and Age group.

Conclusion: The present study depicts current picture of society where there is breakdown of family structure and framework of family support is diminishing which leads to variant number of psychosocial problems that if not taken care of lead to decrease quality of life and burden the national economy.

KEYWORDS : Geriatric women, Rural, Psychosocial problems, Quality of life

INTRODUCTION:

The health problems of the elderly are complicated by social, economic and psychological interactions to a greater degree than younger people. Moreover, these problems are usually multiple and are often masked by sensory and cognitive impairments so that special skills are required to detect them. These factors contribute to a worsening of morbidity and mortality. Little is known about the health needs of elderly population.[1] Emotional and social problems in older adults among them social isolation, substance misuse, financial insecurity, depression, elder abuse, caregiver burden, self-neglect, and housing issues, to name a few are called **psychosocial concerns.** These psychosocial issues are prevalent, associated with substantial morbidity, and influence disease progression, function and mortality. Psychosocial issues encompass the psychological and social aspects of a person's life influencing thoughts, feelings, behaviors, health, functioning, well-being and/or quality of life. Helping older adults achieve **psychosocial health** is essential to their maintaining overall health, function, quality of life and well-being.[2]

In order to provide essential quality of life and wellbeing to elderly this study has been carried out to identify their psychosocial problems, by this we can solve their problem and provide them a healthy life.

Objectives:

To assess and analyze the psychosocial problems as perceived / faced by geriatric women in the study area.

MATERIAL AND METHODS

Study Area:

This community based cross-sectional study was carried out in the field practice area of Rural Health and Training Centre (RHTC), comes under the Department of Community Medicine of Private Medical College of Wardha Maharashtra.

Study Participants:

All women aged 60 years and above in the study area formed the study population.

Duration Of Study: September 2013 to October 2015.

Study Design: This study is a Community Based Cross- sectional study.

Sampling Method And Sample Size:

There are total 6 Anganwadi come under RHTC which were approached for the purpose of acquiring the family baseline data so as to get information about the elderly women residing around those anganwadis. Out of these six anganwadis area, we selected all geriatric women by the house to house survey. Altogether 260 elderly could be taken into study.

Inclusion Criteria:

1. All women aged over 60 years and above who are residing in the study setting for at least 1 year.
2. Willing to give informed written consent.

Exclusion Criteria:

1. Terminally ill or critically ill patient.
2. Severe Cognitive impaired.

Data Collection:

Data was collected by investigator using interview method through household visits using a pre-structured & pre-tested questionnaire. The questionnaire includes Socio-demographic profile and psychosocial problems. Written informed consent was obtained from the respondents for participation in the study. Elderly women of 60 years and above were interviewed to collect information regarding socio-demographic characteristics and their self-perceived health and psychosocial problems.

Statistical Analysis:

Descriptive statistics was used to display Socio-demographic profile of the participant. Data were entered in Microsoft Office Excel and Statistical analysis was done by using descriptive and inferential statics using chi square test and software used in analysis were Statistical Package for Social Science (SPSS) 17.0.

OBSERVATIONS AND RESULTS:

Table 1. – Socio - Demographic Profile Of Elderly Women

CHARACTERISTIC	NO. OF ELDERLY WOMEN (N = 260)	PERCENT (%)
Age (years)wise profile		
60-64	87	33.46
65-69	73	28.08
70-74	60	23.08
75-79	20	7.69
≥ 80	20	7.69
Marital Status wise profile		
Unmarried	1	0.38
Married	150	57.7
Widow	106	40.77
Separated	3	1.15
Type of family wise profile		
Living alone / Singular	52	20
Nuclear	96	36.93
Three generation	107	41.15
Joint or extended	5	1.92

Table 1.Shows the distribution of study population according to age. 87 (33.46%) of elderly women belonged to age group of 60-64 years, followed by 73 (28.08%) in age group of 65-69, 60 (23.08%) belonged to age group of 70-74 years , 20 (7.69%) comes in age group of 75-79 years, and 20 (7.69%) belonged to 80 years and above.

Above table also shows about marital status of elderly women. 57.7% of elderly women were married, whereas 40.77% of elderly women were widow, 1.15% was separated and 0.38% was unmarried.

It also tells regarding distribution of elderly women according to type of family. 41.15% of elderly women were living in three generation families. 36.93% lived in nuclear families whereas 20% were living alone. Only 1.92% elderly women were living in joint or extended families.

Table 2. Socio - Economic Profile Of Elderly Women

CHARACTERISTIC	NO. OF ELDERLY WOMEN (N = 260)	PERCENT (%)
1.2.1 Education wise profile		
Illiterate	205	78.85
Primary Education	29	11.2
Middle School	17	6.5
High School	5	1.92
Intermediate	4	1.53
1.2.2 Type of Occupation wise profile		
Unemployed	140	53.85
Unskilled worker	97	37.3
Semiskilled worker	4	1.54
Clerical, shop owner, farmer	19	7.31
1.2.3 Socio-economic status wise profile		
Class I	18	6.92
Class II	35	13.47
Class III	94	36.15
Class IV	81	31.15
Class V	32	12.31

Table 2 shows that 78.85% of elderly were illiterate. In elderly 11.2% were having Primary education, 6.5% were middle school, 1.92% elderly were having education up to high school. Only 1.53% elderly were above intermediate. Above table also depicts distribution of elderly according to type of occupation. Majority (53.85%) of elderly were unemployed. Others were indulged in labor or unskilled worker (37.3%), semiskilled (1.54%) and shop owner and farmer were 7.31%.

Majority of elderly women belonged to class III (36.15%) and class IV (31.15%) followed by class II (13.47%) and class V (12.31%) and then 6.92% class I according to modified BG Prasad classification.

Table 3. Psycho- Social Problem's Perception Of Elderly Women (N=260)

Relation with family member	elderly women	Percent (%)
Good	132	50.77
Strained	120	46.15
NA	8	3.08
Feeling of negligence/ignorance		
Yes	158	60.77
No	94	36.15
NA	8	3.08
Is there maladjustment?		
Yes	118	45.39
No	134	51.54
NA	8	3.07
Are you having feeling of loneliness?		
Yes	150	57.70
No	110	42.30

Note - multiple responses

Table 3 shows that 50.77% good relation with family and 46.15% strained relation. 3.08% did not respond, due to infertility or married daughter child. 60.77% elderly women had feeling of negligence. 45.39% were show maladjustment in family. 57.70% elderly women were facing feeling of loneliness.

Table 4.question Related To Social Life Or Recreational Activity Of Elderly Women (n=260)

Question	recreational activity		Elderly women	Percent (%)
How do you spend your spare time?	Radio		0	0
	Television		79	30.38
	Meditation		7	2.69
	Reading		0	0
	Other		245	94.23
Are you linked to any social group?	Yes		17	6.53
	If Yes, specify (n=17)	Bhajan Mandal	11	64.70
		Mahila Mandal	1	5.88
		BachatGhat	6	35.29
		Any Other	2	0.76
	No		243	93.46
Do you participate in social activities?	Yes		156	60
	No		104	40
Are you feeling of boredom?	Yes		23	8.84
	No		237	91.15

Note - multiple responses

Table 4.shows kind of recreational activity of elderly women. Out of 260, spend their spare time in watching television (30.38%), only 2.69% performed meditation. Maximum elderly spend time in other activity (94.23%) like talking to neighbor or friends. Only 6.53% elderly women linked to social group. Among this (6.53%) maximum were linked to bhajanmandal (64.70%). 60% elderly attained social activities. Only 8.84% were feeling of boredom, rests were adjusted to their life.

Table 5. Relation Between Psycho-social Problem And Age Group

Psycho-social problem	Age group			Total	χ2/df	P value
	60-69years (n=160)	70-79years (n=80)	≥80years (n=20)			
Strained Relation with family	100 (62.5%)	17 (21.25%)	3 (15%)	120	44.7/1	0.0001,s
Feeling of Negligence	131 (81.87%)	24 (30%)	3 (15%)	158	77.7/1	0.0001,s
Maladjustment in family	101 (63.12%)	14 (17.5%)	3 (15%)	118	52.8/1	0.0001,s
Feeling of Loneliness	127 (79.3%)	20 (25%)	3 (15%)	150	80.1/1	0.0001,s

Table 5 shows relation between Psycho-social problem and Age group. Age group 60-69years have 62.5% Strained Relation with family,81.87% Feeling of Negligence in family, 63.12% Maladjustment in family, 79.3% Feeling of Loneliness. Age 80 years

and above have 15% each Psycho-social problem. For the test of significance 2 groups were 60-69 years and ≥ 70 years taken. There is significant relation between Psycho-social problem and Age group, p value (0.0001). This shows difficulty in adjustment in changing situation in early phase of elderly, later on they were accustomed to circumstances.

Table 6.   Relation Between Psycho-social Problem And Marital Status

Psycho-social problem	Marital status		Total	χ2/df	P value
	Married (n=150)	Widow/ Separated/ Unmarried (n=110)			
Strained Relation with family	64(42.66%)	56(50.90%)	120	1.73/1	0.188,ns
Negligence in family	90(60%)	68(61.81%)	158	0.088/1	0.767,ns
Maladjustment in family	66(44%)	52(47.27%)	118	0.274/1	0.601,ns
Feeling of Loneliness	78(52%)	72(65.45%)	150	4.71/1	0.030,s

Table 6 shows nearly similar result in both married and widow or separated. Widow/ Separated/ Unmarried have Strained Relation with family 50.90%, Feeling of Negligence in family 61.81%, Maladjustment in family 47.27%, Feeling of Loneliness 65.45%. There were p values (0.030) significant for feeling of loneliness with chi square 4.71 and degree of freedom were 1.This may be indicate that psycho social problems more in widow or separated than married but widowhood occur in late age group, till that time elderly were habituated for changing condition but widow or separated elderly women feel more loneliness than married.

Table 7. Relation Between Psycho-social Problem And Type Of Family

Psycho-social problem	Type of family			Total	χ2/df	P value
	Living alone (n=52)	Nuclear (n=96)	Three Generation / Joint (n=112)			
Strained Relation with family	42 (80.76%)	61 (63.54%)	17 (15.17%)	120	80.0/2	<0.0001,s
Negligence in family	41 (78.84%)	74 (77.08%)	43 (38.39%)	158	41.4/2	<0.0001,s
Maladjustment in family	37 (71.15%)	62 (64.58%)	19 (16.96%)	118	64.7/2	<0.0001,s
Feeling of Loneliness	52 (100%)	71 (73.95%)	27 (24.10%)	150	100/1	<0.0001,s

Table 7 shows elderly women who lived alone have more psycho-social problems than who belong to joint family. Living alone has Strained Relation with family 80.76%, Feeling of Negligence in family was 78.84%, Maladjustment in family was 71.15%, and Feeling of Loneliness was 100%. Joint family have finding of 15.17%, 38.39%, 16.96% and 24.10%respectively. In relation to psychosocial problem with type of family have significant p value (<0.0001).

Table 8 - Relation Between Psycho-social Problem And Socio-economic Status

Psycho-social problem	Socio-Economic Status			Total	χ2/df	P value
	Class I / II (n=53)	Class III (n=94)	Class IV/ V (n=113)			
Strained Relation with family	16 (30.18%)	46 (48.93%)	58 (51.32%)	120	6.95/2	0.031,s
Feeling of Negligence	24 (45.28%)	61 (64.89%)	73 (64.60%)	158	6.70/2	0.035,s
Maladjustment in family	18 (33.96%)	44 (46.80%)	56 (49.55%)	118	3.66/2	0.160,ns
Feeling of Loneliness	23 (43.39%)	56 (59.57%)	71 (62.83%)	150	5.80/2	0.055,ns

Table 8 shows lower the socio economic status, more the psycho social problems. There were significant association of low socio economic status (class IV and V) with strained relation with family and feeling of negligence of psycho social problems. P values with <0.05 interpretation. Class IV and V have Strained Relation with family 51.32%, Feeling of Negligence in family 64.60%, Maladjustment in family 49.55%, Feeling of Loneliness 62.83%.

Table 9.   Relation Between Psycho-social Problem And Occupation

Psycho-social problem	Occupation		Total	χ2/df	P value
	Unemployed (n=140)	Employed (n=120)			
Strained Relation with family	38(27.14%)	82(68.33%)	120	44.1/1	<0.0001,s
Feeling of Negligence	61(43.57%)	97(80.83%)	158	37.6/1	<0.0001,s
Maladjustment in family	39(27.85%)	79(65.83%)	118	37.6/1	<0.0001,s
Feeling of Loneliness	55(39.28%)	95(79.16%)	150	42.1/1	<0.0001,s

Table 9 shows all psycho social problems have significant p value (<0.0001) in relation to employed elderly women. Thus significant association was observed with p value <0.05. Employed elderly women have 68.33% Strained Relation with family,80.83% Feeling of Negligence in family, 65.83% Maladjustment in family, 79.16% Feeling of Loneliness. This shows due to strained relation, negligence and maladjustment, there was need of doing work for livelihood even in this age group. Without family support elderly women suffer more loneliness.

DISCUSSION:

1. Socio-demographic Profile: In current study majority (33.46%) of elderly women belong to **age group** of 60-64 years followed by 28.08% women belong to age group 65-69 . 7.69% were 80 years and above. Present study showed, decreasing proportion of elderly women with increase in age. Similar finding were also shown by **Lena et al (2009)[3], Boralingaiah et al (2012)[4]S. K. Gupta et al (2012)[5]**

The study shows as per **marital status** of elderly women, more than half were married (57.7%), followed by widow and very minimal were separated or unmarried. Similar results were in study of **Boralingaiah et al (2012)[4], Singh R et al (2013)[6].** In contrast to our study, **Lena et al (2009)[3], Balamurugan J., Ramathirtham G. (2012)[7]**found 25.6% married, 6.6% separated and 67.7% widow elderly women. These studies were performed in southern states, where widowhood is more than northern states.

In present study, 43.07% of elderly women **were living in three generation or joint** families. 36.93% lived in nuclear families whereas 20% were living alone. Similarly **Boralingaiah, et al (2012)[4], Sumanth S. Hiremath (2012)[8]**found 46.7%, 43.2% Nuclear family and 53.29%, 56.8% in joint family respectively.

Present study shows 53.85% of elderly were **unemployed** and 46.15% employed. Both population census 2001 and NSSO survey on employment-unemployment survey (2007-08) revealed that nearly 40% of person aged 60 years and above (60% of men and 19% of women) were working. In rural 66% elderly men and 23% elderly women still participate in economic activity.[9]

2. Psycho- Social Problems

In this study, 50.77% elderly women had good relation with family and 46.15% strained relation. 3.08% did not respond, due to infertility or married daughter child. 60.77% elderly women had feeling of negligence, 45.39% maladjustment in family, 57.70% elderly women facing feeling of loneliness. Nearly similar result found in study of **Lena et al (2009)[3]** in their study reported 57.3 % of the respondents being neglected by family members. While 47% felt unhappy in life and 36.2% felt they were a burden to the family. **Sumanth S. Hiremath (2012)[8]**found 50% study participant felt neglected by their family members, while 47% felt unhappy in life and 36.2% felt they were a burden to the family. Some other study shows variation due to use any scale or methods for analysis of psychosocial problems. **Prakash R et al (2004)[10]**reported 20% feeling of neglected or ignored in elderly women. 27.3% elderly women had loneliness. **Shrivastava**

AK et al (2013)[11]found around 2/5th (39.7%) felt that they were neglected by the family members and their decision did not matter and 34.7 % felt they were burden to family. **Sanjiv Kumar Barman et al (2014)**[12]psychological perception (19.38%) of the aged people had felt a change of attitude of their family members towards them. (58.75%) had attributed for the change in behavior of other family members. (26.88%) had a complaint of feeling of loneliness and (31.25%) had a feeling of neglect.

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