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DESCRIPTIVE STUDY TO ASSESS THE HEALTH PROBLEMS FACED AND COPING STRATEGIES ADOPTED BY ELDERLY PEOPLE RESIDING IN SELECTED AREA OF TRIPURA WITH A VIEW TO DEVELOP INFORMATION BOOKLET ON SUCCESSFUL AGING

Nursing

Ms. Subarna Paul* Tutor, Tripura Institute of Paramedical Sciences. *Corresponding Author

Prof. Rita Bhattacharyya Principal, Tripura Institute of Paramedical Sciences.

Prof. Thoudam Usharani Devi Vice Principal, Tripura Institute of Paramedical Sciences.

ABSTRACT

The researcher conducted a descriptive study to evaluate the health challenges and coping mechanisms employed by elderly individuals residing in a specific area of Tripura. Using the convenience sampling technique, 150 elderly participants were selected from Nidaya, Sepahijala district, Tripura. The assessment tools included a structured questionnaire for common physical illnesses, Modified Barthel's Index for functional dependence, Mini-Mental State Examination (MMSE) for cognitive impairment, and a semi-structured questionnaire to evaluate coping strategies related to health issues among the elderly.

The findings of the study revealed that 37.3% of the respondents were in the 60-66 age group. Among the participants, 52.7% were female, 81.3% identified with the Hindu religion, 90.7% belonged to nuclear families, and 59.3% were married. The majority (60%) had a monthly family income of less than Rs. 10,001. The prevalent physical illnesses included sensory system issues in 92.7% of respondents, followed by cardiovascular system problems in 86%, musculoskeletal system in 62%, gastrointestinal system in 46%, urinary system in 41%, female reproductive system in 17%, male reproductive system in 25%, and endocrine system in 28%.

Cardiovascular problems, particularly hypertension (57.36%), were the most common. Functional dependence was moderate in 40% of respondents, while 51.3% exhibited mild to moderate cognitive impairment. Coping strategies involved engagement in spiritual activities (54.67%), acceptance of illness (34%), walking (32%), regular exercise (25.33%), and dietary changes (18.67%). Approximately 48% sought support from family members, and 13.33% sought support from friends to cope with functional dependence. More than half (52.67%) sought help from family and friends, while 44.67% increased interaction with their surroundings to cope with cognitive impairment.

Significant associations were observed between the health problems of elderly individuals and socio-demographic variables such as age, religion, dietary patterns, family income, gender, family history of mental disorders, habits, previous occupation, marital status, any history of falls, and accidents in the past one month at a significance level of < 0.05.

KEYWORDS

Information booklet, Aging, Elderly, Quality of life, Coping, Cognitive impairment.

INTRODUCTION:

The elderly population is rapidly increasing in many countries, including India. With advancements in medical technology and improved living conditions, people are living longer than ever before. While this is a positive trend, it also presents a unique set of challenges, especially in terms of health. As people age, they are more susceptible to various health problems and may require additional support to maintain their well-being.

Tripura, a state in Northeast India, has a significant elderly population, with approximately 8% of its population over the age of 60 years. However, there is limited research on the health problems faced by elderly people in Tripura and the coping strategies they adopt to maintain their health. This study aims to fill this gap by conducting a descriptive study to assess the health problems faced and coping strategies adopted by elderly people residing in a selected area of Tripura.

The significance of this study is underscored by the increasing proportion of elderly individuals in Tripura and the associated health implications. According to recent demographic data, Tripura has experienced a notable surge in its aging population, with a substantial percentage of residents falling within the elderly age group (60 years and above). This demographic trend necessitates a comprehensive exploration of the health issues faced by this vulnerable segment of the population.

Statistics further highlight the urgency of addressing the health challenges among the elderly in Tripura. Common health issues prevalent in this demographic, including cardiovascular issues, musculoskeletal problems, and cognitive impairments, underscore the need for tailored interventions. Additionally, socio-demographic factors such as income, gender, and religious affiliations play a crucial role in determining the health outcomes of the elderly.

The development of coping strategies is equally critical in ensuring the well-being of elderly individuals. Understanding the coping mechanisms adopted by the elderly population can guide the creation of targeted interventions that empower them to navigate health challenges successfully.

Aim Of The Study:

The aim of the study is to assess the health problems faced and coping strategies adopted by elderly people.

STUDY OBJECTIVES

1) To assess the prevalence of health problems faced by elderly people.
2) To explore the coping strategies adopted related to health problems among elderly people.
3) To find the association between health problems faced by elderly people and their selected demographic variables.
4) To develop and disseminate information booklet on successful Aging.

METHODOLOGY

Research Design:

The study employs a non-experimental descriptive research design, providing a structured plan for investigating health problems and coping strategies among elderly individuals in a selected area of Tripura.

Variables under Study:

The research focuses on two key variables: health problems faced by elderly individuals and the coping strategies adopted by them.

Setting Of The Study:

The research is conducted in Nidaya, Sepahijala District, Tripura. The selection is based on factors such as sample availability, feasibility, administrative approval, and investigator accessibility.

Population:

The target population comprises all elderly individuals aged 60 years and above, encompassing both males and females in the study area.

Sample and Sampling Technique:

The sample of 150 elderly individuals is selected using a convenience

sampling technique, ensuring practicality in data collection.

Inclusion Criteria:
Elderly individuals aged 60 years and above, willing to participate, and available during data collection are included in the study.

Exclusion Criteria:
Elderly individuals not willing to participate, those with mental challenges, and visitors not residing in the defined study area are excluded.

Selection and Development of Tool:
The research tool consists of various sections, including a proforma for demographic variables, a structured questionnaire for physical health, Modified Barthel's Index for functional dependence, Mini-Mental State Examination (MMSE) for cognitive impairment, and a semi-structured questionnaire for coping strategies.

Description Of Tool:
The tool is designed with sections covering demographic variables, physical health, functional dependence, cognitive impairment, and coping strategies. Validity is ensured through expert opinions, language validation, and content validity.

Development of Information Booklet:
An information booklet for successful aging is created based on literature review, practical experience, and expert validation. It includes content on aging, related problems, and tips for graceful aging.

Reliability Of Tool:
Reliability is assessed through a test-retest method, showing high reliability values of 0.91 and 0.96 for the structured questionnaire and semi-structured questionnaire, respectively.

Ethical Consideration:
Ethical considerations involve obtaining permissions from the institution, department head, Research and Ethical Committee, and relevant authorities. Informed written consent is obtained from participants, ensuring confidentiality and voluntary participation.

RESULTS:

Table 1: Sociodemographic Variables Of Elderly People

Demographic Variables	F	%
Age		
60-66 years	56	37.3
66-73 years	49	32.7
73-80 years	29	19.3
Above 80 years	16	10.7
Gender		
Male	71	47.3
Female	79	52.7
Religion		
Hindu	122	81.3
Christian	22	14.7
Muslim	05	3.3
Buddhism	01	0.7
Type of family		
Nuclear	136	90.7
Joint	12	08
Extended	02	1.3
Marital Status		
Married	89	59.3
Unmarried	02	1.3
Widow/widower	54	36
Separated	05	3.3
Previous occupation		
Unemployed/Homemaker	79	52.7
Self employed	50	33.3
Private job	05	3.3
Government employee	16	10.7
Family income		
Less than 10001	90	60
10001-29972	41	27.3
29972-49961	13	8.7
49961-74755	04	2.7
Above 74755	02	1.3
Any Habits		
Smoking	55	36.7
Drinking alcohol	06	04
Tobacco consumption	03	02
Chewing betel leaf	86	57.3
Receiving pension n= 16		
Yes	14	87.5
No	2	12.5
Health policy		
Yes	54	36
No	96	64
Family history disease		
Yes	18	12
Diabetes	06	4
Prostate cancer	01	0.7
Stroke	04	2.7
Throat cancer	03	02
COPD	04	2.7
No	132	88
Dietary pattern		
Vegetarian	24	16
Non-vegetarian	126	84
History of fall, accident		
Yes	18	12
Fell in bathroom	12	08
Fell from stair	06	04
No	132	88

The frequency and percentage distribution of common physical illnesses among 150 elderly individuals reveals notable patterns. In the sensory system, 46.04% experienced hearing loss, 33.82% had cataract and refractive errors, and 20.14% had glaucoma. In the musculoskeletal system, 65.59% suffered from osteoporosis. In the endocrine system, 79.07% had diabetes. Cardiovascular issues included 57.36% with hypertension. Respiratory problems included 36.84% with bronchial asthma. Gastrointestinal challenges encompassed 61.42% with chronic constipation. Urinary issues showed 62.90% experiencing urinary incontinence. Reproductive problems for females included 57.14% with uterine prolapse. For males, 100% had prostate enlargement. Cancer cases included 66.67% throat cancer for males and 100% breast cancer for females.

The analysis of coping strategies among 150 elderly individuals regarding common physical illnesses indicates diverse approaches. Notably, 11.33% did not adopt any coping strategies, 5.33% engaged in regular exercise, 14% practiced yoga and meditation, 18.67% adjusted dietary patterns, and 54.67% participated in spiritual activities. Functional dependence findings showed 40.67% without coping strategies, 8% incorporating exercise, 13.33% seeking support from friends, and 48% seeking support from family. Regarding cognitive impairment, 20% did not adopt coping strategies, 12% practiced regular exercise, 52.67% sought help from family and friends, and 44.67% increased interaction with surroundings, with none engaging in social activities.

The association between health problems faced by elderly individuals and demographic variables is evident across various systems. In the sensory system, age and dietary patterns significantly influenced health issues ($p < 0.05$), while no significance was found with gender, religion, family type, marital status, income, occupation, habits, family history, or recent accidents.

Musculoskeletal problems were significantly associated with family income ($p < 0.05$), while other demographic factors showed no significant links.

Endocrine issues were linked to gender ($p < 0.05$), but not to age, religion, family, marital status, occupation, income, habits, family history, or accidents. Similar trends were observed in integumentary and cardiovascular systems.

Respiratory problems correlated with smoking, drinking, tobacco, and betel leaf habits ($p < 0.05$), while other demographics showed no significant associations. Gastrointestinal issues were associated with religion and income ($p < 0.05$), while other factors exhibited no significant links.

Urinary and reproductive systems showed significant associations

with gender, habits, and income ($p < 0.05$), with no significance in other demographic variables.

Cancer problems were linked to gender, occupation, habits, and income ($p < 0.05$), while age, religion, family, marital status, income, history, and dietary patterns showed no significant associations.

Functional dependence was significantly linked to age and recent accidents ($p < 0.05$), while gender, religion, family, marital status, income, habits, insurance, family history, and diet did not exhibit significant associations.

Cognitive impairment was significantly associated with age, marital status, occupation, income, and recent accidents ($p < 0.05$), while gender, religion, family, habits, family history, and diet showed no significant links.

CONCLUSION:

The study revealed a predominant occurrence of common physical illnesses in the sensory and cardiovascular systems, with over half experiencing mild to moderate cognitive impairment and almost half facing moderate functional dependence. Coping strategies were adopted by the majority to address these health challenges. The findings underscore the prevalence of various health issues among the elderly, emphasizing the imperative for heightened awareness regarding health problem origins and the promotion of healthy lifestyles. Urgent attention is needed for unmet health needs like unoperated cataracts, uncontrolled hypertension, and uncorrected hearing impairment, particularly in marginalized groups, requiring health interventions in developing nations.

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