

A Descriptive Study to Assess the Emotional Problems among Senior Citizens Living in Old Age Home in Selected Districts of Himachal Pradesh

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Abstract: ***Introduction:** Aging is a natural process but at the same time, the aging population has substantially increased. Socially this stage is considered the total of one lived experience. Aims and objectives: The study aim to assess the emotional problems level among senior citizen living in old age home. To find the association of emotional problems with their selected socio demographic variables. **Methodology:** Non - experimental research design was used to collect data from senior citizens living in old age homes. Total 100 senior citizens were enrolled into the study by using purposive sampling technique. The checklist was used to assess the emotional problems among senior citizens living in old age home. **Result:** The result of the study depicts that after assessing the emotional problems among senior citizens living in old age home, out of 100 senior citizens, 46 (46%) had severe score, 54 (54%) had moderate score, and 0 (0%) had mild score regarding Depression and loneliness. 35 (35%) had severe score, 64 (64%) had moderate score, and 0 (0%) had mild score regarding Stress and Anxiety. 38 (38%) had severe score, 62 (62%) had moderate score, and 0 (0%) had mild score regarding Grief & Loss. The present study shows that there is no significant association between gender, residing area, religion, previous occupation, income, and the number of children with emotional problems among senior citizens at 0.05 level of significant. **Conclusion:** It was concluded that by this study we assess the emotional problems among senior citizens living in old age homes. The majority of individuals experiencing moderate level of Depression & Loneliness, Stress & Anxiety, Grief & Loss.*

Keywords: Senior citizens, old age homes, Depression, Loneliness, Stress, Anxiety, Grief, Loss

1. Introduction

Aging is a natural and continuous irreversible changing process. In this stage progressive generalized impairment of function occur which results in loss of adaptive response to stress, anxiety and depression. Unfortunately for the past 50 years, the traditional Indian family system has been changed to nuclear family. The role of providing safety security has been shared by the institution such as old age home. The absence of family care surrounding gives rise to loneliness and depression. In words of Seneca; "Old age is an incurable disease" but more recently commented: We do not heal old age. Protect it; Promote it; Extend it².

Old age consists of ages of nearing or surpassing the average life span of human beings, and thus the end of the human life cycle. In old age a kind of vacuum is created as they are separated from the rest of your family. There is no concrete work schedule to follow, and they start feeling unwanted. When all the young members of the family are busy in their discourses of life, old people lack the love and attention you need. All these factors contribute in stressing in old age³.

Ageing is universal biological processed experienced by all creatures including human beings. People age differently & experience ageing differently based on heredity, lifestyle & attitudes³. Old age is the most vulnerable period of life. The world is rapidly ageing the number of people aged 60 and over as a proportion of global population will double from 11% in 2006 to 22% by 2050⁴.

The aged feel a sense of social isolation because of disjunction from various bonds viz., work relationships & diminished of relatives & friends, mobility of children to far of places for jobs⁵. The elderly people face number of problems & adjust to them in varying degrees in their old age. These problems range from absence of ensured & their dependents, to ill - health, absence of social security, loss of social role & recognition, and the non - availability of opportunities for creative use of free time⁶.

Depression decreases an individual's quality of life and increases dependence on other. Geriatric population with depression are at a higher risk for chronic diseases like coronary heart disease, cancer, diabetes mellites & hypertension⁷. At any age, stress is a part of life stress come in two basic flavours, physical and emotional - and both can be especially taxing for older people. Overload of stress hormones have been linked to many health problems including heart disease, high blood pressure and weakened immune function⁸.

In an attempt to neutralize or counteract the emotional problems person develops individual pattern of coping which is termed as coping mechanism. Lazarus and Folkman (1984) suggested two types of coping responses emotion focused and problem focused. Emotion focused coping involved trying to reduce the negative emotional responses associated with stress whereas problem focused strategies aimed to remove or reduce the cause of stressor⁹.

The National Health Interview Survey shows that 75 percent of old age population experiences at least some stress, half of

those experience moderate or high levels of stress during their life time. The APA survey shows that two thirds of Americans say they are likely to seek help for stress. All ages are affected with stress in their life time. Stress is a major health issue that is not always seen as the cause of the many health problems with which it is associated¹⁰. Senior citizens face three serious problems. They are poverty, disease and loneliness. An emotional and psychological problem tormenting the elders is loneliness. This is due to the growing “empty nest syndrome”. The children go away to far - off countries in search of economic betterment. Even if they live within the country, due to the spread of western ideas such as “spacing, privacy, individualism and non - interference, ” the nuclear families are becoming the norm even in villages. Love marriages have further aggravated the breakup of the joint family system. Even within joint families, the elders feel lonely owing to the denial of due respect, concern and care by youngsters. The younger generation generally lacks sensitivity towards elders’ need for emotional support. All these factors have contributed to the psychological trauma called “loneliness”¹¹.

Older persons constitute one of the most vulnerable sections of the society. Senior citizens as any person who is a citizen of India and has attained the age of “60 years and above”. The older adult population can be divided into three life stage subgroups: the young - old (approximately 65–74), the middle - old (ages 75–84), and the elderly old (over age 85). India’s population of 1.31 billion, the second largest globally, comprises 17% of the world’s total (United Nations 2015), and the United Nations Population Division estimates that India’s population will in fact overtake China’s by 2028. As India’s population grows, its expanding share of older adults is particularly notable. Currently, the growth rate of the number of older individuals (age 60 and older) is three times higher than that of the population as a whole. Old age homes are homes, which provide residential care for elderly who are destitute or homeless and for people who are not able to function independently in all aspects of their daily living. At present there are more than 800 Old age homes in India. Detailed information of 547 homes is available. Out of these, 25 homes are free of cost while 95 old age homes are on pay and stay basis, 116 homes have both free as well as pay stay facilities¹².

Demographic ageing is a global phenomenon. The world’s population is ageing. By 2025, the world’s population is expected to include more than 830 million people. an age of 65. The percentage of the population ≥ 65 will be highest in developed countries, but the absolute number will be higher in developing countries. Developing countries such as China and India have the largest total population, and will continue to have the largest absolute number of elderly people. With a comparatively young population, India is still poised to become home to the second largest number of older persons in the world. In primary aging there is degeneration of ‘regulatory mechanism’ controlling various organic tissues especially of nervous, endocrine and immune systems. In brief, with age skin gets dry, wrinkles appear, hair greys and drops, hearing decreases, bodily powers wane, sleep pattern is altered, loss of memory occurs. Conditions imposed by primary factors are stepped up by secondary factors like disease, malnutrition etc. Weakening of the body provide

inroad to microbial attacks and the situation is often aggravated with multiple ailments.¹³

2. Need of the Study

The growing aging population worldwide underscores the importance of focusing on the well - being of senior citizens, particularly those residing in old age homes. These environments, often chosen due to various circumstances such as health issues, the absence of caregivers, or personal choice, present unique emotional challenges for the elderly. Assessing the emotional problems among senior citizens in these settings is crucial for several reasons, as it helps to understand and address the specific mental health needs of this vulnerable group.

The unique challenges faced by residents of old age homes, such as feelings of abandonment, loss of independence, and adjustment difficulties in communal living environments, further highlight the need for such a study. These challenges can significantly impact their emotional health, making it imperative to tailor mental health interventions to their specific needs. Understanding these unique issues can lead to the development of more effective therapeutic and recreational programs that are specifically designed to enhance the emotional well - being of these residents.

Raising public awareness about the emotional problems faced by senior citizens in old age homes is crucial for advocacy and the promotion of better mental health resources. Highlighting these issues can drive societal and governmental actions toward improving the conditions in old age homes, ensuring that senior citizens receive the care and support they deserve.

In conclusion, in this study we assessing the emotional problems among senior citizens living in old age homes is essential for improving their mental health care and overall well - being. It provides valuable insights that can lead to better support systems, targeted interventions, and enhanced quality of life for this vulnerable population.

3. Materials and Methods

3.1 Research Design:

The research design is the architectural backbone of the study. The research design adopted for this study was A descriptive research design is used to assess the emotional problems among senior citizens living in old age home of selected districts of Himachal Pradesh.

3.2 Research Variables:

1) Dependent variables:

The dependent variable is the effect of the independent variable and cannot exist by itself. In this study the dependent variable is emotional problems of senior citizen living in old age home.

2) Independent variables:

The independent variable is the variable that stands alone and not dependent on any other. In this study the independent variables are age, gender, residing area, religion, marital

status, educational status, previous occupation, income from any source, number of children, previous emotional problem.

Target Population:

Target population is the entire population in which the researcher is interested and would like to generalize the result of the study. The target population for the present study includes **100 senior citizens** living in old age home.

Sample and Sampling Technique:

Sample is the subset of a population selected to participate in the study. Sampling refers to the process of selecting a portion population to represent the entire population.

For the present study, the investigator adopted **Purposive** sampling method and the sample comprised of **100 senior citizens** living in old age home at selected districts (Mandi, Kangra) Himachal Pradesh.

Developmental And Descriptive Tools:

Socio - demographic variables and self - structured checklist.

4. Findings

Findings related to socio - demographic variables:

- Regarding the age of senior citizens shows that (38%) belongs to the age group of (61 - 70 years), (35%) belongs to the age group of (71 - 80 years), and then (27%) belongs to the age group of (81 - 90 years). This suggests that maximum out of 100 senior citizen of age group 71 - 80 years.
- The sample is predominantly male, with (61%) of respondents being male compared to (39%) female.
- Respondents are slightly more likely to reside in rural areas (52%) than in urban areas (48%). The vast majority of respondents (97%) identify as Hindu, while a small minority identify as Muslim (3%).
- Among the respondents, (53%) are married, (25%) are widow/widower, (17%) are separated, and only (5%) are unmarried.
- The majority of respondents (84%) have received non - formal education, while (14%) have completed primary education, and only (2%) have completed secondary education.
- Respondents are categorized by their previous occupations, with (52%) currently unemployed, (31%) self - employed, (11%) having worked as private employees, and (6%) retired.
- The majority of respondents (75%) reported an income of less than 1, 000 rupees, while (25%) reported income between 1, 001 and 10, 000 rupees.
- (48%) have no children, (25%) have more than two children, (15%) have one child, and (12%) have two children.
- (86%) senior citizens didn't report emotional problems but (14%) were reported emotional problems.

5. Discussion

Objective 1: To assess the emotional level among senior citizen living in old age home.

The findings showed that after assessing the emotional problems among senior citizens living in old age home, out of

100 senior citizens, 46 (46%) had severe score, 54 (54%) had moderate score regarding Depression and loneliness. 35 (35%) had severe score, 64 (64%) had moderate score regarding Stress and Anxiety. 38 (38%) had severe score, 62 (62%) had moderate score regarding Grief & Loss.

Objective 2: To find the association of emotional problems with their selected socio demographic variables.

The findings of the study showed the association between emotional problems and selected socio - demographic variables. Based on the objectives the chi - square test was used to determine the association between the score levels and selected socio - demographic variables. Our study shows that (61%) were males, (38%) were in the age group of 61 - 70 years. 53% of them were married people resided in the old age home.

6. Conclusion

The present study was undertaken to assess the emotional problems among senior citizens living in old age home in selected districts of Himachal Pradesh. Among 100 senior citizens were selected by non - probability purposive sampling technique. The findings of the study have been discussed with reference to the objective and findings of the other studies.

References

- [1] Velmira AD. A study to assess the psychological problems and coping strategies of elderly residing in the selected old age home. 2012. p.1011 - 14.
- [2] Park K. Essentials of community health nursing. 3rd ed. Jabalpur: M/S Banarsidas Bhanot; 2002. p.656 - 8.
- [3] Arya K, Arya L. Attitude of youngsters towards the aged people. Praachi J Psycho - Cultural Dimens. 2006; 22 (1): 54 - 5.
- [4] Mehrotra S, Batish S. Assessment of problems among elderly females. J Hum Ecol. 2009; 28.
- [5] Park K. Preventive medicine and geriatrics. In: Preventive and Social medicine. 23rd ed. Jabalpur: M/S Banarsidas Bhanot publishers; 2015: 594 - 595.
- [6] Tolkien JRR. Retirement and old age. Wikipedia, The Free Encyclopedia. August 2010. [cited 2016 May 30]. Available from: URL: http://en.wikipedia.org/wiki/JRR Tolkien#Retirement_and_old_age
- [7] Paliana M, Bairwa M, Kumar N, Khanna P, Kurana H. Elderly depression in India: an emerging public health challenge. Australas Med J. 2013 Mar 31. [cited 2016 May 30]. Available from: <http://dx.doi.org/10.4066/AMJ.2013.1583>
- [8] Woolston C. Ageing and stress. Healthday. com. 2016 Jan 20. [cited 2016 May 30]. Available from: URL: www.googleweblight.com
- [9] Leod SM. Stress Management. Simplypsychology. org. 2015. [cited 2016 May 30]. Available from: URL: <http://www.simplypsychology.org/stress-management.html#em>
- [10] Mathew MA. Stress, coping strategies and quality of life of institutionalised and non - institutionalized elderly. Indian J Gerontol. 2009; 23 (1): 79 - 87.
- [11] Agharwal MM. To work the cause and care of disadvantaged aged persons and to improve their quality

of life. [Internet]. Available from: URL: <http://www.helpageindia.org>

- [12] Velmira AD. A Study to assess the psychological problems and coping strategies of elderly residing in the selected old age home.2012: 1011 - 1014.
- [13] Allender JA, Spradley W. Community health nursing promoting and practicing the public health.6th ed. London: Lippincott Williams and Wilkins; 2005.