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Graying of the Nation: A Curse or Boon?

Srivastava K[1]*, Sharma Parul[2], Gupta SC[3], Kaushal SK[3] and Chaturvedi M[4]

[1]Community Medicine Department, Dr. D.Y. Patil Medical College, Pimpri, Pune, India
[2]Community Medicine Department, Subharti Medical College, Meerut, India
[3]SPM Department, S.N. Medical College, Agra, India
[4]Medicine Department, S.N. Medical College, Agra, India

Abstract

Background: We will all grow old one day- if we have that privilege. Let us therefore look at older persons not as people separate from us, but as our future selves and try to find out their sufferings.

Objectives: To study the psychosocial problems of aged persons residing in community and to make comparison of above findings among urban and urban slum area.

Material and methods: A cross-sectional study carried out in the field practice area of the Department of Community Medicine in Agra (U.P.). A total of 500 elderly patients (60 years old and above) residing in urban and urban slum area were interviewed using a pre-tested schedule. Findings were described in terms of proportions, percentages and chi-square (X^2) was used as test of significance.

Results: Majority of study subjects (59.6%) were in 60-69 years age group. 28.4% were having sad attitude towards life and most common reason for this was illness in urban and poverty in urban slum area. Most common psychosocial problem came out to be feeling of loneliness (41.8%) followed by feeling of neglect from family and society (30% and 24.4%).

Conclusion: Aged suffers from various psychosocial problems so the need of hour is not only to treat them for physical ailments only but also to provide emotional support which can be best done by their own families, so aware them that they too will pass through this phase and make them empathic for their old ones.

Keywords: Psychosocial problems; Geriatrics; Community

Introduction

With rapid increase in elderly population accompanied by a decline in the physiological functions in this age group, the foremost apparent challenge is to prevent physiological ageing getting converted into pathological ageing i.e. when diseases supervene. The psychosocial environment around elderly is also to be kept healthy. Majority of the problems that confront older persons are the result of priorities, policies and practices of society. Ageing is mainly associated with social isolation, poverty, apparent reduction in family support, inadequate housing, impairment of cognitive functioning, mental illness, widowhood, bereavement, limited options for living arrangement and dependency towards end of life.

Material and Methods

A cross sectional study was conducted in the department of Social and preventive medicine, S.N. Medical College, Agra on the persons aged 60 years and above living in the urban areas of Agra district. Study was conducted from July 2009 to June 2010. Many studies have been conducted on elderly in different parts of our country, which report different prevalence of morbidities in their field practice area. Psychosocial problems studied by Prakash et al. [1] observed 42% prevalence. Sample size was calculated by using the prevalence as 42%, with a relative precision (d) as 15% and a confidence level of 95%, using the formula: $z\,(1\text{-}\alpha/2)^2\,pq/d^2$ [2]. So sample size obtained was 245. As we compared the results in urban mohallas and urban slums a minimum sample of 245 aged persons from both areas was taken to draw the valid conclusions. Since urban slums constitute 51% and urban mohallas 49% population, therefore 245 aged persons from urban mohallas and 255 from urban slums were taken. Thus total sample size was come out to be 500.

Multistage simple random sampling technique was adopted. In first stage list of wards were obtained from Agra Municipal Corporation. In next stage out of total 15 wards, 6 were selected randomly, from those 6 wards 3slum and 3 elite localities were selected randomly. In the last stage household were visited in selected locality and from each locality we took 80-90 aged persons assuming the average population of each locality to be 1000-1500 and population of elderly to be 7.5%. Each individual above the age of 60 was interviewed. The information was collected on predesigned and pretested schedule. The data collected were compiled and analyzed with the help of MS- excel and epi-info software.

Results

Out of total geriatrics, maximum belonged to 60-64 years (33.4%). It was found that with increasing age, number of elderly population decreased. 53% were females and rest 47% were males (Table 1). 28.8% aged were having sad attitude. However this sad attitude was unequally distributed among two study areas being high in urban slum (45.9%) as compared to urban area (11%). Among two areas the difference was found to be significant statistically for attitude towards life (Table 2). Most common reason mentioned by respondents for sad or indifferent attitude was poverty (38.5%) followed by illness (33.2%). Poverty being main reason in slum area (46.9%); while illness in urban area (55.3%) (Table 3). Table 4 represents various psychosocial problems

***Corresponding author:** Srivastava Kajal M.D (SPM), Assistant Professor in Community Medicine Department, Dr. D.Y Patil Medical College, Pimpri, Pune, India, E-mail: kajal.spm@gmail.com

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of aged in terms of their feelings towards life. Regarding satisfaction with life, more than half were satisfied (55.4%), being more in urban area (78.8%) than slum area (32.9%). No one from urban area was unsatisfied with life while in slum area, 18.8% aged were having feeling of unsatisfaction with their life. Majority of the aged i.e. 61.8% never felt neglected from family and 36.4% aged felt neglected from society at some point of time. Regarding feeling of loneliness, nearly 20% always had this feeling being more in slum area (28.2%) as compared to urban area (6.9%). Difference among two areas regarding all feelings towards life was found to be statistically significant.

Discussion

In our study, majority of population (nearly 60%) belonged to 60-69 years age group followed by 70-79 years age (33%). Similar observations were made in Vadodara city [3] as 66.2% and 24.8% and in Meerut city [4] as 62.4% and 30.3%. In our study females outnumbered the males being 53% in comparison to 47% males. The sex composition reported by Parray et al. [5] as 57.7% and 42.3% in Kashmir and in Chandigarh city [6] as 58% and 42% which was in concordance to our study. Overall there was a low percentage for sad attitude which may be due to the fact that we compiled the result for both urban and slum area. In urban area mostly people were happy; this may be due to their better economic condition. In urban area illness (55.3%) and in slums, poverty (46.9%) was the most common reason for being sad. Similarly Lena et al. [7] also observed poverty (48%) and illness (41.3%) as the most common reason for sad attitude. Chandwani et al. [3] observed the main reason for feeling sad was illness (41%) followed by loss of spouse (37.6%).

Variables	Category	Urban (245)		Urban Slum (255)		Total (500)	
		n	%	n	%	n	%
Age(years)	60-64	85	34.7	82	32.2	167	33.4
	65-69	60	24.5	71	27.8	131	26.2
	70-74	55	22.4	61	23.9	116	23.2
	75-80	27	11.0	25	9.8	52	10.4
	>80	18	7.4	16	6.3	34	6.8
Sex	Male	117	47.8	118	46.3	235	47.0
	Female	128	52.2	137	53.7	265	53.0

n: Total number of study subjects

Table 1: Biological profile of study population.

Attitude	Urban		Urban Slum		Total	
	n	%	n	%	n	%
Happy	207	84.5	106	41.6	313	62.6
Indifferent	11	4.5	32	12.5	43	8.6
Sad	27	11.0	117	45.9	144	28.8
Total	245	100.0	255	100.0	500	100.0

$X^2(2)=98.94$; p=0.000

Table 2: Distribution according to attitude towards life.

Reasons for sad attitude	Urban (245)		Urban Slum (255)		Total (500)	
	n	%	n	%	n	%
Poverty	2	5.3	70	46.9	72	38.5
Illness	21	55.3	41	27.5	62	33.2
Loneliness	8	21.1	10	6.7	18	9.6
Loss of spouse	3	7.9	12	8.1	15	8.0
Others	4	10.5	16	10.7	20	10.7
Total	38	100.0	149	100.0	187	100.0

$X^2(8)=34.01$; p=0.00001822

Table 3: Reasons for indifferent or sad attitude towards life.

Variables	Urban (245)		Urban Slum (255)		Agra City (500)		Test of Significance U:US
	n	%	n	%	n	%	
Level of satisfaction with life							
Satisfy	193	78.8	84	32.9	277	55.4	$X^2(2)=119.55$ p=0.0000
Just Satisfy	52	21.2	123	48.2	175	35.0	
Unsatisfy	0	0	48	18.8	48	9.6	
Feeling of neglect from family							
Yes always	17	6.9	24	9.4	41	8.2	$X^2(2)=8.23$ p=0.0163523
Yes sometimes	88	35.9	62	24.3	150	30.0	
Never	140	57.1	169	66.3	309	61.8	
Feeling of neglect from society							
Yes always	0	0	60	23.5	60	12.0	$X^2(2)=114.73$ p=0.000
Yes sometimes	35	14.3	87	34.1	122	24.4	
Never	210	85.7	108	42.4	318	63.6	
Feeling of loneliness							$X^2(2)=40.67$ p=0.000
Yes always	17	6.9	72	28.2	89	17.8	
Yes sometimes	123	50.2	86	33.7	209	41.8	
Never	105	42.9	97	38.0	202	40.4	

Table 4: Psychosocial problems of aged in terms of their feelings towards life.

In our study more than half i.e. 55.4% were satisfied and 9.6% aged were unsatisfied with life. 8.2% and 12% aged always felt neglected from family and society respectively. Interestingly no aged in urban area felt neglected from society as they were more involved with relatives, friends and in social activities as compared to slum aged.

Conclusion

Geriatrics should be a boon and not a curse for our nation. India's large and rising elderly population, concentrated mostly in the rural areas and among the poor, makes it impossible for any agency other than the government to find the will or the resources to implement any programme for geriatric health care at the national level. The stress should be on a community approach to primary health care. Initiative should be taken to set up senior citizen centres both in rural and urban areas for those who can no longer live alone. These should be attached with day-care facilities to provide physical rehabilitation and the opportunity to socialise. Health promotion, education and engaging in income-generating activities are all possible at such centres. To enrich the life of advanced cancer patients in a non-clinical environment, hospices are also essential to provide both hospital day-care and home-care services.

Aged can be properly cared in joint family system which should be strengthened where financial and psychosocial needs of the elderly also can be fulfilled. Qualitative research is needed to explore the depth of the problems of the elderly. The Strategies for improving health care services should include the measures to improve the quality-of-life of the elderly which calls for a holistic approach and concerted efforts by the health and health-related sectors.

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