International Journal of Science and Research (IJSR)
ISSN (Online): 2319-7064

A Study to Assess Physical Problems of Old Age with Special Emphasis on Psychosocial Problems of Geriatric Population among Nuclear Verses Joint Family in Selected Rural Area

More Ujwala Ramchandra[1], Avinash H. Salunkhe[2]

[1]Clinical Instructor, Krishna Institute of Nursing Sciences Karad, Dist-Satara (Maharashtra)

[2]Vice Principal, KINS, Karad, Department of Community Health Nursing,
Krishna Institute of nursing sciences Karad, Dist-Satara (Maharashtra)

Abstract: ***Aim & Objectives:*** *to evaluate health problems of old age among nuclear versus joint family in selected rural area, find out an association between psychosocial problems amongst geriatric with selected socio-demographic variables.* ***Material & methods:*** *descriptive study was conducted on 100 old age subjects from Karve rural population by using interview schedule method. The data was collected tabulated and analyzed in terms of objectives of the study, using descriptive and inferential statistics.* ***Results:*** *Referring sex association with lack of love and affection with type of family p value is statistically significant it is less than 0.005. While associating marital status with lack of love and affection p value is statistically significant it is 0.0025.There is significant association of income with economical insecurity p value is 0.0011. In old age most of population having visual problems, hypertension, arthritis, skin disorder and other diseases more in nuclear family while comparing to joint family. There is impact of type of family on health status of old age, during this period they need support from family and society. The study assumed that there will be an impact of type of family on psychosocial health of geriatric population.*

Keywords: Old age population; physical problems; psychological problems; social problems; nuclear family; joint family.

1. Introduction

"We are all conceived, live a life and die. All things change through time. When looked at from the beginning of time, this change is called development, when viewed from the perspective of the ending, it is called ageing."(Reker) "Successful ageing refers to modification of behavioral process to achieve the best possible outcome of ageing". The successful ageing is thus an active process in which an individual has to make choices to age in a healthy manner. The possibility of successful ageing by considering such factors as diet, exercise, life style, social support, maintenance of personal autonomy need to be accepted as part of philosophy of health promotion in old age [1]. Ageing is mainly associated with social isolation, poverty, apparent reduction in family support, inadequate housing, impairment of cognitive functioning, mental illness, widowhood, loss, bereavement, limited options for living arrangement and dependency towards end of life [2]. WHO 1999 reports that there are currently about 580 million senior citizens in the world and by 2020 approximately 70% of the senior citizens population will be living in developed countries. According to the Indian census senior citizens population in India has raised from 5.7% in 1961 to 6.7 % in 1991 and increased to 7.6% at present and is estimated to 8.3 % by 2016. India and Indonesia have the largest senior citizens population with increase in life expectancy. By 2013 India will have 76 million senior citizens and it includes 7.7 % of the population. According to world health report 120 countries have life expectancy of more than 60 years; the global average is 66 years which is projected to reach 73 years in 2025 [3]. In traditional Indian societies, joint family system used to take care of most of these social issues. However, with industrialization and urbanization, disintegration of traditional joint family has been the major social problem. It is thus necessary to strengthen the traditional family system through community education and social intervention [4]. It is stated that geriatric population are vulnerable to physical, mental and social problems, the commonest old age problems are physical dependence, loneliness, insecurity, diminished self-concept and other diseases like asthma, arthritis, carcinoma and diminished vision [5].

2. Literature Survey

Literature is organized divided under the following headings: a) Studies related to physical problems of the old age. b) Studies related to psychological problems of the old age c) Studies related to social problems of the old age.

Status of older persons in nuclear families (DELHI NCR) Total of 10000 population (5000 each from urban & rural area) urban & rural older people living in nuclear families reported that loneliness /alienation (approximately 34.3%) is their main problem. Major social problems was loneliness /alienation, less participation in family or social activities, isolated by family members /relatives /neighbors, physical or mentally abused of elderly by family or society almost every older person in nuclear family accepted that he/she has been suffering from medical/health related problems [6].

A descriptive study conducted in September 2011 by Usha V. K. Lalita K. to assess the physical problems among male and female senior citizens living in selected village of Kottayam District.100 senior citizens (male-37& Female-63) majority of females 50.8% were widows & 92.1% of them were unemployed. **They also have** several clinical problems

like hypertension, cataract, musculoskeletal pain, gastrointestinal discomforts, and memory impairments and mouth and throat problems [7].

A descriptive study was conducted on the importance of home for the healthy and disabled senior citizens. The study is focused on interaction between older people and their home environment. Some theoretical assumptions on the role of housing were presented namely competence theory, continuity theory and perspective on leisure time activities. The study suggested 42% of subjects were in good health status, 42% suffered from mobility impairments. The study suggested that environment at home help the senior citizens to create a life meaningful every day [8].

A study was done regarding the social problems of senior citizens in rural area. The study reported that social status of the senior citizens, that is, 38% of the male senior citizens were head of the family, 30% of wives were head of the family. 26.1% were neglected by the family members. 46.8% of the senior citizens were happy and 53.4% had unhappy attitudes. A study finding says that senior citizens are addicted to beedi 20%, alcohol 11% and betel leaves 1.3% [9].

Dr. Lena A, Descriptive study carried out in the Field practice area of the Department of Community Medicine in South India. To study the health and social problems a total of 213 elderly patients (60 years old and above) around 48% felt they were not happy in life. A majority of them had health problems such as hypertension followed by arthritis, diabetes, asthma, cataract, and anemia. About 68% of the patients said that the attitude of people towards the elderly was that of neglect [10].

3. Objectives

a) To assess the health problems of old age in nuclear verses joint family.
b) To compare old age health problems amongst nuclear verses joint family.
c) To find the association between psychosocial problems amongst geriatric with selected socio-demographic variables.

4. Methods

The investigator carried out the study in100 old age subjects from Karve rural population by using interview schedule method. The study was conducted in year 2012 in month of October. Stratified random sampling technique was used. Institutional ethics Committee approval and informed consent from the subjects were taken before the study. In the present study the basic study measure introduced was the assessment fisher's exact test. The tool consisted of structured questionnaire .The structured questionnaire was constructed by the investigator to asses common health problems of old age. It consists of 15 items on physical problems, 12 items on psychological problems and 9 items on social problems. Totally it consists of 36 items. To assess physical problems of old age total 15 common health problems arranged from head to foot taken information from subjects and close relatives.

5. Results

Table 1: Distribution of subjects according to socio-demographic variables, Joint=54 Nuclear=46

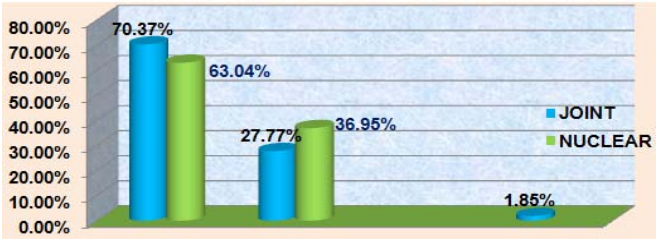
Socio-demographic variables		*Joint family*		*Nuclear family*	
		Frequency	*%*	*Frequency*	*%*
1	**Age in years**				
	60to65	0	0	1	2.17
	66to70	25	46.29	23	50
	71 to 75	12	22.22	10	21.73
	76to85 and above	17	31.48	12	26.08
2.	**Gender**				
	Male	17	31.48	18	39
	female	37	68.51	28	61
3.	**Religion**				
	Hindu Maratha	12	22.22	8	17.19
	Kumbhar	10	18.51	10	21.73
	Sutar	11	20.37	9	19.56
	Ramoshi	10	18.51	10	21.73
	Dhangar	11	20.37	9	19.56
4.	**Education**				
	Illiterate	33	61.11	25	54.34
	Primary	16	29.62	16	34.78
	Secondary	3	5.55	3	6.52
	Higher secondary	2	3.70	2	4.34
	Graduate	0	0	0	0
	Post graduate	0	0	0	0
5.	**Occupation**				
	Farmer	14	26	17	37
	Own business	0	0	02	4.34
	House wife	39	72.22	26	56.52
	Service	01	1.85	01	2.17
6.	**Monthly family Income**				
	Less than 3000	36	67	32	69.56
	3001-6000	07	12.96	12	26.08
	6001- 9000	05	9.25	02	4.34
	9001 &above	06	11.11	0	0
7.	**Type of family**				
	Joint	54	54	0	0
	Nuclear	46	46	0	0
8.	**Type of diet**				
	Vegetarian	15	27.77	21	45.65
	Mixed	39	72.22	25	54.34
9.	**Marital status**				
	Married	23	42.59	30	65.21
	Unmarried	0	0	0	0
	Widow/widower	31	57.40	16	34.78
	Divorced	0	0	0	0

In joint family majority of the subjects 25 (46.29%) belonged to age group of 66-70 years. In nuclear family majority of the subjects 23 (50%) belonged to age group of 66-70 years. Regarding a type of family from joint family 54% of the subjects are there, where as 46% subjects are belongs to nuclear family. In joint family majority of the subjects 36 (67%) had monthly income less than Rs.3000/- where as in nuclear family 32 (69.56%) subjects had monthly income less than Rs.3000/- In joint family majority of the subjects 31(57.40%) are taking mixed diet while in nuclear family majority 32 (54.34%) of subjects taking mixed diet. In joint family majority 39(72.22%) of the subjects are widow, while in nuclear family maximum of the subjects are married 30(65.21%).

Table 2: Distribution of subjects according to Physical problems of old age in

Sr. No.	Physical problems of old age	Joint family 54%		Nuclear family46%	
		frequency	%	Frequency	%
1.	Visual problems	47	(87.03%)	41	(89.13%)
2.	Hearing problems	18	(33.33%)	17	(36.95%)
3.	Hypertension	24	(44.44%)	22	(47.82%)
4.	Heart disease	05	(9.25%)	04	(8.69%)
5.	Asthma	16	(29.62%)	14	(30.43%)
6.	Diabetes mellitus	08	(14.81%)	04	(8.69%)
7.	Skin disorder	03	(5.55%)	02	(4.34%)
8.	Arthritis	48	(88.88%)	40	(86.95%)
9.	Cancer	00		00	
10.	Urinary problems	11	(20.37%)	12	(26.08%)
11.	Hemorrhoids	12	(22.22%)	08	(17.39%)
12.	Other problems	26	(48.14%)	22	(48.14%)

Majority subjects in joint family are 48 (88.88%) having arthritis, 47 (87.03%) having visual problems. Proportion of having visual problems in nuclear family 41(89.13%) cancer was not observed in both joint and nuclear family.



- **Graph showing distribution of subjects according to Psychological problems of old age** 1.85% subjects are having severe psychological problem from joint family where as in nuclear family no one having severe psychological problem.

Table 3: Distribution of subjects according to social problems of old age in nuclear verses joint family

Sr. No.	Social problems of old age	Joint family54%		Nuclear family46%	
		N	(%)	N	(%)
1.	Loneliness	37	(69%)	34	(73.91%)
2.	Insecure feeling	29	(54%)	25	(54.34%)
3.	Participates in activity	45	(83%)	42	(91.30%)
4.	Social isolation	14	(26%)	23	(50%)
5.	Abused	12	(22.2%)	19	(41.30%)
6.	Neglected by family or society	19	(35.18%)	23	(50%)
7.	Burden to family	26	(48.14%)	25	(54.62%)
8.	Lack of love and affection	44	(81.48%)	33	(71.73%)
9.	Economical insecure feeling	49	(83.33%)	39	(84.78%)

Table 3 In nuclear family majority of 39(84.78%) subjects are having economical insecurity, 12 (22.2%) subjects abused in joint family and in nuclear family 19 (41.30%). Lack of love and affection 44(81.48%)in joint family were as 39(84.78%)subjects from nuclear family.

Table 4: Association between selected socio-demographic variables and Psychological problems of old age

Sr. No	Socio-demographic Variables	Psychological problems				P value
1	**Age**	Normal	Mild	Moderate	severe	
	60-70years	31	19	0	1	0.206
	71-85 years	36	13	0	0	
2	**Sex**					
	Male	27	8	0	0	0.125
	Female	40	24	0	1	6
3	**Educational status**					
	Illiterate	38	17	0	1	1.000
	Literate	29	15	0	0	0 **NS**
4	**Income**					
	Ã3000	47	21	0	0	0.648
	Å3000	20	11	0	1	9 **NS**
5	**Type of family**					
	Joint family	38	15	0	1	0.523
	Nuclear family	29	17	0	0	5 **NS**
6	**Marital status**					
	Married	38	15	0	0	0.394
	Widow/widower	29	17	0	1	3 **NS**

Findings shown in Table 4 reveal that there was no association between the socio-demographic variables and psychological problems of old age. Association between age and psychological problems p value is 0.2060; hence it is not statistically significant.

Table 5: Association of social problems of old age with selected socio-demographic variables: Association of Loneliness with selected socio-demographic variables:

Sr. No.	Socio-demographic Variables	Loneliness		P- Value
		YES	NO	
1	**AGE**			
a)	60-70years	36	15	1.0000 NS
b)	71-85 years	35	14	
2	**GENDER**			
a)	Male	21	14	0.1054
b)	Female	50	15	
3	**INCOME**			
a)	Ã3000	55	13	µ0.0022
b)	Å 3000	32	16	Significant
4	**TYPE OF FAMILY**			
a)	Joint family	38	16	1
b)	Nuclear family	33	13	NS
5	**MARITAL STATUS**			
a)	Married	36	17	0.5141
b)	Widow/widower	35	12	NS

Table 5 depicts association between socio-demographic variable and loneliness. There was statistical significant association found in loneliness with monthly family income p value are 0.0022.

Table 6: Association of lack of love and affection in old age with selected socio- demographic variables

Sr. No.	*Socio-demographic Variables*	*Loneliness*		*P- Value*
		YES	*NO*	
1	**AGE**			
	60-70years	35	14	0.2381
	71-85 years	42	9	NS
2	**GENDER**			
	Male	31	4	µ0.0491
	Female	46	15	Significant
3	**INCOME**			
	Ã3000	51	17	0.6134
	Ã 30000	26	6	NS
4	**TYPE OF FAMILY**			
	Joint family	44	10	1
	Nuclear family	33	13	NS
5	**MARITAL STATUS**			
	Married	44	7	µ0.0325
	Widow/widower	33	16	Significant

Findings shown in table 6 depict association between age and lack of love and affection by family p value is 0.2381 not significant. Referring sex association with lack of love and affection with type of family **p value is statistically significant** it is less than **0.005** danger in aging is detachment, which will deprive one from life while associating marital status with lack of love and affection **p value is statistically significant it is 0.0025.**

Table 7: Association of Economical insecurity in old age with selected socio- demographic variables:

Sr. No.	*Socio-demographic Variables*	*Economical insecurity*		*P- Value*
		YES	*NO*	
1	**AGE**			
	60-70years	39	10	0.283
	71-85 years	45	6	NS
2	**GENDER**			
	Male	27	8	0.2518
	Female	57	8	NS
3	**INCOME**			
	Ã3000	63	5	µ0.0011
	Ã 30000	21	11	Significant
4	**TYPE OF FAMILY**			
	Joint family	45	9	1
	Nuclear family	39	7	NS
5	**MARITAL**			
	Married	47	6	0.2742
	Widow/widower	37	10	NS

Table 7 depicts association between socio-demographic variable and economical insecurity. There is significant association of i**ncome** with **Economical insecurity p value is 0.0011.**

6. Discussion

To achieve set objective of the study the sample size of 100 rural people study focused on its attention on 60 to 85 years of age group present in house at morning time.

Findings of study conducted by Delhi-NCR out of total older persons contacted during the survey, 80.9% were found living in nuclear families. Fast changing life style is one of the major cause of high percentage of older persons living in nuclear family but my study conducted in rural area so till in rural area traditional systems people believes and depends each other.

Majority 39(72.22%) of the subjects are widow in joint family while in nuclear family maximum of the subjects are married 30(65.21%). Previously husband and wife age difference was more; males are more aged so due to morbidity a male dies earlier than women. Study conducted by Usha V.K., Lalita K. majority of subjects is married males 33(89.2%) 32females were widowed. An Indian joint family typically consists of an older married couple, their sons and daughter-in-laws, unmarried daughters and sons' children.

7. Conclusion

From this study it could be concluded that the Low economical status had an influence on loneliness, type of family influences psychological problems of old age proportion of mild psychological problems are more in nuclear family than joint family so in joint family old population feels better than nuclear.

8. Future Scope

Nursing Education
The nurse educators have the responsibility to update the knowledge of the nursing personnel regarding the physical health problems of old age persons. Family members and community peoples in taking care of old age peoples. Nurse educators should plan and conduct health education programmes for old age persons and family members for preventive and promotive aspect of geriatric health.

Nursing Administration
The nursing administrator to provide quality care to the old age persons in the community could utilize the findings of the present study. Nursing administrator should organize educational programme for the old age persons in collaboration with the hospital and community staff. While planning health care services for community at large, nurse administrator must keep in mind the population at risk.

Nursing Research
The Findings emphasis on an extensive need to evaluate the effectiveness of planned awareness programme regarding importance of old age persons in community. The nurses could conduct exploratory study to find out the cause of physical health problems in old age. An experimental study could be conducted to find out the effectiveness of regular health checkups in old age persons.

Implication of Nursing Practice
The nurse plays an important role in health care delivery system. The nurses can conduct home visits to recognize problems of elders. Workshops may be organized for old age persons to find out physical problems and their solutions. Yoga, aerobics and exercises classes can be started for old age persons to keep them healthy.

References

[1] Gulani K K. Community health nursing principles and practices.1st edition. New Delhi: Kumar Publishing House; 2005, p.473
[2] Health Dialogue Issue No. 29 Apr-Jun 2002 pg 3
[3] WHO United Nations Principles for Older Persons 1999
[4] Jamuna D. Issues of elder care and elder abuse in the Indian context. J Aging Soc Policy 2003; 152: 125-42.
[5] B.T Basavanthappa. Community Health Nursing.1st ed. New Delhi .Jaypee brother's publication; 1998.
[6] Volunteers' network spread across Delhi & NCR worked as interviewers for the survey. The interviews were conducted during the 2nd & 3rd week of December 2009.
[7] Usha V. K. Lalita K. the official journal of trained nurses association of India Kerala Branch KNF Vol. 3; September 2011; village of Kottayam District.
[8] Jane. Faced with care giving, even the experts struggle. New York Times. Available From: http://newoldage.blogs.nytimes.com.
[9] Social Problems and Care of the Elderly. Available From: http://www.google.com.
[10] K. Park. Text book of preventive and social medicine. 20th ed. Jabalpur. Banarsidas Bhanot publishers; 2009.

Author Profile

Ms. More Ujwala Ramchandra is working as Clinical Instructor inKrishna Institute of Medical Sciences Deemed University Krishna Institute Of Nursing Sciences Karad Dist-Satara (Maharashtra) 415539

Prof. Avinash H. Salunkhe is working as Vice Principal, Krishna Institute Of Medical Sciences Deemed University Krishna Institute of nursing sciences Karad. Dist-Satara (Maharashtra) 415539