

A Descriptive Study of Common Ailments, the Social Support and the Coping Strategies of the Elderly Living with Family in a Selected Village of Haldwani, Uttarakhand

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Abstract: *Background & Objective:* Aging is a universal phenomenon and a natural biological process of life cycle. It is not a disease which can be cured. "Old age eventually leads to end of life span". It is a period when people 'move away' from previous, more desirable periods or times of usefulness. Life span is frequently subdivided into early old age, which extends from age 60 to 70, and advanced old age, which begins at 70 and extends to the life. The present study assessed the social support network available for the elderly to deal with the common ailments, and to find out the correlation between the social support network and health status of the elderly. Descriptive and exploratory research design was adapted. Purposive sampling technique was adopted to select the samples. A sample 30 was selected in the age group 60 and above. This study result for the social support score was high for large number of the respondents 22 (73.3%) and 20% of the elderly had moderate social support score and only 6.7% had low social support score. The family was the center of life activity and major social support for all of them. The correlation value between social support and composite health status was $r= 0.17$ which showed that there is a weak positive correlation. Whenever the elderly experienced health problems they 18 (60 %) were consulting the doctor. No major disability or handicap was prevalent except minor auditory degeneration and joint stiffness.

Keywords: Activities of Daily Living, Common Ailments, Coping Strategies, Elderly, Social Support

1. Introduction

Aging is a universal phenomenon and a natural biological process of life cycle. It is not a disease which can be cured. "Old age eventually leads to end of life span". It is a period when people 'move away' from previous, more desirable periods or times of usefulness. Life span is frequently subdivided into early old age, which extends from age 60 to 70, and advanced old age, which begins at 70 and extends to the life.

As elderly during the period 30-40 years, would have contributed to the society in many ways but at this stage of life cycle they may need assistance. It is necessary to explore how the elderly cope with day to day situations, ailments and problem at this stage of life.

The problems faced by people who are in their 60"s may be different from problems faced by people who are in there 80"s. The problems of the aged men may be different from the age. The aged living in enforced retirement have altogether different kind of problem when compared to those still working in unorganized sector or having a self-employment. Yet, aged as a category has some unique problems. Problems faced by aged can be categorized such as economic, social, health and psychological problems [1]

An Article on Predictors of cognitive decline in the elderly aims to indicate possible predictors of cognitive decline with a view to predicting this situation and intervening before the cognitive impairment is unavoidable and found some

predictors of cognitive impairment could be the following: age, sex, education, a family history of dementia, objective and subjective difficulties with memory, several medical problems (hypertension and diabetes), sensory-motor difficulties, hypo metabolism in some cerebral areas, reduced hippocampus size, carrying one or two apolipoprotein alleles, a low score in cognitive tasks especially immediate and delayed recall, deficits in associative learning and naming, low cognitive plasticity, depression, a low literacy level, poor general cognitive functioning, low participation in social activities, low physical activity, lack of social support, the use of medication and, finally, sleep-related problems. [2]

Globally the elderly people constitute 10% of the population and as the life expectancy is increasing, the number is expected to increase up to 21% by the year 2051. In the year 2002, the number of elderly people in the world was estimated to be 605 million and expected to be 1.2 billion by 2025. [3]

In India population has grown three times in the past 50 years but the elderly population had increased more than four times. In India, according to 2001 census, the elderly population accounted for 77 million. However the census report in 2011 showed elderly population crossed the 104 million mark [4]

According to population census 2011, there are nearly 104 million elderly persons (aged 60 years or above) in India, among them 53 million were females and 51 million were

males. A report released by United National Population Fund and Help Age India suggested that the number of elderly persons is expected to grow to 173 million by 2026. [5]

The substantial proportion of the elderly calls for basic need and health support to them. The geriatric health care should address the primary health care needs of the elderly. In the Indian context, majority of the elderly belong to lower economical category. Therefore, they cannot afford professional health care even though the state government provides care through government hospitals. The elderly have difficulty in utilizing government facilities because they can't reach due to geographic barriers. **Therefore preventive health approach is absolutely necessary to protect the elderly from the complication of aging related diseases.**

Objectives

- 1) To identify the demographic factors of the elderly.
- 2) To determine the health status of the elderly and identify common ailments.
- 3) To identify the coping strategies adopted by the elderly to overcome the common ailments.
- 4) To assess the social support network available for the elderly to deal with the common ailments.
- 5) To find out the correlation between the social support network and health status of the elderly.

2. Materials and Methods

The elderly population in this study is defined as population aged 60- 80 years. The study was undertaken to find the common ailments, the social support and the coping strategies of the elderly in a selected village in the area of Golapar Haldwani.

Qualitative and quantitative approach with the descriptive, exploratory design was applied in this study. The study was conducted in a selected village with the sample size of 30 elderly, in the age group 60 and above. Purposive sampling technique was used, the data was collected using interview technique and observation method.

The tools used in this study were demographic Performa, the physical assessment checklist, psychological assessment checklist, ADL checklist, coping strategies and social support. Validity was done by the experts in the field of nursing. Based on their suggestions necessary modifications were made.

In order to test the feasibility of the study, a pilot study was conducted among 6 elderly at Pithoragarh from December 2017 to January 2018. The findings suggested that study was feasible and practicable.

3. Result

The Findings of the study showed that the elderly were in the age group of 60-80 years and maximum number of the respondents 16 (53.3%) were females. All the respondents except one were living with their family. 11 (36.6 %) had secondary education, 8 (26.6 %) had higher secondary

education, and 5 were non- literate. Majority of 13 (43.3 %) elderly were retired from their job. Among women, 3 (1000-10000), 9 (30%) were house wife's, 5 were retired from service, one was a farmer and another was a laborer.

The symptoms reported by the elderly were attributed score and the symptom based assessment score was low for maximum number of elderly in GI (gastrointestinal) system 21(70%), musculoskeletal system 22 (73%), and cardiovascular system 11 (36.7%). The low score indicated the problems were more in those areas. Most of the elderly reported mild dementia, which were not pathological or interfering in meeting ADL. Most of them were able to perform ADL independently.

The social support score was high for large number of the respondents 22 (73.3%) and 20% of the elderly had moderate social support score and only 6.7% had low social support score. The family was the center of life activity and major social support for all of them. **The correlation value between social support and composite health status was $r= 0.17$** which showed that there is a weak positive correlation. Whenever the elderly experienced health problems they 18 (60 %) were consulting the doctor. No major disability or handicap was prevalent except minor auditory degeneration and joint stiffness.

4. Discussion

The present study revealed that majority of the elderly 21(70%) was in the age group of 60-70 years and 9 (30%) elderly were in the age group of 71-80 years.

The maximum number of the respondents 16 (53.3%) were female and 14 (46.7%) were male. Regarding the number of elderly living with their family, it is interesting to note that except one person all the elderly 29 (96.7 %) were living with their families. All the respondents 30 (100 %) were married. The person living alone was widow, having one daughter who was married.

In the present study the data shows that out of 10 persons who were financially dependent 7 were having the mild cognitive problem.

Similar to this finding, a study conducted on geriatric people by Nautiyal Anuj, Madhav NV Satheesh, Ojha Abhijeet, Sharma Rajeev Kumar, Bhargava Samir, Kothiyal Preeti and Uniyal (2015), on "Prevalence of Depression among Geriatric People" in Dehradun City of Uttarakhand, with a sample of 200 geriatric people showed that, out of 53 depressive geriatric persons large number 32(18.07%) were financially dependent.²⁰

Among the symptoms reported by the elderly majority of the problems were in GI system, musculoskeletal and cardio vascular systems. The symptom wise health status score showed that majority respondents had low health status in GI system 21(70%), musculoskeletal system 22(73%) and 11 (36.7%) in cardiovascular system.

A similar study is consistent with the above findings .In a study (2010), conducted by Tiwari Varanasi Sushma ,

Sinha Ak , Patwardhan K. , Gehlot Sangeeta ,Gambhir I.S., S.c. Mohapatra ("Study In a Rural Population of prevalence of health problems among Elderly"), the findings were hypertension, joint pain and visual impairment were the most common problems in elderly rural population which caused more dependency among the elderly population. The study also showed prevalence of mild cognitive impairment 2.74%, (male 2.7%, female 2.77%). The study mentions, age and under nutrition as the most important risk factor for poor cognitive function.²⁴

Only a small number of persons had mild reduction in cognitive function. However the majority of the elderly mentioned mild degeneration in memory (82%), 70% elderly said that they were unaware of what they were thinking. Out of 30 of the respondents, 53.3% had fear related to health.

During the study, it was an experience of the investigator to see how well the elderly were cohesive with their family. None of the elderly had depression or pathological dementia.

When the elderly were asked questions regarding memory, they would smile and say that "In this age we forget many things now we are old so we forget many things". Because of their family support they were getting help them in the day to day activities.

A study by Sidik S. M., lekhraj R., and afifi M.(2004) in a cross sectional study on "physical and mental health problems of the elderly in a rural community in Selangor". The Purpose of the study was to determine the prevalence of physical and mental health problems and to determine the association of these health problems with socio demographic factors. The health problems identified in this study also showed the problems identified were physical (chronic illness and functional dependence), as well as mental (depression and cognitive impairment).¹⁸

The findings of the present study showed that majority of the elderly had good social support because their main source was their family. Due to high family support it was helpful to overcome their psychological issues. Majority of the elderly, 22 (73.3%) had high social support (Family Support). This indicates a significant aspect related to coping. An important observation from the study findings as shown in table number 11, was that in all matters of health and psychological discomfort the family was the major support and hence the family was the source of all support and coping.

In a similar a study conducted by Nishanthi R , Priya Ranjani (2017), descriptive study to assess the Level of Psychological Problems and Coping Strategies of Elderly Persons Residing in Old Age Homes, showed negative correlation between Psychological problems and Coping strategies. It means if their coping increases psychological problems decreases.¹⁴

The activities for which the family is helping the elderly. The areas of activity consist of ADL such as taking medicine, attending hospital, going to market, preparing food. Similarly, the other aspects of relationship with family such as family consulting the elderly in matters of taking

decision. A significant feature of the relationship between the elderly and their families was that as mentioned by the elderly, the family members used to consult them in matters that required their suggestions and that whenever they were feeling lonely or sad, they were sharing these feelings with the family.

In consonance with present study Findings. Several studies have shown the relationship in which social and emotional support from others can be protective for health. In this study the result shows that the majority of elderly who were having family support, also had less health problem as presented in table no.13.

In contrast to this a study conducted by A Lena, K Ashok, M Padma, V Kamath, and A Kamath (2009) on "Health and social problems of the elderly: a cross-sectional study in udupi taluk, karnataka", the Findings were described in terms of proportions and percentages to study the socio-economic status of the samples and its correlation to social problems. 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. [6]

Reblin Maija , and Uchino Bert N. ,(2008) conducted a study on "Social and Emotional Support and its Implication for Health", show a robust relationship in which social and emotional support from others can be protective for health.³⁴

The correlation between composite health status social support shows weak positive correlation($r= 0.17$) The study finding show that majority of elderly had good family support they had very few problems related to health which are more symptomatic in nature and related too few systems such as cardiovascular, GI and musculoskeletal system. The good social support experienced by elderly could be one of the reasons why the number of major health problems was very few. The interviews with the respondents showed that none of the elderly were having chronic symptoms except for the few who were on medication for hypertension & diabetes.

This study findings as stated above, is in consonance with a study in public health research entitled "sources of social support associated with health and quality of life : a cross-sectional study" recent Finding shows that those older adults without a partner had lower prevalence of good health and those with high support from friends had a higher prevalence of good health.³⁴

5. Conclusion

The data on health status of the elderly showed that the symptom related problems were most common in G I system, musculoskeletal and cardiovascular system.No chronic health problem or major health problem except hypertension (43.3%) diabetes mellitus (16.6%) was found among the elderly.

The social support score showed that majority (73.3%) of elderly were in the high score category of social support.The

elderly had good family support and were getting help from the family in all matters of need. The investigator during the interview could observe how the family was also participating in the conversation along with the elderly. An important feature was that out of 30 elderly, only 2 (6.7%) mentioned that they were feeling lonely. Family support was the most important ingredient of health and coping in this study.

The present study finding shows that, elderly who have good social support have better health status and less common ailments. Hence it is possible to hypothesize that good social support leads to better health. Karl Pearson's correlation value ($r=0.17$) between social support and composite health status showed a weak positive correlation.

6. Implications

The finding of study emphasize the significance of the social support in the life of the elderly. Therefore these ideas can be used in the practice of community geriatrics.

Considering the need for group support to help coping and maintain health the community nurses can promote self-help groups among the elderly so that social support network get strengthened.

In the urban communities due to nuclear family system the family support which is the most important component of social support is weak. So self-help groups among the aged can be formed.

Similarly in the old age homes also promoting social support is essential. Developing awareness among the elderly regarding the importance of social support is necessary.

In nursing education the students can be taught how to create awareness in the community to make use of social support and develop social support network so that the quality of life of the elderly can be improved.

7. Limitation of the Study

The study was limited to common ailments, coping strategies, and social support. The physical health status could not be assessed by performing physical examination due to the following reason:

Setting was not conducive to conduct physical examination. It was not possible to use nasal speculum, ophthalmoscope, otoscope, reflex hammer, vaginal speculum, tongue depressor, torch, Doppler ultrasound, tuning fork, weighing machine and etc.

8. Recommendation

On the basis of these Findings, the following recommendations were made for further research.

1) A similar study can be conducted on a larger sample size to generalize the Findings.

- 2) A study can be conducted using physical health measurement tools, standardized tool on psychological assessment and counseling.
- 3) A comparative study in the urban and rural areas to identify the psychosocial health and quality of life with intervention can be conducted.
- 4) A study may be conducted on the elderly who are residing at old age homes to find out their coping strategies.

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