

A Study to Assess Emotional Problems and Coping Strategies Among Senior Citizens Living in Malkapur Area, Karad

KEYWORDS

emotional problems, Coping Strategy, senior citizens.

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ABSTRACT BACKGROUND: Ageing refers to a sequence of changes across a life span of an individual. Due to this 'old age' people may face number of psychological problems such as anxiety, depression, loneliness, stress, feeling of insecurity and social isolation etc.

OBJECTIVES:-To assess the level of stress and depression experienced by senior citizens and coping strategies adopted by senior citizens.

METHODS & MATERIALS:- a descriptive survey approach, non-experimental research design was adopted, 50 samples were included by Convenience sampling technique.

RESULTS: - According to stress scale, majority of samples 39 (78%) are having stress sometimes & very few 2(4%) are there who is never getting stress. As per depression scale, majority of samples 27(54%) are always having depression and majority of the samples 29(58%) are using coping strategies sometimes where as minimum samples15 (30%) are using always. Association between demographic data and stress scale shows that only habits are associated with depression scale.

CONCLUSION:-This study helps to assess the emotional problems& coping strategies among senior citizens and to prepare an information booklet on the management of emotional problems of senior citizens.

INTRODUCTION

Ageing is a natural process. "Old age put more wrinkle in one's mind than on his face".\frac{1}{2}. 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 it\frac{2}{2}. Old age consists of ages 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 age.

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 associated⁴.

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".

AIMS & OBJECTIVE

To assess the level of stress and depression experienced by senior citizens.

- 2. To find the coping strategies adopted by senior citizens.
- 3. To associate results with demographic data.
- 4. To prepare information booklet on management of emotional problem.

METHODS & MATERIALS

The research approach used for the study was the community survey approach. The study was conducted on 50 senior citizens living in malkapur area, Karad by using Convenience sampling technique. The researcher obtained permission from concern authority. The investigator introduced herself to subject. The investigator explained the purpose of the study to subject. Informed written consent was taken from the each subject. After an extensive review of literature and with the help of guide the structured questionnaires were prepared to assess the emotional problems and coping strategies among senior citizens.

Data were collected by using a structured questionnaire. Structured questionnaire was prepared on demographic data, for assessing stress, assessing depression & coping strategies among senior citizens. The data were tabulated and analyzed in terms of objectives of the study, using descriptive and inferential statistics.

RESULTS: -

Table 1: Frequency and percentage distribution of samples according

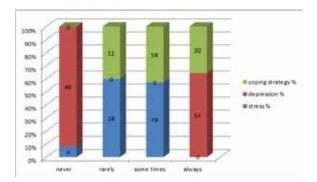
to socio demographic variables N = 50

SR NO	Socio Demographic Variable	Frequency	Percentage			
1	Age (Years)		loo.			
	50 – 60	15	30			
	60 – 70 70 – 80	17	34			
	70 – 80	13	26			
	> 80	5	10			
2	Gender					
	Female	29	58			
	Male	21	42			
3	Religion					
	Hindu	35	70			
	Muslim	7	14			
	Christian	8	16			
	Other	0	0			
4	Education					
	Not educated	4	8			
	Primary	19	38			
	Secondary	16	32			
	Higher secondary	8	16			
	Graduate	3	6			
	Post graduate	0	0			
5	Occupation					
	Worker	2	4			
	Self worker	4	8			
	Farmer	29	58			
	Retired	5	10			
	Other	10	20			
6	Monthly income					
	<5000	12	24			
	5000 - 10000	26	52			
	10000 – 15000	9	18			
	15000 - 20000	3	6			
7	Type of family					
	Nuclear	22	44			
	Joint	22	44			
	Extended	6	12			
8	Habits					
	Alcoholism	4	8			
	Tobacco chewing	15	30			
	Masheri	18	36			
	Cigarette smoking	5	10			
	Other	8	16			
9	Marital status	•				
	Unmarried	6	12			
	Married	43	86			
	Widow	1	2			

Table no. 1 shows that Majority of the subjects, 18 (51.4%) who participate in the study were between 18-21yrs of age. Majority of subjects, 29 (58%) were female whereas Majority of subjects, 35 (70%) were Hindus by religion. Maximum 19 (38%) participants in the study were having

primary education & 29 (58%) were farmers. Maximum26 (52%) of them having income 5000-10000/- & 18 (36 %) were having habit of masheri & 15(30%) were having habit of tobacco chewing. Majority of subjects, 43(86%) participates in the study were married living with their spouse.

Frequency and percentage distribution of sample according to their stress, Depression & coping strategy scale



According to stress scale, majority of samples 39 (78%) are having stress sometimes & very few 2(4%) are there who is never getting stress. And as per depression scale, majority of samples 27(54%) are always having depression.

According to coping strategies, majority of the samples 29(58%) are using coping strategies sometimes where as minimum samples15 (30%) are using always.

Table 2: Association between Demographic Variables and Coping Strategies

Sr.	Demo- graphic data	1-16	17- 32	33- 48	49- 64	Chi- square	df	P value	Infer- ence
1	Age						İ		
	51-60		4	7	5	1	İ	0.227	NS
	61-70		0	10	7	8.142	6		
	71-80		1	10	2	1			
	>80		1	2	1	1			
2	Sex								
	Female		5	18	5	4.584	2	0.101	NS
	Male		2	10	10				
3	religion								
	Hindu		0	21	15		4	<0.0001	S
	Muslim		2	5	0	24.138			
	Christian		4	3	0				
	Other		0	0	0				
4	education							0.045	S
	Non-edu- cated		1	5	2				
	Primary		0	14	4		8		
	Secondary		1	6	8	15.786			
	Higher secondary		3	3	2	13.700			
	Graduated		1	1	0]			
	Post gradu- ated		0	0	0				
5	occupation								
	Worker		0	0	0				
	Self worker		0		0	10.581	6	0.102	NS
	Farmer		5	17	6	110.581	10	0.102	NS
	Retired		1	2	4				
	other		0	5	5		\perp		

6	income							
	>5000	2	3	5				NS
	5000-10000	3	17	6			0.329	
	10000- 15000	1	8	2	6.903	6		
	15000- 20000	0	1	2				
7	Type of family							
	Nuclear	3	10	11	6.99	4	0.125	NS
	Joint	4	17	3				
	Extended	0	1	1				
8	Habits]		0.132	NS
	Alcoholism	0	0	0				
	Tobacco	3	14	4	0.816	6		
	Misery	3	11	5	0.010	0		
	Cigarette	0	3	0				
	other	0	2	5				
9	Marital status							
	Unmarried	3	3	0	11.376	4	0.022	S
	Married	3	24	15				
	widow	0	2	2				

According to association between demographic data and coping strategies, religion, marital status and education is associated with the coping strategies since p value is less than 0.05%.

According to association between demographic data and stress scale, no variables are associated with this stress scale because p value is greater than 0.05%.

Table 3: Association between Demographic Variables and depression scale

Sr. No	Demographic data	1-7	8-13	Chi- square	df	P value	infer- ence
1	Age						
	51-60	4	11				
	61-70	8	9	1 4/0	_	0.16	NS
	71-80	9	4	5.162	3		
	>80	2	3	1	İ		
2	Sex						
	Female	15	16	0.187	1	0.665	NS
	Male	8	11	1			
3	Religion				2	0.674	NS
	Hindu	19	15	5.184			
	Muslim	3	5				
	Christian	1	7				
	Other	0	0				
4	Education				4	0.396	NS
	Non-educated	2	5 9				
	Primary	10	9				
	Secondary	9	5	4.074			
	Higher secondary	2	3				
	Graduated	1	3				
	Post graduated	0	0				
5	occupation						NS
	Worker	1	2]		0.317	
	Self worker	1	6	4.714	4		
	Farmer	13	15]			
	Retired	3 5	1				
	other	5	4				
6	income]	3	0.979	
	>5000	7	7]			
	5000-10000	11	13	0.19			NS
	10000-15000	3	3]			
	15000-20000	2	3				

7	Type of family			2.053	2	0.358	NS
	Nuclear	11	9				
	Joint	9	16				
	Extended	3	2				
8	Habits						
	Alcoholism	1	3		4	0.024	S
	Tobacco	3	13	11.184			
	Misery	12	7				
	Cigarette	2	3				
	Other	5	1				
9	Marital status					0.632	NS
	Unmarried	3	3	0.917	2		
	Married	20	23		2		
	widow	0	1				

As per association between demographic data and depression scale, only habits are associated with depression scale.

Discussion

According to stress scale, majority of samples 39 (78%) are having stress sometimes & very few 2(4%) are there who is never getting stress whereas the study conducted on rates of stress and depression between women less than 65 years and woman more than 65 years. The aim of the study is to identify the prevalence of stress and depression among them. The results showed that prevalence of depression and stress are 1.5 percent and 2.3 percent respectively⁵, another comparative study was conducted in the elderly people on psychological problems about the presence or absence of the problem. It was found that almost all elderly were having one or the other psychological problems. The major psychological problems reported by elderly was anxiety followed by loneliness (58.5%), isolation (55.3%), stress (52.1%), feeling of guilt (51.1%) and of affection & irritation (50%).6

CONCLUSION

The elderly people not only face physical problems as they are aged, but they also experience emotional challenges as well. Elderly people are faced with stresses that may include living on a reduced retirement income or being unable to care for themselves independently. They may be facing the loss of a spouse, siblings or close friends. Emotional disorders failure to adapt to situations leads to bitterness, inner withdrawal and depression may arise. Let them talk, listen to them what they are saying, even if it is not so important matter. Many elderly people are often lonely. Ask the elderly person to tell you what they are feeling. This will help them to cope up with emotional problems. Also making Awareness among the senior citizens about coping strategies through information booklet.

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