

Prevalence of Psychological Problem among Older Adults of Selected Villages of Waghodia, Vadodara

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ABSTRACT

Background: Aging is a part of the natural developmental process in the life of every living being. For human beings, it is not just a biological phenomenon but its also psychological and social implications too. Evidence suggests that psychological problem such as feelings of hopelessness, sleep problems, loss of appetite, feelings of worthlessness, feelings of guilt, increased irritability, , crying spells and recurrent thoughts of suicide or death are leading threat quality of life in older adults.

Objectives: Descriptive study to assess the psychological problems among older adults and to find out the association of it with selected demographic variables.

Material and Methods: Quantitative research approach with descriptive design was used. Non probability convenience sampling technique was used to select 150 older adults from selected villages of Waghodia and data collection was done with self-structured observational checklist. Data was analyzed using descriptive and inferential statistics.

Result: It revealed that 6.7% older adults found with no any psychological problems, 70% have Mild psychological problem, 21.3% have Moderate psychological problem and only 2% older adults haven Severe psychological problem. There is association of the psychological problems with some of the selected demographic variables such as Marital status (χ^2 : 25.51), Living with family(χ^2 : 11.75) , Family income of older adults(χ^2 : 27.46), Education of older adults (χ^2 : 11.29) and Involved in social activity (χ^2 : 10.11) at 0.05 level of significance.

Conclusion: The study concludes by showing that most of the older adults are having Mild psychological problems.

Key Words:Prevalence, Older adults, Psychological problem

INTRODUCTION

Aging is a part of the natural developmental process in the life of every living being. For human beings, it includes biological cum psychological and sociological implications too.¹Evidence suggests that psychological problem such as feelings of hopelessness, sleep problems, loss of appetite, feelings of worthlessness, feelings of guilt, crying spells and recurrent thoughts of suicide or death are leading threat to independence and quality of life in older adults.²

Aging refers to multidimensional aspect of physical, psychological and social change. Between 2015-2050 the proportion of world's older adults is estimated to almost double for about 12 % to 22%.³ Above 60 age groups makes important contribution to society as family members, volunteers and active workforce of society. Old age is emergence of several complex health states that happen only later in life and that do not fall into discrete disease aspect. Older adults are more likely to suffer from cognitive, affective disorder and mood disorders.⁴Having positive attitudes to aging process may leads to healthier mental and physical outcomes in older age people.⁵

However, even the emotional and physical stresses can be risk factors of psychological problems. Caregivers should always observe warning signs, which could indicate psychological problems. The common psychological problems are depressed mood Confusion, disorientation, lack of concentration or decision-making, feelings of worthlessness, helplessness, thoughts of suicide, social withdrawal, loss of interest in things that used to be enjoyable, problem in handling finances or working with numbers; Unexplained fatigue, sleep related problems etc.⁶

MATERIAL & METHODS

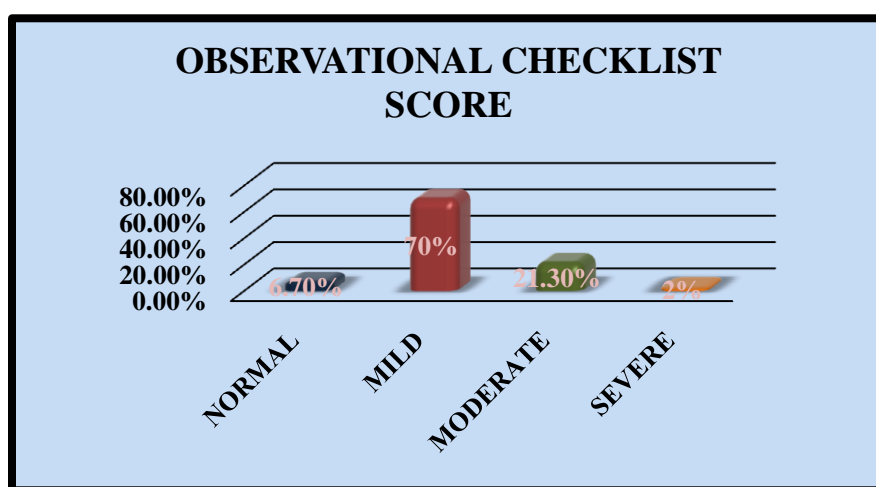
The research design for this study was descriptive research design. The study was carried out among older adults living in selected villages of Waghodia, Vadodara. Out of whom 150 older adults were selected as a sample by using non-probability convenient sampling technique. The data collection tool included two sections, the first tool consisted of socio demographic characteristics such as age, gender, marital status, living with, family income, dietary pattern, education, occupation, number of children and involved in social activity and the second tool was Self-structured Observational Checklist for measuring the psychological problem. A demographic door to door

survey was conducted to identify the psychological problems among older adults, who gave their consent to participate in the study after explanation of its purpose and instructions. Data collection process was extended up one week and completed when the desirable samples (150) were obtained.

The data analysis was done with the use of differential and inferential statistics. Chi square test was used to find out the association of selected demographic variables with Psychological problems among older adults.

FINDINGS:

Distribution of self-structured observational checklist:



Above figure shows 150 older adults' majority of older adults have mild psychological problems.

Frequency and percentages distribution of Older Adults according to demographic variable and its association:

There is association of the psychological problems with some of the selected demographic variables such as Marital status (χ^2 : 25.51), Living with family (χ^2 : 11.75) , Family income of older adults (χ^2 : 27.46), Education of older adults (χ^2 : 11.29) and Involved in social activity (χ^2 : 10.11) at 0.05 level of significance.

DISCUSSION

The purpose of this study was to highlight the prevalence of psychological problems among older adults. One potentially important findings emerged through self-observational checklist was mild psychological problems are there in older adults which may leads to further having some psychological problems.

It was observed that among 150 older adults most of them were between 71-80 years. Among which 54% male and 46% female who are having mild psychological problems. Whereas, a similar study analysis by gender and by older age groups observed decreasing rates of psychiatric problems with increasing age and women experienced higher rates of mood and anxiety disorders.⁷ Another study found that 33.9% of the geriatric population was above

the threshold for mental illness. Another study shows Females had higher mental disorder compared to males and cognitive impairment was 16.3%, with a significantly higher percentage of affected individuals in age group above 80.⁸ The result shows significant association was their between occupation and psychological problem among older adults. Similarly, a study to know the psycho-social problems of the elderly; which revealed functional score were significantly higher for early adults, for literates, for middle class family and for employed. The prevalence of mental illnesses found to be significantly higher in the age group above 75 years.⁹ The result shows significant association between older revealed adults living with family with psychological problems among older adults. Likely, a study among older who are married with children, social support from spouse has significant association with positive well-being than social support from children and others.¹⁰

The highest number of older adults 106(70.7%) were involved in social activity were having less psychological problems similarly, a systematic review of 30 studies was conducted that suggest that educational and social activity group interventions that target specific groups can alleviate social isolation and loneliness among older people.¹¹ Also, a study conducted on psychiatric problems in the elderly evident that elderly people involved socially have not found psychological symptoms. Social support and health-related attitudes are good predictors of psychological problems in old age people.¹²

CONCLUSION

It concludes that 150 samples of older adults were involved from which 70% of older adult have Mild psychological problem. Mental health concern becomes a mental illness when signs and symptoms cause continuous stress and affect the ability to function in society. Finding early stage of psychological symptoms may prevent further major mental health problems in older adults.

Ethical approval

Informed consent was obtained from participants and assured for anonymity. Since the study involved human subjects, a formal ethical approval was received from institutional ethical committee.

Conflict of Interest

The author declares that they have no conflicts of interest.

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