



Impact of Health and Psycho-Social Status on Wellbeing of Elderly: Need for Social Work Intervention

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Abstract

One out of every ten people on the planet is now 60 + years. The Indian society has experienced far reaching changes in its social, economic and political set up. Psycho-social issues play a significant role in physical and mental health of older adults. Health is the most important factor for well-being of the elderly since they are prone to diseases due to degenerative changes. A study has been carried out in three districts of erstwhile Andhra Pradesh namely Nellore, Kurnool and Hyderabad to assess the health status of the elderly, to explore the impact of psycho-social changes on wellbeing of the elderly. Interview schedule, focus group discussions, Inventory to assess health status (Ramamurti, 1996) were used to elicit information regarding socio-economic and demographic and health status. The results revealed that there is a significant association between psycho-social changes and elderly health status, vice-versa on their wellbeing. The study revealed that there is an enormous scope for gerontological social work services to facilitate the elderly to lead a graceful ageing with a feeling of wellbeing.

Keywords: Elderly, Health, Psycho-Social changes, Well-being.

1. Introduction

Ageing is a natural phenomenon; it refers to a multidimensional process of physical, psychological and social changes. One out of every ten people on the planet is now 60 + years. The population of elderly (especially very old) is increasing rapidly throughout the developed and developing world. The Indian society has experienced far reaching changes in its social, economic and political set up. Changes in social spheres during old age such as retirement, widowhood, loneliness, role change (role reversal) and multiple losses create many problems for elderly. This clearly indicates that elderly wellbeing is associated with the psycho- social and their physical status. India's elderly population aged 60 years and above is expected to increase from 71 million in 2001 to 179 million in 2031. The Proportion of elderly is likely to reach 12 percent in 2031 and 17 percent in 2051 from 7.8 percent in 2001 (Irudayarajan et.al.2005).

Physical changes due to ageing can occur in almost every organ and can affect elders health and lifestyle. Psycho-social issues will also play a role in physical and psychological health of elderly. Some of the major contributors to social and psychological problems for seniors are as follows: Loneliness from losing spouse and friends , inability to independently manage regular activities of living, difficulty coping and accepting physical changes of ageing, frustration with ongoing medical problems and increasing number of medications ,social isolation as adult children are engaged in their own lives ,feeling inadequate from inability to continue work, boredom from retirement and lack of routine activities, financial stresses from the loss of regular income etc.

Older people have limited regenerative abilities and are more prone to diseases. Medical problems in the elderly can involve any organ system in the body. Most conditions result from decreased function or degeneration of the involved organ. Most commonly encountered medical conditions in seniors based on organ system are: osteoarthritis, osteoporosis, Diabetes, menopause, thyroid dysfunction, high blood cholesterol, slower overall metabolism, dementia (Alzheimer or other types), Parkinson's disease, strokes, poor vision, hearing impairment, balance problem. Muscular degeneration, glaucoma, cataracts, diabetes and hypertension related eye disease. Heart attacks, congestive heart failure, hypertension, atherosclerosis, chronic obstructive pulmonary disease, kidney or renal disease. dry skin, itching, infections, cancers: prostate, colon, lung, breast, skin, bladder, ovary, brain, pancreas, only to name a few. There are other problems like bone marrow and immune system: inability to produce sufficient blood cells (anemia).Gastrointestinal: stomach ulcers, diverticulitis (small pockets forming in the wall of colon), colon inflammation, constipation, bowel incontinence, hemorrhoids, urinary problems, oral and dental problems Infections, Psychiatric: depression, anxiety, sleep disturbance, insomnia. General problems: fatigue, general deconditioning, forgetfulness, medication side effects, diminished appetite, weight loss, falls etc needs medical attention and family support.

Health is the most important factor for well-being of an individual. Geriatrics is a medical subspecialty dedicated to the care of the elderly. Geriatric services are yet to develop in India and the available health systems is not meeting the needs of the large group of the elderly. Even though the ageing process cannot be stopped, being aware of the changes and adopting a healthy lifestyle can reduce their impact on overall health. A balanced diet and regular exercise are strongly linked to better health outcomes in seniors. A series of routine screening tests and preventive measures are recommended for the elderly. Important preventive measures at home can improve the safety and health of seniors. Social issues will have a significant impact on life and both physical and psychological health of seniors citizens.

1.1 Conceptual frame work for wellbeing of the elderly



2. Methodology

In this context a study has been carried out in three districts of erstwhile Andhra Pradesh namely Nellore , Kurnool and Hyderabad with some objectives such as to assess the health status of the elderly, to explore the impact of psycho-social and health status of the elderly on their wellbeing.

2.1 Objectives

In the light of above facts, a study was carried out with few objectives as follows:

- To know the socio-economic and demographic information of the respondents.
- to assess the health status of the elderly
- To explore the impact of psycho-social and health status of the elderly on their wellbeing.

2.2 Hypotheses

The Health status differs significantly for various social groups among the elders. The wellbeing of the respondents is significantly associated with psycho-social and health status of the elderly.

2.3 Study Area

A study was carried out to understand the socio-economic profile and health status of the elderly in three districts of erstwhile Andhra Pradesh namely Nellore, Kurnool and Hyderabad. These districts are well developed and linked with rail and road to the educational, business centres in Andhra Pradesh. Most of the younger generation have migrated to various places in search of employment and remaining are busy with their work and earning which let them spend little time to their elders. The geographical and sociological status of these districts resembles the remaining areas of the state, which are under transition stage.

2.4 Sampling

Descriptive and diagnostic research designs were adopted for conducting the study. The study has been carried out in three districts with a sample of 100 elderly from each district who were selected by using simple random sampling method from three mandals. Kovur from Nellore, Mahanandi from Kurnool and Shaikpet from Hyderabad. From each mandal five areas were included in the study and from each area 20 elderly were selected randomly for the study. The sample comprises of 300 elderly who are from 15 randomly selected areas of Andhra Pradesh.

2.5 Tools Used for the Study

Interview schedule, focus group discussions were used to elicit information regarding socio-economic, demographic and wellbeing status. Inventory to assess health status (Ramamurti, 1996) was administered on respondents to elicit information regarding their health.

2.6 Analysis

The collected data was tabulated and percentages were calculated, statistical tests were carried out whenever necessary with the help of SPSS 16.0.

3. Results and Discussion

Demographic and socio-economic characteristics of the elderly are very important to understand the problems among the elderly, which are presented in Table1

3.1 Socio-Economic and Demographic Characteristics of the Respondents

Table 1: Socio-Economic and Demographic Characteristics of the Respondents

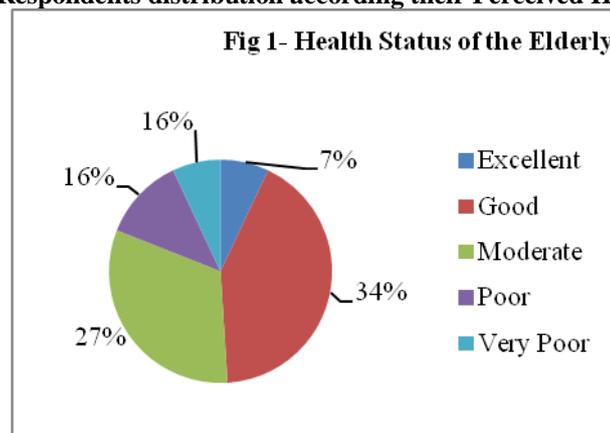
S.NO	Characteristics	Majority Percentages
1	Sex	50 % female 50% male
2	Age	64 % in 60-70 years age group
3	Religion	72% Hindus
4	Caste	74% belonged to Scheduled community
5	Type of Family	59% were from joint family.
6	Marital Status	60% were currently married
7	No. of Children	54 % are having 2-3 children
8	Education	64% does not having any formal education
9	Occupation	70% are not involved in any gainful job at present
10	Income of the respondents	66% are not having any income at present
11	Staying	55% are staying with family
12	Type of house	89% are staying in semi structured houses
13	Ownership	54% are in own houses
14	Facilities available	56% are having bathroom and lavatory facility
15	Recreation	59% are having Radio/ Television for recreation
16	Social participation	92% are not participating in any social activities
17	Intake of diet	55% are taking rice/Ragi and dal
18	Choice of food	71% said choice of food is available "sometimes"
19	Abuse	100% experienced harsh words, criticism, threatening, humiliation and intimidation in one time or other
20	Living arrangements	60% are satisfied with the available living arrangements

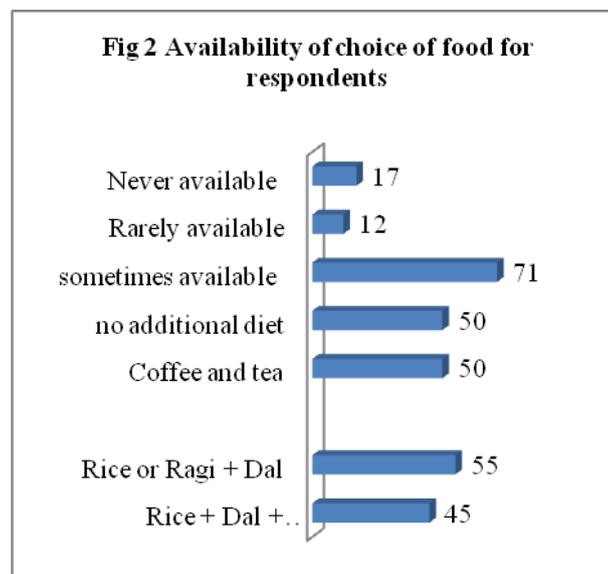
The socio- demographic details of the respondents from table no: 1 revealed that most of the respondents were female and are in the age group of 60-70 years. Nearly three fourths of the respondents are Hindus and belong to schedule community. Nearly three fifths i.e. 60 percent are currently married and staying in joint families with 2-3 children. A little above three fifths of the respondents i.e. 60 percent not had any formal education and are not involved any gainful job nor with any income at present. Regarding living arrangements many respondents are living in own semi structured houses. Nearly three fifths are in own house and are having separate bathroom and lavatory facility and having radio and Television for recreation. A little above half i.e. 55 percent are having less nutritive food rice and dal only. The respondents are neither having choice of food nor additional diet. The results revealed that all the respondents experienced abuse in one or another form like harsh words, criticism, threatening, humiliation and intimidation at one time or the other. The abuse experienced by elderly comprises emotional abuse (40%), verbal abuse (50%), economic abuse (47%), showing disrespect (57%) and physical abuse (63%) negligence (44%) property issues (35%).

3.2 Source of Medical and Nutritional Support and Care

It is revealed from the study that most of the respondents' medical expenditure is met by family members but it varies. The results revealed that nearly three fifths of respondent daughters provide care 'most of the time' followed by 'always' and nearly four fifths respondent spouses provide care 'always'. Further the results revealed that the respondents are not receiving any support from relatives/ friends (60%) and Government/ religious homes (86%). This clearly indicate the significance of family support during sickness. In developing countries like India, where poverty is massive, widespread and persistent, the social security needs to aim at improving income and standards of living for the poor and reducing their vulnerability (Jamuna , 2003).

Fig No: 1 Respondents distribution according their Perceived Health status:





It is clear from the results in Fig no1 that a little below two fifths i.e. 34 percent of the respondents are having good health status followed by 27 percent moderate health status and 16 percent each are having poor and very poor health status respectively and a less 7 percent are having excellent health.

Generally there is a strong association between the nutritional status and health of a person. The study results regarding nutritional intake of the respondents(fig:2) indicate that a little above half i.e. 55percent taking less nutritious food like rice/ragi and dal and remaining 45percent used to take a little nutritious diet such as rice, dal, vegetables or greens. Regarding additional diet half of the respondents took coffee and tea and nearly three fourths i.e. 71 percent get choice of food 'sometimes' only. This clearly shows that the elderly food requirements were not properly taken care by family members and this has influence on wellbeing also. "More often than not, older persons are viewed as a burden for the family and the state and rarely as a valuable resource for development (Chang, 1996), they depend on others for their daily needs such as food, shelter, clothing, health care and basic requirements for their living". It is presumed that the wellbeing of the elderly will be assured if there is a tripartite co-operative involvement of the government, family and the community.

3.4 Health Status and Well-being

Table No: 3 Respondents Distribution According Their Health Status and Wellbeing

Variable	Health status	N	Mean	S.D	Score	Df	Mean Score	'F' Value	'P' Value	Result
Health Status & Wellbeing	Excellent	21	2.1429	.37	Between the groups	4	.827	4.789	0.000	Significant at 1% level
	Good	102	2.1765	.38						
	Moderate	81	2.1111	.32	Within the groups	295	.173			
	poor	48	2.5000	.51						
	Very poor	48	2.5700	.51						

ANOVA test has been performed to find out whether the health status of the respondents differ significantly with regard to their wellbeing. The results from table no 3 indicates that there is significant difference among mean scores of respondents' wellbeing. The respondents who are having excellent health status are with low mean score (2.1429) which indicates better wellbeing and high mean score (2.5700) was found in the case of elderly who possess poor and very poor health status. The results revealed that wellbeing of the respondents differs significantly with regard to their health status at 1 percent level. It can be concluded that the economic and health status of respondents influence their wellbeing. "In India 50 percent of the elderly are fully dependent on Family, While 20 percent are partially. The elderly wellbeing is largely contingent on the economic capacity of the family unit (Vijay Kumar, 2005) particularly in rural areas families suffer from economic crisis, as their occupations do not produce income throughout the year. In India, according to the National policy on Older Persons (1999) 1/3rd of the elderly persons live below the poverty line. Further elderly persons with high spiritual wellbeing were able to manage their health better (Udhayakumar and Ilango, 2012)

3.5 Psycho-Social Support and well-being

TABLE 4 Mean scores of Psycho- Social Support according their wellbeing

Variable	Psycho-Social Support	N	Mean	S.D	Score	Df	Mean Score	'F' Value	'P' Value	Result
Psycho-Social Support & Wellbeing	Rarely	95	42.04	1.74	Between the groups	3	254.57	62.68	0.000	Significant at 1% level
	Occasional	120	42.37	1.91						
	Most of the time	67	45.10	2.46	Within the groups	295	4.06			
	Always	18	45.62	2.14						

ANOVA test is computed to find out whether the wellbeing differs significantly with regard to the Psycho- social support they received. It is clear from table no: 4 that high mean score for wellbeing (45.62) is observed in the case of elderly who received psycho- social support 'Always'. The mean scores of wellbeing of elderly differ significantly at 1 percent level with regard to the frequency of psycho-social support they received. It implies that, the elderly who are receiving psycho-social support 'always' is possessing better wellbeing than those who receive psycho-social support 'rarely'.

4. Social Work Intervention

The complexity of interrelationships and other factors such as physical and psychological status, economic resources and other social factors call for the need of intervention by professional social workers. Professional social work intervention with elderly / pensioners is fairly of recent origin.(Suneetha. K, 2010) The social worker by using the methods of social work like case work, group work, community organization and social work research and with the skills and techniques of social work can help the pensioners to improve the situation. They can play different roles like educator, motivator, mediator, counsellor, etc., to make the pensioners solve their problems and to utilize fully the services provided by the Government and non-governmental organisations.

The main goals of social work intervention with elderly are three fold i.e. ameliorative, preventive and promotional or developmental. To overcome the economic problems and get good social support, the elderly need to start a second career which is suitable to them and is in accordance with their interest. In the present study, majority of the elderly are not having any social participation and are in young- old age group. Further they are not utilizing their leisure time in a useful way. In this regard, the social worker can form the elderly into groups and create awareness regarding various vocational courses and their marketing with which they can channelize their energies and use their leisure time and experience in a useful way. This will also reduce their economic problems and dependence on their children. "Re-employment after retirement makes the retirees receive more social support from significant others" (Dhillon and Arora, 1992). The social worker creates awareness among the elderly and in society to recognise that older persons are a resource too. They can render useful service in the family and outside.

Mass media is the best mode to convey the information especially among the illiterates regarding g health and problems of elderly . In our country, majority of the people are illiterate. Due to illiteracy and ignorance, a number of problems arise among the family members and for the aged since they depend on their family members in day- to- day activities. Social workers, by using the community organization method, organise film shows on problems of ageing and the role of the young family members and community members (public) in health care of aged. This will create awareness among the public and change their attitudes towards the aged. This sensitization can make the public create a positive attitude towards their elderly and help extend psychosocial supports to the elderly.

During awareness generation camps at local level i.e., in various slums and villages social worker has to educate the community people about the need for good health and nutritious food, regular exercise, importance of health insurance and also about various care and welfare services available for the aged. The social workers can also work to remove the barriers for the development of the elderly such as misconceptions about ageing process and also the stereotyped activities attached to the aged, which are hindering their participation in some activities and which cause both physical and psychological discomfort.

Human life needs planning at every stage i.e., during childhood, adulthood, old age. People usually plan from childhood to adulthood and neglect for the old age. One should plan for the life during old age/after retirement by evolving measures to overcome the stress caused by economic, social, psychological problems which are often associated with retirement/old age. The energy and expertise of the elderly must be utilized by the society even during old age / after their retirement. The social worker helps the elderly to form into task-oriented groups, occupational groups, recreation groups, self-help groups or we help groups which usually start with a few elderly meeting in the form of local get-together. The social worker acts as a facilitator in the effective functioning of the organisations by conducting regular meetings, discussions on mutual interest subjects, lectures on health issues, cultural programmes, training in arts and crafts, discussions on local issues, celebrating religious and national festivals, arranging visits to the homes of the fellow aged, whose mobility is restricted due to ill-health, etc. These programmes make the elderly get a feeling of security and helps in better wellbeing.

5. Conclusion

The result of the study revealed that most of the elderly are possessing poor health status and spouse; offspring's are taking care of the aged while they are ill. Further the study indicated that there is a significant association between psycho-social changes and elderly health status, vice-versa on their wellbeing. Even though the ageing process cannot be stopped, being aware of the changes and adopting a healthy lifestyle can reduce its impact on their wellbeing. It is essential to provide social work intervention with regard to dietary counselling, education about welfare services, preventive measures, recreational activities, suggestions about financial support systems, measures to improve family dynamics, create awareness about stress reduction and adjustment.

6. Recommendation

- Establish more counselling centres to educate family members and elderly on how to cope with the family and old age for graceful ageing.
- In-depth research is needed to assess problem and suggest suitable interventions.
- Implementation of existing laws in to-to
- More awareness is to be created through print and electronic media to promote elder well being.
- Sensitizing the community about problems of the elderly and need in constituting Community Action Teams to reduce elderly problems and promote wellbeing.

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