PSYCHOLOGICAL CHALLENGES AMONG ELDERLY AT ELECTRIC VENG COMMUNITY.

Submitted in partial fulfilment of Bachelor of Social Work V semester

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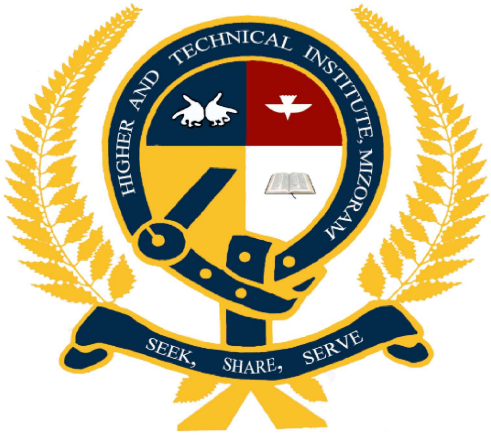

Department of Social Work

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CERTIFICATE

This is to certify that the project title '*Psychological Challenges among Elderly at Electric Veng Community*' submitted by PC. Lalruatdika, Department of Social Work, Higher and Technical Institute, Mizoram for the award of Bachelor of Social Work is carried out under my guidance and incorporates the student's bonafide research and this has not been submitted for the award of any degree in this or any other Universities or Institute of learning.

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QUESTIONNAIRE

I. Profile of the respondent

1.	Name	
2.	Age	
3.	Gender	1. Male 2. Female
4.	Religion	1. Christian 2. Muslim 3. Hindu 4. Others
5.	Educational qualification	1. Primary school 2. Middle school 3. High school 4. Higher sec. school 5. Graduate 6. Post graduate
6.	Occupation	1. Primary = _____ 2. Secondary = _____
7.	Family type	1. Joint family 2. Nuclear family 3. Single parent
8.	No. of workers in family	
9.	Socio Economic status	
10.	Monthly income of family from all source	Rs.
11.	Type of house	1. Kutcha 2. Pacha
12.	Ownership of the house	1. Owned 3. Rented
13.	Economic category	1. PHH 2. AAY 3. Non NFSA

II. **Psychological challenges**

Sl.No.	Challenges	Always	Sometimes	Never
1	Depression			
2	Dementia			
3	Delirium			
4	Anxiety			
5	Personality disorders			
6	Substance abuse			
7	Insomnia			
8	Hopelessness			
9	Sleep apnea			
10	Restless legs syndrome			

III. **Social challenges**

Sl.No.	Challenges	Always	Sometimes	Never
1	Relationship issues in the family			
2	Loneliness			
3	Poor hygiene			
4	Financial anxiety			
5	Family stress / risk of domestic violence			
6	Grief			
7	Social participation			
8	Poverty			
9	Financial constraints			
10	Lack of physical support			

IV. Coping strategies

Sl.No.		Always	Sometimes	Never
1.	I use work as a distraction			
2.	I try to resolve the problem			
3.	I am in denial			
4.	I turn to alcohol or drug			
5.	I get emotional support from others			
6.	I give up trying to deal with it			
7.	I used ventilation			
8.	I seek help and advice from other people			
9.	I try to change my perspective			
10.	I criticize myself			

CHAPTER-I

INTRODUCTION

Psychosocial characteristics are a term used to describe the influences of social features on an individual's mental health and behaviour.

Erik Erikson introduced psychosocial theory, which addresses patterned changes in self-understanding, identity formation, social relationships, and worldview across the lifespan. A psychosocial approach to human behaviour involves the relation between intrapersonal psychological and environmental aspects. Psychological characteristics are commonly described as an individual's psychological development in relation to his/her social and cultural environment. "Psychosocial" means "pertaining to the influence of social factors on an individual's mind and behaviour, and to the interrelation of behavioural and social factors".

Example of psychosocial factors includes social support, loneliness, marriage status, social disruption, bereavement, work environment, social status, and social integration.

In many instances the age at which a person became eligible for statutory and occupational retirement pensions has become the default definition. The ages of 60 and 65 years are often used, despite its arbitrary nature, for which the origins and surrounding debates can be followed from the end of the 1800's through the mid-1990.

Common psychological issues affecting older patients may include, but are not limited to, anxiety, depression, delirium, dementia, personality disorders, and substance abuse.

Common social and emotional issues may involve loss of autonomy, grief, fear, loneliness, financial constraints, and lack of social networks. These psychological issues can also have an impact on contribute to physical health.

Psychological factors such as stress, anxiety, depression, social isolation, and poor relationship have been associates with an increased risk of hypertension, stroke, and cardiovascular disease. There may be multiple risk factors :

1. Older people may experience life stressor that are more common to all people, but also stressors that are more common in later life, like a significant ongoing loss in capacities and a decline in functional ability.

2. Mental health has an impact on physical health and vice versa.
3. Older adults are also vulnerable to elder abuse- including physical, verbal, psychological, financial and sexual abuse; abandonment; neglect; and serious losses of dignity and respect. Current evidence suggests that 1 in 6 older people experience elder abuse. Elder abuse can lead not only to physical injuries, but also to serious, sometimes long-lasting psychological consequences, including depression and anxiety.

The world's population is ageing rapidly. Between 2015 and 2050, the proportion of the world's older adults is estimated to almost double from about 12% to 22%. In absolute terms, this is an expected increase from 900 million to 2 billion people over the age of 60. Older people face special physical and mental health challenges which need to be recognized.

1. Over 20% of adults aged 60 and over suffer from a mental or neurological disorder (excluding headache disorders) and 6.6% of all disability (disability adjusted life years-DALYs) among people over 60 years is attributed to mental and neurological disorders.
2. These disorders in older people account for 17.4% of Years Lived with Disability (YLDs).
3. The most common mental and neurological disorders in this age group are dementia and depression, which affect approximately 5% and 7% of the world's older population, respectively.
4. Anxiety disorders affect 3.8% of the older population, substance use problems affect almost 1% and around a quarter of deaths from self-harm are among people aged 60 or above.

Elderly or old age consists of ages nearing or surpassing the average life span of human beings. The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies. Government of India adopted 'National Policy on Older Persons' in January, 1999. The policy defines 'senior citizen' or 'elderly' as a person who is of age 60 years or above. The elderly population (aged 60 years or above) account for 7.4% of total population in

2001. Both the share and size of elderly population is increasing over time. From 5.6% in 1961it is projected to rise to 12.4% of population by the year 2026.

The reduction in fertility level, reinforced by steady increase in the life expectancy has produced fundamental changes in the age structure of the population, which in turn leads to the aging population. The needs and problems of the elderly vary significantly according to their age, socio-economic status, health, living status and other such background characteristics. Various studies have been conducted to analyse the health and related issues associated with old age, which needs further exploration, so the present study was focused on various socio-demographic profile and its association with psycho-social problems.

1.1 NATIONAL PROGRAMME FOR THE HEALTHCARE OF THE ELDERLY (NPHCE):

The population of elderly persons is rapidly increasing globally. As per census 2001, total population above 60 years of age in India was 76.6 million (7.5%). The data of 2011 Census is yet not available, but as per projection, the elderly population as on date is expected to be around 98 million. At present pace of growth, it is likely to rise more rapidly in the coming years due to further increase in the life expectancy. According to estimated projection, the population of elderly will be around 12.4% of the total population by 2025.

The normal psychological aging process results in decrease in body stamina as well as immunity. This makes elderly more prone to diseases and disabilities. Around 8% elderly are bed ridden as per National Sample Survey Organization (NSSO). Elderly people suffer from complex health problem involving multiple organ and body system. Many of these require long term treatment or expensive interventions. The general health care delivery system which the elderly populations use at present is unable to meet the special needs of elderly population. Apart from this, with degradation in social and family values, the elderly are left alone to manage their own health problems. A dedicated health care system for elderly population is, therefore, essential.

Under such circumstances, it becomes the responsibility of the state to make suitable health care arrangement for the ailing elderly. It is high time the health care is geared to serve the requirements of the elderly and to meet the future challenge of rapidly increasing ageing society.

In Electric veng community, the challenges that the elderly faced among Psychological challenges are Depression, Dementia, Delirium, Anxiety, Personality disorders, Substance abuse, Hopelessness, Sleep apnea, Restless legs syndrome and Relationship issues in the family.

And also that the elderly faced among Social challenges are Loneliness, Poor hygiene, Financial anxiety, Family stress, Grief, Social participation, Poverty, Financial constraints, Lack of physical support and Insomnia.

1.2 STATEMENT OF THE PROBLEM

Among the elderly people problems arises in many ways especially in the society. Usually they face problem on their Psychological factors such as Stress, Anxiety, Depression, Social isolation, and poor relationship have been associates with an increased risk of hypertension, stroke, and cardiovascular disease. Psycho social issues can have an impact on and contribute to physical health. In the community of Electric veng Lunglei, the same challenges are faced by the elderly people.

1.3 OBJECTIVES

1. To identify the psychological challenges faced by elderly at Electric veng Community.
2. To identify the social challenges faced by elderly at Electric veng Community**.**
3. To determine the extent of functional impairment among the elderly.

1.4. Chapter Scheme

Chapter I: Introduction
Chapter II: Literature Review
Chapter III: Methodology
Chapter IV: Result and Discussion
Chapter V: Conclusion

CHAPTER-II

LITERATURE REVIEW

Many studies related to psycho-social challenges among elderly have already existed. Some important studies concerning psycho-social challenges among elderly are reviewed as under.

B.W.J.H Penninx et al (1996) conduct a survey on psychological status among elderly people with chronic diseases. A community based sample of 3,076 persons aged 55 to 85 with various chronic diseases has been collected for the survey. The findings show a strong, linear association between the number of chronic diseases and depressive symptoms and anxiety, indicating that psychological distress among elderly people is more apparent in the presence of diseases.

S.Pallesen et al (2002) examined psychological characteristics of elderly insomniacs. The insomniacs were compared on these measures with two groups, one of elderly good sleepers and one an elderly community sample. The result indicated a higher level of psychological distress among insomniacs than among the good sleepers, while there were negotiable differences between insomniacs and the community sample on most measures. Excessive worrying was the most characteristics feature of elderly insomniacs.

H. Brodaty et al (2004) study on vulnerability to post-traumatic stress disorder and psychological morbidity in aged holocaust survivors. In this survey sample of 309 respondents to a survey of Jewish persons aged 60 years and older living in the community in Sydney was collected. The result says that older age, experience of more severe trauma, use of immature defence mechanisms and higher neuroticism were associated with significant PTSD and psychological morbidity. Late life may be a period of vulnerability in the aftermath of severe trauma.

P. Sadler et al (2013) examine a psychological pathway from insomnia to depression among older adults. Sample of 218 independent living Australian older adults aged from 65 to 96 years completed. The result demonstrated that manipulative sleep beliefs and hopelessness partly explained how insomnia influenced depression, irrespective of the presence of obstructive sleep apnea and or restless legs syndrome.

K. Harada et al (2016) conduct a survey on objectively-measured outdoor time and physical and psychological function among older adults. Sample data was collected from 192 participants. It indicates that objectively-measured outdoor time was indirectly associated with physical function and both directly and indirectly with psychological function through physical activity among older adults.

A Hassan et al (2018) study physiological and psychological effects of gardening activity in older adults. 40 older women sample data has been collected. The results show that blood pressure was significantly lower and changes in brainwaves were observed. The respondent were more "Comfortable and relaxed" after the planned task than after the control task. They suggest that gardening activities might enhance physiological and psychological relaxation in older adults.

Matud and Garcia (2019) conduct a study on gender analysis of the relevance of psychological factors in the social functioning of the elderly. A cross sectional study with a sample of 589 men and 684 women from the gender Spanish population aged between 65 and 94 years was conducted. The results show that psychological distress has a considerable impact on the social functioning of the elderly, and gender is a relevant factor in the psychological distress experienced and its predictors.

P. Garcia-portilla et al (2020) conduct a study is older adults also at higher psychological risk from COVID-19. The results shows that despite the considerable proportion of symptoms of emotional distress found in older adults, especially on women, they are at a lower risk of developing psychological depressive and stress consequences from COVID-19 and lock-down than those under 60 years of age. The result also highlights the need for expert guidance in this age group, especially older women living alone.

J. Lopez et al (2020) conducted a study to examine COVID-19 and psychological well-being among older adults from Spain. The sample was made up of 878 community dwelling order adults (626) from 60 to 70 and 252 from 71 to 80 years old). The study found that there is no significant differences between groups (young-old and old-old) in any direct or indirect affection by COVID-19 variable.

Lee et al (2020) study a consideration of the psychological and mental health of the Elderly during COVID-19. This study explores factors-including pandemic induced stress, self-integration, self-efficacy, and resilience. The result suggested several psychological factors and strategies for protecting mental health.

CHAPTER-III

METHODOLOGY

1. Methodology:

1.1 Research Design:

The study is descriptive in each design it was based on the primary. The primary data was collected through quantitative methods.

1.2 Sampling:

The study employed purposive sampling. It is studied between the ages of 60-80 years. The unit of the study is individual and MUP members only. The sample size of the study is 20 individuals.

1.3 Data collection, processing, and analysis:

The study based on primary data collected through quantitative method. Structured interview schedule was administered to collect information on profile. The quantitative data was process using Microsoft Excel and it was analyze using SPSS and presented in the form of frequency, percentage and average.

CHAPTER-IV

RESULTS AND DISCUSSION

This chapter represents the results and discussions which were divided into different sections such as the profile of the respondents, Psychological challenges, Social challenges and Coping strategies.

4.1Profile of the respondents:

To study the profile of the respondent, the variables taken are Age, Gender, Educational qualification, Family type, Type of House, Socio economic status.

4.2 Age

The age group of the respondents in the present study is classifies into two (2) groups which are 60-70 and 71-80 years constitute the higher respondents is 60-70 years (55%).

4.3 Gender

The gender of the respondents is divided into two categories; male and female. The difference in the distribution of ratio are male (70%) constitute the higher percentage compared to female (30%) that constitute the lower percentage among the respondents.

4.4 Educational qualification

The educational qualification of the respondents is classified viz., Primary school, Middle school, High school, higher sec school, Graduate. The educational qualification of respondents in the present study consists of primary school (15.0%) Middle school (25.0%) High school (20.0%), Higher school (35.0%) and Graduate (5.0%). The percentage of the respondent's shows that majority of the respondents are per suing higher secondary school (35.0%) studies.

4.5 Family type

The present study analysed the respondents' family status by observing the type of family the respondents are living in. The type of family in the present study is divided into two types' viz., joint family and Nuclear family. Majority of the respondents belong to Joint family (90%) and Nuclear family (10.0%).The respondent's type of family is mostly joint family where they live with their parents and Grandparents.

4.6 Type of House

There are two types of house Kutcha and pucca. The difference in the distribution of ratio are Pucca (70%) constitute the higher percentage compared to Kutcha (30.0%) that constitute the lower percentage among the respondents.

4.7 Socio Economic status

The socio economic status of the family in the present study is analysed in order to understand the present socio-economic status condition of the family. The socio-economic status of the family was classified into two viz., Priority household (PHH) and Non-NFSA (Non-National Food Security Act). More than half of the respondents' family belongs to Non-NFSA (60.0%) and the rest of the family belongs to Priority Household (40.0%), there is no family which belongs to Antyodaya Anna Yogana.

Table 4.1 Profile of the Respondents

SI.No.			Frequency	Percentage
1	**Gender**	Male	14	70.0
		Female	6	30.0
3	**Educational qualification**	Primary school	3	15.0
		Middle school	5	25.0
		High school	4	20.0
		Higher sec school	7	35.0
		Graduate	1	5.0
4	**Family type**	Joint family	18	90.0
		Nuclear Family	2	10.0
5	**Type of house**	Kutcha	6	30.0
		Pucca	14	70.0
6	**Socio Economic Status**	PHH	8	40.0
		NON-NFSA	12	60.0
7	**Age**	60-70	11	55
		71-80	9	45

Source: computed

4.2 Psychological Challenges

The finding proves that (35%) of the responded have depression, while 13(65%) is never is the majority of the depression. The above statistic proves that (15%) of the responded have dementia, while more than half (55%) of the responded use to have sometime dementia and,(30%)is never of the responded. The finding proves that (19%) of the responded have delirium, while 5(95%) is never is the majority of the delirium. The above statistic proves that (5%) of the responded have anxiety, while (20%) of the responded use to have sometime anxiety and (75%) is never of the responded. The finding proves that (25%) of the responded have Personality disorders, while 15(75%) is never is the majority of the personality disorders. The findings proves that (10%) of the responded have substance abuse, while 18(90%) is never is the majority of the substance abuse. The findings proves that (75%) of the responded have hopelessness, while 5(25) is never is the majority of the hopelessness. The finding proves that

(60%) of the responded have sleep apnea, while 8(40) is never is the majority of the sleep apnea. The findings proves that (40%) of the responded have restless legs syndrome, while 12(60) is never is the majority of the restless legs syndrome.

Table 4.2 Psychological Challenges

SI.No.	Challenges	Always	Sometimes	Never
1	**Depression**	0(0)	7(35)	13(65)
2	**Dementia**	3(15)	11(55)	6(30)
3	**Delirium**	0(0)	1(19)	5(95)
4	**Anxiety**	1(5)	4(20)	15(75)
5	**Personality disorders**	0(0)	5(25)	15(75)
6	**Substance abuse**	0(0)	2(10)	18(90)
7	**Hopelessness**	0(0)	15(75)	5(25)
8	**Sleep apnea**	0(0)	12(60)	8(40)
9	**Restless legs syndrome**	0(0)	8(40)	12(60)

Source: Computed *Figures in parentheses represent percentage*

4.3 Social Challenges

The above statistics prove that (5%) of the responded have relationship issues in the family, while (50%) of the responded use to have sometime relationship issues in the family and (45%) is never of the responded. The findings proves that (20%) of the responded have loneliness, while 16(80) is never is the majority of the loneliness. The findings prove that (20%) of the responded have poor hygiene, while 16(80) is never is the majority of the poor hygiene. The 20(100) is never is the majority of the financial anxiety. The 20(100) of the responded have sometime family stress in the family. The finding proves that (25%) of the responded have sometime grief, while 15(75) is never is the majority of the Grief. The finding proves that (20%) of the responded have social participation, while 16(80) is never is the majority of the social participation. The above statistics prove that (10%) of the responded have poverty, while (75%) of the responded use to have sometimes poverty in the family and (15%) is never of the responded. The findings prove that (10%) of the responded have financial constraints, while 18(90) is never is the majority of the financial constraints. The findings prove that (90%) of the responded have lack of physical support, while 2(10) is never is the majority of the lack of

physical support. The findings prove that (75%) of the responded have insomnia, while 5(25) is never is the majority of the Insomnia.

Table 4.3 Social Challenges

SI.No.	Challenges	Always	Sometimes	Never
1	**Relationship issues in the family**	1(5)	10(50)	9(45)
2	**Loneliness**	0(0)	4(20)	16(80)
3	**Poor hygiene**	0(0)	4(20)	16(80)
4	**Financial anxiety**	0(0)	0(0)	20(100)
5	**Family stress**	0(0)	20(100)	0(0)
6	**Grief**	0(0)	5(25)	15(75)
7	**Social participation**	0(0)	4(20)	16(80)
8	**Poverty**	2(10)	15(75)	3(15)
9	**Financial constraints**	0(0)	2(10)	18(90)
10	**Lack of physical support**	0(0)	18(90)	2(10)
11	**Insomnia**	0(0)	15(75)	5(25)

Source: Computed *Figures in parentheses represent percentage*

4.4 Coping Strategies

The result shows that 85% never do any work or activities to divert their mind whereas only 15% do so. From the result we can interpret that out of total number 10% of the total strength try to resolve their own problem where as 75% of them sometimes try to resolves and 15% of them never or even don't try to get out from their situation.

The result from the table shows that 70% of the total strength shows situation denial or finding hard to believe their situation sometimes and 20% of them always find hard to cope with the situation and the rest 10% never find hard which mean they have a strong emotion or they can control their emotion. From the responded we can find that 85% of them never use alcohol or drug to make they feel better, and 15% of them sometimes. From the responded we can find that 85% of them get emotional support from other which mean they need motivational speech and stuff whereas also the rest 15% of them only sometimes need emotional support from other. From the result we can see that 75% of the responded shows failure or give up try dealing with it

and 20% of them always give up and the remaining 5% never give up. From the result table we can see that 60% of the total strength never try to take action to make their situation better and the rest 40% used ventilation. From the result table we can see that 70% of the total response shows no seek or help from other and the rest 30% sometimes seek help from other. From the response table 80% of the response try to change their perspective when something goes wrong and 20% of them sometimes change their point of view. From the result table we can see that 75% of them sometime shows self-criticize and 20% of them never criticize themselves and the rest 5% always do criticize themselves.

Table 4.4 Coping Strategies

SI.No.	Strategies	Always	Sometimes	Never
1	**I use work as a distraction**	0(0)	3(15)	17(85)
2	**I try to resolve the problem**	2(10)	15(75)	3(15)
3	**I am in denial**	4(20)	14(70)	2(10)
4	**I turn to alcohol or drug**	0(0)	3(15)	17(85)
5	**I get emotional support from others**	0(0)	3(15)	17(85)
6	**I give up trying to deal with it**	4(20)	15(75)	1(5)
7	**I used ventilation**	0(0)	8(40)	12(60)
8	**I seek help and advice from other people**	0(0)	6(30)	14(70)
9	**I try to change my perspective**	0(0)	4(20)	16(80)
10	**I criticize myself**	1(5)	15(75)	4(20)

Source: computed *Figures in parentheses represent percentage*

CHAPTER- V

CONCLUSION

5.1 Major Findings:

The present study tries to find out psycho-social challenges among elderly at Electric veng community. The studies involve age group 60-80 years. The average of the respondents 70% male and 30% female. Majority of the head of the family is male 70%. The average educational qualification of the respondents is higher school 35%. Majority of the respondents belong to joint family 90%, the respondent's type of family is mostly joint where they live with their parents and Grandparents. There are two types of kutcha and Pucca and the average house are Pucca 70%, average family status is Non-NFSA 60%.

From the above statistic it can be noted that 65% which constitute a majority of them have no depression, and 55% of the total response have sometimes dementia, and 95% of the respond never have delirium, and 75% of them have no anxiety and 75% of them as well don't have personality disorder 90% of them don't have substance abuse and 75% of them sometimes have hopelessness and 60% of them sometimes have sleep apnea and 60% of them never or don't have restless legs syndrome and 50% of them shows sometimes relationship issues in the family and 80% of them shows never or no feeling loneliness. And 80% of them shows never which mean no poor hygiene and 100%, which mean of the response shows no financial anxiety and 100% of them shows sometimes family stress and 75% of them shows no or never have grief and 80% of them shows no or never have social participation and 75% of them shows sometimes poverty which mean they are not so rich or poor and 90% of them shows no or never have financial constraints, and 90% of them shows sometimes lack of physical support and 75% of them shows sometime insomnia.

From the respondent we can see that 85% of them use work for distraction and 75% of them sometimes try to solve their own problem and 70% of them show self denial saying themselves this isn't real and 85% of them shows no or never use alcohol or drug to make themselves feel better and 85% of them never or don't get emotional support from others and 75% of them sometimes give up trying to deal with it and 60% of them never or don't use ventilation and 70%

them don't seek help and advice from other people and 80% of them never try to change their perspective and 75% of them sometimes criticize themselves.

5.2 Conclusion:

The study highlights the psycho-social challenge among elderly in the community. The study shows that most of them have an educational qualification till higher secondary and majority of them live in joint family, with Pucca housing type and their socio economic status is Non-NFSA (National Food Security Act). In the community by God's grace they have a very less number of elderly with a depression, dementia or any other psychological problem. Despite the poor sanitary system they are quiet hygiene as well. They are also quiet very stable in monetary. They are not very wealthy yet very free from any financial anxiety. Though, they are mostly in joint family they don't have any relationship issue in the family, family stress or grief. They were mostly above poverty line as well. They are also free from substance abuse such as alcohol or any form of drug. Unfortunately they don't practice doing things or other stuff to divert their mind and also they don't usually get emotional support from others but half of the response shows that they get comfort and understanding from some others in time of their hard situation. Maybe became of their old fashion they have hard habit of perceiving situation or thing from different angles. They also don't take action to make the situation better, but fortunately they don't give up usually trying to deal with it. They also were very good at speech because they think twice before they speak.