

# A study about physical and mental problems of senior citizens

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■ **ABSTRACT** : Aging is an inevitable development phenomenon bringing along a number of changes in the physical, psychological, hormonal and the social conditions. Present investigation was based on the purposive random sampling techniques. The size of the sample was 120 senior citizens selected for the study. Among them 60 senior citizens selected from the old age home and according to this basis equal number of 60 senior citizens who live in home were selected from various areas of Mehsana city. Data was collected by interview method and questionnaire was used. The collected data was analyzed with appropriate statically methods. Result found that institutionalizes and non- institutionalized respondents suffered psychological problems more than physical problems. Result also found that there were a highly significant difference was found in physical and mental problem level between male and female respondents of both places.

■ **KEY WORDS**: Physical problems, Mental problems, Senior citizens, Institutionalized, Non-institutionalized

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**A**ging is an inevitable developmental phenomena bringing along a number of changes in the physical, psychological hormonal and the social conditions (Neuhaus and Neuhaus,1978). Aging in terms of the biology referring to “the regular changes that occur in mature genetically representative organisms living under representative environmental condition as they advance in chronological age (Birren and Renner,1997) Many physical changes are brought about by the ageing process. The most obvious are those of appearance hair whitens and becomes sparse; skin dries and wrinkle; gums recede and teeth are lost; the facial configuration shift the spine bows and strength and agility fade

somewhat. There are also subtler changes in the body’s biological functioning, sensory capacity declines as well; vision and hearing are less sharp and smell and test are not so sensitive. Reaction time slows and physical stamina also changes. Ageing even has subtle effects on automatic nervous system arousal. In older adults arousal may still peak quickly, but it fades slowly. None of these changes begins suddenly at age 65. Gradual declines in some kinds of functioning start earlier, but these changes become more apparent in old age changes found in old age most old people co-ordinate in movements than they were younger. The physical causes of changes in motor abilities include a decrease in strength

and energy, which is a normal accompaniment of the physical changes that take place with age. The psychological causes of changes in motored abilities stem from the awareness of “slipping and from feelings of inferiority experienced when companions are made with younger people in terms of strength speed and skills. These psychological causes give rise to emotional tension resulting in decreasing motivation to attempt to do what might still be done. There is evidence that practice and activity will ward off, to some extent decline in motor abilities (Perl mutter, 1994).

Physical deterioration and some pathological conditions such as hypertension, lead to intellectual loss with ageing. Lack of environmental stimulation also affects the rate of mental decline.

Mahrotra and Batish (2009) reveal different problems of elderly related to their physical health. Amongst the different problems reduction in vision was faced by most of the respondents (81.25%), whereas the problems of hearing was experienced by quite a few number of respondents (25%), respectively. The other common problems related to health which generally elderly faced were dental decay (77.50%), body weakness and pain (68.75%), body cramps (65%) and suffering from serious diseases (57.50%) such as diabetes heart problem gastro disorders indigestion and sleeplessness each (43.75%), respectively. The main reasons for above health problems may be due to lack of proper food, stress or lack of proper treatment provided by their family members.

Saroj *et al.* (2007) indicated that out of the total sample 38 per cent imamates were in the category of moderate and severe depression followed by 35 per cent of respondents who were in the category of normal depression results highlights the attitude towards institutional facilities had highly favourable was 36.66 per cent. The factors that precipitate emotional problems are loneliness, poor health, loss of income, death of a spouse or close friend. Any one of these cause can lead to depression.

Prabhavathy and Tamilarasi (2006) revealed that the factor sledding to depression are in the order of pre-occupation with health, social inactiveness, helplessness lack of interest, sadness, lack of sleep or oversleep, self pity, loneliness, lack of appetite and only 6 per cent were psychologically satisfied.

### **Objective:**

The presents study based on the aim of “A study about physical and mental problems of senior citizens.

### **RESEARCH METHODS**

The study based on the purposive random sampling technique. The size of the sample was 120 senior citizens (60 years and above). The selected sample (senior citizens) who were live in with family and old age home. Data was collected by interview and questionnaire methods. Questionnaire was contained with the general information of the respondents’ problems and adjustment of respondents. The collected data was analyzed statically by frequency, percentage, mean, S.D. and t-test.

### **RESEARCH FINDINGS AND DISCUSSION**

Data presented in Table 1 indicated that majority (64.16%) respondents belong to general cast. Majority 44.43 per cent respondents got education upto SSC, while 42.5 per cent of the respondents were married and majority (74.99%) of the respondents belongs to middle income group (income range between 100000/- to-300000/-) and further majority of the respondents reported current source of income was other properties such as own house and agriculture land.

The data presented in Table 2 indicated that total average 28.67 per cent of the respondents suffered from physical problems. Among them 13.92 per cent of the respondents suffer from institutionalized problems and 13.68 per cent of the respondents suffer from non-institutionalized physical problems.

Data presented in Table 3 indicated that total average 59.15 per cent respondents suffered psychological (mental) problems. Among them 27.34 per cent of the respondents suffered from institutionalized and 29.41 per cent respondents suffered from non-institutionalized mental problems.

The data regarding ‘t’-analysis presented in Table 4 shows that highly significant different was found in physical and mental problems level between male and female respondents of both places at  $p < 0.01$  and  $0.05$  level.

### **Conclusion:**

Majority 74.99 per cent respondents belongs to middle income group (income range between 100000/-

Table 1 : Personal, socio-economical characteristics of respondents							
Sr.No.	Category	Institutionalized		Non-institutionalized		Total	
		f (60)	%	f (60)	%	f	%
1.	<b>Caste</b>						
	General	29	24.16	48	40	77	64.16
	OBC	26	21.68	10	8.34	36	30.02
	SC	5	4.16	2	1.66	7	5.82
2.	<b>Education</b>						
	Illiterate	16	13.15	14	11.60	30	24.75
	Upto S.S.C.E.	28	24.43	24	20	48	44.43
	Upto H.S.C.E	8	6.66	15	12.6	23	19.26
	Graduate	8	6.66	6	5	14	11.66
	Post Graduate	-		1	0.8	1	0.8
3.	<b>Marital status</b>						
	Married	18	15	33	27.5	51	42.5
	Unmarried	2	1.66	-	-	2	1.66
	Widow	14	11.66	27	22.5	41	34.16
	Divorced	3	2.5	-	-	3	2.5
4.	<b>Family annual income</b>						
	Below to 100000/-Rs.	21	17.5	3	2.5	24	20
	100000-to-300000/-Rs.	38	31.66	52	43.33	90	74.99
	300000/-Rs. and above	1	0.83	5	4.16	6	4.99
5.	<b>Current source of income</b>						
	Pension	9	7.5	8	6.45	17	13.95
	Interest	4	3.33	3	2.5	7	5.83
	Insurance	2	1.66	17	14.15	19	15.81
	Other properties	53	44.16	54	45	107	89.16

Table 2 : Information about physical health problems of selected senior citizens							
Sr. No.	Problems	Institutionalized		Non-institutionalized		Total	
		f (60)	%	f (60)	%	f	%
1.	Digestion problem	18	15	25	20.8	43	35.8
2.	Vision problem	17	14.16	16	13.33	33	27.49
3.	Hearing problem	25	20.8	9	7.5	34	28.3
4.	Bony problem	16	13.33	15	12.5	31	25.83
5.	Heart problem	-	-	4	3.33	4	3.33
6.	Diabetes	22	18.33	27	22.5	49	40.83
7.	Blood pressure	19	15.83	28	23.33	47	39.16
	Total	117	97.45	124	95.79	241	200.74
	Average	16.71	13.92	17.71	13.68	34.42	28.67

**Table 3 : Information regarding psychological problems of selected senior citizens**

Sr. No.	Problems	Institutionalized		Non-institutionalized		Total	
		f (60)	%	f (60)	%	f	%
1.	Frequently angriness	46	38.33	30	25	76	63.33
2.	Irritable nature	42	35	40	33.33	82	68.33
3.	Decrease memory	49	40.83	49	40.83	98	81.66
4.	Decrease interest in new work	39	32.5	45	37.5	84	70
5.	Less readiness in new learning	32	26.66	24	20	56	46.66
6.	Feel confusion in new work	35	29.16	38	31.66	73	60.82
7.	Decrease decision making power	35	29.16	37	30.83	72	59.99
8.	Less patient	32	26.66	38	31.66	70	58.32
9.	Feel frustration because death of nearest	8	6.66	14	11.66	22	18.32
10.	Feel uncap ability and inferiority complex with new modern structure	39	32.5	38	31.66	77	64.16
	Total	357	273.4	353	294.13	710	591.59
	Average	35.7	27.34	35.3	29.41	71.10	59.15

**Table 4: 't' analysis for to compare physical and mental problems between male and femal respondents of institutionalized and non-institutionalized senior citizens**

Variable –statistical aspects	Total problems
Mean	12.9
S.D.	9.63
S.E.±	0.625
't' calculated	2.59**
Df	120

\*\* indicate significance of value at P=0.01

to-300000/- and majority respondents current source of income was other properties such as land, own house and agriculture.

Total average 28.67 per cent respondents suffered physical problems.

Total average 59.15 per cent respondents suffered psychological (mental) problems

Majority senior citizens suffered mental problems more than physical problems.

Highly significant different was found in physical and mental problems level between male and female respondents of both places at  $p < 0.01$  and  $0.05$  level.

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