

Factors influencing distress among senior citizens*

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Abstract: Aging is an inevitable developmental phenomenon bringing along a number of changes in the physical, psychological, hormonal and the social conditions of the persons. So, the differential study was carried out on 140 senior citizens belonging to 60 years and above age group living in old age homes (n=65) and with family (n=75) in Hubli-Dharwad. The study was conducted with an objective to know the influencing factors on distress among institutionalized and non-institutionalized senior citizens. From the Regression analysis, among selected demographic variables, gender was found to be most significantly influencing factor on distress status of senior citizens.

Key words: Distress, physical distress, emotional distress, institutionalized and non-institutionalized senior citizens

I. Introduction

World Population is facing rapid changes in age structure. Because of epidemiological and demographic transition, the mortality rates have been declined in the world. At the same time, because of availability of family planning services and other social conditions fertility rates are also declining. As a result, people are surviving more and it is producing elderly people gradually. The world population 60 plus is increasing rapidly. Thus, in Indian population, senior citizens also form a noticeable percentage of total population. According to the 1947 census, the population of senior citizens in India was 350 million and it was increased to 1.15 billion in 2010. According to current literature, individuals belonging to the age group of 60 and more than 60 years are considered as senior citizens in the society.

Old age is a difficult time for many people, a time of declining health, reduced income, the loss of a meaningful role, or the death of loved ones. These problems can create great unhappiness for elder people and can damage relationships with spouses and children. In extreme cases, this damage can lead to mental illness or feeling of stress.

Recent census revealed that, population of senior citizens in India has been increased over last 3 decades due to medical advancement, economic development, upliftment of standard of living, improvement in health and nutritional status and prevention of diseases with increase in life expectancy of the person. Current research studies on senior citizens highlighted that distress, behavioral and health problems increased among aged people. The burden of illness form distress, psychiatric and behavioral disorders is enormous. The psychological disorders account for increase in disability and functioning of productive population. It has been projected that neuropsychiatric disorders may increase disability up to 15 per cent by the year 2020 (Agarwal & Jhingan, 2002). Research in psychological disorder pointed out that early treatment is essential for better recovery. Though, treatments for depressed and distressed disorder are available yet. There are millions of aged affected by depression and suffering from disability due to undetected condition and inadequate treatment as well as due to limited services for mental health (Ganguli, 2005).

Distress is a state of unpleasant condition of the body physical, psychological and or emotional distress. Level of distress experienced by the elderly living with family and in geriatric institutions (old age homes) varies.

* Part of M.H.Sc thesis submitted to University of Agricultural Sciences, Dharwad, Karnataka

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Hence the present study was taken with objectives to know the influencing factors on distress among institutionalized and non-institutionalized senior citizens.

II. Materials and methods

For the present study 140 respondents belonging to 60 years and above age group living in three old age homes (n=65) and with family (n=75) were randomly selected from Hubli-Dharwad city. Personal information schedule was used to collect the background information of both groups of respondents. Cornell Medical Index Health Questionnaire (Wig *et al.*, 1999) was used to assess the level of distress of institutionalized and non-institutionalized senior citizens. This questionnaire contains 195 items which are to be answered by either selecting 'Yes' or 'No' option after reading each statements. Items from A-L assess physical distress while items from M-R assess psychological or emotional distress. The total distress can be measured by combining scores of both sections (A-R). Depending upon total score, the respondents were categorized into high, medium and low level of each type of distress. The collected data was tabulated and analyzed using the statistical package SPSS-16.

III. Results and Discussion

The results of the Table 1 pointed out that, 36.9 per cent and 35.4 per cent of the institutionalized respondents showed high level of physical and total distress followed by 32.3 per cent and 33.8 per cent low level of respective distress. While, equal proportion of the respondents (30.8%) expressed medium level of physical and total distress. In case of emotional distress, 38.4 per cent of institutionalized senior citizens were recorded to have medium level followed by equal per cent (30.8) in high as well as low level. It was important to note that almost same proportion of institutionalized senior citizens were distributed to each levels of physical, emotional and total distress. The probable reason may be that most of the respondents were females (69.8%) belonged to old-old category of age group, had low level of education (up to SSLC) and living alone (Table 1) which might have contributed for experiencing distress by them.

Equal per cent (37.3) of the non-institutionalized senior citizens had low level of physical as well as emotional distress, whereas, 33.0 per cent and 36.0 per cent of them were found to have high level followed by 29.3 per cent and 26.7 per cent medium level of physical and emotional distress respectively. Forty per cent of the non-institutionalized senior citizen's total distress was noticed to be low level followed by 36.0 per cent at high and 24.0 per cent at medium level. This indicated that, most of the non-institutionalized senior citizens had low level of distress. This may be due to their higher education and family income which might have reduced the level of each type of distress among non- institutionalized senior citizens. Rogers *et al.* (2005) reported that higher socio-economic status leads to better health care, comfortable living conditions, less exposure to hazards viz., depression, distress and other psychological disorders among aged respondents.

The comparison of institutionalized and non-institutionalized senior citizens with respect to type of distress was determined by considering mean values. The results clearly indicated that, the mean values (35.64 and 36.52) of institutionalized senior citizens were more than mean values of non-institutionalized senior citizens (24.88 and 36.44) in case of physical distress and total distress respectively. While Non-institutionalized senior citizens had high mean values (11.56) than institutionalized senior citizens (11.36) in case of emotional distress.

The 't' values of 4.59, 0.16 and 0.02 indicated difference between institutionalized and non-institutionalized senior citizens with regards to types of distress (physical distress, emotional distress and total distress) respectively. A highly significant difference was found between institutionalized and non-institutionalized senior citizens with respect to physical distress which showed that institutionalized senior citizens had more physical distress as compared to non-institutionalized senior citizens. However, significant association was observed between institutionalized and non-institutionalized senior citizens only in case of physical distress.

The step-down regression analysis was carried out to know the most significant contributing factor to vary the level of distress among senior citizens. Results from the Table 2 revealed that among the demographic variables viz., education, age, gender, family size, financial support and socio economic status together contributed to the extent of 22 per cent variation in the distress status. The least contributing characteristics were deleted step by step. The demographic variable education was deleted in the first step followed by age, family size and gender. Gender factor found to be the most significant factor which varies the level of distress in presence of only two factors (financial support and socio economic status) to the extent of 10 per cent and it was statistically significant at 1 per cent level. Patil *et al.* (2002) pointed out that age along with size of the family was significantly predicted psychological distress among both sexes.

IV. Conclusion

Distress is a dependent variable thus, individual experiences physical or emotional distress which results in unhappiness. From the study we conclude that both institutionalized as well as non-institutionalized senior citizens experienced distress due to many of demographic variables such as age, gender, education and family size. This indicated the need of providing emotional security to senior citizens living in the family as well as in old age homes.

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Table 1. Distress status of senior citizens

N=140

Type	Category	Institutionalized (n = 65)	Mean ± SD	Non- institutionalized (n = 75)	Mean ± SD	't' value	χ^2
Physical distress	High	24 (36.9)	35.64 ± 14.50	25 (33.3)	24.88 ± 13.20	4.59**	5.71*
	Medium	20 (30.8)		22 (29.3)			
	Low	21 (32.3)		28 (37.3)			
Emotional distress	High	20 (30.8)	11.36 ± 6.48	27 (36.0)	11.56 ± 7.04	0.16	2.32
	Medium	25 (38.4)		20 (26.7)			
	Low	20 (30.8)		28 (37.3)			
Total distress	High	23 (35.4)	36.52 ± 15.73	27 (36.0)	36.44 ± 18.15	0.02	1.34
	Medium	20 (30.8)		18 (24.0)			
	Low	22 (33.8)		30 (40.0)			

Note :

Figures in parentheses indicate percentage

* - Significant at 0.05 level

Table 2. Influence of selected demographic factors on distress senior citizens

Particulars	Distress	
	R ²	F value
Education , age, gender, family size, financial support, SES	0.224	13.05**
Age , gender, family size, financial support, SES	0.189	15.97**
Family size , Gender, financial support, SES	0.134	21.27**
Gender , financial support, SES	0.108	21.29**

Note:

** - Significant at 0.01 level