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ASSESS PHYSICAL CHALLENGES FACED BY THE SENIOR CITIZENS IN SELECTED AREAS OF BHARATPUR

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ABSTRACT

Sir James Sterling Ross mentioned. You donot heal old age, you protect it, you promote it and you extend it. Senior citizens face diverse role changes, physical and intellectual limitations. The objectives of the study were – (i) assess physical problems faced by the senior citizens. (ii) find out association between challenges faced by the senior citizens and selected demographical variables. (iii) design & develop manual on management of senior citizens problems. The conceptual frame work adopted for study was based on "Abraham Maslow's Theory of self actualization". A descriptive survey approach was used for the study, samples were selected from selected areas of Bharatpur. The sample size was of 500 senior citizens (60-80 years). Purposive sampling technique was used. The researcher used interview schedule and physical problems assessment rating scale to assess challenges faced by the senior citizens. Descriptive and inferential statistics were used to analyze the data. Senior citizens (84.6%) were having mild level of physical problems and 45.4% had moderate level of physical problems. Manual was developed for prevention and management of senior citizens problems

Keywords: Senior citizens, physical problems, challenges.

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INTRODUCTION

Ageing is an inevitable developmental phenomenon. It is irrevocable biological process. We all live a life and die. Ageing begins with conception. So ageing is as old as time itself. Ageing alludes to the legitimate changes that take place fully fledged biogenetically prototypical organism covered by alarmed surrounding situations because they move forward in sequential age. Ageing deliberates the continuous pressure and effect on our systems of our body due to continuous working of cells, organs and systems of our body flagitious. As a result of this, physical and psychological fatigue occurs in old age. Ageing is the terminal result of life and is an essential stage of life but the duration of old age and its intensity can be reduced.

METHODOLOGY

The methodology adopted for this research activity **is** to "assess challenges faced by the senior citizens in selected areas of Bharatpur." Quantitative research approach is an objective, organized process in which *numerical data* are being collected to obtain information regarding phenomena. This approach aims to classify features, to explain phenomena, to generalize the findings and to test hypothesis.

RESEARCH APPROACH

In present study, Descriptive research approach was used. This approach observes, describes and set down in writing the phenomena and may help to reveal new facts.

RESEARCH DESIGN

For the present study, non-experimental descriptive survey research design is adopted to accomplish the stated objectives. Data is collected through door- to-door survey.

VARIABLE

In the study the demographic variables were-age, gender, religion, marital status, type of family, number of children in family, educational qualification, occupational status, financial dependence, living arrangements, Smoking habit, source of entertainment and type of responsibility.

SETTING OF THE STUDY

The study was conducted in the selected areas of Bharatpur (Rajasthan) i.e. Rajendra Nagar, Jawahar Nagar, Mukharji Nagar, Pushpvatika Colony, Ganga Mandir Colony, Gopalgarh, Paibagh Colony, Tilak Nagar and Vijay Nagar Colony.

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POPULATION

In the present study, population to whom the study was generalized consists of senior citizens between the age group of 60 to 80 years.

SAMPLE AND SAMPLING TECHNIQUE

The sample of the present study comprised 500 senior citizens residing in Bharatpur. A maximum of 558 senior citizens were screened for present study and out of them 500 senior citizens fulfilled the inclusion criteria selected purposively by using non-probability sampling (purposive sampling technique) that deemed fit as a sample and consequently selected as subjects for the present non-experimental research design.

DATA COLLECTION TOOLS AND TECHNIQUES

The research instrument prepared is based on the research objectives I & II The tool, which is in the form of interview-schedule. Interview schedule has three parts as follows:

Part I : Socio-demographic data

Part II : Physical problems assessment rating scale

Part 1: (Socio-demographic data) -

This part consisted of items for obtaining information from the sample subjects. The research scholar developed the socio-demographic data sheet. It consists of 13 items, which elicits information about the senior citizens. This part is meant for the collection of socio-demographic variables of the sample subjects. It includes- age in years, gender, religion, marital status, type of family, number of children in family, educational qualification, occupational status, financial dependence, living arrangements, smoking habit, source of entertainment & type of responsibility

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Part II: (Physical problems assessment rating scale) -

This part consisted of structured statement to assess physical problems in senior citizens on three-point scale. The scale consisted of 11 domains with number of items were 60. Maximum score was 120 and minimum was zero.

Domains of physical problems Score	**No. of related questions**	**Score**
Visual Problems	06	12
Hearing problems	03	06
Skin problems	04	08
Taste and smell problems	03	06
Dental problems	05	10
Cardiovascular problems	07	14
Neurological problems	05	10
Respiratory problems	03	06
Gastrointestinal problems	11	22
Musculoskeletal problems	09	18
Urinary problems	04	08
Total	**40**	**120**

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This rating scale consisted of 60 questions to assess physical problems faced by the senior citizens. Three options were given in front of the statements, the respondents have to answer the appropriate response, and research scholar will tick mark in the appropriate column. The score is computed as follow. For the positive statements: Never - 0, Sometimes-1, Always-2.

For the negative statements, the score is computed as follows: Never -2, Sometimes-1, Always -0

Physical problems score:

Maximum score - 120

Minimum score - 0

Criterion measures for assessment of level of physical problems are as follows:

Mild physical problems	≤ 33% (1-40)
Moderate physical problems	34-67% (41-80)
Severe physical problems	≥ 268% (81-120)

To calculate level of physical problems score, the difference of maximum score (120) and minimum score (0) was divided by number three. The score (40) obtained was added to the minimum score and the standard score for the mild problems (lowest) category was obtained. Similarly, to the other two categories the same number was added to get the score for moderate and severe problems category.

REULTS

Major findings are summarized as follows :-

Finding regarding sample characteristics :

Distribution of senior citizens with regard to their socio-demographic variables.

Age: 46.2% senior citizens were from the age group of 61-65 years. 41.8% were in the age group of 66-70 years and 8% were in the age group of 71-75 years. **Gender:** Majority (53.2%) of the subjects were more frequently female. Remaining 46.8% were males. **Religion:** Majority (66.4%) of the subjects were Hindus. 19.4% were Muslims. 8% belonged to Sikh community. 6.2% senior citizens belonged to Christian community. **Marital status:** As per the marital status was concerned 71.4% were married, 16.6% widow/widower. 21.3% had separated from family **and** 4.2% were divorced. **Type of family:** 55.6% of respondents were living in Joint family. 36.2% in nuclear family. Remaining 8.2% were in extended family. **Number of children:** As per number of children in family was concerned one- third (32.8) of the senior citizens found to be more frequently four. 32.4% found with three children in family. More than four children were observed in 18.8% families of senior citizens. **Educational qualification:** The breakup shows that majority (43.6%) were iterate whereas 36% were educated up to primary/middle level. Level of education of 12% subjects found to be either secondary or higher secondary. **Occupational status:** 61.4% subjects were unemployed. Remaining 38.6% were employed. **Financial dependence**: 50% had depending on others. 31% were **found** to be partial dependent, 19% subjects

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were found with independent of financial dependence. **Living arrangement:** 47% respondents were living with spouse and children. 30.4% living with spouse. 10% living alone. **Smoking habit:** Large chunk (65.2%) of the senior citizens never smoked. 17.2% had quit the habit of smoking. Remaining 16% identified with presence of smoking habit. **Source of entertainment:** 44.8% were more frequently watching television. Source of entertainment was reading newspaper revealed by 31.8% senior citizens. Remaining 7.6% had played games on mobile. **Type of responsibility:** 38.6% senior citizens were engaged in job. 37% were engaged in caring of their grand children. Remaining **24.4**% were engaged in doing household chores.

Assessment of physical problems faced by the senior citizens.

Overall, 25.96% senior citizens population was suffering from physical problems. 46.16 senior citizens were having visual problems. This was obtained that approximately three fourth (366, 73.2%) senior citizens had suffered from moderate level of visual problems as compared to one hundred thirty (26.00%) suffered from mild level of visual problems. Hearing problems was found to be in 23.66%. More than three fourth (423, 84.6%) had more frequently mild level of hearing problems whereas fifty-seven (11.4%) suffered from moderate level of hearing problems. 11.25% senior citizens were suffering from skin problems. More than half (308, 61.6%) had more frequently mild level of skin problems. Taste & smell problems were prevalent in senior citizens (19%) more than three fourth (434, 86.8%) subjects had mild taste & smell problems whereas eleven (2.2%) suffered from moderate taste & smell problems. 33.6% of the senior citizens population was found **to** suffer from dental problems. More than half (268, 53.6%) had more frequently mild level of dental problems whereas 231 (46.2%) suffered from moderate level of dental problems. 18.28% were suffering from cardiovascular problems. Approximately (480, 96%) had more frequently mild cardiovascular problems. Neurological problems were present in senior citizens (13%). More than three fourth (390, 78%) senior citizens had more frequently mild level of neurological problems. 31% senior citizens were having respiratory problems. More than three fourth (389, 77.8%) subjects had more frequently mild level of respiratory problems whereas one hundred ten (22%) suffered from moderate level of respiratory problems. Gastrointestinal problems were present in 11.5% senior citizens. Analysis showed that all (500, 100%) subjects had more frequently mild gastrointestinal problems. Majority of senior citizens population suffered from musculoskeletal problems (49.77), More than three fourth (379, 75.8%) senior citizens had more frequently moderate level of musculoskeletal problems as compared to ninety- eight (98, 19.6%) suffered from mild level of musculoskeletal problems. 19.75 sample subjects were suffering from urinary problems. More than three fourth (485, 97%) senior citizens had mild level of urinary problems whereas eleven (11, 2.2%) suffered from moderate level of urinary problems. The

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proportional differences in physical problems indicated that approximately three fourth (423, 84.6%) senior citizens had more frequently mild level of physical problems as compared to seventy-seven (77, 15.4%) suffered from moderate level of physical problems.

Results related to association of physical problems faced by the senior citizens with selected socio-demographic variables.

The association of age of senior citizens is statistically significant ($P < 0.001$) with physical problems faced by the senior citizens. The calculated X^2 value is 352.84 for 3 degrees of freedom at 0.001 level of significance. Hence, research hypothesis H_{A1} is accepted. The association of gender of senior citizens is statistically significant ($P < 0.05$) with physical problems faced by the senior citizens. The calculated X^2 value is 3.98 for 1 degree of freedom at 0.05 level of significance. Hence, research hypothesis H_{A1} is accepted. The association of marital status of senior citizens is statistically significant ($P < 0.001$) with physical problems levels faced by the senior citizens. The calculated X^2 value is 44.03 for 3 degrees of freedom at the 0.001 level of significance. Hence, research hypothesis H_{A1} is accepted. The association of type of family of senior citizens is statistically significant ($P < 0.006$) with physical problems faced by the senior citizens. The calculated X^2 value is 10.11 for 2 degrees of freedom at the 0.006 level of significance. Hence, research hypothesis H_{A1} is accepted. The association of No. of children in family of senior citizens found to be statistically meaningful ($P < 0.001$) with physical problems levels faced by the senior citizens. The calculated X^2 value is 20.86 for 5 degrees of freedom at the 0.001 level of significance. Hence, research hypothesis HA1 is accepted. The association of educational qualification of senior citizens is statistically significant ($P < 0.001$) with physical problems faced by the senior citizens. The calculated X^2 value is 117.74 for 3 degrees for freedom at the 0.001 level of significance. The proportional differences in occupational status of senior citizens are associated significantly ($P <0.001$) with physical problems faced by the senior citizens. The calculated X^2 values are 57.22. Hence, research hypothesis H_{A1} is accepted. The association of financial dependence of senior citizens found to be statistically significant ($P <0.004$) with physical problems faced by the senior citizens. The calculated X^2 value is 10.89. Hence, research hypothesis is accepted. The association of living arrangements of senior citizens with physical problems faced by the senior citizens could confirm significant ($P <0.0001$). The calculated value of X^2 is 60.18 for 4 degree for freedom at the 0.001 level of significance. Hence, research hypothesis H_{A1} is accepted. The association of smoking habit of senior citizens found to be significant ($P<0.001$) with physical problems levels faced by the senior citizens. The calculated value of X^2 is 17.77 for 2 degrees of freedom at the 0.001 level of significance. Thus, research hypothesis H_{A1} is accepted. Association of type of responsibility of senior citizens with physical problems faced by the senior citizens is statistically significant ($P > 0.05$). The calculated value of X^2 is 55.51 for 2 degrees of freedom at the 0.001 level of significance. The rest of the

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variables i.e. religions and source of entertainment were not having significant association with physical problems levels faced by the senior citizens.

Assessment of Levels of Physical Problems faced by Senior Citizens

Physical Problems		Freq. (N)	Percent (%)	Mean Score	Mean Percent (%)
Score	Level of problem				
1-40	Mild	423	84.6%	28.87	39.79%
41-80	Moderate	77	15.4%	43.68	60.21%
81-120	Severe	0	0.0	0.00	0.00
Total		500	100.0%	72.55	100.00%

These results are in accordance with the research project carried out by Narain Barkat (1979), who found that 14.4% suffered from gastrointestinal problems, 37.6% respiratory problems, 4% musculoskeletal problems.

Statistical analysis indicated that approximately three-fourth (423, 84.6%) senior citizens had mild level of physical problems whereas seventy-seven (15.4%) senior citizens suffered from moderate level of physical problems.

The findings of the present study revealed that the senior citizens do suffer from physical problems. 84.6% of the respondents suffered from mild level of physical problems and 15.4% had moderate level of problems. None of the senior citizens had severe level of physical problems. Maximum number senior citizens (49.77%) suffered from musculoskeletal problems followed by visual problems

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(46.16%), dental problems (33.6%), respiratory problems (31%), hearing problems (23.66%). urinary problems (19.75%), taste & smell problems (19%), cardiovascular problems (18.28%). Neurological problems (13%), gastrointestinal problems (11.5%) and skin problems (11.25%).

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