

# **An exploratory study to assess the psychosocial problems and its coping strategies among elderly in selected rural areas of Ludhiana, Punjab.**

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## **ABSTRACT**

### **Background or the study**

The present study was conducted to assess the psychosocial problems and its coping among elderly in selected community, Ludhiana, Punjab, the objective of the study Were to assess the psychosocial problems of elderly, to assess the coping among elderly. to find out the relationship between the psychosocial problems and coping among elderly. to find out the relationship between psychosocial problems and selected variables i.e. age, gender, education, occupation, income, religion, marital status, type of family, number of children, occupation, any physical illness To find out the relationship between coping and selected variables i.e.age, gender, education, occupation, income, religion, marital status, type of family, number of children, any physical illness and to prepare pamphlets for better coping with psychosocial problems.

### **Methodology**

The conceptual framework based on Roy's adaptation Model with some modification (1984). An exploratory approach and non —experimental research design was used for the study. Purposive sampling technique was used and 60 elderly were selected. Who are having psychosocial problems? Independent variables in the study were e.g. age, gender, education, religion, occupation, family income, marital status, type of family, no. of children, any illness, gender, and religion. Dependent variables were psychosocial problems and its coping Likert scale was prepared to assess psychosocial problems and it's coping among elderly. Descriptive and inferential statistics was use for the analysis of data. Bar diagrams were used to depict the findings.

### **Results**

The study findings were 48 (80%) elderly had severe psychosocial problems followed by 12(20%) had a moderate psychosocial problems and level of coping maladaptive were 14 (23.33%) and adaptive 46(76.67%) in elderly.

### **Recommendations**

The following recommendations were made i.e. the study can be replicated on large sample adults to assess psychosocial problems and its coping to generalize the findings. A similar study can be conducted to assess the psychosocial problems and its coping in selected community, Ludhiana, Punjab.

### **Keywords**

## **Introduction**

### **Background of the study**

In light of India's and Punjab's increasing elderly population, this exploratory study addresses the growing public health concern regarding the psychosocial problems and coping strategies among older adults in selected rural areas of Ludhiana. Significant demographic and socioeconomic shifts, such as the erosion of traditional joint families due to urbanization and the migration of the younger generation, often leave rural elders isolated and without adequate support, exacerbating psychological distress like anxiety, depression, loneliness, and low self-esteem. Furthermore, declining health, financial dependency, and limited access to specialized geriatric care in these rural settings contribute to a diminished quality of life for this vulnerable population, making it crucial to understand both their challenges and the ways they cope, such as through religious practices, social engagement, and problem-focused strategies, to develop effective and targeted support systems.

### **Need of the study**

For the past 50 years there has been a distinct change in the Indian family system. Joint families are turning into nuclear families. Most of the nuclear families in our society are actually extended nuclear families with one or more members related to the spouse or parents and grandparents living in the family. The status of elderly has also changed in the present family system. A few years ago aged members were regarded as having supreme power and their experience and wisdom were utilized to solve important families' issues. However, younger members of family are a product of a changed social system. This conflict in the value pattern makes elderly people, particularly those who are retired from service and other occupation, mentally isolated from the family. The feeling of loneliness along with the natural aged related decline in physical and psychological functioning makes them prone to psychological disturbances. In some cases elderly members of relatively rich family or aged person who has nobody to look after takes shelter in old age homes. The elderly live in these homes merely in terms of existence to complete the last phase of their lives.

### **Scope of the study**

The scope of this exploratory study is limited to assessing the psychosocial problems and coping strategies among the elderly, defined as individuals aged 60 and above, within specifically chosen rural areas of Ludhiana, Punjab. The research will use a descriptive, non-experimental design to investigate issues such as psychological distress, social isolation, and economic dependency, along with the coping mechanisms

used by this population, acknowledging that its findings may not be broadly generalizable to urban populations or other regions due to these geographical and demographic delimitations. The study deliberately excludes younger populations and clinical assessments requiring formal diagnoses, focusing instead on qualitative and semi-quantitative data collected through methods like interviews and questionnaires to provide a detailed, contextualized understanding of the subjects' experiences.

### **Statement of the problem**

An exploratory study to assess the psychosocial problems and its coping strategies among elderly in selected rural areas of Ludhiana, Punjab.

### **Aim of the study**

The aim of the study is to assess the psychosocial problems and its coping among elderly and to provide guidelines for better coping with psychosocial problems.

### **Objectives**

- To assess the psychosocial problems among elderly in selected rural areas of Ludhiana, Punjab.
- To assess the coping among elderly in selected rural areas of Ludhiana, Punjab.
- To find out the relationship between the psychosocial problems and coping among elderly in selected rural areas of Ludhiana, Punjab
- To find out the relationship between the psychosocial problems and selected variables i.e. age, gender, education, occupation, income, religion, marital status, type of family, number of children, occupation, any physical illness.
- To find out relationship between coping and selected variables i.e. age, gender, education, occupation, income, religion, marital status, type of family, number of children, any physical illness.
- To prepare guidelines for better coping with psychological problems.

### **Research design and methodology**

#### **Research Design**

A Non-Experimental Research Design and an Exploratory Research Approach was used to assess the psychosocial problems and its coping strategies among elderly their relationship with selected variables for the present study, research design utilized to achieve the stated objectives show .

#### **Demographic Variables**

The Demographic variables included in the study were age, Gender, education, occupation, income, religion, marital status, type of family, no of children any physical illness.

#### **Research Variables**

The research variables included in the study were psychosocial problems and coping strategies among elderly.

### **Research Setting**

The study was conducted in the rural area village Bassian, Ludhiana, Punjab. The population of the village is approximately ten thousand and twelve. Only hundred elderly were taken for study. This village is 40 km away from Rajkot. The rationale for the selection of this area was the investigator familiarity with the setting and convenience in getting cooperation from the concerned authorities for conducting the study.

### **Target Population**

The population of the present study consist of elderly people age between 60-100 years from Village Bassian, Distt Ludhiana, Punjab.

### **Sample and Sampling Technique**

The investigator adopted non-probability purposive sampling technique to select a sample of 60 elderly people age between 60-100 years from selected rural area.

### **Development and description of tools**

The 3-point Likert scale comprising of 60 items were used to assess the psychosocial problems and 70 items was used to assess the coping among elderly in selected areas of Ludhiana Punjab. Tool was developed with the help of related review of literature, experts' opinions and investigators own experience in the area. Tool was constructed in the following parts:

Section A: Demographic Variables Section

B: Psychosocial problems Section

C: Coping Checklist

### **Section A: Demographic Data/Sample Characteristics**

This part consists of 12 items for obtaining personal information about respondent i.e. age, Gender, education, occupation, income, religion, marital status, type of family, no of children any physical illness. It includes only demographic data.

### **Section B: Psychosocial problems Questionnaires**

This part consists of self-structured psychosocial problems questionnaire to assess the psychosocial problems among elderly. There are 6 sub areas which consist of 60 items requiring the respondent to respond on 3-point Likert scale 3-always, 2-sometime, 1- never and each negative items were reverts scoring of positive statement. There were 39 negative and 21 was positive items.

**Section C:****Coping checklist**

Statement was framed to assess the coping of elderly. It consist of 70 items

The criterion measures used in the coping were adaptive and mal adaptive strategies used by elderly regarding psychosocial problems.

**Criterion measure:**

section A: It was related to demographic data, so was not included in the scoring system

Section B: It consists of 60 items

Maximum knowledge score: 120

Minimum knowledge score: 0

**Section C:**

Total no of items in this part were 70. Each items had a Score of one (1) mark for correct answer and zero (0) for incorrect answer

Maximum knowledge score: 70

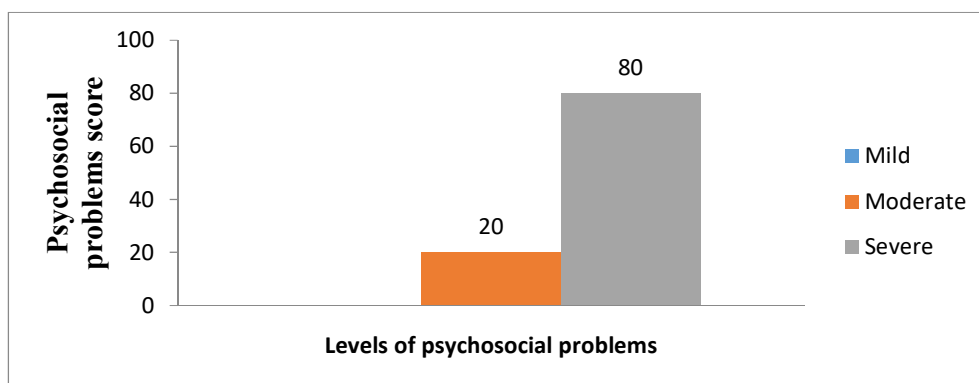
Minimum knowledge score: 0

**Data Collection Procedure**

A formal written permission was obtained from the Sarpanch of the Village: Bassian after discussing the purpose and objectives of the study. The investigator first introduced herself to the elderly. The elderly were explained about the purpose of the study. The confidentiality was assured to them. Verbal consent was taken from all the subjects for the participation of the study. The Investigator spent 25-30 minutes with each elderly to collect data. The procedure of data collection was carried out in the 2 weeks of, April 2022. The data was collected in 15 days. The tool was administered personally to collect the data.

**Plan for Data Analysis**

Analysis and interpretation of data was done in accordance with the objectives of the study. The data analysis and interpretation were done by using the descriptive and inferential statistics by calculating percentage, mean, standard deviation, Coefficient correlation was used to assess the correlation between knowledge, attitude and ANOVA. The level of significance chosen was  $p \leq 0.05$ . Bar graph was used to depict the findings.

**Objectives:****1. To assess the psychosocial problems among elderly**

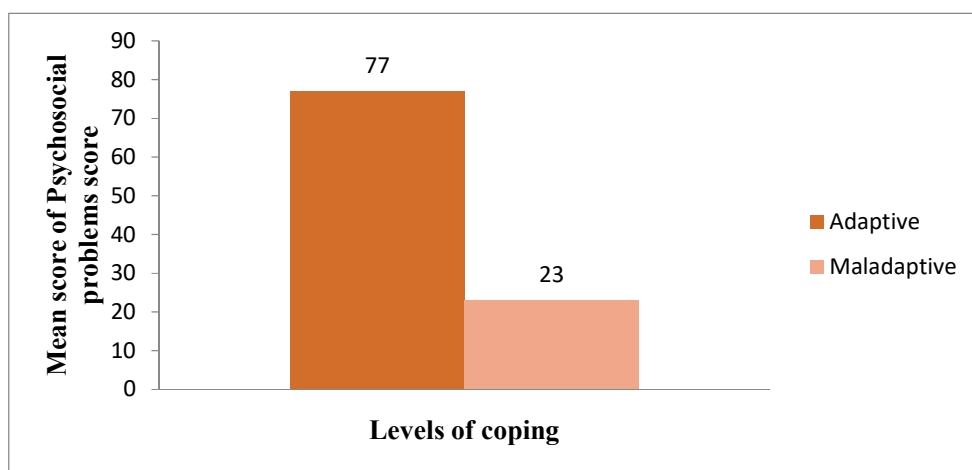
**Fig 1: Percentage distribution of elderly according to the level of psychosocial problems among elderly.**

Maximum score= 120

Minimum score=0

Fig 1 depict that frequency and percentage distribution of elderly according to the level of psychosocial problems score 48 (80%) of elderly had severe level of psychosocial problems followed by 12(20%) had moderate psychosocial problems, whereas none of the elderly had mild psychosocial problems

Hence it was concluded that elderly had moderate to severe level of psychosocial problems

**2. To assess the coping among elderly**

**Fig 2.- Percentage distribution of level of coping among elderly**

Maximum score= 120  
( $p < 0.05$ )\*

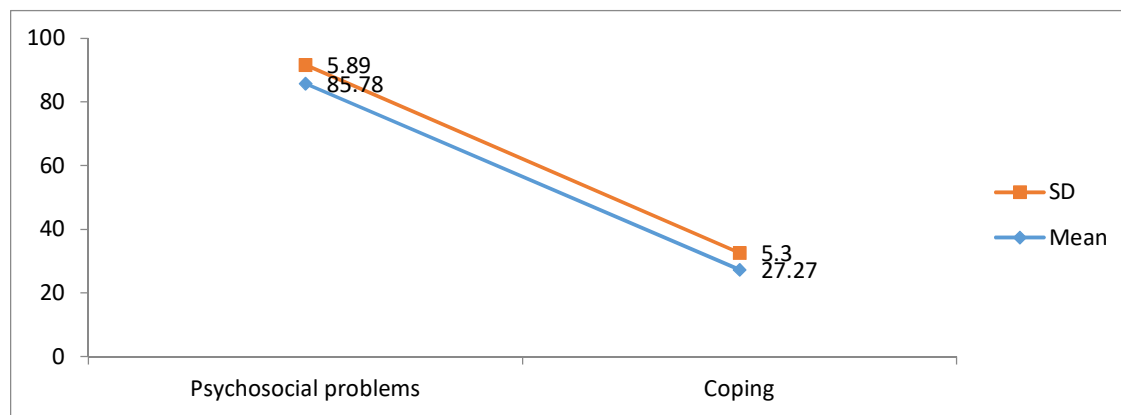
\*S-Significant at

Minimum score—0

Fig 2 depict that percentage distribution of elderly according to the level of coping score 46 (76.67%) of elderly had adaptive coping followed by 14 (23.33%) had maladaptive coping

Hence it was concluded that elderly had more adaptive coping with the problems than maladaptive coping.

### 3. To find out the relationship between the psychosocial problems and coping among elderly



**Fig.3- Relationship of the psychosocial problems and coping among elderly**

Psychosocial score

\*S-Significant at ( $p < 0.05$ )\*

Maximum score= 120

Minimum score=0

Coping score

Maximum score= 70

Minimum score=0

Fig 3 depict that there was correlation between psychosocial problems and coping among elderly .The mean score of psychosocial problems among elderly was 85.78 and mean score of coping among elderly was 27.27

Hence it was concluded that elderly people had psychosocial problems along with maladaptive coping.

4. To find out the relationship between psychosocial problems and selected variables i.e age, gender, education, occupation, income, religion, marital status, type of family, number of children, occupation, any physical illness.

Table 1-

Psychosocial problems score with selected variables			
	n	Mean	Standard Deviation
<b>Age</b>			
60-70	27	85.7	<b>6.53</b>
71-80	20	85.65	<b>5.34</b>
81-90	10	85.3	<b>5.25</b>
91-100	3	89	<b>7.55</b>
<b>Gender</b>			
Male	43	85.06	<b>4.85</b>
Female	17	86.21	<b>5.36</b>
<b>Education</b>			
Illiterate	20	85.8	<b>4.28</b>
Primary/middle	24	86.63	<b>7.39</b>
Senior secondary	15	84.93	<b>5.04</b>
Graduate and above	1	78	<b>NA</b>
<b>Occupation</b>			
Unemployed	10	85.7	<b>4.35</b>
Self-employed	25	84.84	<b>6.14</b>
Service	10	85.7	<b>6.77</b>
Retired	15	87.47	<b>5.94</b>
<b>Income</b>			
<5000	10	85.7	<b>4.35</b>
5001-10000	25	84.84	<b>6.14</b>
10001-150000	10	85.7	<b>6.77</b>
>15001	15	87.47	<b>5.94</b>
<b>Religion</b>			
Sikh	33	84.5	<b>4.85</b>
Hindu	14	86.21	<b>5.78</b>
Christian	2	85.53	<b>5.19</b>
Muslim	11	85.57	<b>4.41</b>
<b>Marital status</b>			



Single	12	85.75	<b>5.38</b>
Married	30	86.3	<b>4.84</b>
Separated	4	90	<b>7.17</b>
Widow	14	83.6	<b>7.55</b>
<b>Types of family</b>			
Joint	35	85.94	<b>6.35</b>
Nuclear	25	85.56	<b>5.29</b>
<b>Number of children</b>			
1	6	84.5	<b>4.85</b>
2	24	86.21	<b>5.78</b>
3	15	85.53	<b>5.19</b>
4 and above	15	85.87	<b>7.41</b>
<b>Any illness</b>			
Physical illness	48	85.46	<b>6.12</b>
Mental illness	12	87.08	<b>4.85</b>

**Table 01-** demonstrates that age, gender, marital status, occupation, education, family type, and income all have a significant impact (S-Significant ( $p < 0.05$ )) on the psychosocial well-being of the elderly. This highlights the need for targeted support systems that address the unique challenges faced by older adults, such as those related to retirement, loss of a spouse, limited education, and living in certain family structures. Further research on the effectiveness of interventions aimed at mitigating these problems would be beneficial.

### 5. To find out the relationship between coping and selected variables i.e. age ,gender, education ,occupation, income, religion, marital status, type of family ,number of children ,any physical illness

**Table 2-**

<b>Coping score with selected variables</b>			
	<b>n</b>	<b>Mean</b>	<b>Standard Deviation</b>
<b>Age</b>			
<b>60-70</b>	27	26.74	4.85
<b>71-80</b>	20	26.06	5.95
<b>81-90</b>	10	29.80	4.87

<b>Gender</b>			
<b>Male</b>	43	27.33	4.99
<b>Female</b>	17	27.12	6.27
<b>Education</b>			
<b>Illiterate</b>	20	26.70	5.14
<b>Primary/middle</b>	24	28.71	4.91
<b>Senior secondary</b>	15	26.20	5.24
<b>Graduate and above</b>	1	36.00	NA
<b>Occupation</b>			
<b>Unemployed</b>	10	27.80	5.88
<b>Self-employed</b>	25	27.96	4.56
<b>Service</b>	10	25.40	6.20
<b>Retired</b>	15	27.00	5.78
<b>Income</b>			
<b>&lt;5000</b>	19	26.21	5.16
<b>5001-10000</b>	22	28.00	6.35
<b>10001-150000</b>	12	27.26	3.86
<b>&gt;15001</b>	07	27.86	5.01
<b>Religion</b>			
<b>Sikh</b>	33	23.83	3.25
<b>Hindu</b>	14	27.83	5.42
<b>Christian</b>	02	29.13	5.41
<b>Muslim</b>	11	25.87	5.19
<b>Marital status</b>			
<b>Single</b>	12	28.00	4.97
<b>Married</b>	30	27.43	5.18
<b>Separated</b>	04	29.00	4.16
<b>Widow</b>	14	25.79	6.34
<b>Types of family</b>			
<b>Joint</b>	35	26.80	5.60
<b>Nuclear</b>	25	27.92	4.96
<b>Number of children</b>			

1	06	23.83	3.25
2	24	27.83	5.42
3	15	29.13	5.41
4 and above	15	25.87	5.19
<b>Any illness</b>			
<b>Physical illness</b>	48	27.63	5.67
<b>Mental illness</b>	12	25.83	3.51

Table-2- This table found that many older people face significant psychosocial problems, which are worsened by factors like being older (especially over 90), being female, having less education, being retired, having a lower income, being separated, or living in a joint family. At the same time, the study also showed that many of these individuals use coping strategies, and that older age and higher education were linked to better coping scores. This means that while older adults often face serious challenges, their ability to cope is complex and can be influenced by many different life factors.

### Summary

A study of 60 elderly individuals in rural Punjab found that psychosocial problems are significant and linked to factors including age, gender, education, and marital status. Higher psychosocial problem scores were noted in the oldest age group, females, retired individuals, and those with less education .

### Conclusions

- Majority of elderly people have 48(80%) psychosocial problems 12(20%) have moderate psychosocial problems
- Majority of elderly people have adaptive coping and have maladaptive coping.

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