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Praveen Kumar

Department of Sociology, CCS
Haryana Agricultural
University, Hisar, Haryana,
India

Vinod Kumari

Department of Sociology, CCS
Haryana Agricultural
University, Hisar, Haryana,
India

Meenu Singh

Department of Sociology, CCS
Haryana Agricultural
University, Hisar, Haryana,
India

Mental health status of elderly in rural Haryana: A sociological study

Praveen Kumar, Vinod Kumari and Meenu Singh

Abstract

Aging may be viewed as a biological process, psychological and social development process of individuals including transition in social position, roles, status and attitude. This makes it necessary to look into the various aspects of their problems, social, economic, psychological health and other allied aspects (Basu, 2012). Elderly are the senior citizens of the nation leading their lives in a transitional phase. (Balamurugan and Ramathirtham, 2012). Ageing not only affects a person's looks, but also becomes a cause of physical deterioration. Psychological problems are also common among elder one (Bangari and Tamara Gaudi, 2014). Mental health refers to cognitive, behavioral, emotional and overall psychological wellbeing. It is all about how people think, feel and behave. Mental health can affect daily living, relationship and even physical health. Therefore the present study was conducted to investigate the mental health status of rural elderly. The study was conducted in Hisar and Mahendragarh district of Haryana State on 360 rural elderly who were selected randomly from Hisar and Kanina Block. It was found that 64.2 percent elderly were always playing useful role in family followed by 85.6% who sometime concentrate on work. Mental health status is average in (52.8%) cases as per observation of study. The status of Mental Health can be further improved by involving them in decision making and make them more useful to family and Society.

Keywords: Elderly, health status, mental health, males and females

Introduction

Population aging is a global phenomenon that is both inevitable and predictable. They are important resources of society and longer life expectancy means a greater opportunity to contribute to society. According to United Nation report (2017) the world elderly population is nearly 960 million but in India it is nearly 104 million according to population census 2011 out of which 53 million are females and 51 million males. From 5.6% in 1961 the elderly proportion has increased to 8.6% in 2011. For males it was marginally lower at 8.2%, while for females it was 9.0%. (Census 2011) ^[5]. The percentage of the elderly in India has been increasing at an increasing rate in recent years and the trend is likely to continue in the coming decades. The share of population over the age of 60 is projected to increase from 8 percent in 2015 to 19 percent in 2050. By the end of the century, the elderly will constitute nearly 34 percent of the total population in the country (ORGI (2011) ^[8], Haryana state has about 8.7 percent of the total elderly population of India having 2194 thousand person aged 60 years and above with 1005 thousand females and 1089 males. The rural elderly population in Haryana is 1513 thousand while the urban population is 681 thousands (Borah *et al.*, 2016) ^[4]. Ageing of population is last stage and one of the most important demographic factors that have emerged in 21st century. Ageing is a multidimensional process; old age is the closing period of the life of an individual. However as already stated the elderly are not a homogenous group and it can be divided into three categories; young-old (60-69 Years); old-old (70-79 Years); and oldest-old (80+ years). Each category has different characteristics and many different health problems (Madagundi and Jayeshree 2013) ^[6]. Mental health status and psychological well being refers to how people evaluate their life. It include presence of affirmative feelings and temper and absence of harmful emotions and their role in activities and decision-making. Keeping in account the significance of above fact, the present study was carried out to study mental health status of rural elders in Haryana.

Material and Methods

As per objectives of the study Haryana state, was selected purposively as locale for present investigation because the researcher is a student of CCS Haryana Agricultural University,

Corresponding Author:

Praveen Kumar

Department of Sociology, CCS
Haryana Agricultural
University, Hisar, Haryana,
India

Hisar as well as the states has witnessed fast development in various spheres and have five different cultural zones:- Nardak, Khadar, Bagar, Bangar and Ahirwal. Simple random sampling technique has been followed for the present study. The study has been conducted in two cultural zones of Haryana selected randomly and one district from each cultural zone has also been selected randomly.

From each district one block has been selected at random. From one block three villages has been selected randomly. Thus a total of 6 villages has been selected. From Mahandargarh district- Sehlang, Pota and Baghot where as from Hisar-Haricot, Mangali jhars and Bure were selected. From each village 60 respondents consisting of the 30 elderly males and 30 females were selected randomly comprising of 180 elderly males and 180 elderly females, making a total sample of 360 rural elders.

Instrument

The data were collected through personal interview method. All the respondents were interviewed by the investigator himself at their home and when they were available.

Statistical Analysis

The collected data were coded, tabulated, analyzed and interpreted according to the objective of the present study with the help of appropriate statistical methods. The descriptive statistical tools such as frequency, percentage, weighted mean and total weighted score had been adopted to draw the inference from the study.

Results and Discussion

Ageing is the process of becoming older. Ageing represents the accumulation of changes in a person through the life span. Ageing in humans refers to a multidimensional process of physiological, psychological and social changes. The significant determinants of successful ageing, according to some studies (Siva Raju, 2006; Niharika, 2004^[11, 7]; Ramamurti and Jamuna, 1992)^[9] include self-acceptance of ageing changes, perceived functional ability, self-perception of health, perception of social support, intergenerational amity, belief in *karma* and after life, flexibility, range of interests, activity level, marital satisfaction, religiosity, certain value orientations and economic well-being.

Age

Age is the common factor which refers to the emotional and mental potentially stability of human beings. It is considered as an important factor in prestige and status. It controls the social definition of roles and position.

Various stages of life among the human beings are affected in differently age group. Respondents' analysis according to their age groups revealed that about (56.7%) belonged to young old (60-69 years) age group. The remaining 27.8 per cent and 15.6 per cent of the respondents under study belonged to old-old (70-79) and oldest- old age group (>70-79 years), respectively (Table 1).

Education

Education is most important frame to conceptualize the social change and development. Education plays a significant role in the socio-economic growth of individual as well as society. The majority of the respondents were Illiterates (72.2%) followed by high school& up to graduation (16.9%). Rest of the respondents was Primary (10.8%).

Caste

The data (Table 1) indicated that around the half of respondent work belongs to backward caste (68.0%) and followed by general (17.8%) and schedule caste (15.3%).

Family type

As per indications of the data 99.2 per cent were living in joint family and others lived in nuclear family.

Family type

In rural areas the occupational opportunities out-side the villages are rare. Analysis further indicated that maximum number of the respondents (81.1%) was non-wage earner or pensioner while 16.4% were in farming and 2.5% were having self business or could be in service.

Family occupation

Family occupation also influenced the person's life style, living pattern. Regarding occupation of family it was found that majority of respondents families were engaged in cultivation (80.6%) while 17.5% were in services and remaining 1.9 per cent were artisan.

We got to see many problems among older people, including can concentrate on work, sleep loss, playing useful role in family, capable of making decision, can overcome your difficulty, feeling happy, able to enjoy normal life. Playing useful role in family put a great impact on the old aged person. Sleep loss make a further critical role among elderly people.

Table 1: Contextual matrix of the respondents.

Sr. No	Variables	M. Garh	Hisar	Total
1.	Age (Years of age group)			
	60-69 (young- old)	91(50.6)	113(62.8)	204(56.7)
	70-79(old old)	51(28.3)	49(27.2)	100(27.8)
	80+ (oldest-old)	38(21.1)	18(10.0)	56(15.6)
2.	Caste			
	Scheduled caste	8(4.4)	47(26.1)	55(15.3)
	Backward caste	170(94.4)	75(41.7)	245(68.0)
	General caste	6(3.3)	58(32.2)	64(17.8)
3.	Gender			
	Male	90(50.0)	90(50.0)	180(50.0)
	Female	90(50.0)	90(50.0)	180(50.0)
4.	Level of education of the respondent			
	Illiterate	128(71.1)	132(73.3)	260(72.2)
	Primary	27(15.0)	12(6.7)	39(10.8)
	Secondary and above	25(13.9)	36(20.0)	61(16.9)
5.	Family type			
	Nuclear	3(1.7)	-	3(0.8)
	Joint	177(98.3)	180(100.0)	357(99.2)
6.	Occupation of the Respondent			
	Non- Wage Earner/Pensioner	123(68.3)	169(93.9)	292(81.1)
	Farming	52(28.9)	7(3.9)	59(16.4)
	Service /Business / Enterprise	5(2.8)	4(2.2)	9(2.5)
7.	Family Occupation			
	Farming	146(81.1)	144(80.0)	290(80.6)
	Service	28(15.6)	35(19.4)	63(17.5)
	Artisan	6(3.3)	1(0.6)	7(1.9)

Figures in the paper denote percentage

Mental health status of elderly were studied and presented in Table 2. The data indicated that most of the elderly played an useful role in the family followed by sleeping problem and can concentrate on work.

The mental status of elderly showed that 64.2 per cent of elderly always playing useful role in family with mean score 2.39 and got first rank followed by 94.7 per cent elderly faced sleep loss sometime & got second rank with mean score 1.99 and 85.6% of the elderly sometime can concentrate on work with weighted mean score 1.93 and got 3rd rank respectively. More than two- third majority were sometime capable of

making decisions (69.4%), overcome their difficulty (66.9%) and rank as IV and VII. About two-fifth majority were sometime feeling happy (4 1.4%) and never able to enjoy normal life(42.2%) and this aspect V and VI rank. It can be inferred that although rural elder sometime have sleep loss but even then, they are playing useful role in family and sometime can concentrate on work.

Table 2: Status of mental health of the respondents (N= 360)

Sr. No	Statements	Degree of Extent			Total weighted score	Weighted mean score	Rank
		Always	Sometime	Never			
1	Playing useful role in family	231(64.2)	39(10.8)	90(25.0)	861	2.39	I
2	Sleep loss	9(2.5)	341(94.7)	10(2.8)	719	1.99	II
3	Can concentrate on work	15(4.2)	308(85.6)	37(10.3)	698	1.93	III
4	Capable of making decisions	20(5.6)	250(69.4)	90(25.0)	650	1.80	IV
5	Feeling happy	70(19.4)	149(41.4)	141(39.2)	649	1.80	V
6	Able to enjoy normal life	58(16.1)	150(41.7)	152(42.2)	626	1.73	VI
7	Overcome your difficulty	3(0.8)	241(66.9)	116(32.2)	607	1.68	VII

Figures in the paper denote percentage Responses were multiple

Based on the occurrence of mental health response of the respondent, the level of mental health status was calculated by awarding 3 point to always performance, 2 point to seldom and 1 point to those having never health response and result are given in Table 3. It was observed that majority 52.8 percent were having average mental health status where as 29.4 percent were having good and 17.8 percent were having poor mental health status. More number of males were having good mental health status (34.4%) as compared to female (24.4%).

Table 3: Level of mental health status

Sr. No	Level of mental health status	Frequency (Percent)		Total
		Male	Female	
1	Good (15-16)	62(34.4)	44(24.4)	106(29.4)
2	Average (12-14)	90(50.0)	100(55.6)	190(52.8)
3	Poor(10-11)	28(15.6)	36(20.0)	64(17.8)
4	Total	180	180	360(100.0)

Figures in the paper denote percentage

Conclusion

It is concluded that as per rural elder perception they were always playing useful role in society as well as they were able to sometimes concentrate on work but they were having problem of sleep loss. More than fifty percent of respondents were having average mental health status followed by a good status in about thirty percent respondents. Males were having good mental health status as compared to females. The status of mental health and psychological well-being of aged have a direct influence on physical activities, security, and social support and health problems. The mental health can be further enhanced by engaging them in useful activities and making more useful to family as well as society.

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