



ISSN: 0975-833X

Available online at <http://www.journalcra.com>

*International Journal of Current Research*  
Vol. 11, Issue, 11, pp.8043-8045, November, 2019

DOI: <https://doi.org/10.24941/ijcr.37076.11.2019>

**INTERNATIONAL JOURNAL  
OF CURRENT RESEARCH**

## RESEARCH ARTICLE

### ASSESS THE EMOTIONAL WELLBEING OF SENIOR CITIZENS STAYING WITH THE FAMILY

**\*Preeti Thakur**

Nursing Tutor, Shri Mata Vaishno Devi College of Nursing, J and K

#### ARTICLE INFO

##### **Article History:**

Received 24<sup>th</sup> August, 2019  
Received in revised form  
18<sup>th</sup> September, 2019  
Accepted 05<sup>th</sup> October, 2019  
Published online 26<sup>th</sup> November, 2019

##### **Key Words:**

Emotional Well Being,  
Senior citizen.

#### ABSTRACT

**Introduction:** Aging is an inevitable developmental phenomenon bringing along a number of changes in the physical, psychological, hormonal and the social conditions. Old age has been viewed, as problematic period of one's life and this is correct to some extent. The aged become increasingly dependent on others. As man grows, his reduced activities, income and consequent decline in the position of the family and society makes his life more vulnerable. **Neeraja K.P.** stated that old age is natural, normal, universal and inevitable biological phenomenon. It is a development phase in the life process which begins at conception and continues until death. Old age is the last stage in the life journey and closing period in the life span of a man with decreased capacity for adaptation. We cannot heal old age, we have to protect them and help them to extend their life span. **Methodology:** In this, Quantitative non-experimental research approach was used to assess the emotional wellbeing of 50 senior citizens in the age group of above 60 were selected as the sample for the study by using simple random sampling technique. The data was collected by using self structured questionnaire on emotional wellbeing. Data analysis was performed by descriptive statistics and inferential statistics. **Result:** The results revealed that 40% senior citizens were emotionally well and 60% were emotionally stable and 0% were disturbed. There was no association between knowledge & any demographic variable. **Discussion:** In the present study, it was concluded that among 50 senior citizen and 20(40%) were emotionally well, 30(60%) were emotionally stable & none senior were emotionally disturbed.

**Copyright © 2019, Preeti Thakur.** This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Citation: Preeti Thakur. 2019.** "Assess the Emotional wellbeing of senior citizens staying with the family", *International Journal of Current Research*, 11, (11), 8043-8045.

## INTRODUCTION

Aging is a universal process. In the words of Seneca "old age is an incurable disease". Sir James Sterling Ross Commented" you do not heal old age, you protect it, you promote it and you extend it. The number of old age people indwelling in the world is increasing rapidly. Some of them are tackling the situation in a more pleasant way. But the majority of the geriatric clients are seeing it in negative manner. Here comes the importance of the self care activities. According to Anupam Hazra, The joint family system has been considered as a characteristic of Indian life. In earlier period, the eldest male member controlled all economic and social affairs and the eldest female member managed household matters. Migration, urbanization and westernization have severely affected the value system of family in Indian society. Mostly, elderly parents are taken care of by their adult sons and their families.

In most of these families, the primary caregiver is daughter – in-law. Women, the traditional care givers in the family, are unable to extend the elderly care due to increased educational and vocational opportunities and need to work and earn outside. Old age as such cannot be identified with ill health or disability, although advancing age tends to bring increased health problems. There is often a gradual decline in physical strength, hearing loss, visual impairments, and lower immunities to illness, hardening of blood vessels, respiratory and digestive disorders, heart ailments, arthritis etc. Psychological problems include low self esteem, cognitive impairment, depression, dementia, anxiety, death anxiety etc. The problem areas discussed are very much inter-dependent. Problems in one area may contribute to problems in other areas. For instance, if a person has a problem of failing health, she may have to face increasing medical bills and so add to her financial worries. The failing health of an individual may make her more irritable and thus make her family members more annoyed and so there is problem of adjustment in family setting. If she keeps on brooding about her failing health, she may have a problem of mental illness.

**\*Corresponding author: Preeti Thakur,**  
Nursing Tutor, Shri Mata Vaishno Devi college of Nursing, J and K.

## MATERIAL AND METHODS

The methodology of research indicates the general pattern for organizing the procedure for gathering valid and reliable data for an investigation. In this present study a "Quantitative research approach" was used. The research design selected for this study was "descriptive research design. Age, gender, religion, occupation, marital status, source of information etc. were demographic variables. The present study was conducted at Mudh village, Jalandhar, Punjab and the accessible population was senior citizen had emotional wellbeing was present at the age of above 60 years at the time of data collection and fulfills the inclusion and exclusion criteria. Simple random sampling technique was used to select the sample of Senior citizen.

The senior citizens who were above 60 years willing to participate and structured questionnaire on emotional wellbeing was used to check the emotional wellbeing of senior citizen. Purpose of the study was explained and verbal consent was taken from the subjects. Content validity of the tool was made and necessary modifications were made according to the expert's opinion and tool was finalized. Ethical approval to conduct the study was obtained from sarpanch of Mudh village, Punjab. Written informed consent was obtained from the study subjects regarding their willingness to participate in the research project. Demographic variables were collected by using interview technique and privacy was provided. Ethical principles were adhered too throughout the study. After selecting the sample, researcher introduced himself and explained the purpose of the study to the senior citizen. Data collection procedure terminated by thanking the Senior citizen for their Co-operation. According to the objectives the data was organized, tabulated. The data was analyzed by using both descriptive and inferential statistics i.e. Frequency, Percentage, Mean and Standard deviation.

## RESULTS

**Demographic variables description:** Demographic variables were Age, gender, religion, occupation, marital status, source of information etc. majority (26) 52% senior citizens were age between 60-65yrs. Sex ratio of male female was equal (25) 50%. among 50 senior citizen most of people were Sikh (16)52% and (27) 54% were living in Pucca house. Majority of senior citizen (31)62% were depended. 44% senior citizen having hypertension & (33) 66% % having impaired vision or (34)68%having normal hearing.

## DISCUSSION

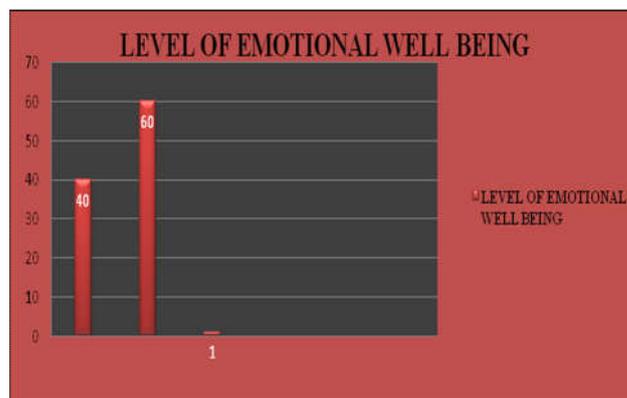
The study was conducted using a descriptive design subject were selected by random sampling technique. The sample size was 50. Discussion is based on objectives of study. The first objectives of the study to assess emotional wellbeing of senior citizen with demographic variable. Demographic variables were Age, gender, religion, occupation, marital status, source of information etc. Majority (26) 52% senior citizens were age between 60-65yrs. Sex ratio of male female was equal (25) 50%. among 50 senior citizen most of people were Sikh (16)52% and (27) 54% were living in pucca house. Majority of senior citizen (31)62% were depended. (22)44% senior citizen having hypertension & (33) 66% % having impaired vision or (34)68%having normal hearing.

**Table1. Distribution of old age people based on their Sample characteristics such as, age, sex, religion, type of house .no. of family members, financial status ,occupational status, any other disease and source of information**

| Sr. no. | Sample characteristics | Old age people staying with their family |     |
|---------|------------------------|--|-----|
|         |                        | F  | %   |
| 1.      | Age in years           |  |     |
| a       | 60-70 yrs.             | 26                                       | 52% |
| b       | 65-70yrs.              | 18                                       | 36% |
| c       | More than 70yrs.       | 6  | 12% |
| 2.      | Sex                    |  |     |
| a.      | Male                   | 25                                       | 50% |
| b.      | Female                 | 25                                       | 50% |
| 3.      | Religion               |  |     |
| a.      | Hindu                  | 20                                       | 40% |
| b.      | Sikh                   | 26                                       | 52% |
| c.      | Muslim                 | 1  | 2%  |
| d.      | Christian              | 3  | 6%  |
| 4.      | Type of house          |  |     |
| a.      | Pucca                  | 27                                       | 54% |
| b.      | Semi -pucca            | 8  | 16% |
| c.      | Kuccha                 | 14                                       | 28% |
| 5.      | No. of family members  |  |     |
| a.      | >4                     | 14                                       | 28% |
| b.      | 4-7                    | 27                                       | 54% |
| c.      | 8-10                   | 9  | 18% |
| d.      | 10<                    | 0  | 0%  |
| 6.      | Financial status       |  |     |
| a.      | Independent            | 0  | 0%  |
| b.      | Dependent              | 31                                       | 62% |
| c.      | Partial dependent      | 14                                       | 28% |
| d.      | Total dependent        | 5  | 10% |
| 7.      | Occupational status    |  |     |
| a.      | Retired                | 0  | 0%  |
| b.      | Still working          | 30                                       | 60% |
| c.      | Unemployed             | 20                                       | 40% |
| 8.      | Any other disease      |  |     |
| a.      | Hypertension           | 22                                       | 44% |
| b.      | Diabetes mellitus      | 5  | 10% |
| c.      | Arthritis              | 2  | 4%  |
| d.      | Any other              | 19                                       | 38% |
| e.      | Nil                    | 2  | 4%  |

**Table 2. Frequency and percentage distribution of senior citizen regarding emotionally well**

| Level of Emotional well being | N=50  |            |
|-------------------------------|-------|------------|
|                               | Score | Percentage |
| Emotionally well              | 20    | 40%        |
| Emotionally stable            | 30    | 60%        |
| Emotionally disturbed         | 0     | 0%         |



**Figure 1. Level of emotional well being**

The second object to know emotional wellbeing of senior citizen. Among 50 senior citizen and 20(40%) were emotionally well, 30(60%) were emotionally stable & none senior were emotionally disturbed.

**REFERENCES**

- 1) Hazra Anupam, 2009. Status Of Elderly In India. Social Welfare October 5-13.
- 2) Neeraja KP. 2006. Textbook Of Growth and Development For Nursing Students. 1<sup>st</sup> Edition. New Delhi: Jaypee Brothers Medical Publishers.
- 3) Neuhaus, R.H. 1982. Successful Aging. John Willey and Sons; New York.
- 4) Subramanya, G. 2000. PsychoSocial Problems (With special reference to India) 1st ed. Subhas publishers
- 5) Vidhya, T. and Punitha Josephine S. 2012. Journal of Nightingale nursing times, volume-7, No 11 page no 45-47.

\*\*\*\*\*