



RESEARCH ARTICLE

ASSESSMENT OF THE STRESS EXPERIENCED BY THE SENIOR CITIZENS IN ERNAKULAM
DISTRICT OF KERALA

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ABSTRACT

Ageing is a complex phenomenon accompanied by physiological, psychological and sound changes which often results in a decline in health status (Hemalatha, 1999). Ageing is a continuous process that begins with conception and ends with death. Ageing is not a disease but a biological process (Henry, 2000). Ageing is a gradual developmental process of biological, psychological, sociological and behavioural change that begins at the moment when an individual is born (Chandrasekhar and Bhooma, 1999). Ageing refers to the normal progressive and irreversible biological changes occurring in an individual's life span (Natarajan, 1998). In spite of all efforts taken by the government and other agencies, the feeling of neglect and the condition of being abandoned are indeed leading to stress in the elderly population. This study was carried out using a sample of 307 elderly from old age homes and free living elderly from selected areas of Ernakulam district of Kerala. The tool used for the study consisted of a questionnaire prepared by the investigator and a standardized stress inventory. The study revealed that institutionalized elderly experienced high levels of stress in total than the free living elderly.

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INTRODUCTION

Ageing is a gradual developmental process of biological, psychological, sociological and behavioural change that begins at the moment when an individual is born (Chandrasekhar and Bhooma, 1999). Ageing refers to the normal progressive and irreversible biological changes occurring in an individual's life span (Natarajan, 1998). As ageing is an individual phenomenon, there is no definite cut off point for defining old age, though for international comparisons, 60 years and above is recommended as the cutoff point (WHO, 1994). The World Health Organization (2002) defines a person who has attained the age of 60 years as 'elderly'. India has the second biggest segment of senior citizens in the world (Singh, 2001). The average life expectancy in India has increased from 23 years in 1901 to 62.1 in 2001 (Giridhar, 2002). Kerala has witnessed the emigration of young people in large numbers to Middle Eastern and Gulf countries. According to the estimates, elderly constitute around 10-11 percent of Kerala's population and their numbers are even increasing. It is also projected that by the year 2025 one out of every five persons would be a senior citizen (Verma, 2002). Among all the districts in Kerala,

according to 1991 census, the highest number of elderly was enumerated in Thrissur district, followed by Ernakulam. In Ernakulam district the percentage of elderly (60+) to total population in 1991 census was male (9%), female (10.15%) and the percentage of elderly living in institution to total institutional population was male (28.57%) and female (27.33%). People are now more affluent but the elderly in their homes are left with no one to care for them (Prakash, 1999). The elderly are often left on their own to create new roles and fill the vacuum to the best of their abilities. In the past it was the woman of the house who had the responsibility of caring for elderly relatives. With more and more women taking up employment and becoming more active in the world of work outside the home, care of the elderly has become more difficult (Singh, 2001). It is indeed sad that the society tends to think of the older persons as outdated. Senior citizens are invaluable to society because of their experience, knowledge and rational approach to problem solving. We should instead tap the potential and experience of the seniors and put them to good use. Most of the highly regarded members of the society namely politicians, doctors, educationalists, business people or leaders from any walk of life are undoubtedly senior citizens. Their families, the government and society at large should

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provide them employment opportunities, set up trusts to create such opportunities and establish a social security system whereby the seniors become financially independent (www.seniorcitizen.com). It is believed that now only 60 percent of the senior citizens live in joint families. The rest of them live alone with their spouse with distant relatives or in old age homes (www.seniorcitizen.com). In the absence of joint family system the old parents are sometimes left with no other alternative than joining the old age homes (Sreevals and Nair, 2001). According to the study conducted in old age home of Maharashtra by Dandekar (1996), almost 64 percent of inmates had nobody to take care of them. Another study among the old age homes of Kerala done by Rajan (2000) also reported that most of the inmates ended up there because of no one to take care of them at home. All these have made old age homes soon more relevant in the Indian context than even before (Shanine, 1999). In spite of all efforts taken by the government and other agencies, the feeling of neglect and the condition of being abandoned are indeed leading to stress in the elderly population. The Oxford Dictionary defines stress as a state of affair involving demand on physical or mental energy. It is a condition or circumstance (not always adverse), which can disturb the normal physical and mental health of an individual. In medical parlance stress is defined as perturbation of the body's homeostasis. The demand on mind and body occurs when it tries to cope with incessant changes in life.

According to Kumar (1998), stress is a wide term that engulfs worry, anxiety, tension, strain and any other upsets, whether mental or physical, that disturbs the whole economy of a person. Stress is said to be a complex and dynamic process of interaction between a person and his life. All phases in the human mind arise from either the subconscious or unconscious state. Stress is a sum total of the happenings in the various elements of our environment. It is the way we react physically, emotionally and mentally to the different conditions, changes and demands of life (Senguptha, 2007). Old age is an enigma and a burdensome episode when one is not able to cope with the elements of loneliness, deprivation and neglect. An old person is required to be looked upon, cared and treated like a child. It is a stage of life when physical organs malfunction, digestion slows down, movements get limited, friends and colleagues fade away, wife and children turn a blind eye even to just demands, financial resources deplete and the like. In young age there is enough strength in the body and mind to stand bravely to odd situations but, in old age, there is a declining trend, a natural consequence of fading spirits and initiative. The changes in their behavioural attitude stem from various socio-economic, psychological physical reasons, out of which some are creations of the changing times and approach of life and some are foisted due to maladjustment. The old and aged person reeling under stress and strain, cannot ventilate his feelings or displeasure and is denied the right of speech, intervention or dissent. The problem overawes men more than the women. The latter can engage themselves in household chores and thus, lend a helping hand to rest of the members. In some houses, old women are treated shabbily but they prefer to eat a humble pie, either for the sake of family's amity or due to certain compulsions or helplessness. Women have decidedly better shock-absorbing capacity and spirit of adjustment than their male counterparts.

The present study assumes greater significance in the state of Kerala, where social changes are so pervasive, that taking care of the elderly is becoming more and more difficult within the home. The migration of children, inadequate social support, serious illness etc., make the elderly more stressful which then leads to serious consequences thus becoming an issue for global concern. This study is therefore an attempt made in this direction to identify the areas causing stress in the elderly and thereby compare the level of stress experienced by elderly living with their families and those in the old age homes. The objectives of the study were to 1. Study the background information of the selected elderly 2. Study the level and types of stress experienced by the selected elderly in the following areas Family; Social; Personal 3. Compare the level of stress between the free living elderly (male and female) and institutionalized elderly (male and female).

MATERIALS AND METHODS

The study was conducted in Ernakulam district owing to the highest population of elderly. Fifty elderly people (20 males and 30 females) residing in two old age homes (Mercy home and Government old age home) in Ernakulam were randomly selected for the study. This apart, a group of 257 elderly constituting 153 males and 104 females living with their families from different areas in Ernakulam namely Kadavanthra, Kalamassery, Gandhinagar, Maradu, Kanjiramattom were selected by stratified random sampling. To study the background details of the selected subjects the investigator formulated a questionnaire. A stress inventory constructed and standardized by Kumar and Kumar, (2002) was used to study the pattern of stress experienced by the selected subjects. It consisted of three sections with 45 questions about the levels of stress experienced in different areas namely family, society, and personal and 15 questions in each area. All questions were given with four options and each option was ranked according to the scores they were assigned. The investigator sought permission from the Director of the selected old age homes for conducting the study among the inmates in the selected old age homes. After prior appointment, the investigator met the inmates of the old age homes and interviewed them. They were helped to mark their responses appropriately in the stress inventory after collecting their background information. The investigator took one day to cover an institution thereby covering around 25 inmates per day. Majority of the elderly in old age homes responded positively. Some of the inmates did not respond positively as many of them had personal difficulties and others became very emotional when they were asked the questions.

The investigator met the free living elderly in different areas of Ernakulam district. The purpose of the study was explained to them and they were also given detailed instructions for filling up the questionnaire. Finally the investigator gave them the questionnaire and stress inventory. They were given a week's time to fill up the tool. The investigator also made a regular follow up through the telephone and after that collected the filled in tools ensuring that it contained all relevant information. The data obtained was consolidated and scored and the stress experienced by the selected free living and institutionalized elderly was analyzed using percentage, mean and standard deviation.

RESULTS AND DISCUSSION

Background Information of the Respondents

Table 1 presents the age, religion, educational status and type of family of the selected respondents.

Table 1. Basic background information of elderly

Sl. No	Details	Free living elderly (n=257)		Institutionalized elderly(n=50)	
		Male(n=153) %	Female(n=104) %	Male(n=19)%	Female(n=31) %
1.	Age (in years)	51	67	42	52
	a) 60-70	39	25	58	45
	b) 71-80	10	5	0	3
	c) 81-90				
2.	Religion	52	39	10	10
	a) Hindu	38	47	31	87
	b) Christian	11	7	0	3
	c) Muslim				
3.	Educational Status	4	1	21	16
	a) Literate, no schooling	5	12	37	61
	b) Primary schooling	33	18	31	6
	c) Secondary schooling	10	32	5	3
	d) High school/Higher secondary				
	e) Graduate	25	19	5	0
	f) Post Graduate	6	10	0	0
	g) Professionally qualified	14	13	0	0
	Marital Status				
4.	a) Married	91	60	26	10
	b) Widowed	6	36	21	48
	c) Single, never married	4	4	42	42
	d) Divorced or separated	0	0	10	0
	Type of family				
5.	a) Nuclear	27	14	0	0
	b) Joint	16	16	0	0
	c) Extended	57	69	0	0

More than half of the free living females (67%) and the institutionalized females (52%) were in the age group of 60-70 years. As age advances, the sex ratio becomes more favorable to women with more and more of 'old old' being women (Rajan et al, 1995). It should be noted that the proportion of 60+ female population is invariably higher than that of the male population. In the present study 42 percent free living subjects were Hindus and 46 percent of the institutionalized subjects were Christians. Keralites are known to reside in all parts of the country and abroad. It has been estimated that around 14 lakh Keralites are residing outside the country and many folds migrated outside the state but within the country. Most of these migrants are Christians and have left their old parents behind to fend for themselves, which is a worrying outcome of this trend. Most of the institutionalized subjects had completed primary schooling (52%) than free living subjects (8%). Similarly 31 percent of free living females had completed higher studies too than the institutionalized females (10%). In spite of its very high population density, the state of Kerala has been far ahead than the rest of the country throughout the current century in terms of the percentage of total population that can read and write. (Rajan, 1995). Higher percentage of free living subjects were married (78%) when compared with the institutionalized (16%). One of the notable facts is that there was a large population of widows among the aged. In the selected free living subjects (n=257), typical joint families were few (16%), whereas extended families were a

married son and family resided was most common (62%). This finding is in contrast with the findings of Singh (1999), Gwinn et al, (1992) and Patil (2000) who reported that nuclear families were more prevalent among the elderly.

Stress Experienced by the Selected Elderly

Family stress experienced by the elderly

Table 2 presents the details of the level family stress experienced by the selected elderly and a comparison of the same. On categorization of the level of stress experienced from the family front into three categories namely high, low and medium it can be seen that in all the four groups namely free living males and females, and institutionalized males and females nearly three fourth of the selected subjects experienced only moderate amount of stress. As regards the percentage of elderly experiencing high stress, almost an equal percentage of free living males and females (22% each) and 21 percent of institutionalized males fell under it. The high stress experienced among those in the free living category may be attributed to the reason that they faced problems such as irresponsibility, lack of adequate love and affection etc. whereas the reason for high stress among the institutionalized males may be their marital status as many were unmarried thereby having nobody to share their problems and worries, anxiety about their life situation and the like. As pertinent to the status, the free living elderly experienced more stress on the family front than the institutionalized elderly. Among the free living females more than half of them (68%) experienced medium stress which was a same feature among their male counterparts too (66%). Only a very meagre percentage of the selected elderly experienced low levels of stress (12%, 10%, 9% and 8%).

Table 2. Family stress experienced by the elderly

Sl.No	Details	Free living elderly (n=257)		Institutionalized elderly(n=50)	
		Male(n=153) %	Female(n=104) %	Male(n=19) %	Female(n=31) %
1.	Level of family stress				
	a) High	22	22	21	7
	b) Medium	66	68	29	33
	c) Low	12	10	9	8

Table 3. Social stress experienced by the elderly

Sl. No	Details	Free Living(n=257)		Institutionalized(n=50)	
		Male(n=153) %	Female(n=104)%	Male(n=19)%	Female(n=31)%
1.	Level of social stress				
	a) High	22	19	10	0
	b) Medium	60	59	90	100
	c) Low	18	22	0	0

Social stress experienced by the elderly

Table 3 presents the details of the level of social stress experienced by the selected elderly and a comparison of the same. High level of stress was experienced in this area by the free living elderly wherein males (22%) were on the higher side than females (19%). It was soothing to note that none of the institutionalized elderly experienced high level of stress in this area. This may be attributed to the reason that they had

minimum chances of moving out in the social circle and the only social involvement they had was with their own fellow intimate with whom they actually lived in a homely atmosphere thereby minimising risk of collision and stress in turn. However majority of them; 90 percent males and all females (100%) did have moderate amount of stress in this area which may be attributed to their lack of adjustment and decreasing tolerance etc. This pattern was similar in their free living counterparts too wherein 60 percent males and 59

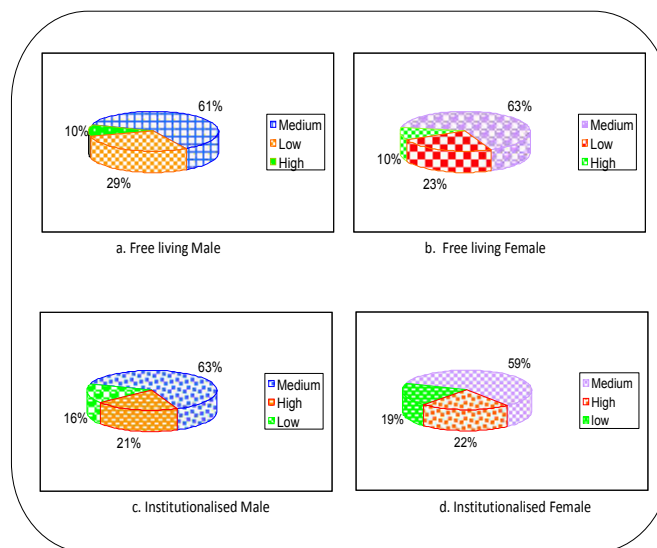


Fig: 1. Pie Diagram showing the comparison of the level of overall stress experienced by the selected elderly

Table 4. Personal stress experienced by the elderly

Sl. No	Details	Free living elderly(n=257)		Institutionalized elderly(n=50)	
		Male(n=153)%	Female(n=104)%	Male(n=19)%	Female(n=31)%
1.	Level of personal stress				
	a) High	10	15	16	10
	b) Medium	47	60	68	78
	c) Low stress	11	25	16	22

percent females also experienced moderate stress. The reason for the increase in stress in the social front among the free living members may be attributed to the reason that they were perturbed by the generation gap, change of status and thereby the behaviour of others towards them, loss of position and the like which directly puts its fangs on them. However it is soothing to note that there were 18 percent free living males and 22 percent of their female counterparts who experienced only low level of stress.

Personal stress experienced by elderly

Table 4 portrays the details of the level of personal stress experienced by the selected elderly and a comparison of the same. The above table and figure show that a greater percentage of the selected elderly in all categories namely free living male, free living female, institutionalized male and institutionalized female experienced moderate stress (47%, 60%, 68%, 78%) respectively. High amount of stress was experienced by the institutionalized male (16%) and free living females (15%) than their counterparts (free living male and institutionalized female-10% each). This may be attributed to the reason that the institutionalized males were left alone since most of them were unmarried and thereby had nobody to confide in and express their feelings. Similarly the free living females also suffered loneliness as many of them had not their spouses and thereby had to put up with the pressure of living alone on their own. On the whole it can be seen that the female both free living and institutionalized experienced higher level of stress than their counterparts.

Overall stress experienced by the elderly

Figure 1 presents the details of overall stress experienced by the selected elderly and comparison of the stress levels.

Selected elderly

In the present study on an overall note institutionalized elderly experienced high stress than free living elderly, [institutionalized male reported (21%) and female (22%)] and the free living elderly both male and female reported equal percent of high stress. More than half of the free living female (63%) and institutionalized males (63%) reported medium stress on the whole. Stress experienced on a medium level was reported by both the free living male (61%) and institutionalized female (59%) which was less when compared to institutionalized male and free living female. Low level of stress was reported to be high among 29 percent of as compared to free living female (21%), institutionalized male (16%) and female (19%).

CONCLUSION

Thus it can be concluded that, the institutionalized elderly suffer more stress than free living elderly because, majority of them have no contact with their beloved ones, and they had less opportunities to share their feelings and emotions. They were also living in a disciplined atmosphere which lacked freedom and privacy thereby promoting stress. In the case of free living elderly the presence of family members helped decrease the effects of stressful situations by building up their strengths and comforting them in times of need. Communication with family members also helps in reducing stress.

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