

## A study to assess the perception on the health needs of ageing well among senior citizen 60-75 years.

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**Abstract:** Ageing is the natural process of life, everyone will undergo this phase of conditions in their life. The aim of the study was to assess the level of perception on health needs of ageing well among senior citizen 60-75 years. A Descriptive research design of 60 senior citizen with the age of 60-75 years by purposive sampling technique. The semi structure questionnaire on the perception on the health need of ageing well were administered. Majority of the senior citizen 37(61.7%) had negative level of perception and 23(38.3%) had positive level of perception. The Sex ( $p=0.039$ ) and Self-rated fitness ( $p=0.005$ ) had shown statistically significant association between the level of perception on the ageing well. This study helps to have a better understanding of older individuals' viewpoints on ageing successfully. Physical activity, participation in social and leisure activities, healthy eating habits, a sense of purpose in life, and intellectual engagement are all aspects that contribute to ageing well. Critical variables must be considered while designing strategic health and rehabilitative plans to promote healthy ageing in older individuals.

**Key Words:** Senior citizen, Perception level, and health needs of ageing

### 1. INTRODUCTION:

Ageing is the natural process of life, everyone will undergo this phase of conditions in their life. As older age, the degenerative problems become pre-eminent and much of health care practice falls in their health conditions. <sup>(1)</sup> The most common are alteration of voice and facial appearance, lethargy, cold sensitivity, postural changes, stiffness and the restriction of activities. There will be major changes in the body composition by losing the lean tissue in the body and there will loss of some cells in the liver, kidneys and other organs. Then there will be a height loss due to changes in the bones, muscles, and joints of the body, there also will be a loss of body weight. <sup>(2)</sup>

An ageing results from the impact of the accumulation of variety of molecular and cellular damage and changes over time. Which leads decrease in the level of physical and mental capacity, decrease immunity, increase high risk for disease and death. Some of the common health conditions associated with ageing are include hearing loss, cataracts, refractive errors, back and neck pain, diabetes, hypertension, depression and dementia. <sup>(3)</sup>

In the developing countries, the people of age 60 and above are in the proportion of older people. In the year of 2019, the population of older peoples was 1 billion. In the year of 2030, the population will be increase to 1.4 billion and in the year of 2050, population will increases up to 2.1 billion. <sup>(4)</sup> In India, the population of older peoples were 8.6%, accounting for 103 million population in the census of 2011, and this range is growing at around 3% annually. Therefore, in the year of 2050, the population will rise to 319 million. <sup>(5)</sup>

In India, the proportion of the population aged 60 years and above was 7 per cent in 2009 and was projected to increase to 20 per cent by the year 2050. In absolute numbers, the elderly population in 2009 was approximately 88 million and is expected to sharply increase to more than 315 million by 2050. The more developed states in the southern region and a few others like Punjab, Himachal Pradesh and Maharashtra have experienced demographic transition ahead of others and therefore are growing older faster than other states. <sup>(6)</sup> Certain regions, primarily in the central and eastern parts of the country, still have high fertility and mortality levels, and therefore, younger population age structures. While

improvement in health, decline in fertility, and increase in longevity are desirable, the projected increase of elderly population over the next few decades is a development concern that warrants priority attention for economic and social policies to become senior citizen-friendly. (7, 8)

Although, the healthy aging are as the reduction of undesired effects of ageing. The daily habits are mainly important to develop healthy life. And some of the certain healthy habits are yoga and exercising regularly, being active mentally, following nutritious diet and avoiding smoking, cigarette, and excessive use of alcohol. To achieve the healthy ageing, the main goals are to be healthy physically and mentally, avoid the disorders, being active and independent. (9, 10)

With increasing number of older adults worldwide, promoting health and well-being becomes a priority for aging well. Well-being and physical and mental health are closely related, and this relation may become more vital at older ages as it may contribute to aging well. The state of well-being is a multifaceted phenomenon that refers to an individual's subjective feelings and exploring perspectives of senior citizens on aging well is developing to be an important area of research.

## 2. MATERIALS & METHODS:

**Design:** A Descriptive research design was adapted for the present study.

**Sample Size:** A sample of 60 senior citizen with the age of 60-75 years.

**Sampling Technique:** Purposive sampling technique was used to select the sample.

**Data collection Procedure:** The formal setting permission was obtained from concerned authorities. The semi structure questionnaire on the perception on the health need of ageing well were administered. Preferably the senior citizen are interviewed. The data were analysed using descriptive and inferential statistics.

## 3. RESULTS:

Distribution of demographic variables among senior citizen, majority of the senior citizen 40 (66.7%) in the gender are women, 34 (56.7%) were married. Most of the senior citizens, living status were family 40 (66.7%). Majority were not diagnosed disease 42 (70%), Self-rated fitness were good 54 (90%), use assistive aid were walking aid 46 (76.7%). Most of the senior citizen was joint family 36 (60%), religion were Hindu 58 (96.7%), belongs to rural 59 (98.3%) and many of them were not working 31 (51.7%). (Table 1)

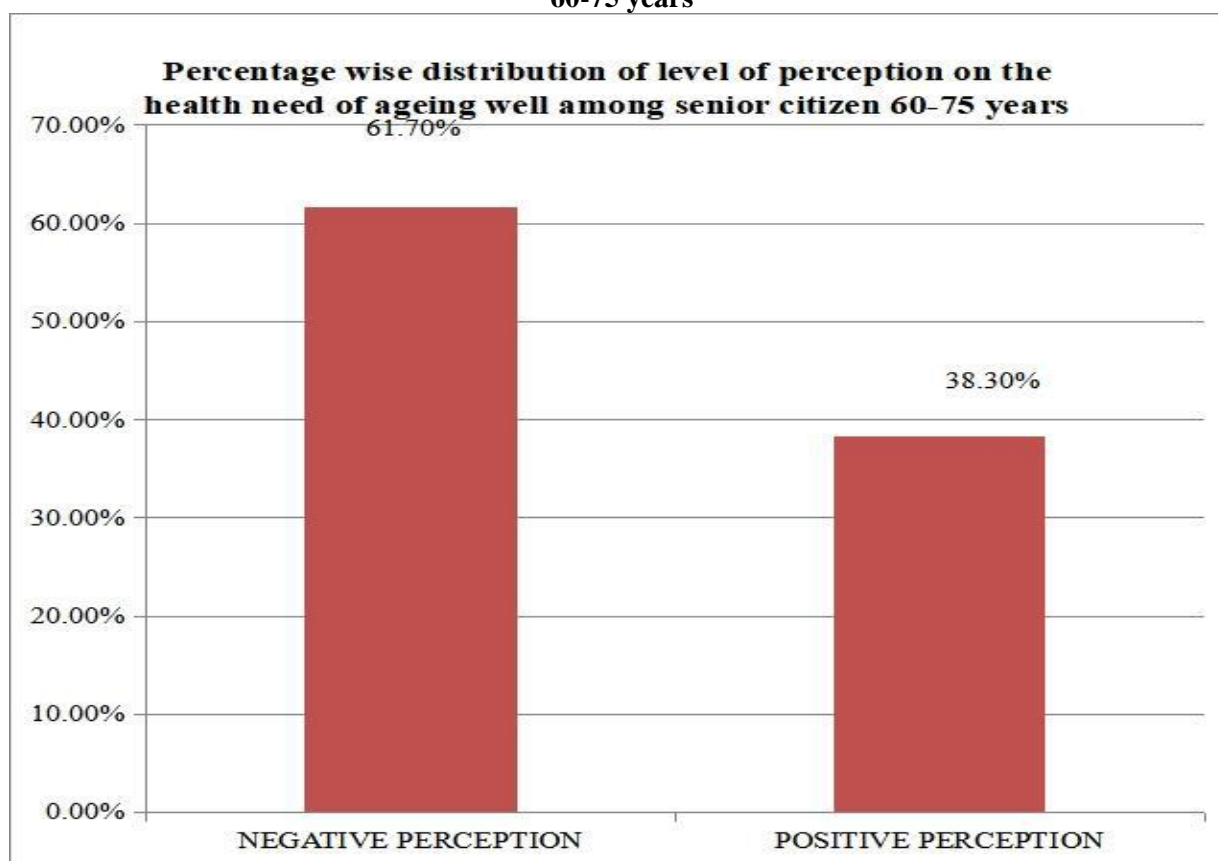
**Table 1: Frequency and percentage distribution of demographic variables among senior citizen**

SL.N O	DEMOGRAPHIC VARIABLES	FREQUENCY(N)	PERCENTAGE (%)
<b>1</b>	<b>Sex</b>		
	Men	20	33.3
	Women	40	66.7
	Transgender	0	0
<b>2</b>	<b>Marital status</b>		
	Married	34	56.7
	Single	4	6.7
	Widowed	22	36.6
<b>3</b>	<b>Living status</b>		
	With family	40	66.7
	Alone	20	33.3
<b>4</b>	<b>Diagnosed disease</b>		
	Yes	18	30
	No	42	70
<b>5</b>	<b>Self-rated fitness</b>		
	A poor	3	5
	Quiet good	3	5
	Good	54	90
	Very good	0	0
<b>6</b>	<b>Use assistive aid</b>		
	Glasses	14	23.3

	Walking aid	46	76.7
<b>7</b>	<b>Family type</b>		
	Nuclear family	24	40
	Joint family	36	60
<b>8</b>	<b>Religion</b>		
	Hindu	58	96.7
	Christian	2	3.3
	Muslim	0	0
<b>9</b>	<b>Living in area</b>		
	Rural	59	98.3
	Urban	1	1.7
<b>10</b>	<b>Are you working</b>		
	Yes	29	48.3
	No	31	51.7

Frequency and percentage wise distribution of level of perception on the health need of ageing well among senior citizen 60-75 years. Majority of the senior citizen 37(61.7%) had negative level of perception and 23(38.3%) had positive level of perception. The mean and standard deviation level of perception on the health need of ageing well among senior citizen 60-75 years was (43.60±8.072) respectively. (Figure 1)

**Figure 1: Percentage distribution of level of perception on the health need of ageing well among senior citizen 60-75 years**



In the evident of chi-square of the demographic variable *Sex* ( $p = 0.039$ ) and *Self rated fitness* ( $p = 0.005$ ) had shown statistically significant association between the level of perception on the ageing well with selected demographic variables. The other demographic variable had not shown statistically significant association the level of perception on the ageing well with selected demographic variables respectively. (Table 2)

**Table 2: Association between the levels of perception on the ageing well with selected demographic variables**

SL. NO	DEMOGRAPHIC VARIABLES	LEVEL OF PERCEPTION				Chi-square X <sup>2</sup> and P-Value
		NEGATIVE PERCEPTION		POSITIVE PERCEPTION		
		N	%	N	%	
<b>1</b>	<b>Sex</b>					<b>X<sup>2</sup>=4.26, Df=1, p =0.039 *S</b>
	Men	16	43.2	4	17.4	
	Women	21	56.8	19	82.6	
	Transgender	0	0	0	0	
<b>2</b>	<b>Marital status</b>					<b>X<sup>2</sup>=2.08, Df=2, p =0.353 NS</b>
	Married	23	62.2	11	47.8	
	Single	3	8.1	1	4.4	
	Widowed	11	29.7	11	47.8	
<b>3</b>	<b>Living status</b>					<b>X<sup>2</sup>=0.035, Df=1, p =0.851, NS</b>
	With family	25	67.6	15	65.2	
	Alone	12	32.4	8	34.8	
<b>4</b>	<b>Diagnosed disease</b>					<b>X<sup>2</sup>=2.52, Df=3, p =0.470, NS</b>
	Yes	12	32.4	6	26.1	
	No	25	67.6	17	73.9	
<b>5</b>	<b>Self rated fitness</b>					<b>X<sup>2</sup>=10.72, Df=2, p =0.005 *S</b>
	A poor	0	0	3	13	
	Quiet good	0	0	3	13.1	
	Good	37	100	17	73.9	
	Very good	0	0	0	0	
<b>6</b>	<b>Use assistive aid</b>					<b>X<sup>2</sup>=0.057, Df=2, p =0.972 NS</b>
	Glasses	9	24.3	5	21.7	
	Walking aid	28	75.7	18	78.3	
<b>7</b>	<b>Family type</b>					<b>X<sup>2</sup>=0.188, Df=1, p =0.665 NS</b>
	Nuclear family	14	37.8	10	43.5	
	Joint family	23	62.2	13	56.5	
<b>8</b>	<b>Religion</b>					<b>X<sup>2</sup>=0.119, Df=1, p =0.730 NS</b>
	Hindu	36	97.3	22	95.7	
	Christian	1	2.7	1	4.3	
	Muslim	0	0	0	0	
<b>9</b>	<b>Living in area</b>					<b>X<sup>2</sup>=1.636, Df=1, p =0.201 NS</b>
	Rural	37	100	22	95.7	
	Urban	0	0	1	4.3	
<b>10</b>	<b>Are you working</b>					<b>X<sup>2</sup>=0.22, Df=1, p =0.639 NS</b>
	Yes	17	45.9	12	52.2	
	No	20	54.1	11	47.8	

#### 4. DISCUSSION:

A descriptive research design was used to select the sample; Total 60 senior citizens in Narambai village were selected by Purposive sampling technique. The aim of the study was the level of perception on health needs of ageing well among senior citizen.

**The first objective was to assess the level of perception on health needs of ageing well among senior citizens:**

Among 60 participants of senior citizens (60-75) years, 61.7% had negative level of perception and 38.3% had positive level of perception and the mean and standard deviation is (43.60±8.072) respectively.

The result showed that the three major them were identified, sense of well-being having good physical health and preserving good mental health. The participants perceived that aging well is influenced by positive feelings such as

being joyous, staying independent, having a life purpose, self-possessed contentment, and financially secured, in addition to be socially engaged and enjoying good physical and mental health. This study contributes to get a better insight concerning senior citizens' perspectives on aging well.

**The second objective was to determine the association between the levels of perception on health needs of ageing well among senior citizens with selected demographic variables:**

Regarding this study, the evident of chi-square of the demographic variable Sex and Self rated fitness had shown statistically significant association between the levels of perception on the ageing well with selected demographic variables.

The study findings were similar to Jiyeon Ha and Juah Kim<sup>(11)</sup> (2019) conducted a study on "Factors influencing perceived health status among elderly workers occupational stress, frailty, sleep quality, and motives for food choices." A cross-sectional survey was conducted involving 175 participants at the community senior club in an urban area. The data was collected from November to December 2018. Occupational stress ( $r=-0.195$ ,  $p<0.001$ ), frailty ( $r=-0.468$ ,  $p<0.001$ ), and sleep quality scores ( $r=-0.306$ ,  $p<0.001$ ) showed significant negative correlations with perceived health status. Conversely, 5 motives for food choices (health, weight control, price, sensory appeal, and mood) were positively correlated with perceived health status.

## 5. CONCLUSION:

The study concluded that the present study helps to have a better understanding of older individuals' viewpoints on ageing successfully. Physical activity, participation in social and leisure activities, healthy eating habits, a sense of purpose in life, and intellectual engagement are all aspects that contribute to ageing well. Critical variables must be considered while designing strategic health and rehabilitative plans to promote healthy ageing in older individuals.

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