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Status of social health among elderly people of Tehri Uttarakhand

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Abstract

The objective of the present study was to determine the status of social wellbeing in elderly people of Tehri Uttarakhand. In this study, 600 elderly people from Tehri District of Uttarakhand were chosen purposively. The sample includes 300 male elderly and 300 female elderly. The sample belongs to the age bracket of 60 to 75 years of age. With the help of non-probability sampling, only those elderly without any serious health complications were selected. To assess the social wellbeing of selected elderly, a pre-validated questionnaire was used. Results indicate that 21.2% (N = 127) elderly subjects social wellbeing was low as found with the help of their response on social wellbeing questionnaire. 51.5% (N = 309) elderly subjects social wellbeing was of moderate level as per distribution. 27.3% (N = 164) elderly subjects displayed a high level of social wellbeing. So despite the sample being in the 60 + age group, the majority of the subjects had moderate to a high level of social wellbeing while the least number of elderly subjects had a low level of social wellbeing. On the basis of results, it may be concluded that the status of social wellbeing in elderly population residing in Tehri District of Uttarakhand was satisfactory depicting strong social network in this part of the world.

Keywords: Elderly, social wellbeing, Tehri, Uttarakhand

Introduction

Multidimensional feature of health includes social wellbeing. It is social wellbeing combining with an emotional and mental facet of health creates defines good health. It is often said that if someone is uncomfortable in social gatherings or interacting with people he is socially anxious. Since we are social creatures it becomes depressing for us to deal with this situation in life. Humans almost always work together in groups so it is natural that we spend a lot of time in a day in interaction with other people. Thus social connectivity is core to social health or social wellbeing. Aristotle called humans a social animal and wellbeing is the capacity of an individual to make relationships and maintaining them properly. Social wellbeing also includes appropriate social behaviour to have a good constructive rapport with others. So how we manage relations with our peer, friends, and people surrounding us determine our social wellbeing. Since social wellbeing lays tremendous emphasis on interaction, communication skills become more important. To create and have social support the communication skills are useful because it establishes and maintains a healthy social relationship. Lifestyle, morals, and adaptability, and unselfishness thus are important characteristics of social wellbeing. Glenn and Weaver (1979) [3] quoted the definition of health given by the World Health Organization which also includes social wellbeing as part of health and according to this definition being disease-free not always holistic health. The biomedical model as propounded by Flexner (1910) [2] only focuses on aspects of diseases while considering health but Engel (1977) [1] propounded a bio-psychological framework with psychological and social factors while defining health. Getting under the skin is generally used which means that quite a few factors are responsible for good social wellbeing. All the factors such as physical impairment or diseases, functional disability or dependence, economical dependence, and cognitive health affect social wellbeing. The stress process theory of Thoits (2011) [9] gives a clear idea about these factors behind poor social health.

Research shows that strong social bonding or network enhances life expectancy because good social and interpersonal relations are good for cardiovascular health as well as endocrine

functioning. A strong social network or community cohesiveness leads to a better coping mechanism for stress that is useful in managing disease proneness. Social isolation is another factor that affects wellbeing in the geriatric population. A harmonious relationship with family and other community members is a vital cog in the health of elderly subjects. One of the most important predicting factors in elderly health is a social relationship and quality of life depends on it. Victor *et al.* (2000) [10] clearly defined the importance of social isolation and loneliness in this context. WHO (2003) also documented that social isolation is one of the primary causes of lack of overall wellbeing in geriatric subjects while it also subjects the elderly to have depressive symptoms and a much higher incidence of chronic illness. The definition of old age differs across societies. In India, a senior citizen/elderly is clearly defined in National Policy on Older Persons which came into existence from January 1999. The policy set age 60 years or above to be called an elderly person. In India, a person gets certain benefits when he/she reaches the age of 60 years. Now the phenomenon of ageing is also seen in developing countries like India over time. With the advent of technology and social changes, the structure of the Indian population is also changing rapidly. Due to ever increasing importance of health of geriatric population researcher have paid attention to health status of them. Researchers like Nautiyal *et al.* (2015) [6], Sahu *et al.* (2018) [8], Gonmei *et al.* (2018) [4], Rathod *et al.* (2019) [7], Gupta *et al.* (2020) [5] conducted studies on physical and psychological problems associated with ageing. It is essential to have scientific data on health issues about the geriatric population from different parts of our country. This is important because different demographic conditions present different types of health-related issues and challenges and in this study, Uttarakhand is chosen. The State of Uttarakhand with its rugged terrain, high altitude, and extreme cold during winters present different challenges to the geriatric population. The researcher belongs to the State of Uttarakhand and that is why the study area of this study was Tehri District of Uttarakhand. The data on the status of social health of the geriatric population in this area will certainly help the agencies and policymaker to prepare, implement, and manage health care for elderly people.

Objectives

The objective of the present study was to determine the status of social wellbeing in elderly people of Tehri Uttarakhand.

Hypothesis

It was hypothesized that the status of social wellbeing will be satisfactory in a geriatric population of Tehri District of Uttarakhand.

Methodology

The following methodological steps were taken in order to conduct the present study.

Sample

In this study, 600 elderly people from Tehri District of Uttarakhand were chosen purposively. The sample includes 300 male elderly and 300 female elderly (senior citizens). The sample belongs to the age bracket of 60 to 75 years of age. With the help of non-probability sampling, only those elderly without any serious health complications were selected.

Tools

Social well-being questionnaire

To assess the social wellbeing of selected elderly, a pre-

validated questionnaire was used. This questionnaire consists of 10 questions that assess the social health of respondents. As per established norms, scores of less than 5 is interpreted as low social well-being, scores between 5-8 as moderate social wellbeing and scores more than or equals 8 as the high level of social wellbeing. The test-retest reliability coefficient of 0.782 denotes a stable indices and that too at .01 level of significance. The content validity as per LawShe method (1975) was 0.712 indicating sufficient construct validity.

Procedure

600 elderly subjects between 60-75 years age bracket were selected purposively from Tehri district of Uttarakhand. A self-constructed social wellbeing questionnaire was administered to each subjects. The scoring was conducted as decided in the questionnaire. The classification of subjects into low, moderate and high level of social well-being was carried out as suggested by the authors. The result is presented in table and figure number 1.

Result and Discussion

Table 1 depicts frequency distribution according to various categories of social wellbeing in a group of elderly subject.

Table 1: Status of social wellbeing in studied elderly people of Tehri Uttarakhand

Categorization of social wellbeing	Frequency	Percentage (%)
Low	127	21.2%
Moderate	309	51.5%
High	164	27.3%
Total	600	100.0%

$$\chi^2 (df = 2) = 92.53, p < .05$$

The status of social wellbeing in the elderly is also shown in the pie chart 1.

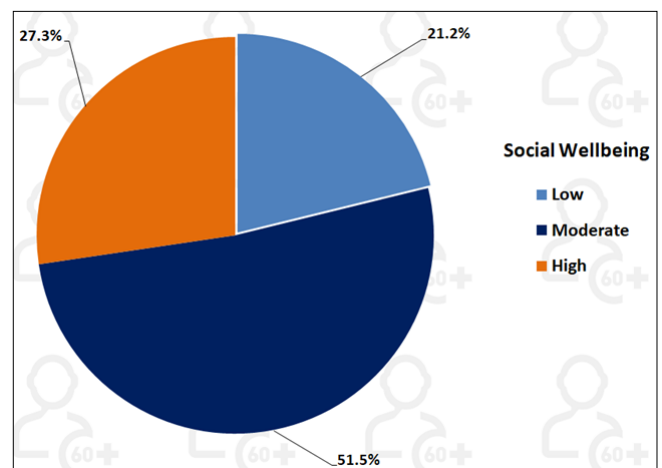


Fig 1: Pie chart showing status of social wellbeing in elderly

Frequency distribution in three categories of social wellbeing gives the following facts:

- 21.2% (N = 127) elderly subjects social wellbeing was low as found with the help of their response on social wellbeing questionnaire.
- 51.5% (N = 309) elderly subjects social wellbeing was of moderate level as per distribution.
- 27.3% (N = 164) elderly subjects displayed a high level of social wellbeing.

So despite the sample being in the 60+ age group, the majority of the subjects had moderate to a high level of social wellbeing while the least number of elderly subjects had a low

level of social wellbeing. It has been advocated that a strong social network or community cohesiveness leads to a better coping mechanism for stress that is useful in managing disease proneness. Since people in hilly areas with adverse climatic conditions live in a well-knit social structure, it is not surprising that the social wellbeing of elderly living in Tehri District of Uttarakhand is satisfactory.

Conclusion

On the basis of results, it may be concluded that the status of social wellbeing in elderly population residing in Tehri District of Uttarakhand was satisfactory depicting strong social network in this part of the world.

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