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COMPARATIVE STUDY OF GENDER AND AREA WISE ANXIETY LEVEL OF SENIOR CITIZENS OF HIMACHAL PRADESH AND UTTAR PRADESH STATE OF INDIA

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Abstract

The main objective of the study was to compare the Anxiety Level of Senior Citizens of Himachal Pradesh and Uttar Pradesh State of India. The present researcher used simple random sampling method for the selection of 2000 subjects (Senior Citizens) for the present study. 100 Male and 100 Female Senior Citizens were taken together from each district taken for the present study of Himachal Pradesh and Uttar Pradesh State of India. The study was conducted by using the Standardized Questionnaires for measuring the Anxiety Status of Senior Citizens. - Taylor Manifest Anxiety Scale (TMAS). The data collected was statistically analyzed by using Percentage and Chi Square was specially used to found the significance difference in Anxiety Level of both states. Conclusion: The male and female senior citizens of Himachal Pradesh and Uttar Pradesh differed significantly in respect to their Anxiety Level.

Keywords: Anxiety; Senior Citizens & India.

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1. Introduction

Anxiety is an emotion characterized by an unpleasant state of inner turmoil, often accompanied by nervous behavior such as pacing back and forth, somatic complaints, and rumination. It is the subjectively unpleasant feelings of dread over anticipated events, such as the feeling of imminent death. Anxiety is not the same as fear, which is a response to a real or perceived immediate threat, whereas anxiety is the expectation of future threat. Anxiety is a feeling of uneasiness and worry, usually generalized and unfocused as an overreaction to a situation that is only subjectively seen as menacing. It is often accompanied by muscular tension, restlessness, fatigue and problems in concentration. Anxiety can be appropriate, but when experienced regularly the individual may suffer from an anxiety disorder. People facing anxiety may withdraw from situations which have provoked anxiety in the past. There are various types of anxiety. Existential anxiety can occur

when a person faces angst, an existential crisis, or nihilistic feelings. People can also face mathematical anxiety, somatic anxiety, stage fright, or test anxiety. Social anxiety and stranger anxiety are caused when people are apprehensive around strangers or other people in general. Furthermore, anxiety has been linked with physical symptoms such as IBS and can heighten other mental health illnesses such as OCD and panic disorder. The first step in the management of a person with anxiety symptoms is to evaluate the possible presence of an underlying medical cause, whose recognition is essential in order to decide its correct treatment. Anxiety symptoms may be masking an organic disease, or appear associated or as a result of a medical disorder. **Kirmaziolu (2009)** Investigated Prevalence of Anxiety Disorders among Elderly People on the sample of 462 subjects, in which he found that anxiety disorders are more common among elderly people. Where as in the present study also the senior citizens of H.P. and U.P. almost suffered from anxiety. The chi square test has been used to compare the strata wise anxiety of senior citizens of Himachal Pradesh and Uttar Pradesh. The calculated Chi Square (χ^2)=6.787 middle, 12.07 lower middle, 6.527 upper lower is found significant at 0.05 level of significance, which lead to conclusion that senior citizens of both states having different socio-economic backgrounds differed significantly in respect to their anxiety traits, while the upper class and lower class senior citizens of Himachal and Uttar Pradesh states did not differ significantly in respect to their anxiety. Anxiety is a significant indicator for mental illness. In ageing there may be adjustment problems with family, society and peers and can happen to everyone. So, there is a possibility that every senior citizen either urban or rural may have same or different level of anxiety. **Purohit Vinay et al (2012)** suggested that in family setup anxiety is often reported from family members and peers. In day to day life, there are many factors which make the senior members worried and tense. Now a day, the major problems which have noticed in our Indian society is availability of family caregivers shrink.

Senior Citizen is a common euphemism for an elderly person in both UK and US, and it implies or means that the person is retired. This in turn usually implies or in fact means that the person is over the retirement age, which varies according to country. Synonyms include pensioner in UK and retiree and senior in US. Some dictionaries describe widespread usage of "senior citizen" for people over the age of 65. "Senior citizen" is replacing the term old-age pensioner traditionally used in UK.

When defined in an official context, senior citizen is often used for legal or policy-related reasons in determining who is eligible for certain benefits available to the age group.

The term was apparently coined in 1938 during a political campaign. It has come into widespread use in recent decades in legislation, commerce, and common speech. Especially in less formal contexts, it is often abbreviated as "senior(s)", which is also used as an adjective.

In commerce, some businesses offer customers of a certain age a "senior discount". **The age at which these discounts are available vary between 55, 60 or 65, and other criteria may also apply.**

Sometimes a special "senior discount card" or other proof of age needs to be obtained and produced to show entitlement.

In India also person's men or women above the age of 60 are considered as senior citizen. He or She may be Employee or Non-Employee. It has notified to do with Employment. Only age proof is required for being considered as Senior Citizens.

Population ageing is a global issue, which has been recognized to have implications on the health care and social welfare systems. The process whereby the proportion of children in the population decreases and those of old persons increases is known as the "ageing of population". The global population of elderly has constantly been increasing during the second half of the last century. This has been possible due to easy availability of life saving drugs, control of famines, and various communicable diseases, better awareness and supply of nutrition and health facilities and comparatively better overall standard of living. These achievements have resulted in drastic reduction in mortality rates and substantial increase in the life expectancy at birth and the overall span of people. This phenomenon has been experienced by developed countries in the mid of 20th century. During the last thirty years, this has been emerging as a significant problem in developing countries also. The number of people 60 years and over in the globe is 673 million in 2005 and is expected to increase to 2 billion by 2050, almost a triple increase and the first quarter of 21st century is going to be called as 'The age of ageing'. More developed regions have almost one-fifth of their population over 60 years but 8 per cent in the less developed regions. And the share of older persons living in these countries is expected to rise from 64 per cent to nearly 80 per cent in 2050. India, like many other developing countries in the world, is presently witnessing rapid ageing of its population. According to World Population Prospects, UN Revision, 2006, the population of aged in India is currently the second largest in the world. Even though the proportion of India's elderly is small compared with that of developed countries, the absolute number of elderly population is on the high. There has been tremendous increase in the number of elderly population since independence in India from 20.19 million in 1951 (5.5 per cent of total population) to 43.17 million in 1981 and 55 million in 1991. According to 2001 census around 77 million populations is above 60 years which constitutes 7.5 per cent of the total population of the country. This number is expected to increase to 177.4 million in 2025. (The growth rate of the population (1991-2001) of elderly has been higher (2.89) than overall growth rate (2.02) of the total population. According to World Population Data Sheet- 2002, 4 per cent of the Indian population is in the age group of 65+ which accounts for 41.9 million. This phenomenon of growing population of senior citizens has been the result of recent successes in the achievement of better health standards and a longer span of life for our citizens. Due to this dependency ratio for the old had raised from 10.5 per cent in 1961 to 11.8 per cent in 1991; it is projected to be 16.1 per cent by 2021.

2. Objective of the Study

The main objective of the study was to compare the Anxiety Level of Senior Citizens of Himachal Pradesh and Uttar Pradesh State of India.

3. Hypothesis of the Study

It was *hypothesized* "that there will be a significant difference in Anxiety Level of Senior Citizens living in Himachal Pradesh and Uttar Pradesh State of India."

4. Design of the Study

The data for the present study was collected from Senior Citizens of Himachal Pradesh and Uttar Pradesh State. The data was collected from following 05-05 districts of each state. i.e: in Himachal Pradesh- Una, Hamirpur, Kangra, Bilashpur, Mandi and in Uttar Pradesh State: Lucknow, Barabanki, Behraich, Faizabad and Sultanpur. Senior Citizens information was collected from the Revenue Department (Patwari & Tehsildar) of each district.

The present researcher used simple random sampling method for the selection of 2000 subjects (Senior Citizens) for the present study. 100 Male and 100 Female Senior Citizens were taken together from each district taken for the present study of Himachal Pradesh and Uttar Pradesh State of India. The study was conducted by using the Standardized Questionnaires for measuring the Anxiety Status of Senior Citizens.- **Taylor Manifest Anxiety Scale (TMAS)**. The data collected was statistically analyzed by using Percentage and Chi Square was specially used to found the significance difference in Anxiety Level of both states.

Statistical Analysis and Interpretations of the Data:

Table 1: Table Showing the Gender wise Anxiety Level of Senior Citizens of Himachal Pradesh and Uttar Pradesh State of INDIA

Sr. No.	Category	Male		Female	
		H. P.	U. P.	H. P.	U. P.
1.	High Score	97 (19.40)	121 (24.2)	101 (20.20)	113 (22.60)
2.	Intermediate Score	314 (62.80)	321 (64.20)	323 (64.60)	339 (67.80)
3.	Low Score	89 (17.80)	58 (11.60)	76 (15.20)	48 (9.60)
Chi Square (χ^2)		9.257		7.382	

Figure in parenthesis indicates the percentage df. = 2, tab. = 5.991 at 0.05 level of significance

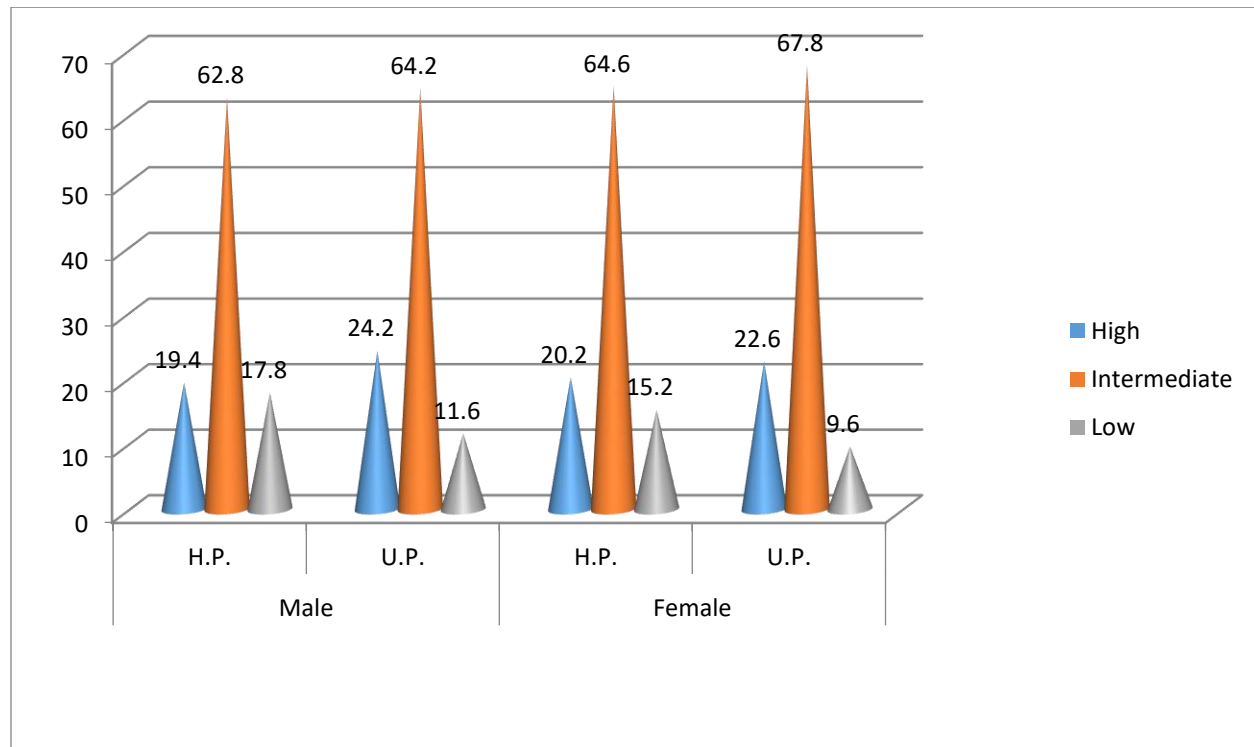
The anxiety is one of the vital components of psychology while measuring the psychological condition of the male and female senior citizens. The above table clarifies that male (U.P. 64.20% & H.P. 62.80%) and female (U.P. 67.80% & H.P. 64.60%) of both states in majority has scored at intermediate level, which meant that male and female senior citizens of both states in majority have intermediate anxiety level.

Table also shows that male of Uttar Pradesh (24.2%) were found more anxious than male senior citizens of H.P. (19.40%), while the female of U.P. (22.60%) were found slightly anxious than females of H.P. (20.20%), which shows that anxiety may be differed in male and female.

The Chi Square (χ^2) also approved significant difference in anxiety of male and female of both states, as the calculated χ^2 9.257 and 7.382 is found significant at 0.05 level of significance, which meant that male and female of U.P. and H.P. differed significantly in respect to their anxiety level.

The male and female senior citizen both imparts an important role as centralized administrator or liaison officer in family setup. The studies shows that role of female in family setup is considered more effective and important than male.

The experts suggest that in family setup anxiety is often reported from family members and peers. In day to day life, there many factors which make worried the senior members worried and tense. The unemployment of family caregivers, misunderstanding in relationships and lack of adjustment are some major factors responsible for increased anxiety level in older adults. The people of Himachal Pradesh still believe in joint family setup, while the people of Uttar Pradesh disagree with joint family approach. Comparatively, more care takers are available for older adults in joint family than single family. That’s why the male and female senior citizens of Uttar Pradesh were found more anxious than Himachali counterparts.



Graph 1: Graph showing the Gender wise Anxiety Level of Senior Citizens of Himachal Pradesh and Uttar Pradesh State of INDIA

Table 2: Table Showing the Area wise Anxiety Level of Senior Citizens of Himachal Pradesh and Uttar Pradesh of INDIA

Sr. No.	Category	Rural		Urban	
		H. P.	U. P.	H. P.	U. P.
1.	High Score	101 (20.20)	123 (24.6)	91 (18.20)	85 (17)
2.	Intermediate Score	321 (64.20)	280 (56)	333 (66.60)	331 (66.20)
3.	Low Score	78 (15.60)	97 (19.4)	76 (15.20)	84 (16.80)
Chi Square (χ^2)		7.021		0.610	

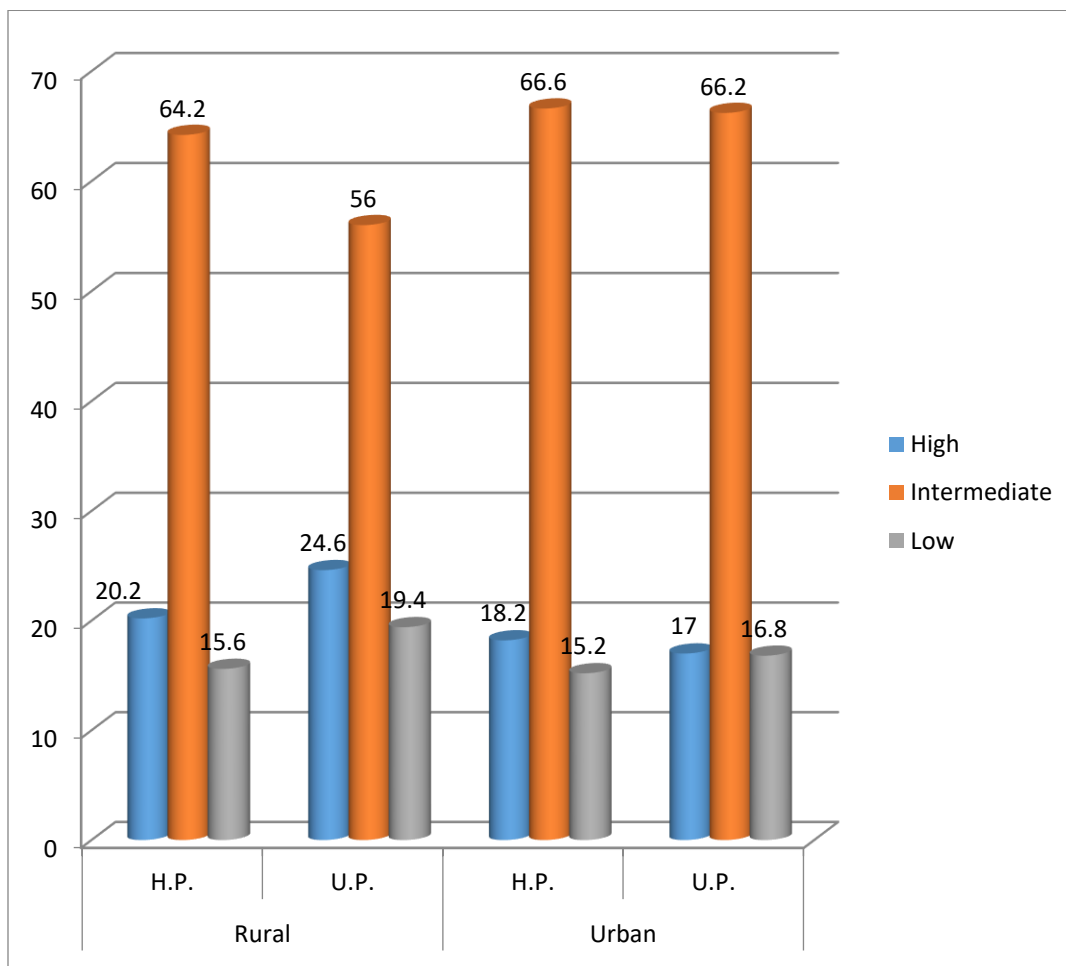
Figure in parenthesis indicates the percentage df. = 2, tab. = 5.991 at 0.05 level of significance

The table no.-4 reveals that urban and rural respondents of Uttar Pradesh and Himachal Pradesh in majority showed intermediate anxiety level, as the highest percentage 66.60% of intermediate anxiety is found in urban area of H.P. followed by U.P. urban 66.20%.

The table also shows that marginal difference found in percentages of rural areas in respect to intermediate anxiety as the calculated percentage of H.P. rural 64.20% is reported much higher than the U.P. rural (56%). The difference in percentages is also reported in high and low scores anxiety scores of rural area. The calculated Chi Square (χ^2)=7.021 is also found greater than the tabulated value at 0.05 level of significance, which shows that rural area citizens of both states differed significantly in respect to their anxiety.

Table also shows that both urban areas senior citizens of H.P. and U.P. Almost have similar anxiety traits, as no marginal difference in percentages of high, intermediate and low has been recorded. The chi square explained no significant difference in anxiety level of senior citizens resides in urban areas. The calculated Chi Square (χ^2) for urban 0.610 is found insignificant at 0.05 level of significance for 2 degree of freedom.

Anxiety is a significant indicator for mental illness. In ageing there may be adjustment problems with family, society and peers can happen to everyone. So, there is a possibility that every senior citizen either urban or rural may have same or different level of anxiety. The same is depicted with the help of graph in Fig.



Graph 2: Showing the Area Wise Anxiety Level of Himachal Pradesh and Uttar Pradesh State Senior Citizens of INDIA

5. Findings of the Study

- The male and female senior citizens of both states in majority have showed intermediate anxiety level [male (U.P. 64.20% & H.P. 62.80%) female (U.P. 67.80% & H.P. 64.60%)].
- The male of Uttar Pradesh (24.2%) were found more anxious than male senior citizens of H.P. (19.40%), while the female of U.P. (22.60%) were found slightly anxious than females of H.P. (20.20%), which shows that anxiety may be differed in male and female.
- The Chi Square (χ^2) approved significant difference in anxiety of male and female of both states, as the calculated χ^2 9.257 and 7.382 is found significant at 0.05 level of significance.
- The highest percentage 66.60% of normal anxiety is found in urban area of H.P. which is slightly higher U.P. urban 66.20%.
- The H.P. rural 64.20% was found more normal than U.P. rural (56%) in anxiety.
- The calculated Chi Square (χ^2)=7.021 is found significant, which shows that rural area citizens of both states differed significantly in respect to their anxiety. While no significant difference in anxiety level is found in urban senior citizens as the χ^2 of urban 0.610 is found insignificant at 0.05 level of significance.

6. Conclusion

The male and female senior citizens of Himachal Pradesh and Uttar Pradesh differed significantly in respect to their Anxiety Level.

The rural and urban senior citizens of both states were differed significantly in respect to their anxiety level of urban and rural areas.

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