Level of Knowledge and Practice Regarding Meditation among Elderly People at Selected Old Age Home-Tirupati

DR. P. M. PRATHIBA
ESIC Medical College and Hospital, Kalaburagi

Abstract- ***The number of people over 60 in the globe is predicted to reach two billion by 2050.[1] Approximately20% of them will have mental conditions such as dementia, depression, anxiety and substance abuse, often complicated by physical and psychological comorbidities. Meditation is a very effective approach in resolving mental health issues. Hence the present study was aimed to assess the level of knowledge and practice regarding meditation among senior citizens at selected old age home at Tirupati. The research design used for the present study was descriptive in nature. The duration of data collection was one week and non-probability purposive sampling was used to collect data from determined sample size of 30. The major findings of the study revealed that a maximum of 21(70%) had moderate knowledge of meditation, 8(27%) had inadequate knowledge and only one person was found to have adequate knowledge. The mean knowledge score of people are of 9.43 with a SD of 3.42. Pertaining to level of practice a maximum of 26(87%) had ideas of meditation, 4(13%) are agnostic about meditation and none were there well known and or no interest about meditation. The mean score of practice obtained was 36.16 with a SD of 5.43. The study concluded that although the old age homes render various practices to improve mental wellbeing off people at old age homes, it is necessary for the conduction of special and regular meditation practices with imparting knowledge among the people.***

Indexed Terms- ***Meditation, Elderly people, Knowledge and Practice***

I. INTRODUCTION

A person in a condition of mental health is able to manage life's stressors, reach their full potential, learn and work effectively, and give back to their community. It is a vital aspect of health and wellbeing that supports our capacity as individuals and as a society to make choices, form bonds with one another, and influence the world we live in. A fundamental human right is mental health. Furthermore, it is essential for socioeconomic, communal, and personal growth. Low- and middle-income countries (LMIC) will see a sharp increase in the number of elderly citizens, which will have severe repercussions for these fragile economies.[2] Over 20% of adults 55 years of age and above may be struggling with a mental health issue.[3]. Social and biological changes can cause feelings of worthlessness or isolation, disrupt brain function, and physical illnesses are frequently significant contributing causes. Mental illnesses can make medical conditions' symptoms and functional limitations worse, as well as increase the need for medical resources, lengthen hospital stays, and raise overall costs of care.[4] Mental health issues can significantly affect an elderly person's capacity to perform routine.

In order to lower risks, foster resilience, and create supportive environments for mental health, promotion and prevention interventions must identify the individual, social, and structural determinants of mental health. It is possible to create interventions for individual patients, particular communities, or both. [5]

Promotion and prevention projects should encompass the education, labor, justice, transportation, environment, housing, and welfare sectors since changing the determinants of mental health frequently requires action outside of the health sector. The health sector can make a substantial contribution by encouraging, starting, and, when necessary,

supporting multispectral collaboration and coordination. It can also do this by integrating promotion and prevention initiatives inside health services.[5]

The interaction between internal and environmental consciousness is called "mindfulness," which is also referred to as meditation and introspection [6]. According to research on meditation conducted in the context of neuroscience, our brains do in fact have a mechanism that allows us to reorganize our brains and eliminate unhelpful thoughts [6]. According to magnetic resonance imaging (MRI) scans, meditation causes extensive alterations in the brain as well as the activation of the emotional and cognitive regions [7]. In younger and middle-aged people, meditation has had encouraging effects on age-related brain ageing and has enhanced a variety of brain functions, including cognition and other executive function[8].

II. METHODS AND MATERIALS

The study adapted qualitative descriptive research approach. The population comprises of elderly people aged greater than 60 years of age. The sampling technique used for the present comprises of non-probability purposive sampling. The study carried out for a week in a selected old age home at Tirupati. A written informed consent is obtained from the participants and confidentiality of information is maintained throughout the process.

The tool comprises of 3 sections. Section one comprises demographic variables, section 2 comprises of knowledge questionnaire, while section 3 comprises of practice questionnaire. An item analysis was performed and tool was refined to meet the objectives of the study. Spearman-brown adjusted Pearson correlation is calculated between the two sets of parts of data and the tool was found to be highly reliable as the 0.843. The tool was further validated by the experts from the field and necessary corrections are been made das per recommendations. Data was analyzed using descriptive and inferential statistics.

III. RESULTS

The results pertaining to knowledge with respect to meditation revealed that the 8(27%) had inadequate knowledge of meditation, 21(70%) had moderate level of knowledge of meditation and only 1(3%) had adequate level of knowledge of meditation. The mean score thus obtained was 9.3433 with a standard deviation of 3.4208.

Table:1. Level of knowledge of Meditation among elderly

S. No	Level of	Frequency	Percentage(%)	Mean
1.	Inadequate	8	27	9.433 ± 3.42
2.	Moderate	21	70	
3.	Adequate	1	3	

The results pertaining to practice of meditation revealed that no elderly person was found to have been in the category of no interest about meditation and well-practiced meditation categories. While 4(13%) had been found to be agonist about meditation and 26(87%) was found to practice and have ideas of meditation. The mean score obtained with respect to practice score are 36.166 with a standard deviation of 5.439.

Table.2: Level of practice of meditation among elderly

S. No	Level of	Frequency	Percentage(%)	Mean ±SD
1.	Not interested	0	0	36.166± 5.43
2.	Agnostic about	4	13	
3.	Possess Ideas of	26	87	
4.	Regularly practic	0	0	

Further the association revealed that the demography such as age, education, marital status , income were having significant association with that of knowledge scores of meditation, while educational practices and income found have association with the practice level.

IV. CONCLUSION AND RECOMMENDATIONS

The need for mental health is universal. Elderly adults typically experience mental health issues and are frequently overlooked. It is important to adequately treat the psychological concerns of the elderly with suitable interventions, and mindfulness or meditation is the most effective proven strategy to enhance mental wellbeing. Thus, the study was carried out to evaluate the senior residents of a particular old age home with regard to their degree of knowledge and practice. It was discovered that there is insufficient practice and inadequate understanding of meditation. The study also suggests that further interventional research be done in which older adults receive instruction and training in the practice of meditation.

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