

Psychological well being during old age

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ABSTRACT

Older people tend to be slower to learn new skills, have difficulty in memorising and reacting quickly to instructions. Also many elderly people prefer human assistance to using self-service terminals. However, this is not inseparable with suitable user interfaces and appropriate training. Many changes occur as people enter old age, and these changes decrease quality of life. This study investigated the influence of psychological wellbeing on a sample of 200 elderly comprising of elderly from the old age homes, elderly living with family and elderly living alone. The sample was selected purposively from rural and urban areas of Lucknow district. Average age was 70-80 years with a range from 65 to 96. A self-structured questionnaire to examine the psychological wellbeing of elderly was used. As hypothesised, there was a significant differences in psychological wellbeing among people living with family, in old age homes and living alone.

INTRODUCTION

The ageing of population is an obvious consequence of the process of demographic transition. While the countries of the West have already experienced and have planned for their elderly population, it is only in the last one and half decades that countries in Asia too are facing a steady growth of the elderly, as a result of the decline in fertility and mortality, better medical and health care and improvements in the overall quality of life of people. Within Asia, as India and China are the two largest countries in the region, it is expected that they would have a significant proportion of the world's elderly because of their large population base.

There has been a progressive increase in both the number and proportion of the aged in India over time, particularly after 1951. When changes in the decadal growth rate in the general population are compared with those for the elderly population, it is noted that the latter grew at a relatively much faster rate than the general population, since 1951. Furthermore, the decadal per cent increase in the elderly population for the period 2001-2011 is likely to be more than double the rate of increase

of the general population. Yet another feature of ageing in India is the fact that the proportion of elderly is much higher in the rural areas than in the urban areas. The sex-wise pattern of growth of elderly population reveals that the increase is greater among women in the recent past, which indicates that elderly women will outnumber elderly men in the future.

There is therefore an urgent need to examine the various aspects of this new and fast growing population to ensure the design of appropriate policy and programmes directed to meet the varied needs of this vulnerable and dependent group. India, like many traditional societies, today faces a unique situation in providing care for its elderly as the existing old-age support structures in the form of family are fast eroding and the elderly are ill-equipped to cope alone with their lives in the face of infirmity and disability. The onus of caring for the elderly is therefore now much more on the state than the family and will necessitate the creation of adequate institutional support. While the western countries have a fairly well organized network of institutions for the care of the elderly, the growth and development of these facilities in India, which began as early as 1901, still remains inadequate. As per recent statistic, there

are 1018 old age homes in India today. Out of these, 427 homes are free of cost while 153 old age homes are on pay and stay basis, 146 homes have both free as well as pay and stay facilities and detailed information is not available for 292 homes. A total of 371 old age homes all over the country are available for the sick and 118 homes are exclusive for women. A majority of the old age homes are concentrated in the developed states including Gujarat (Directory of old age homes in India, Help age India, 2002).

Every human being passes through various stages in his lifetime *i.e.* birth, infancy, childhood, adolescence, adulthood and old age. This biological transition through different stages has cultural and human overtones. For the individual, age serves as an important base for self-perception and role performance. In an Indian home, elderly are regarded as symbols of the divine and given utmost respect. They are considered as the repositories of wisdom, carriers of traditions and transmitters of experience of ideas of group living.

Ageing is progressive development in life span and a marker of life's journey towards growth and maturity. The word aging is a phenomenon that has been widely discussed in the last decades. Nevertheless this quick aging process also observed in developing countries, still relies on scares. Studies in this area in order to supply the necessary element the proposition of appropriate policies to this growing part of the population; especially taking into account its psychological well being and living status.

Researches indicate that elderly as compared to the younger cohorts, are more vulnerable to certain losses. They may lose their friends, life partners, older relatives, neighbour due to disease, divorce, death, geographical mobility and retirement. It is the age when people face common problems as physical helplessness, economic insecurity, loneliness, increased leisure time, loss of spouse, lack of social support and health complaints etc., which affect the psychological wellbeing as well as living status of the elderly.

As family members attempt to meet the health, financial and social needs of the elderly, the stress and strain they experience can result in physical and emotional exhaustion. The caregivers feel guilt, fear, rage, frustration and enormous fatigue especially when they must care for the elderly person through the night and then go off to the work during the day. Without the needed resources, the burdened and frustrated caregivers may prematurely institutionalize the elderly relative, reach the danger point of neglect and abuse of the frail persons, or become ill themselves.

The present study explores the aspects of living arrangement and how they relate to intergenerational support exchange involving the elderly. Living status is categorized as the elderly who lives at home, who lives alone and who lives in the old age home. This study focuses on the psychological

wellbeing of elderly and impact of living status on it.

India like many other developing countries in the world is witnessing the rapid aging of its population. Urbanization, modernization and globalization have led to change in the economic structure, the erosion of societal values, weakening of social values, and social institutions such as the joint family. The older generation is caught between the decline in traditional values on one hand and the absence of adequate social security system on the other (Gormal, 2003).

Now-a-days, the role of families in case of older person has declined due to structural changes which have taken place in the Indian society and the concomitant disintegration of the joint family system, which results in the rejection or neglect of the aged. Life in institutions need not be bad but it commonly is. This holds true everywhere in the world. People go to institutions mainly because they have no relatives to care for them. Thus, the individuals who see alternative accommodation due to isolation or loneliness, relocation of congregate style accommodation may increase their social contact and have a positive impact on their wellbeing (Bergeron, 2001). One of the major impacts of globalization is breaking up of traditional family system. In India, migrants from the villages and towns to cities predominate, resulting in breaking up of families into nuclear families.

Psychology is the study of the mind and behaviour. People of 65 years of age and older are the fastest growing segment of the population. The elderly people not only face physical problems as they are aged, but they also experience emotional challenges as well. Elderly people are faced with stresses that may include living on a reduced retirement income or being unable to care for themselves independently. They may be facing the loss of a spouse, siblings or close friends. Mental health disorders, including anxiety and depression, adversely affect physical health and ability to function, especially in older adults. Some late-life problems that can result in depression and anxiety include coping with physical health problems, caring for a spouse with dementia or a physical disability, grieving the death of loved ones, and managing conflict with family members.

In order to improve the quality of life of older people and support prosperity in an ageing society, it is necessary to provide all people over their life course with opportunities for self-fulfilment, learning, education and active life. Linear model of education, work and pension becomes increasingly outdated and boundaries between individual stages of the life cycle become more flexible and less distinct. Older persons have similarly as all other people the right to be assessed as individuals, on the basis of their abilities and needs, regardless of their age, sex, colour of skin, disability or other characteristics. Older persons and their knowledge and experience should be placed in the centre of changes implemented in response to population ageing.

Rationale of the study :

The progress of scientific invention in the field of medical science has lead to rise in life expectancy of an individual giving rise to increase in elderly population. Hand in hand our society is undergoing rapid changes, putting forth a competitive world for the youngsters to prove their expertise. Pre-occupied with the tensions and anxieties, the younger generation is left with less time to spend for the elderly and realize their responsibilities towards them.

On the other hand, the elderly confront many psychological, physiological and social problems. There is no one to take care of their needs due to the societal trends towards modernization and urbanization. This inturn leaves the elderly with a vacuum in their lives.

Old age homes thus sound relevant in today’s context to improve the quality of life of the elderly by facilitating relevant service to cater to their needs. Old age home provides recreational and social outlet for elderly.

In the new era of 21st century youngsters are engaged in money oriented practices. They are very much materialistic having insensitive attitude towards their families especially elderly people they even don’t hesitate to send their parents to old age homes and day care centre due to which elderly get emotionally deprived as they are being neglected by their own children which have a negative impact on their quality of life.

Due to urbanization/modernization drastic changes have been taken place in the society, the patterns of joint families are diminishing day by day into nuclear families leading to the changes in living arrangement. Increasing number of nuclear families and dual earning families deprive the elderly to live along with families. The elderly are left either in old age homes or at least day care centre, so that there is somebody to take care of their regular need.

As seniors are at risk of losing social ties due to retirement, isolation and age related health issues. The elders have much more free time and they do not spend their time according to their choice. In old age homes, they feel neglected their lives as negligible because they are abonded by their loving ones.

METHODS

In the present study, self-structured standardized questionnaire was used to collect the information regarding the psychological conditions of the elderly. The sample was selected purposively from 3 categories; those are elderly living in old age homes, elderly living with families and elderly living alone. The data were collected from total of 200 elderly from each category. The data were coded, then tabulated and analysed with the help of SPSS (version 20). ANOVA and Chi-square test were administered to analyse the data.

Table 1: Impact of living arrangement on the psychological wellbeing of elderly

Items	Living alone		Living with family		Living in old age home		F	P
	Mean	S.D.	Mean	S.D.	Mean	S.D.		
Feel nervous	2.78	±1.21	2.56	±1.33	2.55	±1.21	0.427	0.653
Feel down in the dumps	3.17	±1.47	3.12	±1.46	2.83	±1.56	0.555	0.575
Feel peaceful and content	3.28	±0.96	3.26	±0.87	3.14	±0.88	0.252	0.777
Feel hopeful about the future	3.15	±1.19	3.21	±1.14	3.45	±0.87	0.692	0.502
Worrying about dying	3.73	±1.19	3.29	±1.19	3.28	±1.67	1.906	0.151
Feel life as worthwhile	3.43	±1.06	3.33	±0.99	3.45	±1.02	0.255	0.775
Feel in control of life	3.33	±1.09	3.07	±1.25	2.79	±1.54	1.498	0.226
Experience positive feelings in life	3.03	±1.21	3.03	±1.18	3.07	±1.19	0.014	0.986
Feel alone in life	2.37	±1.63	2.37	±1.55	2.03	±1.50	0.591	0.555
People respect me	3.53	±0.78	3.35	±0.89	3.17	±1.26	1.214	0.299
Believe that I am equal to other people	3.45	±0.88	3.47	±0.85	3.28	±1.25	0.544	0.581
Think about positive things	3.30	±1.18	3.30	±1.04	3.14	±1.30	0.260	0.771
Feel that I have received the recognition, I deserve in life	3.08	±1.12	3.12	±1.15	3.17	±1.26	0.060	0.942
Feeling of depression, anxiety etc interfered in daily life	2.92	±1.29	2.73	±1.25	1.97	±1.55	5.137	0.007
Felt like killing myself	3.18	±1.39	3.21	±1.15	2.79	±1.72	0.964	0.383
Felt like harming others	3.22	±1.44	3.08	±1.49	2.97	±1.68	0.264	0.768
Satisfied with my life	3.10	±1.11	2.87	±1.07	2.59	±1.24	1.829	0.163
Lead a purposeful and meaningful life	3.15	±0.92	2.86	±0.89	3.03	±0.63	1.871	0.157
A worthy person	3.00	±0.88	2.89	±1.10	2.93	±0.84	0.167	0.846

OBSERVATIONS AND ANALYSIS

It is revealed from Table 1 that people who resided in the old age home had a lower level of feeling of down in dumps in comparison to other categories *i.e.* living alone and living with the family. It was also observed from the table that people who lived alone or living with the family felt that their life was not in control whereas the respondents who lived in the old age home felt that their life was some what in control. The respondents belonging to old age home had a less feeling of depression, anxiety etc. in comparison to people living alone and living with the family. Similarly the people who were living alone had a higher level of feeling to kill themselves or harming others in comparison to other two categories. It was also seen that elderly, who lived within the family had a feeling that they lead a purposeful and meaningful life whereas, who lived in old age home and living alone had a feeling that they don't. People who face different physiological and mental problems as a result of ageing that have negative effects on their psychological wellbeing. (Do'nmuez *et al.*, 2005; Schwarz *et al.*, 2007; Williams *et al.*, 2009).

Table 2 shows that living arrangement had a significant effect on psychological condition of an elderly. A significant difference was between elderly persons living alone and elderly persons living with others in terms of their psychological well being (Kee-Lee Chou and Irish Chi, 2000), There was a significant relationship between residency of elderly and their psychological condition, which is similar to the results of the studies conducted by Lee and Shinkai (2003) and Mokhtari and Ghasemi (2011). It was observed from the table that people (64.1%) living alone had a higher level of psychological wellbeing where as 10.25% and 25.64% possessed medium and lower psychological wellbeing, respectively. Elderly who lived with family had a lowest level of psychological wellbeing, where as in other study it was found that residents in homes scored better in all domains, which indicated that residents living at homes possessed better psychological wellbeing than nursing home residents (Heydari *et al.*, 2012). From the total, 61.11% respondents had a good psychological wellbeing, 16.66% possessed average psychological wellbeing and 22.22% respondents had low psychological wellbeing (Fig. 1).

Conclusion :

Old age had never been a problem for India where a

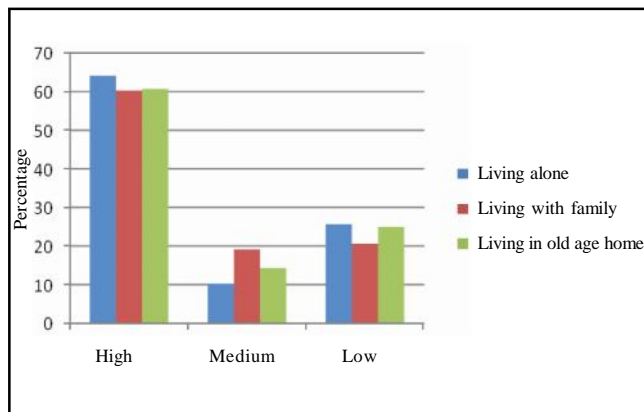


Fig. 2 : Percentage distribution of respondents according to living arrangement

value- based joint family system is supposed to prevail. Indian culture is automatically respectful and supportive of elders. Ageing as a natural phenomenon has all along engaged the attention of the civilized world. Provision for the aged in the society has become one of the constitutive themes of our modern welfare state. The problems of the aged vary from society to society and have many dimensions in our country. However, the disintegration of the joint family system and the impact of economic change have brought into sharp focus the peculiar problems which the old people now face in our country. And in the traditional sense, the duty and obligation of the younger generation towards the older generation is being eroded. The older generation is caught between the decline in traditional values on one hand and the absence of an adequate social security system on the other hand thus, finding it difficult to adjust in the family.

Ultimately, it could be concluded that the general feelings of the elderly women living in the families had better position than that of the elderly women of the institution. Better social relations were maintained by the family dwellers because they had regular interaction, expressions of feelings and support from the family. The existing condition of the elderly women living in the institution was that they felt lonelier, depressive and had a lower level of satisfaction with life. In this context, the need for preserving our tradition of a joint family and the mutual cooperation and understanding between the younger and the older generations could be more pressing. The situation calls for concerted efforts of the

Psychological wellbeing	Living alone	Living with family	Living in old age homes	Total
High (54-80)	25 (64.10)	79 (60.30)	17 (60.71)	121 (61.11)
Medium (47-53)	4 (10.25)	25 (19.08)	4 (14.28)	33 (16.66)
Low (30-46)	10 (25.64)	27 (20.61)	7 (25)	44 (22.22)
Total	39 (100)	131 (100)	28 (100)	198 (100)

Figures in parenthesis indicate percentage
 $\chi^2 = 94.03^*$

government, non-governmental organizations, religious institutions and individuals not only to understand but also to solve or at least mitigate the whole gamut of problems resulting from a graying society so that the aged people can lead a dignified and meaningful life (Dubey *et al.*, 2011). The present paper showed living arrangement had a significant effect on psychological wellbeing.

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