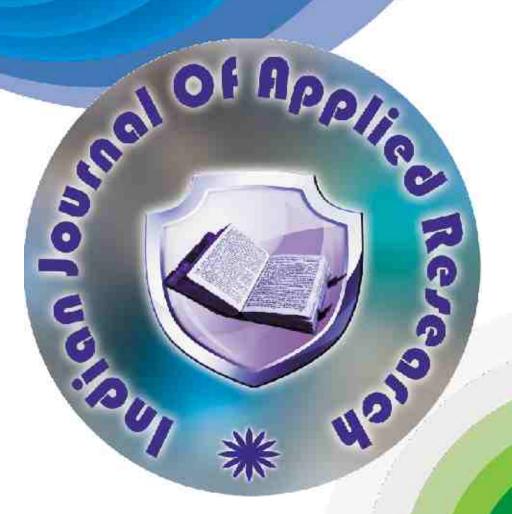
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Research Paper

Psychology



Psychological Well-being: A study of Non-institutionalized Aged

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ABSTRACT

The purpose of the present study was to investigate the impact of non-institutionalization of the aged on Psychological Well-being. The sample for the study of 180 non-institutionalized aged from Ahmadabad city. Non-institutionalized aged were selected from various homes in Ahmadabad. Personal data sheet, Rotter (1966) Locus of control Scale, Templer (1970) Death anxiety Scale and Bhogle and Prakash (1995), Psychological Well-being scale were used to collect the required data. Locus of control, Death anxiety, sex, age, Education, Marital Status, Social network and Proportion of activity were considered as Predictor variables and Psychological Well-being as dependent variables. Accordingly, Multiple regression was carried out to test the hypothesis. Results the predictor variables which were successful in predicting the psychological well-being of the institutionalized aged can be arranged in a hierarchy. First is the Locus of Control, followed by Proportion of Activity, Death Anxiety, Social Network, Education, and Marital Status, in that order. The predictor variables which were not successful in predicting the psychological well-being is Sex and Age of the institutionalized aged can be arranged in a hierarchy.

Keywords: Psychological, Non-institutuinalized

Introduction:

he changing demographic profile of India highlights a rapid increase in the aged's population. Due to increased life expectancy and better living condition, the population of old people is rising day by day. Primarily as consequence of a rapidly increasing proportion of the aged in the human population the study of aging is rapidly developing. The objectives of modern research on aging are to make life in the last stages of human existence pleasant and livable (Douglas, 1980).

The process of industrialization, urbanization and modernization is ushering changes in value system and traditional family system. With decline of family solidarity various institutions have come up to take care of aged. Generally in India negative factors tend to predominate the decision to enter an old age home, while gerontology has its objective a "Livelier Longevity", the question arises, what is the effect of old age homes on the well-being of the elderly.

Psychological well-being indicates physical and mental wellness. Sinha (1990) has stated that psychological wellbeing is difficult to define. It has been taken to consist of discomfort or desirability and from any disturbance of mental functions. It is a somewhat malleable concept which has to do with people's feelings about everyday life activities. Such feelings may range from negative mental states or psychological strains such as anxiety, depression, frustration, emotional exhaustion unhappiness, dissatisfaction to a state which has been identified as positive mental health (Jahoda, 1958: Warr, 1978).

A research in psychological well-being of elderly has gained momentum recently. Studies on indicators of psychological well-being demonstrate greater anxiety (Dhillon and Jasra, 1992) and depression (Venkoba Rao, 1989; Mathur and Sen, 1989; Baum and Boxley, 1983), Lower life satisfaction

(Chadha, 1991; Bhardwaj, Sen and Mathur, 1991), and more adjustment problems among elderly (Singh, Singh and Dawra, 1983; Chandrika and Ananthraman, 1982).

${\bf Aims\ of\ the\ study:}$

To study the psychological well-being of the non-institutionalized aged by the effect of factors like Locus of Control, , Death Anxiety, Sex, Age, Education, Marital Status Social Network and Proportion of Activity.

Hypothesis

- 1. There is no predictive relation of the Locus of Control in determining the psychological well-being of the non-institutionalized aged.
- 2. There is no predictive relation of the Death anxiety in determining the psychological well-being of the non-institutionalized aged.
- 3. There is no predictive relation of the Sex in determining the psychological well-being of the non-institutionalized aged.
- 4. There is no predictive relation of the Age in determining the psychological well-being of the non-institutionalized aged.
- 5. There is no predictive relation of the Education in determining the psychological well-being of the non-institutionalized aged.
- 6. There is no predictive relation of the Marital status in determining the psychological well-being of the non-institutionalized aged.
- 7. There is no predictive relation of the Social network in determining the psychological well-being of the non-institutionalized aged.
- 8. There is no predictive relation of the Proportion of Activity of in determining the psychological well-being of the non-institutionalized aged.

Method

Sample:

Sample in this study consisted of 180 subjects which included equal number of males and females. The subjects were between 60 to 90 years. Of these 180 subjects elderly were staying in non-institutionalized aged. The non-institutionalized samples were drawn from in Ahmadabad.

Tools used:

The following tools were used in the present study:

Personal Data sheet :

A personal data sheet developed by the investigator was used to collect information about sex, age, Education, Marital status, Social network, Proportion of activity etc.

2. Locus of Control Scale:

Rotter (1966), Internal-External Locus of Control Scale was used to obtain locus of control scores. The scale was administered in groups. The Internal-External scale contains 28 items, in 6 which are fillers. Each item has two statements (a) and (b) and the respondent is required to choose one of the statement that is more true of him. Scoring in values assigning one mark if the keyed statement was checked. The maximum possible score is twenty two and minimum is zero. High score indicates high level of internal locus of control and law score indicates high level of external locus of control. The test retest reliability coefficient is 0.83 and the author has reported satisfactory validity of the scale. The Gujarati version used in the present study had correlation between 0.70 and 0.85 with the original English version on different bilingual population.

3. Death Anxiety:

Death anxiety scale developed by Templer's (1970), was used to measure death anxiety. The scale consists 15 items with two alternative responses, true and false. The maximum possible score is fifteen and the minimum is zero. High score indicates high level of Death anxiety and law score indicates law level of death anxiety. Templer (1970) has reported a testretest reliability of 0.83 and an internal consistency of 0.76 for the scale. The Gujarati version used in the present study had correlation between 0.94 with the original English version.

4. Psychological well-being Scale:

Psychological well-being Questionnaire developed by Bhogle and Prakash (1995), was used to measure Psychological well-being. The questionnaire contains 28 items with true and false response alternative. It covers 13 dimensions of psychological well-being. The maximum possible score is twenty eight and minimum is zero. High score indicates high level of psychological well-being and law score indicates law level of psychological well-being. The test retest reliability coefficient is 0.72 and internal consistency coefficient is 0.84. The author has reported satisfactory validity of the questionnaire. The Gujarati version used in the present study had correlation between 0.91 with the original English version.

Statistical Analysis:

In this study Multiple regression Test was used for statistical analysis.

Result and Discussion:

Multiple regression analysis for prediction of psychological well-being in non-institutionalized aged (N= 180)

Name of the	Correlation	Regression	Standard	Percentage	Computed
Variable	X vs Y	coefficient	Regression		't' Values
			Coefficient		
1.Locus of Control	0.446	0.0825	0.1450	13.24	2.08*
Death Anxiety	-0.497	-0.1939	-0.2493	22.77	4.13**
3.Sex	-0.085	-0.0405	-0.0097	0.89	0.18 NS
4.Age	-0.340	0.4685	-0.1338	16.79	3.19 **
5.Education	0.342	-0.0113	-0.0043	0.39	0.06NS
6.Marital status	-0.341	-0.2136	-0.0513	4.69	0.85NS
7. Social Network	0.012	0.0630	0.0511	4.66	0.93NS
8. Proportion of Activity	0.604	0.0101	0.4004	36.57	5.95**
Dependent Variable : Psychological well-being					
* P < 0.05 ** P < 0.01 NS = Not Significant					

Multiple Correlation = 0.71441

R Square (R2) = 0.51038

Analysis if Variance for the Regression

Source	df	Sum of Square	Mean Sum of Square	'F' Value
Regression	8	397.91	49.74	22.30**
Residual	171	381.73	2.23	
Total	179	779.64		
		** P < 0.01		

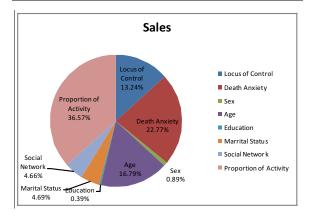


Table: 1 shows that with respect to the psychological wellbeing of the non-institutionalized aged, the R-multiple correlative is 0.71441 and its F-value is 22.30, which is significant to 0.01. The study undertaken thus shows that it is possible to predict the psychological well-being of the aged on the basis of the independent variable selected. It also can be said that the total variance observed in the dependent variables has 51.04% (R2 = 0.5104) variance is due to the independent variables.

The t-test on the independent variables reveals that of all, four t-values are significant to 0.01 and 0.05 which enables us to predict the psychological well-being of the institutionalized aged. These variables are:

- Locus of Control
- 2. Death Anxiety
- 3. Age
- 4. Proportion of Activity

Four other independent variables, viz., Sex, Education, Marital status and Social Network of the non-institutionalized aged fail to predict the psychological well-being of the aged which means that the hypotheses about Sex, Education, Marital status and Social Network can be accepted.

What follows is a detailed discussion of the four independent variables which could predict the psychological well-being of the non-institutionalized aged.

The t-value of the predictive relation between the locus of control and the psychological well-being of the noninstitutionalized aged is 2.08, which is significant to 0.05. This means that the locus of control of the non-institutionalized aged can be used to predict their psychological well-being since the correlation between the locus of control and the psychological well-being of the non-institutionalized aged was positive to 0.446 which means that the locus of control plays a role in the psychological well-being of the non-institutionalized aged. It is positively related to the psychological well-being in that the more the locus of control is internal, more the amount of the psychological well-being of the aged and the more the locus of control external, the less the psychological well-being of the aged. The result of the present study shows, also in the chart, that the contribution of the locus of control in the psychological well-being of the institutionalized aged is about 13.24%.

- The t-value of the predictive relation between the locus of control and the psychological well-being of the noninstitutionalized aged is 2.08, which is significant to 0.05. This means that the locus of control of the non-institutionalized aged can be used to predict their psychological well-being since the correlation between the locus of control and the psychological well-being of the non-institutionalized aged was positive to 0.446 which means that the locus of control plays a role in the psychological well-being of the non-institutionalized aged. It is positively related to the psychological well-being in that the more the locus of control is internal, more the amount of the psychological well-being of the aged and the more the locus of control external, the less the psychological well-being of the aged. The result of the present study shows, also in the chart, that the contribution of the locus of control in the psychological well-being of the institutionalized aged is about 13.24%.
- The t-value of the predictive relation between death anxiety and psychological well-being of the noninstitutionalized aged is found to be 4.13 which is significant to 0.01 and which means that the death anxiety of the noninstitutionalized aged can be used to predict their psychological well-being since the correlation between the death anxiety and the psychological well-being of the noninstitutionalized aged was -0.497, which means that the death anxiety plays a role in the psychological well-being of the noninstitutionalized aged. It is negatively related to the psychological well-being in that the more the death anxiety, less the amount of the psychological well-being of the aged and the less the death anxiety, the more the psychological well-being of the aged. The result of the present study shows, also in the chart, that the contribution of the death anxiety in the psychological well-being of the non-institutionalized aged is about 22.77%.
- 3. The t-value of the predictive relation between age and psychological well-being of the non-institutionalized aged is found to be 3.19 which is significant to 0.01 and which means that the age of the non-institutionalized aged can be used to predict their psychological well-being since the correlation between the age and the psychological well-being of the non-institutionalized aged was -0.340, which means that the age plays a role in the psychological well-being of the non-institutionalized aged. It is negatively related to the psychological well-being in that the more the age, less the amount of the psychological well-being of the aged and the high the age, the more the psychological well-being of the aged. The result of the present study shows, also in the chart, that the contribution of the age in the psychological well-being of the non-institutionalized aged is about 16.79%.
- 4. The t-value of the predictive relation between the Proportion of Activity and the psychological well-being of the non-institutionalized aged is 5.95, which is significant to 0.01. This means that the Proportion of Activity of the non-

institutionalized aged can be used to predict their psychological well-being since the correlation between the Proportion of Activity and the psychological well-being of the non-institutionalized aged was positive to 0.604 which means that the Proportion of Activity plays an important role in the psychological well-being of the non-institutionalized aged. It is positively related to the psychological well-being in that the more the Proportion of Activity is internal, more the amount of the psychological well-being of the non-institutionalized aged and the more the Proportion of Activity, the less the psychological well-being of the aged. The result of the present study shows, also in the chart, that the contribution of the Proportion of Activity in the psychological well-being of the non-institutionalized aged is about 36.57%.

The present study was undertaken to determine the absolute significance of the independent variables by studying their effect on the dependent variables with reference to the non-institutionalized aged. The results are tabularized in Table:1.

The independent variables which were successful in predicting the psychological well-being of the non-institutionalized aged can be arranged in a hierarchy. First is the Proportion of Activity, followed by Death Anxiety, Age and Locus of Control, in that order.

Conclusion:

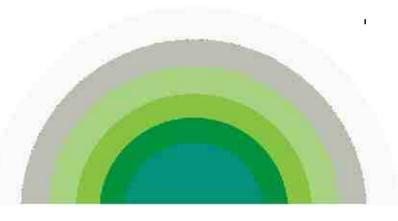
- Locus of Control can be successfully used to predict the psychological well-being of the non-institutionalized aged.
- Death Anxiety can be successfully used to predict the psychological well-being of the non-institutionalized aged.
- 3. The psychological well-being of the non-institutionalized aged cannot be predicted on the basis of their sex.
- Age can be successfully used to predict the psychological well-being of the non-institutionalized aged
- 5. The psychological well-being of the non-institutionalized aged cannot be predicted on the basis of their education.
- The psychological well-being of the non-institutionalized aged cannot be predicted on the basis of their marital status.
- The psychological well-being of the non-institutionalized aged cannot be predicted on the basis of their social network.
- Proportion of Activity Control can be successfully used to predict the psychological well-being of the noninstitutionalized aged.

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