MARITAL STATUS AND ITS IMPACT ON PSYCHOLOGICAL WELL BEING OF ELDERLY

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ABSTRACT

The ageing process is a biological reality which has its own dynamic, largely beyond human control. Many changes occur as people enter old age, and these changes decrease quality of life. Psychological well being is the degree to which a person evaluates his quality of life. This study was carried out to assess whether the marital status has an effect on psychological well being of elderly or not. A self structured standardized questionnaire was used to collect the information regarding psychological well being of the elderly. A total of 200 elderly respondents were selected purposively from the Lucknow city of 70-80 years with a range from 65 to 96. A self structured questionnaire to examine the psychological well being of elderly was used. ANOVA, mean, standard deviation and χ² has been administered and analysis has been done from SPSS-20. There is a significant effect of marital status on psychological well being of elderly. From total of 200 elderly respondents 2.5% were single, 76%, and 43%, were married and widow simultaneously and it was also observed that from the total of 200 elderly respondents 76% scored high level of psychological well being where as 17% and 22.5% scored medium and low level of psychological well being vice-versa. As hypothesised, there is a significant difference in psychological well being among people.

Keywords: Elderly, marital status, QOL, psychological well being.

INTRODUCTION:-

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Every human being passes through various stages in his life time i.e. birth, infancy, childhood, adolescence adulthood and old age. This biological transition through different stages has cultural and human overtones. In the Indian homes, 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 idea of group living. Aging is a biological, natural and universal process, which applies to any living creature on the one hand. The attitude towards aging is highly subjective and depends on society and on persons needs. On the other hand, the attitude of the aged is related to his or her feelings of being productive that she is needed and the respect and treatment given by his or her family (Binah L. and Or-Chen, K., 2008) [2].

Aging of the population is defined as increase in the proportion of population aged 60 years and above. The elderly person is dynodes as a person who has completed 60 years or more.

Biological aging is concerned with changes occurring in the structure and functions of the human body: Physiological aging is concerned with individual and behavioural changes: Emotional aging describes changes in one’s attitude and life style dependent one’s self perception of being old: and finally functional aging is the comparison of individuals of the same age group in terms of those within the group being unable to maintain their function in society. The most obvious manifestations of old age are changes in physical appearance, such as wrinkles appearing on the face; the greying of the hair, slowing down of reactions, followed by restriction of movement and sense organs and proneness to chronic illness (Ayranci, U. and Ozdag, N., 2005) [1]

Aging a progressive development in the life span is a marker of life’s journey towards growth and maturity. Aging can be defined as the process of progressive change. Which occurs with the passage of time, independent of the vagaries of life, the assaults of disease and the random abuses of social living (Reber A.S., 1985) [11].

The term “old” can be defined in terms of physiological changes. These include changes in the body posture, Facial wrinkles, colour and amount of hair various physiological functions, acuity of the senses and so on. (Binah L. and Or-Chen, K., 2008) [2]

Ageing is a progressive generalized impairment of function resulting in the loss of adaptive response to stress and growing risk of age associated diseases (Boon et.al., 2006) [3]. As per the WHO guidelines people 60-74 years of age are called elderly and those between 75 and 85 + years of age as old (Ghosh, 2006) [7].

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, kith and kin, are fast eroding and the elderly are ill-equipped to cope alone with their lives in the face of infirmity and disability.

Current interest in quality of life research can be attributed to a number of factors. Firstly, there are increasing proportions of older people, presenting challenges in terms of meeting health and social care needs in a time of fiscal constraints. Secondly, medical technological advances have added years to life but not necessarily quality to life. Lastly, at a more general level,
globalisation has created more international competitiveness, and thus a need for nations to improve the quality of life of their citizens in hope of improving their country’s social, economic and political profile (Smith, 2000) [14].

“In medicine and nursing science, quality of life offset survival as an aim as awareness that a long life is not necessarily a good life increased” (Farquhar, 1995) [4].

The World Health Organisation’s (WHO) definition of health, as “a state of complete physical, mental and social well-being not merely the absence of disease”, precipitated the inclusion of well-being variables. It was felt that the measurement of health and effects of health care could not be fully understood without an understanding and measurement of quality of life. WHO defines quality of life as:

“an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment.”

(WHO Quality of Life Group, p.1405) [16].

Quality of life as a collection of dimensions, both objective and subjective interacting together: it “is the multidimensional evaluation, by both intra-personal and socio-economic criteria of the person-environment system of the individual” Current definitions of quality of life address both objective (i.e income, marital status) and subjective measures (i.e. happiness, life satisfaction) (Flanagan 1978; George and Bearon, 1980; Lawton, 1991, 1997) [5, 6, 9, 10].

RATIONALE OF THE STUDY

Aging is a fact of life which does not take place all of a sudden. It is fixed and definite for all individuals in the normal course of a lifetime and death is the end result of old age. Anyone who lives for a reasonably long time must definitely undergo the process of ageing. Human life is divided and understood at different points such as infancy, babyhood, childhood, adolescence, adulthood and old age. Various stages have different developmental foci, coupled with different developmental or degenerative process, which are physiological and psychological in nature. With ageing there come many changes – morphological, physiological which affect the social life of senior citizen. Ageing is a universal and multidimensional phenomenon.

Emotionally the aged often feel insecure, selfish, demanding, unwilling to do their share of work, cautious, conservative. They have feelings of inadequacy, rejection, self pity, boredom, anxiety, restlessness, apathy, negativism, guilt feeling, narrowing interest, rigidity, uncleanliness, over talkativeness, regressive tendencies, repetitive speech they want attention and feel fatigued. Due to isolation during latter part of life many people are unhappy and dissatisfied.

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. Preoccupied 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 in turn leaves the elderly with a vacuum in their lives.

As seniors are at risk of losing social ties due to retirement, isolation and age related health issues, they stand to gain a lot through the use of social networking sites. The elders have much more free time and they do not spend their time according to their choice.

Citizens of all ages should play an active role in shaping the nature and quality of the services provided to them. We need in particular more opportunities for an active and independent life of older persons, not only more residential facilities. We need age-friendly communities that provide their citizens with more opportunities for social activities and worthwhile leisure time pursuits.

METHODOLOGY

In the present study a 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 of marital status; these are single, married and widow. The data was collected from total of 200 elderly. The data was coded, then tabulated and analysed with the help of SPSS (version 20). ANOVA mean, standard deviation and chi-square test has been administered to analyse the data.

RESULTS AND DISCUSSION

In the present paper the effect of marital status on the psychological well being of the elderly has been assessed using two way ANOVA and χ² test.

Table 1: Impact of marital status on psychological well being of elderly.

<table>
<thead>
<tr>
<th>Item</th>
<th>Single</th>
<th>Married</th>
<th>Widow</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>Feel nervous</td>
<td>1.60</td>
<td>±0.89</td>
<td>2.65</td>
<td>±1.33</td>
<td>2.56</td>
</tr>
<tr>
<td>Feel down in the dumps -</td>
<td>3.20</td>
<td>±0.45</td>
<td>3.04</td>
<td>±1.52</td>
<td>3.26</td>
</tr>
<tr>
<td>Feel peaceful and content +</td>
<td>2.40</td>
<td>±0.89</td>
<td>3.33</td>
<td>±0.86</td>
<td>3.05</td>
</tr>
<tr>
<td>Feel hopeful about the future +</td>
<td>1.60</td>
<td>±1.34</td>
<td>3.34</td>
<td>±1.07</td>
<td>3.02</td>
</tr>
<tr>
<td>Worrying about dying -</td>
<td>4.00</td>
<td>±0.00</td>
<td>3.43</td>
<td>±1.27</td>
<td>3.09</td>
</tr>
<tr>
<td>Feel life as worthwhile +</td>
<td>3.20</td>
<td>±0.45</td>
<td>3.49</td>
<td>±0.97</td>
<td>2.95</td>
</tr>
<tr>
<td>Feel in control of life +</td>
<td>3.20</td>
<td>±0.45</td>
<td>3.15</td>
<td>±1.28</td>
<td>2.81</td>
</tr>
<tr>
<td>Experience positive feelings in life +</td>
<td>1.60</td>
<td>±1.34</td>
<td>3.26</td>
<td>±1.08</td>
<td>2.42</td>
</tr>
<tr>
<td>Feel alone in life -</td>
<td>1.40</td>
<td>0.89</td>
<td>2.57</td>
<td>±1.53</td>
<td>1.58</td>
</tr>
</tbody>
</table>
A significant effect of marital status was seen on psychological well of the elderly. On the whole it was found that psychological conditions of married elderly were better than that of single or widow elderly. The above mentioned categories married elderly have a partner with
whom one can share their feelings, thoughts, grief, which are essential for everyone, within the family it is easy to exchange the thoughts, there are many people around them to take care for their needs, listen to them, which provides mental support for the elderly. The same was reported by the Patel, M., (2002) [1] that non institutionalized aged experience good sense of psychological well being than non-institutionalized aged.

The above table revealed that the single elderly feel less alone in life as they have the opportunity to spend their time according to their wish. No one is there to interrupt in their daily routine work. A study conducted by the Jamuna, D. et. al, (2003) concluded that an overwhelming majority of care receiver (81%) preferred to stay with daughter than sons or living alone.

Table:2 Percentage distribution of respondents according to their marital status.

<table>
<thead>
<tr>
<th>Psychological Well Being</th>
<th>Single</th>
<th>Married</th>
<th>Widow</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>High (54-80)</td>
<td>01 (20)</td>
<td>102 (67.1)</td>
<td>18 (41.8)</td>
<td>152 (76)</td>
</tr>
<tr>
<td>Medium (47-53)</td>
<td>00 (00)</td>
<td>25 (16.4)</td>
<td>09 (20.9)</td>
<td>34 (17)</td>
</tr>
<tr>
<td>Low (30-46)</td>
<td>04 (80)</td>
<td>25 (16.4)</td>
<td>16 (37.2)</td>
<td>45 (22.5)</td>
</tr>
<tr>
<td>Total</td>
<td>05 (2.5)</td>
<td>152 (76)</td>
<td>43 (21.5)</td>
<td>200</td>
</tr>
</tbody>
</table>

(Figures in parenthesis indicate percentage)

χ² = 174.67**

Fig.1 - Percentage distribution of respondents according to their marital status.

Fig. 2

There was a highly significant effect of marital status on psychological well being of elderly has been assessed. The above table showed that 67% elderly possess high level of psychological well being. Widow elderly (20.9%) showed medium and 80% single elderly showed low level of psychological well being. A study conducted by Singh, P. and Kiran, U. V. (2011) [13] reported that the anxiety level is also more pronounced among females and the maximum was seen among single elderly followed by married elderly women. The depression level is almost equal among men and women in all categories i.e. single, married and the
maximum depression was seen in widowed elderly followed by separated elderly women. Depression and anxiety are the main factor which leads to lowers the psychological well of a person. Elderly who lived with family had a lowest level of psychological well being (Singh, B. and Kiran, U. V., 2013) [12], where as in other study it was found that residents in homes scored better in all domains, which indicates residents living at homes possessed better psychological well being than nursing home residents (Heydari1 et. al, 2012) [8].

REFERENCES