Chapter 6
Interpretation and Discussion

Results of present study revealed that the old age senior citizens living in their experience greater amount of subjective well-being. The mean Scores were 62.23 and 70.96 for institutionalized and home based elderly participants, respectively. In this way it was found that subjective well being of home-based elderly were significantly greater than institutionalized elderly. Thus the first hypothesis that there would be significant difference between institutionalized and home based elderly people subjects on subjective well-being has been accepted.

When we think of study all the items of scale and responses on the old men and statistical analyses, the fact comes out that the living place has significant effect on subjective-well-being. Since living place is such a stimulus that is not only a stimulus but it is an amalgam of them that glows emotions in a man in many different ways and these emotions causes psychological stable and transient (unstable) changes in the man. We can understand it in a different way that an old man finds it very difficult to reside in a shelter that is made for old men because the old man does not feel easy when he leaves the place, the neighbor's friends, relations, colleagues of society with whom he has lived so many years. On this stage of the age, it is very challenging to accept the changes according to the new atmosphere.

Moreover, in spite of rich material and medical facilities senior citizens living in old age homes feel the lack of emotional security because they have seen their children growing like plant and have struggled a lot to make them able to live in this competitive world. So their attachment is natural with their sons, daughters, grandsons, granddaughters and daughter and spiraling from them compel them to live life loneliness and grumbling.

The most important fact is that in spite of changing social values and standards old men are not ready to accept the shelter because our society as well as old men is not taking shelter as an alternative to old age the reason is our society up to considerable extent, is bases on traditional values. Even today the instance/example of Sravan Kumar and Devvdrata is prevailed in our
mind. So it is very difficult for old men to accept the rapidly changing social patterns, values and standards.

Contrary to it in Home base elderly all above mentioned negative stimulus are not found and comparatively they are more attached. It happens because society considers that going to a shelter is a failure of relationship between guardians and sons. Since the home bases elderly live with their family members, so they have the valid reason of satisfaction. Thus, significant difference of subjective well being between institutionalized elderly and home-bases elderly is natural.

This result of the study is in consistent with the result obtained by earlier investigators for example Chakrabarti (2009) elderly living in family setting are having more subjective well-being and level of satisfaction scores as compared to elderly living in old age homes. Contrary to these supportive studies, which show the sheer opposite effects conducted by Suvera (2012) the psychological well-being of the institutionalized and non-institutionalized aged cannot be predicted on the basis of their residence. Petri & Saarni (2011) found that who live in old people’s homes actually report significant higher level of subjective well-being than those who live at home.

The second hypothesis stated that “There would be significant difference between male and female elderly people subjects on subjective well-being”. The mean Scores were 69.23 and 64.23 for male and female elderly participants, respectively. In the way it was found that subjective well being of male elderly were significantly greater than female elderly. Thus the second hypothesis has been accepted.

Thus, we saw a significant effect gender on subjective well being because society, especially in India- a progressive but traditional society not only divide the roles of male and female, but also pressurize them to stick to their roles and boundary.

The boundaries of males and females up to considerable extent are fixed and rigid even today. Roughly, from a person of same gender, in every circumstances, are expected to behave in a special way, for instance, whether the women of working class or domestic, literate or illiterate, of young age or old are often, in comparison to males, asked to do all the works related to kitchen. Since the roles of males and females are so fixed that they remain same even after changing the living place (shelter) or home. These roles create sentiments like mental and
physical struggle, frustration, ego, satisfaction, happiness, despair etc. that shape the subjective well being.

Since our society is patriarchal and follows the feudal values strictly, as result the status of females becomes secondary due to this, we find decline in the status of their subjective well being. On the other hand, males have monopoly even all the resources due to that they carry the subjective well-being

An old woman serves her husband in the same way since her marriage. Inspite of reducing physical and mental capacity she serves her husband with more carefully because her husband is growing old gradually but the society and husband do not pay heed that the woman is, too growing old. The same thing has been seen in shelter where woman are ready to help old serve their husband.

Besides it, there is a limitation of age for superannuation but for the domestic work there is no retirement for women. Men consider monopoly over women and deny their personal existence. Inspite of being old there are so many lifetime responsibilities over them. From daughter's pregnancy to daughter-in-law's, from birth to look after the grandson and daughters, these responsibility she carries while after a fix age men's life become free from responsibilities.

Finally, the most important and most concrete reasons are that in comparison to males, females are less education and financially helpless that's why they are totally depend upon their husbands. This dependence gives way to many new negative aspects that cause decline in the level of subjective well being. On the other hand, most of the males are educated and financially strong and are head of the family. So consequently, in comparison to females the level of their subjective well-being is greater and we find significant difference between the subjective well being of male elder lies and female elderly. This finding gets a support from the investigation conducted by Shyam & Yadev (2006). It may be recalled that the investigator in their study, observed that woman had poor well-being as compared to men. Lakshmi and Roopa (2013) are also of the view that there is a significant difference between the institutional and non-institutional elderly men and women in all the dimensions of quality of life. And male elderly are having more quality of life than female elderly subjects. Contrary to these supportive studies, the study conducted by Suvera (2012) shows the sheer absence of gender effect. According to him the psychological well-being of the institutionalized and non-institutionalized aged cannot be predicted on the basis of their sex.
The third hypothesis stated that there would be significant difference interaction residential status and gender on subjective well-being. The F-ratio for the interaction between residential status and gender is 0.147, which is statistically not significant at .05 level of confidence. This result indicates that residential status and gender do not interact in significant way to influence subjective well-being. So the second hypothesis has been rejected. It means that residential status and gender independently influence subjective well-being of the elderly but when their effects are combined their interactional effect comes to be non-significant, indicating that the individual effects of residential status and gender of elderly subjects dissipate when their effects are combined. It, thus, suggest that to be male elderly and / or home based elderly is / are sufficient to feel greater amount of subjective well-being.

The fourth hypothesis stated that there would be significant difference between institutionalized male and home based male elderly subjects on subjective well-being. The mean scores were 64.48 and 73.48 for institutionalized male and home based male participants, respectively. Thus the hypothesis has been accepted. In this way it was found that subjective well-being of home-based male were significantly greater than institutionalized male. We get significant difference of subjective well-being between the two, because there are many positive reasons to feel subjective well-being for home based male. For example, they get emotional security of the family members and the place of heterogeneous groups provides old men many occasions to play a part in many activities. Inspite of declining physical and mental capacities they get assurance from their family. Besides these we see a concrete satisfaction in them regarding their look after. They think that if not due to love but at least owing to feeling ashamed in society their family carry them up to end. On the other hand, all the male elderly of shelter lack all aforesaid positive points and the lack of emotional security and affection torment them.

Moreover, those male elderly who are displaced, it is difficult for them to acclimate the new atmosphere in the final and mature stage of life. In this stage of the age to find a new friend and establish intimate relation is very difficult. Due to declining physical activity it is very tremble some to find new friends from outside. Besides, a shelter is established so away from mainstream and out of the city that it becomes very hard to meet with friends, family member, relatives and visitors. Owing to these reasons the old men of shelter get isolated that causes the
decline in subjective well being. On the other hand, those who are living at home are less isolated because in family often ceremony and festivals are celebrated in which elderly people represented as the head whether it is the birthday of grandson or their marriages. Except it, home based male elderly get in more touch comparatively with their friends, relatives and colleagues etc. Due to this there is less isolation feeling in comparison to institutionalized elderly that transmits the felling of subjective well-being in home based elderly.

The fifth hypothesis stated that there will be significant difference between institutionalize female and home-based female elderly subjects on subjective well-being. The mean scores were 60.48 and 68.45 for institutionalized female and home based female participants, respectively. In this way it was found that Subjective well-being of home-based female were significantly greater than institutionalized female. So the hypothesis has been accepted. Thus residential status is an important and solid cause that is responsible for controlling the quantity of subjective well-being of elderly. Home based female elderly are observed as experiencing more subjective well-being because female subjects have generally limited spaces for contact and intimacy as, these spaces are limited to house bond, kin and neighborhood. These contact and intimacy spaces are limited but deeply embedded to them. Hence, they become dependent on these particular spaces. This dependency is because of emotional and practical reasons, so when elderly females are displaced to old age homes, they feel lack of this support system which makes them filled with negative feelings. So the level of subjective well-being gets reduced in institutionalized female elderly. Contrary to it, home based female elderly are attached to this support system, which increases their subjective well-being. Home based female participate in domestic programms as to they establish get together with family members and other relatives that decrease their dullness and monotony of life. While institutionalized female elderly do not have such participation and get together that make their life full of monotony that cause decline in their subjective-well being.

Besides it, female elderly participate in many ceremony and festival that their family celebrate even if nominal participation, they have been represented as the female head of the family that gives them the feeling of satisfaction, and on contrary to it, the institutionalized elderly have not had such type of satisfaction.
Therefore, we, through afore mentioned points come to know that home based female subjects feel more subjective-well being than the institutionalized female subjects.

The sixth hypothesis stated that there will be significant difference between home based male and home based female elderly subjects on subjective well-being. The mean scores were 73.48 and 68.45 for home based male and home based female participants, respectively. In this way it was found that subjective well-being of home-based male were significantly greater than home based female. Thus the hypothesis has been approved. In spite of being in same conditions i.e. living at home, the reason of lacking subjective-being of female elderly in comparison with male elderly that our society compels us to behave in different ways with different genders even if the conditions are same. Such types of psychological and social pressures prove hard and rigid for the females in comparison with males. While for males such types of pressures are flexible and convenient. The life of male is free from responsibilities after a particular age but there is no age of retirement for females and more responsible are entrust upon them with the increasing members of family members that affects their physical and mental health.

The new generation of women is self-reliant and financially strong while the women of old generation are carrying on the tradition responsibilities. Newly born babies of daughters or daughter-in-law are kept in the tutelage of the female elderly when they are out of home during their working hours. While male elderly are free from such responsibilities except the financial support. In brief we can say that women do have many responsibilities from beginning to the end of their life. They have to take care of their father, sibling etc in their maternal house and husband, children, grandson etc after marriage. Comparatively men have less responsibility after a fix age especially in old age.

The seventh hypothesis stated that there will be significant difference between institutionalized male elderly subjects and institutionalized female elderly subjects on subjective well-being. The mean score were 64.98 and 60.48 for institutionalized female and institutionalized female participants, respectively. So the difference between two means is not significant at .05 level of confidence. Thus the hypothesis has been rejected. In this way it was found that Subjective well-being of institutionalized male institutionalized female are almost equal. Because old age homes usually provide similar experiences to both genders. It happens
because going to old age homes is taken as failure of parents-children-relationship and even the elders take it as a failure too. So gender remains free from the feeling of this anxiety. Except this lonely old age, separate environment. Which is entirely cut off from the family roots, problems of adjustment affected social life, affection of relatives, and emotional insecurity put the same effect on both genders whether it is negative or positive. So, it is natural there is no significant difference between the subjective well-being of both genders.

The eighth hypothesis stated that there would be significant difference between institutionalized and home based elderly people subjects on all dimension subjective well-being. When we think of different dimensions of subjective well-being and statistical analyses, it was found that residential status (old age home and home-based) had major impact on different dimensions of subjective well-being. Therefore the hypothesis is near to be approved. In order to understand properly the reason and explanation of verification separate discussion of each dimension is given below.

1. The finding indicates institutionalized subjects and home based subjects differ significantly on general well-being positive affect dimension of subjective well-being. Result indicates that home based subjects are higher on general well-being positive affect than institutionalized subject. Because for institutionalized elderly who are away from their main root i.e. living in such an atmosphere that is totally different from the favorable atmosphere in which they have passed their life, it is very difficult to reconcile with new atmosphere. In spite of materialistic and hospital facilities they feel emotional insecurity while home based elderly, comparatively, feel more emotional security and domestic help that may cause to increase their subjective well being positive affect.

2. The finding shows institutionalized subjects and home based subjects do not differ significantly on Expectation achievement congruence dimension of subjective well-being. Result indicates that institutionalized and home based subjects are almost same amount of on expectation achievement congruence. In this stage of life most of old age people have accepted the success and failure of their life. Now they do not feel any mental clash because they have accepted the truth of life. In such situation old men residing anywhere, whether it is home or shelter their expectation achievement congruence is about same.
3. The finding further reveals institutionalized subjects and home based subjects do not differ significantly on confidence in coping dimension of subjective well-being. Result indicates that institutionalized and home based subjects are almost equal on confidence in coping. Because old age is the stage of maturity, this maturity can be seen in their conceptions, values, ideal thoughts, habits and behavior. So coping is such a behavior that becomes permanent in old men. In this stage of life confidence in coping has been seen as it is even-after the changing of the living place. Therefore, there is no difference of confidence in coping in home based and institutionalized elderly.

4. The finding indicates institutionalized subjects and home based subjects do not differ significantly on transcendence dimension of subjective well-being. Result indicates that institutionalized and home based subjects have same amount of transcendence. The impact of transcendence has been seen same whether they are home based elderly or institutionalized elderly. The difference of transcendence is insignificant because the spiritual side of man is always cosmic. In such situation there is no direct connection of residential place with spirituality of men. So no significant difference is observed.

5. The finding indicates institutionalized and home based subjects differ significantly on family group support, dimension of subjective well-being. Result indicates that home based subjects are higher on family group support than institutionalized elderly subjects. Since, the shelters are established away from the birth and work place of old men. Owing to growing the age the elderly people physical and mental level also decline. In such situation, the geographical distance of old men from their relatives and familiars also causes the distance in heart. On other hand, home based elderly are near to their roots home and they interact with their relatives from time to time. Consequently, their Family group support was found good.

6. The finding depicts institutionalized subjects and home based subjects differ significantly on social support dimension of subjective well-being. Result indicates that home based subjects are higher on Social support than institutionalized elderly subjects. The shelters are generally found away from the main city or main stream toward a solitary and secluded place. Besides, the administration of shelter treats with the visitors very harshly due to security and other reasons in which visiting time and other things are kept in mind that cuts off the social support of old men of shelters. On the other hand, home-based elderly comparatively, are in main stream where they are encouraged to be more and more social. As a result, their social support is good.
7. The finding indicates institutionalized subjects and home based subjects do not differ significantly on primary group concern dimension of subjective well-being. Result indicates that institutionalized and home based subjects have same amount of primary group concern. There is no significant difference of primary group concern between the two. Since, primary group concern is limited to spouse and children only and these relations are so near and self concentrated that in any condition elderly people do not want to separate themselves from the affection whether they reside in shelter or at home.

8. On inadequate mental mastery dimension of subjective well-being, home based elderly and institutionalized elderly have been seen almost the same. There is no significant difference between the two. Inadequate mental mastery can be defined as lack of self confidence. Going and living to a shelter do not have direct impact on self confidence. These both matters are separate. Therefore, the quantity of inadequate mental mastery cannot be decided through 'place of living' whether it is home or shelter.

9. The finding further depicts that institutionalized subjects and home based subjects differ significantly on perceived ill-health dimension of subjective well-being. Result indicates that perceived ill health is more among, institutionalized elderly than home based elderly. It’s may be reason that the shelter are usually secluded, sacked off and sheltered life produce mental incongruity and it may causes for many physical diseases. While life of home based elderly is active, integrated and multidimensional that makes their health more excellent than institutionalized elderly.

10. The finding further depicts that institutionalized subjects and home based subjects differ significantly on Deficiency in social contacts dimension of subjective well-being. Comparatively institutionalized subjects have more Deficiency in social contacts rather than home based elderly. Shelters are generally established away from main course, secluded and in lower population area. This environment gives them the feeling of seclusion. Due to declining physical capacity it is very difficult for the institutionalized elderly to mingle with the main course of life out of the shelter. The shelter administration has much condition for the visitors due to security and other reasons. In such situation, elderly have negative impact of social contacts. Contrary to it home based elderly life is more active and they have more occasion and encouragement to participate in social integration and activities. Therefore, in institutionalized elderly there is more deficiency in social contacts.
11. The finding reveals that institutionalized subjects and home based subjects differ significantly on general well-being negative affect dimension of subjective well-being. Result indicates that institutionalized subjects are higher on general well-being negative affect than home based subject. Because for institutionalized elderly who are away from their main root i.e. living in such an atmosphere that is totally different from the favorable atmosphere in which they have passed their life. It is very difficult to reconcile with new atmosphere. In spite of materialistic and hospital facilities they feel emotional insecurity while home based elderly, comparatively, feel more emotional security and domestic help that develop their subjective well being. In the last stage of life i.e. old age man's life becomes static.

The ninth hypothesis stated that there will be significant difference between male and female elderly subjects on different dimensions of subjective well-being. When we think of different dimensions of subjective well-being and statistical analyses, it was found that gender had major impact on dimension of subjective well-being. Therefore the hypothesis is near to approved. In order to understand properly the reason and explanation of verification separate discussion of each dimension is given below.

1. The finding reveals male and female subjects differ significantly on general well-being positive affect dimension of subjective well-being. Result indicates that male subjects are higher on general well-being positive affect than female subject. It is well-known that Indian society is patriarchal and is based on feudal values. In such condition the status of women is secondary while the orthodoxical society has flexible and simple rules and norms for males. That eventually caused the excess of general well-being positive affect in males.

2. The finding indicates male and female subjects differ significantly on Expectation achievement congruence dimension of subjective well-being. Result indicates that male subjects are higher on expectation achievement congruence than female subjects. The society gives a proper and favorable atmosphere for the males to fulfill their expectations and due to that the possibility of achievement of expectation is increased. We see balance in the objects of exception and achievement as to their level of Expectation achievement congruence is found good and favorable. As far as the expectations of females are concerned, the family and the society are much careless about them that is why the possibility of achievement of expectation is decreased.
and balance between achievement and expectation is imbalanced. Therefore, male subjects were found to score higher on expectation achievement dimension of subjective well-being.

3. The finding shows male and female subjects differ significantly on confidence in coping dimension of subjective well-being. Result indicates that male subjects are higher on confidence in coping than their female counterparts. The family and society encourage and pressurize women for help since childhood. They are prepared physically as well as mentally for cooperation and accommodation into an unknown domestic atmosphere after the marriage. As a result, they shape themselves to adjust in every situation that increases their confidence in coping. On the other hand, on males there is no pressure or encouragement for cooperation and adjustment. This is why females have more confidence in coping than males.

4. The finding reveals male and female subjects differ significantly on transcendence, dimension of subjective well-being. Result indicates that male subjects are higher on transcendence than female subjects. The transcendence of old men has been seen greater than old women. Probably in comparison to females, males are much aware about their spiritual part that gives way to education and occasion to understand the new aspects of life. While females are unaware about their spiritual part due to their business that does not provide them occasion for their spiritual part. Therefore the transcendence of men is greater.

5. The finding indicates male and female subjects differ significantly on family group support dimension of subjective well-being. Result indicates that female subjects are higher on family group support than male subjects. In Compression to male elderly the family group support of female elderly is greater. Generally the social contacts of females are limited comparatively the males. Their contracts are mainly with family members, relatives etc. Since childhood they are so conditioned that they get much occasion to establish intimacy with relatives. While males do not have such occasion since their childhood because they do not give more time to family and relatives and they are encouraged and pressurized to give time out of the family. This is why, females groups support is better than of males.

6. The finding depicts male and female subjects differ significantly on social support dimension of subjective well-being. Result indicates that male subjects are higher on social support than female subjects. The social support of male elderly is better than female elderly because on males there are multidimensional responsibilities, so since childhood they are trained to carry on the relations other than family, relatives and more. That gives way to vast social contacts while
on females there are only responsibility of home and relatives so they have no pressure. Therefore the males have more social support due to more social intimacy in comparison to females.

7. The finding further indicates male and female subjects differ significantly on primary group concern, dimension of subjective well-being. Result indicates that female subjects are higher on primary group concern than male subjects. Primary group concern in female elderly is more than male elderly. It is well-known that in society the evaluation of women is performed on the basis of prosperity and health of husband and children. In such situation, for women her husband and children are like her fortune. Woman, very attentively, carries her responsibility and affection while, males besides financial part are less active. Therefore, it is natural, being primary group concern of females better than of males.

8. The finding indicates male and female subjects differ significantly on Inadequate mental mastery dimension of subjective well-being. Inadequate mental mastery in female elderly is more than male elderly. In simple words Inadequate mental mastery can be defined as lack of self confidence. Orthodoxical and feudal society imposes false pride of superiority of masculine gender in society. Being comparatively more educated and financially strong males have more self confidence and honor while females being uneducated or only being literate are totally depend upon males that increases their lack of self confidence.

9. The finding indicates male and female subjects differ significantly on Perceived ill-health, dimension of subjective well-being. Perceived ill-health in female elderly is more than male elderly. The females are taught since their childhood to look after male members of the family. These learning are transferred them from their grandmother, maternal grandmother and mother etc. Here look-after means from meals to medicines. But they are very careless for themselves. Female life passes through many sensitive courses like conception, pregnancy, childbearing, breastfeeding and menopause. In these conditions they are entitled too much concern and look after but it did not happen so while for males every female member shows her concern and is ready to serve them from mother to daughter. Therefore males have better health.

10. The finding indicates male and female subjects differ significantly on deficiency in social contacts dimension of subjective well-being. Deficiency in social contacts is found more in male elderly than female elderly because the area of social contacts of males is vast. There are many
other people besides family members and relatives like friends, colleagues etc. After retirement we see a sudden decrease in contacts in the life of male elderly because those contacts are related to their profession or workplace so after retirement decline is natural. While the area of females is limited and most of the females are not working outside so they have a few contact. Owing to this, they have no reason in decrease in their contacts. As for working women are concerned comparatively they are centered in their home and family. Therefore, it is natural in male elderly the deficiency in social contacts.

11. The finding indicates male and female subjects differ significantly on General well-being negative affect dimension of subjective well-being. General well-being negative affect is found more in female elderly than male elderly. Its cardinal reasons are being more educated and being financially strong males are considered so-called superior socially. For instance, males are the head of the family so they are free and willful. While females, generally are less educated and financially depend upon males. This dependence is the root cause of their negativity. Therefore, it is natural of being more general well-being negative affect in female elderly. Institutionalized elderly have more general well-being negative affect than home-based elderly because home-based elderly have many domestic and social intimacy and business that break the dullness and silence of life and give way to well-being in the life of elderly. While institutionalized elderly lack such kind of intimacy and business that give way to dullness in life and seclusion that cause many negative mentality. Therefore, it is clear that institutionalized elderly have more general well-being negative effect than home-based elderly.

The tenth hypothesis stated that there would be significant interaction between residential status and gender on different dimensions of subjective well-being. When we think of all eleven dimensions of subjective well-being and statistical analysis, it was found that residential status and gender did not interact in a significant way to influence 9 dimensions of subjective well-being. So the hypothesis was almost rejected. In order to understand properly the reason and explanation of verification separate discussion is given below.

1. The F-ratio for the interaction between residential status and gender is .38, which is statistically not significant at .05 level of confidence. This result indicates that residential status and gender do not interact in a significant way to influence general well-being positive affect. It
was found that residential status and gender independently influence general well-being positive affect of the elderly but when their effects are combined their interactional effect comes to be insignificant, indicating that the individual effects of residential status and gender of elderly subjects dissipate when their effects are combined.

2. The F-ratio for the interaction between residential status and gender is .02, which is statistically not significant at .05 level of confidence. This result indicates that residential status and gender do not interact in a significant way to influence expectation achievement congruence. It was found that gender independently influences expectation achievement congruence of the elderly but residential status does not influence expectation achievement congruence independently. And when their effects are combined their interactional effect comes to be insignificant, indicating that the individual effects of residential status and gender of elderly subjects dissipate when their effects are combined.

3. The F-ratio for the interaction between residential status and gender is .0079, which is statistically not significant at .05 level of confidence. This result indicates that residential status and gender do not interact in a significant way to influence confidence in coping. It was found that gender independently influences confidence in coping of the elderly but residential status does not. But when their effects are combined their interactional effect comes to be insignificant, indicating that the individual effects of residential status and gender of elderly subjects dissipate when their effects are combined.

4. The F-ratio for the interaction between residential status and gender is .003, which is statistically not significant at .05 level of confidence. This result indicates that residential status and gender do not interact in a significant way to influence Transcendence. It was found that gender independently influences confidence in coping of the elderly but residential status does not. But when their effects are combined their interactional effect comes to be insignificant, indicating that the individual effects of residential status and gender of elderly subjects dissipate when their effects are combined.

5. The F-ratio for the interaction between residential status and gender is .053, which is statistically not significant at .05 level of confidence. This result indicates that residential status and gender do not interact in a significant way to influence family group support. It was found that residential status and gender independently influence general family group support of the
elderly but when their effects are combined their interactional effect comes to be insignificant, indicating that the individual effects of residential status and gender of elderly subjects dissipate when their effects are combined.

6. The F-ratio for the interaction between residential status and gender is .236.52, which is statistically significant at .01 level of confidence. This result indicates that residential status and gender interact in a significant way to influence social support. It was found that residential status and gender independently influence general social support of the elderly and when their effects are combined their interactional effect comes also to be significant.

7. The F-ratio for the interaction between residential status and gender is .018, which is statistically not significant at .05 level of confidence. This result indicates that residential status and gender do not interact in a significant way to influence primary group concern. It was found gender independently influences general primary group concern of the elderly but residential status does not. And when their effects are combined their interactional effect comes to be insignificant, indicating that the individual effects of residential status and gender of elderly subjects dissipate when their effects are combined.

8. The F-ratio for the interaction between residential status and gender is .002, which is statistically not significant at .05 level of confidence. This result indicates that gender and residential status do not interact in a significant way to influence mental mastery. It was found gender independently influences general mental mastery of the elderly but residential status does not. And when their effects are combined their interactional effect comes to be insignificant, indicating that the individual effects of residential status and gender of elderly subjects dissipate when their effects are combined.

9. The F-ratio for the interaction between residential status and gender is .097, which is statistically not significant at .05 level of confidence. This result indicates that residential status and gender do not interact in a significant way to influence perceived ill health. It was found that residential status and gender independently influence perceived ill health of the elderly but when their effects are combined their interactional effect comes to be insignificant, indicating that the individual effects of residential status and gender of elderly subjects dissipate when their effects are combined.
10. The F-ratio for the interaction between residential status and gender is 170.05, which is statistically significant at .05 level of confidence. This result indicates that residential status and gender interact in a significant way to influence social contact. It was found that residential status and gender independently influence social contact of the elderly and when their effects are combined their interactional effect comes also to be insignificant.

11. The F-ratio for the interaction between residential status and gender is .38, which is statistically not significant at .05 level of confidence. This result indicates that residential status and gender do not interact in a significant way to influence general well-being negative affect. It was found that residential status and gender independently influence general well-being negative affect of the elderly but when their effects are combined their interactional effect comes to be insignificant, indicating that the individual effects of residential status and gender of elderly subjects dissipate when their effects are combined.

Result presented table-5.12.1 for death anxiety reveals that the F-ratio for the main effect of residential status on death anxiety is 721.06, which is statistically significant at .01 level of confidence. The mean Scores were 48.47 and 45.51 for institutionalized and home based elderly participants, respectively. In the way it was found that death anxiety of institutionalized elderly were significantly greater than home based elderly. Thus the eleventh hypothesis there will be significant difference between institutionalized and home based elderly subjects on death anxiety has been accepted.

When we think of all items of the scale (death anxiety) responses and statistical analyses, we came to know that living place (shelter or home) has direct impact on death anxiety. In the matter of death anxiety, place of living is such kind of stimulus may lead itself to many types of emotional aspects. Thus, living place is a multidimensional factor that affects death anxiety through several aspects. In this respect, if we talk about shelters, they are generally built away from the main city, solitary of unpopulated area. In such condition it is very difficult to maintain the relationship with these institutionalized elderly. As result, this seclusion is highly important factor in death anxiety. Besides these the secluded, dull and shattered life of old age homes may cause to develop for many mental problems. In shelter there is no ceremony celebration like home and thus the life in shelter becomes more boring and uninteresting. These factors may cause to increasing death anxiety and the most important factor is that inspite of having facilities
of hospital and medicines these elderly feel the lack of emotional support and security. In shelter elderly see the declining bodies of other elderly and their death that remind their own inheritable death that has been seen as the pivotal factor of death anxiety. Moreover absence of family member’s love and unassured life of shelter, give them more troubles, pain to elderly people living in old age home. On contrary to it home based elderly do not have all aforementioned negative aspects of old age homes, engagements in the social and domestic activities May causes to decrease their death anxiety. Thus the atmosphere of unseparated family life increased their life energy and decreases their death anxiety. Therefore, home based elderly have less death anxiety than institutionalized elderly. The studies conducted earlier have shown contradictory results. In some studies home based elderly were found to have more death anxiety than institutionalized elderly, while in other studies institutionalized elderly were seen to have more death anxiety than home based elderly. Mimrot (2011) found that old people living in the family exhibit more death anxiety than institutionalized old people. While the study carried out by Trivedi (2012) found that no significant difference between elderly staying in old age home and staying in their home on death anxiety.

The twelfth hypothesis stated that there will be significant difference between male and female elderly subjects on death anxiety. The mean Scores were 47.26 and 47.23 for male and female elderly participants, respectively. In the way there is no significant difference of death anxiety between the two. It was found that male elderly subjects and female elderly subjects have almost same amount of death anxiety. Thus the hypothesis did not approve. In the matter of death anxiety gender is such a variable that does not affect death anxiety directly. The old age influences male and female alike. The continuous physical and mental changing and weakness in old age affect both genders equally. These symptoms of aging give rise the questions of death, because old age is pervaded over both genders in same manner. Therefore, the questions of death for both are alike.

Besides there are other negative pivotal stimulus like the experiences of death of same aged man, and fear of fatal diseases give terrific impact on both male and female elderly alike. Finally, the most pivotal reason is that death does not think about gender. This concept is clear in the mind of every elderly whether they are male or female. Therefore, no direct impact of gender on death anxiety was observed. This finding gets a support from the investigation conducted by
Trivedi (2012). In his study male and female elderly show no difference in relation to Death anxiety. Mimrot (2011) found that no significant gender differences are observed in death anxiety. This indicates that gender has no influence on death anxiety.

The thirteenth hypothesis stated that “There will be significant difference between Place and gender on death anxiety”. The F-ratio for the interaction between residential status and gender is 0.0002, which is statistically not significant at .05 level of confidence. This result indicates that residential status and gender not interact in significant way to influence death anxiety. So the hypothesis has been rejected. It was found that residential status independently influences death anxiety of the elderly but gender does not influence death anxiety independently. And when their effects are combined their interactional effect comes to be insignificant. It, thus, suggests that to be institutionalized elderly and is sufficient to feel greater amount of death anxiety.

The fourteenth hypothesis stated that “There will be significant difference between institutionalized male and home based male elderly subjects on Death anxiety.” The mean scores were 49.00 and 45.52 for institutionalized male and home based male participants, respectively. In this way it was found that death anxiety of home-based male were significantly greater than institutionalized male, thus the hypothesis has been accepted. We get significant difference of death anxiety between the two groups. On one side home based male elderly have contact with family members, assurance of family members and emotional security; on the other side institutionalized male elderly are affected with emotional insecurities and isolation. So institutionalized males are more likely to experience greater amount of death anxiety

Being away of shelter from society gives those elderly a kind of alienation and isolation and being established away from main course cuts these male elderly from social contact. The dull life of shelter fed up them. All aforesaid negative points are responsible for death anxiety. On contrary to it, home based male elderly lacks the aforementioned above negative points, and comparatively home based male elderly have more social and domestic activities than institutionalized elderly male that give them life giving current and diminish the quantity of death anxiety therefore, it is natural of being more death anxiety in institutionalized male elderly than home based male.
The fifteenth hypothesis stated that there will be significant difference between institutionalized female and home based female elderly subjects on death anxiety. The mean scores were 48.95 and 45.50 for institutionalized female and home based female participants, respectively. The Death anxiety of home-based female elderly was significantly less than institutionalized female elderly and there is significant difference between the two. Therefore, the hypothesis is approved. Like the male elderly female elderly, too, have impact of living place in the matter of death anxiety.

On one side home based female elderly have different types social and domestic activities and business that diminish their death anxiety while on the other side, institutionalized female elderly lives have no such domestic and social activities and business like female elderly that way give way to isolation and sadness that may cause to increase the quantity of death anxiety. Beside these secluded, isolated and dull daily activities of shelter life may lead to developed to mental problems like depression, sadness in the lonely life of female elderly. While the life of home based female elderly comparatively is more active, qualitative that increases their life giving energy and diminish their death anxiety. Therefore, from aforementioned details it is clear that the death anxiety of institutionalized female elderly is more than home based female elderly.

The sixteenth hypothesis stated that “There will be significant difference between home based male and home based female elderly subjects on death anxiety.” The mean scores were 45.52 and 45.50 for institutionalized female and home based female participants, respectively. The difference between two means is .02, which is smaller than the critical difference (5). It was found that home based and home based female elderly subjects have almost same amount of death anxiety. Thus the hypothesis did not approve. In the matter of death anxiety gender is such a variable that does not affect death anxiety directly. Old age influences male and female alike. The continuous physical and mental changing and weakness in old age affect both genders equally.

The seventeenth hypothesis stated that there will be significant difference between institutionalized male and institutionalized female elderly subjects on death anxiety. The mean scores were 49.00 and 48.95 for institutionalized male and institutionalized female participants, respectively. The difference between two means is .05, which is smaller than the critical
difference (5). It was found that home based and home based female elderly subjects have almost the same amount of death anxiety. No impact of gender on death anxiety was observed because the factors responsible for death anxiety influence both males and females living in old age home alike.