CHAPTER – 3

Objectives & Hypotheses

On the basis of review quoted in the previous chapter it is apparent that these studies cannot be made use of as a model for the present study because different researches have adopted different theoretical frameworks and adopted different definitions in context to quality of life, life orientation and depression in old age. Many people have a tremendous dread of growing old. A great deal of activity during the working years is aimed at preventing as many of the problems of old age as possible like dependency on others, lack of money, boredom, loneliness, ill health, helplessness, pessimism, depression and so forth.

Growing old is a natural part of life’s process. It can be hard when aging leads to a loss of self-reliance and loved ones such as the death of a spouse. Besides these the health problems trigger the problem of depression in old people especially when one does not have a strong support system. Families are still a better option for elderly persons because living in families and participating in familial matters boost up their will power and confidence. This goes a long way in coping up with their daily lives even when suffering from a self limiting disease. Further it enhances their self esteem and improves the quality of life and well being. The positive outlook and favourable quality of life enhance their overall perception of their health and lower the depression levels, hopelessness and pessimistic ideas.

It may be challenging adjustments for individuals who are used to having a loved on their own i.e. spouse alive or living on their own i.e. spouse is not alive and caring for themselves alone. For such elderly, compounded losses of spouse,
siblings and friends because tremendous changes i.e. affect the overall well being, lower the self esteem, reduced level of functioning that can further lead to depression. Many of the critical issues surrounding widowhood have to do with its consequences, particularly in regard to health and mortality, psychological well being and social relations. Not surprisingly, widowed persons have been found to score lower on measures of psychological well being, optimism and higher on measures of depression, loneliness and anxiety than married persons as widowhood tends to be quite devastating psychologically.

Keeping in mind the above issues, it becomes imperative to compare the elderly people whose spouse is not alive and the elderly people whose spouse is still alive on different parameters, the following problem has been undertaken for the present study.

**Problem**

To assess and compare the levels of quality of life (QOL), optimism and depression of widowed elderly and married elderly people.

Keeping into account the above problem in mind the following objectives have been formulated:

**Objectives**

1. To assess and compare the level of QOL (physical, psychological, social & environmental) amongst widowed and married elderly people.

2. To assess and compare the level of optimism amongst widowed and married elderly people.

3. To assess and compare the level of depression amongst widowed and married elderly people.

4. To assess and compare the gender differences amongst widowed and married elderly people on QOL, optimism and depression.

On the basis of above objectives the following hypotheses have been formulated:
Hypotheses

1. There would be significant difference between the levels of QOL of widowed and married elderly people.

2. There would be significant difference between the level of optimism of widowed and married elderly people.

3. There would be significant difference between the level of depression of widowed and married elderly people.

4. There would be significant sex differences in the levels of QOL, optimism and depression.