SUMMARY
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Ageing by virtue of itself, indicates multiple problems and losses e.g. loss of status, income, health, company, independence, security of accommodation and life itself. These directly effect their quality of life and general well-being. Relatively only a few elderly people have adequate wealth and income from investments to meet their needs and most of them have to depend on economic assistance from formal or informal sources, such as government voluntary organisations, churches, friends and kins. In Indian context a large section of population is still living below poverty line and the economic position of rural aged is relatively lower as they are neither supported by social security programmes of state nor by the family. With increased dependence on others the general well-being and quality of life of aged is effected. The person who were at the helm of affairs and every decision was taken by them, now are seldom consulted by their wards, their physical condition, their economic condition all results in depression and loss of self-esteem. With advancing age, there is decline in health and individuals can loose their independence, social roles, social status, become isolated and change their self-perception. Depression is a common and serious psychiatric problem in the elderly causing sufferings to them and their care givers. The symptoms are similar to those found in younger patients, but certain symptoms such as somatization and agitation are more common. Social support has an implication for the well-being
and welfare of the aged. In this respect, the aged in India have been more fortunate than their counterparts in western societies in the sense that in India the older people hold a prestigious position in the family and society. But with technological advancement, rapid urbanization, and break-up of joint family system the situation has been changed and older people feel that their life and money is not safe as long as they are in the clutches of the servants and feel very lonely and insecure. Studies have reported that social support significantly effect life satisfaction and depression (Newsom & Schulz, 1996), self-esteem, self-image, well-being (Kumar, 1995), quality of life and health amongst the aged.

Due to the changes in social set-up and consequently the plight of elderly many welfare organizations (NGO's) and even at governmental level efforts are being made and a number of oldage homes are started day by day. Now, it is widely experienced in the developed countries that the institutionalized care has its own limitation and may not be total substitute for home care. Therefore, it is the right time for the developing countries to think before going in for the western model (i.e. institutionalized care) and to devise an indigenous model for their care so that they can live with dignity, purpose and hope in life. Keeping the problem faced by the aged and the question of care i.e. institutional versus home based, the present study was designed to investigate the general well-being of aged.

The problem is entitled as: "General well-being amongst Institutionalized and non-institutionalized aged subjects".
OBJECTIVES:

The following are the objectives of the study:

1. To study the general well-being of male and female, institutionalized and non-institutionalized aged.
2. To study the general well-being of non-institutionalized rural and urban aged.
3. To study the relationship of general well-being with social support, financial support, daily activity and perceived financial satisfaction level amongst the aged.
4. To identify the determinants of general well-being amongst the aged.

HYPOTHESES:

To fulfill the objectives of the study the following hypotheses were formulated:

1. General well-being of non-institutionalized aged would be better than the institutionalized aged.
2. Males would have better general well-being than females.
3. Urban aged would have better general well-being than the rural aged.
4. Activity, financial and social support would correlate positively with general well-being amongst the aged.
METHODOLOGY

DESIGN:
For the study of general well-being of institutionalized and non-institutionalized, male and female aged, a 2x2 factorial design was used. One factor was gender (A) having two levels i.e. males (a₁) and females (a₂). The other factor was care (B) having two levels i.e. institutionalized care (b₁) and non-institutionalized care (b₂). To study the relationship of daily activity, financial and social support with measure of well-being a correlational study design was used.

SAMPLE:
A total of 371 institutionalized (n = 171, males = 71, females = 100) and non-institutionalized (n = 200, males = 100, females = 100) were selected by following a non-random purposive sampling procedure.

TOOLS USED:
For measuring the general well-being of the institutionalized and non-institutionalized subjects a battery of the following tests/scales was administered.

(1) General Well-being: For measuring general well-being a battery of following measures was used.

(i) Beck Depression Scale: (Beck, Ward, Mandelson, Mock & Erbaugh, 1961)
(ii) Goldberg Health Questionnaire-12: (Goldberg & Hillier, 1979).

(iii) Self-esteem Inventory: (Backman, O’Malley & Johnston, 1978)

(iv) Life Satisfaction Scale: (Warr, Cook & Wall, 1979)

(v) Distressed Sleep: A nine-item checklist especially designed for distressed sleep was administered

2) Social support questionnaire (SSQ): (Sarason, Levine, Basham & Sarason, 1983) was used for measuring social support.

3) For measuring activity level, financial support and perceived financial satisfaction level, checklists were prepared and used.

PROCEDURE:

All the measures were administered by the investigator uniformly, adhering to the standard procedure to all the subjects. Since, there were common variants (i.e. gender and institutionalization) and all the measures correlated highly with each other in the expected direction, the scores on all the measures included in the battery of general well-being were transformed into a single global score, following the simple additive model. The reciprocals of obtained scores on distressed sleep, general health and depression were added to the sum of scores on self-esteem and life satisfaction, to give the single global score of general well-being.
ANALYSIS:

In addition to measures of central tendency and variability the data were analyzed by employing 2x2 ANOVA and Pearson's coefficient of correlation. Stepwise multiple regression was also done to identify the predictors of general well-being.

MAIN FINDINGS:

- The institutionalized and non-institutionalized aged scored equally on measures of general well-being.
- The urban and rural aged also scored equally on measures of general well-being.
- Male aged subjects were found to have better general well-being as compared to female aged subjects.
- The interaction of care (institutionalised and non-institutionalised) and gender (male and female) was found to be significant. Non-institutionalised males have better general well-being than institutionalised males. Institutionalized and non-institutionalised females scored almost equally on measures of general well-being.
- The degree of satisfaction from the available support, financial support and perceived number of available persons for social support were found to be the significant predictors of general well-being.

CONCLUSIONS

On the basis of the findings of the study, it is concluded that the Institutionalized and non-institutionalized aged do not differ as far as their general well-being is concerned. Rural and urban aged also scored almost
equally in their general well-being. Males have been found to have better general well-being than females. The interaction of care (institutionalized and non-institutionalization) and gender (male and female) was also found to be significant. Non-institutionalized aged males were having better general well-being as compared to their institutionalized counterparts. However, the institutionalized and non-institutionalized females scored almost equally on measures of general well-being. Thus it is evident that the institutionalization of the aged have differential impact on male and female aged. More precisely it influences the general well-being of the male adversely but not of the females. The findings also revealed that social and financial support are the significant predictors of general well-being amongst the aged. The most significant predictor came out to be the degree of satisfaction derived from the available social support. The financial support and the perceived number of persons available for the social support were the other respective significant predictors of general well-being. It appears that it is not only the quantity of social support but also the quality of the social support that matters the most.