Summary and Conclusions
CHAPTER VI

SUMMARY AND CONCLUSION

The rapid scientific and technological developments in modern era especially in the area of medicine and improved living standards of human beings are responsible for the increase of life span in developed and developing countries. So the population of the aged in country are increasing and posing a new responsibility on the society i.e. the welfare and utility of the services of the aged for the society. Enormous studies are conducted to find out the impact of various factors on wellbeing of the aged but as the culture and time plays a major role in determining the well being of the aged, still there is a scope for further studies in this area. The present study is conducted to find out the impact of Gender and Locus of Control on the wellbeing of the aged, and along with this suggestion of the aged regarding the factors of their wellbeing, utility of their services in the society and the religious practices are analyzed.

Objectives:

1. To study the level of wellbeing experienced by the aged
2. To examine the impact of gender on the wellbeing of the aged
3. To study the locus of control of the aged
4. To examine the impact of locus of control on wellbeing of aged.
5. To identify the activities suggested by the elderly for their participation in the society.

6. To highlight the factors suggested by the aged for their wellbeing.

7. To study the pattern of religious activities of the aged.

Sample:

A random sample of 300 aged (60+) is drawn from the population of in and around Guntur, A.P., India. The age of the sample ranges from 65 to 75. It consists of 150 men and 150 women. Non-probability random sampling design is used for sample selection. It is a deliberate, purposive, judgment sampling.

Instruments Used:

1. A wellbeing questionnaire schedule prepared by the investigator to measure the wellbeing of the aged.

2. Locus of Control scale by Sanjay Vohra to determine the Locus of Control of the aged.

3. Openended questions for collecting data regarding their suggestions on
   (a) Wellbeing factors.
   (b) Service Activities suggested for their participation in the society.

4. An Interview with the sample on religious practices.
Data Analysis:

To collect the data the investigator approached the sample personally and data is being collected. Quantitative and Qualitative analysis procedures are used in the study.

i. To find the level of wellbeing and the classification, the Mean, standard deviation, skewness and Kurtosis and ANOVA is used. To find the contribution of different factors content analysis is also used.

ii. To examine the impact of gender on wellbeing. The Percentage, the Mean, the Standard Deviation are used. The qualitative content analysis is used to find the contribution of different factors on wellbeing between male and female.

iii. To find the impact of Locus of Control on wellbeing, the Mean, Standard deviation, and ANOVA are used.

iv. To analyze the suggestion by the elderly and religious practices the content analysis is conducted through percentages.

6.2 Findings of the Investigation:

The findings of the study are given below:

1. The aged are expressing moderate level of wellbeing (68.95).
   High percentage of Aged belongs to high wellbeing group and a neglected percentage belongs to very low wellbeing groups.

2. There is significant gender difference exists in the wellbeing of the aged. Male showed higher wellbeing than the female.
There is high correlation between male and female contributions components of wellbeing. Family relations, social support, spouse’s support and life satisfaction ranked almost similar in both gender. But the difference in ranking certain components of wellbeing exists.

3. High percentage (67%) of aged expressed external locus of control and only 6% expressed internal locus of control.

4. Aged with internal locus of control exhibited high wellbeing score than external & both category (Both externality and internality).

   In the above demographic Variables
   Uneducated group - Internals showed higher WB score
   Educated group - The both (internal – external) category showed high wellbeing.

5. The well being of the age with reference to demographic variables revealed that education, marriage, medium and high economic status family responsibilities, spouse’s health, involvement in social activities are associated with well being.
6. The suggestions given by the elderly for their wellbeing of themselves are categorized and given below:

<table>
<thead>
<tr>
<th>S.No</th>
<th>Conditions</th>
<th>Factors Suggested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Physical Condition</td>
<td>Health, Yoga and Exercise</td>
</tr>
<tr>
<td>2.</td>
<td>Psychological</td>
<td>Contentment, State of detachment, Settlement of children, Flexible personality,</td>
</tr>
<tr>
<td></td>
<td>Conditions</td>
<td>responsible life conditions, philosophical temperament, independent living.</td>
</tr>
</tbody>
</table>

7. The activities suggested by the aged for their wellbeing as well as for social utility:

(1) Counseling activities

(2) Social Service activities including canvassing on AIDS awareness

(3) Literacy Campaign

(4) Family planning and Health

(5) Popularization of Meditation for Health

(6) Helping in the domestic responsibilities of the family

(7) Activities related to transmission of our tradition & culture
8. The results of the structured interview on religious activities shows

1. 90% of women and 50% of men do daily prayers at home.

2. Many men and women preferred to participate in temple functions and religious meetings.

3. Less than half are attached to some service organization or other.

4. Only 10% expressed that they do not take part in any religious activities but they do believe in God and supreme power.

The implications of the study:

1. The finding of the study on the level of wellbeing of the aged helps to assess the present status of wellbeing of the elderly in policy making.

2. The percentage of contribution of different factors for the wellbeing that are assessed in the present study helps the
   (a) Middle aged for the preparation towards aging
   (b) Helps the aged for reorganization of their attitudes and behaviour patterns.

3. The result of the impact of gender on wellbeing and the differential contributing factors of male and female for wellbeing adds knowledge to gerontology – gender studies.

4. External Locus of Control, which is observed as prevalent in, aged in this study helps in the counseling of aged. As there are many studies which confirms internality associated with adjustment and mental health, these finding helps the counselor for proper therapeutic process.
5. The suggestions given by the elderly for their wellbeing helps both the family members and the policy makers for better decisions making.

6. The number of services helps the organizations for the utility of aged in society and thus for the enhancement of human resource utilization.

7. The findings of the study on the religious practices and beliefs of elderly may help for the establishment of 'Spiritual Clubs' for elderly.

8. Based on the needs and problems reported by the aged, orientations and training programs can be conducted for human resources development of the society.

**Outcome of Research:**

1. The data regarding wellbeing of the aged both component wise and gender wise is available.

2. A modified version of wellbeing scale of Indian culture is prepared.

3. The baseline data on the reports of aged regarding their suggestions for wellbeing, utility of their services, and the religious practices can be used for conducting seminars, workshops and conferences for discussion.

The finding helps for conducting "preparatory aging programmes for middle aged" and behavioural reorganization programmes for the aged.
6.4 Limitations of the Study:

1. In the present study of the elderly well-being only fourteen components are studied to assess the well-being. There may be yet some more components, which may need to be studied.

2. The exclusion of other bigger cities for the study geriatric wellbeing is a limitation in the present study; as the present study is confined to Guntur City.

3. The method of study is limited to survey and interview schedule.

4. A study of unmarried aged is beyond the preview of this investigation.

6.5 Suggestions for further Studies:

1. In depth study on the emerging challenges of elderly are needed.

2. Comparative studies in geriatric wellbeing are suggested in different regions.

3. Intervention programs are to be promoted to instill, sustain and promote value system in the young generation to mitigate the geriatric problems.