CHAPTER 5- SUMMARY

There are many national and international research studies published, related to perceived health and psychosocial risk factors that are related to the depression and various other variables, especially in case of aging adults. However, the knowledge derived by these researches is limited and it has been concluded that it is very necessary to understand depression and recognise it well on time especially concerning the aging adults.

Hence, it was decided to explore the correlation and impact of psychosocial risk factors on depression. This research entitled, “Psychosocial Risk Factors as related to Perceived Health Status and Depression in Elderly Population”, will not only provide an appropriate assessment tool to measures psychosocial risk factors in the lives of aging adults but will also study the correlation and the impact of the psychosocial risk factors on depression, perceived health and depression.

The causal research design to explain the whole phenomenon in terms of, if, “X exists then Y exists”. The sample which comprised of 280 aging adults, 140 in each category i.e. Institutionalized (residing in old age homes) and non- Institutionalized (residing in home settings), out of which, 70 males and 70 females were from Institutionalized category and 70 males and 70 females were from non- Institutionalized category, as the research focuses on the comparison between Institutionalized and non Institutionalized elderly. Each gender category again comprised of age categories 61-70 years and 71-80 years. Hence 35 males and 35 females residing in old age homes were in the age categories 61-70 years and 35 males and 35 females residing in old age homes were in the age categories 71-80 years. Similarly, 35 males and 35 females residing in home setting were in the age categories 61-70 years and 35 males and 35 females residing in home setting were in the age categories 71-80 years.

The sample was mentally and physically healthy, living in homes or institutions and Hindi/ English speaking. The study was conducted in the various districts of Rajasthan, that is, Hanumangarh, Sriganganagar, Bikaner, Jaipur, Ajmer and Jodhpur selected from the homes as well as the private and government residential institutions
working for the welfare of the elderly. All the institutions, from where the elderly were selected, had the population of 30 or more. The snowball method was utilised to select the subjects from home setting.

The data was collected in the form of qualitative as well as quantitative data. The qualitative data included in depth interviews of elderly who are residing in homes as well as institutional settings was comprised of the questions related to the experiences of the aged gathering the information related to the person’s attitude towards life. The semi-structured open ended questionnaire was used for the screening of mental and physical status. The two screening measurement used were the Short Form 36 Health Survey (SF-36) and the Short Portable Mental Status Questionnaire (SPMSQ). The short form 36 health survey measured the general health status of an individual. It was very necessary as in the aged, the physical health affects the psychological health. The short portable mental status questionnaire was used to measure the capacity of cognition in elderly. It measured the memory, concentration, orientation, their information related to the day to day events and mathematical capability.

In order to gather the quantitative data various measurements were used. Psychosocial risk factors scale was constructed. The various domains under this questionnaire were life events, coping resources, loss of self esteem, loss of meaningful roles, declining social contacts, lack of social support, reduced functional status or low financial resources, insecurity, dependency and caregiver burden. The language expression and the contents were altered by the experts related to the particular field and the tool was finalized with the 65 item in all. This questionnaire was also translated in Hindi with the help of experts. This was done after the pilot study was conducted with the English version of the questionnaire and it was observed that the elderly in the rural area were not able to understand the expressions of the questions and hence it was decided that the tool would be translated into Hindi. The tool was also checked for reliability using Cronbach Alpha. The pilot study was conducted on the sample of 20 using the convenient sampling. The other tools used for the study was the Geriatric Depression Scale by Leonowicz and General Well-being Inventory by Verma and Verma. The gathered data was analysed using the statistical package for social sciences, version 21. The various methods applied for the analysis of tablet data were mean, SD, Z test, coefficient correlation, analysis of
variance, Turkeys’ post hoc and Mann Whitney test. The results were stated according to the hypothesis. When the short Portable Mental Status Questionnaire was applied on the sample, it was found out that 198 persons made 22 mistakes, 54 made 3 to 4 mistakes, 16 made 5 to 7 mistakes, and 8 persons made 8 to 10 mistakes in answering the questions. The 8 persons with 8 to 10 errors were excluded from the study, as it shows deviated mental status. There were 5 drop outs after the introduction of the first questionnaire, hence the researcher collected the sample of 398, out of which 29 declined and the total sample remained to 280.

Describing the demographic information of the sample it can be said that, out of 280 sample, 50 percent (N-140) were males and the rest 50 percent (N- 140) were females. 25 percent (N- 70) of males and 25 percent (N-70) of females belonged to the age category 61 to 70 years and the rest 25 percent (N- 70) of males and 25 percent (N- 70) of females belonged to the age category 71 to 80 years. The 20 percent (N- 56) of samples was married, 58.5 percent (N-164) were widows or widowers, 13.9 percent (N- 39) was single, 6 percent (N- 17) were divorced or separated and 1.4 percent (N-4) did not declare their marital status. The educational status of the sample concludes that 35 percent (N- 99) of them were illiterate, 29 percent (N- 81) completed the elementary school, 13 percent (N- 36) passed out the middle school, 13 percent (N-36) passed out the high school, 8 percent (N- 21) were graduates, and 2 percent (N- 6) did more than graduation. Employment status of the sample states that 5 percent (N - 13) was still in full time employment, 18 percent (N- 51) worked in part time jobs, 12 percent (N- 34) were retired and receiving pension, the major part, 48 percent (N - 135) were not retired and not receiving any pension and 17 percent (N- 47) were unemployed. Out of the entire sample, 1.7 percent (N- 5) had no children, 37.8 percent (N- 106) had 1-2 children, 31.4 percent (N- 88) had 5-7 children, and 28.9 percent (N-81) had 7-9 children.

Most of the Institutionalized aging adults were widows, widowers and single. They had lower educational achievements, especially women were less educated. Most of them did not have any source of income. They had children who were either busy or not concerned about their welfare. Their children did not visit them as frequently they expected them to. The women had more expectations of regular visit
from their children. Few came to the institutions with their own will. In initial stage, they usually do not wish to stay, but with the passage of time they got adjusted and accept the change. However, they missed their homes and family members.

Pearson’s correlation coefficients were computed among the four variables i.e. Well being, depression, psychosocial risk factors and perceived health status. There was observed a significant negative correlation between psycho social risk factors and Perceived Health Status in aging adult. The correlation observed was not significant between psycho- social risk factors and Depression in aging adults. The correlation observed was not significant between psycho-social risk factors and Wellbeing in aging adults. The correlation observed was not significant between perceived health status and depression in aging adults. The correlation observed was not significant between perceived health status and well being in aging adults was observed. And last but not least, there was observed a significant negative correlation between depression and well being in aging adults.

The two groups, that is, aging adults residing in the institutions and those not residing in the institutions have a significant difference in the psychosocial risk factors scores. The aging adults residing in home settings had a higher range of negative Psycho Social Factors as compared to their counterparts, the impact of which was observed on the health status of elderly. As there is negative correlation in the psychosocial risk factors and the health status, the health status of Institutionalized elderly in Institutionalized elderly was better as compared to the non Institutionalized elderly.

A z-test was conducted comparing the General Health mean scores of the Institutionalized aging adults to the non- Institutionalized aging adults. The two samples had a statistically significant difference. It concludes that the two groups, that is, aging adults residing in the institutions and those not residing in the institutions have a significant difference in the general health scores. The aging adults living in their homes had a better general health scores as compared to their counterparts. No impact of general health was observed on depression and well-being of elderly.

A z-test was conducted comparing the mean scores of well being of the Institutionalized aging adults to the non- Institutionalized aging. The two samples had
statistically significant difference. The Non- Institutionalized aging adults had better well-being as compared to their counterparts, the impact of which was observed on the depression scores. As the wellbeing scores were lower in the Institutionalized elderly, the depression scores were more in them as compared to their counterpart.

A z-test for means of depression was conducted comparing the Institutionalized aging adults to the non- Institutionalized aging adults in the gender and category with age groups 61-70 years and 71-80 years. The samples had statistically significant difference, and the Institutionalized aging adults were found to have more depression scores as compared to their counterparts.

A Wilcoxon Mann Whitney test indicates that perceived health status was better and depression was low in married persons as compared to the single/ divorced/ widows/ widowers. No significant difference was observed in the general health and psycho-social risk factors.

The test also indicates that persons with good education (graduates and above) had better well being and depression was low as compared to the lesser educated persons. No significant difference was observed in the general health and psycho-social risk factors.

It can be concluded employed and self sufficient persons had better well being and depression was low as compared to the dependent persons. No significant difference was observed in the general health and psycho-social risk factors.

Studying the sample in context to geographical area, the result concludes that persons living in urban area had better well being and depression was low as compared to the persons living in the rural area. No significant difference was observed in the general health and psycho-social risk factors.
Concluding that although negative psychosocial risk factors in an individual life affect the health status of a person, it does not affect any other variable. The well-being is a mental status which is entirely different from what is happening with the physical health of a person. It is not necessary that if the health of a person is poor his well-being will also be low. A person with very poor health can have a good well-being and thus no depression at all. On the other hand, a person with a treatable health problem may have poor well-being and severe depression. In the present research the major deductions are that-

1. Psychosocial risk factors in an individual’s life and perception of health are two different entities. They are not correlated.
2. Psychosocial risk factors and health status are negatively correlated; it seems that psychological environment of a person has a negative impact on the health of an individual.
3. Neither negative psychosocial risk factors nor poor health status results in depression.
4. Depression is the end product of perception of life; it is how one weighs one’s own self.
5. A person will suffer from depression only when his sense of well-being
and perception towards health is poor.

**Strength and Limitations of the Study**

The present study utilized standardized tools, appropriate and relevant for the particular age group. In addition, the changes were made according to the problems faced in the pilot study.

A good tool to measure psycho social factors in an individual’s life was constructed.

The research was delimited to the elderly, also excluding elderly beyond 80 years and above. The marital status was divided in only living with spouse and not living with spouse. The supportive activities in the institutions could have been used as interventional study, which was completely ignored in this study.

**Implications of the study**

The urban and rural areas can be compared as they have different mindset towards the family living. The elderly above the age 80 years will give a completely different picture when explored to assess the depression. Marital status can further be divided in various groups i.e. unmarried, divorced, separated etc., which will show a new face of depression. Cultural influences and cross-cultural comparisons can also be studied in the future studies. The psychosocial effects can be manipulated and intervention can be planned to see the effects. The duration of stay and willingness to stay in institution can also be explored in depth. Above all, longitudinal study is recommended for further researches.
Chapter 6- Conclusion

The results of the research entitled, “Psychosocial Risk Factors as related to Perceived Health Status and Depression in Elderly Population”, conclude that, most of the Institutionalized aging adults included in the research as subject were widows, widowers and single. They had lower educational achievements, especially women were less educated. Most of them did not have any source of income. They had children who were either busy or not concerned about their welfare. Their children did not visit them as frequently as they expected them to do. The women had more expectations of regular visit from their children. Few inmates came to the institutions with their own will. In initial stage, they usually do not wish to stay, but with the passage of time they got adjusted and accept the change. However, they missed their homes and family members.

It is usually believed that we are what our environment makes us. As mentioned earlier, perceived health is very different from the general health. It is the feeling of how a person assesses his health. On one hand a person critically ill may feel that he is capable to do his own work, while on the other hand another person may feel very low in an ordinary fever.

This research concludes that psychosocial risk factors affect the general health of an individual, i.e. when psychosocial risk factors are present, the health is negatively affected as the results show that the psychosocial risk factors affects the general health.

But psychosocial risk factors are not the reason behind the perceived health of a person. It is an independent entity. It is a learned behaviour. On one hand a person critically ill may feel that he is capable to do his own work, while on the other hand another person may feel very low in an ordinary fever. But this perceived health may lead to depression in a person with low will. When perceived health is poor, the depression increases, as these variables are negatively correlated. The results presented in the form of both quantitative and qualitative analysis of the data conclude that, the psychosocial factors are not the factors behind depression. An individual’s approach towards life and his attitude which is negative, brings in the depressive episodes. Hence the perceived health if poor, depression increases.

The psychosocial risk factors were found to be more in the elderlies’ life, who
were living in the families. This may be due to the fact that the person living in the family is concerned about whatever goes on in the family, the family member’s life and their attitude and behaviour. He is involved thoroughly in others life and either feels responsible for whatever goes on or holds others responsible for what goes on in his own life. Their health, financial status, relationships to each other, social status and personal life is important for him. So when something is wrong he gets affected and hence, more psychosocial risk factors are faced by him in his life. While a person who lives in an institution, have formal relationships. He neither is personally nor psychologically attached to the other house inmates. And hence, faces lesser psychosocial risk factors.

An analysis of variance on the various domains of psychosocial risk factors did show difference in the two categories but the domain Caring for Chronically ill scores showed no significant difference in any category. It seems that caring for chronically ill is equally stressful for all, whether living at home or in the institution.

The depression was observed to be more in the elderly living in the institutions as compared to those who live with the family members. The person living with the family members has very close relationships in his life. He is more concerned with the activities and reactions going on in his environment as compared to an individual who lives in a formal environment with distant relationships, as in institutions. Although there are more psychosocial risk factors in his life, he also has the support of one or few members from his family. If he has grudges against any family member, he has an opportunity to show and he is also free to pour his love and affection for others. Hence, he can get rid of all the frustration and pent up energies. This helps in ventilation and keeps him away from depression.

It appears that the home environment is more preferable by women as compared to men. As they spend the whole life around their family, their mental health is more affected negatively in the institutional settings. Men do not seem to be affected much. Individuals who are Institutionalized are restricted to the normal social contacts, they lose interest in various types of activities they enjoyed earlier, start focusing towards death and suicide. These elderly unsatisfied, feel failure, have sleep disorders and feel lonely that they have to see the last stage of the life all alone.

General Health mean scores of the Institutionalized aging adults as compared to
the non-Institutionalized aging had a statistically significant difference. The two groups, that is, aging adults residing in the institutions and those not residing in the institutions have a significant difference in the general health scores. The aging adults living in their homes had a better general health scores as compared to their counterparts. Health is not only the result of good food. Along with it absorption of nutrients, mental health and exercise too are important. The person at home is involved in lots of household chores, which involves walking, climbing, use of limbs and spine. This helps a person to keep fit. At formal setup, he is concerned only about his own duties and does not need to work much. Also young children at home are not only responsible for adults’ physically strenuous daily routine but also are the source of entertainment and pure happiness. This keeps the elderly at home, happy and contended. This surely affects the health.

A one-way between subjects - Analysis of Variance conducted to compare the effect of residence type on various aspects of General Health (physical functioning, role limitations due to health problems, role limitations due to personal and emotional problems, energy/ fatigue, emotional well being, social functioning, general health perception and pain) in the age groups 61-70 years and 71-80 years showed no significant effect of the type of residence on these domains. Hence, it can be concluded that health is very important and the influence of residential setting was observed on the health status of aging people, which was better in the case of elderly living at home. But the various domains of health showed no significant difference in reference to gender and both the age categories.

The perceived health of the Institutionalized aging adults when compared to the non-Institutionalized aging adults showed statistically significant difference. The Non-Institutionalized aging adults had better perceived health as compared to their counterparts. The elderly living with family members receive support, care, the type of environment and social contact they expect. The institutions professionally deal the aging adults, many of these providing proper health care and other facilities, but might be lacking what aging adults get at home. Although they have a company of their own kind, with similar problems and experiences to share, but still it takes lots of time to accommodate to the new environment or live in the environment of which they are not accustomed of.
The perceived health status was better and depression was low in married persons as compared to the single/ divorced/ widows/ widowers. The married people share their good and bad times. They have a helping hand and a shoulder to cry, which keeps them mentally healthy to think positive about themselves. No significant difference was observed in the general health and psycho- social risk factors.

The persons with good education (graduates and above) had better perceived health and depression was low as compared to the lesser educated persons. The education improves the outlook of a person towards life. He has more open attitude, understanding and ways to come out of difficult times. This helps to maintain the mental health of a person. No significant difference was observed in the general health and psycho- social risk factors.

It can be concluded employed and self sufficient persons had better perceived health and depression was low as compared to the dependent persons. Poor perceived health is a sign of insecurity that no help would be available in need. While an independent person is self sufficient to take care of all mishappenings. No significant difference was observed in the general health and psycho- social risk factors.

Studying the sample in context to geographical area, the result concludes that persons living in urban area had better perceived health and depression was low as compared to the persons living in the rural area. This might be because of openness and flexibility that a person living in urban area has. No significant difference was observed in the general health and psycho- social risk factors.

Tukey Multiple Comparisons of Means at 95% Confidence Level was when used to compare the a) Psychosocial Risk Factors – wise b) General Health wise c) Perceived Health wise and d) Depression wise mean scores showed no age wise differences at all, hence, rejecting the 8, 10, 12 and 14. The results show that the differences in these areas are visible only residence wise. Hence, whatever the age, whatever environment elderly get, they get adapted only when they live with their own people. Once they are uprooted from their roots, they are apt to face the disturbances.

To conclude, person’s self sufficiency is the only material that helps the person to face his life’s psychosocial factors and thus keeps the general health better, keeps his perceived health status positive and thus keeps the depression away.
Figure 4a

Marital Status of the Sample (N=280)
Figure 4b
Educational Status of the Sample (N=280)
Figure 4c
Employment Status of the Sample (N=280)

- Full-time Employment: 18
- Part-time Employment: 5
- Retired (receiving a pension): 12
- Unemployed: 17
- Not in the labor force: 48
Figure 4d
Length of Stay of the Sample in Institution (N=140)
Figure 4f

Pearson Correlation Coefficients for the measures: General Health, Psycho Social Risk Factors, Depression and Perceived Health Status
Figure 4g
Psycho-social Risk Factors Scores

Institutionalized Aging Adults
Non-Institutionalized Aging Adults

Scores
Mean

Residence Type
Figure 4h

$Z$ value (Psychosocial Risk Factors Scores of Institutionalized and Non Institutionalized Aging Adults)
Figure 4i

General Health Scores

Institutionalized Aging Adults
Non-Institutionalized Aging Adults

Mean

Scores

Residence Type
Figure 4j

Z value (General Health Scores of Institutionalized and Non Institutionalized Aging Adults)
Figure 4k

Perceived Health Status

Well-being Scores

Mean Scores

Residence Type

Institutionalized Aging Adults

Non-Institutionalized Aging Adults

14.86

10.36
Figure 4l

Z value (Perceived Health Status Scores of Institutionalized and Non-Institutionalized Aging Adults)
Figure 4m
Percentage of Aging Adults Suffering Depression
Figure 4n

Depression Scores

Institutionalized Aging Adults

Non-Institutionalized Aging Adults

Mean Scores

Residence Type
Figure 40
Z value (Depression Scores of Institutionalized and Non Institutionalized Aging Adults)
### Short Form Health Survey (SF 36)

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Items</th>
<th>Excellent (1)</th>
<th>Very Good (2)</th>
<th>Good (3)</th>
<th>Fair (4)</th>
<th>Poor (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>In general, would you say your health is:</td>
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<td>2.</td>
<td>Compared to one year ago, how would your rate your health in general now?</td>
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<td></td>
<td>Vigorous activities, such as running, lifting heavy objects,</td>
<td>Yes, Limited a Lot (1)</td>
<td>Yes, Limited a Little (2)</td>
<td>No, Not limited at All (3)</td>
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<td></td>
<td>participating in strenuous sports.</td>
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<td></td>
<td>Moderate activities, such as moving a table, pushing a vacuum cleaner,</td>
<td>Yes, Limited a Lot (1)</td>
<td>Yes, Limited a Little (2)</td>
<td>No, Not limited at All (3)</td>
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<td></td>
<td>bowling, or playing golf.</td>
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<td></td>
<td>Lifting or carrying groceries.</td>
<td>Yes, Limited a Lot (1)</td>
<td>Yes, Limited a Little (2)</td>
<td>No, Not limited at All (3)</td>
<td></td>
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<tr>
<td>6.</td>
<td>Climbing several flights of stairs.</td>
<td>Yes, Limited a Lot (1)</td>
<td>Yes, Limited a Little (2)</td>
<td>No, Not limited at All (3)</td>
<td></td>
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</tr>
<tr>
<td>7.</td>
<td>Climbing one flight of stairs.</td>
<td>Yes, Limited a Lot (1)</td>
<td>Yes, Limited a Little (2)</td>
<td>No, Not limited at All (3)</td>
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<td>8.</td>
<td>Bending, kneeling, or stooping.</td>
<td>Yes, Limited a Lot (1)</td>
<td>Yes, Limited a Little (2)</td>
<td>No, Not limited at All (3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Walking more than a mile.</td>
<td>Yes, Limited a Lot (1)</td>
<td>Yes, Limited a Little (2)</td>
<td>No, Not limited at All (3)</td>
<td></td>
<td></td>
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<tr>
<td>10.</td>
<td>Walking several blocks.</td>
<td>Yes, Limited a Lot (1)</td>
<td>Yes, Limited a Little (2)</td>
<td>No, Not limited at All (3)</td>
<td></td>
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<tr>
<td>11.</td>
<td>Walking one block.</td>
<td>Yes, Limited a Lot (1)</td>
<td>Yes, Limited a Little (2)</td>
<td>No, Not limited at All (3)</td>
<td></td>
<td></td>
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<td>12.</td>
<td>Bathing or dressing yourself.</td>
<td>Yes, Limited a Lot (1)</td>
<td>Yes, Limited a Little (2)</td>
<td>No, Not limited at All (3)</td>
<td></td>
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<tr>
<td>13.</td>
<td>Cut down the amount of time you spend on work or other activities.</td>
<td>Yes (1)</td>
<td>No (2)</td>
<td></td>
<td></td>
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<tr>
<td>14.</td>
<td>Accomplished less than you would like.</td>
<td>Yes (1)</td>
<td>No (2)</td>
<td></td>
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<tr>
<td>15.</td>
<td>Were limited in the kind of work or other activities.</td>
<td>Yes (1)</td>
<td>No (2)</td>
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<tr>
<td>16.</td>
<td>Had difficulty performing the work or other activities (for example, it took extra effort).</td>
<td>Yes (1)</td>
<td>No (2)</td>
<td></td>
<td></td>
<td></td>
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<td>17.</td>
<td>Cut down the amount of time you spend on work or other activities.</td>
<td>Yes (1)</td>
<td>No (2)</td>
<td></td>
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<tr>
<td>18.</td>
<td>Accomplished less than you would like.</td>
<td>Yes (1)</td>
<td>No (2)</td>
<td></td>
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<td>19.</td>
<td>Didn’t do work or other activities as carefully as usual.</td>
<td>Yes (1)</td>
<td>No (2)</td>
<td></td>
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<tr>
<td>20.</td>
<td>During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?</td>
<td>Not at all (1)</td>
<td>Slightly (2)</td>
<td>Moderately (3)</td>
<td>Quite a bit (4)</td>
<td>Extremely (5)</td>
</tr>
<tr>
<td>21.</td>
<td>How much bodily pain have you had during the past 4 weeks?</td>
<td>None (1)</td>
<td>Very mild (2)</td>
<td>Mild (3)</td>
<td>Moderate (4)</td>
<td>Severe (5)</td>
</tr>
<tr>
<td>No.</td>
<td>Items</td>
<td>Not at all (1)</td>
<td>Slightly (2)</td>
<td>Moderately (3)</td>
<td>Quite a bit (4)</td>
<td>Extremely (5)</td>
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<tr>
<td>22</td>
<td>During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?</td>
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<tr>
<td>23</td>
<td>Did you feel full of pep?</td>
<td>All of the time (1)</td>
<td>Most of the Time (2)</td>
<td>A Good Bit of the Time (3)</td>
<td>Some of the Time (4)</td>
<td>A Little of the Time (5)</td>
</tr>
<tr>
<td>24</td>
<td>Have you been a very nervous person?</td>
<td>All of the time (1)</td>
<td>Most of the Time (2)</td>
<td>A Good Bit of the Time (3)</td>
<td>Some of the Time (4)</td>
<td>A Little of the Time (5)</td>
</tr>
<tr>
<td>25</td>
<td>Have you felt so down in the dumps that nothing could cheer you up?</td>
<td>All of the time (1)</td>
<td>Most of the Time (2)</td>
<td>A Good Bit of the Time (3)</td>
<td>Some of the Time (4)</td>
<td>A Little of the Time (5)</td>
</tr>
<tr>
<td>26</td>
<td>Have you felt calm and peaceful?</td>
<td>All of the time (1)</td>
<td>Most of the Time (2)</td>
<td>A Good Bit of the Time (3)</td>
<td>Some of the Time (4)</td>
<td>A Little of the Time (5)</td>
</tr>
<tr>
<td>27</td>
<td>Did you have a lot of energy?</td>
<td>All of the time (1)</td>
<td>Most of the Time (2)</td>
<td>A Good Bit of the Time (3)</td>
<td>Some of the Time (4)</td>
<td>A Little of the Time (5)</td>
</tr>
<tr>
<td>28</td>
<td>Have you felt downhearted and blue?</td>
<td>All of the time (1)</td>
<td>Most of the Time (2)</td>
<td>A Good Bit of the Time (3)</td>
<td>Some of the Time (4)</td>
<td>A Little of the Time (5)</td>
</tr>
<tr>
<td>29</td>
<td>Did you feel worn out?</td>
<td>All of the time (1)</td>
<td>Most of the Time (2)</td>
<td>A Good Bit of the Time (3)</td>
<td>Some of the Time (4)</td>
<td>A Little of the Time (5)</td>
</tr>
<tr>
<td>30</td>
<td>Have you been a happy person?</td>
<td>All of the time (1)</td>
<td>Most of the Time (2)</td>
<td>A Good Bit of the Time (3)</td>
<td>Some of the Time (4)</td>
<td>A Little of the Time (5)</td>
</tr>
<tr>
<td>31</td>
<td>Did you feel tired?</td>
<td>All of the time (1)</td>
<td>Most of the Time (2)</td>
<td>A Good Bit of the Time (3)</td>
<td>Some of the Time (4)</td>
<td>A Little of the Time (5)</td>
</tr>
<tr>
<td>32</td>
<td>During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?</td>
<td>All of the time (1)</td>
<td>Most of the Time (2)</td>
<td>A Good Bit of the Time (3)</td>
<td>Some of the Time (4)</td>
<td>A Little of the Time (5)</td>
</tr>
<tr>
<td>33</td>
<td>I seem to get sick a little easier than other people.</td>
<td>Definitely true (1)</td>
<td>Mostly true (2)</td>
<td>Don't know (3)</td>
<td>Mostly false (4)</td>
<td>Definitely false (5)</td>
</tr>
<tr>
<td>34</td>
<td>I am as healthy as anybody I know.</td>
<td>Definitely true (1)</td>
<td>Mostly true (2)</td>
<td>Don't know (3)</td>
<td>Mostly false (4)</td>
<td>Definitely false (5)</td>
</tr>
<tr>
<td>35</td>
<td>I expect my health to get worse.</td>
<td>Definitely true (1)</td>
<td>Mostly true (2)</td>
<td>Don't know (3)</td>
<td>Mostly false (4)</td>
<td>Definitely false (5)</td>
</tr>
<tr>
<td>36</td>
<td>My health is excellent.</td>
<td>Definitely true (1)</td>
<td>Mostly true (2)</td>
<td>Don't know (3)</td>
<td>Mostly false (4)</td>
<td>Definitely false (5)</td>
</tr>
</tbody>
</table>
Appendix-2

SHORT PORTABLE MENTAL STATUS QUESTIONNAIRE (SPMSQ)

1. What is the date today? (month/day/year)

2. What day of the week is it?

3. What is the name of this place?

4. What is your telephone number? (if no telephone, street address)

5. How old are you?

6. When were you born? (month/day/year)

7. Who is the current prime minister of this country?

8. Who was the prime minister before this one?

9. What was your mother’s maiden name?

10. Subtract 3 from 20 and keep subtracting 3 from each new number all the way down.

   Score: ___/10
## Psychosocial Risk Factors Assessment Scale (PRFAS)

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Never</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Fairly Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I see myself not as equally worthwhile and deserving as other people.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2</td>
<td>I think constantly about major and minor faults in myself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>I am having difficulty coping with changes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>I suspect and fear that others dislike me</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5</td>
<td>I wish I could have more respect for myself.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6</td>
<td>There is some change in my usual capacity to remember, concentrate, concentrate or make decisions.</td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td>I have difficulty managing the resources I need for the job.</td>
<td></td>
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<tr>
<td>8</td>
<td>I confuse the goals and means to which I allocate my time.</td>
<td></td>
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<tr>
<td>9</td>
<td>I have difficulty coping with changes.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10</td>
<td>I have decreased ability to learn new skills.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>11</td>
<td>I feel that my role as a father is not worthwhile.</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>12</td>
<td>Nobody needs my opinion or follows my opinion.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>I think that I am a decision maker in the family.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>14</td>
<td>I have no plan for something that I am looking forward to doing.</td>
<td></td>
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</tr>
<tr>
<td>15</td>
<td>I feel that I am effective when I do not follow plans.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>16</td>
<td>It is difficult to know what to do about the situation.</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>17</td>
<td>I have a disease that requires constant medication.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>18</td>
<td>This is a drastic change in my physical mobility.</td>
<td></td>
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</tr>
<tr>
<td>19</td>
<td>There is a drastic change in my physical mobility.</td>
<td></td>
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<tr>
<td>20</td>
<td>I have a disease that requires constant medication.</td>
<td></td>
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<tr>
<td>21</td>
<td>I have a disease that requires constant medication.</td>
<td></td>
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<tr>
<td>22</td>
<td>I have a disease that requires constant medication.</td>
<td></td>
<td></td>
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<tr>
<td>23</td>
<td>I have a disease that requires constant medication.</td>
<td></td>
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<tr>
<td>24</td>
<td>I have a disease that requires constant medication.</td>
<td></td>
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</tr>
<tr>
<td>25</td>
<td>I have a disease that requires constant medication.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>26</td>
<td>I have a disease that requires constant medication.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>27</td>
<td>I have a disease that requires constant medication.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>28</td>
<td>I have a disease that requires constant medication.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>29</td>
<td>I have a disease that requires constant medication.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>30</td>
<td>I have a disease that requires constant medication.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>I have a disease that requires constant medication.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Notes: 
- Mean values range from 1 to 5.
- Higher values indicate increased psychosocial risk factors.
<table>
<thead>
<tr>
<th>S. No</th>
<th>Description</th>
<th>Never</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Fairly Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>33.</td>
<td>I feel anxious when I go out of the house on my own.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>34.</td>
<td>I feel that I will have no help if I need.</td>
<td></td>
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<tr>
<td>35.</td>
<td>I always think that something bad will happen to me and my family will suffer.</td>
<td></td>
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<tr>
<td>36.</td>
<td>I often feel helpless physically.</td>
<td></td>
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<tr>
<td>37.</td>
<td>I need financial help everytime I am in crisis.</td>
<td></td>
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<tr>
<td>38.</td>
<td>I depend on others for taking decisions.</td>
<td></td>
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<tr>
<td>39.</td>
<td>Without the help of others I will not be able to complete the household chores.</td>
<td></td>
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</tr>
<tr>
<td>40.</td>
<td>I cannot manage to go out without somebody’s help.</td>
<td></td>
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<tr>
<td>41.</td>
<td>I have someone in my family who has been ill since a long time.</td>
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</tr>
<tr>
<td>42.</td>
<td>I feel that my most of the time is invested in the caring of sick at home.</td>
<td></td>
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<tr>
<td>43.</td>
<td>Nobody is there except me to share the caring responsibility of sick at home.</td>
<td></td>
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</tr>
<tr>
<td>44.</td>
<td>Taking care of sick at home takes heavy toll of my energy.</td>
<td></td>
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<tr>
<td>45.</td>
<td>I am sometimes unable to manage the medical complication of the sick person at home.</td>
<td></td>
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<tr>
<td>46.</td>
<td>I think I have more physical problems than usual now.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>47.</td>
<td>I think that I have some acute problem that needs to be taken care of.</td>
<td></td>
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<tr>
<td>48.</td>
<td>I cannot sleep restfully without sleeping tablets.</td>
<td></td>
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</tr>
<tr>
<td>49.</td>
<td>I feel that I get tired for no reason.</td>
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</tr>
<tr>
<td>50.</td>
<td>I feel sick all the time.</td>
<td></td>
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</tr>
<tr>
<td>51.</td>
<td>I feel unhappy doing so many things alone.</td>
<td></td>
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</tr>
<tr>
<td>52.</td>
<td>I find myself waiting for people to call or write.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>53.</td>
<td>I feel I am unable to reach out and communicate with those around me.</td>
<td></td>
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<tr>
<td>54.</td>
<td>I feel starved for company.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>55.</td>
<td>I feel shut out and excluded by others.</td>
<td></td>
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</tr>
<tr>
<td>56.</td>
<td>There is no person around when I am in need.</td>
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<td></td>
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</tr>
<tr>
<td>57.</td>
<td>There is no person with whom I can share joys and sorrows.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>58.</td>
<td>I do not get the emotional help and support I need from my family/friends.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>59.</td>
<td>I can not talk about my problems with my spouse/family/friends.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60.</td>
<td>My spouse/family/friends do not support (or would support) me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>61.</td>
<td>I have seen and am traumatized by the death of a close relative/partner/parent/child.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>62.</td>
<td>I have had relationship problems.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>63.</td>
<td>I have been bullied, teased, victimized or socially isolated sometime in my life.</td>
<td></td>
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<tr>
<td>64.</td>
<td>I have been physically assaulted/mugged or raped.</td>
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<tr>
<td>65.</td>
<td>I have faced loss of job/unemployment.</td>
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</tbody>
</table>
## Appendix -3b

### PSYCHO-SOCIAL RISK FACTORS ASSESSMENT SCALE (PRFAS)

<table>
<thead>
<tr>
<th>0-1</th>
<th>dHkh ugha</th>
<th>vDlj dHkh ugha</th>
<th>dHkh dHkh</th>
<th>vDlj dHkh</th>
<th>vDlj</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-</td>
<td>eSa [kqn dks nwils ds cjkcej mi;qDr o dkfey ugha ekurk gwWa@ekurh gwWaA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-</td>
<td>eSa fujUrj [kqn dh NksVh&amp;cMh dfe;ksa ds ckjs esa lksprk jgrk gwWa@jgrh gwWaA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-</td>
<td>eq&gt;s fo'okl s fd eSa nwils dh leL;k dk dkj.k gwWaA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-</td>
<td>eSa ;g lkspus ds fy, izo'Rr gwWa fd eSa ukdke;c gwWaA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-</td>
<td>esjh vfhKy&quot;kk gS fd dk'k eSa viuk T;knk lEeku dj ldrk@ldrhA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-</td>
<td>eq&gt;s nwliksa dh fu;r n T&quot;Vds.k o Hkkouk o le&gt;us fnDdr gksrh gSA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-</td>
<td>esjs ;kn [kus] lek;kstus djusj /;ku dsfUnzr djus o fu,kZ; djus dh ikkekU; 'kfDr esa iforZu gqvk gSA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-</td>
<td>eSa igys dh rjg L=krksa dk fu;kstu o O;OLFkk ugha dj ikrk@ikrh gwWaA</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>9-</td>
<td>eq&gt;s ifjroZuksa ls lkek djus esa leL;k vkrh gSA</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-</td>
<td>esjh ubZ dkS'ky lh[kus dh [kerk esa deh vkbZ gSA</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11-</td>
<td>eSa lksprk gwWa fd esj k?kj o ckgj dk fidjnkj mi;qDr ugha gS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-</td>
<td>esjk nwliksa ds thou esa dksbZ ;ksxnku ugha gSA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13-</td>
<td>u fdlh dks esjh jk; dh vko';drk gS vksj u gh mis dksbZ ekurk gSA</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>14-</td>
<td>eSa lksprk@lksprh gwWa fd eSa ve vius ifjokj dk@d dh fu.kZ;drkZ ugha gwWaA</td>
<td></td>
<td></td>
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</tbody>
</table>
vkfjr ugha gks ldrk@ldrhA

31- eq>s Mj gS fd esjs ikl dqN cqjk gksus okyk gSA

32- eq>s Mj gS fd dksbZ eq>s /kksjkk nsxk vkSj bLrseky djxskA

33- vdsys ?kj ls ckj tkus ij eq>s fpark gksrh gSA

34- eq>s egwl gksrk gS fd ;fn t:jr iM+s rks eq>s enn djus okyk dksbZ ugha gksxkA

35- eSa lksprk@lksprh gwWa fd esjs lkFk dqN eqjk gksxk vkSj eqjk ifjokj d"V HkksxxkA

36- eSa vDlj 'kkjhfjd ;lk ls ykpkj egwl djrk@djrh gwWaA

37- ladV esa eq>s ges'kk vkfFkZd enn dh vko';drk gksrh gSA

38- fu.kZ; ysus ds fy;s eSa nwljksa ij fuHkZj jgrk@jgrh gwWaA

39- nwljksa dh enn ds fcuk eSa ?kjsyw dk;Z iwjk ugha dj ikmaxk@ikmaxhA

40- fdlh dh enn ds fcuk eSa ekgj ugha tk ldrk@ldrhA

41- esjs ifjokj esa dksbZ yEc ls; ls chekj gSA

42- eq>s egwl gksrk gS fd esjk dko'h le; chekj dh lsok esa fudy tkrk gSA

43- ?kj esa chekj Q;fDr dh lsok ds fy;s esjs vykok dksbZ vkSj ugha gSA

44- chekj dh lsok esa esjh lkjh AtkZ u"V gks tkrh gSA

45- dHkh&dHkh ?kj chekj dh fpfdRldh; tVYrk dk lapkyu ugha dj ikrk@ikrh gwWaA

46- eq>s yxrk gS fd eq>s ve igys ls vf/kd 'kkjhfjd leL;k,a gSA
<table>
<thead>
<tr>
<th>Line</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>47-</td>
<td>eSa uhan dh xksfy;ksa ds feuk vkJke ls ugha lks ikrk@ikrhA</td>
</tr>
<tr>
<td>48-</td>
<td>eSa eglw1 djrk@djrh gwWa fd eq&gt;s vdkj.k FkdKu gks tkrh gSA</td>
</tr>
<tr>
<td>49-</td>
<td>eSa gev'kk chekJ eglw1 djrk@djrh gwWaA</td>
</tr>
<tr>
<td>50-</td>
<td>eSa dbZ dk;Z vdsys djds eq&gt;s nq%</td>
</tr>
<tr>
<td>51-</td>
<td>eSa vDlj yksxksa ds Qksu ;k fpV~Bh dk bartkJ djrk@djrh gwWaA</td>
</tr>
<tr>
<td>52-</td>
<td>eSa eglw1 djrk@djrh gwwWa fd eSa vius vkl&amp;ikl ds ylsxksa rd igwap ugha ikrk@ikrh ;k lapkJ ugha dj ikrk@ikrhA</td>
</tr>
<tr>
<td>53-</td>
<td>eSa yksxksa dk lKkFk ikus ds fy;s ykykf;f jgrk@jgrh gwWaA</td>
</tr>
<tr>
<td>54-</td>
<td>eq&gt;s eglw1 gksrk gS fd nwljksa us eq&gt;s fu&quot;dkflr dj fn;k gSA</td>
</tr>
<tr>
<td>55-</td>
<td>tjr ds le; esjs vkl&amp;ikl dsdshZ O;FDr ugha gksrkA</td>
</tr>
<tr>
<td>56-</td>
<td>koq'kh ;k nq</td>
</tr>
<tr>
<td>57-</td>
<td>fj'snkjksa@ifjfrksa dk lgkjk ;k laosnukRed enn eq&gt;s tjr ds le; ugha feyrh A</td>
</tr>
<tr>
<td>58-</td>
<td>eSa thoulkFkh@ifjokj@ifjfrksa ds lKkFk viuh leL;kvksa ds ckjs esa ckrphr ugha dj ldrk@ldrhA</td>
</tr>
<tr>
<td>59-</td>
<td>esjk thoulkFkh@ifjokj@ifjfr eq&gt;s lgkjk ugha nsrs gSA</td>
</tr>
<tr>
<td>60-</td>
<td>eSaus vius utndhdh fj'snkj@thoulkFkh@ekrk&amp;frk@cPps dh e'R;q ns</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>62-</strong></td>
<td>eq&gt;s vius utnhdh lEcU/kksa esa leL;k Fkh@gSA</td>
</tr>
<tr>
<td><strong>63-</strong></td>
<td>thou esa eq&gt;s lkekftd fu&quot;dklu@ijs'kkuh vkfn Is =Lr gksuk iM+k gSA</td>
</tr>
<tr>
<td><strong>64-</strong></td>
<td>esjs lkFk thou esa ywVikr@geyk@eykRdkj gqvk gSA</td>
</tr>
<tr>
<td><strong>65-</strong></td>
<td>eSaus thou esa csjkstxkjh@ukSdjh NwV tkuk nsjkk gSA</td>
</tr>
</tbody>
</table>
### Appendix-4

**Geriatric Depression Scale (GDS)**

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Are you basically satisfied with your life?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>You dropped many of your activities and interests?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Do you feel happy most of the time?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>Do you prefer to stay at home rather than going out and doing new things?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5</td>
<td>Do you feel that life is empty?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6</td>
<td>Do you often get bored?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Are you in good spirits most of the time?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8</td>
<td>Are you afraid that something bad is going to happen to you?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>9</td>
<td>Do you feel helpless?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10</td>
<td>Do you feel that you have more problems with memory than most?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>11</td>
<td>Do you think it is wonderful to be alive?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>12</td>
<td>Do you feel pretty worthless the way you are now?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>13</td>
<td>Do you feel full of energy?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>14</td>
<td>Do you feel that your situation is hopeless?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>15</td>
<td>Do you think that most people are better off than you are?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Appendix-6

Demographic Questionnaire

Name________________    Age______________________    Sex___________

Geographical Area- Urban/ Rural

Marital Status- Married/ Widow/ Widower/ Single/ Divorced/ Separated/ Not known

Educational Level- Illiterate/ Elementary School/ Middle School/ High School/ Graduate/
                     More than Graduation

Employment Status- Full time Employment/ Part time Employment/ Retired (receiving a
                     pension)/ Retired (not receiving any pension)/ Unemployed

Number of Children- 0/ 1 to 4/ 5 to 7/ 7 to 9

Expectations of visitation of children-  Once a year/ More than once a year/ During Holidays
                                      Once a Month/ 2 - 3 times a week/ Once a week/ 1-3 times a week/
                                      Everyday

Frequency of children’s visit-  Once a year/ More than once a year/ During Holidays/ Once a
                              Month/ 2-4 times a month/ Once a week1-3 times a week/ Everyday

Length of Stay in Institution1-6 months/ 7-12 months/ 1-1 ½ year/ 2-4 years/ 4-6 years
                              6-10 years/ Over 10 years

Willingness for Institutional Stay (3 point scale) Strongly willing/ Moderately willing
                                              Not willing

A willingness to remain in the Institution (3 point scale) -Strongly willing/ Moderately willing
                                               Not willing

Attitudinal Change towards Institutional stay- Has become positive with time/ Has become
                                              negative with time/ No Change
Appendix-7 (a)

Indian Psychosocial Foundation

Well-Being And Depression In Old Age In Context Of Gender

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Department of Human Development, The IIS University, Jaipur

Abstract

Background: Psychological well-being refers to how people evaluate their lives. According to Diener (1997), these evaluations may be in the form of cognitions or in the form of affect. The cognitive part is an information based appraisal of one’s life that is when a person gives conscious evaluative judgments about one’s satisfaction with life as a whole.

Aim: To find out the difference’s between wellbeing and depression in the old age.

Methodology: 280 participants (60 to 80 years of age and of both sexes) were selected from various cities of Rajasthan. The persons suffering from chronic diseases were excluded from the study. The instructions were given on the questionnaire and were also explained to them. They were assured that the confidentiality would be maintained. It was assured that none of the questions were left unfilled. It was also checked that the subject does not encircle both the answers given against a question. Many of them could not fill the answers themselves; hence the researcher herself completed the questionnaire as they answered. The Geriatric Depression, Scale PGI Well-being scale were used.

Result: The above table shows that the two groups that is males and females differ significantly from one another on well-being scores. The well-being scores of females were comparatively lower as compared to men. The mean and SD for well-being are 13.2286 (4.66 788) and 12.00 (4.01795), respectively, indicating the significance of difference (= 2.360) and the Z value= 2.3592 and two tailed p=0.0183 at 95% confidence interval. Table 3. The woman significantly higher depression scores as compared to men. The mean and SD for depression are 4.9500 (4.20744) and 6.1143 (4.39111), respectively indicating significance of difference (t= -2.265) and the Z value= -2.2653 and two tailed p=0.0235 at 95% confidence interval.

Conclusion: second major cause of worldwide disability stress by 2020, which is also going to be double in women as compared to Women surely have more physiological changes in their lifespan. These changes are also associated with hormonal changes. Also, women are more involved in the family and their roles in the family keep on changing along with the family life-cycle. Hence, they
get more disturbed when there is a change in their environment. WHO describes unipolar depression to be the men? But to suggest that more research is needed

**Key Words:** Well-Being, Depression, Old Age and Gender

**Introduction**

The WHO constitution expects the highest attainable standard of health and enshrines it to be a fundamental right of every human being. This fundamental right includes the physical as well as psychological health that should be available within time, acceptable, qualitative and affordable. This means that one must have access to mean better physical and mental health care and healthy living and working environment.\(^1\)

No doubt that the right to health has led to greater longevity and benefited older people who have longer and healthier lives today. However, older people are still not given their rights to adequate health care and many a times these always as are not always friendly towards elderly. Many a time’s older people, find these services being refused to them, just because they are too old.\(^2\) In Zambia, many older people reported that the health staff is and disrespectful and neglecting. They reported that they are told that they are consuming the medicines meant for the young and that they are wasting it.\(^3\) A study of five Asian countries concludes that in India, Cambodia and Vietnam, the geriatric expertise does not exist even in the rural areas and the areas that are affected by the tsunami.\(^4\) The studies also show that women generally live longer than men, and this also means that women, who live life over 60 years of age, live more years in ill-health than men.\(^5\)

If food, shelter and clothing are all what is needed by a human being, then why the aging adults who get all these facilities should cribs over their situations? Is there something else that bothers them and is being overlooked by the family and society? The present study is an attempt to find out the well-being and depression in aging adults and to study the gender differences between the same.

**Objectives**

The main objectives of the present study were as follows-

1. To study the well-being and the prevalence of depression in aging adults (60 - 80 years of age).
2. To study the correlation between well-being and depression.
3. To study the significance of difference in depression and well-being between males and females.

**Hypothesis**

The hypothesis were as under-
1. The subjective well-being of aging adults is satisfactory.
2. There is no prevalence of depression in aging adults.
3. There is no correlation between depression and well being.
4. There is no significant difference in depression among males and females.
5. There is no significant difference in well-being between males and females.

**Methodology**

280 participants (60 to 80 years of age and of both sexes) were selected from various cities of Rajasthan. The persons suffering from chronic diseases were excluded from the study. The procedure to fill the questionnaire was explained clearly to aging adults. The instructions were given on the questionnaire and were also explained to them. They were assured that the confidentiality would be maintained. It was assured that none of the questions were left unfilled. It was also checked that the subject does not encircle both the answers given against a question. Many of them could not fill the answers themselves; hence the researcher herself completed the questionnaire as they answered.

**Tools**

**The Geriatric Depression Scale**

(GDS) is a self report assessment tool which was used to identify depression in the aging adults. It consists of 30 items. It was first developed in 1980 by J.A. Yesavage and others. The questions are answered in either 'yes' or 'no', hence the scale is simple and may be even filled by an individual who is ill or moderately cognitively impaired. This scale is commonly used as a routine part of the geriatric assessment. Each question has one score, which is cumulatively rated on the scoring grid. The scores range from 0- 30, out of which 0-9 are set as normal, 10-19 as mild depression and 20- 30 as severe depression. GDS alone cannot be considered a diagnostic tool for clinical depression. The test reliable and has good validity.

**PGI Well-being**

Developed by S.K. Verma and Amita Verma (1989) was used to measure well-being in aging adults. The tool contains 20 items. Various aspects of Well-being that is worrying, distress, life satisfaction, control etc. are measured in it. Higher scores indicate higher Well-being. The possible range of the scores of PGIWBM is from 20 to 80. Its reliability and temporal coefficient are 0. 98 and 0.91.
Statistical Analysis

The collected data was tabulated and analyzed using SPSS version 20.0. Mean, SD, t test and Z test was used to analyze the data.

Results

The results in accordance to the above mentioned hypothesis were as follows-

Table 1

<table>
<thead>
<tr>
<th>Tools</th>
<th>Well being</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Correlation</td>
<td>1</td>
<td>-.467**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>280</td>
<td>280</td>
</tr>
</tbody>
</table>

** Correlation is significant at the 0.01 level (2-tailed).

A Pearson product-moment correlation coefficient was computed to assess the relationship between Depression and Well-being. Weak negative correlation was found between the two variables \( r = -.467, n =280, p = 000 \). A scatter plot summarizes the results (Table 1). The value of \( R^2 \), the coefficient of determination, is 0.22. As found a positive correlation exists between anxiety and depression and the quality of life and psychological Well-being. And depression was found to be negatively correlated to quality of life and well-being. A similar study by Cramm found that there is no significant association between well-being and depression.

Table 2

<table>
<thead>
<tr>
<th>Variable</th>
<th>Gender</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
<th>df</th>
<th>Sig. (2-tailed)</th>
<th>(2t- value)</th>
<th>2 tailed p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well-being</td>
<td>Males</td>
<td>140</td>
<td>13.2286</td>
<td>4.66788</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Females</td>
<td>140</td>
<td>12.0000</td>
<td>4.01795</td>
<td>2.360</td>
<td>278</td>
<td>.019</td>
<td>2.3592</td>
<td>0.0183</td>
</tr>
</tbody>
</table>
The above table shows that the two groups that is males and females differ significantly from one another on well-being scores. The well-being scores of females were comparatively lower as compared to men. The mean and SD for well-being are 13.2286 (4.66 788) and 12.00 (4.01795), respectively, indicating the significance of difference (= 2.360) and the Z value= 2.3592 and two tailed p=0.0183 at 95% confidence interval. The general well-being is defined as the satisfaction and contentment with one’s own personal life. One who has satisfactory interpersonal relationships, experiences happiness and is likely to have a better quality of life. As compared to men, women are more verbal and usually discuss everything, whether good or bad, in their lives. While men, have tended to ignore the trivial issues and problems. In a study of 146,000 samples from 65 various societies, of various age groups, 24% men and 28% women perceived themselves to be happy while among the oldest group 20% of women and 25% of men described themselves to be very happy. The gender difference between the perceived happiness was found to be highly significant. [8]

### Table 3

**Z and’t’ ratio depicting comparison of males and females over depression**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Gender</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
<th>df</th>
<th>Sig. (2-tailed)</th>
<th>Z- value</th>
<th>2 tailed p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Males</td>
<td>140</td>
<td>4.9500</td>
<td>4.20744</td>
<td>-2.265</td>
<td></td>
<td></td>
<td>-2.265</td>
<td>0.0235</td>
</tr>
<tr>
<td></td>
<td>Females</td>
<td>140</td>
<td>6.1143</td>
<td>4.39111</td>
<td>-2.265</td>
<td>278</td>
<td></td>
<td>.024</td>
<td></td>
</tr>
</tbody>
</table>

The above table shows that the two groups that is males and females differ significantly from one another on depression scores. The woman significantly higher depression scores as compared to men. The mean and SD for depression are 4.9500 (4.20744) and 6.1143 (4.39111), respectively indicating significance of difference (t= -2.265) and the Z value= -2.2653 and two tailed p=0.0235 at 95% confidence interval. second major cause of worldwide disability stress by 2020, which is also going to be double in women as compared to Women surely have more physiological changes in their lifespan. These changes are also associated with hormonal changes. Also, women are more involved in the family and their roles in the family keep on changing along with the family life-cycle. Hence, they get more disturbed when there is a change in their environment. WHO describes unipolar depression to be the men. But to suggest that more research is needed. [9]
Conclusion
The research concludes that men and women both suffer from depression in old age. However, men were found to have better well-being and women suffered the depression more. It is obvious that a person who has better well-being not only has better self-esteem and life satisfaction, but also manages stress and problems of life much more easily. Interventions in old age may help in reducing depression symptoms. Hence, old age policies should consist of programs specially meant for psychological Well-being. This will not only keep the elderly happy, but also make them beneficial for the society.

References
Aging Adults and Psychosocial Risk Factors

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Abstract

Aging is a process which is very complex, involving chronological, physiological and functional changes. It is viewed as a time, when there is a physical decay, disturbances related to psychology and loneliness that brings negative attitude towards aging. The successful aging is surely influenced by the psychological makeup of an individual. This research study aims to study the psychosocial risk factors in aging adults in Institutionalized and non institutional settings. Psychosocial factors included in the study were Loss of self esteem, Loss of cognitive capability, Loss of meaningful role, Physical Deterioration, Declining Social Contact, Low Financial Resources, Insecurity, Dependency, Caring for Chronically Ill, Poor Perceived Health, Loneliness, Lack of Social Support and Life Events. To study the prevalence of Psychosocial Risk Factors in aging adults (61 - 80 years of age) and find out the significance of difference in accordance to residence (Institutionalized and non Institutionalized), gender and age (61 - 70 years and 71 - 80 years). There were 280 participants i.e. between the age 60 to 80 years, of both the gender) were selected from different cities of Rajasthan. Psychosocial Risk Factors Scale was constructed to use in the study. The elderly who had chronic health problems were not included in the study. A z-test for means of wellbeing was conducted comparing the means for the psychosocial risk factors scores of Institutionalized and non Institutionalized aging adults (M = 61.3, SD = 34.4) to the non-Institutionalized aging adults (M = 73.9, SD = 36.7). The two samples had statistically significant difference (z = -2.9638, p < 0.003, two-tailed). A significant difference was observed in all the psychosocial factors in both the groups except, caring for chronically ill, hence all the hypothesis were rejected.

Keywords: Well-Being, Psychosocial, Risk Factors, Institutionalization, Old Age and Gender.

Introduction

Aging is a process which is very complex, involving chronological, physiological and functional changes. It is viewed as a time, when there is a physical decay, disturbances related to
psychology and loneliness, which brings negative attitude towards aging. All these factors are more associated with aged who is above 65 years of age. By 2020 one thousand million people will be above 60 years in the world, out of which, 700 million people would be living in the developing countries. The impact of the increase in the number of the aging adult population would be felt in family responsibilities, deciding on social policy and health requirements\(^2\) because the basic unit that is family, along with the marriage is facing the changes in the structure because of increased modernization of society\(^3\). The psychological health of aged is the end result of satisfaction in life, welfare activities and their quality of life. It is observed in the terms of independence, control, adjustment and mental health\(^4\). This successful aging is surely influenced by the psychological makeup of an individual\(^5\). The study intends to study the psychosocial risk factors in aging adults Institutionalized and non institutional settings. Psychosocial factors included in the study were Loss of self esteem, Loss of cognitive capability, Loss of meaningful role, Physical Deterioration, Declining Social Contact, Low Financial Resources, Insecurity, Dependency, Caring for Chronically Ill, Poor Perceived Health, Loneliness, Lack of Social Support and Life Events. In the context of the limitations of the study the findings should be studied only in context of institutionalization, gender and age.

**Objectives:** i. The major objectives of the study were. ii. To study the prevalence of Psychosocial Risk Factors in aging adults (60 - 80 years of age). iii. To study the significance of difference in accordance to residence (Institutionalized and non Institutionalized) gender and age (61- 70 years and 71- 80 years) of aging adults.

**Hypothesis:** i. The hypothesis were as mentioned below. ii. There is no significant difference in Psychosocial Risk Factors in aging adults in context of residence (Institutionalized and non Institutionalized). iii. There is no significant difference in Psychosocial Risk Factors in aging adults in the context of gender. iv. There is no significant difference in Psychosocial Risk Factors in aging adults in context of age (61- 70 years and 71- 80 years).

**Methodology**

There were 280 participants i.e. between the age 60 to 80 years, of both the gender) were selected from different cities of Rajasthan, out of which 140 resided in the family settings, had a higher range of negative psychosocial factors as compared to their counterparts. Hence hypothesis no. 1 was rejected whereas 140 resided in the institutional settings. 70 out of the one who lived in
families were males and rest were females. Similar was with the one who lived in the institutions. This was further divided in the age category that is 61-70 years and 71 to 80 years.

**Psychosocial Risk Factors Scale:** The investigator developed the psychosocial risk factor scale by identifying the aspects associated with psychology and sociology that affects mental health. After reviewing the present literature, the focal aspects related to the psychosocial risk factors in aging adults, which were included in the tool were Loss of self esteem, Loss of cognitive capability, Loss of meaningful role, Physical deterioration, Declining social contacts, Low financial resources, Insecurity, Dependency, Caring for chronically ill, Poor perceived health, Loneliness, Lack of social support and Life events.

Initially it consisted of 98 items under the heads. The language, expression and content have been altered and the finalized tool has 65 items after making alterations as suggested by five experts. The tool was also translated in Hindi. The higher the scores more are the negative psychosocial risk factors in an individual's life.

**Statistical Analysis:** The gathered data was tabulated and analysis was done using SPSS version 21.0. To statistically analyze the data, Mean, SD, Z test, ANOVA and Tukey's Post hoc test was used.

**Results and Discussion**

<table>
<thead>
<tr>
<th>Table-1</th>
<th>Psychosocial Risk Factors Scores of Institutionalized and Non Institutionalized Aging Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>z-value</td>
</tr>
<tr>
<td>Two-tailed p-value</td>
<td>0.003</td>
</tr>
<tr>
<td>Upper</td>
<td>-4.2677</td>
</tr>
<tr>
<td>Lower</td>
<td>-20.9323</td>
</tr>
</tbody>
</table>

Table-1 depicts the z-test for means of wellbeing was conducted comparing the mean for the psychosocial risk factors scores of Institutionalized and non Institutionalized aging adults (M =61.3, SD = 34.4) to the non- Institutionalized aging adults (M =73.9, SD = 36.7).

Table-1 depicts the z-test for means of wellbeing was conducted comparing the mean for the psychosocial risk factors scores of Institutionalized and non Institutionalized aging adults (M =61.3, SD = 34.4) to the non- Institutionalized aging adults (M =73.9, SD = 36.7). The two samples had statistically significant difference (z = -2.9638, p < 0.003, two-tailed). Table 1 shows that the two groups, that is, aging adults residing in the institutions and those not residing in the institutions have a
significant difference in the psychosocial risk factors scores. The aging adults residing in the institutions.

![Normal Distribution (Psychosocial Factors Scores)](image)

*Figure-1*

**Normal Distribution (Psychosocial Factors Scores)**

As shown in table-2, one-way ANOVA to study the Psychosocial Factors (Loss of Self Esteem, Loss of Cognitive Capability, Loss of Meaningful Role, Physical Deterioration, Declining Social Contacts, Low Financial Resources, Insecurity, Caring for Chronically Ill, Loneliness, Lack of Social Support and Life Events) in aging adults in Institutionalized and non Institutionalized settings, between groups and within groups considering the age category i.e. 61-70 years and 71-80 years and gender was conducted. The result in context of the significance of difference in scores at p < .05 was observed and the significant differences are being presented below. A study by Lakshmi Devi et.al. also concluded that there is a significant difference between the institutional and non-institutional elderly men and women in the various areas i.e. Physical, psychological, level of independence, social relationship and environment domains of QoL.

**Analysis of self esteem:** It was concluded that ANOVA on the Self Esteem scores had significant difference, $F(564.7, 3701) = 5.992$, $p = .000$. The results of post hoc Tukey test showed that the gender wise Self Esteem scores of Institutionalized men and women in the category in accordance to age 61-70 years differed ($p = .042$) and in the category in accordance to age 71-80 years also differed ($p = .000$).

The significance of difference when studied in Self Esteem scores in accordance to the residence concluded that Institutionalized women when compared to the non Institutionalized women in the category in accordance to age 61 to 70 years showed significant difference ($p = .003$). The difference when studied in accordance to the age concluded that Institutionalized women in the category in accordance to age 61 to 70 years when compared the age category 71 to 80 years showed
a significant difference (p=.021) and that non Institutionalized women in the category in accordance to age 61 to 70 and when compared the age category 71 to 80 years showed a significant difference (p=.035). In a study Kim JS et.al.\(^7\) significant difference was found in the self esteem of non Institutionalized and Institutionalized aging adults according to level of education.

**Analysis of Loss of Cognitive Capability:** An analysis of variance (ANOVA) on the Loss of Cognitive Capability scores had significant difference, F (687.817, 5916.452) = 4.567, p=0.000.

The significance of difference when studied in Loss of Cognitive Capability scores in accordance to the age category concluded that non Institutionalized women when compared in the category in accordance to age 61 to 70 years and 71- 80 years showed significant difference (p=.009). Many a times it happens that, an individual who is Institutionalized, becomes low in cognitive performance and unable to live independently\(^8\). A supporting study concludes that the general reason for institutionalization is the social issue and not necessarily the treatment for psychotic disorder\(^9\).

**Analysis of Loss of Meaningful Role:** An analysis of variance (ANOVA) on the Loss of Meaningful Role scores had significant difference, F (1565.491, 3739.916) = 16.445, p=0.000.

A post hoc Tukey test showed that the gender wise scores of in the category in accordance to age 61-70 years differed (p=009).

The significance of difference when studied in accordance to the residence concluded that Institutionalized men when compared to the non Institutionalized men in the category in accordance to age 71 to 80 years showed significant difference (p=.002 and in the category in accordance to age 71 to 80 years also showed significant difference (p=.000).

Similarly, Institutionalized women when compared to the non Institutionalized women in the category in accordance to age 61 to 70 years showed significant difference (p=.000) and that Institutionalized women in the category in accordance to age 61 to 70 years was done with 71 to 80 years, which showed significant difference (p=.000) and Institutionalized men in the category in accordance to age 61 to 70 years when compared with the age category 71 to 80 years also showed significant difference (p=.042).
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The significance of difference when studied in accordance to the age concluded that non Institutionalized women in the category in accordance to age 61 to 70 years when compared with the age category 71 to 80 years showed significant difference (p=.000) and non Institutionalized men in the category in accordance to age 61 to 70 years when compared to the age category 71 to 80 years also showed significant difference (p=.002). When an individual has disturbing physical symptoms, the treatment leads to increase in discomfort, makes him suffer, his body is disturbed, his activities and social relations are disturbed\(^{10}\). Aging adults experience variety of significant losses. It might be a loss of a person, object, material, physical health, freedom and financial security which leads to the psychological problems\(^1\).

**Analysis of Physical Deterioration:** An analysis of variance (ANOVA) on the Physical Deterioration yielded significant variation among conditions, \(F(1280.926, 6752.339) =7.453, p=.000\).

The significance of difference when studied in accordance to the residence concluded that Institutionalized men when compared to the non Institutionalized men in the category in accordance to age 71 to 80 years showed significant difference (p=.006) and Institutionalized women when compared to the non Institutionalized women in the category in accordance to age 61 to 70 years also showed significant difference (p=.003).

Similarly the significance of difference when studied in accordance to the age concluded that non Institutionalized women in the category in accordance to age 61 to 70 years when compared to the age category 71 to 80 years showed significant difference (p=.004) and non Institutionalized men in the category in accordance to age 61 to 70 years when compared to the age category 71 to 80 years showed significant difference (p=.002). The discomfort and suffering are the symptoms which become the major hindrance in a person's functioning and leading a good quality of life\(^11\).

**Analysis of Social Contacts:** An analysis of variance (ANOVA) on the Declining Social Contacts scores had significant difference, \(F(1908.810, 6241.814) =11.970, p=.000\).

The significance of difference when studied in Declining Social Contacts scores in accordance to the residence concluded that Institutionalized men when compared to the non Institutionalized men in the category in accordance to age 61 to 70 years showed significant difference (p=.001) and Institutionalized women when compared to the non Institutionalized women in the category in accordance to age 71 to 80 years also showed significant difference (p=.000).
Institutionalized women when compared to the non Institutionalized women in the category in accordance to age 61 to 70 years showed significant difference (p=.003).

The scores in accordance to the age concluded that non Institutionalized women in the category in accordance to age 61 to 70 years when compared to the age category 71 to 80 years showed significant difference (p=.000).

The significance of difference when studied in accordance to the age concluded that Institutionalized women in the category in accordance to age 61 to 70 years when compared to the age category 71 to 80 years showed significant difference (p=.001) and Institutionalized men in the category in accordance to age 61 to 70 years when compared to the age category 71 to 80 years showed significant difference (p=.000).

The significance of difference when studied in accordance to the age concluded that non Institutionalized women in the category in accordance to age 61 to 70 years when compared to the age category 71 to 80 years showed significant difference (p=.002) and non Institutionalized men in the category in accordance to age 61 to 70 years when compared to the age category 71 to 80 years also showed significant differences (p=.002). When observing psychosocial factors, the social support a person receives and family functioning were highly associated. Also, coping style was highly associated with depression and anxiety\(^{12}\).

Hence decaring them as protective factors which moderate the effects of psychosocial stress and reduces psychiatric illnesses. They help to moderate psychosocial stress and lessen psychiatric morbidities in breast cancer patients.

**Analysis of Low Financial Resources:** An analysis of variance (ANOVA) on the Low Financial Resources scores had significant difference, \( F (2827.926, 7194.447) =15.386, p=000 \).

The significance of difference when studied in accordance to the residence concluded that Institutionalized men when compared to the non Institutionalized men in the category in accordance to age 61 to 70 years showed significant difference (p=.011). Similarly, the significance of difference when studied in accordance to the residence concluded that Institutionalized men when compared to the non Institutionalized men in the category in accordance to age 71 to 80 years showed significant difference (p=.000).

The significance of difference when studied in accordance to the residence concluded that Institutionalized women when compared to the non Institutionalized women in the category in accordance to age 61 to 70 years showed significant difference (p=.000). Similarly, the significance
of difference when studied in accordance to the residence concluded that Institutionalized women when compared to the non Institutionalized women in the category in accordance to age 71 to 80 years showed significant difference (p=.000).

The significance of difference when studied in accordance to the age concluded that Institutionalized women in the category in accordance to age 61 to 70 years when compared to the age category 71 to 80 years showed significant difference (p=.000) and that non Institutionalized men in the category in accordance to age 61 to 70 years when compared to the age category 71 to 80 years showed significant difference (p=.000).

Insecurity: An analysis of variance (ANOVA) on the Insecurity scores had significant difference, F (731.843, 3199.210) =8.954, p=. 000 The significance of difference when studied in accordance to the residence concluded that Institutionalized men when compared to the non Institutionalized men in the category in accordance to age 71 to 80 years showed significant difference (p=.003).

Similarly, the significance of difference when studied in accordance to the residence concluded that Institutionalized women when compared to the non Institutionalized women in the category in accordance to age 61 to 70 years showed significant difference (p=.000) and that Institutionalized women when compared to the non Institutionalized women in the category in accordance to age 71 to 80 years showed significant difference (p=.000).

The significance of difference when studied in accordance to the age concluded that Institutionalized women in the category in accordance to age 61 to 70 years when compared to the age category 71 to 80 years showed significant difference (p=. 023).

Analysis of Dependency: An analysis of variance (ANOVA) on the Dependency scores were significantly different, yielded significant variation among conditions, F (1780.422, 5993.904) = 11. 627, p=. 05.

The significance of difference when studied gender wise in Institutionalized men when compared to the Institutionalized women in the category in accordance to age 61 to 70 years showed significant difference (p=. 023).
Similarly, the significance of difference when studied in Dependency scores in accordance to the residence concluded that Institutionalized men when compared to the non Institutionalized men in the category in accordance to age 71 to 80 years showed significant difference \((p=.033)\) and that Institutionalized women when compared to the non Institutionalized women in the category in accordance to age 61 to 70 years showed significant difference \((p=.000)\). Similarly, Institutionalized women when compared to the non Institutionalized women in the category in accordance to age 71 to 80 years showed significant difference \((p=.000)\).

The significance of difference when studied in accordance to the age concluded that Institutionalized women in the category in accordance to age 61 to 70 years when compared to the age category 71 to 80 years showed significant difference \((p=.000)\) and that non Institutionalized women in the category in accordance to age 61 to 70 years when compared to the age category 71 to 80 years showed significant difference \((p=.000)\). The deterioration in health makes elderly feel that they do not have control over their life and destiny and that they are dependent on others. About 2/3 of elderly i.e. 68%, live independently in a family setting. About 5% were found to be Institutionalized, and the percentage increases with the increase in age. Approximately 10% of the aging adults will require any form of long-term care in the home\(^{14}\).

**Analysis of Caring For Chronically Ill:** An analysis of variance (ANOVA) on the Caring for Chronically Ill scores had significant difference, \(F(135.976, 4369.106) = 1.218, p=.293\). No significant difference was observed in any categories. In a study 1/4* of caregivers of dementia patients were found to be depressed and had persistent symptoms of depression\(^{15}\).

**Analysis of Poor Perceived Health:** An analysis of variance (ANOVA) on the Poor Perceived Health scores had significant difference, \(F(794.962, 4211.846) = 7.388, p=.000\).

The significance of difference when studied in accordance to the residence concluded that Institutionalized men when compared to the non Institutionalized men in the category in accordance to age 71 to 80 years showed significant difference \((p=.001)\) and that Institutionalized women when compared to the non Institutionalized women in the category in accordance to age 61 to 70 years showed significant difference \((p=.001)\). Similarly, Institutionalized women when compared to the non Institutionalized women in the category in accordance to age 71 to 80 years showed significant difference \((p=.000)\).

The significance of difference when studied in accordance to the age concluded that non Institutionalized women in the category in accordance to age 61 to 70 years when compared to the non Institutionalized women in the category in accordance to age 71 to 80 years showed significant difference \((p=.009)\) and non Institutionalized men in the category in accordance to age 61 to 70
years when compared to the non Institutionalized men in the category in accordance to age 71 to 80 years also showed significant difference (p=.011).

**Analysis of Loneliness:** An analysis of variance (ANOVA) on the Loneliness scores had significant difference, $F(2007.363, 4174.073) = 18.824$, $p = .000$.

The significance of difference when studied in accordance to the residence concluded that Institutionalized men when compared to the non Institutionalized men in the category in accordance to age 61 to 70 years showed significant difference ($p = .009$) and that Institutionalized men when compared to the non Institutionalized men in the category in accordance to age 71 to 80 years showed significant difference ($p = .000$).

The significance of difference when studied in accordance to the residence concluded that Institutionalized women when compared to the non Institutionalized women in the category in accordance to age 61 to 70 years showed significant difference ($p = .000$) and that Institutionalized women when compared to the non Institutionalized women in the category in accordance to age 71 to 80 years showed significant difference ($p = .000$).

The significance of difference when studied in accordance to the age concluded that non Institutionalized women in the category in accordance to age 61 to 70 years when compared to the age category 71 to 80 years showed significant difference ($p = .001$) and that Institutionalized women in the category in accordance to age 61 to 70 years when compared to the age category 71 to 80 years showed significant difference ($p = .000$).

The significance of difference when studied in accordance to the age concluded that non Institutionalized men in the category in accordance to age 61 to 70 years when compared to the non Institutionalized women in the category in accordance to age 71 to 80 years showed significant difference ($p = .000$). Loneliness and isolation modify by self concept and goals of an individual\textsuperscript{16}.

**Analysis of Lack of Social Support:** An analysis of variance (ANOVA) on the Lack Of Social Support scores had significant difference, $F(3402.532, 4016.986) = .000$.

A post hoc Tukey test showed that the gender wise scores of Lack of Social Support in the category in accordance to age 6170 years differed ($p = .000$). The significance of difference when studied in Self Esteem scores in accordance to the residence concluded that Institutionalized men when compared to the non Institutionalized men in the category in accordance to age 61 to 70 years showed significant difference ($p = .000$).
Similarly, the significance of difference when studied in accordance to the residence concluded that Institutionalized men when compared to the non Institutionalized men in the category in accordance to age 61 to 70 years showed significant difference (p=.000) and that Institutionalized women when compared to the non Institutionalized women in the category in accordance to age 71 to 80 years showed significant difference (p=.000).

The significance of difference when studied in accordance to the age concluded that Institutionalized men in the category in accordance to age 61 to 70 years when compared to the Institutionalized women in the category in accordance to age 71 to 80 years showed significant difference (p=.000) and that non Institutionalized men in the category in accordance to age 61 to 70 years when compared to the non Institutionalized women in the category in accordance to age 71 to 80 years showed significant difference (p=.000).

Also that, Institutionalized men in the category in accordance to age 61 to 70 years when compared to the Institutionalized men in the category in accordance to age 71 to 80 years showed significant difference (p=.000) and that non Institutionalized men in the category in accordance to age 61 to 70 years when compared to the age category 71 to 80 years showed significant difference (p=.000).

The family life in later age, close friendship and other social interactions. Later-life family, intimate, friendship, and other social relations. The intergenerational issues also have prominent role in this matter. A person becomes very selective in the selection of his social relations and starts concentrating on the one which are more emotionally satisfying.

**Analysis of Life Events:** An analysis of variance (ANOVA) on the Life Events scores had significant difference, $F (986.261, 2580.906) = 14.958$, $p = .000$.

A post hoc Tukey test showed that the gender wise scores in the category in accordance to age 61-70 years differed ($p = .005$). The significance of difference when studied in accordance to the residence concluded that Institutionalized men when compared to the non Institutionalized men in the category in accordance to age 71 to 80 years showed significant difference ($p = .018$) and that Institutionalized women when compared to the non Institutionalized women in the category in accordance to age 61 to 70 years showed significant difference ($p = .000$). Similarly, the significance of difference when studied in Institutionalized women when compared to the non Institutionalized women in the category in accordance to age 71 to 80 years showed significant difference ($p = .000$).
The significance of difference when studied in accordance to the age concluded that Institutionalized women in the category in accordance to age 61 to 70 years when compared to the age category 71 to 80 years showed significant difference (p=.000) and that non Institutionalized women in the category in accordance to age 61 to 70 years when compared to the age category 71 to 80 years showed significant difference (p=.000).

The significance of difference when studied in accordance to the age concluded that Institutionalized men in the category in accordance to age 61 to 70 years when compared to the Institutionalized men in the category in accordance to age 71 to 80 years showed significant difference (p=.042). It is interpreted that as negative life events may promote depression, positive life event like a grandchild's birth may be protective. Loss of a loved one increases the probability of mortality from all causes within the first six months\(^{19}\). Hence hypothesis no. 2 and 3 were also rejected.

**Conclusion**

Whether comfortable or not, institutionalization creates negative psycho-social factors in lives of elderly, because they miss the close ties of their family members in which they have been living for years together\(^{20}\). Significant differences were observed in all the domains of psycho-social factors, except caring for chronically ill, which seems to influence all the categories equally. The elder age group seem to be lesser influenced as compared to the younger age group. Women were more influenced as compared to men. However it was observed that gender and age were lesser influential as compared to the residential arrangements.

**References**


References


Baltes P.B. and Baltes M.M (1990). Psychological perspectives on successful aging: The


Benjamin A. Shaw; Linda S. Spokane (2008).—Examining the Association between Education Level and Physical Activity Changes during Early Old Age.*Journal of Aging and Health, 20*(7):767-787.


Chang-Quan Huang, Bi-Rong Dong, Zhen-Chan Lu, Ji-Rong Yue, Qing-Xiu Liu (2009). “Chronic diseases and risk for depression in old age: A meta-analysis of published literature. *Ageing Research Reviews, 9*(2)131-141.


Heqing Huang, Xiaomin Li , Tengxiao Zhang & Buxin Han (2011). Life satisfaction and mental health of Chinese older adults in different living arrangements, Human Health and Biomedical Engineering (HHBE),1152–1155, 978-1-61284-723-8, DOI10.1109/HHBE.2011.6029030


Koskinen, Seppo (1992), The explanation of regional differences in mortality from ischaemic


Larsen, K. and Marianne Schroll; Kirsten Avlund (2006).—Depressive Symptomatology at Age 75 and Subsequent Use of Health and Social Servicesl *Archives of Gerontology and Geriatrics.*42;(2) 125-139.


and Interventions with Older Adults: Perspectives and Issues. *Indian Journal of Gerontology, 20*(1&2)5-20.


Mudasir Ahmad Lone, Institutional and Structural Changes in Pakhtoon Family and


Oberoi Mugdha; Sujata Yardi; Shweta Phadke (2010).—Assessment of Quality of Life in Community Dwelling Geriatrics. Indian Journal of Physiotherapy and Occupational Therapy, 4(4), 21-30.


National Statistics.


Tracy and Heck (2013). What do Long Term Care Staff Know about the Differences between Depression and Dementia? *Clinical Gerontologist, 36*(5), 411-20.


