### 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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<tr>
<td>2.</td>
<td>Compared to one year ago, how would your rate your health in general now?</td>
<td>Much better now than one year ago (1)</td>
<td>Somewhat better now than one year ago (2)</td>
<td>About the same (3)</td>
<td>Somewhat worse now than one year ago (4)</td>
<td>Much worse now than one year ago (5)</td>
</tr>
</tbody>
</table>

<p>| Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports. | Yes, Limited a Lot (1) | Yes, Limited a Little (2) | No, Not limited at All (3) |
| Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. | Yes, Limited a Lot (1) | Yes, Limited a Little (2) | No, Not limited at All (3) |
| Lifting or carrying groceries. | Yes, Limited a Lot (1) | Yes, Limited a Little (2) | No, Not limited at All (3) |
| 6. Climbing several flights of stairs. | Yes, Limited a Lot (1) | Yes, Limited a Little (2) | No, Not limited at All (3) |
| 7. Climbing one flight of stairs. | Yes, Limited a Lot (1) | Yes, Limited a Little (2) | No, Not limited at All (3) |
| 8. Bending, kneeling, or stooping. | Yes, Limited a Lot (1) | Yes, Limited a Little (2) | No, Not limited at All (3) |
| 9. Walking more than a mile. | Yes, Limited a Lot (1) | Yes, Limited a Little (2) | No, Not limited at All (3) |
| 10. Walking several blocks. | Yes, Limited a Lot (1) | Yes, Limited a Little (2) | No, Not limited at All (3) |
| 11. Walking one block. | Yes, Limited a Lot (1) | Yes, Limited a Little (2) | No, Not limited at All (3) |
| 12. Bathing or dressing yourself. | Yes, Limited a Lot (1) | Yes, Limited a Little (2) | No, Not limited at All (3) |
| 13. Cut down the amount of time you spent on work or other activities. | Yes (1) | No (2) |
| 14. Accomplished less than you would like. | Yes (1) | No (2) |
| 15. Were limited in the kind of work or other activities. | Yes (1) | No (2) |
| 16. Had difficulty performing the work or other activities (for example, it took extra effort). | Yes (1) | No (2) |
| 17. Cut down the amount of time you spent on work or other activities. | Yes (1) | No (2) |
| 18. Accomplished less than you would like. | Yes (1) | No (2) |
| 19. Didn’t do work or other activities as carefully as usual. | Yes (1) | No (2) |
| 20. 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? | Not at all (1) | Slightly (2) | Moderately (3) | Quite a bit (4) | Extremely (5) |
| 21. How much bodily pain have you had during the past 4 weeks? | None (1) | Very mild (2) | Mild (3) | Moderate (4) | Severe (5) | Very severe (6) |</p>
<table>
<thead>
<tr>
<th>No.</th>
<th>Items</th>
<th>Not at all (1)</th>
<th>Slightly (2)</th>
<th>Moderately (3)</th>
<th>Quite a bit (4)</th>
<th>Extremely (5)</th>
</tr>
</thead>
<tbody>
<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 dumbs 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
<table>
<thead>
<tr>
<th>S.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>
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<tr>
<td>2</td>
<td>I think constantly about major and minor faults in myself.</td>
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<td>3</td>
<td>I believe that I am a cause problem for others.</td>
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<tr>
<td>4</td>
<td>I am inclined to feel that I am a failure.</td>
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<tr>
<td>5</td>
<td>I wish I could have more respect for myself.</td>
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<tr>
<td>6</td>
<td>I have difficulty understanding the motivation, perspective or feelings of others.</td>
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<td>7</td>
<td>There is change in my usual capacity to remember, coordinate, concentrate or make decisions.</td>
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<tr>
<td>8</td>
<td>I cannot plan and arrange the resources as I did earlier.</td>
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<td>9</td>
<td>I have difficulty coping with changes.</td>
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<tr>
<td>10</td>
<td>I have decreased ability to learn new skills.</td>
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<tr>
<td>11</td>
<td>I think my role at home and outside is not worthwhile.</td>
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<tr>
<td>12</td>
<td>I hardly contribute to others life.</td>
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<tr>
<td>13</td>
<td>Nobody needs my opinion or follows my opinion.</td>
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<tr>
<td>14</td>
<td>I think that I am decision maker anymore in the family.</td>
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<tr>
<td>15</td>
<td>I have no plan for something that I am looking forward to doing.</td>
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<tr>
<td>16</td>
<td>I think that my voice sounds dull and flat now.</td>
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<tr>
<td>17</td>
<td>I often find it difficult to carry out and finish most of my activities.</td>
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<tr>
<td>18</td>
<td>I have a disease that requires constant medication.</td>
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<td>19</td>
<td>There is a drastic change in my physical mobility.</td>
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<tr>
<td>20</td>
<td>There is a visible sensory (vision, hearing, touch, smell and taste) loss in me.</td>
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<tr>
<td>21</td>
<td>I have trouble getting others to be as close as I want them to be.</td>
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<tr>
<td>22</td>
<td>I think that my interaction with friends / relatives is decreasing.</td>
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<tr>
<td>23</td>
<td>I have lost interest in maintaining the social relations.</td>
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<tr>
<td>24</td>
<td>I do not have enough opportunity to participate in social activity.</td>
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<tr>
<td>25</td>
<td>Even if I try to communicate, the diminishing hearing and vision hinders the communication.</td>
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<tr>
<td>26</td>
<td>I think I am completely dependent on others in terms of money.</td>
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<tr>
<td>27</td>
<td>I do not have enough monthly earnings to lead a respectable life.</td>
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<tr>
<td>28</td>
<td>I think I do not have enough deposit to use at the time of emergency.</td>
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<tr>
<td>29</td>
<td>I do not have any property/ valuable item on the basis of which I can come out of financial crisis.</td>
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<tr>
<td>30</td>
<td>I do not have anybody to rely if financial need arises.</td>
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<tr>
<td>31</td>
<td>I afraid that something bad is going to happen to me.</td>
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<tr>
<td>32</td>
<td>I am afraid that I will be cheated or used by others.</td>
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<tr>
<td>S. No</td>
<td>Statement</td>
<td>Never</td>
<td>Almost Never</td>
<td>Sometimes</td>
<td>Fairly Often</td>
<td>Very Often</td>
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<tr>
<td>33</td>
<td>I feel anxious when I go out of the house on my own.</td>
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<tr>
<td>34</td>
<td>I feel that I will have no help if I need.</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>
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<tr>
<td>36</td>
<td>I often feel helpless physically.</td>
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<tr>
<td>37</td>
<td>I need financial help everytime I am in crisis.</td>
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<tr>
<td>38</td>
<td>I depend on others for taking decisions.</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>
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<tr>
<td>40</td>
<td>I cannot manage to go out without somebody's help.</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>
<td>42</td>
<td>I feel that my most of the time is invested in the caring of sick at home.</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>
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<tr>
<td>44</td>
<td>Taking care of sick at home takes heavy toll of my energy.</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>
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<tr>
<td>46</td>
<td>I think I have more physical problems than usual now.</td>
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<tr>
<td>47</td>
<td>I think that I have some acute problem that needs to be taken care of.</td>
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<tr>
<td>48</td>
<td>I cannot sleep restfully without sleeping tablets.</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>
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<tr>
<td>51</td>
<td>I feel unhappy doing so many things alone.</td>
<td></td>
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<tr>
<td>52</td>
<td>I find myself waiting for people to call or write.</td>
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<tr>
<td>53</td>
<td>I feel I am unable to reach out and communicate with those around me.</td>
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<tr>
<td>54</td>
<td>I feel starved for company.</td>
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<tr>
<td>55</td>
<td>I feel shut out and excluded by others.</td>
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<tr>
<td>56</td>
<td>There is no person around when I am in need.</td>
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<tr>
<td>57</td>
<td>There is no person with whom I can share joys and sorrows.</td>
<td></td>
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</tr>
<tr>
<td>58</td>
<td>I do not get the emotional help and support I need from my family/ friends.</td>
<td></td>
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</tr>
<tr>
<td>59</td>
<td>I can not talk about my problems with my spouse/ family/ friends.</td>
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<tr>
<td>60</td>
<td>My spouse/ family/ friends do not support (or would support) me.</td>
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</tr>
<tr>
<td>61</td>
<td>I have seen and am traumatized by the death of a close relative/ partner/ parent/ child.</td>
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<tr>
<td>62</td>
<td>I have/ had relationship problems.</td>
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<tr>
<td>63</td>
<td>I have been bullied, teased, victimized or socially isolated sometime in my life.</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>#</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>eSa [kqn dks nwljs ds cjkckj mi; qDr o dkfey ugha ekurk gwWa @ ekurk gwWaA</td>
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<tr>
<td>2</td>
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</tr>
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</tr>
<tr>
<td>4</td>
<td>eSa :g lkspus ds fy, izo' Rr gwWa fd eSa ukdke;c gwWaA</td>
</tr>
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</tr>
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<td>12</td>
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<td></td>
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<td>---</td>
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<td></td>
</tr>
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<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>?kj esa chekj O;fDr dh lsok ds fy;s esjs vykok dksbZ vkSj ugha gSA</td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
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<td>Text</td>
</tr>
<tr>
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<td>------</td>
</tr>
<tr>
<td>47-</td>
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</tr>
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</tr>
<tr>
<td>49-</td>
<td>eSa eglwl djrk@djrh gwWa fd eq&gt;s vdkj.k Fkdku gks tkrh gSA</td>
</tr>
<tr>
<td>50-</td>
<td>eSa gev'kk chekj eglwl djrk@djrh gwWaA</td>
</tr>
<tr>
<td>51-</td>
<td>eSa dbZ dk;Z vdsys djds eq&gt;s nq%[k eglwl gksrk gSA</td>
</tr>
<tr>
<td>52-</td>
<td>eSa vDlj yksxksa ds Qksu ;k fpV~Bh dk bartkj djrk@djrh gwWaA</td>
</tr>
<tr>
<td>53-</td>
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</tr>
<tr>
<td>54-</td>
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</tr>
<tr>
<td>55-</td>
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</tr>
<tr>
<td>56-</td>
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</tr>
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<td>57-</td>
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<tr>
<td>58-</td>
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</tr>
<tr>
<td>59-</td>
<td>eSa thoulkFkh@ifjokj@ifjfpurksa ds IkFk viuh leL;kvksa ds ckjs esa ckrpfr ugha dj ldrk@ldrhA</td>
</tr>
<tr>
<td>60-</td>
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</tr>
<tr>
<td>61-</td>
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</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>62-</td>
<td>eq&gt;s vius utnhdh IEcU/kksa esa leL;k Fkh@gSA</td>
</tr>
<tr>
<td>63-</td>
<td>thou esa eq&gt;s lkekftd fu&quot;dklu@ijs&quot;kkuh vkfn ls =Lr gksuk iM+k gSA</td>
</tr>
<tr>
<td>64-</td>
<td>esjs lkFk thou esa ywVikr@geyk@cykRdkj gqvk gSA</td>
</tr>
<tr>
<td>65-</td>
<td>eSaus thou esa csjkstxkj@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></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>You dropped many of your activities and interests?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Do you feel happy most of the time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Do you prefer to stay at home rather than going out and doing new things?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Do you feel that life is empty?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Do you often get bored?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Are you in good spirits most of the time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Are you afraid that something bad is going to happen to you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Do you feel helpless?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Do you feel that you have more problems with memory than most?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Do you think it is wonderful to be alive?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Do you feel pretty worthless the way you are now?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Do you feel full of energy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Do you feel that your situation is hopeless?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Do you think that most people are better off than you are?</td>
<td></td>
<td></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
Saveena Kumari¹ and Jyoti Gaur²,
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 deference’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 accords to the above mentioned hypothesis were as follows-

Table 1

<table>
<thead>
<tr>
<th>Tools</th>
<th>WB</th>
<th>DEP</th>
<th>Correlation between the variables (Well-being and Depression)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Well being</td>
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<td>Pearson Correlation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-.467**</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sig. (2-tailed)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>280</td>
</tr>
<tr>
<td></td>
<td></td>
<td></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 \( r = -.467, n =280, p = 0.000 \). 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. \(^6\) A similar study by Cramm found that there is no significant association between well-being and depression. \(^7\)

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>(2-tailed)</th>
<th>Z- 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>
<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>
<td></td>
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</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 (4.66788) 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

<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>-2.2653</td>
<td></td>
<td></td>
<td>-2.2653</td>
<td>0.0235</td>
</tr>
<tr>
<td>Depression</td>
<td>Females</td>
<td>140</td>
<td>6.1143</td>
<td>4.39111</td>
<td>-2.265</td>
<td>278</td>
<td>.024</td>
<td></td>
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</tr>
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</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 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 because the basic unit that is family, along with the marriage is facing the changes in the structure because of increased modernization of society. 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. This successful aging is surely influenced by the psychological makeup of an individual. 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**

| Psychosocial Risk Factors Scores of Institutionalized and Non Institutionalized Aging Adults |
|-----------------------------------------------|--------------------------|
| z-value                                      | -2.9638                  |
| Two-tailed p-value                           | 0.003                    |
| Upper                                        | -4.2677                  |
| Lower                                        | -20.9323                 |

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.

![Figure-1](image)

**Figure-1**

**Normal Distribution (Psycho- social 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 ($p=0.021$) 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.\textsuperscript{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\textsuperscript{8}. A supporting study concludes that the general reason for institutionalization is the social issue and not necessarily the treatment for psychotic disorder\textsuperscript{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 ($p=0.009$).

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 ($p=.042$).
### Table-2

**Domains of Psychosocial Risk Factors in aging population in context of gender, residence and age**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Sum of Squares</th>
<th>Df</th>
<th>Mean Square</th>
<th>F</th>
</tr>
</thead>
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<tr>
<td><strong>Loss of self esteem</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Between Groups</td>
<td>564.648</td>
<td>7</td>
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<td>5.992</td>
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<tr>
<td>Within Groups</td>
<td>3701.875</td>
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<tr>
<td><strong>Loss of cognitive capability</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>687.817</td>
<td>7</td>
<td>98.26</td>
<td>4.567</td>
</tr>
<tr>
<td>Within Groups</td>
<td>5916.452</td>
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<td><strong>Physical deterioration</strong></td>
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</tr>
<tr>
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<td>1280.926</td>
<td>7</td>
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<td>7.453</td>
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<td>Within Groups</td>
<td>6752.339</td>
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<td><strong>Declining social contacts</strong></td>
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<td>Between Groups</td>
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<td>7</td>
<td>272.687</td>
<td>11.97</td>
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<td>Within Groups</td>
<td>6241.814</td>
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<td>22.78</td>
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<td><strong>Low financial resources</strong></td>
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<td>Within Groups</td>
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<tr>
<td>Between Groups</td>
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<td>Within Groups</td>
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<td><strong>Loneliness</strong></td>
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<td><strong>Lack of social support</strong></td>
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</table>
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. 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.

**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.

**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 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=.002) 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).

It appears that strong social support from the previous study, strong social support promotes the adaptive coping in a person and provides an ability to encounter the changes in life or stressful life events.

**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\(^4\).

**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\(^5\).

**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=.025).

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 individual16.

**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) = , p = .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.\(^\text{17}\) 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\(^\text{18}\).

**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\(^\text{19}\). 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\(^\text{20}\). 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


