CHAPTER 1- INTRODUCTION

Aging as a Concept

Old age or Senscence is the age near to the end of human life cycle. Worldwide these people are called old people, Americans call them Seniors, British call them Senior Citizens, the social science terms them as Older Adults and many cultures call them Elders to give respect (WHO, 2016). Most countries agree to 60-65 years of age being retirement age eligible for various programmes for seniors (Barry & Patricia, 2016).

Defining is difficult as the standpoints of biology, demography, employability and sociology are different. It also varies culturally and historically. Hence, old age is more of a social construct rather than biological (Oxford, 2016). At what age it starts is yet not clear, as it depends on the context.

United Nations (2016) agrees that it starts at 60+ years of age making the first attempt to start with an international definition of old age. Similarly WHO defines old age not by years, but by the roles which change with age and the way person becomes incompetent to serve the society.

It also depends on the views of the respondents. A Pew Research Center Study found that respondents aged 30-60+ years as an old age, while respondents at 65+ years see 74 as an old age (Pew Social Trends, 2010).

The elderly at 80+ find old age starting at 68+ (Jones & Nicola, 2013). Most Britons find 70 as onset while Europeans at 62+ (BBC News, 2016).

Gerontologists know that people have different experiences with ageing. The people in developed nations keep fit and are self dependent (Laura E. Berk, 2010), but they suffer frailty and severe mental and physical deterioration after 75 (Jama network, 2016).

Therefore, rather than lumping together all people who have been defined as old, some gerontologists have recognized the diversity of old age by defining sub-groups. One study distinguishes the young old (60 to 69), the middle old (70 to 79), and the very old (80+) (Forman, D. E.; Berman, A. D.; McCabe, C. H.; Baim, D. S.; Wei, J. Y., 1992). Another study’s sub-grouping is young-old (65 to 74), middle-old (75–84), and oldest-old (85+) (Zizza, C. A.; Ellison, K. J.; Wernette, C. M., 2009). A third sub-grouping is “young old” (65-74), “old” (74-84), and "old-old" (85+) (“Demographics of Aging”,
Delineating sub-groups in the 65+ population enables a more accurate portrayal of significant life change (Victor G. Cicirelli, 2002).

In the present research the researcher would use the most acceptable terms to indicate the sample. As a population, the term ‘Elderly Population’ would be used, while as an individual or group, the term “Ageing Adults” would be used. The message that we are getting old is an extremely threatening, because it is usually associated with the forthcoming complications and illnesses which are related to getting older. In a broader meaning, later age is usually believed to be associated with the decrease of physical functions of our body.

Aging is a process in our life, and a time when the physical and the mental aspects, decline. Also, human beings’ getting older is an extremely complex and irregular process that includes the changes in the physical, social and psychological aspects of the life (L; Sarkisian, Hays, Berry & Mangione, 2002).

The Friendly Societies Act was enacted in Britain in the year 1875 which gave 50 plus years as the definition of aging adults, however, 60-65 years is the age used by the pension policies (Roebuck, 1979a). However, there is still a lack of acceptable definition. Commonly, the age when a person legally becomes eligible for receiving pension, becomes the default definition. The age between 60-65 years is used with its changeable nature, for which the debates have originated right from the 18th century to the middle of the 19th (Thane, 1978a and 1989; Roebuck, 1979b).

There is another difficulty in establishing a definition because the actual birth dates of older people are usually not known by them and the official records of the birth dates are missing. Often, age is classified differently from place to place over time. Sometimes, it reflects the differences in social class while at other times it reflects the ability to function in the work force. Current political and economic conditions are not reflected in the classification. Above all, the definition of old age is decided in terms of when the person gets retired. There is a sex difference and women are supposed to retire at an early age. If old age is seen in terms of livelihood, it is considered that women between 45 and 65 years and men between 55 to 75 years are eligible to be called elderly (Thane, 1978b). Still United Nations is not able to develop a universal concept, and indicates 60 years and above in defining elderly (Personal correspondence, 2001).
Aging Population in India

India's elderly population (60 years and above) will increase dramatically in the next four decades. According to United Nations population division it was 8 percent in 2010 and will be 19 percent in 2050. It is expected to see India’s population to reach 323 million people, which is greater than the total US population in 2012. This increase in older Indian will bring a variety of social, economic and health care policy challenges (Kaneda, T., 2006).

Table 1.1
Number, Proportion and Sex Ratio of the Aging Adults in India (2001-2051)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2001 (in millions)</th>
<th>2011</th>
<th>2021</th>
<th>2031</th>
<th>2041</th>
<th>2051</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 and above</td>
<td>Numbers (in millions)</td>
<td>77</td>
<td>96</td>
<td>133</td>
<td>179</td>
<td>236</td>
</tr>
<tr>
<td></td>
<td>Percentage of the total population</td>
<td>7.5</td>
<td>8.2</td>
<td>9.9</td>
<td>11.9</td>
<td>14.5</td>
</tr>
<tr>
<td></td>
<td>Sex Ratio (males per 1000 females)</td>
<td>1028</td>
<td>1034</td>
<td>1004</td>
<td>964</td>
<td>1008</td>
</tr>
<tr>
<td>70 and above</td>
<td>Numbers (in millions)</td>
<td>29</td>
<td>36</td>
<td>51</td>
<td>73</td>
<td>98</td>
</tr>
<tr>
<td></td>
<td>Percentage of the total population</td>
<td>2.9</td>
<td>3.1</td>
<td>3.8</td>
<td>4.8</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Sex Ratio (males per 1000 females)</td>
<td>991</td>
<td>966</td>
<td>970</td>
<td>930</td>
<td>891</td>
</tr>
<tr>
<td>80 and above</td>
<td>Numbers (in millions)</td>
<td>8</td>
<td>9</td>
<td>11</td>
<td>16</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Percentage of the total population</td>
<td>0.5</td>
<td>0.7</td>
<td>0.8</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td></td>
<td>Sex Ratio (males per 1000 females)</td>
<td>1051</td>
<td>884</td>
<td>866</td>
<td>843</td>
<td>774</td>
</tr>
</tbody>
</table>

*India was divided into 28 states and 7 union territories in 2001. The data were given by S. Irudaya Rajan in Population Aging and Health in India, The Center for Inquiry into Health and Allied Themes (CEHAT), Mumbai (2006).
The life expectancy has increased from 58.1 to 64.1 years for men from the year 1990 to 2000. Similarly, the life expectancy has increased from 59.1 to 65.4 years for women from the year 1990 to 2000. The life expectancy projected for men in the year 2010 is 69.9 and 68.8 years for women.

The socio-economic background, health and sex are the main factors behind the problems of the aging adults. It also depends on the need and nature of the medical treatment being taken by them and the other support services available to them. The number of old people is increasing in India and hence it requires better mental and physical health plans for them.

**The Aging Adults, Health and Health Care**

With the increase in elder population there will be a sharp increase in the prevalence of chronic diseases like hypertension and diabetes. 45 percent of the diseases in India will be borne by the older population in 2030. The results from the pilot phase of the longitudinal aging study show that at least 13 percent of older Indians have some kind of disability that affects their daily activity. 1/4 of the older population is underweight. Usually they are observed to be suffering from hearing problem, heart problems, pulmonary problems, genito-urinary diseases, neurological disorders and rheumatic diseases. As the age increases people face more problems. In general, the geriatric population suffers the problems of hypertension, depression and loneliness.

Hypertension is very common in the geriatric population throughout the world, whether urban or rural. However, it is lower in rural population. The information and awareness related to control of hypertension vary in reference to gender, which is more in men, as compared to women. In all, the elderly population lacks the awareness with regard to control of hypertension, which can be helpful in early diagnosis, in initiation of proper treatment and increasing the lifespan of the geriatric population.

Loneliness is also another psychological change which can lead to depression in adults. Loneliness can be described a subjective, and negative feelings which can be related to the experience of the person, most probably of the social relations which are not adequately satisfying. It sometimes leads to health related consequences. Out of three main factors which lead to depression, loneliness is one of them (Green, B. H., Copeland, J. R., Dewey, M. E., Shamra, V., Saunders, P. A., Davidson, I. A., Sullivan, C.,

People face losses with the increasing age. When a close person dies, it is considered as a great loss and affects the elderly a lot. When the elderly person is financially restrained, due to any reason he is worried, get socially isolated and his socio economic status is declined (Sadock & Sadock, 2000). These losses sometimes hinder in the maintenance of desirable social relationships which further leads to loneliness. The main cause of loneliness is living all alone, life of close knit family ties, getting detached from culture, an inability of actively participating in the cultural or social activities, sometimes it just comes with a physical inability which is also demoralizing and depressing for aging adults. The death of a family member or friends is a life changing event in the lives of aging adult. The oldest old people are most likely to suffer from loneliness and depression, which is also associated with their mortality (Max L. S., David J. V., Jacobijn, G., Aartjan, T. F., Ross Van Der Mast & Rudi G. J., 2005).

The problem of dementia seems to be related to increasing age. Dementia is also associated to single hood, widowhood and separation. Elderlies living in the nuclear families are economically dependent and have low education also seem to be suffering from dementia. These changes in the physiology of the elderly need the attention for better health planning for their better livelihood.

Depression is the illness that has a medical basis in which a person has the continuous feeling of sadness, is discouraged and does not have self worth. It is very common in aging adults but is not recognized or not, always treated (Alexopoulos, G. S., Buckwalter, K., Olin, J., Martinez, R., Wainscott, C., & Krishnan, K. R., 2002). The major problem with depression is that it is not very seriously taken. It is considered just as an indicator of a problem. However, many a times, in the institutions, social and recreational activities are provided in order to enrich the mental status of a person and to bring improvement in monotonous life. The studies also indicate that these activities have a positive effect on the psychological well being.

The main cause of geriatric depression is marital status, place of living, type and structure of the family, annual income, style of living, quality of social contacts, personal
involvement in the decision making, adjustment, leisure time activities, recreation, availability of food, need satisfaction, security and safety.

The elderly in India also have health service problems. The medical facilities are inadequate and difficult to access. There is a lack in the facility of health care personnel and supportive medical services like physiotherapy. Most elderly do not have medical insurance, especially in middle and low income group.

Hence, there is a great need of GOs and NGOs working for the welfare of elderly. India still needs to work in the field of developing nursing homes for the aged, old age homes and elderly clubs for recreation. We need to understand that, if an individual cannot come out of his home to seek medical advice, mobile clinics should go to them for a routine checkup.

**The Aging Adults, Living Arrangements and security**

Indian families also have housing problems. Nearly 60% of older population lives in the houses that lack the sewer system. The smoke produced due to the poor quality of cooking fuel contributes to the health crisis.

The demand pertaining to the care of the elderly will keep on increasing in the coming years. In this concern, the problems related to the care of the elderly are varied. Many elderly have poor socio-economic status. They lack the understanding and cooperation of the family towards them. More Indian families are becoming nuclear now because of the increased urbanization and other causes. The new generation is losing respect for the aged. The children are getting migrated to the cities in search of jobs, as a result of which, the elderly are forced to live a lonely life. This is also because of improper planning for aging. Many aged people lack the awareness related to savings, insurance, pension and policies.

Four out of five older Indians have multi-generational household with their children. Many times the houses are unsuitable for elderly. They have slippery and unsuitable floors and toilets and stairs with high and too many steps. Between the years 1990 to 2000 Indians living only with the spouse or alone, doubled. In spite of the economic growth, the majority of older population still remains poor. According to the survey, less than 11% of older population do not have pension of any kind and major older population wants to remain in the workforce. Many of them also support their adult children who live in homes of their parents and work on the farm owned by their parents.
When the elderly person is financially restrained due to any reason, he is worried, get socially isolated and his socio economic status is declined. This loss of social image prevents in diagnosing the depression and proper treatments are not available (Jacoby, R. & Oppenheimer, C., 2008). The socio-economic factors are very frequent in the lives of elderly, especially who are over 65 years of age.

The younger generation, also needs to be given family education, especially in reference to the elderly care. On the other hand, the elderly need to be trained to lead a healthy lifestyle, which has a healthy self sufficient routine, along with enjoying their independence.

**Statement of the Problem**

In the past few decades, India has changed from a nation based on agriculture to a highly developed industrial society. With industrialization and urbanization, the ideology, the philosophy of living, the values and the practices have been highly affected. The younger generation is more educated and earns more income, more women have come into formal workforce, the majority of families have changed in structure and more families are now nuclear.

The families now have lesser number of children and hence the families have fewer caregivers in households. This has increased the demand of institutional based care. Also, the number of aged people in India is now increasing due to the medical care; there is a rapid rise in the institutions for elderly. However, QOL (quality of life) in institutions has not been sufficiently studied. Therefore, there is a great need to study the institutional care facilities and their impact.

Other than the physical well being, the major area of concern is the psycho- social wellbeing of elderly living in such institutions. Among other psychological disorder, depression is a major problem, particularly pertaining to the old age. Although older people are not deprived of the recreation and social interactions in such institutions, which help in removing the monotony of life and enriching the mental well-being, there are few studies which have studied their actual impact.

Depression in particular, does not get influenced by the heredity, but is very prone to be influenced by the psychosocial aspects and physiological condition. Out of all the conditions, it is one of the most common diseases shown to be influenced less by the
genetic factors and more by the psycho-social factors and somatic diseases. It is one of the most common diseases in Indian adults above 65 years of age. It is usually under recognized and under treated, as the family of elderly believes that the low mood is the normal state of the elderly at home. But if clinically assessed the picture is very different from young adults, as there is co-morbid condition or dementia.

Lots of psycho-social factors contribute to this depression. All the life events, most importantly related to spouse, children, parents and friends, losses, separation, retirement, illness, homelessness security make an older person more vulnerable (Sadock & Sadock, 2005).

Being healthy and feeling healthy are two different states. The clinical well being might be different from what a person feels about himself. The pain might intensify if the psycho-social environment is not positive. This also reduces the interest in life and decreases the quality of life. Keeping this in mind, it is necessary to study the psycho-social factors in reference to the health, well being and psychological state of the elderly. Given that few studies lay emphasis on initiation of in-depth research; this study is an initial assessment of psycho-social factors that contribute to depression or well being. As a matter of concern, model of relationship among variables was hypothesized to include psycho-social risk factors, perceived health, General Health Status and depression is being presented.

**Figure 1a**
The Model of Assumed Relationship among Variables Psycho-social Risk Factors, Perceived Health Status, Depression and General Health Status
**Purpose and Goals of Study**

This research consists of two data sets that are both quantitative and qualitative. The quantitative data comprises of the assessment of psycho-social factors, well-being, depression and assessment of perception of health status of older people. The qualitative data explores the unique experiences of the older living in homes and institutions. The experiences are specially related to their roles and responsibilities, their concerns and their attitude towards the changes, old age has contributed. The general purpose behind gathering the quantitative and qualitative data is to investigate the factors contributing to depression and their perceived health status. Both the data, together, provide generalized results on the associations of psycho-social factors, depression and perceived health.

Hence, this study is to (1) construct an instrument for assessment of psycho-social risks, (2) predicting well-being and depression in aging adults and (2) test the association of psycho-social factors, well-being, perceived health status and depression in aging adults both in homes and institutional setting, as hypothesized in the model of relationship between variables.

Prior to coming to the understanding of the study, the concepts are being given, so that it is easier to understand the further progress.

**Defining the terms**

**Risk Factor**

Risk factors can be defined as a characteristic when an individual is it supposed to the environment, as defined by the World Health Organization, which contributes to an increase of chances towards developing disease or an injury. The risk factors might be umpteenth, like, tobacco and alcohol consumption, use of unsafe water, unsafe sex or high blood pressure. All risk factors are usually presented individually, but they have never operated in isolation. They are interacting with one another and often coexist.

**Psycho-social**

Psycho-social means related to a person's psychological development and his interaction with the social environment. The term was first used by psychologist Erik Erikson while explaining the stages of social development. The individuals are usually not
aware of their relationship with their environment. It is very different from social psychology, which explains the social patterns of an individual. When there is a problem with the psycho-social functioning of a person, it is usually referred as the deterioration of self, in the context of physical, emotional and cognitive function.

Many psychosocial factors can lead to depression. The most important psychosocial factors that can be related to depression are life events and social stress. The life events can be defined as the major change in the psychological aspect, which is a change in a person’s socio-economic condition, loss of a family member or friend, getting divorced, living away from children, chronic diseases, lack of shelter and retirement.

In order to construct a tool to study the psycho-social risk factors in the lives of elderly, review of earlier literature was done. Psycho-social factors are the social and psychological aspects of a person's life which influence the thoughts, feelings, health, attitude, behavior, functioning and quality of life an overall well-being. The below given table defines the psycho-social risk factors affecting life, as concluded by several studies.
Table 1.2
Summary of Psycho-social Risk Factors Affecting Life in Available Literature

<table>
<thead>
<tr>
<th>Construct Concept</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Life Events</strong></td>
<td>Research by Jenaway and Paykel (1997) and Thoits, P.A.(1999) was conducted to study the impact of highly negative events which were stressful and threat like death, losing a job, marital and financial problem, found that these events lead to depression. Thoits (1999) concluded that the depressed patients, especially the women, had higher rate of negative events in their lives, as compared to those who were not the depressed. Depressed patients also reported negative childhood experiences like separation from parents, turmoil, psychopathology seen in parents and also physical and sexual abuse. Depression is usually due to lack of communication with shyness and negative self concept (Joiner, Coyne &amp; Blalock, 1999).</td>
</tr>
<tr>
<td><strong>Declining Social Contacts</strong></td>
<td>Social contact is defined as the interrelation in terms of size and synthesis. It is also an affective support and structure that people usually give others and receive from other (Van, 1998). It prevents depression (Holahan &amp; Holahan, 1987) and is a give and Take process between personal and social contacts.</td>
</tr>
<tr>
<td><strong>Reduced Social Activity</strong></td>
<td>Social activity is not only interacting with kith and kin but is also a routing mechanism that aids adjustment. Participation in social activity helps a person in conflict resolution, enhances a care feeling by others and provide him companion within his network. It is specially necessary for the person who has lost the family support in order to reduce mortality, control depression, alleviate psychological distress and improve health (Lennartsson,</td>
</tr>
<tr>
<td>Condition</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Loss of Meaningful Roles (Work Productivity)</strong></td>
<td>Social performance is the fundamental elements of aging (Antonucci, T., H, &amp; Akiyama, 1991). Doing activity is actually satisfying and keeps the person engrossed. They provide positive feelings and people like to do, be curious, explore and master their environment and challenges (Deci, E. &amp; Ryan, R., 2008).</td>
</tr>
<tr>
<td><strong>Reduced Functional Status or Low Financial Resources</strong></td>
<td>Low socioeconomic status can lead to a vicious cycle. Because of this the detection of depression becomes difficult and the appropriate treatment is not accessible (Baldwin, R., 2008).</td>
</tr>
<tr>
<td><strong>Insecurity</strong></td>
<td>The depressed adolescents who are insecure are more alarmists about the pain symptoms. They have the tendency to amplify the degree of severity of their pain they feel and the threat they have in their life. Hence, this can lead to intense pain and the depressive symptoms increase (Grohol, J., 2009).</td>
</tr>
<tr>
<td><strong>Lack of Social Support</strong></td>
<td>Social support acts as buffer against depression and it also reduces its impact. Social support has complex relationship with depression.</td>
</tr>
<tr>
<td><strong>Loss of Self-Esteem (Helplessness, Powerlessness)</strong></td>
<td>It was found that the people who were ill for more than 1 year had 2.75 times lower self esteem as compared to their counterparts (Yousafzai, Abdul Wahab Siddiqi &amp; Mohammed Naim, 2007).</td>
</tr>
<tr>
<td><strong>Coping Resources</strong></td>
<td>Coping is intra-psychic effort which is action oriented. It helps the person to manage during the demand which is created at the time of stressful events. It has its effect on stress related mental and physical health. (Taylor, S. E. &amp; Stanton, A. L., 2007). Meditation increases with the illness when the person’s function becomes very limited.</td>
</tr>
<tr>
<td><strong>Dependency</strong></td>
<td>When there is a health problem in one or both the partners,</td>
</tr>
</tbody>
</table>
the intimate relationship between both becomes strained (Qualls, 1999).

**Caregiver Burden**

Ballard (1996) found that the caretakers of the dementia patient were depressed and they had the persistent symptom of depression (Baldwin, R., 2008).

**Depression**

It is the illness that has a medical basis in which a person has the continuous feeling of sadness, is discouraged and does not have self worth. It is very common in aging adults but is not recognized or not treated (Alexopoulos G.S., 2003). The social and psychological aspects of a person's life which influence the thoughts, feelings, health, attitude, behavior, functioning, quality of life an overall wellbeing. Research by Jenaway, A & Paykel, E.S. (1997) and Thoits, P.A. (1999) was conducted to study the impact of highly negative events which were stressful like death, losing a job, marital and financial problems, found that these events lead to depression. Thoits, P. (1991) concluded that the depressed patients, especially the women, had higher rate of negative events in their lives, as compared to those who were not the depressed.

Depressed patients also reported negative childhood experiences like separation from parents’ turmoil psychopathology seen in parents and also physical and sexual abuse. Depression usually is due to lack of communication with others, excessive self sacrifice, shyness and negative self concept (Joiner,T., Coyne J. & Blalock, 1999).

**Health**

The concept of health has changed, as it has passed through various stages. It was previously conceptualized as the absence of disease. In 1947 the world health organisation declared the definition of health. Now health is not merely a state of absence of disease, but a complete physical, mental, social and psychological well being. In 1999 on the world health day, active aging was celebrated and the World Health Organisation emphasized on considering elderly as active citizens and not a burden, because they make a positive contribution to the society.

The health with regard to the older population has always been a subject of debate. It is generally accepted that health in the case of aging adults should not be defined as absence of disease because there is the high rate of diagnosable disorders in case of older
population. Rather, health is considered to be multifaceted (WHO). The disease diagnosis can be complemented by discomfort assessment which is associated with the symptoms like pain, life threat, consequences of treatment that are the side effects of medication, functional capacity an evaluation of health which is subjective (Borchelt M, Gilberg R, Horgas A. I, Geiselmann B., 1999). Rowe & Kahn (1987) defined the health of subgroups of aging adults and mentioned it in terms of the living status relative to age and cohort norms.

**Perceived health**

The overall, subject to a measure of health is called perceived health. The health aspects like severity of disease, incipient disease, physiological and psychological reserves of a person and the social functions are difficult to capture clinically, but can be captured by the health self assessment by an individual. Researches show that self assessment is a reliable and valid measure which helps in studying the functional decline, morbidity and even mortality. It is more effective than clinical measurement which can predict the help seeking behavior of an individual.

Perceived health is a measure that is relative suggested that people generally assess their health in context to their relations with friends and family members and expectations from them and their present circumstances (Idler EL, 1995)

The results of the study published in 1980 provide the basis of definition of aging adults in the countries which are under developed (Glascock, 1980). It was an anthropological study conducted in Africa in 1970. The study concluded the definition of cell into three orders 1) Chronology 2) roles pertaining to society, that is changing in the pattern of working, the number of children and age and stage of menopause 3) capability changes that is invalid status, senility and physical characteristic changes. The result of this cultural analysis of aging adults concluded that these changes in the social role become the predominant means of definition of aging adults. However, even when the definition is chronological in nature, it sometimes adjoin to the other definitions. Perceived health status is related to the mortality and morbidity of a person when the functional status becomes low. It is an important measure to find out the health status and quality of life of a person (Idler, E.L., 1993).
Significance of Study

This descriptive study shall not be the only one to explore the relationship between the psycho- social factors, perceived health status and depression among aging adults. There are few studies conducted on perceived health status of aging adults, women and few psycho- social factors responsible for the psychological disturbances.

The earlier researches on psycho- social factors i.e. Health and social involvement of aging adults did not include Indian older adults. Similarly, the earlier researches related to the aging adults were conducted on the recreational activities in the institutions, but elder’s social communication with the peers, family and neighbors were omitted, while these form significant socialization which might maintain the psychological wellbeing of elderly. In the same context, the family relationships too are as important, which has also been ignored. Research findings will give the conclusion about how the psycho- social interactions and the social activities help in changing the perception of self health acts with depressed aging adults.

Operational Definitions

**Elderly** - Keeping in mind that the emotional responses decrease with the age, and exploring the earlier researches, the elderly from the age 61 years to 80 years were included in the study. It was assumed that the elderly above 80 years of age would show comparatively weaker responses towards environmental situations. Hence they are not included in the study.

**Marital Status** - The sample was divided in the two categories i.e. unmarried/ married and living together with spouse and living alone without partner, as it was not possible to compare different categories of marital statuses i.e. separated, widow/ widower, never married etc.

**Education** - In the present research, the sample was categorized in two groups. One group consisted of people who were graduates and above, while others were high school and below. Researches indicate that education acts as a shield against many psychological problems, hence graduation was kept as a good educational background to provide this shield.

**Employment** - An employed or self-sufficient person has more confidence and is ready to face the adversities in life. The sample was divided in two groups, one which was
employed or self sufficient and the other which was dependent. The reason was not considered for the description. It could be retirement with pension or not, unemployment etc.

The main aim of the research is to study and assess the importance of psychosocial factors in the etiology of depression that occurs during the later life and to lay emphasis on diagnosing depression at an early stage.

The main conclusion of the study will be the increase in the awareness about the importance of factors as potential stress in aging adults (in normal settings and institutions).

The findings will provide an understanding related to the relationship of the proposed variables. The knowledge gained from the description of the predictors of depression is always required and is useful for the personnel providing care to elderly, so that they have a better understanding of depression and are able to recognize it on time and start with the timely interventions to reduce and to ameliorate depression.

In contrast to other countries, studies of how perceived health and psycho-social factors correlating with depression, among aging adults in India, limited. Therefore, it is necessary to explore such correlations between psycho-social factors, perceived health and depression. This research entitled, “Psycho-social Risk Factors as related to Perceived Health Status and Depression in Elderly Population”, will also provide an assessment instrument for lots of psycho-social factors, that too, all in one. Above all the study will develop a reliable tool to study psycho-social factors which will offer clinical professionals a better tool.

This study has made an attempt to attain some above stated socio-psychological aspects of the aging people in Rajasthan state of India with the following specific objectives-

1. To construct an instrument for assessment of psycho-social risks.
2. To predict general health, perceived health and depression in aging adults and
3. To test the association of psycho-social factors, general health, perceived health status and depression in aging adults, both in homes and institutional setting, as hypothesized in the model in accords to the demographic variables i.e. Age, sex, employment status, education, geographical area and marital status.
Research Hypotheses

In the model, psycho-social factors are the independent variables while perceived health status and depression are the dependent variables. It is hypothesized that the psychosocial factors will surely affect the well being of an individual, which will lead to depression. The characteristics of an individual collected as demographic data shall be viewed in context of dependent variables.

Hypothesis for correlations include-

1. A significant negative correlation between psycho social risk factors and general health status in aging adults will be observed.
2. A significant positive correlation between psycho-social risk factors and depression in aging adults will be observed.
3. A significant negative correlation between psycho social risk factors and perceived health status in aging adults will be observed.
4. A significant negative correlation between general health status and depression in aging adults will be observed.
5. A significant positive correlation between general health status and perceived health status in aging adults will be observed.
6. A significant negative correlation between depression and perceived health in aging adults will be observed.

Hypothesis for psycho-social risk factors include-

7. The psycho-social risk factors in Institutionalized aging adults will be observed more negative, as compared to the Non-institutionalized aging adults.
8. The Psycho-social risk factors in category 61-70 years of aging adults will be more negative, as compared to the 71-80 years of aging adults in Institutionalized and Non-institutionalized settings.

Hypothesis for general health status include-

9. The general health status of Institutionalized aging adults will be poorer, as compared to the Non-institutionalized aging adults.
10. The general health status in category 61-70 years of aging adults will be better, as compared to the 71-80 years of aging adults in Institutionalized and Non-institutionalized settings.
**Hypothesis for perceived health status include-**

11. The perceived health status of Institutionalized aging adults will be poorer, as compared to the Non- institutionalized aging adults.

12. The perceived health status in category 61- 70 years of aging adults will be better; as compared to the 71-80 years of aging adults in Institutionalized and Non-institutionalized settings.

**Hypothesis for depression include-**

13. The depression in Institutionalized aging adults will be observed more, as compared to the Non- institutionalized aging adults.

14. The depression will be observed more in category 61- 70 years of aging adults, as compared to the 71- 80 years of aging adults in Institutionalized and Non- institutionalized settings.

**Hypothesis for general demographic variables include-**

15. The aging adults from employed, better educated, married and belonging to urban areas will have lesser psycho social risk factors, better general health and perceived health status and lesser depression, as compared to unemployed, lesser educated, single (unmarried or divorced or widows/ widowers) and belonging to rural areas.
CHAPTER 2- REVIEW OF LITERATURE

Aging Population: An Overview

Aging is defined as a normal physical, psychological and behavioral change under the normal condition as the age increases and the people mature (Stanley and Beare, 1995). WHO calls for the aging people as active citizens and celebrated the World Health Day in 1999 as “Active Aging”. The world elderly population aged 65 years and over was just 5% in between 1950 to 1970. The United Nations declares that, it is going to increase and will be 10% in the year 2050, that is, it was around 200 million in 1970 and will be 828 million in 2025.

Also a great difference was found between 2000 and 2010 in the context of the sex ratio of the elderly. The sex ratio gap has narrowed down. There is an increase of 35.2 % Indian male population for aged between 60 to 74 years as compared to their female counterparts where there is an increase of 29.2 % (U. S. Department of Health and Human Services, 2012).

Similarly, aging can be defined as a complex process. And the presence of stereotyping and discrimination in terms of the increase in the chronological age relates to cognition, prejudiced attitude and discriminatory practices (Butler, 1969). In western society old age is considered as a social problem, illness or a condition that is undesirable. Binah Lilia & Or-Chen Keren (2008) concluded that, this should be viewed in the positive light. Elderly can feel vital and involved in the contribution of the society which has a positive attitude towards them in response.

Aging: Changes and Health Problem

Aging is associated with disabilities of all sorts and functions of the body. The main problem is the food intake, giving rise to the nutritional problems. It also increases as the age increases. There is a decrease in taste sensitivity. The food preferences change, especially in old women, which are also influenced by the social taboo (Mehta, Chauhan, Komal & Devi, 2007). There is a decline in physical activity, especially in less educated individuals. This leads to worsening health problems affecting the participation in the work force. In lower education group there was a lack of physical activity because of job loss, but in the higher education group there was a job loss because of loss of