CHAPTER 6
SUMMARY AND CONCLUSIONS

THE ENCYCLOPAEDIA BRITANNICA DEFINES AGEING AS -

By ageing is meant the progressive changes that take place in a cell, a tissues, on organ-system, a total organism or a group of organisms with the passage of time. All living things change with time in both structure & function, and the changes that follow a general trend constitute ageing. Ageing is part of the developmental sequence of the entire life span Beginning with conception, this developmental sequence includes parental growth and development, birth, infancy, childhood, adolescence, maturity and senescence. Ageing is a normal part of this total process. However, Gerontology is concerned primarily with the changes that occur between the attainment of maturity and the death for the individual and with the factors that influence these changes. These factors may range from heredity to climate and they may include social customs & attitudes. Some investigators believe that ageing results from the accumulation of random trauma, such as disease and malfunction, during the life time. Others believe that ageing is due to an intrinsic process that is fundamental, inevitable and irreversible. Both views agree that ageing can be represented as a progressive inability to cope with environmental demands and is reflected in an increasing probability of death as individuals age (1969 : 363)

Ageing is a process where a man gets old at various levels. Gerontologists studies all these various levels and come up with idea of `ageing'. All these levels are not complementary of one's life but are complementary to each other. However, the analysis varies from one discipline to another.

1) Biological Perspective Biologists focus on development at the cellular and anatomical level, studying biochemical and physiological changes across the life span of the organism. When studying adult development, biologists often focus on the effects of ageing on body function or appearance (Schneider & Wade, 1989) Biological researchers also examine change in sleep patterns, sexual response, skeletal structure, the body's ability to regulate its internal temperature, brain structure or electrical activity and so on Some investigators study diseases that are prevalent during later adulthood and old age hoping to find ways to postpone them or to prevent their occurance (Shock, 1977)

2) Psychological Perspective . Psychologists study development at two levels (i) individual function and (ii) social function They are interested in how emotion, personality, cognition and behaviour change across the individual life span and the way these changes affects person's individual functioning and social interactions. They investigate personality, motivation, self-concept and the effect of various social roles such as marriage, parenthood, divorce or retirement on the individual. Other main areas are stress, health psychology, mental health etc. (Lowenthal)

3) Sociological Perspective : No single sociological theory attempts to explain all sociological aspects of ageing (Passuth and Bengston, 1988). But the common and most accepted theory is an age - stratification model in which people are viewed as living through a sequence of age - related positions or roles. Each position carries its own rules that prescribed one's behaviour (Riley, Johnson and Foner, 1972).

Another way that sociologists approach adult development and ageing is through the concept of socialization or the way in which people absorb the attitudes values and beliefs of their society. By studying transitions from one social role to another, sociologists hope to discover just how roles influence behaviour and personality (Featherman, 1981).

4) Anthropological Perspective : Anthropologists examine differences in development in various societies, they show us the potential range of human behaviour and why development may proceed differently from one culture to the next (Spencer, 1957). Without this comparison investigators might assume that the developmental patterns they have found in their own culture are universal and reflect human nature (Le Vine, 1982). Anthropologists study many aspects of adult development and ageing. They may investigate stages of life cycle, role and treatment of old people, individual differences in developmental pattern within a single culture, and the way a culture uses age as basis of social organization (Rohlen, 1978).

The elderly population in India ranks fourth (43.2 millions) among countries of world. When entire elderly population of India is compared with total population of several individual countries of world it is surprising to note ISI countries (out of 171) countries have total population less than elderly population of India Only 19 countries have a total population exceeding elderly population of India. When these countries are considered continent wise, 51 countries in Africa out of 53, 34 out of 44 in Asia; 34 out of 36 in Latin America; 23 out of 24 in Europe and all the eight countries of Oceania and Canada (24.9 millions) leaving the USA in Northern America have less total population size as against the elderly population of India (Population Reference Bureau, 1983). The preceding population size of a large number of countries of the world in comparison with the elderly population of India shows the magnitude of the elderly population in this country.

Although the proportion of the elderly in the total Indian population constituted only 6.5 percent by 1981, their absolute number was very high and than to 43 2 millions by 1981. Unlike the marginal charges noticed in this proportion during the last three decades their absolute number almost doubled. In 1961 their number was only 24 7 millions, which grew to 32.7 millions by 1971 and further increased to 43.2 millions by 1981. According to the projections made by the Government of India, by 2001 A.D the number of the elderly population of India is expected to touch the 75.9 million mark which marks a

three fold in increase of the elderly population during 1961 - 1981 period (G O.I , 1988) The size of the elderly population in rural areas was always higher than in the urban areas.

Ageing of the nervous system affects at wide range of complex thoughts and activities Although brain weight declines throughout adulthood, the loss becomes greater after age 60 and may be as much as 5 to 10 percent, due to death of neurons and enlargement of ventricles (spaces) within the brain Neuron loss occurs throughout the cerebral cortex but at different rates in different regions In the visual, auditory, and motor areas, as many as 50 percent of neurons die In contrast, parts of the cortex (such as frontal lobe) responsible for integration of information, judgement, and reflective thought show far less change Besides the cortex, the cerebellum (which controls balance and coordination) loses neurons in all about 25 percent Glial cells, which myelinate neural fibers, decrease as well, contributing to diminished efficiency of the central nervous system (White bourne, 1996).

Ageing is a life long process which project the joint results of physiological and biological growth, pattern of culture and values in society, effect of any illness or injury, changing economical position of any state & nutritional status of elderly The increasing number of older people in our population has given rise to many medical problems which are associated with old age. The American Psychological Association has estimated that atleast 3 million elderly persons

(15 percent of older population) need mental health services There are atleast 7 million elderly persons who live below or near poverty level in social and environmental conditions that contribute to stress and breakdown, and atleast 2 million other older people living in the community have serious mental disorders. The increasing number of older people in our population has given rise to many medical problems which are associated with old age. Since the prevalence of mental disorder which increase with age, there has been disproportionate increase in need of psychiatric care of elderly, especially in developing countries with few possible means there are likely to even greater problems in providing care to elderly.

Institutionalized Aged

The living arrangement is understood in terms of the family type in which the elderly live, the headship they enjoy, with whom they stay, kind of relationship with members and on the whole the extent to which they adjust to the eivironment. A traditional convention in the Indian family system is that parents are supposed to be taken care of by their offsprings. But the upcoming family nucleation and the separation of the offsprings from parents create a situation where the old parents have to stay on their own. It is only when there is lack of familial support, the elderly resort to stay in old age homes, run by the State and Central Government for poor and deprieved elderly (Irudaya Rajan et. al. 1994). A survey of old age homes finds that the prime reason for the aged moving into old age homes is due to lack of proper care at home Besides

improper care, economic reasons, family quarrels, lack of adjustment, nandicaps were found to be other prominent reasons (Dandekar, 1993)

Institutions are dominated by rules, regulations, schedules and often provide an unstimulating environment Few people move into them voluntarily Langer (1985) believes that life in an institution leads to psychological deterioration The idea of institution and its rules tends to take away many decisions and responsibilities of the older persons and attitude of staff often convey the idea that the residents are sick and helpless Residents become psychologically and physically dependent on the staff and they behave in automatic and mindless fashion Institutions should not considered as dumping place for elderly Children with elders parents should encourage to stay with them Institutions may be provided for those aged who have no relations or support & also institutional care should be provided only to poor and destitute aged. Old age home should have certain objectives which has to be takes care of. To make a pleasant stay of elders in institution, the administration should follow these guidelines -

1) Intake · Institutions should have a definite intake policy and strict conditions for admissions into home such as income, age, physical condition etc. Admission should be granted after considering the magnitude of problem For example, admission should be granted to

those elders who are all alone instead or those who have sons or daughters

2) Locations and Buildings · The buildings for an urban home for aged should be located on the outskirts of city. The building should not cover more than 50% of total ground area The unbuilt should be utilized for a small garden. It should have specially constructed buildings with proper ventilation, air, light facilities Easy chairs, comfortable beds, side tables, should be made of inmates Rooms should be provided to 2 or 3 people and should avoid overcrowing Bathrooms and toilets should be of western type constructed with handles and hand rails.

3) Foods Food provided in an institution for elderly should be prepared with certain preconditions Four meals (two principles and two minor ones) should be served. The food should be free of spices and very less oily, preferably vegetarian Also the food provided should have value of atleast 2800 calories per day. The diet should also include milk, fruit, cereals etc.

4) Medical Facilities In an institution where an elderly stays, it is responsibility of the institution to care of their health. But some early precautions by the administration could help to avoid any problem The home should not allow a person with · prolong medical care or person with any contagious disease. Persons suffering from any contagious disease or prolonged diseases should be shifted to respective hospitals or wards Adequate measures should be taken for regular optic care, dental care, blood pressure check up etc

5) Recreational Facilities : An old age home should provide recreation to its residents Recreation not only provide relief from daily pressures but helps in acquiring knowledge Old age homes should have a reading room with good collections of books, a radio set, indoor games, prayer hall etc. The administrators should also organise seminars and discussions inviting some prominent personalities like doctors, religious leaders, social workers, lawyers which will help in providing latest information

6) Staff Old age requires careful handling of emotions, especially with those who are not sharing with near ones. The staff in old age homes should be trained to be polite, sober and obedient in conversation with elders Also they should have interest in welfare and concern for elderly For safety purpose, staff members should reside in premises

STATEMENT OF THE PROBLEM

"A Psychological study of Institutionalised Aged"

OBJECTIVES

In the present study following objectives are formulated :

1) To study the effect of sex, age and marital status on loneliness, locus of control, death anxiety, mental efficiency and old age problems.

2) To study the effect of caste, rule of residence and educational qualifications on loneliness, locus of control, death anxiety, mental efficiency and old age problems

HYPOTHESIS

1) There will be no significant difference between elderly male and female subjects with respect to five dependent variable and there sub-areas
2) There will no significant difference between elderly aged 60-75 years and 75 years and above with respect to five dependent variables and there sub-areas.
3) There will be no significant difference between married elderly and unmarried elderly subjects on five dependent variables and there sub-areas
4) There will be no significant difference between upper caste and lower caste elderly on five dependent variables and there sub-areas.
5) There will be no significant difference between old people belonging to urban and rural background on five dependent variables and there sub-areas.
6) There will be no significant difference between old subjects of different educational qualifications (below intermediate and above intermediate) on five dependent variables and there sub-areas

VARIABLES

Independent Variables

1) Sex
2) Age
3) Marital Status
4) Caste
5) Rule of Residence
6) Educational Qualifications

Dependent Variables

1) Loneliness
2) Locus of Control
3) Death anxiety
4) Mental Efficiency
5) Old age problems
   - 5.1 Health
   - 5.2 Family and emotional ties
   - 5 3 Economic
   - 5 4 Religious and Social Problems
   - 5 5 Personality
   - 5.6 Personal betterment

SAMPLE

For the present study a sample of 200 (100 male and 100 female) elderly people were selected from two old age homes in Ahmedabad and Baroda

RESEARCH TOOLS

1) Loneliness Scale

Loneliness scale is an Indian adaptation of Revised University of California Los Angeles (UCLA) by Dr Madhu Seth The test has 20 items with response categories namely "I never feel this way", "I rarely feel this way", "I sometimes feel this way" and "I often feel this way", which has to be scored 1,2,3 and 4 respectively. The minimum score is 20 and maximum score is 80 where high score indicates presence of loneliness

2) Locus of Control

The scale to measure locus of control was developed by J.B Rotter in 1966 The scale consists of 23 question pairs using a forced choice format, plus six filler questions. The pair consist of one internal and one external statements. One point is given for each external statement selected. Scores can range from zero (most internal) to 23 (most external)

3) Thakur's Death Anxiety Scale

The Death Anxiety scale was developed by G P. Thakur & Manju Thakur. The scale is of 16 statements Statement nos 1,2,4,5,7,9,10,12,13,15 &

16 were positively worded and statement number 3,6,8,11 and 14 were negatively worded. Each statement had five response categories namely quite true, true, undecided, false and quite false. The minimum score on the scale would be 16 and maximum would be 80

4) Mental Efficiency :

To assess the mental efficiency of elderly PGI Battery for assessment of mental efficiency in the elderly developed by A Kohli, S.H. Varma and Dwarka Pershad is used. The test consists of four subtest namely :

i) The Set Test,

ii) Mental Status Questionnaire;

iii) Nahar & Benson Scale;

iv) Geriatric Depression Scale.

The areas covered by them include things like mental efficiency, motivation, alertness, general information, orientation of time & place, memory, concentration, perceptuo-motor functions and depressive symptomatology.

5) Problem Inventory for older People .

The inventory measures problems of older people in six areas namely

i) Health;

ii) Family & Emotional ties;

iii) Economic;

iv) Religious and Social;

v) Personality and

vi) Personal betterment

This inventory was prepared by Dr. P.V Ramamurti in 1969 and is made up of 30 items. There are 5 items for each of six areas. There are five response categories for each statement. The five response categories are very frequently, frequently, moderately, occasionaly and rarely, which is scored as 5,4,3,2 and 1 respectively. High scores indicates more problems for elderly.

DATA COLLECTION

1) Administration of the Test ·

Prior to administration tests, the investigator approached the administration authorities of old age homes and explained the nature and purpose of research. The authorities were convinced and granted permission to visit the old age homes for administation of tests In all following five tests were personally administered by the investigator, (i) loneliness, (ii) locus of control, (iii) death anxiety, (iv) assessment of mental efficiency and (v) old age problems

2 Scoring of the tests ·

After the data collection scoring was done according to pre-determined keys to obtain individual scores for each of 200 subjects.

RESULTS & DISCUSSION :

The aim of the present research was two fold namely .

i) To study the effect of sex, age, marital status, (personal factors) on five dependent variables namely loneliness, locus of control, death anxiety, assessment of mental efficiency and old age problems.

ii) To study the effect of caste, rule of residence and educational qualifications (social factors) on five dependents variables namely loneliness, locus of control, death anxiety, assessment of mental efficiency and old age problems.

The description of results is divided into two parts according to the design of research. The first part deals with analysis of variance where in main effect and interaction effect of sex, age and marital status (personal factors) is studied on five dependent variables. The second part studies analysis of variance where in main effect and interaction effect of case, rule of residence and educational qualifications

Part I of the research is concerned with result of analysis which involves a 2x2x2 factorial design The aim of the part is to study variations, in dependent variables as a function of sex, age and marital status (personal factors) There are two categories of sex viz male and female, two categories of age viz. senior (above 74 years) and junior (below 74 years), two levels of marital status viz ,

married and unmarried. Loneliness, locus of control, death anxiety mental efficiency & old age problems are dependent variables and sex, age and marital status are independent variable.

Part II of the research is also concerned with result of analysis which involves a 2x2x2 factorial design. The aim of the part of study in know the variations in dependent variables as a function of caste, rule of residence and educational qualifications (social factors). There are few categories of caste viz. lower caste and higher caste, two levels of rule of residence viz. rural & urban, two levels of educational qualifications viz., below intermediate & above intermediate. Loneliness, locus of control, death anxiety, mental efficiency and old age problems are dependent variables and caste, rule of residence and educational qualifications are independent variables.

The results were calculated by analysis of variance method for dependent variables like loneliness, locus of control, death anxiety, mental efficiency and old age problems on personal factors like sex, age & marital status where it was found that only dependent variable loneliness was found to be significant at 0.5 level. This indicates that male (9.06) and female (10.46) elderly subjects do differ in the feeling of loneliness. While all the dependent variables and independent variables showed no significant difference. Thus it can be said that there exist no relationships between them and both set of variables are mutually exclusively to one another.

The results were calculated by analysis of variance method, for dependent valuable like loneliness, locus of control, death anxiety, mental efficiency and old age problems on social factors like caste, rule of residence and educational qualifications. The F values for these variables were not significant implying that there was no difference in the dependent variables due to independent variables. All the groups more or less were similar and do not have give and take relationships.

CONCLUSIONS :

Personal factors .

Male and female, junior and senior and unmarried & married elderly subjects do not differ on loneliness, locus of control, death anxiety, mental efficiency and old age problems like health, family, economic religious & social problems and personal betterment. This means the independent variables do not bring any change in the dependent variables. Both sets of variables are independent of each other.

Social factors :

Lower and upper caste elderly, those from rural and urban areas and below intermediate & above intermediate subjects do not differ on loneliness, locus of control, death anxiety mental efficiency and old age problems like health, family, economic, religious and social problems and personal betterment.

This means the independent variables do not bring any change in the dependent variables Both sets of variables are independent of each other.