

Chief Editor

Dr. A. Singaraj, M.A., M.Phil., Ph.D.

Editor

Mrs.M.Josephin Immaculate Ruba

EDITORIAL ADVISORS

1. Prof. Dr.Said I.Shalaby, MD,Ph.D.
Professor & Vice President
Tropical Medicine,
Hepatology & Gastroenterology, NRC,
Academy of Scientific Research and Technology,
Cairo, Egypt.
2. Dr. Mussie T. Tessema,
Associate Professor,
Department of Business Administration,
Winona State University, MN,
United States of America,
3. Dr. Mengsteab Tesfayohannes,
Associate Professor,
Department of Management,
Sigmund Weis School of Business,
Susquehanna University,
Selinsgrove, PENN,
United States of America,
4. Dr. Ahmed Sebihi
Associate Professor
Islamic Culture and Social Sciences (ICSS),
Department of General Education (DGE),
Gulf Medical University (GMU),
UAE.
5. Dr. Anne Maduka,
Assistant Professor,
Department of Economics,
Anambra State University,
Igbariam Campus,
Nigeria.
6. Dr. D.K. Awasthi, M.Sc., Ph.D.
Associate Professor
Department of Chemistry,
Sri J.N.P.G. College,
Charbagh, Lucknow,
Uttar Pradesh. India
7. Dr. Tirtharaj Bhoi, M.A, Ph.D,
Assistant Professor,
School of Social Science,
University of Jammu,
Jammu, Jammu & Kashmir, India.
8. Dr. Pradeep Kumar Choudhury,
Assistant Professor,
Institute for Studies in Industrial Development,
An ICSSR Research Institute,
New Delhi- 110070, India.
9. Dr. Gyanendra Awasthi, M.Sc., Ph.D., NET
Associate Professor & HOD
Department of Biochemistry,
Dolphin (PG) Institute of Biomedical & Natural
Sciences,
Dehradun, Uttarakhand, India.
10. Dr. C. Satapathy,
Director,
Amity Humanity Foundation,
Amity Business School, Bhubaneswar,
Orissa, India.



ISSN (Online): 2455-7838

SJIF Impact Factor (2015): 3.476

EPRA International Journal of

Research & Development (IJRD)

Volume:1, Issue:3, May 2016



Published By :
EPRA Journals

CC License





WELL-BEING AMONG OLD AGE PEOPLE

Mohd Shoiab Mir¹

¹Ph.D Research Scholar of Psychology, Annamalai University, Annamalai Nagar, Tamil Nadu, India.

Mohammad Amin Wani²

²Ph.D Research Scholar of Psychology, Annamalai University, Annamalai Nagar, Tamil Nadu, India.

Dr. R Sankar³

³Assistant Professor Department of Psychology, Annamalai University, Annamalai Nagar, Tamil Nadu, India.

ABSTRACT

The purpose of the present study is to determine the level of well-being among old age people. The present study is based on 60 subjects equally divided into two groups on the basis of gender (male and female) further these two groups were also divided into two more groups on the basis of socio economic status (high and low socio economic status). To measure the well-being PGI General Wellbeing Scale standardized by Dr. S. K. Verma and Dr. Amita Verma was used. Mean, SD and t-test were applied for statistical analysis. Significant differences were found between the mean scores of male and female subjects, high and low socio economic status in respect to well-being.

KEY WORDS: - Well-being, Gender, Family type.

INTRODUCTION

Well-being can be simply understood as how people feel and function in daily life, both on personal and social level, and how they are able to evaluate their lives as a whole. Well-being is an individual's satisfaction with life, cultural and intellectual conditions under which he or she lives with their goals, expectations and concerns (Denier-1999). Well-being generally refers to the state of an individual, for example his or her social, economic, mental, psychological, spiritual as well as medical state; high well-being implies that the individuals experience is positive, while low well-being refers to negative happenings. Well being is the ability to fulfil goals, happiness and satisfaction with life.

Old age is one of the most difficult phases of life. In this stage mental ability declines, physical ability reduces and a person become dependent upon others. It a transactional period marked by worse health conditions and loss of energy.

Problems faced by old persons always remain in propriety in the field research and every year number of researches are conducted by researchers to highlight the problems faced by people during this few are like Sokolovsky (1991) revealed that the health risk of the elderly is mainly confined to access to health care that result in unhealthy ageing. Bowling *et al.*, (1989) investigated that poor mental health, particularly depression, is known to be a major predictor of loneliness in old age. About 15 to

20% of old population may experience depression (Kalpan & Shadock 1996). Lachs *et al.*, (1998) revealed that older adults who experience mistreatment have high mortality risk compared with others. Fisher and Ragan (2006) found that many women had encountered various sorts of abuse since they turned age 55, yet abused women confronted altogether higher chances of reporting gloom or uneasiness than other women, paying little respect to the recurrence or kind of abuse experienced. Serow (2001) revealed that growth of individualism, desire of the independence and autonomy of the young generation affect the status of the elderly. Schwarz (2003) found that the presence of elderly make its implication on the production function inside the family unit and along these lines on general work exertion that reflects in pay and creation. Balkov (2005) revealed that the high rates of deprivation of good health and lack of care in the developing and transitional economies.

Problem: - To study the level of wellbeing among old age people.

OBJECTIVES

1. To study the level of well being among male and female old persons.
2. To study the level of wellbeing among high and low socio economic status old persons.

HYPOTHESES

1. There is no significant difference between mean scores of well- being of old male and female subjects.
2. There is no significant difference between mean scores of high and low socio economic status subjects.

Variables: - The experimental variable is well-being and gender and economic status are criterion variables

SAMPLE

The present study consists of 60 samples equally divided into two groups on the basis of gender (males and females) further these two groups were divided into two subgroups on the basis of socioeconomic status (high and low socio economic status).

Instruments

PGI General Wellbeing Scale standardized by Dr. S. K. Verma & Dr. Amita Verma was used in the present study. The scale consists of 20 items.

RESULTS

In the present study the researcher investigated the level of Wellbeing among old age people. Sample of 60 subjects was selected through random sampling method. The obtained results in respect to both criterion variables are shown in table 1st and 2nd respectively.

Table - 1

Showing Mean, SD and t-value of wellbeing scores of male and female subjects.

Groups	Total score	N	Mean	SD	df	t-value
Male	333	30	11.1	2.006	58	2.46*
Female	297	30	9.9	1.757		

*Significant at 0.05 level

Table - 2

Showing Mean, SD and t-value of wellbeing scores of high socio economic status and low socio economic status subjects.

Groups	Total score	N	Mean	SD	df	t-value
High SES	358	30	11.93	1.83	58	7.21**
Low SES	272	30	9.06	1.15		

**Significant at 0.01 level

DISCUSSION

The present study highlights the impact of gender and socioeconomic status on wellbeing. Our findings shows there is significant differences among wellbeing of male and female, rich and poor old people . The mean scores of male and female subjects were found 11.1 and 9.9 respectively and t-value is found 2.46 with df 58, which was found significant at 0.05 level of significance. This indicates that there is a significant difference found between the mean scores of male and female subjects. Therefore our first hypothesis that there is no significant difference

between mean scores of well-being of old male and female subjects is rejected.

The mean scores of high and low SES subjects were found 11.93 and 9.06 respectively the t-value is found 7.21 with df 58, which is significant at 0.01 level of significance. This indicates that there is a significant difference found between the mean scores of high SES and low SES subjects. Therefore our second hypothesis that there is no significant difference between mean scores of high and low socio economic status subjects is also rejected. These findings are supported by research done by Sen

(1994) found that the poverty is sought to be a major risk of ageing in developing countries.

CONCLUSION

On the basis of the present study it may be concluded that both gender and socioeconomic status have significant impact on individuals well being.

REFERENCES

1. Balkov, M. (2005). *Old Age cares in the Post-Soviet Republics*. CIS Paper.
2. Bowling, A., P., Edelman, R., J., Leaver, J., and Hoekel, T. (1989). *Loneliness, mobility, well-being and social support in a sample of over 85 year olds*. *Personality and Individual Differences*, 10, 11, p. 1189-1192.
3. Diener, E., Suh, E., M., Lucas, R., E., & Smith, H., L. (1999). *Subjective well-being: Three Decade of progress*. *Psychological Bulletin*, 125(2), p. 276-302.
4. Fisher, B., S., & Regan, S., L. (2006). *The extent and frequency of abuse in the lives of older women and their relationship with health outcomes*. *The Gerontologist*, 46, p.200-209.
5. Lachs, M., S., Williams, C., S., Brien, S., Pillemer, K., A., & Charlson, M., E. (1998). *The mortality of elder mistreatment*. *Journal of American Medical Association*, 280, p. 428-432.
6. Schwarz, A. (2003). *Old Age Security and Social Pensions*. *World Bank: Human Development (Social Protection) Hub: Processed, Washington DC*.
7. Sen, K., (1994). *Ageing, Debates on Demographic Transition and Social Policy* (Zed Books London).
8. Serow, W. (2001). *Economic and Social Implications of Demographic Patterns*. In Robert K Bienstock and Linda K. George (ed) book *Handbook of ageing and the social sciences* (Academic Press, New York).
9. Sokolovsky (1991). *Health Transition and Public Policy in USSR*. *CSRA paper, Moscow*.