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MENTAL HEALTH AND DEATH ANXIETY AMONG INSTITUTIONALIZED AND NON- INSTITUTIONALIZED SENIOR CITIZEN IN RELATION TO GENDER.

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ABSTRACT

The aim of the present research was to study mental health and death anxiety among institutionalized and non- institutionalized senior citizen in relation to gender. The total sample consisted of 120 senior citizen of institutionalized and non- institutionalized. The sample was randomly selected from various areas and various old age home of Pune city. 2x2 factorial research design with 30 senior citizen in each cell representing different level of two independent variable like type of senior citizen(institutionalized and non- institutionalized) and gender (male, female). Mental health scale by Kamlesh Sharma and Death anxiety scale by G.P. Thakur used for data collection. To find out main and interaction effect of two independent variable on mental health and death anxiety two way analysis of variance was used. Results indicate that significant difference existed between institutionalized senior citizen on their mental health. Significant difference existed between male senior citizen and female senior citizen on death anxiety. Significant difference existed between institutionalized senior citizen and gender of senior citizen on death anxiety. Significant difference existed between Types of senior citizen and gender of senior citizen on death anxiety.

KEYWORDS: Mental Health, Death Anxiety, Gerontology.



INTRODUCTION:

Gerontology is science of aging. The term 'Gerontology' comes from the Greek word, 'Geras' meaning older people. It is one of the fastest growing multidisciplinary sciences within the field of health and human services. Gerontologists include researchers and practitioners in such diverse fields as biology, medicine, nursing, dentistry, psychology, sociology, economics, political science and social work. However, the three core components

of gerontology are the biological, the psychological and the sociological. The present study belongs to the psychological aspects of gerontology, focusing on death anxiety and mental health among older people (Athavale, M., 2013).

Old age consists of ages nearing or surpassing the average life span of human beings, and thus the end of the human life cycle. Old age has been referred as late adulthood which begins in the 60's and lasts until death. Death anxiety is defined as "The thoughts, fears, and emotions about that final

event of living that one experience under more normal conditions of life". Lots of people are afraid to die, and there can be endless reasons for this fear. The feeling of helplessness over not being able to control one's death gives rise to free-floating anxiety about the unforeseen. Today, the old age homes are indispensable as they are needed to take care of the lonely and forsaken elderly in the evening of their lives. Whenever the family does not provide full protection and security to the aged, the society has to share the burden of looking after them. Nowadays, old age homes are established to take care of the old. This idea of "institutionalization" of the aged has largely been borrowed from the western countries. In the context of the dynamic changes taking place in Indian society, the problem of the aged has assumed importance. There is much research on the problem of the institutionalized old people abroad but in India, very little organized information is available about the problem of the aged living the families and in old age homes.

II. REVIEW OF LITERATURE:-

Bhosale Bharati and Devi Rohini (2008) study report on health status of institutionalized elderly. The study sample included 500 institutionalized elderly were selected from 19 old age homes of different regions of Marathwada (Maharashtra state). Data was collected by interviewing the subjects using an interview schedule. Results suggest that, majority of selected elderly were suffering from health problems such as impairment in vision (61.6%), arthritis (47.0%), loss of memory (46.4%), insomnia (42.6%), headache (39.4%) and impairment in hearing (38.4%). Comparison of health problems between men and women indicates a significantly high prevalence of health problems in elderly women as compared to men. Prevalence of health problems such as constipation, insomnia, nocturia, arthritis, impairment in hearing and impairment in vision increased with advancement of age.

Deepa M Rasquinha and Balakrishna Acharya (2012) A comparative study was conducted to Death Anxiety Among Institutionalised and Non-Institutionalised Elderly Widows and Widower Death is very near in old age, hence a logical belief would be that death anxiety is more among the aged in comparison to the youngsters. However, studies contradict this notion. The age of 60 or 65 years in most developed countries is said to be the beginning of old age. The study aims to find differences in death anxiety among institutionalised and non institutionalised elderly widows and widowers. The sample consisted of 60 institutionalised and 60 non-institutionalised elderly who were further divided into 30 widows and 30 widowers from both the sectors. Death Anxiety scale developed by Templer consisting of 15 items was administered to the sample. The data collected was statistically analyzed using two way ANOVA. Results indicated that there was no difference in death anxiety among institutionalized and non institutionalised elderly. No significant difference in death anxiety was found among elderly widows and widowers.

Ghufran, M., & Ansari, S. (2008) studied that significantly greater religiosity for subjects with spouses dead than for the subjects with their spouses alive. No significant difference between the widows and widowers in their religiosity was obtained. A significant difference between mean death anxiety scores of the subjects with spouses dead and the subjects with spouses alive was obtained. Subjects having their spouse's dead scored higher on death anxiety scale than subjects who have their spouses alive? However widows had higher death anxiety than widowers.

Joseph and Leelamma (2009) conducted a study on 'General Well-Being and Death anxiety among Institutionalized and Non-Institutionalized Aged'. The aim of the study was to compare the general well-being and death anxiety among institutionalized and non-institutionalized aged. 200 aged people were selected for the study. 100 elderly populations drawn from four old age homes around Ernakulum District in Kerala and 100 elderly living with family members at home were drawn from the

same community. PGI- General well-being measure and Death Anxiety scale was administered. Z- Test was used for interpreting the data. The results indicate that Non-institutionalized aged reported better General Well-being compared to Institutionalized aged. There was no difference in death anxiety among Institutionalised and non-institutionalised elderly.

Mhaske and Usha Ram (2009) study was conducted on gender differences in Coping Ways and Mental Health among the Institutionalized Aged. The sample of present study consisted of 200 elderly (100 males and 100 females) age varying from 65 to 85 years. These subjects were selected from 28 old age homes of Pune City (Maharashtra). Tools used in the present study to measure ways of coping and mental health. Results showed that, females are higher on escape-avoidance coping and distancing than males. Males are higher on confronting coping, self-control, seeking social support, accepting responsibility, painful problem-solving and positive reappraisal than females. Females are higher on somatic symptoms, anxiety and insomnia, social dysfunction and depression than males. Confronting coping, self-control, seeking-social support, accepting responsibility, painful problem-solving, and positive reappraisal are positively associated with good mental health among both males and females. Mimrot (2011) conducted a comparative study on 'Death Anxiety of Old Persons living in the Family and in the Institution. The sample for the study consisted of 200 old persons. These 200 old persons belong to both the sexes to various families and institutions of Aurangabad city. Random sampling technique was used for the selection of respondents. Dhar Death Anxiety scale consisting of 10 items was used for the study. Data collected was analyzed using "t" test and ANOVA. Results indicated that Old age people living in institutions experience less death anxiety than old people living in the family and no gender differences were found among elderly regarding death anxiety.

Portal Moreno R. et. al. (2009) conducted on Death anxiety in institutionalized and non-institutionalized elderly people in Spain. To know the level of death anxiety using the Templer Death Anxiety Scale (DAS) (1970) (Ramos's Spanish adaptation, 1982) they chose subjects older than 65 years (N = 227) to study, on one hand, the existing relation between cognitive-affective reactions toward death and the perception of the passing of time and, on the other, a group of variables which include the place of residence, age, gender, life reflection, health disorders, psychological problems, religious aspects, and socio-demographics features. To undertake this, a questionnaire was administered in which the participants answered according to their degree of agreement to several alternatives. The data indicates, by means of an analysis of variance, significant differences between these variables and death anxiety, with the exception of the religious aspects and civil state.

Suvera Pankaj (2013) study was conducted on comparative study of the death anxiety among institutionalized and non-institutionalized aged. The purpose of the present study was to investigate the impact of institutionalization, sex and age of the aged on death anxiety. The sample for the study comprised of 180 Institutionalized and 180 Non-institutionalized aged from Ahmadabad city. Institutionalized aged was selected from various old-age homes in Ahmadabad. Personal data sheet and Templer's (1970), Death anxiety scale were used to collect the required data. 2x2x3 factorial design was planned where institutionalization, sex and age were considered as independent variables and death anxiety as dependent variables. Accordingly, 2x2x3 ANOVA was carried out to test the hypothesis. Results showed that the Death anxiety of institutionalized is higher than the non-institutionalized aged. The Death anxiety of female is higher than the male aged. The Death anxiety of medium and high age is higher than the low age of aged. The any interaction effects are not significant.

Vandana Bhattacharya and A.M. Khan (2008) study conducted on mental health needs of elderly living in Old age homes in Delhi covering 23 old age homes. Total sample size of the Homes (both Govt. and non-Govt. homes) was 19. A semi structured interview schedule was constructed and tested.

Sample size was around 285 inmates (104 male and 181 females) of Old Age Homes selected for the purpose of in-depth interview. Result showed that, the older people generally suffer from problems that are multidimensional in nature. Older clients often suffer from various sensory and cognitive deficiencies and hence, extra efforts need to be made to put information across to them and to get them to adopt desirable behaviors.

III. STATEMENT OF PROBLEM

The main aim of the present investigation is to study mental health and death anxiety of senior citizen in relation to their institutionalization and gender. The exact problem of the present study is run thus "Mental health and death anxiety among institutionalized and non- institutionalized senior citizen in relation to gender".

IV. OBJECTIVES

- 1.To assess mental health and death anxiety with regard to institutionalized and non-institutionalized senior citizen.
- 2. To assess mental health and death anxiety with regard to male and female senior citizen.
- 3.To assess interaction effect between types of senior citizen and gender of senior citizen with regard to mental health and death anxiety.

A.Hypotheses

- 1. There will be no significant difference between institutionalized and non-institutionalized senior citizen with regards to mental health and death anxiety.
- 2. There will be no significant difference between male and female senior citizen with regards to mental health and death anxiety.
- 3. There will be no significant interaction effect between types of senior citizen and gender of senior citizen with regard to mental health and death anxiety.

B. Sample

The sample was consisted of 120 senior citizen of institutionalized and non- institutionalized. The sample was randomly selected from various areas and various old age home of Pune city of Maharashtra state (India)

The total sample was categorized as under:

	A1	A2	Total
	(Institutionalized)	(Non-institutionalized)	
B1 (Male)	30	30	60
B2 (Female)	30	30	60
Total	60	60	120

C. Variable

In the present research work types of senior citizen were considered as independent variables and scores of mental health and death anxiety of institutionalized and non- institutionalized senior citizen were considered as dependent variables.

D. Tools

The following tools were used in present study for the data collection as under:

- 1. Mental Health Scale by Kamlesh Sharma.
- 2. Death Anxiety Scale by G.P. Thakur.

V. PROCEDURE

After establishing the rapport each subject was given mental health scale and death anxiety scale. All the instructions were strictly followed, which were given by the authors of the tests ended with an expression of thanks to the subjects for their co-operation. After completion of data collection scoring of each test will be done by the scoring key of each test.

VI. STATISTICAL ANALYSIS

In the present research to find out the main and interaction effect of two independent variables such as types of senior citizen and gender on mental health scale and death anxiety scale's score. Two ways ANOVA (2x2) was used.

VII. RESULTS AND DISCUSSION

Source of	Sum of	df	Mean Square	F	Level of
Variation	Squares				Significance
Ass	395.60	1	395.60	20.52	.01
Bss	10.18	1	10.18	0.52	NS
AxBss	0.38	1	19.26	0.02	NS
Error	2235.70	117			
Tss	2642.00	120			

Table. 1. Showing results of ANOVA on Mental Health.

		Al	Æ
Bl	M	65.15	68.83
	N	30	30
B2	M	64.3	68.26
	N	30	30

Table. 2. Showing Mean Scores of Mental Health of Variable-A (Types of senior citizen)

The results of ANOVA on mental health score Table-1 is consulted and it is found that F ratio for Types of older people (Ass) is 20.52 which is significant at .01 level. It indicates that institutionalized senior citizen differ significantly on mental health score as compared to non- institutionalized senior citizen. Table-2

	B1	B2
M	66.99	66.28
N	60	60

Table. 3. Showing Mean Scores of Mental Health of Variable-B (Gender)

		A1	A2
B1	M	65.15	66.83
	N	30	30
B2	M	64.3	68.26
	N	30	30

Table. 4. Showing Mean Scores of Mental Health of Variable-AxB (Types of senior citizen x Gender)

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Shows that mean score of institutionalized older people is 64.73 and non-institutionalized senior citizen is 68.55.

It can be said that significant difference existed between various institutionalized senior citizen and non- institutionalized senior citizen on mental health. F ratio for gender (Bss) is 0.52 which is not significant. It means male senior citizen do not differ significantly on mental health score as compared to female senior citizen. Table-3 shows that mean score of male senior citizen are 66.99 and female senior citizen is 66.28.

It can be said that significant difference do not existed between male senior citizen and female senior citizen on their mental health. F ratio for Types of senior citizen and gender (A x Bss) is 0.02 which is not significant. That means Types of senior citizen and gender do not interact each other on mental health score. Table-4 shows that mean score of institutionalized male senior citizen is 65.15, and institutionalized female senior citizen is 64.3, non-institutionalized male older people is 68.93 and non-institutionalized female older people is 68.26. It can be said that significant difference do not existed between Types of senior citizen and gender of senior citizen on mental health.

The results of ANOVA on death anxiety score Table-5 is consulted and it is found that F ratio for Types of senior citizen (Ass) is 69.30 which is significant at .01 level. It means institutionalized senior citizen differ significantly on death anxiety score as compared to non- institutionalized senior citizen. Table-6 shows that mean score of institutionalized senior citizen is 35.40 and non- institutionalized senior citizen is 33.23. It can be said that

Source	of	Sum	of	df	Mean Square	F	Level of
Variation		Squares					Significance
Ass		286.25		.1	286.25	69.30	.01
Bss		309.89		1	309.89	75.12	.01
AxBss		35.24		1	35.24	8.27	.01
Error		475.10		115	4.05		
Tss		1100.50		118			

Table. 5. Showing results of ANOVA on Death Anxiety

	Al	Æ
M	35.40	33.23
N	60	60

Table. 6. Showing Mean Scores of Death Anxiety of Variable-A (Types of older people)

	B1	B2
M	32.86	35.42
N	60	60

Table. 7. Showing Mean Scores of Death Anxiety of Variable-B (Gender)

that significant difference existed between various institutionalized senior citizen and non-institutionalized senior citizen on death anxiety. F ratio for gender (Bss) is 75.12 which is significant at .01 level. It indicates that male senior citizen differ significantly on death anxiety score as compared to female senior citizen. Table-7 shows that mean score of male senior citizen is 32.86 and female senior citizen are 35.42. It can be said that significant difference existed between male senior citizen and female senior citizen on death anxiety. F ratio for Types of senior citizen and gender (A x Bss) is 8.27 which is significant at .01 level. That means Types of senior citizen and gender interact each other on death anxiety score. Table-8 shows that mean score of institutionalized male senior citizen is 33.63, institutionalized female senior citizen is 37.66, non- institutionalized male senior citizen is 31.6 and

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non-institutionalized female senior citizen is 34.95. It can be said that

		A1	A2
B1	M	33.63	31.6
	N	30	30
B2	M	37.6 6	34.95
	N	30	30

Table. 8. Showing Mean Scores of Death Anxiety of Variable-A x B (Types of senior citizen x Gender)

Significant difference existed between Types of senior citizen and gender of senior citizen on death anxiety.

VIII. CONCLUSIONS

- Non- institutionalized senior citizen have shown better mental health as compared to institutionalized senior citizen.
- Institutionalized senior citizens have shown more death anxiety as compared to non-institutionalized senior citizen.
- Male senior citizens have shown low death anxiety as compared to female senior citizen.

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