

Original Research Article

A Comparative Study to Assess Psychological Wellbeing of Senior Citizens in Selected Rural and Urban Area

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ABSTRACT

A descriptive study was used to compare the psychological wellbeing of senior citizens in selected rural and urban area Bangalore. The data was collected from 60 senior citizens residing at Uttarahalli and Kagalipura, Bangalore and are selected by non-probability convenience sampling technique. Structured interview schedule was prepared and administered to assess the psychological wellbeing of senior citizens. Majority of senior citizens 17(56.67%) from rural area and urban area 12(40%) had bad psychological wellbeing. The mean, standard deviation of senior citizens (urban area) are 44.46 and 26.13 respectively Findings of the Study reveals that there is a lowered psychological wellbeing among senior citizens from rural and urban area, Bangalore.

Key Words- Psychological wellbeing, descriptive survey approach, descriptive comparative research design, Convenience sampling technique.

INTRODUCTION

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. The affective part is a hedonic evaluation guided by emotions and feelings such as frequency with which people experience pleasant/unpleasant moods in reaction to their lives assumption behind this is that most people evaluate their life as either good or bad, so they are normally able to offer judgments. Further, people invariably experience moods and emotions, which have a positive effect or a negative effect.

Moreover in the present day period of rapid urbanization and changes, breakdown of the joint family system, migration of youth to the cities and abroad,

inadequate living space and generation gap have had a particularly telling effect on the elderly who get marginalized and sadly neglected, falling an easy prey to a host of illnesses, including mental problems. ^[1]

During the B.Sc. Nursing programme, the researcher had an experience during the community health nursing visit. She was posted in a village area and it was noticed that the some older people was not happy. There was a lowered psychological wellbeing. This provoked the researcher taking the task of assessing the psychological wellbeing of people from rural and urban area.

Objectives of the Study

1. To assess the level of psychological wellbeing of senior citizens in selected rural area, Bangalore.
2. To assess the level of psychological wellbeing of senior citizens in selected urban area, Bangalore.
3. To compare the level of psychological wellbeing of senior

citizens in selected rural and urban area, Bangalore.

4. To find out the association between level of psychological wellbeing of senior citizens in selected rural area, Bangalore.
5. To find out the association between level of psychological wellbeing of senior citizens in selected urban area, Bangalore.

Hypothesis of the study

H1: There will be significant difference in the level of psychological wellbeing of senior citizens in selected rural area, Bangalore

H2: There will be significant difference in the level of psychological wellbeing of senior citizens in selected urban area, Bangalore.

H3: There will be significant association level of psychological wellbeing of senior citizens in selected rural area and selected demographic variables.

H4: There will be significant association level of psychological wellbeing of senior citizens in selected urban area and selected demographic variables.

METHODOLOGY

Research Approach

The research approach used for the study is descriptive survey approach in nature.

Research Design

This study is designed in the form of non-experimental descriptive design with the objective of compare the psychological wellbeing of senior citizen in rural and urban area, Bangalore

Setting of the study

This study was conducted Uttarahalli and Kagalipura, Bangalore.

Population

The target population for the present study was senior citizens who are residing Uttarahalli and Kagalipura, Bangalore.

Sample and Sample Size

The samples for the present study were 60 senior citizens. 30 senior citizens from rural

area and 30 senior citizens from urban area, Bangalore.

Sampling Technique

Convenience sampling technique, a type of non-probability sampling approach was found to be appropriate for the present study.

Description of the Tool

The tool consists of 2 parts.

Part – I

It consists of demographic variables such as age in years, gender, educational status, income and type of family.

Part – II

It consists of Ryff's (1995) Scales of Psychological Well-Being (SPWB) to assess the level of psychological wellbeing, which is six point rating scale consist of 18 items each question is rated as strongly disagree, moderately disagree, slightly disagree, slightly agree, moderately agree and strongly agree

Scoring procedure and interpretation

It consists of 18 items, 10 items are positive and 8 items are negative statements and total score is 68.

Validity & Reliability of the Tool

Validity of the tool was established after consultation with experts from the field of both nursing and psychiatry departments. After consulting guide, co-guide and statistician, final tool was reframed. Later the tool was edited by an English language expert and translated into Kannada by language experts without changing the meaning of the tool. It was found to be valid and suitable for senior citizens.

Reliability of the tool was assessed by collecting data from 6 senior citizens residing in Uttarahalli, Bangalore. Test retest method with Karl Pearson's formula was used to test the reliability of the tool.

The reliability of the tool was 0.90. It was statistically significant and thus reliable.

Method of Data Collection

The tools were given individually to the subjects after obtaining permission from Medical officers and the participants and their doubts were cleared. They had to complete it on the same day and not to

discuss it with anyone. The total procedure took 45 minutes after which the investigator collected the tool from the subjects. This section deals with distribution of senior citizens from rural area according to their psychological wellbeing. The psychological wellbeing is classified in to excellent wellbeing, good wellbeing and bad wellbeing.

Major study findings

Majority of senior citizens 17(56.67%) from rural area had bad psychological wellbeing, however 7(23.33%) of senior citizens had good

psychological wellbeing, moreover 6(20%) of senior citizens had excellent psychological wellbeing. Majority of senior citizens 12(40%) from urban area had bad psychological wellbeing, moreover 10(33.33%) of senior citizens had excellent psychological wellbeing. however 8(26.67%) of senior citizens had good psychological wellbeing. So there is significant difference between psychological wellbeing among senior citizens from rural and urban area, Bangalore.

The table 1 consist the comparison of level of psychological wellbeing of senior citizens from rural and urban area.

Category	Excellent wellbeing		Good wellbeing		Bad wellbeing	
	F	%	F	%	F	%
Senior citizens from rural area.	6	20%	7	23.33%	17	56.67%
Senior citizens from urban area.	10	33.33%	8	26.67%	12	40%

The chi square value computed for psychological well being of senior citizens with age in years, gender, educational status, income and type of family. There is a significant association between levels of psychological well being with age in years,

educational status and income of of senior citizens (rural area).There is a significant association between levels of psychological wellbeing with age in years, gender, educational status and income of senior citizens(Urban area)

Table – 2 Association of level of psychological wellbeing of senior citizens from rural area and selected demographic variables. n=30

Demographic variables	Total		Excellent wellbeing		Good wellbeing		Bad wellbeing		Calculated value	Table value	Inference	
	F	%	F	%	F	%	F	%				
1] Age in years										11.27	9.49 (df-4)	S
a)60-65 years	9	30	3	10	4	13.33	2	6.67				
b)66-70 years	15	50	1	3.33	1	3.33	13	43.33				
c)71-75 years	6	20	2	6.67	2	6.7	2	6.67				
2]Gender										1.29	5.99 (df-2)	NS
a)Male	20	66.67	5	16.67	5	16.7	10	33.33				
b)Female	10	33.33	1	3.33	2	6.7	7	23.33				
3] Educational status										14.022	12.59 (df-6)	S
a) Primary	15	50	1	3.33	2	6.67	12	40				
b) High school	5	16.67	3	10	1	3.3	1	3.33				
c) Higher secondary	5	16.67	2	6.67	1	3.3	2	6.67				
d) Graduate and above	5	16.67	0	0	3	10	2	6.67				
4] Income										17.61	12.59 (df-6)	S
a) Below 5000	15	50	1	3.33	1	3.33	13	43.33				
b) 5001-10,000	5	16.67	3	10	1	3.33	1	3.33				
c) 10,001-20,000	5	16.67	2	6.67	2	6.7	1	3.33				
d) 20,001 and above	5	16.67	0	0	3	10	2	6.67				
5] Type of family										2.31	5.99 (df-2)	NS
a)Nuclear	12	40	4	13.33	2	6.67	6	20				
b) Joint	18	60	2	6.67	5		11	36.67				

Note: S-Significant, NS-Non significant at 5 % (P<0.05) level.

Section V

Table – 3 Association of level of psychological wellbeing of senior citizens from urban area and selected demographic variables.
n=30

Demographic variables	Total		Excellent wellbeing		Good wellbeing		Bad wellbeing		Calculated value	Table value	Inference
	F	%	F	%	F	%	F	%			
1] Age in years									14.61		S
a)60-65 years	15	50	8	26.67	2	6.67	5	16.67	9.49 (df-4)		
b)66-70 years	5	16.67	1	3.33	4	13.33	0	0			
c)71-75 years	10	33.33	1	3.33	2	6.67	7	23.33			
2]Gender									18.8	5.99 (df-2)	S
a)Male	18	60	10	33.33	0	0	8	26.67	18.8	5.99 (df-2)	S
b)Female	12	40	0	0	8	26.67	4	13.33			
3] Educational status									19.4	12.59 (df-6)	S
a) Primary	5	16.67	0	0	5	16.67	0	0	19.4	12.59 (df-6)	S
b) High school	10	33.33	3	10	3	10	4	13.3			
c) Higher secondary	10	33.33	5	16.67	0	0	5	16.67			
d) Graduate and above	5	16.67	2	6.67	0	0	3	10			
4] Income									18.1	12.59 (df-6)	S
a) Below 5000	5	16.67	0	0	5	16.67	0	0	18.1	12.59 (df-6)	S
b) 5001-10,000	10	33.33	3	10	2	6.67	5	16.67			
c) 10,001-20,000	10	33.33	5	16.67	0	0	5	16.67			
d) 20,001 and above	5	16.67	2	6.67	1	3.3	2	6.67			
5] Type of family									2.3	5.99 (df-2)	NS
a)Nuclear	25	83.33	4	13.33	2	6.67	6	20	2.3	5.99 (df-2)	NS
b) Joint	5	16.67%	2	6.67	5	16.67	11	36.667			

Note: S-Significant, NS-Non significant at 5 % (P<0.05) level.

DISCUSSION

Psychological wellbeing is particularly relevant to older people for several reasons. There has been a progressive increase in both the number and proportion of the aged in India over time, particularly after 1951. Many changes occur as people enter old age and these changes decrease quality of life. The elderly people not only face health problems as they are aged but they also experience emotional changes as well. [2]

The findings of my study have been discussed on the basis of demographic characteristics and psychological wellbeing. In the present study demographic characteristics of senior citizens are discussed by age in years, gender, educational status, income and type of family.

According to age in years majority of senior citizens from rural area 15[50%] were in the age group of 66-70 years, whereas 9[30%] senior citizens belongs to the age group of 60-65 years, however 6[20%] of senior citizens were from the age group of 71-75 years. Majority of senior citizens from urban area 15[50%] were in the age group of 60-65 years, however

10[33.33%] were in the age group of 71-75 years, whereas 5[16.67] belongs to the age group of 66-70 years.

According to gender majority of senior citizens from rural area 20[66.67%] were in males, whereas 10[33.33%] senior citizens were females. Majority of senior citizens from urban area 18[60%] were in males, whereas 12[40%] senior citizens were females. According to educational status majority of senior citizens from rural area 15[50%] had primary educational status, whereas 5[16.67%] senior citizens had high school level educational status, however 5[16.67%] of senior citizens had higher secondary educational status, whereas 5[16.67%] had graduate and above educational status. Majority of senior citizens from urban area 10[33.33%] had high school educational status, whereas 10[33.33%] senior citizens had higher secondary level educational status, however 5[16.67%] of senior citizens had primary level educational status, whereas 5[16.67%] had graduate and above educational status.

According to age in years majority of senior citizens from rural area 15[50%] had income below 5000, whereas 5[16.67%] senior citizens had income between 5001

and 10000, however 5[16.67%] of senior citizens had income between 10001 and 20000, whereas 5[16.67%] of senior citizens had income above 20001. Majority of senior citizens from urban area 10[33.33%] had income between 5001 and 10000, whereas 10[33.33%] senior citizens had income between 10001 and 20000, however 5[16.67%] of senior citizens had income below 5000, whereas 5[16.67%] of senior citizens had income above 20001.

According to type of family majority of senior citizens from rural area 12[40%] were from nuclear family, whereas 18[60%] senior citizens belongs to joint family. Majority of senior citizens from urban area 25[83.33%] were in nuclear family, however 5[16.67%] were belongs to joint family.

Majority of senior citizens 17(56.67%) from rural area had bad psychological wellbeing, however 7(23.33%) of senior citizens had good psychological wellbeing, moreover 6(20%) of senior citizens had excellent psychological wellbeing. Majority of senior citizens 12(40%) from urban area had bad psychological wellbeing, moreover 10(33.33%) of senior citizens had excellent psychological wellbeing. however 8(26.67%) of senior citizens had good psychological wellbeing.

A study was conducted by Suprithy Paliwal and Neha Singh regarding psychological wellbeing of senior citizens revealed that there was a significant difference in the psychological wellbeing of senior citizens living in community living and non community living. There was also a significant difference between males and females in different types of housing. [2]

But on the basis of the findings of this study, there exist a significant association between psychological wellbeing with age, educational status and income in the rural area and. urban area and no association between gender and type of family. This study also generalised that majority of senior citizens in both rural and urban area had bad psychological wellbeing.

Psychological wellbeing is a type of major national and international policy interest as it indicates the societal growth. Within Asia as India and china are the two largest countries in the region, it is expected that they would have a significant proportion of the world's elderly because of their largest population base. So the findings of the study has greater emphasize in the present scenario. [3]

Recommendations

On the basis of the findings the study following recommendations has been made:

- A similar study can be replicated on a large sample to generalize the findings.
- A study can be conducted to evaluate the effectiveness of physical activity for improving psychological wellbeing of senior citizens.
- A study can be carried out to evaluate the efficiency of various teaching strategies like video assisted teaching programme and self instructional module on psychological wellbeing of senior citizens.

CONCLUSION

The conclusion of the study was derived from major study findings. The present study revealed that there is a lowered level of psychological wellbeing among the senior citizens. There is a significant difference between the levels of psychological wellbeing among senior citizens. The chi-square value computed for association of psychological wellbeing of senior citizens from rural area with age in years, gender, educational status, income and type of family. there is a significant association between levels of psychological wellbeing with age in years, educational status and income of senior citizens (rural area). There is a significant association between levels of psychological wellbeing with age in years, gender, educational status and income of senior citizens (urban area).

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