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A study of neurotic tendencies and anxiety of old age people living in family and old age home

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Abstract

The present study was an attempt to examine the neuroticism and anxiety of the old age people in particular who lived at old age home and who lived with their family as well as their gender. All these old age peoples were from Aurangabad and Jalna, cities of Maharashtra. Total 100 old age people selected in the study from home for old and family respectively by using purposive sampling method, for the data collection two standarised tools were used i.e. 1) Sinha's Comprehensive anxiety test and 2) P.G.I. Health Questionnaire N-1 for mesuring the neurotic tendency. The result of research study were analyzed statistically by using, ANOVA and suitable test were used for analysis of data. The results reveled that there is significant differene between old age people living at family and home for old age on there anxiety. There is no gender wise difference of anxiety. The old age people live at home for old age have more

neurotic than old age people live in family. And there is no gender difference found on the level of neuroticism.

Keywords: - Neuroticism, Anxiety, Old Age People, Living Status

Introduction:

Old age is characterized by diminished physical and psychic activity and plethora of problem. We broadly divide the problems of the aged in three categories as health problems, economic problems and socio-psychological problems.

The problem of adjustment is one of vital issues of the old age people in the modern world, so it needs serlous consideration. It has been rightly estimated that 18th century was characterized by enlightenment, the 19th century by progress and development whereas the 20th and 21st centuries are characterized by anxiety and conflict because mechanical and busy life has exposed the old age people to greater stress affecting their adjective capacity.

Indian society provides a congenial set of condition for physically conformable and emotionally satisfactory old age. The extended family is the golden side of Indian social system. Strong kinship ties and religious values extolling the virtues of old age people have, for generations, acted as natural social security for the old people. (D. Souza 1982) Old aged people in India have enjoyed high status, respect and authority in the past in traditional Indian society because of the norms and values prescribed in the ancient scriptures. In Indian society, joint family system was being practiced from generation to generation and high status had been assigned to older members of the family. The old people never had to seek care and service outside the family and kinship group. This social security of the elderly flowed from their superior status in the family and virtue of the fact that elderly parents enjoyed considerable authority matters particularly over family property. This provided the old people

dominance in the family and in turn the children had to take care of their aging parent's as an obligation and as a sign of reverence. It has been argued by many scholars (D. Souza 1982, Gangrade 1999, Khan 1999, Singh 1999) that the position of the elderly was very high in the pre-industrial social order. The scholars have also pointed towards a deteriorating status of the elderly in contemporary India. Has transformed drastically. But there has not been a systematic description of the role and status of the elderly in each period of Indian history. There has been marked change in the treatment of elderly compared to earlier periods.

India is passing through a phase of rapid socio-economic transformation. As result, the joint family systems are gradually braking down giving way to nuclear family. These things began to change due to complete web of interlocking factors of westernization, industrialization, urbanization and changing values better employment technological development. Moreover increasing literacy amongst women accompanied by their employment outside the home in offices and in factories also leaves no time for these women to take care of the old at home. Also now there is greater investment by the family on education and upbringing of children. The high cost of living and changing priorities affect the intra-family distribution of income in favor of younger generation.

Methodology:

Aim of the study:

The main aim of the present study is to assess the neurotic tendencies and anxiety of old age peoples, living in family and old age home.

Objectives of the study:

- To compare the neuroticism of old age peoples living in family and living in home for the aged.
- To compare the neuroticism of old age male and female.
- To find out the level of anxiety among old

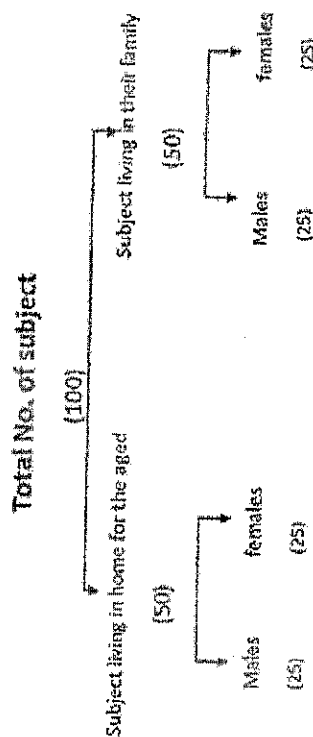
age peoples living in family and living in home for the aged.

- To compare the level of anxiety among old males and females.

Hypotheses:

- The old age people living in family have more neuroticism tendency than old age people living in home for the aged.
- There is significant difference between the means old age males and female of neuroticism
- The oldage people living in old age home have more anxiety among than the old age people living in family.
- There is gender wise significant difference on anxiety.

Sample Design:



Sample is restricted to the Aurangabad and Jalna Dist. Only.

- Sample is taken particularly from Aurangabad and Jalna city. (Maharashtra State)
- Home for the aged restricted only govt.

aided and those helped by the donors.

- c) Age group - All the old age people are 60 and above 60 years.
- d) Gender- Some males and females are married couples and some are singles.
- e) Minimum six months stay either in family or home for the aged.
- f) In each group 25 subjects are included.
- g) Comparable group also taken from the same area but those living with their family members.

• Research Design

2 x 2 factorial design used.

LIVING STATUS A

Gender B		Living in Home For The Aged (A ₁)	Living in Their Family (A ₂)	Total
	Males (B ₁)		25	25
Females (B ₂)		25	25	50
Total		50	50	100

• Tools

• SINHA'S COMPREHENSIVE ANXIETY TEST (SCAT):

This inventory constructed and standardized by Sinha's. The co-efficient of reliability was determined by using the following two methods:

* The Test retest method (N=100) was employed to determine the temporal stability of the test the product moment correlation between the test and re-test scores was 0.85.

* The internal consistency reliability was ascertained by adopting Odd-even procedure (N=100) Using the Spearman Brown formula. The reliability coefficient of the test was found to be 0.92.

1. P.G.I. Health Questionnaire N-1:

This scale developed by Dr. S. K. Verma, Dr. Dwarka Pershad and Dr. N.N. Wig. PGI -HQ N-1 precedes the development of completely indigenous tool. It is based on CMI-Health Questionnaire and incorporates the characteristic as envisaged by Cattell while

developing it (PGI HQ N-1) first of all those items of C.M.I. (Brodman et. al 1949, Verma and Wig, 1974; Wig and Varma 1973 b) were separated out which were endorsed by more than 10% of psychiatric patient in our past records of a large number of protocols. These items were then suitably modified and transited so as to be nearer to patients own description of symptoms cross cultural factors were also kept in mind while translating the item and item number was greatly reduced keeping items are simple to understand finally it consisted of 38 items divided in to (A) physical distress and (B) psychological distress.

Reliability:

Details of the standardization sample etc. are elsewhere the summary of important results is given here. Reliability of the test was examined using test-retest and 'split half' method and was found to be significantly high (0.88 and 0.86 respectively) the correlation of physical and psychological.

Validity:

Validity of the PGI HQN-1 was established, administering other well known tests of neuroticism concomitantly. It was found that the total score of the PGI HQN-1 was highly correlated with similar trait of other scales. Separate Scores of Section 'A' and 'B' were found having relatively lower correlation (though still significant) with measures of neuroticism other hand tests this confirms that a combination of 'physical' and 'psychological' scores constitutes a better measure of neuroticism. If one obtains high score only in one of two sections then there are relatively less chances of his being a case of neurosis.

Statistical Treatment

After the data statistics collection and the result of research study were analyzed statistically by using descriptive, ANOVA and suitable test were used for analysis of data.

Results:

Table 4.9:



Summary of the ANOVA of the variable neurosis.

Source	SS	df	Mean Square	
Living status.	24869.29	1	24869.29	25.76*
Gender	228.010	1	228.01	.236 NS
Living status X Sex	4186.09	1	4186.09	4.336**
Error	92690.40	96	965.52	
Total	5045491.00	100		

Table value Significance Level on df 1 and 100, (0.05) = 3.87 (0.01) = 6.72

Eta Squared effect size, 0.01= small 0.06= moderate 0.14= large effect (Cohen, 1988)

The above table shows that the first main variable is living status of old age people (living in home for old age and living with family), it has F value $F = 25.76$ which is significant on 0.01 level and associated eta square value .04 indicates small effect and explains only 4% variance in neurotic tendencies of old age people.

This result infers that there is a significant difference between old age people who lived in home for old age and lived with their family in terms of their neurotic features. According to test manual higher score indicates greater chances of neurotic traits and interprets that old age people who lived in old age home have greater chances of neurotic traits. In this way we accept our hypothesis as 'The old age people living in family have less neuroticism tendency than old age people living in home for the aged'.

The second main variable is gender of old age people (male and female), it has F value $F = 0.236$ which is not significant on associated eta square value not mention because of insignificant result.

This result indicates that there is no gender difference among old age people according to their neuroticism. In this way we

reject our fourth hypothesis as 'There is difference between the means of the female and male old age people in terms of their neuroticism'.

This result is reality and also fact based result which denotes that there is no need or intervention for old age people for their neuroticism.

Table 4.7:

Summary of the ANOVA of the variable anxiety.

Source	SS	df	Mean Square	F	Sig.
Living Status	473.61	1	473.61	10.75	.01
Gender	965.61	1	965.61	21.91	.01
Area * Gender	306.46	1	306.46	6.95	.01
Total	72169.00	97			

Table value Significance Level on df 1 and 100, (0.05) = 3.87 (0.01) = 6.72

Eta Squared effect size, 0.01= small 0.06= moderate 0.14= large effect (Cohen, 1988)

The above table shows that the first main variable is living status of old age people (living in home for old age and living with family), it has F value $F = 10.75$ which is significant on 0.01 level and associated eta square value .21 indicates large effect and explains 21% variance in anxiety.

This result infers that there is a significant difference between old age people who lived in home for old age and those who lived with their family. On the basis of analysis of descriptive statistics explained in table 4.6

concluded that the old age people who lived in family have low level anxiety than old age people who lived in old age home. According to test manual higher score indicates high anxiety and interprets that old age people who lived in old age home have higher level anxiety. In this way our hypothesis as 'There is difference between old people living in family and those living in home for the aged in terms of their anxiety', accepted.

The second main variable is gender of old age people (male and female), it has F value $F = 21.91$ which is significant on 0.01 level and associated eta square value .09 indicates moderate effect and explains 9% variance in anxiety.

This result indicates that there is also significant difference in anxiety among old age people according to their gender. According to test manual higher score indicates more anxiety and interprets that females are the victims of anxiety in their old age than males. In this way our hypothesis as 'There is difference between old age male and old age female in terms of their anxiety' were accepted.

Conclusions:

Findings are substantial and relevant on the line of hypotheses. These salient results are mentioned here in brief.

1. The old age people living in family have less neuroticism tendency than old age people living in home for the aged
2. There is no difference between the means of the female and male old age people in terms of their neuroticism.
3. There is significant difference between the female and male old age people in terms of their Anxiety.
4. Old people who live at old age home have more anxiety than the old people who live in family.

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