

Impact of Organizational Support on Mental Health of Ageing Adults



Pooja Sharma
Research Scholar,
Deptt.of Home Science,
University of Rajasthan,
Jaipur



Shubha Dube
Associate Professor,
Deptt.of Home Science,
University of Rajasthan,
Jaipur

Abstract

Ageing population is increasing all over the world. This population shift has important social and health consequences, particularly among the geriatric population. A number of national policies for ageing adults are running in India. But due to lack of knowledge, support and dependency on others a gap is observed among the providers and the beneficiaries of these programmes and policies. This research work also aims to understand the contribution of programmes and policies of government and non government organisation on ageing population, also provide intervention and help the participants of the study to avail the provisions of the programmes and policies. The aim of the study was to examine the mental health of ageing adults, and to assess the impact of intervention programme on the mental health of ageing adults. Mental Health Inventory by Shrivastav and Kumar (2005) was used to assess the mental health of 148 ageing adults residing in urban area of Bikaner city of Rajasthan, belonging to the age group of 60-80 years. The sample was purposively selected. The results showed that the respondents belonging to low socio-economic status. The impact of organizational support was found positive on the mental health of ageing adults.

Keywords: Ageing, Mental health, programmes and policies.

Introduction

Ageing as a universal and irreversible process of getting old is the result of the interplay of biological, sociological and psychological factors and the last phase of human life cycle (Suryawanshi, 2010). Across the world, countries are experiencing population ageing. The growth rate of the elderly population is more rapid in developing countries like India than developed countries (Raju, 2006). The current scenario as regards to elderly people clearly showed that their numbers had increased over the last few decades worldwide and tend to be so in the coming years also (Bharati and Singh, 2013). India's demographic contours suggest a steep rise in the elderly population in the coming decade as a result of declining fertility and increasing expectation of life at birth. Although the elderly population in 2001 was low, India will continue to rank second in the world in absolute numbers (Singh et al., 2009). There is an estimate of 90 million elderly people in India today (Help Age India, 2011). Mental health of ageing adults is influenced not just by changes in the body and brain, but by socio-economic and psychological factors. Problems related to health and economic conditions may also lead to suicide in older people (Prakash, 1999). With the rapidly growing geriatric population there is a growing need to take care of them. Central Government of India and various State Governments, have taken up the responsibility to provide care to the elderly and have started various schemes to render care, shelter, protection and reassurance for a successful ageing. Also, there are several non-governmental organizations (NGOs) which have undertaken similar mission for this population. But due to lack of knowledge, support and dependency on others a gap is observed among the providers and the beneficiaries of these programmes and policies. This research work also aims to understand the contribution of programmes and policies of government and non government organisation on ageing population, also provide intervention and help the participants of the study to avail the provisions of the programmes and policies.

Review of Literature

Bhaskaraiah and Murugaih, (2013) reported that majority of ageing adults were illiterate and (39.33 percent), were engaged in agriculture. A contradictory result was given by Singh et al., (2009) indicating that majority (88.6 percent) of the elders was literate, (67.6

percent) were married and (81.8 percent) lived in joint family system. Agewell foundation, (2010) study on isolation in old age reported that majority (83.7 percent) of the ageing adults were found isolated. It was quite high (89.8 percent) in urban areas. Forty two percent of ageing adults were facing depression due to isolation and loneliness. Singh and Mishra, (2009) reported a significant relationship between depression and loneliness. Thomopoulou.I, Thomopoulou.D and Koutsouki, (2010) viewed in their study on the differences at quality of life and loneliness between elderly people that loneliness males had significantly lower mean scores than elderly females. Singh.P, Shukla and Singh A (2010) revealed that the problem of elderly is emerging not only due to their increasing proportion of age but also due to their own faulty cognitions and perception of aging. Perceived self efficacy emerged as an important predictor of mental health among elderly males and females i.e. elderly who perceive themselves self efficacious to have control over their environment reported better mental health and vice versa.

Objectives of the Study

The present study was designed with following objectives

1. To examine the mental health of ageing adults.
2. To assess the impact of intervention programme on the mental health of ageing adults.

Hypothesis

There will be a significant impact of the welfare programme on the mental health of the respondents.

Materials and Methods

The study was conducted on the elderly residing in the urban areas of Bikaner district of Rajasthan, India. The sample population for the study included 148 ageing adults (72 males and 76 females) in the age range of 60 to 80 years. This sample (n=148) was selected with the help of HelpAge India Mobile Medicare Unit (MMU), Bikaner. HelpAge India MMU Bikaner has stratified Bikaner city into 12 sectors on the basis of ageing population. Out of these 12 sectors 5 sectors belong to rural areas and rest of the 7 sectors are from urban ecological background. To maintain homogeneity in the ecological and demographic profile of the sample only urban sectors were selected for the study. Out of these 7 sectors only 5 sectors were selected by using simple random sampling. A total of 30 ageing adults (including males and females) were further selected by purposive sampling (snowball technique) method

from each sector. Respondents were selected through personal contact and on the basis of their availability, respondents belonging to low socio economic group were included as sample. Only those respondents who wanted to be part of the study were selected. Home visits were made for establishing good rapport and qualitative information was extracted from the respondents.

Mental Health Inventory by Shrivastav and Kumar (2005) was used to measure the mental health of the sample population. The instruments consisted of six domains viz: (i) positive self-evaluation (PSE) (ii) perception of reality (PR) (iii) integration of personality (IOP) (iv) autonomy (AUNTY) (v) group oriented attitude (GOA) (vi) and environment mastery (EM). A self made tool was used to assess the knowledge and awareness of welfare schemes. The study was conducted in three waves in wave I baseline survey and selection of the participants was done; in wave II assessment of mental health and intervention was done; in wave III reassessment of mental health was done. The data so compiled was subjected to appropriate statistical analysis.

Results and Discussion

Among the 148 ageing adults studied, 72 (49 percent) were males and 76 (51 percent) were females. The proportion of young ageing adults (60-70 years) was more (79.1 percent) than the senior ageing adults (71-80years). It was observed that 40.3 percent were illiterate. Interestingly the data showed that 40.7 percent were educated till class 8th. It was seen that majority (57.4 percent) of the respondents were from general caste and 70.9 percent were unemployed.

The table 1 indicates overall mental health of the total sample. A major repositioning of respondents from poor and very poor category to average, good and very good category has been observed in wave III. Out of total 148 respondents, 1 (0.7 percent) participant managed to get a standing in very good category, followed by 39 respondents in good category. It must be noted that in both the categories, not even a single respondent managed to get any standing before intervention. Also in case of Average category with only 1 respondent during wave II, 67 respondents shifted to average category during Wave III. A remarkable improvement has been noticed when total number of respondents standing in poor (100) and very poor (47) category got slashed to 20 and 21 respondents after intervention. Statistically high significant difference was found between wave II and Wave III.

Table 1
Over all mental health of the total respondents (N=148)

Category	Wave II		Wave III		Total		Chi square	p-value
	Freq.	%	Freq.	%	Freq.	%		
	Very Good	-	-	1	0.7	1		
Good	-	-	39	26.4	39	13.2		
Average	1	0.7	67	45.3	68	23.0		
Poor	100	67.6	20	13.5	120	40.5		
VeryPoor	47	31.8	21	14.2	68	23.0		
Total	148	100.0	148	100.0	296	100.0		

Table 2

Wave II and Wave III Mean Scores of Mental Health and its domains of the Total respondents (N=148)

Total Subjects	Total Scores		PSE		PR		IP		AUNTY		GOA		EM	
	Wave II	Wave III	Wave II	Wave III	Wave II	Wave III	Wave II	Wave III	Wave II	Wave III	Wave II	Wave III	Wave II	Wave III
Mean	137.00	162.64	25.39	30.83	19.93	25.01	28.01	34.50	14.30	16.73	25.02	28.44	24.34	27.11
Std. Deviation	8.39	25.160	1.86	5.334	2.69	3.882	4.26	6.256	1.53	2.977	2.26	3.552	2.22	4.520
Wilcoxon Signed Rank Test	9.136		9.507		8.560		6.182		8.485		6.608		9.167	
p-value	0.000**		0.000**		0.000**		0.000**		0.000**		0.000**		0.000**	

Table 2 depicts the overall mental health of the respondents. Results show that during wave II the mean score of the mental health was 137.00 which increased to 162.64 in wave III. According to the Wave II mean score of positive self-evaluation was 25.39 which increased to 30.83 in wave III, the mean score of perception of reality was 19.93 which increased to 25.01 in wave III. It was also observed that there was a shift of mean score from 28.01 to 34.50 integration of personality, 14.30 to 16.73 in autonomy, 25.02 to 28.44 in group oriented attitude and 24.34 to 27.11 in environment mastery. So it can be concluded that the mental health of the respondents improved to some extent after intervention. Highly significant difference was found in each domain of mental health in both the waves.

Conclusion

Among several changes that occur with ageing years, mental health can be the most concerned ones. The present study showed that the mental health of ageing adults was improved after receiving benefits of welfare schemes run by the government and non- government organizations. Highly significant difference was found on the overall mental health of the respondents in both the waves. The impact of welfare schemes was positive on the mental health of ageing adults.

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