Om GaneshayNamh

PSYCHOSOCIAL NEEDS, PSYCHOLOGICAL WELLBEING AND HOPE AMONG INSTITUTIONALIZED AND NON-INSTITUTIONALIZED ELDERLY PEOPLE IN UTTARAKHAND

A
THESIS
SUBMITTED TO

GALGOTIAS UNIVERSITY
GREATER NOIDA

IN FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY
IN
PSYCHOLOGY

By:

NEETU PANDEY

ADMISSION NO-

16SAHS301002

SCHOOL OF LIBRAL EDUCATION

GALGOTIAS UNIVERSITY

CANDIDATE'S DECLARATION

I hereby certify that the work which is being presented in the thesis, entitled "**Psychosocial Needs, Psychological Wellbeing and Hope Among Institutionalized and Non-Institutionalized Elderly People In Uttarakhand**" in fulfillment of the requirements for the award of the degree of Doctor of Philosophy in Faculty and submitted in Galgotias University, Greater Noida is an authentic record of my own work carried out during a period from January, 2017 to November,2021underthesupervisionofDr. Shikha Srivastava.

The matter embodied in this thesis has not been submitted by me for the award of any other degree of this or any other University/Institute.

Neetu Pandey
(Candidate's name)

This is to certify that the above statement made by the candidate is correct to the best of our knowledge.

Dr. Shikha Srivastava
Associate Professor
(Supervisor)
Department of _____

The Ph.D. Viva-Voiceexaminationof Mrs. Neetu Pandey Research Scholar has been held on 08.12.2021.

Sign.of Supervisor(s)

Sign. of External Examiner

ABSTRACT

Gerontology is the study of aging inclusive of many aspects such as social, cultural, psychological, cognitive, and biological. Gerontology includes government planning; nursing homes and facilitates the homes or places for older people and examining the impacts of a aging population on society. The aging process entails abundant life changes; it can be positive and negative. The elderly develops varied coping skills and adapt successfully to these changes depend on their personal, social support, and environmental factors, accordingly, maintaining life satisfaction and joy in late life. Lately, the capacity of the family as essential parental figure to the aged has encountered change because of primary changes, above all to the nuclearization of the family. Accordingly, the incomplete shift of caring liability of aged people on the public authority/state as different social and economic security programs. Over the past century, life expectancy has increased dramatically, and the world will soon have more old people than children. Individuals continue to face challenges to their wellbeing and social security in the changes like social structure, physical environment, also their age-related decline and changes. In the context of Indian tradition joint family set up and structure, institutionalized living inevitably induces a perception of conformity, loneliness, and isolation. Even though, institutionalization-living is fast becoming a rising trend amongst the elderly in India, due to elderly dependency upon many factors such as socioeconomic status, health condition as well as the unavailability of care and support in their own homes. In the present study efforts have been made to understand the psycho-social needs, psychological wellbeing, hope towards their life. Also, endeavor to closely study abuse faced by the elderly in institutionalized and non-institutionalized elderly. The number of elderly people is expected to increase with the aging of the baby boomers, keeping this in mind improving service delivery to this population is very important. The sample survey was carried out in two cities of Uttarakhand and the elderly were selected from institutional settings (group 1) and as well as from non-institutional setting (group 2). Study involved the consolidation of the critical psycho-social perspectives faced by institutionalized and non-institutionalized elderly. The Sample size of 180 elderly was selected for the study. The researcher divided the 180 population into institutional (group 1n=90) and non-institutional (group 2n=90).To assess the differential influence of the selected groups, the methodology of this study involved the consolidation of the critical psycho-social perspectives faced by institutionalized and non-institutionalized elderly. The amount of elderly abused was assessed

through a questionnaire and Ryff's well-being scale was administered to assess psychological wellbeing. Social Support Inventory (Ramamurti and Jamuna 1991) to assess psycho-social needs and **Kartz**index of independence in Activities of Daily Living scale was used to assess age-related changes and health problems. Hope scale was administered to understand the level of enthusiasm left with the elderly population to live life happily. The results indicated that significant gender differences were found between institutionalized and non-institutionalized with respect to their social support needs, level of hope and physical activity. On the other hand, institutionalized and non-institutionalized elderly did not show any significant difference in respect to their perceived social support. Non-institutionalized elderly had better level of psychological wellbeing as compared to non –institutionalized elderly. Male scored high on psychological wellbeing as compared to female. Further, male, and female institutionalized elderly was not found significant difference with respect to their psychological wellbeing and level of hope. Findings of result showed that institutionalized elderly were more victims of elderly abuse, as compared with non-institutionalized elderly, gender differences also observed. Non-institutionalized elderly has high level of awareness about social support system provided by government agencies, NGO, SHG to safeguard elderly people than institutionalized elderly.

Keywords:*Aging, elderly, psycho-social needs, psychological well-being, institutionalized, non –institutionalized.*

DEDICATION PAGE

THANKYOU

LORD SHIVA

ACKNOWLEDGMENTS

This work was made possible by the support and assistance I received from various people. I feel glad to express my special and sincere thanks to my supervisor, Dr. Shikha Srivastava for the guidancethroughout my studies. I have completed my thesis with her guidance and tireless efforts. She was so nice to me throughout my academic journey.

My special thanks to thank all the doctoral advisory committee members for their constant support and their valuable suggestions during the research.

My sincere thanks also to the other faculty members of the Applied Psychology Department for their constructive suggestions and stimulating discussion.I'm highly thankful to Dr. Manju, Associate professor, Department of Economics for her timely help. She helped me a lot during the paper publication.

I am thankful to Dr Tareef Husain who provided me SPSS software for data analysis, as we know without that analysis of research, interpretation of data was not possible. I am grateful to him. Words are not enough to express my gratitude.

Also, thanks to the experts who helped me in research, Library staff, the other non-teaching staff of the Galgotias University, Greater Noida, who provided me help and technical support.

I would like to thank you my family parents and my siblings for supporting me spiritually, providing continuous encouragement, support, and attention throughout writing this thesis, and supporting me through this venture. I also acknowledge my sincere thanks to my in-laws, who understood the need forthehour and cooperated with me in every manner, so that I could smoothly carry on with my thesis work.

I am very thankful to my husband, without him, I would not have finished this thesis. I also thank him for being supportive and continuous encouragement.

Finally, my sincere thanks to all the elderly respondents of my study, who shared their feelings with great patience.

Neetu Pandey

TABLE OF CONTENTS

LIST OF TABLES

LIST OF GRAPHS

LIST OF BAR DIAGRAMS

List of Publications from the Thesis

1. **Paper title-** Psychological wellbeing of elderly living in Delhi NCR: Comparative study

   Journal name- Studies in Indian Place Names (UGC Care Journal)

   ISSN: 2394-3114

   Vol-40-**Issue**-70-March -2020
   Impact factor- 6.3
   Name of author/s – Neetu Pandey& Dr Shikha Srivastava

2. **Paper title**-Measurement of level of hope among institutional and Non-institutional elderly: comparative study

   Journal name- Turkish online journal of qualitative inquiry
   ISSN: 1309-6591

   Vol-12-**Issue**-7-July-2021:13025-13030
   Name of author/s – Neetu Pandey & Dr Shikha Srivastava

3. **Paper title**-Assessment of activities of daily living among non-institutionalized and institutionalized elderly population: with special reference to Uttarakhand

   Journal name-Shodhsamhita

   ISSN:2277-7067
   Vol-VIII, **Issue-10(II),** 2021-2022
   Name of author/s – Neetu Pandey, Shikha Srivastava

- Present a paper in two days national seminar organized by the department of psychology, University of Delhi, on "Psychological wellbeing of elderly living in Delhi NCR: Comparative study"

List of Abbreviations

Abbreviations	Explanation
ADL	Activities of daily living
RYFF'S PWB	RYFF's Psychological wellbeing scale
WHO	World Health Organization
M	Mean
SD	Standard deviation
ANOVA	Analysis of variance
ICF	International Classification of Functioning, Disability and Health (ICF)
IHDS	India Human Development Survey (IHDS)
OAH	Old Age Home

Chapter- 1

Introduction and Literature of Review

List of contents

(1.1) INTRODUCTION

"Paradoxically, the idea of living a long life appeals to everyone, but the idea of getting old doesn't appeal to anyone" - Andy Rooney.

Lately, in numerous nations on the world, individuals are living longer and liking better day to day environments as results expanded future because of headways in medical facilities and better medical issue. One of the obvious components of section progress in the world has been the tremendous development in the inside and out and relative amounts of more aged people. Mortality has declining implied further developing futures and a developing extent of more established individuals in the populace (WHO, 1984).

There is an expanding concern with respect to the worldwide wonder of maturing. A turn down in birth, just as death rates, has expanded the older populace (Dandekar, 1996; Kaur, 1996). The distending vertex of the populace pyramid of India is displaying a huge expansion in the old populace over years and years. As an issue of concern, the nation is wrestling with the older populace, a non-working and weakness populace is second most elevated on the planet. The ability to defer demise through clinical progression and expanding instruction has brought about further developed future bringing about the projecting vertex (Yatish and Bhargava.,2014).

The more established presents its exceptional and unprecedented issues anyway these have been completely serious due to the remarkable speed of monetary change provoking many changes in different pieces of ordinary conditions. The necessities and issues of the old shift commonly as per their age, money related status, success, living status, and other such foundation qualities (Siva Raju, 2002). Aging has affected the social working and prosperity of people in various ways because of many physiological, financial, emotional, and interpersonal problems. Now a day's women are working, and their role also has been changed, its contributed 'crisis in caring' for the elderly due to changing customary qualities, portability of the more youthful age, changes in family structure (Prakash, 2004).

In the current situation with the expanding quickly populace of maturing the entire world, just as non-industrial nation like India, there is a need to concentrate developing issues and to take capable steps for improvements in the individual fulfilment for old success. As India second biggest populated country on the planet needs to give consideration and work out a broad vital arrangement for the consideration prosperity of the old as vital as per variety in social and familial frameworks. The age hole likewise assumed an essential part that is prompting clashes,

absence of regard and decay of power, disregard, and in some cases older confronted double-dealing or misuse.

As India's huge populace living in a country region, who generally work in the casual area face unreliable business, inadequate pay, and chronic frailty condition, because of absence of admittance to any type of government managed retirement and great quality and reasonable medical services. Countless old populaces are yet denied of government backed retirement benefits and live with different uncertainties.

Rustic India keeps on giving a family emotionally supportive network in advanced age, other than this globalization has contacted numerous a day to day existence prompting relocation of urban areas or abroad. In contrast to prior, lately, the capacity of family establishment as essential guardian to the matured gone through changes in both interior and outside, the nuclearization of family, expanding cooperation of ladies in the labour force are significant components answerable for the weakness of more seasoned individuals in country India. Urban elderlies are more at risk to face consequences of progress, because of industrialization, urbanization, and the changing patterns in the society, such as lack of suitable living arrangements, low-pay levels, a high percent of country travellers for work reason, high paces of joblessness, rising individual and social issues such as wrongdoing, liquor addiction, physical and psychological maladjustment, and so forth. As increase in life expectancy, elderly needs care to manage daily activity in late life due to chronic disabilities. Although elderly were living with family, elderly are felt loneliness and anxious due to changes in social, cultural. Senior maltreatment, disregard, and surrender are progressively recognized as a social issue globally just as in India is no special case. It is a legend that in created nations the old are really focused on by family, while in created nations they are completely regulated. Nonetheless, with the pattern towards the family unit arrangement, and the more youthful age possesses practically zero energy for the matured in light of the fact that they are in the competition to earn barely enough to get by. Moreover, the weakness of the old is impressively expanding, and they are misuse and disregard by society. Both elderly males and females may be at risk of being abused by the abuser. A victimizer might be an accomplice, youngster or relative, a companion or neighbour, a paid or volunteer specialist organization, or other professionals who take care of them. Sometimes they are not aware, it is serious and later the abusers can take advantage of their situations, and unfortunately, they are the ones who become the victim. Though, the government made policies to take care of them and non-government organizations are working

in this area. But still, this is not only a subject of discussion, but serious and urgent steps need to be taken for the people who are not taking this matter seriously.

(1.1.1) The magnitude of elderly in the world:

Populace maturing is the furthermost pivotal segment marvel on the planet. Practically every country on the planet is encountering development in the size and extent of more seasoned people in their populace. Ordinarily, the United Nations and most specialists have utilized measures and markers of populace maturing that are generally or completely dependent on individuals' ordered age, characterizing more seasoned people as those matured 60 or 65 years or over.

As indicated by United Nations, 2019 report, 1 of every 11 individuals on the planet over the age of 65 out of 2011, that will be expanded from 1 out of 6 individuals by 2050. In 2019, the total populace matured 65 years or more was703 million which will build, the following thirty years over two times, coming to above 1.5 billion people in 2050. In a world, the portion of the advanced age populace 65 or above expanded from 6% in 1990 to 9 percent in 2019 and this extent is relied upon to rise 16% by 2050. The biggest number of the more seasoned populace increment (300 twelve million) is projected to happen in Eastern and South-Eastern Asia, growing 261 million of every 2019 to 573 million older people (65 years or above) in 2050 and the biggest offer additionally (37 percent)of the old populace in 2019 and this is projected to remain so in 2050. The second-greatest piece of the more seasoned people at this point lives in Europe and Northern America (28.5 percent), which is obvious to analyst to 19.1 percent in 2050.The quickest developing old populace is relied upon to fill in Northern Africa and Western Asia from 299 million out of 2019 to 96 million in 2050.The second-quickest expansion in the quantity of more established people is in sub-Saharan Africa, with extended development from 32 million out of 2019 to 101 million out of 2050. Latin America and the Caribbean will see development and its portion of the world's more established populace from 8% in 2019 to 9 percent in 2050. The more established populace in Sub-Saharan Africa and Northern Africa and Western Asia will likewise hope to ascend from 5 to 7 percent and from 4 to 6 percent, individually. (Joined Nations, Department of Economic and Social Affairs, Population Division, 2019).Eastern and South-Eastern Asia are encountering the quickest speed of maturing populace. It will be 9 out of 10 nations with the biggest percent point ascend in the portion of more established people on the planet.

Table:1– Number of Elderly (age 65 years or above) by district, 2019 and 2050

Number of persons aged 65 years or over by geographic region, 2019 and 2050

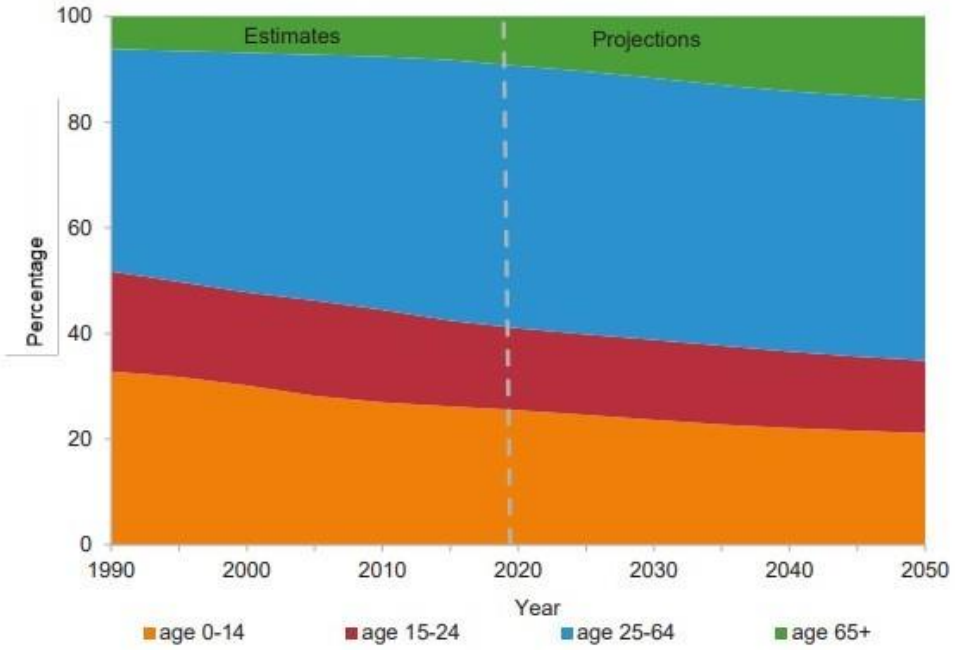
Region	*Number of persons aged 65 or over in 2019 (millions)*	*Number of persons aged 65 or over in 2050 (millions)*	*Percentage change between 2019 and 2050*
World	**702.9**	**1548.9**	**120**
Sub-Saharan Africa	31.9	101.4	218
Northern Africa and Western Asia	29.4	95.8	226
Central and Southern Asia	119.0	328.1	176
Eastern and South-Eastern Asia	260.6	572.5	120
Latin America and the Caribbean	56.4	144.6	156
Australia and New Zealand	4.8	8.8	84
Oceania, excluding Australia and New Zealand	0.5	1.5	190
Europe and Northern America	200.4	296.2	48

Source: United Nations, Department of Economic and Social Affairs, Population Division (2019). *World Population Prospects 2019.*

*Excluding Australia and New Zealand.

United Nations, Department of Economic and Social Affairs, Population Division

Albeit, more seasoned populaces (age 65 or more) portions of the working-age populace (25 to 64 years) rise, while portions of children (0 to 14 years) and youth (15 to 24 years) fall. In the coming numerous years, the working-age people piece of the outright people will shrink fairly in view of the impact of low lavishness and growing future. As in 1990, the working-age people (25 to 64 years) contained the greatest piece of the overall people 42%, followed by adolescents (developed 0 to 14 years) 33 percent, youth developed (15 to 24 years) nineteen percent, and more established people matured 65 years or more than 6%. In any case, this situation changed somewhere in the range of 1990 and 2050, the portion of the more seasoned, just as the working-age populace, will increment to 16 percent and 49 percent of the total populace individually, while the portion of youngsters and youth will drop to 21 percent and 14 percent separately.



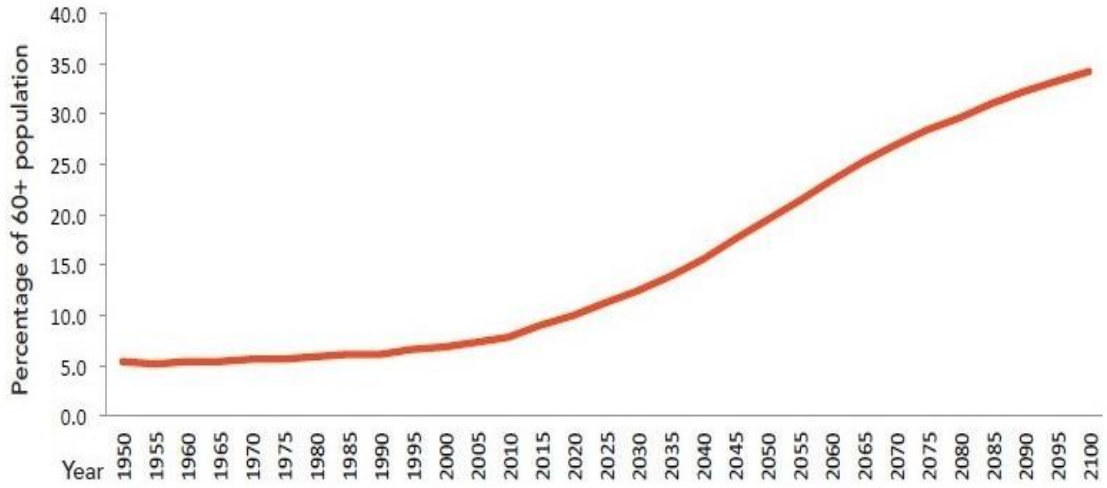
Source: United Nations, Department of Economic and Social Affairs, Population Division (2019). *World Population Prospects 2019.*

Graph: 1 **Global population by broad age group, 1990 to 2050(percent)**

Life expectancy also increased all over the world due to lower fertility and medical advancement. Today living longer to age70 or age 80 is at this point not an extra ordinariness in many regions of the planet. Nonetheless, living longer has prompted another test for policymakers all through the world. Around the world, an individual could hope to carry on with an extra 17 years past 65 matured in 2015-2020 and an extra 19 years by 2045-2050. Ladies will quite often live longer than men. Out and out, ladies are relied upon to experience extra 18 years at 65 years old, while men at a similar age add on the normal 16 extra years to their lives in 2015-2020.Globally, forecasts demonstrate that ladies will contribute 54% at 65 years old or above in 2050.

(1.1.2)The magnitude of elderly in India:

The public authority of India took on 'National Policy on Older Persons' in January 1999. The strategy characterizes 'senior resident' or 'older' as an individual who is old enough 60 years or above (Section 2, The Maintenance and Welfare of Parents and Senior Citizens Act, 2007).At the turn of the new thousand years, the quantity of elderlies is relied upon to increment because of considerable improvement in future all through the world. This is especially in light of the fact that the declining rate of birth and fruitfulness patterns, lead to the extent of the matured in absolute populace, particularly in agricultural nations like India. As per the United Nations Population Division (UN 2011), India's more established populace will increment drastically



Source: United Nations (2015), World Population Prospects, 2015 Revision, Department of Economic and Social Affairs, United Nations.

over the course of the following forty years. The portion of India's populace ages 60 or more, older is projected to move from 8% in 2010 to 19 percent in 2050. Before the decades over, the older populace will contribute nearly34 percent of the absolute populace.

Graph: 2 Level of 60 or more people in complete populace, India 1950-2100

The number of inhabitants in the older in India (60 years or more) is all around the world becoming quicker than everyone as expanding life span and declining ripeness. Albeit in the period 1960s and 1980s development pace of the old populace plunged somewhat, it was in every case more than everyone, and the contrast between the two has broadened over the period. During the period 1950-2100 yearly development pace of the older populace will be over 3% till the center of this century showing a quicker development rate than another age bunch. Then again, the development pace of the more youthful populace is as of now negative in the country.

According to table1a populace of the old is expanding quicker because of decrease in the passing rate and better clinical office. The development of older populace had been expanding beginning around 1961. Be that as it may, the old populace was expanded in excess of 27 million during 2001-2011. The projections of populace older are approx. 138 million out of 2021 (According to the report of technical group on population projections for India and States 2011-2036). Although, 67 million males and 71 million females. The expansion of elderly population has increased by 12.4 % during 2011-2021 as compared to around 18% with last decade while the elderly population increased by 36 percent each in the last two decade (2001-2011and 2011-2021).

However, size of elderly population has grown up each decade in Uttarakhand state also. The projections of elderly population are approx. 13.2 % in 2031 in comparison to around 10.6 percent in earlier decade 2021.

Populace aging in any nation makes difficulties for policymakers and openings as an asset also. Life expectancy improvements have been in all states in India. Presently women's life expectancies are higher than man. During the period 1971 to 2011, the sex proportion of the old has expanded from 938 ladies to 1,000 men in the year 1971 to 1,033 out of 2011 and is projected to increment to 1,060 by 2026 given the irrelevant decrease in mortality among males, especially during grown-up and more established years. Forecasts show that during 2000-2050, everybody of India will raise by 56% however the populace 60 or more will ascend by 326%. During a similar period, the women populace at age 80 or more will grow 700% with a greater part of bereft and profoundly subordinate exceptionally elderly people women.

(1.1.3) Socio-economic condition:

As indicated by the World populace aging report 2019, the advanced age reliance proportion is projected to increment in all locales of the world, especially in Eastern and South-Eastern Asia and in Latin America and the Caribbean. It will be relied upon to beyond twofold somewhere in the range of 2019 and 2050 in Eastern and South-Eastern Asia, in Latin America and the Caribbean, in Northern Africa and Western Asia, and Central and Southern Asia. Advanced age reliance is one of the significant reasons for weakness in lat-life. Because of changes in segment, financial, and advancement situations, monetary security emerging from individual pay and resource proprietorship has turned into a significant determinant of the prosperity of more established people.

In India, as developing pattern is seen in advanced age reliance proportion. This proportion has ascend from 10.9% in 1961 to 14.2% in2011 and extra expected to increment to 15.7% in 2021 and 20.1% in 2031. As advanced age reliance proportion for females and guys has a developing propensity and projected reliance proportion for female 16.7% and for male 14.8% in 2021(table 1d). In Uttarakhand, likewise expanding pattern is seen in advanced age reliance proportion. The proportion has ascended from 13.8% in 2001 and 14.9% in 2011. As advanced age reliance proportion for females and guys has a developing inclination and projected reliance proportion for female 16.7% and for male 17.6% in 2021.

Because of segment progress as far as continuous age and heterogeneity in sex-based future holes; and commonness of widowhood across Indian states, maturing and sexual orientation related issues will probably meet as India's populace keeps on maturing throughout the following

a very long while. Strategy changes and projects should focus on the unique requirements and circumstances of more seasoned ladies, especially widows, to guarantee the prosperity of the entirety of the country's more elderly population (Bloom et.al. 2016). Workforce cooperation among ladies is exceptionally low, and most ladies rely upon their families for monetary help. In this concern, women are more vulnerable as compared to men-particularly widowed and unmarried women (Government of India 2011). Among economically dependent elderly men in 2017-2018, it has been seen that in both rustic and metropolitan they were monetarily upheld generally by their own youngsters followed by their mates, grandkids, and by others. If there should be an occurrence of older ladies, the comparative example has been noticed. There is no critical shift in this course from that observed in 2004.

In Uttarakhand state, among monetarily subordinate old men in 2017-2018, it has been seen that in country they were monetarily upheld by their own youngsters followed by grandchildren. Although, among female elderly were supported by their own children followed by spouse.

In Uttarakhand state in urban,among monetarily subordinate old men in 2017-2018, it has been seen that in metropolitan they were monetarily upheld for the most part by their own kids. Despite the fact that, among female older were upheld by their own kids followed by mate.

(1.1.4) Health conditions of the Elderly:

An overview of older wellbeing and its huge perspectives including size, aetiology, and financial of the cleared out and disabled (i.e., the investigation of illness transmission of maturing), are issues with noteworthy authenticity, especially for creating plans to meet the medical services needs of the creating number of more settled individuals. This examination communities generally around a couple of these issues (Alam& Karan ,2014).

Health is controlled by numerous monetary, social, mental, and physiological elements. Chronic weakness and dismalness decrease the personal satisfaction and prosperity of the older while expanding mental misery and impression of weakness (India aging report, 2017). With the segment changes in the older populace approaching decade, there will be a sharp expansion in chronic diseases like hypertension, depression, anxiety, and diabetes. By 2050, In India will be forty-five percent of the diseases are borne by the elderly population. The longitudinal aging study finds in the result that at least 13 percent of older Indians have disability that affects their daily activity. 1/4 of the older population is underweight. Usually, they are observed to be suffering from hearing problems, heart problems, pulmonary problems, genitourinary diseases, neurological disorders, and rheumatic diseases.

Living alone, loneliness is another psychological change that can be led to depression, anxiety. Depression is one of the most well-known mental circumstances during the ordinary course of existence with such countless misfortunes and frustrations. Misery itself alludes to a heterogeneous arrangement of peculiarities going from straightforward emotional episodes to extreme full of feeling states. Geriatric misery is a significant wellbeing peril with wrecking results (Dhara and Jogsan, 2013).

According to Bloom, Cafiero Fonseca E.T., et al. (2014) as India's populace structure changes, so does its wellbeing profile. Non-transmittable infections are more common with expanded age like cardiovascular sicknesses, tumors, ongoing respiratory illnesses, diabetes, and vision conditions. While irresistible, dietary, maternal, and perinatal conditions have generally addressed the best wellbeing dangers in India, the nation presently faces a "triple weight of illness" containing both irresistible and ongoing conditions and brutality and injury—especially savagery against ladies and young ladies NSSO 71st Round, 2014 showed that the speed of hospitalization among the old is much higher than everybody. The dreariness pervasiveness rate is higher among female when contrasted with men. And still, at the end of the day ladies' hospitalization rate is lower than the men's, it is shown sex differentials in medical services. BKPAI data show that of the old 47% were yielded in government facilities and the rest benefited of private centers.

Alam & Karan (2014) the health problems of aging are not limited to a bunch of illnesses caused on occasion by free radicals1, irregularities of motor function, general media degeneration, etc; they likewise incorporate functional incapacitation because of senescent changes in human organs and frailties. This multitude of sicknesses, illnesses, and frailties might push countless more elderly people, especially those past 75 or 80 years, underneath the limit of physical-intellectual tactile capacities needed to be independent and perform fundamental exercises of everyday living (BADL) without help.

The old can't perform day by day exercises in late life, they need help. The movement of Daily Living is the fundamental errands of daily existence among the old like taking care of, washing, dressing, versatility, utilization of the latrine, and self-control. ADL impediments are more in more established ladies (9%) than men (6%) requiring help something like one movement.

One of the generally used extents of prosperity in the old is self-evaluated conditions coordinated on a various leveled scale including excellent/very good, good/fair, and poor. The 60th cycle (2004) and 75th (2017-2018) gathered health data on a three-point scale. The assessments drawn from two studies show that the level of older people with sickness, the extent of matured people with great or reasonable wellbeing, on their own insight, has shown increase in 2017-18.

(1.1.5)Living arrangement of The Elderly:

Elderly health additionally relies upon their current circumstance and living course of action yet with the decrease in ripeness and raise in future at advanced ages, customary living game plans have been going through a change. Large portions of the older are living with their kids or relative in non-industrial nations. Conventionally multigenerational families have given the stage to the sharing of family assets and arrangement of care as needed by the old toward the end the of the existence course. In agricultural nations like India, the old live with kids as long as they are alive. Then again, in developed regions, most youngsters leave their parental home at last leave the parental home, and guardians live with practically no co-dwelling child. Although, residential arrangements among the old, critical contrasts between the nations and inside every district. In most evolved nations, multigenerational families are more uncommon in Northern and Western Europe than in Eastern and Southern Europe and Japan. Among the less evolved locales, multigenerational co-home happens to some degree less often in Latin America and the Caribbean; where just shy of 66% of more established people live with children or grandchildren than in Africa or Asia, where the normal is around 3/4. According to the2005-2006, National Family Health Survey in India observe more outcome that older guardians and adult children live in contiguous construction however having separate cooking offices and more than four out of five (78 percent) Indians ages 60 and more established resided in similar family with their kids, while around 14% lived with just a companion and 5 percent lived alone (Kumar, Sathyanarayana, and Omer, 2011). A few reasons might clarify these progressions in living plans, including declining fruitfulness leaving less kids accessible to really focus on more seasoned guardians, country to metropolitan movement for business that isolates families and changing social assumptions about intra-family commitments (Bloom et al. 2010).

While older Indians live in multigenerational households, a growing share lives alone or with only a spouse.

The personal satisfaction and prosperity of more elderly people can likewise rely upon financial conditions, particularly in agricultural nations like India, where the old minimal option in contrast to the proper government assistance framework. A study by Chan and colleagues (2011on local area staying among more seasoned grown-up Singaporeans shows an unmistakable relationship between living plans, informal communities, and enthusiastic prosperity (burdensome side effects). In explicit, this review shows that all kinds of people experienced higher paces of burdensome signs when they lived alone or possibly with one kid (when contrasted with those living with companion and kids) and had more fragile non-familial

networks. In India, the majority of elderly folks individuals live with their families and it is the most preferred living game plan for the old (Sprout et al., 2010).

According to National statistical office (2021), based on the NSS 75th round Uttarakhand state (2017-2018), the percentage of female older people (60 years or more) remaining in the others home is over two times as contrasted and male old people. Additionally, the level of female elderly people residing alone not as a detainee of old age home is similarly much higher when diverged from male old individuals .

(1.1.6) Concept of Gerontology& Aging

The term gerontology is gotten from the Greek word geront, (foran elderly person) and logia (the investigation of). It was first conceived by Russian biologist Eli Metchnikoff in 1906. According to him, gerontology is the logical investigation of the natural, mental, recorded, sociological, financial parts of human maturing. Gerontology can be considered a multidisciplinary and interdisciplinary discipline (Brix, 2005). In the Merriam-Webster Dictionary, "Gerontology is defined as the comprehensive study of aging and the problem of the aged". Gerontology includes all of the followings: firstly, the aging process in terms of scientific studies; secondly, scientific studies from the perspective of mature and aged adult; Third, studies from the viewpoint of the humanities (e.g. history, philosophy, literature); and lastly application of knowledge for the advantage of experienced and aged adults (Kastenbaum, 1992). Gerontology recommends that there are numerous subfields, just as associated fields like science, brain research, and social science that likewise hybrid gerontology (Hooyman and Kiyak, 2011). Although many people confused the term Gerontology with Geriatrics, geriatrics is a medical term that is focused on the medical study, diagnosis, and treatment of diseases and health problem specific to older adults. The study of disease affecting the elderly is called geriatrics. Gerontology is the scientific study of adult aging that examines the biological, psychological, and sociological factors allied with old age. The study of aging inclusive of many aspects such as social, cultural, psychological, cognitive, and biological changes is called gerontology. Gerontology includes government planning; nursing homes and facilitates the homes or places for older people researching the impacts of a maturing populace on society. However, specialized in older adults called Gerontologists, know that people have different experiences with aging. The people in developed nations keep fit and are self-dependent (Laura E. Berk, 2010), but they suffer frailty and severe mental and physical deterioration after 75 (Jama network, 2016).

Social gerontology is viewed as an application-situated, science-based subfield of gerontology and it uncovers discipline like social science, demography, brain research, humanities, topography, law, social arrangement, and organization, the board, financial matters, nourishment, just as wide-going proficient preparing like social work, nursing, directing and clinical brain research center around different maturing issues. Be that as it may, no single disciplinary center gives a comprehensive arrangement. The focal point of social gerontology isn't just worried about individuals in later life yet additionally the social organizations which especially influence that period like retirement, benefits, and government assistance strategy (Raju, 2011).

Populace aging, now and then referred to as cultural aging, is a cycle whereby a gathering (like a nation or an ethnic gathering) encounters the dynamic expansion in the real numbers and extent of more aging individuals inside its complete populace. This change achieved to a great extent by financial enhancements in wellbeing and expectations for everyday comforts, logically lessens mortality and ripeness, bringing about expanded future and less births, and eventually, an expansion in the more seasoned populace corresponding to more youth age gatherings. populace aging has long-term suggestions for legislatures in wording, for instance, of the expense of wellbeing and social consideration for an undeniably significant number of more established individuals (Phillips et al. 2010). All through the 20th century and twenty first century, it has turned into an overall experience considered changing segment situation of aged population. Maturing is fundamentally the consequence of two-dimensional segment changes which is clarified by in general decreases in mortality and fertility. Thus, aging population is an interaction by which a gathering (a nation or an ethnic gathering) encounters the ever-evolving expansion in the outright numbers and extent of more established individuals inside its populace. This change accomplished by and large by industrialization, modernization and logically decreases mortality and fertility, bringing about expanded future and less births, and at last, an increment in the more aged population according to younger age gatherings. The process of aging is experienced by all living organisms as they approach the finish of their foreordained life term. Aging begins when growth and development stop, and that occurs over an individual period, affected by many factors that may not be regulated by any conscious effort. The process of aging may be considered as “senescence.” Senescence is not reversible, deteriorating changes, that occur as cells and organism age, increasing vulnerability for diseases, dysfunction, and in the end death (VijgJ,Wei JY,1995)

According to L, Sarkisian, Hays, Berry & Mangione, (2002) aging is a process when the physical and mental aspects decline. Also, after a certain time human beings getting older is an extremely

complex and irregular process that includes changes in the physical, social and psychological parts of life. Aging is a biological sequence of events that begins at birth and ends at death.

(1.1.7)Concept of Elderly or old age:

According to WHO (2016), old age or Senescence is the age near the end of the human life cycle. Worldwide these people are called old people, in America, older people are known as seniors, the British call them senior citizens, older adult's term use in social science as about older people. Most countries agree for retirement age 60-65 years of age eligible for various welfare programmes for seniors (Barry & Patricia, 2016). An individual is more established if he/she is 60 years old or above. Advanced age is a course of progress that begins to happen later actual development has been reached in one's life. This interaction is called Senescence. It means to say that an old one is an individual who finished actual development and began the course of deterioration. "Senescence influences various individuals at various rates. Additionally, the paces of progress in different body processes impacted by maturing fluctuate among individuals" (Charles Zastrow).

Old age definition is varying from society to society and also difficult to describe as the perspectives of biology, demography, employability, and sociology are different. It also differs culturally and historically point of view. At what age it starts is yet not clear, as it depends on the background.

According to United Nations (2016), old age starts at 60 years of age and above, making the first attempt to start with an worldwide definition of elderly. Similarly, World Health Organization describes advanced age not by years, but rather by the jobs which change with age and the way a person becomes incapable to serve society. Therefore, people have different experiences with aging. The people in developed nations keep fit and are self-dependent (Laura E. Berk, 2010), but after 75 age, they suffer frailty and severe mental and physical deterioration (Jama network, 2016),

Numerous analysts find in their review that advanced age is a characteristic, ordinary general and inescapable, natural peculiarity. It is advancement deliberately work in the existence course which starts at origination and finishes with death. Old age is the last stage in the existence venture and the end time frame in the life expectancy of a man with diminished limit with regards to variation (Neeraja, 2006).

Erikson (1979, 1982) defined, old age as a time when an individual seeks balance between the search for ego integrity and feelings of despair. Old age one may accomplish a feeling of honesty, a feeling of culmination, of individual completeness sufficiently able to balance the descending mental draw of inescapable actual deterioration on the singular level (Fleeson& Heckhausen,1997).

Delineating sub-groups in the 65+ population enables a more accurate portrayal of significant life change (Victor G. Cicirelli, 2002). Older age comprises of ages approaching or outperforming the normal life expectancy of people. The limit of advanced age can't be characterized precisely on the grounds that it doesn't have similar significance in all social orders. Individuals can be viewed as old because of changes in their exercises or social roles.

According to medical terminology, Elderly or old age is the deteriorating of physical capabilities and in psychological terms, it is an age of reduced adaptive capabilities. The elderly have less regenerative capabilities; they are more vulnerable rapidly exposed to illness, conditions, and affliction when contrasted with grown-ups.

In the year 1875, Britain has enacted The Friendly Societies Act, which defined aging adults as 50 years and above, though, 60- 65 years is the age used by the pension policies (Roebuck, 1979a). However, there is still a lack of acceptable definition. In general, the default definition for old age is when a person legally becomes entitled for receiving a pension. The age between 60- 65 years is used with its variable nature, for which the debates have originated right from the 18th century to the middle of the 19th (Thane, 1978a and 1989; Roebuck, 1979b).

The chronological definition of old age is related with future. In India, the retirement age was 55 years, when the average life expectancy was 27 years according to the government of India, because of this, the government is considered as elderly or old age, an individual who is 55 years or above. Due to rising life expectancy, the age of retirement was raised to 58 years. Now retirement age in non-governmental organizations is 60 years such as public undertakings and autonomous institutions (Chowdhray and Paul, 1992). The present age of retirement is 65 years in the case of the universities and research institute wholly financed by the government of India.

(1.2) Well-being:

Despite the fact that a plenitude of examination, a solitary settled upon meaning of well-being stays subtle (cf. Evade, Paly, Huyton& Sanders, 2012), because of the quantity of purposes behind the variety of perspectives concerning prosperity including, the different factors, for

example, work and wellbeing fulfillment, life fulfillment and levels of happiness or wretchedness or outrage that are considered to frame some portion of the prosperity develop, (Diener, Kesebir and Lucas, 2008; Henn, 2013); the different disciplines examining prosperity, for example, brain science, financial aspects, wellbeing studies, social science and anthropology(De Chavez, Backett-Milburn, Parry and Platt, 2005; Roodt, 1991); The various marks credited to the different prosperity related elements (Roodt, 1991). As of late, the idea of wellbeing has gotten impressive interest, both in the logical and lay writing. Nonetheless, the idea of prosperity can have various meanings that are relying on one's expert and individual point of view. For example, business analysts might clarify prosperity as far as monetary limit and success, the development in both individual and public financial abundance. Social arrangement supporters might zero in on issues of prosperity as far as medical care arrangement, instruction access, and issues of equity and correspondence and conduct researchers might clarify prosperity is most every now and again outlined as far as people's degree of involvement that incorporates their own, experiential, and phenomenological feeling of satisfaction and commitment with their families, work, and local area. The psychosocial well-being term can define by different researchers in different concepts, while different terms can mean the same thing for others. Most as of late, in conduct science, prosperity research is depicted as reflecting two wide methodologies or customs. The main methodology is alluded to as the gluttonous or emotional prosperity (SWB) custom. Abstract prosperity depends on gluttonous standards in which joy and joy are of essential worry to the individual. The hedonia term is gotten from the Greek word for "delight". The subsequent methodology is the eudaemonic alluded to as mental prosperity (PWB) custom. The term eudaimonia gets from the Ancient Greek eu for goodness or prosperity and daimon for soul (Ryan and Deci 2001; Huppert et al. 2004, 2009).

(1.2.1)Conceptual framework of wellbeing:

Psychological wellbeing alludes to bury and intra-individual levels of good working and one's relatedness with others and self-referent viewpoints that fuse one's sensation of predominance and mindfulness. Subjective wellbeing reflects estimations of impact choices of life satisfaction.

Hedonia: Subjective well-being

During the 1960/the 1970s, subjective wellbeing research arose as an endeavor to quantify the personal satisfaction and screen its effect of social strategy on friendly change. Hedonic approach, subjective wellbeing models identify with the fulfillment of objectives and spotlight on "what makes experiences and life wonderful and awful" (Kahnemann et al., 1999).

Subjective well-being depicts people's emotional assessments about various parts of their lives, which are experiencing by an individual. These assessments involve an appraisal of the scope of feelings incorporates intellectual and emotional translations and, in contrast to target proportions of mental and actual wellbeing, mirror their very own singular's evaluation life. Emotional prosperity is by and large characterized by three sections: life satisfaction, the presence of positive demeanor, and the deficiency of negative perspective (Kahnemann et al. 1999; Diener et al. 1999).

Eudaimonia: Psychological Well-being (PWB):

In psychology, the most refered to ways to deal with Eudaimonia's prosperity have sprung out of the humanistic development during the twentieth century. Notwithstanding, the eudaimonic character theory (Waterman, 1993; Waterman and Schwartz, 2013);Ryff's rendition of mental wellbeing(Ryff, 1989),the self-assurance theory(SDT; Ryan and Deci, 2001; Ryan & Martela, 2016) are altogether hypotheses are viewed as humanistic view in their specific spotlight on personality development, positive psychological wellness and organismic development (Thorsteinsen, K., &Vittersø, J. 2018). The eudaimonic identity theory depicts eudaimonia as the singular individual expressiveness, which is the inclination that follows from having one's best possibilities completed. Other than this present, Ryff's hypothesis of eudaimonia contains no inclination component. Ryff's firmly affected by Jahoda's work on good mental health (Jahoda, 1958), Ryff fairly recommends that sentiments are not applicable for the acknowledgment of individual possibilities, which she conceptualizes as the delightful thought of deliberate life commitment (Ryff, 2016;Thorsteinsen, K., &Vittersø, J. 2018). Psychological wellbeing eudaemonic methodologies recommend that wellbeing is identified with whether people carry on with their lives as indicated by their real essence or soul (daimon), reflected in prior mental speculations, for example, Maslow's hypothesis of self-realization. The psychological well-being along these lines mirrors a complex way to deal with the estimation of mental prosperity. PWB has comprised of six particular regions and incorporates independence, self-improvement, and self-acknowledgment, reason throughout everyday life, ecological dominance, and positive relatedness with others. Self-acknowledgment is characterized as self-completion and completely working people and underscores a capacity to foster warm confiding involved with others. In any case, Environmental dominance mirrors a capacity of self to control and capacity inside imperatives, independent reflects self-assurance and opposing cultural assumptions to change and adjust, while reason in life mirrors the limit with regards to objective determination and fostering a feeling of life heading which add to significance in one's life. Self-awareness mirrors people's ability to develop and understand one's internal potential.

A hypothetical structure of persuasive drives, (Ryan and Deci 2000, 2001) a second generally referred to display that has acknowledged the possibility of eudaimonia as a central piece of thriving is Ryan and Deci's determination theory (SDT). Self-determination theory portrays three essential psychological and social necessities which incorporate independence, capability, and relatedness. Much examination inside this system centers around those components, in which people distinguishing h inward and outside drivers of individual inspiration understand these three requirements.In spite of the fact that, SDT has centers around the satisfaction of these three necessities is fundamental for mental development and mental wellbeing and furthermore centered around recognizing and inspecting the pathways by which social and social variables work with the satisfaction of these requirements.In the point of view of life expectancy, the ability to satisfy these necessities would shift with other age-related changes and decreases like changes in societal position, relationship with others, physical health (for example sicknesses like dementia), and nearness to death. Nonetheless, it is viewed as that singular inability to take a stab at these requirements brings about bad mental outcomes.

Although some different examinations, mental prosperity has been directed by two originations of positive working. Firstly,Bradburn's(1969), recognize positive and negative effect and joy as the harmony between the two. The second essential origination underscores life fulfillment as the critical sign of prosperity. It is considered an intellectual part; life fulfillment supposedly complemented joy, the more compelling component of positive working.

The union of these numerous systems of positive working filled in as the hypothetical model of mental prosperity that envelops 6 distinct dimensions of wellness. In blend of these parts incorporate an expansiveness of wellbeing that incorporates; Self-Acceptations, Personal growth, Purpose in life, Positive Relations with Others

Ryff et al. (1989) explain psychological well-being insinuates how much people feel that they have huge control over their life and their activities. Psychological well-being is characterized as individuals' assessments of their own lives. These assessments can be both intellectual decisions, like life fulfillment, and their passionate reactions to occasions, like inclination positive feelings. It is a wide idea that incorporates various parts of ordinary experience. How individuals think, feel, act, and decide, and so on It is an emotional idea which ordinarily portrays the psychological condition of the individual (Aditya Chamuah and R. Sankar,2017).

The link between multigenerational and more established grown-up prosperity needs applied and exact clearness. For instance, where public or private proper frameworks of care are lacking, co-home is frequently aligned with (I) more significant levels of material prosperity and, (ii) higher

likelihood of getting casual help that is straightforwardly reliant upon actual closeness (Chen and Short, 2008; UN DESA, 2005; Yount, 2009). Simultaneously, different examinations discoveries that no reasonable increase for more seasoned individuals in the terms of home, particularly medical care or potentially support in exercises in day to day existence (Hashimoto, 1991; Kochar, 1999; Sibai et al., 2009).

(1.2.2) Institutionalization of Elderly and Care:

The rising number and Proportion of more established individuals in all social orders are likewise representing an expanding weight to advanced age care. Casual consideration and Institutional long haul care joined are a portion of the alternatives to address this difficulty.

Relatives and companions stay the primary wellspring of long term care for more established individuals all over the world (Fernández et al., 2009). Though, it has an expense. Providing care demands an extensive cost for the guardian at the singular level. In country India, more seasoned parental figures spent a normal of 39 hours of the week giving casual consideration ramifications for their wellbeing and prosperity (Brinda et al., 2014).

Most of top level salary nations have moved old casual institutional mind and decrease costs while expanding support for self-care and different administrations that empower more established individuals to stay in their own homes or a home-like environment. The older populace is confronted with chronic frailty and ailment in late life that overpowers casual consideration or doesn't fit effectively inside the heft of formal consideration settings. In addition, sound old who need rehabilitative consideration after wellbeing shock else they might confront a direction of declining capacity movement and ward on others on the off chance that they neglect to get the consideration. These populations, and their families, need other suitable choices sorts of care like rehabilitative, palliative, rest, or end-of-life care alternatives.

(1.2)Social Support:

Following moving segment peculiarities with a sharp expansion in the quantity of aged, it becomes important to explore the prosperity of the older populace. The matured need extraordinary consideration as they are not just old, be that as it may, they are battling with unpleasant life conditions in late life because of changes in the public eye. Acknowledge by Cobb (1976), social support provides one with a sensation of being cherished, really focused on, and regarded esteemed, and belongingness. Social support assumes a vital and critical part in advanced age in late life and furthermore contributes toward prosperity even within the sight of

an undeniable degree of stress. Social support creates an ability to be self aware worth and positive effect (Cohen and Syme 1985). Social support helps in keeping away from adverse occasions and is related with an adapting strategy. It gives a sensation of confidence to an individual, thus add to prosperity. Gotten social help is less significant than seen social support (Wethington & Kessler,1986).Vaux(1990). Perceived social support is an emotional assessment of assets got in a given circumstance and its felt suitability and fulfillment. Pierce et al., (1990) characterized social support as far as interpersonal organization peculiarity like help from family companions, neighbors, and other local area individuals, it incorporates "social exchanges the points of which are to help people in adapting to regular daily existence, and especially in reactions to basic circumstances". According to Briggs (1998), Social care groups of individuals can in like manner fill in as "adjusting capital" giving an extent of supports, including financial assistance, in-kind assistance, energetic bearing, and information that serve to reduce family trouble and helps pad the stressors of everyday presence. The social relationship is vital to wellbeing upkeep over the existence course and basic for prosperity in more established grown-ups. Solid and positive social connections are increment better wellbeing in advanced age, it would diminish wellbeing administrations needs and requests, yet the immediate sign behind the companion impact of interpersonal organizations on medical services usage in more established age is meager (Wang, He, and Dong, 2015).

(1.3.1)Conceptualization framework of Social Support:

According to Cohen (1992) social support is classified into three categories: (a) social networks (b) perceived social support and (c) supportive behaviors. Further, clarified that informal communities allude to the design of social connections includes existence, quantity, and type of relationship in an individual’s life. Perceived social support refers to the elements of social connections that will offer enthusiastic or informational help and Supportive practices allude to the preparation and receipt of practices expected to help people even with upsetting occasions.

The definition of social support can be portrayed as far as three points of view, the first is a sociological, secondly psychological perspective, and finally, communicative perspective. In sociological perspective, that focuses on how much people are coordinated into a gathering. In terms of psychological perspective that underscores the perceived availability of help. This view regularly surveys the sort or measure of help that people see they get from their informal organization (received support) or the sort or measure of help they accept is accessible to the individual to get support from society (perceived support). At long last, the correspondence point of view accentuates the associations between providers and recipients of support. Supportive

communication for the most part assesses the verbal and nonverbal practices that people participate in when they are attempting to help somebody that can be clarified as an enacted support (Vangelisti, A. L. 2009).

Perceived support and the openness of help have been connected to more prominent physical and mental prosperity and, by suggestion, to more satisfying interpersonal relationships (Berkman, 1995). Supportive behavior refers to the process of support seeking, offering help, and getting support at the hour of unpleasant circumstance. It is the activation and the achievement of practices that serve to help people during distressing occasions (Cohen, 1992). Social interaction is vital for social help; the particular demonstrations that individuals participate in to help others, which are not generally connected with positive results (Vangelisti, A. L. 2009).

Social separation and absence of help are influencing the person with regards to organic or conduct middle people, like expanding all static over-burden or unfortunate practices. The absence of social support for the old populace causes genuinely cultural expenses, possible longer clinic or nursing home stays when more seasoned people need guardians who can assist them with recuperating at home (Anderson, et al., 2000; Boaz, Muller, 1994; Skinner et al., 1994).

Social networks and family ties are among the key establishments offering help and openings for commitment to more seasoned grown-ups all throughout the planet and characterize interpersonal organizations (Bloom et al., 2010). While throughout the following many years, the segment and wellbeing progress (mental and actual wellbeing) will move essential establishments to embrace and foster inventive ways to deal with work, everyday life, providing care, and guidance across the presence course (Lloyd-Sherlock,2010).

(1.4)Concept of Hope:

Hope has been characterized in different ways since interest in the build started. Albeit most speculations of Hope characterize the term as a positive assumption towards future results, there are significant divergences and competitor hypotheses in brain science with respect to the fundamental characteristics of trust and what recognizes an expectation from different develops, like good faith and self-viability. In the area of brain research, trust has been characterized as a connection between a singular's objectives, inspiration, and intending to meet that objective later on. Mainly, hope has been the object of examination inside an intellectual social system of objective related theories (Snyder, 1994, 2002; Stotland, 1969). In positive psychology, hope has considered a human strength because hope adds to one's life satisfaction and life span hope adds

to one's life satisfaction and life span (Moraitou, D. 2006). Expectation has an emotional and an intellectual part. The previous part of expectation offers optional support throughout the relationship of improvements with something pleasurable, which are material in desperate powerless circumstances as well as in instances of objectives that are in all actuality achievable and saw as huge and satisfactory at a social and moral level.

The auxiliary (intellectual part) of expectation offers suffering faith in the achievement of wishes, which permits individuals to support endeavors toward objectives, and a sort of certain hope with accomplishing an esteemed objective, wants, and probable results in an individual's life. Notwithstanding, expectation might prompt a deception of objective feasibility or a sort of refusal of the real world (Lopez et al., 2003). Presently, one of the most diffused of hope is that of Snyderand his colleagues, who described hope as a person's mental willpower toward the fulfillment of personal goals (Krafft, A. M., 2019).According to Snyder et.al. (1991), hope is "a positive motivational state that is based on an interactively derived sense of successful (a) agency (goal-directed energy), and (b) pathways (planning to meet goals)". When any individual sets a goal and obtain or attain it in conjunction with the agency (motivation) that a person has and the pathways (route and methods) chosen to move towards those goals, is considered as hope. Expectation can be characterized as one of the courses through which people deal with their objectives and adjust to day-to-day existence challenges. Snyder's heory of hope has an egotistical person, which alludes to the singular's discernment about their viability to achieve individual objectives (Snyder et al., 1991). Also described "Hope is the essential process of linking oneself to potential success" (Snyder, 1994).

(1.4.1) Hope and adaption to old age:

As the number of population in the older is enhanced, the old is at expanded danger for ailment and practical impedance, factors that might misrepresent the requirement for help with every day exercises. Further, arranging proactively may assist with guaranteeing that wellbeing and care set up, enhancing the likelihood for sound maturing results (Greenglass & Fiksenbaum, 2009). Despite the fact that, few examinations have proposed getting ready for care, to further developed wellbeing and prosperity in more established grown-ups. Notwithstanding the advantages of having wellbeing and long haul care plans set up, numerous elderlies neglect to make advance arrangements, perhaps because of contrasts in individual-level social and intellectual qualities (Sörensen, Duberstein, Chapman, Lyness, & Martin, 2008). Hope is fundamental to the detailing of human inspiration is conceptualized as "the process of thinking about one's goals along with the motivation to move toward those goals (agency), and the ways

to achieve those goals (pathways)". It might empower people to move toward wellbeing related issues with drive (agentic thinking) and the ability to concoct a functional arrangement (pathways thinking) (Snyder et al., 1991., Snyder, 1995). Albeit these advantages of the presence of confidence, a few outcomes are there, for example, an undeniable degree of cheerfulness might prompt some danger. For instance, optimistic expectation might make people overlook nervousness delivering wellbeing data, mistakenly assess ecological triggers, and misjudge individual danger (Folkman, 2010). As in India, traditions that take care of elderly by family members or elder son is as a primary caregiver and it creates a high level of hope among elderly that result in anxiety, psychological and emotional problems in individuals' life span.

Adaption to old age is depicted as a complex intuitive cycle between the maturing grown-up and his/her current circumstance, or versatile adapting in advanced age assumes that the more seasoned grown-ups know about changes welcomed on by maturing, and manage their assumptions, objectives, and acts, to accomplish a fantastic outcome for themselves (Efklides et al. 2003).

Baltes has given the hypothesis of improvement transformation to advanced age and effective maturing, which include three cycles: determination, enhancement, and pay. More seasoned grown-ups become more careful in their own objectives, mostly in view old enough related changes in their assets. They use recourses to enhance their working in these chose objective regions and make up for their misfortunes which are capable by them (Baltes and Freund, 2003).

(1.5) Elder Abuse:

Around the world, there is a mounting need for long haul care administrations, which have generally been given by relatives yet are progressively being completed by paid guardians. Critical degrees of senior maltreatment and disregard have been accounted for in both created and non-industrial nations, cutting across all financial layers. In 2002, World Health Organization takes into consideration senior maltreatment. In 2006, the International Network for Prevention of Elder Abuse (INPEA) thought about June 15, as a World Elder Abuse Awareness Day (WEAAD) and an expanding number of activities are held across the circle on this day to bring issues to light of senior maltreatment and cause to notice challenge such maltreatment. Abuse of older individuals is a developing test in all social orders, and it can happen in any settings that incorporate any financial gathering (Phelan, 2013). Elder abuse has for some time been a secret issue in our general public; it is not acceptable by society very easily due to some family reasons. Elder abuse may be in numerous forms such as physical, sexual, and

financial exploitation that can leave evidence. That can be estimated and followed however psychological abuse is hard to follow and no substantial proof and should be prepared to the point of screening the issue.

At times, stress-identified with guardians can prompt the disregard of more seasoned consideration beneficiaries and their openness to a few types of misuse, including viciousness. In nations, that has set up private/institutional long haul care offices for the older, senior maltreatment is accounted for by staff, seeing relatives and companions, and different family members. A few sorts of exploration propose that the frequency of senior maltreatment might be less in homegrown settings than in private settings. Senior maltreatment is more normal in institutional settings. WHO assesses, that between 4 to 6 percent of older people internationally have experienced physical, mental, passionate monetary, or different types of misuse or disregard. Some danger factors for senior maltreatment incorporate social segregation, depression, and the disintegration of connections between ages. Women are more defenseless and in danger of being deserted and having their property held onto when they are bereft. Institutional maltreatment happens regularly when there is an untrained specialist or exhausted staff and when low quality of care or deficiently checked. A couple of hazard factors have been approved by huge exploration for homegrown senior maltreatment because of divided residing plans among the person in question and parental figure. The recurrence of contact serving to stir strains, contention, and misuse; social disengagement, which can build family pressure and reduction issue deceivability; dementia with respect to either the person in question or the parental figure, with side effects of forceful and troublesome practices can cultivate misuse or reprisal against maltreatment by the guardian, where substance misuse, psychological maladjustment, or behavioral conditions can incite dissatisfaction and diminish restraints for misuse eventOlder people are living on their settings or just with mate; government backed retirement has turned into a main issue. With the expanding extent of the older populace, violations against the old should be visible to increment internationally. Be that as it may, lately, society is seeing a steady decrease with the progressions in family structure or characterizes separation of the joint family framework, as a result of which numerous elderlies are not kept up with by their youngsters. The outcomes are that the older folks are currently genuinely disregard and need physical and monetary help, and powerless against extortion, cheating, attack, and different violations.

(1.5.1)Various forms of elder abuse:

The Global Response to Elderly Abuse and Neglect; WHO, 2008 report catches that old maltreatment has genuine results on the wellbeing and prosperity of more seasoned individuals and can be of different structures: physical, verbal, mental/passionate, sexual, and monetary. It can likewise just reflect deliberate or inadvertent disregard. Misuse and disregard are socially characterized peculiarities that reflect differentiations between qualities, principles, and unsuitable relational conduct. National Centre for Elder Abuse describes “Abuse is verbal, emotional, psychological, mental, physical, sexual and self-neglect”. The term “Elder Abuse” refers to abuse at home, in public places, and old age homes. It additionally alludes to any purposeful or careless demonstration by a parental figure or whatever other individual that makes hurt a weak old who is age sixty or above. Senior maltreatment might happen in a few structures and the aftereffect of intentional goal, carelessness, or obliviousness. An individual might encounter more than one type of maltreatment at one time.

Physical Abuse or harm to the body:

Physical abuse is characterized as the non-unplanned curse of actual power or utilization of actual power on an older individual that might result from real injury, agony, or disability. Physical abuse might incorporate however isn't restricted to such demonstrations of brutality pushing, pushing, shaking, squeezing hitting, slapping, consuming, kicking, abuse of medicine and improper limitation, moreover unseemly utilization of medications and actual restrictions, coercively feeding, actual discipline of any sort additionally are instances of actual maltreatment.

Psychological/Emotional Abuse:

It is characterized as the curse of sadness, torment, or distress through verbal or non-verbal demonstrations. Mental maltreatment might incorporate boisterous attacks, affronts, dangers, tormenting, embarrassment, and provocation. Likewise, regarding the old like kids just as disallowing their contacts or disconnecting an old individual from his/her family, companions, or normal exercises; giving a more seasoned individual the "quiet treatment;" and upheld social disengagement are instances of passionate/mental maltreatment. There are a few signs and side effects of mental maltreatment, for example, being sincerely disturbed, very removed from day by day action and non-informative or non-responsive, surprising conduct commonly ascribed to dementia (e.g., sucking, gnawing shaking).

Sexual Abuse:

Sexual abuse might be characterized as non-consensual sexual contact of any sort with an old individual. It incorporates, yet isn't restricted to, undesirable contacting, a wide range of rape or battery, like assault, homosexuality, and physically unequivocal shooting.

Financial or Material Abuse:

Financial or Material exploitation may include the illegal or irregular usage/exploitation of an elder's funds, property, or assets such as cashing an elderly person's checks without permission; forging an older person's signature; misusing or stealing an older person's money or possessions; coercing an older person into signing any document (e.g., contracts or will); and the improper use of conservatorship, guardianship, or power of attorney, rejection of the right to supervise their property, abuse of the position of protector, care taker or lawyer.

Neglect:

It is characterized as the dismissal or unfulfilling ofany part of an individual's commitments or obligations to a senior. Disregard might incorporate inability to give care to necessities; it likewise might be occurring in a family setting or institutional setting. Additionally, incorporate refusal an old individual with such life necessities like lack of healthy sustenance, untreated bed bruises, and helpless individual cleanliness; unattended medical issues; helpless day to day environments (e.g.dirt, bugs, lice on individual, ruined sheet material, pee smell, scant apparel). There might be two kinds of carelessness like dynamic and detached carelessness. Dynamic carelessness implies deliberately or intentionally. If there should be an occurrence of uninvolved carelessness implies accidental or absence of information or data.

Abandonment:

Abandonment is resigning the obligations of dealing with the older. it happens when the older are approached to take off from the house because of any explanation, for example, absence of room or the more youthful age can't bear, themselves are making any irritation in the family. It is an outrageous type of disregard. It implies there are slips in nature of care and nobody assumes liability to care for the old (Vaswani, T. G., 2001). Surrender may likewise incorporate the renunciation of the older eagerly at an emergency clinic, nursing homes, or other foundation; retail outlet; or other public spots.

Self-negligence:

Self-negligence is defined as when an old person neglects himself/herself, thus threatens his/her health or safety and putting in danger his/her life. It includes an older person as a failure to provide him /herwith adequate food, water, shelter, and other necessities for health safety. But excludes some situations in which a mentally competent older person, who can understand the result of his/her decisions, makes voluntary decision to harm their body or as a matter of personal choice.

Medical Abuse:

t is a type of misuse when an older individual is dismissed recommended medications or treatment (too old or certain treatment). Forceful testing or prescription which can place an old life in peril is likewise viewed as clinical maltreatment.

In addition, with all the referenced different types of senior maltreatment and brutality, it is important that more kinds of senior maltreatment occur at thesame time. Other than the referenced viciousness, the old are experienced with other negative peculiarities, for example, segregation dependent on prejudice, ageism, handicap; common liberty and opportunity infringement, detachment of life supplies, and different necessities administrations.

Likewise, the sign and indications of misuse, it is important to perceive hazard factors which can prompt savagery in a family. Hazard variables might be available in a family relationship or inhabit family members' homes or care homes. Also,it might be impacted old life as ecological impact, psycho-social or social, physical, and financial impact. Sadly, none of the spots offers a genuine home to the old. They regularly run over misconception, awful relationship, and struggle, rather than warmth relationship, haven, and wellbeing (Felicijan, 2004)

(1.6) Literature Review:

Scientific study in the field of aging began as early as in the 1960's. Life span as one of the significant future social issues perceived by the World Assembly on Aging in Vienna, 1982 and the International Plan of Action on Aging by the UN General Assembly **has** given an extraordinary impulse to maturing research in India. Further in first October in 1990, the Assembly perceived as the International Day for the Elderly and the International Year of Older Persons in 1999. The topic was towards a general public for all ages and a target to expand the attention to the quick changing segment patterns of the older, advance activity techniques and support examination and data trade. The Research Agenda on Aging was together evolved by he United Nations office on Aging and the International Association of Gerontology, was accepted continually World Assembly on Aging at Madrid, Spain in 2002. India is a signatory to the Madrid International Plan of Action on Aging (MIPAA). That sets an arrangement for arranging and completing open systems on developing and influencing the bearing and requirements for coherent gerontology in the coming numerous years. "There is a need to assess the 'state of the art' of existing knowledge, as it varies across countries and regions and to identify priority gaps in information necessary for policy development" (United Nation 2002). Though many ancient Researchers have discussed about the issues of old age, however the logical interest in maturing

in India was begun in twentieth century, post-freedom (1947) phenomenon. The science of gerontology

Throughout the long term, the interest in the exploration space of maturing has expanded including multidisciplinary endeavors and creative techniques to manage the expanding issues of the older inside the evolving society. The expanding numbers and percent of the older are significant as the populace shifts have a significant caution among organizers and specialist organizations.

(1.6.1)Socio-psychological wellbeing:

Joshi (1971) also quoted in his study that ageing in human beings creates several physically as well as psychological disorder. Sharma (1971) studied on satisfaction and despondency in old age. Study revealed result that bliss relies upon occupied life, great physical and mental wellbeing, monetary status, having a life partner and informal community.

Mohanty (1989), led in his review on Segment and socio-social pieces of developing in India: some emerging issues and proclamation in his assessment that Attitudes towards advanced age, debasement of status locally, issues of disengagement, depression and the age hole are the noticeable pushed regions coming about in socio-mental dissatisfaction among the elderly. Greater parts of old are represented to have a negative mental self-view and powerless self-thought (Ramamurti and Jamuna, 1984).

Niharika (2004) conducted intensive study on successful aging and its determinants among elderly. The example was 600 older from Kolkata and announced that because of progress in family construction and piece, old are not given sufficient consideration and backing by their relatives. This pattern is quick arising a direct result of the materialistic thinking among the more youthful age and development of "independence" in current mechanical life. Because of these progressions lead to more noteworthy detachment and depression of the old from their relatives and from society everywhere degree. Presently days, old are dismissed and furthermore misfortune their focal situation in family just as our public because of the progressions in family design and worth framework, regard, honor, status and authority, which is used to had a great time by more established in traditional society.

One specific review led by Yadav (2004), the impact of financial status and sex on enthusiastic development, ways of life, passing nervousness, locus of control and legalism of the more established (60+). The survey definite that monetary condition is a critical component affecting

lifestyles and legalism among the old in India; sex essentially influences by and large passionate development, enthusiastic unsteadiness, passionate relapse, character crumbling and absence of autonomy; the ordinary adapting, shifty, overbearing tyrant and need to feel superior styles of life; legalism and locus of control; and the participation influence is gigantic just for enthusiastic relapse, character breaking down, absence of freedom and the individualistic, spoiled, ruined and tyrannical tyrant ways of life.

Batra (2004) found in his comparative study on social components of active aging, that those elderly widows who belongs to week socioeconomic status very poor health status and those widow elderly who have adequate financial status, dynamic investment in relaxation exercises, support of day by day schedule, holding informal communities and accepting social jobs impacted wellbeing maturing emphatically.

According to Bowling (2008) views, the majority of the investigations have been directed abroad corresponding to the older in setting to passionate development, day to day environments, ways of life, demise nervousness, locus of control and that there is an absence of data about the old in the setting in India.

According to some studies (Ramamurti and Jamuna, 1992, Niharika, 2004, Siva Raju, 2006, Shiva Raju, 2011), the imperative determinants of effective maturing, incorporate self-impression of wellbeing, self-acknowledgment of maturing changes, seen practical capacity, view of social help, between generational friendship, faith in karma and life following death, adaptability, scope of interests, action level, conjugal fulfillment, legalism, certain worth directions and monetary prosperity.

An experimental review directed by Khan and Raikwar (2010), on connection between assumptions, life fulfillment and infections among older from various gatherings of people. The example was 320 old over 60 years old in Delhi and tracked down that 89% of the respondent's trust that their relatives should deal with them and Ninety-two percent of the old felt that they ought to be remembered for significant family matters. In any case, just 37% older are really dealt with by their relatives and 26 percent of them were really engaged with family matters.

Raju (2011) clarified in survey paper considers on maturing in India that as the death of years some mental changes go with individual, like gradualness of reasoning, and debilitation of memory, decrease in energy, and expansion in alert in all regards and variety of rest designs. Prevailing burden and inadequate assets make numerous broken elements of advanced age. Extra, it is notable that the occurrence of psychological sickness is a lot higher among the old as

analyze among the youthful. Likewise clarified that the retiree experienced mental issues in better manner and effect on the individual is altogether unique when contrasted with those in the chaotic areas. The mentalities of relatives change towards the resigned old and his disposition towards his relatives additionally changes.

Kang and Chawla (2011) conducted study on Adjustment Problems among Elderly: A Comparative Study. The sample was 40 elderly males and elderly females in the age group above sixty and seventy five years and found that between both groups existed significant difference about various adjustment problems.

Paramita, Anoop (2015) investigated the prevalence of depression and associated variables among elderly living in the rural and urban area of tertiary care institution in Ludhiana. The study revealed the result that the influence of depression symptoms among elderly under study was 8.9 per cent. Elderly people living in Urban, female, old age, nuclear family, and poor economic status and cognitive impairment were found to be relation with depression, even after controlling for other factors and the pattern toward urbanization and nucleation of the families, sorrow among the matured grown-ups is probably going to turn into a disease requesting general medical issue status soon. Life fulfillment is indication of abstract prosperity among the older and is straightforwardly connected with wellbeing and mortality (Banjara, P., Dwivedi, R. and Pradhan, J., 2015).

(1.6.2)Health conditions among elderly:

According to World Health Organization report on International Classification of Functioning, Disability and Health (ICF), old people establish one of the weakest gatherings, who have more possibilities of creating constant sickness, diseases, and resulting incapacities. According to population reference bureau in 2012 reported that, the maturing of India's populace will prompt expansions in the preva¬lence of persistent conditions like diabetes and hypertension and almost one-half (45 percent) of India's illness trouble is projected to be borne by more established grown-ups in 2030, when the populace age bunches with significant degrees of ongoing conditions will address a lot more noteworthy portion of the complete populace. Pilot period of the Longitudinal Aging Study in India showed that thirteen percent of more established Indians have some sort of inability that affects something like one action of everyday living. Anantharaman (1990) investigated the factors associated optimism in one’s physical health. The study revealed that elderly who were proficient and post alumni training and has a place with upper social class; they were found active and good health condition.

Raju (2011) indicated in late life individuals turns out to be essentially powerless against constant infections, actual handicaps and mental insufficiencies. As age increments, because of decreasing physiological conditions, body turns out to be more inclined to sickness. It is numerous and ongoing in nature. Pervasiveness of ongoing sicknesses is joint pain, ailment, heart issues and hypertension.

Banjare, P., Dwivedi, R. & Pradhan, J. (2015) conducted study on factors associated with life satisfaction amongst the rural old age in Odisha. This review was cross sectional study among 310 respondents. The point was evaluating the changed impact of different financial, segment, ailments, social help and impacts of multi-dismalness on life fulfillment. Analyst found outcome that intellectual wellbeing was most compelling component in decide life fulfillment among both lady and men old. Additionally found outcome that old who are living alone and have any handicap and had low score of exercises of day by day living (ADL) have likewise detailed lower seen life fulfillment for all kinds of people old.

Dhargave & Sendhilkumar (2016) published their work on pervasiveness of hazard factors for falls among old individuals residing in long haul care homes. Test was 163 older people matured 60-95 years. Scientist observed that greater part of old were critical related with history of falls, helpless vision, utilization of different meds, constant infections, utilization of strolling helps, dizziness, and equilibrium issues and ladies had a higher danger of falls than men.

(1.6.3) Living arrangement and economic condition:

The living arrangements of older persons play a key role in their use and informal care, as well as in their health and well-being.

In Indian traditional family settings, the relationship is oftentimes assumed symbiotic and reciprocal with the elderly “dispensing their acquired experience, wisdom and thoughts, distributing their wealth and belongings, and maintaining family harmony” (Raju, 2002).

Irudaya Ranjan & kumar, (2003) explained in study that the importance of living arrangements may be summarized by the observation where “living arrangement becomes an important and integral part of the overall wellbeing of the elderly and provides actual support available to them”.

Jayshree (2004) studied living arrangements and exchange patterns of old on 100 resigned male respondents having a place with big league salary bunch classification. A great many people lived with life partner and unmarried youngsters. The vast majority of the old offer their

concerns and satisfaction with companion. They had contacts with non-occupant youngsters and regularly got monetary assistance from them. They oversaw accounts themselves and were not absolutely subject to kids. But the knowledge of the elderly is fast becoming redundant because of increasingly modernization, industrialization, and growth of individualism, with rampant poverty and insufficient family income. The quality of their care and support dependent on economic condition of family (Alam, 2006) and elderly existence and wellbeing within family dependent on familial dynamics (Liebig,2008).

Siva Raju, (2011), observed in his study that "many facets of the generation gap contribute to marginalization of older persons and their wisdom by the younger generation, leading to conflicts, lack of respect and decline of authority, neglect and sometimes even exploitation or abuse"

In India, living plan might be characterized in six totally unrelated gatherings living alone; living with companion just; living with mate and adult children; living inside a multigenerational setting with mate, adult children, and youthful grandchildren; multigenerational living with life partner, adult children, and others (e.g., nephew/kin, workers, and different family members) however with no youthful grandkids; and living with others incorporating those living with different family members. In light of above residing courses of action and the information got from India Human Development Survey (IHDS) 2004-2005, it is accounted for that while 75% of the old live with their life partner as well as other relatives, and surmised 22% living with non-familial individuals, and just a simple two percent living alone (Samanta, et al., 2014).

Samanta, T., Chen, F., &Vanneman, R. (2015) researched the relationship between multigenerational family setting and strength of more established grown-ups in India. Results found that more seasoned grown-up residing in multigenerational families have the most reduced levels level of disease and on other hand who live with their companion, grown-up kids, and youthful grandkids, have most noteworthy wellbeing gains and extra decreases when they live with just mate. Great wellbeing is additionally demonstrated to be related with family riches, sexual orientation, family size, and metropolitan home.

(1.6.4) Elderly living in Family structure:

The elderly and parental figure would rather that they be dealt with inside the family both in developing and developed countries.

Kitazawa (1986) indicated in his study that “women must live through old age three times in her life. She has to take care of her or her husband's parents in their old age, of her husband in his old age and finally of herself in her old age”. Women are more engaged in taking care longer period of time as comparison men.

Walker (1992) found that in Britain the extent of seriously debilitated old being minded by family or relative's home settings and multiple times the extent in all the wellbeing and social administrations foundations set up and close to four-fifth of the befuddled and unbalanced older were really focused on in the private families and much of the time ladies who shoulder the fundamental weight of really focusing on the old.

Indian women are quickly seeking after proficient professions for self-satisfaction just as joining the occupation out of financial necessities. Additionally observed that with restricted assistance from the men in the family, accordingly care for older add fundamentally to her responsibility. In India, accurate extent and nature of misuse is as yet ignorant (Vaswani (1996).

Chokkanathan and Lee (2005) directed review on senior abuse in metropolitan India. This review depended on local area and tracked down that 14% among old confronted abuse in metropolitan setting in India.

A review (Sebastian and Sekher, 2010) recognized that female old, particularly widows, those in the most seasoned advanced age (80 or more), and the truly incapable to move, are more helpless against maltreatment than others.

Senior maltreatment and disregard are continuously more recognize as a social issue (Acierno et al., 2010) and India is no special case. In India, the obligations of really focusing on the older are borne by close family (Gupta, 2009). In spite of the fact that, there is an overall discernment about the abuse executed on more established grown-ups (Cooper et al., 2008; Newman, 2006), The overall view of among populace that families are the most secure spot for the matured in India yet it has been addressed by miniature level examinations lately (Chokkanathan and Lee, 2005; Selwood, Cooper, and Livingston, 2007; Srinivasan, 2009; Berkman et al 2012).

1.6.5 Elderly living in an institution:

In India, systematization of the old is a new peculiarity and don't really can keep an ethnocentric standpoint with respect to family mind of older folks. Because of changing social construction, numerous more seasoned grown-ups are picking to spend their pre-winter a very long time in substitute choice residing game plans, for example, advanced age homes, adult day care center.

A few investigations have discovered that organized and geriatric more seasoned individuals are poor in change when contrasted with non-non-systematized individuals. The perspective on more youthful age just as the older themselves towards the regulation of the old negatively, because of a profound custom in our general public that it is the obligation of the youngsters and family to care for the old (Ramamurti and Jamuna, 1993). According to Nair (1995), “old age home is not new in India as there were such facilities to care for destitute older adults as far back as the 18th century”.

Nalini (1996) revealed that the choice of the type of service depended on the paying capacity of the inmates.

Rajan and Kumar (2003), explored differentiate between “support given to the elderly” and “taking care of the elderly”. While support given to the older is characterized as only giving monetary guide, and "dealing with the old" incorporates the expansion of everyday encouragement and prosperity as regularly given by relatives or by those with whom the old co-lives. Additionally, scientist saw that regardless of a larger part of older inclination for living with youngsters or different family members.

Kalavar and Jamuna (2008), literature on the interpersonal connections of old in selected OAHs, intergenerational conflict and psychological abuse within the family are cited as some of the reasons for relocation into an old age home. According to their literature, family conflict is the reason for the decision to live outside family settings. It may be voluntary or involuntary. The idea of "pay and stay" homes that cater essentially to working class more established grown-ups and reasonable just for working class or higher pay families they are being looked for by numerous more seasoned grown-ups as a feasible option in contrast to an existence of feeling underestimated and separated against.

Besides this they are moving into old age homes gradually becoming an alternate living arrangement for the elderly to ensure that they receive adequate care. The same analysis is imitated in the studies, which was undertaken in old age homes in Maharashtra (Dandekar,1993), and Lucknow (Gupta, et al.,2014) where the prominent reason for voluntary relocation into old age homes is lack of care and support in their home. However, in India where traditional extended family system is still the preferred living arrangement for the elderly, OAHs and institutionalized care of the aged is fast becoming popular. In addition family conflict, various other factors for example, age, sex, conjugal status, religion and rank, family size and design, level of instruction, financial status, medical issue, connection example of the general public, area of the family, accessibility of administrations, just as the physical and mental prosperity of

the old might impact their living game plan (Ahmad & Das, 2011; Jadhav, et al., 2013; Golandaj, et al., 2013).

(1.6.6) Social support:

Cobb (1976) portrayed social help as "the singular conviction that one is really focused on and cherished, regarded and esteemed, and has a place with an organization of correspondence and common commitments". As per Mindful, (2008) clarified as the apparent help or accessibility of individuals whom the singular trusts and who cause one to feel really focused on and esteemed personally. Elizabeth Scoott, M.S (2014) defined four types of Social Support.

Emotional Support: : Emotional Support includes actual solace, for example, embraces or gestures of congratulations, just as tuning in and identifying. With daily encouragement, a companion or life partner may give you a major embrace and pay attention to your concerns, telling you that they have felt the same way, as well.

Esteem Support: Esteem social help is uncovered as certainty or consolation. Somebody offering regard backing may bring up the qualities you're failing to remember you have, or quite recently let you in on that they have faith in you, for example, life mentors and numerous specialists offer this kind of help to tell their customers that they put stock in them; this regularly prompts customers having confidence in themselves more.

Instructive Support: Informational help as guidance giving, or in get-together and sharing data.

Tangible Support: Tangible help might characterize as taking responsibilities regarding another person so they can manage an issue, for example, somebody who offers you substantial help might help you for supper when you're feeling debilitated, assist you with conceptualizing arrangements (rather than letting you know what you ought to do, similarly as with instructive help).

A study was conduct by khan and Antonucci (1980), to comprehend the caravans over the existence course: Attachment, jobs, and social help. It was one of soonest study to zero in on relational connections from a day to day existence course point of view. In this review, focal suggestion was that “social support is important to individual well-being throughout the life course both for its direct effects as well as capacity to moderate the effects of stress. The importance of emotional and instrumental support within older adults’ social networks is extensively documented”. In same review, foster the idea of escorts and clarified as a being dynamic and long lasting in nature. In any case, misfortunes and gains in escorts might be

identified with death of companion, debilitated or reinforced intergenerational ties, job changes, change in settings, and so on.

Dean, Kolody, and Wood (1990) published their work on comparing the effectiveness of four sources of social support: friends, children, family, and spouses. It was found that highest social support received by spouse and friends as compare than children and other relatives had very little effect on the depressive symptoms of the elderly. The researcher also indicated in same study that if the survey were conducted only elderly individuals with some chronic illness or physical impairment, then result found quite differently. Often in cases of sickness, family and children that will step in to care for older adults before another elderly friend.

Glass, T.A. and Balfour, J.L. (2003) found in research with respect to the variables of the older individuals' QOL and wellbeing, it was shown that the local elements, natural maintaining and interpersonal organization were connected to their wellbeing. Collaborations with companions are more vital to the mental prosperity of grown-ups than relatives (Pinquart and Sorenson, 2000).

Social emotionally supportive networks emphatically affect the existence fulfillment of older, for example, religion, schooling, marriage, occupation, dynamic day to day routine status, living course of action, diet, transportation, family support and daily encouragement likewise have (Krause N. 2004).

Deri. (2005), found in their study in Canada that interpersonal organizations impact medical care use through two fundamental channels—sharing of data and normal practices.

Kudo, Y., and Saeki, K. (2013) published their study on reasons for the Creation of New Social Networks by the Elderly after Relocation. The study was reveled result that the older individuals who live with their family, will quite often look for adjoining informal communities to lighten a feeling of separation, to partake in their lives, and to work on their Quality of life and surrender an instrumental help to their families.

A study reveals result that health promoting intervention had a positive impact on social support and healthy lifestyle (Foroushani et al. 2014).

A study was conducted by Minhatetal (2014) findings of the study suggested that elderly were involved in social and cognitive work during their leisure. Also found in same study that elderly received higher social help from family settings and social help from companions was principle and most grounded foreseeing factor for recreation interest among them. Consequently, the

review shows the necessities to underline and zero in on informal organization between old in intercession program and exercises to foster dynamic and solid maturing.

Maheswara and Suresh K (2019) was directed concentrate in Ranga Reddy Dist. of Telangana State India among local area homes. The point was this review to analyze the social help and sadness among local area abiding old. Discoveries feature that negative co connection among sorrow and social help. It shows that the high friendly help less sorrow and low friendly help high melancholy among local area abiding old.

(1.6.7.1)Hope theory:

Snyder portrayed hope theory depends on the understanding that individual' activities are objective coordinated. Besides, likewise disclosed that the capacity to achieve objectives depends on two sorts of perceptions: agency thinking (considerations regarding how to achieve those objectives) and pathway thinking (the motivation to achieve those objectives) (Fallucca, B. 2018). At the point when people can't discover their approaches to arrive at objectives, yet they are spurred, that is considered as "agentic thought". In any case, when an individual can recognize the pathway to accomplish an ideal objective yet doesn't have the conviction that they can accomplish or support this objective, this is thought of "pathway thought" (Juntunen and Wettersten, 2006). Similarly, Hope hypothesis likewise centered around the effect of the criticism circle on degree of expectation (Snyder, 1995).

Goals: Synder's hope theory depended on the understanding that singular activities are objective coordinated. Destinations may differentiate from short to long haul, goals ought to be of a moderate importance to take up perceptive thought and be adequately pursued. Objectives might be visual, virtual and can be a mix, all things considered (Fallucca, B., 2018; Snyder, 2002). As indicated by Chang and DeSimone, (2001), Important hypothesis and head of this hypothesis proposes objective fulfillment is emphatically aligned with more elevated levels of agentic and pathway thinking, and results in more noteworthy mental change.

Pathways thinking: At the point when people should be see themselves as having the option to make sensible courses to the objective, this is considered as pathways thinking (Snyder, Rand, Sigmon, 2005). That need is the ability for the person to make no less than one plausible course to accomplish wanted objective. People are thoroughly examined high-trust people when they can make various pathways to their ideal objective, and subsequently are bound to accomplish it (Fallucca, B., 2018; Irving, Snyder, Crowson, 1998).

Agency Thinking: This is considered as a persuasive part since it is the clear limit one holds to utilize their molded pathways to accomplish their objective. In organization thinking includes both the commencement and finish of the pathway to accomplish one's objective. Accordingly, people who have high expectation use office thinking when confronting obstructions and can be proper elective pathways (Fallucca, B., 2018; Snyder et al., 2005).

(1.6.7.2) Hope and Emotional Functioning in Elderly:

Various investigations looking at personal satisfaction in more seasoned grown-ups and have discovered a connection between objective guided direct and proactive organizing cycles to additional created prosperity and sensation of success (Fallucca, B. 2018). Similarly, Duggleby et al., (2007) found in concentrate on that the presence of confidence in older has connected between sure mental and actual wellbeing. Also, the presence of more noteworthy degree of cheerfulness gives off an impression of being connected to objective coordinated arranging conduct (Sutherland et al., 2016).

As per Fallucca, B., (2018) more significant levels of expectation might be utilized as supports against gloom and more exploration is required on the development of expectation and enthusiastic working for the older adult population.

(1.6.8) Origin of Elder abuse:

First time elder abuse term was characterized as a “Granny battering” and the abuse of elderly people was described in British scientific journals in1975 (Baker 1975, Burston 1977). Traced in Australia late 1980, elder people are abuse and neglect by family members. it is as of late that the subject of senior maltreatment has acquired significance and centered, and he expresses that the first review revealed in quite a while by O'Malley. It was study via mail and 1,000 clinical work force, social help experts and paraprofessionals announced 183 instances of old maltreatment. In this study discovered that 75% of announced casualty lived with the victimizer and more than a lot of the revealed casualty lived with relative. Viciousness against old, this space of exploration examination happened to public interest a lot later than different sorts of savagery. It was begun at start of nineties century. The principal broad exploration was directed in America at Boston by K.A. Pillemer (referred to in Filkenhor, 1988). They tracked down that 3.2 percent of the overviewed experienced carelessness, psychical or actual maltreatment, however in this exploration some constraint; they didn't really look at expansion of material maltreatment. After four years, the Canadian examination incorporated the material maltreatment into their exploration and delighted that material maltreatment was most common sort of maltreatment of

the old (Podnieks, 1992).USA in 1996, as per the public review on savagery and maltreatment of the older dependent on the cases enlisted with the skillful organizations, the creators observed that with regards to a large portion of 1,000,000 of old individuals age of 60 or more ignored or mishandled in a family setting (NEAIS, 1998). Also presumed that there was 1:5 ratio registered and non-registered abuse cases. Furthermore, National Centre of Elder Abuse (2003) found that 84% abuses are not registered.

As indicated by World Health Organization (WHO) in 2002: a solitary or rehashed act or absence of suitable activity happening inside any relationship where there is an assumption for treat, which makes mischief or pain a more established individual. Albeit the degree of senior abuse is obscure, its social and moral importance is self-evident.

Elderly abuse has been portrayed as deliberate activities that cause hurt or a danger of damage or as a guardian's inability to fulfil the fundamental necessities and safe day to day environments of old. It incorporates actual maltreatment, mental maltreatment, carelessness, material double-dealing, and sexual maltreatment **(**Cohen et al., 2006).

Most frequent form of elder abuse has been reported as financial abuse and main abusers are son or daughter in law (Brill1999; Cripps 2001; Faye & Sellick 2003; James &Graycar 2000).

Lahe, D. (2011), Conducted research on abuse and violence against the elderly in family settings at Maribor, Slovenia. The sample was 300 individual 65 years of age and above. The result found that physical and sexual viciousness and misuse was accounted for by old, who resided in family with their accomplice, while actual brutality was available in the event of old who lived with family members. Material maltreatment and savagery was available in the pads where older resided alone in the two cases male just as ladies old.

In current circumstance, another inclination has been seemed to send older at advanced age homes with a discernment that they will have organization of individuals of comparable age, and it diminishes the weight just as liabilities of youngsters. In light of WHO/International Network for the Prevention of Elderly Abuse more established people (2008), old maltreatment has been ordered into three general classes:

1. Neglect, including isolation, abandonment, and social exclusion.
2. Violation of human, legal and medical rights.
3. Deprivation of choices, decision, status, finances, and respect.

5:7.1 Theoretical framework of elder abuse:

Elder abuse was debatable topic in early period of research, instructions to characterize, elder abuse and which sort of conduct to remember for the definition. At first domestic abuse maltreatment, like wrongdoing by outsiders, age segregation, and inability to really focus on oneself (self-disregard) didn't part of senior maltreatment definition. Over the previous decade, assent has emerged about the incorporation of five significant sorts of senior maltreatment; actual maltreatment, acts did with eagerly to make actual injury or damage the body; mental maltreatment or obnoxious attack, characterized as acts did fully intent on causing enthusiastic torment or injury; sexual maltreatment, characterized as non-consensual sexual contact of any sort; monetary double-dealing, including the misappropriation of a more established individual's cash or property; and disregard, or the disappointment of an assigned guardian to address the issues of a ward more seasoned individual (Laumann EO, et al., 2008).

There are many theories to describe elder abuse. These included situational theory, ecological theory, and psychopathology of the abuse theory, social learning and intergenerational abuse theory, symbolic interaction theory, exchange theory, domestic violence theory, Marxist theory, postmodernism theory. Phelan (2013) elaborate that elder abuse theories generally drive from three disciplinary schools of thought: sociological theories, psychological theories, and social psychological theories. These confirm the difficulty involved in explaining the theory of elder abuse. Because of this, there is no single theory that explains all dynamics that enclose elder abuse. Although all theories may be classified into micro and macro levels theories. Micro level theories are situational and psychopathology of the abuser. These theories describe elder abuse by two individuals namely the abuse and the perpetrator (Callaghan 1988; Sinclair 2005). Ecological theory explains elder abuse by looking at micro, meso and macro levels simultaneously. Marxist and unfreedom theories fall under the macro level theories. These theories explained attributes of elder abuse to injustice that exist at macro structural levels and its influence at micro level.

In this thesis focused on mainly two type theories for go in depth in trying to think about the possible explanations of elder abuse.

Situational theory:

it is the earliest theories developed to explain elder abuse. The basic principle of this theory that as stress connected with certain situational and structural factors Situational factors that lead to elder abuse such as elder people’s related factor, care giver related factors and structural factors. Firstly, Elder people’s related factor: these include factor like physical and emotional dependency on the care givers, poor health, and impaired mental status. Secondly, structural

factors; include factors such as social isolation and economic strains among elderly. Third, care giver related factors; like life crisis or exhaustion with care giving, substance use, problems and previous socialization experiences (Phelan 2013).

Ecological theory:

Ecological theory was first introduced in the 1970s to explain child abuse and youth violence. This theory explores the relationship between individual and contextual factors and also consider as the as the product of multiple levels of influence on behaviour. According to this theory, there is no single factor that explains elder abuse. Rather, elder abuse is the result of the complex interplay of individual, relationship, social, cultural, and environmental factors (Phelan 2013). It clarifies senior maltreatment in four levels: individual, relationship, local area, and cultural level. Individual level distinguished as natural and individual factors that singular brings to his/her conduct. These elements: incorporate impulsivity, low instructive achievement, substance misuse and earlier history of hostility (Lawton &Nahemow 1973; Teaster 2013). For example, study conducted by WHO (2002) this may lead to poor relationships with other members of society and if not corrected can fuel elder abuse.

Ecological theory describes the third level as the community contexts in which elder abuse take place. That is tries to recognize the traits of the settings that are contributes as being casualty or culprits of brutality. Community's factors may be cause of risk factors for elder abuse. These elements incorporates; exceptionally thickness populace region, significant degree of private versatility, profoundly different populace with less friendly 'stick'. Further contends this hypothesis that networks ascribed by issues, for example, drug dealing, significant degrees of joblessness, undeniable degrees of destitution, broad social detachment (Lawton &Nahemow 1973; Bronfenbrenner & Morris 2006; Greenfield 2012).

Fourth level of the ecological theory clarified the bigger cultural variables. The cultural elements: incorporate social standards that standards settle in male strength over ladies and kids principles that give need to parental advantages over youngster government help and standards which are support political struggle (Phelan 2013).

However, all above explanation, other scholars characterized elder abuse to the changes that have taken place in many societies. They argue that many other factors or changes may be cause of elder abuse such as demographic changes, increasing mobility and changing family structure. Industrialisation is also major factor that is eroding family setups, frequently bringing about material and inner difficulty for the older. These changes generate fertile grounds for elder abuse (Cliquet 1998; Grundy 1999; Nhongo 2008; Phelan 2013; WHO 2015).

To summarize this section of the possible explanations of theories of elder abuse and factors which are responsible for elder abuse in societies, all theories and previous studies reviewed have provided useful insights for understand about possible causes of elder abuse. However, it is also clear that several gaps exist in all theories and studies. This is because the dynamics surrounding each type of abuse may be different from any other types of abuse. (Anetzberger, 2012).

(1.6.8.2) Indian Studies based on Elderly abuse:

As earlier, Mahajan (1987) studied on problems of the aged in Unorganized Sector in Haryana. He was taken 749 sample, of which 369 were men elderly and 380 were women elderly. He found that most of them 530 (70.7 percent) were abandoned to support for them and two hundred nineteen (29.5 percent) had some help from their family members. When further probed that 68 percent of these 219 dependent elderlies accepted that there were abused and rest of them 18 percent did not give any response. Mahajan stated that "older relative's failure to work, monetary reliance, and breaking down actual wellbeing were the fundamental troublemakers of abuse and maltreatment by their family."Madhurima (1989) conducted a study on Institutional Care of the Elderly an Old Age Home at Chandigarh. She concentrated on 10 cases and observed that financial reliance of the kinsfolk on the older was significant reason prompted their provocation in five cases. The researcher presumed that reliance of the victimizer on the casualty likewise had a significant part in elder abuse.

Shah, Veedon and Vasi (1995)**,** led study on elder abuse in India and clarified the types of senior maltreatment and nature of misuse yet factual information, have not been given by them. They have expressed that among the manhandled older portion of them experience more than one type of maltreatment at same time inside the family. Women elderly experienced more abuse than male and weaker gathering.

With regards to India, Elder abuse has recognized critical voice over the most recent twenty years.Jamuna (1995), indicated the condition of elder abuse in context of Indian cultural. The review done by Raju (1996) demonstrated that the more established people experiencing wretchedness, chronic frailty or actual weaknesses were more in danger of being manhandled than those of comparable age and ordinary wellbeing status. Many factors like weakness, reliance on relatives, absence of room in house and disposition, impression of parental figures, age hole order in delivering oppressive conduct from relatives. As change in friendly construction in India, intently sew family design of Indian has additionally been changed in family unit because of financial upheaval. Prior few decades, in India older were regarded as

archives of acquired insight, good, experienced and leaders in joint family. In any case, proof shows that such archives are not generally viewed as huge in social orders. As result elderly folks are defenseless, disregarded with some abuse as far as arrangement of money and wellbeing. Along these lines, Elders are confronted mental, physical and geriatric issues. As per Deswal (2011) older maltreatment is a purposeful careless demonstration by a relative or guardian or whatever other individual that makes hurt or a genuine danger of damage an old individual. The deficiency of regard and significance is developing essentially among older prompting dejection and mentally discouraged. The predominant examples of senior maltreatment remember fundamentally mental maltreatment for terms of obnoxious attacks, dangers and dread of segregation, actual savagery and monetary abuse. The wellbeing profile of the old casualties shows that an individual experiencing physical or mental debilitation and ward on the overseers for a large portion of their everyday needs is probably going to be the survivor of senior maltreatment (Raju, 2011).

Even today, elder abuse is serious problem in societies but until it was unseen from the community view and no one talk about open within societies. Therefore, elder abuse continues to be a forbidden and treat as a private matter. Elder abuse predominantly underestimated and mistreated by societies across the world. Giving consideration to the matured has never been an issue in India where a worth based joint family framework was predominant. Be that as it may, joint family including older as the main individuals was the primate situation in Indian families. With the developing pattern towards family unit set-up, the weakness of old is significantly expanding (Sebastian and Sekher, 2011).

In India, recently a study did by Help Age India (2018) in 23 cities and 5014 elders were interview. Results found that approx. 25 percent elders accepted that they have been experienced elder abuse and no significant difference between male elderly and female elderly. Further results were found that the frequent form of abuse fifty six percent disrespect, forty-nine percent verbal abuse and thirty-three percent neglect. Son (52 percent) was main abusers followed by daughter-in-law (34 percent). Apart from this 82 percent of elderly did not report due to sustain confidentiality of the family issues and did not aware how to deal with problem. They develop old the more they need consideration and love from the family (Yatish and Bhargava, 2014).

(1.6.8.3) Factors associated with the elder abuse:

Several researches has shown different contributory variables that expansion to senior maltreatment like utilitarian reliance, poor actual wellbeing, cogitative impedance, poor

psychological wellness, low pay, sexual orientation, relationship nature, social support, living arrangement, marital status, societal attitude towards elderly, social and cultural norms, substance use, abuser dependency as well as race and ethnicity. All factors are interconnected to each other and may lead various types of elder abuse, which can be happen in one time which is dependent on different situation and nature of victims.

Steinmetz, (1984) states that pressure is central point adding to the maltreatment of the old. Significant stressors are the point at which the old is reliant upon the kid as enthusiastic, monetary, physical and mental help coming about that what is alluded to as "generationally reverse families". The alter in the job from being minded by guardians, to that of being the parental figure of one's parent, may fabricate sensations of outrage and tension in the two ages. On occasion conflict among guardians and youngsters stay strange for the duration of the existence cycle, toward the final product influenced the nature of care got by the old. Be that as it may, the older might be minded by their youngsters, a feeling of obligation, commitment, obligation, or responsibility instead of affection or worry for him/her. One of the extra factor, social seclusion and destitution experienced via overseers are the components that might be expands the chance of misuse (Hugman, 1994). The nature of relationship between caregiver and elderly also one of the factors that are impacted nature of care, before the requirement for care-giving emerged.

Chokkanathan& Lee (2005) have found result that low degree of social help and low embeddedness in an informal organization higher the danger of senior maltreatment. Likewise detailed that sexual orientation is one the main consideration for senior maltreatment; ladies are almost certain than men to encounter enthusiastic and monetary maltreatment. United nation and Europe studies have shown that common living plan is main consideration for senior maltreatment might be most predominant structure physical and financial abuse (Lachs, M. S. 2016).

(1.6.8.4)Elder abuse and psycho-social problems:

Elder abuse has serious consequences for individual and society including physical injuries and long-term psychological trouble. Elder abuse characterized as an activities or absence of suitable activity which can make damage or pain a more seasoned individual, happening inside any relationship where there is an assumption for trust. Senior maltreatment can affect the wellbeing and prosperity incorporates horrible injury, torment, just as melancholy, stress, and tension. It can likewise lead to amplified risk of nursing home position, hospitalization, and passing.

Psychological abuse is most prevalent behavior within society that can be harm an elder people dignity or well-being such as scaring, embarrassing.

Many investigations have shown that casualties of senior maltreatment are at the danger for constant disease just as death (Schofield MJ, et al. 2013). Effects of psychological abuse have been well documented that includes increases rates of hopelessness, nervousness, and other harmful outcome (Dong X, et.al. 2013) and same results found in some other studies also.

Rana et.al. (2016) was examined on abuse and violence against the elderly who were residing in Haryana. The result indicated that elderly abuse, neglect, and violence, have penetrated in Indian families. The study also found result that however, the policy makers and the governments think that strengthening the economic condition can bring the lost dignity of elderly, but results were different, the respondent feel other way. They feel that government cannot understand the position of elderly, but young generation needs to understand the position of elderly. So, elderly believe that they must pass their remaining life without any change in the attitude. In this study researcher reached in conclusion that the society needs to be understand and prepared to accept the responsibility of elderly and take care them. Young generation should realize and recognize the role of their parents and requires a change in attitudes not legislation.

CHAPTER-2

METHODOLOGY

(2) METHODOLOGY

Aging research involves multidisciplinary approach with a complementary understating of the physical and social environments in which aging occurs. For empirical research, there must be a certain methodology which will be helpful for an adequate and scientific result. The term 'methodology' refers to systematic methods or procedures which are used in whole research process to solve a particular problem and methods are the part of methodology. Methods are the tools or techniques which reused in performing research operation. The methodology of this study was involving consolidation of the critical psycho-social perspectives faced by institutionalized elderly. Amount of elderly abused was assessed through questionnaire and Ryff's well-being scale was administered to assess psychological wellbeing. Social Support Inventory (Ramamurti and Jamuna 1991) was administrated to assess psycho-social needs and Kartz index of independence in Activities of Daily Living scale was implemented to assess age related changes and health problems. Hope scale was administered to understand level of enthusiasm left with elderly population to live life happily.

(2.1)Rationale of the study

The elderly problems are rapidly are increasing in magnitude in India as well as world. The common issues faced by elderly are poverty, low income or economic dependency, inadequate living arrangements, loneliness, adjustment problem, deteriorating physical and mental health. They often feel themselves isolated and depressed as their after retirement and subsequent joblessness epitomizes absolute rejection of the individual from the society. This affects their personal wellbeing and results in serious consequences such as socio-psychological problems for the elderly in late life. Where rapid changes in social structure have wiped off traditional sources, youngsters have no time to deal with their parents since they have extremely bustling timetable and as a result of the present circumstance the elderly parents getting disregarded.

According to Rath et.al. (2010) there are four extensive areas in aging research that should be explore immediately in Indian context. This includes socioeconomic factor, support mechanism for aging, mechanisms promote elderly towards healthy and active aging process and study of age-related disorders. All should be recognized independently and supported equally also to accomplish active and healthy elderly life, must be applicable and practical ways to arrive at effective routes. Elderly has several health-related problems and their cumulative effect often serious their emotional and mental problems. They suffer from anxiety, loneliness, social

isolation, adjustment, and other psycho-social problem. Despite the increased focus on homeless population in India, there is little empirical knowledge about the characteristics, circumstances, and service needs of institutionalized elderly people. Indian older is a heterogeneous gathering requires appropriate delineation of the gathering. Elderly people are need of feasible support for their overall well-being.

In India in the context of Uttarakhand region, only not many investigations have been endeavored on the psychosocial needs, mental prosperity, and elder abuse issues. The need for such research is pressing because of recently Help Age India report (2018) elder abuse cases are rapidly high in Uttarakhand region but most of the cases unheard, unaddressed, and unreported. Variations in day to day environments should be seen with regards to different variables. Hence, the present research on "Psychosocial needs, psychological wellbeing and attitude towards the lifehope among institutionalized and non-institutionalized elderly people in Uttarakhand" to be planned.

(2.2) Aim of the study

In the present study efforts have been made to understand the psychosocial needs, psychological wellbeing, health status, elder abuse, and attitude towards the life(hope) among the elderly of different segments (age, gender). The study also explores social support for the elderly received from NGO and government, those elderly people who are institutionalized in urban areas in Uttarakhand.

(2.3) Objectives:

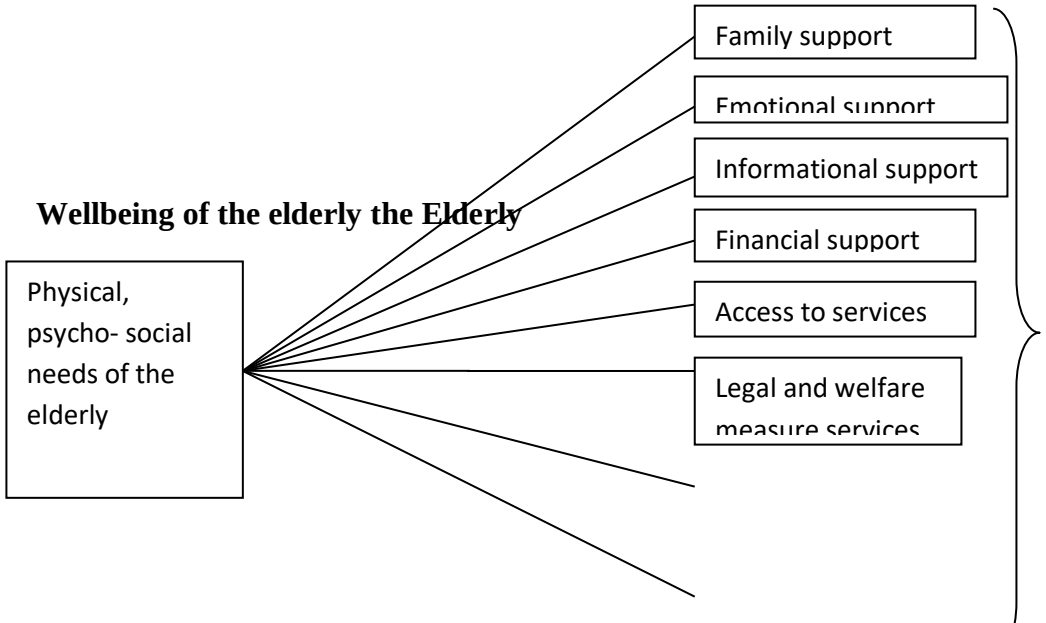
- To examine the social needs of the elderly.
- To examine the psychological wellbeing and health problems faced by the elderly and their attitude towards life.
- To explore and identify the reasons of elderly abuse.
- To make comparative analysis of institutionalized elderly and non –institutionalized elderly.
- To examine the role of state/NGO's in enhancing the socioeconomic and health status of elderly.

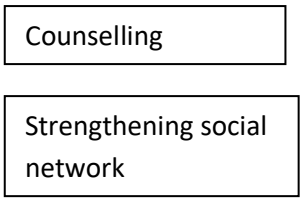
(2.4) Hypotheses:

- There will be significant difference between institutionalized elderly and non – institutionalized elderly on social needs.
- There will be a significant difference of psychological wellbeing, health problems and their attitude towards life between institutionalized elderly and non –institutionalized elderly.
- There will be significant difference of elderly abuse between institutionalized elderly and non –institutionalized elderly.
- There will be significant difference of about awareness of social support system provided by government agencies, NGO, SHG to safeguard elderly people between institutionalized elderly and non –institutionalized elderly.

Conceptual framework:

Aging has three interrelated connotations namely: biological, physical, psychological and social. Changes in one area may hasten to other. The elderly are suffering with psychological, physical, socioeconomic problems. For measuring the elderly psychosocial aspects and wellbeing, researcher was used three scales in proposed research. Social support inventory (Ramamurti& Jamuna 1991) was used to assess psycho- social aspects of elderly, assessing emotional support, family support, tangible support, informational support, and community support. In the present study views psychological wellbeing was used to assess individual wellbeing and happiness. Individuals have consistently looked to know what 'good life' involves and this great life has thusly been straightforwardly connected to both prosperity and bliss (Van Dierendonck et. al. 2008). In contrast, Activities of Daily Living scale was used to assess physical changes and health problems. Elderly wellbeing is also suffering due to changes traditional values and customs. Additionally, they are feeling neglected and socially isolated in family settings as well as institution settings also. Elder abuse would be cause of diminishing their overall wellbeing.





Conceptual framework for wellbeing of the elderly

(2.5) Operational definitions

Elderly: According to government of India adopted 'National Policy on Older Persons' in January 1999. The policy describes elderly or senior citizens as a person who is age 60 years or above. And describe "Elderly or old age consists of ages nearing or surpassing the average life span of human beings. The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies".

Psychological wellbeing:

Ryff et al. (1989 psychological wellbeing alludes to the degree to which individuals feel that they have significant command over their life and their exercises.

Psycho-social:

"Psychosocial means the influence of social factors on an individual's mind or behavior, and to the interrelation of behavioral and social factors; also, more widely, pertaining to the interrelation of mind and society in human development" (Oxford English Dictionary). Psycho-social factors are the social and psychological aspects of a individual's life which can be influence the thoughts, feelings, health, attitude, behavior, functioning and quality of life an overall well- being.

Social support:

Social support is characterized in term of informal network. Social help credits like help from family, companions, neighbors and other local area individuals. Social help is a trade of asset between no less than two people which is seen by the supplier or the beneficiary to be expected to improve the prosperity of the beneficiary. (Shumaker & Brownell, 1984). ''perceived social support' alludes to one's view of expected admittance to social help, though 'received social supports' allude to the detailed receipt of help assets during a particular time-frame. (Dunkel-Schetter & Bennett, 1990).

Institution:

Ginsberg defines institutions may be recognize and established usages governing the relationship between individuals and groups. Social institutions are set up, or normalized examples of rule administered conduct. They incorporate the family, training, religion, and financial and political establishments.(Bell, Colin and Newby, Howard, 2005). In this study institution considered as a old age home refers to an institution, where elderly came together with in a confined physical environment based on service provided by social setup and institution

Institutional Care:

Daly (2002) Institutional care may be defined as the "the activities and relations involved in caring for the ill, elderly and dependent young".

Non-institutionalized:

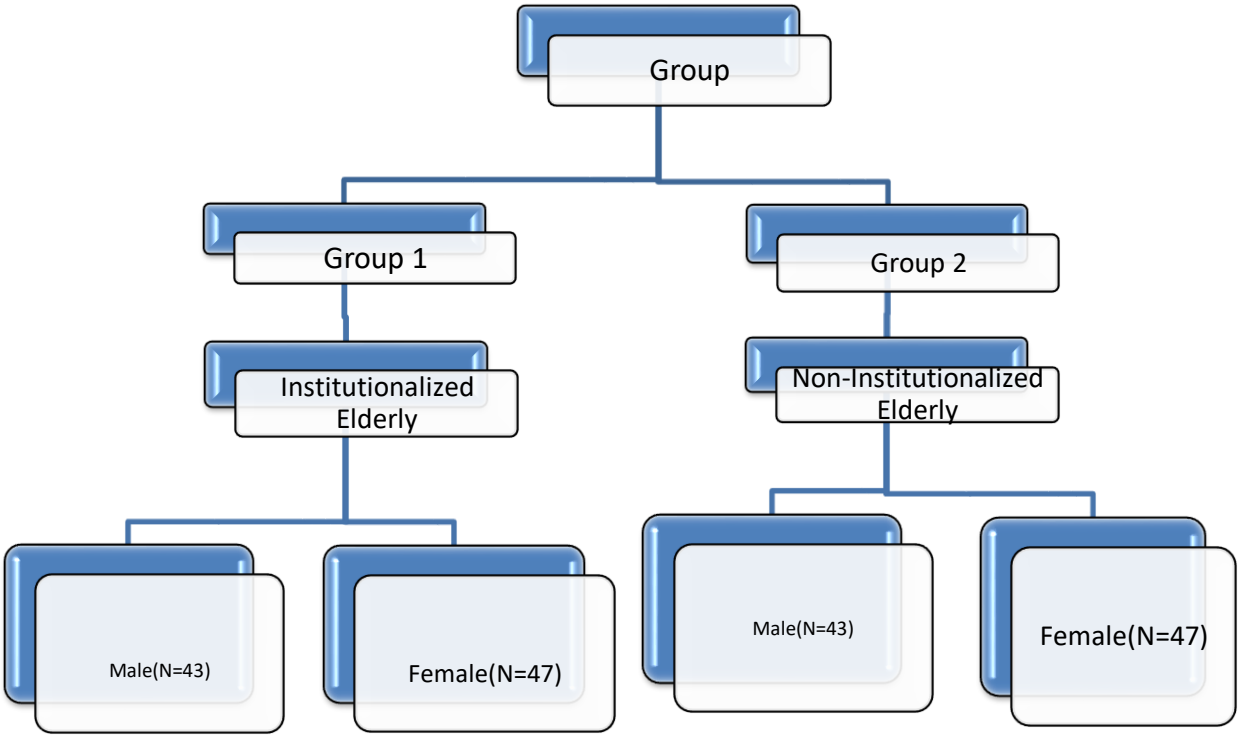
The elderly people who age 60 or above, lives in their own houses along with his/her spouse, children, and other family members and who take care of them and nurturing for healthier lives.

Hope: According to Snyder (1995) "hope theory based on the assumption that individuals' actions are goal directed".

(2.6) Research Design

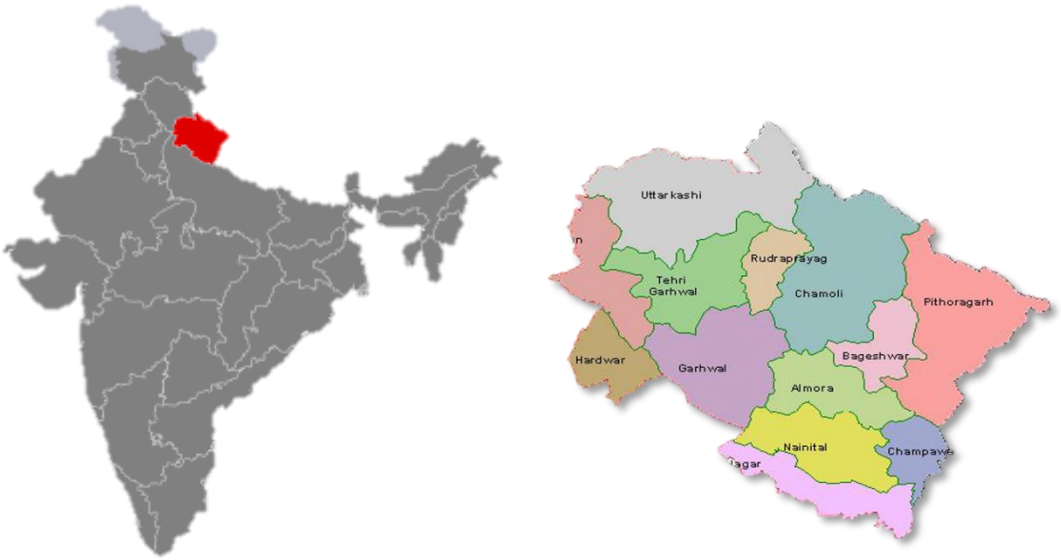
Comparative research design was used, to recognize the phenomenon related to institutionalized elderly needs and problems. This study involved consolidation of the critical psychosocial perspectives faced by institutionalized elderly and aim to improve the psychosocial wellbeing of geriatric population. The information was collected through structured interview questionnaire, to know the amount, reason, types of abuse faced by elderly.Ryff's well-being scale was administered to assess psychological wellbeing. Social Support Inventory for elderly (Ramamurti& Jamuna 1991) to assess social needs and Kartz index of independence in Activities of Daily Living scale was used to examine age related changes and health problems. Hope scale was administered to understand level of enthusiasm left with elderly population to live life

happily.


Group
Group 1
Group 2
Institutionalized Elderly
Non-Institutionalized Elderly
Male(N=43)
Female(N=47)
Male(N=43)
Female(N=47)

(2.7) Study Area:

The study is proposed to be undertaken in the select district of Uttarakhand i.e. Dehradun and Haridwar. The study was carried out to those elderly who lived at institutions (old age home) and those elderly who lived with family members.



map source: www.uttara.in - the official portal of Uttarakhand Govt.

(2.8) Inclusion criteria and Exclusion Criteria:

Following inclusion and exclusion criteria has been used for sample selection: Purposive sampling has been used with inclusion and exclusion criteria.

- The inclusion criteria for the sample were elderly who take voluntary participation in the study.
- Elderly the age of 60 years or above, who is residing at institution (old age home) or home and being able to understand Hindi or English language for Group-1 institutionalized elders.

Exclusion Criteria:

- The elderly who had an obvious speech and hearing problem.
- The elderly who had any psychiatric disorder which was confirmed by institution caretaker or family members.

(2.9) Participants:

The study consists of elderly living in Dehradun and Haridwar, district of Uttarakhand. To get the information about the elderly, the researcher approached elderly age of 60 and above, who lived at institution (old age home) and non-institution (who lived with family settings) for comparative analysis. Sample size of 180 elderly was selected for the study from institutions (old age home) and non-institutionalized (lived in family settings) and these samples were divided in two groups in the proposed research.

1- Group 1-Institutionalized elderly group

2-Group 2- Non- institutionalized elderly group

The sample which comprised of 180 elderly, 90 in each group i.e. institutionalized (lived at old age homes and non-institutionalized (lived with family settings).

(2.10)Tools:

- **Socio-demographic and background study:** In the context of objectives pertaining to socio-demographic, economic and living arrangements aspects of the study, the researcher prepared interview questionnaire to obtain the information regarding the socio-demographic, included age, sex, religion, marital status, education, living

arrangements, details of family, occupation, and income sources. The socio-demographic questionnaire was tested in pilot study to check, its accuracy.

- **Kartz index of independence in Activities of Daily Living scale (ADL):** In later existence of old, changes in the practical status of more seasoned grown-ups are normal, have many causes; it very well may be result from a verity of sicknesses. The Katz Index of Independence in Activities of Daily Living (ordinarily referred to as the Katz file or the Katz ADL) is an instrument for surveying a more seasoned grown-up's benchmark capacity like wash, dress, utilize the latrine, move, stay mainland, and feed her-or himself. The Katz ADL is the most appropriate instrument to evaluate practical status as an estimation of the singular's capacity to perform exercises of day by day living freely. The Index positions capability of execution in the six elements of washing, dressing, toileting, moving, self-control, and taking care of Individuals are scored yes/no for independence in all of the six limits. A score of 6 exhibits full limit and 4 shows moderate weakness, and 2 or less shows genuine utilitarian impedance. The Katz list has shown great dependability, as confirmed by unwavering quality coefficients going from 0.87 to 0.94(Ciesla JR, et al. 1993). It was utilized to survey age related changes and medical issues among old. The scale is reliable with Cronbach Alpha Coefficient score of 0.91.

- **Ryff'swellbeing scale:** The final scale of psychological wellbeing was proposed by Carol D. Ryff's scale consists of six factors (Ryff, 1989c). The scale comprises of 42 items (7 things for every scale) among 22 items are positive and 20 items are negative. This scale comprises of 1 to 6 reactions with 1 demonstrates solid conflict and 6 shows solid arrangements. In the scale, up-sides items are scored as 1,2,3,4,5,6 and negative items are 6,5,4,3,2,1 separately. Response choices ranged from 1 to 6 (strongly disagree, moderately disagree, slightly disagree, slightly agree, moderately agree, and strongly agree). The scale is reliable with Cronbach Alpha Coefficient score of 0.75.

Self- acceptance: To have a reasonable self-insight, including both positive and negative characteristics. Higher score shows a positive attitude towards the life and certain about previous existence. Low scorer feels disappointed with self.

Positive relations with others: The capacity to foster closeness and to show sympathy with others or warm and caring relationship with others.

Autonomy: The capacity to settle on one's own choices without endorsements of others; the capacity to gauge oneself as indicated by one's own convictions.

Environmental mastery: The capacity to manage the climate or to pick conditions, which line up with one's requirements and qualities.

Purpose in life: A feeling such one's reality has direction and meaning and having goals in life; living deliberately and with clear direction.

Personal growth: Self-development; to ceaselessly develop and create personally; running after objective one's maximum capacity.

- **Social Support Inventory (Rarnamurthi and Jamuna, 1991):** The social supports scale was developed by Ramamurti and Jamuna (1991). It was used to assess family supports, financial support, community support, legal support, and support from government towards elderly. For present study, a set of 16 representative items were selected (Ramamurti and Jamuna, 1991). Each item has a 5-pointrating scale ranging from 5 (good support) to 1 (no support). The maximum score of scales indicates greater supports on any these subscales. The inventory consists of 5 areas of social supports viz., perception of family support, financial support, tradition and custom support, community supports, health and disability support. The inventory has satisfactory test-retest reliability (Pearson Reliability Coefficient was 0.93). In the later years of individuals, meaningful supports with others serve a variety of functions. Trusted relationship and interactions with others such as family, friends, and neighbors should be significant for elderly overall wellbeing. Our feeling is very important with in society. It shows concern for you, or others care for you that contribute a great deal to the wellbeing of every individual. Additionally, in a society like ours, people seek help, solve problems, and meet needs in various ways. In promoting a sense of a wellbeing, the family, friends, neighbors, mutual helpers, co-workers, religious institutions, and other public and private agencies can provide meaningful assistance at times of need and extend a great deal to succor in old age (Rarnamurthi and Jamuna, 1991).
- **Adult Hope Scale: (Developed by Snyder et al. 1991):** In this study, the Snyder et al. (1991) Adult Hope Scale (AHS) was used. It is a 12-items scale proposed to quantify level of hope in grown-ups. The scale is split into two subscales, Agency (goal

directed energy) and pathways (planning to achieve goals).

In this scale, four of its things allude to pathways thought and four of things allude to office thinking. Finally, four items are as filler which were not included in the analysis. Members needed to react whether every one of the 12 things was valid for themselves, utilizing eight-point Likert-type scale going from "definitely false" to "definitely true". This scale sufficient inward internal reliability (alpha=.74 for absolute expectation) just as satisfactory test-retest reliability (0.78).

Elder abuse questionnaire: In this Questionnaire, have two sections. In the first section, have details of respondent and section two was described details of amounts of elder abuse, symptoms of elder abuse, frequency of elder abuse, reasons of elder abuse, impact of elder abuse, actual experience of elder abuse, types of elder abuse, impact of web based media and innovation, elder understanding of available Redressal Mechanism, seen utility of web-based media/innovation and its effect on friendly connection and comparison among elderly who lived with institution (old age home) and non-institution (who lived with family settings) .Questionnaire was found feasible and practicable for the study.

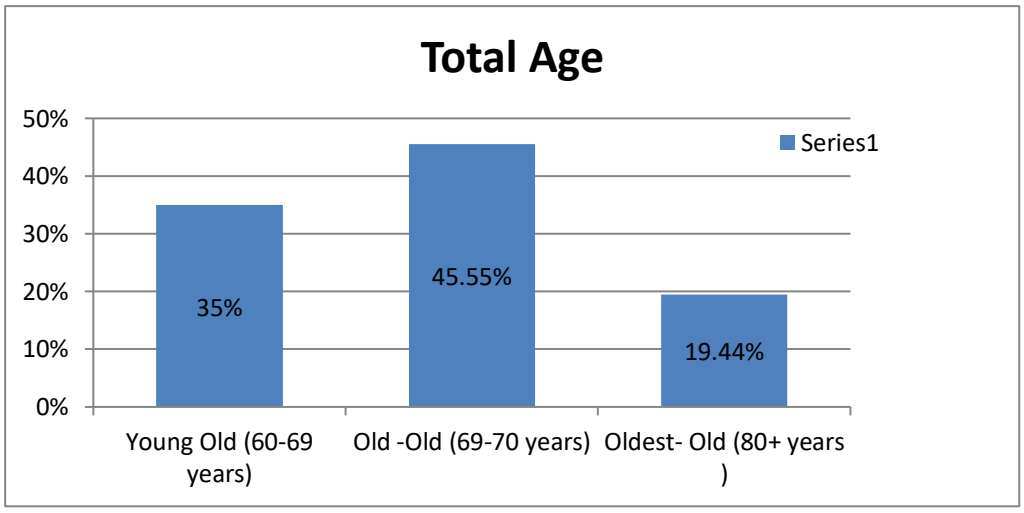
(2.11) Procedure:

The respondent of 60 years or above age were interviewed who lived in institutions (group 1 old age homes) and non-institutionalized (group 2 who lived with family members). Permission from the authority was taken before meeting with elderly for Group-1. Door to door visit and snowball method was used to find the target subjects from home settings (non-institutionalized). In a first stage, visiting schedule was planned according to preference of elderly. Before the start of interview, researcher made rapport with elderly so that they were opened to give answer without any hesitations with both groups. They respond to the questions in Hindi as well as in English or local language. These elderly were contacted individually, and the questions were administrated to them, and researcher tried to ask question away from other people's so that they feel the ease of comfort to give the response. The qualitative data which include in depth interviews with the elderly who lived at institutions as well as elderly who lived with family members for comparison of both groups. The interview questionnaire was structured. Those elderly who were illiterate or incapable were asked the questions orally and the researcher filled their desired answer for the questions. Those elderly who were educated, they were filled the questionnaires according to the instruction and assisted by researcher.

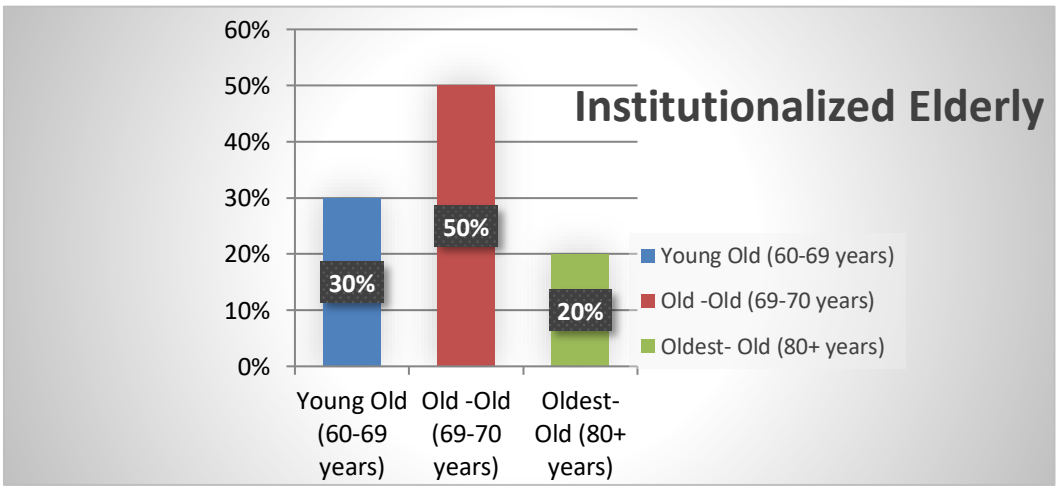
CHAPTER – 3 RESULTS AND DISCUSSION

(3.1) Socio-demographic Profile of Elderly People

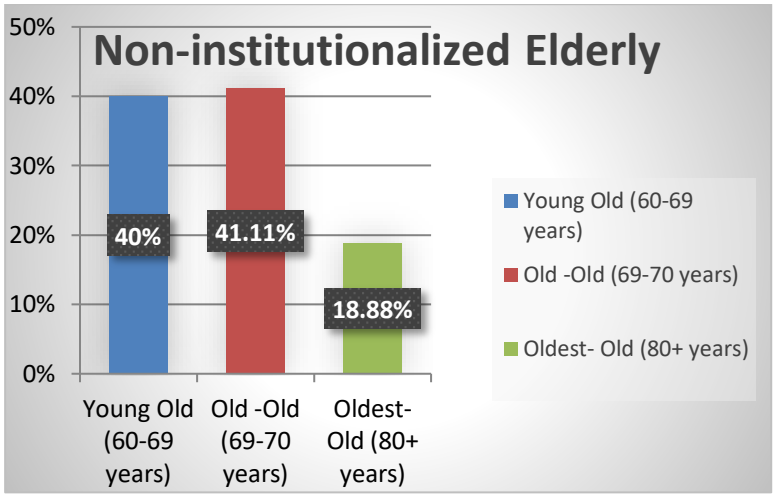
This part gives segment circumstances of the elderly and one hundred eighty elderly were drawn closer in Uttarakhand of two districts Dehradun and Haridwar for meet. As showed bar diagram 3a altogether total age distribution, the elderly populace matured 60-69 years (young-old) was 49 percent and 69-70 years old-old elderly was thirty five percent while oldest-old elderly was nineteen percent. However, institutionalized elderly population (Bar diagram 3b) was young- old elderly (60-69 years) 30 percent, old-old elderly (69-70 years aged) 50 percent and oldest-old elderly population 20 percent. As comparison to institutionalized elderly, non-institutionalized elderly population was 40 percent young-old (60-69 percent) elderly, old-old 41 percent and oldest- old (80+ years) elderly was 19 percent (Bar diagram3c).



Bar diagram: 1 Total Age distribution of Elderly:



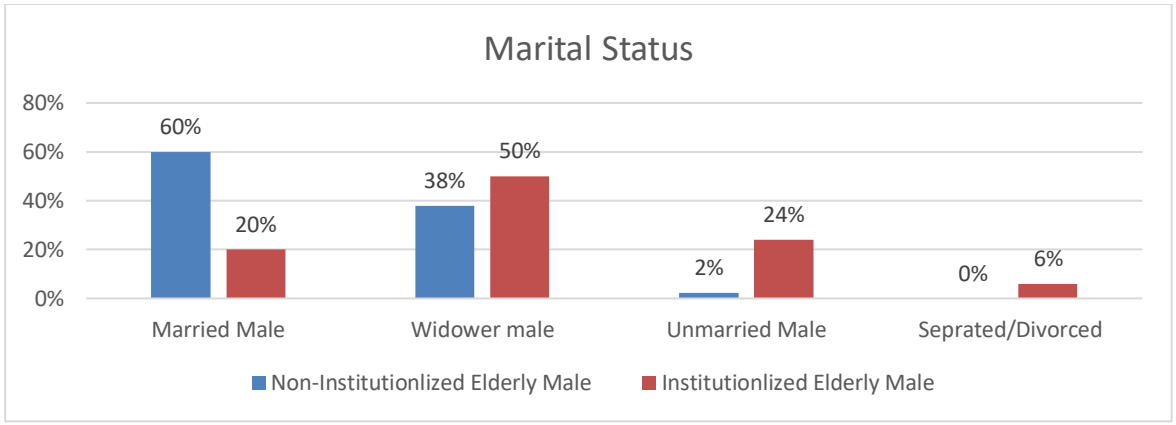
Bar diagram: 2 Age distribution institutionalized elderly



Bar diagram: 3 Age distribution non-institutionalized elderly

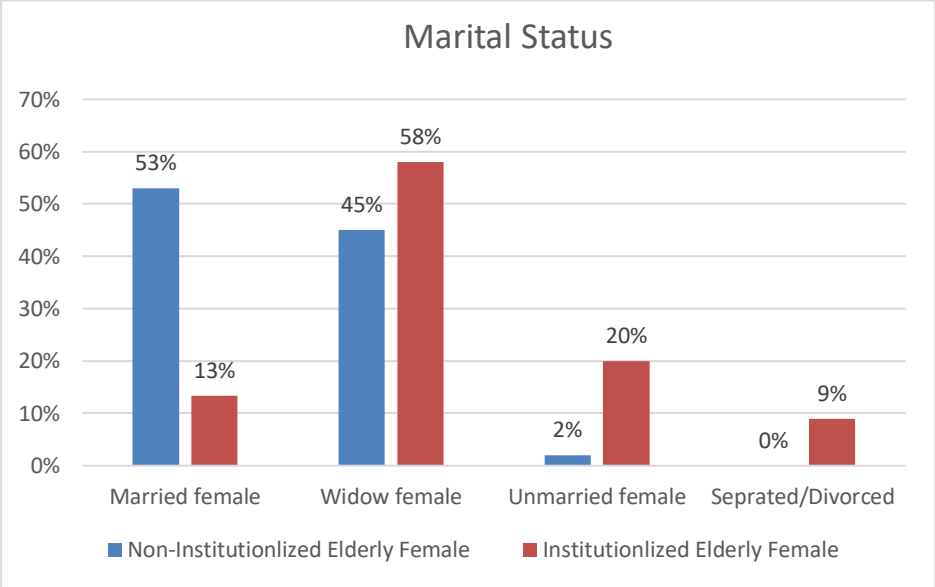
Marital Status:

Altogether, as compared to non-institutionalized married male elderly, institutionalized married male elderly is lower percent 60 percentvs.20 percent. Proportion of institutionalized widower (50percent) is high, in comparison of non-institutionalized widower (38 percent). It showed that widower elderly lived-in institutions, which have no one to take care of them and need more attention (Bar diagram 4a).



Bar diagram: 4(a) Marital status of male non-institutionalized elderly andmale institutionalized elderly

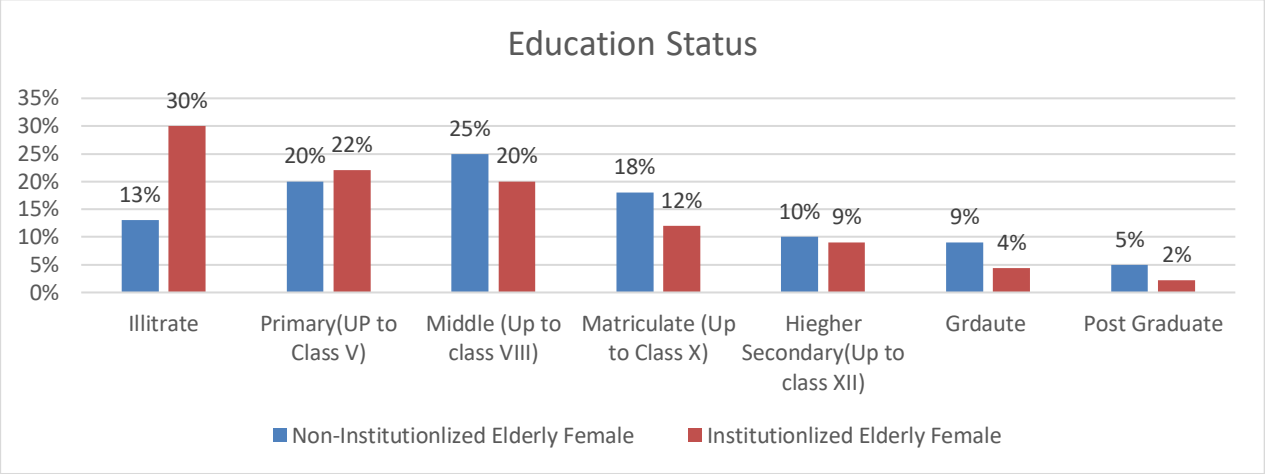
The proportion of widow or widower is high, as compared to groups, institutionalized elderly female (58percent) and non-institutionalized elderly female (45 percent) as well as institutionalized elderly male and non-institutionalized elderly male. The percent of unmarried (20percent) and separated female (9percent) elderly and male unmarried (24percent), separated (6percent) elderly are also high, who lived in institutions as compared to non-institutionalized elderly male and female elderly(Bar diagram 4b).



Bar diagram: 4(b) Marital status of female non-institutionalized elderly and female institutionalized elderly

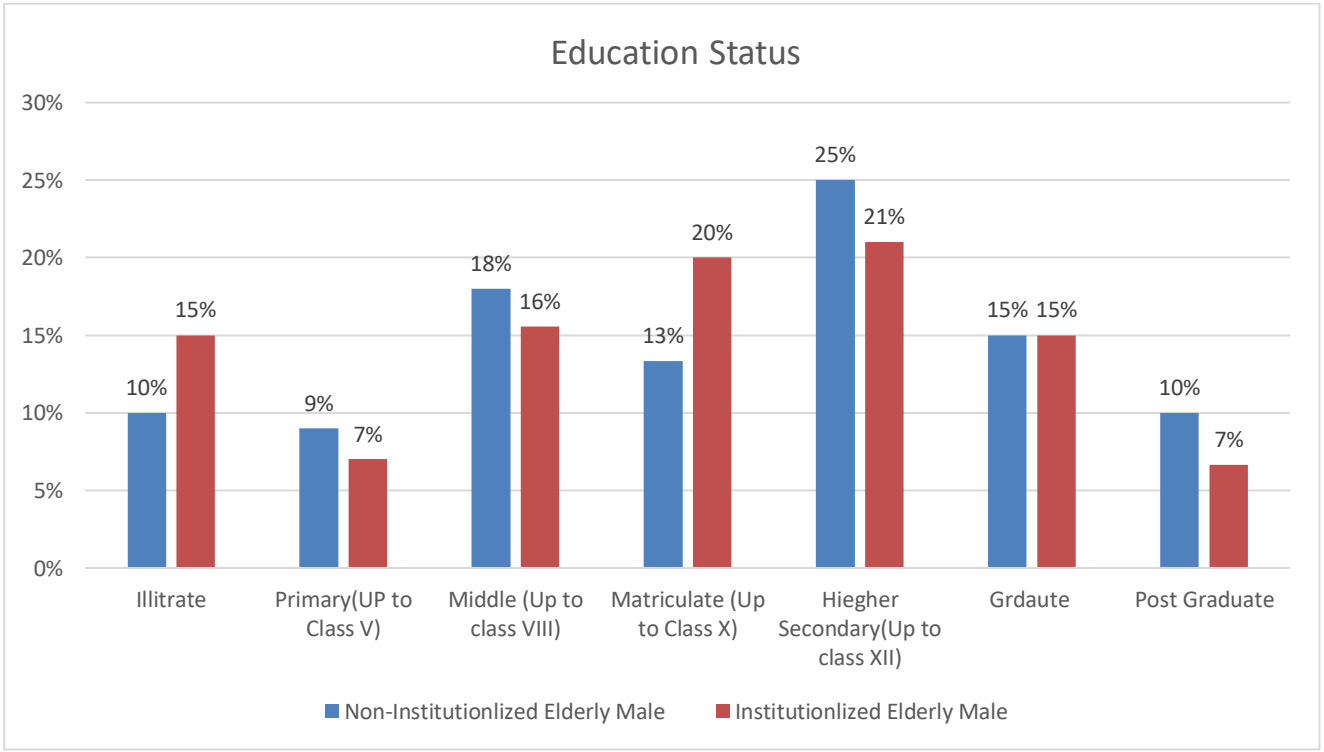
Educational status:

Bar diagram 5a showed around 30% institutionalized female elderly were illiterate than non-institutionalized female elderly (13%), have 63%non-institutionalized female elderly attained below high school than institutionalized (54%) female elderly, while 24% non-institutionalized female elderly were above high school than institutionalized female elderly (15%).



Bar diagram: 5(a) Educational statuses female non-institutionalized elderly and female institutionalized elderly

Although, male elderly was more educate than female elderly in both groups (institutionalized elderly and non-institutionalized elderly). Further non-institutionalized male elderly also less (10%) illiterate than institutionalized elderly, 43% institutionalized male elderly are below high school as against 40% non-institutionalized elderly male, besides in the classification of graduate and post alumni, in any remaining classes non-institutionalized male elderly fare better than institutionalized male elderly(Bar diagram 5b).



Bar diagram: 5(b) Educational status male non-institutionalized elderly and male institutionalized elderly

(3.2) DATA ANALYSIS:

After scrutinizing the data entry and data cleaning has been performed. Tabulation of the primary data showing the basic details about the elderly attributes. The data is being represented graphically with the help of diagrams such as bar graph, pie charts. Numerical and continues variables are reported as Mean and Standard Deviation (SD). Comparison of mean scores with respect to gender and age has been used t-test and more than two means is compared by One-way ANOVA (analysis of variance). P-value of < 0.05 and 0.01 are treated as cutoff value for significance difference respectively. Since the study cover various issues which invited multiple responses especially elder abuse structured questionnaire i.e., prevalence of abuse, type of abuse, responsible persons for abuse, awareness of redressal mechanism. To assess the psycho-social needs and psychological well-being of the elderly, Social Support Inventory (Ramamurti and Jamuna, 1991) and Ryff's psychological well-being scale (42 items) was used as tools in the present study. And to know about the elderly health related problem, Katz Index of Independence in Activities of Daily Living was used. Elder abuse structured Questionnaire was used to assess the amount of elderly abuse, type of abuse, prevalence of abuse, reasons of abuse

Social support perceived among institutionalized and non-institutionalized elderly:

The function of social relationships refers to perceived social support. According to Alan E.KazclinsChiefed(1998) social support is "resources from the environment that can be beneficial to psychological that can be beneficial to psychological and physical health". For the context of fore going study require was felt to examine the social support needs, which may affect elderly life and their psychological wellbeing, as well as physical health. Social Supports Inventory was used to measure social support needs among institutionalized (group 1) and non-institutionalized elderly (group 2). After data collection from institutionalized and non-institutionalized elderly people the scoring of obtained data was done according to manuals. Mean (M) and standard deviation (SD) and analysis of variance (ANOVA) were applied to analysis of data with the help of SPSS.

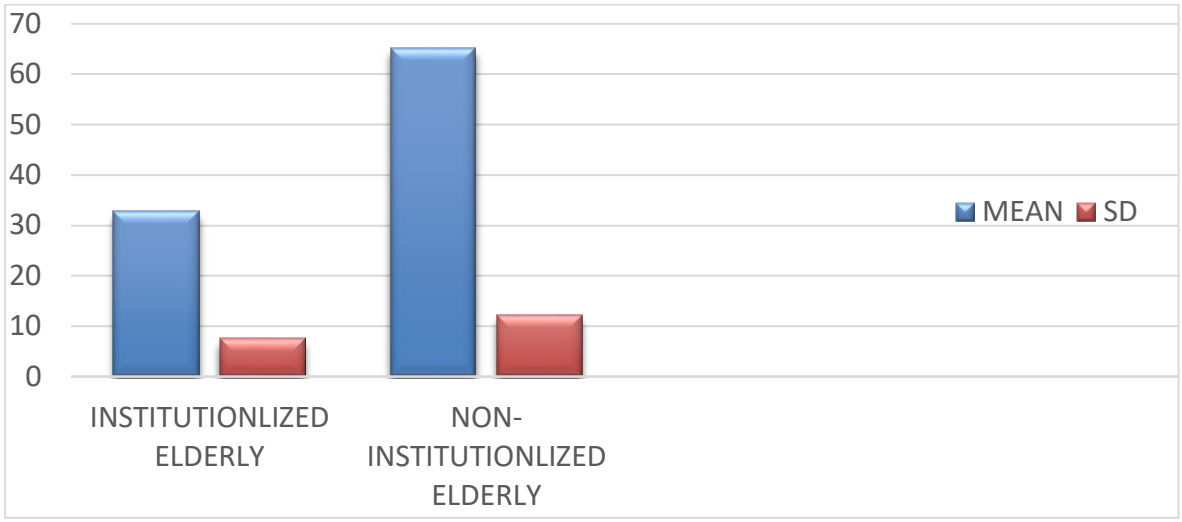
Table 1(a): Showing the Mean score and SD value of social support among institutionalized and non-institutionalized elderly.

Groups	Mean	N	Std. Deviation
Institutionalized elderly	32.91	90	7.60
Non-institutionalized elderly	65.21	90	12.24

Table 1(b): Showing the ANOVA value of social support among institutionalized and non-institutionalized elderly

Groups	**Sum of squares**	**df**	**Mean square**	**f**	**p**
Between Groups	1323.26	30	44.10		
With in groups	3830.02	59	64.91	.67	**<.05**

The table 1(a) and bar diagram 6aindicates that Mean and SD of non-institutionalized elderly scored high mean score=65.21(S. D=7.60) as comparison institutionalized elderly mean score= 32.91(S.D=7.60). Table 1 (b) ANOVA, was conducted to find out the significance of difference between group difference of elderly which indicates institutionalized, and non- institutionalized elderly was not found significant. The result shows that institutionalized and non-institutionalized elderly did not show any significant difference in respect to their perceived social support.



Bar diagram: 6(a) showing Mean and SD (social support) of institutionalized and non-institutionalized elderly

Table 2(a): Showing the Mean score and SD value of social support among male and female institutionalized and non-institutionalized elderly.

Group	Mean	N	Std. Deviation
Institutionalized Male	34.53	43	5.36
Institutionalized Female	30.40	47	7.02
Non-Institutionalized Male	69.81	43	9.55
Non-Institutionalized Female	63.65	47	9.70

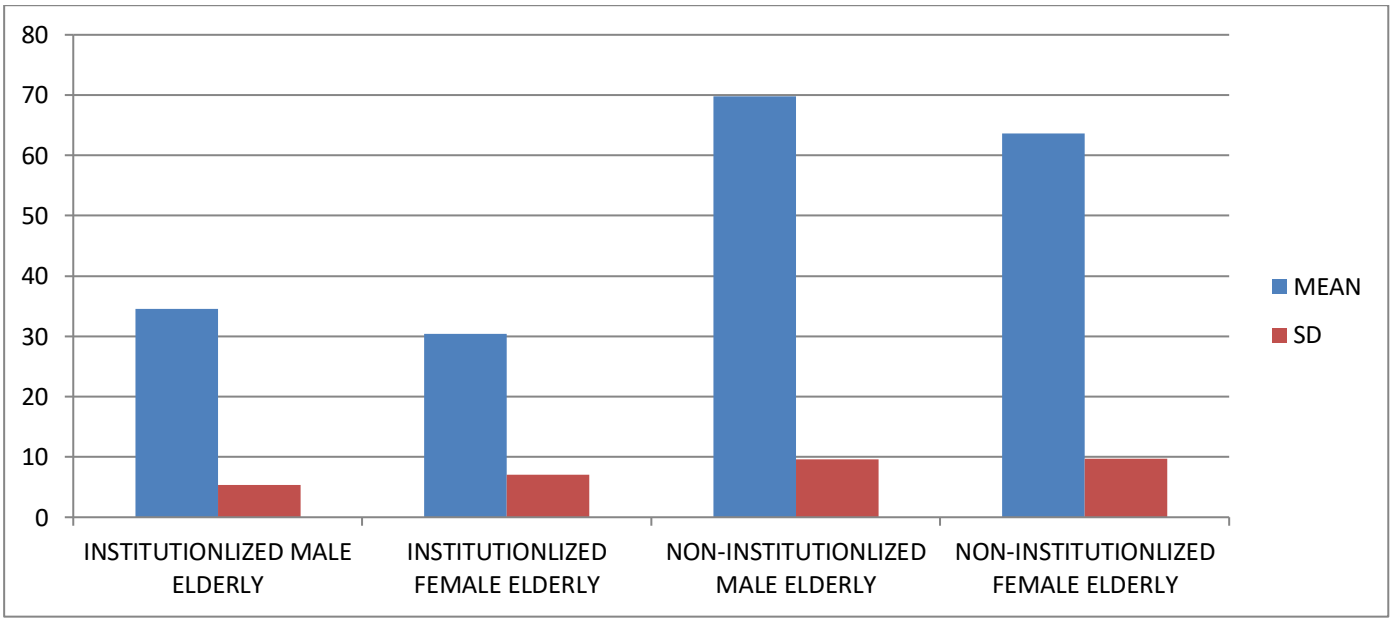
Table 2(b): Showing the ANOVA value of social support among institutionalized and non-institutionalized male and female elderly.

Group		Sum of Squares	df	Mean Square	f	p
Institutionalized elderly	Between groups	383.13	1	383.13	9.68	> .05
	With in groups	3482.01	88	39.56		

Non-Institutionalized elderly	With in groups	850.53	1	850.53	9.67	>.05
	With in groups	7737 .06	88	87 .92		

It is evident from table 2(a) and bar diagram 6b, Mean and SD of male institutionalized elderly in respect to their social support, obtaining finding are Male (Mean= 34.53, S.D= 5.36), Female institutionalized elderly (Mean=30.40, S.D=7.02). The result shows that male institutionalized elderly scored high mean score= 34.53(S.D= 5.36) as comparedfemale institutionalized elderly mean score= 30.40 (S.D=7.02). Although table 2(b) also revealed result that Mean, SD of male non-institutionalized elderly in respect to their social support scored high mean score mean=69.81(S.D=9.55) as compared female non-institutionalized elderly mean score=63.55(S.D=9.70).

Table 3(b) revealed result of ANOVA, group difference of institutionalized male and female elderly was found significant at .05levels. On the other side, significant difference both groups among male and female non-institutionalized elderly was also found significant at .05 levels. The result found that male institutionalized and non-institutionalized elderly have better perceived social support as compared female institutionalized and non-institutionalized elderly.



Bar diagram: 6(b) showing Mean and SD (social support) of institutionalized and non-institutionalized elderly

Health condition among elderly

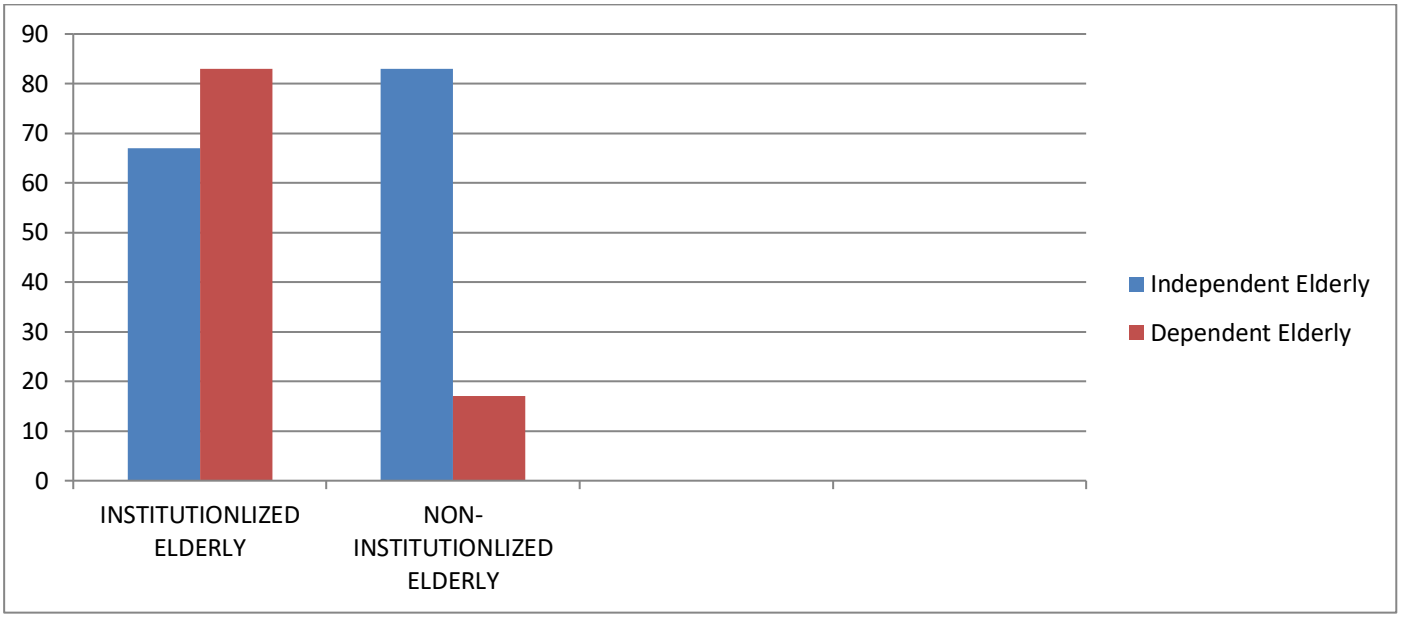
Even though, medical services ought to be reasonable, assessable and accessible to individuals, everything being equal, however in more established age, addressing the necessities is particularly basic since decay ailments and inabilities become more predominant with expanding age.According to Longitudinal Ageing Study in India (LASI) report (2020) released by Union Ministry of Family and Health Welfare, in India, two in every three elderly suffering from some chronic disease.

Functional Assessments of among Elderly: Activities of Daily Living

In whole life course of human beings came across so many changes in functional activity and health problems show themselves in later life stage. The "activities of daily living" or IADL are the essential and ordinary undertaking, for example, eating, bathing, dressing, toileting, transferring. Declines in functional activity and health among the elderly, KartzIADL, is the one of the best way to evaluate the health status of elderly, which provides data that may be a sign of future decline or improvement in health status. In the KartzIADL scale, the set of tasks assessed are bathing, dressing, transferring, using the toilet, continence and eating.

Tables: 3(a) Institutionalized and Non-institutionalized elderly performance of Activity of Daily Living

S. No.	Physical Dependency	Institutionlized		Non-institutionalized	
		No	%	No.	%
1	Independent	60	67	75	83
2	Dependent	30	33	15	17
3	Total	90	100	90	100

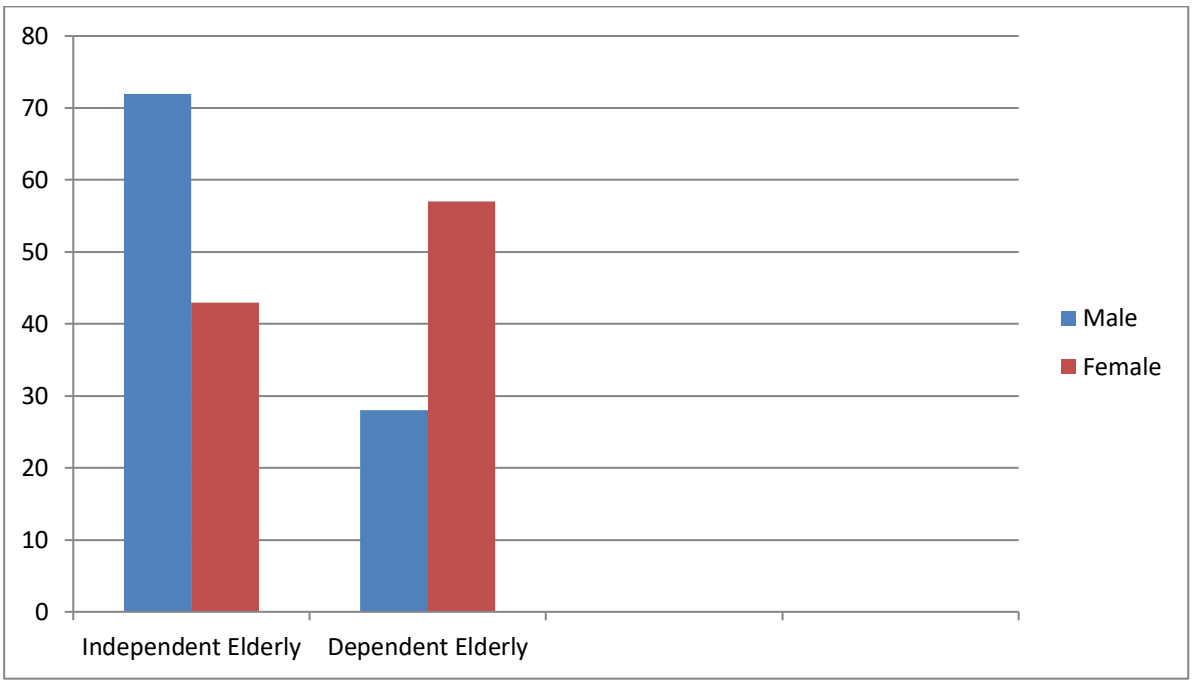


Bar diagram: 7(a) showing the result of physical activity institutionalized and non-institutionalized elderly (in percent)

Table 3(a)and bar diagram 7a indicates that out of 180elderly people, 90 were institutionalized and 90 were non-institutionalized elderly. After assessment of ADL, 67 percent of institutionalized elderly participants were independent and 33 percent elderly dependent to others. On the other hand, 83 percent of non-institutionalized elderly were independent and 17 percent elderly dependent elderly.

Table: 3 (b) Institutionalized male and female elderly performance of Activity of Daily Living

S. No.	Physical Dependency	Sex				Total	
		Male		Female			
		No	%	No.	%	No.	%
1	Independent	31	72	29	43	60	67
2	Dependent	12	28	18	57	30	33
3	Total	43	100	47	100	90	100

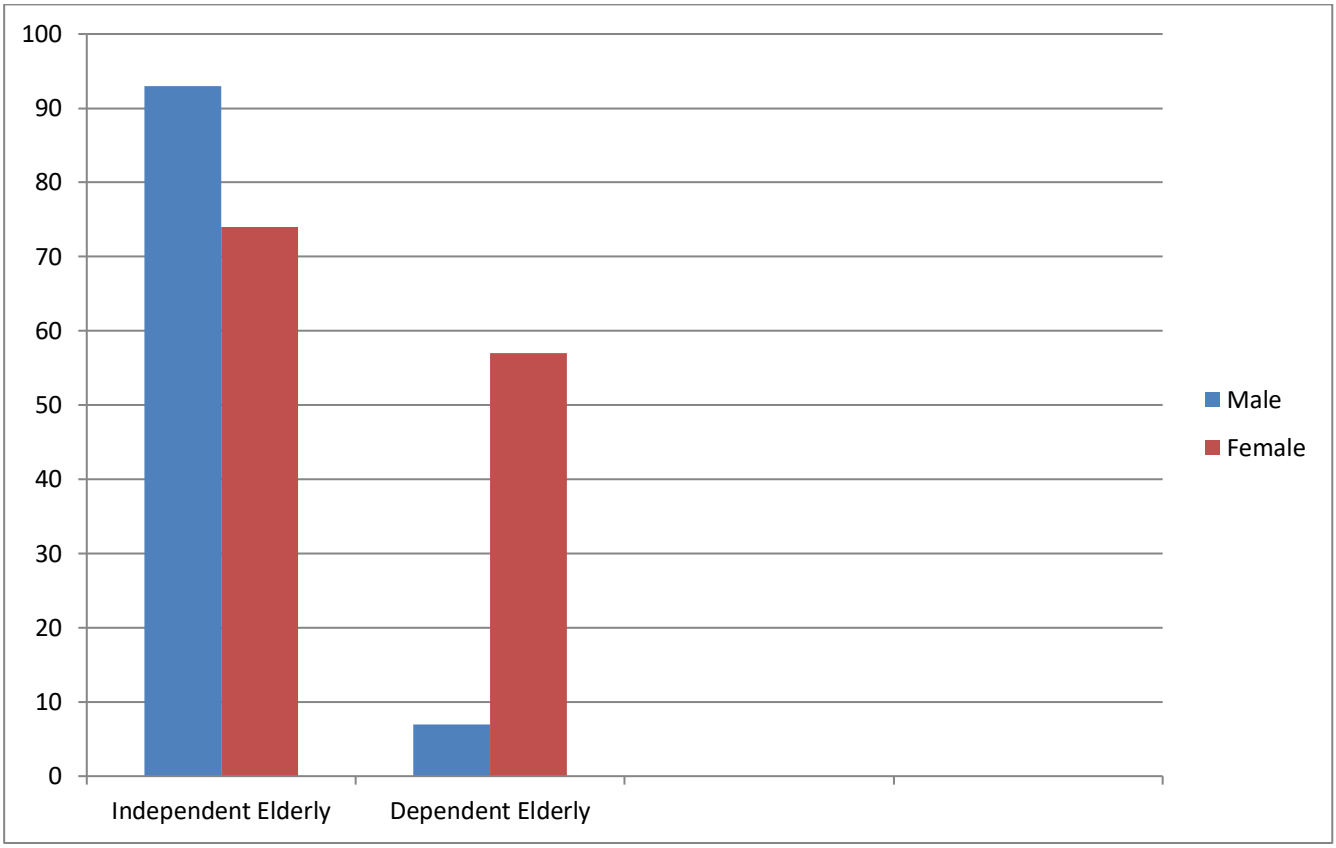


Bar diagram: 7(b) showing physical activity of institutionalized male and female elderly (in percentage)

Table 4(b) and bar diagram 7(b) indicates that approx. 72 percent of elderly independent or they can own daily routine work, but 28 percent male elderly are dependent to others. While female elderly was more dependent as compared to male respectively, 43 percent were independent and 57 percent dependent.

Table: 3(c) Non-institutionalized male and female elderly performance of Activity of Daily Living

S. No.	Physical Dependency	Sex				Total	
		Male		Female			
		No	%	No.	%	No.	%
1	Independent	40	93	35	74	75	83
2	Dependent	3	7	12	26	15	17
3	Total	43	100	47	100	90	100



Bar diagram: 7(c) showing physical activity of non-institutionalized male and female elderly(in percentage)

As above table 4(c) andbar diagram7 (c)shows that non-institutionalized elderly were more active as compare to institutionalized elderly. Approx. 93 percent of non-institutionalized male elderly were independent and only 7 percent male elderly were dependent to others. Although, independent female elderly (74%) and female independent elderly (26%).

Psychological wellbeing status among institutionalized and non-institutionalized elderly:

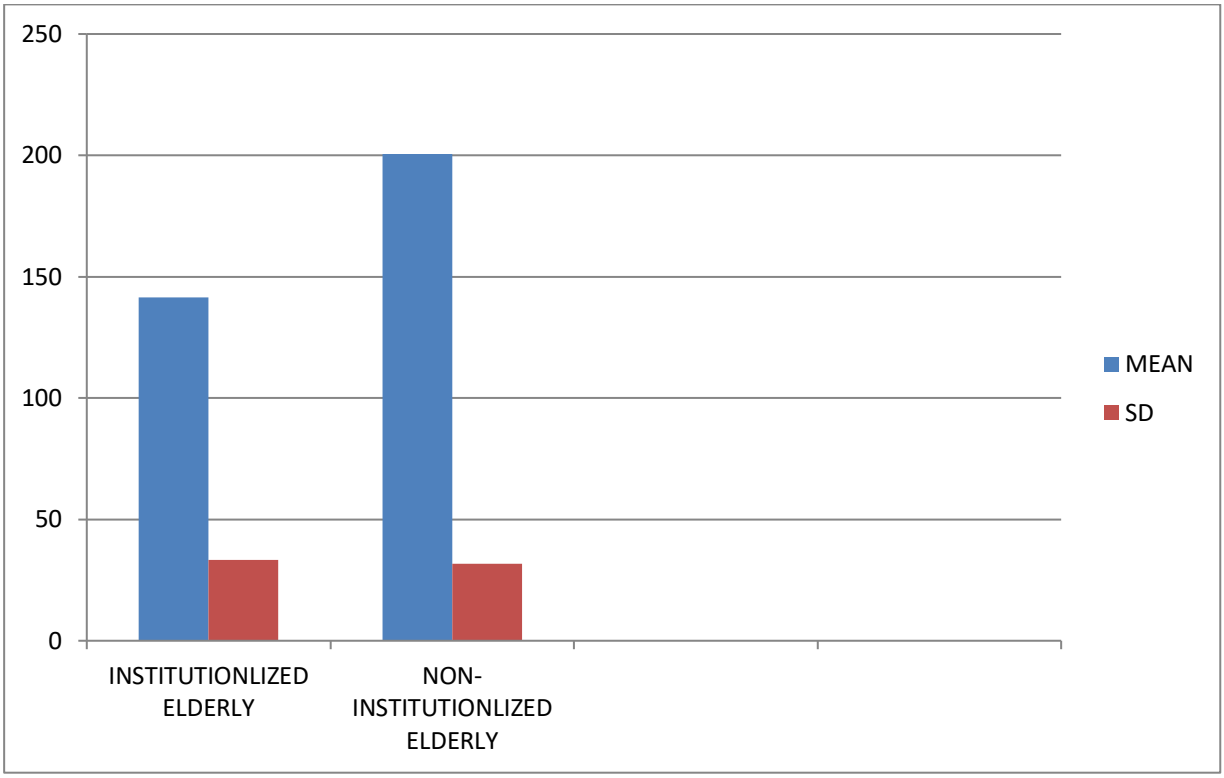
The human age is a psychological and dynamic cycle, which is likewise progressing measure with the time. Wellbeing is the condition of being agreeable, sound or glad. Psychological well-being might be clarified by appropriate working of psychological framework like self-acknowledgment, positive relations with others, self-improvement, reason throughout everyday life, ecological authority, and independence. To know the psychological wellbeing of institutionalized and non-institutionalized elderly in the present study, Ryff scale for was used. ANOVA were administrated to analyze the data with the help of SPSS.

Table 4(a): Showing the Mean score and SD value of psychological wellbeing among institutionalized and non-institutionalized elderly

Groups	Mean	N	Std. Deviation
Institutionalized elderly	141.39	90	33.34
Non-institutionalized elderly	200.58	90	31.83

Table 4(b): Showing the ANOVA value of psychological wellbeing among institutionalized and non-institutionalized elderly

Groups	**Sum of squares**	**df**	**Mean square**	**f**	**Sig.**
Between Groups	51179.51	35	1462.11		
With in groups	47749.87	54	884.59	1.65	**<.05**



Bar diagram:8 (a) showing Mean and SD (Ryff's PWB) of institutionalized and non-institutionalized elderly

Table 5(a) and bar diagram 8a found result that mean and SD of non-institutionalized elderly scored high mean score=200.58(S. D=31.83) as compared institutionalized elderly mean score= 141.39(S.D=33.34). Table 5(b) shows ANOVA, group difference of elderly institutionalized, and non- institutionalized elderly was found significant at.05 level. The result shows that non-institutionalized elderly (200.58, S.D=31.83) have better psychological wellbeing than institutionalized elderly mean score (141.39, S.D=33.34).

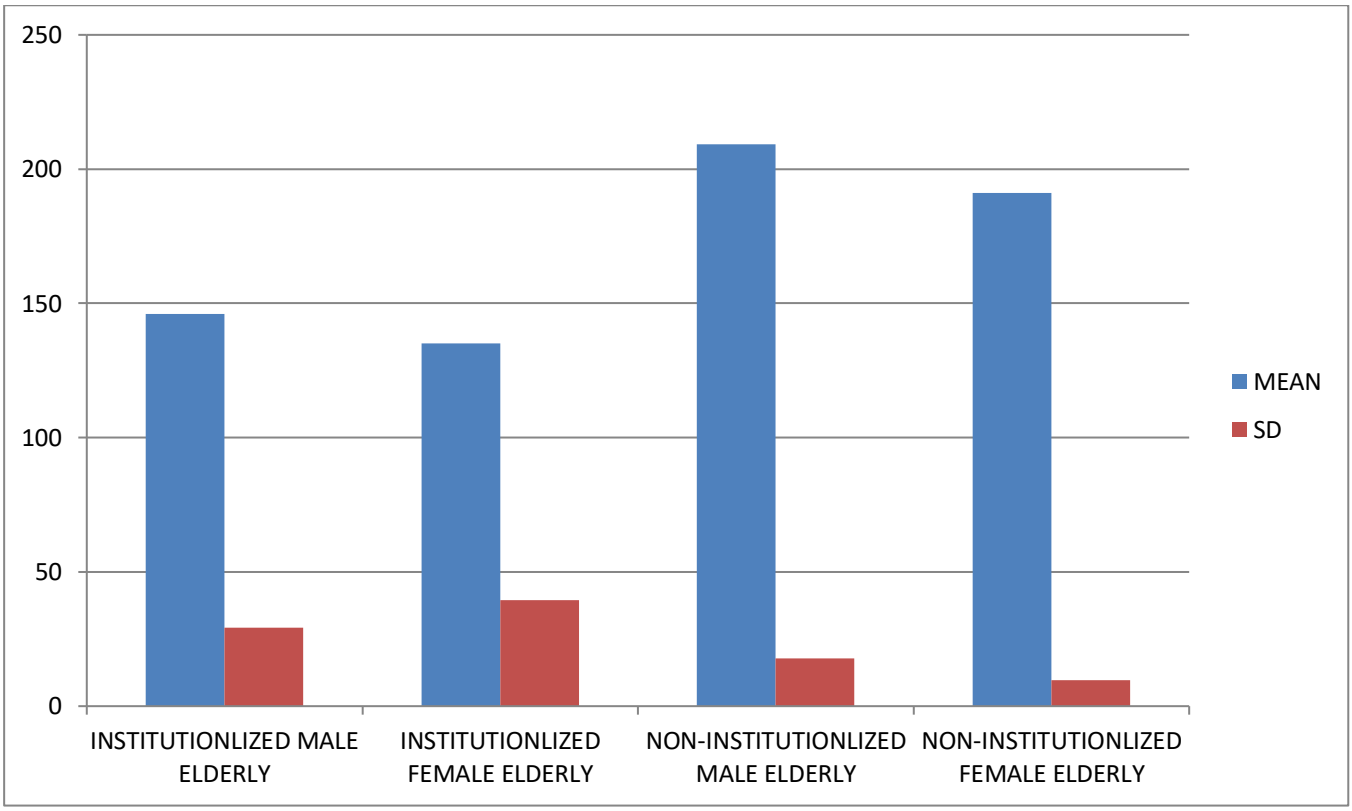
Table 5 (a): Mean and SD among institutionalized and non-institutionalized male and female elderly of psychological wellbeing

Group	Mean	N	Std. Deviation
Institutionalized Male	146.13	43	29.26
Institutionalized Female	135.12	47	39.59
Non-Institutionalized Male	209.30	43	17.86
Non-Institutionalized	191.21	47	45.04

Female			

Table 5(b): showing the ANOVA value of among institutionalized and non-institutionalized male and female elderly of psychological wellbeing

Group		Sum of Squares	df	Mean Square	f	p
Institutionalized elderly	Between groups	2722.99	1	2722.99	2.21	< .05
	With in groups	108066.39	88	1228.02		
Non-Institutionalized elderly	With in groups	7348.18	1	7348.18	9.67	>.05
	With in groups	106706.94	88	1212.57		



Bar diagram:8(b) showing Mean and SD (Ryff's PWB) of institutionalized and non-institutionalized male and female elderly

Table 6(a)and bar diagram 8b shows male institutionalized elderly scored high mean score=146.13(SD=29.59) as compared female institutionalized elderly mean score=135.12(SD=39.59). However, male non-institutionalized elderly also scores high mean=209.30(SD=17.86) as compared female non-institutionalized elderly mean score=191.21(SD=45.04).

Table 6(b) shows male institutionalized elderly and female institutionalized elderly have no difference in respective their psychological wellbeing. On the other hand, male and female non-institutionalized elderly was found group difference at significant .01level in respective their psychological wellbeing. Male non- institutionalized elderly mean score (209.30, SD=17.86) have better psychological wellbeing as compared female non-institutionalized elderly.

Level of Hope among institutionalized and non-institutionalized elderly:

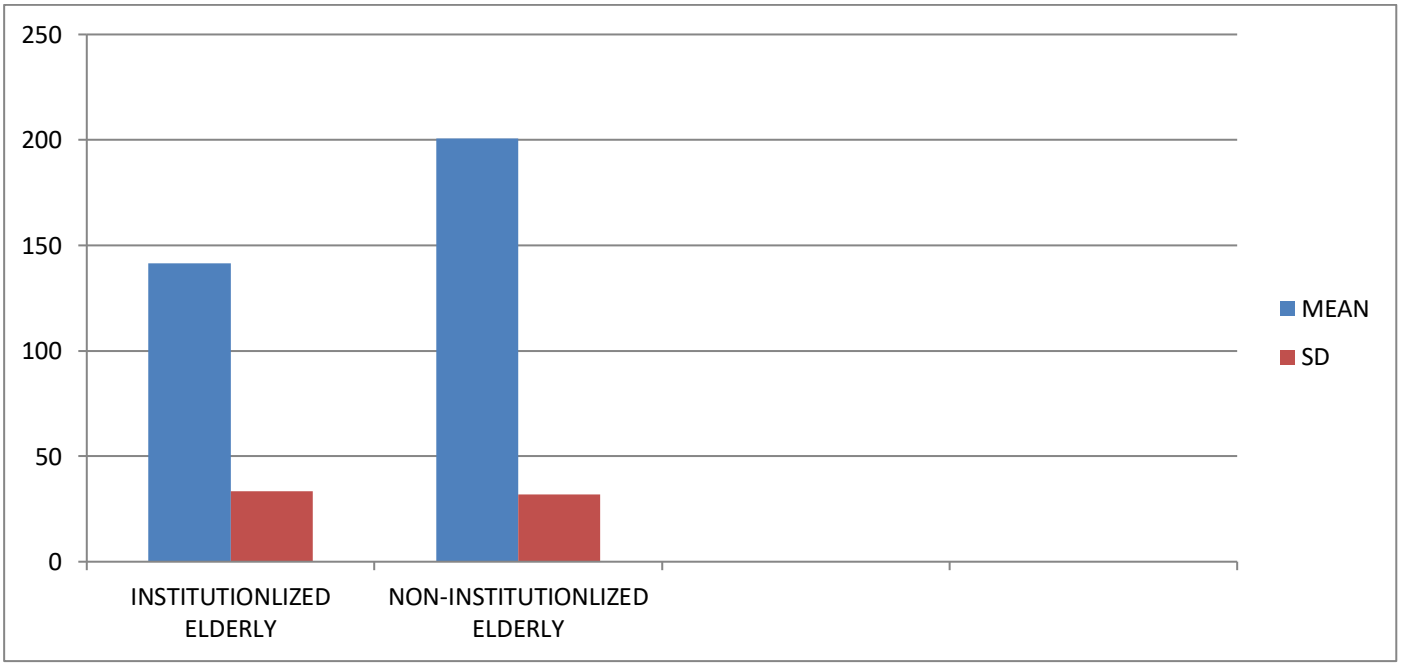
Hope as energy that endless supply of a future decent that is troublesome, yet conceivable to accomplish" portrayed by Thomas Aquinas. To know the hope of among institutionalized and non-institutionalized elderly data was obtained by using Synder's adult hope scale. Mean (M) and standard deviation (SD) were calculated for scores on the measures of level of hope and wellbeing. Analysis of variance (ANOVA) was applied to analysis of data with the help of SPSS.

Table: 6 (a) Showing the Mean score and SD value of hope among institutionalized and non-institutionalized elderly

Groups	Mean	N	Std. Deviation
Institutionalized elderly	35.82	90	8.55
Non-institutionalized elderly	47.58	90	5.96

Table 6(b): Showing the ANOVA value of hope among institutionalized and non-institutionalized elderly

Groups	Sum of squares	df	Mean square	f	p
Between Groups	965.71	29	33.30		
With in groups	2815.27	60	46.92	.710	**<.05**



Bar diagram: 9(a) Showing Mean and SD (level of hope) of institutionalized and Non-institutionalized elderly

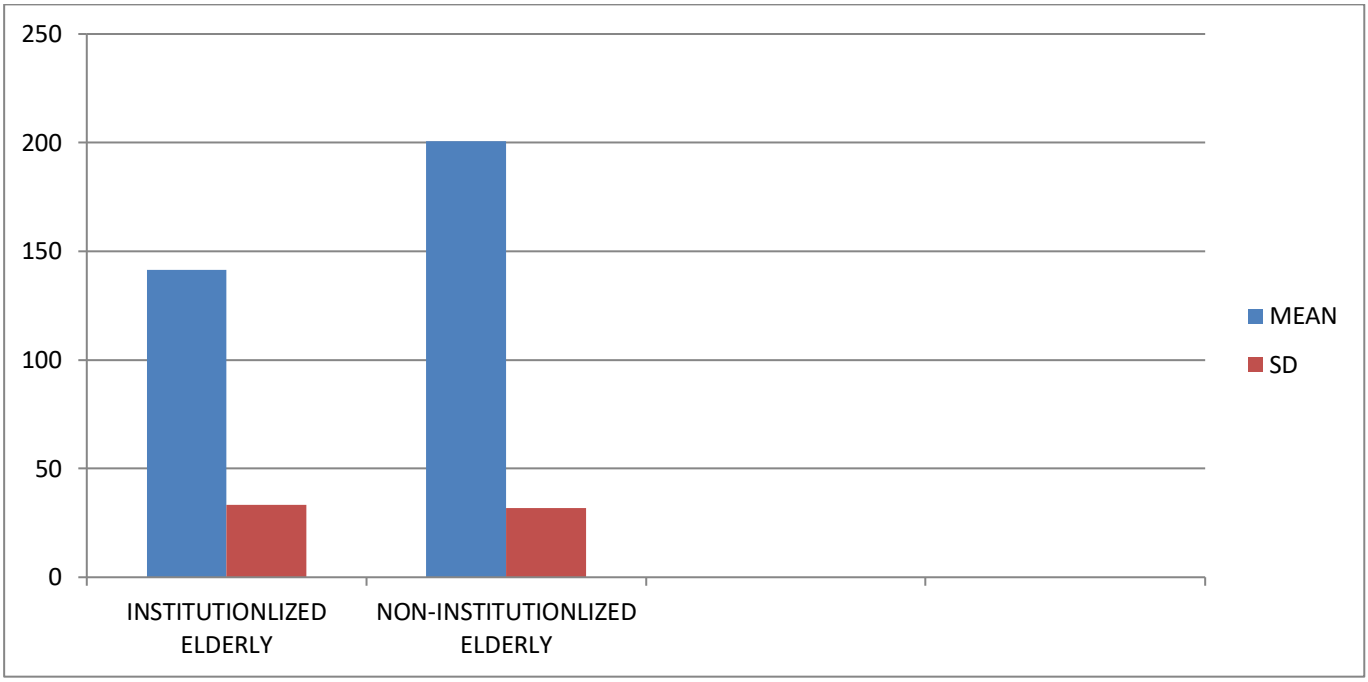
The table 7 (a) and bar diagram 9ashows Mean and SD of non-institutionalized elderly scored high mean score=47.58(S. D=5.96) as compared institutionalized elderly mean score= 35.82(S.D=8.55). Table 7(b) shows ANOVA, group difference of elderly institutionalized, and non- institutionalized elderly was not found significant level. The result shows that institutionalized and non-institutionalized elderly did not show any significant difference in respect to their level of hope.

Table 7(a): Showing the Mean score and SD value of hope among male and female institutionalized and non-institutionalized elderly.

Group	Mean	N	Std. Deviation
Institutionalized Male	35.16	43	6.37
Institutionalized Female	30.85	47	8.11
Non-Institutionalized Male	69.30	43	10.21
Non-Institutionalized Female	62.74	47	9.70

Table 7(b): Showing the ANOVA value of hope among hope among institutionalized and non-institutionalized male and female elderly.

Group		Sum of Squares	df	Mean Square	f	p
Institutionalized elderly	Between groups	417.47	1	417.47	2.21	>.05
	With in groups	4735.81	88	53.81		
Non-Institutionalized elderly	With in groups	965.65	1	965.65	9.47	>.05
	With in groups	8718.00	88	99.06		



Bar Diagram: 9(b) Showing (level of hope) of institutionalized and institutionalized male and female elderly

Table 8(a) and bar diagram 9b indicated male institutionalized elderly scored high mean score== 35.16(S.D= 6.37) as compared female institutionalized elderly mean score= (30.85, S.D=8.11). Although table 8(a) also revealed result that Mean, SD of male non-institutionalized elderly in respect to their level of hope scored high mean score =69.30(S.D=10.21) as compared female non-institutionalized elderly mean score=62.74(S.D=9.70).

Table 8(b) indicated ANOVA, group difference of institutionalized male and female elderly was found significant at .05levels. On the other side, significant difference both groups among male and female non-institutionalized elderly was found significant at .05level. The result found that male institutionalized and non-institutionalized elderly have better level of hope as compared female institutionalized and non-institutionalized elderly.

Elder abuse

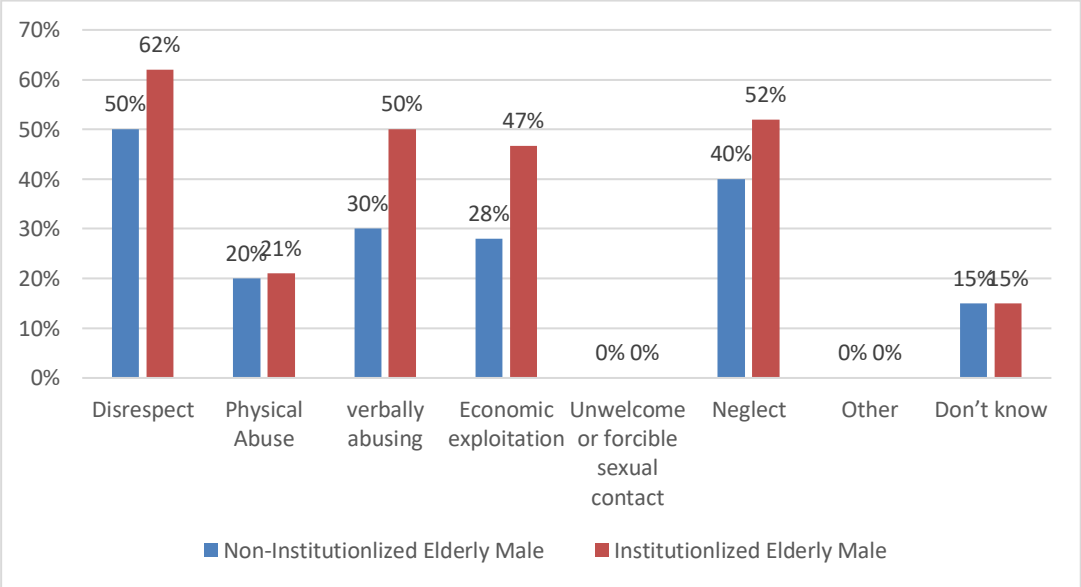
Perception of elder abuse and prevalence:

In this research, most important area of investigation was to determine the level to which elders understand what amounts to elder abuse, its various forms of elder abuse, which type of abuse is existence at the society level.

Further, to understand the elder abuse existence in society and look for greater involvement of elders, also to secure reliability of responses avoid direct question at the time of investigation. So that elders feel comfortable, secure,and frankly share their experience.

Perception on understanding of elder abuse:

Bar diagram10 shows that institutionalized elderly accepted that they have observeddisrespect (62%), verbal abuse (50%), being neglect (52%)in the society.on the other hand, non-institutionalized elderly also observed that disrespect (50%), verbal abuse (30%), being neglect (40%) in the society. Elderly affirmed that disrespect on the highest followed by neglect, verbal abuse then physical abuse. Economic exploitation ranked least, and no one acknowledged the unwelcome or forcible sexual contact as abuse. The opinion was similar when compared different group such as institutionalized elderly, non-institutionalized elderly as well as similarities find out gender level also.

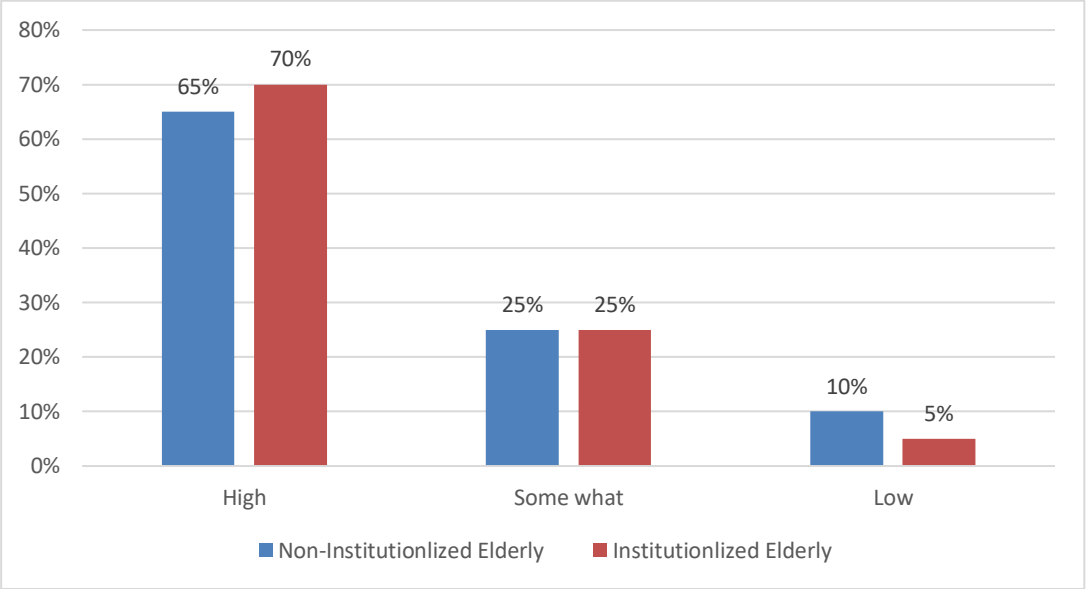


Bar diagram: 10 Perception on understanding of elder abuse- Institutionalized Elderly Male and Non-institutionalized Elderly Male

Prevalence of Elder Abuse in the Society and its Extent:

Bar diagram11 shows additional, elders were given their opinion on elder abuse about occurrence or prevalence in our society, 65% non-institutionalized elderly and 70%

institutionalized elderly have confirmed in high prevalence rate, 25 % moderate level was acknowledged by both groups, while 10% institutionalized elderly and 5% non-institutionalized elderly had accepted low level form of elder abuse extent in our society.



Bar diagram: 11 Prevalence rate of elder abuse

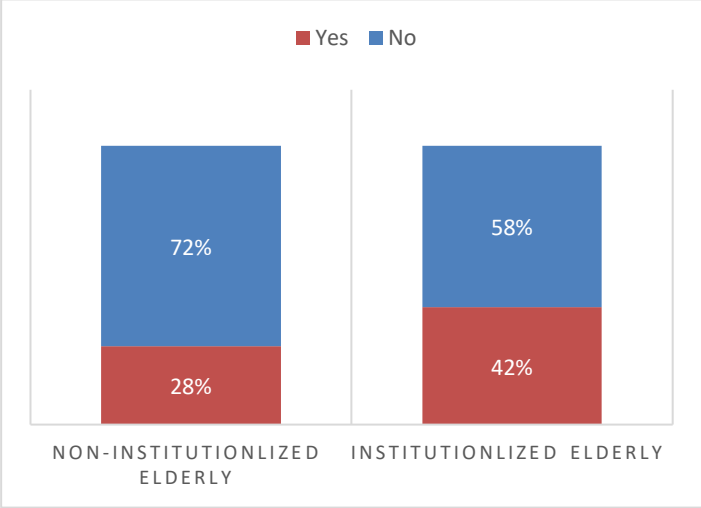
The comparison of prevalence rate in all categories like, institutionalized male elderly and non-institutionalized male elderly also institutionalized female elderly and non-institutionalized female elderly have confirmed similar opinion among elderly.

Personal Experience of Elder Abuse

In this section, inquired about personal experience, which was faced by elderly and when it's accepted by elderly.

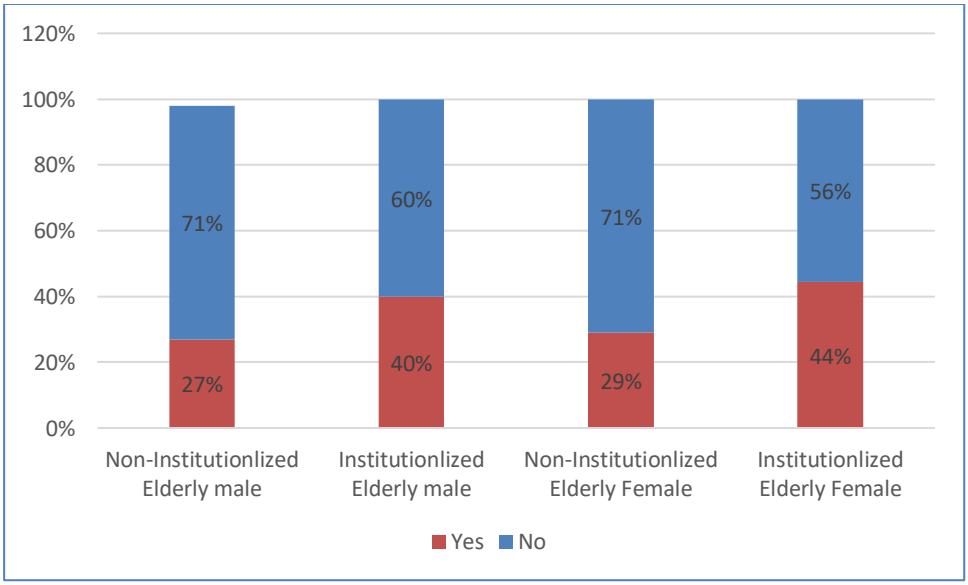
Victims of Elder Abuse:

Bar diagram12 shows 28%non-institutionalized elderly and 42% institutionalized elderly have been affirmed that survivor of senior maltreatment of all time.



Bar diagram:12 Experience of Elder Abuse by institutionalized elderly and non-institutionalized Elderly

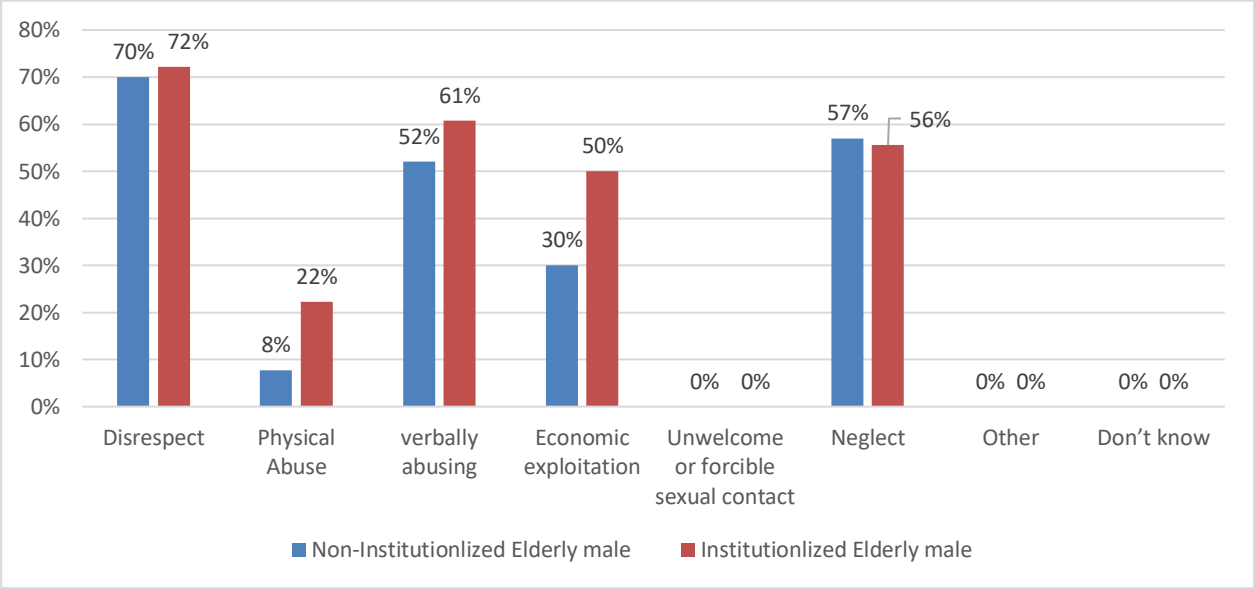
Bar diagram13shows that revealing of abuse was more experiencedby institutionalized female elderly (44%), then institutionalized elderly male (40%) followed by non-institutionalized elderly female(29%) and non-institutionalized elderly male(27%).



Bar diagram: 13 Experience of Elder abuse by Different Categories:

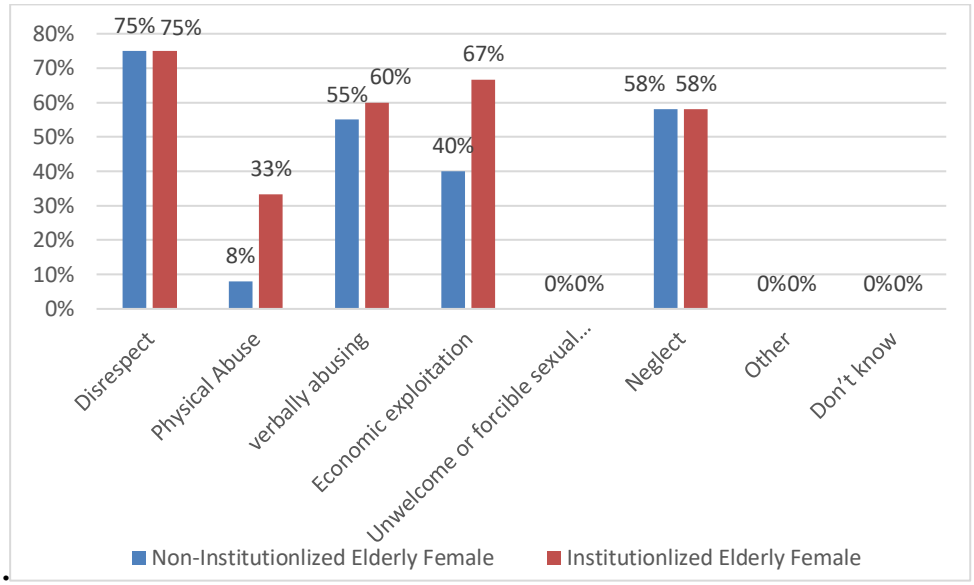
Bar diagram14 shows those elderly who reported abuse was asked about to reveal which forms of abuse they personally experienced. Institutionalized and non-institutionalized male elderly both groups acknowledged that frequent form of abuse prevalent were approx. 72 percent

disrespect, 61percent verbal abuse and 56 percent neglect. Although, highly economic exploitation faced by institutionalized male elderly (50%) than non-institutionalized elderly (30%).



Bar diagram: 14 Forms of elder abuse experienced by non-institutionalized male elderly and institutionalized male elderly.

Bar diagram15 shows that when asked by institutionalized and non-institutionalized female elderly about which form of elder abuse they experienced, both groups acknowledged that 75% disrespect, 60%verbal abuse and 58% neglect. On the other hand, economic exploitation frequently faced by institutionalized female elderly (67%) than non-institutionalized female elderly (40%).

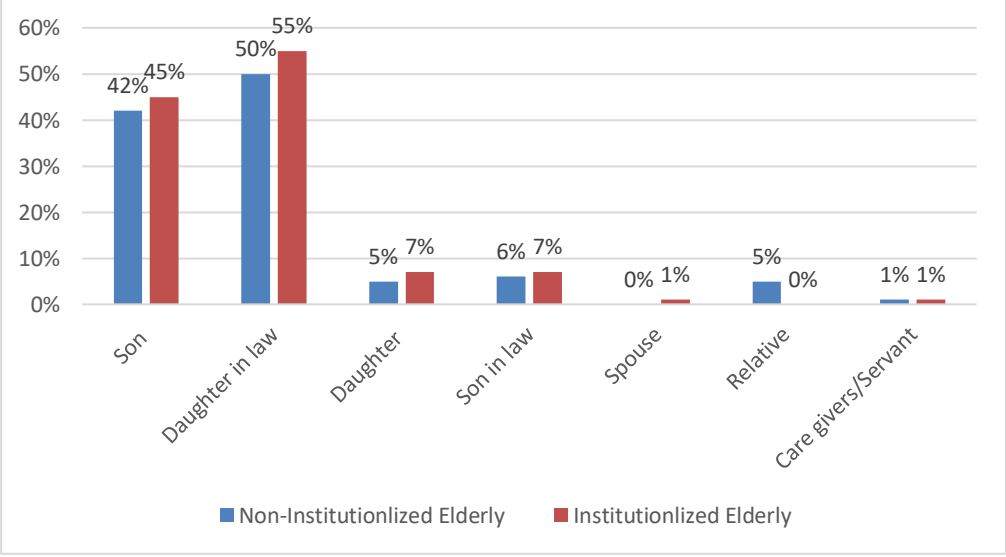


Bar diagram: 15 Forms of elder abuse experienced by Non-institutionalized Female Elderly and institutionalized Female elderly

Person Accountable of Elder Abuse:

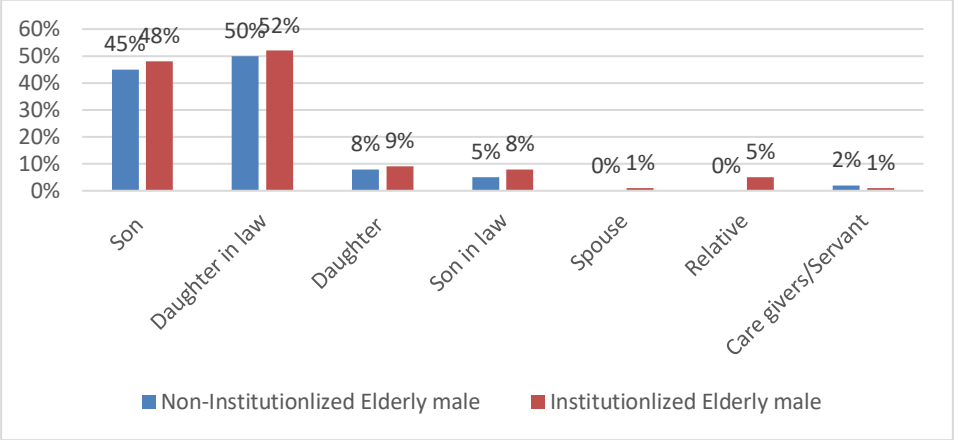
Bar diagram16 shows non-institutionalized elderly was recognized that Son (42%) was fundamental victimizers and observed by girl in-law (50%) and similarly institutionalized elderly announced that son (45%) was principal victimizers and adhered to by little daughter-in-law (55%).

Bar diagram: 16 Person accountable for Elder Abuse-Institutionalized elderly and No-institutionalized elderly (multiple responses)



Bar diagram: 16 Person accountable for Elder Abuse-Institutionalized elderly and No-institutionalized elderly (multiple responses)

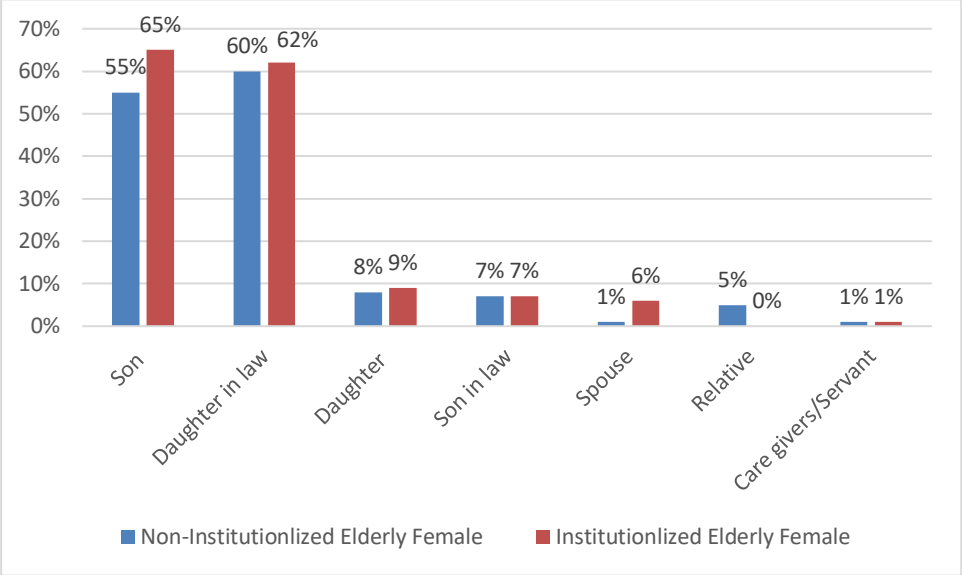
Bar diagram17 shows among institutionalized male elderly, accepted that 52% daughter-in-law and 48 % son was accountable for elder abuse and non-institutionalized male elderly also confirmed that 50% daughter-in-law followed by son 45% was responsible for elder abuse.



Bar diagram: 17 Person accountable for Elder Abuse-Institutionalized male elderly and non-institutionalized male elderly (multiple responses)

Bar diagram18 shows among institutionalized female elderly, accepted that 65% son and 62 % daughter-in-law was accountable for elder abuse and non-institutionalized female elderly also confirmed that 50% daughter-in-law followed by son 55% was responsible for elder abuse.

Bar diagram: 18 Person accountable for Elder Abuse-Institutionalized female elderly and No-institutionalized female elderly (multiple responses)

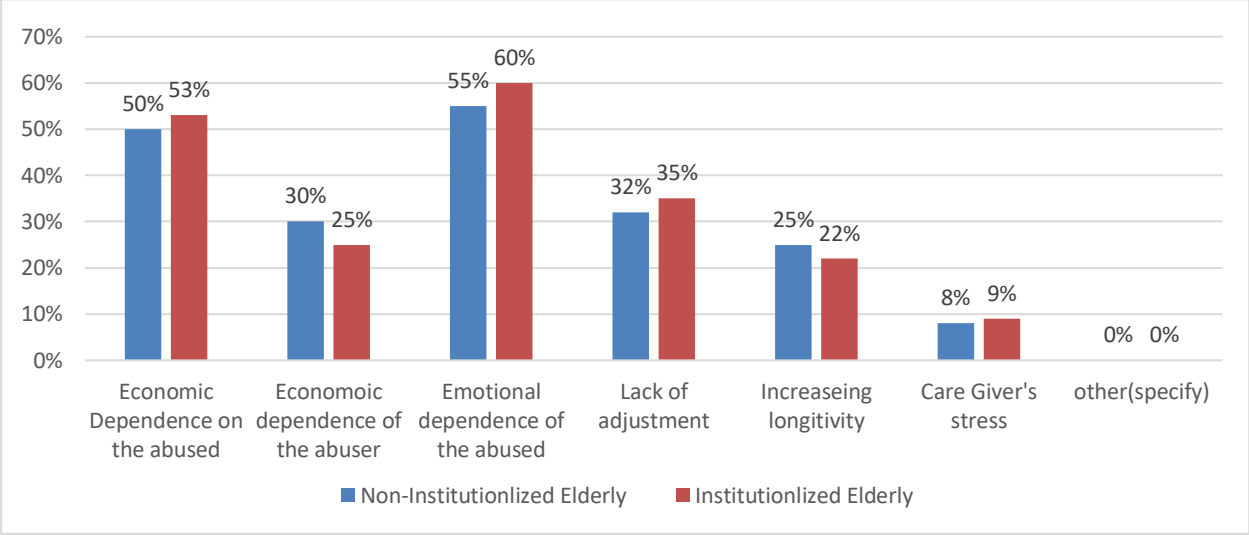


Bar diagram: 18 Person accountable for Elder Abuse-Institutionalized female elderly and No-institutionalized female elderly (multiple responses)

Reasons for Abuse as Reported by Victims:

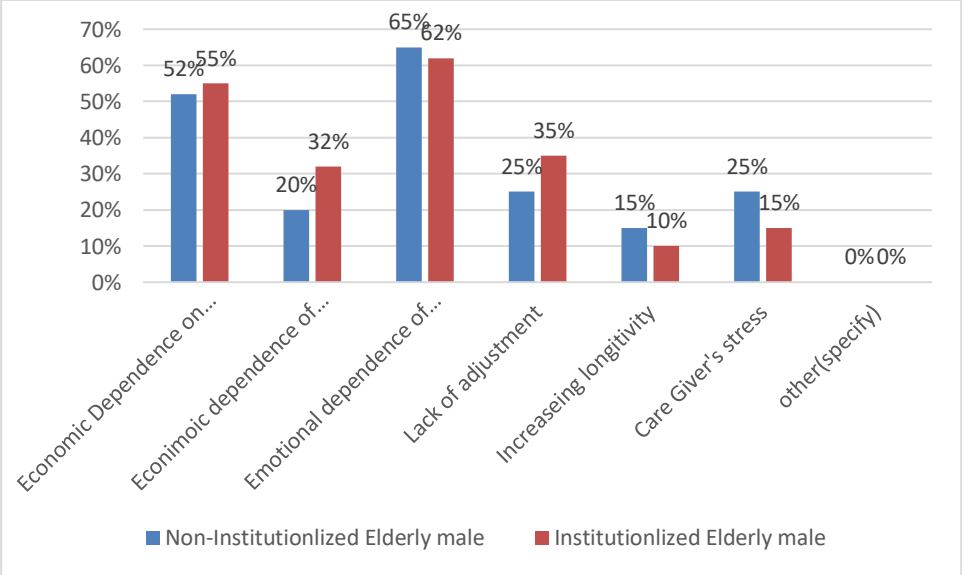
Reasons for abuse, this issue was exploring at the time of survey. Many reasons were acknowledged by victims.Elders perceived that they are mainly faced abuse as their children due to economic dependence on them, emotional dependence,and lack of adjustment. Children needs to live autonomously, don't care for break in their life, treat them as a weight, they have not an ideal opportunity to deal with them. Lack of recourses to meet their needs also one of them reason.

Bar diagram19 shows 60 % institutionalized elderly and 55% non-institutionalized elderly accepted that main reason for elder abuse was emotional dependence of the abused and followed by economic dependence on the abused in both groups.



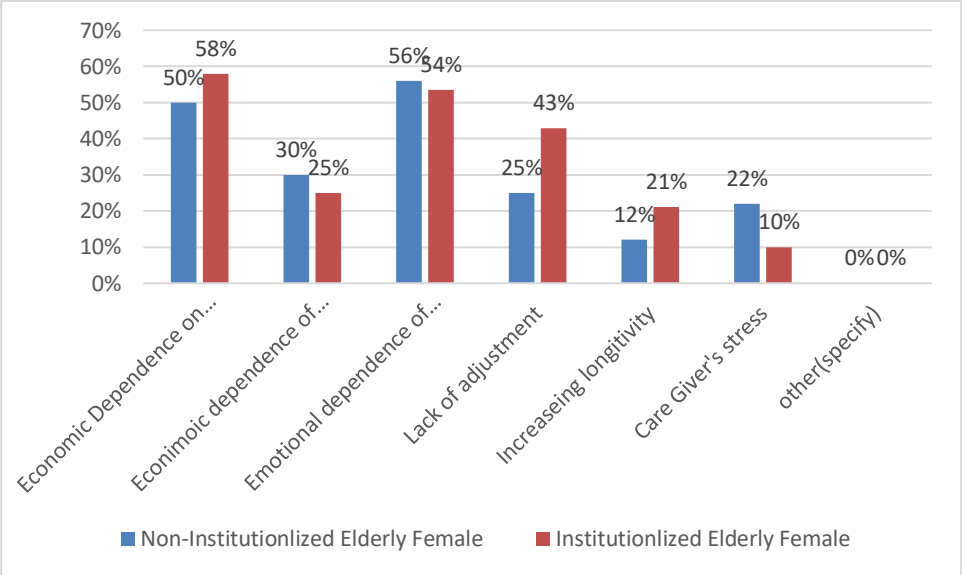
Bar diagram: 19 Reasons for Elder Abuse-Institutionalized elderly and non-institutionalized elderly (multiple responses)

Bar diagram20 indicates among non-institutionalized elderly male, they being abused on account of their emotional dependence on the victimizer (65%)and economic dependence on the abuser (52%) followed by lack of adjustment or changing ethos (25%) while as comparison to institutionalized elderly male, institutionalized elderly male accepted that emotional dependence on the victimizer (62%), financial reliance on the victimizer (55%)and lack of adjustment (35%) higher than non-institutionalized male elderly.



Bar diagram: 20 Reasons for Elder Abuse-Institutionalized Male elderly and No-institutionalized Male elderly (multiple responses)

Bar diagram21 indicates female elderly in both groups have reported that the main reason of abuse by their children because of economic dependence like as non-institutionalized female elderly (50%) and institutionalized female elderly (58%), Emotional dependence on the abuser also a reason being abused by abusers respectively 56% and (54%) non-institutionalized and institutionalized female elderly. Although lack of adjustment, (43%) reported by institutionalized elderly this was more than non-institutionalized female elderly (25%).



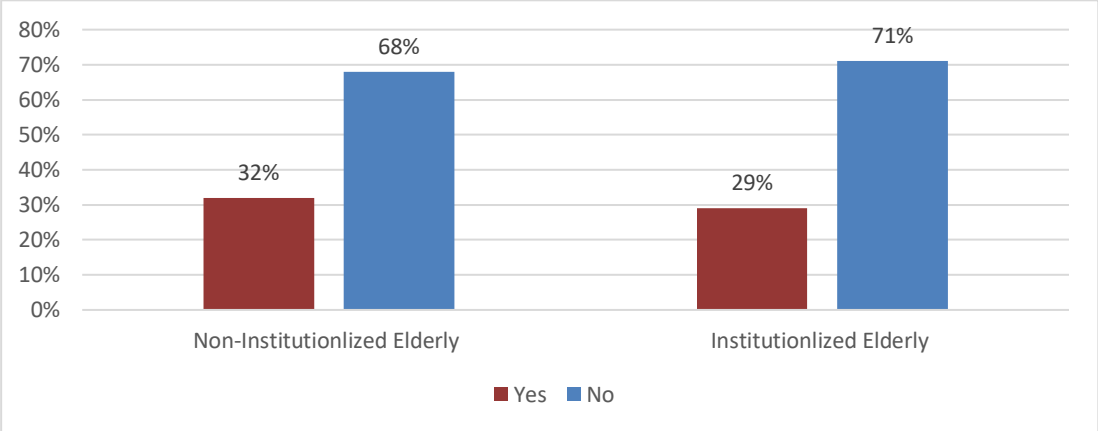
Bar diagram: 21 Reasons for Elder Abuse-Institutionalized Female elderly and No-institutionalized Female elderly (multiple responses)

Reporting of Elder Abuse any to Person or Agency:

Bar diagram 22indicates that among elderly who experienced maltreatment, 29% institutionalized elderly while (32%) non-institutionalized elderly has acknowledged that they have made an endeavour to report abuse. Older embraced both formal and casual mechanisms.

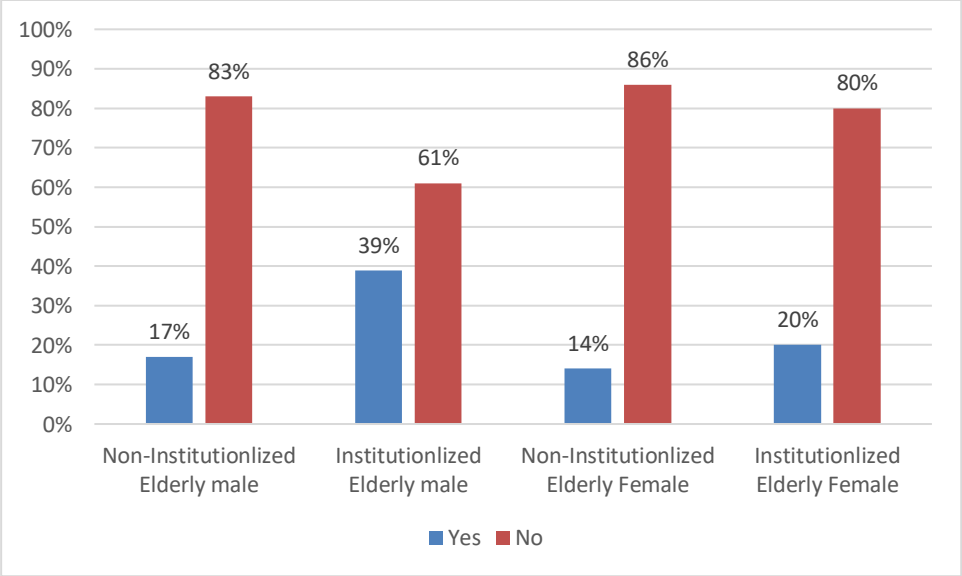
Non-reporting behaviour of abuse:

Bar diagram22 shows the percentage of why elderly did not report to any person or agency, nearly 68% non-institutionalized elderly and 71% institutionalized elderly did not report to any agency and person.



Bar diagram: 22 Reporting of elder abuse by institutionalized elderly and non-institutionalized elderly

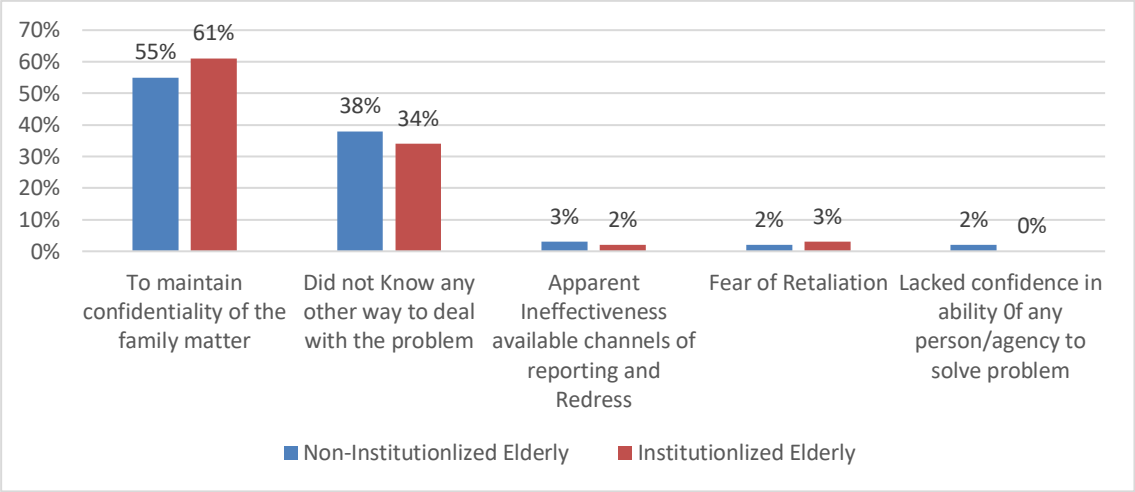
Bar diagram23 shows the percentage of why elderly did not report to any person or agency, nearly 86% non-institutionalized female elderly and 80% institutionalized female elderly and 83 % non-institutionalized male elderly 61% institutionalized elderly did not report to any agency and person.



Bar diagram: 23Non-reporting of elder abuse by male and female institutionalized and non-institutionalized elderly

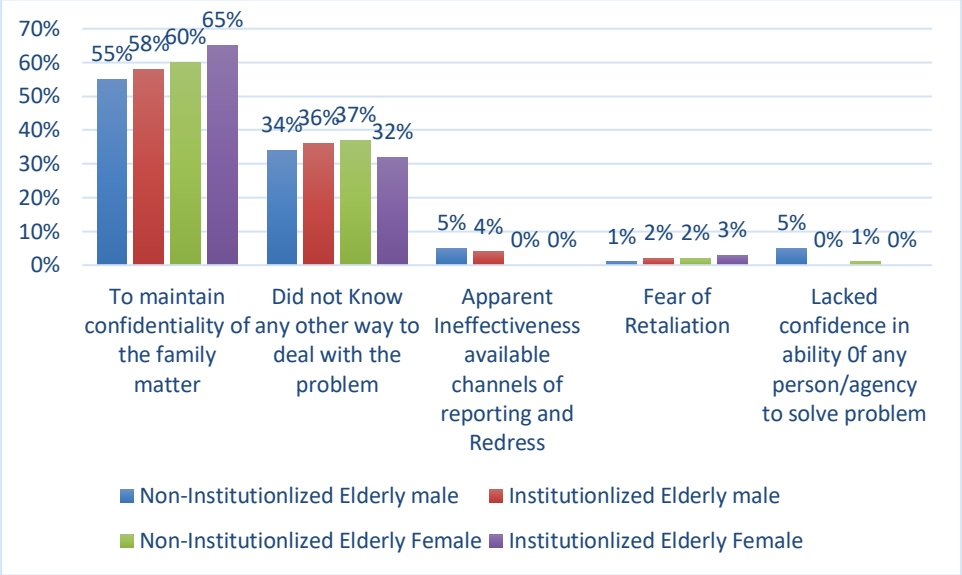
Why elderly did not report:

Bar diagram24 shows Approx. (55%) non-institutionalized elderly and (61%) institutionalized elderly accepted that it will be affect “family honour” or wants to maintain confidentiality of family matter and (38%) non-institutionalized and (31%) institutionalized elderly felt that “they did know how to solve the problems or lack of awareness.



Bar diagram: 24 Reasons for non-reporting of elder abuse by institutionalized elderly and non-institutionalized elderly

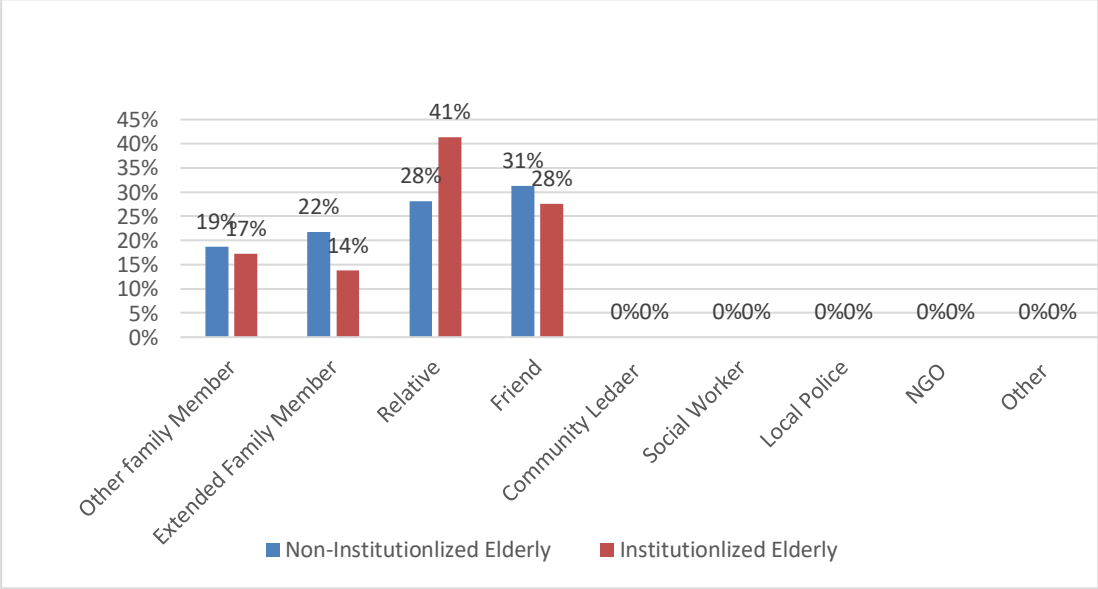
Bar diagram25 shows (65%) institutionalized female elderly and non-institutionalized female elderly (60%) did not report for family concern or wants to maintain their confidentiality while institutionalized elderly male (58%) and non-institutionalized elderly (55%) were same opinion as female elderly. However, also felt they did not know how to deal with problems; this trend was similar in both groups.



Bar diagram: 25 Reasons for Non-reporting of Elder Abuse by different categories

Whom did elders approach for reporting? -

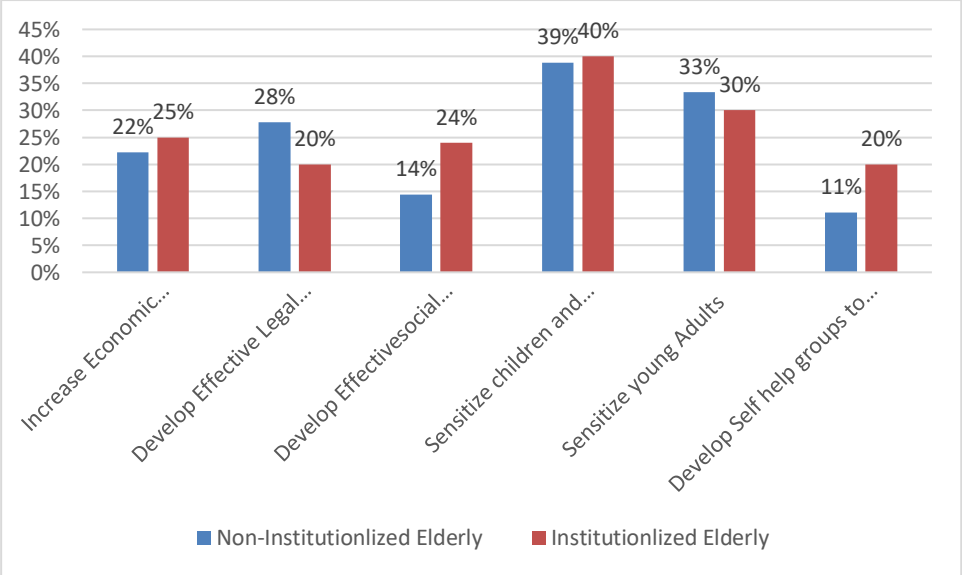
Bar diagram26 shows that elderly shared their problems with family members or relative or friend. It shows that elderly tendency to solve their problem within family or friend and also shows that elderly are concern about their family image in society. This trend is similar in different categories like gender.



Bar diagram: 26 whom did elderly approach for reporting -institutionalized elderly and non-institutionalized elderly?

Effective measures of dealing with Elder Abuse –

Bar diagram27 shows that elderly accentuation on refinement of children and fortify intergenerational holding, sharpening of youthful grown-ups additionally they give inclination expanding monetary autonomy of the manhandled to shield them from any weaknesses. Theopinions of elderly male and female institutionalized and non-institutionalized elderly are similar.



Bar diagram: 27 Effective ways of dealing with elder abuse preferences by Institutionalized Elderly and non-institutionalized Elderly

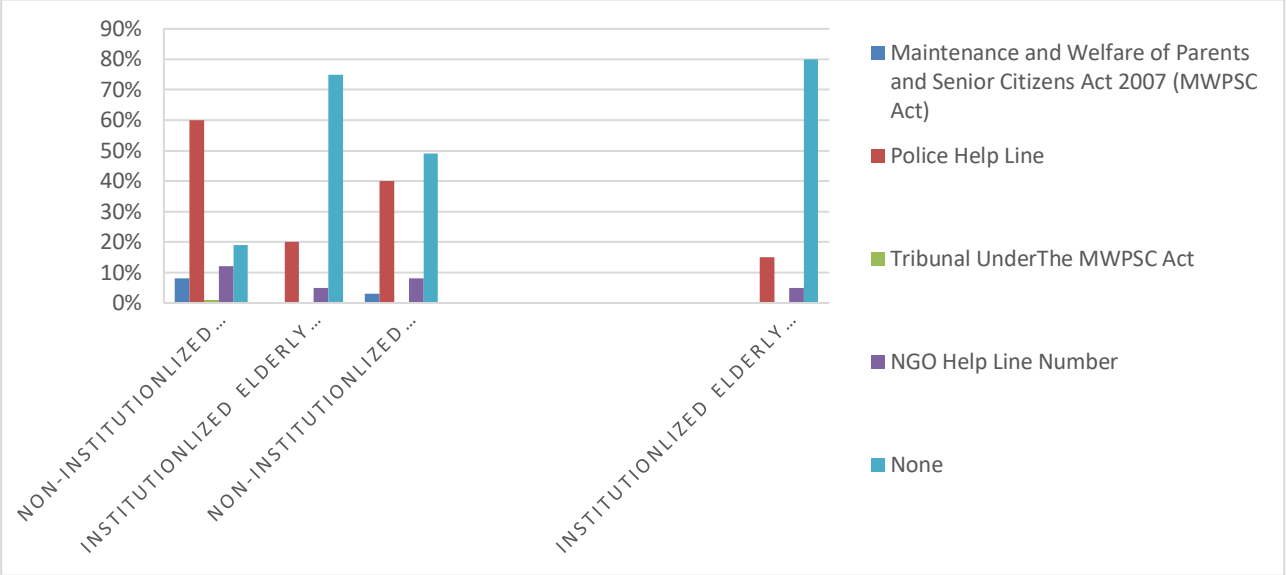
Redressal Mechanisms:

It is about familiarity with redressal system and distinctive detailing component, encounters of benefiting settlement under Maintenance and Welfare of Parents and Senior Citizens (MWPSC) Act, and old discernment about MWPSC Act.

Awareness about Reporting and Redressal Mechanisms:

Elderly have least mindfulness about revealing and redressal Mechanisms. Female elderly has least cognizance as contrast with male older among all redressal components separated from police assist with covering number. Bar diagram28 shows non-institutionalized elderly male (60%) and female (40%) both have high awareness about police help line number as compare to institutionalized male (20%) and female elderly (15%).Institutionalized elderly has no awareness about Maintenance and Welfare of Parents and Senior Citizens Act 2007 (MWPSC Act) in both

groups. However, 8% non-institutionalized elderly male are aware about MWPSC Act while only 3% non-institutionalized elderly are aware about this Act.



Bar diagram: 28 Awareness about Reporting and Redressal Mechanisms among institutionalized male and female elderly and non-institutionalized male and female elderly

Experience, accessibility, and affordability of availing benefits under MWPSC Act:

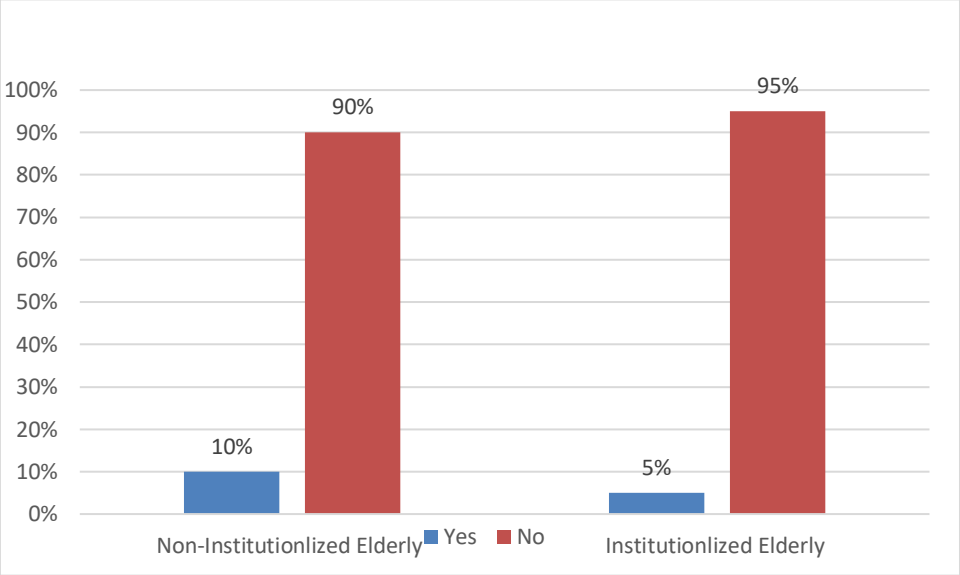
Altogether, old didn't take the advantages under MWPSC Act. The elders who knew about MWPSC Act, gotten some information about moderateness and availability of advantage under MWPSC Act, old affirmed that they don't think about the method to take benefits under MWPSC Act.

Impact of Technology and social media-

This part was looking for data about web or versatile use conduct and their understanding with regards to effect of innovation and online media as for elder maltreatment.

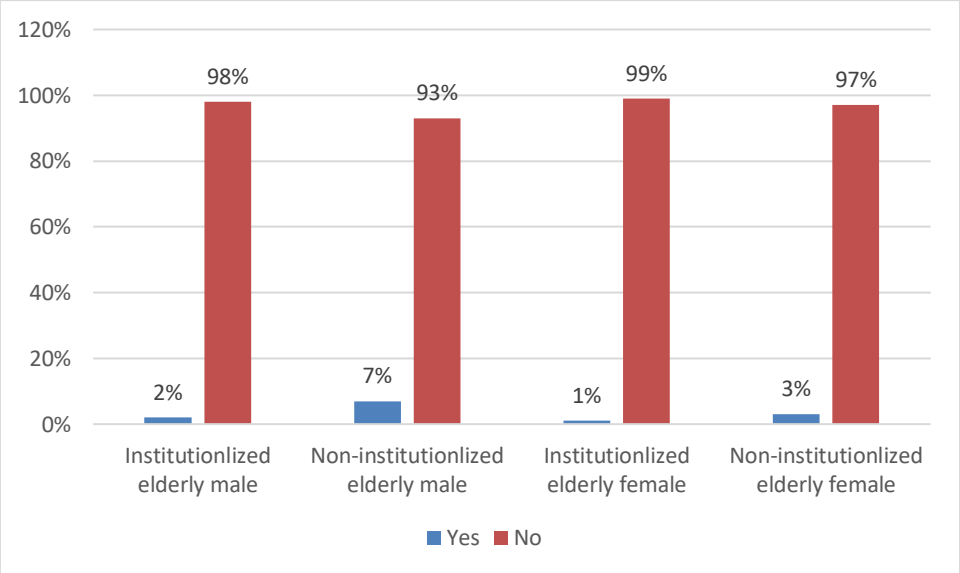
Mobile and Internet usage behaviour:

Bar diagram29 indicates that web clients are extremely low among the two gatherings of older populace. Internet and mobile use is high among non-institutionalized elderly (10%) as think about standardized old (3%). It showed that huge distinction in the extent of web clients among male and female male and female institutionalized and non-institutionalized elderly.



Bar diagram: 29 Mobile and internet users among Institutionalized elderly and non-institutionalized elderly (100%)

Bar diagram30 shows that internet and mobile use is high among male non-institutionalized elderly (7%) as female non-institutionalized elderly (3%) as compared only 2% institutionalized male elderlyand 1% female institutionalized elderly.

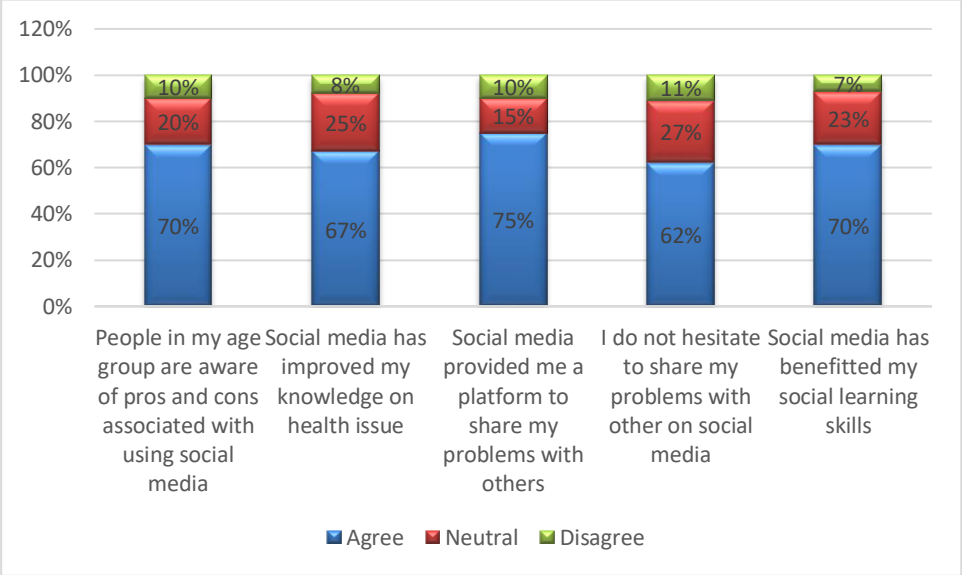


Bar diagram: 30 Internet & mobile Users among Institutionalized elderly male and female and non-institutionalized male and female elderly

Perception of elderly about social media and its effect on elder abuse:

Non-institutionalized elderly:

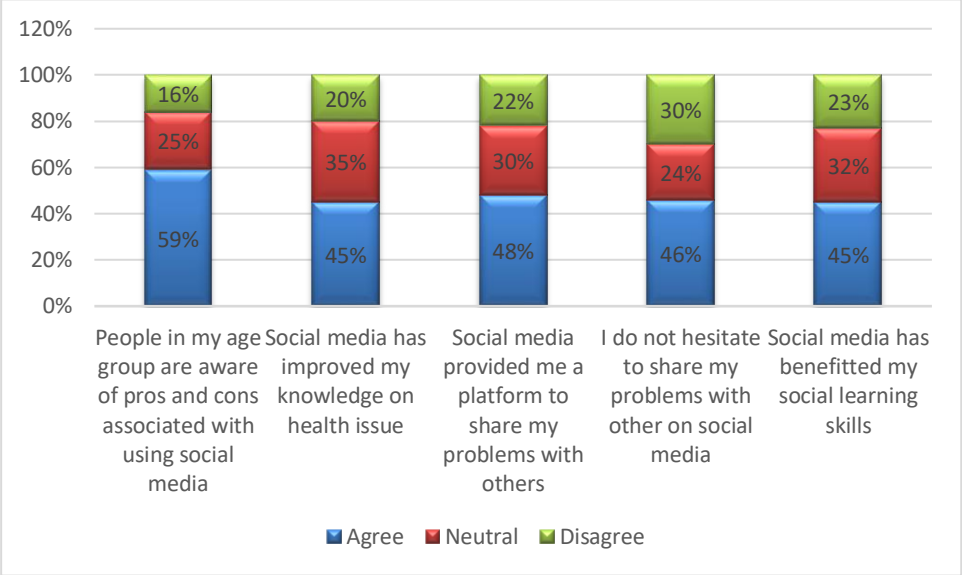
Bar diagram31 shows that among the non-institutionalized elderly, online media clients, over 70% clients concurred that older know about advantages and disadvantages related with web-based media, web-based media has worked on their insight on medical problem and 75 percent old recognize that they share their concern with others through web-based media stages like What's App and so on, 70% non-regulated old affirmed that web-based media has benefited for master new friendly acquiring abilities. **No difference among male and female non-institutionalized elderly social media users.**



Bar diagram: 31 Perception about social media (1) – Non-institutionalized elderly (male and female both)

Institutionalized Elderly:

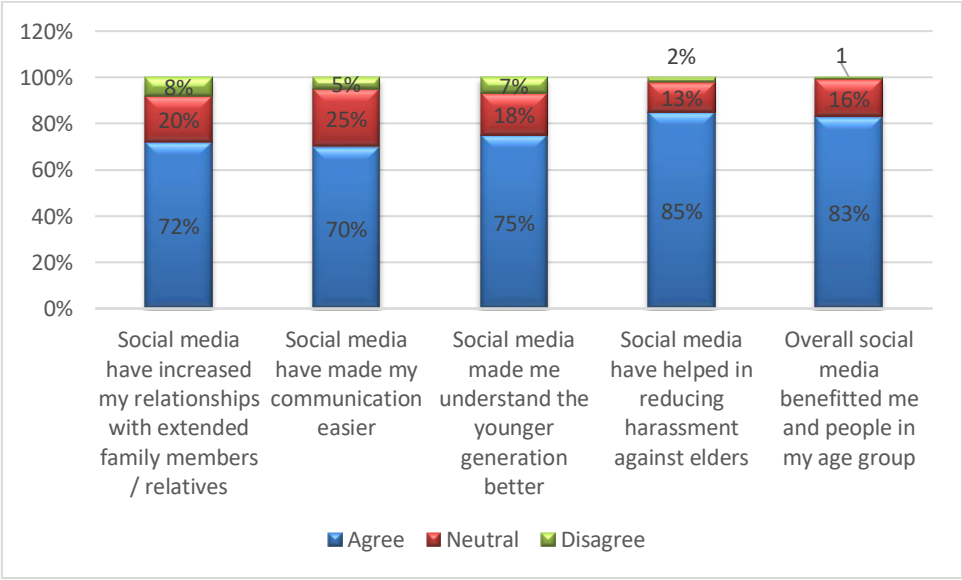
Bar diagram32 shows among the institutionalized old web-based media clients, just 59% users concurred that older know about upsides and downsides related with web-based media, more than 45% web-based media has worked on their insight on medical problem and 48 percent standardized old concurred that they share their concern with others through web-based media stages like What's App and so on, 46% organized old affirmed that web-based media has benefited for acquire new friendly mastering abilities.



Bar diagram: 32 Perception about social media (2) – institutionalized elderly (male and female both)

Non-Institutionalized Elderly:

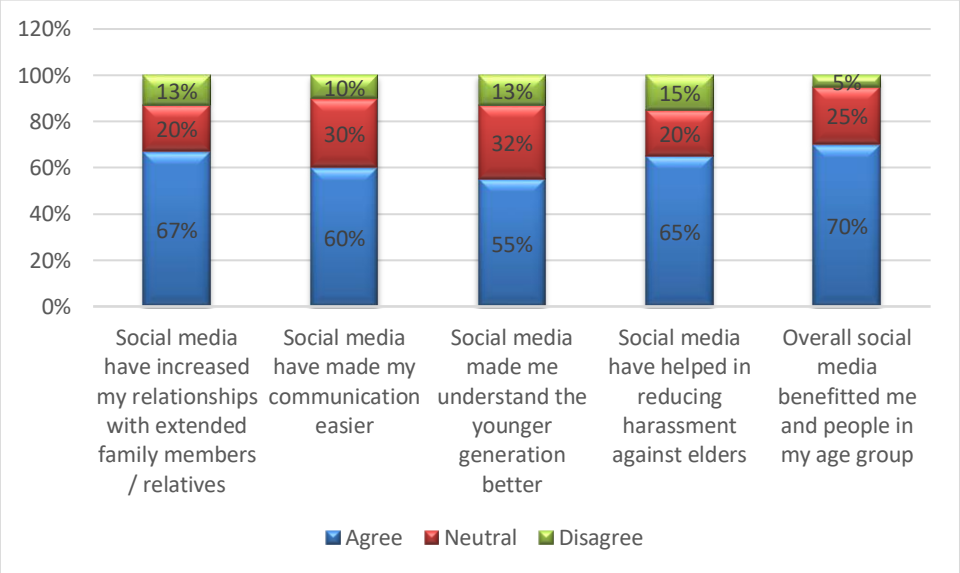
Bar diagram33 non-institutionalized elderly has confirmed that web-based media has made their correspondence simpler, over 75 % old acknowledged that web-based media have expanded my associations with more distant family individuals and family members, they concurred that web-based media assists with understanding the more youthful age better. Online media user's elderly recognized that it's likewise helped in diminishing badgering against elderly. More than 80 percent elderly confirmed that overall social media benefitted them.



Bar diagram:33 Perception about social media (3) – non-institutionalized elderly (male and female both)

Institutionalized Elderly:

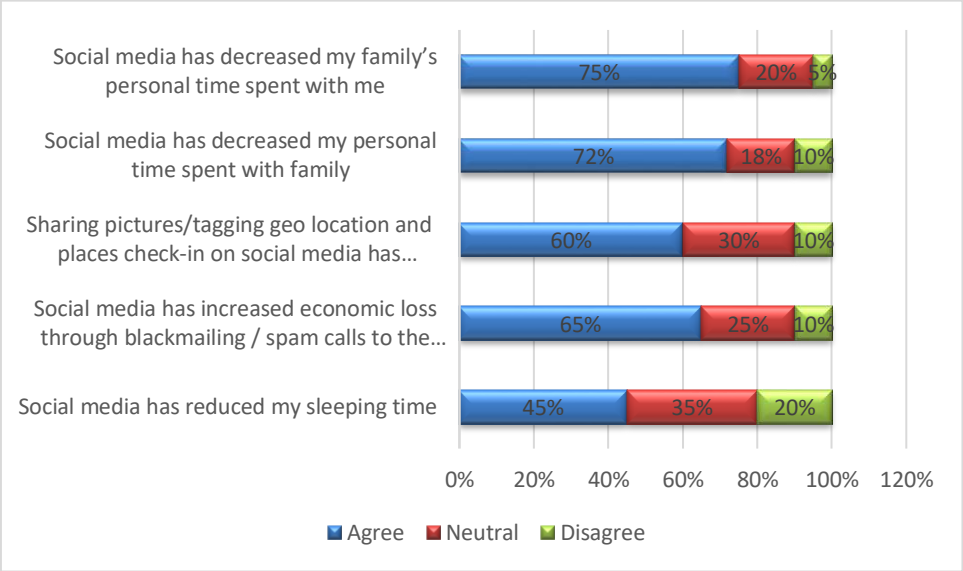
Bar diagram 34 shows more than 60% web-based media elderly acknowledged that web-based media have expanded associations with more distant family individuals and family members and furthermore made my correspondence simpler. Institutionalized elderly also confirmed that social media has helped to better understand the younger generation. Around 70 percent elderly has acknowledged that generally web-based media benefitted them and the same age group people.



Bar diagram: 34 Perception about social media (4) – institutionalized elderly (male and female both)

Non-Institutionalized Elderly:

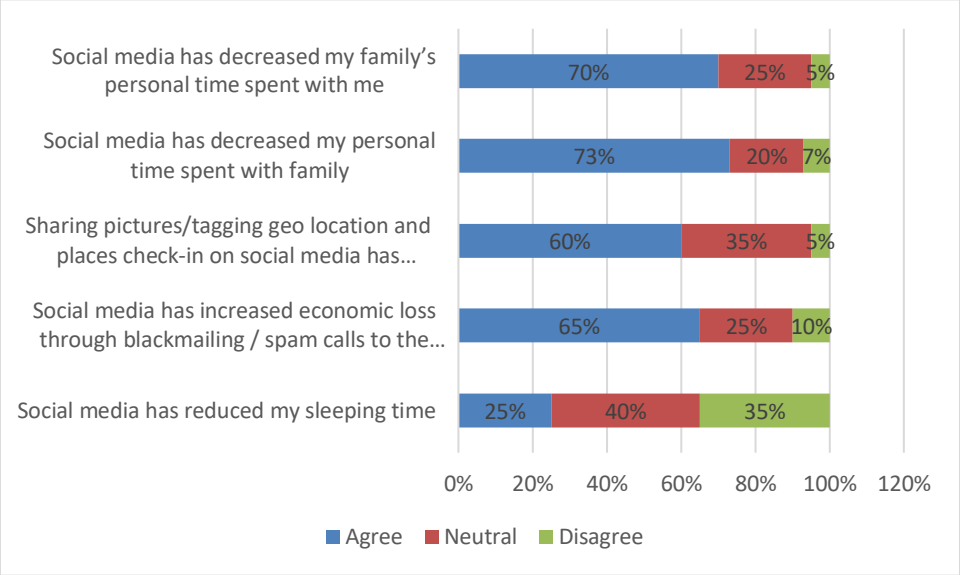
Bar diagram35 shows above 75 percent the non-institutionalized elderly male and female both accepted that web-based media has diminished their family time went through with family and relatives time went through with them. Elderly also confirmed that web-based media has diminished their dozing time and online media has expanded their financial misfortune through extorting/spam calls to individuals in their age bunch. Among 60 percent non-institutionalized elderly accepted that social media has increases security threats to them.



Bar diagram:35 Perception about social media (5) – non-institutionalized elderly (male and female both)

Institutionalized Elderly:

Bar diagram36 shows although above 70 percent social media users, institutionalized elderly male and female both acknowledged that online media has diminished their own time invested with family and family energy which was spent by them. Only 25 percent institutionalized elderly confirmed that web-based media has diminished their dozing time and expanded their financial misfortune through coercing/spam calls to individuals in their age bunch. Among 65 percent non-institutionalized elderly accepted that social media has increases security threats to them.



Bar diagram:36 Perception about social media (6) –institutionalized elderly (male and female both)

Major findings

The present study investigated the psychosocial needs, psychological wellbeing, and hope among institutionalized and non-institutionalized elderly people.The quantitative data pertaining to all variables were entered into statistical software, Statistical Package for Social Science and various statistical tests were performed using the statistical package. Statistical methods which were applied themean, SD, and ANOVA.

Interpretations of Findings

Hypothesis 1

The First hypothesis predictedthat "there will be significant difference of psychosocial needs between institutionalized elderly and non –institutionalized elderly". For the purpose of measuring perceived social support, Social Supports Inventory for the Elderly by Jamuna .D and Ramamurti, P.V. (1991) was used. The Hypothesis was tested by mean, SD and ANOVA, with the help of SPSS. The table 2(a) showsand bar diagram 6a the comparative analysis of perceived social support among institutionalized and non-institutionalized elderly. The mean and SD of non-institutionalized elderly scored high mean score65.21(S.D=7.60) as comparison institutionalized elderly mean score= 32.91(S.D=7.60). Table 2(b)showed ANOVA, group difference of elderly institutionalized, and non- institutionalized elderly did not found significant.

The result shows that institutionalized and non-institutionalized elderly did not show any significant difference in respect to their perceived social support. Findings of the result was that no difference among institutionalized and non-institutionalized respect to their perceived social support.

The gender differences among institutionalized and non-institutionalized in relation to perceived social support were analyzed and compared and are presented in table six.

Table3 (a) shows and bar diagram 6b, Mean and SD of male institutionalized elderly in respect to their social support, obtaining finding are Male (Mean= 34.53, S.D= 5.36), Female institutionalized elderly (Mean=30.40, S.D=7.02). The result shows that male institutionalized elderly scored high mean score= 34.53(S.D= 5.36) as compared female institutionalized elderly mean score= 30.40(S.D=7.02). Although table six also revealed result that Mean, SD of male non-institutionalized elderly in respect to their social support scored high mean score=Mean=69.81(S.D=9.55) as compare female non-institutionalized elderly mean score=63.55(S.D=9.70).

Table 3(b) indicates ANOVA, group difference of institutionalized male and female elderly was found significant at.05level.On the other side; significant difference both groups among male and female non-institutionalized elderly was also found significant at .05levels. The result found that male institutionalized and non-institutionalized elderly have better perceived social support as compared female institutionalized and non-institutionalized elderly. Similarly, another study conducted by Jaswal, N., & Singh, S. (2014), that non-institutionalized elderly was high level of perceived social support as compared institutionalized elderly .it showed partial disagreement with present study. On the other hand, the result of present study that gender difference found significant difference among institutionalized and non-institutionalized elderly. Male elderly as compared to females were high on their perceived social support also supported the present study. Social support has an important intimation for the wellbeing and welfare of the elderly. In this view, the elderly in India had been auspicious in the sense that elderly hold a prominent position in the family and society. But due to the technological advancement and urbanization, elderly feeling isolated, neglected, no one take care of them and left-over mercy of servants (Fillit et al., 2002; Fratiglioni et al., 2004., Jaswal, N., & Singh, S., 2014). Newsom and Schulz (1996) social support extensively affect life satisfaction, self-esteem and wellbeing, quality of life and health of elderly.

Hypothesis 2

The subsequent speculation explored by this review analyzed that there will be significant difference of psychological well-being, health problems and attitude towards their life(hope) between institutionalized elderly and non –institutionalized elderly.

For the purpose of measuring health problems,Kartz Activity of Daily Living (ADL), scalewas administered to assess health status among institutionalized (group1) and non-institutionalized elderly (group2). The Activity of Daily Living (ADLs) as an important dimension of functional status of a human being, particularly with regard to the individual with disabilities and the elderly referred by health professionals. This term used to refer to the daily activities of self-care within the residence of people and the outdoor environments, or both (Sekhon, H., & Minhas, S., 2014). The data of population distributed as per their independency and dependency.

Table 4(a) and bar diagram 7(a)it was observed that after assessment of ADL, out of 180elderly people, 67 percent of institutionalized elderly participants were independent and 33 percent elderly dependent to others. On the other hand, 83 percent of non-institutionalized elderly were independent and 17 percent elderly dependent elderly. The result of present study confirmed that non-institutionalized elderly has better health, more independent and better functional ability than institutionalized elderly. Similar study conducted by Noro, A., &Aro, S. (1997) comparison of health and functional ability between non-institutionalized and least dependent institutionalized elderly in Finland and found the result that elderly people living at home better health and with better functional ability than those living in institutions or residential care. A study conducted by Abbasian M et al (2016) in which 216 older people participants. This was community-based cross-sectional study and were evaluated for dependency by Katz index in Maku, 16.6 % of elderly were found fully to partially dependent (10.6% of subject were dependent, 6% needed help or were partially dependent) which is supported to the present study.

Table 4(b) showsbar diagram 7a that out of 90 male and female institutionalized elderly approx. 72 percent of elderly independent or they can own daily routine work, but 28 percent male elderly are dependent to others. While female elderly were more dependent as compare to male respectively, 43 percent were independent and 57 percent dependent. The findings clearly indicatedthat present study that male institutionalized elderly have better physical and functional ability as compared to female institutionalized elderly.

As above table 4(c)and bar diagram7 (c) indicated thatapprox. 93 percent of non-institutionalized male elderly were independent and only 7 percent male elderly were dependent to others. Although, independent female elderly (74%) and female dependent elderly (26%). The findings clearly indicatedthat present study that that non-institutionalized male and female elderly were more active as compared to institutionalized elderly. Similar study conducted by Tomy A. R & Abraham A. (2020) on Functional autonomy among institutionalized and non-institutionalized elderly population also supported the present study. The finding was non-institutionalized elderly have better and well sophisticated functional wellbeing than institutionalized elderly. Further also found result that male elderly had well functional autonomy than women. Therefore, second hypothesis accepted that there will be significant difference between health problems institutionalized and non-institutionalized elderly.

The second hypothesisalso investigated that there will be significant difference of psychological well-being between institutionalized elderly and non –institutionalized elderly. To measuring psychological wellbeing, Ryff's well-being scale was administered to assess psychological wellbeing among institutionalized (group1) and non-institutionalized elderly (group2). Psychological wellbeing was measured in six dimensions, autonomy, environmental mastery, personal growth, positive relations, purpose in life and self-acceptance. According to Keyes, C. L., Shmotkin, D., &Ryff, C. D. (2002) every dimension of psychological wellbeing articulates different challenges persons encounter as they strive to function positively. This hypothesis was tested using mean, SD, and ANOVA, to find out group difference among institutionalized and non-institutionalized elderly. Table 5(a) and bar diagram 8a indicated Mean and SD of non-institutionalized elderly scored high mean score=200.58(S.D=31.83) as compared institutionalized elderly mean score= 141.39(S.D=33.34). Table 5(b) indicatedANOVA, group difference of institutionalized and non- institutionalized elderly was found significant at .05levels. Mapping these finding the result suggested that non-institutionalized elderly (200.58, S.D=31.83) have better psychological wellbeing than institutionalized elderly mean score (141.39, S.D=33.34).

On the other hand Table 6(a) and diagram 8b shows that Mean, SD of male institutionalized elderly in respect to their psychological wellbeing (Mean=146.13, S.D=29.26), female institutionalized elderly (Mean= 135.12, S.D= 47). Table 6(b) also shows male institutionalized elderly scored high mean score=146.13(SD=29.59) as compared female institutionalized elderly mean score=135.12(SD=39.59). However, male non-institutionalized elderly also scores high mean=209.30(SD=17.86) as compare female non-institutionalized elderly mean score=191.21(SD=45.04).

Table 6(b) indicated result of ANOVA, group difference of male and female institutionalized and non-institutionalized elderly. The result showed that male institutionalized elderly and female institutionalized elderly have no significant difference in respective their psychological wellbeing. On the other hand, male and female non-institutionalized elderly was found group difference at significant .05level in respective their psychological wellbeing. Male non-institutionalized elderly have better psychological wellbeing as compared female non-institutionalized elderly. Therefore, second hypothesis is accepted. These discoveries are not just steady of the second theory of the review, but on the other hand are harmonious with past writing that have discovered that people who resided at the old age home had a lower level of feeling as comparison to living with the family (Singh, B., & Kiran, U. V. ,2013). Similar study was conducted by Tejal (2010) also supported on psychological wellbeing among aged individual in India and finding shows that institutionalized aged experience poor sense of psychological wellbeing than the non-institutionalized aged. Ahiwale, M. K., & Kumar, M (2017) also found result that the general feelings of the elderly living in the families had better position than that of the elderly living in old age home.

The Result of the current review affirmed that male non-institutionalized elderly have preferable psychological wellbeing over female old. Huge mean distinction was found between the mean scores of psychological wellbeing regarding sex. Comparative review was directed by Chamuah, A., and Sankar, R. (2017), have discovered outcome that male old have preferred psychological wellbeing over female old. While inconsequential contrast was found between mean score of male and female institutionalized elderly regarding their psychological wellbeing. Then again, a review was directed by Mughal and Fatma (2015) psychological wellbeing and wretchedness among occupants of advanced age homes of Jaipur and discovered critical distinction in discouragement and psychological wellbeing as for both old guys and females. Result was showing partial disagreement.

The second hypothesis further investigated that there will be significant difference attitude towards their life (level of hope) between institutionalized elderly and non –institutionalized elderly. To examine level of hope among institutionalized and non-institutionalized elderly;Synder Adult hope scale was used.

Table 7(a) andbar diagram 9(a) indicated Mean, SD of non-institutionalized elderly in respect to their level of hope (Mean=47.58, S.D=5.96), institutionalized elderly (Mean=35.82, S.D=8.55).Non-institutionalized elderly scored high mean score=47.58(SD=5.96) as compared to institutionalized elderly mean score=35.82(SD=5.96). Table 7(b) indicated ANOVAgroup

difference of institutionalized and non-institutionalized elderly in respect to their level of hope. Institutionalized and non-institutionalized elderly was not found significant in respect to their level of hope. The findings of the study revealed that no significant difference among institutionalized elderly and non-institutionalized elderly respective their level of hope.

On the other hand,table 8(a) bar diagram 9b indicatedMean, SD of male institutionalized elderly in respect to their level of hope, obtaining finding are Male (Mean= 35.16, S.D= 6.37), Female institutionalized elderly (Mean=30.85, S.D=8.11).Institutionalized male elderly scored high mean score=35.16(SD=6.37) as compared to institutionalized female elderly mean score=30.85(S.D= 8.11). Table 8(a)also indicted Mean, SD of male non-institutionalized elderly in respect to their level of hope scored high mean score=69.30(S.D=10.21) as compared to female non-institutionalized elderly mean score=62.74(S.D=9.70).

Table 8(b) showsthat male elderly who were institutionalized showed higher level of hope when compared to the female institutionalized elderly and found significant difference at .05 levels among male and female institutionalized elderly. Further, the significant difference also was found among non-institutionalized male and female elderly at significant .05level. Finding disclosed that male institutionalized elderly presented better level of hope than female institutionalized elderly. Similarly, male non-institutionalized elderly has better level of hope as compared with female non-institutionalized elderly. Similar, study conducted by Pessoa, P., Cunha, M et al (2014) also supported the result men presented higher level of as compared with women. A study conducted by Gupta, S., & Singh, A. (2019) , to find out the relationship between subjective wellbeing and hope and to compare the level of hope and subjective wellbeing among institutionalized and non-institutionalized elderly. The result was found that institutionalized elderly had more scored hope and subjective wellbeing as compare to non-institutionalized. Result was partial disagreement with present study.

Hypothesis 3:

The third hypothesis examined that “there will be significant difference of elderly abuse and conflict among generations between institutionalized elderly and non –institutionalized elderly.” Elder abuse is a hidden often neglect in society. The elderly are more vulnerable those who are weak and dependent, physical and mental and emotional week and need proper care and attention. Lack of take care and when this is not provided, they suffer from neglect; feel isolated

with family and society. To assess amount of elderly abuse, elder abuse questionnaire was used for data collection. The findings of the result that are;

- Perception on understanding of elder abuse, more than 62% elderly accepted abuse as disrespect, verbal abuse (50%), being neglect (52%) by institutionalized elderly while ,(50%) disrespect, (30%)verbal abuse and (40%) non-institutionalized elderly also accepted (Bar diagram 10).
- Occurrence or prevalence rate of elder abuse ,65% non-institutionalized elderly and 70% institutionalized elderly have confirmed in high prevalence rate, 25 % moderate level was acknowledged by both groups, while 10% institutionalized elderly and 5% non-institutionalized elderly had accepted low level form of elder abuse extent in our society(Bar diagram 11).
- At the point when analyzed the two gatherings almost 28% non-institutionalized elderly and 42% institutionalized elderly have been affirmed they have been casualty of senior maltreatment of all time (Bar diagram 12).
- When compared gender wise, findings that reporting of abuse was more institutionalized female elderly (44%), then institutionalized elderly male(40%) followed by non-institutionalized elderly female(29%) and non-institutionalized elderly male(27%).Female elderly was more vulnerable and faced abuse as compared with male elderly in both groups (Bar diagram 13).
- The most frequent form of abuse experienced by both groups (institutionalized and non-institutionalized male elderly) was (72%) disrespect, verbal abuse (61%) and neglect (56%) Although highly economic exploitation was faced by institutionalized male elderly (50%) than non-institutionalized elderly (30%). On the other hand, female institutionalized and non-institutionalized elderly both groups approx. had same opinion that was75% disrespect, 60% verbal abuse and 58% neglect they experienced abuse. However, economic exploitation was most common faced by female institutionalized elderly (67%) as compared with non-institutionalized female elderly (40%) (Bar diagram 14 and 15).
- The main abusers in both groups were Son, and daughter-in-law (Bar diagram 16, 17 and 18).
- The main reasons for abuse as reported by victims elders perceived that they are mainly faced abuse as their children due to economic dependence on them, emotional dependence and also lack of adjustment(Bar diagram 19,21 and 21).

- Reporting behaviour among elderly – only 32% non-institutionalized elderly and 29% institutionalized elderly was reported to any agency or person(Bar diagram 22).
- The reasons for not reporting any mechanism- elderly accepted that want"to maintain confidentiality of family matter" and elderly felt that "they did know how to solve the problems or lack of awareness(Bar diagram 24 and 25).
- Institutionalized elderly approached for reporting (41%) relatives, (14%) extended family members and (17%) other family members on the other hand non-institutionalized elderly was frequently share their problem with others (19%) reported relatives, (22%) extended family members and (28%) other family members. This trend is similar in different categories like gender (Bar diagram 26).
- Elderly was accepted that most effective ways of dealing with elder abuse firstly sensitize children, secondly increase economic condition than develop effective legal system. This opinion was same in both groups and there was almost same view between male and female in both groups (Bar diagram27).
- When asked perception of non-institutionalized elderly about social media, 70% users agreed that elderly are aware of pros and cons associated with social media, 67% social media has improved their knowledge on health issue and 75 percent elderly acknowledge that they share their problem with others through social media platforms like What's App etc., 70 percent non-institutionalized elderly confirmed that social media has benefited for learn new social learning skills. No difference among male and female non-institutionalized elderly social media users. More than 80 percent elderly confirmed that overall social media benefitted them (Bar diagram 31).
- Seventy five percent non-institutionalized elderly male and female both accepted that online media has diminished their family time went through with family and relatives time went through with them.
- **On the other hand, institutionalized elderly,** only 59% users agreed that elderly are aware of pros and cons associated with social media, more than 45 percent social media has improved their knowledge on health issue and 48 percent institutionalized elderly agreed that they share their problem with others through social media. 46 percent institutionalized elderly confirmed that social media has benefited for learn new social learning skills(Bar diagram 32).
- Around 70% older has recognized that general web-based media helped them and a similar age bunch individual.

- Although above 75 percent social media users, non- institutionalized elderly (Bar diagram 35) male and female both acknowledged that online media has diminished their own time invested with family and family energy which was spent by them and (Bar diagram36) although above 70 percent social media users, institutionalized elderly male and female both acknowledged that online media has diminished their own time invested with family and family energy which was spent by them..

Findings of results showed that institutionalized elderly were more victims as compared with non-institutionalized elderly. Third hypothesis is accepted. A study conducted by Help Age India (2018), supported study that main abusers were son and daughter-in-law and, high prevalence rate of abuse experienced by elderly was disrespect, verbal abuse than neglect. In USA led a public report on viciousness and maltreatment of the older, it depended on the cases enlisted with the any skilled office, analyst found that there were about portion of millions of old dismissed or mishandled in family setting (Lahe, D., 2011). According to Agewellfoundation study that 23.3 percent of elderly were found in pathetic conditions, around 48.6 percent of the elderly are neglected or not getting respect by their family members,relatives, and society, while one third elderly in the country is not getting the health care. Further also found that cases of elder abuse more in urban area than rural.

As indicated by WHO (2002), worldwide between 4 to 6 percent of individual have experienced senior maltreatment like physical, passionate, mental, enthusiastic, monetary or different types of misuse and furthermore tracked down that more seasoned ladies are at more danger of being deserted .Additional, Institutional abuse occurs a good number often when there are poorly trained staff and when low standard or insufficiently monitored.

Hypothesis 4:

There will be significant difference of about awareness of social support system provided by government agencies, NGO, SHG to safeguard elderly people between institutionalized elderly and non –institutionalized elderly. Finding of the result are;

- Elderly have very less awareness about reporting and Mechanisms. Female elderly has least awareness as compared to male elderly among all redressal mechanisms except police help line number. Although, non- institutionalized elderly male (60%) and female (40%) both have high awareness about police help line number as compare to institutionalized male (20%) and female elderly (15%)(Bar diagram28).

- Institutionalized elderly has no awareness about Maintenance and Welfare of Parents and Senior Citizens Act 2007 (MWPSC Act) in both groups. However, 8% non-institutionalized elderly male are aware about MWPSC Act while only 3% non-institutionalized elderly are aware about this Act.
- At the point when talk about experience, openness, and reasonableness of profiting benefits under MWPSC Act, through and through, old didn't take the profiting benefits under MWPSC Act. Among those, who knew about MWPSC Act, affirmed that they don't think about the system to profit benefits under MWPSC Act. Older didn't know about any NGO OR SHG bunch.

A study was conducted by D'Cunha, S., Suresh, S., &Yathindra, C. (2019) on rights of the elderly and awareness study among elderly. Study revealed the result that 39% of the elderly respondents are aware; on the other hand, 61 percent elderly was not aware about legal acts and provisions under the court of law for senior citizens. Further also found that only 28.6 percent of elderly are aware about MWPSC Act, while 71.4 percent are not aware about provision of MWPAC Act.

CHAPTER – 4

(4.1) Conclusion:

Aged people are growing in all countries of the world, as well as India. Individual's life expectancy is longer due to advancement of medical facility and socio-economic development. But elderly population is increasing around the world with distinct. This scenario is challenging needful consideration according to diversity of population. Like other countries, India is additionally confronting challenge intending to the advanced age issues like financial, segment profiles, living game plans, administrations to the older, federal retirement aide, relational connections and so forth. The survey of a few examinations delights that numerous researcher see that old as inactive beneficiaries of care. Further, with expanding age, the issues of older like bereaved old, unmarried old, and crippled, delicate old and the individuals who have a place with chaotic area are not covered by many examinations. Aging needs specific attention to every prospect or multidisciplinary and inter-disciplinary prospective. The development of social gerontology covers so many multidisciplinary areas such as sociology, psychology, anthropology, law, management, economics, and nutrition, and focus on various elderly problems. Understanding of aging issue is required holistic and combination of qualitative and quantitative approaches both. Be that as it may, older are heterogeneous gathering necessities appropriate delineation of the gathering and needed to be seen with regards to various variables like sexual orientation, conjugal status, district, and occupational status of the old. In the present study researcher was investigate psychosocial needs, psychological wellbeing and hope among institutionalized and non-institutionalized elderly people in Uttarakhand. The result showed non-institutionalized male elderly also has higher level of 'satisfaction with social support' than female non-institutionalized elderly. The result of the study revealed that most of elderly needs social support from society and their family member's, relatives, friends etc. Despite the fact that aging process is truth of life, being aware of the fact, changes and adopting a healthy lifestyle can reduce its impact and their wellbeing. Social support issue are play major role in physical and psychological health of elderly. These problems may be loneliness (from loss of loving person, spouse, friends etc.), inability to do manage daily activities of living, difficulty coping process and accepting aging process, increasing health problems in a late life, social isolation, after retirement elderly feel boredom and financial stresses from loss of regular income etc.

As observed by researcher during the study that elderly felt isolated and more dependent to others and the facility and care provided by the old age home was not sufficient. Most of the elderly paid money to live in old age home. Those elderly, who are financially capable, and they are more confident to others, and they showed high level of hope. As present study found in observation supported by Davis's (2005) study among people aged positive correlations between

hope and spirituality, hope and well-being, and spirituality and well-being. A study conducted by Pessoa, P., Cunha, M., et al (2014) hope and wellbeing in the elderly and found the result that most of the participants perceive their health status as reasonable, feeling of loneliness. Further, mentioned that positive relation with health status, greater level of activity, the grater hope, and life satisfaction. Male elderly showed high level of hope compared to women who were married and belonging to middle high socio-economic family. Elder abuse is a very severe and frequent dilemma in India and whole world, but unfortunately, it is neglect by society.

In India, elderly do not complain against their family members due to honor of family. In India have a custom that the male child takes a legacy forward, take responsibility look after of their parents in old age and perceived final salvation of the parents through performance of their last rites. All these reasons, elderly thought they get 'moksh' after 'kriyakarm'. Although, when elderlies are not getting affection and love from their children and family members, they left their house and live alone or go to old age homes. While old movement to an old age home is another method of living style and change climate, various things to various individuals, plainly the elderly folks might require more consideration as they more established. In India, as contrasted and other nations the percent of old living alone or old age homes in amazingly low. In any case, at the equivalent, because of the extended development of older populace, government and NGOs and SHG ought to explore reasonable choices to address the issues of old.

In India just as other nation likewise, Respect for common freedoms is one of the critical and significant standards for the meaning of a nation vote based system. Older have likewise equivalent rights as other age bunch however their privileges are unseen or old don't know about their privileges because of absence of mindfulness. Ensure healthy and quality of life elderly, we need to regard the common freedoms and increment social obligation towards senior maltreatment in a family and different settings too. Older don't know about their privileges, it has led to merciless day to day environment of the old individuals. Elderly has high level of tolerance of high towards family member due to family honor, it has also lead prevalence rate of elder abuse. This thought may be changed only increasing awareness regarding this issue.

(4.2) Limitations of the study:

Present research is based on comparative study using primary and secondary data. Given the strength of comparative study, researcher was taken care to ensure comparability of the measures. Though, there were some limitations. 1) With respect to sampling, for the research work sample was taken specific area and focus on only two districts of Dehradun. 2) Additional, research is required to evaluate the extent, to which the findings would apply to elders in other areas. 3) This study did not take parameter socio-demographic, economic status as a variable, it may be affect the result. 4) The study has been done on a small sample size. A broader study including all these variables on the elderly population can be taken up in the future.

(4.3) Suggestions and Future of Implications of the study:

Although some restriction, there were numerous huge strengths in the general review. The objective of flow research was to analyze psycho-social needs, psychological wellbeing and hope among institutionalized and non-institutionalized elderly people in Uttarakhand."The findings of study will help to recognize elderly psycho-social problems, health disorder and study of abuse in terms of nature of extent and intensity, frequency, also identify factors those prompt abuse so that the incidences of abuse can be minimize and, in both settings, institutionalized (old age home) and non-institutionalised (family settings). Which will help the other researchers and planners to strategies and focus on target area and to work with caregiver such as family members, relative and staff members of old age homes who look after the elderly for better care, understanding their needs and concerns of elderly.

This study enhances the importance of hope and psychological wellbeing among elderly. The result of the study on elderly reveled that there need to financial support and income generative programmes for the elderly by the government and NGO. Researcher observed at the time of data collection many elderlieswant to do work and engagement so that they can remove loneliness and earn money to fulfill their financial needs. Additionally, the study showed that need for sensitizing society about issues and need of the elderly to encourage adequate support for them. The findings of the study also indicate that government must take initiative to ensure proper living condition, financial support and strong health care system, strongly implement legal laws against elder abuse. This will ensure their remaining life to be happy, healthy, and peaceful. Further, the study revealed that there is immediate need to sensitize children and younger generation and educate them about responsibility towards their parents in the late life and provide psychosocial support, ensure their psychological wellbeing, respect them, which make sure a feeling of contentment, encourage high level of hope towards life, and self-

satisfaction. In the present study finding suggests that elderlyis not aware about their rights, regarding healthy aging practices. Institutionalized elderly has low level of awareness as compared non-institutionalized elderly. Government and non-government organizations should start awareness programmes to educate elderly about their rights and sensitize the society about special needs to the elderly. Government and other agencies such as self-help group have produced a chain of initiatives like as in England 'No secretes' and 'Safeguarding Adults' and in Scotland 'Breaking silence'. There should be involved every person in the care and support of elderly and need to know existence of elder abuse and be able to provide advice on how solve the problem in appropriate way. All the doctors or who provide geriatric services must be aware about to the possibility of elder abuse, how to identify it, and Future research should observe the perceived vulnerability to elder abuse as well as attempt to identify the personal, appropriate background of the family, and social-cultural factors that may account for family member's behavior.

Appendix:1

Socio-Demographic data

Name -

Age / sex-

Address-

Date-

Marital status-

Education –

Appendix:2

PERCEPTION OF SOCIAL SUPPORT INVENTORY

Instructions: Most of us at one time or another run into severe stresses and strains requiring the help and support of others. Such support may be available from family members, friends, neighbours etc. Here below are statements pertaining to your feelings about the support you may receive from your family, friends, relatives and others. Each statement has five response categories. Please read each statement and tick ( ) the response category that best describes your feelings. There are no right and wrong responses. What you feel is the correct response. Please answer all the statements. Your responses will be kept confidential.

Almost always	Most of the time	Occasionally	Rarely	Never
5	4	3	2	1

1.	My children like me and feel concerned about me.	5 4 3 2 1
2.	My spouse loves me and cares for me.	5 4 3 2 1
3.	My relatives express concern for me.	5 4 3 2 1
4.	My friends support me at times of need.	5 4 3 2 1
5.	At times of difficulties, I feel secure because my-	
	a) Wife/ Husband/ life partner supports me.	5 4 3 2 1
	b) Children support me.	5 4 3 2 1
	c) Other family members support me.	5 4 3 2 1
	d) Friends support me.	5 4 3 2 1
	e) Relatives support me.	5 4 3 2 1
6.	When I am in financial difficulties my earnings (Pension, bank savings, property, life insurance etc., will give me a security).	5 4 3 2 1
7.	When I am in financial need I am confident that my Friends and relatives will come to my rescue.	5 4 3 2 1
8.	At times of my sickness, illness or disability-	
	a) My wife/ husband looks after me	5 4 3 2 1
	b) My eldest/ son/ other sons look after me	5 4 3 2 1
	c) My daughter looks after me	5 4 3 2 1
	d) My relatives/ friends looks after me	5 4 3 2 1
	e) Public Institutions	5 4 3 2 1

9.	Our society (in view of its good traditions and customs) extends good support towards the aged.	5 4 3 2 1
10.	At present our social customs respect the elderly and support their care and well being.	5 4 3 2 1

APPENDIX: 3

Katz Index of Independence in Activities of Daily Living		
Activities Points (1 or 0)	**Independence** (1 Point) **NO** supervision, direction or personal assistance.	**Dependence** (0 Points) **WITH** supervision, direction, personal assistance or total care.
BATHING Points: _____	**(1 POINT)** Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity.	**(0 POINTS)** Need help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing
DRESSING Points: _____	**(1 POINT)** Get clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes.	**(0 POINTS)** Needs help with dressing self or needs to be completely dressed.
TOILETING Points: _____	**(1 POINT)** Goes to toilet, gets on and off, arranges clothes, cleans genital area without help.	**(0 POINTS)** Needs help transferring to the toilet, cleaning self or uses bedpan or commode.
TRANSFERRING Points: _____	**(1 POINT)** Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable	**(0 POINTS)** Needs help in moving from bed to chair or requires a complete transfer.
CONTINENCE Points: _____	**(1 POINT)** Exercises complete self control over urination and defecation.	**(0 POINTS)** Is partially or totally incontinent of bowel or bladder
FEEDING Points: _____	**(1 POINT)** Gets food from plate into mouth without help. Preparation of food may be done by another person.	**(0 POINTS)** Needs partial or total help with feeding or requires parenteral feeding.
TOTAL POINTS: _____	**SCORING:** 6 = High (*patient independent*) 0 = Low (*patient very dependent*	

Source:
try this: Best Practices in Nursing Care to Older Adults, The Hartford Institute for Geriatric Nursing, New York University, College of Nursing, www.hartfordign.org.

APPENDIX-4

Appendix-2

Ryff's Psychological Well-Being Scales (PWB), 42 Item version

Please indicate your degree of agreement (using a score ranging from 1-6) to the following sentences.

		Strongly disagree					Strongly agree
1.	I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	1	2	3	4	5	6
2.	In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5	6
3.	I am not interested in activities that will expand my horizons.	1	2	3	4	5	6
4.	Most people see me as loving and affectionate.	1	2	3	4	5	6
5.	I live life one day at a time and don't really think about the future.	1	2	3	4	5	6
6.	When I look at the story of my life, I am pleased with how things have turned out.	1	2	3	4	5	6
7.	My decisions are not usually influenced by what everyone else is doing.	1	2	3	4	5	6
8.	The demands of everyday life often get me down.	1	2	3	4	5	6
9.	I think it is important to have new experiences that challenge how you think about yourself and the world .	1	2	3	4	5	6
10.	Maintaining close relationships has been difficult and frustrating for me.	1	2	3	4	5	6
11.	I have a sense of direction and purpose in life.	1	2	3	4	5	6
12.	In general, I feel confident and positive about myself.	1	2	3	4	5	6
13.	I tend to worry about what other people think of me.	1	2	3	4	5	6
14.	I do not fit very well with the people and the community around me.	1	2	3	4	5	6
15.	When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5	6
16.	I often feel lonely because I have few close friends with whom to share my concerns.	1	2	3	4	5	6
17.	My daily activities often seem trivial and unimportant to me.	1	2	3	4	5	6
18.	I feel like many of the people I know have gotten more out of life than I have.	1	2	3	4	5	6
19.	I tend to be influenced by people with strong opinions.	1	2	3	4	5	6
20.	I am quite good at managing the many responsibilities						

of my daily life.	1	2	3	4	5	6
21. I have the sense that I have developed a lot as a person over time.	1	2	3	4	5	6
22. I enjoy personal and mutual conversations with family members or friends.	1	2	3	4	5	6
23. I don't have a good sense of what it is I'm trying to accomplish in life.	1	2	3	4	5	6
24. I like most aspects of my personality.	1	2	3	4	5	6
25. I have confidence in my opinions, even if they are contrary to the general consensus.	1	2	3	4	5	6
26. I often feel overwhelmed by my responsibilities.	1	2	3	4	5	6
27. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.	1	2	3	4	5	6
28. People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6
29. I enjoy making plans for the future and working to make them a reality.	1	2	3	4	5	6
30. In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5	6
31. It's difficult for me to voice my own opinions on controversial matters.	1	2	3	4	5	6
32. I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6
33. For me, life has been a continuous process of learning, changing, and growth.	1	2	3	4	5	6
34. I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6
35. Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5	6
36. My attitude about myself is probably not as positive as most people feel about themselves.	1	2	3	4	5	6
37. I judge myself by what I think is important, not by the values of what others think is important.	1	2	3	4	5	6
38. I have been able to build a home and a lifestyle for myself that is much to my liking.	1	2	3	4	5	6
39. I gave up trying to make big improvements or changes in my life a long time ago.	1	2	3	4	5	6
40. I know that I can trust my friends, and they know they can trust me.	1	2	3	4	5	6
41. I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6
42. When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6

APPENDIX- 4

ADULT HOPE SCALE (AHS)

Scale (taken from http://www.ppc.sas.upenn.edu/hopescale.pdf)

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided.

1. = Definitely False 2. = Mostly False 3. = Somewhat False 4. = Slightly False 5. = Slightly True 6. = Somewhat True 7. = Mostly True 8. = Definitely True ___

1. I can think of many ways to get out of a jam. ___

2. I energetically pursue my goals. ___

3. I feel tired most of the time. ___

4. There are lots of ways around any problem. ___

5. I am easily downed in an argument. ___

6. I can think of many ways to get the things in life that are important to me. __

7. I worry about my health. ___

8. Even when others get discouraged, I know I can find a way to solve the problem. ___

9. My past experiences have prepared me well for my future. __

10. I've been pretty successful in life. ___

11. I usually find myself worrying about something. ___

12. I meet the goals that I set for myself.

Scoring: Items 2, 9, 10, and 12 make up the agency subscale. Items 1, 4, 6, and 8 make up the pathway subscale. Researchers can either examine results at the subscale level or combine the two subscales to create a total hope score.

APPENDIX- 5

ELDER ABUSE STUDY QUESTIONNAIRE

ELDER ABUSESTUDY 2020	**Questionnaire**	**Dec/ 2020**

City	**1-Deharadun 2- Haridwar**		
Locality			
Gender	**Male1**	**Female 2**	
Name of respondent			
Date			
Address (COMPLETE ADDRESS)	_____ _____		

Name ofInterviewer(INT):_

FIELD CONTROL INFORMATION												
	D	**D**	**M**	**M**	**Y**	**Y**	**STARTING TIME**					
FIRST VISIT INTV DATE							**ENDING TIME**					
SECOND VISIT INTV DATE							**STARTING TIME**					
							ENDING TIME					
SUPCODE				**INT CODE**			**CHECKED CODE**					

ACCOMPANIED CALL	**Y 1 N 2**	**BY:CODE**						**SIGN**			
SPOT/BACK CHECK	**Y 1 N 2**	**BY:CODE**						**SIGN**			
SCRUTINY:FIELD	**Y 1 N 2**	**BY:CODE**						**SIGN**			

ANALYSIS OBSERVATION: EXTENT OF PROBLEM		NO /MINOR 1 MILD 2 SEVERE 3
SCRUTINY : ANALYSIS	YES.....1 NO ... 2	BY :

Informed Consent:

Namaste. Mynameis_____and I am Research Scholar with Galgotias University Greater Noida,U.P. I want to emphasise that the information provided by you would be kept completely confidential and will only be used for programme purpose. The information will be securely stored and nobody outside the project team will have access to this information. The interview would take about 30 minutes. Before we begin, I would like to point out that there is no right or wrong answer. We are interested in your views, so please feel comfortable to say what you honestly feel like. Finally, I'd like to remind you that I am just an interviewer and not an expert on anything we discuss today, rather your views and opinions are most important tous.

Participation in this survey is voluntary and you may withdraw your participation any time. However we hope that you will take part since your participation is important. During the interview process if you are not able to understand any question, please feel free to ask me to repeat. Are there any questions before we begin? Do you agree to participate in this study?

Agreedtoparticipate……..1 Does not agreeto participate…..2

S. No.

101

SECTION 1

Details of Respondent

101a. Age(In completed years)		**Years**
101 b. Marital Status	Married	1
	Widow	2
	Widower	3
	Divorced/Separated	4
	Unmarried	5
101 c. What is the highest educational level you have completed?	Illiterate	1
	Primary (Up to class V)	2
	Middle (Up to class VIII)	3
	Matriculate (Up to class X)	4
	Higher Secondary (Up to class XII)	5
	Graduate	6
	Post Graduate	7
101 d. What is/was your occupation?	Unskilled Labour	1
	Casual labour	2
	Skilled Worker(carpenter, plumber, tailor)	3
	Petty Trader(small shop, Hawker)	4

Skip to Q201

	Government Service	5
	Private Service	6
	Retired from Private company	7
	Retired from State Govt. Service	8
	Retired Central Govt. Servant (PSU/Autonomous Organisation Under State/Central Govt./ Nationalised Bank/University/Hospital)	9
	Self Employed Professional	10
	Business	11
	Home Maker	12
	Others(Please specify)	90
101 e. How much is your monthly Income (write approx amount)		
101 f. Ownership of House	Self-Owned-1 Others own-2 Rented-3	
101 g.Living Arrangement ....READOUT	With family	
	With spouse only	2
	With Relative	3
	Alone	4
	Any Other	90

ASK ONLY IF LIVING WITH FAMILY – 1 CODED IN 101g

Q.102 Please provide details about the family members living withyou.

(1) Sl.No.	(2) Relation with Respondent (DO NOT WRITE NAMES)	(3) Age(In completed years)	(4) Educational Status (see codes)	(5) Occupation (see codes)	(6) Monthly Income (write exact /approx amount)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Item	Code
(4) Educational Status	
Illiterate	1
Primary (Up to class V)	2
Middle (Up to class VIII)	3
Matriculate (Up to class X)	4
Higher Secondary (Up to class XII)	5
Graduate	6
Post Graduate	7

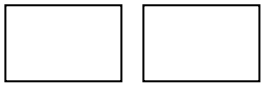
Item	Code
(5) Occupation	
Unskilled Labour	1
Casual labour	2
Skilled Worker(carpenter, plumber, tailor)	3
Petty Trader(small shop, Hawker)	4
Government Service	5
Private Service	6
Retired from Private company	7
Retired from State Govt. Service	8
Retired Central Govt. Servant (PSU/Autonomous Organisation Under State/Central Govt./ Nationalised Bank/University/Hospital)	9
Self Employed Professional	10
Business	11
Home Maker/Housewife	12
Unemployed	13
Student	14
Others(Please specify)	90

SECTION2

Q No	Question	Coding Category		Skip
201	What according to you amounts to elder abuse? **CIRICLE ALL RESPONSES AND RANK THEM STARTING WITH 1 AS THE MOST APPROPRIATE**	Disrespect ..... 1 Physical abusee ..... 2 VerballyAbusing ..... 3 EconomicExploitation ..... 4 Unwelcome or forcibleSexualContact5 Neglect ..... 6 Other(PlSpecify) ..... 7 Don'tKnow 8	Rank	
202	Do you think that elder abuse in any form is prevalent in your society?	Yes ..... 1 No 2		Q205
203	IF YES, what according to you is the prevalence of elder abuse? Is it --- (READ OUT RESPONSES)	High ..... 1 Somewhat ..... 2 Low 3		

Q No	Question	Coding Category		Skip
204	What is the form in which elder abuse most prevalent? **CIRICLE ALL RESPONSES AND RANK THEM STARTING WITH 1 AS THE MOST APPROPRIATE**	Disrespect ..... 1 Physical abuse ..... 2 VerbalAbuse ..... 3 EconomicExploitation..... 4 Unwelcome or forcibleSexualContact5 Neglect ..... 6 Other(Specify) ..... 7 Don'tKnow..... 8	Rank	
205	Have you ever been a victim of elder abuse?	Yes ..... 1 No 2		Q215
206	IF YES, what type of abuse did you face? **CIRICLE ALL RESPONSES AND RANK THEM STARTING WITH 1 AS THE MOST APPROPRIATE**	Disrespect ..... 1 Physical abuse ..... 2 VerbalAbuse ..... 3 EconomicExploitation..... 4 Unwelcome or forcibleSexualContact5 Neglect ..... 6 Other(Specify) 8	Rank	
207	Why do you think you were abused? PROBE. MULTIPLE RESPONSE POSSIBLE	Economic dependence ontheabuser .. 1 Economic dependence oftheabuser... 2 Emotional dependence ontheabuser . 3 Lack of effectivelegal deterrents ..... 4 ChangingEthos ..... 5 Increased longevity and need for care of older persons .....6 Other (specify)..... 7		
207a	Can you provide details to illustrate this?			
208	For how long have you been facing abuse? Please give details of duration. **RECORD DURATION. RECORD 00 IF LESS THAN ONE YEAR**	YEARS		
209	In the last one year, how many times did you face abuse ?**Give details of type of abuse faced along with frequency**	**Frequency** AlmostDaily .....1 Once inaWeek .....2 Once inamonth.....3 Once in a few	**Type of Abuse (can use answers in Q206)**	

		months…4 Veryrarely..... 5		



Q No	Question	Coding Category		Skip
210	Who was responsible for the abuse? **MULTIPLE RESPONSE POSSIBLE**	Son ..... 1 Daughter-in-law ..... 2 Daughter ..... 3 Son-in-law ..... 4 Relative(Specify) ..... 5 CareGiver/Servant ..... 6 Other (specify) 7		
211	Have you made any attempt to report these incidents?	Yes ..... 1 No ..... ⟹ 2		Q214
212	IF YES, whom did you approach? **PLEASE CIRICLE ALL THE GIVEN STATEMENTS AND THEN RANK THEM STARTING WITH 1 AS THE MOST APPROPRIATE.**	Other familyMember ..... 1 Extended FamilyMember ..... 2 Relative ..... 3 Friend ..... 4 CommunityLeader ..... 5 SocialWorker ..... 6 LocalPolice ..... 7 NGO ..... 8 Other (Specify) 9	Rank	
213	Why did you approach that particular person/agency? **CIRICLE ALL RESPONSES AND RANK THEM STARTING WITH 1 AS THE MOST APPROPRIATE**	Confidence in the ability of the person/ agency to solvetheproblem ...1 Did not know any other way to deal withtheproblem.....2 To maintain confidentiality of the familymatter .....3 Apparent Ineffectiveness of other waysand means.....4 Other(Specify) 5	Rank	

Q No	Question	Coding Category		Skip
214	ASK IF NO CODED IN Q211, You said that you did not report the matter. Please give reasons for not reporting. **CIRICLE ALL RESPONSES AND THEN RANK THEM STARTING WITH 1 AS THE MOST APPROPRIATE**	Lacked Confidence in ability of any person/agency tosolve problem ..1 Did not know how to deal with Problem.....2 To maintain confidentiality of familymatter .....3 Apparent Ineffectiveness available channels of reportingandredress.....4	Rank	

		Fear ofRetaliation .....5 Other(Specify).....6		
215	Have you come across cases of elder abuse in your surroundings?	Yes .....1 No 2		Q218
216	IF YES IN Q215, please specify the type of abuse you have noticed. **CIRICLE ALL RESPONSES AND THEN RANK THEM STARTING WITH 1 AS THE MOST APPROPRIATE**	Disrespect.....1 Physical abuse .....2 Verbal Abuse.....3 EconomicExploitation .....4 Unwelcome or forcibleSexualContact5 Neglect .....6 Allthosementioned.....7 Other(Specify) 8	Rank	
217	What do you think are the possible reason for such kind of elder abuse in the area? **CIRICLE ALL RESPONSES AND THEN RANK THEM STARTING WITH 1 AS THE MOST APPROPRIATE**	Economic dependence oftheabused...1 Economic dependence oftheabuser ...2 Emotional dependence oftheabused ..3 Lackofadjustment .....4 Increasing Longevity .....5 CareGiver'sStress.....6 Other(Specify).....7	Rank	

Q No	**Question**	**Coding Category**		**Skip**

218	How can we deal effectively with elder abuse? **CIRICLE ALL RESPONSES AND THEN RANK THEM STARTING WITH 1 AS THE MOST APPROPRIATE**	Increase Economic Independence oftheAbused..... 1 Develop effective legal reporting andredresssystem ..... 2 Develop effective social reporting and redresssystem..... 3 Sensitize children and strengthen intergenerationalbonding ..... 4 SensitizeYoungAdults..... 5 Develop Self Help Groups of Older Persons to provide assistanceandintervention ..... 6 Other(Specify) 7	Rank	
219 220	Are you aware of the following reporting and redress mechanism? **CIRCLE THOSE WHICH HE/SHE RESPONDS TO BE AWARE OF. IF RESPONDENT IS NOT AWARE OF ANY WRITE "NONE" IN OPTION: ANYOTHER…..5** Have you ever used moble or internet services ?	Maintenance and Welfare of Parents and Senior Citizens Act2007(MWPSCAct) ..... 1 Tribunal Under the MWPSCAct) ..... 2 PoliceHelpLine ..... 3 HelpAge India'sHelp Line ..... 4 Other(Specify) ..... 5 Yes ----------1 No----------2		

221	What is the purpose of using social media? **MULITPLE RESPONSE**	As family members are too busyto socially connect myself withothers	1	
		To connect with family	2	
		To connect with friends	3	
		To meet new people	4	
		For leisure purpose	5	
		To learn new things	**6**	
		To join groups which suits my interest	7	
		Others	8	

222	I will read few statement for you to understand impact of Social Media with respect to Elder Abuse. Please tell me to what extent you agree or disagree to these statements apply to you?					
	Statements	**Agree**	**Somewhat Agree**	**Neutral**	**Somewhat Disagree**	**Disagree**
1	Social media have reduced my sleeping time	1	2	3	4	5
2	People in my age group are aware of pros and cons associated with using social media	1	2	3	4	5
3	Social media have improved my knowledge on health issues	1	2	3	4	5
4	Social media provided me a platform to share my problems with others	1	2	3	4	5
5	I do not hesitate to share my problems with other on social media	1	2	3	4	5
6	Social media have increased economic loss through blackmailing / ransom calls/ spam calls to the people in my age group	1	2	3	4	5

7	Sharing pictures/ tagging geo location and places check-in on social media have increased security threats to the people in my age group	1	2	3	4	5
8	Social media have decreased my personal time spent with family	1	2	3	4	5
9	Social media have decreased my family's personal time spent with me	1	2	3	4	5
10	Social media have benefitted my social learning skills	1	2	3	4	5
11	Social media have increased my relationships with extended family members / relatives	1	2	3	4	5
12	Social media have made my communication easier	1	2	3	4	5
13	Social media made me understand the younger generation better	1	2	3	4	5
14	Social media have helped in reducing harassment against elders	1	2	3	4	5
15	Overall social media benefitted me and people in my age group	1	2	3	4	5

ANY ADDITIONAL INFORMATION
COMMENTS OF INTERVIEWER/SUPERVISOR

References:

Abbasian M, Ghalichi F, Ahmadi B, Ghasemzadeh P, Esmaeilpour E, Matlabi H. (2016) Status of Daily Living Activities among Older People in Maku. Elderly Health Journal.;2(2):73-7.

Aggarwal BAF, Liao M and Mosca L. (2008). Physical activity as a potential mechanism through which social support may reduce cardiovascular disease risk. J Cardiovascular Nurse. 23(2):90–96.

Ahmad, J. & Das, K., (2011). Living arrangement of elderly and perceptions on old age support in India: Evidences from a large-scale survey. Ouagadougou, UAPS Princeton University.

Ahiwale MK, Kumar M. (2017). A study of elderly living in old age homes and family in Pune district of Maharashtra. J. Evid. Based Med. Healthc. ,4(86), 5058-5061. DOI: 10.18410/jebmh/2017/1011

Alam, M., (2006). Ageing in India: Socio-Economic and Health Dimensions. New Delhi: Academic Foundation.

Alam, M., & Karan, A. (2014). Health Status of Elderly in India: Trends and Differentials. Population Ageing in India,(Eds.) Gridhar, G., KM Sathyanarayana, Sanjay Kumar, KS James and MoneerAlam, 96-134.

Alan E.Kazdin (1998). Encyclopedia of psychology, Oxford University Press. Volume7, 247-250, 373.

Ali, S., & Chakrabarty, F. (2017). Elderly muslim of rural West Bengal: A social gerontological study (Doctoral dissertation, Vidyasagar University, Midnapore, West Bengal, India).

Anantharaman, R. N. (1990). Certain Associates of Physical Health in Old Age. Journal of Psychological Researches 34: 88-92.

Anetzberger, Georgia J. (2012). An Update on the Nature and Scope of Elder Abuse. American Society on Aging, San Francisco.

Anderson C, Rubenach S, Mhurchu CN, Clark M, Spencer C, Winsor A. (2000). Home or hospital for stroke rehabilitation? Results of a randomized controlled trial. Stroke.; 31:1024–1031.

Baker, A. (1975). Granny Battering. Modern Geriatric, 8, 20-24.

Batra, S. (2004). Social Components of Active Ageing: A comparative study of Engaged and Disengage Women after Retirement, research and Development Journal, Vol. 10(1), Help Age India, New Delhi

Bagga, A.(1994). Health Status of Women in Old Age Homes. Ageing & Society: The Indian Journal of Gerontology 4: 11-21.

Banjare, P., Dwivedi, R., & Pradhan, J. (2015). Factors associated with the life satisfaction amongst the rural elderly in Odisha, India. Health and quality of life outcomes, 13(1), 1-13.

B. Davis, (2005).“Mediators of the relationship between hope and well-being in older adults,” Clinical Nursing Research, vol. 14, no. 3, pp. 253–272.

Berkman LF. (2000).Social support, social networks, social cohesion and health. Social Work in Health Care. 2000;31(2):3–14.

Berkman LF.(2009). Social epidemiology: Social determinants of health in the United States. Annual Review of Public Health. 2009;30(30):27–41.

Berkman, L. F., Sekher, T. V., Capistrant, B., & Zheng, Y. (2012). Social networks, family, and care giving among older adults in India. In Aging in Asia: Findings from new and emerging data initiatives. National academies Press (US).

Berkman LF., Glass T, Brissette I, Seeman. (2000). TE. From social integration to health: Durkheim in the new millennium. Soc Sci Med.; 51:843–857.

Bell, Colin and Newby, Howard. (2005). Sociology of Community: A Collection of Readings. New York: Frank Cass and Company Limited.

Bharati, K., & Singh, C. (2013). Ageing in India: need for a comprehensive policy. IIM Bangalore Research Paper, (421).

Bloom, D. E., et al. (2014). Longitudinal Aging Study in India: Biomarker Data Documentation. Boston,

Bloom DE, Mahal A, Rosenberg L, Sevilla J. (2010).Economic security arrangements in the context of population ageing in India. International Social Security Review;63(3–4):59–89.

Blazer, D. (2006). “How do you feel about…? Self-perceptions of health and health outcomes in late life. Kleemeier Award lecture delivered at the Annual Meeting of the Gerontological Society of America, November 18, 2006, Dallas, Texas.

Bongaarts J, Zimmer Z.(2002). Living arrangements of older adults in the developing world. The Journals of Gerontology Series B: Psychological Sciences and Social Sciences,57(3):S145–S157.

Burns, R. A., & Machin, M. A. (2009). Investigating the structural validity of Ryff’s psychological well-being scales across two samples. Social Indicators Research, 93(2), 359–375.

Burman, J., Sembiah, S., Dasgupta, A., Paul, B., Pawar, N., & Roy, A. (2019). Assessment of poor functional status and its predictors among the elderly in a rural area of West Bengal. Journal of mid-life health, 10(3), 123.

Chamuah, A., & Sankar, R. (2017). Psychological wellbeing among elderly people. International Journal of Interdisciplinary and Multidisciplinary Studies, 4(2), 213-216

Chakrabarty, A. (1995). Indian Elders suffers abuse and neglect, Article in ZEE Research Group, (June 15 2012).

Chen, F., & Short, S. (2008). Household context and subjective wellbeing among the oldest old in China. Journal of Family Issues, 29, 1379–1403. doi:10.1177/0192513X07313602

Chokkanathan, S., & Lee, A. E. (2006). Elder mistreatment in urban India: A community based study. Journal of Elder Abuse & Neglect, 17(2), 45-61.

Chowdhary, D. Paul. (1992). Aging and the Aged. New Delhi: Inter-India Publications.

Chokkanathan, S., and A. Lee. (2005). Elder mistreatment in urban India: A community based study. Journal of Elder Abuse and Neglect 17(2):45-6

Ciesla, J. R., Shi, L., Stoskopf, C. H., & Samuels, M. E. (1993). Reliability of Katz's Activities of Daily Living Scale when used in telephone interviews. Evaluation & the health professions, 16(2), 190-203.

Cohen, S. & Syme, S.L. (1985). “Issues in the Study and Application of Social Support” in Cohen, S. & Syme, S.L. (eds), Social Support and Health, Orlando: Academic Press, Inc.

Cohen, S. (1992). Stress, social support and disorder. In H.O.F. Veiel& U. Baumann (Eds), the meaning and measurement of social support (pp.109-124). New York: Hemisphere publishing.

Cohen S. (1988). Psychosocial models of the role of social support in the etiology of physical disease. Health Psychol.; 7(3):269–297.

Cornwell, B.(2011). Independence through social networks: Bridging potential among older women and men. The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences, 66(6): 782-794

Cobb, S. (1976). Social support as Moderator of Life Stress. Psychosomatic Medicine (38), 300-314

Cooper, C., A. Selwood, and G. Livingston. (2008). The prevalence of elder abuse and neglect: A systematic review. Age and Ageing 37(2):151-160. doi:10.1093/ageing/afm194.

Dandekar, K., (1993). The aged, their problems and social intervention in Maharashtra. Economic and Political Weekly, 28(23), pp. 1188-1194.

Dandekar, K. (1996). *The elderly in India*. SAGE Publications Pvt. Limited.

Dhara RD, Jogsan YA .(2013) Depression and Psychological Well-being in Old Age. J Psychol Psychother 3: 117. doi:10.4172/2161-0487.1000117

Dhargave, P., &Sendhilkumar, R. (2016). Prevalence of risk factors for falls among elderly people living in long-term care homes. Journal of clinical gerontology and geriatrics, 7(3), 99-103.

Dong, X., Chen, R., Chang, E. S., & Simon, M. (2013). Elder abuse and psychological well-being: A systematic review and implications for research and policy-A mini review. *Gerontology*, *59*(2), 132-142.

Fallucca, B. (2018). The relationship between executive function, hope, and depression in older adults. Seton Hall University.

Farran, K.A. ,Herth, J. & Popovich, M. (1995). Hope and Hopelessness: Critical Clinical Constructs. Thousand Oaks, CA: Sage Publications.

Fleeson, W., and J. Heckhausen. (1997). More or less “me” in past, present, and future: perceived lifetime personality during adulthood. Psychology and Ageing 12: 125- 136.

Folkman S. Stress, coping, and hope. Psycho-Oncology. (2010). 19:901–908. [PubMed: 20799373]

Geriatric Nutrition: The Health Professional's Handbook
By Ronni Chernoff

Gupta, A. et al., (2014). Quality of Life of Elderly People and Assessment of Facilities Available in Old Age Homes of Lucknow, India. National Journal of Community Medicine, 5(1), pp. 21-24.

Gupta, N. (2004). Successful ageing and its determinants (Doctoral dissertation, Ph. D. thesis, TISS, Mumbai).

Gupta, R. (2009). Systems perspective: Understanding care giving of the elderly in India. Health Care for Women International 30(12):1,040-1,054

Gupta, S., & Singh, A. (2019). The Study of Subjective Well-Being and Hope Among Elderly People. Indian Journal of Gerontology, 33(3).

Gupta, S., & Singh, A. (2020). The Study of Resilience and Hope among Elderly People. Indian Journal of Gerontology, 34(3), 343-352.

Gupta P, Mani K, Rai SK, Nongkynrih B, Gupta SK.(2014). Functional disability among elderly persons in a rural area of Haryana. Indian J Public Health 2014;58:11-6.

Grover, S., & Malhotra, N. (2015). Depression in elderly: A review of Indian research. Journal of Geriatric Mental Health, 2(1), 4.

Grundy, E. (1998). Changing Role of the Family and Community in Providing Support Support for the Elderly. United Nations Population Fund.

Gray, L. A. (2003). Hopeful thinking within aspects of successful aging: A study of older adults. Michigan State University.

Grewal, P. K., & Porter, J. E. (2007). Hope Theory: A framework for understanding suicidal action. Death Studies, 31(2), 131-154. doi:10.1080/07481180601100491.

Harandi, T. F., Taghinasab, M. M., &Nayeri, T. D. (2017). The correlation of social support with mental health: A meta-analysis. Electronic physician, 9(9), 5212

He, W., Goodkind, D., & Kowal, P. R. (2016). An aging world: 2015.

HelpAge India (2015). The State of Elderly in India, 2014, HelpAge India, New Delhi. https://www.helpageindia.org/images/pdf/state-elderly-india- 2014.pdf

Hooyman, N., and H. Kiyak. (2011). Social gerontology a multidisciplinary perspective. Boston, MA: Pearson.

IIPS, O. (2007). National Family Health Survey (NFHS-3), 2005-06: India. Vol. I. Mumbai: International Institute for Population Sciences.

Irving, L. M., Snyder, C. R., & Crowson, J. J., Jr. (1998). Hope and coping with cancer by college women. Journal of Personality, 66(2), 195-214. http://dx.doi.org/10.1111/1467 6494.00009

India's Aging Population.(2014) Available from: http://www.prb.org/ Publications/Reports/2012/india-older-population.aspx. [Last accessed on 2014 Jul 16].

IrudayaRajan, S. & Kumar, S.(2003). Living arrangements among Indian elderly: New evidence from National Family Health Survey. Economic and Political Weekly, 38(1), pp. 75-80.

Jadhav, A., Sathyanarayana, K., Kumar, S. & James, K.(2013). Living Arrangements of the Elderly in India: Who lives alone and what are the patterns of familial support?. Busan Korea, IUSSP.

Jaswal, N., & Singh, S. (2014). Perceived Social Support Among Institutionalized and Non-Institutionalized Elderly in Chandigarh (India). Indian Journal of Gerontology, 28(3), 372-384.

Jeyalakshmi, S., Chakrabarti, S., & Nivedita, G.(2011). Situation Analysis of The Elderly in India, Central Statistics Office, Ministry of Statistics &Programme Implementation. Government of India.

Jayshree. (2004). Living Arrangements and Exchange Patterns of Elderly, Research and Development Journal, Help Age India, New Delhi

Juntunen, C. L., &Wettersten, K. B. (2006). Work hope: Development and initial validation of a measure. Journal of Counseling Psychology, 53(1), 94−106, doi:10.1037/0022 0167.53.1.94

Kang, Tej Preet Kaur and Asha Chawal.(2011) Adjustment Problems Among Elderly: A Comparative Study, Advanced Research Journal of Social Science, 2(1), 5-8

Kahana, E., Kahana, B. and Kinney, I. (1989) Coping Among Vulnerable Elders. In Z. Harel, P. Ehrilch and R. Hubbard (Eds.), Understanding and Servicing Vulnerable Aged, New York: Springer.

Krause, N. and B. Shaw.(2000). Role-specific feelings of control and mortality, Psychology and Aging 15(4), pp. 617–626.

Kastenbaum, R. (1992). The creative process: A lifespan approach. Generations 22 (1): 285-306.

Kalavar, J. & Jamuna, D.(2008). Interpersonal relationships of elderly in selected old age homes in urban India. Interpersona, 2(2), pp. 193-215.

Kahnemann, D., Diener, E., & Schwarz, N. (1999). Wellbeing: The foundations of hedonic psychology. New York: Russell Sage Foundation

Khan, A. M. and Raikwwar, Madhu, (2010). 'Relationship between expectations, life satisfaction and diseases amongst elderly from different social groups', Indian Journal of Gerontology. 24(3), pp. 379 -94.

Kumar, Y., & Bhargava, A. (2014). Elder abuse in Indian families: Problems and preventive actions. International Journal of Scientific and Research Publications, 4(10), 1-8
Kudo, Y., & Saeki, K. (2013). Reasons for the creation of new social networks by the elderly after relocation. *Health, 2013.*

Krafft, A. M., Martin-Krumm, C., &Fenouillet, F. (2019). Adaptation, further elaboration, and validation of a scale to measure hope as perceived by people: Discriminant value and predictive utility vis-à-vis dispositional hope. *Assessment*, *26*(8), 1594-1609.

Lahe, D. (2011). Research on Abuse and Violence against the Elderly in a Family Setting. *Acta EducationisGeneralis*, *1*(2), 16-28.

Lachs, M. S., & Pillemer, K. A. (2015). Elder abuse. New England Journal of Medicine, 373(20), 1947-1956.

Madhurima.(1989). Institutional Care of the Elderly. A Study of Inmates of an Old Age Home at Chandigarh. Unpublished MA Dissertation, Chandigarh: Department of Sociology, Punjab University.

Mahajan, A. (1987) Problems of the Aged in Unorganized Sector, Delhi: Mittal Publications.

Mishra, S. (1976). Social adjustment in old age a case study of retired government employees living in Chandigarh.

Minhat, H.S. et al. (2014). Determinants of Leisure Participation among the Malay Ethnic Elderly in Malaysia. Middle-East Journal of Scientific Research 21(9): 1442-1447.

Mindful, (2008). Mindful Database Indicators Determinants of health Social and cultural environment 16. Social Support Metadata.

McEwen BS. (2008). Central effects of stress hormones in health and disease: understanding the protective and damaging effects of stress and stress mediators. Eur J Pharmacol.; 583(2–3):174–185.

Mohanty, S.P.(1989). 'Demographic and socio-cultural aspects of ageing in India: some emerging issues', in R.N.Pati and B. Jena (eds.), Elderly in India: socio-demographic dimension. Ashish, New Delhi, pp. 37-45.

Neeraja, K. P. (2006). Textbook of Growth and Development for Nursing Students. New Delhi: Jaypee Brothers Medical Publishers

National Center of Elder Abuse (NCEA). (2003). Retrieved 15. 9. 2008 from: http://www.ncea.aoa.gov/ncearoot/Main_Site/index.aspx

National Elder Abuse Incidence Study (NEAIS): final report. (1998). Washington: Administration for Children and Families and the Administration on Aging. Retrieved 15. 1. 2009 from http://www.aoa.gov/abuse/report

National Research Council, & Committee on Population. (2003). Psychosocial concepts in humanitarian work with children: A review of the concepts and related literature. National Academies Press.

Newman, M. (2006). International/cultural perspectives on elder abuse. In Elder Abuse: A Public Health Perspective, R.W. Summers and A.M. Hoffman (Eds.). Washington, DC: American Public Health Association.

NSSO. (2015). Key Indicators of Social Consumption in India, Health (January–June 2014), National Sample Survey Office, Ministry of Statistics and Programme Implementation, Government of India, New Delhi. 19,20 Ibid, 15

NSO. (2021).Elderly in India, National Statistical Office, Ministry of Statistics &Programme Implementation, Government of India, New Delhi.

ORGI .(2011). "Provisional Population Totals, Paper-1 of 2011", Office of the Registrar General and the Census Commissioner of India, Ministry of Home Affairs, Government of India, New Delhi. www.censusindia.gov.in

Pehlan, A. (2013). International Perspective on Elder Abuse, Advances in Health and Social Policy, Routledge, New York.

Patel, Mamta. (2010). Crimes against the Elderly. Indian Journal of Gerontology. 24, (3), pp. 395-403.

Phelan, A. (2013). Elder abuse: An introduction. In International perspectives on elder abuse (pp. 15-45). Routledge.

Pillemer, K., Burnes, D., Riffin, C., &Lachs, M. S. (2016). Elder abuse: global situation, risk factors, and prevention strategies. The Gerontologist, 56(Suppl_2), S194-S205.

Prakash, I.J. (2005). Ageing in India: retrospect and prospect. Bangalore University, Bangalore. Ramamurti, P.V. and D. Jamuna, 1993. 'Psychological dimensions of ageing in India.' The Indian Journal of Social Science. 6(4) New Delhi.

Pradeep, M. D., & Raj, C. (2017). Broad Based Benefit Model for the Elderly-Collaborative Approach. International Journal of Applied Engineering and Management Letters (IJAEML), 1(2), 112-122.

Quarishi, Z.M. & Arora, Nandinin. (2000). Suicidal Tendency Among Institutionalized Aged in Relation to Psychological and Non-Psychological Variables, Indian Journal of Clinical Psychology, Vo. 27(2), 260-261

Ramamurti P.V. and D. Jamuna. (1993). 'Some Predictors of Satisfaction with Present Life in an Indian Sample.' Indian Journal of Gerontology. 7 (3&4), pp. 96-103.

Ramamurti, P.V. and Jamuna, D. (1991). Social Supports Inventory for the Elderly, Journal of Psychological Researches, Vol. 35, 133-136.

Rana, S. et al. (2016). Elderly Abuse, Violence and Neglect in Haryana-A Case Study. The Asian Man 10: 26-31.

Roebuck, J. 1979. When does old age begin? the evolution of the English definition. Journal of Social History 12: 416-628

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. Journal of personality and social psychology, 69(4), 719.

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological wellbeing. Journal of Personality and Social Psychology, 57(6), 1069-1091. https://doi.org/10.1037/0022- 3514.57.6.1069

Ryff, C. D. (2016). Beautiful ideas and the scientific enterprise: Sources of intellectual vitality in research on eudaimonic well-being. In J. Vittersø (Ed.), Handbook of eudaimonic well-being (pp. 95-107). Cham, Switzerland: Springer International. https://doi.org/10.1007/978-3-319-42445-3_6

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. The American Psychologist, 55(1), 68–78.

Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. Annual Review of Psychology, 52, 141–166.

Ryan, R. M., &Martela, F. (2016). Eudaimonia as a way of living: Connecting Aristotle with selfdetermination theory. In J. Vittersø (Ed.), Handbook of eudaimonic well-being (pp. 109-122). Cham, Switzerland: Springer International. https://doi.org/10.1007/978-3-319-42445-3_7

Samanta, T., Chen, F., &Vanneman, R. (2015). Living arrangements and health of older adults in India. Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 70(6), 937-947.

Sathyanarayana K.M., Sanjay Kumar and K.S. James. (2012). "Living Arrangements of Elderly in India: Policy and Programmatic Implication", Working Paper No. 7, Building a Knowledge-base on Population Ageing in India, Institute for Social and Economic Change, Bangalore, United Nations Population Fund, New Delhi and Institute of Economic Growth, Delhi.

Samanta, T., Chen, F. &Vanneman, R. (2014). Living Arrangements and Health of Older Adults in India. The Gerontological Society of America, 70(6), pp. 937-947.

Sanjay Kumar, K.M. Sathyanarayana, and Azza Omer.(2011). "Living Arrangements of Elderly in India," paper presented by UN Fund for Population Activities, New Delhi, at the International Conference onChallenges in Population Aging in Asia,New Delhi; slides accessed at http:// nationalacademies.org/AgingInAsia/Presentations/Kumar.pdf, on Feb. 2, 2012

Sebestian and Sekher (2011). Extent and Nature of Elder Abuse in Indian Families: A study in Kerala, Help Age India Research and Development Journal, VOL. 17, NO.3. pp 20-28.

Sharma, K.L. 1971, A Survey of the Happiness and Unhappiness in Old Age, Indian Journal of Gerontology, Vol. 3(3 & 4)

Shah, G., Veedon, R. and Vasi, S. (1995). Elder Abuse in India" Journal of Elder Abuse and Neglect, (Special Issue), Vol. 6 (3/4), pp 101-117.

Sebastian, D., and T.V. Sekher. (2010). Abuse and neglect of elderly in Indian families: Findings of elder abuse screening test in Kerala. Journal of the Indian Academy of Geriatrics 6:54-60.

Sekhon, H., & Minhas, S. (2014). A study of activities of daily living of elderly in an urban community of North India. *Sch J App Med Sci*, *2*(4), 1450-4..

Shah, V.P. '(1993). The elderly in Gujarat. A-iJiDedabad: Gujarat UniveriitY:1Separtment of Sociology.

Siva Raju S. (2002). Meeting the needs of the poor and excluded in India, situation and voices. The older poor and excluded in South Africa and India, UNFPA, Population and Development Strategies, 2, 93-110.

Siva Raju, S. (2002). Health Status of the Urban Elderly: a medico-social study, B. R. Publishing Co., Delhi.

Siva Raju, S.(2006). Ageing in India in the 21st Century: a research agenda. Harmony - Celebrate Age. Mumbai.

Siva Raju S., 2011. Studies on ageing in India: a review. BKPAI Working paper No. 2, United Nations Population Fund (UNFPA), New Delhi.

Maheswara and Suresh K. (2019). 'Social Support And Depression Among Community Dwelling Elderly', International Journal of Current Advanced Research, 08(01), pp. 17051-17055. DOI: http://dx.doi.org/10.24327/ijcar.2019.17055.3178

Srinivasan, C. (2009). Resources, stressors and psychological distress among older adults in Chennai, India. Social Science & Medicine 68(2):243-250. doi:10.1016/j.socscimed.2008.10.008

Singh, B., & Kiran, U. V. (2013). Psychological well being during old age. Advance Research Journal of Social Science, 4(2), 170-174.

Snyder, C. R. (1994). The psychology of hope: You can get there from here. New York, NY: Free Press.

Snyder, C. R. (2002). Hope theory: Rainbows in the mind. Psychological Inquiry, 13, 249-275.

Snyder, C.R. (2000). Hypothesis: there is hope. In C. R. Snyder (Ed.), Handbook of Hope: Theory, measures, and applications (pp. 3-21). San Diego: Academic Press.

Sutherland, W. J., Broad, S., Caine, J., Clout, M., Dicks, L. V., Doran, H., & Wright, K. E. (2016). A horizon scan of global conservation issues for 2016. *Trends in ecology & evolution*, *31*(1), 44-53.

Tejal, N. (2010. Psychological wellbeing. A study of place of residence-4 gender and age among aged people. Indian Journal of Psychology and Mental Health, 4, 145-149.

Tomy A. R & Abraham A. (2020). Functional autonomy among institutionalized and non-institutionalized elderly population: with special reference to Kottayam district. International Journal of Indian Psychology, 8(3), 1974-1984. DIP:18.01.206/20200803, DOI:10.25215/0803.206

Usha, P., Kishore, S., Singh, M., Aggrawal, P., Jain, B., & Gawande, K. (2020). Assessment of Activities of

United Nations Population Fund. (2017). ‘Caring for Our Elders: Early Responses’ - India Ageing Report – 2017. UNFPA, New Delhi, India

United Nations (DESA). (2005). Living arrangements of older persons around the world. Department of Economic and Social Affairs (DESA), New York: Population Division

United Nations (UN). Department of Economic and Social Affairs, Population Division. World Population Ageing 2013. New York, 2013: UN; 2013: 17. Available at: http://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2013.pdf. Accessed on 3 August 2017.

Vaswani, T.G. (2001) Family Care of the Elderly: Abuse, Neglect and Abandonment The Indian Journal of Social Work. 62, (3) 492-504.

VijgJ,Wei JY. (1995). Understanding the biology of Aging : The key to prevention and Therpy: J amerGeriatr Soc 1995; 43 : 426.

Walker, A. (1992). The Care of the Elderly People in Industrial Society: A Conflict between the Family and the State. In P. Krishnan and K. Mahadevan (Eds.), The Elderly Population in Developed and Developing World: Polices, Problems and Perspectives, Delhi: B. R. Publishing Co., 3-28

Wethington, E. & Kessler, R.C. (1986), "Perceived Support, Received Support, and Adjustment to Stressful Life Events', Journal of Health and Social Behavior 27, 78-89.

World Health Organization, "Abuse of the elderly", fact sheet. (2002). Available from http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/en/elderabusefacts.pdf (accessed 4 December 2006).

WHO & INPEA.(2002). Missing Voices – Views of Older Persons on Elder Abuse. World Health Organisation. Geneva

WHO. (2008). A global response to elder abuse and neglect: Building primary health care capacity to deal with the problem worldwide, ISBN: 978924156381, World Health Organisation, Geneva.

WHO. (2014). International Classification of Functioning, Disability and Health (ICF). Available from: http://www.who.int/classifications/icf/en/. [Last accessed on 2014 Jul 23].

World Health Organization. (2016). Definition of an older or elderly person. Available at: http://www.who. int/healthinfo/survey/ageingdefnolder/en/. Accessed on 3 August 2017

WHO Regional Office for Europe. (2012). Measurement of and target-setting for well-being. Second meeting of the expert group, Paris, 25-26 June 2012. Copenhagen: WHO Regional Office for Europe.

Yadav J.P. (2004) . Elderly in India, The Struggle to Survive. Anmol Publications, New Delhi.

Zhang X, Norris S, Gregg EW, Beckles G. (2007). Social support and mortality among older persons with diabetes. Diabetes Educ.; 33:273–282.

Author‘s Bio-Data

My name, Neetu Pandey, I am doing my Ph.D in Psychology, I have done my post graduation in Social work

From C.S.J.M University Kanpur in 2014 after that I joined Sharda Institute of Management Technology as a Academic co-coordinator till 2016 and same year I have qualified NET (Social work) in 2016. After joining my PhD I left my job. I have published 3 papers one before PhD and during PhD presented 1 paper.

PUBLISHED PAPERS

- Published a paper in Studies in Indian Place Names (UGC Care Journal) “Psychological wellbeing of elderly living in Delhi NCR: Comparative study”.

- Published a paper in Turkish online journal of qualitative inquiry (Scopus) **“**Measurement of level of hope among institutional and Non-institutional elderly: comparative study”

- Published a paper in Shodhsamhita (UGC Care Journal) “Assessment of activities of daily living among non-institutionalized and institutionalized elderly population: with special reference to Uttarakhand”

PAPER PRESENTATION

- Present a paper in two days national seminar organized by the department of psychology, University of Delhi, on “Psychological wellbeing of elderly living in Delhi NCR: Comparative study”