

MENTAL HEALTH OF SENIOR CITIZENS WITH REGARDS TO GENDER AND AREA OF RESIDENCE

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1. Introduction

Aging is a natural process of increasingly getting older. It is a reality which is universal. Different authors define that in different ways.

Aging, as Jarry (1995) defined in Collins Sociology dictionary, is "the chronological process of growing physically older. There is also a social dimension, however, in which chronology is less important than the sense attached to the process. According to gender and age group, different cultural values and social expectations apply and there are therefore socially structured variations in the personal experience of aging.

Muttagi (1997) described aging as a process of mutual dimensions, specifying that aging in its demographic sense is not the same as the dynamic and continuous biological aging process. Chronological age does measure age physiology and psychology.

He further considers that aging is generally associated with a decrease in the functional capacity of the body's organs, a decrease in the ability to cope with disease or trauma stress.

Generally speaking 'aging' has three broad dimensions and each is associated with a different dimension. Such are: (1) Physiological aging (2) Psychological aging (3) Social aging

A decline in mental capacity is perceived as inevitable in older people and is another commonly reported stereotyping associated with ageing (Palmore, 1999). This stereotype believes that age reduces competence, intelligence, ability, and memory loss (Kiteet al. 2005). Musaiger and D'Souza (2009) noted the importance of mental alertness in defining older ages. They found that the majority of respondents agreed that older people tend to have reduced learning skills and that older people become confused, forgetful, unable to remember or learn new things (Musaiger & D'Souza 2009). Cuddy et al. (2005) found that older people are considered less intellectually competent than younger people. In addition, people are more likely to attribute memory failure in older adults to intellectual incompetence, while memory failure in younger adults is often attributed to lack of attention or effort (Erber et al. 1992; Erber et al. 1996; Erber & Prager 1999).

Bodner and Lazar (2008) found that while older men had more stereotypical perceptions of older people than women, both groups were characterized by avoiding older people. Women tended to have more negative perceptions of the contribution of older people to society. Research on gender differences in this area must, however, be interpreted with caution.

Rupp et al. (2005), for example, pointed out that in their study, although statistically significant, the difference in age scores attributed to gender was relatively small and could have been affected by the size of the sample. It should also be noted that there is a significant gender imbalance in many studies with female participants who are far out - of-weight males (Soderhamn et al. 2001). According to Rupp et al. (2005), further research is needed to determine the accuracy and generalizability of the relationship between gender and ageism.

2. Statement of the Problem

The main objectives of this research is to study mental health of senior citizens of patan, (NORTH GUJARAT) with regards to gender and area of residence. The exact research problem is "Mental Health of Senior Citizens with regards to gender and area of residence

3. Objectives

1. To study and compare mental health, of male and female senior citizens.
2. To study and compare mental health, of Urban and Rural senior citizens.
3. To study the interaction effect between gender and area of residence of senior citizens with respect to mental health of senior citizens

4. Hypothesis

1. There will be no significant difference between male and female senior citizens with regards to their mental health.
2. There will be no significant difference between Urban and Rural senior citizens with regards to their mental health.
3. There will be no significant interaction effect between gender and Area of Residence of senior citizen with regard to mental health .

5. Sample

The random sampling technique was used for the selection of the sample. The sample was taken from the senior citizen club and old age home of patan (North Gujarat) The total sample was categorized as under:

Are of Residence	Gender		Total
	Male	Female	
Urban	30	30	60
Rural	30	30	60
Total	60	60	120

6. Variables

In present research gender and area of residence of senior citizens were taken as independent variables and mental health was taken as dependent variable

7. Tools

In present research following tool was used for data collection.

Mental Health checklist by DR. Pramod Kumar The final form of the mental health check-list (MHC) consists of 11 items -6 mental and 5 sometic presented in a 4 – point rating format .

Reliability

The split- half reliability , correlating the odd – even items (applying the Spearman-Brown formula for doubling the test length), has been found to be .70 (N= 30) with an index of reliability of .83.

The test –retest reliability has also been studied .it has been found to be .65 (N = 30) with an index of reliability of .81.

Validity

The face validity of the MHC appears to be fairly of psychology to list all such symptoms which , according to them , showed poor mental health.

The content validity was adequately assured as only those symptoms which showed 100 per cent agreement amongst the judges regarding their relevance to the study of mental health were selected .

Scoring

A numerical value of 1,2,3 and 4 is assigned to the 4- response categories , i.e. for ‘rarely’, ‘at times’, ‘often’, and ‘always’, respectively . the highest to the lowest (poorest mental health status of the person .

8. Procedure

The Mental Health Check-list by Dr. Pramod Kumar were administered individually. After establishing the rapport .After completion of the data collection, the responses of each respondent on mental health checklist scoring was done by the scoring key of mental health checklist .

9. Statistical Analysis

To know the main and interaction effects of Gender, Area of Residence of senior citizens on scores of mental health checklist two-way Analysis of Variance was used.

10. Results and Discussions

Table No: 1

Results of Analysis of Variance of Mental Health of senior citizens of Various Groups Senior Citizens

Source of Variation	Sum of Square	df	Mean Sum of Square	F	Level of Significance
A (Gender)	24.66	1	24.66	4.05	0.05
B (Area of residence)	279.07	1	279.07	45.82	0.01
A x B(Gender x Area of Residence)	7.01	1	7.01	1.15	NS
Error	707.30	116	6.09		
Tss	1018.04	119			

Table No:2

Mean score of mental health variable A (gender)

	A ₁ (Male)	A ₂ (Female)
Mean	11.65	15.06
N	60	60

Table 1 shows the analysis of variance of mental health of senior citizens in relation to gender and area of residence of senior citizens. F ratio of gender of senior citizen on mental health was 4.05 which significant. It means male senior citizens were significantly differ then female senior citizen on mental health. Table no .2

shows the mean scores of male senior citizen on mental health was 11.65 and mean score of female senior citizen on mental health was 15.06 It indicates that significant difference was existed between male and female senior citizens on mental health .Here female senior citizen have better mental health then male senior citizen .

Table No: 3

Mean score of Mental Health of variable B (Area of residence)

	B₁(Urban)	B₂ (Rural)
Mean	12.26	17.08
N	60	60

F ratio of area of residence of senior citizen on mental health was 45.82 which significant at 0.01 It means Urban senior citizens were significantly differ then Rural senior citizen on mental health. Table no.3 shows the mean scores of Urban senior citizen on mental health was 12.26 and mean score of Rural senior citizen on mental health was 17.08 It indicates that significant difference was existed between urban and Rural senior citizens on mental health .Here rural senior citizen have better mental health then Urban senior citizen

Table No: 4

Mean score of mental health variable A x B (Gender x Area of Residence)

		A₁(Male)	A₂ (Female)
B₁(Urban)	Mean	12.93	14.03
	N	30	30
B₂(Rural)	Mean	10.36	10.05
	N	30	30

The ratio F for the gender and area of residence of senior citizens on mental health was 1.15 which was not significant. It means gender and area of residence were not significantly interact on mental health . Table no.4 shows the mean scores of male Urban seniors citizen on mental health was 12.93, mean scores of male Rural senior citizen was 10.36, mean scores of females urban senior citizen was 14.03 and mean scores of female rural senior citizen was 10.05 It indicates that significant interaction effect was not found between the gender and area of residence of senior citizens on the mental health .

11. Conclusions

1. Significant difference was existed between male and female senior citizens on mental health .Here female senior citizen have better mental health then male senior citizen.
2. Significant difference was existed between urban and rural senior citizens on mental health .Here rural senior citizen have better mental health then Urban senior citizen.
3. Significant interaction effect was not found between the gender and area of residence of senior citizens on the mental health .

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