

**RELATIONSHIP AND GENDER DIFFERENCES BETWEEN PHYSICAL
AND PSYCHOLOGICAL PROBLEMS OF THE ELDERLY**

A Dissertation Submitted to the Domain of Psychology

In partial fulfilment for the award of degree of

MASTER IN PSYCHOLOGY



Transforming Education Transforming India

Submitted By:-

GAGANDEEP KAUR SIDHU

Registration number-**11508929**

Under the Supervision of

DR. PARDEEP KUMAR

Assistant Professor- Psychology

UID – 19468

Department of Psychology

Lovely Professional University,

Phagwara - 144411.

CERTIFICATE

This is to verify that Miss Ggagndeeep Kaur Sidhu has accomplished M.A. Psychology dissertation titled “Relationship and Gender Differences between Physical and Psychological Problems of the Elderly” under my supervision and direction. To the best of my knowledge, the current work is the outcome of her original study. No part of study has ever been submitted for any other university. This dissertation is suitable for submission for the partial satisfaction of the necessities for the honor of M.A. degree.

Dr. Pardeep Kumar

Date: -

DECLARATION

I do hereby announce that the dissertation entitled “Relationship and Gender Differences between Physical and Psychological Problems of the Elderly” submitted in partial satisfaction of the requirement for the award of the degree of M.A. Psychology is entirely my innovative work and all concepts and references have been duly acknowledged. It does not cover any work that has been submitted for the honor of any other degree of any university.

Signature

GAGNDEEP KAUR SIDHU

11508929

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CONTEXT

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ABSTRACT

Old age is the later phase of life. In this period of life there are many physical and mental problems. The era of life after youth and middle age. The age which qualifies for elder citizen rank varies broadly. Age above 65 or retirement period is known as old age. The current study investigates the relationship and Gender Differences between Physical and Psychological Problems of the Elderly by involving 100 participants (N=100, 50 Males and 50 Females) from Ludhiana, Punjab. The age of the participants range from 65 and above (Mean= 71.6) years. WHODAS 2.0 and questionnaire (GHO-12) have been used over a period of a two months to collect data from both genders. The results of the study depicts interesting figures suggesting that female participants experience more physical (23.86) and mental (14.22) problems in old age in comparison to male participants physical (19.98) and mental (11.56). But they do not have significant different because ratios are relatively small and range from -1.554 to -1.956, that is below from the criticalvalue of t at 0.05 level. The results suggest that no major difference on the basis of gender in physical and psychological health. There is positive correlation in physical and psychological health of old age persons. Physical health and mental health both associated with each other.

Keywords: old age, physical health, mental health

CHAPTER 1

INTRODUCTION

Introduction

Living things have their own stages of developmental growth. It starts from birth and ends at death. For instance, in human beings- infancy, early childhood, middle childhood, late childhood, adolescence, early adulthood, middle adulthood and late adulthood are the stages of development. In these phases, 4 main types of development and growth take place - **bodily** (body weight, height, muscles development, changes in body parts/ organs), **cognitive** (problem-solving, learning, intelligence, judgments), **emotional** (feelings) and **community** (relationships and connections with others). Every stage of life has its own significant impact on life.

According to life stages, old age is the concluding age. The process of getting old is known as aging. Word ‘ageism’ is used as prejudice or discrimination which arises on the basis of age. It is believed that functioning aptitudes and pleasurable aspects are declined in this period. ‘Senescence’ is another name of the old age. 60 or 65 years of age are commonly defined as old age. There is the dual definition of old age, as the last stage of an individual in the life processes. It is a generation which comprises of a sector of the oldest followers of a population. The relationship of the functional effects of aging and the collective experiences are influenced the social aspects of elder people. Old age is also known as retirement era.

Internal Bodily Changes in Elder Age

In old age, body development is declined and many changes appear that we easily notice. These bodily changes may be because of poor diet, lack of exercise and lifestyle and the changes happen in respiratory system, digestive system, and nervous system and so on.

- ❖ **Digestive System Changes:** - In this stage, the digestive system does not work well as it is in other stages. Muscles of digestive tract become inflexible, weaker, and less efficient. Tissues also get damaged due to new cells, which do not form quickly as they were in the past. Problems which are related with digestive tract include diarrhea, heartburn, stomach pain, constipation, and gas.

- ❖ **Respiratory System Changes:** - The respiratory system is affected by aging like other systems of the body. In this age, lung defense mechanisms are decreased, respiratory muscles become weak, lungs functions also reduce their vital capacity, peak airflow also decline and exchange gas is also decreased.
- ❖ **Nervous System Changes:** - With the passage of time, brain, and nervous system also faces natural changes. Nerve cells of spinal cord and brain are lost. Weight is also declined. Passage of messages through nerve cells becomes slow. The waste product of the nerve cells is collected in the brain.
- ❖ **Changes in the gastrointestinal system:** - In old age, the making of hydrochloric acid and digestive juice was condensed. Because of this reduction food stays in stomach for longer period which causes delay in digestion.
- ❖ **Changes in Musculoskeletal system:** -In bones, the drop of calcium roots many problems like arthritis, osteoporosis which makes bones weaker and old people are more disposed to fracture. The weakness of muscle mass and cartilages of back tend to make a stooping posture.
- ❖ **Hormonal imbalance:** - The decline in working of glands like thyroid, it affect body metabolism. Decreased in the running of metabolism person faced the problem in the conversion of food into energy ensues. Because of this decline, calorie intake also reduced as a result of this, person feels chronic fatigue, and weekend immune system etc. In males, there is trouble in urination because of changes in prostate gland.

Physical Changes in Elder Age: - Bodily growth is the drop in the late adulthood period. These changes include sensory and motor changes. Some common changes are- nose elongates, loss of teeth, eyes look dull and faded, double/triple chin develops, belly swells and hang down, hands become skinny, nails become thick, rough and hard, voice becomes slow and weak, pain in joints etc.

Sensory changes: - Sensory changes means changes in the functioning of sense organs of the body such as eyes, nose, skin, ears and tongue.

- ❖ **Vision:** - Eyes are the organ which helped to see the world. In elder period, the ability of vision is decreased. Color sensitivity is also declined. Lens becomes thick.

- ❖ **Hearing:** - (48%) Males suffered from more hearing loss as compared to females (37%). Old people lose their ability to hear at a low level or may be at the normal level also.
- ❖ **Taste:** - Capacity of tasting edible food declines with the age. This decline is due to atrophy of taste buds which are in tongue and in an inner surface of cheeks. Atrophy is widespread with increasing age.
- ❖ **Smell:** - With age, the power of smell gets less acute. Because of increased hairiness in the nostril.
- ❖ **Touch:** - Skin gets drier and rough/ harder. The sensitive of skin is declined.

Sexual Changes: -An aging period also brings alterations in the sexuality of the person. These ups and downs take place in both the male and female. In the female, the vagina walls become thinner and inflexible. Less vaginal lubrication is found in most of the women. In the male, erectile dysfunction is more common. It is a lack of ability to have and sexual intercourse. This stage is considered as less interest in the sexual relation.

Motor Changes: -People are usually aware of the decline of motor activities in late adulthood period. These declines of motor activities have so many reasons such as slow blood flow, weakness of bones, joint pains, less flexibility in body, and so on.

- ❖ **Strength:** - In this age, numerous people easily get tired and take a long time to recapture from tiredness. Strength is decreased. Hands shaking is more common in them.
- ❖ **Speed:** - After the age of 60, speed is reduced in people, such as reaction of time and skilled movements, walking, etc.
- ❖ **Learning new skills:** - Elder people know the importance of learning new skills, they try to learn new talents but it takes more time and results may be less satisfactory.
- ❖ **Awkwardness:** - Things are spilled and dropped by people of this age. They are unable to perform task tidy and proper. Their learned skills being remembered longest are not very helpful because of weakness in the body. They become awkward.

Deficiency Diseases in Old People: -There are some diseases which occur because of poor diet, Obesity, Osteoporosis, Constipation, Diabetes and Malnutrition etc.

Psychological Changes in Elder Age: -A mental ability includes reasoning, learning, memory, recollection, intelligence, etc. There are no major changes in mental health in old age if there is no injury in the brain. Old people loss their self- esteem, independence, control over life plans etc.

- ❖ **Learning:** - Elder people need more time to assimilate their answers. They are less capable of handling new information which is not in their past experiences. These People are not as accurate as younger ones.
- ❖ **Reasoning:** - Old people are unable to conclude inductive and deductive reasoning quickly as they are before. They are increasingly cautious with age.
- ❖ **Creativity:** - Creativity thinking is less in old people because of decreased interest or required more time to think differently.
- ❖ **Memory:** - Elder people are weak in recent memory but good in remote memory. Because in this stage, they are not able to listen properly and clearly. They are less inspired to recollections of new things.
- ❖ **Recall:** - Recognition is less affected than recall. These People use visual, auditory hints for recall things.
- ❖ **Sense of Humor:** - This is the most common stereotype that people become less humored in old age because as per age maturity their interest in comic comprehension decreases and only appreciation left for comic that they can comprehend increases.
- ❖ **Vocabulary:** - Decline in vocabulary is a little in old age. Because most of the words they used in their life are learned by them in childhood and in adulthood period. Learning of new words is rare.
- ❖ **Mental Rigidity:** - Old people are not mental rigidity in term of the strict use, they have a rational decision. According to their views, old values and procedures to perform tasks are easy and better to do as compare new ones. Because they need more time and face difficulty to learn new ways.

Psychological and Physical Problems in old age: - Old people face many problems in this era that may be because of dependence, less energy, generation gap, lack of interest, lack of strength, etc.

❖ **Physical Problems:** -Gum diseases, fall of calcium, hormonal imbalance, sleep problem, pacing, damage of hair follicle, hair becomes gray, etc.

1. **Arthritis:** -49.7% old people are suffering from arthritis. This is lead to pain and also effects the quality of life. It a problem of joint. Because of this, person become lazy and inactive.
2. **Heart Disease:** - Heart(cardiovascular) disease is the most common with growing age. 37% (men) and 26% (female) are affected by this. High blood pressure, high cholesterol are may be the reasons of heart diseases.
3. **Cancer:** - Cancer is the world's second most prominentand deadly disease. It can affect in any age but most severe in old age because at this level of age our body generally loose its tendency to fight back with such diseases.
4. **Diabetes:** -It is the most common disease in old age amongst other. It affected more than 75% population worldwide. It can be easily diagnosed with occurring few visible symptoms and with the help of blood tests. It can be controlled with the help of few life style changes and complete diet check should be there. Regular checkups and exercise makes you live longer.
5. **Constipation:** -Constipation may be because of insufficient intake of liquids, stress, depression, less fibers in diet and prolonged medication. Uneasiness in stomach, ache and even piles are results of chronic constipation.
6. **Incontinence:** - Urinary incontinence is one common health problem in old age people. Women are more suffering from this problem because of diminished strength of the pelvic muscle. Men also experienced same problem due to enlarged prostate.
7. **Pneumonia and influenza:** - The flu and pneumonia are not serious problems but seniors are more exposed to these illnesses and they are not able to fight with them. That's why these types of infections are among the top 8threasons of loss in elder age.

8. **Stroke:** - Around 15million people have stroke every year. It is the instantreason of loss for people above 60 years. There are 2 kinds of stroke: Ischemic and Hemorrhage. Ischemic stroke happens in 85% of person and Hemorrhage which is 15%. Sudden block in the blood supply to brain and paralysis of one side of the body is known as Ischemic Stroke. Unexpected rupture of artery inside the brain which causing to brain Hemorrhage and half body is paralysis in this stroke.
9. **Falls:** - Every year 2.5 million elder people are under treatment due to falls. The danger for falls demanding emergency chamber care rises with age.
10. **Substance Abuse:** - According to NE “National Epidemiologic Survey on alcohol and related conditions” one in five old age individuals were suffering from substance or alcohol abuse. Substance abuse enlarged elder well-being dangers like, falls, related with intoxication.
11. **Migraines:** - After crossing 70s, the problem of migraine reduced in this phase of life. Only 10% of females and 5% of males have migraine problem after 70. In old age, the migraine with headache is drop. Visual and Sensory trouble is there with migraine.
12. **Insomnia and Snoring:** -Insomnia is problem in which person don’t feel enough sleep. They faces difficulty like falling asleep or wake up repeatedly during night or in early morning. If person not able to work properly in day time due to lack of sleep then, it will be a big problem. There are main common reasons of insomnia like depression, anxiety, stress, sleep habits, etc. Snore is more common in elder people. The noise during sleep is known as snoring.

❖ **Psychological Problems:** - Mental problems are more common in old age. These are few mental issues- loneliness, depression, lack of satisfaction, fear of death, anxiety, dependency, emotional weakness, etc.

1. **Delirium:** - It is more common psychological problem. It is considered by misperception, trouble in responsiveness, incomprehension. Speech is illogical. Sleep is troubled. Person feels fidgety.
2. **Dementia:** - It is also known as Alzheimer's disease. It is categorized by defeat of rational or mentaljobs which affects social and occupational functions. It is mainly

characterized by amnesia, difficulty in finding words while speaking, loss of energy and decreased appetite.

3. **Depression:** - It has been proved that depression is the most common issue among old people. It badly affects their livelihood. Though, it is a psychological disease but it badly affects whole body functions. Common signs of depression are- sadness, lack of sleep, low appetite, hopelessness, etc.
4. **Anxiety disorders:** - Anxiety is basically secondary disorder because it usually comes along with depression or any other mental/ physical problem. For example in old age, if a person is suffering from depression or any physical hazards like blood pressure may leads to anxiety naturally. It decreases person's ability to think over little things.
5. **Psychosis with cerebral Arteriosclerosis:-**This is go with physiological indications such as severe heartburn, instability in walk, minor strokes causing in swelling brain harm and steady personality transformation. Conclusive seizures are moderately mutual. This is also related with symptoms like, faintness, tiredness, dizziness, headache, and sadness, memory failing, time of confusion, dropped productivity in labor, sharp irritability and tendency to be doubtful about small stuffs. Forgetfulness is one of the main mental problems of elder person. General intelligence and self-determining creative thinking are generally exaggerated in this age.

Financial Problem: -Retirement from jobs generally consequences in loss of revenue and the allowances that the aged people get are commonly insufficient to meet the budget of living which is continuously on the growth. They use their provident account on weddings of kids, purchasing new stuff, schooling of children and family care. The analysis and management of their illness made more commercial difficulty for old age. Late adulthood is a period of bodily weakening and social isolation in some cases, loss of partner, families, work, property and physical look. In old age physical power declines, mental constancy reduces, economic power becomes depressing and eye sight feel pain a setback. It is a era of dissatisfaction, misery, illness, regret and solitude.

Psychosocial variables responsible for mental problems with ageing.

- Female sex more elderly women than men are likely to evolving mental harms.
- Widowed status, loss of friendships, etc.
- Jobless condition principal to uncertainty and dependency on others.
- Low social class Lack of alertness, due to low education Carelessness of problem.0
- Living alone Feeling of neglect, loneliness, social isolation.
- Bodily sickness
- Sensory deficit Impaired vision or hearing.
- Divided family
- Major stressors Retirement, loss of position, fall in salary, loss of well-being, lack of determination in life.

Gender differences in old age: - There are some changes in old age according to the gender also. These changes are as follow: -

- Usual males think about sex double as habitually as females in old age.
- Only 21% men are worried about their appearance in an aging era.
- Women are more compliance to deal with new changes than men.
- In old era, the rate of depression, anxiety, and suicide is decline in women.
- In old age, women are able to develop dealing skills, patience, ability to listen others and courage to follow new happenings.

CHAPTER 2

REVIEW

OF

LITERATURE

Literature Review

Jack M. Guralnik et.al (1989) presented that the Assessment of bodily working shows an important part in clinical old aged people, also in aging research. Self-or proxy-report had been assessed through generally by physical functioning. The most vital adding to this method of valuation was the use of performance processes of physical function. In this the people were asked to complete exact tasks and they have been evaluated by using standardized criterion. However, there had been limited methodological work on physical performance instruments, this approach offered a several of possible benefits. It had been suggested that more widespread use should be made of somatic performance assessments and as indicators of change in functioning over time, and that they be evaluated as measures of functioning in cross-national studies, as endpoints in intervention studies, as tools for identifying individuals operative at higher intensities and for the clinician, as causes of significant evidence.

Ann bowling (1990) presented in this study, 662 people who are of age 85 and more. They had been lived in a socially destitute areas of the east end of London were in their houses and were questioned in order to discover their life situations, emotional health, psychological and physical well-being status. The goal of this studies was to show the influence of social links and care, functional position and stated illness for the fulfillment of life. As per its results, several multiple regression results showed that social network characteristics was less predictor of emotional health in relation to life satisfaction than physical health status. The difference of the research lies in its awareness on a very aged group people, mostly in the worse socio-economic classes.

Lum and Lightfoot, (1993) did the research on the effects of volunteering on the bodily and psychological of older people. The result showed that volunteering had no effects on the number of physician-diagnosed health condition.

C. J. Brabbins et.al (1993) examined on a group of 1070 persons of the age group 65 and more, lived in Liverpool community. They had been asked questions in 1982/3. Those who had been selected were interviewed again after 3 years. Material had been collected on the commonness of the insomnia of the Geriatric Mental State (GMS) using a community version, as the diagnosis also had been provided by using AGEKAT. Sleeping troubles were have been reported 35% that

were twice and were mutual in females as well as males. And was not only marked for by the elevating regularity of psychological illness in elder women. With age, there is no difference in the prevalence with the increased age but, in the depressed group 70% insomnia happened. Depression is more likely to occur with the elevating severity of insomnia but in the well versed group it is common. Hence, this indicator is not definite. However, mortality at year 3 and sleeplessness or hypnotic use at year 0, there was no relationship between them. Sleep disturbance has been related to the use of hypnotics, however they had not any specific diagnosis. For lessening commonness of benzodiapine usage than may had been got, medical interventions are really successful.

Sara Arber. Jay Ginn(1993) in this study, to examine the differences in the health of elderly persons, little research had been done, instead of their overuse of well-being facilities and significance of health, so that they can make freedom in later life. However, this paper had use information from the British General Household, so as to examine the differences of health of old aged females and males by class and measureable situations. The health measures used in this are- Self-assessed health and purposeful incapacity. Men can evaluate their fitness more clearly than aged women and have been loss as compared to men in terms of functional disability. Individual's main occupations in highly connected with the two processes of Healthiness for aged females and males of all ages, on the basis of class. For aged women, using women's last job, and using an 'individualistic' approach, is then correlated with the 'Conventional' method of the calculating class. For the married ladies, they used their partner's last join and the single ladies with their own last occupation. With the help of these two approaches, it had made small variation to the strength for the link between class and health. Now, the age's females and males who live in advanced facility, for instance, in terms of, car, ownership, tenure, and housing have been reported for having better health, after they had controlled for age and class. Although, the position in labor market and not the current material circumstances, the level of functional disability has been influenced. However, aged men suffer less morbidity than aged women, but the inequalities in their structure in well-being are similarly noticeable for females and males in their late life.

Breteler et.al (1994) proposed a study to explore the delivery of cognitive purpose in the old age group and also assess the effect of heart disease on this delivery. This study has been done on 4971 subjects of age group 55-94 years in Ommiad, the Netherlands. This is a cross sectional study. Mini mental scale has been used to measure the cognitive function. Participation rate was 80% in study and 90% were available in cognitive test data. Growing age and lower level of education affects the cognitive functioning. Age and education affected by poor cognitive performance. Moderate differences were found on average. So the results shows significant difference in scores of dementia. Conclusion is in the general population atherosclerotic disease has been found as the main cause of cognitive impairment.

Ruuskanen and Ruoppila,(1994) did the research on bodily movement and mental well-being among people aged 65 to 84 years. The result showed participation in physical workout reduced with growing age, particularly among the females. According to the result, there was a major relationship among the complex occurrence of depression and no regular bodily workout.

Ardelt (1996) did a research on wisdom and life satisfaction in old age. The physical health, socioeconomic status, financial situation, an environment, and social connection were also some of the factors for the well-being of older persons but, factors mentioned above cannot completely explain the well-being of the old person. In this study, they have chosen other factors, which have more influence. This study combines personality and individual development. The result found that it is the strongly positive impact on life fulfilment.

Yeates Conwell et.al (2002) examined that the rates of suicides are more in the old age group than in any other age group. The design to prevent the suicides has strategies attached on the identification of specific and quantifiable risk factors. Changes in the methodology were comprised of deprived systematically applied terminology in suicide and risk factor research, the suicide rates low base, and it's difficult, multiple natures. Although variables in mental, physical, and social domains that have been connected totally with the suicides in older adults however controlled studies are also significant to examine the hypothesized risk factors. The affective disorder is the strong independent risk factor in suicides in the aged people as they had been studied by the prospective cohort and retrospective case control studies. The risk is increased in the physical and functional impairments, but their impact appeared to be moderated by depression. Social connections are important and independently connected with risk for suicides

in coming life, relationships between which may be moderated by a worried, rigid and obsession style of personality. More research was required to tell more deeply the correlations among factors such as emotional, physical that determine the risks of suicide in the older adults.

Kumar, Joshi and Avasthi (2000) did the research on disease profile and its relationship with the disability and psychological causes, which have effect for elderly people. The objective of the study is to evaluate an illness and the patterns of treatments seeking, and to find the relationship of illness with the disability, psychological suffering, and socio-demographic variables amongst the elderly population in Northern India. The method they have used was a cross-sectional survey of 200 participants above 60 years old. They took 100 each from urban city of Chandigarh and rural population of Haryana. The study found both physical and psychologically was distressed. The most prevalent disease was anemia and followed by dental problems; hypertension and osteoarthritis. A higher number of an illness was associated with greater disability and pain. Social demographic like age, sex, and occupation were vital causes of illness.

Moreira and Almeida, (2000) did the study on religiousness and mental health. The study found that there was an indication that religious participation was usually associated with the healthier mental health. The result suggested that we need to expand our understanding of the mediating aspects of this relationship.

Daniel Foley et al (2003) presented this study with the objective, to show the connection between sleep problems and chronic disease in aged adults. As per its methods, from 1506 community dwelling men and women between the ages of 55-84 years filled a self-reported questionnaire data. They had completed a 20-min telephonic interview when they had been contacted randomly from the list of selected telephone numbers. As a consequence, maximum number of the participants (83%) had been reported one or more than 11 medical conditions and one in four aged persons who are of age group 65-84 had comorbidity (i.e. four or more conditions). The most common symptoms of insomnia are depression, heart diseases, memory problems and bodily pain. other sleep-related problems such as breathing pauses, snoring, daytime sleepiness, restless legs or insufficient sleeps are directly connected with obesity, arthritis, diabetes, lung diseases, stroke and osteoporosis As per its conclusion, epidemiological studies of sleep, aging and chronic disease are consistent by poll findings. According to these

results, sleep results are common in older people. For promoting sleep, these kind of studies are useful and are helpful for awareness among health professionals, and also those of old people, most commonly with those of heart disease, depression, chronic bodily pain or major comorbidity.

Alice C. Scheffer et al (2008) in this study, as per background, the major health problem among the old aged people in our society is Fear of falling (FOF). It usually, presents in geriatric people who are fallen but also some, who didn't experience any fall. Aim of this study comprises of 4-folds. Prior among all is to study the methods which are used to calculate the FOF; second one is to study the FOF's commonness in fallers as well as non-fallers. Third one is for the identification of factors related to FOF. However, Last one is to check the maximum results among the community-dwelling aged persons and FOF for the identification of the relation between them. Furthermore, for methods, various databases had been searched systematically and for more relevant publications, the selected articles had been cross-checked. As per its consequences, 28 related studies had been reviewed among community-dwelling aged. Because of various kinds of measurements used, the commonness differs in three percent and eighty-five percent. The major factors for the growth of FOF are at least one fall, to that of female and to that of old people also. Therefore, the results had been shown as a decrease in the performances mentally as well as physically and there was an up surged in the fear of down falling and progressive loss of health related quality of life. In the end, this review showed that in older people, there was a huge differences in the reported commonness of FOF and abundant factors were associated with it. Study of risk factors also be useful in the growth of multidimensional strategies to lower down FOF. A previous fall was the only identified modifiable risk factor of FOF. In order to calculate the impact of involvement, an FOF strategy should be adopted and conduction of follow-up studied should be there.

Linden Berger et.al (2009) did the study on the reasoning and physical weakening in elder people. The study found an age- linked damage inside and across logical and bodily domain reflect, the mutual changes are in a neurochemistry and neuroanatomical of the aging brain and the study found reliability- adjusted variances and co-variances in longitudinal transformation for eight mental measures and for close visual sharpness, distance visual sharpness, and hearing in 516 contestants in Berlin Aging Study. They took centuries ranging from 70-103 in the first year

assessments. The study found that the connection between mental and bodily decreases were in a reasonable size and different transformations in rates of the mental drop were extremely linked.

Nygren, Lundman et al (2010) did the research on resilience, sense of coherence, drive in life, and self-transcendence in relative to seeming bodily and psychological fitness between the oldest old. There were 125 participants age 85 and above. The tools that they have used were, resilience scale, sense of coherence scale, purpose in life scale and self-transcendence scale and replied the SF-36 health survey form. The result showed major correlations between resilience, coherence, life test, and transcendence scale. However, there was no correlation between apparent somatic and psychological health. Another result showed that the proportions that organize psychological well-being differ between females and males.

Bosses et al (n.d) did the research on mental health alterations between retirees and labors. The study found that retirees have less effect on physical health than the mental health. They have collected the sample from 1,513 older men and stated that retirees had more emotional indications than the workers.

Anne B et al (n.d) did a research on weight change and the conservation of lean mass in the old age. The study found a change in the weight has more quantity of lean mass than the fat figure preserved. The result advocates that weight loss and gain could increase loss in the strength of the muscles in the old age.

CHAPTER 3

SCOPE

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OBJECTIVES

Scope of Study: - Elder period is the last phase of life. People face many problems in this age. Some problems are physical and some are psychological. There are some problems which are may be more common in one gender as compare to other. This study is helpful to understand whether old people have more physical or psychological problems.

To understand the gender differences in bodily and mentally problems. Physical and psychological problems are really correlated with each other in this age. Which gender is more suffering from problems? There are few studies related gender differences between psychological and physical problems in elder people may be present study will be useful. Considering this in mind, relationship and gender differences between physical and psychological problems of the old people above 65 years will be conducted on Indian sample.

Objectives: -

- To investigate the relationship between physical and psychological problems in elderly males.
- To examine the relationship between physical and psychological problems in elderly females.
- To examine the gender differences in physical problems of old people.
- To investigate the gender differences in psychological problems of old people.

Hypotheses: -

- There exists no relation between physical and psychological problem in elder male.
- There exists no relation between physical and psychological problems in elder female.
- There exists no gender differences in physical problems of elder people.
- There exists no gender differences in psychological problems of elder people.

CHAPTER 4

METHODOLOGY

Methodology

Problem: - Relationship and gender differences between physical and psychological problems of the elderly people: comparative study.

Tools: -WHODAS 2.0 (World Health Organization Disability Assessment Schedule 2.0) in this form there are 12 statements with 5 options i.e. 'none, mild, moderate, severe and extreme'. This inquiry form is used to measure physical health of old age people. The **12-Item General Health Questionnaire (GHQ-12)** is used to assess the mental health of old age people. In this there are 12 statements with 4 options i.e. none mild moderate and extreme.

Procedure: -There are total 24 items. It consumes overall 30 minutes in each. Procedure is also done in the interview form because people are illiterate or unable to fill by themselves. There are several reasons responsible for that i.e. insight problems, shakiness, poor concentration or illiteracy.

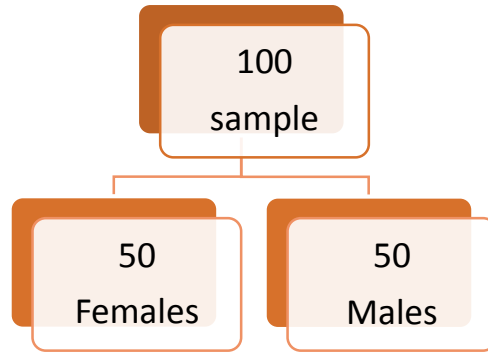
Scoring: -Both are 5 point scale. In WHODAS 2.0 scale, scores are like 1- none, 2- mild, 3- moderate, 4- severe and 5- extreme. In GHQ-12 scale the statement are in two forms i.e. positive and negative. 6 statements are in positive forms and 6 in negative form. In positive form of statement, the scores will be given as 5, 4, 3, 2, and 1 and in negative form as 1, 2, 3, 4, 5 respectively as showed below:

- **Positive:** -1, 3, 4, 7, 8, 12.
- **Negative:** - 2, 5, 6, 9, 10, 11.

Then add all scores after scoring for grand total of each questionnaire.

Sample

100 elder people, 50 males and 50 females from Ludhiana, Punjab will be the sample. The sample is drawn on convenience basis from the elderly population.



Statistical analysis

SPSS version 16.0 will be used to analyze the data, collect data. Following tests will be used to get the results.

- Pearson's Product Moment Correlation
- Independent samplest-test

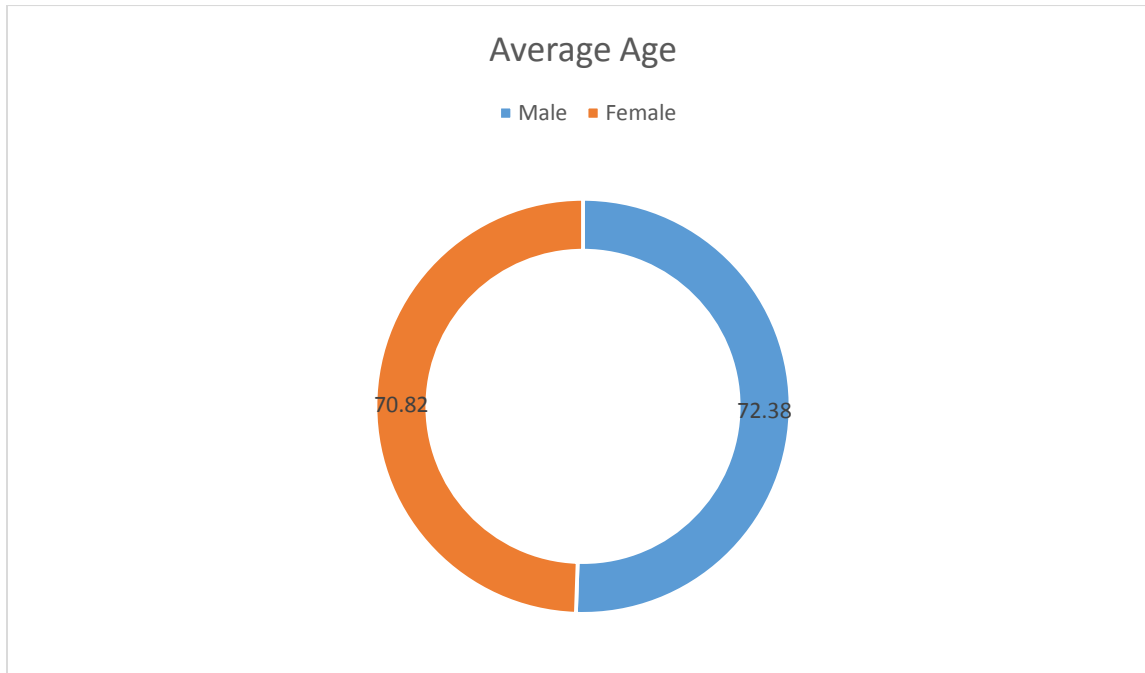
CHAPTER 5
RESULTS
AND
DISCUSSION

RESULT AND DISCUSSION

Table No.1 Demographic details of the sample (N=100)

Demographic details of the sample (N = 100)			
Gender		Average Age	TOTAL
Male	50	72.38 Years	71.6 years
Female	50	70.82 Years	

Table 1 presents the demographic details of the sample (N = 100), 50 males and 50 females. The average age for the whole sample is 71.6 years and the average age of both male (72.38) and female (70.82) participants' is closer to each other.

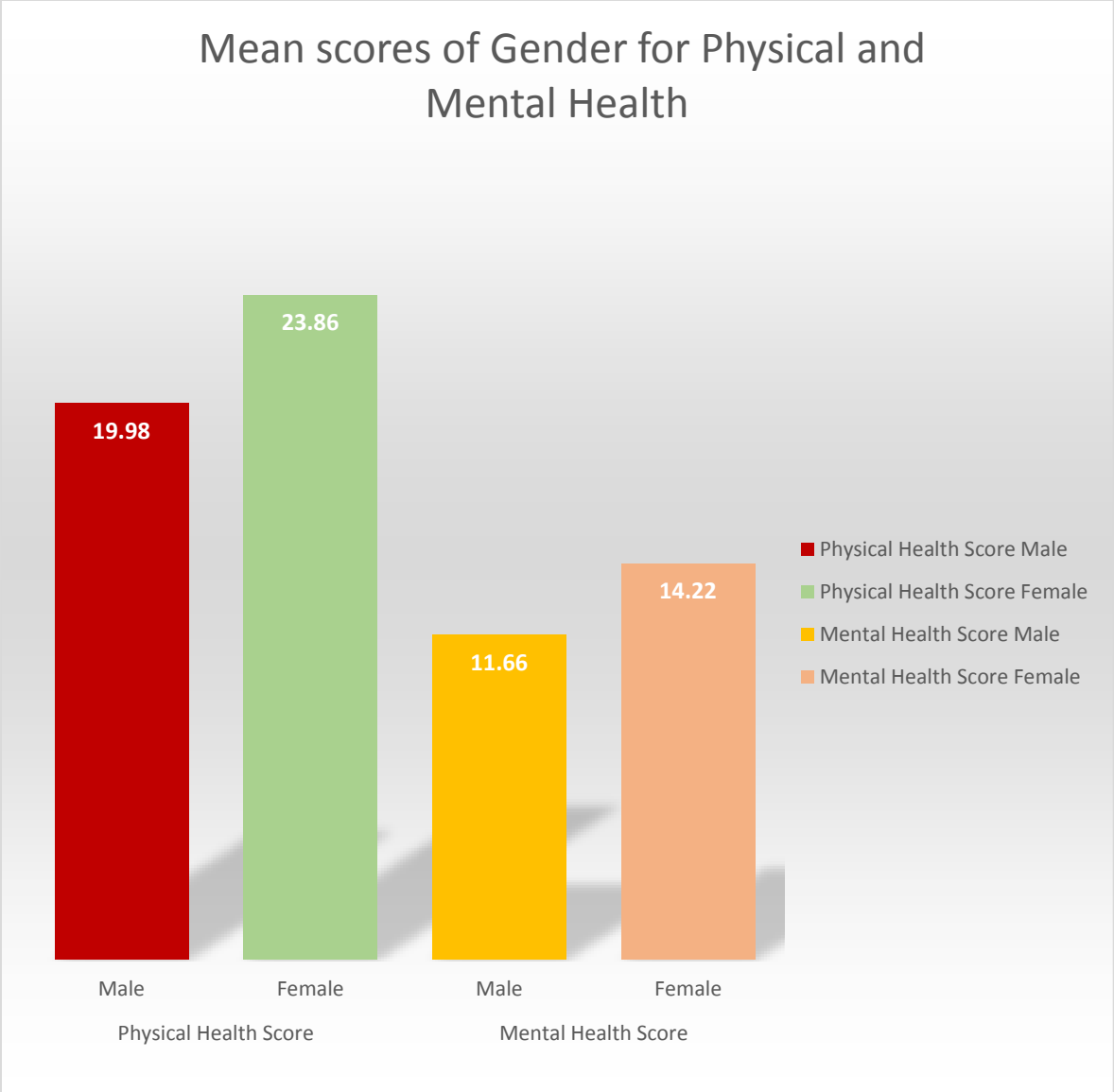


The current sample involves data collection from both the genders and provides an opportunity to compare the both the genders on physical and psychological health.

.Table No.2 Means and t-ratio of between groups for Gender

Means and t-ratio of between groups for Gender				
Variables(N=100,df=98)	Gender	Mean	t value	Sig. (2-tailed)
Physical Health Scores	Male	19.98	-1.956	.053
	Female	23.86		
Mental Health Scores	Male	11.66	-1.554	.124
	Female	14.22		

Table 2 presents the ‘t’ test results for the independent means and indicates that all the ‘t’ ratios are relatively small and range from -1.554 to -1.956 , that is below from the critical value of ‘t’ at 0.05 level.This suggests that male and female subjects possess do not differ on the above mentioned variables



Above graph shows that women have high mean in physical and psychological problems. The mean of female is high then men but after using “t” test, there is no significant difference has been found.

Table No.3 Correlation among physical and mental health

Correlations

		Physical health score	Mental health score
Physical health score	Pearson Correlation	1	.708**
	Sig. (2-tailed)		.000
	N	100	100
Mental health score	Pearson Correlation	.708**	1
	Sig. (2-tailed)	.000	
	N	100	100

The above table shows that there is significant correlation among physical and psychological health of old age people. These scores depicts that physical health and mental health have positive correlation with each other. The correlation (.708) is moderate correlation in the middle of physical and psychological healthiness. These findings are in support of the research by **Ruuskanen and Ruoppila, (1994)** according to the research on physical movement and mental health amongst individuals aged 65 to 84 years. The result showed participation in somatic workout reduced with growing age, particularly in the females. According to the result, there was a main bond among the occurrence of depression and irregular physical workout.

Beekman et al (1995) showed a study to observe the relation between physical well-being and depression. It was cross-sectional and longitudinal study which depicts that physical health and depression are inversely proportional to each other. The increase in depression leads to decline in their physical health. A sample of elder people were put to test the relation between four aspects

of physical health and levels of depressive symptoms. CES-D conducted shown depression to be related to physical health. Pains tend to have much influence by depression than chronic diseases. Relation between physical health and social environment like marital status have independent effects on mood. The results shows that women did not have much effect on their health while men were severely affected.

In conclusion, we can say that physical and mental health have not significant difference on the basis of gender. According to results, women are more suffering from physical and mental problems as compare to other gender. On another side, physical health and mental health has positive correlation. Which means that physical health plays an important role for good mental health. If person has poor mental health it means physical health is also poor. According to the research on physical activity and psychological well-being among people aged 65 to 84 years. The result showed participation in physical exercise decreased with increasing age, particularly among the women.

Recommendations-

- It is recommended that children should try to understand their physical and emotional dependency.
- It is suggested to elder persons that they should openly express their needs for emotional and physical care.
- It is suggested to children's that they should give proper time and care to their aged parents.
- It is recommended to old people should not suppress or hide any kind of physical or psychological health issues if they are facing any.

Suggestions-

- The study can be done on old people living in old age home.
- A comparative study can also be done between old age people of rural and urban areas.
- A comparative study can also done among elder people who are living with families and without families.
- The same study can be done at national level for illustration generalization and to get more reliable results.

CHAPTER 6

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