

Research Paper

Comparative Analysis of Psychological Well-being among Elderly people in Marginalized Communities

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ABSTRACT

Psychological Well-being is an issue amidst those who have been marginalized, ostracized, or else barred from consideration, both historically and in the present day. Too frequently, the problem is made worse because access to acceptable treatment is lacking, along with mindfulness about how deep and pervasive the problem actually is. Marginalized groups find it harder to pierce services. Persons from marginalized persuasions have difficulty in finding housing accommodation. Elderly People with marginalized or historically devaluated individualities face specific obstacles that may impact their internal health and well-being. Members of marginalized communities, thus, may bear support that regard for their cutting individualities. Also, people in these communities may witness literal and systemic trauma, similar as demarcation and oppression that can contribute to internal health challenges. Individualities from minoritized ethnical communities are generally less likely to use internal healthcare services than the major population. This study explores the psychological well-being of elderly individuals in marginalized communities, examining gender- related differences by using “Ryff’s Psychological Wellbeing Scale” which is developed by Carol D. Ryff and Keyes. The research aims to understand how various social, economic, and cultural factors influence the mental health and overall well-being of elderly people, particularly in underprivileged settings. To compare psychological well-being between the sexes, the analysis looks at things like coping strategies, social support, life satisfaction, and mental health issues. The researcher gathers information from 140 people using a mix of qualitative and quantitative techniques. The Z test and descriptive analysis showed no discernible difference between elder majorities and minority. Another observation is that psychological well-being of older males and females differ significantly.

Keywords: *Wellbeing, Gender role, Marginalised, Elderly, Oppression, Healthcare*

Growing older entails developing maturity and becoming a more mature, responsible, and polite adult. The oldest person in any family is the elderly. They are in their final years; those who are psychologically fit live longer than those who suffer from psychological problems. During their early years, the elders experienced a great deal, both good and bad. Their experience surpasses that of the youth. Certain behaviours, traditions, values, and practices are always learnt from the family's elders, even though there is a

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generational divide between them and their grandchildren. Elderly people go through several changes as they age, such as retirement, empty nest syndrome, spouse bereavement, physical disease, etc. Positive psychology emphasises that these elderly people's psychological well-being is increasingly crucial. They can improve their psychological well-being by practicing the ability to view life's events positively. Psychological well-being is a critical factor in determining quality of life, coping skills, and general adaptation to age-related problems in later life. Elderly people who have superior psychological health are more resilient, have stronger social bonds, and are happier with their lives.

The most significant objective that individuals additionally, communities work towards is well-being. The phrase implies that something is in a favourable condition. What is meant by "good" and what the something is are not made clear. Two exist methods to define well-being: first, by defining what it is, and second, by outlining the requirements for well-being. Psychological well-being is the subjective perception of enjoyment, contentment, and satisfaction with one's experiences and role in the workplace, in addition to a sense of accomplishment, utility, and belongingness, without any stress, dissatisfaction, or concern. The phrase "subjective well-being" is stressed because it is challenging to assess these elements objectively. In unfavourable circumstances, it might be preserved, and in fortunate circumstances, it might be lost. While it is reliant upon the psychological and physical factors, it is related to them. Elderly members of marginalised communities are especially at risk for poor mental health. Long-standing social and economic disadvantages like poverty, low educational achievement, unemployment, social isolation, and restricted access to healthcare services are frequently linked to marginalisation. According to Berkman et al. (2014), these drawbacks typically compound throughout the course of a person's life and become more apparent in older years. Because of this, older persons from marginalised origins are more likely to feel psychologically distressed, alone, insecure, and powerless. Psychological or subjective well-being, as defined by Diener and Smith in 1999, is a wide construct that consists of four different and distinctive components: a) positive well-being; b) psychological distress; c) life satisfaction; and d) domain or situation satisfaction. An extensive array of meanings is associated with psychological well-being, which is typically linked to wellness. In the past, most studies defined well-being as the absence of anxiety, depression, or other mental health issues; psychological well-being includes finding meaning in life, not experiencing physical symptoms, having high self-esteem, feeling happy and content, engaging in daily activities, not having suicidal thoughts, having personal control, having social support, not feeling stressed, and being generally efficient (Bhogle and Prakash, 1995).

Four dimensions are identified by the Indian perspective: the person (Jeeva), the life (Ayu), the health (Arogya), and the five elements. According to Indian philosophy, well-being encompasses mental, emotional, and spiritual health. Maitri, Karuna, Mudita, and Upeksha—which translate to "relatedness," "compassion," "pleasant disposition," and "avoidance of conflict"—are key components of the Indian approach to well-being. Put another way, denying the ego and reuniting with oneself is what is meant by well-being. This suggests that survival, well-being, freedom, and identity are all necessary for well-being. It can be challenging for many individuals of minority groups to access mental health and psychological well-being services. This may be the result of an array of factors, including expense or insufficient health insurance. Finding healthcare professionals who belong to one's racial or ethnic group may also be difficult. A person's refusal to seek help may also be attributed to stigma or unfavorable perceptions about psychological well-being

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services. Our surroundings might also affect our emotional and mental well-being. Examples of situations that might lead to stress and racial trauma include seeing or suffering racial violence or discrimination. Access to mental health and psychological well-being services may be hampered by poverty or low income. Stress and psychological well-being problems are two further items that poverty may do. The term "intersectionality" was created by Kimberlé Crenshaw to illustrate how people's experiences vary from one another depending on their identities and where they fit in society. Those who have experienced their identities revealed marginalized or historically undervalued encounter unique difficulties that may have an impact on their psychological well-being and physical health. Supports that take into consideration the intersections of their identities may consequently be necessary for members of marginalized communities. People in these groups are possibly also subjected to systemic and historical trauma, including prejudice and oppression, which can exacerbate psychological well-being issues. Language hurdles, financial limitations, lack of diversity in the healthcare workforce, stigma, and cultural attitudes surrounding mental illness and seeking assistance are some other challenges. Elderly people from marginalised communities in India frequently rely significantly on family members for both financial and emotional care. However, traditional support networks have been undermined by fast urbanisation, the relocation of younger family members, and evolving family patterns. Many older people experience neglect, insufficient social security, and limited access to mental health care, particularly those from socially and economically disadvantaged groups (Rajan & Mishra, 2020). These elements have a major impact on their psychological health.

Many people around the world are concerned about mental health since it facilitates communication and interaction with others. Achieving a positive well-being is necessary to attain stable or positive mental health. Among the various aspects of well-being, psychological well-being is a crucial but controversial component. An individual's psychological health is influenced by how he interacts with society and himself. Due to their numerous health, financial, and coping challenges in the modern world, the elderly are considered the most vulnerable group in terms of mental health disorders. People over 60 are known as the old (WHO, 2019). There are currently one billion of them, and by 2050, that number is expected to rise to 2.1 billion. In India, mental health care are not standardised to meet the needs of the elderly. With 1.3 billion people, 27% of whom are young, India will soon have a large old population. It is really necessary to guide this generation of young people towards a fulfilling senior life. To comprehend how variations in social circumstances, resource accessibility, and support networks affect mental health outcomes in later life, a comparative study of psychological well-being among senior citizens in marginalised areas is crucial. The majority of current research has concentrated on the physical well-being and economic reliance of the elderly; psychological components, especially those of marginalised groups, have not received as much attention (George, 2010). Thus, by analysing and contrasting psychological well-being among older people in marginalised groups, the current study aims to close this gap. The results of this study should further knowledge of psychological problems associated with ageing and provide guidance for therapies and policies that support inclusive and healthy ageing.

REVIEW OF RELATED LITERATURE

Bora and Saikia (2015) examined mental health among older female and male in India and observed that elderly female from marginalized communities experienced poorer psychological well-being compared to male. Factors such as economic dependency, limited

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social support, and restricted access to healthcare were identified as key contributors to gender disparities in psychological well-being.

M Pilar Matud et.al (2020) studied among 1,202 elderly people between age 65 to 94. For gathering information, the researcher used Ryff's psychological well-being scale. The findings indicate that when it came to self-acceptance, autonomy, life purpose, and environmental mastery, men outperformed women. Self-esteem and social support were the most significant predictors of psychological well-being in both men and women, according to hierarchical multiple regression analyses. For healthcare professionals and legislators who are interested in encouraging healthy ageing and improving the wellbeing of senior citizens, the findings of this study are pertinent.

O Eylem (2020) studies 193,418 subjects by using quantitative methods of regression. The findings suggest psychological stigma is more prevalent in racial minorities than it is among majorities. Developing anti-stigma tactics for mental diseases in accordance with racial and cultural origins to enhance mental health outreach is a significant clinical implication of these findings.

Ghosh and Sarkar (2021) found that participation in social and religious activities improves psychological well-being among elderly individuals belonging to disadvantaged communities.

R Kavita (2023) conducted research on economic soundness and psychological well-being among the elderly among elderly peoples by using purposive sampling techniques. There the researcher used psychological well-being scale for data collection. The result revealed that in income level influence the psychological well-being positively.

Research Gap

According to the literature evaluation, there are a lot of studies on adolescents' psychological well-being, but not many on the elderly. Few studies have minorities and majorities. There are no more studies on the psychological well-being of the elderly in Odisha. Most of this study will be carried out in Odisha.

Rationale of the Study

Many people around the world are concerned about mental health since it facilitates communication and interaction with others. Achieving a positive well-being is necessary to attain stable or positive mental health. Among the various aspects of well-being, psychological well-being is a crucial but controversial component. An individual's psychological health is influenced by how he interacts with society and himself. Due to their numerous health, financial, and coping challenges in the modern world, the elderly are considered the most vulnerable group in terms of mental health disorders. People over 60 are known as the old (WHO, 2019). There are currently one billion of them, and by 2050, that number is expected to rise to 2.1 billion. In India, mental health care is not standardised to meet the needs of the elderly. With 1.3 billion people, 27% of whom are young, India will soon have a large old population. It is necessary to guide this generation of young people towards a fulfilling senior life. Thus, this research seeks to improve the psychological well-being of our beloved senior citizens of the state.

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Objectives

The study was primarily conducted to understand the following two goals.

1. To study the psychological well-being of minorities and majorities of old people.
2. To study the psychological well-being of men and women elderly.

Hypotheses

- **H₁:** There may be a significant difference between minorities and majorities old people about psychological well-being
- **H₂:** Female elderly may have less psychological well-being in comparison to male elderly.

RESEARCH METHODOLOGY

To gather the necessary information from different villages in Bhadrak and Balasore in Odisha, both Qualitative and quantitative survey was carried out. The data from the survey was collected using the purposive sampling technique. This study employed a questionnaire with a psychological well-being measure as part of its data collection methodology. Numerous questions concerning demographic information, such as gender, age, caste, and name, were incorporated into the questionnaire.

Sample size

Within this study, the researcher took 140 elderly peoples, 70 (35 male and female) of whom are minorities and 70 (35 male and female) of whom are majorities, to make up the study's sample.

Study variables

Independent variables: -

1. Categories of elderly people (Caste wise)
2. Gender groups

Dependent Variable: -

1. Psychological well-being

Acquisition of data

Only first-hand accounts are utilized.

Instruments used

In this study, the researcher used one standardized questionnaire.

- **Psychological Well-being Scale:** The psychological wellbeing scale was developed in 1989 by Carol D. Ryff. Six dimensions of happiness and well-being are measured by the 42-item psychological wellbeing scale: self-acceptance, positive interpersonal relationships, environmental mastery, personal growth, autonomy, and purpose in life. Using a seven-point rating system (1 being strongly agree and 7 being strongly disagree), respondents indicate how strongly they agree or disagree with 42 items. The 21 items were later reverse coded by the researchers so that higher scores correspond to better psychological well-being. The items within each subscale were then added up to determine the individual subscale scores.

Statistical analysis

Z test was utilized in this research and MS-Excel was used to perform statistical analysis to ascertain the study's objectives.

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Procedure

In their home settings, each subject was being observed. The questionnaires were given to each old people separately in their home. It was recommended that the researcher help every elderly to read the items on the scale and accurately understand how crucial each point is. The next step is for the respondent to select a scale value between 1 and 7 based on how much they strongly agree or disagree with the statement, and then say that number in the appropriate response section. The subjects were permitted to take the test once they were at ease. Following data collection, the mean, standard deviation, and z-test were utilized to assess the results.

RESULT TABLES AND ANALYSIS

Table no.01 (category-wise elderly's z test)

Variables	N	Mean	SD	Variance	z-value
minorities	70	155.5142857	25.78604434	664.920083	-0.714264773
majorities	70	158.4142857	37.70960469	1422.014286	

The result shows that there are no significant differences found between minorities and majorities ($p > 0.05$). The z-value is -0.714264773, the p-value is 0.47/0.23 and the df is 68 which released there are no differences between these elderly groups.

Table no.02 Descriptive statistics and Z- test of women and men elderly's psychological well-being.

Variables	N	Mean	SD	Variance	Z-value
women	70	155.53426	25.87604434	664.9101	-2.717522842
men	70	195.6142857	123.8818152	15346.7	

The table above demonstrates that there are notable distinctions between women and men. The z-value is -2.717522842 which is less than -1.960 and p value is 0.003 which is less than 0.05.

Hypotheses Testing:

- **H₁:** The findings indicate that there is a difference in psychological well-being between minorities and majorities, although not a significant difference ($p > 0.05$). The p-value is (0.47) and the z-test is (-0.7142). So here the hypothesis is rejected.
- **H₂:** The psychological well-being of women and men elderly peoples had a z-value of -2.71 and a p-value of 0.003, respectively. Men elderly's mean scores are greater than women elderly's, indicating a clear and notable difference between the genders. That means the hypothesis is accepted.

DISCUSSION AND CONCLUSION

A person who enjoys psychological well-being does not feel stressed, dissatisfied, or concerned and who feels a feeling of success, utility, or belonging with their experiences and role in the job. Because it is difficult to evaluate these factors objectively, the term "subjective well-being" is emphasized. It could be lost under favourable circumstances or kept under unfavourable ones. It is connected to the physical and psychological aspects, even though it depends on them. Getting access to mental health and psychological well-being services can be difficult for a large number of members of minority groups. A

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multitude of reasons, such as cost or inadequate health insurance, could contribute to this. Getting medical personnel who are members of one's race or ethnicity might be challenging as well. Stigma or negative opinions about services for psychological well-being may also be elements that make up a person's hesitation to get assistance. We may be impacted emotionally and mentally by our environment. As an example, witnessing or experiencing racial violence or discrimination are scenarios that can cause stress and racial trauma. Poverty or poor income may make it more difficult to access mental health and psychological well-being treatments. In addition, poverty may lead to issues with stress and psychological health.

The result table 01 indicates that here no significant differences were found between minorities and majorities ($p > 0.05$). The mean score of minorities is 155.51 and the majority is 158.41, which describes majorities having a higher level of psychological well-being than their counterparts. The z-value is -0.714264773, the p-value is 0.47/0.23 and the df is 68 which released there are no differences between these elderly groups. The above table 02 demonstrates the notable distinctions between women and men. The women elderly mean score is 155.5242 and the men elderly is 195.6142, which means men have a higher level of psychological well-being than women elderly. The z-value is -2.717522842 which is less than -1.960 and the value is 0.003 which is less than 0.05. So, hypothesis 01 is rejected and hypothesis 02 is accepted.

Limitations

psychological well-being is solely a matter of opinion. Consequently, we are unable to generalize this specific study. samples were drawn from a two district, and because they represent a particular demographic, the findings might not be generalizable to other elderly peoples. Numerous external influences may impact elderly's psychological well-being.

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Conflict of Interest

The author(s) declared no conflict of interest.

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