

Intergenerational Link: Psycho-Social Wellness Among Elderly and Children

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HSAI – 2019 – KA – 426 – LF Supervisor

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Abstract

Aging is a continuous process that starts at conception and persists until death, characterized by the progressive maturation across all aspects of human capabilities. Yet, it is from the age of 60 and beyond that individuals often experience increased susceptibility to illnesses and face limitations in their physical, social, and psychological functioning.

On the other end of the spectrum, individuals aged 19 and younger are categorized as children, a phase particularly sensitive to environmental influences which can have long-lasting impacts. There's been a lack of focus on exploring the differences between these age groups and how they affect one another. Therefore, a proposed study aims to undertake an observational exploration into the psychological well-being of both older adults and children within both family and institutional settings, assessing the overall quality of life.

Method: A study was conducted involving 400 participants, split evenly between 200 elderly individuals and 200 children, with equal representation of both genders. The participants were selected from both institutionalized and non-institutionalized settings. To gather data, the study utilized a set of self-administered standard questionnaires, which included the General Information Schedule, the Elderly Self Maintenance Scale, the Psycho Social Wellness Scale, the Instrumental Operation in Daily-living Scale, and the Children Self Maintenance Scale.

Result: The psychological well-being of the elderly is strongly linked to their daily living skills based on their living environment, whether they reside with family or in an institution. This association does not extend to age and gender differences. For children, there is a slight positive relationship between life skill development and psychosocial well-being, indicated by a correlation coefficient of 0.037 and a p-value of 0.723, suggesting the influence of life skills on psychological health is not significantly affected by these variables in the studied sample..

Conclusions: The mental health and well-being of older adults are significantly influenced by their ability to perform everyday tasks and their living conditions, such as being in a family home or a care facility. This relationship does not change based on differences in age or gender. For children, the development of life skills has a minor positive impact on their psychosocial well-being, as indicated by a correlation coefficient of 0.037 and a p-value of 0.723. This suggests that the effect of life skills on the psychological health of the children in the sample is not significantly influenced by age or gender.

Keywords: Elderly Person, Children, Psychological, Solidarity, intergenerational link.□

introduction

Psycho social wellbeing is a powerful predictor of healthy living during all stages of life, ageing with full life is a challenge of present period. Impressive aspects of literature show that psychosocial factors have significant influence on healthy living. Though everyone experience psycho-social factors, people have different interpersonal and intrapersonal behaviors. Most studies had focused on young and middle-aged subjects while there is a little knowledge about the psychological wellness among elders. Ageing is growing old (Gorman, 1999). And people of 60 years are considered elderly(WHO, 2007) Row and Kahn (1997) formulated ageing in three parts: vulnerability to illness, limits in psychosocial and physical activities and dynamic interactions with life. Studies in this field shows elders who socially interact and have contacts with the society through different activities were healthy and physically fit (Riff, 19820).

The movement and functions of elders are affected with the connections maintained with society. Elderly people generally fail to have contact due to health problems in contrary those who have more contacts have healthy living (kiely & Flacker, 2003). Studies show that elders connected with the society do well in their daily functioning, when a person grows old his task performance on the society decline as the day passes (Lawton & Brody, 1969). There is important influence of physical activities on sociability of elder. Everard (1999) reveals in his study that the socialization has positive association with physical fitness, and social interaction with friends decreases the risk of disability (Mendes de Leon, Gold, Glass, Kaplan, & George, 2001).

The Psychological Status encompass the ability to continue to know emotions and able to regulate such factors. Salovey & Mayer were the pioneers to propose the term psychological factors a set of inter related skills allows episode in efficient manner of use. Therefore they allow better dealings with environment. Additionally consideration of such author⁷ Suggest that Psychosocial Status meets developmental criteria. Emotion improves with the age and experience from the childhood to adulthood. Accordingly it may be because of the study on emotional resources as an aid to develop skills while ageing.

The major studies have concentrated on the adolescence and young adults. Recent research on emotions has expanded on adult age range including older adults. Studies have found elderly have significant high score than young adults in psychological status. Further according to Galdona psychological status is configured similarly in the middle age adults (50-65yrs)and older adults(65-90yrs). A quite higher level of psychological stability among middle aged and older adults is observed. The positive relationship between psychological stability ages might be observed because of continuous learning and lifelong acquired information. As psychological factors considered as important resource for growing old as it leads to stability. On the other hand some aspects of acceptance to decline due to ageing in physical health, income and intellectual abilities. Contemporary researches have found analytical the relationship between psycho-social, physical abilities among elderly. Psychological functioning- According to a longitudinal research emotional transparency leads to perspective psychological wellbeing and may converse. The other factor is between emotional stability and social support empirical studies show with young and middle aged people has exhibited positive association- the higher is the emotional management with more social support.²¹ Good social and marital relationships found on emotional Transparency¹² significant to social support.

Health- The interaction between psychological and physical health with health behaviour²⁴⁻²⁶ have concentrated on young and middle aged These studies show the higher emotional management connected to better physical health. Reasonably the extension applies to the studies with older adults this population has overcome physical challenges in the process of ageing on the other hand the study is found analyzing relationship between emotions and subjective health among older adult. the findings reveals attention to feelings not connected to positive health associated with higher emotional attention in relation psychological dysfunctions.

The finding of psychosocial factors is necessary to know developmental trajectories in advancement of life. Different studies show the influence of social interaction of elders on daily living. Gardner (2014) put forth his opinion that elders who are connected with friends and families, have better everyday task performance. Further, a research by Rosso, Taylor, Tabb, and Michael (2013) reveals reduced daily living activities lead to decrease in

levels social interaction. They have endorsed in their studies that elders will have better health if they maintain connections with the society. Social interaction is necessary to maintain good health and attain successful ageing (Bassuk, Glass, & Berkman, 1999).

The reduction in social interaction was negatively correlated with the dynamic functioning (Seeman et al., 2019). Studies conducted by Dodge, Daly, Huyton and Sanders (2012) shows, Wellness provides a person with psychological, social and physical resources necessary to meet psycho-social and physical challenges. Persons with purpose in life and the self-determination ability have high prevalence of wellness (Kimura, Yamazaki, Haga, & Yasumura, 2013). According to Erik Erikson's philosophy, people undergo eight unique developmental stages during their course of life. While most of the developmental theories had dealt mainly with childhood events, he was among the pioneers to consider the aging itself as integral to human development. According to him, 'integrity versus despair' is the eighth and final stage of psychological development (Erikson, 1950). This stage commences at age 60 and prolongs until demise (Schwartz, 2001).

Today, the Erickson's principle of human development stage is used by health-care professionals in their counselling, care, and treatment of elderly people (Van Vliet, Karsten, 2015). Successful resolution of the core issue develops a psychosomatic advantage that results in a complete mental health. At the 'integrity versus despair' stage, the main question would be on whether or not the person has lived a productive and happy life. (Kendra Cherry, 2018). If the answer is yes, the person could recollect his/her past memories with full of satisfaction, leaving no room for regret while facing the end of life. Otherwise, the person would feel failed in the life and remain regretted until the end of life. This study examines the relevance of Erickson's stages and issues among Indian elderly and also provides cultural transformation by interacting with younger generation through education and learning which benefit both the generations, as the scope of our analysis. The 'integrity versus despair' period starts as the elderly person starts facing some major problems in life, such as retirement, demise of life-partner, loneliness, and fatal disease (Giulia Cortelles, 2016).

To foster their integrity we should accept their presence in the family to take an important role in the child's life as they teach the child specific skills, discipline and cultural practices and even child's peer group also will gain greater significance through intergenerational linkage and will become a major source of the child's self-esteem (Jarrott, 2008; Pinazo-Hrnanidis & Tompkins, 2008; Power et al., 2007). Present study may review the crisis at this stage in Indian context and how people respond to getting older and intergenerational solidarity among different type of families (Rogoff, 2003). A review on the correlation between social participation and wellness was provided by Bath and Deeg (2005); it is found that if an elderly has normal social participation, his/her mental and physical health will be good compared to those stay alone at.

The previous studies shows that social interaction has impact on wellness and task performance of elders. this emphasis sociability. It is found that elder have more psycho-social wellness if they share their daily activities with friends and relations, so there is need to Psycho-social wellness among the elders on contrary among children socialization and, this hypothesis is positive association between daily living and social interaction of elders. Hence the aim and objectives of our study is

- ▶ To analyze socio-demographic factors among elderly and children
- ▶ To study the relation between psychosocial wellness and everyday living skills among elders and children in different living situation.
- ▶ To study the difference between psychosocial wellness and everyday living skills among elders and with respect to age, gender in different living situation.

Hypothesis

1. **H1₀** There is no significant relation between the psychosocial wellness and daily living among elders in family.
2. **H2₀** There is no significant relation between the psychosocial wellness and daily living among elders in institutional living

3. **H3₀** There is no significant relation between the psychosocial wellness and daily living among children living in institution
4. **H4₀** There is no significant difference in psychosocial wellness and daily living among the children in family

Variables

Psycho-social wellness, Self -Maintenance, Instrumental operation

Methodology:

The cross sectional study was conducted on elderly persons and children, through **stratified purposive samples** of 400 divided into 200 elderly, (50 male and 50 female from Institutional and non-institutional living), 200 children (50 boys and 50 girl, institutional and non-institutional living).

Variable	Tools	Reliability	Validity
Psychosocial Wellness	Psychosocial wellness scale	0.87	0.94
Daily Living Functions	Elderly Self Maintenance Scale	0.90	0.72
	Instrumental Operation in Daily living Scale	0.93	0.70
	Children Self Maintenance Scale		

Procedure: A socio demographic data sheet was designed to collect basic information of the participants. This includes their basic details. An informed consent, comprising of a declaration by the participant that they were not forced to take in the study. The study was conducted by giving the participants a brief overview of the study and then the questionnaires were given one by one to fill up time taken ranged from 20 to 30 minutes. Elderly Self Maintenance Scale, Psycho Social Wellness Scale, Instrumental Operation in Daily-living Scale, and Children Self Maintenance Scale were used time later the scoring was done and interpreted further.

Ethical Consideration:

A few of the concerns in the study was:

1. **Voluntary Participation:** the participants would be free to leave and refuse to take part in the study
2. **Confidentiality** - The participants and concerned authorities are assured of the fact that none of the information that they share, would be leaked to any form

Statistical Techniques: -Descriptive statistics and inferential analysis were performed with Statistical Package for Social science (SPSS) version (20). Pearson correlation was used to find the association between, Psycho Social Wellness; Instrumental Operation in Daily living, Self-Maintenance, among Elders. In order to explore the predictor regression analysis was conducted.

Results And Discussion

I.A. Demographic Profile of the respondents –Elderly Persons

Demographic factors of the respondents are as follows

Table: 1 Descriptive statistics for all variables.

VARIABLES		Frequency	Percentage	Frequency	Percentage
Age	60-70years	24	24.0	54	54.0
	71 - 80 years	50	50.0	46	46.0
	81 and above	26	26.0	0	0.0
	Total	100	100.0	100	100.0
Gender	Male	50	50.0	50	50.0
	Female	50	50.0	50	50.0
	Total	100	100.0	100	100.0
Education	SSLC	39	39.0	30	30.0
	PUC	40	40.0	37	37.0
	Degree	21	21.0	33	33.0
	Total	100	100.0	100	100.0
Occupation	Employed	58	58.0	44	44.0
	Unemployed	30	30.0	38	38.0
	Retired	12	12.0	18	18.0
	Total	100	100.0	100	100.0
Job categories	Public Sector	16	16.0	12	12.0
	Private Sector	39	39.0	10	10.0
	Self Employed	8	8.0	14	14.0
	Others	37	37.0	64	64.0
	Total	100	100.0	100	100.0
Annual Income	Under 150000	6	6.0	49	49.0
	150001 - 240000	39	39.0	8	8.0
	240001 - 360000	28	28.0	40	40.0
	360001 - 480000	6	6.0	3	3.0
	480001 -600000	17	17.0	0	0.0
	600001 and above	4	4.0	0	0.0
	Total	100	100.0	100	100.0
Type of residence	Own house	77	77.0	2	2.0
	Rented house	23	23.0	98	98.0
	Total	100	100.0	100	100.0

Table 1 A. illustrates descriptive statistics of all variables. The researcher has selected 200 elders (50% from institutional Living and 50% from Family living) from Mysore city, and categorized as age, gender education occupation, job category, annual income, type of residence, all the participants are from co-existing families.

I.B. Demographic Profile of the children

Table 2: Frequency tables of all demographic variables of children

Variables	Children type	Children From Family		Children From Orphanage	
	Category of variable	Frequency	Percentage	Frequency	Percentage
PSWS age	6 to 9	25	25.0	31	31.0
	10 to 14	50	50.0	36	36.0
	15 to 18	25	25.0	33	33.0
	Total	100	100.0	100	100.0
Gender	Boys	50	50.0	50	50.0
	Girls	50	50.0	50	50.0
	Total	100	100.0	100	100.0
Class	First	3	3.0	1	1.0
	Second	19	19.0	8	8.0
	Third	2	2.0	1	1.0
	Fourth	1	1.0	1	1.0
	Fifth	0	0.0	4	4.0
	Sixth	10	10.0	14	14.0
	Seventh	34	34.0	21	21.0
	Eighth	4	4.0	7	7.0
	Ninth	9	9.0	10	10.0
	Tenth	17	17.0	30	30.0
	Eleventh	0	0.0	1	1.0
	Twelfth	1	1.0	2	2.0
	Total	100	100.0	100	100.0
School	Government	0	0	57	57.0
	Private	100	100.0	43	43.0
	Total	100	100.0	100	100.0

Table 1B. represents demographic profile of children under the variable age, gender, class, school and living situations equal no. of children from family and institutional living are selected according to age majority (50%) of them and remaining are in age group 6 to 9 years and 15 to 19 years (25%), Among children from family all studies in private schools, In case of institution majority of them goes to government schools and some goes to private.

Table 3: Distribution of Elderly persons Living in Family and Institution based on Psycho-Social Wellness Scale (PSWS), Instrumental Operation in Daily Living Scale (IODLS), Elderly Self Maintenance Scale (ESMS).

Age	Family count (PSWS)			Total	Family Percentage (PSWS)			Total	Institution count (PSWS)			Total	Institution Percentage (PSWS)			Total
	Low	Moderate	High		Low	Moderate	High		Low	Moderate	High		Low	Moderate	High	
60-70 years	0	21	3	24	0.00	87.50	12.50	100.00	0	53	1	54	0.00	98.15	1.85	100.00
71 - 80 years	0	44	6	50	0.00	88.00	12.00	100.00	0	44	2	46	0.00	95.65	4.35	100.00
81 and above	0	22	4	26	0.00	84.62	15.38	100.00	0	0	0	0	0.00	0.00	0.00	0.00
Total	0	87	13	100	0.00	87.00	13.00	100.00	0	97	3	100	0.00	97.00	3.00	100.00
Age	Family count (ESMS)			Total	Family Percentage (ESMS)			Total	Institution count (ESMS)			Total	Institution Percentage (ESMS)			Total
	Low	Moderate	High		Low	Moderate	High		Low	Moderate	High		Low	Moderate	High	
60-70 years	0	14	10	24	0.00	58.33	41.67	100.00	0	28	26	54	0.00	51.85	48.15	100.00
71 - 80 years	0	28	22	50	0.00	56.00	44.00	100.00	0	20	26	46	0.00	43.48	56.52	100.00
81 and above	0	10	16	26	0.00	38.46	61.54	100.00	0	0	0	0	0.00	0.00	0.00	0.00
Total	0	52	48	100	0.00	52.00	48.00	100.00	0	48	52	100	0.00	48.00	52.00	100.00
Age	Family count (IODLS)			Total	Family Percentage (IODLS)			Total	Institution count (IODLS)			Total	Institution Percentage (IODLS)			Total
	Low	Moderate	High		Low	Moderate	High		Low	Moderate	High		Low	Moderate	High	
60-70 years	24	0	0	24	100.00	0.00	0.00	100.00	0	54	0	54	0.00	100.00	0.00	100.00
71 - 80 years	46	4	0	50	92.00	8.00	0.00	100.00	0	45	1	46	0.00	97.83	2.17	100.00
81 and above	24	2	0	26	92.31	7.69	0.00	100.00	0	0	0	0	0.00	0.00	0.00	0.00
Total	94	6	0	100	94.00	6.00	0.00	100.00	0	99	1	100	0.00	99.00	1.00	100.00

Table 3 A

The above table shows majority of the elders living in family (87%) have moderate psychosocial wellness among elders living in institution most of them have moderate psychosocial wellness very few in both the living situation belong to high level of psychosocial wellness.

As per the elderly self-maintenance Scale score majority (52%) of elders from family are in moderate level of Self Maintenance Skills and 48% at high level. Even in institution elderly person have approximately similar psychosocial wellness

In respect to Instrumental Operation in daily living almost 99% are at moderate levels of skills in institutional elders majority of them are in low levels few have high levels of skills among elders from family

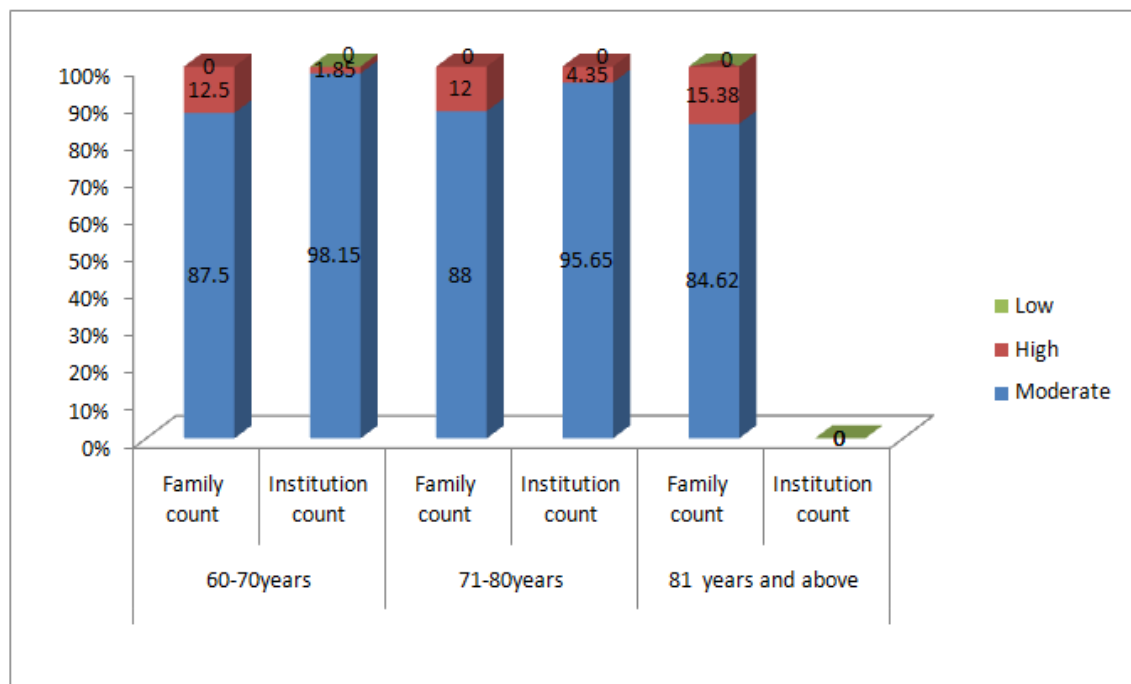


Figure-1: Levels of Psychosocial levels among elderly persons in family and institutional living across the age groups.

Table 4: Distribution of Children Living in Family and Institution based on Psycho-Social Wellness Scale (PSWS), Children Self Maintenance Scale (CSMS).

Age	Family count (PSWS)			Total	Family Percentage (PSWS)			Total	orphanage count (PSWS)			Total	orphanage Percentage (PSWS)			Total
	Low	Moderate	High		Low	Moderate	High		Low	Moderate	High		Low	Moderate	High	
6 To 9	0	27	4	24	0.00	112.50	16.67	100.00	0	22	9	31	0.00	70.97	29.03	100.00
10 To 14	0	31	5	50	0.00	62.00	10.00	100.00	0	24	12	36	0.00	66.67	33.33	100.00
15 To 18	0	27	6	26	0.00	103.85	23.08	100.00	0	20	12	33	0.00	60.61	36.36	100.00
Total	0	85	15	100	0.00	85.00	15.00	100.00	0	66	34	100	0.00	66.00	34.00	100.00
Age	Family count (CSMS)			Total	Family Percentage (CSMS)			Total	orphanage count (CSMS)			Total	orphanage Percentage (CSMS)			Total
	Low	Moderate	High		Low	Moderate	High		Low	Moderate	High		Low	Moderate	High	
60To 9	0	24	0	24	0.00	100.00	0.00	100.00	0	30	0	30	0.00	96.77	0.00	96.77
10 To 14	0	50	0	50	0.00	100.00	0.00	100.00	0	36	0	36	0.00	100.00	0.00	100.00
15 To 18	0	26	0	26	0.00	100.00	0.00	100.00	0	34	0	34	0.00	103.03	0.00	103.03
Total	0	100	0	100	0.00	100.00	0.00	100.00	0	100	0	100	0.00	100.00	0.00	100.00

Table 3: Distribution of Elderly persons Living in Family and Institution based on Psycho-Social Wellness Scale (PSWS), Instrumental Operation in Daily Living Scale (IODLS), Elderly Self Maintenance Scale (ESMS).

Age	Family count (PSWS)			Total	Family Percentage (PSWS)			Total	Institution count (PSWS)			Total	Institution Percentage (PSWS)			Total
	Low	Moderate	High		Low	Moderate	High		Low	Moderate	High		Low	Moderate	High	
60-70years	0	21	3	24	0.00	87.50	12.50	100.00	0	53	1	54	0.00	98.15	1.85	100.00
71 - 80 years	0	44	6	50	0.00	88.00	12.00	100.00	0	44	2	46	0.00	95.65	4.35	100.00
81 and above	0	22	4	26	0.00	84.62	15.38	100.00	0	0	0	0	0.00	0.00	0.00	0.00
Total	0	87	13	100	0.00	87.00	13.00	100.00	0	97	3	100	0.00	97.00	3.00	100.00
Age	Family count (ESMS)			Total	Family Percentage (ESMS)			Total	Institution count (ESMS)			Total	Institution Percentage (ESMS)			Total
	Low	Moderate	High		Low	Moderate	High		Low	Moderate	High		Low	Moderate	High	
60-70years	0	14	10	24	0.00	58.33	41.67	100.00	0	28	26	54	0.00	51.85	48.15	100.00
71 - 80 years	0	28	22	50	0.00	56.00	44.00	100.00	0	20	26	46	0.00	43.48	56.52	100.00
81 and above	0	10	16	26	0.00	38.46	61.54	100.00	0	0	0	0	0.00	0.00	0.00	0.00
Total	0	52	48	100	0.00	52.00	48.00	100.00	0	48	52	100	0.00	48.00	52.00	100.00
Age	Family count (IODLS)			Total	Family Percentage (IODLS)			Total	Institution count (IODLS)			Total	Institution Percentage (IODLS)			Total
	Low	Moderate	High		Low	Moderate	High		Low	Moderate	High		Low	Moderate	High	
60-70years	24	0	0	24	100.00	0.00	0.00	100.00	0	54	0	54	0.00	100.00	0.00	100.00
71 - 80 years	46	4	0	50	92.00	8.00	0.00	100.00	0	45	1	46	0.00	97.83	2.17	100.00
81 and above	24	2	0	26	92.31	7.69	0.00	100.00	0	0	0	0	0.00	0.00	0.00	0.00
Total	94	6	0	100	94.00	6.00	0.00	100.00	0	99	1	100	0.00	99.00	1.00	100.00

TABLE 3B.

Distribution of Children Living in Family and Institutional based on Psycho-social wellness Scores and Children Self Maintenance Scale (CSMS)

The above table shows most of the children (85%) belong to moderate level and very few (15%) belong to high level of psychosocial wellness, among orphan children (66%) most of them have moderate level of psychosocial wellness and some of them (33%) have high level of wellness, As per the self-maintenance scale both orphans and children from family have moderate levels.

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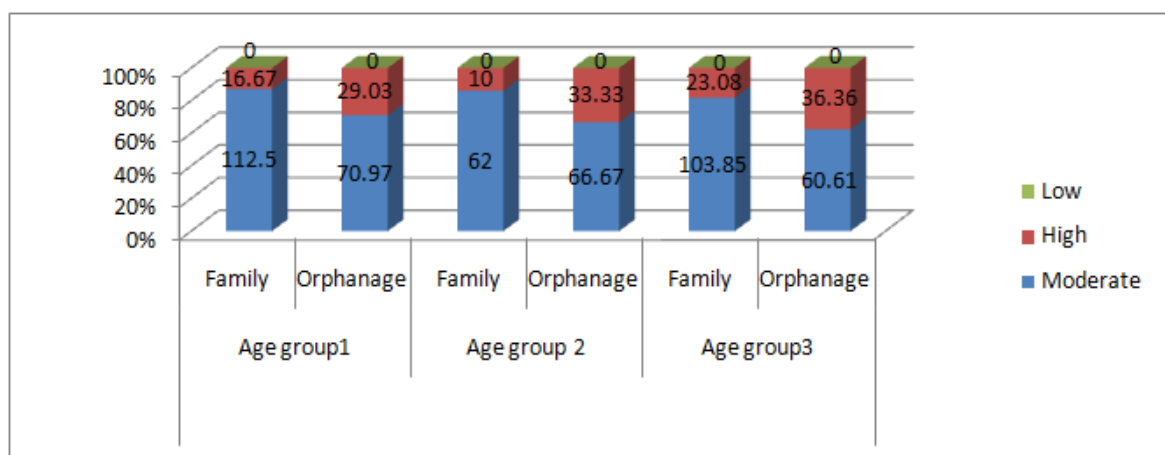


Figure-2 Levels of Psycho-Social Wellness between Family and Orphanage Children across Age Group

H1o: There is no significant difference in the mean psw scores of elderly family living among various age groups.

H11: There is significant differences in the mean psw scores of elderly family living among various age groups.

H2o: There is no significant difference in the mean psw scores of elderly institution among various age groups.

H21: There is significant difference in the mean psw scores of elderly institution living among various age groups.

H30: There is significant difference in the mean psw scores of family children living among various age groups.

H40: There is no significant difference in the mean psw scores of orphanage living children among various age groups.

H41: There is significant difference in the mean psw scores of orphanage living children among various age groups.

Table 5: Mean SD and ANOVA Values of Psycho-Social Wellness of Elderly Person's and Children in Family and Institutional Living based on Age Group.

Type of Respondents	Age Group	PSWS		F value	P value
		MEAN	SD		
Elderly Persons living in family	60 - 70 years	191.630	24.700	0.178	0.837 _{NS}
	71 - 80 years	191.800	24.490		
	81years and above	195.120	25.610		
Elderly Person living in Institute	60 - 70 years	187.780	21.695	0.273	0.603 _{NS}
	71 - 80 years	185.500	21.799		
Children living in Family	6 to 9	191.960	26.590	0.400	0.961 _{NS}
	10 to 14	192.360	24.030		
	15 to 18	193.800	24.800		
children living in Orphanage	6 to 9	203.871	27.523	0.415	0.662 _{NS}
	10 to 14	204.222	30.741		
	15 to 18	209.909	32.060		

NS-Not Significant

In all types, the mean PSWS scores among the age group is same, there is no significant difference.

Table 5 describes Mean, SD and t-value of psychosocial wellness of Elders and Children family and institutional living based on age group the analysis shows in all types the PSWS score among the age groups is same there is no significant difference.

H₀: There is no significant difference among the age group is accepted.

Table 6: Psychosocial wellness score frequency across gender among Elders

Gender	Family Count (PSWS)			Total	Family Percentage (PSWS)			Total	Institution Count (PSWS)			Total	Institution Percentage (PSWS)			Total
	Low	Moderate	High		Low	Moderate	High		Low	Moderate	High		Low	Moderate	High	
Male	0	44	6	50	0.00	88.00	12.00	100.00	0	48	2	50	0.00	96.00	4.00	100.00
Female	0	44	6	50	0.00	88.00	12.00	100.00	0	49	1	50	0.00	98.00	2.00	100.00
Total	0	88	12	100	0.00	88.00	12.00	100.00	0	97	3	100	0.00	97.00	3.00	100.00
Gender	Family Count (ESMS)			Total	Family Percentage (ESMS)			Total	Institution Count (ESMS)			Total	Institution Percentage (ESMS)			Total
	Low	Moderate	High		Low	Moderate	High		Low	Moderate	High		Low	Moderate	High	
Male	0	23	27	50	0.00	46.00	54.00	100.00	0	29	21	50	0.00	58.00	42.00	100.00
Female	0	29	21	50	0.00	58.00	42.00	100.00	0	19	31	50	0.00	38.00	62.00	100.00
Total	0	52	48	100	0.00	52.00	48.00	100.00	0	48	52	100	0.00	48.00	52.00	100.00
Gender	Family Count (IODL)			Total	Family Percentage (IODL)			Total	Institution Count (IODL)			Total	Institution Percentage (IODL)			Total
	Low	Moderate	High		Low	Moderate	High		Low	Moderate	High		Low	Moderate	High	
Male	46	4	0	50	92.00	8.00	0.00	100.00	0	49	1	50	0.00	98.00	2.00	100.00
Female	48	2	0	50	96.00	4.00	0.00	100.00	0	50	0	50	0.00	100.00	0.00	100.00
Total	94	6	0	100	94.00	6.00	0.00	100.00	0	99	1	100	0.00	99.00	1.00	100.00

Table 7: Psychosocial wellness score frequency across gender among Children

Gender	Family Count (PSWS)			Total	Family Percentage (PSWS)			Total	Orphanage Count (PSWS)			Total	Orphanage Percentage (PSWS)			Total
	Low	Moderate	High		Low	Moderate	High		Low	Moderate	High		Low	Moderate	High	
Male	0	38	12	50	0.00	76.00	24.00	100.00	0	41	9	50	0.00	82.00	18.00	100.00
Female	0	28	22	50	0.00	56.00	44.00	100.00	0	25	25	50	0.00	50.00	50.00	100.00
Total	0	66	34	100	0.00	66.00	34.00	100.00	0	66	34	100	0.00	66.00	34.00	100.00
Gender	Family Count (CSMS1)			Total	Family Percentage (CSMS1)			Total	Orphanage Count (CSMS1)			Total	Orphanage Percentage (CSMS1)			Total
	Low	Moderate	High		Low	Moderate	High		Low	Moderate	High		Low	Moderate	High	
Male	0	13	0	13	0.00	26.00	0.00	100.00	0	17	0	17	0.00	34.00	0.00	100.00
Female	0	12	0	12	0.00	24.00	0.00	100.00	0	14	0	14	0.00	28.00	0.00	100.00
Total	0	25	0	25	0.00	25.00	0.00	100.00	0	31	0	31	0.00	31.00	0.00	100.00
Gender	Family Count (CSMS2)			Total	Family Percentage (CSMS2)			Total	Orphanage Count (CSMS2)			Total	Orphanage Percentage (CSMS2)			Total
	Low	Moderate	High		Low	Moderate	High		Low	Moderate	High		Low	Moderate	High	
Male	0	20	0	20	0.00	40.00	0.00	100.00	0	17	0	17	0.00	34.00	0.00	100.00
Female	0	30	0	30	0.00	60.00	0.00	100.00	0	20	0	20	0.00	40.00	0.00	100.00
Total	0	50	0	50	0.00	50.00	0.00	100.00	0	37	0	37	0.00	37.00	0.00	100.00
Gender	Family Count (CSMS3)			Total	Family Percentage (CSMS3)			Total	Orphanage Count (CSMS2)			Total	Orphanage Percentage (CSMS2)			Total
	Low	Moderate	High		Low	Moderate	High		Low	Moderate	High		Low	Moderate	High	
Male	0	17	0	17	0.00	34.00	0.00	100.00	0	16	0	16	0.00	32.00	0.00	100.00
Female	0	8	0	8	0.00	16.00	0.00	100.00	0	16	0	16	0.00	32.00	0.00	100.00
Total	0	24	0	25	0.00	24.00	0.00	100.00	0	32	0	32	0.00	32.00	0.00	100.00

Figure 3: shows psychosocial wellness between children from family and orphanage across gender among elders and children in different living situation. In case of children from family 76% belongs to moderate level, 24% high level, 82% of orphan children belong to moderate level and few (18%) boys are at high level. With respect to children in family approximately similar percent around 50% are at high level and moderate level across gender

H1o: There is no significant difference in the mean psw scores of elderly family living among gender.

H11: There is significant difference in the mean psw scores of elderly family living among gender.

H2o: There is no significant difference in the mean psw scores of elderly family institution living among gender.

H21: There is significant difference in the mean psw scores of elderly institution living among gender.

H3o: There is no significant difference in the mean psw scores of family children among various gender.

H4o: There is no significant difference in the mean psw scores of orphanage living children among gender.

H41: There is significant difference in the mean psw scores of orphanage living children among gender.

Table 8: Mean SD and ANOVA Values of Psycho-social Wellness of Elders and Children in Family and Institutional Living based on Gender.

type	Gender	PSWS		t value	P value
		MEAN	SD		
Elders in family	Male	192.08	24.193	-0.212	0.832
	Female	193.14	25.278		
Elders in Institution	Male	183.93	25.349	-1.147	0.254
	Female	189.93	18.197		
Family children	Male	192.63	24.196	0.005	0.996
	Female	192.60	25.286		
Orphanage children	Male	193.82	23.235	-4.307	0.000
	Female	217.68	31.399		

Table 8: Describes Mean, SD and t- value and p- value of psychosocial wellness of Elders and Children in family and institutional living based on gender. The analysis shows the mean value PSWS scores are significantly different between males and female children of orphanage.

The hypothesis ‘H4o: There is no significant difference in the mean psw scores of orphanage living children among gender’ is rejected.

In other 3 cases there is no significant difference.

Conclusion based on correlation:

1. The coefficient of correlation between psw and sms is 0.999 (p value 0.000), The coefficient of correlation between psychosocial wellness and instrumental operation in daily living scale is 1.000 (p value 0.000)

Hence we conclude that “H1₀There is no significant relation between the psychosocial wellness and daily living among elders in family” is rejected, so there exists relation between psychosocial wellness and daily living among elders in family.

2. The coefficient of correlation between psychosocial wellness and self-maintenance scale is 0.027 (p value 0.788), The coefficient of correlation between psychosocial wellness and instrumental operation in daily living is 0.088 (p value 0.387)

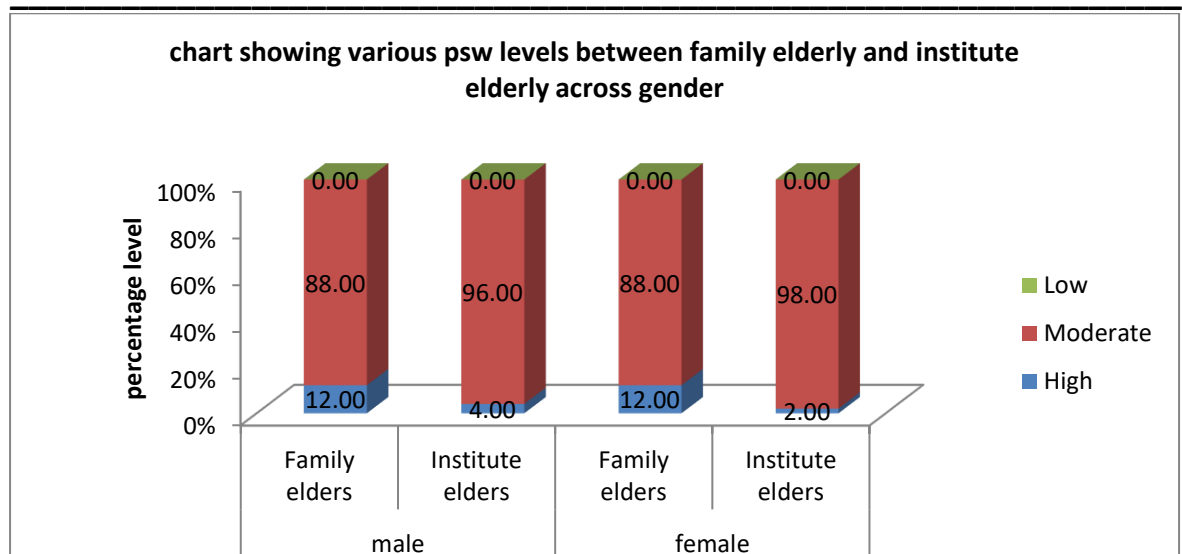
Hence we conclude that “H1₀There is no significant relation between the psychosocial wellness and daily living among elders in institute” is not rejected, so there exists no relation between psychosocial wellness and daily living among elders in institute.

3. The coefficient of correlation between psycho social wellness and children self-maintenance scale is 0.037 (p value 0.723),

Hence we conclude that “H1₀There is no significant relation between the psychosocial wellness and daily living among children in family” is not rejected, so there exists no relation between psychosocial wellness and daily living among children in family.

4. The coefficient of correlation between psw and sms is 0.034 (p value 0.744),

Hence we conclude that “H1₀There is no significant relation between the psychosocial wellness and daily living among children in orphanage” is not rejected, so there exists no relation between psychosocial wellness and daily living among orphanage children.



Suggestions And Conclusions:

To study and develop practices in intergenerational link (IGL) by involving young and old together learning psychological skills. This may transform identity of older adults and young children which creates cultural transformation which intern enhances social solidarity and social cohesion (Dunkel, Sefcek 2009.) So elderly people and young ones can contribute themselves by fostering social integration, social support and access to resources for both young and old. This would be the key to the well-being of both the generations. This would optimize opportunities for health, participation and security for old age.

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