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Effect of Marital Status on Self Efficacy and Mental Health in Older Adults

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Abstract:

Ageing is an inevitable aspect of life. Retirement is a period of life which brings several changes in a person's life. Some of them are positive, while others are negative. One such change is the lack of companionship. Presence of a spouse affects not only the social aspect of an individual's life, but it also affects one's confidence in oneself as well as one's health. The present study aimed at assessing the effect of marital status on self-efficacy and mental health in older adults. The study also aimed at studying the relationship between self-efficacy and mental health in the two groups. The study was conducted on 116 retired males and females with the mean age of 63.93(±1.83) years (age range 61-70 years). Participants were measured on the measures of general perceived self-efficacy and mental health. The results showed that there exists a significant difference in the level of mental health of the older population living with spouse and living without a spouse. No significant difference was found in the level of self-efficacy of older people. The correlational analysis shows that there exists a positive relationship between self-efficacy and the mental health of the elderly. However, the association is not found significant for both groups. Age-related losses affect a person's ability to maintain relationships and independence, which in turn may lead to lesser self-efficacy and higher incidence of mental health problems. On the other hand, self-efficacious belief helps in maintaining better mental health.

Keywords: older adults, mental health, self-efficacy, marital status.

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Introduction

The phenomenon of the ageing population is becoming a primary concern all over the globe, both for developed and developing nations. Our country also is not immune to this change. The changing profile has thrown many new challenges in the social, economic and political domains (Government of India, 2016). In India only, according to the 2011 consensus, there were 103.9 million elderly. It has been anticipated that by the year 2050, there will be approximately 324 million elderly (Government of India, 2016). At present, about sixty-one per cent of the elderly is suffering from some or other kind of physical and psychological problems. The rapid socioeconomic transformation has affected various aspects of Society. Industrialisation, urbanisation and migration of population have carried the concept of the nuclear family, as a result of which a segment of the family, primarily the elders are suffering. There is an emerging need to pay more considerable attention to ageing related issues and to promote comprehensive policies and programmes for dealing with the ageing population.

Self-efficacy plays a vital role in an individual's life. It is also crucial in maintaining physical and mental health. Self-efficacy, a central concept of Bandura's social learning theory (1977, 1982, and 1986), can be defined as an individual's assessment of being able to perform a particular activity. It is a belief that "I can" and "I cannot". It is confidence in oneself for performing some task. A strong sense of self-efficacy increases human accomplishments, health, and well being in many ways. People with high assurance in their capabilities take difficult tasks as challenges to be mastered. Such an outlook fosters intrinsic interest and deep engrossment in activities. They increase and withstand their efforts in the face of disappointment. They quickly recuperate their sense of efficacy after disappointments or setbacks. They attribute failure to insufficient energy or deficient knowledge and skills which are acquirable. They look at threatening situations with assurance that they can exercise control over them. Which, in turn, produces personal accomplishments, reduces stress and lowers vulnerability to various physical and mental problems.

In contrast, people who doubt their abilities shy away from hard tasks which they view as personal threats. They have low ambitions and a weak commitment to the goals they choose to pursue. When faced with challenging responsibilities, they dwell on their shortages, on the complications they will encounter, and all kinds of opposing outcomes rather than concentrate on how to perform successfully. They loosen their hard work and give up quickly in the face of complications. They are slow to mend their sense of efficacy after failure or setbacks. Because they consider insufficient performance as deficient aptitude, it does not require many failures for them to lose faith in their capabilities. They fall easy victim to stress and other physical and mental problems (Bandura, 1994).

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Mental Health: Emotional, Social and Psychological Wellbeing: Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. A state of well being in which individual realises his or her abilities, can handle with the normal stresses of life, can work productively and fruitfully, and can contribute to his or her community (WHO, 2001).

Ryff and Keyes (1995), defined mental health as the combination of emotional well being (presence of positive affect, satisfaction with life and absence of negative affect), social wellbeing (incorporating acceptance, actualization, contribution, coherence and integration), and psychological wellbeing (self acceptance, personal growth, purpose in life, environmental mastery and positive relations with others).

Significant changes in life occur once a person retires from the job. Along with retirement, they have to cope with relocation, loss of friends or spouse. It calls for changes in interpersonal and social skills that can contribute to positive functioning and mental health. Some elderly may take this as an opportunity to learn and grow while others may fall prey to various physical, social, and psychological problems.

Self-efficacy among elderly generally focuses on the appraisal of their capabilities. Many physical and mental capacities do decrease as people grow older. At this time, perception of self-efficacy may help compensate the losses of physical and mental capabilities and in maintaining a better physical and psychological health.

Lusczynska, Gutierrez-Dona, and Schwarzer (2005) found that self-efficacy constructs were found carefully related to a diverse set of psychological constructs such as stress appraisals, social relationships, quality of life, self-esteem and mental health of an individual. Elderly who viewed themselves efficacious participated in physical activity and reported higher levels of life satisfaction and lower levels of depression than those who perceived themselves as less efficient.

Rabani, Towhidi, and Rahmati (2011), in their study, found that increased levels of self-efficacy improved mental health while the decreased level of self-efficacy lowered mental health among male elderly in Iran.

Singh, Shukla, and Singh (2010) found in their study that self-efficacy emerges as a significant predictor of mental health and that people who perceived themselves as self-efficacious had control over their environment and better mental health than their counterparts with low self-efficacy.

As one grows old, there are changes in one's thinking, perception of ability and the way one feels about oneself, others and the world around them. This study aimed to investigate the effect of the presence or absence of a spouse on self-efficacy and mental health of older adults. The study also assessed the relationship between self-efficacy and mental health among the elderly living with and without a spouse.

Hypothesis:

It was hypothesised that self-efficacy and mental health would be correlated with the presence and absence of a spouse. Further, it was also hypothesised that the presence and absence of spouse would affect the levels of self-efficacy and mental health among the elderly.

Method:

Participants:

Data were collected using a cross-sectional survey on 158 retired elderly of the age range of 61 years to 70 years. Only those participants were included in the study who (1) used to be involved in some job; (2) were educated at least up to graduation level; (3) were retired for not less than six months. Participants who were involved in business or homemakers (in context of female participants) and who never married were not included in the study.

Tools:

Demographic details: Name, age, sex, marital status, education level of the participants were inquired.

Self-Efficacy: The General Perceived Self Efficacy Scale developed by Schwarzer and Jerusalem in 1993, was used. It consists of 10 items.

Mental health: The Mental Health Inventory, developed by Jagdish and Srivastav in 1980, was used to assess the mental health of the participants. It consists of 56 items.

Statistical analysis was done using one way ANOVA and Correlation.

Results: The study consisted of 116 retired males and females between the age ranges of 61 yrs to 70 years, with the mean age of 63.93(±1.83). The participants were divided into two groups. Half of the participants (58) were living with a spouse, and the rest were widow/widower. Both the groups consisted of 29 males and 29 females.

Table 1: Depicting the correlation between self-efficacy and mental health amongst the elderly population living with or without a spouse.

Marital status	Variables	Mean	SD	Correlation Coefficient
With a spouse	Self-efficacy	29.65	5.27	.17
	Mental health	147.86	4.83	(.09)
Without spouse	Self-efficacy	28.53	4.69	.095
	Mental health	142.18	8.40	(.24)

Results of the Pearson correlation for elderly living with spouse indicated that there was a positive association between self-efficacy and mental health, (r = .17, p = .09). Similarly, results of the Pearson correlation for elderly living without a spouse indicated that there was a positive association between self-efficacy and mental health, (r = .09, p = .24)

Table 2: Depicting the one way ANOVA between mental health amongst the elderly population living with or without a spouse

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	933.112	1	933.112	5.135	0.025
Mental health Within Groups	20713.810	114	181.700		
Total	21646.922	115			

A one-way between subjects ANOVA was conducted to compare the effect of the presence of a spouse on the mental health of the participants. There was a significant effect of marital status on mental health at the $p<.05$ level [$F(1) = 5.135$, $p = 0.025$].

Table 3: Depicting the one way ANOVA between self-efficacy amongst the elderly population living with or without a spouse

		Sum of Squares	df	Mean Square	F	Sig.
Self-efficacy	Between Groups	36.422	1	36.422	1.461	0.229
	Within Groups	2841.534	114	24.926		
	Total	2877.957	115			

A one-way between subjects ANOVA was conducted to compare the effect of the presence of a spouse on the self-efficacy of the participants. no significant effect of marital status on mental health was found [$F(1) = 1.4625.135$, $p = 0.229$].

Discussion:

Presence of spouse in older adults has been shown to influence physical and psychosocial well being. The present study was planned to examine the effect of the presence of spouse on self-efficacy and mental health amongst older adults. It was found that marital status does affect the mental health of the elderly population. However, no significant difference was found for self-efficacy.

The study also found that self-efficacy and mental health are positively correlated; however, this correlation was not found significant. This finding is consistent with previous research findings which have stated that the belief of 'can do' cognition is a sense of control over one's environment and an individual's sense of personal control and mastery plays an essential role in improving overall functioning. A strong sense of self-efficacy is related to better health, and a person who believes in being able to produce the desired effect can lead a more productive and healthy life.

Conclusion:

Ageing is a natural phenomenon, and, is often seen as a period of ubiquitous decline. Ageing is often considered as ubiquities decline. Which is far from the truth. It could be a journey of continuous growth. It is essential that the individual prepares himself/herself in rational and efficient ways for the effects of time. The present study revealed that many problems of the elderly are due to lack of company and not only due to the increasing proportion of age. Spouse does not only provide company, but the presence of someone to share happiness, sorrows and other stressors of life helps in maintaining psychological health and wellbeing. In the present time where nuclear families are at rising, the older population is feeling avoided, and they desire and need someone with whom they can share the rest of their lives. The study also showed that the perception of control over the environment contributes to better mental health; however, the results were not significant.

Limitations:

In spite of the interesting findings, the present study also has some limitations. The sample in the present was a small sample drawn from the urban area only. A random sample drawn from urban as well as rural areas will better contribute to generalising the results. The present study was a cross-sectional study. Longitudinal research will be better able to assess the relationship between self-efficacy and mental health. Other factors, for example, physical fitness, involvement in recreational activities and interaction with social groups, should also be considered.

References

- Al Khatib, S. A. (2012). Exploring the relationship among loneliness self-esteem, self-efficacy and gender in United Arab Emirates college students. Europe's Journal of Psychology, 8(1), 159-181.
- Alpass, F.M. and Neville, S. (2003). Loneliness, health and depression in older males. Ageing and mental health, 7:3, 212-216.
- Bai, K., Kohli, S., & Malik, A. (2017). Self-efficacy and hope as predictors of mental health. Indian Journal of Positive Psychology, 8(4), 631.
- Bandura, A., (1977). Self Efficacy: towards a unifying theory of behaviour change. Psychological Review. 84, 191-215.
- Bandura, A., (1997). Self Efficacy: the exercise of control. New York: W. H. Freeman and Company.
- Cafferata, G. L., (1987). Marital status, living arrangements, and the use of health services by elderly persons. Journal of Gerontology, 42(6), 613-618.
- Copel, L.C., (1988). Loneliness. Journal of Psychosocial Nursing, 26 (1), 1419.
- Creecy, R.F., Berg, W.E. & Wright, R. (1985). Loneliness among the elderly: a causal approach. Journal of Gerontology, 40, 487493.
- De Jong-Gierveld, J. (1987). Developing and testing a model of loneliness. Journal of Personality and Social Psychology, 53, 119128.
- Flett, R., Harcourt, B. & Alpass, F. (1994). Psychosocial aspects of chronic lower leg ulceration in the elderly. Western Journal of Nursing Research, 16 (2), 183192.
- Luszczynska, A., Gutiérrez- Doña, B., & Schwarzer, R. (2005). General self- efficacy in various domains of human functioning: Evidence from five countries. International Journal of Psychology, 40(2), 80-89.
- Mullins, L.C., Elston, C.H. & Gutkowski, S.M. (1996). Social determinants of loneliness among older Americans. Genetic, Social & General Psychology Monographs, 122 (4), 453473.
- Parihar, N., & Agarwal, U. (2015). Study of psychological well-being in working and non-working menopausal women. Indian Journal of Health and Wellbeing, 6(5), 484.

- Rabani-Bavojdan, M., Towhidi, A., & Rahmati, A. (2011). The relationship between mental health and general self-efficacy beliefs, coping strategies and locus of control in male drug abusers. Addiction & health, 3(3-4), 111.
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. Journal of personality and social psychology, 69(4), 719.
- Sandhu, D., Shafiq, H., and Singh, B. (2013). Physical activity and mental health. Indian Journal of Health and Wellbeing, 4(5), 1137-1140.
- Schwarzer, R., (1992). Self Efficacy: thought control of action. Washington, D.C.: Hemisphere.
- Sia, N. (2013) Loneliness and psychological wellbeing among the aged. Indian Journal of Health and Wellbeing, 4(5), 989-992.
- Singh, A. P., Shukla, A., & Singh, P. A. (2010). Perceived self-efficacy and mental health among elderly. Delhi Psychiatry Journal,13(2), 314-21.
- Williams, L., Zhang, R., & Packard, K. C., (2017). Factors affecting the physical and mental health of older adults in China: the importance of marital status, child proximity, and gender. SSM-population health, 3, 20-36.
- 2016 66 - Ministry Of Statistics And Program Implementation. (n.d.). Retrieved from http://mospi.nic.in/sites/default/files/publication_reports/ElderlyinIndia_2016.