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FACTORS ASSOCIATED WITH PSYCHOLOGICAL WELL-BEING IN MIDDLE-AGED ADULT AND ELDERLY IN INDIA

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ABSTRACT

The objective of this study is to examine the association of different factors with psychological well-being in middle-aged adults and elderly in India. The study uses Longitudinal Ageing Survey in India (LASI) pilot data, collected in 2010 in four states viz. Punjab, Rajasthan, Kerala and Karnataka from a sample of 872 middle-aged adult (45-59) and 614 elderly (60+). Statistical analysis like bivariate, factor analysis, correlation, cronbach's alpha and path analysis was used to understand the difference and factors that best explain in psychological well-being in middle-aged adult and elderly. Results found high positive association between difficulties in ADL and negative psychological affect among elderly and in middle-aged adult it was NCD and difficulties in ADL. However study found one common result in these two age groups that is familial relationship showing negative association with negative psychological affect. Study suggests a need for health intervention per se family life education for psychological well being in India.

INTRODUCTION

By 2050 India's share of age 60 and older is projected to increase from 8 percent in 2010 to 19 percent in 2050 (UN, 2011). This tremendous increase share of older population will change Indian society-in the context of changing family relationships and severely limited old-age income support demanding variety of social, economic, and health care policy challenges. (Reference Bureau Population, 2012). Even though India has been labeled as 'an ageing nation' with 7.7% of its population more than 60 years old, out of which sixty one percent of elderly population has at least one kind of mental health problems yet the Geriatric medicine/Geropsychology has yet to acquire a platform in Indian context (Singh *et al*., 2010). The study of psychological well being has been an important array of research globally especially among the elderly and depression related factors contributing for the well being but as age tend to increase the well being decreases due to higher levels of health related-stress and similar levels of social resources in the older group compared to younger age groups (Martin *et al*., 2001). Many studies had gained importance on elderly well being based on the objective and subjective well being. As people grow older, one's perception on physical health (e.g., the prevalence rates of chronic conditions) is not as good as it has been in the past. (Diener, 1984), subjective well-being is a global assessment of all aspects of a person's life, it includes cognitive-judgment component, life satisfaction, and two emotional components, positive affect and (absence of) negative affect (Cho *et al*., 2011, Semerjian and Stephens, 2007, Marsh, 1994, Livingston, G., *et al*., 2008) which are strongly association among elderly. Compared with very old age, middle adulthood and the development from age 40 to age 60 are characterized by small changes in the existence of stressors and the availability of copying resources (Aldwin *et al*., 1996, Tejal, N. 2010), but as the age increases to very old age the adaptability becomes lower due to health problems, functionality disabilities and loss of the other individual partners, (Camacho *et al*., 1993) found association between social resources and functioning which increases with age, (Chiriboga, 1997) compared with population in the very old age groups, middle aged adult and old adult have higher levels of available resources and lower levels of environmental stress, hassels or life events. (Dhara and Jogsan, 2013) found that aged are depressive as compared to adult and there are significant difference of psychological well-being among these two age groups. Social network and social resources are important factors in reducing stress among

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the population, especially among older ages, being more sociable uplifts the depression and boosts the psychological aspects it is an important indicator of social capital; it is an array of social contacts that gives access to social, emotional and practical support (Gray, 2009). Social network is not only applicable among the older population but it is both important among children, as children isolated from friends tend to be more introvert. Among the older population not only social network is important for mental well being but in milieu is equally important. (Litwin, 2003; Litwin and Shiovitz- Ezra, 2006) networks with a wider range of social ties, such as the diverse and friend-focused network types, had the best outcomes but social network grouping with limited ties and restricted network revealed the poorest mental health. Many studies were done on psychological well being among elderly but there is a dearth of studies done on the age difference in psychological well being especially in Indian context, it is equally important to delve into the psychological aspect among the middle-aged adult because negative psychological aspect during middle-aged adult may affect the psychological well being during old age.

In a study (Springer *et al*., 2011) reveals that personal growth and purpose in life decline with age in nearly all age groups. A conceptual framework presented in figure 1 shows the direct and indirect affects of psychological well being by socio-economic and demographic characteristics which directly affects the psychological well being and indirectly through social network, neighborhood, familial relationship, non communicable disease and difficulties in activities of daily living on psychological well-being. It may also indirectly affect through smoking and drinking habits because these habits may in turn lead to non communicable disease or difficulties in activities of daily living. Therefore this study tries to understand the factors associated with psychological well being in middle-aged adult and elderly and to fill the research gap, because many studies have often ignored the middle aged adult and only gave enormous attention on elderly thus, identifying the factors contributing in psychological well being in both the age groups would provide an effective policy intervention so as to reduce stress and depressive disorders among middle-aged adult and elderly in India.

MATERIALS AND METHODS

The present study used Longitudinal Ageing Study in India (LASI) pilot survey data which was conducted in 2010 in the four states of Karnataka, Kerala, Punjab, and Rajasthan. LASI is conceptually comparable to the Health and Retirement Study (HRS) in the United States and is appropriately harmonized with other health and retirement studies, including its sister surveys in Asia – such as the Chinese Health and Retirement Longitudinal Study (CHARLS) and the Korean Longitudinal Study of Aging (KLOSA) – thereby allowing for cross-country comparison. It is funded by the National Institute of Aging, LASI is a partnership between the Harvard School of Public Health, the International Institute for Population Sciences in Mumbai, India, and the RAND Corporation. Also involved in LASI are two other Indian institutions, the National AIDS Research Institute (NARI) and the Indian Academy of Geriatrics (IAG), and the University of California - Los Angeles (UCLA) School of Medicine. This pilot survey data focuses on the health, economic, and social well-being of India's elderly population. The pilot survey covered 950 households from the selected states and the total sample size is 1683 respondent, out of which of 872 middle-aged adult (45-59 years) and 614 elderly (60+) were taken for the study.

The household survey consists of five sections: a household roster detailing basic demographic information about each household member; a questionnaire about the housing and neighborhood environment, including questions about access to water, neighborhood conditions, and other attributes of the physical residence; income of all family members from labor and non-labor sources; assets and debts of the household; and consumption and expenditure of the household on food and non-food items, including items that were exchanged in kind, gifted, or home grown. The individual survey consists of seven sections: demographics, family and social networks, health, health care utilization, work and employment, pension and retirement and one Experimental section. The LASI pilot data has collected data on reported and measured health status, social network characteristics, income and consumption, retirement, and pensions.

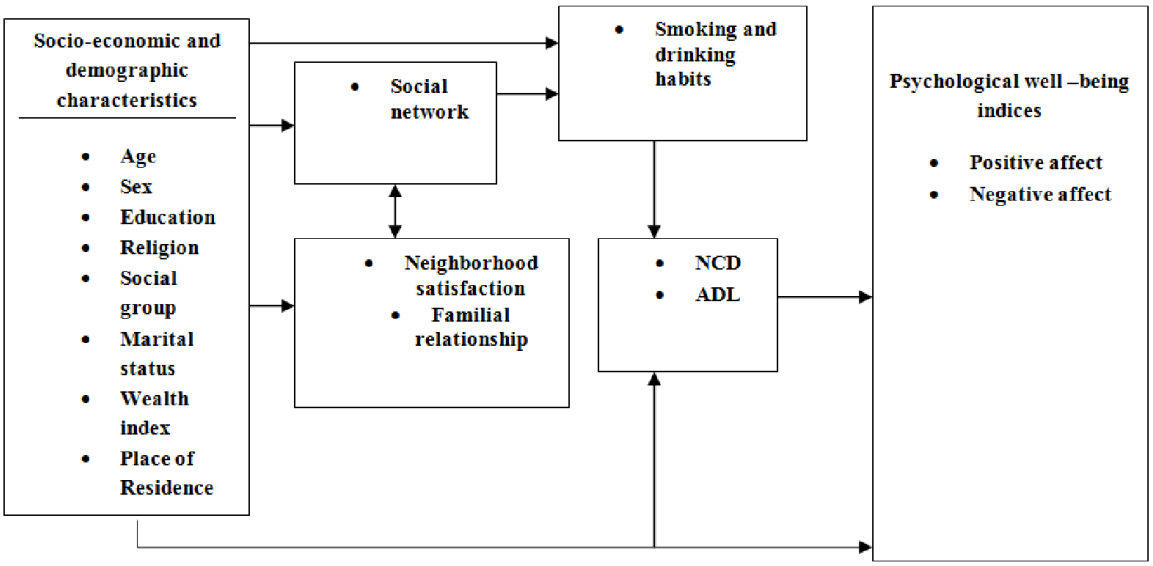

Fig. 1. Conceptual framework of direct and indirect affect of age on psychological well being

Definition of variables

Exposure variables

Age: It is categorized as middle-aged adults (45-59) years and elderly (60+) years

Sex: Male and Female

Education: No schooling, Less than primary, Primary completed, Middle school completed, High school completed and Higher than high school

Religion: Hindu, Muslim, Christian and Others
Social groups: Schedule Caste/Schedule tribes - SC/ST, Other backward class - OBC and Others

Marital Status: Never married, Currently married, Separated/ divorced/Deserted and Widowed

Wealth quintile: Poorest, Poorer, Middle, Richer and Richest

Residence: Rural and Urban

Social network index is made of the information: (1) Go to the cinema (2) Eat out of the house (3) Go to a park/beach (4) Play cards or games (5) Visiting relatives/friends (6) Attending cultural performances/shows (7) Attending religious functions/events (outside home)

Higher the value, more frequent for social network.

Smoking habits: *Yes (1) and No (0)*, Drinking habits: *Yes (1) and No (0)*

Neighborhood satisfaction index is made of the information: (1) Condition of neighborhood and (2) Condition of village/town or city

Higher the value, more satisfied with the neighborhood.

Familial relationship index is made of the information: (1) Relationship with your family life (2) Relationship with spouse (3) Relationship with children.

Higher the value, more satisfied on familial relationship.

Non communicable disease (NCD) index: This index has been made out of six variables which were diagnosed by any health professional on (1) Hypertension (2) Diabetes (3) Cancer (4) Lung disease (5) Heart disease (6) Arthritis

The variables has been coded as, No (0) and Yes (1)

Activities of daily Living (ADL) index: This index has been made out of six variables on everyday activities which were asked whether they find difficulty on activities such as (1) Difficulty in dressing (2) Difficulty in walking (3) Difficulty in bathing (4) Difficulty in eating, (5) Difficulty in getting out of bed (6) Difficulty in using toilet.

The variables has been coded as, No (0) and Yes (1)

Outcome variables

Psychological well-being: Positive and Negative affect.

Positive Psychological affect: The index has been made out of five questions which were based on Likert scale from strongly disagree to strongly agree, the questions include, 1) In most ways my life is close to ideal (2) The conditions of my life are excellent (3) I am satisfied with my life (4) So far, I have gotten the important things I want in life (5)If I could live my life again, I would change almost nothing.

Higher the value, more of positive psychological affect.

Negative psychological affect: The index has been made out of six questions which were based on 'hardly ever' to 'often', the questions include (1)How often do you feel you lack companionship? (2)How often do you feel left out? (3)How often do you feel isolated from others? (4)How often do you feel lonely? (5)How often do you feel ill-treated within your family? (6)How often do you feel ill-treated outside your family?

Higher the value, more of negative psychological affect.

Statistical Analysis

Simple descriptive statistics were applied in order to understand the characteristics of the population under study. Secondly, Factor analysis was carried out to construct the indices after which factor loadings were checked in order to understand the covariances of the constructed variables, bivariate analysis were carried out among the constructed indices to estimate the mean values by socio-economic characteristics. Correlation was also applied to check whether the constructed indices among the variables have any correlation and also to check which indices have higher correlation. Thirdly path analysis had been applied to understand the total affects on the psychological well-being and factors that best explain in differing between the middle-aged adult and elderly through directly and indirectly. Path analysis is an extension of multiple regressions it represents an attempt to deal with causal types of relationships developed by Sewall Wright in 1930 and is very useful in illustrating the number of issues that are involved in causal analysis. In path analysis, the association among the model should be linear in nature and the association among the models should be additive in nature.

The cornbach's alpha is defined as

$$\alpha = \frac{k}{k-1}\left(1 - \frac{1}{\sigma_X^2}\sum_{i=1}^{K}\sigma_{Yi}^2\right)$$

where σ_X^2 is the variance of the observed total scores

σ_{Yi}^2 is the variance of component i

K= the number of items (variables) used for the index.

Correlation coefficient also known as r, R, or Pearson's r, a measure of the strength and direction of the linear relationship between two variables that is defined in terms of the (sample) covariance of the variables divided by their (sample) standard deviations this has been used to see the relationship between the indices constructed on psychological well being.

$$r = \frac{Cov(X,Y)}{\sigma_X \sigma_Y}$$

RESULTS

Profile of the respondents

Table 1 shows the percentage distribution among population of 45+ by the background characteristics in India, more than half of the sample is from the age group 45-59 (59 percent) compared to elderly population(60+) years, by gender it is more equally distributed, but female were slightly more than male counterparts. Around half of the population did not have formal schooling and only 7 percent had more than high school education. By religion wise maximum sample are from Hindu religion, 78 percent of the population were currently married and 19 percent were widowed and majority of the sample population (75 percent) were from urban area and only 25 percent from rural area.

Table 1. Percentage of population 45+ by background characteristics, LASI (2010), India

Age	%	N[a]
45-59	58.68	872
60+	41.32	614
Sex		
Male	48.59	722
Female	51.41	764
Education		
No schooling	45.93	682
Less than primary	9.63	143
Primary completed	14.95	222
Middle school completed	10.71	159
High school completed	11.45	170
More than high school	7.34	109
Religion		
Hindu	68.89	1,021
Muslim	6.82	101
Christian	7.56	112
Others	16.73	248
Caste		
SC/ST	26.35	380
OBC	36.27	523
Others	37.38	539
Marital status		
Never married	1.41	21
Currently married	78.4	1,165
Separated /divorced/deserted	1.28	19
Widowed	18.91	281
Wealth index		
Poorest	13.33	198
Poorer	15.15	225
Middle	17.17	255
Richer	25.66	381
Richest	28.69	426
Residence		
Rural	28.2	419
Urban	71.8	1,067
Total		1,486

[a] Unweighted sample size.

Mean differentials in indices by socio-economic and demographic characteristics in India

Table 2 shows the mean values of indices by background characteristics among the middle-aged adult and elderly in India, it found out that the mean of NCD, difficulties in activities of daily living (ADL), positive and negative psychological affect were higher among female in both the age groups but social network, smoking and drinking habits and familial relationship were found highest among male compared to female counterpart across the two age groups. The mean values for social network, Neighbourhood satisfaction, familial relationship, NCD, and positive affect were found to be higher among higher educated population in both the age groups compared to uneducated or with low education. On the other hand smoke and drink, difficulties in ADL and negative psychological affect were higher among lower educated population. Population belonging to Muslim religion shows higher mean value for negative psychological affects whereas Christian population and other shows higher positive psychological affects in both the age groups. ST/SC population shows higher mean values for negative psychological affect whereas others category shows higher positive psychological affects.

By marital status those who are currently married shows higher mean values for positive psychological affect whereas negative psychological affect was higher for those who are never married and widowed. Wealth index also shows that those who are in highest wealth quintile shows higher mean values for positive psychological affect and those belonging to poorest wealth quintile shows higher mean values for negative psychological affect. In rural area, elderly (60+) years shows higher positive psychological affect compared to urban elderly on the other hand negative psychological affect for urban elderly was higher compared to rural elderly but it was opposite for the middle-aged adult, because both for positive and negative psychological affect it was higher for those living in urban area. Table 3 shows the factor loading in terms of the psychological wellbeing both positive psychological affect and negative psychological affect, these latent variables were initially tested in order to check the variance and covariance of the variables in constructing the positive and negative affects. Indices of Social network, smoking and drinking, NCD, difficulties in ADL, neighborhood satisfaction and familial relationship were also constructed accordingly.

The variables which shows low factor loadings were drop out. Latent variables of social network index and NCD index have low factor loadings which show lower association between the latent variables of these concern indices. However, other remaining indices have high association among latent variables of each index as shown in table 3 below. From Table 4: The correlation of the indices shows highest correlation between Neighborhood and familial relationship which shows positive correlation, it thus shows that those who are not at all satisfied with familial relationship will also have higher dissatisfaction for neighborhood, followed by familial relationship showing a negative correlation with negative psychological affect making it a distinction that those who have good relation familial relationship will have lower negative aspect about life. Neighborhood and negative psychological affect also shows negative correlations, which indicates that those who are very satisfied with the neighborhood environment will also have lower negative

aspect about life, like lack companionship, left out, isolated, lonely, ill-treated both within family and outside family will below. NCD and ADL also show positive correlation, indicating those who suffers from any NCD will also have difficulties in ADL. In order to understand the reliability of the indices constructed, Cronbach's alpha was tested, it is a measure of internal consistency, that is, how closely related a set of items are as a group. It is considered to be a measure of scale reliability, it ranges from 0 to 1, it is a coefficient of reliability (or consistency). The variable for positive psychological affect shows highest reliability followed by ADL, the lowest reliability indices was NCD.

Path Analysis

The path analysis model was examined differently for both the age groups viz. the middle-aged adult and elderly to understand which variable affects most in their psychological well being, the model for middle-aged adult for examining the affects of psychological well being by a pathways of Smoking and drinking habits, chronic disease, ADL, or directly through neighborhood, social network or familial relationship, the model for middle-aged adult was X^2 (df=14) 29, *p=.010,* CFI=0.958, TLI=0.891, RMSEA= 0.035. The model for elderly was X^2 (df=14) 79, *p=.000*, CFI=0.77, TLI=0.410, RMSEA=0.087. In the middle-aged adult there were no significant relationship between social network and smoking and drinking habits, but shows negative relationship, this was also found true in terms of elderly.

From figure 2: it shows the total affects of psychological well being in middle-aged adult by different factors affecting it. In middle-aged adult suffering from any NCD shows positive association with difficulties in ADL (β=0.348) *p=.000*, Familial relationship shows negative association with negative psychological affect (β=-0.345) *p=.000*, neighborhood satisfaction shows negative association with negative psychological affect (β=-0.214) *p=.002*, social network also shows negative association with positive psychological affect (β=-0.153) *p=.005*, as well as negative association with positive psychological affect (β=-1.124) *p=.012.*

In the middle-aged adult the association was found to be highest between NCD and difficulties in ADL followed by familial relationship and neighborhood satisfaction. From figure 3: it shows the total affects of psychological well being in elderly by different factors affecting it, it is clear that in elderly smoking and drinking shows positive association with NCD (β=0.133) *p=.001*, Familial relationship shows negative association with negative psychological affect (β=-0.318) *p=.000*, difficulties in ADL shows positive association with negative psychological affect (β =0.387) *p=.000*, NCD shows positive association with difficulties in ADL (β=0.184) *p=.021*. Among elderly the association was highest between difficulties in ADL and negative psychological affect followed by familial relationship.

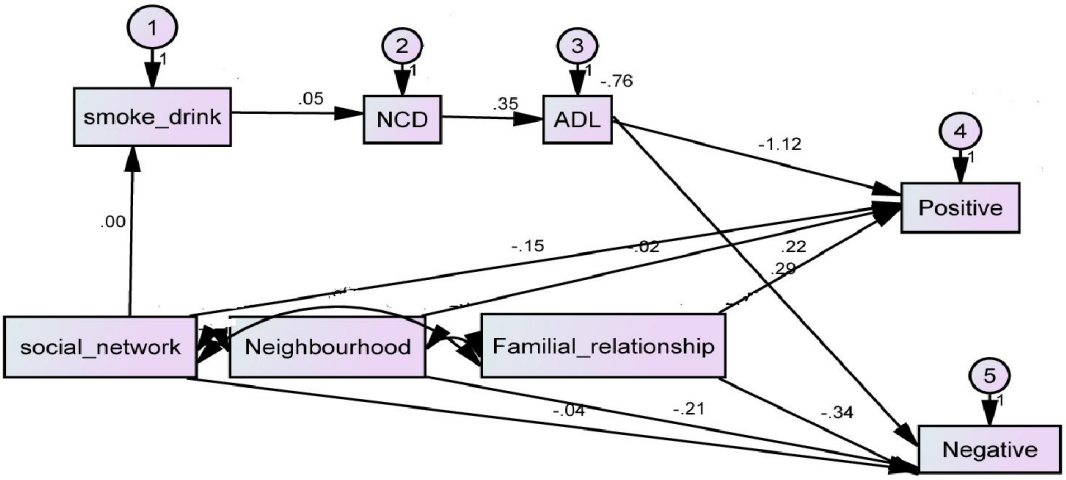

Fig. 2. Psychological well being model for middle-aged adult (45-59 years)

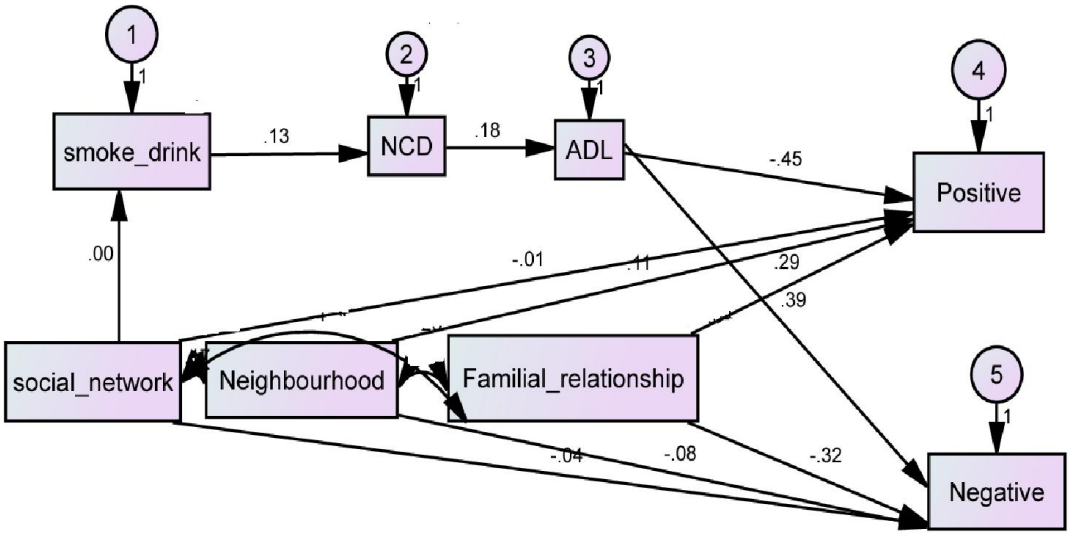

Fig. 3. Psychological well being model for elderly (60+ years)

Table 2. Mean values of indices by background characteristics for two age groups, LASI (2010), India

	Social Network		Smoke and drink		Neighbourhood		Familial relationship		NCD		Activities of daily living		Positive effect		Negative effect	
	40-59	60+	40-59	60+	40-59	60+	40-59	60+	40-59	60+	40-59	60+	40-59	60+	40-59	60+
Sex																
Male	10.3	9.5	1.6	1.7	5.3	5.4	8.5	8.5	2.5	2.6	0.1	0.3	17.7	0.3	5.7	17.8
Female	9.4	7.9	1.3	1.3	5.4	5.4	8.4	7.9	2.5	2.6	0.1	0.5	17.9	0.5	5.9	18.1
Education																
No schooling	8.8	8.0	1.4	1.4	5.2	5.2	8.2	7.9	2.4	2.5	0.1	0.4	17.9	17.7	6.2	6.5
Less than primary	10.9	9.4	1.6	1.5	5.1	5.3	8.2	8.4	2.5	2.6	0.1	0.4	16.8	18.9	5.6	6.1
Primary completed	9.9	9.0	1.5	1.7	5.5	5.7	8.7	8.4	2.5	2.9	0.1	0.4	17.5	17.2	6.0	5.3
Middle school completed	10.3	9.5	1.6	1.6	5.6	5.9	8.9	9.2	2.6	2.9	0.1	0.3	18.1	18.7	5.2	5.0
High school completed	11.3	10.3	1.4	1.5	5.8	5.9	8.8	9.1	2.6	2.8	0.1	0.1	18.3	17.6	5.0	5.6
More than high school	12.5	12.6	1.4	1.5	5.5	5.4	8.9	8.8	2.5	2.6	0.1	0.2	17.8	20.4	5.2	4.7
Religion																
Hindu	9.7	8.3	1.5	1.5	5.3	5.3	8.3	8.1	2.5	2.6	0.1	0.4	17.4	17.8	5.9	6.1
Muslim	9.3	7.4	1.5	1.4	5.5	4.9	8.5	7.5	2.5	2.5	0.0	0.7	19.3	17.6	6.1	7.2
Christian	11.1	10.4	1.4	1.6	6.2	5.9	9.1	9.2	2.6	2.9	0.2	0.3	19.9	18.9	4.8	5.0
Others	11.9	11.6	1.4	1.3	5.4	5.8	9.1	8.8	2.5	2.6	0.1	0.1	19.0	19.0	5.5	5.6
Caste																
SC/ST	8.8	8.3	1.5	1.5	5.1	5.1	8.1	7.8	2.4	2.5	0.1	0.3	17.3	17.7	6.1	6.1
OBC	10.6	9.0	1.5	1.5	5.2	5.3	8.3	8.1	2.5	2.6	0.1	0.5	17.9	17.9	5.8	6.2
Others	9.9	8.7	1.4	1.5	5.7	5.7	9.0	8.6	2.5	2.7	0.1	0.3	18.9	18.6	5.5	5.9
Marital status																
Never married	9.4	9.0	1.3	1.3	5.3	6.3	5.2	4.8	2.4	2.4	0.1	0.0	13.4	11.3	7.9	6.0
Currently married	9.9	9.2	1.5	1.5	5.4	5.5	8.6	8.7	2.5	2.6	0.1	0.3	18.0	18.2	5.6	5.8
Separated/divorced/deserted	8.4	8.3	1.5	1.7	5.5	5.9	6.4	5.5	2.5	2.6	0.1	0.2	12.9	18.0	8.7	5.0
Widowed	9.5	7.5	1.4	1.4	5.1	5.1	7.4	7.2	2.5	2.6	0.1	0.5	17.2	17.6	7.0	6.7
Wealth index																
Poorest	7.6	7.8	1.5	1.4	5.1	5.0	8.0	7.9	2.4	2.4	0.1	0.2	17.9	18.4	6.2	6.3
Poorer	9.2	7.7	1.5	1.5	5.1	5.0	8.2	7.3	2.4	2.5	0.0	0.6	18.3	18.1	6.0	7.1
Middle	9.6	7.9	1.5	1.5	5.3	5.2	8.4	8.0	2.4	2.5	0.1	0.4	16.6	16.4	6.2	6.7
Richer	10.4	8.8	1.5	1.6	5.6	5.6	8.6	8.5	2.5	2.7	0.2	0.4	17.5	17.0	5.5	5.5
Richest	12.0	10.9	1.4	1.4	5.7	5.8	9.0	9.0	2.6	2.8	0.1	0.3	18.6	19.7	5.2	5.2
Residence																
Rural	10.7	9.8	1.4	1.5	5.5	5.3	8.6	8.2	2.5	2.7	0.1	0.3	17.7	18.3	5.6	5.9
Urban	9.5	8.4	1.5	1.5	5.3	5.4	8.4	8.2	2.4	2.6	0.1	0.4	17.8	17.9	5.9	6.1

Table 3. Factor loadings of the indices in the model for two age groups

Latent Variables	Social network	Smoke and drinking	NCD	Difficulties in ADL	Neighbourhood satisfaction	Familial relationship	Positive effect	Negative effect
Cinema	0.47							
Eat out of house	0.55							
Park and beach	0.56							
Play games	0.40							
Visit friends	0.51							
Cultural shows	0.67							
Attend religious functions	0.60							
Smoke		0.63						
Drink		0.63						
Hypertension			0.43					
Diabetes			0.41					
cancer			0.30					
Lung disease			0.41					
Heart disease			0.46					
Arthritis			0.36					
Difficulty in dressing				0.63				
Difficulty in walking				0.70				
Difficulty in bathing				0.78				
Difficulty in eating				0.64				
Difficulty in getting out of bed				0.67				
Difficulty in using toilet				0.63				
Condition of neighbourhood					0.70			
Condition of village, town or city					0.70			
Your family life						0.70		
Relationship with spouse						0.63		
Relationship with children						0.67		
Life is close to ideal							0.69	
Life is excellent							0.85	
Satisfied with life							0.83	
Gotten things I want in life							0.80	
Wont change anything							0.61	
Lack companionship								0.60
Left out								0.69
Feel isolated from others								0.66
Lonely								0.68
Ill treated within family								0.66
Ill treated outside family								0.64

Table 4. Correlation of the study variables and Cronbach's alpha

Indices	Social network	Smoke and Drink	NCD	Difficulties in ADL	Neighbourhood satisfaction	Familial relationship	Positive	Negative	Cornbach's alpha
Social network	1.00								0.74
Smoke and drink	0.01	1.00							0.68
NCD	0.04	0.11	1.00						0.52
Difficulties in ADL	-0.15	0.01	0.18	1.00					0.84
Neighbourhood	-0.01	-0.01	0.06	-0.06	1.00				0.75
Familial relationship	0.16	0.02	0.05	-0.11	0.42	1.00			0.73
Positive	-0.04	-0.07	0.01	-0.07	0.05	0.08	1.00		0.87
Negative	-0.12	-0.04	-0.06	0.14	-0.21	-0.33	-0.11	1.00	0.82

DISCUSSION

The study highlights the factors that are associated with psychological well being by different age groups in middle-aged adult (45-59 years) and among the elderly (60+ years) in India, the study confirms higher mean values for positive and negative psychological affect among female compared to male, which indicate that women have higher psychological affects compared to men in both the age groups, which is also found in a similar study that women reporting higher poor self rated health compared with men (Singh *et al*., 2013: Singh, *et al.*, 2010), the importance of marital status and psychological well being is found in many studies and that (Schmitt, M. A., *et al*., 2007) marital satisfaction is one of the most important predictors of subjective well-being in married adult (Gove *et al*., 1983) and the most powerful predictor of the mental health variables, from this study it confirms that those who are currently married had higher positive psychological affect and least among never married and separated/divorced/ deserted in both the age groups, marriage is considered as a sacred in Indian society and it is deemed essential for virtually everyone in India. By religion wise, many studies reveal positive psychological well being with religion, religious beliefs, religious practices, and spirituality which even in western societies, a positive association is often found between religiosity and general well-being, particularly for older adults (Beit-Hallahmi and Argyle, 1997; Chamberlain and Zika, 1988, Sreekumar, 2008) this study also confirms higher positive psychological affect among Christian and other religion which is found true in both middle-aged adult and elderly, (Kennedy, 1995) found that religious commitment

influences a person's sense of meaning in life, which, in turn, influences well-being. The study highlights higher negative psychological affect among the elderly compared to middle-aged adult, which was found in other similar studies (Jarsaniya A. Jayendra, *et al*., 2014). Psychological, anxiety and depression are a part in human life; it is caused by many factors which alter by time and different factors. Loneliness predicts more depressive symptoms (Lim L. and Ping Ng, 2009), therefore after constructing the indices, the study confirms that in both the age groups familial relationship the study confirms that in both the age groups familial relationship and negative psychological affect shows negative relationship, (Cornwell and Waite, 2009) and social disconnectedness, perceived isolation are independently associated with lower levels of self-rated physical health (Umberson, *et al*., 1996) as well as supportive relationships are associated with low levels of psychological distress, while strained relationships are associated with high levels of distress. Our study found positive association with NCD and difficulties in ADL in middle-aged adults but this association was found low among elderly in India.

The difficulties in ADL are the task which is performed without anyone help at home, but loss of independence in performing ADL loss the psychological well being (Fillenbaum, 1984) the performance of ADL is related to mental health and also affects the psychological well being in all the age groups, the study confirms that there are positive association between difficulties in ADL and negative psychological affect among elderly (60+) in India, Similar findings were found (Sood and Bakshi, 2012: Chowdhury, 2014) significant association between physical wellbeing (ADLs) and psychological wellbeing, the strength of relationship was either quite low or moderate in aged Kashmiri migrants with respect to place of residence, gender, and age group. Neighborhood satisfaction shows negative relationship with negative psychological affect in the middle-aged adult whereas smoking and drinking habits shows positive association with NCD among elderly (60+), (Elwood *et al*., 1999) found out that current cigarette smokers shows lower test cognitive function scores than either men who had never smoked, or ex-smokers. This study reveals that in middle aged adult social network shows negative relationship with negative psychological affect which mean that as they tend to have more social network their negative psychology will decrease but was not found significant among elderly whereas familial relationship shows strong positive association in both the age groups.

Conclusion

Overall findings suggests two prominent results, firstly it signify the importance of health, among elderly difficulties in ADL has high negative psychological affect and in middle - aged adult association was high between NCD and difficulties in ADL, which shows that there is difference in affecting the psychological well being between these two age on the dimension of health but in a different way, Among the elderly disability limits older persons' autonomy and introduces dependence. It deters their functional health and increases the risk of outpatient care, hospitalization and care givers, so knowledge imparting on physical exercise and counseling on elderly can prevent the onset of difficulties in ADL and reduces their negative psychology moreover the growing number of older population with disability is not only a health concern but also a socio-economic concern in a large country like India. On the other hand awareness about the health on NCD could be helpful in preventing the early onset of difficulties in ADL among the middle-aged adult so as to reduce the burden of NCD which is surpassing the communicable disease in India, therefore in spite of social safety nets and social policies by Government of India like (e.g. old age pensions, laws to protection of property, inheritance rights, old age homes and self-employment loans to handicapped) and health care initiatives, it is crucial that India in the hour of booming economy difficulties in ADL is still a major concern thus it need to initiate a major plan of actions to mitigate the burden of disabilities among the elderly and get them actively involved in economic and social functions of the society. Thus it demands for health care intervention which plays a key role for the psychological well being in India.

Secondly, Findings illustrates the importance of familial relationship which is relevant in Indian context, i.e relationship on family life, relationship with spouse and relationship with children for psychological well being in both the middle-aged adult and among the elderly. Family has always been the foundation of Indian society, and even contemporary people continue to take pride in the centrality of family life, where joined families are prevalent in India. But due to modernization and westernization the family structure is quite changing especially in urban areas. Therefore there calls for an education on family life (FLE) which can teach youth with regarding the knowledge, attitude and skills required for a successful family living. Imparting FLE in schools is essential because it provides the knowledge about how to maintain good relationship among family members and other people of the society. FLE develops the knowledge, values and skills which are necessary in adulthood, marriage and parenthood as well as participation in community life. Through proper intervention on health programmes and awareness about FLE it will reduce and tackle the problem of negative psychology which is impeded among the population and thus maintain the psychological well being, therefore both these factors would be a part of a comprehensive mental health effort in India so as to reduce the burden of disability due to depression and negative psychology.

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