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Health Locus of Control among Institutionalized and Non Institutionalized Elderly Women

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ABSTRACT: *Our living mainly depends upon our health. Health plays a major role in everybody's life and is always associated with our mental, physical and social well being. Health locus of control is influenced by individual's attitude towards health, behaviour and situations. Health locus can be influenced either through external factors like fate, luck, chance, medical professionals etc., or internal factors like one's own actions, knowledge towards the health problems and how they prevent it. Generally Health and health locus of control is a main area that disturbs the elderly population living in different conditions. Keeping the above points in view the present study aims to find out Health locus of control among Institutionalized and Non Institutionalized elderly Women. Using simple random sampling technique 100 elderly women living in Institutions (Old age homes) and 100 elderly women living in Non- Institutions (living in home) were included in the study. An exploratory design was adopted for the study. The Health Locus of Control Scale developed by developed by Wallston, Kaplan and Maides (1976) along with the Information Schedule prepared by the researcher was used. The obtained results revealed that Institutionalized and Non Institutionalized elderly Women differ in their Health Locus of Control.*

KEYWORDS- *Health locus of control, Institutionalized and non institutionalized and elderly Women*

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I. INTRODUCTION

Health locus of control refers to the extent to which individuals attribute their health to their own actions (Internal) or to environmental circumstances and powerful external agents (external). An internal locus of control suggests that positive health results from one's own doing, willpower or sustained efforts. On the other side, an external locus of control is marked by belief in the influence of fate, powerful others, or supernatural occurrences upon one's health (Wallston, Wallston, & Devellis, 1978).

World Health Organization defines aging as the process of developing and maintaining the functional ability that enables well-being in late adulthood. Functional ability refers to thecapability of being and doing what they have reason to value. It also includes person's personal abilities like decision making, maintaining good relationship, to learn and to grow and how they contribute to the society. It is also associated between intrinsic capacity and environmental attributes.

Intrinsic capacity comprises all the mental and physical capacities that a person can draw on and includes their ability to walk, think, see, hear and remember. The level of intrinsiccapacity is influenced by a number of factors such as the presence of diseases, injuries and age-related changes.

Environment include the home, community and broadly the society itself, and all the factors within them such as the built environment, people and their relationships, attitudes and values, health and social policies, the systems that support them and the services that they implement. Being able to live in environment that support and maintain your intrinsic capacity and functional ability is the key to healthy aging.

Review of Literature: Lawson, Waddell & webb(2011)**,** examined the variables predictive of older adult's health locus of control. Samples of 261 older adults who age range between 54-84 reported about their health, approach to health and background information about themselves. The results indicated that demographic indicators, health-related variables, and psychological variables- particularly with health risk tolerance, future time perspective, health self efficacy and emotional stability were associated to older adults health locus of control. Results have lead to implications for programs aimed at modifying older adult's health locus of control.

II. METHOD

Problem:

Health Locus of Control among Institutionalized and Non institutionalized elderly women.

Aim & Objective:

1. To study the Health Locus of Control among Institutionalized elderly women and Non institutionalized elderly women
2. To compare Institutionalized elderly women and Non institutionalized elderly women on Health Locus of Control

Hypothesis:

"There is a significant difference between Health Locus of Control in Institutionalized and Non Institutionalized elderly women".

Research design:

The current study is exploratory in nature.

Variables:

Independent Variable: Institutionalized elderly and non institutionalized elderly women

Dependent Variable: Health Locus of Control and its dimensions as measured by Health locus of control (HLC) scale.

Sample: A total of 200 elderly women (100 Institutionalized elderly women and 100 Non institutionalized elderly women) located in and around Bengaluru city was taken for the present study. The elderly women living in institutions with minimum period of 6 months were considered for the study.

Table 1: ***Shows Socio Demographic description of the sample.***

Sample	Institutionalized elderly women	Non- Institutionalized elderly women
Sample Size	N=100	N=100
Age Range (in years)	60-86	60-86
Geographic Location	Urban	Urban

III. MATERIALS

Health locus of control (HLC) scale: To find out whether information about health is perceived as determined by internal or external factors, the Health Locus of Control (HLC) scale developed by Wallston, Kaplan and Maides (1976) was used. The HLC Scale is an area specific measure of expectancy regarding locus of control. It was developed for prediction of health related behavior. Its development was based on the assumption that a health related locus of control scale would provide more sensitive predictions of the relationship between internality and health behaviour. The scale consists of 11 statements of which five were internally worded (item number 1, 2, 8, 10 and 11) and 6 were externally worded (item number 3, 4, 5, 6, 7 and 9). The scale was scored in the external direction, with each item scored from 1 (strongly disagree) to 5 (strongly agree) for the externally worded items and reverse scored for the internally worded items. Thus greater score indicated external locus of control.

The test-retest reliability of health locus of control scale over 8 week interval was 0.71 and Alpha reliability was 0. 72. Concurrent validity of the HLC was evidenced by a 0.33 correlation ($P<0.01$) with Rotter's I-E scale. The overlap with the I-E scale was kept purposely low to enhance its discriminant validity, thus meeting the requirement that a new test does not correlate too highly with measures from which it is supposed to differ. The HLC scale does not reflect a social desirability bias as evidenced by a -0.01 correlation with the Marlow-Crowne social desirability scale.

Procedure:

The subjects were personally contacted to get the consent. Purpose of the study was briefed, and rapport was established. Demographic details were collected using Information schedule developed by the researcher and the Health Locus of Control Scale developed by Wallston, Kaplan and Maides (1976) was administered according to the instructions given in the manual. Before administering the questionnaire, the participants could clarify their doubts, if any. After the completion of responses, the questionnaires were collected and analyzed using suitable statistical methods.

Analysis of results and discussion:

To meet the objective of the study, comparison was made on the Health Locus of Control scores of institutionalized elderly and Non institutionalized elderly women. To find out the difference between the two groups't' test was calculated, the obtained results has been shown in the Table 2 and discussed.

Table 2: ***Shows the Mean, SD and't' value of*** **institutionalized elderly and Non institutionalized elderly women** ***on Health locus of control.***

Scale	Subjects	Mean	SD	't' value
Health locus of control.	Institutionalized elderly women (N=100)	33.51	4.61	7.94**
	Non institutionalized elderly women (N=100)	28.38	4.52	

Significant at 0.01

Considering the HLOC scores of Institutionalized elderly women (M=33.51, SD=4.61) and Non institutionalized elderly women (M=28.38, SD=4.52), Institutionalized elderly women have obtained higher mean scores than Non institutionalized elderly women. The obtained t-value is t=7.94, which indicates that the result is significant at 0.01level and the hypothesis is accepted which states that "There is a significant difference between Health Locus of Control among Institutionalized and Non institutionalized elderly women".

The obtained HLOC scores indicate that Non Institutionalized elderly women show internality, the belief that one's health is under direct personal control and actions. The reasons can be attributed to educational qualification, the awareness of their health and family support (according to the observation and the demographic details collected by the researcher). On the other hand, Institutionalized elderly women associate there health to the external factors or belief like luck, fate or chance might be because of lack of family, financial and emotional support (according to the observation and the demographic details collected by the researcher). Hence the results indicate that institutionalized elderly women are externally oriented and Non Institutionalized elderly women are internally oriented. Living in an institution can contribute to an elderly person's real loss of control over the environment, as well as the perception of external locus of control (Beck, 1982; Cicirelli, 1987; Rodin, 1986; Teitelman, 1988). Real loss of control and perceived external locus of control have both been linked to loss of an individual's self esteem (Maccoby, 1980). Decreased self-esteem, in turn, has been correlated with decreased life satisfaction (Thomas, 1988) and increased depression (Hunter, 1982), physical illness, and medication use in the elderly (Wood, 1987).

IV. CONCLUSION

In the presents study the obtained results reveal that "There is a significant difference between Health Locus of Control among Institutionalized elderly women and Non institutionalized elderly women".

Implications:

Based on the study, we can arrive at implications that

1. The externally oriented institutionalized women are disassociated from their fellow inmates, complaining against the society, government and family seeking sympathy and emotional validation.
2. Productive activity proffering token economy may invoke positive attitude, which boosts their self efficacy and self esteem which in turn will help them to focus on their internality.
3. The internally oriented non institutionalized women focus on themselves by trying to be intrinsically motivated.
4. They involve in activities like taking a balanced diet, physical fitness, socializing and taking active part in everyday family routine and thus enhancing the overall well-being of the self.

V. LIMITATIONS

1. The study was conducted on a restricted sample of elderly women participants.
2. The study was mainly based on questionnaire and interview method, the study could have been used other method like intervention method.
3. The generality of the study may be affected by several factors such as socio-economic status, a cultural background and geographical area which majorly influences the lifestyle and health of an individual which were not considered.

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