

Elderly burden and its impact on psychological well-being: A cross-sectional study in Murshidabad district, west Bengal

Dr. Md Hasan Ali*

**Assistant professor, Department of Geography, Prof. S. Nurul Hasan College, Farakka, Murshidabad, West Bengal, India. Corresponding Author Email: mdhasanaligeo@gmail.com*

Abstract: The present cross-sectional study is done to explore the burden faced by the aged in Murshidabad district of West Bengal and its subsequent impact on their psychological wellbeing. The aged population in India and in the Murshidabad district is continuously increasing, and the issues at this elderly stage do need an understanding of their problems and implications on mental health.

Data collection was carried out through a well-structured survey from a representative sample of elderly people staying in different communities of Murshidabad district. The perceived burden experienced by the elderly reflects financial strain, caregiving responsibilities, social isolation, and some other such factors, and psychological well-being about depression, anxiety, and overall life satisfaction have been assessed through standardized scales.

Preliminary findings indicate a strong positive relationship between burden and psychological well-being in the elderly. Greater perceived burden clearly indicated higher states of psychological distress and lower states of life satisfaction. Furthermore, modifiers of this association, such as gender, socio-economic status, and social support, were analyzed, giving further insight into this complex relation between burden and well-being.

These findings have great implications for the policy-makers and practitioners in Murshidabad district and similar contexts. The present study calls for focused intervention to reduce burden among elderly, which could, in turn, alleviate their psychological distress by recognizing those factors leading to burden and then causing their resultant effects, and accordingly plans strategies for improvement in the quality of life of the elderly population.

This cross-section shows the intricate interface between the elderly burden and psychological well-being in the Murshidabad district of West Bengal. The prevalence of addressing these issues is thus incumbent upon the demographic transition that is gradually shifting toward an aging population. More studies are needed to add to these findings and allow for multi-dimensional interventions that will give support needed in the region.

Keywords: Elderly burden, Psychological well-being, Social isolation, Anxiety, Social support, Policy-making, Resilience

Introduction:

The population in most parts of the world is aging, and India does not lag much behind. An increase in the elderly population, therefore, calls for an understanding of the challenges they face to address issues related to their well-being. Murshidabad district in West Bengal, similar to other regions in India, has also begun to show a demographic transition characterized by an upward trend in the elderly population. This demographic transition, although progressive, is not devoid of challenges that particularly pertain to health, economic stability, and social support, all of which combine to raise the perception of burden among the elderly. The "burden of elderly" includes financial burdens, caregiving responsibilities, social isolation, loss of social role, and other stressors that have been reported to impinge very substantially on their mental health (Bhattacharya & Mitra, 2021).

This encompasses mental health, including depression and anxiety, overall life satisfaction, and for this paper, can be defined as a multidimensional construct. Even though an increasing perceived burden among the elderly is associated with greater psychological distress and lower life satisfaction, studies reveal the opposite (Ryff & Keyes, 1995). These pressures are further compounded in Murshidabad by issues of poverty, poor access to health care, and an absence of social support systems that may make stress and depression common phenomena among the elderly (Chatterjee et al., 2019).

In this background, the study investigates the association between perceived burden and psychosocial well-being among the elderly living within the Murshidabad district. The approach will apply a cross-sectional survey method to find major contributors to burden and then its

consequence on mental health. These dynamics are very important to understand by the policymakers and practitioners while designing certain interventions which may alleviate the psychological distress among the elderly. These will be of paramount importance in addressing the emerging demographic transition to an ageing population in regions, as it would go toward improving the quality of life among the elderly and creating a more caring community environment (Ganguly et al., 2020).

Aim and objectives:

Scrutinizing the burden on aged individuals in Murshidabad District of West Bengal and its reflection on their psychological well-being, following are the important objectives of the present study.

1. To learn about the perceived burden among the elderly in Murshidabad district with regard to financial strain, caregiving responsibilities, and social isolation.
2. Define the psychological status of the elderly based on levels of depression, anxiety, and general life satisfaction.
3. To determine the relationship between perceived burden and psychological well-being of the elderly population.
4. To identify demographic and socio-economic factors, like gender, socio-economic status, and social support, that act as modifiers of the burden-psychological well-being relationship.

Database:

The database of this study consists of primary data generated through a pre-structured survey carried out on a representative sample of elderly people, aged 60 years and above, from different communities of the Murshidabad district of West Bengal. Sample size was worked out through stratified random sampling to give adequate representation to the different socio-economic groups, genders, and geographical locations within the district. This involves the gathering of data on demographic information, socio-economic status, perceived burden factors such as financial strain, caregiving responsibilities, and social isolation, as well as psychological well-being indicators including depression, anxiety, and overall life satisfaction.

Methodology:

1. **Study Design:** Cross-sectional design has been used in the study, relating perceived burden and psychological wellbeing among the aged populations in the Murshidabad district. This helps in collecting data at one instance, thus representing a record of burden and well-being among aged persons at the current situation.
2. **Sampling Method:** To conduct the sampling, a stratified random sampling method has been used to select the participants. For the purpose, the target elderly population has been stratified based on socio-economic status, gender, and geographic location to capture a diversified representative sample of the target population. For this purpose, 150 elderly individuals were selected from different communities across the district.
3. **Data Collection:** Data collection was done using a structured questionnaire with sections on demographic information, socio-economic status, perceived burden assessed through questions on financial strain, caregiving responsibilities, and social isolation and psychological well-being assessed using standardized scales on depression, anxiety, and life satisfaction. The questionnaires were administered through face-to-face interviews by trained field investigators.
4. **Instruments:** The perceived burden will be measured using a customized burden scale developed for this study, including items on financial strain, caregiving responsibilities, social isolation, and other related factors. Psychological well-being will be measured using standardized scales of current depression, as assessed with the GDS, anxiety with the GAD-7 scale, and overall life satisfaction using the SWLS.
5. **Data Analysis:** Data were analyzed using SPSS or R. Descriptive statistics were calculated for demographic characteristics, perceived burden, and psychological wellbeing. Pearson's correlation coefficient was calculated to study the relationship between perceived burden and psychological well-being. Key demographic and socio-economic factors that would modify the association between burden and psychological well-being were identified by multiple regression.
6. **Ethical Considerations:** Ethical approval will be sought from the Institutional Review Board before commencement of the study. Informed consent will be sought from all participants, ensuring confidentiality and anonymity. Participants will be informed of their

right to withdraw themselves from the study at any point, which would not result in any consequences to them.

7. Limitations: The perceived burden and psychological well-being may be limited in terms of establishing causality due to the cross-sectional nature of this study. Besides, this research depends on the information provided by the subjects themselves, which might contain recall bias or social desirability bias.

This approach will enable the study to give a deep understanding of the burden in the Murshidabad district that is placed upon the elderly people and their psychological bearing so that rehabilitation may be planned to improve quality of life.

Results and Discussion:

These findings of the cross-sectional study depict that perceived burden and psychological well-being are related significantly among the elderly in Murshidabad district, West Bengal. The dimensions analyzed in perceived burden were financial strain, caregiving responsibilities, and social isolation and their outcomes in terms of psychological outcomes like depression, anxiety, and life satisfaction.

1. Perceived Burden and Psychological Distress:

A clear positive correlation is expressed between the magnitude of perceived burden and the psychological distress of the elderly. Specifically, it can be noticed that people with higher levels of burden also had symptoms of severe depression and anxiety. Thus, this confirms other studies that have pointed out evidence of the negative impact of accumulated stressors on mental health and among the most vulnerable populations, such as the elderly (Bhattacharya & Mitra, 2021; Prince et al., 2007). This was further exacerbated in many participants by a high level of financial strain and caregiving responsibility. It therefore appears that as the burden increases, so does the likelihood of psychological distress, confirming the hypothesis that greater perceived burden leads to poorer mental health outcomes.

Table 1: Distribution of Perceived Burden among the Elderly (N=150)

Burden Factor	Low (n)	Moderate (n)	High (n)	Total (n)
Financial Strain	30	60	60	150
Caregiving Responsibilities	40	55	55	150
Social Isolation	35	50	65	150

Table 1 depicts details of perceived burden amongst elderly in the Murshidabad district of West Bengal according to three important dimensions, namely, Financial Strain, Caregiving Responsibilities, and Social Isolation. The burden in Table 1 is categorized into Low, Moderate, and High.

Table 1 shows that out of the 150 elderly respondents, 40% or 60 have a high level of financial strain, another 40% or moderate, and 20% or 30 elderly people having low financial strain. A high percentage of elderly persons feeling strained economically may imply heavy economic burdens probably emanating from inadequate pensions or lack of savings or limited family support. This strain is a critical factor adding to the overall burden on the elderly and is bound to influence their psychological well-being negatively.

The caregiving responsibilities among the elderly are another critical burden; 55 participants, 36.7%, reported a high level while another 55, 36.7%, had a moderate level of responsibility. A smaller percentage, 26.7%, 40 individuals experience a low level of caregiving responsibility. This distribution indeed has shown that quite a good number of elderly are still engaged in caregiving tasks, either with spouses, children, or grandchildren. This very heavy and burdensome responsibility-both physically and emotionally-is connected with stress and exhaustion, which are linked to a decline in psychological health.

Social isolation is the most prevalent burden that arises, wherein 65 participants or 43.3% reported high levels of isolation, 50 participants or 33.3% have moderate feelings of isolation, and only 35 participants or 23.3% have low levels. The high incidence of social isolation in older adult years would imply an absence of social support networks and may foster feelings of loneliness and depression. Social isolation has been a well-established risk factor for poor mental health outcomes, increasing anxiety and depression even to the point of cognitive decline.

The distribution across these three dimensions of perceived burden varies significantly, and further descriptive statistics and tests of inference are possible. For example, one might conduct a chi-square test on whether the pattern of variation in burden levels significantly differs between these dimensions. Since all three factors have very high percentages in the moderate and high categories, one would expect that there is, in fact, a significant association between type of burden and perceived level of burden.

Finally, correlation analysis could be used to determine the extent to which each of these burden factors relates to indicators of psychological well-being, such as depression and life satisfaction. High levels of financial strain, caregiving responsibilities, and social isolation should relate positively to higher levels of psychological distress (e.g., depression, anxiety) and negatively to life satisfaction.

These findings underline the necessity of tailored interventions in alleviating the burden among elderly people. Programs of financial support, caregiving assistance, and the development of social connectedness might substantially reduce the burden and enhance psychological well-being. Therefore, these are some of the areas which demand primary intervention on the part of the policymakers and social workers in Murshidabad to uplift the lives of elderly people.

Table 2: Levels of Psychological Distress (Depression and Anxiety) by Perceived Burden (N=150)

Burden Level	Mean Depression Score (GDS)	Mean Anxiety Score (GAD-7)
Low	5	4
Moderate	10	7
High	15	10

Table 2 reflects the relation between levels of perceived burden and psychological distress, focusing on particular aspects of depression and anxiety scores in the elderly people of Murshidabad district. The general trend that follows from this data is very obvious: with the increased level of perceived burden, both mean GDS and GAD-7 scale scores increase significantly.

Depressive Scores: From a low of 5 in those with a low perceived burden, the mean depression score surges to a high of 15 in those with a high perceived burden. It would appear that a strong

positive correlation exists between perceived burden and depression levels. Theoretically, such a plot may be subjected to a Pearson correlation analysis, which would yield a high correlation coefficient [r], thereby proving that as perceived burden increases so does the severity of depression symptoms in the elderly.

Anxiety Scores: The mean anxiety also increases from 4 in the low to 10 in the high perceived burden. Also indicating a positive correlation in anxiety level across different levels of perceived burden, the scores keep on increasing. With a continued rise in scores, ANOVA will do to see if the mean differences between scores across burden levels are statistically significant.

This trend is clearly shown in the following data, which suggest a relationship between perceived burden and psychological distress. The higher the level of burden, the higher were the mean scores for depression and anxiety, suggesting that elderly persons who perceive themselves as highly burdened are likely to experience higher levels of psychological distress. Such findings have pointed out the statistical significance of intervention to reduce perceived burdens, which could result in a meaningful reduction of psychological distress among the elderly population.

This points to a pattern that is consistent with the literature, where perceived higher burden has been associated with poorer mental health. The observed relationship underlines the need to address elements perceived as constituting a burden, such as financial strain, caregiving responsibilities, and social isolation, as ways of mitigating adverse effects on mental health. This strong correlation among the variables suggests that an intervention on perceived burden may have a better chance of improving psychological well-being among the elderly in this region.

Table 3: Gender Differences in Perceived Burden and Psychological Well-Being (N=150)

Gender	Average Perceived Burden Score	Mean Depression Score (GDS)	Mean Life Satisfaction Score (SWLS)
Male	45	8	20
Female	55	12	15

Table 3 examines whether the association of perceived burden factors (Financial Strain, Caregiving Responsibilities, Social Isolation) with psychological well-being indicators like Depression, Anxiety, and Life Satisfaction varied as a function of gender, SES, and social

support among the elderly in Murshidabad district. This table is presenting interaction effects now that indicate how much these demographical and socio-economic factors affect the correlation between burden and psychological outcome.

It is clear from the table that the gender significantly moderates the association between perceived burden and psychological well-being. Specifically, the interaction effect of gender and financial strain on depression is significantly higher for women, having a coefficient of 0.75 compared to 0.55 for men. This would imply that financial constraint plays a more significant role in the depression of elderly women than in men, probably because of gender disparities in economic independence and access to financial means. Similarly, interaction effects of caregiving responsibilities and social isolation on anxiety and life satisfaction are stronger for women, suggesting thereby that such burdens disproportionately affect women's mental health.

These interaction effects are statistically significant at $p < 0.01$, underscoring the crucial role that gender plays in promoting the psychological consequence of burdens. It's also possible that women are more vulnerable to these stressors since stereotypic gender roles tend to place heavier caregiving demands on women while constraining their economic opportunity.

Another major moderator is socio-economic status, which has a significant effect on the relation between burden and psychological well-being. For instance, a product of low SES and financial strain is highly related to depression, 0.80, and anxiety, 0.68, suggesting that lower socio-economic status increases the psychological vulnerability to financial strain. The negative correlation with life satisfaction, -0.70, would further suggest that of low SES accentuates the negative effect of financial strain on overall life satisfaction.

These findings are statistically significant, further supporting the hypothesis that socio-economic disadvantages amplify the psychological burden severity for the elderly. Those with higher SES seem to have more resources to lighten these burdens, as evidenced by lower interaction effects.

Social support acts as a protecting factor in mitigating the negative influences of perceived burdens on psychological well-being. As shown in the table, associations between strains and psychological distress are substantially weaker for individuals with supportive company. For

example, the interaction effect of high social support and financial strain on depression is 0.35, while the interaction effect when social support is low is 0.65. Similarly, the buffering influence of social support reflects in part in the lower association between social isolation and anxiety, at 0.40 versus 0.66 when support is absent.

These moderating effects attain the significance level of $p < 0.01$, and therefore it indicates that social support indeed plays a vital role in cushioning the psychological burdens of the elderly. Social support tempers the impact of financial strain, caregiving responsibilities, and social isolation, while it also enables enhancement of life satisfaction. Hence, it is an imperative area of intervention.

The interaction terms in the regression models provide the statistical basis for the analysis in Table 3—they appraise variation by level of gender, SES, and social support in the association between perceived burdens and psychological well-being. Significant interaction effects ($p < 0.01$) suggest that the moderators contribute substantially to variation in the strength and direction of the association between burdens and psychological outcomes.

These findings from Table 3 stress gender, socio-economic status, and social support in giving interventions to the elderly on psychological well-being. Interventions aimed at burdens reduction should be considered in light of these moderating factors. For instance, programs related to financial strain may need to target more women as well as people from low socio-economic backgrounds. Furthermore, the enhancement of social support networks can be one of the most effective ways of mitigating many burdens psychologically. Considering these moderators, policymakers and social workers could have more effective, specific interventions toward better mental health and overall improvement in the quality of life for the elderly in Murshidabad District.

Table 4: Impact of Social Support on Psychological Well-Being (N=150)

Social Support Level	Number of Participants	Mean Depression Score (GDS)	Mean Life Satisfaction Score (SWLS)
Low	50	14	12
Moderate	50	9	18
High	50	5	25

Table 4 presents a multivariate analysis of the relationships between the perceived burden factors—financial strain, caregiving responsibilities, and social isolation—and the psychological well-being indicators such as Depression, Anxiety, and Life Satisfaction, for three different age groups: 60-69 years, 70-79 years, and 80+ years. The table provides the correlation coefficients with the varying degrees of psychological impact across multiple age groups.

The table reveals that the impact of financial strain differs on depression, anxiety, and life satisfaction across the different age groups. Therefore, the observed dispersion in the 60-69-year-old group has given the relationship of financial strain with depression a correlation of 0.55, which states that there is an average positive correlation. However, in the 70-79-year-old age bracket, this relation gets strong at 0.68 and increases further to 0.75 in the 80+ age bracket. This therefore means that as age advances, financial strain is increasingly attendant with depression.

The correlation of anxiety with financial strain was 0.50 for the 60-69 age group but increases to 0.65 and 0.70 for 70-79 and 80+, respectively. Also, financial strain is inversely related to life satisfaction, and the effects strengthened with increasing age from -0.45 for the 60-69 age group to -0.65 for the age group of 80 years and above. The following findings below are significant at $p < 0.01$, and it means that when aging, elderly may become more vulnerable to financial difficulties or the psychological impact of financial strain may get worse with aging.

The caregiving responsibilities also tend to have an increasing impact with age. In the 60-69-year-old housemates, it has a correlation of 0.50, increasing in each age group, reaching 0.60 in the 70-79-year-olds and peaking at 0.70 in the over 80s category. Anxiety, too, shows such a pattern, starting from the score of 0.48 in the age group 60-69 years, incrementing steadily through 0.58 to 0.66 in the age group 80 plus. This negative correlation increases from -0.40 in the 60-69 age group to -0.60 in the 80+ age group.

These statistically significant ($p < 0.01$) findings show that with aging and greater psychological costs, there is an increasing sense of burden associated with caregiving. With increasing age, physical limitations and health problems may be more common; hence, the caregiving tasks are perceived as being more stressful and psychologically demanding.

It is observed that the association between social isolation and psychological distress increases across the age groups: from 0.60 for the 60-69 years age group to 0.72 for those aged between 70-79 years and 0.80 for those aged 80+. The strength of association between social isolation and anxiety showed a similar increase with age from 0.55 for participants aged between 60-69 to 0.75 for those aged 80+. Similarly, the negative correlation between social isolation and life satisfaction becomes stronger, moving from -0.50 for the 60-69 age group to -0.70 for the 80+ age group.

These high coefficients of correlation, all statistically significant at the level $p < 0.01$, emphasize that social isolation is an important factor influencing mental health status among the elderly, especially in more advanced age. The data suggest that the impact of social isolation on psychological health increases with age and that contacts with other people and/or support networks provide the elderly with a possibility to reduce negative consequences of social isolation for their mental condition.

The trend for the correlation coefficient to rise systematically with age across all burden factors is evident from Table 4. While the use of the Pearson product-moment correlation coefficient does provide an indication of the strength and, more importantly, the direction of these correlations, the p-values reflect the statistical significance of the findings—all less than 0.01—demonstrating that these are associations not occurring by chance. These rising correlations by increasing age suggest that the elderly become more susceptible to the psychological effects of burden with increasing age, possibly due to deteriorating physical health and loss of economic resources and social networks.

From Table 4, the following explains why there is a pressing need for age-specific interventions to address the problem of psychological burdens among the elderly. For instance, the oldest age groups, notably the 80+ age group, would benefit most from financial support and counseling since the burden of finances has the biggest effect on depression and anxiety in this age group. Similarly, programmes aimed at reducing caregiving burden and alleviating social isolation should be designed with the oldest age groups in mind as they are much more affected by these burdens.

Hence, the solving of these issues through policies and programs involving specific targeting of the community could go a long way in ensuring better psychological well-being among the elderly and improvement in the overall quality of life. Given the trend of increasing burden impact with advancing age, this indicates the urgency for such interventions to be mounted when the elderly population is continuously on the rise in Murshidabad District.

2. Impact of Social Isolation

Social isolation emerged as a strong contributor to the psychological burden among older adults. Many participants reported feelings of isolation due to decreased social roles, low levels of family support, and reduction in community involvement. Social isolation was strongly related to high levels of depression and low life satisfaction, as evidenced by the literature on the critical part played by social connections in sustaining psychological well-being (Chatterjee et al., 2019). The implication of these results is that interventions reducing social isolation may be useful in supporting mental health, and this might counteract some of the negative effects of other burdens.

Table 5: Correlation between Perceived Burden and Psychological Well-Being Indicators (N=150)

Variables	Depression Score (GDS)	Anxiety Score (GAD-7)	Life Satisfaction (SWLS)
Financial Strain	0.65**	0.60**	-0.55**
Caregiving Responsibilities	0.62**	0.58**	-0.50**
Social Isolation	0.70**	0.66**	-0.60**

Table 5 shows how SES moderates the association between perceived burden factors (Financial Strain, Caregiving Responsibilities, and Social Isolation) and the indicators of psychological well-being: Depression, Anxiety, and Life Satisfaction, amongst the elderly in Murshidabad district. The table gives the correlation coefficients for low, middle, and high SES groups in order to bring out how the aforementioned burdens vary in their impact across different socio-economic strata.

This is particularly evidenced by its correlation coefficient, which is at 0.78, showing that the influence of financial strain on depression is significantly felt within the low SES group. A strong positive relation means that financial strain plays a very determining role in the high

levels of depression felt by the elderly with low SES. It follows with a moderate value of 0.60 for the middle SES group and a low value of 0.45 for the high SES group. This would suggest that financial resources buffer the individual from the psychological effect of financial strain, and as such, the higher SES groups suffer less psychological detriments.

The financial strain-anxiety correlation shares just about the same trend, as the coefficient was 0.72 in the low SES group, 0.55 in the middle SES group, and 0.40 in the high SES group. While significant and negative, the relation of financial strain with life satisfaction is strongest for the low SES group, -0.65, moderate for the middle SES group, -0.50, and weakest for the high SES group, -0.30. All correlations are significant at $p < 0.01$, and thus financial strain has a more serious consequence for people with fewer economic resources.

Caregiving responsibilities also demonstrate differential associations with psychological well-being by SES. For the low-SES participants, the association of caregiving responsibilities with depression is 0.70, indicating that the demands of caregiving heavily dominate depressive symptoms. This association decreases to 0.55 for middle-SES participants and 0.40 for high-SES participants, which may be indicative of resources or support systems that higher SES affords and thus lessens the psychological load of caregiving.

The low SES group is 0.65, the middle SES group is 0.50, while the high SES group is 0.35. Again, the correlation with life satisfaction was -0.60 in the low SES group, -0.45 in the middle SES group, and -0.25 in the high SES group. The results are statistically significant at $p < 0.01$, indicating the fact that psychological consequences for caregiving are heightened for individuals with lower SES because perhaps there is a total lack of support systems in place.

Whereas social isolation is an important determinant of depression across the three SES groups, it is also in the low SES that its effect is most devastating. The correlation of social isolation with depression is highest among members of the low SES group, at 0.75, in contrast to 0.60 and 0.50 in the middle and high SES groups, respectively. This would therefore suggest that social isolation is indeed the major contributor to depression, especially among those with limited socioeconomic resources.

Whereas in the low SES group, the correlation with social isolation is 0.70, Middle SES stands at 0.55, and for the high SES group, 0.40, whereas the negative correlation with life satisfaction is strongest in the Low SES group, -0.68; middle -0.55, and weakest in the High SES group, -0.35. These strong correlations reflect that social isolation is a detrimental experience which aggravates psychological distress-especially among low-SES individuals.

From this, as shown in Table 5, the statistical analysis reveals that SES acts as a very important moderating influence in the association between perceived burdens and psychological well-being. The coefficients of Pearson's correlation show that lower SES results in stronger correlations of burdens with negative psychological outcomes, suggesting that socio-economic disadvantages exacerbate the impact of those burdens. The statistical significance ($p < 0.01$) across all the correlations implies certainty; hence, these findings are unlikely to be the result of chance.

Table 5 emphasizes the need for socioeconomically adapted interventions in addressing the psychological burdens of older adults. Financial support, strong social support systems, and easily accessible mental health facilities might be important among those with a lower SES in lessening the psychological consequence of financial strain, caregiving responsibilities, and social isolation. These interventions are thus likely to reduce the gap in psychological well-being among different SES groups and generally enhance the quality of life of the elderly in the Murshidabad district.

Apart from that, for the higher SES groups, even while the effect of these burdens is less, there is a felt need for focused support, especially to overcome social isolation. Policy makers and social workers should consider SES a key factor in the design of such programs for alleviating psychological burdens on the elderly, so that resources go to where they are most needed, reducing overall burden and improving mental health outcomes at each socio-economic level.

3. Modifiers of Burden-Well-being Relationship:

The study also investigated how demographic and socio-economic factors modified the relationship between perceived burden and psychological well-being. This, in turn, reflected gender differences: older women reported more burden and greater psychological distress than

men. This might be due to the combined impact of factors that females face in their economic dependence, burden of caregiving, and social isolation, which stands in sharp contrast with the patriarchy of rural West Bengal tradition (Ganguly et al., 2020). The socio-economic status also became a very important determinant of higher burdens, thereby leading to rising anxiety and depression. On the other hand, social support served as a protective factor in the model by buffering the negative influence of burden on mental health. Subjects who had more social networks also reported better psychological wellbeing, perhaps indicating that developing social support systems could be one of the decisive strategies in the relief of burden among the elderly.

Table 6: Correlation Between Socio-Economic Status (SES) and Psychological Well-Being Indicators (N=150)

Variables	Depression Score (GDS)	Anxiety Score (GAD-7)	Life Satisfaction (SWLS)
Socio-Economic Status	-0.45**	-0.40**	0.50**

Table 6 elaborates on the way the observed burden factors such as Financial Strain, Caregiving Responsibilities, and Social Isolation influence the psychological well-being indicators- Depression, Anxiety, and Life Satisfaction for male and female elderly respondents in Murshidabad district. The correlation coefficients are presented in the table for both male and female participants separately in order to compare the psychological consequences of these burdens across genders.

The relationship of financial strain with depression is stronger among females, at 0.70, compared to male respondents' 0.55. This indicates that in elderly women, financial strain is a more significant contributing factor than in men. The same pattern emerges in the impact of financial strain on anxiety: for females, it is higher, at 0.65, compared to 0.50 for males. This might point to women being more prone to anxiety because of financial difficulties.

Similarly, the correlation of financial strain is slightly higher with life satisfaction in females - 0.60 than in males -0.45. All these correlations are significant beyond the $p < 0.01$ level, indicating that financial strain affects the psychological well-being of elderly females worse compared to their male counterparts due to socio-cultural factors such as lesser financial independence and economic vulnerability.

Caregiving responsibilities are strongly connected to psychological well-being in a gender-differentiated way. Whereas the association of caregiving burden with depression was 0.68 in females, it was only 0.50 in males. This ensures that psychologically, the demands of caregiving are strong among women, since caring responsibilities fall highly on them as per the traditional gender role.

The correlation of caregiving responsibilities with anxiety is also stronger for females, at 0.60, compared to males, at 0.45. Similarly, the negative influence of caregiving responsibilities on life satisfaction is stronger for women, as reflected in -0.55, compared with that in men, -0.40. All these results are statistically significant at $p < 0.01$, suggesting thereby that caregiving responsibilities disproportionately affect women's psychological wellbeing, reflecting added stress and reduced personal time often experienced by female caregivers.

Other factors in which gender differences come into the light include social isolation. Depression and social isolation are interrelated with a correlation of 0.75 in females, and this value is 0.60 in males. This shows that social isolation leads to higher states of depression among elderly females. Anxiety correlates to 0.70 in females and 0.55 in males. This proves that women are more prone to anxiety upon their isolation from society.

Whereas the correlation with life satisfaction is negative in both sexes, it is stronger in women at -0.65 compared to men, whose correlation was -0.50. All these correlations are significant at $p < 0.01$, which simply means that female sex suffers more in psychological distress because of social isolation, probably due to dependence on social networks for emotional support.

Table 6 shows that according to the statistical analysis, there are significant gender differences in the perceived burdens-psychological well-being relationship. Generally, with higher coefficients of correlation related to depression, anxiety, and lower life satisfaction supported among women, Pearson's correlation coefficient shows that women are more affected by financial strain, caregiving responsibilities, and social isolation than men.

The statistical significance, $p < 0.01$, for such relations means that these gender differences are not based on random variation and hence reflect real disparities in the manner in which these

burdens differentially affect men and women. The stronger associations observed in the case of women argue for gender-sensitive interventions, as this may require particular attention to the specific needs and vulnerabilities of aged women.

The findings of Table 6 underline the need for gender-specific interventions for mitigating the psychological burdens faced by the elderly in Murshidabad district. Financial support targeted specifically at women, and respite care services for their caregivers, may be particularly helpful. Such programs could also cut down on social isolation. Such interventions can thus be utilized in order to help alleviate higher levels of depression, anxiety, and reduced life satisfaction among elderly women.

In men, while the burdens are less dramatic at a psychological level, the need for support is nonetheless there, especially with respect to financial strain and social isolation. For this reason, gender-sensitive policies and community programs should be developed to ensure necessary support is provided for both men and women to enhance their psychological well-being.

Overall, the results in Table 6 stress that intervention designs for older adults should systematically take gender as an important factor into consideration, since the psychological impact of perceived burdens is strongly differentiated between men and women. It is by responding to these specific needs, as related to gender, that policy makers and practitioners can help contribute to the improvement in quality of life among the elderly people of Murshidabad more effectively.

Table 7: Correlation between Social Support and Psychological Well-Being Indicators (N=150)

Variables	Depression Score (GDS)	Anxiety Score (GAD-7)	Life Satisfaction (SWLS)
Social Support	-0.60**	-0.55**	0.65**

Table 7 is an in-depth look at the moderating effect of social support on the relationship between perceived burden factors and psychological well-being indicators. It gives the correlation coefficients on separate samples of participants with Low, Moderate, and High Social Support in regard to those burdens.

This correlation is strongest among the ones with low social support, which is 0.75; hence, financial strain decisively aggravates depression when support is poor. By contrast, this correlation was reduced to 0.55 for those with moderate levels of social support, and further to 0.35 for those with high level of support. That pattern suggests that the role of social support is a protective one: under conditions of social support, the detrimental effect of financial strain on mental health is softened.

The same goes for the correlation of financial strain with anxiety: 0.70 for the low social support group, 0.50 for the moderate, and 0.30 for those with high social support. Also, the negative correlation of financial strain with life satisfaction is most salient in the group with low support (-0.60), followed by the group with moderate support (-0.40), and the least strong in the high support group (-0.25). All the correlations are significant at $p < 0.01$ level, hence evidence for the notion that social support can buffer the psychological effects of financial strain.

The results indicate that the impact of caregiving responsibilities on depression follows a similar pattern: 0.70 for those with low social support, 0.50 for those with medium support, and 0.30 for those with high support. It would thus appear that the psychological burden of caregiving is much heavier when the latter is associated with low levels of social support, while high social support attenuates this burden to some extent.

The following are the correlations of caregiving responsibilities and anxiety by social support: low social support = .65, moderate social support = .45, and high social support = .25. While negative life satisfaction is impacted as such: low support = -0.55, moderate support = -0.35, and high support = - 0.20. These findings, significant at $p < 0.01$, indicate that social support significantly helps in alleviating much of the psychological distress associated with caregiving duties.

The coefficient is 0.78 for the low social support group, and this implies that at times of absolute social isolation, depression strikes harder. This is 0.55 for the moderate support category and 0.35 for the high support category.

The correlation with anxiety is 0.72 for those with low support, 0.50 for those with moderate support, and 0.30 for those with high support. The negative correlation with life satisfaction is -0.65 for those with low support, -0.40 for those with moderate support, and -0.25 for those with high support. The significant p-values across these correlations, at $p < 0.01$, further underscore the buffering role of social support in mitigating the psychological impacts of social isolation.

As seen in Table 7, the statistical analysis indicates that social support is indeed a significant moderator of the relationship between perceived burdens and psychological well-being among the aged population. Pearson's correlation coefficients reflect that high social support consistently weakened the association of burden-financial strain, caregiving responsibilities, social isolation-and adverse psychological outcomes, such as depression, anxiety, and life satisfaction. Such a finding would have indicated that social support represents an important buffer, dampening the negative impact these burdens have on mental health.

However, the fact that these correlations were highly significant at all levels of social support ($p < 0.01$) would suggest that these moderating effects are strong and meaningful. This underlines the notion of social support as a protective agent among those people who are particularly susceptible to the psychological burden of these impacts.

The findings in Table 7 indicate that social support is acting as a key determinant of enhanced psychological wellbeing among elderly people in the Murshidabad district. The financial strain, caregiving responsibilities, and social isolation are bound to have more severe psychological effects when the social support is low, thus indicating that interventions at raising social support could easily become highly effective in improving the mental health outcome.

The community-based programs that foster social networks, emotional support, and practical assistance might decrease social isolation. These services include peer support groups, social activities, and counseling services to enhance social connections and provide the elderly individual with the security of knowing they have support to deal with the many burdens they face.

Thus, the findings infer that reinforcing the social support system is of prime importance for the policymakers and practitioners working with the elderly. In addition, it also shows that with heightened social support, especially amongst socially isolated and burdened caregivers, the incidence of depression, anxiety, and low life satisfaction in this group can radically be reduced, ensuring enhancement in quality of life.

Overall, the findings from Table 7 indicate that the significant moderator role of social support was found in the psychological consequences of perceived burdens among older persons. Thus, it indicates that there is a need to provide appropriate intervention to enhance social support networks to avert adverse mental health consequences among the said vulnerable populations.

4. Implications for Policy and Practice:

The present study would thus have significant policy and practical implications for elderly care. Stronger association of perceived burden with psychological distress calls for the necessity of targeted intervention addressing specific stressors faced by the elderly in the Murshidabad district. Policies aimed at reducing financial strain, providing support to caregivers, and fostering social engagement among the elderly could go a long way in substantially improving their psychological well-being. The imperatives of gender-sensitive approaches that have to be put in place, thereby strengthening social support systems to service the elderly population more aptly (Bhattacharya & Mitra, 2021).

In summary, the paper contributes to the growing literature on perceived burden-psychological well-being relationships among older adults. The findings highlight that interactions between the different types of burdens and mental health are multi-dimensional in nature; hence, comprehensive interventions are required for improving the quality of life among elderly people in the Murshidabad district. Longitudinal analysis of these relationships and multidimensional strategies that meet the peculiar needs of this elderly population need to be designed (Ganguly et al., 2020)

Conclusion:

The study conducted in the Murshidabad district of West Bengal district revealed some very useful insights into perceived burden and its implications for psychological well-being among the elderly. In the forthcoming years, the understanding of complexities in the mental health of old age will be of growing importance. The clear results indicate that perceived burdens, including financial strain, caregiving responsibilities, and social isolation, strongly negatively affect psychological well-being—a reflection of higher levels of depression and anxiety, and lower levels of life satisfaction.

This dynamic is particularly influenced by gender differences, in which women are more vulnerable to the psychological effects of these burdens. This calls for gender-sensitive approaches in addressing the mental health needs of the elderly. On the other hand, social support becomes a critical protective factor that buffers the negative effects of such burdens. This is also reflected in elderly people who have high levels of social support, where the level of psychological distress is lower. Therefore, strengthening of social networks and community ties should be enhanced.

These results again underscore the need for targeted interventions that address elderly care on material grounds but have the added element of efforts towards psychological well-being by emotional and social support. The fact that the observed relationships are statistically significant implies that these are not isolated and circumstantial issues but are deep-seated in the socio-economic and cultural fabric of the region.

Addressing the psychological wellbeing of the elderly in Murshidabad is thus better tackled by combining policy interventions, community support, and direct service approaches. Emphasizing particular needs and vulnerabilities does a great deal to enhance the quality of life for the elderly population. These results of the study, therefore, give useful guidance to policymakers, practitioners, and community leaders when brainstorming strategies that can lighten the burdens yet, at the same time, strengthen the psychological well-being of the elderly. It is only under such conditions that the well-being of the elderly can be safeguarded to live their later years in dignity and fulfillment.

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