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Subjective Well- being Status among Institutionalized and Non-institutionalized Senior Citizens

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ABSTRACT A differential study was carried out on 140 respondents belonging to 60 years and above age group living in old age homes (n=65) and with family (n=75) and the sample was randomly selected from Hubli-Dharwad city, Karnataka with an objective to compare the level of subjective well-being among institutionalized and non-institutionalized senior citizens and to know the factors influencing subjective well-being among both senior citizens. Results of the study revealed that institutionalized senior citizens had more of well- being and non-institutionalized had more of overall subjective well- being and ill- being status. Among institutionalized, education (along with gender and age) and age (socio-economic status, financial support and family type) significantly influenced the well- being and ill- being respectively. Education (along with age, socio- economic status and financial support) and gender (along with age, socio- economic status and financial support) significantly influenced the ill-being status of non-institutionalized senior citizens. It was interesting to note that none of the variables significantly influenced the well- being status.

INTRODUCTION

India is the country with the second highest population of the elderly aged 60 and above, next only to China. The elderly population in India which was 7.7 crore, as per Census 2001, is projected to be around 9.5 crore in 2011 and will further go up to 17.3 crore in 2026. Rise in the share of elderly in total population poses multiple challenges viz., improving their well-being through providing family support, medical assistance and social support , reducing their negative aspect of life.

There is increasing interest worldwide in the study of subjective well-being as a means to assess and need to evaluate positive dimensions of health aspects of senior citizens. Positive mental health "which allows individuals to realize their abilities, cope, and contribute to their communities" and the capacity to sustain social relationships are the key dimensions of subjective well-being.

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Subjective well-being is defined as a person's judgment or evaluation of his or her life- either in terms of life satisfaction (cognitive evaluations) or affect (emotional reactions) which is further divided into pleasant affect (positive feeling) and unpleasant affect (negative feeling). Negative perceptions and expectations of subjective well-being are associated with decreased positive affect and with less adaptive and coping efforts, eroding feelings of mastery and hope in the individuals. The level and type of subjective well- being varies from individual to individual, especially in elderly people. The living conditions also play an important role in positive or negative aspects or feelings of life among elders. Indian society is moving towards an industrialized urban society where changes are causing adverse effects on subjective well-being of aged people. So, it is more important to study about subjective well being of senior citizens living in family as well as old age homes.

Though subjective well-being varies over the life span, it often does so in a manner that common sense would not predict. Saroj et al.'s (2007) findings showed elderly persons to be generally more satisfied with their lives than other age groups, to worry less, except in regard to health, and to evidence less negative affect and depression. The stereotypes of older age as a period of decline in the quality of life do not hold up.

Subjective well-being aids as means to evaluate positive and negative dimensions of health aspects of senior citizens. Positive mental health allows the individuals to realize their abilities, coping strategies and contributing attitude towards society and sustain social relationships in the community (Nagarathnamma 2003). So, this study is very important to know whether the elderly living in family and living in old age homes have the differences in subjective well- being. The present study was undertaken with the following objectives.

Objectives

To compare the level of subjective well-being among institutionalized and non-institutionalized senior citizens along with factors influencing level of subjective well-being status.

MATERIAL AND METHODS

Respondents belonging to 60 years and above age group living in old age homes (n=65) and with family (n=75) were randomly selected from Hubli-Dharwad city.

Personal information schedule of institutionalized and non-institutionalized senior citizens was used to collect the background information of both respondents. The subjective well-being of the respondents was measured by ICMR Subjective Well- being developed by Sell and Nagpal (1992). This scale consists of 40 items, 19 items elicit positive effects which come under the dimensions of well-being (General well being-Positive Affect, Expectation-Achievement Congruence, Confidence in Coping, Transcendence, Family Group Support and Social support) and 21 items elicits negative effects about individual life concerns which belongs to dimensions of ill-being (Primary Group Concern, Inadequate Mental Mastery, Perceived Ill-Health, Deficiency in Social Contact and General Well-Being Negative Affect). Each statement has 3 alternative answers, very good, quite good, and not good excluding 14, 27, and 29 items having an extra option, not applicable with scoring of 3, 2, and 1 for positive and reverse scoring pattern for negative items. The data collected was tabulated and analyzed using the statistical package SPSS-16.

RESULTS AND DISCUSSION

The distribution of the institutionalized and non-institutionalized senior citizens by age, gender, caste, education and financial support are presented in Table 1. It is clear from the table that age of the respondents ranged between 60-90 years. Among the respondents, 44.6 per cent of institutionalized senior citizens belonged to 71-80 years age groups and other groups (60-70 years and 81-90 years) with 27.7 per cent each. With respect to the non-institutionalized senior citizens, 54.7 per cent belonged to 60-70 years age range, followed by 32 per cent and 13.3 per cent in 71-80 years and 81-90 years group respectively. The mean age of institutionalized senior citizens and non-institutionalized senior citizens were 75.23 and 70.57 years respectively. Most of the institutionalized (69.8 %) and non-institutionalized (62.7%) senior citizens were women, while 30.8 per cent and 37.3 per cent of them were males respectively.

Table 1: Background information of senior citizens (N=140)

Demographic variables	*Senior citizens*	
	Institutionalized senior citizens (INSC)(N = 65)	*Non-institutionalized Senior citizens (NSC) (N = 75)*
Age (yrs)		
60-70	18 (27.7)	41 (54.7)
71-80	29 (44.6)	24 (32.0)
81-90	18 (27.7)	10 (13.3)
Mean age	75.23(8.19)	70.57(8.93)
Gender		
Male	20 (30.8)	28 (37.3)
Female	45 (69.8)	47 (62.7)
Caste		
Upper caste	59 (90.8)	70 (93.3)
OBC	6 (9.2)	-
Dalit	-	5 (6.7)
Tribal	-	-
Education		
Illiterate	20 (30.8)	26 (34.7)
Up to SSLC	40 (61.5)	35 (46.7)
Graduate	5 (7.7)	12 (16.0)
Post-Graduate	-	2 (2.6)
Financial Support		
Self	35 (53.8)	32 (42.7)
Family	30 (46.2)	43 (57.3)

Majority of institutionalized and non-institutionalized senior citizens (90.8% and 93.3%) belonged to upper caste, while 9.2 per cent from institutionalized group belonged to OBC (Other Backward Castes) and 6.70 per cent from non-institutionalized group were *Dalits*. None of the institutionalized and non-institutionalized senior citizens belonged to *Dalit* and tribal communities and OBC and tribal castes respectively.

In case of education, 61.50 per cent of institutionalized senior citizens completed SSLC while 7.7 per cent graduation but, 30.8 per cent formed the illiterate group. Among non-institutionalized senior citizens, 46.7 per cent completed education up to SSLC and 16.0 and 2.7 per cent graduation and post graduation respectively, whereas, 34.7 per cent of them were not literate at all.

In case of economic status, 53.8 per cent of institutionalized senior citizens and 42.7 per cent of non-institutionalized senior citizens had self financial support in terms of pension whereas, 46.2 per cent of institutionalized senior citizens and 57.3 per cent of non-institutionalized senior citizens were dependent on family financial support.

Table 2 depicts the status of well-being, ill-being and subjective well-being of institutionalized and non-institutionalized senior citizens. It was clear that, in case of well-being status, majority (96.9% of institutionalized) and 100 per cent of non-institutionalized senior citizens had high level and only 2.7 per cent of the institutionalized senior citizens belonged to medium level of well-being followed by none to low level in both groups. This might be due to higher educational level of the respondents which helped them to improve possessing positive feeling towards their life (Table 2). Latiffah et al. (2005) reported that respondents with tertiary level of education increased their well-being status as compared to respondents without schooling. Another study by Ploubidis and Grundy (2009) indicated that post secondary and tertiary level of educational attainment was positively associated with better mental health and well being.

Among the respondents, 93.3 per cent of institutionalized and 81.5 per cent of non-institutionalized senior citizens fell in the high levels of ill-being whereas only 6.7% and 18.5% in medium level. None belonged to low ill-being status of both groups. The reason for this may be that institutionalized respondents had good relationship with head and staff of the institution and were satisfied with facilities provided in the institution which helped them to perceive their health positively. Results of Saroj et al. (2007) indicated that overall institutional facility provided to inmates of old age home had positive and significant relationship with positive attitude towards their well-being status.

In case of subjective well-being status, majority of the institutionalized and non-institutionalized senior citizens respondents (96.9% and 98.7%) belonged to high levels of subjective well- being status. While only few (3.1% of institutionalized senior citizens and 1.3% of non-institutionalized senior citizens) had medium level of subjective well- being. None of the respondents of both groups belonged to low level.

In case of well-being status, the mean values of institutionalized senior citizens (43.66) were slightly more than that of non-institutionalized senior citizens (42.78) which indicated high level of well-being among both groups. The 't' value of 1.23 indicates non-significant difference between them, whereas, the mean value of ill-being status of non-institutionalized senior citizens (53.06) was found to be more than that for institutionalized senior citizens (51.10). This showed that, non-institutionalized senior citizens expressed more ill-being status than institutionalized senior citizens but significant difference was not observed. This may be due to nuclear family system and where the opportunity to share their emotions, problems with close ones induces negative feelings towards life in

Table 2: Subjective well- being of senior citizens (N=140)

Particulars	*Category*	*Institutionalized (n = 65)*	*Mean ± SD*	*Non-institutionalized (n = 75)*	*Mean ± SD*	*'t' value*	χ^2
Well-being	High	63 (96.9)	43.66±1.23	75 (100.0)	42.78±3.98	1.23	3.23
	Medium	2 (2.7)		-			
	Low	-		-			
Ill-being	High	70 (93.3)	51.10±7.19	53 (81.5)	53.06±6.35	1.79	1.57
	Medium	5 (6.7)		12 (18.5)			
	Low	-		-			
Overall Subjective Well-being	High	63 (96.9)	97.33±8.48	74 (98.7)	99.04±8.71	0.79	1.23
	Medium	2 (3.1)		1 (1.3)			
	Low	-		-			

Note: Figures in parentheses indicates percentages

turn increasing ill- being. Taqui et al. (2007) found that the elderly living in a nuclear family system were more prone to psychological disorders and poor health status than those living in a joint family.

Gender wise distribution of institutionalized and non-institutionalized senior citizens according to the level of well-being dimensions is depicted in Table 3. Among institutionalized men, 95.0 per cent and 5.0 per cent had high and medium level of General Well Being-Positive Affect and Transcendence respectively. Majority of respondents (90.0% and 85.0%) belonged to high and only 10.0 per cent and 15.0 per cent to medium level of well-being in case of Expectation Achievement Congruence and Confidence in Coping respectively. It was interesting to note that 60.0 per cent and 55.0 per cent of institutionalized men possessed medium level of Family Group Support and Social Support. While 35.0 per cent indicated high level followed by very few (5.0% and 10.0%) expressed low level of both dimensions.

In case of institutionalized women, 73.3 per cent and 80.0 per cent possessed high level followed by 26.7 per cent and 20.0 per cent medium level of General Well Being-Positive Affect and Expectation Achievement Congruence of well-being respectively. 64.4 per cent and 93.3 per cent followed by 33.3 and only 6.7 per cent of women had high and medium level of Confidence in Coping and Transcendence respectively. Most of them (68.9%) had medium whereas, 26.7 per cent high well-being in the dimension of Family Group Support. Almost equal proportion of women (46.7% and 44.4%) was found to have high and medium level of well-being in Social Support dimension. None of the institutionalized women fell in lower levels of 3 dimensions (General Well Being-Positive Affect and Expectation Achievement Congruence and Transcendence) except Confidence in Coping (2.2%), Family Group Support (4.4%) and Social Support (8.9%). Significant association exists between men and women with Expectation Achievement Congruence of well-being dimension. In case of institutionalized senior citizens, more of men (70-95%) had high level of General Well Being-Positive Affect and Expectation Achievement Congruence, Confidence in Coping, Transcendence and Family Group Support as compared to institutionalized women, whereas 46.7 per cent of women had higher social support than institutionalized men (Table 3). Education might be one of the factors contributing for presence of well-being arising out of an overall perception towards life. Higher education and standard of living resulted in higher ability to master critical or unexpected situations, feelings of subjective well- being derive values of spiritual quality and positive feelings and perception of wider family group. This indicated that men due to their employment status, recognition in the society, involvement in community activities, meeting friends, improve their positive attitude towards their life

Table 3: Gender wise distribution of senior citizens to well- being (N=140)

Dimensions	*Category*	*Institutionalized (n = 65)*			*Non-institutionalized (n = 75)*		
		Men (n = 20)	*Women (n = 45)*	χ^2	*Men (n = 28)*	*Women (n = 47)*	χ^2
General Well Being Positive Affect (GWB-PA)	High	19 (95.0)	33 (73.3)	4.85	25 (89.3)	29 (61.7)	0.16
	Medium	1 (5.0)	12 (26.7)		3 (10.7)	18 (38.3)	
	Low	-	-		-	-	
Expectation–Achievement Congruence (EAC)	High	18 (90.0)	36 (80.0)	4.06*	27 (96.4)	38 (80.9)	3.58
	Medium	2 (10.0)	9 (20.0)		1 (3.6)	9 (19.1)	
	Low	-	-		-	-	
Confidence in coping (CC)	High	17 (85.0)	29 (64.4)	0.98	21 (75.0)	28 (59.6)	1.57
	Medium	3 (15.0)	15 (33.3)		7 (25.0)	19 (40.4)	
	Low	-	1 (2.20)		-	-	
Transcendence (Trans)	High	19 (95.0)	42 (93.3)	2.95	21 (75.0)	41 (87.2)	1.88
	Medium	1 (5.0)	3 (6.7)		7 (25.0)	6 (12.8)	
	Low	-	-		-	-	
Family Group Support (FGS)	High	7 (35.0)	12 (26.7)	0.06	5 (17.9)	7 (14.9)	1.50
	Medium	12 (60.0)	31 (68.9)		21 (75.0)	39 (83.0)	
	Low	1 (5.0)	2 (4.4)		2 (7.1)	1 (2.1)	
Social Support (SS)	High	7 (35.0)	21 (46.7)	0.50	22 (78.6)	31 (66.0)	0.25
	Medium	11 (55.0)	20 (44.4)		6 (21.4)	16 (34.0)	
	Low	2 (10.0)	4 (8.9)		-	-	

which results in well- being. Bishop (2006) indicated that elderly women had poor subjective well- being because of negligent care giver role and family group support.

Among non-institutionalized men, 89.3 per cent had high level whereas, 10.7 per cent medium level of General Well Being –Positive Affect respectively. Majority of men (96.4%) and only few (3.6%) belonged to high and medium level of well-being in Expectation Achievement Congruence. Seventy five percent of them indicated high while only twenty five percent of them medium category of Confidence in Coping and Transcendence respectively. Seventy five percent of non-institutionalized men followed by 17.9 per cent and 7.1 per cent possessed medium, high and low level of Family Group Support respectively. Majority (78.6%) of men and rest 21.4 per cent belonged to high and medium level of in social support. None of non-institutionalized men respondents presented low level of five dimensions of well-being.

Majority of the men expressed high level of General Well Being-Positive Affect, Expectation Achievement Congruence, Confidence in Coping, Family Group Support and Social Support than women. Most of the respondents belonged to young old category (60-70 yrs) of age group (Table 1). Young-old group respondents were just retired or about to retire, so they possessed working commitment, high level of education, involvement in club activities which increased their positive feeling about general well- being, expectation in achievement congruence, confidence in coping, family group support and social support. In this study non-institutionalized senior citizens involved in religious club activities with an objective to contribute something to society and to meet their friends in turn acquire more support from their society. Yadollah et al. (2009) pointed out that 65-74 years of respondents showed high level of positive well-being status as compared to older groups (75-83 years and >83 years). Romos (2007) reported that more years of education and 60-70 years of age group had positive significant effect and self rated health among them which resulted in high level of positive well-being status.

In case of women non- institutionalized senior citizens, 61.7 per cent, 80.9 per cent, 59.6 per cent and 87.2 per cent had high level of General Well Being-Positive Affect, Expectation Achievement Congruence, Confidence in Coping and Transcendence followed by 38.3 per cent, 19.1 per cent, 40.4 per cent and 12.8 per cent medium level in respective dimensions of well-being. In case of Family Group Support, 83.0 per cent indicated medium followed by 14.9 per cent and 2.1 per cent high and low level of well-being. It was important to highlight that most (66.0%) and 34.0 per cent of them had high and medium level of Social Support, whereas, none of the women indicated low well-being status in all dimensions except Family Group Support. None of the c^2 values indicated significant association between gender and each dimension of well- being among non-institutionalized senior citizens. It was very important to note that, women had higher level of Transcendence (spiritual qualities) than non-institutionalized men. The probable reason might be that involvement of women in spiritual activities which reduces their physical as well as emotional stress. Ghufran et al. (2008) indicated that elderly women showed more tendency towards religious activities than elderly men.

Distribution of institutionalized senior citizens and non - institutionalized senior citizens men and women according to ill-being status are tabulated in Table 4. Among institutionalized senior citizens men and women group, 70.0 per cent and 55.6 per cent belonged to high Primary Group Concern level while 30.0 per cent and 44.4 per cent to medium level respectively. Nearly three fourth of the (70.0%) men and (75.6%) women found to be in high level of Inadequate Mental Mastery followed by 30.0 per cent and 24.4 per cent medium level of same ill-being dimension. Majority (90.0%) and 10.0 per cent of non-institutionalized men had high and medium level of Perceived Ill Health while 75.6 per cent and 24.4 per cent of women possessed high as well as medium level of Perceived Ill Health. 70.0 per cent of men belonged to high level of Deficiency in Social Contact as well as General Well Being-Negative Affect whereas 30.0 per cent and 20.0 per cent of men medium level of respective dimensions. Only few (10.0%) fell in lower category of General Well Being-Negative Affect. In case of institutionalized women, 51.1 per cent and 48.9 per cent had high and medium level of ill-being in the dimension of Deficiency in Social Contact, whereas 66.7 per cent, 31.1 per cent and only 2.2 per cent of them fell in the high, medium and low categories of General Well Being-Negative Affect respectively. None of the men and women respondents indicated low level of ill-

being in four dimensions. Not significant association was observed between men and women in each dimensions of ill- being among institutionalized senior citizens.

Institutionalized men had expressed more physical, emotional and total distress as compared to women which depicted high level of primary group concern, perceived ill health, deficiency in social contact and general well being negative affect among them. Bishop (2006) revealed that due to lower coping behaviors, life satisfaction and personal growth among aged men increases emotions towards their health as compared to women. It was very important to highlight that institutionalized women had more of inadequate mental mastery than men which results in insufficient control over their everyday life situation thus disturbing their mental equilibrium. This may be due to age factor which results in deterioration of physical health contributing to decline in sense of control over their life situations. Larson et al. (2006) reported that female spouses had lower quality of life thus results in ill-being compared to men.

With respect to non-institutionalized respondents, 71.4 per cent of men and 68.1 per cent of women had high Primary Group Concern level followed by 28.6 per cent and 29.8 per cent medium level of respectively. But, only 2.1 per cent of women found in lower level of Primary Group Concern. Most of non-institutionalized men (85.7%, 96.4, 89.3% and 82.1%) indicated high level followed by 14.3 per cent, 3.6 per cent, 10.7 per cent and 17.9 per cent medium level of Inadequate Mental Mastery, Perceived Ill Health, Deficiency Social Contact and General Well Being-Negative Affect respectively. In case of non-institutionalized women, equal proportion (72.3 per cent and 27.7 per cent) of them fell in high and medium level of Inadequate Mental Mastery and Deficiency Social Contact respectively, whereas, equal per cent (83.0 and 17.0) of them showed high and medium category of perceived Ill Health as well as General Well Being-Negative Affect. None of non-institutionalized men and women indicated low level of ill-being in all four dimensions.

In case of non-institutionalized women, most (83.0%) of them possessed more of general well-being negative affect as compared to men. This may be due to living in nuclear family system which resulted in negative emotions towards their well-being. Taqui et al. (2007) found that elderly women living in nuclear family were more prone to suffer from depression resulting negative feelings than residents of joint family system.

The influence of selected demographic factors on well-being and ill- being of institutionalized senior citizens and non-institutionalized senior citizens was presented in the Table 5. In case of institutionalized senior citizens, well-being was significantly predicted by education as indicated by the F value 4.21 respectively. The R^2 value of 0.120 indicated that 12 per cent of the variance in well-being was explained by the education along with age, education, gender, and financial support. It was interesting to

Table 4: Gender wise distribution of senior citizens to ill- being (N=140)

Dimensions	*Category*	*Institutionalized (n = 65)*		χ^2	*Non-institutionalized (n = 75)*		χ^2
		Men (n = 18)	*Women (n = 45)*		*Men (n = 28)*	*Women (n = 47)*	
Primary Group Concern (PGC)	High	14 (70.0)	25 (55.6)	1.20	20 (71.4)	32 (68.1)	0.63
	Medium	6 (30.0)	20 (44.4)		8 (28.6)	14 (29.8)	
	Low	-	-		-	1 (2.1)	
Inadequate Mental Mastery (IMM)	High	14 (70.0)	34 (75.6)	0.22	24 (85.7)	34 (72.3)	1.79
	Medium	6 (30.0)	11 (24.4)		4 (14.3)	13 (27.7)	
	Low	-	-		-	-	
Perceived Ill-Health (PIH)	High	18 (90.0)	34 (75.6)	1.80	27 (96.4)	39 (83.0)	1.21
	Medium	2 (10.0)	11 (24.4)		1 (3.6)	8 (17.0)	
	Low	-	-		-	-	
Deficiency in Social Contact (DSC)	High	14 (70.0)	23 (51.1)	0.27	25 (89.3)	34 (72.3)	0.93
	Medium	6 (30.0)	22 (48.9)		3 (10.7)	8 (27.7)	
	Low	-	-		-	-	
General well-being Negative Affect (GWB-NA)	High	14 (70.0)	30 (66.7)	1.35	23 (82.1)	39 (83.0)	1.21
	Medium	4 (20.0)	14 (31.1)		5 (17.9)	8 (17.0)	
	Low	2 (10.0)	1 (2.2)		-	-	

Table 5: Influence of selected demographic factors on well-being and ill being of senior citizens

Particulars	*Well-being*				*Ill-being*			
	Institutionalized		*Non-institutionalized*		*Institutionalized*		*Non-institutionalized*	
	R^2	*F value*	R^2	*F value*	R^2	*F value*	R^2	*F value*
Education, gender, age	0.06	4.22*	-	-	-	-	0.29	7.16**
Gender, age, SES, financial support	-	-	-	-	-	-	0.13	10.95**
Age, SES, financial support, family type	-	-	-	-	0.08	5.93*	-	-

* - Significant at 0.05 level

note that well-being status of non-institutionalized senior citizens was found to be not significantly influenced by education, gender. In case of institutionalized senior citizens, ill-being was significantly predicted by age as indicated by the F value 5.93 respectively. The R^2 value of 0.086 indicated that 8 per cent of the variance in ill-being was explained by the age along with education, gender, and financial support of the institutionalized respondents. It was interesting to note that ill-being status of institutionalized senior citizens was found to be not significantly influenced by education as well as gender. Whereas, in case of non-institutionalized senior citizens, education along with age, and financial support, whereas, gender with age, education, and financial support was found to be significantly influencing on ill-being status as shown by the F values 7.16, and 10.95 respectively. It was indicated that 29 per cent and 13 per cent of the variance in ill-being was explained by education and gender of the non-institutionalized respondents. It was important to highlight that ill-being was not significantly predicted by family size and age.

CONCLUSION

Majority of institutionalized and non-institutionalized senior citizens had high level of well- being and subjective well-being. In comparison, subjective well-being status was found to be more among non-institutionalized than institutionalized senior citizens. Dimension-wise comparison showed that institutionalized senior citizens had more of well- being as compared to non-institutionalized senior citizens, whereas non-institutionalized seniors had more of ill-being than institutionalized senior citizens.

RECOMMENDATIONS

Non-institutionalized senior citizens had ill being status more than institutionalized senior citizens. So there is a need to improve the well-being status through proper and regular health promoting measures. The well-being status of non-institutionalized senior citizens can be enhanced by the support of family members, proper health care and fulfillment of their necessities so that they feel healthy which will in turn result in better well being status. To make old age very happy and enjoying, both family members as well as the members of old age homes need to improve their perceptions and attitude towards elderly.

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