

A Comparative Study to Assess Subjective Well-Being among Institutionalized and Non-Institutionalized Senior Citizens of Selected Areas of Navi Mumbai

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Abstract

Introduction: Senior citizens are crucial in Indian society, yet abandonment by families is prevalent, leading many to seek refuge in old age homes. They face physical and mental health challenges, highlighting the need for our responsibility to support them and provide necessary care. Assessing subjective well-being can aid in understanding their emotions and ensuring their overall welfare.

Methodology: The study aimed to assess subjective well-being among institutionalized and non-institutionalized senior citizens in Navi Mumbai, comparing their well-being and examining its association with demographic variables. Employing a quantitative, descriptive research approach, data was collected from 196 seniors using a non-probability purposive sampling method. Measures included a socio-demographic profile and the SUBI tool, comprising 40 questions across 11 factors. Ethical clearance was obtained, and Cronbach's alpha tests indicated tool reliability scores of 0.775 for institutionalized and 0.915 for non-institutionalized samples, ensuring robustness in assessing well-being among both groups.

Result: Section II analyzes subjective well-being among institutionalized senior citizens, revealing that 55.1% exhibit good subjective well-being, while 44.9% show moderate subjective well-being. Section III examines non-institutionalized senior citizens, where 84.7% report good subjective well-being and 15.3% indicate moderate subjective well-being. Section IV compares subjective well-being between the two groups, demonstrating a significant difference (p value 0.000) in mean scores. Institutionalized seniors scored an average of 81.08, whereas non-institutionalized seniors scored higher at 93.18, indicating superior subjective well-being. Section V explores the association between subjective well-being and demographic variables among institutionalized seniors, revealing associations with all variables except marital status, history of previous admissions, family income, and number of children. Section VI assesses non-institutionalized seniors, highlighting associations with all variables except gender, earlier occupation, residential status, and financial sources.

Conclusion: Ensuring the well-being of senior citizens, addressing both physical and mental health needs, is crucial amid societal challenges like abandonment, emphasizing the importance of comprehensive care and support systems.

Keywords: Subjective well-being, institutionalized and non-institutionalized senior citizens.

Introduction

Every year 21st August is celebrated as 'world Senior Citizens Day' which gives us more opportunity to dedicate ourselves in caring of our elderly. This not only consists of how luxurious or basic life they are living but also focuses on their overall well-being. Growing old is parallel to becoming a kid again which means the elderly needs enormous care and a sense of belonging from their children and other family members. Getting old means

adhering to various diseases no matter how mild or severe, which may directly or indirectly effect their overall well-being. On the other hand, elderly with no terminal illness may also adapt to some emotional changes that can alter their level of satisfaction of life. Satisfaction with life and happiness are concepts that are dissimilar to each and every one of us. It is “subjective”, based on individuals’ feelings. The scientific term to state this is “subjective well-being”. Professor Ed Diener, one of the world’s principal subjective well-being researchers, defines it as “a person’s cognitive and affective evaluations of his or her life”. According to Andrews & Withey, 1976, overall subjective well-being consists of life satisfaction (LS), positive affect (PA), and negative affect (NA). In this study, subjective well-being of senior citizens living in urban areas of Navi Mumbai will be assessed.

Need Of Study

Senior citizens are an integral part of our society who must be taken care of, especially as the world progresses rapidly, leaving them vulnerable to societal changes. The demographic revolution has significantly increased life expectancy since 1950, resulting in a larger elderly population. According to the WHO, the percentage of people over 60 is expected to rise from 12% to nearly 22% by 2050. Unfortunately, many elderly individuals are left behind by their families, often ending up in old age homes or living in isolation. HelpAge India estimates that nearly 39% of elderly people in cities live alone with their spouses. Ensuring healthy aging requires attention to both physical and mental well-being, emphasizing the importance of emotional support and social connections for senior citizens.

According to a study conducted by **Shobhit Srivastava & T. Muhammad in February 2021**, they collected data from ‘Building Knowledge Base on Population Ageing in India’. Information was collected of total 9231 older adults they used descriptive statistics and bivariate analysis to find the result. The result showed that the older adults who had to change their area of living were 65% more likely to have a low subjective well-being than who lived with their family.

Aim Of The Study

"A comparative study to assess subjective well-being among institutionalized and non-institutionalized senior citizens of selected areas of Navi Mumbai."

Material & Method

The study's objectives were to assess subjective well-being among institutionalized senior citizens, determine subjective well-being among non-institutionalized senior citizens, compare subjective well-being between these two groups, and examine the association between subjective well-being and selected demographic variables for both groups. The study employed a quantitative research approach with a descriptive research design, focusing on subjective well-being as the research variable. Conducted in old age homes and housing societies in Navi Mumbai, the target population was senior citizens of the area. A sample of 196 senior citizens, both institutionalized and non-institutionalized, was selected using a non-probability purposive sampling technique. Data collection involved a socio-demographic profile and the SUBI tool, developed by Dr. Helmut Sell and Nagpal, which consists of 40 questions divided into 11 factors. The socio-demographic profile included various attributes such as age, gender, marital status, and financial details. The study received ethical clearance from the internal and external research committees and the ethical committee, with informed consent obtained from participants. Reliability testing of the SUBI tool using Cronbach’s alpha showed scores of 0.775 for institutionalized and 0.915 for non-institutionalized samples.

Result

SECTION II: Analysis of subjective well-being of institutionalized senior citizens

Under section – II shows that 55.1% of institutionalized senior citizens have good subjective well-being, 44.9% have moderate subjective well-being.

SECTION III: Analysis of subjective well-being of non-institutionalized senior citizens.

Under Section – III shows that 84.7% of non-institutionalized senior citizens have good subjective well-being, 15.3% have moderate subjective well-being.

SECTION IV: Analysis of comparison of Subjective wellbeing between institutionalized and non-institutionalized senior citizens.

Table 1 Comparison of mean score of Subjective wellbeing between institutionalized and non-institutionalized senior citizens, P value.

(n=196)

	Institutionalized		Non-Institutionalized		Wilcoxon rank Sum test	P-value
	Mean	SD	Mean	SD		
A: General Well-being Positive Affect	6.296	1.868	7.724	1.545	5.411	0.000
B: Expectation Achievement Congruence	6.520	1.712	7.806	0.845	5.509	0.000
C: Confidence in Coping	6.643	1.535	8.337	1.166	7.831	0.000
D: Transedence	6.510	1.568	7.163	1.544	3.499	0.000
E: Family Group Support	5.918	1.957	7.786	1.626	6.509	0.000
F: Social Support	5.551	1.632	7.031	1.280	7.187	0.000
G: Primary Group Concern	2.561	2.504	5.327	3.158	6.363	0.000
H: Inadequate mental mastery	14.051	3.734	17.500	2.325	6.231	0.000
I : Perceived ill health	12.796	2.495	15.480	2.052	7.369	0.000
J : Deficiency Social Contacts	6.571	1.526	6.367	1.271	1.017	0.309
K: General Well-being Negative effect	7.663	1.443	7.990	1.030	0.627	0.531
Overall (Q1-40)	81.082	11.963	93.184	10.454	6.655	0.000

The above table shows the comparison of subjective well-being of institutionalized and non-institutionalized senior citizens, it shows that there is a significant difference (p value 0.000) in the overall mean score of the two group. The mean score of institutionalized senior citizens is 81.08 whereas it is higher in non-institutionalized senior citizens which is 93.18, which means that the non-institutionalized senior citizens have higher subjective well-being is compared to the institutionalized senior citizens. Hence it can be stated that the null hypothesis H₀ is rejected.

SECTION V: Association between subjective well-being among institutionalized senior citizens with selected demographic variables

There was association of demographic variables with the institutionalized senior citizens, it shows all the variables are associated with subjective well-being except marital status, history of previous admissions, family monthly income, and number of children.

SECTION VI: Association between subjective well-being among non-institutionalized senior citizens with selected demographic variables
Table2: Association between subjective well-being among non-institutionalized senior citizens with selected demographic variables

(n=98)

Demographic Variables	Non-Institutional				Chi square test	P-value	Sig. at 5% level
	Poor (40-60)	Moderate (61-80)	Good (81-120)	Total			
1.Age Group (Yrs.)							
60 – 64	0	0	40	40	19.868	0.000	S
65 – 69	0	3	17	20			
70 – 74	0	1	9	10			
75+	0	11	17	28			
2. Gender							
Female	0	7	36	43	0.056	0.813	NS
Male	0	8	47	55			
Education							
Illiterate	0	1	21	22	16.496	0.002	S
Primary	0	5	13	18			
SSC	0	9	18	27			
HSC	0	0	15	15			
Graduate and above	0	0	16	16			
4.Marital Status							
Unmarried	0	5	10	15	20.859	0.000	S
Married	0	0	53	53			
Divorced	0	0	0	0			
Widow	0	10	20	30			
5.Types of Family							
Nuclear Family	0	0	50	50	18.449	0.000	S
Joint Family	0	15	33	48			
Extended Family	0	0	0	0			
6.Earlier Occupation							
Business	0	0	1	1	10.190	0.017	NS
Service	0	1	14	15			

Skilled	0	13	35	48			
Profession	0	1	33	34			
7.Residing with							
Family	0	12	68	80	4.853	0.088	NS
Alone	0	0	10	10			
Others	0	3	5	8			
8.Regarding Spouse							
Dead	0	10	20	30	21.778	0.000	S
Divorced	0	0	0	0			
At home	0	0	54	54			
NA	0	5	9	14			
9.Source of Money required							
Pension	0	0	22	22	5.792	0.055	NS
Saved money in the past	0	3	18	21			
Others	0	12	43	55			

This table represents the association of subjective well-being with non-institutionalized senior citizens, which shows that all the variables mentioned are associated with subjective well-being except gender, earlier occupation, residential status and source of money required.

Discussion

Description of frequency and percentage distribution of demographic data

In this study socio-demographic tool consisted of variables like age, gender, marital status, education, occupation, family monthly income source of money required, duration of living in institution, type of family (for non-institutionalized), results show that institutionalized females are higher 60.2% in number whereas there are more males 56.1% in non-institutionalized setting. The results in this study also show that maximum number of senior citizens were above 75 years in the institution and maximum in non-institution were between 60-64 ages. A study conducted by Biswas U., Vaidya M, in 2021 to assess subjective well-being and mindfulness among older adults in India, the socio-demographic variables included in this study were age, gender, education, socio-economic status, marital status, place of stay and working status. ^[23]

Analysis of subjective well-being

This study reveals that 55.1% of institutionalized senior citizens had good subjective well-being and 44.9% had moderate subjective well-being. Whereas 84.7% in non-institutionalized setting have good subjective well-being and 15.3% have moderate subjective well-being. Jharna Bag et.al. 2022, conducted a research study on subjective well-being of elderly people in old age homes of Kolkata. Descriptive survey method was used. They collected data from 50 elderlies by enumeration sampling technique from 2 old age homes. Used subjective well-being inventory. Result showed that more than half that is 52% of people had greater subjective well-being. ^[25]

Analysis of comparison of Subjective wellbeing between institutionalized and non-institutionalized senior citizens.

The results of this study shows that there is a higher level of subjective well-being in non-institutionalized senior citizens as compared to the institutionalized senior citizens. The overall mean score of subjective well-being

between the two groups is significantly different in this study. The result also suggests that the factors that are causing lower level of subjective well-being are primary group concern, social support and family group support in the institutionalized senior citizens. This signifies that a feeling of lack of family support and concern of their families towards the senior citizens may lead to a lower subjective well-being, adding upon which is lack of social support, because they are withdrawn from their initial environment and may feel isolated in the institutions. However, in the non-institutionalized the senior citizens have a comparatively better score of subjective well-being. A study conducted by B. Abanti, T. Mukerjee in 2021, to compare subjective well-being, spirituality, emotional-intelligence among institutionalized and non-institutionalized senior citizens, the results showed that mean score in institutionalized senior citizens was 86.97 and 88.37 in non-institutionalized senior citizens. ^[27]

Association between subjective well-being among institutionalized senior citizens with selected demographic variables

In this study there is association between the subjective well-being and gender value 0.002, the females living in the institution show poor subjective well-being as compared to the males. Finding also shows that there is association between occupation p value 0.016 and subjective well-being. P. Madhu, 2021, conducted a study to assess the perceived mental health and subjective well-being among women in Bihar, this study was done on a total 150 women from which 75 were housewives and 75 were working. The result showed that the subjective well-being was more in housewives as compared to working women. ^[29]

Association between subjective well-being among non-institutionalized senior citizens with selected demographic variables

The results in this study shows that there is association between subjective well-being and demographic variables like age p value 0.000, education p value 0.002, marital status p value 0.00, type of family p value 0.000 in the non-institutionalized senior citizens, whereas no association with source of money required and subjective well-being. S. Srivastava, T. Mohommad, 2021, conducted a cross-sectional study among older adults in India, to find the association of self-perceived income status and subjective well-being, the result suggested that 39.4% of the older adults who had income but not sufficient to fulfill their demands had low subjective well-being followed by 30.4% of older adults who never worked, 27.6% adults who did not have pension had low subjective well-being. It concludes that there is association between income and subjective well-being. ^[31]

Conclusion

This study highlights significant differences in subjective well-being between institutionalized and non-institutionalized senior citizens in Navi Mumbai. Non-institutionalized seniors exhibit a higher level of well-being, with 84.7% reporting good subjective well-being compared to 55.1% of institutionalized seniors. Institutionalized seniors face challenges such as lack of family support and social isolation, contributing to their lower well-being. The demographic analysis reveals that institutionalized seniors are predominantly female and over 75, while non-institutionalized seniors are mostly male and aged between 60-64.

The study also identifies associations between subjective well-being and various demographic variables. For institutionalized seniors, gender and occupation significantly impact well-being, with females and certain occupational backgrounds experiencing poorer well-being. Among non-institutionalized seniors, age, education, marital status, and family type are significantly associated with well-being, whereas the source of money required shows no significant impact.

These findings underscore the importance of social and familial support in enhancing the well-being of senior citizens. Efforts to improve the quality of life for institutionalized seniors should focus on increasing social interactions and support systems. Overall, this study emphasizes the need for targeted interventions to address the specific challenges faced by institutionalized senior citizens to improve their subjective well-being.

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