

Assessment of Subjective Well-being among the Elderly Residing in Lucknow City

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ABSTRACT

Research Background: Aging procedure is the action of growing old or progressing the appearance and attribute of old age. Subjective well-being is the self-observation and practice of positive and negative emotional responses and global and specific cognitive evaluations of well-being with life. The purpose of the study was to assess the subjective well-being of the elderly in Lucknow city. **Methodology:** An interview schedule along with the WHO (Five) Well-Being Index (1998 version) (subjective well-being assessment, psychiatric research unit) scale was used to collect the data. Descriptive research design and purposive random sampling technique were used to select sample for study. **Major findings:** The study revealed that most of elderly people came under good well-being category (50.0% of male and 43.47% of female) of subjective well-being assessment across gender. The study showed that there was no difference in subjective well-being of respondents across different age groups and gender. **Conclusion:** This study concluded with positive finding as we found during assessment that most of elderly people were having good well-being of subjective well-being. Very few respondents had poor subjective well-being.

Keywords: Aging, Elderly, Subjective well-being

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INTRODUCTION

Aging well is conceptualized using different contemporary theoretical frameworks in the last decades, including healthy aging, positive aging, productive aging, active aging, and successful aging. These theoretical frameworks integrate both biological and social sciences, considering social participation, psychology, lifestyles, activities, finance, and other domestic and environmental factors as well.^[1]

Conventionally, the "elderly" has been defined as a chronological age 65 years old or older, while those from 65 through 74 years old referred to as "early elderly" and those over 75 years old as "late elderly."^[2]

Subjective well-being refers to an evaluation of individual's life from his or her own perspective. It contrast sharply with evaluation made from the point of view of external observers (researches or policy-makers), which are based on objective criteria related to health, education, income, or aspects.^[3]

The literature on SWB, including happiness, life satisfaction, and positive affect, is reviewed in three areas: Measurement, casual factors, and multi-item subjective well-being scales are presented, and the measures are compared. Measuring various components of casual influences and research findings on the demographic correlates of SWB are evaluated, as well as the findings on other influences such as health, social contact, activity, and personality. A number of theoretical approaches to happiness are presented and discussed: Telic theories, association models, activity theories, judgment approaches, and top-down versus bottom-up conceptions.^[4]

Aim/objective

The purpose of the study was to assess the subjective well-being of the elderly in Lucknow city.

REVIEW OF LITERATURE

To investigate risk factors associated with low subjective well-being (SWB) in men and women (≥ 65 years) separately with a special

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focus on emotional distress. Low SWB was significantly higher in women than in men (23.8% vs. 18.2%; $P < 0.0001$). The logistic regressions analyses revealed low income, physical inactivity, multimorbidity, depression, anxiety, and sleeping problems to be associated with low SWB in both sexes. Living alone increased the odds of having low SWB in women, but not in men. Depression and anxiety were the strongest risk factors of low SWB among men (depression: OR 4.19, 95% CI: 1.33–13.17, $P < 0.05$; anxiety: 7.31, 5.14–10.39, $P < 0.0001$). In both sexes, anxiety had the highest population attributable risk (men: 27% and women: 41%).

METHODOLOGY

The study was conducted in Lucknow city, Uttar Pradesh, India. The sample comprised 46 elderly aged 65 above 75 distributed across gender. Research design of the study was descriptive in nature. Purposive random sampling technique was used to select the sample. Descriptive (percentage and frequency) and relational statistics (ANOVA) were calculated to analyze the data. Subjective well-being scale constructed and standardized by the WHO (Five) Well-being Index (1998 version) (subjective well-being assessment, psychiatric research unit) along with self-constructed

Table 1: Distribution of respondents on the basis of their sociodemographic

Categories	Male	Female
Age of the respondent		
65–70 years	14 (30.43)	10 (21.73)
70–75 years	7 (15.21)	8 (17.39)
Above to 75 years	3 (6.52)	4 (8.69)
Place of stay		
With family	20 (43.47)	16 (34.78)
Old age home	0 (0.0)	5 (10.86)
Alone	2 (4.34)	0 (0.0)
Only with spouse	2 (4.34)	1 (2.17)
Marital status		
Married	22 (47.82)	9 (19.56)
Unmarried	0 (0.0)	4 (8.69)
Divorced	2 (4.34)	0 (0.0)
Widow	0 (0.0)	9 (19.56)
Widower	0 (0.0)	0 (0.0)
Working status		
Working	20 (43.47)	7 (15.21)
Non-working	4 (8.69)	15 (32.60)
Self-rated health		
Poor	4 (8.69)	5 (10.86)
Fair	12 (26.08)	13 (28.26)
Good	8 (17.39)	(8.69)

Table 2: Distribution of respondents according to the level of subjective well-being across gender

Subjective well-being assessment	Male	Female
Poor well-being	1 (2.17)	2 (4.34)
Good well-being	23 (50.0)	20 (43.47)

Table 3: Distribution of respondents according to the level of subjective well-being across age groups

Subjective well-being assessment	65–70 years	70–75 years	Above to 75
Poor well-being	0 (0.0)	2 (4.34)	1 (2.17)
Good well-being	24 (52.17)	13 (28.26)	6 (13.04)

interview schedule was used to study the subjective well-being and demographic profile.

RESULTS AND DISCUSSION

Result in Table 1 shows the distribution of respondents on the basis of their sociodemographic about 30.43% of male who belongs to 65–70 years, mere 6.52% of male came under above to 75 years. About 43.41% of male stay with their families and 2.1% of female stay with their spouse. About 47.82% of male reported married and 4.34% of male reported divorced status. It was seen that 43.47% of male reported in working status, mere 8.69% of male show non-working status. About 28.36% of female reported fair self-rated health and mere an equal proportion 8.69% of male reported poor health status or female reported good self-rated health status.

Results in Table 2 showed that half of the male respondents 50.0% and 43.47% of female respondents had good well-being. Very few respondents across gender had poor subjective well-being.

Table 3 depicted that the distribution of respondents on the basis on their subjective well-being across different age groups.

Table 4: ANOVA value between subjective well-being across gender

Subjective well-being	Mean	Df	f	Sig.	Conclusion
Male	1.9583	45	0.441	0.510	NS
Female	1.9091				

Table 5: ANOVA value between subjective well-being across different age groups

Subjective well-being assessment	Mean	Df	f	Sig.	Conclusion
65–70	2.0000	45	1.775	0.182	NS
70–75	1.8667				
Above to 75	1.9348				

Data showed that more than half of respondents 52.17% of age group 65–70 years, while 28.26% of respondents from 70 to 75 years age groups and only 13.04% of respondents from 75 years and above age group had good subjective well-being. None respondents had poor subjective well-being in the category of 65–70 years. Very few respondents had poor well-being in other categories 70–75 years and above 75 years had good well-being.

H_{01} : There exists no significant difference between subjective well-being score across gender.

Results in Table 4 showed as $P > 0.05$, thus null hypothesis was accepted which means that there exists no significant difference between subjective well-being across gender. Mean values also depicted the same.

H_{02} : There exists no significant difference between subjective well-being score across various age groups. The results were found contradictory with the findings of Lukaschek *et al.*^[5]

Table 5 indicted that as $P < 0.182$, thus null hypothesis was accepted which means that there exists no significant difference between subjective well-being across age groups. Mean values also depicted the same.

CONCLUSION

The aim of this study was to assess the subjective well-being of the elderly across gender and age group in Lucknow city, India. This study revealed that most of the respondents came good well-being. Very few respondents were under poor well-being category of subjective well-being assessment.

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