



Spirituality and Psychological Well-being of Elderly: Gender Perspective

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Authors' contributions

This work was carried out in collaboration between both authors. Author RS designed the study, performed statistical analysis, wrote the protocol and the first draft of the manuscript. Author NB managed the literature searches and analyses of the study. Both authors read and approved the final manuscript.

Article Information

DOI: 10.9734/CJAST/2019/v37i230283

Editor(s):

(1) Dr. David Coman, Professor, Medical Director of Paediatrics, The Wesley Hospital, Brisbane, Australia and The Lady Cilento Children's Hospital, Brisbane, Australia.

Reviewers:

(1) Maria Justine, Universiti Teknologi MARA, Malaysia.

(2) Mirna Sisek-Šprem, University Psychiatric Hospital Vrapče, Croatia.

Complete Peer review History: <http://www.sdiarticle3.com/review-history/50955>

Original Research Article

Received 18 June 2019

Accepted 18 August 2019

Published 29 August 2019

ABSTRACT

The present study was undertaken to assess the differences in the level of spirituality and psychological well-being among institutionalized and non-institutionalized elderly (above 65 years of age) across gender. The study was based on the sample of 200 respondents: Institutionalized elderly (n1=100) drawn from the Society Registration Act (SRA) recognized old age homes of Uttarakhand through census method and equivalent sample of non-institutionalized elderly (n2=100) drawn through lottery method from the nearby localities adjacent to the old age homes. The level of spirituality and psychological well-being was assessed through standardized scales. The findings of the study revealed that females irrespective of residential setting were found to have higher levels of spirituality whereas males irrespective of residential setting were found to have significantly higher level of psychological well-being.

Keywords: Mental health; old age home; spiritual belief; spiritual involvement.

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1. INTRODUCTION

Ageing is a predestined natural process that every living being goes through at some point of time in life. Though the current advancements in medical sciences have notably improved the life expectancy but it has also brought numerous responsibilities. On one hand the improved life expectancy has made it possible to be with our loved ones for longer than earlier, but on the other hand we are also occupied with more responsibilities to fulfill in terms of giving care and support to them physically, economically and psychologically.

India has one of the fastest growing elderly populations in the world [1,2] and it is projected by United Nations [3] that the number of elderly in India will increase to 159 million by 2025 and to 316 million by 2050. In India, with the emergence of urbanization, industrialization, high standard of living etc, a steep decline in the traditional joint family system has been witnessed. People are moving out of their native places in order to find employment. This has led to the emergence of nuclear families and situations like these often compel the older generations to live in old age homes as they have no one to care for them at home.

To understand the concept of old age homes, we need to refer back to past few decades. At that time, there used to be large family set up where parents lived not only with their children, grand children but also with their sisters, brothers under the same roof. Back then, farming was the main occupation and it kept the joint families intact. In difficult times, the entire family used to stay together and care for each other. In such families the older generation had so many people around who could look after them. In a place like that, the elderly always felt socially secure and content. But with the advent of urbanization, the concept of joint families started shrinking. People started and settling up in new places in search of job opportunities. Along with that the traditional sense of duty and respect of the younger generation towards elderly started fading out. This decline in the joint family system is replaced by the nuclear family system and old age homes recently. This transition in the Indian family system has been very abrupt for the elderly population and they sometimes find it difficult to cope with and it often leads to various psychosocial and emotional problems. Now days the elderly population is often seen to be

clutched into the worries of declining health status and social insecurity.

It is a well known saying that a healthy mind resides in a healthy body. Mental health is imperative for attaining physical health. If mental health is flawed, it will significantly affect physical well-being. Since mind and body are interconnected, therefore the deterioration of old age can be well assessed through psychological well being. Psychological well-being is basically the evaluation one's own life. Lack of social support is apparent in poor mental health of elderly. The elderly then faces the problems of adjustment which will make even more vulnerable and they run into the risk of falling in to depression [4]. A study was conducted by Tejal [5] on psychological well being of elderly found that institutionalized aged experience poor sense of psychological well being than the non-institutionalized aged. Another research finding indicates that aged persons living in old age homes lag behind in adjustment and mental health [6]. These research studies are pointing to the fact that the people living in old age homes are low on psychological well-being, adjustment etc. However there have been few studies that indicate the contrary. Bharati [7] has reported that, old age homes are not just fulfilling the essential needs of the aged but they are also turning into a place where they find peace, company of like-minded individual of their generation. This in turn gives ample opportunity for social interaction, joy and recreation that suits their age.

Another important facet that comes into light when researching the elderly population is spirituality. Mental health, today, cannot be conceived without including the dimension of spirituality which is the quality that involves deep feelings and beliefs of a religious nature, rather than the physical parts of life. According to studies, people in old age find great comfort and solace in spiritual practices. Few studies have documented gender differences in spirituality and psychological well-being of elderly but not even a single study in India and in particular in Uttarakhand have worked on gender differences in spirituality and psychological well-being of elderly living in institutionalized and non institutionalized settings. Therefore the present study was taken up to determine whether significant gender differences exist with regard to spirituality and psychological well-being among elderly.

2. METHODOLOGY

2.1 Locale

Uttarakhand was purposively selected as the locale for the present study due to easy access and acquaintance of the investigator with the state.

2.2 Participants

The sample for the present study comprised of two groups of elderly population (Above 65 years of age) viz. institutionalized elderly and non-institutionalized elderly. Sample comprising of the institutionalized elderly ($n=100$) was drawn from the SRA recognized old age homes of Uttarakhand through census method and equivalent sample of non-institutionalized elderly ($n_2=100$) was drawn through lottery method from the nearby localities adjacent to the old age homes, thus, making a total of 200 respondents.

2.3 Methods

Following tools were used for data collection in present study:

1. Self-designed questionnaire was developed to gather information on personal characteristics of respondents. Residential settings were classified into two broad categories namely: Institutionalized and non-institutionalized.
2. Spirituality of the population was assessed by employing scale by Deshmukh and Deshmukh [8]. The scale consists of 30 positive statements in total out of which 16 statements are related to spiritual belief and 14 to spiritual involvement. The major aspects of spirituality namely thought, meditation, praying belief, mental knitting, forgiveness, social support, worshipping God and hope were included in the statements and arranged randomly. Likert method of five point rating scale is used.
3. Psychological well-being of the respondents was assessed by using Psychological Well Being scale by Dr. Devendra Singh Sisodia and Ms. Pooja Choudhary. It consists of 50 item measuring psychological well being under 5 dimensions namely: Life Satisfaction, Efficiency, Sociability, Mental Health, Interpersonal Relations. All the 50 statements of the scale are positive in nature. Likert method of five point rating scale is used.

2.4 Procedure and Data Analysis

The investigator contacted the directors of the institutions for seeking permission for necessary data collection. Once the permission was granted, the respondents were randomly approached in the old age home and localities and the purpose of the study was made clear to them. Then, they were requested to give honest responses and were assured that their identity would be kept confidential and information provided by them would be used exclusively for the purpose of research work. Each sampled elderly was given questionnaires individually and was asked to fill the questionnaires there and under the supervision of the investigator within the time frame. Statistical analysis was done by using Arithmetic mean, Standard deviation, t-test.

3. FINDINGS

Table 1 depicts frequency and percentage distribution of institutionalized and non-institutionalized elderly on level of spirituality across gender. It is evident that nearly half (46%) of the institutionalized males had average levels of spirituality followed by 19 per cent males having above average levels of spirituality. On analyzing spirituality among institutionalized females a similar trend just like institutionalized males was observed as 46 per cent of the institutionalized females were found to have average levels of spirituality. Among non-institutionalized elderly, 28 per cent of the males had above average levels of spirituality followed by 26 per cent and 21 per cent males having average and below average levels of spirituality. Among females who were non-institutionalized, 38 percent had average levels of spirituality, followed by 23 per cent of females having above average levels and 21 per cent females having below average levels of spirituality. Assessment and comparison of spirituality among total elderly, irrespective of the state of institutionalization revealed 34.86 per cent males had average levels of spirituality followed by 23.85 per cent elderly having above average levels and 18.35 per cent having below average levels of spirituality. Comparatively more proportions of elderly females (42.86%) were found to have average levels of spirituality.

Graph 1 shows mean differences in spirituality of institutionalized and non-institutionalized

elderly across gender. It is evident that females, irrespective of institutionalization are found to be more spiritual as compared to males.

Table 2 presents frequency and distribution of institutionalized and non institutionalized elderly on level of psychological well being across gender. It is apparent that majority of the institutionalized males (77.08%) and females (76.92%) had moderate levels of satisfaction. A similar trend was witnessed in non-institutionalized elderly as majority of males (75.41%) and females 84.62 per cent reported moderate levels of satisfaction. Overall distribution of levels of satisfaction across gender reveals that a big proportion of the males (76.15%) and females (80.22%) were observed to have moderate levels of satisfaction. Efficiency domain across gender reveals that 60.55 per cent and 29.36 per cent males had moderate and high levels of efficiency. A slight contrast was observed among females as 68.13 per cent of them reported moderate levels of efficiency followed by 23.08 per cent females reporting high levels of efficiency. Picture under the domain of sociability across gender unveils maximum proportions of males (91.71%) and females (90.11%) having moderate levels of sociability. Similarly mental health domain revealed that majority of males (91.74%) and females (93.41%) had moderate levels of mental health. Interpersonal relations across gender revealed that 64.22 per cent males were found to have moderate followed by high (26.61%) levels. Among females, 76.92 per cent, 14.29 per cent and 6.59 per cent had moderate, high and very high levels of interpersonal relations.

Composite picture of psychological well being across gender portrays 87.50 per cent institutionalized elderly males having moderate levels of psychological well being. It was interesting to observe that similar proportions institutionalized elderly (4.17%) were found to have low, high and very high levels of psychological well being. Among institutionalized elderly females, 92.31 per cent females having moderate levels of psychological well being followed by 1.92 per cent females having both high as well as very low levels of psychological well being. Among non-institutionalized elderly, majority of the males (93.44%) and females (94.87%) were found to have moderate levels of psychological well being. Similar proportions of

non-institutionalized male (6.56%) and female (5.13%) elderly were observed to have high levels of psychological well being. Overall distribution of psychological well being across gender reveals that majority of the males (90.83%) and females (93.41%) were found to have moderate levels of psychological well being. High levels of psychological well being were prominent in very few males (5.50%) and females (3.30%).

A cursory glance at Graph 2 shows mean differences among elderly on the level of psychological well being across gender. It can be clearly observed that significant differences can be observed in the level of psychological well-being among male and female elderly.

4. DISCUSSION

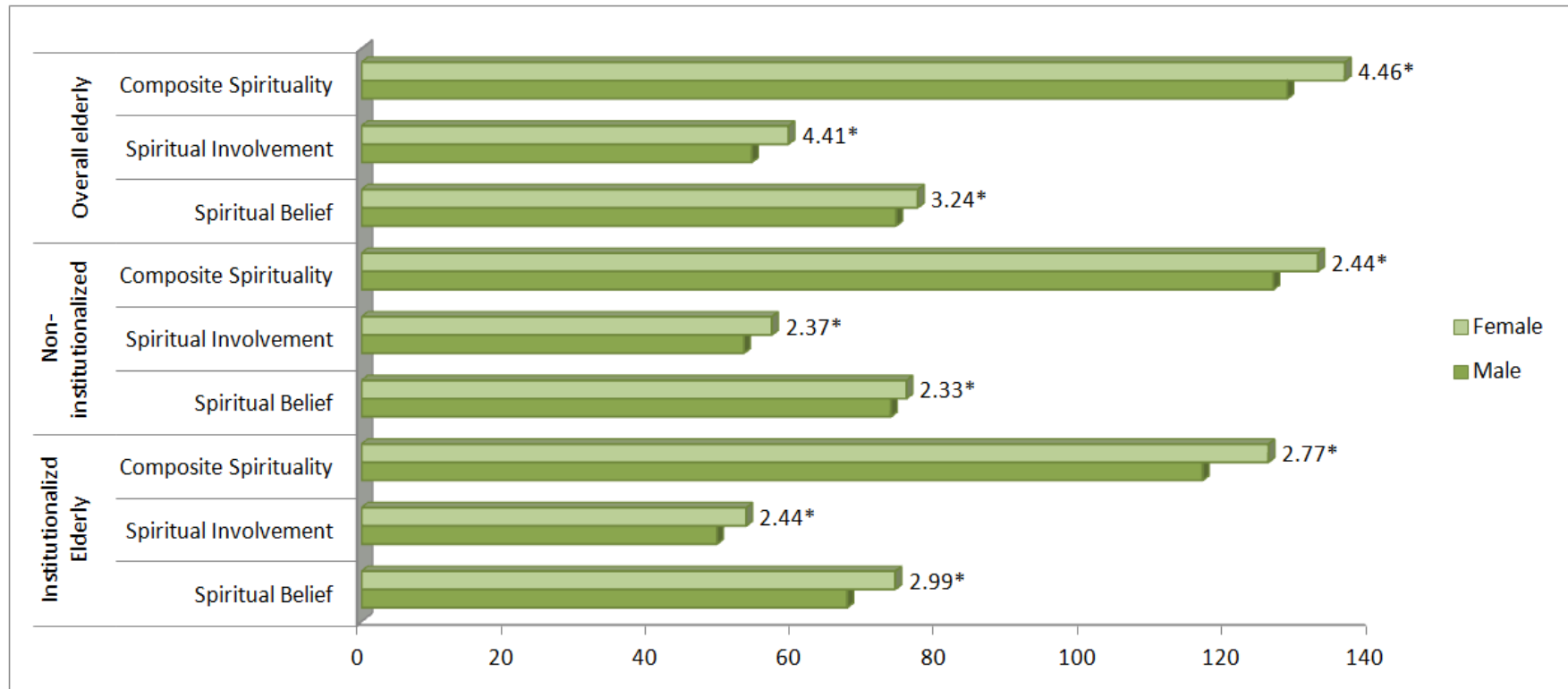
Results of the study unveiled that significant differences irrespective of institutionalization were observed in the spirituality among male and female elderly. The findings are supported by a study by Bailly et al. [9] which reported that older women score relatively higher when it comes to practicing spirituality. The results are also concurrent with the findings of the study conducted by Joseph and Nair [10] who reported that since women have greater conviction in God, therefore they value religion and related practices more as compared to their counterparts. Some earlier studies have also have reported that females in general, and older ones in particular, attend religious activities more routinely than men. Zorn and Johnson [11] conducted a descriptive research on non-institutionalized females and revealed that majority of respondents reported that they usually indulge in religious activities and believe that religious beliefs become integral part of their life with age and it does significantly influence their lives. The reasons cited for this inclination was the fact that they believed that males usually enjoying a better position in financial, social and cultural aspects, are more active, have more social contacts and a wider network of friends as compared to them. The females pointed out that their restricted interaction with the outside world make them more engaged in homely and religious activities. The results are also in line with study by Bond Kwan and Li [12] which revealed that men have higher self reported levels of ego and cognitive strengths whereas women describe themselves as strong in emotional and spiritual aspects.

Table 1. Frequency and percentage distribution of institutionalized and non-institutionalized elderly on level of spirituality across gender

Dimension under study	Levels of spirituality	Institutionalized elderly ($n_1=100$)				Non -institutionalized elderly ($n_2= 100$)				Total elderly ($n=200$)			
		Male ($n_{1a}= 48$)		Female ($n_{1b}=52$)		Male ($n_{2a}= 61$)		Female ($n_{2b}= 39$)		Male ($n=109$)		Female ($n=91$)	
		n	%	n	%	n	%	n	%	n	%	n	%
Spirituality	Extremely High	00	0.00	00	0.00	00	0.00	01	3.00	00	0.00	01	1.10
	High	04	8.00	07	13.00	05	8.00	03	8.00	09	8.26	10	10.99
	Above Average	09	19.00	06	12.00	17	28.00	09	23.00	26	23.85	15	16.48
	Average	22	46.00	24	46.00	16	26.00	15	38.00	38	34.86	39	42.86
	Below Average	07	15.00	11	21.00	13	21.00	08	21.00	20	18.35	19	20.88
	Low	05	10.00	03	6.00	10	10.00	03	8.00	15	13.76	06	6.59
	Extremely Low	01	2.00	01	2.00	00	0.00	00	0.00	01	0.92	01	1.10

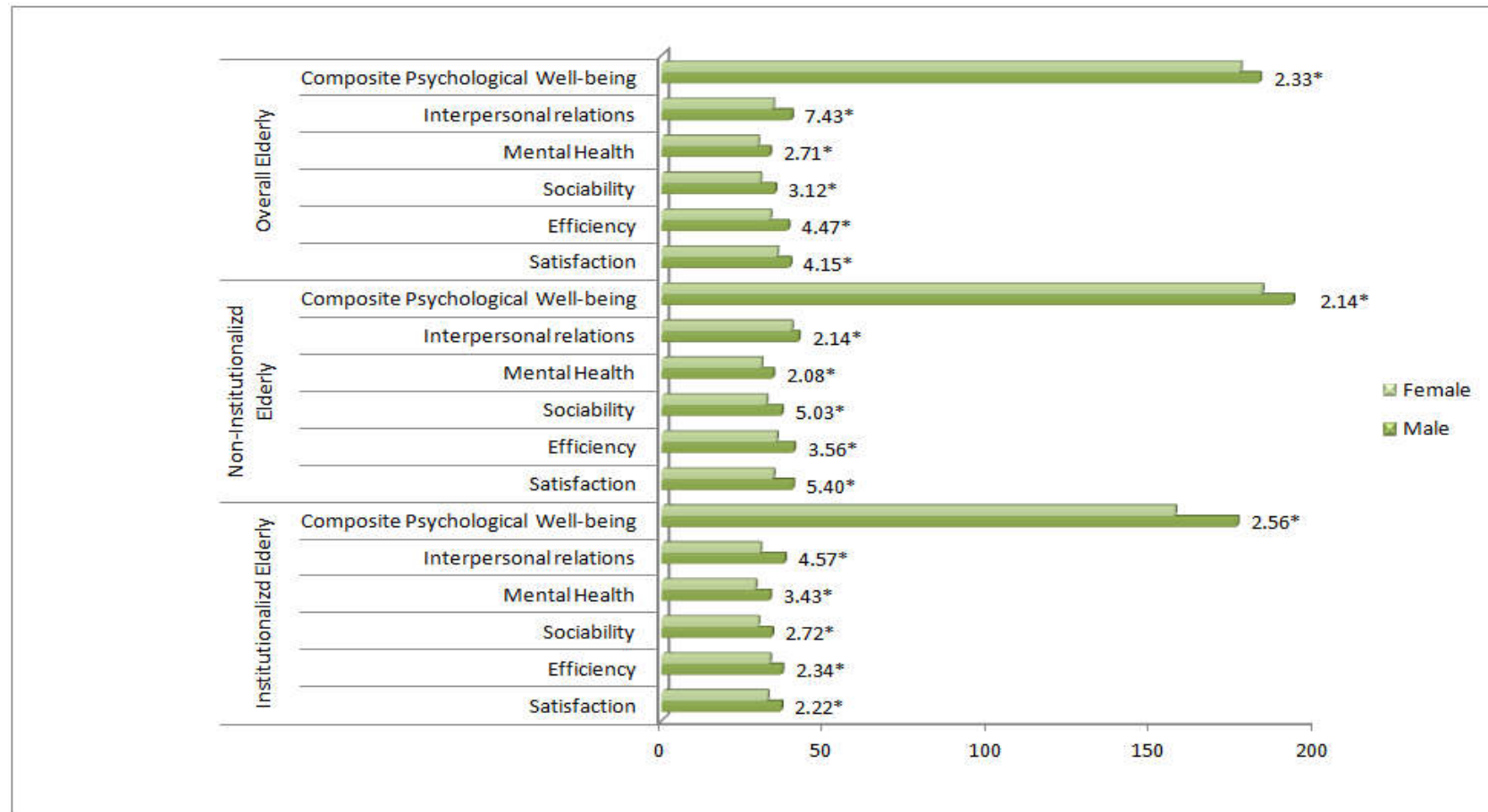
Table 2. Frequency and percentage distribution of institutionalized and non-institutionalized elderly on level of psychological well being across gender

Components of psychological well being	Levels of psychological well being	Institutionalized elderly ($n_1=100$)				Non-institutionalized elderly ($n_2=100$)				Total elderly ($n=200$)			
		Male ($n_{1a}=48$)		Female ($n_{1b}=52$)		Male ($n_{2a}=61$)		Female ($n_{2b}=39$)		Male ($n=109$)		Female ($n=91$)	
		n	%	n	%	n	%	n	%	n	%	n	%
Satisfaction	Very Low	00	00.00	01	01.92	00	00.00	00	00.00	00	0.00	01	1.10
	Low	03	06.25	05	09.62	00	00.00	00	00.00	03	2.75	05	5.49
	Moderate	37	77.08	40	76.92	46	75.41	33	84.62	83	76.15	73	80.22
	High	04	08.33	04	07.69	10	16.39	04	10.26	14	12.84	08	8.79
	Very High	04	08.33	02	03.85	05	08.20	02	05.13	09	8.26	04	4.40
Efficiency	Very Low	00	00.00	03	05.77	00	00.00	00	00.00	00	0.00	03	3.30
	Low	03	06.25	03	05.77	00	00.00	00	00.00	03	2.75	03	3.30
	Moderate	32	66.67	38	73.08	34	55.74	24	61.54	66	60.55	62	68.13
	High	09	18.75	07	13.46	23	37.70	14	35.90	32	29.36	21	23.08
	Very High	04	08.33	01	01.92	04	06.56	01	02.56	08	7.34	02	2.20
Sociability	Very Low	01	02.08	00	00.00	00	00.00	00	00.00	01	0.92	00	0.00
	Low	00	00.00	06	11.54	00	00.00	00	00.00	00	0.00	06	6.59
	Moderate	44	91.67	43	82.69	56	91.80	39	100.00	100	91.74	82	90.11
	High	03	06.25	01	01.92	04	06.56	00	00.00	07	6.42	01	1.10
	Very High	00	00.00	02	03.85	01	01.64	00	00.00	01	0.92	02	2.20
Mental Health	Very Low	01	02.08	02	03.85	00	00.00	00	00.00	01	0.92	02	2.20
	Low	01	02.08	01	01.92	00	00.00	00	00.00	01	0.92	01	1.10
	Moderate	43	89.58	48	92.31	57	93.44	37	94.87	100	91.74	85	93.41
	High	01	02.08	01	01.92	03	04.92	02	05.13	04	3.67	03	3.30
	Very High	02	04.17	00	00.00	01	01.64	00	00.00	03	2.75	00	0.00
Interpersonal relations	Very Low	02	04.17	01	01.92	00	00.00	00	00.00	02	1.83	01	1.10
	Low	00	00.00	01	01.92	00	00.00	00	00.00	00	0.00	01	1.10
	Moderate	35	72.92	41	78.85	35	57.38	29	74.36	70	64.22	70	76.92
	High	07	14.58	07	13.46	22	36.07	06	15.38	29	26.61	13	14.29
	Very High	04	08.33	02	03.85	04	06.56	04	10.26	08	7.34	06	6.59
Composite Psychological well being	Very Low	00	00.00	01	01.92	00	00.00	00	00.00	00	0.00	01	1.10
	Low	02	04.17	02	03.85	00	00.00	00	00.00	02	1.83	02	2.20
	Moderate	42	87.50	48	92.31	57	93.44	37	94.87	99	90.83	85	93.41
	High	02	04.17	01	01.92	04	06.56	02	05.13	06	5.50	03	3.30
	Very High	02	04.17	00	00.00	00	00.00	00	00.00	02	1.83	00	0.00



Graph 1. Mean difference in spirituality of institutionalized and non-institutionalized elderly across gender

** Stands for significant at 0.05 level*



Graph 2. Mean differences among elderly on level of psychological well being of institutionalized and non-institutionalized elderly across gender

** stands for significant at 0.05 level*

Few other likely reasons for this difference in level of spirituality can be attributed to the socialization process of Indian culture that has made specific roles for men and women. Here men are reared to be strong, independent, and bold whereas women are reared to be tender, nurturing, submissive etc. These patterns of rearing have deep impact as they get fixated in mind and soon they are followed as a norm. In a setting where women are spending most of their time at home in care giving and nurturing roles; it would certainly make religious involvement a more appealing thing to them. Inclination towards religion can be ascribed to such rearing patterns.

The results also highlighted that irrespective of institutionalization men are relatively better than females in psychological well-being as well. The findings are supported by Dhillon [13] who in a comparative study of the elderly found that elderly females, irrespective of institutionalization, felt more isolated, depressed, and dejected than the elderly males. He pointed out that it could be because females in our society are traditionally confined and bound to the family and so they have less social interaction. Another study by Punia and Punia [14] in the urban areas of Haryana concluded that old females faced more psychological and socio-emotional problems than old males. The findings of the study are also in line with those of Tech-Romer et al. [15] and Meisenberg & Woodley [16] which revealed that men are on higher side of well being.

An explanation for this difference can again be traced in the socialization process. In a patriarchal society, men are anticipated to be the breadwinner and in the course of this, they become economically independent, risk takers in initiating tasks and thus enjoy a better status in the society. Other reasons that might play a crucial role in this evident difference can be less education and more dependency of females that ultimately contributes to a negative appraisal of one's life. This justification also reflects in traditional practices of masculinity according to which men define their manhood through qualities like independence, socially endorsed success (occupational status prestige, material wealth), competitiveness, fearlessness and lack of vulnerability [17].

Though there were numerous researches that supported the results of the study however there are some evidences which contradicted with it as they observed that gender is unable to produce

its affect on subjective well-being of geriatrics [18,19,20]. Another study by Hafeez and Rafique [21] concluded that gender has no significant effect on religiosity and psychological well-being of elderly. This could be due to the difference in culture of places where these studies have taken place.

5. CONCLUSION

Results have indicated that females irrespective of institutionalization had significantly higher levels of spiritual beliefs, spiritual involvement, as well as composite spirituality and males irrespective of institutionalization had significantly higher levels of psychological well being as compared to females. Therefore it becomes apparent that gender difference as far as spirituality and psychological well-being is concerned is visible even at the last phase of life. These gender differences may be a result of socialization and cultural practices in which males and females are reared up, and therefore they tend to perceive and engage with the world around them differently.

6. RECOMMENDATIONS

1. There is a need to sensitize people about the importance and contribution of the elderly in society
2. There is a need for developing intervention programs for enhancing well-being of elderly in families and old age home.

ACKNOWLEDGEMENT

This research paper is part of university funded minor research project on "Spirituality and Psychological Wellbeing: In the context of Institutionalised and Non-Institutionalised Elderly". The financial support rendered by G.B. Pant University of Agriculture and Technology, Uttarakhand and data collection by Ms Saumya Tiwari, is duly acknowledged.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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