

Does Gender Affect Well-Being of Elderly?

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ABSTRACT

Gender plays a magical role in each and every sphere of life. We are living in a patriarchic society, where gender disparity still exists; this disparity is visible not only before birth, but still goes on till death. Despite inevitable biological differences with regard to gender, certain other factors appeared to be gender specific as far as even well-being is concerned. Research literature has shown that even elderly are not spared with these speculations. Thus the present researchers have decided to explore the impact of gender on the subjective well-being of old people. A purposive sample of 75 elderly in which 45 were male and 30 were female with the age range of 60-80 years, was drawn from Rohtak city, Haryana. For measuring their subjective well-being Sell and Nagpal's scale of subjective well-being was used. In order to find out the statistical significant difference in overall subjective well-being and its various dimensions t-test were calculated. The significant value of t indicated that both groups differed on their overall subjective well-being, where male superseded female. Further positive well-being, ill-being and various domains of subjective well-being have been discussed in detailed in the paper. The gender disparity even at this stage of life suggests that society still needs gender sensitization and cognitive restructuring regarding gender.

Keywords: *Gender, Geriatrics, Subjective well-being, Gender sensitization and Cognitive Restructuring*

Growing old is natural part of one's life. Old people provide a precious often ignored resource that makes an important contribution to the psycho-socio fabric of our lives. They are the intermediaries between the past, present and the future. So their well-being is a matter of great concern for the researchers, policy makers because of this segment of population is rising very high in India. Well-being is a state of successful performance throughout the life course which includes strength in physical, cognitive and socio-emotional functioning as well as the successful integration of these three domain function (Bornstein, Davidson, Keyes, & Moore, 2003). The two concepts of well-being are usually referred to as hedonic and eudemonic (Ryan

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& Deci, 2001., Ryff, Singer & Love, 2004). Hedonic well-being refers to feeling good, whereas eudemonic well-being refers to good life i.e. meaningful, honorable or realistic (Henderson & Knight, 2012).

Subjective well-being is defined as optimal psychological functioning that refers to subjective evaluation of happiness, pleasant versus unpleasant experiences & it includes all judgments of good & bad elements of life (Ryan & Deci, 2001). According to Diener (1984), there are 3 basic characteristics of subjective well-being: it is subjective and depends on experiences, it includes positive affects and absence of negative aspects & it refers to subjective evaluation of all aspects of individual's life. Thus it includes two components: cognitive evaluation of satisfaction with life (Pavot, Diener, Colvin & Sandrik, 1991).

Gender plays a key role in affecting subjective well-being even at the last phase of life. There is rich, controversial empirical evidence which supports that gender plays a key role in affective subjective well-being of old people (Tech-Romer, Motel-Klingebiel, & Tomasik, 2008; Oshio, 2012; Meisenberg & Woodley, 2015). On the contrary, there are some evidences which support that gender is unable to produce its affect on subjective well-being of geriatrics (Diener & Biswas-Diener, 2002; Diener, Suh, Lucas & Smith, 1999; Pavot & Diener, 2004). The reason for the controversial findings may be attributed to the participants belonging to the different culture, with such ambiguous inference the present researchers decided to explore the impact of gender on the subjective well-being of elderly people of Haryana. The following problem was selected for the current research work.

Problem

- To assess and compare the subjective well-being of male and female of elderly. On the basis of above problem the following objectives were formulated.

Objectives

- To find out and compare the level of subjective well-being of male-female elderly.

Design

Two group designs were used in the current research work.

METHODOLOGY

Sample

A Purposive sample of 75 elderly in which 30 were females and 45 were males with the age range of 60-80 years, was drawn from Rohtak city, Haryana. With the following inclusion and exclusion criteria.

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Inclusion

1. Both husband and wife alive.
2. Both living together with children.
3. Middle strata of society.
4. No major illness.

Exclusion

1. Divorce/Widow/Widower.
2. Major illness such as Paralytic attack, Alzheimer disease, Parkinson disease etc.

Tools

Subjective well-being Inventory (SUBI) (Sell and Nagpal, 1992). This is a very comprehensive is robust instrument (originally in English) for assessing positive indicators of health including perception of well-being, happiness, life satisfaction, positive affect & feelings about social life. The SUBI has standardized on Indian adult population. It consists of 40 items that assess subjective well-being of the subjects on 11 factorial dimensions.

1. **General Well-being affect:** This factor refers to feeling of wellbeing deriving out of an overall perception of life which a respondent evaluates as functioning smoothly and joyfully.
2. **Expectation Achievement Congruence:** The item on this factor reflects feeling of well-being generating by achieving success and the standard of living as per one's expectation or what may be called satisfaction.
3. **Confidence in Coping:** This factor refers to one's perceived personality strength. It reflects one's ability to master critical or unexpected situation and his/her ability to adapt to life changes and to face difficulties and adversities without breakdown.
4. **Transcendence:** This factor refers to feeling of wellbeing derived out of values of a higher spiritual quality and one's particular life experiences which go beyond ordinary day to day material and rational existence.
5. **Family Group Support:** This factor refers to feeling of wellbeing derived from the perception of the wide family when the respondent finds it as cohesive, supportive, helpful in illnesses and emotionally attached.
6. **Social Support:** This factor measures feelings of security and density of social networks.
7. **Primary Group Concern:** This factor measures positive and negative feelings about primary family.
8. **Inadequate Mental Mastery:** This factor assesses subject's sense of insufficient control over or inability to deal efficiently with some day to day aspect of life. If not handled properly, these aspects might disturb the mental balance. This adequate mastery disturbs or reduces wellbeing.
9. **Perceived Ill –Health:** The items on this factor refer to complaints regarding health and physical fitness

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10. Deficiency in social contacts: This factor assesses whether a respondent experiences lack of or deficiency in social relations and contact through worries about being disliked and feelings of missing friends.

11. General Well-Being–Negative Affect: This factor measures whether a subject possesses depressed outlook of life.

A Hindi translation of SUBI by Sharma (2000) was used in present study. The Pearson product moment correlation between original English and translated version was .86 and test-retest reliability was .80.

Procedure

Each participant was contacted individually and was clearly informed about the purpose of study. After establishing the rapport with them, the relevant instructions related to scale was given to them. When the subject was comfortable and ready for filling the proforma was given and asked to answer each and every items of the scale. Further scoring was done as per norms and data were subjected to suitable statistical analysis.

RESULTS AND DISCUSSION

In order to find out the significant difference in overall subjective well-being and its various domains of male and female elderly descriptive as well as inferential statistics were computed and have been shown in Table 1.

Table 1: Descriptive and inferential statistics of scores obtained on subjective well-being and its various domains of male and female of elderly.

Subjective well being & its various domains	Gender	Mean	Standard deviation (sd)	t
Overall subjective Well being	F	88.90	13.11	2.62**
	M	96.33	11.27	
Overall positive Well-being	F	44.53	6.91	1.43
	M	46.57	5.39	
Overall negative well-being	F	44.36	8.36	2.90**
	M	49.77	7.55	
General well- being positive affect	F	6.80	1.64	1.42
	M	7.28	1.30	
Expectation-Achievement incongruence	F	6.93	1.43	1.58
	M	7.44	1.32	

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Confidence in coping	F	7.00	1.57	1.50
	M	7.53	1.44	
Transcendence	F	7.06	1.17	.00
	M	7.06	1.19	
Family group support	F	7.63	1.92	.85
	M	7.95	1.36	
Social support	F	6.43	2.06	.56
	M	6.71	2.09	
Primary group concern	F	6.40	1.69	3.92**
	M	7.73	1.25	
Inadequate mental mastery	F	14.66	3.60	.28
	M	14.91	3.54	
Perceived ill health	F	12.00	3.28	3.18**
	M	14.35	3.04	
Deficiency in social contacts	F	6.63	1.95	1.60
	M	7.28	1.56	
General well-being negative affect	F	7.20	1.68	2.65**
	M	8.02	.92	

** $P < .001$

While observing Table1, it is quite evident that male scored more means score (mean score=96.33) than their female counterparts (mean=88.90) which indicates that males overall subjective well-being is more than females. It is further supported by the significant t value ($t=2.62, p<.001$). The reason may be attributed to males overall more wellness to spouse support, and being more active socially than females. Whereas elderly females get happiness more through emotional support from their children rather than from their spouse. The present findings are in line with those Tech-Romer, Motel-klungebiel, & Tomasik, 2008; Oshio, 2012, Meisenberg, & Woodley,. However there are some studies. (Diener & Biswas-Diener,2002; Diener, Suh, Lucas & Smith,1999; Pavot & Diener,2004)didn't find any significant difference in subjective well-being of male-female elderly. This may be due to difference in culture. We are living in a collectivist culture where patriarchal values dominant. Hence people even at this last phase of life are in grip of gender; where still male dominates.

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After findings the significant difference in overall subjective well being, its various domains were also analyzed. Table further reveals that in the domains of overall negative affect (ill-being), primary group concern and perceived ill health both groups differ significantly. In other words more ill-being is being observed in elderly females in comparison to male's elderly. Further females are found to be having less well-being as far as the domain of concern for primary group is focused. It reveals that female is more bothered about the issues of their family than their male counterparts. Again females have been found to have more perceived ill health in comparison to male elderly.

While observing Table it is seem that both groups didn't differ significantly in the various domains of subjective well-being such as overall positive effect, Expectation- achievement incongruence, confidence in coping, transcendence, family group support, inadequate mental mastery, deficiency in social contacts all these that both male and female elderly have almost equal level of positivity, similar level of coping, same social group support and spirituality etc. whereas the impact of gender appears to be disappearing.

CONCLUSION

It may be stated that gender segregation as far as subjective well-being is concerned is visible even at the last phase of life. Males are found to be having high level of subjective well-being in comparison to females, however in some domains, they were found to be at par.

Suggestions

The present findings endorse some suggestions that still there is a need in the society to make people sensitized about gender disparity.

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