

Background

The concept of living arrangement for older adults encapsulates the type of family in which they reside, the nature of headship they enjoy, their living situations, the nature of relationship they have with their cohabitants, and the extent to which they are able to adapt to a changing environment (S Irudaya Rajan et al., 1995). Traditionally, India has had a familial structure where older adults may live under the same roof with their adult children and/or other family members. This form of living arrangement has proved to be conducive to the emotional and economic security of the older adults (Bongaarts & Zimmer, 2002). However, the increasing proliferation of and preference towards nuclear families have led to increasing instances of older adults living by themselves or only with their spouses. Recent studies have showcased that the proportion of such adults have increased from 9% to 19% during 1992-2006 (Dhillon et al., 2016; Sathyanarayana et al., 2014). A survey conducted in 2001 found that 6% of older adults in India live by themselves, and around 15% live exclusively with their spouses (BKPAI, 2011).

Physical and mental health may also be affected by any changes or transitions in living arrangements (Brown et al., 2002). For daily assistance and support, older adults often prefer cohabit with their children (Thapa et al., 2018). When these children move out of their parents houses due to employment-related reasons, the older adults are often subjected to psychological distress (Falkingham et al., 2017; Piliaha et al., 2013). Comprehending the relationship between living by oneself and health status of an individual is vital for targeted initiatives to improve population health. The limited number of studies on living arrangements among Indian older adults often tend to overlook the issue of psychological health and subjective well-being. Hence, this study is aimed at investigating the association between the change in living arrangements after turning 60 years, and psychological health and subjective well-being, among older adults in India. The study hypothesized no association between change in the living arrangement among older adults after turning 60 years or old, and psychological health and subjective well-being.

Methods

Data

We used the survey data, “Building Knowledge Base on Population Ageing in India (BKPAI 2011),” among older adults. The data was collected from seven big states of India, viz. Himachal Pradesh, Punjab, West Bengal, Odisha, Maharashtra, Kerala, and Tamil Nadu, representing the north, south, west, and east regions of the country. Sixteen households with at least one adult aged 60+ years were randomly selected per village or ward. All persons aged 60+ years in the sampled households were eligible.

The sample size consists of 9231 elders from elderly households in rural and urban areas. The surveyed states have a higher percentage of the 60+ population compared to the national average. The individual’s questionnaire was used, which covers the socio-demographic profile, work history, benefit, income, assets, living arrangement, social activities, the health status of older adults & social security-related questions.

Variable description

Outcome variables

There was two outcome variable used in the present study. The first was psychological health, and the other one was subjective well-being. To assess psychological health, the general health questionnaires (GHQ) consists of 12 questions on psychological health, which were categorised into a) better than usual, b) Same as usual, c) Less than usual, and d) Much less than usual: 1) Have you recently been able to concentrate on whatever you’re doing? 2) Have you recently lost much sleep due to some worry 3) Have you recently felt constantly under strain? 4) Have you recently felt that you couldn’t overcome your difficulties? 5) Have you recently been feeling unhappy and depressed? 6) Have you recently been losing confidence in yourself? 7) Have you recently been thinking of yourself as a worthless person? 8) Have you recently felt that you are playing a useful role in life? 9) Have you recently felt capable of making decisions about things? 10) Have you recently been able to enjoy your normal day-to-day activities? 11) Have you recently been able to face up to your problems? 12) Have you recently been feeling reasonably happy, all things considered? A scale of 12-48 was than generated using these responses labelling 1 “better than usual” 2 “Same as usual” 3 “Less than usual” and 4 “Much less than usual”. A lower score signifies the best psychological health, and higher scores signify the worst psychological health. Then these scores were divided based on quintiles into three categories for analytical purposes signifying best “12-22” good “23-27” and worst “28-48”. Similarly, Nine questions on subjective well-being were asked, which were categorised into a) Very much b) To some extent, and c) Not so much: 1) Do you feel your

life is interesting? 2) Compared with the past, do you feel your present life is? 3) On the whole, how happy are you with the kind of things you have been doing in recent years? 4) Do you think you have achieved in your life the standard of living and the social status that you had expected? 5) How do you feel about the extent to which you have achieved success and are getting ahead? 6) Do you normally accomplish what you wanted to accomplish? 7) Do you feel you can manage situations even when they do not turn out to be as expected? 8) Do you feel confident that in case of a crisis (anything that substantially upsets your situation in life) you will be able to handle it or face it boldly? 9) The way things are going now; do you feel confident in coping with your future? A scale of 9-27 was generated using the responses labelling 1 “Very much” 2 “To some extent” and 3 “Not so much”. A lower score signifies the best psychological health, and higher scores signify the worst psychological well-being. Then these scores were divided based on quintiles into three categories for analytical purposes signifying best “9-18” good “19-20” and worst “21-27”.

Explanatory variables

The main explanatory variable is change in the living arrangement, which signifies a change in the living arrangement of older adults after turning age 60 years. It was recoded as no, i.e., the living arrangement did not change after turning 60, and yes, i.e., living arrangement changed after turning 60. Along with it several other socio-economic and demographic variables have been taken after an extensive literature review.

Statistical analysis

Descriptive statistics, along with bivariate analysis, was used to present the preliminary analysis. Apart from that, the ordered logistic regression analysis was used to carve out the results. The dependent variables were ordered as 0 “best”, 1 “good” and 2 “worst”.

Results

The primary objective of the present study was to examine the association between changes in living arrangements and subjective well-being and psychological health, among older adults in India over the age of 60. Existing literature on the topic illustrates that those living by themselves were far more susceptible to poor mental and physical health while compared to the ones living with a spouse or their children (Kharicha et al., 2007; Li et al., 2009)(Li et al., 2009) (Kharicha et al., 2007). Therefore, the present study found that change in living

arrangement after turning 60 years old had a negative impact on poor psychological health and low subjective well-being. In developing countries with inadequate public pensions, universal healthcare and long-term care, other safety nets, cohabiting with children or spouse provides old-age support (Hermalin, 2010) (Hermalin, 2010). Thus, this study found that any changes in the living arrangements can have a detrimental effect on psychological and subjective well-being of older .

Conclusion

Given the high rate of poor psychological health and subjective well-being among older adults in India, urgent steps should be taken to improve the early identification of psychological health problems and increase access to psychological treatments. Social programs should be directed through good interpersonal relationships and emotional and spiritual support to provide support when they change their living arrangements. This study has led to an important policy implication that older adults should be given more care with a stronger public support system, especially for those who belong to the weaker sections of society, such as the older adults who belong to scheduled caste or tribe categories. Possessing either a given level of education, occupation, or wealth ensures psychological health and subjective well-being among older adults in India. However, qualitative and longitudinal data would give more insights to know how and why the change in living arrangements affects the older adults' psychological health and subjective well-being.