Health Promotion Perspectives, 2013, 3(1), 124-128
doi: 10.5681/hpp.2013.014
http://journals.tbzmed.ac.ir/HPP

Religiosity and Subjective Well-Being amongst Institutionalized Elderly in Pakistan

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ARTICLE INFO

Article type:
Original Article

Article history:
Received: Dec 11 2012
Accepted: March 29 2013
e-published: Jun 30 2013

Keywords:
Subjective well being,
Life Satisfaction, Happiness,
Religiosity,
Elderly

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ABSTRACT

Background: In Pakistan, the issue of institutionalized elderly is a neglected area and little is known about their subjective conditions. The present study was conducted in 2012 which examined the relationship between religiosity and subjective well being amongst institutionalized elderly people.
Methods: Data was collected from 100 adults above the age of 60 years in Lahore, Pakistan, through purposive sampling strategy. Religiosity was measured through Religiosity Index, while Trait Well Being Inventory was used to assess subjective well being.
Results: Pearson product moment correlation coefficient and regression analysis were used for the analysis of the data, which revealed that religiosity has a significant positive relationship with life satisfaction. However, no association was found between religiosity and mood level. Moreover, regression analysis indicated that religiosity positively predicted life satisfaction among elderly.
Conclusion: The current research would create awareness and urge the policy makers to look into this social issue and provide better long term care to the residents of old homes.

Citation: Gull F, Dawood S. Religiosity and Subjective Well-Being amongst Institutionalised Elderly in Pakistan. Health Promot Perspect 2013; 3(1): 125-129

Introduction

The aging process is biological reality and definitely beyond human control. The beginning of old age is 60 or 65 years which is roughly equal to retirement ages in many developed and developing countries [1]. However, "there is no single age at which we can say that people cross the threshold into old age. Old age does not have a biological definition, only a social one (P.40)[2]." Keeping the aforesaid quotation in view, we may tend to consider a relationship between old age and purpose in life. Pakistan is a socially cohesive society and elders are valued and respected. It is normally considered to be the responsibility of the eldest son to take care of their parents. In spite of a socially cohesive society in Pakistan, in some segments, norms have been changing and recently, one can notice a clear turn down of the extended family system[3]. Children leave their parents and there is no one who could look after their

needs. Consequently, the abandoned parents land up in old homes. Additionally, another observable change is the tendency of increasing number of old homes across the country. Old homes do deliver services and amenities which help the elderly people to live in a better condition. However, they do not provide a solution to all their related problems because they require a thorough care constantly. Elderly people come across a variety of problems which are psychological, social and physical in nature[4]. Moreover, they face issues relating to well being. Many researchers have focused on religiosity as a factor in the well being of elderly. Mochon, Norton and Ariely explained that religion has a positive association with higher levels of subjective well-being[5]. Similarly, evidence suggested that religious people are almost twice happy than those who are least involved with the religion[6]. Religious beliefs, practices and spirituality were positively related to subjective well being[7]. Likewise, positive relationship was found between religiosity and life satisfaction[8]. In recent years, the trend to give attention to the problems of older persons is on the increase in developed countries. Sadly speaking, in Pakistan, it is still a neglected segment and it is very obvious that little attention is being paid to the older persons especially those living in institutions or old homes. The disciplines such as mental health profession, social work, psychiatry and clinical psychology need to focus on the issues of elderly. In the institutionalized aged, the assessment of religiosity and subjective well-being may offer vital information on the way they cope up with the challenges of life related to aging.

The present study was conducted to see the relationship of religiosity and subjective well being (life satisfaction and mood level) amongst institutionalized elderly in Lahore, Pakistan.

Materials and Methods

Participant and Procedure

An ex post facto research design was used in the present study. This study was performed on sample of 100 individuals, collected from six different old homes located in the city of Lahore, Pakistan in 2012. Moreover, samples were collected through purposive sampling strategy. Participants of age 60 years and above, living in old homes were included in this study. Moreover, participants with intact cognitive functioning were included. The researcher asked questions about time, place and person orientation, to check the cognitive functioning of the residents. The mean age of the sample was 69.29 (SD=10). The sample comprised of 64 men and 36 women.

The pilot study was conducted to see the understanding and conceptual clarity and to assess the feasibility of the research regarding the sample. All old homes of Lahore City Pakistan were approached and permission was taken from the concerned authorities. Pilot study was conducted on 15 participants. After conducting the pilot study, data for the main study was collected. The nature and purpose of research was explained to the participants. Forms were orally administered to the illiterate participants. Confidentiality was ensured concerning their identity and information obtained. Their participation was voluntary. Their consent was obtained prior to the administration.

Measures

Demographic form

Demographic form was devised by the researcher. Through demographic form, the details related to age, gender, education, residential area, information about spouse, information about children and reason for coming to old home were taken.

Religiosity

Indigenously developed scale Religiosity Index (Farooq, 1997)[9] was used in the present study to assess the religious beliefs and practices. The scale consists of 27 items which are to be rated on 3 point Likert scale ranged

from "Not at All" to "Always". After the reverse scoring of few items, scores on all items were added to have a composite score of religiosity. The scale is adequate enough in terms of internal consistency and validity. The reported Cronbach alpha reliability is 0.64[9]. However, Cronbach's Alpha for present study was 0.70.

Trait Well-being Inventory

This scale was originally developed by Delbart in 1998, translated and adapted by Fatima (2004)[10]. The Urdu version of Trait Well Being Inventory was used in present study to assess subjective well being. It has two scales: Life Satisfaction Scale (7 items) and Mood Level Scale (6 items). The reported alpha reliability of Life Satisfaction Scale and for Mood Level Scale is .89 & .79, respectively. The items are measured on four point Likert Scales where '1' mean 'Strongly Disagree' and '4' means, 'Strongly Agree'. The scale score range from 1 to 4 and high scores indicating the high endorsement of the construct.

Statistical analysis

Pearson product-moment correlation coefficient was employed to assess the relationship between the variables of interest. Further, life satisfaction and mood level were treated as a dependent variable in this research so regression analysis was used to determine the amount to which religiosity predicts life satisfaction and mood level.

Results

Descriptive statistics of the data revealed that as far education was concerned, considerable number of the participants fall in the illiterate and primary group. Moreover, it explained that men were mostly having small business whereas, majority of the women participants were house wives. 91% of the participants were from urban area and 76% belonged to nuclear family system (Table 1).

As it is shown in Table 2 it was found significant and positive correlation between religiosity and life satisfaction (P=.005) which revealed that participants who had higher scores on religiosity had better life satisfaction. However, religiosity was not related to mood level (a dimension of subjective well being).

Table 1: Frequency of Participant's demographic characteristics (N=100)

Characteristics	Men n(%)	Women n(%)
Education		
Illiterate	12(18.8)	15(41.7)
Primary	15(23.4)	7(19.4)
Middle	5(7.8)	1(2.8)
Matric	14(21.9)	4(11.1)
Intermediate	7(10.9)	1(2.8)
Graduation	8(12.5)	5(13.9)
Masters & above	3(4.7)	3(8.4)
Occupation		
Professional	8(12.5)	3(8.3)
Skilled jobs	9(14.1)	1(2.8)
Farming	5(7.8)	-
Small business	16(25)	-
Unemployed	8(12.5)	-
Governmental job	4(6.3)	1(2.8)
Private job	4(6.3)	1(2.8)
House wife	-	26(72.2)
Labourer	293.1)	1(2.8)
Other	8(12.5)	3(8.3)
Residential Area		
Urban	59(92.2)	32(88.9)
Rural	5(7.8)	4(11.1)
Family System		
Joint Family System	9(14.1)	15(41.7)
Nuclear Family System	55(85.9)	21(58.3
Marital Status		
Married	17(26.6)	4(11.1)
Unmarried	17(26.6)	7(19.4)
Divorced	2(3.1)	3(8.3)
Widow	28(43.8)	22(61.1)

Table 3 shows the standardized and unstandardized coefficients for the variables entered into the model. The standardized Beta gives a measure of the contribution of each variable to the model.

The value of R Square (.077) indicated the proportion of variance in the criterion variable which was accounted for by the model and the adjusted R square was .067.

Table 2: Summary of Intercorrelations, Means and Standard Deviation for Scores on the Religiosity and Trait Well Being (N=100)

Measure	1	2	3
1.RI	-		
2.TWB_LS	.277**	-	
3.TWB_ML	.140	.706**	-

Note: RI= Religiosity Index; TWB_LS= Trait Well Being Life Satisfaction; TWB= Trait
Well Being Mood Level; M= Mean; SD= Standard Deviation; ***P*<.01

Here the model explained 6% variance. Moreover, it revealed that by using the enter method, a significant model was emerged: F (99, 8.13). Results revealed that religiosity was positive and significant predictors for life satisfaction (*P*=.005). So it could be said that the higher religiosity would result in a better life satisfaction.

Table 3: Predictors for Life Satisfaction: A Dimension of Subjective well being

Variables	B	SEB	β	*P*
Religiosity	.02	.00	.27	.005

Note: B= Unstandardized Coefficient; SEB= Standard Error of Unstandardized Co-efficient;
β= Standardized Coefficient; **C*<.05; ***P*<.01.

For mood level, the second dimension of subjective well being, all the variables were entered into regression model using the enter method. Table 4 indicates that a non-significant model was emerged: F (99, 1.97).
Religiosity explained 2% in mood level which revealed that religiosity did not predict mood level. In nutshell, result of the present study revealed that religiosity was positively related to and a predictor for life satisfaction.

Table 4: Predictors for Mood Level: A Dimension of Subjective well being

Variables	B	SEB	β	*P*
Religiosity	.01	.01	.14	.16

Note: B= Unstandardized Coefficient; SEB= Standard Error of Unstandardized Co-efficient; β= Standardized Coefficient.

Discussion

The current research revealed that religiosity was a significant positive predictor for life satisfaction. The present results are consistent with the findings of earlier researches. Fry found that religiosity was significant predictor for wellbeing in elderly. However, for institutionalized elders this relation was much stronger[11]. Similar results revealed that religiosity was significant predictors for subjective well being[12]. Moreover, the same results have been revealed in another study that religiosity was positively related to life satisfaction[13].

In the present research, no significant relationship was found between religiosity and mood level (the second subscale of subjective well being). Similar results were reported in another study which revealed a non-significant relationship between religiosity and happiness[14]. Moreover, the dissimilarity of the results may be attributed to the cultural differences as most of the researches were being carried out in European countries. The present study entails the participants from an Asian country with a specific background (institutionalized elders).
On the basis of the above discussion, it could be concluded that religiosity was significantly related to subjective well being among elderly.

This research has highlighted important relationships between religiosity and subjective well being in a sample of institutionalized elders. This type of research would help the concerned authorities to plan and develop an intervention strategy that would in turn enhance the subjective well being of the old

home residents. Further research is needed in this area to counter the limitations faced in this study. The present study showed the relationship between the religiosity and life satisfaction but the model was not extended to examine the causal path way. Moreover, longitudinal research is needed in order to determine the long-term patterns and differences in these patterns over the years with the environmental change.

Conclusion

The present research explained that religiosity positively predict life satisfaction. From these results we can further conclude that more a person is religious, the higher his life satisfaction would be. Further studies should be under taken to evaluate the effects of religiosity on life satisfaction with the passage of time.

Acknowledgements

We would like to thank the administration and residents of the old homes for their cooperation. The authors declare that there is no conflict of interests.

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