

FACTORS AFFECTING PSYCHOSOCIAL WELL-BEING OF THE ELDERLY IN MALAYSIA

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Abstract. Factors affecting psychosocial well-being of individuals ($n = 2,231$) ≥ 60 years of age (mean = 68 years) in Malaysia were identified using data from the Malaysia Ageing and Retirement Survey (2018-2019). Psychosocial well-being was measured using eight and nine statements on positive and negative outlooks on life respectively, with each statement scored on a 5-point Likert scale (score range = 17-85). Cronbach's alpha value was 0.851, indicative of high consistency. Composite psychosocial well-being indicator had a mean (SD) and median (95% confidence interval) score of 67.2 (9.9) and 68.0 (66.7-67.6) respectively. Significant factors associated with positive psychosocial well-being are rural residence, being married or never married, secondary or higher education level, good self-rated health, ability to perform activities of daily living, financial independence, and having monetary support, a loving family and caring friends. These findings should be considered in future initiatives to improve psychosocial well-being of the elderly in Malaysia.

Keywords: elderly, family, health, outlook on life, socio-economic factor

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INTRODUCTION

Rise in the number of elderlies and proportion of total population, largely due to declining fertility and mortality and increasing life expectancy, have raise concerns regarding their well-being (Christensen *et al*, 2009; Doyle *et*

al, 2009; WHO, 2010; Read *et al*, 2016). It is important to recognize that the well-being of an individual depends on professional and personal perspectives, life experience, engagement with family, occupation, and community type, all of which can lead to variations in the understanding of well-being of

a particular age group, in this case the elderly population (CDC, 2018).

There are two approaches employed in the behavioral science discipline on well-being research, namely, subjective and psychological; the former being concerned with an individual's pleasure and happiness as determined by life satisfaction, presence of positive mood and absence of negative mood while the latter approach emphasizes on possessing a good life, which covers six distinctive areas, *ie*, environmental mastery, personal growth, purposeful life, self-acceptance, positive relationship with other people, and autonomy (Kahnemann, 1999; Diener, 2000; Burns, 2016). Thus, well-being is a multifaceted construct consisting not only of both subjective and psychological aspects but also including socio-economic and health conditions (Prilleltensky, 2005; Hugo, 2011; Huta and Waterman, 2014).

Recognizing the importance of psychosocial well-being of the elderly, research on this topic has received considerable interest in recent years. For example, Steptoe *et al* (2015) posit that the psychosocial well-being of the elderly population is an important consideration in the formulation of economic and health policies because of the impact of a longer life span. Intervention programs, such as Adapted Physical Activity training and Exergaming, to improve psychosocial well-being at old age have shown to

have positive impact on improving mental health, sociability, emotional function and decreasing loneliness among members of this population (Xu *et al*, 2016; Delle Fave *et al*, 2018). Biographical approach through group reminiscence therapy has improved general mental and psychosocial well-being as well as cognitive functions of elderly subjects (Bohlmeijer *et al*, 2007; Pinquart and Forstmeiers, 2012; Syed Elias *et al*, 2015; Lai *et al*, 2018). Other studies examining the effects of social support systems, activities of daily living (ADL) and physical activity on the elderly psychosocial well-being showed receiving social support contributes to better psychosocial well-being while having limitations in ADL worsen the psychosocial well-being (Oluwagbemiga, 2016; Na and Streim, 2017; Kadariya *et al*, 2019).

The importance of family connectedness and support in meeting the needs of an elderly person cannot be understated as the family is the best environment for fostering strong emotional bond, love and respect (Świdarska, 2014). Circumstances leading to a lack of family support for elderly persons have been on the rise, which calls for serious attention should this trend continue (DIFI/UNFPA/NWU/UNDESA, 2009). One of the measures of family connectedness and support among different generations of a family is through observation of living arrangements provided for older members. Bongaarts and Zimmer

(2002) observed that co-residence with adult off-springs is most common in Asia and is associated with health status, well-being, life satisfaction and social support (Kooshiar *et al*, 2012; Teh *et al*, 2014; Li, 2015). On the other hand, independent living with spouse is the preferred living arrangement for better emotional well-being while living in a two-generation household is less conducive, particularly in the absence of a spouse, frequently as the result of widowhood.

In Malaysia Abolfathi Momtaz *et al* (2011) found that sociodemographic factors, such as age, sex, marital status, and household income are significantly associated with the elderly psychological well-being. Kooshiar *et al* (2012) reported co-residence of older persons with adult offspring has a positive impact on life satisfaction and provides social support, and Teh *et al* (2014) similar noted loneliness of the old decreases with co-residence with adult offspring and also with participation in religious activities. Another important predictor of life satisfaction is intergenerational transfers such as receiving monetary support from their adult offspring (Ng and Hamid, 2013). It should be noted that all these studies were conducted among the elderlies residing in selected areas of Peninsular Malaysia. The Malaysia Ageing and Retirement Survey (MARS) is the first national-scale study focusing on various aspects of lives of 5,613 individuals ≥ 40 years

of age from every state of Peninsular Malaysia as well as East Malaysia population (SWRC, 2021).

Here, we identified factors determining psychosocial well-being among adults ≥ 60 years of age in Malaysia, with the aim that the findings should provide insights for better policy interventions in coping with the challenges of population ageing and as preparation towards the decade of healthy ageing.

MATERIALS AND METHODS

Subjects and data collection method

From data of the Malaysia Ageing and Retirement Survey (MARS) (SWRC, 2021), individuals ≥ 60 years of age residing in both urban and rural areas were randomly selected for a computer-assisted personal interview to obtain information on five main components, namely, background of respondents and family members, health and health care utilization, work and employment, income and expenditure, and savings and assets, and to provide replies to a questionnaire on their psychosocial well-being. The study was conducted from 2018 to 2019.

This study protocol was approved by the Institutional Ethics Review Board, University of Malaya (reference no. UM.TNC2/UMREC-341). Prior written informed consent was obtained from participants.

Psychosocial well-being status determination

Psychosocial well-being status was determined from responses to 17 statements, consisting of eight positive and nine negative statements related to outlook on life of the respondents in the prior six months of the interview (Table 1). Statements were adapted from the psychosocial and health sections of the US Health and Retirement Study (Survey Research Center, University of Michigan, 2004) and the survey on Health, Aging and Retirement in Thailand and covered the domains of psychosocial well-being, which included, among other factors, feeling of happiness, loneliness, life satisfaction, and companionship. Each positive statement is measured on a five-point Likert scale (1 = never, 2 = rarely, 3 = sometimes, 4 = often, and 5 = always), and an inverse response scale is employed for each negative statement (1 = always, 2 = often, 3 = sometimes, 4 = rarely, and 5 = never). A composite score is then calculated using the total score of all 17 statements to form a psychosocial well-being indicator, with possible scores ranging from 17 to 85, a higher score indicating better psychosocial well-being. The indicator was validated using the Categorical Principal Component Analysis (CATPCA) where two components have been identified (Positive and Negative outlooks on life) and showed a high consistency with a

Cronbach's alpha value of 0.851.

Three groups of independent variables were incorporated, namely, demographic and socioeconomic characteristics, health status and social support. Respondent demographic and socioeconomic characteristics were age, gender, ethnicity, marital status, place of residence, education level, employment status, income, and financial independence. Employment status was divided into two categories, namely, currently employed and no longer employed (retiree/due to disability or sickness) or have never been employed (homemaker). An individual with at least one source of income is categorized as having an income, which is not only confined to salary but also includes pension, social insurance benefits, dividends earned from shares and social assistance. Health status is measured using self-reporting of diagnosed illnesses and limitations to performing activities of daily living (ADLs), with those reporting at least one diagnosed illness and difficulty in performing ADLs placed in the "Yes" category. Social support encompasses living arrangement, whether having living children, whether receiving monetary support from family, and perceived relationship with family and friends. Living arrangement consists of three categories, namely, living alone, living with spouse only and living with other family members. Perceived relationship with family and friends

is based on the extent to which a respondent agrees with the statements: "Have a loving family" and "Have caring friends".

Data analysis

Mean scores from psychosocial well-being analysis are compared within and between variables, followed by a multiple linear regression analysis of the composite score to determine variables associated with psychosocial well-being. Age is measured as a continuous variable while education, marital status, self-reported health, living arrangement, financial independence, having a loving family, and having caring friends as categorical variables. Gender, place of residence, employment status, having source of income, having diagnosed illness, needing assistance in performing ADLs, having living children, and receiving monetary support are considered dichotomous variables. Multiple regression analysis was performed on psychosocial well-being score and the coefficients and standard errors (SE) of the estimates were reported. All statistical calculations were performed using the Statistical Package for the Social Sciences (SPSS) version 25 package (IBM, Armonk, NY). The model takes the form:

$$y_i = \beta_0 + \beta_1 x_{i1} + \beta_2 x_{i2} + \dots + \beta_k x_{ik} + \varepsilon$$

where, y_i = Psychosocial well-being score
 x_i = independent variables

β_0 = Constant term

β_k = Slope coefficients for each independent variable

ε = Error term

RESULTS

In order to identify factors determining psychosocial well-being among adults ≥ 60 years of age in Malaysia, a computer-assisted personal interview of 2,231 individuals were conducted during 2018 to 2019 to gather information on their background and family members, health and health care utilization, work and employment, income and expenditure, and savings and assets. Evaluation of their psychosocial well-being employed a questionnaire consisting of eight and nine statements on positive and outlook respectively. For positive outlook statements, >65% of the respondents indicated "Often" or "Always", with the highest proportion of "Often/Always" answer was to the statements "Feel there are people to whom you are close" (76.9%) and "Feel in tune with others" (76.8%) (Table 1). For the negative outlook statements, >60% of the respondents indicated "Never" or "Rarely", with the highest proportion of "Never/Rarely" answer was to the statements "Feel isolated" (83.3%) and "Feel down/worthless" (77.9%), while the highest proportion of "Often/Always" answer was to statements "Feel lonely" (12.7%) and "Feel periods of anxiety/stress" (12.1%).

Table 1
 Percent distribution of responses to statements of outlook on life conducted by a computer assisted personal interview of respondents ≥60 years of age in Malaysia, (2018-2019)

Statement	Percent number of respondents (n = 2,231)				
	Never	Rarely	Sometimes	Often	Always
	Positive outlook on life				
Feel you are part of a group	4.4	9.6	15.6	35.4	35.0
Feel there are people to whom you are close	2.8	5.3	15.0	39.7	37.2
Feel there are people who understand you	4.1	7.4	17.9	36.7	33.9
Feel there are people to whom you can turn for help	4.6	7.0	16.6	37.5	34.3
Feel there are people with whom you can talk	5.8	9.7	15.0	36.8	32.6
Feel in tune with others	4.1	7.0	12.1	36.4	40.4
Feel satisfied with life	2.3	7.4	22.5	38.0	29.7
Feel good/happy	1.8	4.3	28.9	34.9	30.1
	Negative outlook on life				
Feel lack of companionship	49.1	26.8	13.6	6.3	4.1
Feel isolated	58.4	24.9	12.5	2.8	1.4
Feel down/worthless	51.4	26.5	16.3	4.6	1.3
Feel disappointed with life	42.2	31.1	20.1	4.7	1.8
Feel lonely	35.6	26.9	24.7	8.8	3.9
Feel periods of anxiety/stress	31.1	29.0	27.9	8.4	3.7
Feel sad/depressed	31.6	28.2	29.7	7.1	3.3
Feel having trouble concentrating	42.3	25.4	22.1	7.3	2.9
Feel sense of boredom/loss of interest	38.5	25.3	27.1	5.4	3.7

The mean age of the respondents was 68.1 (range 60-95) years; 56.5% were of Malay ethnicity; 54.0% were females; 97.3% were still married or were widowed/divorced/separated with 93.3% having living offspring; 61.2% resided in urban areas; 78.2% lived with family members; and 64.0% received a primary level or no formal education (Table 2). With respect to employment and financial status, 85.3% of the respondents were no longer or have never been employed, 59.1% had a source of income other than from the family members and 63.2% considered themselves as financially independent. In terms of health status, 71.5% reported a previous illness, 84.1% required no assistance in carrying out daily activities and 43.4% considered themselves as being moderately healthy. Regarding social relationships, 91.3% of the respondents considered they have a loving family and 78.1% caring friends.

The possible composite psychosocial well-being score ranges from 17 to 85, the higher the score the better the feeling of well-being. Median (95% confidence interval) and mean (SD) psychosocial composite score of the 2,231 respondents was 68.0 (66.7-67.6) and 67.1 (9.9) respectively. Results of the multiple regression analysis revealed the following characteristics were associated with positive psychosocial well-being: (i) Malay ethnicity, (ii) living in a rural area, (iii) educated at secondary school

level or higher, (iv) still married or never married, (v) have living children, (vi) financially independent, (vii) good health, (viii) able to perform normal living activities without dependence on others, (ix) having a loving family, and (x) having friends who cared (Table 2). Positive psychosocial well-being was not related to gender, type of living accommodations or employment status.

DISCUSSION

Computer-aided interviews on psychosocial well-being of adults ≥ 60 years of age in Malaysia from 2018 to 2019 revealed at least 50% of the respondents experienced a positive outlook on life. The mean composite psychosocial well-being score from our study (67.1) was, the same as that reported by Lai and Tey (2021) but lower than that (82.3) of Abdul Mutalip *et al* (2020). Currently, there is no universal indicator of psychosocial well-being among the elderly, with each study using a different set of parameters making it difficult to compare across different reports (Nordenmark and Stattin, 2009). However, there are at least two studies (in (Ireland) and (China, Spain, Poland and Japan)) that similarly define psychosocial well-being as the quality of life involving emotional, social and physical aspects and use these indicators in their measurements in the elderly population (Gibney *et al*, 2019; Eiroa-Orosa, 2020).

Table 2
 Mean score and multiple linear regression analysis of psychosocial well-being indicators according to demographic and socioeconomic characteristics, health status and social support, of respondents ≥ 60 years of age in Malaysia, (2018 - 2019) based on a computer assisted personal interview

Variable	Percent number of respondents (<i>n</i> = 2,231)	Psychosocial well-being indicator mean score (SD) ^a	Coefficient (SE) ^b
Age	68.1 years old (mean)		0.036 (0.034)
Gender			
Female ^c	54.0	66 (10)	
Male	46.0	68 (9)	-0.294 (0.523)
Ethnicity			
Malay ^c	56.5	68 (10)	
Chinese	14.9	64 (10)	-2.707 (0.637)*
Indian	9.5	63 (11)	-2.384 (0.755)*
Indigenous	19.2	66 (8)	-1.679 (0.580)*
Marital status			
Never married	2.7	67 (11)	5.291 (1.582)*
Married	67.1	69 (9)	1.827 (0.568)*
Widowed/divorced/separated ^c	30.2	64 (10)	
Place of residence			
Urban	61.2	66 (11)	-0.995 (0.474)*
Rural ^c	38.8	68 (9)	

Table 2 (cont)

Variable	Percent number of respondents (n = 2,231)	Psychosocial well-being indicator mean score (SD) ^a	Coefficient (SE) ^b
Education level			
No schooling	21.1	64 (10)	-2.943 (1.041)*
Primary	42.9	67 (10)	-1.879 (0.930)*
Secondary	29.7	69 (10)	-0.702 (0.931)
Tertiary ^c	6.3	70 (9)	
Employment status			
Employed	14.7	69 (9)	-0.040 (0.617)
No longer/never employed ^c	85.3	66 (10)	
Have source of income			
Yes	59.1	68 (10)	0.584 (0.454)
No ^c	40.9	66 (10)	
Financially independent			
Disagree	21.5	62 (11)	-0.486 (0.712)
Neutral ^c	15.3	64 (9)	
Agree	63.2	69 (9)	2.640 (0.620)*
Self-reported health status			
Good	38.0	70 (9)	2.169 (0.472)*
Moderate ^c	43.4	67 (9)	
Poor	18.6	62 (11)	-2.896 (0.594)*

Table 2 (cont)

Variable	Percent number of respondents (n = 2,231)	Psychosocial well-being indicator mean score (SD) ^a	Coefficient (SE) ^b
Diagnosed illness			
Yes	71.5	66 (10)	0.415 (0.481)
No ^c	28.5	68 (9)	
Need help with performing ADLs			
Yes	15.9	62 (11)	-2.696 (0.589)*
No ^c	84.1	68 (9)	
Living arrangement			
Alone	6.5	64 (11)	-1.263 (1.025)
With other family members	78.2	67 (10)	-0.171 (0.670)
With spouse only ^c	15.3	69 (10)	
Have living children			
Yes	93.3	67 (10)	2.950 (1.186)*
No ^c	6.7	64 (12)	
Receiving monetary support from family			
Yes	39.5	68 (9)	0.837 (0.432)
No ^c	60.5	66 (10)	

Table 2 (cont)

Variable	Percent number of respondents (n = 2,231)	Psychosocial well-being indicator mean score (SD) ^a	Coefficient (SE) ^b
Have loving family			
Disagree	2.2	53 (16)	-3.561 (1.571)*
Neutral ^c	6.5	58 (9)	
Agree	91.3	68 (9)	5.830 (0.845)*
Have caring friends			
Disagree	11.7	60 (12)	-0.050 (0.913)
Neutral ^c	10.2	61 (9)	
Agree	78.1	69 (9)	4.449 (0.719)*
Adjusted R-squared			0.301

^aRange 17-85; ^bMultiple linear regression analysis (MLRA); ^cReference used in MLRA

*Significant at p-value <0.01

ADLs: activities of daily living; SD: standard deviation; SE: standard error

Our finding that elderlies of Malay ethnicity have the highest psychosocial well-being indicator score compared to other ethnicities living in Malaysia agrees with the earlier report of Lai and Tey (2021). In general, Malays have a high commitment to their faith, and spirituality or religiousness was shown to enhance psychological aspects and life satisfaction among elderly (Yoon and Lee, 2006).

Being married is significantly associated with higher psychosocial well-being indicator score compared to those who were widowed/divorced/separated. Ren and Treiman (2015) reported that the absence of a spouse, which is almost always a result of widowhood, worsens strains on emotional well-being, further emphasizing the importance of companionship later in life. Elderlies who never married also had high psychosocial well-being indicator scores, probably owing to that these individuals have lived independently and thus their sense of well-being are not significantly affected by the passage of time. Ward (1979) and Gove and Shin (1989) noted unmarried older people are happier and have better mental well-being compared to those who are widowed or divorced.

It is not unexpected that elderlies with secondary or higher education level, or are financially independent had positive psychosocial well-being, as these factors are associated with higher socioeconomic status that

allows a secure and comfortable life; however, employment and income are not significant factors influencing psychosocial well-being, consistent with findings of Abdul Mutalip *et al* (2020). Respondents in our study were ≥ 60 years of age, and given that retirement age in Malaysia is 60, it was not surprising that $>50\%$ of the respondents were not working. This goes hand-in-hand with the observation regarding higher education, which ensures employability with better pay during working life, and that educated elderly individuals have additional financial ability, which allows them income independence (Uddin *et al*, 2017). The MARS Wave-1 report showed that respondents who were still working are mostly self-employed in agriculture, forestry and fishery sectors and earn little or irregular extra income (SWRC, 2021). Our study revealed psychosocial well-being of the urban respondents is significantly lower than their rural counterparts, which may be explained by the hectic life style, living environment and social interaction. Idris *et al* (2016) reported high indicators of quality of life among rural-dwelling population with respect to social involvement and relationship, housing and personal safety.

Good health and absence of physical limitations were associated with high positive psychosocial well-being of the elderly. In recognizing good health is more than just absence of disease, Angner *et al* (2009)

posit medical conditions are associated with low levels of happiness only if they disrupt daily functioning or are associated with social stigma. In Malaysia, universal healthcare provision is available to every citizen and so elderlies who are diagnosed with a disease have access to treatment and did not consider an illness to be detrimental to their well-being. WHO (2018) emphasized primary healthcare system is able to fulfil the holistic needs of the elderly population when encountering challenges of ageing. In the MARS Wave-1 report, the top three common diseases among respondents are diabetes, hypercholesterolemia and hypertension, with the majority reporting the illness does not limit their daily activities (SWRC, 2021). This further emphasizes, with regards to health, psychosocial well-being of the elderly is impacted only when there is disruption in their ability to be independent in daily functional activities.

Our survey also shows psychosocial well-being comes with having a good social support system, which encompasses having living offspring, monetary support from family members, loving family and caring friends. Ng and Hamid (2013) explained that feelings of being wanted and taken care of enhance life satisfaction of elderly Malaysians. Silverstein *et al* (2006) pointed out elderlies who received remittances from their children have positive feeling of

well-being. Findings from the 5th National Population and Family Development Board of Malaysia indicated nearly 80% of elderly adults depend on their children to provide support, including financial (National Population and Family Development Board, 2016). The presence of family members in one's life usually implies inter-dependence and personal attachment in terms of physical care and emotional support. Moreover, family members have traditionally been in the front line in caregiving and are expected to continue to be the main caregivers of older relatives. Gray *et al* (2008) reported older persons who perceive they live in a supportive social environment are happier compared to those who reside in a perceived indifferent social setting, owing to a feeling of communal security and reliability in times of need. Given that about 20% of the respondents in our study live alone or only with their spouse, knowing that they have a reliable social safety network through family and friends contributed to their positive psychosocial well-being.

The main limitation of the study is reliance on replies to 17 statements on positive and negative outlook of life, which are not comparable with parameters employed in studies conducted elsewhere. Nonetheless, the results are found to be in general agreement with other surveys (Yoon and Lee, 2006; Ren and Treiman, 2015; Ward, 1979; Gove and Shin, 1989;

Abdul Mutalip *et al*, 2020; Idris *et al*, 2016; Silverstein *et al*, 2006; Ng and Hamid, 2013; Gray *et al*, 2008).

In conclusion, the study using a computer assisted interview of a small cohort of elderly subjects (≥ 60 years of age) in Malaysia provides several key characteristics that contribute to the indicator of positive psychosocial well-being, highlighting the demographic and socioeconomic factors, and health and social support systems that have significant effects. The findings should provide baseline data to assist future initiatives in improving psychosocial well-being of the elderly, whose proportion of the nation population will continue to increase in an ageing society.

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CONFLICTS OF INTEREST DISCLOSURE

The authors declare no conflicts of interest.

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