EFFECT OF INTERGENERATIONAL SOCIAL SUPPORT AND LONELINESS ON SUBJECTIVE WELLBEING OF INSTITUTIONALIZED MALAYSIAN ELDERS

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Abstract- The current study aims to gauge the effect of intergenerational social support and loneliness on subjective wellbeing of institutionalized Malaysian elders. The sample size comprised of 192 elders from four different States of Malaysia. They were recruited conveniently (M 98; F 94). Four valid instruments were employed to measure variables. Cross-sectional survey method was employed. Data were tabulated through SPSS (21.0). Correlation as a statistical technique was used to evaluate the relationship among variables. The results indicate, there is significant negative relationship between intergenerational social support and loneliness (-.220**), same as, significant negative relationship occurs between loneliness and subjective wellbeing (-.263**), and significant positive relationship between intergenerational social support and subjective wellbeing (191**). Conclusively, study proves intergenerational social-support; loneliness and subjective wellbeing are highly correlated constructs for Malaysian institutionalized elders. Future avenues and limitations of current study are also cordoned off.

Keywords- intergenerational social support; loneliness; subjective wellbeing; elders; Malaysia

I. INTRODUCTION

Issues and problems of elders' is not a new phenomenon in developed countries that conducted plenteously of researches especially in the field of social work and psychology. Regardless of enticing less consideration, there is a dire need to conduct research in the social needs and health of elders' in developing and under-developed countries [1]. According to [2] a majority of elders are living in developing countries.

Approaching in the proportion of increases elderly persons (possibly susceptible age group) in many developing countries has drawn attention to resolve health issues, psychological concerns and wellbeing. In modernizing Asian society's pace of population aging increased rapidly where formal care taker institutions are not developed with the same pace [3]-[4].

Malaysian population depicts signs of aging in the early 1970s [5]. At the time of Malaysian independence (in 1957) around 175,500 elderly persons were reported (average 65 years), which constitute nearly 2.7% of the total population of Peninsular Malaysia. Similarly, in 1970, there were 316,852 persons estimated, in 1991 it was estimated 657,401 persons aged 65 and above. In 1970-1991, the number of the elderly persons almost doubled in Malaysia. According to this ratio, it is projected to increase 2079,000 persons in 2020. According to [6] it is estimated that 60 years aged and above population, were 4.4% (1970) increased to 5.0% in 2000. It is expected to increase further to 8.0% in (2020).

1.1. Intergenerational Social Support

The concept of social support generally considered under three categories: support resources, perceived support and supportive behavior such [7]-[8]. Sometimes social support depends on perception of individual such as support refers individual subjective evaluation of adequacy and availability of support. Support resources defined as network of friends or relatives and social interaction that provide benefits to the individual. Researchers claimed that perception of social support effect on individual wellbeing and increase as for as social support received. Finally supportive behavior is genuinely emotions or contributory assistance for the individual [9]-[10]-[11]. Previous studies extremely focus on two generations in terms of intergenerational-support; therefore, middle-aged adults' interactions remain in-contact with elders [12]-[13], or their connections with young adults [14]-[15]. Researchers already proved that receiving social support favorable for elders' physical and mental health [16]-[17]. This concept of support and its relationship with wellbeing has paid attention recently [18]-[19]-[20]-[21].

Literature supported that concern of intergenerational social support further flows downstream in Western countries. The direction of support flows from parents to younger generation, instead of converse. In a real-life perspective, parents support their children even late in life, but when parents suffer in health issues due to age factor, direction of flow is inverse, and parents rely on their children [22]-[23].

Researches carried out on the variable of social support and its related concepts in many perspectives among old age population. Findings reveal that positive and significant relationship between health and wellbeing [1]-[24]. Social support plays a central role for older adults and their life's events that based on supportive networks [25]. Meanwhile, deficiency in social support associated with adverse and risky health outcomes in older age people [26]-[27]. Empirical researches justified that there is strong relationship between social-support and wellbeing and social support [28]-[29]-[30]-[31]. According to [32] investigated that social integration with family and friends positively effects on the subjective health among Malaysians elders.

Research studies described that people who receive more social support experience less depression, and less loneliness; they have good health and well-being and more satisfied with their lives [33]. Gerontological researchers found that loneliness consider as a serious issue in old age resultantly it is associated with diverse negative impact in social, physical and psychological perspective of life [34].

1.2. Loneliness

Loneliness is a prevalent issue among older persons, and it is an important indicator of their subjective well-being [35]-[36]-[37]. Loneliness is defined as a personal unpleasant experience of a person when social and personal relationships decreases as expected or desired level [38]-[39]-[40]. In the interpersonal relationships, discrepancies exist between one wish to have, in reality, and one perception that individual perceive toward decreases of relations [41]. Loneliness is not a liner phenomenon. It has two perspective; social loneliness and emotional loneliness that vary from individual to individual [42].

According to [43] differentiates both perspective of loneliness. Firstly, emotional loneliness is related to sensations of emptiness when relationships lost or decreases and individual wants to discuss their life experiences. Meanwhile, social loneliness is related to breaking relationships in reality. This perspective leads to a common core of both perspective of loneliness as a resultant of decrease interpersonal relationships [44]. Researchers investigating these two types of loneliness and its importance as well interested to instruments that measure these dimensions [45]-[46].

Loneliness correlated with low quality of life, depressive symptoms, negative health outcomes, and minimum recovery chances in old age and early institutionalization [47]-[48]-[49]-[50], and decrease level of loneliness leads to betterment in health related issues [51]. Furthermore, Loneliness also correlated with mental efficiency, memory loss and deficiency in cognitive functioning as increase mortality rate [47]. Meanwhile, loneliness increases when relationships disturbed and we cannot use word social isolation for this state [52]. Finally, research reported that loneliness interlinked with lower well-being [53].

1.3. Subjective well being

Subjective wellbeing (SWB) is directly associated with various aspect of individual's life such as happiness and satisfaction with life [54]. SWB measures from different dimensions including subjective happiness and satisfaction of individual with his or her life [55]-[56]. According to [55] wellbeing can be defined into three perspectives or dimensions. Firstly, achieving personal needs and positive feedback from environment and other people in the form of financial assistance, protection etc. It is related to quality of life. Secondly, focus on achievements and comparatively good position. Finally, enjoy pleasant experiences and focus toward satisfaction. Study claimed that a decade later, subjective wellbeing is crucial for the understanding of well-being [57]-[58]-[59].

Gerontological research literature has documented extensively on subjective wellbeing of older population outside Malaysia [60]-[61]-[62]-[63]. Well-being is a confused concept, and many terms have been used to refer to this term. There are scholars who see subjective well-being as psychological well-being and use a term overall life satisfaction to refer to subjective wellbeing [62].

1.4. Problem Statement

In developing countries like Malaysia, most often discussions concerning the wellbeing of older persons emphasize the accessibility of the family members to provide social care [64]. Therefore, measures of social-support, loneliness and subjective wellbeing (SWB), are the core concerns in research on elderly people [1]. Plenty of researches conducted in western cultures, and are unjustified implications of findings in the matter of socio-cultural factors and generalizability [65]. Finally, loneliness and their effects on wellbeing empirically not much studies as compare to loneliness and social support [66]. The study of subjective well-being of older persons is important because data gathered on these problems can help government to plan appropriate action plan for the welfare of this category of population.

1.5. Objective

1. To know the relationship among intergenerational social support, loneliness and subjective wellbeing of institutionalized Malaysian elders.

1.6. Hypotheses

H_1. There is significant relationship among intergenerational social support, loneliness, and subjective wellbeing for institutionalized Malaysian elders.

H_2. Intergenerational social support and subjective wellbeing negatively correlated with social and emotional loneliness among institutionalized Malaysian old people.

II. METHOD

2.1. Design and Sample

The chief aim of this paper is to analyze intergenerational social support, level of loneliness and subjective well-being of the older persons. Cross-sectional survey method used for this study. Data for the current study stem from four states of Malaysia (Selangor, Melaka, Perak, and Kelantan).

There are 192 (N=192) institutionalized elders targeted including 98 males and 94 females from using convenient sampling technique. The mean age of respondents is 71. 97 years (SD= 7.08), nearly 49 percent were females and 51 percent were males.

2.2. Measures

2.2.1. Intergenerational Social Support

Intergeneration social support of Malaysian elders measures from The Lubben Social Network Scale-Revised (LSNS-R) developed by [67]. Scale consists of 12 items constructed on the base of Likert Scale from 0 to 5 range, which 0 indicate 'never' or 'none' and 5 indicate 'always' or more'.

A total score range is 0-60 that obtained by summing up all items, and the subscales of friends and family networks score range is 0-30. Higher scores show stronger social networks [67]. LSNS-R scale previously demonstrated in Malaysian elders that verified its reliability and validity [68].

2.2.2. Loneliness

The De Jong Gierveld loneliness scale is used for assessing loneliness. Scale consists of 11 items including 5-positive and 6-negative items related to feelings of attachment and belongingness and feelings of social withdrawal or loss and heartedness. Scale score range from zero to eleven, high score indicated more loneliness. Research proved that this is reliable and valid tool [69].

2.2.3. Subjective wellbeing: Satisfaction with Life Scale (SWLS)

To measure satisfaction with life used (SWLS) scale developed by [55] that is 5 item scale used to tap satisfaction with life. The scale has rating responses 1 to 7 and the reliability of the scale is between .90 and .96 and it is used to evaluate the life satisfaction level in individuals.

2.2.4. Munsh Happiness Scale

Munsh happiness scale used to assess happiness in Malaysian elders developed by [70]. This scale is reliable to measure short term as well as long term aspects of happiness. Furthermore, scale depicts five positive and five negative affect and additionally seven positive and seven negative experiences. This is also reliable (α=.86) scale [70].

2.3. Data Analysis

Data analyzed through standard software (SPSS 21.0). Statistical technique correlation employed to evaluate relationship among variables.

2.4. Ethical Considerations

To full fill code of ethics and values permission has been taken from the respective authors for using the scales. A formal permission has taken from elderly institutions where the data was collected through enroll elders. Furthermore, informed consent taken from all respondents and debriefing the participants regarding research. All subjects have filled questionnaires willingly; forced choice not applied on any participant and not provides any reward or financial assistance to the participants.

2.5. Operational Definitions

2.5.1. Intergenerational social support

The receipt of social support (perceived support, support behavior, support resources) from middle-aged adults' has assistances of their elder's physical and psychological (mental) health [16]-[17].

2.5.2. Loneliness

Loneliness defined as negative and subjective experience (state) when expected and desired personal relationships lost or falls [40]-[39].

2.5.3. Subjective wellbeing

Psychological states encompassing emotionally pleasant experiences (e.g., happiness) and possession of some desirable qualities [55]-[56]-[57].

III. RESULTS AND DISCUSSION

Table 1 shows correlation among variables. According results Subjective wellbeing is highly correlated with intergenerational social support value is .191**, and significantly negative relationship with social loneliness (-.235**) as well as negative relationship with emotional loneliness (-.154*) and similarly negative significant relationship with overall loneliness (-.263**). Meanwhile intergenerational social support positively correlated with subjective wellbeing (.191**) and negatively correlated with social, emotional and overall loneliness (-.235**, -.154*, -.263**) respectively.

Furthermore, social loneliness negatively correlated with subjective wellbeing and intergenerational social support (-.235**, -.242**), and positive relationship with emotional and overall loneliness (.675**, .930**). Emotional loneliness also negatively correlated with subjective wellbeing and intergenerational social support (-.154*, -.180*) and positively associated with social and overall loneliness (.675**, .862**). Finally, Overall loneliness highly correlated with subjective wellbeing and intergenerational social support but

relationship is negative and positive relationship with social and emotional loneliness.

Table 1 Results of bivariate correlation

Variables	SWB	ISS	SL	EL	OL
Subjective Wellbeing (SWB)	1	.191**	-.235**	-.154*	-.263**
Intergenerational Social Support (ISS)	.191**	1	-.242**	-.180*	-.220**
Social Loneliness (SL)	-.235**	-.242**	1	.675**	.930**
Emotional Loneliness (EL)	-.154*	-.180*	.675**	1	.862**
Overall Loneliness (OL)	-.263**	-.220**	.930**	.862**	1

**. Correlation is significant at the 0.01 level (2-tailed). *. Correlation is significant at the 0.05 level (2-tailed).

This study explored the relationship of intergenerational-social-support, loneliness and subjective wellbeing among Malaysian elders. Correlation analysis shows that there is strong and significant relationship exist between intergenerational social support and subjective wellbeing (191**). Hypothesis 1 is approved. Whether elderly people receive high intergenerational social-support their subjective wellbeing will be high. A relevant study supported that intergenerational social support significantly (0.76***, 0.39***) provided by male and female of elderly people [71]. Another Similar study also probed significant social support (0.60***) among elders [72].

Furthermore, there is strong relationship exist between loneliness and subjective wellbeing (-263**) but the relationship is negative same as with intergenerational social support (-220**). Relationship shows that loneliness will be decreased in elderly people if intergenerational social support and subjective wellbeing increased alike as when loneliness decreased subjective wellbeing increased among institutionalized elders. Hypothesis 2 is justified. Relevant studies supported that there is significant but negative relationship exist between loneliness and subjective wellbeing (−0.33**). Similarly, study proved that there is negative relationship exist between intergenerational social support and loneliness (Giving support −0.35** receiving support −0.33**) respectively [73]-[46]-[74]. In the same way, another recent study proved that there is negative relationship exist between loneliness and subjective wellbeing (= -.670) at a significance level [75].

Finally, Result shows that there is significant negative relationship exist in social loneliness and emotional loneliness toward intergenerational social support and subjective wellbeing (-.242**, -.235**, -.180*, -.154*) respectively. If intergenerational social support is increased among elderly people, social and emotional loneliness automatically decreased same as subjective wellbeing increased of Malaysian elders. A relevant study supported that negative relationship exists between social loneliness and subjective wellbeing (-0.41**) in elders [76]-[77].

CONCLUSION

Malaysian institutionalized elderly people receiving intergenerational social support, and they have less social and emotional loneliness. Therefore, high levels of subjective experiences of wellbeing are reported in Malaysian elders. Study proves intergenerational social support; loneliness and subjective wellbeing are highly correlated constructs among Malaysian institutionalized elders.

SUGGESTION AND LIMITATIONS

Like every study, there are several limitations are also noted in the current study. The study assessed the composite of only intangible variables rather than tangible support as well. Future study might evaluate some solid elements. Study sample comprised of four states of Malaysia than can provide moderated generalizability. Upcoming study would target rest of the states. Study relied on only elderly respondents rather rest of family members or caregivers.

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