

A Study on the Living Arrangements of the Elderly

¹Dr. Rajitha T., ²Dr. Dundesh Maled

¹Assistant Professor, Department of Community Medicine, Chirayu Medical College and Hospital, Bhopal, Madhya Pradesh, India.

²Assistant Professor, Department of Pharmacology, Chirayu Medical College and Hospital, Bhopal, Madhya Pradesh, India.

Corresponding Author

Dr. Rajitha T., Assistant Professor, Department of Community Medicine, Chirayu Medical College and Hospital, Bhopal, Madhya Pradesh, India.

Abstract:

Introduction: Developments in the study of gerontology have focused on the welfare of elderly people living in families where support and caring are part of the equation. While feeling, providing care, and engaging in supportive activities characterise family life and well-being, living arrangement unhappiness is a public health risk that is growing as the country's older population shares more resources. Living arrangements are an important component of the general well-being of the elderly. Epidemiological research indicates a robust correlation between less family support and higher mortality and worse health outcomes in the senior population. **Methods:** This was a community-based descriptive cross-sectional study conducted among 310 elderly people aged ≥ 60 years residing in the rural field practice area (Ittamadu, Primary Health Centre) of Raja Rajeswari Medical College and Hospital, Bangalore. The objectives of the study were to describe the socio-demographic characteristics, current living arrangements, role within the family and society, and assess if there is an association between living arrangements and the health status of the elderly. A pre-tested and pre-designed questionnaire was used for the collection of information after obtaining informed consent from the study participants. The data was analysed using descriptive statistics, and chi square was used as a test of significance. **Results:** The majority of the elderly, 179 (74.27%) who were currently married, were living with their spouses and children, whereas most of the widowed, 27 (44.26%), were living with their children or grandchildren. More than 97 illiterate people (69.29%) were living with spouse and children. In all the socio-economic classes, the majority of the elderly, i.e., 209 (67.42%), were living with spouse and children. Self-rated health in all three dimensions was better among those who were living with a spouse and children or grandchildren. The prevalence of morbidity was found to be higher among those living alone (84.62%) compared to those who were living with spouse and children or grandchildren (82.30%). **Conclusion:** One of the main factors influencing an older adult's health is where they live. The findings of this study demonstrate that living arrangements have a major impact on predicting older health outcomes. Health care professionals and policymakers should consider this important aspect of social living while making decisions that will affect the health status of the vulnerable elderly population.

Keywords: Living Arrangements; Elderly; Rural Field Practice Area.

Introduction:

Population ageing is an important emerging demographic phenomenon in India, warranting a strong multi-sectoral policy and programme response to deal with many significant implications for the elderly and society at large. Family is the most cherished social institution in India and the

most vital non-formal social security for the elderly.^[1] Living arrangements for the elderly were never an issue a few decades ago in most of the developing countries, including India, because their families were expected to take care of them. However, issues concerning household structure and support for older people in developing countries are becoming increasingly important.^[2]

In recent years Indian society has experienced a gradual but definite change in the traditional and conventional family systems. These changes have notable implications for the status and support of the elderly in the family. Thus, a study on the living arrangements of the elderly is necessary for analysing the existing structure of social support and the nature and extent of family relations.

Different social, economic, and cultural contexts have an impact on how old people live. A growing number of elderly people in India are living alone due to recent sociological trends towards the nuclearization of family structure and the decline of extended families, declining fertility rates, rising life expectancy, widowhood, singlehood, or strained intergenerational relationships. The number of elderly people living alone in India is expected to rise in the upcoming years due to rising urbanisation, youth migration, and a weakening of family ties. In older age, living alone is frequently viewed as an unpleasant situation that poses a health risk and requires special consideration.

There are very few studies exploring the living arrangements and the factors affecting them that have an impact on the health status of the elderly. Hence, the present study was conducted among the elderly population in a rural setting to describe the socio-demographic characteristics, current living arrangements, roles within the family and society and to assess if there is an association between living arrangements and their health status.

Methods:

This was a community-based descriptive cross-sectional study conducted among 310 elderly people aged ≥ 60 years residing in the rural field practice area (Ittamadu, Primary Health Centre) of Raja Rajeswari Medical College and Hospital, Bangalore. The objectives of the study were to describe the socio-demographic characteristics, current living arrangements, role within the family

and society, and assess if there is an association between living arrangements and the health status of the elderly. A pre-tested and pre-designed questionnaire was used for the collection of information after obtaining informed consent from the study participants. Data was analysed using descriptive statistics and chi square was used as test of significance.

Results:

Socio-Demographic Profile:

Out of 310 elderly people, the majority, i.e., 202 (65.16%), belonged to the age group of 60–69 years. The mean age was 69 years, the youngest person was 60 years, and the oldest person was 92 years. The mean age among males was 67 years and among females was 70 years. Females were more, i.e., 176 (56.77%), compared to males, i.e., 134 (43.22%). The majority of the elderly were currently married, i.e., 241 (77.74%). Only 2 (0.65%) were unmarried, i.e., one male and one female. Most of the elderly in the widowed category were female, i.e., 46 (26.14%), compared to males, i.e., 15 (11.19%). Most of the elderly were literate, i.e., 170 (54.84%). More females were literate, i.e., 93 (52.84%), compared to males. Most of the elderly belonged to social class IV, i.e., 142 (45.81%), the next highest, i.e., 79 (25.48%), belonged to social class V, and the least, i.e., 9 (2.90%), belonged to social class I.

Living Arrangements:

Out of 310 elderly people, the majority of them were living with their spouse and children, i.e., 179 (57.74%), while 62 (20%) were living with their spouse only. Only 12 (3.87%) elderly people were living with others (relatives or caretakers). A higher number of females, 102 (57.95%), were living with their spouse and children compared to males, 77 (57.46%). Twenty-seven elderly people were living alone (8.71%), among them 9 males (6.72%) and 18 females (10.23%). (Table 1)

Current Living Arrangements	Male	%	Female	%	Total	%
Alone	9	6.72	18	10.23	27	8.71
With Spouse Only	38	28.35	24	13.63	62	20.00
With Spouse and Children	77	57.46	102	57.95	179	57.74

With Children and Grandchildren	6	4.48	24	13.64	30	9.68
Others	4	2.99	8	4.55	12	3.87
Total	134	100.00	176	100.00	310	100.00

Table: 1 Distribution of Elderly According to Their Living Arrangements

Out of the 310 elderly, 89 (28.70%) of them were living alone or with their spouse. The main reasons given for living alone or with their spouse were as follows: no children or children away in 52 cases (58.43%), family conflict in 15 cases (16.85%), preferring to be independent or economically active in 12 cases (13.48%), and not wanting to move in 10 cases (11.24%).

Out of the 310 elderly, 209 (67.41%) of them were living with their children, and they were asked about their notion of 'who is living with whom'. The majority of them, 126 (60.29%), expressed that their children were living with them, whereas 83 (39.71%) expressed that they were living with their children (Table 2).

Notion on Who is Living with Whom	Male	%	Female	%	Total	%
My children are living with me	60	72.29	66	52.38	126	60.29
I am living with my children	23	27.71	60	47.62	83	39.71
Total	83	100.00	126	100.00	209	100.00

Table 2: Distribution of Elderly According to Their Notion on Who is Living with Whom (n=209)

Out of 310 elderly people, 118 (38.06%) felt comfortable, 95 (30.65%) felt satisfactory, and the remaining 97 (31.29%) felt uncomfortable in their present living arrangement.

Change in living arrangements after 60 years of age
Out of 310 elderly people, 164 (52.9%) have changed their living arrangements after 60 years of age. A greater number of females, i.e., 102 (57.95%), have changed their living arrangements

compared to males, i.e., 62 (46.26%). The main reasons given for change in living arrangements after 60 years of age among 164 elderly were economic dependency in 39 (23.78%), migration of a son or daughter in 33 (20.12%), deterioration in their health in 31 (18.90%), marriage of their children in 25 (15.24%), death of their spouse or children in 20 (12.20%), and family conflict in 16 (9.76%). None of the males expressed family conflict as a reason for a change in their living arrangements after 60 (Table 3).

Reason to Change LA	Male	%	Female	%	Total	%
Death of Spouse/children	2	3.23	18	17.64	20	12.20
Deteriorating health	12	19.35	19	18.62	31	18.90
Economic dependency	19	30.65	20	19.61	39	23.78
Family conflict	-	-	16	15.69	16	9.76
Marriage of children	12	19.35	13	12.75	25	15.24
Migration of son/daughter	17	27.42	16	15.69	33	20.12

Total	62	100.00	102	100.00	164	100.00
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Table 3: Distribution of Elderly According to Main Reason to Change Living Arrangement after 60 (n=164)

A majority of the study population, i.e., 226 (72.9%), preferred to live with spouse and children, followed by preference to live with their spouse only in 43 (13.87%), preference to live alone in 25 (8.06%), and preference to live with others (relatives and in an old age home) in 16 (5.16%).

When comparing the current living arrangement with the preferred living arrangement, the majority of the elderly, i.e., 226 (72.09%), preferred to live with their spouse and children. 55.56% of those living alone preferred to live with their spouse and children, while 74.19% preferred to live with their spouse and children. (Table 4)

Current LA vs. Preferred LA	Alone		With spouse only		With spouse and children		Others		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Alone	7	25.92	2	7.41	15	55.56	3	11.11	27	100.00
With spouse only	3	4.84	11	17.74	46	74.19	2	3.23	62	100.00
With spouse / children	13	6.22	28	13.40	158	75.60	10	4.78	209	100.00
Others	2	16.67	2	16.67	7	58.33	1	8.33	12	100.00
Total	25	8.06	43	13.87	226	72.90	16	5.16	310	100.00

Table 4: Distribution of Elderly According to Their Current Living Arrangements and Preferred Living Arrangements (LA)

The socio-demographic profile and living arrangements are shown in Table 5. A majority of the elderly who are above 80 years old (old-old) were living with their spouse and children. More than 38 males (28.36%) were living with their spouse compared to females. The majority of the elderly, 179 (74.27%) who were currently married, were living with their spouse and children, whereas

most of the widowed, 27 (44.26%), were living with children or grandchildren. More than 97 illiterate people (69.29%) were living with their spouse and children. The majority of the elderly who are presently working, 61 (69.32%), were presently living with spouse and children. In all the socio-economic classes, the majority of the elderly, i.e., 209 (67.42%), were living with their spouse and children.

Socio-Demographic Characteristics	Alone		With Spouse Only		With Spouse and Children / Children and Grandchildren		Others		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Age										
60-69 (n=202)	16	7.92	44	21.78	136	67.33	6	2.97	202	100.00
70-79 (n=80)	7	8.75	17	21.25	51	63.75	5	6.25	80	100.00

>80 (n=28)	4	14.29	1	3.57	22	78.58	1	3.57	28	100.00
Total	27	8.71	62	20.00	209	67.42	12	3.87	310	100.00
Sex										
Male (n=134)	9	6.72	38	28.36	83	61.94	4	2.99	134	100.00
Female (n=176)	18	10.23	24	13.64	126	71.59	8	4.55	176	100.00
Total	27	8.71	62	20.00	209	67.42	12	3.87	310	100.00
Marital Status										
Currently Married (n=241)	-	-	62	25.73	179	74.27	-	-	241	100.00
Widowed (n=61)	24	39.34	-	-	27	44.26	10	16.39	61	100.00
Separated or Divorced/ Unmarried (n=8)	3	37.5	-	-	3	37.5	2	25	8	100.00
Total	27	8.71	62	20.00	209	67.42	12	3.87	310	100.00
Literacy Status										
Literate (n=170)	16	9.41	40	23.53	112	65.89	2	1.18	170	100.00
Illiterate (n=140)	11	7.86	22	15.71	97	69.29	10	7.14	140	100.00
Total	27	8.71	62	20.00	209	67.42	12	3.87	310	100.00
Occupational Status										
Presently Working (n=88)	3	3.41	21	23.86	61	69.32	3	3.41	88	100.00
Presently Not Working (n=222)	24	10.81	41	18.47	148	66.67	9	4.05	222	100.00
Total	27	8.71	62	20.00	209	67.42	12	3.87	310	100.00
Religion										
Hindu (n=249)	23	9.24	48	19.28	167	67.07	11	4.42	249	100.00
Muslim (n=37)	2	5.41	8	21.62	26	70.27	1	2.7	37	100.00
Christian (n=24)	2	8.33	6	25	16	66.67		0	24	100.00
Total	27	8.71	62	20.00	209	67.42	12	3.87	310	100.00
Socio-Economic Status										

Class 1 (n=9)	2	22.22	-	-	6	66.67	1	11.11	9	100.00
Class 2 (n=16)	-	-	2	12.5	14	87.5	-	-	16	100.00
Class 3 (n=64)	6	9.38	10	15.63	46	71.88	2	3.13	64	100.00
Class 4 (n=142)	16	11.27	37	26.06	86	60.56	3	2.11	142	100.00
Class 5 (n=79)	3	3.8	13	16.46	57	72.16	6	7.59	79	100.00
Total	27	8.71	62	20	209	67.42	12	3.87	310	100.00

Table 5: Distribution of Elderly According to Their Socio-Demographic Characteristics and Living Arrangements

Out of those elderly who expressed that their children should support them, the highest proportion were the elderly who were living with their spouse and children (60.89%) and the elderly who were living with children and grandchildren (60.00%). Among those who expressed that the government should support them, the highest

proportion (23.33%) were the elderly, who were living with children and grandchildren. Among those who expressed that adults should have their own savings, the highest proportion were those who were living with their spouse only (33.87%) and those who were living alone (29.63%). The results are as shown in Table 6.

Living Arrangement	Adults Should Have Their Own Savings		Government Should Support		Children Should Support		Total	
	No.	%	No.	%	No.	%	No.	%
Alone (N = 27)	8	29.63	3	11.11	16	59.26	27	100.00%
Others (N = 12)	1	8.33	2	16.67	9	75.00	12	100.00%
With children and grandchildren (N = 30)	5	16.67	7	23.33	18	60.00	30	100.00%
With spouse and children (N = 179)	44	24.58	26	14.53	109	60.89	179	100.00%
With spouse only (N = 62)	21	33.87	12	19.35	29	46.77	62	100.00%
Total	79	25.48	50	16.13	181	58.39	310	100.00%

Table 6: Distribution of Elderly According to Preferred Support System with Their Living Arrangements

Self-rated health in all three dimensions was better among those who were living with a spouse only, or with their spouse and children, or with children and grandchildren. 48.15% living alone and 62.90% living with their spouse only opined that their health was better or the same compared to one year before. Among those living with spouses and children or children and grandchildren, 46.41% felt

that their current health condition was excellent, very good, or good. 67.94% opined that their health was better or the same compared to one year before. Also, a majority of 69.38% of people living with their spouse and children or children and grandchildren felt that their current health condition was better or the same compared to people of the same age, while only 40.74% of people living alone felt so. (Table 7)

Current Living Arrangement	Current Health: Excellent / Very Good / Good		Current Health: Compared to One Year before: Better or Same		Current Health: Compared to People of Same Age: Better or Same		No of Elderly	
Alone (n = 27)	10	37.04	13	48.15	11	40.74	27	100.00
With spouse only (n = 62)	31	50.00	39	62.90	42	67.74	62	100.00
With spouse and children/children and grandchildren (n = 209)	97	46.41	142	67.94	145	69.38	209	100.00
Others (n = 12)	2	16.67	3	25.00	4	33.33	12	100.00
Total	140	45.16	197	63.55	202	65.16	310	100.00

Table 7: Distribution of Elderly According to Self-Rated Health with Living Arrangements

The prevalence of morbidity was found to be higher among those living alone (84.62%), compared to those who were living with a spouse and children or children and grandchildren (82.30%), and those who were living with their spouse only (80.65%). However, this difference was found to be statistically not significant. (Table 8)

Living Arrangement	Elderly Having One or More Morbidity		Elderly not Having any morbidity		Chi Square	Df	P-Value
	No.	%	No.	%			
Alone and others(n=39)	33	84.62	6	15.38	0.2592	2	0.8784
with spouse only (n=62)	50	80.65	12	19.35			
With spouse and children (n=209)	172	82.30	37	17.70			
Total	255	82.26	55	17.74			

Table 8: Distribution of Elderly According to Prevalence of Chronic Morbidity with Their Living Arrangements

Discussion:

Living arrangements have been found to have a significant impact on older persons' health, indicating that the types and amounts of physical and psychological assistance older individuals

receive may be influenced by their living arrangements.^[1,2] However, the number of younger family members, different emotional attachments, and caring may all affect how complicated well-being is at later stages.^[3,4] Researchers have also shown a favourable correlation between older people's self-rated health and family

support.^[5,6] Additionally, a recent study discovered that older individuals who favour their adult offspring staying together had a tendency to experience poorer health results.^[7] Research has also examined how older people's subjective well-being is impacted by their home surroundings.^[8-11] Evidence reveals that older people who lived less with their children had less help from their families, but in the end, they experienced more psychiatric problems in their later years.^[12-14] Likewise, a substantial corpus of research has been conducted on the relationship mediation function of family support networks between senior citizens' living situations and their health.^[15-18] Kaufman (2018) has discovered evidence linking maintaining a successful intimate relationship to improvements in all aspects of health. In this sense, stronger relationships with one's family have been seen as a substitute for preventing unhealthy habits.^[19]

Socio-Demographic Profile:

In the present study, it was observed that out of the total 310 study participants, the majority of the elderly belonged to 60–69 years (65.16%), followed by the elderly who belonged to 70–79 years (25.81%), and those above 80 years (9.03%). This observation was in accordance with studies conducted by Madhu T et al. [20], Rajshree Bhatt et al. [21], and BayapareddyNarapureddy et al. [22]. In the present study, females were more likely (56.77%) in comparison to males (43.22%). This observation was in accordance with other studies conducted by Bhatia et al. [23] and Madhu T. et al. [20]. In contrast, in a similar study conducted by Jain PK et al. [24], males were more likely (56.57%) compared to females (43.42%).

In line with the current investigation, Shobhit Srivastava et al.^[25] found that almost 63% of the older individuals in the sample are between the ages of 60 and 69. Women made up more than half of the study's subjects.

In the present study, most of the elderly belonged to class 4, 45.81%, followed by class 5, 25.48%, and class 3, 20.65%. This observation was in accordance with a study conducted by BayapareddyNarapureddy et al. [21], whereas it differs from another study conducted by Madhu T et al. [19], where the elderly were in the highest proportion in class 5, 27.35%, followed by class 3, 26.2%, and class 4, 20.81%.

Living Arrangements:

Current Living Arrangements:

In the present study, out of 310 elderly people, the majority of them were living with their spouse and children, i.e., 57.74%. 20% were living with a spouse only, followed by the elderly, who were living with children and grandchildren (9.68%). The elderly who were living alone were 8.71%. Only 3.87% of the elderly were living with others (relatives, caretakers, and old age homes). The findings of this study differ from the studies conducted by Madhu T et al. [19], Apoorva Jadhav et al. [26], and the study conducted by ISEC, Bangalore, where the majority of the elderly were living with their spouse and children, followed by children and grandchildren and their spouse only.

As far as the socio-demographic profile and living arrangements are concerned, the majority of the elderly who are above 80 years old (old-old) were living with spouse and children. This was in accordance with the study conducted on the patterns of living arrangements in Kerala³⁵. The majority of the elderly, i.e., 74.27%, who are currently married, were living with their spouse and children, whereas most of the widowed, i.e., 44.26%, were living with children or grandchildren. This observation was in accordance with the study conducted by Apoorva Jadhav et al. [26]. More illiterate people, i.e., 61.43%, were living with spouse and children, and the majority of the elderly who are presently working, i.e., 63.64%, were presently living with their spouse and children. These observations were in accordance with the study conducted by Apoorva Jadhav et al. [26], whereas they differed from the study conducted by ISEC Bangalore^[1] where more literate and elderly people who were presently working were living with their spouse and children.

According to recent Indian research, elderly adults reported feeling independent and autonomous in their own houses and indicated contentment and a strong desire to stay there.^[27] The majority of women who live alone among older adults reported being unhappy with their current living situation. If they were living alone, a higher proportion of elderly men (22.8%) and women (30.8%) said they were unhappy with their current living situation.

In their study, Bolina AF^[28] et al. found that, among those who lived alone, 22.2% (n =177) did so alone; 18.5% (n =147) did so alone; 16.8% (n =134) did so only with children; 20.0% (n =159) did so with their spouse and others; 12.8% (n =102) did so with children and others; and 9.7% (n =77) had other living arrangements. The age group of 60–70 years old had the highest percentage of older persons who lived alone with their spouse or with their spouse and other people. In the same study, independent of age, gender, number of morbidities, or social support, older individuals who lived alone had a poorer quality of life score in the intimacy component compared to those who lived exclusively with their spouse ($\beta=-0.087$; $p=0.013$).

Even after controlling for other confounding variables, the older adults who lived alone with their children scored lower on intimacy ($\beta=-0.079$; $p=0.022$), autonomy ($\beta=-0.082$; $p=0.043$), and sense functioning ($\beta=-0.117$; $p=0.006$) than the group that lived only with their spouse. Living arrangements with children and/or other family members were often shown to have a negative correlation with the areas of autonomy and/or social involvement when compared to the reference group (with their spouse only).

According to research by Apoorva Jadhav et al.^[26] the bulk of senior people in India live with their spouse, but 6% of the elderly really live alone. Of these, a fifth of the elderly live alone or with their spouse alone. Among the elderly, a greater percentage of women (10%) than men (2%) were living alone. This held true across the nation's rural and urban sectors.

Same as the current investigation. Living with one's spouse, kids, and grandkids continued to be the most common living arrangement across all groups. The majority of elderly women who are widowed, uneducated, and have never held a job appear to be raising their children and grandchildren.

Chronic Morbidity:

In the present study, the prevalence of morbidity among the elderly was found to be 82.25%. This observation was in accordance with the study conducted by KH Naveen et al. [29], where the prevalence of morbidity among the elderly was 83.9%. This prevalence was higher than the

prevalence of morbidity observed in the study conducted by Srinivas P.J. et al. [30].

The majority of the elderly, i.e., 82.25%, had eye problems, followed by 71.30% who had diseases of the circulatory system, and 62.25% of the elderly had musculoskeletal problems. This observation was in accordance with the study conducted by K. H. Naveen et al. [29], where the most prevalent diseases were ocular, circulatory, and musculoskeletal diseases. This differs from the study conducted by Srinivas P. J. et al. [30], where the most prevalent diseases were those of the musculoskeletal system, followed by diseases of the circulatory system. Among females, eye problems, GIT problems, nervous system problems, musculoskeletal and circulatory system problems, mental and behavioural disorders, anaemia, genitourinary problems, and injuries were more common when compared to males, whereas among males, ear problems, respiratory problems, CVS problems, endocrine problems, and skin problems were more common compared to females. This observation was in accordance with the study conducted by K. H. Naveen et al.^[29]

Living Arrangements and Health Status of Elderly:

In the present study, self-rated health in all three dimensions was better among those who were living with a spouse only, spouse, children, and grandchildren. This was in accordance with the study conducted by ISEC Bangalore^[31] whereas it differs from the study conducted by Bhubon Mohan Das et al.^[32]

More elderly people who self-rate as being in good, fair, or poor health than as being in excellent or very good health live alone. This observation was in line with the research by Jhadav et al. [33]. Difficulty in performing activities of daily living was more common among those who were living with their spouse and children or children and grandchildren, i.e., 18.65%. This was in accordance with the studies conducted by SharifaPuteh et al. [34], Jadhav et al. [33], and ISEC Bangalore.^[31]

The prevalence of morbidity was observed to be higher among those who were living alone and those who were living with caretakers or relatives compared to those who were living with their

spouse and children only. This observation differs from the study conducted by Arpita Paul et al., where the prevalence of morbidity was not influenced by the type of living arrangement, and also differs from the study conducted by ISEC Bangalore.^[31]

Consistent with the current investigation, Shobhit Srivastava et al.^[25] also noted that older persons living alone had higher mean scores for poor self-rated health, low psychological health, low subjective well-being, and low cognitive capacity. These results are in line with other research that indicates that living alone is a strong predictor of reporting issues with mobility, pain or discomfort, and anxiety or depression.^[26]

Even though research has shown that having family members' support helps older adults deal with problems of all kinds and gives them the fortitude and upbeat outlook they need to face everyday life, some earlier studies on older adults living alone revealed that they frequently have better health than those living with spouses and others.^[35] This is true for older adults who can live alone voluntarily and have access to enough resources..^[36-38]

In addition, single older persons with adult children had lower physical health, according to a study done on Chinese older adults in rural and urban locations.^[39]

In line with our findings, Shobhit Srivastava et al.^[25] discovered that older people in the 60–69 age range had the lowest mean scores for the various chronic health disorders, whereas the oldest people, those 80 years of age and older, had the highest mean scores. In addition, women's mean ratings for health issues were greater than men's, suggesting that women had worse overall health and wellbeing. Men and women who were unhappy with their current living situation were more likely than those who were content with it to report having poor self-rated health. Furthermore, compared to older persons who were content with their living arrangements, those who were dissatisfied had nearly twice the chances [OR: 2.15, 1.61 ~ 2.86 and OR: 1.99, 1.57 ~ 2.53, p-value < 0.05] of having poor psychological health. According to the same study, older persons' subjective well-being was shown to be three times worse in those who were unhappy with their living

circumstances than in those who were not. In this way, our observations were similarly comparable.

In line with our results, the same authors also noted that, in comparison to those with no formal education at all, men and women with greater educational status were less likely to report poor psychological health, low subjective well-being, or poor self-rated health. Men who were employed had lower rates of poor psychological health and subjective well-being. Furthermore, the occurrence of the three distinct health outcomes under investigation was also substantially correlated with states and wealth levels, respectively.

Conclusion:

Living arrangements for older adults are one of the principal determinants of their health status. The results of this study show that living arrangements play a significant role in predicting health outcomes among the elderly. Health care professionals and policymakers should consider this important aspect of social living while making decisions that will affect the health status of the vulnerable elderly population.

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