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Marital and Economic Status as Predictors of Perceived Social Support and Psychological Well-Being in the Elderly

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Abstract

This study explores the complex relationship between marital status and economic status, and how these factors influence perceived social support and psychological well-being among elderly individuals. The study, comprising a sample size of 200 older adults from Idukki and Kottayam districts of Kerala, employed a simple random sampling method for participant selection. Data collection was carried out through a comprehensive questionnaire consisting of a demographic data sheet, the Multi-dimensional Scale of Perceived Social Support, and the Psychological Well-being Scale. Data analysis was conducted using t-tests, ANOVA, and correlation analyses. The results of this study reveal a significant positive association between economic status and the perceived social support experienced by elderly participants. It also shows that married individuals demonstrate higher perceived social support.

Keywords: Psychological Well-being, Perceived Social Support, Elderly People, Marital Status, Economic Conditions, Kerala.

1. Introduction

The world is undergoing an unprecedented demographic shift, with the proportion of elderly individuals in the global population increasing rapidly. Advancements in medical technology since the early 20th century have significantly reduced mortality rates and helped cure many life-threatening diseases (1). Consequently, life expectancy has improved, and the number of older adults has grown substantially. This shift, known as the demographic transition, reflects a trend observed in many developing nations-shifting from high fertility and high mortality rates to both lower fertility and lower mortality (2). As mortality rates, especially among older adults, continue to decline and the birth rate drops, older people now constitute a larger segment of the population while the share of younger individuals decreases. The World Health Organization (WHO) projects that the global population of people aged 60 years and above will nearly double by 2050, reaching around 2.1 billion (3). Ageing is a natural biological process driven by the gradual accumulation of molecular and cellular damage over time, leading to a progressive decline in both physical and mental functions, a higher risk of disease, and ultimately, death. Older adults are particularly susceptible to chronic conditions such as diabetes, dementia, depression, osteoarthritis, cataracts, hearing loss, and chronic respiratory diseases. It is also common for them to experience multiple health issues simultaneously. Additionally, ageing is often accompanied by geriatric syndromes-complex health conditions like frailty, confusion, falls, urinary incontinence, and pressure ulcers-that typically result from multiple underlying causes (4). This ongoing demographic transformation presents significant social and health-related challenges, particularly in ensuring the well-being and support of the elderly population, which directly affects their quality of life. Among the various factors influencing the overall well-being of older adults, marital and economic status have emerged as critical determinants.

Marital relationships and the quality of spousal bonds significantly impact both psychosocial and cognitive functioning, particularly among older men (5). Throughout life, familial ties play a pivotal role in shaping an individual's overall well-being, sometimes positively,

sometimes negatively (6). These family connections, established and maintained across various stages of life, offer crucial forms of social interaction and influence central to an individual's development and stability (7). Such relationships can give individuals a more profound sense of purpose and meaning, and emotional and practical support that contributes to their well-being (8). When family members offer support, it often enhances the individual's sense of self-worth, boosting self-esteem. This key psychological asset fosters optimism, emotional resilience, and improved mental health outcomes (9).

Economic status, encompassing income, assets, and financial security, plays a pivotal role in the lives of older adults. One's health can become unequal as a result of social status discrepancy. This phenomenon has been documented by several academics in their research. Winkleby discovered that practically all diseases and life phases are influenced by one's socioeconomic level (10). He found that older persons' life satisfaction and physical wellness status correlate positively with their household income, and that their occupational level only positively correlates with their physical health status. However, schooling had no bearing on these variables (11).

According to Zhang and colleagues, older adults with a poor socioeconomic background, low income, limited education, and employment involving physical labor or no job at all are more likely to receive highly neglected medical care or no health insurance, which can deteriorate their health (12). Additionally, Xue et al. suggest that there is a mediating relationship between older persons' physical and mental health and their socioeconomic position. These variables include social participation, physical activity, food habits, and sleep quality (13). Liu et al. indicate that older individuals' socioeconomic position improves their general well-being and positively impacts their access to food, physical activity, and leisure activities (14).

2. Study Context

The global elderly population is increasingly vulnerable due to rapid urbanization, modernization, and industrialization, which have disrupted traditional support systems even in developed nations like Germany and France. In India, these changes are particularly evident, as the younger generation, overwhelmed by underemployment and economic pressures, often neglects the welfare needs of older adults. Despite their vulnerability, the elderly population continues to grow rapidly, raising serious concerns in the absence of adequate healthcare and formal support systems. This growth can lead to economic hardship, declining mental health, and a reduced quality of life. These issues may affect individuals and the wider social fabric if not addressed. In this context, there is a pressing need for systematic research to identify the multifaceted challenges older adults face and the factors contributing to their decline. Such a study should also explore effective remedial measures, preventive strategies, and potential resources that can be harnessed to improve their well-being. A thorough understanding of these issues can reduce disabilities and provide valuable insights for policymakers, government bodies, NGOs. and communities. Ultimately, the findings can inform the design and implementation of targeted interventions and policies that enhance the economic, psychological, physical, legal, and social quality of life for the elderly population.

3. Literature Reviews

3.1 Studies Related to Psychological Wellbeing

Ryff and Keyes (1995) proposed a multidimensional model of psychological well-being comprising six components: autonomy, environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance. They emphasized that well-being goes beyond the absence of mental illness, highlighting the role of positive functioning. Building on this, Keyes (2002) introduced the concept of "flourishing," using MIDUS data to classify individuals as flourishing, languishing, or moderately mentally healthy. He found that higher well-being was linked to fewer mental and physical health issues, underscoring the importance of promoting mental health, not just preventing illness. Springer and Hauser (2006), in a 30-year longitudinal study, showed that well-being is dynamic and influenced by life roles and experiences, with growth evident in those with meaningful relationships and stable goals. These studies collectively underscore the evolving and holistic nature of psychological well-being.

3.2 Studies Related to Perceived Social Support

Perceived social support is closely linked to improved psychological and physical health. Cohen and Wills (1985) proposed the buffering hypothesis, suggesting that support, especially when perceived as available, reduces stress and protects against depression and anxiety. Lakey and Cassady (1990) found that college students who believed they had strong support networks coped better with stress, emphasizing that perceived support, rather than received help, is more predictive of emotional well-being. Similarly, Zimet et al. (1988) developed the Multidimensional Scale of Perceived Social Support (MSPSS), demonstrating that support from family, friends, and significant others significantly contributes to lower anxiety and depression. Their findings reinforced the critical role of perceived support in maintaining mental health.

3.3 Studies on Economic Status and Psychological Wellbeing

Economic status is a significant determinant of psychological well-being, with many studies highlighting a positive link between income and mental health. Diener and Biswas-Diener (2002) noted that while money may not directly buy happiness, financial security enhances control, access to health care, and social opportunities, contributing to better psychological functioning. Those in extreme poverty consistently report lower life satisfaction and higher distress. Kahn and Pearlin (2006) found that financial strain acts as a chronic stressor, increasing depressive symptoms in older adults. Similarly, Lorant et al. (2003) showed that lower socioeconomic status is linked to a higher risk of mental disorders. Through a metaanalysis, Pinquart and Sörensen (2000) concluded that perceived financial adequacy influences well-being more than actual income, especially in later life when health and caregiving needs are more pressing.

4. Materials And Methods

4.1 Sample

The sample consisted of 200 elderly individuals residing in Idukki and Kottayam districts, specifically those aged 60 and above. A random sampling method was used in this study.

4.2 Measures

The perceived social support and psychological well-being are measured using respective scales. Perceived social support is measured through The Multidimensional Scale of Perceived Social Support (Zimet et al.1988), a 12-item measure of perceived adequacy of social support from three sources: family, friends, & significant others. Psychological well-being is measured through the Psychological Wellbeing Scale (PWBS-2012) developed by Dr. Devender Singh Sisodia and Pooja Choudhary. The scale consisted of 50 Items and covered five dimensions: satisfaction, Efficiency, sociability, mental health, and interpersonal Relations.

5. Results & Discussions

The majority (77.0%) of the sample were married (N=154). The sample contains 21 percent widows (N=42), and the remaining 2 percent were unmarried (N=4) of the total sample.

Variables		Sum of Squares	df	Mean Square	F-value
Significant Other	Between groups	97.91	2	49.05	.786
	Within groups	12328.97	197	48.93	
	Total	12426.88	199	02.38	
Family	Between groups	29.49	2	1474	.248
	Within groups	11691.52	197	14.74	
	Total	11721.020	199	39.34	
Friends	Between groups	474.917	2	227.05	3.57*
	Within groups	13131.95	197	231.93	
	Total	13607.87	199	00.00	
Perceived Social Support	Between groups	1374.07	2	697.02	1.44
	Within groups	93437.47	197	087.05	
	Total	94811.55	199	474.50	
Psychological Well-being	Between groups	4695.54	2	2347.77	
	Within groups	191347.33	197	971.30	2.41
	Total	196042.87	199		

 Table 1.1. ANOVA of perceived social support and psychological well-being concerning family members.

* Significant at 0.05 level

The ANOVA of perceived social support and psychological well-being. Concerning marital status, the calculated F value of the significant other is 0.786, less than the table value. Hence, it is not substantial. The calculated F value of the family is 0.248, which is less than the table value. Hence, it is not significant. The calculated F value of friends is 3.57, greater than the table value and substantial at the 0.05 level. The calculated F value of perceived social support is 1.44, less than the table value. Hence, it is not considered. The calculated F value of Perceived social support is 1.44, which is less than the table value and not significant. The calculated F value of psychological well-being is 2.41, which is less than the table value and is not substantial.

This study shows that marital status does not influence perceived social support and psychological well-being. This study lends credence to the idea that psychological health may be more significantly impacted by having a supportive spouse or partner than by marital status alone (6-8). Research indicates that living with a partner or being married can improve life satisfaction and is linked to improved mental health, increased well-being, and decreased depressive symptoms as one ages (9-10). The relationship between marital status and psychological health has been extensively studied, and married people are consistently found to be in better health than single people (11-14). Reliability for divorce and widowhood is still broadly acknowledged, and individuals who have been married in the past report worse psychological outcomes than those who have never been married (15). Though the psychological advantages of marriage are widely established, the question of causation sometimes calls into doubt the findings drawn from this research, and few have considered the importance of social support in marriage. The spousal support is not effortlessly obtained elsewhere. While there are many theories explaining why there are differences in psychological health between groups based on marital status, the majority of them fall into one of two categories: either selection effects, which postulate that healthy people are chosen for marriage while unhealthy people are excluded, or health effects, which explain how differences in access to resources, such as social support, between groups impact health. In particular, marital protection would imply that having support in a marriage promotes improved psychological health. In contrast, causality would mean that a former spouse's decreased psychological well-being is caused by their loss of prior support. Psychological well-being also does not affect whether a person is with a husband or a wife. It does not show any changes based on marital status. Psychological well-being is a state of mental health. So, whether married or unmarried, it would not affect this very much.

The ANOVA of Perceived social support and psychological well-being concerning economic status, with variables significant other, family, friends, perceived social support, and psychological well-being, shows that the calculated F value of significant other is 14.74, which is greater than the table value and is significant at the 0.01 level. The calculated F value of the significant other is 10.81, greater than the table value and significant at the 0.01 level. The calculated F value of friends is 6.27, which is greater than the table value and significant at the 0.01 level. The calculated F value of perceived social support is 12.31, which is greater than the table value and significant at the 0.01 level. The calculated F value of Psychological Wellbeing is 16.49, which is greater than the table value and significant at the 0.01 level.

One way of explaining these contradictory findings concerns variations in the choice of socioeconomic indicators that can be associated with social networks and support in different ways. Poverty can lead to social exclusion. Social participation requires financial resources to afford activities, pay member fees, and buy gifts, among other things. Therefore, it seems plausible that fewer external, non-family ties are established in low-income groups. A study by Simone Weyers (Low socio-economic position is associated with poor social networks and social support) found that socially disadvantaged persons are more often exposed to poor social networks and support. In bivariate analyses, it becomes evident that there is a higher percentage of having no confidant and no partner, no participation, being socially isolated, and lacking social support. In multivariate analyses, odds ratios are elevated in low SEP groups. Both income and education are likely to impact well-being. A higher education, higher financial resources, and thus, a higher SES increase psychological well-being in various respects.

Although there is also evidence that lower socioeconomic

status is associated with higher levels of psychological distress, it seems reasonable to suggest, however, that patterns of economic success and failure, and the associated different mixes of environmental resources and demands. would have a significant impact on the extent to which feelings of accomplishment, mastery, and self-acceptance, for example, develop over the life course. Since occupation is closely tied to socioeconomic level, some support for this assertion can be found in Kohn and Scholz's work, which demonstrated that job characteristics, which are highly correlated with social class, exert a growing influence over time on psychological well-being. A study by G.A. Kaplan (2008) found that psychological well-being improves as economic status is higher. This study also validates the point that individuals with high financial status and those in high marital status exhibit high perceived social support and psychological well-being.

The result of the group mean analysis is given below.

Table1.2. Post hoc analysis of perceived social support concerning economic status.

Economia Status	N	Subset of alpha=0.05		
Economic Status		1	2	3
Low Class Middle Class High Class	129 41 30	57.23	66.95	76.83

The post hoc analysis was conducted to determine the differences in perceived social support among elderly individuals from different economic status groups (Low, Middle, and High Class). The results, with an alpha level of 0.05, indicate a statistically significant difference in perceived social support between these groups. Elderly individuals from the High-Class group reported the highest mean score for perceived social support (M = 76.83), followed by the Middle-Class group (M = 66.95), and finally the Low-Class group (M = 57.23). These results suggest a clear upward trend: as economic status increases, so does perceived social support. Furthermore, the post hoc

significance values (Sig. = 1.00 across comparisons) indicate that all three economic groups fall into different subsets, meaning each group's mean score significantly differs. This implies that economic status significantly impacts the perception of social support among older adults, with those in higher economic strata feeling more socially supported than those in lower economic groups. This pattern highlights the importance of economic stability in enhancing social support programs for economically disadvantaged elderly individuals.

Table 1.3. Post hoc analysis of psychological well-being for economic status.

Economia Status	N	Subset of alpha=0.05			
Economic Status		1	2	3	
Low Class Middle Class High Class Sig.	129 41 30	181.00	199.31 1.00	211.76 1.00	

A post Hoc analysis examined differences in psychological well-being among elderly individuals across three economic status groups: Low, Middle, and High. Based on an alpha level of 0.05, the results indicate a statistically significant difference in psychological well-being between these groups. Elderly individuals from the High-Class group reported the highest mean psychological well-being score (M = 211.76), followed by the Middle-Class group (M = 199.31), and the Low-Class group (M = 181.00). These results suggest a positive association between economic status and psychological well-being, where individuals with higher economic resources report better psychological health. Each economic group falls into a distinct subset (as indicated by the significance values of 1.00 across comparisons), implying that the differences between all three groups are statistically significant. This reinforces the notion that economic stability contributes

significantly to better psychological well-being among older adults. These findings underscore the importance of addressing economic disparities to improve aging populations' mental and emotional well-being, especially those in lower socioeconomic brackets.

6. Conclusion

In conclusion, the research findings highlight a noteworthy relationship between economic status and psychological well-being among older adults, underscoring the importance of financial stability in maintaining overall mental health and life satisfaction. Additionally, it shows that marital status may or may not influence perceived social support and psychological well-being; however, married individuals tend to report comparatively high perceived social support. These findings provide valuable insights into the critical role of economic resources in shaping the social support networks and psychological well-being of elderly individuals. The implications of this research hold promise for policymakers, healthcare providers, and social support organizations seeking to enhance the well-being of an aging population, emphasizing the need for strategies that address economic stability as a cornerstone of elderly care.

References

- Kinsella, K., & Taeuber, C. M. (1993). An Aging World II, US Bureau of the Census International Population Report No. P95/92-3, Washington, DC. Google Scholar.
- Ismail, Z., Ahmad, W. I. W., Hamjah, S. H., & Astina, I. K. (2021). The impact of population ageing: a review. Iranian journal of public health, 50(12), 2451.Google Scholar.
- Goswami, S., & Deshmukh, P. R. (2018). How "Elderly Staying Alone" Cope with their Age and Deteriorating Health: A Qualitative Exploration from Rural Wardha, Central India. Indian Journal of Palliative Care, 24(4), 465-471.Google Scholar.
- 4. World Health Organization. (2015). World report on ageing and health. World Health Organization. Google Scholar.
- 5. Kim, J., & Kwon, K. Y. (2023). Investigating heterogeneity in the relationship between marital satisfaction and cognitive health by gender and across the cognitive function distribution. Innovation in Aging, 7(7), igad079. Google Scholar.
- Merz, E. M., Consedine, N. S., Schulze, H. J., & Schuengel, C. (2009). Wellbeing of adult children and ageing parents: Associations with intergenerational support and relationship quality. Ageing & Society, 29(5), 783-802. Google Scholar.
- Umberson, D., Crosnoe, R., & Reczek, C. (2010). Social relationships and health behavior across the life course. Annual review of sociology, 36(1), 139-157. Google Scholar.
- Avison, W. R., McLeod, J. D., & Pescosolido, B. A. (Eds.). (2007). Mental health, social mirror. Springer Science & Business Media. Google Scholar.
- 9. Symister, P., & Friend, R. (2003). The influence of social support and problematic support on optimism and depression in chronic illness: a prospective study evaluating self-esteem as a mediator. Health psychology, 22(2), 123. Google Scholar.
- Winkleby, M. A., Jatulis, D. E., Frank, E., & Fortmann, S. P. (1992). Socioeconomic status and health: how education, income, and occupation contribute to risk factors for cardiovascular disease. American journal of public health, 82(6), 816-820. Google Scholar.
- 11. He, Z. (2002). Socioeconomic status and social support network of the rural elderly and their physical and mental health. Soc Sci Chin, 3, 135-148. Google Scholar.
- 12. Zhou, W., Hou, J., Sun, M., & Wang, C. (2022). The impact of family socioeconomic status on elderly health in China: based on the frailty index. International Journal of Environmental Research and Public Health, 19(2), 968.
- 13. Xue, X. D., & Ge, K. X. (2017). The effect of socioeconomic status on the health of the elderly in

China: Evidence from the Chinese longitudinal healthy longevity survey. Popul. Dev, 23, 61-69. Google Scholar.

- 14. Liu, C. P., & Wang, L. J. (2017). A study of the impact of socio-economic status on the health of the elderly. Chin. J. Popul. Sci, 5, 40-50. Google Scholar.
- Angel, R. J., Jimenez, M. A., & Angel, J. L. (2007). The economic consequences of widowhood for older minority women. The Gerontologist, 47(2), 224–234. https://doi.org/10.1093/geront/47.2.224.
- Diener, E., & Biswas-Diener, R. (2002). Will money increase subjective well-being? Social Indicators Research, 57(2), 119–169. https://doi.org/10.1023/A:1014411319119.
- 17. Kahn, J. R., & Pearlin, L. I. (2006). Financial strain over the life course and health among older adults. Journal of Health and Social Behavior, 47(1), 17–31. https://doi.org/10.1177/002214650604700102.
- Lorant, V., Deliège, D., Eaton, W., Robert, A., Philippot, P., & Ansseau, M. (2003). Socioeconomic inequalities in depression: A meta-analysis. American Journal of Epidemiology, 157(2), 98–112. https://doi.org/10.1093/aje/kwf182.
- Pinquart, M., & Sörensen, S. (2000). Influences on loneliness in older adults: A meta-analysis. Basic and Applied Social Psychology, 23(4), 245–266. https://doi.org/10.1207/S15324834BASP2304_2.
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. Journal of Personality and Social Psychology, 69(4), 719–727. https://doi.org/10.1037/0022-3514.69.4.719.
- 21. Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. Journal of Health and Social Behavior, 43(2), 207–222. https://doi.org/10.2307/3090197.
- 22. Springer, K. W., & Hauser, R. M. (2006). An assessment of the construct validity of Ryff's Scales of Psychological Well-Being: Method, mode, and measurement effects. Social Science Research, 35(4), 1080–1102. https://doi.org/10.1016/j.ssresearch.2005.07.004.
- 23. 6. Dush, C. M. K., & Amato, P. R. (2005). Consequences of relationship status and quality for subjective well-being. Journal of Social and Personal Relationships, 22(5), 607-627.Google Scholar.
- 24. 7. Ross, C. E. (1995). Reconceptualizing marital status as a continuum of social attachment. Journal of Marriage and the Family, 129-140. Google Scholar.
- 8. Soons, J. P., & Liefbroer, A. C. (2008). Together is better? Effects of relationship status and resources on young adults' well-being. Journal of Social and Personal Relationships, 25(4), 603-624. Google Scholar.
- 26. 9. Mastekaasa, A. (1994). Marital status, distress, and well-being: An international comparison. Journal of Comparative Family Studies, 25(2), 183-205. Google Scholar.
- Becker, C., Kirchmaier, I., & Trautmann, S. T. (2019). Marriage, parenthood, and social network: Subjective well-being and mental health in old age. PloS one, 14(7), e0218704.Google Scholar.
- 28. 11. Gove, W. R., Hughes, M., & Style, C. B. (1983). Does marriage have positive effects on the psychological well-being of the individual?. Journal of health and social behavior, 122-131.Google Scholar.

World Wide Journal of Multidisciplinary Research and Development

- 29. 12. Hewitt, B., Turrell, G., & Giskes, K. (2012). Marital loss, mental health and the role of perceived social support: findings from six waves of an Australian population based panel study. J Epidemiol Community Health, 66(4), 308-314.Google Scholar.
- 30. 13. Waite, L., & Gallagher, M. (2001). The case for marriage: Why married people are happier, healthier, and better off financially. Crown. Google Scholar.
- 31. 14. Wyke, S., & Ford, G. (1992). Competing explanations for associations between marital status and health. Social science & medicine, 34(5), 523-532. Google Scholar.
- 32. 15. Overbeek, G., Vollebergh, W., de Graaf, R., Scholte, R., de Kemp, R., & Engels, R. (2006). Longitudinal associations of marital quality and marital dissolution with the incidence of DSM-III-R disorders. Journal of Family Psychology, 20(2), 284.Google Scholar.