

## Aging and Life Satisfaction in Social Context: Family Home versus Old-Age Home

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With rapid population ageing, understanding the determinants of life satisfaction in later life is essential for policy and practice. Residential setting—aging in place (own home) versus institutional residence (old-age homes)—is frequently assumed to shape well-being, yet evidence is mixed and often confounded by health and socioeconomic selection. To compare life satisfaction between older adults living in their own homes and those residing in old-age homes, and to examine the extent to which differences are explained by health status, social support, autonomy, and quality of care. We recruited total 300 participants (age 60 years and above) from urban areas of district Moradabad and Amroha (150 from those living in old age-homes and 150 those living in their own family home). Life Satisfaction Scale of Alam & Dr. Ramji Srivastava was used to assess the level of participants' satisfaction with life. The findings of this study revealed that the mean scores of elders living in family home is significantly higher than those living in their old-age home, regarding the overall life satisfaction ( $t = 5.85$ ;  $p < .01$ ). Gender difference was found significant for only those who live in their family home, not for those who live in old-age home.

**Keywords:** life satisfaction, residential setting, family home, old age home

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## 1. Introduction

Population aging is reshaping societies across the world. As longevity increases, variation in late-life well-being becomes a central concern for families, clinicians, and policymakers. Life satisfaction—an evaluative judgment of one's life as a whole—is a core component of subjective well-being and a robust predictor of morbidity and mortality in older adults. Where older adults live is commonly thought to influence life satisfaction. Many advocate for “aging in place” on the grounds of familiarity, autonomy, and community ties. Others emphasize that residential facilities can offer safety, companionship, and timely care that might enhance well-being for some older adults. However, simple comparisons of residents in their own homes and those in old-age homes are confounded: individuals move to facilities for reasons (e.g., health decline, widowhood, caregiver strain) that also affect well-being. This study is designed to provide a more rigorous comparison by adjusting for selection factors and examining plausible mechanisms linking residential setting to life satisfaction.

Residential setting may shape life satisfaction through four pathways: (1) Autonomy and control (choice, routines, privacy), (2) Social connectedness (family/friends contact, communal activities, loneliness), (3) Care and safety (perceived quality, responsiveness), and (4) Environmental affordances (accessibility, green/quiet spaces, neighborhood resources). We therefore treat setting as a proxy for a bundle of conditions rather than a causal agent itself. A meta-analysis by Pinquart and Sorensen (2001) indicated that most studies reported only minor gender differences in psychological well-being. However, other research (Gold et al., 2002; Murtagh & Hubert, 2004) found significant gender variations in life satisfaction. These differences are often attributed to the fact that women tend to experience more health problems, are more vulnerable to functional disabilities, possess a weaker internal locus of control, report higher levels of loneliness (Pinquart & Sorensen, 2001), are more likely to be widowed, and face greater inequalities of opportunity, particularly in older age. Extensive research on life satisfaction among adults highlights that productive engagement in the major life domains of adulthood—such as relationships, parenting, work, and community participation—contributes to overall well-being (Diener et al., 1999).

According to Cummins and Nistico (2002), in favorable political and economic contexts, life satisfaction often involves comparing current experiences with internalized standards. Dew and Huebner (1994) found moderate associations between family socioeconomic status (SES) and life satisfaction, although subsequent studies revealed contradictory results regarding family demographics (Hagerty, 2000; Huebner et al., 2000).

In India, Ramachandran, Sarada Menon, and Ramamurthy (1981) emphasized that family and living conditions strongly influence the mental health of older adults, with neglect, abuse, or lack of care often linked to mental disorders. Deshpande, Mathur, Bhatt, and Bohra (1998) observed that depression was the most prevalent mental illness among older adults, following dementia. Similarly, research in Goa reported that affective (mood) disorders were the most common psychological issues among elderly patients (Yavoneda, Ajoy, Rajesh, & John, 2002), with notable differences across gender and physical health conditions. Patel and Prince (2002) further noted that dementia, though often treated as a normal aspect of aging, requires medical intervention. Depression levels were also found to vary considerably depending on gender and education. For example, Patil, Gaonkar, and Yadav (2003) reported high rates of mild depression among older adults in Dharwad, while Niri and Jhingan (2002) highlighted that stress was particularly prevalent among women with low per capita income and those experiencing family-related distress.

## 2. Objective of this Study

Following are the objectives were proposed:

1. To test the significance of difference in life satisfaction of those living in their own family homes and those in old-age homes.
2. To test the significance of gender difference in life satisfaction of all participants.
3. To test the significance of gender difference in life satisfaction of those living in their own family homes.
4. To test the significance of gender difference in life satisfaction of those living in old-age homes.

## 3. Hypotheses of this Study

Following hypotheses were tested:

1. There will be no significant difference in life satisfaction of those living in their own family homes and those in old-age homes.
2. There will be no significant gender difference in life satisfaction of all participants.
3. There will be no significant gender difference in life satisfaction of those living in their own family homes.
4. There will be no significant gender difference in life satisfaction of those living in old-age homes.

## 4. Methodology

**Research Design:** For this study a quasi-experimental research design was used.

**Participants:** For this study old age people (age over 60 years) were selected from the urban regions of Moradabad and Amroha cities. 150 elders for group-1 were selected from the general population identified as simply living in their home with their families. And the elders for group-2 were recruited from old age homes. All the participants were recruited with simple random sampling method.

## 5. Variables of the Study

### Independent Variable

1. Residential setting
2. Gender

### Dependent Variable

1. Life-satisfaction

## 6. Tools for Data Collection

**Life Satisfaction Scale:** Life Satisfaction Scale (LSS) of Alam and Dr. Ramji Srivastava, which consists of 60-item was used to assess the level of life satisfaction participants. The test-retest reliability of the scale is .84, and the validity is .74 and .82 (obtained by correlating with Saxena's adjustment inventory and Srivastav's adjustment inventory).

## 7. Results

In table-1 we observe that the participants who are living in their own family homes ( $M = 41.08$ ;  $N = 150$ ) reports significantly higher life satisfaction whereas those living in old-age homes ( $M = 35.87$ ;  $N = 150$ ) significantly lower satisfaction with their life ( $t = 4.91$ ;  $p < .01$ ).

This states that living in old-age-homes signifies the lower level of satisfaction whereas living in own family home can be significant to underpin the level of satisfaction with life. Though many studies demonstrate that living arrangement is not the core factor responsible for life satisfaction, but the associated factors such as socio-economic status, personality also significantly influence the life satisfaction in old age (Andrews & Robinson, 1991; Diener, 1994; Huebner et al., 1999).

With regard to gender difference in life satisfaction in old age, table-2 exhibits that in general male and female people shows no significant difference in satisfaction with life, but by observing the table-3, we came to know that male elder ( $M = 42.53$ ;  $N = 64$ ), as compared to their female counterparts ( $M = 39.63$ ;  $N = 86$ ), living in their own family homes shows significantly greater life satisfaction ( $t = 2.33$ ;  $p < .05$ ). But, as we look at findings, shown in table-4, male elders can be observed to report less level of life satisfaction ( $M = 35.42$ ;  $N = 69$ ) as compared to female elders ( $M = 36.32$ ;  $N = 81$ ), not significantly.

**Table 1:** Difference in Life Satisfaction of those living in family homes and old-age-homes

| Residential Setting | N   | Means | S.D. | SEd  | t-value |
|---------------------|-----|-------|------|------|---------|
| Family Home         | 150 | 41.08 | 9.22 | 1.06 | 4.91**  |
| Old-age-home        | 150 | 35.87 |      |      |         |

**\*\* = Significant at .01-level.**

**Table 2:** Gender Difference in Life Satisfaction of old age participants

| Gender | N   | Means | S.D. | SEd  | t-value |
|--------|-----|-------|------|------|---------|
| Male   | 133 | 38.84 | 8.74 | 1.00 | .72     |
| Female | 167 | 38.11 |      |      |         |

**No significant gender difference was found.**

**Table 3:** Gender Difference in Life Satisfaction of those living in their Family-homes

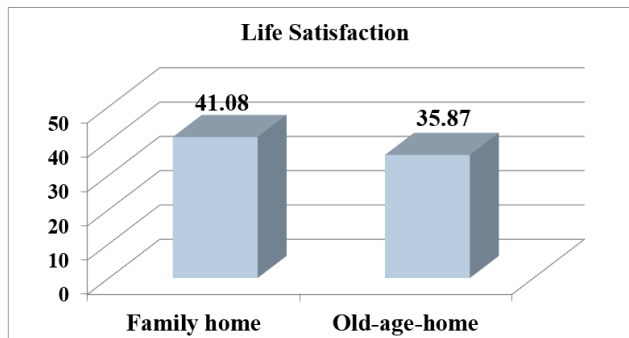
| Gender | N  | Means | S.D. | SEd  | t-value |
|--------|----|-------|------|------|---------|
| Male   | 64 | 42.53 | 7.55 | 1.24 | 2.33*   |
| Female | 86 | 39.63 |      |      |         |

**\* = Significant at .05-level 5.33**

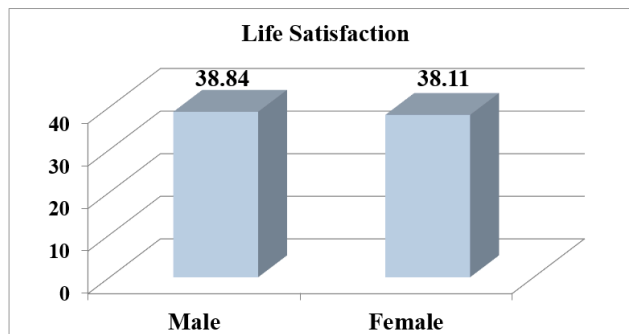
**Table 4:** Gender Difference in Life Satisfaction of those living in Old-age-homes

| Gender | N  | Means | S.D. | SEd  | t-value |
|--------|----|-------|------|------|---------|
| Male   | 69 | 35.42 | 8.83 | 1.44 | .625    |
| Female | 81 | 36.32 |      |      |         |

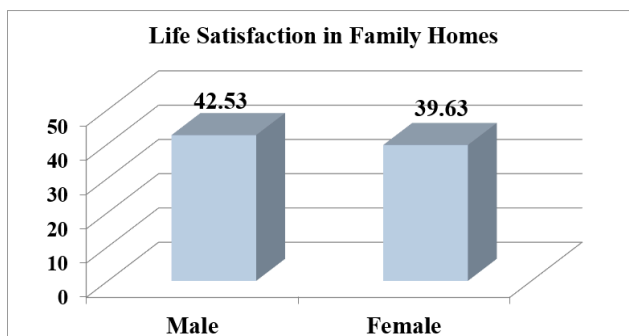
**No significant gender difference was found.**



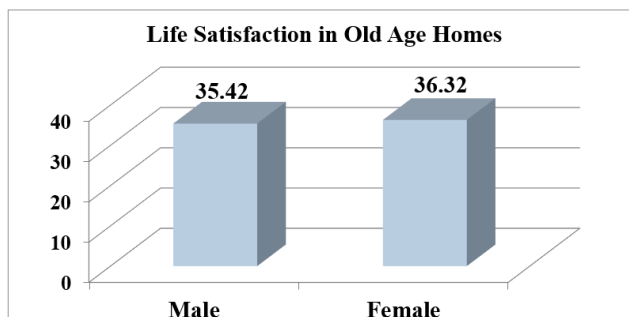
**Figure 1:** Bar graph for the difference in Life Satisfaction of those living in family home and old-age-home



**Figure 2:** Bar graph for the Gender difference in Life Satisfaction of old age participants



**Figure 3:** Bar graph for the Gender difference in Life Satisfaction of those living in own family home



**Figure 4:** Bar graph for the Gender difference in Life Satisfaction of those living in old age home

## 8. Conclusion

The results of this study clearly demonstrate that the level of life satisfaction retired people is higher when they live in their own family home, whereas living in old-age homes can be responsible for them to experience and reporting significantly lower level of life satisfaction living with family member fulfill the life with joy and other positive experiences. But domestic violence and other negative experiences, such as humiliation etc. can do reverse of what has been found in the present study. Many other factors such as socio-economic status, personality also have been found by researchers to influence the life satisfaction in old age (Andrews & Robinson, 1991; Diener, 1994; Huebner et al., 1999). Elderly individuals often view old-age homes as institutions where they can spend the later years of life free from household responsibilities. However, such facilities typically provide only basic amenities. The common provisions include shared or dormitory-style bedrooms, communal dining halls, visiting rooms, and shared bathrooms. In most cases, personal space is limited to a bed and a wardrobe for storing clothes and personal belongings, with very few additional comforts. As a result, old-age homes often resemble hostels with minimal infrastructure rather than places that foster independence. Residents are generally bound by strict schedules, including fixed visiting hours during which they can meet family and friends. This restriction, combined with limited privacy and autonomy, often compels elderly residents to relinquish much of their independence. Moreover, one of the most pressing issues faced by older adults in these settings is the lack of an engaging social environment. The absence of meaningful companionship frequently leads to boredom and loneliness, which can have a detrimental impact on both mental and emotional well-being. Consequently, these conditions contribute to lower levels of life satisfaction among elderly individuals living in nursing homes. Research suggests that while residential settings play a significant role in shaping quality of life, the most influential factors are modifiable—such as opportunities for independence, meaningful social relationships, and the quality of care provided. A dual approach that focuses on improving autonomy and fostering social connections within institutional care settings may therefore be the most effective strategy for enhancing life satisfaction in old age.

### Suggestion for Future Research

Longitudinal designs tracking transitions between home and facility settings could clarify causal dynamics. Intervention trials that enhance autonomy and social connection within facilities and communities can test modifiability of life satisfaction.

### References

1. Andrews, F.M., & Robinson, J.P. (1991). *Measures of subjective well-being*. in J.P. Robinson, P.R. Shaver & L.S. Wrightman (Eds) *Measures of Personality and Social Psychological Attitudes*, vol. 1. San Diego: Academic Press.
2. Cummins, R.A., & Nistico, H. (2002). Maintaining life satisfaction: The role of positive cognitive bias. *Journal of Happiness Studies*, 3, 37-69. <http://dx.doi.org/10.1023/A:1015678915305>
3. Deshpande, S.N., Mathur, M.N.L., Bhat, T., & Bohra, N. (1998) *Psychiatric disorders in women above sixty in a general psychiatric outpatients department*, 40.
4. Dew, T., & Huebner, E.S. (1994) Adolescents' perceived quality of life: An exploratory investigation. *Journal of School Psychology*, 32, 185-199. [http://dx.doi.org/10.1016/0022-4405\(94\)90010-8](http://dx.doi.org/10.1016/0022-4405(94)90010-8)
5. Diener, E., & Diener, M. (1995). Cross-cultural correlates of life satisfaction and self-esteem. *Journal of Personality and Social Psychology*, 68, 653-663. <http://dx.doi.org/10.1037/0022-3514.68.4.653>
6. Diener, E. (1994). Assessing subjective well-being: Progress and opportunities. *Social Indicators Research*, 31, 103-157. <http://dx.doi.org/10.1007/BF01207052>
7. Diener, E., Suh, E.M., Lucas, R.E., & Smith, H.L. (1999). Subjective wellbeing: Three decades of progress. *Psychological Bulletin*, 125, 272-302. <http://dx.doi.org/10.1037/0033-2909.125.2.276>
8. Douthitt, R.A., MacDonald, M., & Mullins, R. (1992). The relationship between measures of subjective and economic well-being: A new look. *Social Indicators Research*, 26, 407-422. <http://dx.doi.org/10.1007/BF00347898>
9. Grob, A., Little, T.D., Wanner, B., & Wearing, A.J. (1996). Adolescents' wellbeing and perceived control across 14 sociocultural contexts. *Journal of Personality and Social Psychology*, 71, 785-795. <http://dx.doi.org/10.1037/0022-3514.71.4.785>
10. Hagerty, M.R. (2000). Social comparisons of income in one's community: Evidence from four national surveys of income and happiness. *Journal of Personality and Social Psychology*, 78, 764-771. <http://dx.doi.org/10.1037/0022-3514.78.4.764>
11. Harkness, S., & Super, C.M. (2003). *Culture and parenting*. in M.H. Bernstein (Ed.) *Handbook of Parenting*, 2nd edn, vol. 2, 253-280. Mahwah: Lawrence Erlbaum Associates.
12. Huebner, E.S. (1991). Correlates of life satisfaction in children. *School Psychology Quarterly*, 6, 103-111. <http://dx.doi.org/10.1037/h0088805>
13. Huebner, E.S. (1997). *Happiness and life satisfaction*. in G. Bear, K. Minke & A. Thomas (Eds) *Children's Needs II*, 271-278. Washington, DC: National Association of School Psychologists.
14. Huebner, E.S., Drane, W., & Valois, R.F. (2000). Levels and demographic correlates of adolescent life satisfaction reports. *School Psychology International Reports*, 21, 281-292. <https://dx.doi.org/10.1177/0143034300213005>
15. Murtagh, K. N., & Hubert, H.B. (2004). Gender differences in physical disability among an elderly cohort. *American J. Public Health*, 94(8), 1406-1411.
16. Niriy, A., & Jhingan, H.P. (2002). Life events and depression in elderly. *Indian Journal of Psychiatry*, 44(1).
17. Patel, V., & Prince, M. (2002). *Ageing and mental health in a developing country*.
18. Patil, P.P., Gaonkar, V., & Yadav, V.S. (2003). Effect of socio-demographic factors on depression of the elderly. *Man in India*, 83(1&2).
19. Pinquart, M., & Sorensen, S. (2001). Influences on loneliness in older adults: A meta analysis. *Basic & Applied Soc. Psychol.*, 23(4), 245-266.
20. Ramachandran, V., SaradaMenon, M., & Ramamurthy, B. (1981). Family structure and mental illness in old age. *Indian Journal of Psychiatry*, 23(1).

21. Suh, E., Diener, E., Oishi, S., & Triandis, H.C. (1998) The shifting basis of life satisfaction judgements across cultures: Emotions versus norms. *Journal of Personality and Social Psychology*, 74, 482-493. <http://dx.doi.org/10.1037/0022-3514.74.2.482>

22. Suldo, S.M., & Huebner, E.S. (2004). Does life satisfaction moderate the effects of stressful life events on psychopathological behavior during adolescence? *School Psychology Quarterly*, 19, 93-105. <http://dx.doi.org/10.1521/scpq.19.2.93.33313>

23. Veenhoven, R. (1999). Quality of life in individualistic society. *Social Indicators Research*, 48, 157-187. <http://dx.doi.org/10.1023/A:1006923418502>

24. Yvonneda, S.P., Ajoy, E., Rajesh, D., & John, F. (2002). Geriatric patients attending tertiary care in psychiatric hospital. *Indian Journal of Psychiatry*, 444.

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