WELL-BEING OF THE ELDERLY MIZOS AS A FUNCTION OF SOCIAL PARTICIPATION, FAMILY RELATIONS AND STRESS

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SUPERVISOR'S CERTIFICATE

This is to certify that the present research work titled, **"Well-being of the Elderly Mizos as a Function of Social Participation, Family Relations and Stress"** is the original research work carried out by Ms. Lalthantluangi Sailo under my supervision. The work done is being submitted for the award of the Doctor of Philosophy in Psychology of Mizoram University.

This is to further certify that the research conducted by Ms. Lalthantluangi Sailo has not been submitted in support of an application to this or any other University or an Institute of Learning.

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DECLARATION

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I Lalthantluangi Sailo, hereby declare that the subject matter of this thesis is the record of work done by me, that the contents of this thesis did not form basis of the award of any previous degree to me or to do the best of my knowledge to anybody else, and that the thesis has not been submitted by me for any research degree in any other University/Institute.

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INTRODUCTION

Aging is often said to encompass four dimensions of chronological age, biological aging, psychological aging and social aging. Psychological aging talks of changes in mental functioning and in personalities with increasing age, while social aging talks of changes that occur in one's roles and relationships in both formal as well as informal networks such as friends and family and acquaintances at the workplace and in places of worship. When viewed in a positive light, the experience of growing old, of aging for the individual may be seen to be optimistic and gratifying (Novak, 2012). The WHO report on Ageing and Health (2015) states that the number of people over the age of 60 is expected to double by 2050 and stresses that while there may be some older people who require care and support, older populations are, in general, diverse, capable of making multiple contributions to families, communities and society at large. It also goes on to say that there is research suggesting these contributions of the elderly far outweigh any investments that may be needed to provide for all kinds of care that older populations require. In fact, the WHO on further recognition of the value of the elderly population, has recommended a policy shift from an emphasis on controlling costs, to instead focusing on enabling older people to continue to do the things that matter to them (WHO, 2015).

Theoretical developments in the study of psychology of aging may be classified into three parts namely, the Classical period, the Modern period and the New period. The Classical period (40s'–70s') comprises Havighurst's Developmental Tasks / Activity theory, Erikson's Psychosocial theory of Personality Development, Birren's Counterpart theory, Cumming & Henry's Disengagement / Activity theory, Neugarten's Personality theory of Age and Aging and Thomae's Cognitive theory of Personality and Aging. The Modern period (70s'–90s') comprises the Life-span development and Aging theory of Baltes et al., Reduced Processing Resources by Salthouse, Personality and Aging by Erikson, Levinson, Costa & Crae and lastly, Behavioral Genetics and Aging by Plomin & McClearn and Pedersen. The two most recent theories that fall under the New period (80s'–90s') are Gerotranscendence theory by Tornstam and Gerodynamics / Branching theory by Schroots. An assessment of all theories within all periods indicates the need to

integrate theoretical thought with empirical research (Schroots, 1996). Erikson's Eight Stages of Psychosocial development suggests that all human beings necessarily pass through certain stages of development, with Erikson focusing more on social instead of cognitive development. He believed that only navigation of the crisis in each stage will enable individuals to develop in a healthy and normal way.

In Erikson's final psycho-social stage of development, the psychological conflict is that of ego integrity versus despair, which involves coming to terms with one's own life. Those adults who are able to arrive at this stage with a sense of integrity tend to feel whole, complete and satisfied with all they have achieved in their lives. They have been able to adapt to the various trials and victories that are inevitably a part of interpersonal relationships, child rearing, socialisation, and work and community participation. They realise that all the decisions that they have made over the course of their lives were necessary towards creating their life course. This ability to view one's life in the greater context of all mankind contributes to the tranquillity and satisfaction that accompany integrity (Berk, 2007). A study comprising of people from ages 17 to 82 found that, increased age was associated with more psychosocial maturity, i.e. older people when compared to younger ones were much more worried about issues of generativity and ego integrity. This result is in line with Erikson's supposition that as people age they will strive towards stabilizing their identities first and still later on, work on their possible contributions to future generations. Generativity and ego integrity, in turn, have been found to account for the link between age and psychological well-being (Sheldon & Kasser, 2001). As seen in Erikson's theory, the psychosocial maturity found in later years seems to bring with it increased happiness (Berk, 2007).

Old age has often been equated with loss, that of brain cells, of intellectual abilities, of energy and even our sex drive. But today with increasing inputs from gerontologists, we now have a very different picture – old age, late adulthood, is now viewed more as a new stage where people continue to grow in some areas and change, maybe even decline in others. As people live increasingly longer, the period considered as "late adulthood" is increasing in length. This has resulted in a larger proportion of people living into the late adulthood stage today than at any time in

world history. Some researchers of aging categorize people into three groups by age – the ***young old*** refers to those who are aged between 65 – 74, the ***old old*** refers to those who are aged between 75 – 84 and the ***oldest old*** are those who are 85 and older (Feldman & Babu, 2017). Papalia et al. (2008) have described the differences among the extremes by saying that young-olds are most likely to be active, energetic and enthusiastic whereas the old-olds are more likely to be weak, debilitated and quite unable to cope with the demands of everyday life.

Well-being of the Elderly

Well-being and physiological as well as psychological health are seen to be closely linked, with the link becoming even more important for the elderly, contributing to aging well as seen in terms of satisfaction with life, happiness, purposefulness and sense of meaning in one's life (Ryff, 1995; Steptoe et al., 2015). Recent findings also seem to indicate a protective factor in health for psychological well-being, where it is seen to possibly reduce the risks of chronic physiological illnesses and enable longer life (Steptoe et al., 2015).

Lamentations about the lack of uniformity in defining the very components of well-being leading to very broad inclusive definitions as well as a lack of uniformity in how it should be spelt had been vocalized by some (Forgeard et al., 2011; Ryff, 1989). Historically, as the interest in well-being grew, two perspectives appeared: the hedonic tradition where ideas such as happiness, high positive and low negative affects and the satisfaction with one's life were emphasized (e.g., Bradburn, 1969; Diener, 1984; Kahneman et al., 1999) and the eudaimonic tradition where ideas such as positive psychological functioning and human development were emphasized instead (e.g. Ryff, 1989).

Van de Weijer et al. (2018) in their review of 29 studies have attempted to explain the origins and structure of well-being. They acknowledge that the origins of well-being can be traced all the way back to the ancient Greek philosophers like Aristotle and Socrates, who even than had questioned the essential requirements for living a good life (Lambert et al., 2015). Ancient hedonism then was all about pleasure, how good one felt about one's life (Biswas-Diener et al., 2009), thus

indicating a centering of well-being on the balance between pleasure and pain – how to increase pleasure while at the same time decreasing pain. But modern hedonists like Jeremy Bentham and John Stuart Mill do not agree on their interpretations of well-being; while Bentham's interpretation implies that the duration and intensity of both pleasure and pain determine one's hedonic level or, level of well-being, Mill objects to it and instead implies a new dimension of quality, stating that well-being is not just the sum total of pleasure, but that higher qualities of better pleasure would result in higher levels of well-being (Van de Weijer et al., 2018).

Today, there is observance of a shift in terminology from hedonic well-being to subjective well-being among contemporary social scientists resulting in the use of the term happiness instead of pleasure or hedonism, probably because of the inability/difficulty in measuring the philosophical concept of hedonism. Among the many methods put forward for measuring and conceptualizing subjective well-being, the most commonly used one is that proposed by Diener (1984) which puts forward three attributes: its subjective nature, its inclusion of positive measures and not just the absence of negative ones and lastly, a comprehensive assessment of all spheres of one's life and not just a few areas. The integral elements for measuring it are positive affect, negative affect and satisfaction with life (Diener et al., 1985).

Eudaimonia on the other hand is a Greek word commonly understood as meaning well-being or flourishing. Ancient eudaimonic philosophers consider well-being as being constituted by virtue and realization of all human abilities. While the hedonic tradition was narrowly centred only on pleasure and pain, the eudaimonic tradition places an emphasis on virtue and thus virtuous activity as essential for well-being. The most important proponent of the eudaimonic thought is Aristotle. He considered well-being as living well, of actualizing all human potential to the fullest (Van de Weijer et al., 2018). He completely rejected the hedonistic explanation of well-being, going so far as to term it "vulgar" (Waterman, 1990). Where the hedonistic line of thought is a completely individual conceptualization of well-being, the eudaimonic one in contrast requires one to live well within one's own social environment (Van de Weijer et al., 2018).

Van de Weijer et al. (2018) go on to state that although the hedonic line of thought has moved on to subjective well-being in empirical literature, the eudaimonic line of thought has moved on to psychological well-being. Although there were concrete advancements in the measurement of subjective well-being in the 1970s and 1980s, valid measurements for psychological well-being were still lacking, which led to a new re-conceptualization of psychological well-being with six fundamental dimensions of Self-acceptance, Positive relationship with others, Autonomy, Environmental Mastery, Purpose in life and Personal growth. Eudaimonia and psychological well-being are primarily concerned with the evolution and self-actualization of individuals (Ryff & Singer, 2008).

The primary consensus among hedonic psychologists with regard to well-being is that it comprises subjective feelings of happiness and is concerned with the experience of pleasantness and unpleasantness, including conclusions of negative and positive elements of life. According to this line of thought, happiness cannot be scaled down simply to physical indulgence or pleasure seeking, rather it is something that may be arrived at through achievement of goals or desired results in various domains (Diener et al., 1998).The eudaimonic understanding of well-being states that it is more than simply happiness or pleasure. Well-being according to this line of thought is more to do with the actualization of human potentials. The eudaimonic approach to well-being implores people to live in line with their daimon, or true self. Waterman suggested that eudaimonia occurs when people are living lives that are truly congruent or conforming with the values that are dear to them, further reiterating the belief that well-being is about attainment of one's true nature or daimon (Waterman, 1993).

Bradburn (1969) attempted early on to define well-being and his work marks the shift away from the emphasis on psychiatric cases to that of psychological reactions of every people in their everyday lives. He was primarily interested in how people dealt with the problems they faced on a day-to-day basis and he emphasized that the variable of psychological well-being is of utmost importance. But today, most researchers now feel that well-being is a multifaceted complex construct (e.g., Diener, 2009). Ryan and Deci (2001, p.142) have defined well-being as an "optimal

psychological functioning and experience." In, A well-being manifesto for a flourishing society by Shah and Marks (2004, p.2) they have written, "Well-being is more than just happiness. As well as feeling satisfied and happy, well-being means developing as a person, being fulfilled, and making a contribution to the community". Researchers have now proposed a new definition of well-being as being the balancing point between the resources available to the individual and the challenges he/she may face. Kloep et al. (2009) have explained well-being by saying that every time a person faces a challenge, the pre-existing system of challenges and resources moves into a state of imbalance, since the individual is forced to adapt current resources to meet the new challenge.

After much back and forth, even today, the term well-being is an umbrella term that comprises a variety of states ranging from objective functional health to subjective perceptions of the quality of one's own life (George, 2010). Stable well-being may be defined as when individuals have the psychological, social and physical resources needed to face various psychological, social and/or physical challenges (Dodge et al., 2012).

Emotional well-being is necessary to maintain an optimal quality of life. For adults, the various obstacles to emotional well-being are likely to increase simultaneously with increases in age – for example, loved ones die and they are left behind, the social roles that they had change, income may also decline and health may decline. All these life changes that have come to be synonymous with age are inevitable worldwide (Suthers et al., 2003). Emotional well-being or emotional distress, either way round, both are dependent to a large extent on social relationships. The most frequently mentioned cause of daily stress is interpersonal relations (Almeida, 2005), and such interpersonal stress can further lead to great emotional distress (Almeida & Kessler, 1998). Carstensen (1992) reports that the elderly appear to be more satisfied with their social networks, with Charles and Piazza (2007) further adding that the elderly report more experiences of high levels of positive emotions in their relationships with family members as compared to younger adults. Emotional well-being refers to one's subjective experiences of both positive and negative emotions. It may be explained in terms of happiness,

satisfaction with life, or even as the balance between positive and negative affect. In various studies based on this definition, emotional well-being was found to increase continuously across people from their thirties to their sixties implying that increases in age is related to lower levels of negative affect (Carstensen et al., 2000). However, findings with regard to those aged above are not so consistent with some finding upturns in negative affect (Diener & Suh, 1997) and another finding continued decreases after controlling for health problems and functional limitations (Kunzman et al., 2000).

Keyes (1998) describes **social well-being** as one's assessment of one's state of affairs and responsibilities and purpose in the society that we live in. He talks of five elements of social well-being. According to this, individuals function well when there is *social integration* – a perception of acceptance and of belonging in society, where healthy individuals feel they are an integral part of the society and have shared commonalities with other members. *Social acceptance* is the belief of the individual within a society that other members can be trusted, are kind and hardworking. People with such a trait are accepting of and comfortable with others and hold agreeable views of others. *Social contribution* refers to the belief that one is an invaluable member of society, capable of giving back to the world; Keyes talks of this dimension as a reflection of one's perception of whether one's contribution to society is appreciated by others and beneficial to others. *Social actualization* refers to perception of society as having potential which may be realised through its members and the institutions within it. It also encompasses the thought that society has the ability to control and determine its destiny. Keyes talks of 'socially healthy people' who consider themselves and like-minded others as possible recipients of just such societies with potential for growth. *Social coherence* is the discernment of calibre and performance of the social world including a consideration for knowing about the world itself as well. The quality of social coherence implies an awareness of imperfection and an attempt to understand the world, with the aim of making sense of life, especially in the face of unexpected and distressing life events. Keyes is of the view that in order to fully understand the most favourable conditions for functioning and mental health, we need to consider the social well-being of people,

the nature of their social lives and the obstacles they face therein, as the obstacles themselves might very well be the standard by which people judge the quality of their individual lives. In defining mental health, Keyes (2002) included specific references to criteria such as activities that are productive, relationships that are fulfilling and the ability to adapt to change, all of which infer the characteristic of a person's absolute commitment to society and life.

Psychological well-being is concerned more with individual standards for evaluating one's functioning and social well-being on the other hand is to do more with the public standard where people assess their functioning in life (Keyes, 2002). According to Huppert, (2009, p.137) "Psychological well-being is about lives going well. It is the combination of feeling good and functioning effectively." This further implies that, people who are high on psychological well-being would describe feelings of happiness, capability, satisfaction with life, of being supported and so on; Huppert's (2009) review also holds that the benefits of psychological well-being include improved physical health, which are possibly a consequence of brain activation patterns, neurochemical effects and hereditary factors. Psychological well-being is about how the emotions, behaviours and experiences that we have with the environment that we each live in, influences how happy or unhappy we are as a result. There are some parts of psychological well-being which are more distinctly intrapersonal such as, our feelings and emotions, self-confidence/esteem, identity and the effects of illnesses and disabilities. Interpersonal elements that influence psychological well-being include families, marital status, social networks and participation in social activities and social support (Bennett & Soulsby, 2014).

According to Bennett and Soulsby (2014,) when we talk of psychological well-being, we refer to how our behaviours, emotions, experiences and our interactions with the external world influence whether we are happy or not. If our focus is on the individual in everyday life then we need to understand the interplay between the individual and the people, communities, and societies around them. Ryff (1995) goes so far as to state that to be psychologically well means more than simply being free of distress or other problems. It refers to a state of possessing positive self-regard, autonomy, of having positive relationships with others and having a sense of

purpose and meaning in one's life, as well as possessing a sense of continued growth and development.

Subjective well-being is a construct in psychology that is concerned not with what they have per se and what happens to them, but focuses rather on the thoughts and feelings about what they have and the things that happen to them (Maddux, 2018). The interpretation of subjective well-being makes a clear distinction between what a person has in life, the objective conditions and one's personal appraisals of one's life, the subjective evaluation. There are many people who are quite rich and healthy physically but leading joyless lives, and there are many people who in contrast are poor and ill-ridden but leading joyful and purposeful lives. The average SWB has been found to be higher in poorer countries as compared to richer ones (Myers, 2000).

Lyubomirsky (2013) has written that a practical definition of subjective well-being may be that it is the knowledge of joyfulness, fulfillment or positive well-being, all taken together with a sense of meaning, of goodness and value in one's life. Diener et al. (2003) have explained it as a scientific examination of how people assess their own lives – at the present and even longer such as into the past year, including how they reacted emotionally to different events in their lives, their moods and the subjective evaluations they made about their satisfaction with life, their sense of contentment and fulfillment in various areas of life like marriage and employment. People high in subjective well-being have been found to very successful in many spheres of life and this success is often attributed to more sense of well-being. They seem to be more helpful and active, including socially; they appear to be more at ease and accepting of themselves and others, and they also seem to be healthier and have improved conflict resolution skills (Lyubomirsky et al., 2005). It has also been claimed that those who are higher in subjective well-being are healthier and live longer than those who are low in subjective well-being (Diener et al., 2017).

The physical health status of the elderly is often used as an indicator of their well-being. The perception of ailing physical status through various indicators like weakened sensory organs that are not as keen as before, lower energy levels and

emergence of various ailments like diabetes, high blood pressure etc is often experienced by people as they grow older. Further, one's personal evaluation of one's own health could possibly determine their overall psychological well-being (Cho, 2011). That physical health status is a possible determinant of psychological well-being has been mentioned in various studies. Revicki and Mitchell (1990) found that a person's physical health status is a significant cause of stress among the elderly. The WHO has recommended a certain number of hours of physical activity per week for elderly above 65 years of age as physical activity has a myriad of benefits for health including help in prevention of falls and fall-related injuries (WHO, 2020). The General Health Questionnaire (GHQ), a measure of current health developed by Goldberg in the 1970s has been used sweepingly across cultures and ages in numerous studies. Although the original version has 60 items, there are various shorter versions such as GHQ-30, GHQ-28, GHQ-20 and GHQ-12 (Montazeri et al., 2003).

The availability of social support systems like support from family and available emotional support, having an active daily life, the kind of living arrangements they have, being in a marriage, education and their religion have all been found to have a positive effect on the levels of satisfaction with life for the elderly (Krause, 2004). In some societies, for the elderly, the relations that they have with their friends are of utmost importance for their levels of satisfaction (Ho et al., 2003). Working continuously even in old age, as well as taking part and actively volunteering in various social and community events have been found to be associated with increases in levels of subjective well-being (Pinquart & Sörensen, 2000).

Okun et al. (1984) found a positive and significant relationship between social activity and life satisfaction. Lee and Lassey (1980) concluded from their studies that when the type of social activity involved are related to church and club participation, regardless of the level of interaction with family members and neighbours, the levels of satisfaction with life still tend to increase. There is a positive relationship between satisfaction with life and psychological well-being, with psychological health usually associated further with overall subjective well-

being (Keyes et al., 2002). Other factors like social support - the size of the social support available and positive social relations are highly associated with increases in satisfaction in life (Antonucci et al., 1996). Studies are indicative of physical and psychological well-being having a significant effect on satisfaction; however, socio-demographic factors like age and gender seem to have very little effect (Melendez et al., 2009). Other factors within the realm of social support like religion, living arrangement, marriage, family and emotional support have also been found to have a positive effect on satisfaction with among the elderly (Krause, 2004).

Social Participation and the Elderly

Utz et al. (2002) define social participation as multi-faceted construct that integrates the interchange of social support and formal (such as participation in religious activities, voluntary work and attending various meetings) as well as informal (telephonic conversations and interacting with friends) social engagement with members of one's social network.

Morgan et al. (1991) found that participation in social activities is significantly less for those elderly aged 75+ when compared to those who are aged 65-74. Bennett (1997) in her study of elderly widowed women over an 8 year period also found age-related declines in social participation. However, research with the elderly has consistently shown that there is a positive correlation between the number of social relationships one has and one's happiness and psychological adjustment (Antonucci & Jackson, 1987; Felton & Berry, 1992; Krause, 1987; Lang & Carstensen, 1994). Baumeister & Leary (1995) have further proposed that the human need to belong is a primary need, channeling our thoughts, emotions and behaviour with others, and older adults do not seem to deviate from this. Depp and Jeste (2006) reported that older adults more commonly attribute successful ageing to social participation rather than physical health. Graney, in his work, has found a direct link between participation in social activities and well-being among the elderly. He further states that with the passage of time, a rise in the degree of activities is often associated with consequent increases in well-being. Graney (1975) considers face-to-face interaction especially related with well-being.

There are psychological and epidemiological studies that suggest that the maintenance of required social activities is a measure of successful aging (Rowe & Kahn 1997; Berkman et al., 2000). The probable health benefits of social participation include increased self-ratings in physical health (Sirven & Debrand 2008; Gilmour, 2012), decreases in likelihood of mental disorders (Fiori et al., 2006; Glass et al., 2006), and lastly, increased well-being (Adams et al., 2011).

Okun et al. (1984) had investigated the association between social activities and subjective well-being and they came to the conclusion that both quality and quantity of social activity participation are critical factors for enriching the psychological functioning of the elderly post retirement. Over the past few years, various studies have alluded that social interaction not only led to increases in physical health and longer life (Mendes de Leon et al., 2003; Ertel et al., 2008; Thomas, 2011) but is interconnected to subjective well-being of older people as well (Baker et al., 2005; Li & Liang, 2007; Berry & Welsh, 2010). Baker et al. (2005) found that beneficial activities even within social participation, was particularly valuable to older persons' well-being, and increases in both numbers of productive activities and time commitment further predict still increasing levels of happiness. Berry & Welsh (2010) found that participation in the community and social linking were positively related with three types of health, including general and mental health as well as physical functioning; further, the correlation was found to be particularly strong to mental health in particular.

Gonzâlez-Herero and Extremera (2010) have said that elderly citizens who participate in more social activities are found to have higher subjective well-being; they have also found social activities to be a partially mediating factor for personality variables, like self-esteem and optimism, and subjective well-being. Gonzâlez – Herero and Garcia – Martin (2012) in their study among women found that participating in the activities of daily life is a noteworthy predictor of satisfaction with life and positive affect, and furthermore, significant differences were observed in the subjective well-being of women belonging to differing statuses. Findings from a meta-analysis that combined as many as 286 empirical studies conducted by Pinquart and Sörensen (2000) have been indicative of the importance and strong

association between social contact and the subjective well-being of the elderly; even within social contact, contact with adult children was not as strongly associated with subjective well-being as was contact with friends. Global studies on the mental health of adults indicate that various social pursuits, including how many such pursuits one has, and how often one actually takes part in them is positively related to their well-being (Lampinen et al., 2006; Dai et al., 2013). However, not all studies reported this positive relation between participation in social activities and subjective well-being. In a cross-sectional design among American samples, no association was found between informal social activities and happiness by Bjornskov (2008).

According to the social integration perspective, a prerequisite for psychological well-being is that, in order to maintain social integration, individuals need to be constantly readjusting themselves and their various social roles in the different stages of life. As people grow older and retire from their various jobs, they lose the formal roles that their jobs gave them and as a result, social roles and social activities tend to become an even more important avenue for social integration (Evandrou & Glaser 2004; Thomas 2011). Thomas (2011) has said that elderly people who are more involved in social pursuits and actually spend more time in these pursuits will tend to have more resources at hand, have a better sense of motivation within them, and more determination to invest in health-promoting behaviours; all these factors taken together contribute further to increased health. This is because psychological health is determined by the level of one's social integration, which in turn is dependent on the quality and quantity of social participation.

The socioemotional selective theory states that an awareness of one's mortality, the awareness that one has very little time left becomes more clear and urgent with increasing age, further resulting in a new categorization of goals. In particular, future-oriented goals served by bigger and divergent social networks are replaced by present-oriented goals served by smaller and more intimate social networks. Thus, the elderly might reduce the time they invest in activities with more distant network members while increasing time invested in activities with more intimate network members (Carstensen & Lockenhoff, 2003).

There are three aspects of social participation which have been found to be positively and significantly related with subjective well-being of the elderly. In particular, those pensioners who took part in social activities more often, who had more dynamic and functional roles in social activities, and who had continuing associations with their former employers tended to have increased subjective well-being (Zhang & Zhang, 2015). This finding is in line with previous others that had stated that it is not just the frequency of participation, but also the characteristics and depth, the quality, of the participation that is important for it to relate to subjective well-being (Pinquart & Sorensen 2000; Melchior et al., 2003; Gilmour, 2012).

Zhang and Zhang (2015) have summarised the findings of various studies on social participation and have concluded that the link between social participation and subjective well-being can be summarised in four points. Firstly, participation in social activities is seen as providing immediate psychological benefits as a result of one's social support being magnified through interchange and interplay with others (Berkman et al., 2000; Ferlander 2007). Secondly, one's identity and self-esteem are considered to be shaped by affirmative roles in social activities such as volunteering and taking part in services for the community (Borgonovi, 2008; Thoits & Hewitt 2001). Thirdly, Fowler and Christakis (2008) have said that the more one participates in social activities, the greater the chances of being subject to the influences of peer pressure and other societal norms; this is turn is considered to greatly impact subjective well-being. Lastly, social participation increases the incidence of outdoor activities and physical exercise for the elderly, leading to physical psychological health benefits (Pinquart & Sörensen 2000).

Gerstorf et al. (2016) in their study entitled, "Terminal Decline in Well-Being: The Role of Social Orientation", found that the pursuit of participation in social activities in later life stages are associated with maintenance of well-being. Results of the study indicated that active social participation with emphasis on social goals as a high priority in later life are independently associated with increased well-being, decreased late-life decline and delays in the start of terminal declines in old age. Lyubomirsky and Layous (2013) spoke of well-being being boosted directly by engaging in cheerful activities, while Leary and Baumeister (2000) spoke of well-

being being increased indirectly through the enhancement of self-esteem and a sense of control over one's own life, as well as the encouragement of physical and cognitive functioning.

An analysis of the patterns of social participation among the elderly in the US, UK and China has found indications of positive associations between levels of participation with socioeconomic status and health (Tan et al., 2021) – these findings are especially significant in light of the results of a review of 71 studies conducted among elderly Europeans which clearly demonstrated the importance of social influences such as socio-economic position and self-rated health on subjective health and well-being in later life (Read et al., 2015). Huxhold et al., (2014) have also found similar results wherein participating in social activities with friends for the elderly was found to increase both positive affect and satisfaction with life, while simultaneously decreasing negative affect. It is also noteworthy that the beneficial effects were more pronounced for interactions with friends than with family members, to the extent where social activities with friends in particular may act as a buffering agent against the negative effects of aging. Social participation among the elderly has been found to be associated with increases in well-being, quality of life, functional skills and to survival as a whole (Dahan-Oliel et al., 2008).

Rasmussen (2003) conducted a survey on the status of the participation of the youth in both civic and community organisations. Her research stemmed from the realization of the need to enable youth to be more involved in decision-making and for adults to stop making decisions for them without their active participation. Results indicated that in South Dakota where the study was carried out, around a quarter of organizations that participated had some level of youth participation in the decision making process, with more than half responding organisations acknowledging the need for consultation of youth in decision making.

Social support and the Elderly

Social support refers to the help and resources that are received from members of the social network which are further perceived by the recipients as affectionate, kind-hearted and easily obtainable (Cavanaugh, 1998; Cohen & Syme,

1985). Reis and Gable (2003) have described it as the conviction that one is loved, cherished, held in high regard and cared for and it is one of the most dominant factors of well-being for individuals irrespective of age or culture. Gottlieb (2000) has defined social support as an interplay in relations with others which results in increases in coping, self-esteem, a sense of belonging and improved faculties through both perceived as well as actual interchange of material and psychosocial resources. Social support provides numerous benefits like enabling us to better cope with challenges, improving health- physical and psychological, thus further contributing to over-all well-being. Access to social support can therefore be considered essential for a healthy life (Abdullah, 2011).

Most researchers have felt the need to differentiate between perceived support and actual support. Perceived support is explained as the simple perception of the availability of support, it is usually perceived as either positive or negative, and lastly, supplies what the individual thinks he or she needs. Actual support is support that the individual actually receives in terms of words, material goods or something that is done for the individual. Most researchers feel that more than actual support being given to an individual, the simple perception of the availability of support is often more significant (Sarason et al., 1990; Norris & Kaniasty, 1996). Continuing in the same line of thought, Uchino (2009) also stated that in order for social support to actually result in well-being, the elderly themselves have to take control of it - in that, any form of assistance that that is neither needed nor asked for only serves to undermine their mental health, and if it further results in decreasing use of pre-existing abilities, it may even lead to increases in future physical disability. However, if the assistance provided is one that helps increase the elderly's independence, leading to subsequent increases in ability to pursuit one's preferred activities – it serves to magnify one's quality of life. Thus the perception of social support is seen to be related with a positive frame of mind in those elderly who are living with disabilities, whereas the total amount of help actually received may have no impact.

Schaefer et al. (1981) have differentiated between five different types of social support, namely: emotional, esteem, network, information and tangible

support. Emotional support comprises conveyance and disclosure from others that meet our emotional and affectional needs, e.g. communications like, “I want you to know I’m here for you.” Emotional support is more to do with the raising of moods than solving or help with solving problems. Esteem support has to do with helping raise another person’s self-confidence and self-esteem, with the aim of helping them believe that they can achieve some goal or solve some problem they are currently dealing with. Network support has to do with supporting a person by affirming a person’s belongingness in a network, and assurances of support from this network. Information support, as the name implies provides information to a person that will help him/her deal more effectively with whatever situation they are facing, maybe even further enabling them to make better decisions. The last type, tangible support is one where actual physical help is provided, such as taking a person to an appointment or cooking meals for them. Very often, tangible support is non-verbal in nature with the support being provided more in terms of actions than words.

Cobb (1976) in his Presidential Address entitled, Social support as a moderator of life stress, explained social support as basically being information that can further be classified into three types – information that enables a person to believe that he is being loved and cared for, information that enables a person to believe that he is respected and held in high regard, and information that enables a person develop a sense of belonging in a system of commitment and communication. He further goes on to state that from a review of various studies on the topic, social support has been found to have a protective function, shielding people undergoing various pathological crises ranging from low birth weight to death and arthritis to alcoholism and even depression. Social support has been found to help in reducing the amount of medication needed, expedite recovery and encourage obedience to stipulated medical regimes. Research among African-Americans indicated a negative relationship between subjective closeness to family/regularity of communication with friends and suicidal ideation as well as attempts. There were particularly noteworthy interactions between social support and negative interaction implying that social support acts as a buffer against the detrimental effects of negative interaction on suicidality (Nguyen et al., 2017).

Social support serves many benefits, it helps us to feel more satisfied with ourselves and helps us in facing the many obstacles along life's way; it has also been found to boost health including physical and mental health as well as well-being in total. A lot of research has linked social support to desirable healthy outcomes such as psychological adjustment, increased ability to deal with adversities, immunity and recuperation from diseases, decreased mortality and increases in productivity (Abdullah, 2011). One study found that those who had better social support ate more healthily as a result of informational support from friends and family that enabled them to have more confidence in themselves to choose as well as eat healthier as compared to unhealthy foods (Anderson et al., 2007). According to the stress-buffering hypothesis, stress is related with many undesirable health conditions, and the presence of social support is considered to be able to protect individuals against stress and its various consequences (Cassel, 1976; Cobb, 1976).

A structured scoping review of studies undertaken by Auais et al. (2019) in an attempt to understand the role of social factors in recovery after hip fracture has concluded that higher levels of social support as well improved socioeconomic status have a clear effect on the post hip fracture recovery of seniors over the age of 65. They also go on to explain that social support is highly variable, but some of the commonalities that emerged in the literature are contact with others in social settings, network size, individual's marital status, informational support, outings in various social settings and simple contact with another person – all these were found to be beneficial to post-fracture recovery.

The consequences of social support was seen in the works of Lowenthal and Haven (1968) within a sample of 280 people all above the age of 63, where from among those who shared that they had low social interactions, 85% were found to be depressed; in contrast, from among those who shared that they had high levels of social interaction, only 42% were found to be depressed. They also reported that among the elderly, a reliable barometer of those who were most likely to not need institutionalization in the future is reported access to someone they can confide in and share their problems with. Their results further showed inconsistencies in age trends - both people under 65 and over 75, when compared to those between 64 and

75 year olds were less likely to have an intimate other. However with regard to differences among the sexes, it was found that across all ages, women seemed to have more possibility of having intimate others to confide in as opposed to men; further this disparity was even more conspicuous in those under the age of 65 where nearly three quarters of women and only half men disclosed having intimate confidants. Married people were more likely to have such relationships as compared to people who are single and in between come the widowed.

The primary source of social support for men seems to be their wives resulting in less confidential networks when compared to women; women on the other hand have not just broader social networks when compared to men, but are also actively immersed in the lives of members of their networks (Belle, 1987; Wethington et al., 1987). Women identify besides their spouses, friends and members of the family as close and cherished sources of support (Powers & Bultena, 1976). Antonucci & Akiyama (1987) have summarized the above by stating that married women as a result of their larger networks are able to receive support from multiple sources, and this pronounced difference in both quantity and quality of support translates into health advantages for women.

Huang and Yang (2013) in their study of gender differences among elderly Taiwanese citizens found gender differences in social participation in the transition from mid-life to those who are newly retired as well within three years of retirement. Social participation as evaluated by them included participation in leisurely activities, voluntary work and meeting up with friends and family members. Their analysis showed that men tend to participate more in social activities before retirement, and decreases after retirement. The exact opposite was found for women where they participated less before retirement and more after it. The issue of social support is especially important for the elderly as normal everyday life situations may endanger the social networks within their age groups (Kahn et al., 2003). Thoits (1982) went so far as to propose that those with greater levels of support might even be able to avoid a lot of the problems faced by those with lesser levels of support. Sadoughi and Hesampour (2020) in their study of the contribution of social support towards the well-being of the elderly found that there is a significant relationship

between the two factors with family members playing the most supportive role towards enhancing psychological well-being while the role of friends is a little less; but both family members and friends were found to contribute to the emotional well-being of the elderly.

For women, their identities seem to be more strongly tied to the social networks and the social participation in social activities, whereas for men, their identities seem to be more strongly tied to their profession (Golombok & Fivush 1994; Whitbourne & Powers 1994). As a result, to have had lower achievements in education and employment status and consequent income may not be of such consequence for women in old age as it is for men, because unlike men, their subjective well-being is more strongly associated instead to the relationships that they have (Pinquart & Sorensen, 2001). It has also been reported that for women, but not for men, positive life events act as buffers to negative events, effectively counteracting their negative effects (French et al., 1995). A study among elderly Israeli ages 70 and above indicated men as being poorer in well-being compared to women (Carmel & Berstein, 2003), however, it should be noted that this was also attributed to a significant loss in sense of control of men aged 85 and above.

Durkheim (1951) studied the connections between social conditions and suicide way back in the late 1800s. He found that those who were more likely to commit suicide were the ones with lesser social attachments and smaller social networks, as compared to those with greater social attachments and larger social networks. With this as a starting point, today we now know that greater social attachments and relationships result in more assimilation into the social network. The greater the assimilation, the more the amount of social support available (Abdullah, 2011).

Social networks are the organizational character of social relations (Stylianos & Vachon, 1993). Dimond et al. (1987) consider network size - the number of people that we have contact with an important factor and go on to state that larger social networks result in lower levels of depression. Seeman and Berkman (1988) have considered the number of face-to-face contacts and the number of immediate ties is

related to greater availability of social support. Stohl (1995) speaks of network density, reciprocity and network size. Network density refers to the importance of the degree of actual connections between members, large network size without density/ connectivity would not really result in actual support between members. Reciprocity refers to the level of actual interchange between members, where all members actively give and take to each other in equal measures, which may be measured as low or high reciprocity. Lastly, the strength of the network tie, whether it is strong or weak will determine the level of interchange between members. When there is a strong network tie, members feel connected to each other and there is a high level of interchange among them leading to increased social support, such as that between married couples or between parents and children. Weak network ties are those where members of the network don't feel any responsibility to each other, leading to lower levels of interchange and social support.

The very people who specialize in the field of aging related dimensions, gerontologists as well as the elderly themselves both agree that continuing to be occupied and busy socially well into late adulthood personifies all that has come to be associated with ageing well. We now agree that the presence of various supportive social networks help in increasing both physical and psychological health. Members of such networks may have desirable influences on health behaviours e.g. taking exercise or certain medication only after the encouragement of friends and family; other desirable influences may range from being there for each other in times of need, further enabling interplay that results in positive emotional experiences for all concerned (Berkman, 1995; Thoits, 2006). There have been increasing developments in research in the past ten years that point to the possibility of social interactions as a protective agent against the onset of cognitive decline and dementia (Fratiglioni et al. 2004). Those people who continue to engage actively in social interactions after retirement and continue to do so way into later life are most likely to continue having tremendous contributions socially as well as economically; this factor is of further importance in order to keep coping successfully with the challenges of population ageing (Windsor et al., 2016).

The size and level of participation in one's social network lessen with increases in age but become higher depending on one's employment and socioeconomic standing (Fischer, 1982; Thoitts, 1982). Formal volunteering, i.e., to give help in terms of time or work or some skill that one has through an organization or a group has been found to have significant effects on the well-being of older people. This increase in satisfaction with life and positive affect has been attributed to increases in productive interactions as well as increases in avenues for social support from family and friends as a result of the volunteering (Pilkington et al., 2012). Berkman (1985) has gone so far as to imply that absence of social ties might even have an effect on the physiological functioning of the body leading to increases in susceptibility to both morbidity and death.

The social network comprising family members, intimate friends, neighbours and the community at large have been found to be smaller for older adults than younger ones – older adults reported having smaller social networks, yet despite this smaller network, older age was found to be associated with higher levels of well-being. This suggests that it is the very perception of the quality of a relationship and not the number of relationships that are relevant for well-being (Bruine de Bruin et al. 2020). On the other hand, a study among Italians living as couples found that it is those relationships with friends beyond one's family that are an important source of support and satisfaction with life (Amati et al., 2018). The elderly often report having smaller social networks, but still associated with better well-being. Elderly well-being seems to be more closely tied to social satisfaction than factors like number of close friends, indicating that the perception of quality in a relationship more than the perception of quantity is consequential for enabling well-being (Bruine de Bruin et al., 2020). With age, levels of ambition and expectations seem to get increasingly lower (Campbell et al., 1976) further adjusting personal needs as required with regard to current abilities and resources (Brandtstadter & Renner, 1990). These are all in line with the findings of George et al., (1985) that age moderates the effects of income, health and marital status, leading to higher levels of life satisfaction among the elderly in spite of losses in objective conditions.

Family relations and the Elderly

Whether it be for good or bad, family relationships play a pivotal role in determining the well-being of individuals as they traverse across the life span (Merz et al., 2009). As individuals age, the needs for caregiving increase and thus family relationships become even more important than before, especially with social connections in other spheres of life like the workplace becoming less important in their lives (Milkie et al., 2008). All family members are intricately linked to each other across the lifespan, and these linkages/relationships become even more important sources for social connections and influences throughout (Umberson et al., 2010). Such family connections have the ability to provide a sense of meaning and purpose in the members, as well as providing other resources like social and tangible ones that enable gains in well-being (Hartwell & Benson, 2007; Kawachi & Berkman, 2001).

One life course perspective has put forward marital relationships as one the most critical and invaluable relationships that define life context, thus affecting the well-being of individuals all through adulthood (Umberson & Montez, 2010). To be in a marriage, especially in a happy marriage is associated with better mental and physical health (Carr & Springer, 2010; Umberson et al., 2013). Results of previous researches are indicative of higher levels of well-being for married people as compared to those who have never been married, separated, divorced or widowed (Gove et al., 1983; Lee et al., 1991; Ross et al., 1990). Some studies have also found that cohabiters report lower levels of well-being when compared to married couples, but are still at a higher level of well-being than people who are not in a relationship (Brown, 2000; Horwitz & White, 1998; Kurdek, 1991).

Evidence from various theoretical and empirical literature have shown evidence that those people who are strongly rooted in supportive networks with helpful others are more inclined to be higher in physical and emotional health as well as having higher levels of life satisfaction (House et al.,1988).They also maintain that social support obtained from significant others in one’s life tend to not only have benefits for well-being but also act as buffers against negative life events such as

illnesses, accidents, unemployment and financial strains. Umberson et al. (1996) have stated that although participation in various social activities helps in social integration, the majority of research in this area is conclusive of the absolute key role of marriage as a major source of social support. They have gone on to state that the support provided by and found in one's spouses as well as the contentment and gratification obtained from being in committed relationships result in the immense emotional benefits.

However, Gove et al. (1983) also cautioned that it is better to be single than to be in an unhappy marriage distinguished by lack of caring and consideration for each other. In their study they found that there was not much difference in terms of distress between in singles and people in moderately happy marriages; however, those people who were not happy in their marriages were more distressed than the unmarried. Ross (1995) found similar results where singles reported lower levels of depression than people in unhappy relationships. A possible conclusion from these findings is that marriage and other romantic relationships enhance well-being only to the extent that the said relationships are perceived as supportive and gratifying. An unhappy relationship seems to wreak more havoc than the complete absence of one.

The relationships we have with members in our family – with our parents, our partners and our children are integral parts of our intrapersonal relations and having positive relationships with members of our family is positively related to psychological well-being. Symister & Friend (2003) have found that those people who receive support from other members of their family tend to have increased self-esteem and this is a valuable psychological asset that further serves to increase positivity, positive affect and improved mental health. Family members may also serve as agents of social control, providing information and motivation for all to behave in appropriate ways and also to take advantage of existing health care facilities even more (Cohen, 2004; Reczek et al., 2014). Compared to previous years, more people are becoming first time parents at later ages, and this seems to have advantages with research showing that women who are mothers at later ages are more comfortable in their roles (Berlin et al.,2002), and this comfort and lack of stress is more likely to result in consequent increases in psychological well-being.

There are also apparent disadvantages, in that, such parents – sandwich generation - often have the added responsibilities of looking after their own parents or other elderly relatives besides looking after their own children. This may cause a great strain on their psychological well-being as a result of having to manage various responsibilities at the same time (Grundy & Henretta, 2006).

Lowenthal and Haven (1968) in their study of the associations between adult socialization patterns and adaptations found that women were more likely than men to acknowledge having close friends to confide in across all ages. They further found that for women in general, their husbands were the least identified as their close confidante, whereas wives were for the men. Women were found to be more likely to mentions mention their own children or relatives or even friends as close confidants. As people age, sometimes death and relocation become a factor and former social relationships with friends, neighbours and even family members tend to get lost, resulting in the marital relationship becoming even more important for the elderly (Liu & Waite, 2014). As both children and parents age, the connection between the two tends to remain very close, and it is a commonly accepted fact that the quality of such inter-generational relationships is pivotal to the well-being of both generations (Merz et al., 2009; Polenick et al., 2016).

One of the greatest additions to life as an older adult is the new role of being a grandparent. Being a grandparent not only in name but in deed can have both desirable and undesirable implications on psychological well-being depending on the state of affairs for both the grandparent as well as other younger family members, and whether their active roles as grandparents are a requirement or of their own volition. For example, when a grandparent is voluntarily looking after a grandchild, it may result in increases in well-being, but if he/she is doing so out of a sense of duty even when one is in poor health, it may have detrimental repercussions (Talbott, 1990). More recent researches focus on the importance for the elderly of the relationships that they have with their grandchildren (Mahne & Huxhold, 2015). Grandparents, parents and children all provide and care for each other at various stages in life, this in turn affects the social support, stress and social control mechanisms that they develop, which further guides members' health and well-being

in dominant ways across the life span (Nomaguchi & Milkie, 2003; Pinquart & Sorensen, 2007).

Studies are indicative of the central role played by adult children in the social networks of their aging parents (Umberson et al., 2010), as elders are become increasingly dependent on their adult children for care, the effects of parenthood on health and well-being become even more important (Seltzer & Bianchi, 2013). While most lines of thought indicate increased well-being for elderly as a result of support from their adult children (Merz et al., 2010), there is however evidence showing that such support is sometimes related to lower well-being in the elderly, indicative of the fact that sometimes support may in fact act as a challenge to the elderly's concept of independence and ability (Merz et al., 2010; Thomas, 2010). In opposition to popular thought, many elderly parents often provide financial and instrumental support to their adult children such as babysitting; in most such cases, they are often found to give more than they get back in return (Grundy, 2005), the emotional support they provide to their adult children is resultant in increased well-being on their side (Thomas, 2010). Evidence from many studies show that a poor relationship with adult children is injurious to the well-being of the elderly parents (Koropeckyj-Cox, 2002; Polenick et al., 2016); but a recent study by Thomas & Umberson (2018) has found that tension in relationships with adult children is associated with increased cognitive health of the older parents, even more so for fathers.

The majority of research implies that most adult children experience emotional closeness with their parents and there is a healthy interchange of encouragement, intimacy and closeness where both sides actively confide in each other (Swartz, 2009). Such intergenerational interchanges flow in both directions and even more in the direction of parents to adult children than the other way e.g. the possibility of adult children receiving monetary aid from their older parents rather than the other way round is very high (Grundy, 2005). Such intergenerational support and care are a fundamental aspect of life for all generations, whether it be in times of need or as a part of daily living (Thomas et al., 2017). The relationships that grandparents have with their grandchildren is usually reflected in higher well-being

for both sides, except for special cases like when the grandparents are expected to help with considerably more childcare roles (Kim et al., 2017). Most grandparents deem their roles as grandparents' important, feel close to their grandchildren and participate in activities with them, and experience decreases in well-being if they lose touch with them (Drew & Silverstein, 2007). There is now an increasing number of children living in households headed by grandparents (Settersten Jr., 2007), and when the grandparents are the primary caregivers for their grandchildren without the support from the children's parents, it results in greater levels of stress for aging grandparents (Lee et al., 2016), increases in depressive symptoms (Blustein et al., 2004), as well the task of juggling work demands and grandparenting roles (Meyer, 2014).

Relationships between siblings are somehow the least studied, and studies on this particular relationship within the realm of family relationships is the most limited; yet, despite all this, sibling relationships are the most enduring of all due to simultaneous life spans; a good 75% of 70 year olds have a living sibling (Settersten Jr., 2007). Evidence from studies show that positive and complimentary relationships further distinguished by closeness with siblings are associated with increased levels of well-being (Bedford & Avioli, 2001), while those sibling relationships that are dotted with antagonism and lack of closeness have been found to be associated with lower levels of well-being to the extent of major depression and increased tendencies for drug use in adulthood (Waldinger et al., 2007). In the interchange of support and caregiving, siblings have a very central role to play, even more so if their siblings have physical disabilities and other close contacts like their partners/spouses or adult children are not available (Degeneffe & Burcham, 2008; Namkung et al., 2017). People in general believe that their own siblings will be there to help them in times of need crisis (Connidis, 1994; Van Volkom, 2006), and the actual exchange of support, obtaining emotional support from a sibling is related to increased levels of well-being in the elderly (Thomas, 2010). The existing quality of the relationship between siblings is also a determinant of the experience of caregiving – higher the quality of the sibling relationship, greater the degree of care provided (Eriksen & Gerstel, 2002), including lesser levels of emotional burdens as a result of the

caregiving (Mui & Morrow-Howell, 1993; Quinn et al., 2009). As a whole, the conclusion that can be reached from all these studies is the utmost significance of the implications sibling relationships have for well-being across the adult lifespan (Thomas et al., 2017).

Across the lifespan, either the presence or absence of spousal relations is considered to have an impact on psychological well-being, and movements outside of marriage are more frequent as people grow older for the most part, through widowhood. One of the most commonly occurring stressor among the elderly is widowhood, often being further related with losses in psychological health (Prigerson et al., 1999; Wilcox et al., 2003). Data shows that women are more likely to outlive their husbands which may be a result of women often marrying partners older than them, a higher life expectancy among women, and also as a result of men tending to remarry more often than women after bereavement (Stroebe et al., 2001). Evidence from various studies are indicative of more mood and anxiety disorders among the widowed (Onrust & Cuijpers, 2006), as well as increased levels of loneliness (Dugan & Kivett, 1994) and lower psychological well-being (Hughes & Waite, 2009).

Chou and Chi (2004) reported that among the Chinese, married couples without children seem to be more prone to loneliness and depression than married couples with children; this seems to increase even more for childless elderly Chinese couples. The researchers themselves have noted the unexpectedness of this finding given the fact that most married people find assumed support from their significant others. Thus this finding may be taken as confirmation of the depth of importance of the support provided by adult children for elderly Chinese, and being childless seems to be a major factor in lowering the psychological well-being of elderly Chinese. Chou and Chi (2000) in another study also confirmed the role of children in enabling psychological well-being among the elderly by the help and support that they provide for them, given that most Chinese elderly live with their children. In keeping with this, Ngan and Kwan (2002) have also stated that the presence of support and family relationships is essential in determining the mental health of Chinese elderly. Phillipson et al. (2001) have found that elderly men seem to seek out their partners

for emotional support more than elderly women do. Even among family members, daughters seem to stand out as dominant groups for the elderly in comparison to sons or other members of the family. This seems to indicate that the ties the elderly have with their daughters does not seem to decrease with increasing years. Older people are also seen as ones whom their children can confide in in times of need and who can sometimes be sources of financial support. Thus, the ability of the elderly to be both providers and recipients of emotional support within the family is a very critical factor of family life for the elderly.

An Indonesian study found that among the elderly, social support from family members highly contributed to their psychological well-being, with emotional support, respect and regard enabling the perceived social support (Desiningrum, 2010). The relationships that the elderly have with their grandchildren often lead to higher levels of well-being for both the grandparents as well as the grandchildren. Most grandparents interact with their grandchildren and consider their own roles as grandparents important, and may even display decreases in well-being as a result of loss of contact with them (Drew & Silverstein, 2007; Kim et al., 2017).

Stress and the Elderly

Selye (1956, 1976), has used stress as a way of describing the various problems and hurdles experienced by people as they attempt to cope with and adjust to the constantly changing conditions of their lives. Selye further pointed out that stress may be negative and positive – negative stress that we face in times of illness or positive stress that we face in situations such as a wedding. Both negative as well as positive stress can cause a strain on one's capacity to cope - with negative stress having even more potential to cause serious harm. Stress may be a one-time event, an incident that occurs from which we can move on, or it may be a repetitive strain that may even exceed the totality of our coping skills (Butcher et al., 2010). Stress is a negative state of mind where changes in behaviour, thinking, biochemical processes occur simultaneously, with the goal of either trying to change a stressful situation that the organism is currently facing or to try and adjust the organism to the effects of the said stressful situation (Baum, 1990).

Stressful events themselves are known as stressors, and were the initial focus of research. However, it was soon realised that the perception of events as stressful does not depend on the stressors themselves, but rather on the people who are experiencing them and their individual perceptions of the so-called stressor. The same event may be perceived as stressful by one and not so stressful by another. If the person who is facing the stressor feels confident in his/her ability to face and overcome the situation, it may result in little stress. If the person feels that he will be able to overcome this stress, but with a lot of struggle, it may result in a decent amount of stress. But if the person feels that he/she is not strong enough to meet the demands of the stressor, it may result in a high level of stress. As can be seen, stress is the result of people's appraisals of the stressful situations, their appraisal of their own abilities to respond to it and how they actually face the stressor. The importance of stress lies in the fact that it has a two-pronged effect – psychological anxiety as well as related changes in bodily functions that may have further consequences on health, both immediate and long-term (Taylor, 2010).

Aging is a phase of life characterized by numerous losses and manifold changes. On the whole, there seems to be a decrease in the capacities of the elderly to deal with and adapt to changes in their lives and cope with emerging stressors. Furthermore, this decrease seems to be happening at a time when there is simultaneous increase in the amount and severity of stressors in the lives of the elderly (Miller & Oertal, 1983). While most people seek to be able to adjust psychologically to stress that is not unexpected and is not too severe in nature, weaker sections like children and the elderly as well as those in the low socio-economic brackets seem to be more negatively impacted by recurring stressors (Cohen et al., 1978) in the face of such recurring stressors, they may exhibit weakness and frustration in carrying out various works. A possible reason for this may be that people in these groups may already be having less control of their own circumstances, and the introduction of new stressors may be more than their limited resources can handle (Taylor, 2010).

Apart from individual and situational issues that may influence how one copes with stressful situations, there seem to be evidence of age having an

association with various styles of coping (Diehl, et al., 1996). In a study conducted by Whitty (2003) where she looked into the different types of defence mechanisms and coping strategies used by people in various stages of life, results showed that in comparison to young old adults, the elderly were found to employ defence mechanisms in a more mature way. Folkman & Lazarus (1980) in their study comprising middle aged people noticed that there seems to be a change in the very sources of stress as people grow older. The differences in styles of coping seem to be connected to the changes in the stress source for the elderly.

Manfredi and Pickett (1987) conducted a study aimed at finding out the kinds of stressful situations commonly faced by the elderly as well as the coping strategies they used most often - they found that the two most frequently experienced stressors for the elderly were loss and conflict and they tended to most frequently use prayer as a coping strategy. They went on to state that popularity of the use of prayer as a coping strategy may indicate a turning towards a more powerful source in the face of one's helplessness as a result of loss and conflict. It may also be indicative of a sense of lack of control over one's own life, thus a turning towards a higher entity for help. Results from various studies have indicated that the elderly tend to deal with stress in a different way as compared to youngsters – they exhibit more emotion-focused coping, i.e., a non-confrontational and a personalized effort to deal with upsetting feelings as opposed to trying to change the stressful circumstances. But on the other hand, other researchers have also noted that problems faced by the elderly are often less alterable than those faced by younger populations, therefore, if the kind of problem itself is matched, differences in coping styles are often found to be much lesser than believed or even removed (Staudinger & Pasupathi, 2000).

Thoits (1995) in her review of various studies found that they enabled a conclusion where assuming equal measures of stress experienced, people who are unmarried, the old and women as well as those in lower socioeconomic groups have been found to show higher levels of depression or psychological despair as compared to those in higher socioeconomic groups. The relationship between social support and stress was studied with an elderly sample of 60-88 year-olds spanning a total duration of six months during which the participants were assessed twice. It was

found that social support may be considered a noteworthy predictor of physical health, while psychological health was found to be associated with stress as a result of social support interplay. The results obtained showed that greater social support lessened the detrimental effects of stress on psychological health (Cutrona et al., 1986).

Studies show that stress can have detrimental effects on health and well-being and problems in relationships with members of one's own family have been found to be an extraordinarily conspicuous kind of stress (Thoits, 2010). Social support has been found to cause reduction in depressive affect by working towards increasing the self-confidence of the recipients of social support, as well as enabling a subsequent decrease in self-denigration (Fukukawa et al., 2000). Traphagan (2022) in his study among elderly Japanese found that the multigenerational household does not necessarily create a shield from loneliness and isolation for elderly Japanese. In fact, due to stressful relationships with family members may sometimes lead to development of intense suicidal feelings. The source of stress between generations living in one household is often attributed to differences in values held by both parties.

The review of literature adequately highlights the relevance and integral roles played by the factors of Social participation, Social support, Social networks, Family relations and Stress in the well-being of the elderly. The many studies mentioned range from various cultures across the globe, thus providing a rich and comprehensive background for further studies in yet unexplored ones.

Chapter - II

STATEMENT OF THE PROBLEM

Across age groups, the elderly are a particularly susceptible group because an undeniable consequence of ageing is that one is left with lesser unimpaired resources as compared to younger or middle-aged counterparts (Miller & Oertal, 1983). The elderly are more probable to face what are called exit events, while younger people have a higher probability of facing entrance events. Some researchers understand and identify entrance events as challenges, tasks or events that test one's abilities, indicating that one is getting on with life and starting to face various challenges. Exit events on the other hand are understood as threats and/or losses, perils and dangers, distress and anguish as one faces impending death, both of the self and partners and friends. Therefore, the elderly are more prone to be faced with the weight of losses of significant people in their lives while having to cope with difficulties in their health as well as possible increasing loss of independence (Mc Crae, 1982).

In Mizoram, the elderly are accorded places of respect within families, communities and society. Such respect for elders has been possibly attributed to religious beliefs, the traditional values social norms held by the Mizos, their cultural heritage as well as their education. Improvements in conditions of living, accompanied by similar improvements in diet, health care and nutrition may be why elderly people today do not seem to show outward signs of ageing as compared to those elderly who lived in the mid-sixties to the elderly seventies. But it must be acknowledged however that there are still differences in the living standards of educated vs. uneducated elderly, as well as those living in rural and urban areas (Thanseia, 2007).

Existing literature on well-being in old age tends to focus on well-being as coupled with health/fitness and standard of living/ quality of life (Muhli & Svensson, 2017). At the most rudimental level, well-being is simply about feeling well, feeling good – an awareness of being healthy, happy and flourishing. This sense of wellness encompasses psychological health, satisfaction with life and a sense of purpose in life, as well as being able to cope with stress. Well-being ought to be thought of as a state of stability and collectedness. It refers to how well the personal assets we have are able to help us in meeting the various challenges of life – in all the physical, social as well as psychological realms (Wood, 2021).

When talking of psychological well-being, it is usually about a desired optimal level of functioning (Ryan & Deci, 2001). Psychological well-being has also been considered by some as the representation of the eudaimonic tradition, emphasizing the establishment of skills and self-growth (Diaz et al., 2006). Psychological well-being comprises six factors namely, Self-acceptance, Positive relations with others, Autonomy, Environmental mastery, Purpose in life and Personal growth. Psychological well-being is also associated with the different subjective experiences that we all have, as well as to various facets of physical, psychological and social functioning (Ryff, 1989). Well-being itself has been found to show great variations depending on age, gender and culture of people. The usual parameters for measuring well-being such as a sense of purpose in one's life and need for personal growth show a tendency to become less significant with age, increasingly even more so with advancing age. Instead, the elderly continually see themselves in relation to their past and not with aspirations for further development in the future (Ryff, 1989).

Research findings in the field of Gerontology has confirmed that social relations have the ability to cause increases in health and survival rates, but it should be noted that precise findings are also sometimes erratic (Berkman et al., 2000; Berkman & Syme, 1979; Seeman, 2000). One study conducted among 3,795 elderly adults from various cities in mainland China showed that the three main resources of health, economic status and family relations have strong associations with subjective well-being and further, the particular variable of family relations was seen to have an even higher influence than the other two (Dai et al., 2013).

Social participation has been defined as inclusion in activities that provide people with a chance for interplay and contact with others in society/community. There is also emphasis on the fact that this inclusion may be seen as stretching between the passive to active ends of a continuum. Especially for the elderly, social participation is considered an integral component for healthy and successful aging (Levasseur et al., 2010).

Epidemiologists have confirmed that social participation is positively related to desirable health consequences in the elderly and a study among Canadian senior citizens indicated that most of them were actively involved in at least one kind of social activity and, greater participation in social events was further linked to increases in self-perceived health and decreases in loneliness and satisfaction with life. One plausible explanation for this may be the increased social support one gains as a result of increased relationships with other via increased social participation. Social support is said to act as an intervening factor, substantiating the oft-mentioned hypothesis that the essence of social relationships is a determining factor of the association between social participation and health (Gilmour, 2012).

Most researchers have the tendency to tie decreases in social engagement with increases in age as being a result of changes in available resources which are again age-related, or social motivation (Windsor et al., 2012). Such explanations usually emphasize how changes in the abilities and resources of the elderly may have consequences on the character and degree of participation in social activities. They also recognize that such decreases in social networks among the elderly is partly due to death of close friends and family; there is also emphasis on how reductions in fitness and maneuverability including limited access to transport, all contributing toward negative effects on social activities (Pinquart, 2003).

Social support encompasses both articulated and expressed support as well as non-verbal actions between one who gives and one who provides, resulting in lessening apprehensions about the self or a particular situation, or even a relationship and thereby magnifying one's understanding of individual control in one's life (Albrecht and Adelman, 1987).

Social support has also been explained as referring to the inherent quality of relationships that enables it to uphold and substantiate members of the relationship emotionally (Umberson & Montez, 2010). Numerous studies ratify the confirmation of the positive association between social support and physical and psychological health (Cohen, 2004; Uchino, 2004). Social support is also conceived of as having an indirect effect of magnifying mental health by lessening the full impact of stressors

or by enabling a sense of meaning and direction in one's life (Cohen, 2004; Thoits, 1995). Social ties that are perceived as being supportive may further stimulate a physiological sequence such as reductions in blood pressure, stress hormones and heart rate which are all advantageous to overall health and downplaying distressing arousal that initiates risk-taking behaviors (Uchino, 2006).

In a study comprising as much as 1,185 elderly, it was found that well-being is notably associated with their own subjective assessments of the social ties and support that they had. The higher their level of satisfaction with their social relations, the less likely they were to report loneliness. This was seen even in those who had been widowed, or living on their own or actually seeing their friends very little – as long as they were satisfied with the character of their relationships, they were less likely to feel lonely (Ward et al., 1984). Psychological well-being in the elderly has also been seen to be significantly related to their interactions with their friends (Woods & Robertson, 1978).

Five types of social networks have been identified - diverse, friend focused, neighbor focused, family focused and restricted. While the different types of networks were reflections of differences in compositions, it was also noticed that those networks with more social ties led to the most desirable outcomes (Litwin, 2001). Also, those networks with lesser social ties led to the most undesirable outcomes like lesser physical activity and inferior mental health (Litwin, 2003; Litwin & Shiovitz-Ezra, 2006). Further, it has also been seen that the elderly have a tendency to report fewer social networks, but increased satisfaction within these smaller networks (Lang & Carstensen, 1994).

The question of whether the association between well-being and social networks works the same way for young-old and old-old people was looked into with results showing that it is not the same across ages, with variations depending on age. The most significant associations between social networks and well-being were found among the younger-old group which in this study comprised of people aged 60-79. There were also indications of not just differences in the relationship between social networks and well-being, but also in the direction of the associations. Most

notably, this study showed that social networks make a difference in very old age, but not in the same way as for the young-old (Litwin & Stoeckel, 2013).

Family relationships enable the elderly to provide for other people's wellbeing and are a source of support, delight, enjoyment and protection. It gives them an avenue to help care and provide for members of their family and other relatives and enables them to share their wealth of learning and practical knowledge such as stories of the different places they have gone to, with younger family members who themselves are just starting on their life journey. Such support is often bi-directional where the younger generations also help the elderly learn to handle modern innovations like the internet, helping them feel cherished, maintain their individuality while also allowing them to keep up with the rest of the world. On the other hand, being alienated from family and not maintain ties with their adult children can have detrimental effects on their wellbeing. They may feel irrelevant and of no use to anyone anymore and that the help that they do continue to receive from family members is only because they have to and not because they want to or care. They often feel like a mere encumbrance (Barnes et al., 2013).

On the other hand, being an equal member in the family actively taking part in decision making and having good marital relationships has been found to have a direct influence on health and psychological well-being. Results of the study by Escriba-Agüir and Tenias-Burillo (2004) has found evidence of the importance of a satisfactory relationship between partners on increased psychological well-being. Mroczek and Kolarz (1998) found that those elderly who were married had higher levels of well-being as compared to those who were single.

Various studies by different researchers have pointed out that psychological, social and physical well-being seem to be affected by the different ways in which people deal with stress (Antonovsky, 1979; Cohen & Lazarus, 1973; Janis & Mann, 1977). While prayer heads the list of most commonly used coping strategy in Manfredi & Pickett's (1987) study, the identification of least used coping strategies such as self-blame, avoidance and escapism and displacement may be indicative of an awareness of the futility of self-blame in situations/stressors commonly faced by

the elderly such as deteriorating health and loss of partners. Established observations in various researches indicate that social relationships are critical factors contributing to satisfaction with life among the elderly (Larson, 1978; Liang et al., 1980); correlations have also been found more recently among the elderly's social relationships and physical health (Gallo, 1982); social support and social contact have also been found to be significant negative predictors of death among the elderly (Blazer, 1982).

A study conducted among Mizos (middle adulthood and late adulthood) found that older adults seem to experience lesser levels of anxiety compared to younger adults, which was said to be indicative of the elderly having developed coping skills that allowed them to experience less negative emotional reactions to stressful events and respond more constructively in the face of crises. Participants in the study who took part in religious and social activities were found to be less likely to report low levels of psychological well-being in comparison to those who reported themselves as not participating in similar activities (Lalnunmawii, 2018).

Findings of a study in the role of social support and adaptation to stress in the elderly (Cutrona et al., 1986) suggests that those elderly with established social networks that provided for social support were able to use this very support in times of stressful experiences. Their findings also indicated that those elderly who were psychologically healthy seem to perceive their experiences in a more positive light, further resulting in them not considering them significant enough to report as negative events, or they may have simply responded by behaving in more adaptive ways, further preventing the onset of stress completely.

According to the 2011 census in Mizoram, there are a total of 14,222 males and 13,968 females in the age group of 65-74. The census records 3,884 males and 3900 females between the ages of 75 and 79. The rest, 80 plus are recorded in one group and they amount to 3882 males and 4292 females (Directorate of Economics & Statistics, Mizoram, 2018). The population of the elderly in Mizoram today as mentioned in the 2011 census is very different from what it was before. In the past, Mizos had very high respect for their elderly and they never mistreated them. The

advice of the elderly was considered the wisest and was most valued. In many walks of life such as hunting, community feasting and at times of sleep in the *Zawlbuk* (bachelors' dormitory), the elders would always be given importance by according them first choice (Lianzela, 2007). In a typical Mizo society, the Village Chief would rule over his people with the help of a council of elders/advisers referred to as *Upas* who were appointed by the Chief. Their role may be compared to contemporary ministers in the Chief Minister's cabinet, but in addition they were also akin to the jurors in modern judicial courts (Nag, 1998).

Hrangkhuma, (1989) writes that Mizo society was both patriarchal and patrilineal with laws of inheritance differentiating between elder and younger sons, while daughters had no right to inheritance whatsoever. A division of inheritance among sons was also not uncommon. The stark contrast in the status of men and women can be seen even in childhood where young boys had complete freedom to play while girls as young as four were required to assist in various household chores like gathering firewood, collecting water, babysitting and cleaning rice. Women occupied a very low place in society where the payment of bride price was abused in such a way that marriage often seemed to be much like buying cattle. All the hard work was done by the women who worked from dawn till dusk, with little rest even till late night. On the other hand, the men folk, the elderly and the young were completely free to do whatever they pleased. Women helped men in their work in the field without neglecting their many responsibilities in the household. Yet if men did what was considered women's work, he was jeered at for being hen-pecked. Gender roles were clearly marked with female roles and responsibilities being much harsher than men's.

The social ethic valued most by the Mizos which defines the character of the Mizo most precisely is *Tlawmngaihna.* Attempts to explain it have pointed towards similes like generosity, unselfishness, perseverance and conscientiousness. *Tlawmngaihna* was taught at home, at the *Zawlbuk* (boys' dormitory) and it was the highest aim for the young. *Tlawmngaihna* is a code of conduct which makes one do something that one does not necessarily feel like doing, and that too not reluctantly, but as if one enjoyed doing it. *Tlawmngaihna* is a trait which made the young vie to

be the first to get up and collect water and cook food on hunts, a trait in the young that made them make sure that the elderly did not do anything but sit back and enjoy while they did all the work. At mealtimes, it was this very trait that prevented the young from eating unless the elders had started eating first (Hrangkhuma, 1989). "A *tlawmngai* person should do whatever the occasion demands no matter how distasteful or inconvenient that might be to oneself or to one's own inclinations" (Malsawmdawngliana, 2015, p.155).

Women were not considered to have any religion of their own but followed that of their husband's. With the advent of Christianity, changes were brought about where the previously completely male dominated society was now taught equality of men and women in terms of salvation, enabling a liberating influence especially for women. Lalhmuaka (as cited in Hrangkhuma, 1989) states that education of the Mizos by Christian missionaries was for both sexes and this was seen to greatly contribute towards the emancipation and upliftment of Mizo women.

In the past, Mizos as a people held their elders in the highest esteem and respect. The elders in society were considered to be very wise and their advice in all matters was greatly treasured. In 1957, the Mizoram Upa Pawl (Mizoram Senior Citizens Association) was formed as a non-governmental organization to tackle various problems faced by senior citizens. Today, the Mizoram Upa Pawl (MUP) has more than 500 units, 67 areas and 4 Sub-Headquarters across the state. Any citizen of Mizoram above the age of 50 is eligible for membership and they are actively involved in identifying members within their own localities who may be facing various problems with regard to health, finances etc. On identification of such needy members, the organization usually helps in cash or in kind as suits the needs of the particular situation. Avenues for social participation and formation of social networks is encouraged by organizing meetings for the elderly where various recreational programmes are organized including cultural items, games and dancing in which all members can participate. Informational lectures on various issues like elderly health, care of the elderly and sanitation, as well as lectures on how to look after one's family are often given by qualified doctors and other professionals. In Mizo society, the elderly are looked upon by the younger generation as wellsprings

of knowledge and wisdom. It is said that among the Mizos, life after retirement may be enjoyable and satisfying as experienced by members of the MUP, if only they would continue participating in previous as well as new pursuits. Members of the MUP also keep themselves busy and engaged by volunteering in works of different kinds (Thanseia, 2007).

In traditional Mizo society, women were accorded a very low position, where the men had full authority over them; and in terms of work distribution, they worked equally hard and even more so with no time to rest even at night with the completion of certain chores expected of them simply for being a woman. Women had absolutely no role in the administration of the community or their own affairs. With the advent of Christianity and the abolishment of chieftainship, now educated women found their voice and the Mizo Hmeichhe Tangrual Pawl was established in 1946 to later be a part of an umbrella of various women's organizations called the Mizo Hmeichhe Insuihkhawm Pawl (MHIP) in 1998. It is affiliated to the All India Women's Conference (AIWC) and has a well established law book that it abides by. It also has a monthly publication, 'Runlum' and the upliftment of the status of women, women empowerment and protesting violence among women are a few of its aims and objectives (Hmingchungnungi, 2018). Membership to the MHIP starts at the age of 14 for women who pay yearly membership fees.

Finally, the Young Mizo Association (YMA) is the oldest, biggest and all powerful voluntary organization in Mizoram. It was founded on 15th June, 1935 and previously named Young Lushai Association (YLA). The YMA has very well organized structure and its influence can be felt in all spheres of life by every family in the state. *Tlawmngaihna*, the ethic and code of conduct that guides the Mizo way of life may be explained as the performance of selfless acts where the need of the community is also put above the need of the individual, further uniting the community. The concept of *Tlawmngaihna* may be understood as Putnam's concept of social capital, social networks and associations and cultural norms that enable collective acts by members in the pursuit of common objectives (Ralte, 2017). The YMA is very influential and powerful in Mizoram with a variety of social, cultural, economic and political roles.

There are various government initiatives targeting the welfare and well-being of the elderly as well. The Department of Education has been running an Adult Education Wing for many years now, which has seen consistent but sparing participation from the elderly Mizos. However, data from this programme shows that their main areas of operation are the areas in the state where the literacy level is lower than the average of the state, which usually are outside Aizawl Municipal area, the purview of this research. There is acknowledgement and an admission from the department that even when programmes are initiated within Aizawl Municipal area, there is always very low participation because of the reluctance among people to admit to not being able to read and write, and there is a difficulty for workers in identifying candidates due to the sheer density of people within the city as compared to those in the rural areas. A recent pilot programme in one locality of Aizawl under the Adult Literacy & Occupational Skills Development Programme has recorded an enrollment of 12 elderly within the age group of 65 to 98. It is worth mentioning that of these 12, only 4 are male while the rest are females, and the oldest candidate who has signed up for the Foundational Literacy and Numeracy programme is a 98 year old female (Government of Mizoram, N.H.M, 2022).

The Health & Family Welfare Department in the state currently has a National Programme for Health Care of the Elderly with the aim of providing accessible, affordable and comprehensive long-term quality services dedicated solely to the needs of the elderly. This programme is currently run in all district capitals of the state and records show that elderly citizens who have gotten hospital care and rehabilitation services run into the thousands in all districts (Government of Mizoram, S.E.D, 2022).

The Social Welfare Department (SWD), Government of Mizoram as directed by the Government of India is currently running a number of initiatives for the elderly. They have an Old Age Home/State Senior Citizens Home in the capital, Aizawl which is currently 10 bedded, with plans to upgrade it to 30 beds in the immediate future. Most of the inmates are from Mizoram, though they also sometimes have non-Mizos from the mainland – mainly migrant workers who have stayed on and Burmese refugees. The Mizo elderly in the home are sometimes those

without family to look after them or go home to; sometimes they have family but they are unable to care for them. There are also instances where the elderly have been taken back by their family members. The Ministry of Social Justice and Empowerment also provides for the maintenance of Senior Citizens Home, 25 bedded as well as 50 bedded for every district in the state, but these are run by church organisations and non-governmental organisations. The Social Welfare Department has also undertaken a variety of initiatives like documentaries about ageism, talk shows in local cable television networks to create awareness about possible discrimination of the elderly and about accessibility for disabled senior citizens. Future plans include setting up physiotherapy clinics for the elderly, aiding Geriatric Wards in government hospitals and training Geriatric caregivers and creation of a pool thereof (Government of Mizoram, SW&TA, 2022).

Amidst this back drop of literature, this study will aim to highlight the role of social support, family relations and social networks/participation, particularly the MUP, in contributing to well-being (psychological, social and emotional). Ageing among the Mizos, like anywhere else in the world, brings with it major adjustments and life changes. Deterioration of physical health, retirement from jobs, possible feelings of inadequacy within one's own family are possible contributors to the occurrence of the conflict of despair versus integrity that has been mentioned in literature. Among the Mizos, the presence of strong social support inbuilt in the community traditions and social networks like the MUP, MHIP and their levels of participation in it are expected to play a role in buffering the effects of stress.

In Mizo society, women assume the majority of domestic and family responsibilities; men are freer to take part in social responsibilities / obligations (Mary Vanlalthanpuii, 2021; Lalhmingpuii & Namchoom, 2014). This is further expected to be evidenced in gender differences in the various constructs measured. The age range of elderly Mizo persons to be considered in the study will be of two categories, the young-old (65-74) and the old-old (75years and older). Membership to the MUP is from the age of 50 and above, and although nearly all elderly Mizos are members, they are not really active members till after retirement years and above. Even after retirement, many of them do not consider themselves 'old' enough to be a

member of the MUP until a little later. So it is expected that even among the two categories, there will be differences in well-being as a result of their participation, or lack of it, in a social network like the MUP. Active participation in such a social network and the social support thus gained from it is expected to reflect in further differences between the two with regard to well-being and perception of stress.

The main objective of this research is to try and find out the status of the elderly in Mizo society not as we commonly believe or perceive it to be, but the status of the elderly as the elderly themselves see it – their status measured in terms of well-being as affected by participation in social activities, by their family lives, by the support that they receive and the stresses they face as eldest members of families and of society. Of the many studies that have been conducted among the Mizos, empirical studies based specifically on the elderly are few and far between. This is surprising especially when considering that the Mizos are a society that pride themselves on respecting elders and holding them in high esteem, not just in words but in action in everyday life. This study will aim to fill this gap in literature with the hope that it brings about greater understanding of the elderly Mizos not only for the Mizos themselves, but also for interested researchers elsewhere.

Operational Definitions:

Well-being:-

i) **Emotional Well-being** for the purpose of this study may be defined as comprising facets of the hedonic line of thought, measuring those feelings related to happiness, interest in and satisfaction with life (Keyes, 2002).

ii) **Social Well-being** for the purpose of this study may be defined as comprising facets of the eudaimonic line of thought, measuring those feelings related to social contribution, social integration, social actualization/growth, social acceptance and social coherence/interest (Keyes, 2002).

iii) **Psychological Well-being** for the purpose of this study may be defined as comprising facets of the eudaimonic line of thought, measuring those feelings related

to self acceptance, mastery of the environment, positive relations with others, personal growth and autonomy as well as purpose in life (Keyes, 2002).

iv) **Social participation** for the purpose of this research may be defined as Group Participation, where the groups considered are community based organisations in which participants form a web of group affiliations on the basis of factors like age, similarities in thinking, intellectual life etc. (Simmel, 1955; Rasmussen, 2003).

v) **Social support** for the purpose of this research may be defined as a measure of the support that one perceives as received from family, friends and significant others (Zimet et al., 1988).

vi) **Family relations** for the purpose of this research may be defined as a measure of the levels of loyalty, commitment and aid expressed for other family members; it also encompasses the degree to which family members express their feelings openly among themselves including those of conflict and animosity (Moos & Moos, 2009).

vii) **Stress** for the purpose of this research may be defined as a measure of the levels in which various incidents in one's life are evaluated as stressful, as well as the degree to which people assess their individual lives as uncertain, unmanageable and overburdened (Cohen et al., 1983).

Objectives and Hypotheses

Given the theoretical and empirical background, the following objectives and hypotheses are put forth:-

Objectives:

1. To highlight gender (male vs. female) and age (young-old vs. old-old) differences in Well-being, Social support, Social participation, Family relations and Stress.

2. To highlight the relationship between Well-being and Social support, Social participation, Family relations and Stress among young-old and old-old Mizos.

3. To elucidate the contributions of Social support, Social participation and Family relations to Well-being among young-old and old-old Mizos.

4. To elucidate the moderating role of Social support and Social participation between Stress and Well-being.

Hypotheses:

1. There will be gender (male vs. female) and age (young-old vs. old-old) differences in Well-being, Social support, Social participation, Family relations and Stress.

2. Significant relationships are expected between Well-being and Social support, Social participation, Family relations and Stress among young-old and old-old Mizos.

3. Social support, Social participation and Family relations will significantly contribute to Well- being at different levels for both age groups.

4. Social support and Social participation will moderate the relationship between Stress and Well-being.

Chapter - III

METHODS AND PROCEDURE

Sample

In order to address the objectives of the study, a representative sample of elderly Mizos, classified into two age groups – young-old who are aged between 65 – 74, and old-old who are aged between 75 – 84 (Feldman & Babu, 2017) were obtained in equal proportion of male and female gender, using a multistage random sampling procedure.

The first stage of sampling started with listing of localities from 13 wards of the Aizawl Municipal Corporation Area, totaling to 83 localities. The localities were further divided in North, East, South and West in accordance with the division followed by the Mizoram Assembly Constituencies.

In the second stage, a lottery method of simple random sampling was used to select three localities from each constituency. The constituencies had an average of 9 localities, the smallest having only 6 and the biggest having 17. Sampling weights were then calculated to ensure equal sampling units on the basis of the population size of the various localities.

In the third stage, MUP membership registrations maintained by the MUP leaders in the localities were used to identify participants that fit the inclusion criterion of male/female and young-old/old-old as classified by Feldman & Babu (2017). Since the participants are all senior citizens, there was even more concern with regard to responses not being returned, the questionnaires were thus sent out to more than the targeted sample size of 500. Of the nearly 600 people who were approached, 444 responded with completed questionnaires in the end.

As parametric statistics were envisaged to be used in the analyses of the data, data were first screened, extreme outliers were deleted, mild outliers were winsorized and an equal number of participants were randomly generated for each cell of the design to ensure the statistical power of interpretation. The final sample thus retained was as follows: 408 elderly Mizos, out of which 204 were young-old (102 males and 102 females) and 204 were old-old (102 male and 102 female).

To ensure sample representativeness and homogeneity, demographic information of age, gender, marital status, educational qualification, occupation, number of family members & family type and membership in various community organisations.

Among young-old male and female respondents, 66.2% were married, 3.4% separated or divorced, 25% widowed and 5.4% were single. The percentage of young-old elderly respondents who studied till the matriculation level was 30.4%, while 2.5% did not attend school at all. On the other hand, 19.6% studied till graduation level. 13.7% and 11.8% of respondents reported working at various government offices at both leadership and administrative levels. Amongst them, 7.8% identified themselves as homemakers and 8.8% reported themselves as unemployed. There was a good mix of central service officers, former legislators, doctors and people in the armies/military/police. Those who lived in joint families accounted for 68.6% of the respondents and 31.4% in nuclear families with number of family members ranging from 1 (for those who reported themselves as living alone) to 40 family members. The most frequently reported memberships in social organisations are the MUP (Mizoram Senior Citizens Association), MHIP (affiliated to the All India Women's Conference) and religious organisations.

Among old-old male and female respondents, 56.9% were married, 1% separated or divorced, 36.8% widowed and 5.4% were single. The percentage of old-old elderly respondents who studied till the matriculation level was 26%, while 8.8% did not attend school at all. On the other hand, 25% studied till the graduation level. The various occupations reported by respondents varied from the highest 15.8% for homemakers to a second 13.3% for those who identified themselves as unemployed. Like the young-old, there was a good mix of central service officers, former legislators, doctors and people in the armies/military/police. There were 71.6% of respondents who lived in joint families whilst 28.4% lived in nuclear families; the number of family members ranged from 1 (for those who reported living alone) to 36 family members. The most frequently mentioned memberships in social organisations for the old-old are the MUP (Mizoram Senior Citizens Association) and religious organisations.

Design of the study

To address the objectives, the study incorporated a two-way classification of variables 'Age' (young-old and old-old) and 'Gender' (male and female) as depicted below. Embedded within this was a correlation research design to elucidate the inter-relationships between Social participation, Social support, Family environment and Stress in the two groups of young-old and old-old elderly Mizos. Further, moderation models to be tested is also depicted where the moderating roles of Social support and Social Participation in the relationship between Stress and Well-being in the elderly Mizos are envisaged (Figures 2 a & b).

Figure 1: Sample characteristics of a 2 X 2 (2 age X 2 gender) factorial design as depicted below :-

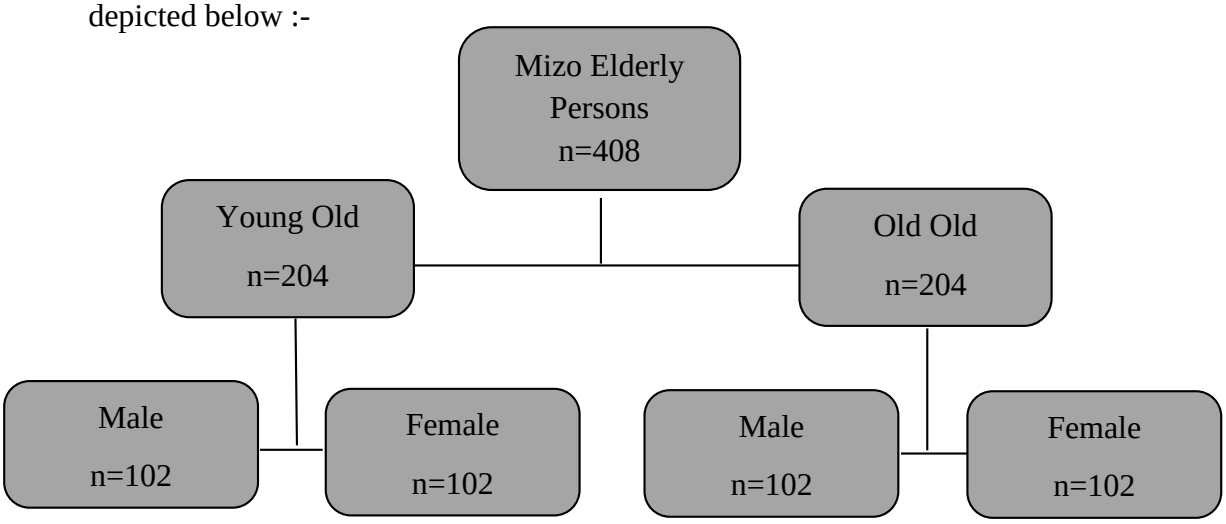


Figure 2(a): Moderation model of Social support between Stress and Well-being.

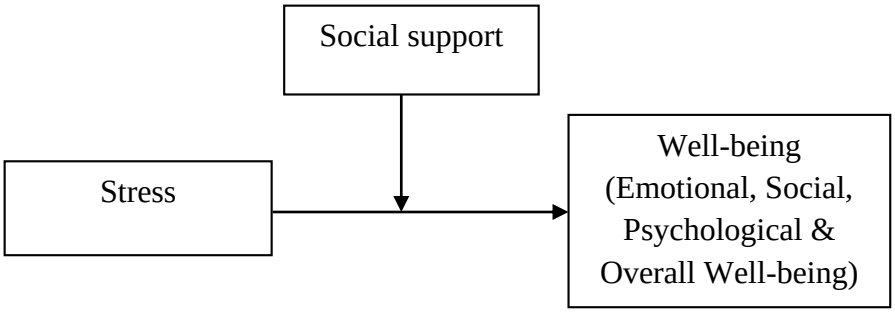
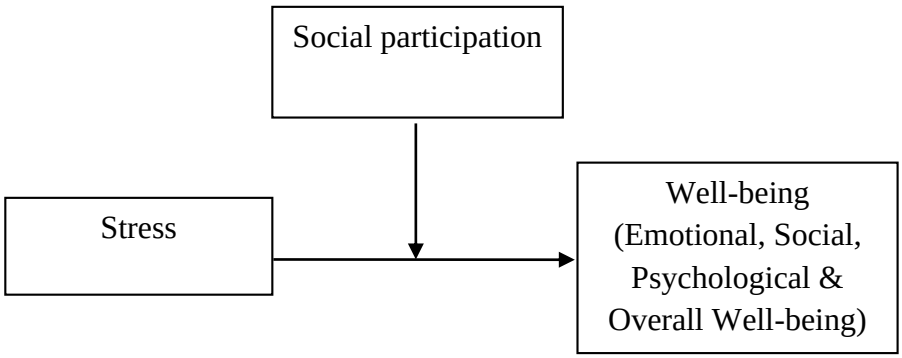


Figure 2(b): Moderation model Social participation between Stress and Well-being.



Psychological Tools

The following psychological tools will be used for this study:

i) Mental Health Continuum- Short Form (MHC-SF; Keyes, C. L. M, 2002)

The Mental Health Continuum—Short Form (MHC-SF) is a 14-item self rating scale using the 6-point Likert which ranges from 0 (never) to 5 (every day). It is made up of three subscales: Emotional well-being represented by three items, Social Well-being represented by five items based on Keye's (1998) model of SWB which includes measures of social acceptance, social actualization, social contribution, social coherence, and social integration. Psychological well-being is represented by six items based on Ryff's (1989) model which includes the dimensions of autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Scores were simply totaled and this sum of scores reflected the over-all well-being of respondents, with high scores being indicative of higher well-being and low scores being indicative of lower well-being. The estimates of internal consistency reliability and discriminant validity for each of the three sets of measures—emotional, psychological, and social well-being in MHC-SF was > .80 (Keyes, 2005). Continuous scoring in this scale simply means summation of scores obtained which can range from 0 to .70; lower scores are indicative of lower well-being and higher scores indicative of higher well-being.

ii)The Satisfaction with Life Scale:(SWLS; Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S.,1985)

The SWLS is a brief 5-item scale which attempts to measure overall cognitive judgments of satisfaction with one's life. The Satisfaction with Life Scale (SWLS) has been frequently used as a measure of the life satisfaction component of subjective well-being. Scores on the SWLS have been shown to correlate with measures of mental health, and be predictive of future behaviours such as suicide attempts. The SWLS is a 7-point Likert style response scale ranging from 1 – strongly disagree to 7 – strongly agree. The SWLS has shown robust internal reliability and moderate temporal stability; as reported by Diener et al. (1985) the coefficient alpha for the scale is .87 and a 2 month test-retest reliability coefficient was found to be .82. Continuous scoring where scores on each item are added up is followed in this scale as well, however various classification of scores have also been given to help with the interpretation ranging from scores of 5-9 being indicative of extreme dissatisfaction and scores of 31-35 being indicative of extreme satisfaction. The SWLS is one of the most commonly used measures in Subjective well-being research and the original article has been cited many thousand times since then (Maddux, 2018).

iii) Levels of Group Participation Scale (LOP; Rasmussen, M .F, 2003)

The Levels of Group Participation scale is a Likert like scale where participants rate themselves on 6 items, with possible responses ranging from 1 = low and 5 = high. The scores are used to assess the extent of their participation in community based organizations. The higher their mean scores, the higher their level of participation in communities. It has yielded a good reliability coefficient of Cronbach's alpha = .94 in the pilot study conducted on the Mizo sample population (Lalkhawngaihi et al., 2019). Scores in each item are summed up with possible scores ranging from 6 to 30. The higher the scores obtained, the higher the level of group participation.

iv) Family Environment Scale:(FES; Moos, R., & Moos, B., 2009)

The Family Environment Scale (FES) is used to measure the social-environmental characteristics of families. The scale is a 90-item inventory with 10 subscales. Only three subscales will be considered in the present study, the subscales of Cohesion, Conflict and Expressiveness as they are the three dimensions that are considered to be able to adequately portray the elderly's feelings with regard to their relationships with other family members, without making the inquiry itself too long or tedious for them. Cohesion is the degree of commitment and support family members provide for one another; conflict is the amount of openly expressed anger and conflict among family members and expressiveness is the extent to which family members are encouraged to express their feelings directly. The final three subscales have 9 items each, resulting in a total of 27 items. All subscales have established Internal and Test–retest reliabilities, so subscales alone have been successfully used in various studies as mentioned by the authors.

v) Perceived Stress Scale :(PSS; Cohen, S., Kamarck, T., Mermelstein, R., 1983)

The Perceived Stress Scale (PSS) is a 10-item scale which attempts to assess the degree to which various situations in one's life are appraised as stressful. Items were constructed so as to try and gauge how unpredictable and uncontrollable respondents considered their own lives to be. It also includes questions about the levels of stress currently being experienced. The short form of the PSS comprising 4 items, items number – 2, 4, 5 & 10 are used in this study. Stress levels are assessed and interpreted on the basis of total score – in the short form the scores can range from 0 to 16, higher scores being indicative of higher levels of perceived stress.

vi) Multidimensional Scale of Perceived Social Support :(MSPSS; Zimet, G.D., Dahlem, N.W., Zimet, S.G., Farley, G.K., 1988).

The Multidimensional Scale of Perceived Social Support (MSPSS) is a short scale designed to measure one's perceptions of support from 3 sources namely - Family, Friends, and a Significant Other. It consists of 12 items in total, with 4 items for each subscale. Across many studies, the MSPSS has been found to have good

internal and test-retest reliability, good validity, and a fairly stable factorial structure. Cronbach's Alpha Reliabilities for the three subscales as well as the scale in total indicated good internal consistency – they were .91, .87 and .85 respectively for Significant other, Family and Friend subscales and .88 for the total scale. Test – retest reliabilities were equally sound with a coefficient of .85 for the whole scale. Scoring for the total scale is done by summing across all items and then dividing it by 12.

Procedure

Data collection was done telephonically at the height of the pandemic since one-on-one interactions were not possible – the purpose of the study as well as the procedure for answering Google forms was explained to them. Many of them, especially the women and old-old elderly expressed apprehensions of being able to answer on their own, so the help of other family members had to be enlisted to navigate the Google forms for them. After telephonic conversation with the participants or their family members, questionnaires were sent through Whatsapp and the respondents answered them in their own homes. For the old-old participants who were not too comfortable with technology, help was enlisted from family members who read out the questions for them and recorded their responses. All participants were assured of confidentiality and anonymity was ensured to minimize the potential for the factor of social desirability.

Chapter - IV

RESULTS AND DISCUSSION

In order to address the objectives of highlighting the roles of Social participation, Family environment and Stress on the Well-being of the elderly Mizos, subject-wise scores on the specific items on the behavioural measures of well-being (Adult Mental Health Continuum - Short Form; Keyes , 2002), satisfaction with life (Satisfaction with Life Scale; Diener, Emmons, Larsen & Griffen, 1985), participation in group activities (Level of Participation; Rasmussen, 2003), family environment (Family Environment Scale; Moos & Moos, 2009), stress (Perceived Stress Scale; Cohen, Kamarck & Mermelstein, 1983) and social support (Multidimensional Scale of Perceived Social Support; Zimet, Dahlem, Zimet & Farley, 1988) were first prepared in SPSS 22 (Statistical Package for Social Sciences, Version 22)for statistical analyses. The Satisfaction with Life Scale has been used as validation of the well-being scores which was the main dependent variable in this study. As parametric statistics were envisaged to be used, data were screened and extreme outliers deleted. Mild outliers were winsorized to maintain equal sample size in each cell of the design (2 age x 2 gender). Diagnostic tests of assumptions that underlie possible application of parametric tests were checked and found to be acceptable by and large. These were the tests of linearity, normality (skewness/kurtosis), homogeneity of variance (Levene's statistic), homoscedasticity and independence of errors as needed for the four groups in the study namely, young-old males, young-old females, old-old males, old-old females. Where violations of parametric assumptions occurred, appropriate non-parametric methods were used. As a result of the data screening, 36 outliers were rejected and 402 retained from a total of 444 respondents, with equal sample sizes of 102 in each cell of the design (2 age x 2 gender).

Psychometric Properties of the Behavioural Measures

Psychometric adequacy of each of the behavioural measures were first ascertained which include i) item-total coefficients of correlation (ii) Mean, SD, Skewness, Kurtosis and Standard Errors (iii) Cronbach's Alpha and (iv) inter-scale reliabilities (where applicable) over all the levels of analyses for comparison of the test scores between the various groups, as well as to check data distributions for further statistical analyses (Miles & Shevlin, 2004). After this, statistical analyses of

the data using SPSS 20 was done to address each of the objectives and hypotheses adopted for the study. The ensuing results and discussions are presented below:

i) Mental Health Continuum- Short Form (MHC-SF; Keyes, C. L. M, 2002)

The Mental Health Continuum—Short Form (MHC-SF) is a 14 item self-rating scale that uses 6-point Likert scale ranging from 0 (never) to 5 (every day). It comprises of three subscales: - Emotional Well-being (EWB), Social Well-being (SWB) and Psychological Well-being (PWB). A specimen copy of the MHC-SF can be seen in Appendix-I. Cronbach's Alphas, inter-scale coefficients of correlation, Mean, SD, Skewness, Kurtosis, and Standard Errors of the Mental Health Continuum (Short Form) are put together in Table 1.1.

Item-total coefficients of correlation for the Mental Health Continuum – Short form full scale ranged from .09 to .66; for Emotional Well-being they ranged from .33 to .52; for Social Well-being they ranged from .14 to .59 and lastly, for Psychological Well-being they ranged from .14 to .61. Analysis of Reliability coefficients (Table 1.1) shows a decent range of .60 to .64 Cronbach's Alpha for EWB, .58 to .69 for SWB, .69 to .76 for PWB (all sub-scales of MHC-SF). The alpha reliability value for the full scale (MHC-SF) were the highest for all age groups ranging from .80 to .85 over all levels of analyses. The final results of reliability checks for MHC-SF may be considered as reflecting adequate consistency in the test scores of respondents across all levels of analyses. A review of a similar reliability report on the MHC-SF among Bangladeshi adults by Hiramoni & Ahmed (2022) shows Cronbach's alpha values of .80 for EWB, .82 for SWB, .86 for PWB and .91 for full scale (MHC-SF). The MHC-SF has also shown exceptional internal consistency (>.80) and discriminant validity among adolescents as well as adults in the United States, Netherlands and South Africa (Keyes, 2006; Lamers et al., 2011; Westerhof & Keyes, 2010).

The inter-scale relationship between Emotional Well-being (EWB) and Social Well-being (SWB) were all moderate and significant correlations ranging from .35 to .61 across all groups; one notable difference is that the two lower correlation coefficients were seen in both male groups, i.e., young-old males and old-

old males, while the two relatively higher correlation coefficients were seen among the females, i.e., young-old females and old-old females. With the exception of young-old males showing a weak correlation coefficient of .35 between Emotional Well-being and Social Well-being, the other three groups show a moderate correlation in all other permutations, thus indicating a possible significant relationship between Emotional and Social Well-being in the present elderly Mizo sample. The effect of positive emotions on relationships among adults has also been published in various empirical studies (Achat et al., 2000; Diener & Seligman, 2002). Lyubomirsky et al. (2005) have come to the conclusion that emotional well-being and associated positive emotions like being happy, being optimistic are consistently related with desirable outcomes which are held in high regard by society such as taking the initiative to reach out to others instead of retreating, thereby eventually fostering better and closer relationships with intimate others.

The relationship between Emotional Well-being and Psychological Well-Being (PWB) was significantly positive for all four groups - with the correlation coefficient being higher for females than males in both age groups ranging from .36 to .67. Emotional Well-Being and Overall Well-Being for all groups showed significant and positive correlations ranging from .60 to .82. This may be seen to indicate that gains in emotional health might lead to subsequent gains in the psychological and overall mental health of elderly Mizos. A number of studies have reported similar results of positive significant relationships between emotional health and well-being, in terms of both subjective well-being as well as psychological well-being (Akbar et al. 2014). In the study conducted by Delhom et al. (2017), they found indications that emotional intelligence, emotional wellness seem to have an impact on cognitive and affective judgments of satisfaction with life, and satisfaction with life was further seen to predict psychological well-being in older adults. These findings are in line with the results of this study where increase in emotional wellness has been found to cause subsequent increase in both psychological as well overall well-beings of the elderly Mizos.

The inter-scale relationship between Social Well-Being and Psychological Well-Being was positively significant for all groups ranging from .53 to .61. The

results may be taken to suggest that gains in social satisfaction possibly led to parallel gains in psychological health for elderly Mizos. Ishii-Kuntz (1990) also found that the quality of the visits/interactions that one has with friends and family has an impact on psychological well-being. Krause, as cited in Larson (1993) found similar results specifically among the elderly where it was seen that the elderly's perception of satisfaction with social support and not frequency influenced positive self-ratings of health.

Significant positive relationships with correlation coefficients ranging from .81 to .85 were also seen for the inter-scale relationship between Social Well-Being and Overall Well-Being. The result seems to indicate an increase in overall mental health following similar increases in Social Well-Being for elderly Mizos. Similar results have been found by other researchers where social support and social interactions have been found to contribute to the well-being of the elderly (Scrutton & Creighton, 2015; Pinquart & Sorenson, 2000; Zhang & Zhang, 2015). Similarly, strong correlation coefficients ranging from .87 to .91 indicate a significant positive inter-scale relationship between Psychological and Overall Well-Being for all four groups.

For the total scale item Mean values ranging from 3.16 to 3.41 on a 6-point likert scale indicates that the elderly Mizos are quite average in their self - assessment of overall well-being. For the Psychological Well-being subscale, the item mean values lay in between 3.03 to 3.25 indicating similar results as the overall scale, i.e., the elderly Mizos appear to be average in their self-assessment of psychological well-being. For the old-old elderly Mizos in particular, the mean values for Social well-being are 2.99 for old-old elderly males and 2.91 for old-old elderly females, both average on a 6-point Likert scale. Thangchungnunga (2007) has spoken of the Mizo society as close-knit one that offers many opportunities for social participation even for older people, for those who are in good health and high socio-economic groups.

Table 1.1: Mean, SD, Skewness, Kurtosis, Standard Errors, Cronbach's Alphas and Interscale correlations of Emotional Well-being (EWB), Social Well-being (SWB), Psychological Well-being (PWB) and Overall Well-being (MHC-SF) scores for young-old male and female (n=204), and old-old male and female (n=204) elderly groups.

GROUPS	Gender	Males (n=102)				Females (n=102)			
	MHC-SF SUBSCALES	EWB	SWB	PWB	MHC-SF	EWB	SWB	PWB	MHC-SF
YOUNG-OLD (n=204)	Mean	4.00	3.08	3.06	3.27	3.79	3.40	3.25	3.42
	SD	.76	.991	.90	.73	.85	.83	.93	.76
	Skewness	-1.08	-.05	-.37.	-.23	-.58	-.38	-.55	-.45
	Std. Error	.24	.24	.24	.24	.24	.24	.24	.24
	Kurtosis	2.18	-.58	-.17	-.35	-.25	.04	.06	.004
	Std. Error	.47	.47	.47	.47	.47	.47	.47	.47
	Cronbach's Alpha	.60	.69	.69	.81	.64	.58	.76	.84
	Interscale*r* EWB	1				1			
	SWB	.35**	1			.61**	1		
	PWB	.40**	.53**	1		.65**	.58**	1	
	MHC-SF	.60**	.84**	.87**	1	.82**	.84**	.91**	1
OLD-OLD (n=204)	Mean	3.73	2.99	3.03	3.17	3.60	2.91	3.15	3.16
	SD	.89	.88	.93	.73	.89	.96	.91	.80
	Skewness	-.83	-.38	-.46	-.45	-.38	.01	-.21	-.04
	Std. Error	.24	.24	.24	.24	.24	.24	.24	.24
	Kurtosis	.49	.62	.02	.41	-.51	-.52	-.28	.55
	Std. Error	.47	.47	.47	.47	.47	.47	.47	.47
	Cronbach's Alpha	.60	.61	.71	.80	.64	.68	.75	.85

	Interscale *r* EWB	1				1			
	SWB	.40**	1			.52**	1		
	PWB	.36**	.55**	1		.67**	.61**	1	
	MHC-SF	.63**	.83**	.87	1	.79**	.85**	.91**	1

ii) Satisfaction with Life scale:(Diener, E., Emmons, R.A., Larsen, R.J., &Griffin, S.,1985)

The SWLS is a brief 5-item scale which attempts to measure overall cognitive judgments of satisfaction with one's life. The Satisfaction with Life Scale (SWLS) has been frequently used as a measure of the life satisfaction component of subjective well-being. Scores on the SWLS have been shown to correlate with measures of mental health and be predictive of future behaviours such as suicide attempts. A specimen copy of the SWLS can be seen in Appendix-II.

Item-total coefficient correlation for the SLWS ranged from .52 to .75. As shown in the table, the reliability coefficients (Cronbach's Alpha) ranged between .79 and .87 over all the levels of analyses i.e., young-old males and females and old-old males and females indicating the robustness of the scale. Descriptive statistics of Mean, SD, Skewness and Kurtosis with their Standard Errors are also given in Table 1.2. Item Mean values ranging from 4.3 to 4.6 on a 7-point scale reflect an above average level of satisfaction with life among the elderly Mizos of both genders, cross-validating the results of the well-being scales.

Table 1.2: Mean, SD, Skewness, Kurtosis, Standard Errors and Cronbach's Alpha for Satisfaction with Life Scale (SWLS) for young-old male and female (n=204) and old-old male and female (n=204) elderly groups.

GROUPS	Gender SWLS	Male (n=102)	Female (n=102)
YOUNG-OLD (n=204)	Mean	4.34	4.45
	SD	1.18	1.23
	Skewness	-.13	-.12
	Std. Error	.24	.24
	Kurtosis	-.88	-.95
	Std. Error	.47	.47
	Cronbach's Alpha	.83	.87
OLD-OLD (n=204)	Mean	4.52	4.60
	SD	1.16	1.03
	Skewness	-.44	-.37
	Std. Error	.24	.24
	Kurtosis	-.56	-.19
	Std. Error	.47	.47
	Cronbach's Alpha	.83	.79

iii) Levels of Group Participation Scale (LOP; Rasmussen, M. F, 2003

The Levels of Group Participation Scale was developed by Rasmussen (2003) to survey participation in community organizations. It comprises 6 items and uses 5-point rating scales. The Levels of Group Participation Scale has been used to measure the extent of group participation, with possible interpretations ranging from low to high level of group participation. A specimen copy of the LOP can be seen in

Appendix-III. A pilot study among Mizo youths yielded a reliability coefficient of .75 to .94 Cronbach's Alpha (Lalkhawngaihi et al., 2019).

Substantial item-total coefficients of correlation for LOP Scale ranged from .60 to .83. The reliability coefficients (Cronbach's Alpha) ranged between .86 and .92 over all the levels of analyses i.e., young-old males and females and old-old males and females. Descriptive statistics of Mean, SD, Skewness and Kurtosis with their Standard Errors are also given in Table 1.3.

Item Mean values ranging from 3.24 to 4.06 on a 5-point scale are indicative of a very high level of group participation; this shows that the elderly Mizos are extremely involved in social and community activities. The Mizos as a people are collectivistic in nature (Fente & Singh, 2008). The Young Mizo Association (YMA) is the oldest, biggest and all-powerful voluntary organization in Mizoram and its influence reaches to every sphere of life (Ralte, 2017); any Mizo above the age of 14 years is eligible for membership. The Mizo Hmeichhe Insuihkhawm Pawl, established in 1998 for the upliftment of the status of women, women empowerment and protesting violence among women is another community-based organization where membership is open to all Mizo women from the age of 14 (Hmingchungnungi, 2018). The Mizoram Upa Pawl (Mizoram Senior Citizens Association) established in 1957 was formed as a non-governmental organization to tackle various problems faced by senior citizens. Any citizen of Mizoram above the age of 50 is eligible for membership and they are actively involved in organizing various recreational activities for the members as well helping other members in need (Thanseia, 2007). At every stage in life, for both men and women, there are established and respected community-based organizations for every Mizo which they are automatically expected to be and are considered members of, regardless of whether they are active members or not.

Table 1.3: Mean, SD, Skewness, Kurtosis, Standard Errors and Cronbach's Alpha of Levels of Group Participation (LOP) scores for young-old male and female (n=204) and old-old male and female (n=204) elderly groups.

GROUPS	Gender LOP	Male (n=102)	Female (n=102)
YOUNG-OLD (n=204)	Mean	4.06	3.60
	SD	.60	.85
	Skewness	-1.34	-.55
	Std. Error	.24	.24
	Kurtosis	3.85	.18
	Std. Error	.47	.47
	Cronbach's Alpha	.86	.91
OLD-OLD (n=204)	Mean	3.94	3.24
	SD	.81	.91
	Skewness	-.87	-.04
	Std. Error	.24	.24
	Kurtosis	.67	-.58
	Std. Error	.47	.47
	Cronbach's Alpha	.92	.91

iv) Family Environment Scale :(Moos, R., &Moos, B., 2009)

The Family Environment Scale (FES) is used to measure the social-environmental characteristics of families. The scale is a 90-item inventory with 10 subscales. A specimen copy of the FES can be seen in Appendix-IV. Only one subscale will be considered in the present study, the subscale of Cohesion as the reliability coefficient for the other two which were originally included, Conflict and

Expressiveness were too low when tested on elderly Mizo population and will not be included in further interpretations. The final subscale of Cohesion has 9 items. Cohesion is the degree of commitment and support family members provide for one another, and henceforth the subscale of Cohesion will be referred to as Family Cohesion.

Item-total coefficients of correlation for the subscale of Family Cohesion ranged from .14 to .68. Three (3) negatively loading items of the Family Cohesion subscale were deleted; item number 8 was also deleted as its deletion resulted in increased Cronbach's Alpha values for the three groups. The resultant Cronbach's Alpha is still less than .51 for the young-old female group, and thus Family Cohesion subscale scores may be interpreted with extreme caution for this particular group. The reliability coefficients (Cronbach's Alpha) for Family Cohesion, therefore, ranged from .51 to .79. Descriptive statistics of Mean, SD, Skewness and Kurtosis with their Standard Errors are also given in Table 1.4. The Family Environment Scale follows a two-point answer format, viz. 0 or 1, therefore, the highest possible score for the 5-item scale is 5 (or 1 for item mean score) indicating high sense of cohesion with one's family members, and the lowest possible score is 0 indicating low sense of cohesion with one's family members. Item Mean values for Family Cohesion ranged from .64 to .92 indicating high perception of cohesion with family members by the respondents. In earlier Mizo society, communication among family members was on very harsh notes, especially between a husband and wife, not because of anger or lack of love, but because of belief in a superstition where they feared angering a jealous spirit if affectionate words were exchanged between a husband and wife (Lalthangliana, B, 2005). Anecdotal reports present a different picture today especially with regard to communication between parents and children.

Table 1.4: Mean, SD, Skewness, Kurtosis, Standard Errors, Cronbach's Alpha for Family Cohesion sub-scale of the Family Environment Scale (FES) scores for young-old male and female (n=204) and old-old male and female (n=204) elderly groups.

GROUPS	Gender COH	Males (n=102)	Females (n=102)
YOUNG-OLD (n=204)	Mean	.64	.92
	SD	.13	.15
	Skewness	-1.88	-2.29
	Std. Error	.24	.24
	Kurtosis	4.80	5.75
	Std. Error	.47	.47
	Cronbach's Alpha	.79	.51
OLD-OLD (n=204)	Mean	.93	.92
	SD	.16	.15
	Skewness	-2.16	-2.69
	Std. Error	.24	.24
	Kurtosis	3.64	8.77
	Std. Error	.47	.47
	Cronbach's Alpha	.60	.56

v) Perceived Stress Scale (Cohen, S., Kamarck, T., Mermelstein, R.,1983).

The Perceived Stress Scale (PSS) is a 10-item scale which attempts to assess the degree to which various situations in one's life are appraised as stressful. Items were constructed so as to try and gauge how unpredictable and uncontrollable respondents considered their own lives to be. It also includes questions about the

levels of stress currently being experienced. The short form of the PSS comprising 4 items, items number – 2, 4, 5 & 10 has been used in this study. A specimen copy of the PSS can be seen in Appendix-V.

Analysis of Cronbach's Alphas for all groups revealed a marked low coefficient of .38 for old-old males while the highest was a .70 for young-old females. Item analysis revealed deletion of item number 2 resulted in increase in reliability coefficients for young-old males and old-old females to .52 from .47, and .62 from .55 respectively. Deletion of item number 2 resulted in a decrease of Cronbach's Alpha level for young-old females from .70 to .67 which still remains in the acceptable range. The change in Cronbach's Alpha was the least for old-old males, a mere .38 from a .36, thereby necessitating that results may not be interpreted with this particular group. The overall picture after such analyses revealed reliability coefficients (Cronbach's Alpha) ranging from a low coefficient of .36 for the old-old male elderly group to .67 for the young-old female elderly group. Descriptive statistics of Mean, SD, Skewness and Kurtosis with their Standard Errors are also given in Table 1.5. Due to the poor internal consistency of the scale for the old-old group, results for the old-old male group will not be interpreted. Item Mean values ranging from 1.25 to 1.40 on a 5-point scale are indicative of a very low level of perceived stress by respondents across all groups; this shows that the elderly Mizos seem to consider their lives relatively stress-free. Pillai (1999) explains the Mizos moral code of conduct, *Tlawmngaihna* as a way of life which may roughly be translated as self-sacrifice or unselfishness. It has also been explained as refusal to seek help from others, but turning towards helping others instead; it may be understood as arising out of denial of one's own needs, rather than efforts towards independence (Report of the Education Reforms Commission, 2010). The findings of elderly Mizos as seemingly stress-free may be more a reflection of the strongly held moral code of *Tlawmngaihna* seeping through even when answering a questionnaire rather than the actual state of affairs for the respondents in the study.

Table 1.5: Mean, SD, Skewness, Kurtosis, Standard Errors and Cronbach's Alpha of Perceived Stress Scale (PSS) scores for young-old male and female (n=204) and old-old male and female (n=204) elderly groups.

GROUPS	Gender PSS	Males (n=102)	Females (n=102)
YOUNG-OLD (n=204)	Mean	1.25	1.34
	SD	.62	.71
	Skewness	.15	.30
	Std. Error	.24	.24
	Kurtosis	-.21	.86
	Std. Error	.47	.47
	Cronbach's Alpha	.52	.67
OLD-OLD (n=204)	Mean	1.30	1.40
	SD	.53	.65
	Skewness	.18	.02
	Std. Error	.24	.24
	Kurtosis	-.70	-.54
	Std. Error	.47	.47
	Cronbach's Alpha	.36	.62

vi) Multidimensional Scale of Perceived Social Support (MSPSS): Zimet GD, Dahlem NW, Zimet SG, Farley GK (1988).

The Multidimensional Scale of Perceived Social Support (MSPSS) is a short scale designed to measure one's perceptions of support from 3 sources namely - Family, Friends, and a Significant Other. It consists of 12 items in total, with 4 items for each subscale. Across many studies, the MSPSS has been found to have good

internal and test-retest reliability, good validity, and a fairly stable factorial structure. A specimen copy of the MSPSS can be seen in Appendix-VI.

Substantial item-total coefficients of correlation for MSPSS Scale ranged from .45 to .82. The reliability coefficients (Cronbach's Alpha) ranged between .89 and .91 over all the levels of analyses i.e., young-old males and females and old-old males and females. Descriptive statistics of mean, SD, Skewness and Kurtosis with their standard errors are also given Table 1.6. Item Mean values ranging from 5.2 to 5.5 on a 7-point scale are indicative of a very high level of perceived social support by respondents across all groups; this shows that the elderly Mizos perceive themselves as receiving much social support from others. Studies have found that perception of social support by the elderly have been seen to be associated with less daily problems (Fiskenbaum et al., 2006) as well as healthier eating habits as a result of informational support from friends and family enabling them more confidence to choose and eat healthier rather than unhealthy foods (Anderson et al., 2007).

Table 1.6: Mean, SD, Skewness, Kurtosis, Standard Errors and Cronbach's Alpha for Multidimensional Scale of Perceived Social Support (MSPSS) scores for young-old male and female (n=204) and old-old male and female (n=204) elderly groups.

GROUPS	Gender MSPSS	Males (n=102)	Females (n=102)
YOUNG-OLD (n=204)	Mean	5.26	5.49
	SD	.71	.71
	Skewness	.33	.72
	Std. Error	.24	.24
	Kurtosis	.28	-.06
	Std. Error	.47	.47
	Cronbach's Alpha	.90	.92

OLD-OLD (n=204)	Mean	5.28	5.50
	SD	.66	.72
	Skewness	.60	-.13
	Std. Error	.24	.24
	Kurtosis	.19	.44
	Std. Error	.47	.47
	Cronbach’s Alpha	.89	.91

Effects of 'gender' and 'age' on Well-being (Emotional, Social Psychological, Overall, Satisfaction with Life), Social Participation (Levels of Group Participation), Family Relations (Cohesion), Stress and Social Support

The first objective attempts to highlight gender (male vs. female) and age (young-old vs. old-old) differences in Well-being, Social support, Social participation, Family relations and Stress. Consequently, the hypothesis that followed was:

1. There will be significant gender (male vs. female) and age (young-old vs. old-old) differences in Well-being, Social support, Social participation, Family relations and Stress.

The effects of 'gender' and 'age' and their interaction effects on Emotional Well-being (EWB), Social Well-being (SWB), Psychological Well-being (PWB), Overall Well-being (MHC-SF), Satisfaction with Life (SWLS), Levels of Group Participation (LOP), Family Cohesion (COH), Stress (PSS) and Social Support (MSPSS) were addressed using Two-Way ANOVA (2 age X 2 gender). The model for the objective mentioned above resulted in four units of analyses namely, young-old male, young-old female, old-old male and old-old female with equal sample size (102) in each cell of the design.

Results of Two-Way ANOVA (2 age X 2 gender) on Emotional Well-Being (EWB), Social Well-Being (SWB), Psychological Well-Being (PWB), overall Well-Being (MHC-SF total), Satisfaction with Life (SWLS), Levels of Group Participation (LOP), Family Cohesion (COH), Perceived Stress (PSS) and Perceived Social Support (MSPSS) are put together in Table 2.1. Consequent Levene's statistics are given in Table 2.2. Their corresponding descriptive statistics for Mean, SD, Skewness, kurtosis and their Standard Errors for each cell of the design are given in Table 2.3; In order to ensure that the requirements for parametric testing were met, skewness, kurtosis and homogeneity of variances (Levene's statistics) were examined carefully. The results for skewness and kurtosis did not violate the demands for normal distribution. In instances where parametric assumptions were violated, equivalent non-parametric statistics were resorted to.

The first part of the first objective, to highlight ‘gender’ (male vs. females) differences in well-being, social support, social participation, family relations and stress indicated significant effects for gender on Emotional Well-being, Levels of Group Participation and Perceived Social Support as shown in Table 2.1.There were however, no significant effects of 'gender' on Social Well-being, Psychological well-being and Overall Well-being, Satisfaction with Life, Family Cohesion and Perceived Stress.

A closer look at the significant ‘gender’ effect in Emotional Well-being, as may be seen from the Two-Way ANOVA (2 age X 2 gender) results (Table 2.1) revealed that the mean score of males (*M*= 3.50, *SD*=.85) was significantly less than the mean score of females (*M*=3.69, *SD*= .87) (Table 2.3). However, analysis of effect size (η_p^2 =.011) indicates a small effect of Gender on Emotional Well-being for elderly Mizo women.

Results indicate that elderly female Mizos experience greater emotional satisfaction than the elderly male Mizos. Lowenthal and Haven (1968), in their study of the associations between adult socialization patterns and adaptations, found that women were more likely than men to acknowledge having close friends to confide in across all ages. They further found that for women in general, their husbands were the least identified as their close confidante, whereas wives were for the men. Women were found to be more likely to mention their own children or relatives or even friends as close confidants. This natural tendency in women across all ages to confide in others, to have a meaningful and trusting relationship with others, be it their children, friends or spouses may be seen as enabling greater emotional well-being for them as compared to men. It has been seen that people in collectivistic societies tend to interact with lesser people but on the other hand have more deeply intimate relationships within them (Wheeler, Reis, & Bond, 1989). This seems to be the case for the elderly Mizo women who have been found within this very study to have higher emotional well-being than men, and yet have a lower level of participation in social activities when compared to elderly Mizo men. Bennet (1998) in her study among widowed elderly men found results that were in line with earlier findings – widowhood for elderly men caused significant decreases in their social

participation as well as changes in their mental health and morale. She further mentions that this is in stark contrast to women who have been found to show evidences of stability in a similar area of functioning. Strobe & Stroebe (1983) also talk of similar findings where men seem to appear to be more devastated than women in the face of bereavement. Comparison of male and female elderly Mizo respondents in this study shows that there is a mere 8.8% of widowers compared to a whopping 52.9% widows; yet results still indicate higher levels of Emotional well-being for elderly Mizo females than elderly Mizo males, further lending credibility to the results of studies mentioned above.

Significant 'gender' effect was also seen for Levels of Group Participation as indicated in the results of the Two-Way ANOVA (2 age X 2 gender) given in Table 2.1. However, since Levene's statistics was also significant (Table 2.2.), Mann Whitney U Test was used to further test gender differences for Levels of Group Participation. Results of Mann Whitney helped to confirm the significant gender effect (U= 12402, p= .000) which is shown in Table 2.6. Mean Ranks given in Table 2.7 show that male elderly (*Mean Rank*= 245.70) scored significantly higher than female elderly (*Mean Rank*= 163.30) in Levels of Group Participation. This indicates that men participate much more than women in various social activities, further confirming the hypothesis that there will be significant differences between the genders in Levels of Group Participation. However, analysis of effect size (η_p^2 =.121) indicates a small effect of Gender on Levels of group participation for elderly Mizo men which may have limited practical significance.

Bennett (1997) also found evidences of withdrawal from social participation among older women over a period of 8 years, independent of all changes in their marital status. It may be inferred that with increasing age, women tend to withdraw from social activities and active social participation unlike their male counterparts. Flores, Kieny & Maurer (2022) in their study on adults aged 50 and older found that even among older adults, women spent a lot less time at work and in travel as compared to men, while spending more time than them on housework; they go on to state explicitly that women spend less time than men on leisure activities. Lalhmingpuii & Namchoom (2014) in their examination of the status and role of

women in Mizo society conclude that in spite of many desirable changes brought about by Christianity, education and development on the status of women in Mizo society, women remain subordinate to men in the deeply patriarchal society which may also be a possible factor in the discrepancy between the genders in their levels of participation in social activities.

Significant 'gender' effect was further seen for Perceived Social Support as shown in the Two-Way ANOVA (2 age x 2 gender) results in Table 2.1. Female elderly Mizos (Mean= 5.49, SD= .71) showed significantly higher mean scores than men (Mean= 5.27, SD= .68) in Perceived Social Support. However, analysis of effect size (η_p^2 =.026) indicates a small effect of Gender on Perceived social support for elderly Mizo women which may have limited practical significance. Results show that the elderly Mizo females tend to be more perceptive of social support available in their environment than elderly Mizo males. Men tend to consider their wives as their primary source of support, thus having less confidential networks when compared to women; women not only have broader networks than men, but are also actually immersed in the lives of others in their networks (Belle, 1987; Wethington et al., 1987). Women on the other hand identify besides their spouses, friends and members of the family as close and cherished sources of support (Powers & Bultena, 1976). Antonucci and Akiyama (1987) have summarized the above by stating that married women as a result of their larger networks are able to receive support from multiple sources, and this pronounced difference in both quantity and quality of support translates into health advantages for women.

A closer look at the demographic data of this study shows that of the 408 participants in the study, only 41 (10%) were single, thus the above findings seem to hold true even for elderly Mizo women as well, who have also been found to have significantly lower levels of participation compared to elderly Mizo men, yet are still higher than them on emotional well-being. The higher levels of emotional satisfaction, despite low levels of participation in social activities may be a result of their receiving support even when confined mainly to their household from the deeply intense network ties that they do have as previously found by Antonucci and Akiyama (1987). As people grow older, more and more of their former companions,

friends and relatives pass away, resulting in the lessening of their social support resources, further leading to declines in well-being (Abolfathi et al., 2011). With regard to men, apart from the fact that they already have smaller networks as compared to women, when these networks are lost, it immediately translates in to loss of already limited sources of social support; this may be one possible explanation for the elderly Mizo men being lower in perceived social support than elderly women.

Abdollahi et al. (2018) in their study among 2,301 older adults with ages ranging from 60 to 92 years found that older women with high social support were most likely to experience thriving and successful lives than men. The possible explanations they offer for this, similar to those already mentioned above, are that women are presumably more integrated socially, and thus have more sources of social support. Besides this, older women seem to be better at adapting to change as a result of their role in family and individual coping strategies and larger social networks. In stark contrast, for men, very often it has been found that their spouses are for them their only source of support. Thus, changes in life as they grow older, increasing failing health, retirement and death of a spouse is much harder to endure (Möller-Leimkühler, 2003; Park et al., 2010).

Matud et al. (2003) in their study of the structural differences between the genders in perceived social support have hinted at the possibility of such differences as arising out of socialization experiences, which further could be altered by the various social and occupational roles that they engage in. Mizo women unlike their counterparts elsewhere are not really subject to extreme dominion all through the ages; but, in the typically patriarchal Mizo society, they have always remained inferior to men in matters of family and socio-political administration (Fente, 2018; Lalrinawma, 2005).

Elderly Mizo women have been found to have lower levels of group participation than men, but despite this, are still higher than men on emotional well-being and perception of social support. Field and Minkler (1988) in their longitudinal Berkeley Older Generation Study found that men were in touch with their friends

less than women, and even this declined still further after a 14-year interval while women's contacts remained the same. Similarly, Wister and Strain (1986) in their cross-sectional study of old people found that women who aged 80 and above expressed significantly higher levels of social interaction than men in the same age group.

Findings from yet another study (Huang & Yang, 2013) show that while men display higher levels of participation in social activities than women before retirement, with increasing age it becomes reversed – participation in social activities decreases for men while it increases for women. The investigators go on to state that in Taiwan, where the study has been conducted, women, much like Mizo society, are expected to be both mothers and wives – caregivers for the family. They have quoted research where middle-aged women in Taiwanese society spend four times more time dealing with family issues compared to men – this changed to three times more for women over the age of 65. The status of women in Mizo society is much the same, where the running of household affairs is considered to belong primarily to women, with women shouldering much of the family's burden of work (Lalthansangi, 2004). A study of women vegetable vendors among the Mizos shows women in Mizoram like their counterparts globally play the dual role of breadwinner as well as homemaker. They are engaged in shouldering the various roles of wife and mother besides various decision-making tasks with regard to their work. They carry all the loads of caregiver in the family, household responsibilities as well as being bread earners (Ralte, 1998).

Examination of the second part of the first objective, to highlight age (young-old vs. old-old) differences in Well-being, Social support, Social participation, Family relations and Stress indicated significant effects for age on - Emotional Well-being, Social Well-being, Overall Well-being and Levels of Participation as shown in Table 2.1. There were however, no significant effects of age on Psychological Well-being, Satisfaction with Life, Cohesion and Conflict in Family Relations, Perceived Stress and Perceived Social Support.

Significant ‘age’ effect on Emotional Well-being can be seen from the Two-Way ANOVA (2 age x 2 gender) results in Table 2.1. Elderly Mizos belonging to the Old-old category show significantly higher scores (*M*= 3.66, *SD*= .89) than those in the Young-old category (*M*= 3.53, *SD*= .83), which proved the hypothesis that there will be age differences in Emotional Well-being. However, analysis of effect size (η_p^2 =.018) indicates a small effect of age on Emotional Well-being for old-old elderly Mizos which may have limited practical significance.

The results indicate the old-old adults have a higher sense of Emotional Well-being than their younger counterparts. Old age is associated with increases in one’s ability to control one’s emotions and people think and act in ways that will serve to decrease possible negative events while increasing possible positive events (Charles & Carstensen, 2010). A lot of these strengths lies in the social patterns that the elderly adopt where they steer their social lives in such a way as to avoid possible conflicts (Birditt & Fingerman, 2003), enabling them to solve interpersonal problems even more efficiently than their younger counterparts (Blanchard-Fields et al., 2007).

Significant ‘age’ effect on Social Well-being can be seen from the Two-Way ANOVA (2 age x 2 gender) results in Table 2.1. It may be seen that in reverse to the finding for Emotional Well-being, the young-old category of elderly Mizos have shown a significantly higher scores (*M*= 3.23, *SD*= .88) than the old-old (*M*= 2.95, *SD*= .92) still supporting that there will be age differences in Social Well-being. Results can be taken to indicate that young-old adults have a higher sense of Social Well-being than their elderly counterparts. However, analysis of effect size (η_p^2 =.024) indicates a small effect of Age on Social Well-being for young-old elderly Mizos which may have limited practical significance.

Significant ‘age ’effects for Overall Well-being can also be seen from the Two-Way ANOVA (2 age X 2 gender) results in Table 2.1. Here, as in the previous one (Social Well-being) young-old elderly Mizos display a significantly higher score (*M*= 3.71, *SD*=.82) than the old-old (*M*=3.16 *SD*= .76) supporting the hypothesis that there will be age differences in Overall Well-being. Results are indicative of the fact that young-old Mizos have a higher Overall sense of Well-being when compared to

old-old Mizos. However, analysis of effect size (η_p^2 =.015) indicates a small effect of Age on Overall well-being for young-old elderly Mizos which may have limited practical significance.

Lucas and Gohm (2000) in their study found that age seems to have no effect on life satisfaction – pleasant affect was found to decrease continuously as one ages, unpleasant affect displayed a curvilinear relation with age – it decreased initially, only to increase among the elderly. Diener and Suh (1998) attribute this curvilinear relation as possibly due to increases in difficulties and bleak circumstances in life. Both studies may explain the current findings of significant age effects for Emotional, Social and Overall Well-being.

Diener and Suh (1998), and Stroebe and Stroebe (1983) further talk of the curvilinear effect of age on unpleasant affect as being stronger among unmarried than married people, which may arise due to loss of spousal support or income as a result of retirement. A closer look at the demographic data indicated that there were more married young-old elderly (66.2%) than old-old (56.9%) and more widows and widowers among the old-old (36.8%) than young-old (25%). It is likely that young-old elderly Mizos have higher sense of Overall and Social Well-being as a result of social support available from their spouses.

Research shows the widowed as being low in Psychological Wellbeing (Hughes & Waite, 2009), while having increased levels of loneliness (Dugan & Kivett, 1994), and also reporting higher incidences of mood and anxiety disorders (Onrust & Cuijpers, 2006). In the current study, 25% of the young-old were widowed from among a total of 408 respondents, whereas there were 36.8% widowed from among the old--old group. This may be considered a possible explanation for old-old elderly Mizos being lower than young-old elderly Mizos in both Social and Overall Well-being.

Significant ‘age’ effects for Levels of Participation can also be seen from the Two- Way ANOVA (2 age X 2 gender) results in Table 2.1. However, Levene’s statistics was significant for the same (Table 2.2). As a result, Mann Whitney *U* Test was used for testing age differences between young-old and old-old elderly Mizos.

Results of Mann Whitney *U* test confirmed the significant age effect (*U*= 17602, *p*= .007) on Levels of Group Participation which is shown in Table 2.4. The Mean rank given in Table 2.5 shows that the young-old (*Mean Rank*= 220.21) are significantly higher than the old-old (*Mean Rank*= 188.79) in Levels of Group Participation. This means that young-old Mizos show a greater level of participation in social activities than old-old Mizos, confirming the hypothesis that there will be a significant difference between the two age groups. However, analysis of effect size (η_p^2 =.023) indicates a small effect of Age on Levels of group participation for young-old elderly Mizos which may have limited practical significance.

Keyes (1998) talks of Social Well-being as the assessment of the conditions and performance in one's life. Among the dimensions of social well-being that he proposes, he talks of social integration where healthy people feel that they are an integral part of the society they live in, and where they feel they have shared commonalities with other members of their community. Social integration is the evaluation of the quality of one's relationship to society and community. Healthy individuals feel that they are a part of society. Integration is therefore the extent to which people feel they have something in common with others who constitute their social reality (e.g., their neighborhood), as well as the degree to which they feel that they belong to their communities and society. In line with this thought, it is possible that the higher levels of Social Well-being among the young-old elderly may be attributed to their greater level of participation in various social activities. Morgan et al. (1991) found that participation in social activities is significantly less for those elderly aged 75+ when compared to those who are aged 65-74. Findings by Huang & Yang (2013) as mentioned before show that while men display higher levels of participation in social activities before retirement, with increasing age it becomes reversed – participation in social activities decreases. This trend reduction in participation in social activities may explain why old-old elderly Mizos display lower levels of group participation when compared to young-old elderly as seen in the results of this study. Similar to findings in this study where the young-old were higher than the old-old in Social Well-being and Overall Well-being, a study of Canadian seniors found that young-old elderly tended to be higher than old-old

elderly in self-perceived health and they were less likely to be lonely or report dissatisfaction with life (Gilmour, 2012).

Significant interaction effect of ‘age’ and ‘gender’ was found in Social Well-being as shown in Table 2.1. The Tukey Post-Hoc test was used (Table 2.8) to find out which groups significantly differed in their means. Results indicate significant differences where young-old elderly Mizo women scored significantly higher (*M*=3.4, *SD*=.83) than old-old elderly Mizo women (*M*=2.91, *SD*=.96) in Social Well-being. Elderly participants in a study conducted by Bruine de Bruin et al. (2020) reported smaller social networks which were still associated with better well-being, suggesting that perceptions of the quality of relationships that one has are more important for well-being than the quantity of relationships. Lowenthal and Haven (1968) found that across all ages women were more likely to acknowledge having close friends to confide in than men. Such findings may perhaps help in understanding how young-old elderly women are higher on social well-being than old-old elderly women, despite elderly women having been found to be lower than elderly men in their levels of group and social participation. Elderly Mizo women were also found to be more perceptive of perceived social support than elderly Mizo men in this study, which can also help understand how women who do not participate much in social activities still show significant differences in Social Well-being.

Results also show significant differences across gender where young-old elderly Mizo women (*M*=3.4, *SD*=.83) scored significantly higher than old-old elderly Mizo men (*M*=3.00, *SD*=.88). Abdullahi et al. (2019) in their study among the Nigerians found evidences of higher social well-being among males than females. However, they caution that this difference was mostly found among younger males than elderly males. Ghazi et al. (2017) write of decreased participation in social activities as a possible result of chronic illnesses or even disability. They also write of the problems of mobility among the elderly as a factor in maintaining social connections. A study among elderly Israeli ages 70 and above indicated men as being poorer in well-being compared to women (Carmel & Bernstein, 2003); however, it should be noted that this was also attributed to a

significant loss in sense of control of men aged 85 and above. Among the elderly, women are more prone to disability, loneliness and depression; they are also found to be lower on measures of subjective well-being further having a weaker will-to- live (Carmel, 2019). In contrary to this finding, young-old elderly Mizo women in this study were found to be higher than men in Social Well-being, indicating well-being that extends outside one's home and family into the social context.

Figure 3: Means for levels of 'age' and 'gender' interaction on Social Well-being (SWB)

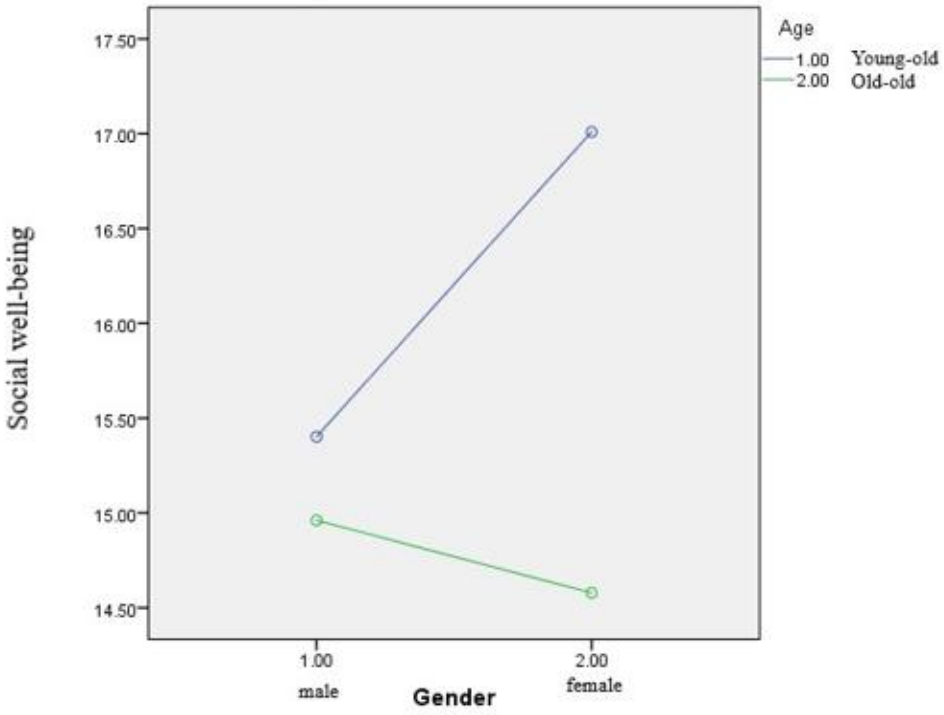


Table 2.1: Results of Two-Way ANOVA (2 age X 2 gender) on Emotional Well-being (EWB), Social Well-being (SWB), Psychological Well-being (PWB), Overall Well-being (MHC-SF), Satisfaction with Life (SWLS), Levels of Group Participation (LOP), Family Cohesion, Perceived Stress (PSS) and Perceived Social Support (MSPSS).

Tests of Between-Subjects Effects Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial eta squared
AGE	EWB	49.422	1	49.422	7.560	.006	.018
	SWB	210.414	1	210.414	10.050	.002	.024
	PWB	16.480	1	16.480	.541	.463	.001
	MHC-SF	680.708	1	680.708	6.111	.014	.015
	SWLS	65.120	1	65.120	1.953	.163	.005
	LOP	210.414	1	210.414	9.619	.002	.023
	COH	.885	1	.885	1.139	.287	.003
	PSS	3.002	1	3.002	.838	.361	.002
	MSPSS	3.922	1	3.922	.056	.813	.000
GENDER	EWB	29.657	1	29.657	4.537	.034	.011
	SWB	38.297	1	38.297	1.829	.177	.005
	PWB	82.980	1	82.980	2.723	.100	.007
	MHC-SF	101.002	1	101.002	.907	.342	.002
	SWLS	23.061	1	23.061	.691	.406	.002
	LOP	1211.297	1	1211.297	55.376	.000	.121
	COH	.297	1	.297	.383	.537	.001
	PSS	7.963	1	7.963	2.222	.137	.005
	MSPSS	746.824	1	746.824	10.711	.001	.026
AGE* GENDER	EWB	1.186	1	1.186	.181	.670	.000
	SWB	101.002	1	101.002	4.824	.029	.012
	PWB	3.922	1	3.922	.129	.720	.000
	MHC-SF	130.787	1	130.787	1.174	.279	.003
	SWLS	.414	1	.414	.012	.911	.000
	LOP	57.375	1	57.375	2.623	.106	.006
	COH	.885	1	.885	1.139	.287	.003
	PSS	.002	1	.002	.001	.979	.000
	MSPSS	.627	1	.627	.009	.924	.000

Table 2.2: Levene's Test of Equality of Error Variances[a]

	F	df1	df2	Sig.
EWB	1.144	3	404	.331
SWB	1.223	3	404	.301
PWB	.146	3	404	.933
MHC-SF	.670	3	404	.571
SWLS	1.961	3	404	.119
LOP	6.351	3	404	.000
COH	3.803	3	404	.010
PSS	1.940	3	404	.122
MSPSS	.565	3	404	.638

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

a. Design: Intercept+AGE+GENDER+AGE*GENDER

Table 2.3: Descriptive statistics Mean, SD, Skewness, Kurtosis, and Standard Errors for young-old male, young-old female, old-old male and old-old female elderly Mizos.

	AGE	GENDER	N	MEAN	SD	Skewness	Std. Errors	Kurtosis	Std. Errors
EWB	Young-old	Male	102	4.00	.76	-1.08	.24	2.18	.47
		Female	102	3.89	.86	-.58	.24	-.25	.47
		Total	204	3.53	.83	-.26	.17	-.50	.34
	Old-old	Male	102	3.73	.89	-.83	.24	.49	.47
		Female	102	3.6	.89	-.38	.24	-.51	.47
		Total	204	3.66	.89	-.60	.17	-.11	.34
	Total	Male	204	3.50	.85	-.40	.17	-.19	.34
		Female	204	3.69	.87	-.48	.17	-.43	.34
		Total	408	3.60	.86	-.42	.12	-.34	.24
SWB	Young-old	Male	102	3.08	.991	-.05	.24	-.58	.47
		Female	102	3.40	.83	-.38	.24	.04	.47
		Total	204	3.23	.88	-.40	.17	-.05	.34
	Old-old	Male	102	3.00	.88	-.38	.24	.62	.47
		Female	102	2.91	.96	.01	.24	-.52	.47
		Total	204	2.95	.92	-.17	.17	-.59	.34

	Total	Male	204	3.03	.89	-.37	.17	-.40	.34
		Female	204	3.16	.92	-.24	.17	-.40	.34
		Total	408	3.09	.91	-.29	.12	-.39	.24
PWB	Young-old	Male	102	3.06	.90	-.37	.24	-.17	.47
		Female	102	3.25	.93	-.55	.24	.06	.47
		Total	204	3.16	.96	-.29	.17	-.38	.34
	Old-old	Male	102	3.03	.93	-.46	.24	.02	.47
		Female	102	3.15	.91	-.21	.24	-.28	.47
		Total	204	3.09	.92	-.34	.17	-.11	.34
	Total	Male	204	3.05	.96	-.23	.17	-.31	.34
		Female	204	3.20	.92	-.37	.17	-.16	.34
		Total	408	3.13	.94	-.30	.12	-.26	.24
MHC-SF	Young-old	Male	102	3.27	.73	-.23	.24	-.35	.47
		Female	102	3.41	.76	-.45	.24	.004	.47
		Total	204	3.71	.82	-.68	.17	.73	.34
	Old-old	Male	102	3.17	.73	-.45	.24	.41	.47
		Female	102	3.16	.80	-.04	.24	.55	.47
		Total	204	3.16	.76	-.22	.17	-.16	.34
	Total	Male	204	3.58	.86	-.47	.17	.18	.34
		Female	204	3.29	.79	-.31	.17	-.19	.34
		Total	408	3.44	.84	-.34	.12	-.06	.24
SWLS	Young-old	Male	102	4.34	1.18	-.13	.24	-.88	.47
		Female	102	4.45	1.23	-.12	.24	-.95	.47
		Total	204	4.40	1.20	-.12	.17	-.92	.34
	Old-old	Male	102	4.52	1.16	-.44	.24	.56	.47
		Female	102	4.60	1.03	-.37	.24	-.19	.47
		Total	204	4.56	1.10	-.42	.17	-.39	.34
	Total	Male	204	4.43	1.17	-.28	.17	-.77	.34
		Female	204	4.53	1.13	-.24	.17	-.65	.34
		Total	408	4.48	1.15	-.26	.12	-.71	.24
LOP	Young-old	Male	102	4.06	.60	-1.34	.24	3.85	.47
		Female	102	3.60	.85	-.55	.24	.18	.47
		Total	204	3.83	.77	-1.15	.17	2.01	.34
	Old-old	Male	102	3.94	.81	-.87	.24	.67	.47
		Female	102	3.24	.91	-.04	.24	-.58	.47
		Total	204	3.59	.92	-.50	.17	-.27	.34

	Total	Male	204	4.00	.71	-1.26	.17	2.67	.34
		Female	204	3.42	.90	-.42	.17	-.10	.34
		Total	408	3.71	.86	-.80	.12	.48	.24
COH	Young-old	Male	102	.64	.13	-1.88	.24	4.80	.47
		Female	102	.92	.15	-2.29	.24	5.75	.47
		Total	204	.91	.19	-2.5	.17	6.45	.34
	Old-old	Male	102	.93	.16	-2.16	.24	3.64	.47
		Female	102	.92	.15	-2.69	.24	8.77	.47
		Total	204	.92	.15	-2.39	.17	5.91	.34
	Total	Male	204	.91	.19	-2.44	.17	5.94	.34
		Female	204	.92	.15	-2.47	.17	7.05	.34
		Total	408	.91	.18	-2.51	.12	6.75	.24
PSS	Young-old	Male	102	1.24	.62	.15	.24	-.21	.47
		Female	102	1.33	.71	-.30	.24	-.86	.47
		Total	204	1.29	.66	.27	.17	.51	.34
	Old-old	Male	102	1.30	.53	.18	.24	-.70	.47
		Female	102	1.40	.65	.02	.24	.54	.47
		Total	204	1.35	.60	.13	.17	-.50	.34
	Total	Male	204	1.28	.57	.14	.17	-.34	.34
		Female	204	1.37	.68	.16	.17	.22	.34
		Total	408	1.32	.63	.19	.12	.11	.24
MSPSS	Young-old	Male	102	5.26	.71	.33	.24	.28	.47
		Female	102	5.49	.71	.72	.24	-.06	.47
		Total	204	5.38	.72	.50	.17	.199	.34
	Old-old	Male	102	5.28	.66	.60	.24	.19	.47
		Female	102	5.50	.72	-.13	.24	.44	.47
		Total	204	5.39	.70	.21	.17	.11	.34
	Total	Male	204	5.27	.68	.45	.17	.22	.34
		Female	204	5.49	.71	.27	.17	.17	.34
		Total	408	5.38	.71	.36	.12	.13	.24

Table 2.4: Results of Mann-Whitney U test for age differences (young-old and old-old) in Levels of Participation (LOP) Scale

	LOP
Mann-Whitney U	17602.500
Wilcoxon W	38512.500
Z	-2.697
Asymp. Sig. (2-tailed)	.007

a. Grouping Variable: Age

Table 2.5: Mean ranks of young-old and old-old adults in Levels of Participation (LOP) Scale

	Age	N	Mean Rank	Sum of Ranks
LOP	1.00	204	220.21	44923.50
	2.00	204	188.79	38512.50
	Total	408		

Table 2.6: Results of Mann Whitney *U* test for gender differences (male and female) in Levels of Participation (LOP) Scale

	LOP
Mann-Whitney U	12402.500
Wilcoxon W	33312.500
Z	-7.073
Asymp. Sig. (2-tailed)	.000

a. Grouping Variable: Gender

Table 2.7: Mean ranks of males and females in Levels of Participation (LOP) Scale

	Gender	N	Mean Rank	Sum of Ranks
LOP	1.00	204	245.70	50123.50
	2.00	204	163.30	33312.50
	Total	408		

Table 2.8. Tukey Test depicting the mean differences in significant 'age x gender' interaction on Social Well-Being (SWB).

Dependent Variable	(I) ageX gender	(J) ageX gender	Mean Difference (I-J)	Std. Error	Sig.
SOCIAL WELL-BEING	Y-O (m)	Y-O(f)	-1.6078	.64071	.060
		O-O(m)	.4412	.64071	.901
		O-O(f)	.8235	.64071	.573
	Y-O(f)	Y-O (m)	1.6078	.64071	.060
		O-O(m)	2.0490*	.64071	.008
		O-O(f)	2.4314*	.64071	.001
	O-O(m)	Y-O (m)	-.4412	.64071	.901
		Y-O(f)	-2.0490*	.64071	.008
		O-O(f)	.3824	.64071	.933
	O-O(f)	Y-O (m)	-.8235	.64071	.573
		Y-O(f)	-2.4314*	.64071	.001
		O-O(m)	-.3824	.64071	.933

Relationships between Well-being (Emotional, Social, Psychological, Satisfaction with Life), Social Support, Social Participation (Levels of Group Participation), Family Relations (Cohesion) and Stress among young-old and old-old Mizos

In order to further investigate the second objective of highlighting the relationship between Well-being, Social Support, Social Participation, Family Relations and Stress among young-old and old-old Mizos, the hypothesis further formulated was that: Significant relationships are expected between Well-being and Social Support, Social Participation, Family Relations and Stress among young-old and old-old Mizos.

By calculating Pearson's correlation coefficient, the bivariate correlations between the scores for the nine measures of Emotional Well-being (EWB), Social Well-being (SWB), Psychological Well-being (PWB), Social Support (MSPSS), Levels of Group Participation (LOP), Family Cohesion (COH) and Stress (PSS) for all levels of analyses were determined. Tables 3.1 and 3.2 show the results of calculation of the second hypothesis for correlation between the variables at all levels of analyses.

Across all levels of analyses the different subscales of Well-being - Emotional, Social and Psychological Well-being have significant moderate to high correlations with each other (ranging from $r = .35 - .67$, $p < .01$); subscales also display significant high correlations with the Overall Well-being (ranging from $r = .60 - .91$, $p < .01$)

For all groups, Emotional Well-being is significantly negatively correlated to perceived stress (ranging from $r = -.20$, $p < .05$ to $r = .42$, $p < .01$) indicating that increases in emotional wellness seem to be accompanied by decreases in perceived stress.

Social Well-being and Perceived social support show consistent significant positive correlations for all groups (ranging from $r = .26 - .41$, $p < .01$) indicating that high levels of Social Well-being in elderly Mizos seems to be accompanied by

similar increases in perception of social support from those around them. Bowling et al. (2003) interviewed 999 people all above the age of 65 asking questions with regard to perceived quality of life and 85% of the total respondents reported that their social relationships were major contributors to their quality of life.

For the young-old elderly Mizo males, Emotional Well-being, Social Well-being, Psychological Well-being and Overall Well-being were all found to be significantly negatively related to Perceived stress ($r = .31$, $p < .01$, $r = -.36$, $p < .01$, $r = -.23$, $p < .05$ and $r = -. 36$, $p < .01$) indicating that as Emotional, Social, Psychological and Overall Well-being increases, Perceived stress decreases. Social Well-being and Overall well-being were also found to significantly positively correlate with Perceived Social support ($r = .26$, $p < .01$, $r = .24$, $p < .05$) indicating that as Social and Overall Well-being increases, perception of Social support also seems to increase. Psychological Well-being was found to be significantly positively related to Levels of Group Participation ($r = .21$, $p < .05$). Family Cohesion was found to significantly positively correlate with Perceived social support ($r = .36$, $p < .01$) and negatively correlate with Perceived stress, indicating that as perceptions of unity with the family members increased, levels of perceived stress decreased.

To summarise, for young-old elderly Mizo men, the social aspects of life seem to play a central role in their lives with increases in perception of social support and participation in social activities associated with increases in both Social and Psychological Well-being and Family Cohesion, as well as a consequent decrease in Perceived stress. The elderly often report having smaller social networks which are still associated with better well-being. Elderly well-being seems to be more closely tied to social satisfaction than factors like number of close friends, indicating that the perception of quality in a relationship more than the perception of quantity is consequential for enabling well-being (Bruine de Bruin et al., 2020). Sadoughi & Hesampour (2020) in their study of the contribution of social support towards the well-being of the elderly found that there is a significant relationship between the two factors with family members playing the most supportive role towards enhancing psychological well-being while the role of friends is a little less; but both family members and friends were found to contribute to the emotional well-being of the

elderly. Cutrona et al. (1986) found that social support lessened the detrimental effects of stress on psychological health for the elderly. Social support has been found to cause reduction in depressive affect by working towards increasing the self-confidence of the recipients of social support, as well as enabling a subsequent decrease in self-denigration (Fukukawa et al., 2000).

Family Cohesion is also significantly negatively correlated with Perceived stress ($r = -.22$, $p < .05$) indicating that as feelings of cohesion with one's family members increases, perceived stress decreases. Desiningrum (2010) found psychological well-being to increase among the elderly as a result of social support from family members for the elderly. The relationships the elderly have with their grandchildren has also been attributed to increases in well-being for both parties to the extent that they may even display depressed well-being on losing contact with their grandchildren (Drew & Silverstein, 2007; Kim et al., 2017).

For young-old elderly Mizo women, Emotion Well-being, Social Well-being, Psychological Well-being and Overall Well-being are all significantly positively related to Family Cohesion (ranging from $r = .21$ - $.25$, $p < .05$) and seem to indicate the importance of family unity for young-old elderly women where the results show that increases across all sub-scales of well-being seem to continue into parallel increases in feelings of unity and support with other family members. In support of this finding Lowenthal and Haven (1968) found that while men tended to name their wives as their closest confidants, women are more likely than men to name their own children or relatives (or even friends) as close confidants. At the same time, it has also been found that to be in a marriage, especially in a happy marriage is associated with better mental and physical health (Carr & Springer, 2010; Umberson et al., 2013).

Emotional, Psychological and Overall Well-being also show significant positive correlations with Levels of Group Participation ($r = .28$, $.30$ and $.29$, $p < .01$) respectively indicating that as levels of participation in social activities increases, well-being also increases for young-old elderly women. Emotional and Overall Well-being and Levels of Group Participation have also been seen to have significant

negative correlations with Perceived stress, indicating that as Emotional and Overall Well-being increase, Perceived stress decreases and as Levels of Group Participation increases, Perceived stress decreases for young-old elderly Mizo women. Epidemiologists have confirmed that social participation is positively related to desirable health consequences in the elderly and a study among Canadian senior citizens indicated that most of them were actively involved in at least one kind of social activity and, greater participation in social events was further linked to increases in self-perceived health and decreases in loneliness and satisfaction with life (Gilmour, 2012).

For young-old elderly Mizo women, Emotional Well-being, Social Well-being, Psychological Well-being, Overall Well-being and Levels of Group Participation all show significant positive correlations with Perceived Social support (ranging from $r = .31, .32, .41, .41$ and $.26$, $p < .01$ respectively). The role of social support for the elderly has been highlighted through a study conducted by Auais et al. (2019) where they found that higher levels of social support and socioeconomic status have a clear effect on post hip-fracture recovery of elderly aged above 65 years. Emotional Well-being, Psychological Well-being and Overall Well-being show significant positive correlations with Levels of Group Participation ($r = .28, .30$ and $.29$, $p < .01$ respectively). Gerstorf et al., (2016) found that active participation in social activities in later life is associated with increases in well-being, decreases in late-life decline and delays in initiation of terminal decline in old age. Interestingly, Levels of Group Participation show a significant negative correlation with Perceived stress ($r = -.23$, $p < .01$) indicating that as levels of participation in social activities decreases, perceived stress increases. Zhang et al. (2021) state findings of participation in leisure and recreation activities to have an indirect affect on the health of the elderly through social support – when adults take part in various leisure and recreational activities, it enables increases in social support which in turn works towards increasing mental health. Perceived stress is further reported as a mediator between such activities and psychological health by reduction of perceived stress while increasing mental wellness as a result of such said participation. According to the stress-buffering hypothesis, stress is related with many undesirable health

conditions, and the presence of social support is considered to be able to protect individuals against stress and its various consequences (Cassel, 1976; Cobb, 1976).

For old-old elderly male Mizos, Emotional Well-being, Social Well-being and Overall Well-being are all significantly positively related to Levels of Group Participation ($r = .24, .27$ and $.28$, $p < .01$ respectively). Zhang & Zhang (2015) found that those pensioners who took part in social activities more frequently, had more dynamic and functional roles in such social activities, and had continued relations with their former employers tended to have increased subjective wellbeing. At the same time, Levels of Group Participation is significantly negatively correlated to Perceived stress ($r = -.25$, $p < .05$) implying higher levels of participation in social activities occur with simultaneous decreases in perceived stress. Berry and Welsh (2010) found that participation in the community and social linking were positively related with three types of health, including general and mental health as well as physical functioning, further, the correlation was found to be particularly strong to mental health in particular. Further, Family Cohesion, Social, Psychological and Overall Well-being are also significantly positively correlated with Perceived social support ($r = .30, .41, .39, .43$, $p < .05$) for old-old elderly Mizo men. Sadoughi & Hesampour (2020) in their study of the contribution of social support towards the well-being of the elderly found that there is a significant relationship between the two factors with family members playing the most supportive role towards enhancing psychological well-being while the role of friends is a little less; but both family members and friends were found to contribute to the emotional well-being of the elderly. Emotional Well-being has also been seen to be significantly negatively correlated with Perceived stress ($r = .20$, $p < .05$), indicating that as emotional satisfaction rises, perception of stress decreases.

Emotional, Psychological and Overall Well-being have been seen to be significantly positively related with Family Cohesion ($r = .31$, $p < .01$; $r = .20$, $p < .05$; $r= .27$, $p < .01$) indicating that as feelings of unity and harmony with family members increases for old-old elderly Mizo men, their well-being also increases. Family relationships enable the elderly to provide for other people's wellbeing and are a source of support, delight, enjoyment and protection. It gives them an avenue to

help care and provide for members of their family and other relatives and enables them to share their wealth of learning and practical knowledge such as stories of the different places they have gone to, with younger family members who themselves are just starting on their life journey (Barnes et al., 2013).

For old-old elderly Mizo women, Emotional Well-being, Social Well-being, Psychological Well-being and Overall Well-being are all significantly positively related with Levels of Group Participation (r = .37, .32, .34 and .39, p < .01 respectively). Especially for the elderly, social participation is considered an integral component for healthy and successful aging (Levasseur et al., 2010). For women, their identities seem to be more strongly tied to their social networks and their participation in social activities, whereas for men, their identities seem to be more strongly tied to their profession (Golombok & Fivush 1994; Whitbourne & Powers 1994). As a result, to have had lower achievements in education and employment status and consequent income may not be of such consequence for women in old age as it is for men; because unlike men, their subjective well-being is more strongly associated instead to the relationships that they have (Pinquart & Sorensen, 2000).

Similarly, Social Well-being, Psychological Well-being and Overall Well-being are also all significantly positively related to Family Cohesion (r = .22, p < .05 and .28 and .26, p < .01 respectively). Symister & Friend (2003) have found that those people who receive support from other members of their family tend to have increased self-esteem, an invaluable psychological treasure that further helps increase positivity, positive affect and improved mental health. Emotional Well-being, Social Well-being, Psychological Well-being and Overall Well-being are all significantly negatively related with Perceived stress (r = -.29, -.26, -.35 and -.35, p < .01 respectively). Perceived social support is significantly positively correlated with Emotional, Social, Psychological and Overall Well-being (r = .37, .37, .46, .47, p < .01), Levels of Group Participation (r = .24, p < .05) and Family Cohesion (r = .25, p < .05), while being significantly negatively correlated with Perceived stress (r = -.38, p < .01). Perceived Social support has been found to serve many benefits including boosting physiological and psychological health, well-being, increased ability to deal with problems and psychological adjustment (Abdullah, 2011). As

mentioned before, the stress-buffering hypothesis states that the presence of social support may be considered to help protect people against stress and related consequences (Cobb, 1976). Caetano et al. (2013) have also reported findings of low levels of self-reported health among older women who perceive themselves as receiving less social support.

Table 3.1: Correlation coefficients (Pearson's r) for young-old (204) elderly Mizos with correlation values for males above the diagonal and females below the diagonal

	EWB	SWB	PWB	MHC-SF	SWLS	LOP	COH	PSS	MSPSS
EWB	1	**.35****	**.399****	**.60****	**.41****	-.012	.002	**-.31****	.17
SWB	**.609****	1	**.532****	**.841****	**.206***	.021	.192	**-.365****	**.265****
PWB	**.646****	**.585****	1	**.872****	**.363****	**.206***	.032	**-.228***	.142
MHC-SF	**.817****	**.839****	**.906****	1	**.383****	.116	.110	**-.365****	**.240***
SWLS	**.369****	**.312****	**.447****	**.442****	1	-.112	**.193***	-.161	**.285****
LOP	**.278****	.188	**.302****	**.291****	**.227***	1	-.191	.003	-.168
COH	**.244***	**.221***	**.205***	**.253***	**.396****	-.013	1	**-.218***	**.358****
PSS	**-.420****	-.151	-.171	**-.249***	**-.199***	**-.243***	-.068	1	-.08
MSPSS	**.308****	**.321****	**.415****	**.409****	**.279****	**.264****	-.049	-.154	1

*. Correlation is significant at the .05 level (2 tailed)
**. Correlation is significant at the .01 level (2-tailed)
Abbreviations: EWB=Emotional Well-being, SWB=Social Well-being, PWB=Psychological Well-being, MHC-SF=Mental Health Continuum-Short Form, SWLS=Satisfaction with Life Scale, LOP=Levels of Group Participation, COH=Cohesion, PSS=Perceived Stress Scale, MSPSS=Multi-dimensional Scale of Perceived Social Support.

Table 3.2: Correlation coefficients (Pearson r) for old-old (204) elderly Mizos with correlation values for males above the diagonal and females below.

	EWB	SWB	PWB	MHC-SF	SWLS	LOP	COH	PSS	MSPSS
EWB	1	**.404****	**.365****	**.634****	-.036	**.237***	**.301****	**-.204***	.166
SWB	**.517****	1	**.547****	**.833****	.149	**.271****	.189	-.043	**.406****
PWB	**.673****	**.613****	1	**.875****	**.311****	.189	**.201***	-.173	**.388****
MHC-SF	**.789****	**.849****	**.914****	1	**.224***	**.281****	**.269****	-.166	**.429****

SWLS	.084	.065	**.264****	.181	1	-.052	**.217***	-.098	**.228***
LOP	**.367****	**.321****	**.339****	**.390****	.075	1	-.045	**-.246***	.122
COH	.124	**.218***	**.279****	**.257****	.137	.011	1	-.190	**.301****
PSS	**-.294****	**-.259****	**.-347****	**-.348****	-.112	-.127	-.182	1	-.147
MSPSS	**.373****	**.368****	**.457****	**.468****	.082	**.239***	**.250***	**-.376****	1

*. Correlation is significant at the .05 level (2 tailed)

**. Correlation is significant at the .01 level (2-tailed)

Abbreviations: EWB=Emotional Well-being, SWB=Social Well-being, PWB=Psychological Well-being, MHC-SF=Mental Health Continuum-Short Form, SWLS=Satisfaction with Life Scale, LOP=Levels of Group Participation, COH=Cohesion, PSS=Perceived Stress Scale, MSPSS=Multi-dimensional Scale of Perceived Social Support.

Prediction of Well-being (Emotional, Social, Psychological and Overall) from Social support, Social participation (Levels of Group Participation) and Family Relations (Cohesion)

To explain the third hypothesis of examining the predictability of Well-being (Emotional, Social, Psychological and Overall) from Social support, Social participation and Family Relations, hierarchical regression analyses were conducted for the four groups, i.e., young-old (male and female) and old-old elderly (male and female) Mizos.

After having ensured that the assumptions of multiple regression (outliers, multivariate normality and multicollinearity) were suitably addressed, scores for the various predictor variables – Social support, Levels of Group Participation and Family Cohesion were entered in the three steps of the hierarchical regression model for the Well-being criterion separately.

The results obtained from the hierarchical regression analyses conducted for young-old and old-old groups separately in various combinations of the prediction model have been reported as given below:

4.1. Prediction of Emotional Well-Being by Perceived Social support, Levels of Group Participation and Family Cohesion in young-old (male and female) and old-old (male and female) elderly Mizos.

4.2. Prediction of Social Well-Being by Perceived Social support, Levels of Group Participation and Family Cohesion in young-old (male and female) and old-old (male and female) elderly Mizos.

4.3. Prediction of Psychological Well-Being by Perceived Social support, Levels of Group Participation and Family Cohesion in young-old (male and female) and old-old (male and female) elderly Mizos.

4.4. Prediction of Overall Well-Being by Perceived Social support, Levels of Group Participation and Family Cohesion in young-old (male and female) and old-old (male and female) elderly Mizos.

4.1 (a*) Prediction of **Emotional Well-Being** by Perceived Social support, Levels of Group Participation and Family Cohesion for young-old elderly males*.

The results given in Table 4.1.1 of hierarchical regression analysis indicate a 2.9% contribution of Perceived Social support, Levels of Group Participation and Family Cohesion in predicting Emotional well-being for young-old males, which however was not statistically significant.

Table 4.1.1: Hierarchical regression analysis testing the predictability of Emotional Well-being from Perceived Social support, Social participation and Family Cohesion for young-old elderly males.

Predictors	**B**	**SE B**	**Beta**	**Sig.**
Step 1				
Constant	9.124	1.706		.000
MSPSS	.046	.027	.168	.091
Step 2				
Constant	8.798	2.555		.001
MSPSS	.047	.027	.171	.092
LOP	.011	.066	.017	.864
Step 3				
Constant	9.153	2.629		.001
MSPSS	.052	.029	.193	.074
LOP	.006	.067	.008	.934
COH	-.133	.218	-.065	.545

Note: R^2 =.028 for Step 1 (p=.09); ΔR^2=.000 for Step 2 (p=.86); ΔR^2=.004 for Step 3 (p=.54)

- 95% bias corrected and accelerated confidence intervals reported in parentheses, confidence intervals and standard errors based on 1000 bootstrap samples.

4.1 (b) *Prediction of* ***Emotional Well-being*** *by Perceive*d *Social support, Levels of Group Participation and Family Cohesion for young-old elderly females.*

The results given in Table 4.1.2 of hierarchical regression analysis indicate that Perceived Social support alone accounted for 9.5% of the total variance in Emotional Well-being, Levels of Group Participation alone also accounted for 4.2% of the variance in Emotional Well-being, while Family Cohesion finally accounted for 5.5%, bringing the total variance explained in Emotional well-being to 19.2% for young-old elderly females. Perceived Social support can be seen to have a significant main effect on Emotional Well-being (β=.31, p=.00) indicating that the perception of Perceived Social support by the young-old elderly female Mizos significantly increased their Emotional Well-being. Levels of Group Participation (β =.21, p=.03) and Family Cohesion (β = .23, p= .00) with their positive beta also indicate that the participation in various group activities as well as perception of a sense of cohesion and unity with one's family members works towards increasing the Emotional Well-being of young-old elderly females.

Table 4.1.2: Hierarchical regression analysis testing the predictability of Emotional Well-being from Perceived Social support, Social participation and Family Cohesion for young-old elderly females.

Predictors	**B**	**SE B**	**Beta**	**Sig.**
Step 1				
Constant	5.241	1.910		.007
MSPSS	.093	.029	.308	.002
Step 2				
Constant	3.953	1.965		.047
MSPSS	.076	.029	.252	.011
LOP	.111	.051	.212	.031
Step 3				
Constant	.569	2.319		.807

MSPSS	.072	.028	.238	.013
LOP	.114	.049	.218	.023
COH	.778	.302	.235	.011

Note: R^2 =.095 for Step 1 (p=.00); ΔR^2=.042 for Step 2 (p=.03); ΔR^2=.055 for Step 3 (p=.01)

- 95% bias corrected and accelerated confidence intervals reported in parentheses, confidence intervals and standard errors based on 1000 bootstrap samples.

4.1 (c*) Prediction of **Emotional Well-being** by Perceived Social support, Levels of Group Participation and Family Cohesion for old-old elderly males*.

The results given in Table 4.1.3 of hierarchical regression analysis indicate that Perceived Social support alone accounted for 2.8% of the total variance in Emotional Well-being, Levels of Group Participation alone also accounted for 4.8% of the variance in Emotional Well-being, while Family Cohesion finally accounted for 8%, bringing the total variance explained in Emotional Well-being to 15.6% for old-old elderly males. No significant prediction of Emotional Well-being from Perceived Social support can be seen for old-old elderly males. Levels of Group Participation be seen to have a significant main effect on Emotional Well-being (β=.22, p=.03) indicating that participation in social activities significantly increased their Emotional Well-being. Family Cohesion (β=.29, p=.01) with its positive beta also indicate that the perception of a sense of cohesion and unity with one's family members work towards increasing the Emotional Well-being for old-old elderly males.

Table 4.1.3: Hierarchical regression analysis testing the predictability of Emotional Well-being from Perceived Social support, Social participation and Family Cohesion for old-old elderly males.

Predictors	**B**	**SE B**	**Beta**	**Sig.**
Step 1				
Constant	7.658	2.120		.000

MSPSS	.056	.033	.166	.095
Step 2				
Constant	5.283	2.329		.025
MSPSS	.047	.033	.140	.155
LOP	.124	.055	.220	.026
Step 3				
Constant	2.259	2.447		.358
MSPSS	.016	.033	.047	.634
LOP	.138	.053	.245	.011
COH	1.006	.330	.298	.003

Note: R^2 =.028 for Step 1 (p=.09); ΔR^2=.048 for Step 2 (p=.03); ΔR^2=.080 for Step 3 (p=.01)

- 95% bias corrected and accelerated confidence intervals reported in parentheses, confidence intervals and standard errors based on 1000 bootstrap samples.

4.1 (d) *Prediction of **Emotional Well-being** by Perceived Social support, Levels of Group Participation and Family Cohesion for old-old elderly females.*

The results given in Table 4.1.4 of hierarchical regression analysis indicate that Perceived Social support alone accounted for 13.9% of the total variance in Emotional Well-being, Levels of Group Participation alone also accounted for 8.2% of the variance in Emotional well-being, while Family Cohesion finally accounted for.2%, bringing the total variance explained in Emotional Well-being to 22.3% for old-old elderly female Mizos. Perceived Social support (β=.37, p=.00) can be seen to have a significant main effect on Emotional Well-being indicating that perception of Perceived Social support by the old-old elderly females significantly increased their emotional well-being. Levels of Group Participation (β=.29, p=.00) with its positive beta also indicates that the participation in various group activities work towards increasing the Emotional Well-being of old-old elderly females. No significant

prediction of Emotional Well-being from Family Cohesion can be seen for old-old elderly females.

Table 4.1.4: Hierarchical regression analysis testing the predictability of Emotional Well-being from Perceived Social support, Social participation and Family Cohesion for old-old elderly females.

Predictors	**B**	**SE B**	**Beta**	**Sig.**
Step 1				
Constant	3.020	1.943		.123
MSPSS	.117	.029	.373	.000
Step 2				
Constant	1.623	1.908		.397
MSPSS	.095	.029	.303	.001
LOP	.147	.046	.294	.002
Step 3				
Constant	1.103	2.161		.611
MSPSS	.091	.030	.290	.003
LOP	.148	.046	.297	.002
COH	.165	.317	.048	.604

Note: R^2 =.139 for Step 1 (p=.00); ΔR^2=.082 for Step 2 (p=.00); ΔR^2=.002 for Step 3 (p=.60)

- 95% bias corrected and accelerated confidence intervals reported in parentheses, confidence intervals and standard errors based on 1000 bootstrap samples.

4.2 (a) *Prediction of **Social Well-being** by Perceived Social support, Levels of Group Participation and Family Cohesion for young-old elderly males.*

The results given in Table 4.1.5 of hierarchical regression analysis indicate that Perceived Social support alone accounted for 7% of the total variance in Social

Well-being, Levels of Group Participation alone also accounted for .4% of the variance in Social Well-being, while Family Cohesion finally accounted for 1.3%, bringing the total variance explained in Social Well-being to 8.7% for young-old elderly males. Perceived Social support (β=.27, p=.01) can be seen to have a significant main effect on Social Well-being indicating that the perception of Perceived Social support by young-old elderly males significantly increased their social well-being. No significant prediction of Social Well-being from Levels of Group Participation and Family Cohesion can be seen for young-old elderly males.

Table 4.1.5: Hierarchical regression analysis testing the predictability of Social Well-being from Perceived Social support, Social participation and Family Cohesion for young-old elderly males.

Predictors	**B**	**SE B**	**Beta**	**Sig.**
Step 1				
Constant	5.625	3.589		.120
MSPSS	.155	.056	.265	.007
Step 2				
Constant	2.900	5.362		.590
MSPSS	.161	.057	.276	.006
LOP	.095	.138	.067	.495
Step 3				
Constant	1.448	5.488		.793
MSPSS	.137	.061	.235	.026
LOP	.118	.139	.084	.398
COH	.543	.456	.124	.237

Note: R^2 =.070 for Step 1 (p=.01); ΔR^2=.004 for Step 2 (p=.49); ΔR^2=.013 for Step 3 (p=.24)

- 95% bias corrected and accelerated confidence intervals reported in parentheses, confidence intervals and standard errors based on 1000 bootstrap samples.

4.2 (b*) Prediction of **Social Well-being** by Perceived Social support, Levels of Group Participation and Family Cohesion for young-old elderly females.*

The results given in Table 4.1.6 of hierarchical regression analysis indicate that Perceived Social support alone accounted for 10.3% of the total variance in Social Well-being, Levels of Group Participation alone also accounted for 1.2% of the variance in Social well-being, while Family Cohesion finally accounted for 4.3%, bringing the total variance explained in Social Well-being to 15.8% for young-old elderly females. Perceived Social support (β=.32, p=.00) can be seen to have a significant main effect on Social Well-being indicating that the perception of Perceived social support by young-old elderly females significantly increased their Social Well-being. Family Cohesion (β=.21, p= .01) with its positive beta also indicates that perception of cohesion with and support from one's family members' work towards increasing the Social Well-being of young-old elderly females. No significant prediction of Social Well-being from Levels of Group Participation can be seen for young-old elderly females.

Table 4.1.6: Hierarchical regression analysis testing the predictability of Social Well-being from Perceived Social support, Social participation and Family Cohesion for young-old elderly females.

Predictors	**B**	**SE B**	**Beta**	**Sig.**
Step 1				
Constant	6.714	3.060		.031
MSPSS	.156	.046	.321	.001
Step 2				
Constant	5.625	3.202		.082
MSPSS	.142	.048	.292	.004
LOP	.094	.082	.111	.259
Step 3				

Constant	.777	3.808		.839
MSPSS	.136	.047	.280	.004
LOP	.098	.081	.117	.226
COH	1.114	.496	.209	.027

Note: R^2 =.103 for Step 1 (p=.00); ΔR^2=.012 for Step 2 (p=.26); ΔR^2=.043 for Step 3 (p=.03)

- 95% bias corrected and accelerated confidence intervals reported in parentheses, confidence intervals and standard errors based on 1000 bootstrap samples.

4.2 (c) *Prediction of **Social Well-being** by Perceived Social support, Levels of Group Participation and Family Cohesion for old-old elderly males*.

The results given in Table 4.1.7 of hierarchical regression analysis indicate that Perceived Social support alone accounted for 16.4% of the total variance in Social Well-being, Levels of Group Participation alone also accounted for 5% of the variance in Social Well-being, while Family Cohesion finally accounted for .8%, bringing the total variance explained in Social Well-being to 22.2% for old-old elderly males. Perceived Social support (β= .41, p= .00) can be seen to have a significant main effect on Social Well-being indicating that the very perception of Perceived Social support by the old-old elderly males significantly increased their Social Well-being. Levels of Group Participation (β= .22, p= .01) with its positive beta also indicates that participation in social activities increases the Social Well-being of old-old elderly males. No significant prediction of Social Well-being from Family Cohesion can be seen for old-old elderly males.

Table 4.1.7: Hierarchical regression analysis testing the predictability of Social Well-being from Perceived Social support, Social participation and Family Cohesion for old-old elderly males.

Predictors	**B**	**SE B**	**Beta**	**Sig.**
Step 1				
Constant	.777	3.222		.810

MSPSS	.224	.050	.406	.000
Step 2				
Constant	-3.205	3.520		.365
MSPSS	.209	.050	.378	.000
LOP	.209	.083	.225	.014
Step 3				
Constant	-4.779	3.850		.218
MSPSS	.192	.052	.349	.000
LOP	.216	.084	.233	.011
COH	.524	.520	.094	.316

Note: R^2 =.164 for Step 1 (p=.00); ΔR^2=.050 for Step 2 (p=.01); ΔR^2=.008 for Step 3 (p=.32)

- 95% bias corrected and accelerated confidence intervals reported in parentheses, confidence intervals and standard errors based on 1000 bootstrap samples.

4.2 (d) *Prediction of **Social Well-being** by Perceived Social support, Levels of Group Participation and Family Cohesion for old-old elderly females.*

The results given in Table 4.1.8 of hierarchical regression analysis indicate that Perceived Social support alone accounted for 13.6% of the total variance in Social Well-being, Levels of Group Participation alone also accounted for 5.8% of the variance in Social Well-being, while Family Cohesion finally accounted for 2%, bringing the total variance explained in Social Well-being to 21.4% for old-old elderly females. Perceived Social support (β= .37, p= .00) can be seen to have a significant main effect on Social Well-being indicating that the perception of Perceived Social support by the old-old elderly females significantly increases their Social Well-being. Levels of Group Participation (β= .25, p= .01) with its positive beta also indicates that participation in various social activities leads to increases in Social Well-being for the old-old elderly females. No significant prediction of Social Well-being from Family Cohesion can be seen for old-old elderly females.

Table 4.1.8: Hierarchical regression analysis testing the predictability of Social Well-being from Perceived Social support, Social participation and Family Cohesion for old-old elderly females.

Predictors	**B**	**SE B**	**Beta**	**Sig.**
Step 1				
Constant	.816	3.502		.816
MSPSS	.208	.053	.368	.000
Step 2				
Constant	-1.296	3.492		.711
MSPSS	.175	.053	.309	.001
LOP	.222	.083	.247	.009
Step 3				
Constant	-4.185	3.909		.287
MSPSS	.153	.054	.270	.006
LOP	.229	.083	.255	.007
COH	.915	.573	.148	.114

Note: R^2 =.136 for Step 1 (p=.00); ΔR^2=.058 for Step 2 (p=.01); ΔR^2=.020 for Step 3 (p=.114)

- 95% bias corrected and accelerated confidence intervals reported in parentheses, confidence intervals and standard errors based on 1000 bootstrap samples.

4.3 (a) *Prediction of **Psychological Well-being** by Perceived Social support, Levels of Group Participation and Family Cohesion for young-old elderly males.*

The results given in Table 4.1.9 of hierarchical regression analysis indicate that Perceived Social support alone accounted for 2% of the total variance in Psychological Well-being, Levels of Group Participation alone also accounted for 5.5% of the variance in Psychological Well-being, while Family Cohesion did not

contribute any, bringing the total variance explained in Psychological Well-being to 7.5% for young-old elderly males. Levels of Group Participation (β=.24, p=.02) can be seen to have a significant main effect on Psychological Well-being, indicating that participation in various social activities significantly increased the Psychological Well-being of young-old elderly males. No significant prediction of Psychological Well-being from Perceived Social support and Family Cohesion can be seen for young-old elderly males.

Table 4.1.9: Hierarchical regression analysis testing the predictability of Psychological Well-being from Perceived Social support, Social participation and Family Cohesion for young-old elderly males.

Predictors	**B**	**SE B**	**Beta**	**Sig.**
Step 1				
Constant	12.657	4.037		.002
MSPSS	.091	.063	.142	.155
Step 2				
Constant	2.139	5.875		.717
MSPSS	.116	.063	.182	.067
LOP	.365	.151	.237	.018
Step 3				
Constant	1.953	6.055		.748
MSPSS	.113	.067	.177	.094
LOP	.368	.154	.239	.018
COH	.070	.503	.015	.890

Note: R^2 =.020 for Step 1 (p=.15); ΔR^2=.055 for Step 2 (p=.02); ΔR^2=.000 for Step 3 (p=.90)

- 95% bias corrected and accelerated confidence intervals reported in parentheses, confidence intervals and standard errors based on 1000 bootstrap samples.

4.3 (b) *Prediction of **Psychological Well-being** by Perceived Social support, Levels of Group Participation and Family Cohesion for young-old elderly females.*

The results given in Table 4.1.10 of hierarchical regression analysis indicate that Perceived Social support alone accounted for 17.2% of the total variance in Psychological Well-being, Levels of Group Participation alone also accounted for 4% of the variance in Psychological Well-being while Family Cohesion accounted for 3.6%, bringing the total variance explained in Psychological Well-being to 24.8% for young-old elderly females. Perceived Social support (β=.41, p=.00) can be seen to have a significant main effect on Psychological Well-being indicating that the very perception of Perceived Social support significantly increased their Psychological Well-being. Levels of Group Participation (β=.21, p=.03) and Family Cohesion (β=.19, p=.03) with their positive betas indicates that participation in various group activities as well perception of a sense of unity with family members works toward increasing the Psychological Well-being of young-old elderly females.

Table 4.1.10: Hierarchical regression analysis testing the predictability of Psychological Well-being from Perceived Social support, Social participation and Family Cohesion for young-old elderly females.

Predictors	**B**	**SE B**	**Beta**	**Sig.**
Step 1				
Constant	1.438	3.993		.720
MSPSS	.274	.060	.415	.000
Step 2				
Constant	-1.313	4.103		.750
MSPSS	.238	.061	.360	.000
LOP	.236	.106	.207	.027
Step 3				
Constant	-7.333	4.887		.137
MSPSS	.231	.060	.349	.000

LOP	.242	.104	.212	.021
COH	1.383	.636	.191	.032

Note: R^2 =.172 for Step 1 (p=.00); ΔR^2=.040 for Step 2 (p=.03); ΔR^2=.036 for Step 3 (p=.03)

- 95% bias corrected and accelerated confidence intervals reported in parentheses, confidence intervals and standard errors based on 1000 bootstrap samples.

4.3 (c) *Prediction of **Psychological Well-being** by Perceived Social support, Levels of Group Participation and Family Cohesion for old-old elderly males*.

The results given in Table 4.1.11 of hierarchical regression analysis indicate that Perceived Social support alone accounted for 15% of the total variance in Psychological Well-being, Levels of Group Participation alone also accounted for 2% of the variance in Psychological Well-being, while Family Cohesion accounted for 1%, bringing the total variance explained in Psychological Well-being to 18% for old-old elderly males. Perceived Social support (β=.39, p=.00) can be seen to have a significant main effect on Psychological Well-being indicating that perception of Perceived Social support leads to significant increases in Psychological Well-being for the old-old elderly males. No significant contribution to Psychological Well-being was seen for Levels of Group Participation and Family Cohesion.

Table 4.1.11: Hierarchical regression analysis testing the predictability of Psychological well-being from Perceived Social support, Social participation and Family Cohesion for old-old elderly males.

Predictors	**B**	**SE B**	**Beta**	**Sig.**
Step 1				
Constant	.986	4.121		.811
MSPSS	.271	.064	.388	.000
Step 2				
Constant	-2.235	4.587		.627

MSPSS	.259	.065	.370	.000
LOP	.169	.108	.143	.123
Step 3				
Constant	-4.488	5.013		.373
MSPSS	.236	.068	.337	.001
LOP	.179	.109	.152	.103
COH	.749	.677	.107	.271

Note: R^2 =.150 for Step 1 (p=.00); ΔR^2=.020 for Step 2 (p=.12); ΔR^2=.010 for Step 3 (p=.27)

- 95% bias corrected and accelerated confidence intervals reported in parentheses, confidence intervals and standard errors based on 1000 bootstrap samples.

4.3 (d) *Prediction of **Psychological Well-being** by Perceived Social support, Levels of Group Participation and Family Cohesion for old-old elderly females*.

The results given in Table 4.1.12 of hierarchical regression analysis indicate that Perceived Social support alone accounted for 20.9% of the total variance in Psychological Well-being, Levels of Group Participation alone also accounted for 5.6% of the variance in Psychological Well-being, while Family Cohesion accounted for 3.3%, bringing the total variance explained in Psychological Well-being to 29.8% for old-old elderly females. Perceived Social support (β=.41, p=.00) can be seen to have a significant main effect on Psychological Well-being indicating that perception of Perceived Social support leads to significant increases in Psychological Well-being for the old-old elderly females. Levels of Group Participation (β=.24, p=.01) and Family Cohesion (β=.19, p=.01) with their positive betas indicates that participation in various group activities as well perception of a sense of unity with family members works toward increasing the Psychological Well-being of old-old elderly females.

Table 4.1.12: Hierarchical regression analysis testing the predictability of Psychological Well-being from Perceived Social support, Social participation and Family Cohesion for old-old elderly females.

Predictors	**B**	**SE B**	**Beta**	**Sig.**
Step 1				
Constant	-.641	3.834		.868
MSPSS	.296	.058	.457	.000
Step 2				
Constant	-3.025	3.814		.430
MSPSS	.258	.057	.398	.000
LOP	.250	.091	.244	.007
Step 3				
Constant	-7.252	4.224		.089
MSPSS	.226	.058	.349	.000
LOP	.260	.090	.254	.004
COH	1.339	.619	.189	.033

Note: R^2 =.209 for Step 1 (p=.00); ΔR^2=.056 for Step 2 (p=.01); ΔR^2=.033 for Step 3 (p=.03)

- 95% bias corrected and accelerated confidence intervals reported in parentheses, confidence intervals and standard errors based on 1000 bootstrap samples.

4.4 (a) *Prediction of **Overall Well-being** by Perceived Social support, Levels of Group Participation and Family Cohesion for young-old elderly males.*

The results given in Table 4.1.13 of hierarchical regression analysis indicate that Perceived Social support alone accounted for 5.8% of the total variance in Overall Well-being, Levels of Group Participation alone also accounted for 2.5% of the variance in Overall Well-being, while Family Cohesion accounted for .2%, bringing the total variance explained in Overall Well-being to 8.5% for young-old

elderly males. Perceived Social support (β=.24, p=.01) can be seen to have a significant main effect on Overall Well-being, indicating that the very perception of Perceived Social support significantly increased the Overall Well-being of young-old elderly males. No significant prediction of Overall Well-being can be seen from Levels of Group Participation and Family Cohesion for young-old elderly males.

Table 4.1.13: Hierarchical regression analysis testing the predictability of Overall Well-being from Perceived Social support, Social participation and Family Cohesion for young-old elderly males.

Predictors	**B**	**SE B**	**Beta**	**Sig.**
Step 1				
Constant	27.406	7.510		.000
MSPSS	.291	.118	.240	.015
Step 2				
Constant	13.837	11.094		.215
MSPSS	.324	.119	.267	.007
LOP	.471	.286	.161	.102
Step 3				
Constant	12.554	11.422		.274
MSPSS	.303	.126	.249	.019
LOP	.492	.290	.168	.093
COH	.480	.949	.053	.614

Note: R^2 =.058 for Step 1 (p=.01); ΔR^2=.025 for Step 2 (p=.10); ΔR^2=.002 for Step 3 (p=.61)

- 95% bias corrected and accelerated confidence intervals reported in parentheses, confidence intervals and standard errors based on 1000 bootstrap samples.

4.4 (b) *Prediction of **Overall Well-being** by Perceived Social support, Levels of Group Participation and Family Cohesion for young-old elderly females.*

The results given in Table 4.1.14 of hierarchical regression analysis indicate that Perceived Social support alone accounted for 16.8% of the total variance in Overall Well-being, Levels of Group Participation alone also accounted for 3.6% of the variance in Overall Well-being, while Family Cohesion accounted for 5.7%, bringing the total variance explained in Overall Well-being to 26.1% for young-old elderly females. Perceived Social support (β=.41, p=.00) can be seen to be a significant main effect on Overall Well-being indicating the perception of Perceived Social support significantly increases the Overall Well-being of young-old elderly females. Levels of Group Participation (β=.196, p=.04) and Family Cohesion (β=. 24, p=.00) with their positive betas also indicate that participation in various social activities as well as perception of unity and cohesion within one's family both enable increases in Overall Well-being of young-old elderly females.

Table 4.1.14: Hierarchical regression analysis testing the predictability of Overall Well-being from Perceived Social support, Social participation and Family Cohesion for young-old elderly females.

Predictors	**B**	**SE B**	**Beta**	**Sig.**
Step 1				
Constant	14.783	7.450		.050
MSPSS	.503	.112	.409	.000
Step 2				
Constant	9.925	7.676		.199
MSPSS	.439	.114	.358	.000
LOP	.417	.197	.196	.037
Step 3				
Constant	-4.057	9.023		.654
MSPSS	.423	.111	.344	.000

LOP	.431	.191	.203	.026
COH	3.213	1.174	.238	.007

Note: R^2 =.168 for Step 1 (p=.00); ΔR^2=.036 for Step 2 (p=.04); ΔR^2=.057 for Step 3 (p=.01)

- 95% bias corrected and accelerated confidence intervals reported in parentheses, confidence intervals and standard errors based on 1000 bootstrap samples.

4.4 (c) *Prediction of **Overall Well-being** by Perceived Social support, Levels of Group Participation and Family Cohesion for old-old elderly males*.

The results given in Table 4.1.15 of hierarchical regression analysis indicate that Perceived Social support alone accounted for 18.4% of the total variance in Overall Well-being, Levels of Group Participation alone also accounted for 5.3% of the variance in Overall Well-being, while Family Cohesion accounted for 2.8%, bringing the total variance explained in Overall Well-being to 26.5% for old-old elderly males. Perceived Social support (β=.43, p=.00) can be seen to be a significant main effect on Overall Well-being indicating the perception of Perceived Social support significantly increases the Overall Well-being of old-old elderly males. Levels of Group Participation (β=.23, p=.01) with its positive beta also indicates that participation in various social activities enables increases in Overall Well-being for old-old elderly males. No significant prediction of Overall Well-being was seen from Family Cohesion for old-old elderly males.

Table 4.1.15: Hierarchical regression analysis testing the predictability of Overall Well-being from Perceived Social support, Social participation and Family Cohesion for old-old elderly males.

Predictors	**B**	**SE B**	**Beta**	**Sig.**
Step 1				
Constant	9.420	7.418		.207
MSPSS	.551	.116	.429	.000

Step 2				
Constant	-.158	8.080		.984
MSPSS	.515	.114	.400	.000
LOP	.502	.191	.232	.010
Step 3				
Constant	-7.008	8.720		.424
MSPSS	.444	.118	.346	.000
LOP	.533	.189	.247	.006
COH	2.279	1.177	.176	.056

Note: R^2 =.184 for Step 1 (p=.00); ΔR^2=.053 for Step 2 (p=.01); ΔR^2=.028 for Step 3 (p=.06)

- 95% bias corrected and accelerated confidence intervals reported in parentheses, confidence intervals and standard errors based on 1000 bootstrap samples.

4.4 (d) *Prediction of **Overall Well-being** by Perceived Social support, Levels of Group Participation and Family Cohesion for old-old elderly females*.

The results given in Table 4.1.16 of hierarchical regression analysis indicate that Perceived Social support alone accounted for 21.9% of the total variance in Overall Well-being, Levels of Group Participation alone also accounted for 8.2% of the variance in Overall Well-being, while Family Cohesion accounted for 2.6%, bringing the total variance explained in Overall Well-being to 36.4% for old-old elderly females. Perceived Social support (β=.47, p=.00) can be seen to be a significant main effect on Well-being indicating the perception of Perceived Social support significantly increases the Overall Well-being of old-old elderly females. Levels of Group Participation (β=.295, p=.00) with its positive beta indicates that participation in various social activities enables increases in Overall Well-being for old-old elderly females.

Table 4.1.16: Hierarchical regression analysis testing the predictability of Overall Well-being from Perceived Social support, Social participation and Family Cohesion for old-old elderly females

Predictors	**B**	**SE B**	**Beta**	**p**
Step 1				
Constant	3.220	7.812		.681
MSPSS	.621	.117	.468	.000
Step 2				
Constant	-2.693	7.627		.725
MSPSS	.527	.115	.397	.000
LOP	.621	.182	.295	.001
Step 3				
Constant	-10.271	8.488		.229
MSPSS	.469	.117	.354	.000
LOP	.639	.180	.304	.001
COH	2.400	1.244	.165	.057

Note: R2 =.219 for Step 1 (p=.00); ΔR2=.082 for Step 2 (p=.01); ΔR2=.026 for Step 3 (p=.06)

- 95% bias corrected and accelerated confidence intervals reported in parentheses, confidence intervals and standard errors based on 1000 bootstrap samples.

To summarize, results of hierarchical regression analyses conducted to explain the third hypothesis of examining the predictability of Well-being (Emotional, Social, Psychological and Overall) from Social Support, Social participation and Family Relations for the four groups in the sample, i.e. young-old (male and female) and old-old (male and female) elderly Mizos revealed certain significant predictions.

Perceived Social support was found to significantly predict Emotional Well-being for young-old and old female elderly, Social Well-being for young-old males and females and both old-old males and females, Psychological Well-being for young-old females and both males and females in the old-old age groups. Lastly Perceived Social support was found to significantly predict Overall Well-being for all groups i.e. young-old (males and females) as well as old-old (males and females). Thus, results support the hypothesis of predictability of well-being from Perceived Social support to be true.

Studies on the positive association between characteristics of social support and well-being in later life have shown that support found within one's family by elderly members appear to be of utmost importance for their consequent well-being (Attias-Donfut, 2001; Grundy & Henretta, 2006), with data further implying that support from family members is advantageous for the well-being of older members (Cheng & Chan, 2006; Levitt et al., 1992; Tesch-Ro¨mer et al., 2002). Thangchungnunga (2007) writes that in Mizo society, most families are nuclear families and traditionally the youngest son is considered to be the one to look after their parents in old age, with elder brothers living separately; he takes great pains to include that this living arrangement does not translate to remaining ties resulting in mere occasional visits. Instead, there is still a very strong interdependence and exchange of finances and care such as babysitting, care in illnesses and help with household chores. Newspaper reports (oneindia.com, 2006 & webindia123.com, 2012) about the status of the elderly among the Mizos have written about how looking after elderly parents is considered a blessing among the Mizos and putting elderly parents in old-age homes is even considered cruel. Such kind of care and respect for the elderly among the Mizos as written in the articles is also attributed to close kinship ties among the Mizos as well as a very strong community spirit.

Auais et al. (2019) found that improved socioeconomic factors in combination with high levels of social support seemed to have a clear effect on the post-hip fracture recovery of the elderly aged above 65 years. Lowenthal & Haven (1968) also found that in a sample of the elderly aged over 63 years, 85% of the elderly who shared having low social interactions were found to be depressed. Thoits

(1982) has proposed that those with greater levels of support might even be able to avoid a lot of the problems faced by those with lesser levels of support. Sadoughi & Hesampour (2020) in their study of the contribution of social support towards the well-being of the elderly found that there is a significant relationship between the two factors with family members playing the most supportive role towards enhancing psychological well-being while the role of friends is a little less; but both family members and friends were found to contribute to the emotional well-being of the elderly. In this study, with the exception of young-old males, Perceived Social support was found to be a significant predictor of Psychological Well-being for young-old females and old-old male and female elderly.

Perceived Social support has been found to be a significant predictor of Emotional Well-being for both young-old and old-old females in this study. For women, their identities seems to be more strongly tied to their social networks and their participation within these networks, whereas for men, their identities seems to be more strongly tied to their profession (Golombok & Fivush 1994; Whitbourne & Powers 1994). The primary source of social support for men seems to be their wives resulting in less confidential networks when compared to women; women on the other hand have not just broader social networks when compared to men, but are also actively immersed in the lives of members of their networks (Belle, 1987; Wethington et al., 1987). Women identify besides their spouses, friends and members of the family as close and cherished sources of support (Powers & Bultena, 1976). As such it may be understood that the agents of social support are more important and crucial for women than men, thus the importance of Perceived Social support in enabling Emotional Well-being for women more than men.

Levels of Group Participation were found to significantly predict Emotional Well-being for young-old females and old-old male and female elderly, Social Well-being for both old-old males and females, and Psychological Well-being for young-old males and females and old-old females. Lastly Levels of Group Participation was found to significantly predict Overall Well-being for young-old females, and both old-old males and females. Thus, results support the hypothesis of predictability of well-being from Levels of Group Participation to be true.

The fact that the elderly tend to report greater levels of satisfaction with their social networks than younger adults has been reported (Luong et al., 2011) and a possible reason for this has been attributed to the particular way in which the elderly organise their social networks (Carstensen, 2006). In-depth analyses have found a tendency of social networks to decrease across adulthood, and the greatest decreases have been found to occur in advanced old age (Broese van Groenou et al., 2013). A longitudinal study in the same area found that social networks tended to start decreasing in midlife largely as a result of loss of peripheral social ties, not close ones (English & Cartensen, 2014).

Depp and Jeste (2006) reported that older adults more commonly attribute successful ageing to social participation rather than physical health. Baker et al. (2005) found that beneficial activities even within social participation, was particularly valuable to older persons' well-being, and increases in both numbers of productive activities and time commitment further predict still increasing levels of happiness. Members of the MUP (Mizoram Senior Citizens association are actively involved in identifying and helping needy members with whatever problems they may have. The organization usually helps such members in cash or kind as per the requirement of the situation. Avenues for social participation and formation of social networks is encouraged by organizing meetings for the elderly where various recreational programmes are organized including cultural items, games and dancing in which all members can participate. Informational lectures on various issues like elderly health, care of the elderly and sanitation, as well as lectures on how to look after one's family are often given by qualified doctors and other professionals (Thanseia, 2007). Such findings may be seen as validation of the depth of value and importance of the MUP in promoting the well-being of elderly Mizos. A result of particular significance is that Levels of Group Participation has been found to a be significant predictor of Social well-being for both male and female old-old elderly Mizos, but not for both young-old elderly Mizos, implying a possible deduction of the further importance of social activities and community based organisations for the old-old as compared to the young-old.

Carstensen (1992) has reported that with increasing age, the elderly seem to be more satisfied with the social networks that they have. They have been found to report fewer undesirable interactions with the members of their various networks than younger adults (Birditt & Fingerman, 2003), they further talk of less distress even in the face of interpersonal strains and stressors (Birditt et al., 2005). All these may be a possible reflection of why the elderly have been able to report themselves as being high in emotional well-being, with such reports often being still higher than the self-reports of younger adults (Charles & Carstensen, 2010). Those people who have secure social networks report greater emotional well-being both in normal daily living as in times of stress and conflict (Cohen & Wills, 1985). With the exception of young-old males, young-old females and both old-old male and female elderly have been found to have increases in Emotional well-being as a result of their participation in various social activities in this study.

Thomas (2011) has said that elderly people who are more involved in social pursuits and actually spend more time in these pursuits will tend to have more resources at hand, have a better sense of motivation within them, and more determination to invest in health-promoting behaviours; all these factors taken together contribute further to increased health. This is because psychological health is determined by the level of one's social integration, which in turn is dependent on the quality and quantity of social participation. With the exception of old-old males, all other three groups of young-old males and females and old-old females were found to have increases in Psychological Well-being as a result of participation in social activities. The primary source of social support for men seems to be their wives resulting in less confidential networks when compared to women; women on the other hand have not just broader social networks when compared to men, but are also actively immersed in the lives of members of their networks (Belle, 1987; Wethington et al., 1987). Lowenthal & Haven (1968) found that generally women did not identify their husbands as their close confidante, whereas wives were for the men. The fact that men's primary source of Social support seems to be their wives may be a possible reason why prediction of Psychological Well-being from group participation did not hold true for old-old elderly men.

Family Cohesion was found to significantly predict Emotional Well-being for young-old elderly Mizo women and old-old elderly men; Social Well-being for young-old elderly Mizo women only; Psychological Well-being for young-old and old-elderly Mizo women and Overall Well-being only for young-old elderly Mizo women. In a display of stark contrast, Family Cohesion has not been found to predict well-being of any kind for young-old elderly Mizo men and only Emotional Well-being for old-old elderly Mizo men. Results support the hypothesis of predictability of well-being from Family Cohesion to be true.

Studies show that receiving support from family members has been seen to enhance well-being amongst the more elderly members (Cheng & Chan, 2006; Levitt et al., 1992); the interchange of support among family members is an important component of family relations throughout the various stages of life (Schulze et al.,1989)and at the later stages of life, as social networks start to decrease, the most intimate relationships that the elderly are left with are often those with their spouses and children (Antonucci et al., 2004; van Tilburg, 1998). Thus, very often the greatest care and support for the elderly is often supplied from within the family itself. Charles and Piazza (2007) refer to the elderly reporting themselves as experiencing elevated levels of positive emotions in their relationships with family members as opposed to younger members who report similar elevated levels when interacting with new acquaintances.

An Indonesian study found that among the elderly, social support from family members highly contributed to their psychological well-being, with emotional support, respect and regard enabling the perceived social support (Desiningrum, 2010). Chou & Chi (2004) reported that among the Chinese, married couples without children seem to be more prone to loneliness and depression than married couples with children; this seems to increase even more for childless elderly Chinese couples. The researchers themselves have noted the unexpectedness of this finding given the fact that most married people find assumed support from their significant others. Thus this finding may be taken as confirmation of the depth of importance of the support provided by adult children for elderly Chinese, and being childless seems to be a major factor in lowering the psychological well-being of elderly Chinese. Chou

& Chi (2000) in another study also confirmed the role of children in enabling psychological well-being among the elderly by the help and support that they provide for them, given that most Chinese elderly live with their children. In keeping with this, Ngan & Kwan (2002) have also stated that the presence of support and family relationships is essential in determining the mental health of Chinese elderly. Demographic data of respondents in the study show that 70.1% are living in joint families while 29.9% are living in nuclear families. It was also seen that only 2(.5%) of the 408 respondents live on their own, 17 (4.2%) live with one other family member, the remaining 389 (95.3%) live in families with the number of members ranging from 3 to 23. It may be concluded that the relationships elderly female Mizos have with their family members are integral factors of well-being at all levels.

Vanlalchhawna (2007) states that important indicators considered for understanding the well-being of the elderly are factors like status of employment, levels of education and marital status; among the elderly Mizos, a good proportion continue to remain employed even after retirement from their regular jobs, as a result of improvement in health status of the elderly among the Mizos. He goes on to quote the 1991 census records which show that the proportion of working elderly then was 53.22% as compared to 48.91% for the general population. However, he also mentions a gender disparity where more elderly male Mizos continue to remain gainfully employed as compared to elderly female Mizos. Gender disparity along the same lines was seen for literacy rate as well. This may be considered a possible explanation for the stark disparity between the sexes where family cohesion, unity and support means so much for women than men. Further, Mizo society is one where women are expected to shoulder the majority of domestic and family responsibilities while men are freer to partake in various social responsibilities and various social obligations (Mary Vanlalthanpuii, 2021; Lalhmingpuii & Namchoom, 2014). Hrangkhuma (1989) also writes of Mizo society as one where gender roles are clearly delineated with female roles being much harsher than men’s.

As both children and parents age, the connection between the two tends to remain very close, and it is commonly a commonly accepted fact that the quality of such inter-generational relationships is pivotal to the well-being of both generations

(Merz et al., 2009; Polenick et al., 2016). Gonzalez - Herero and Garcia – Martin (2012) in their study among women found that participating in the activities of daily life is a noteworthy predictor of satisfaction with life and positive affect, and furthermore, significant differences were observed in the subjective wellbeing of women belonging to differing statuses. In line with the findings of this study, elderly Mizo women in patriarchal Mizo society bearing the brunt of family responsibilities (Mary Vanlalthanpuii, 2021; Lalhmingpuii & Namchoom, 2014) seem to be resigned to their fate, and instead find their well-being from within their family relations.

Before British colonization, women spent much of their day working in the field; at the same time, most of the daily household work was also in the hands of women, indicating a clear division of labour (Sangkima, 1992). Although the fine details of pre-colonial child care is not very well recorded, most of it appears to have been feminized, while it was not completely unknown for men to carry their children with a sling cloth (McCall, 1949; Shakespear, 1912). Even after colonization, mission education imparted focused on women's roles within the household as being the ultimate ideal (Hmingthanzuali, 2010). Many years later after Indian independence as well peace after insurgency in Mizoram, "hegemonic masculinity in Mizo society, therefore, among other ideas, is arguably defined by ultimate authority over one's family, authority over others in the public sphere, non-participation in prosaic household tasks and childrearing, and monetary wealth" (Burgher & Flood, 2019, p.5). The general acceptance of childrearing to be the mother's burden alone as well as the absence of the father within the household seems to be evident from the previous literature presented. It may be inferred that for a generation of elderly men who grew up observing as well as living with the same attitudes as their fathers and their grandfathers, the central importance of family and all other aspects of family life were never realized, never instilled. Although Burgher & Flood (2019) in their qualitative study of thirteen Mizo fathers argue for the emergence of new fatherhood, the rise of a child-oriented family man as result of various social changes and realizations of the flaws of current styles of parenting still styled mainly on distance of fathers from childrearing and household chores, it must be noted that the age range

of all participants were 30 to 45, whereas the age range of respondents in the current study are 65-84.

When considering only the old-old (75-84 years) respondents in the study, it can be seen that for the old-old elderly Mizo men, Family Cohesion significantly predicted only Emotional Well-being, and for the old-old elderly Mizo women, Family Cohesion significantly predicted only Psychological and Overall Well-being in comparison to Family Cohesion significantly predicting all kinds (Emotional, Social, Psychological and Overall) of Well-being for young-old elderly Mizo women. The relationships that grandparents have with their grandchildren is usually reflected in higher well-being for both sides, except for special cases like when the grandparents are expected to help with considerably more childcare roles (Kim et al., 2017). Most grandparents deem their roles as grandparents' important, feel close to their grandchildren and participate in activities with them, and experience decreases in well-being if they lose touch with them (Drew & Silverstein, 2007).

There is now an increasing number of children living in households headed by grandparents (Settersten Jr., 2007), and when the grandparents are the primary caregivers for their grandchildren without the support from the children's parents, it results in greater levels of stress for aging grandparents (Lee et al., 2016), increases in depressive symptoms (Blustein et al., 2004), as well the task of juggling work demands and grandparenting roles (Meyer, 2014). Talbott (1990) even found that widowed mothers often don't have a good relationship with their adult offspring as they sometimes felt the pressure of being expected to help out financially as well as provide other forms of support to them, leading them to feel unappreciated. Continuing in the same line of thought, many Mizo families as well as many respondents' in this study live in joint families as reported before. It may be inferred that family cohesion has not been seen to be a significant predictor of well-being and unity among the old-old elderly Mizos maybe as a result of them facing the same situations as mentioned in previous studies - where they are expected to share the burden of childcare to the point where it is no longer something that they look forward to and cherish but has instead become a task and a burden in old age.

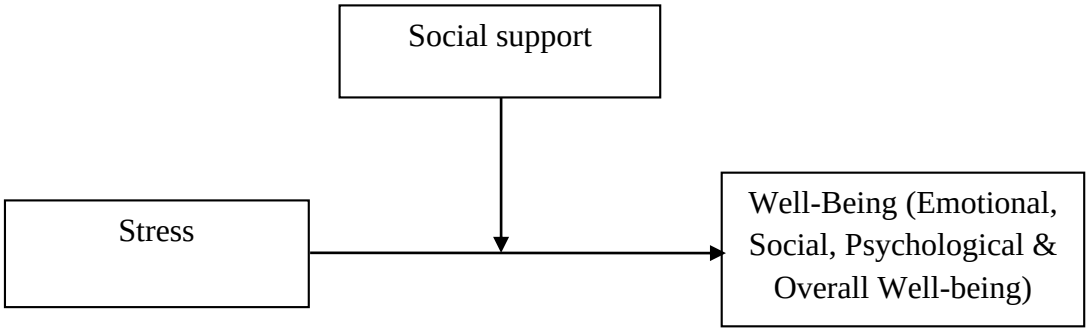
In contradiction of findings of this study, among the Chinese elderly, health, economic status and family relationships have been found to be strongly associated with subjective well-being, and among the three, family relationships has been seen to have an even higher influence than the other two (Dai et al., 2013).

Collectivistic cultures tend to concerned about the maintenance of relationships within their group where members are interdependent on each other, and they try and fulfill the expectations that the larger group has of them. Members of a collectivistic society are driven mostly by norms and obligations imposed by the collective entity (Triandis, 1995, 2001). Mizos have been reported as placing much importance on inculcating in their children a sense of group cooperation (Study Mode Research, 2018). Christianity among the Mizos has also been reported as being embraced with such zeal and dedication that the entire fabric of the Mizo social life and thought process has undergone a complete change (Government of Mizoram, D.I.P.R., 2011). Pachuau (2014) goes so far as to say that Mizos are notexpected to be just Mizos but expected to Christian Mizos. Rosy Hlimnapari (2018) writes that there is a very powerful union between the church and civil society, between the YMA (Young Mizo Association) the largest and most influential non-government association in the state. The all importance of various organs for participation in community life of the Mizos as reported may be a possible reason why Family Cohesion has not been found to be a significant predictor of well-being for the elderly Mizos. Anecdotal reports of many agree on having been taught since childhood to put the needs and demands of the church and YMA above all, to the extent where many young people are encouraged to put the church and its related activities first before their studies. Thus, findings may be taken as indications of the level of importance placed by the elderly Mizos on the collective community needs and social norms.

Moderating role of Social support in the relationship between Stress and Well-being (Emotional, Social, Psychological, Overall)

For examining the fourth objective of studying the moderating role of Social support in relationship between Stress and Well-being over all levels of analyses, it was hypothesized that Social support will moderate the relationship between Stress and Well-being.

Figure 4: Moderation model for testing the moderating role of Social support in the relationship between Stress and Well-being.



PROCESS v3.4 (Hayes, 2018), which is an extension for SPSS was used to test the moderating role of Social support, which was entered as the moderating variable, in the relationship between Stress which was entered as an independent variable and measures of Well-being [Emotional Well-being (EWB), Social Well-being (SWB), Psychological Well-being (PWB) and Overall Well-being (MHSC-SFTT)], all of which were entered separately as criterion variables over all units of analyses. Further note should be made those assumptions underlying multiple regression analysis like linearity, independent errors, normality, homoscedasticity and multicollinearity were generally satisfied, with mean centering of variables and bootstrapping (5000) were all automatically ensured by the *PROCESS* v3.4 (Hayes, 2018) tool.

The results for moderation analyses for each cell of the design – young-old male, young-old female, old-old male and old-old female are presented as shown in the following order:

5.1 Moderating role of Social support between Stress and Well-being (Emotional Wellbeing, Social Well-being, Psychological Well-being and Overall Well-being) for young-old males.

5.2 Moderating role of Social support between Stress and Well-being (Emotional Wellbeing, Social Well-being, Psychological Well-being and Overall Well-being) for young-old females.

5.3 Moderating role of Social support between Stress and Well-being (Emotional Wellbeing, Social Well-being, Psychological Well-being and Overall Well-being) for old-old males.

5.4 Moderating role of Social support between Stress and Well-being (Emotional Wellbeing, Social Well-being, Psychological Well-being and Overall Well-being) for old-old females.

5.1 Moderating role of Social support between Stress and Well-being (Emotional Well-being, Social Well-being, Psychological Well-being and Overall Well-being) for young-old males.

5.1 (a) Results of moderation analysis of Social support between Perceived Stress and Emotional Well-being for young-old males, given in Table 5.1.1 indicates that Social support (*b*= -.0056, 95% CI [-.0326, .0214], *t* = -.4110, *p* = .682) did not play a moderating role in the relationship between Perceived Stress and Emotional Well-being for young-old Mizo men.

Table 5.1.1: Moderation analysis of Social support in the relationship between Perceived Stress and Emotional Well-being for young- old elderly Mizo males (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.3446	.1188	4.7927	4.4026	3.0000	98.0000	.0060

Model

	Coeff(*b*)	se	t	p	LLCI	ULCI
constant	9.6227	3.6141	2.6625	.0091	2.4506	16.7949
PSSTT	-.0187	.8643	-.0216	.9828	-1.7340	1.6966
MSPSSTT	.0597	.0563	1.0605	.2915	-.0521	.1715
Int_1	**-.0056**	**.0136**	**-.4110**	**.6820**	**-.0326**	**.0214**

5.1 (b) Results of moderation analysis of Social support between Perceived Stress and Social Well-being for young-old males, given in Table 4.1.2 indicates that Social support (*b*= -.0101, 95% CI [-.0455, .0658], *t* = -.4110, *p* = .7185) did not play a moderating role in the relation between Perceived Stress and Social Well-being for young-old elderly Mizo men.

Table 5.1.2: Moderation analysis of Social support in the relationship between Perceived Stress and Social Well-being for young- old elderly Mizo males (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.4359	.1900	20.3691	7.6644	3.0000	98.0000	.0001

Model

	Coeff(*b*)	se	t	p	LLCI	ULCI
constant	12.4620	7.4507	1.6726	.0976	-2.3237	27.2477
PSSTT	-1.5589	1.7819	-.8749	.3838	-5.0950	1.9772
MSPSSTT	.1013	.1161	.8722	.3852	-.1292	.3317
Int_1	**.0101**	**.0280**	**.3614**	**.7185**	**-.0455**	**.0658**

5.1 (c) Results of moderation analysis of Social support between Perceived Stress and Psychological Well-being for young-old males, given in Table 4.1.3 indicates that Social support (*b*= -.0471, 95% CI [-.1118, .0176], *t* = -.1.4447, *p* = .1517) did not play a moderating role in the relation between Perceived Stress and Psychological Well-being for young-old Mizo men.

Table 5.1.3: Moderation analysis of Social support in the relationship between Perceived Stress and Psychological Well-being for young- old elderly Mizo males (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.2944	.0867	27.5711	3.0992	3.0000	98.0000	.0303

Model

	Coeff(*b*)	se	t	p	LLCI	ULCI
constant	4.7652	8.6684	.5497	.5838	-12.4370	21.9674
PSSTT	2.3318	2.0731	1.1248	.2634	-1.7823	6.4458
MSPSSTT	.2530	.1351	1.8728	.0641	-.0151	.5212
Int_1	**-.0471**	**.0326**	**-1.4447**	**.1517**	**-.1118**	**.0176**

5.1 (d) Results of moderation analysis of Social support between Perceived Stress and Overall Well-being for young-old males, given in Table 5.1.4 indicates that Social support (*b*= -.04261, 95% CI [-.1587, .0736], *t* = -.7273, *p* = .4688) did not play a moderating role in the relation between Perceived Stress and Overall Well-being for young old Mizo men.

Table 5.1.4: Moderation analysis of Social support in the relationship between Perceived Stress and Overall Well-being for young- old elderly Mizo males (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.4270	.1823	88.8076	7.2852	3.0000	98.0000	.0002

Model

	Coeff(*b*)	se	t	p	LLCI	ULCI
constant	26.8499	15.5574	1.7259	.0875	-4.0233	57.7231
PSSTT	.7541	3.7206	.2027	.8398	-6.6294	8.1377
MSPSSTT	.4141	.2425	1.7076	.0909	-.0671	.8953
Int_1	**-.0426**	**.0585**	**-.7273**	**.4688**	**-.1587**	**.0736**

5.2 Moderating role of Social support between Stress and Well-being (Emotional Wellbeing, Social Well-being, Psychological Well-being and Overall Well-being) for young-old females.

5.2 (a) Results of moderation analysis of Social support between Perceived Stress and Emotional Well-being for young-old females, given in Table 5.1.5 indicates that Social support (*b*= -.0116, 95% CI [-.0335, .0102], *t* = -1.0566, *p* = .2933) did not

play a moderating role in the relation between Perceived Stress and Emotional Well-being for young old Mizo women.

Table 5.1.5: Moderation analysis of Social support in the relationship between Perceived Stress and Emotional Well-being for young- old elderly Mizo females (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.4952	.2452	5.1265	10.6104	3.0000	98.0000	.0000

Model

	Coeff(*b*)	se	t	p	LLCI	ULCI
constant	5.1553	3.5040	1.4713	.1444	-1.7982	12.1088
PSSTT	.3330	.7599	.4383	.6622	-1.1749	1.8410
MSPSSTT	.1202	.0504	2.3854	.0190	.0202	.2201
Int_1	**-.0116**	**.0110**	**-1.0566**	**.2933**	**-.0335**	**.0102**

5.2 (b) Results of moderation analysis of Social support between Perceived Stress and Social Well-being for young-old females, given in Table 5.1.6 indicates that Social support (*b*= -.0233, 95% CI [-.0145, .0612], *t* = -1.2228, *p* = .2243) did not play a moderating role in the relation between Perceived Stress and Social Well-being for young-old Mizo women.

Table 5.1.6: Moderation analysis of Social support in the relationship between Perceived Stress and Social Well-being for young- old elderly Mizo females (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.3566	.1272	15.3634	4.7598	3.0000	98.0000	.0039

Model

	Coeff(*b*)	se	t	p	LLCI	ULCI
constant	14.2834	6.0658	2.3547	.0205	2.2458	26.3209
PSSTT	-1.7958	1.3155	-1.3652	.1753	-4.4063	.8147
MSPSSTT	.0581	.0872	.6664	.5067	-.1149	.2312
Int_1	**.0233**	**.0191**	**1.2228**	**.2243**	**-.0145**	**.0612**

5.2 (c) Results of moderation analysis of Social support between Perceived Stress and Psychological Well-being for young-old females, given in Table 5.1.7, indicates that Social support (*b*= -.0299, 95% CI [-.0194, .0792], *t* = -1.2022, *p* = .2322) did not play a moderating role in the relation between Perceived Stress and Psychological Well-being for young old Mizo women.

Table 5.1.7: Moderation analysis of Social support in the relationship between Perceived Stress and Psychological Well-being for young- old elderly Mizo females (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.4422	.1956	26.1157	7.9410	3.0000	98.0000	.0001

Model

	Coeff(*b*)	se	t	p	LLCI	ULCI
constant	11.3255	7.9086	1.4320	.1553	-4.3689	27.0198
PSSTT	-2.3300	1.7151	-1.3586	.1774	-5.7335	1.0735
MSPSSTT	.1470	.1137	1.2934	.1989	-.0786	.3727
Int_1	**.0299**	**.0249**	**1.2022**	**.2322**	**-.0194**	**.0792**

5.2 (d) Results of moderation analysis of Social support between Perceived Stress and Overall Well-being for young-old females, given in Table indicates that Social support (*b*= -.0339, 95% CI [-.0573, .1250], *t* = .7373, *p* = .4627) did not play a moderating role in the relation between Perceived Stress and Overall Well-being for young old Mizo women.

Table 5.1.8: Moderation analysis of Social support in the relationship between Perceived Stress and Overall Well-being for young- old elderly Mizo females (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.4551	.2072	89.1269	8.5350	3.0000	98.0000	.0000

Model

	Coeff(*b*)	se	t	p	LLCI	ULCI
constant	29.9740	14.6101	2.0516	.0429	.9807	58.9673
PSSTT	-3.2483	3.1684	-1.0252	.3078	-9.5358	3.0393
MSPSSTT	.3358	.2100	1.5987	.1131	-.0810	.7526

Int_1	**.0339**	**.0459**	**.7373**	**.4627**	**-.0573**	**.1250**

5.3 Moderating role of Social support between Stress and Well-being (Emotional Wellbeing, Social Well-being, Psychological Well-being and Overall Well-being) for old-old males.

5.3 (a) Results of moderation analysis of Social support between Perceived Stress and Emotional Well-being for old-old males, given in Table 5.1.9 indicates that Social support (*b*= -.0282, 95% CI [-.0119, .0682], *t* = 1.3960, *p* = .1659) did not play a moderating role in the relation between Perceived Stress and Emotional Well-being for old-old Mizo men.

Table 5.1.9: Moderation analysis of Social support in the relationship between Perceived Stress and Emotional Well-being for old- old elderly Mizo males (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.2812	.0790	6.8289	2.8039	3.0000	98.0000	.0438

Model

	Coeff(*b*)	se	t	p	LLCI	ULCI
constant	16.1804	5.3414	3.0292	.0031	5.5805	26.7802
PSSTT	-2.1283	1.3132	-1.6207	.1083	-4.7343	.4777
MSPSSTT	-.0565	.0811	-.6971	.4874	-.2174	.1044
Int_1	**.0282**	**.0202**	**1.3960**	**.59**	**-.0119**	**.0682**

5.3 (b) Results of moderation analysis of Social support between Perceived Stress and Social Well-being for old-old males, given in Table 5.2.0 indicates that Social support (*b*= -.0350, 95% CI [-.0271, .0971], *t* = 1.1181, *p* = .2663) did not play a moderating role in the relation between Perceived Stress and Social Well-being for old-old Mizo men.

Table 5.2.0: Moderation analysis of Social support in the relationship between Perceived Stress and Social Well-being for old- old elderly Mizo males (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.4187	.1753	16.4427	6.9425	3.0000	98.0000	.0003

Model

	Coeff(*b*)	se	t	p	LLCI	ULCI
constant	8.8770	8.2883	1.0710	.2868	-7.5709	25.3249
PSSTT	-2.2133	2.0377	-1.0862	.2801	-6.2570	1.8304
MSPSSTT	.0966	.1258	.7677	.4445	-.1530	.3462
Int_1	**.0350**	**.0313**	**1.1181**	**.2663**	**-.0271**	**.0971**

5.3 (c) Results of moderation analysis of Social support between Perceived Stress and Psychological Well-being for old-old males, given in Table 5.2.1 indicates that Social support (*b*= -.0515, 95% CI [-.0272, .1301], *t* = 1.2989, *p* = .1970) did not play a moderating role in the relation between Perceived Stress and Psychological Well-being for old-old Mizo men.

Table 5.2.1: Moderation analysis of Social support in the relationship between Perceived Stress and Psychological Well-being for old- old elderly Mizo males (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.4222	.1783	26.3579	7.0869	3.0000	98.0000	.0002

Model

	Coeff(*b*)	se	t	p	LLCI	ULCI
constant	15.6981	10.4938	1.4959	.1379	-5.1266	36.5228
PSSTT	-3.7403	2.5799	-1.4498	.1503	-8.8601	1.3795
MSPSSTT	.0701	.1593	.4400	.6609	-.2460	.3861
Int_1	**.0515**	**.0396**	**1.2989**	**.1970**	**-.0272**	**.1301**

5.3 (d) Results of moderation analysis of Social support between Perceived Stress and Overall Well-being for old-old males, given in Table 5.2.2 indicates that Social support (*b*= -.1147, 95% CI [-.02652, .2558], *t* = 1.6119, *p* = .1102) did not play a moderating role in the relation between Perceived Stress and Overall Well-being for old-old Mizo men.

Table 5.2.2: Moderation analysis of Social support in the relationship between Perceived Stress and Overall Well-being for old- old elderly Mizo males (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.4642	.2155	84.8798	8.9738	3.0000	98.0000	.0000

Model

	Coeff(*b*)	se	t	p	LLCI	ULCI
constant	40.7555	18.8313	2.1642	.0329	3.3852	78.1257
PSSTT	-8.0819	4.6297	-1.7457	.0840	-17.2694	1.1056
MSPSSTT	.1101	.2858	.3854	.7008	-.4570	.6773
Int_1	**.1147**	**.0711**	**1.6119**	**.1102**	**-.0265**	**.2558**

5.4 Moderating role of Social support between Stress and Well-being (Emotional Wellbeing, Social Well-being, Psychological Well-being and Overall Well-being) for old-old females.

5.4 (a) Results of moderation analysis of Social support between Perceived Stress and Emotional Well-being for old-old females, given in Table 5.2.3 indicates that Social support (*b*= -.0002, 95% CI [-.0272, .0269], *t* = -.0118, *p* = .9906) did not play a moderating role in the relation between Perceived Stress and Emotional Well-being for old-old Mizo women.

Table 5.2.3: Moderation analysis of Social support in the relationship between Perceived Stress and Emotional Well-being for old- old elderly Mizo females (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.4084	.1668	6.0857	6.5409	3.0000	98.0000	.0004

Model

	Coeff(*b*)	se	t	p	LLCI	ULCI
constant	5.3955	4.4654	1.2083	.2298	-3.4659	14.2569
PSSTT	-.2322	.9083	-.2556	.7988	-2.0347	1.5704
MSPSSTT	.0969	.0644	1.5031	.1360	-.0310	.2247
Int_1	**-.0002**	**.0136**	**-.0118**	**.9906**	**-.0272**	**.0269**

5.4 (b) Results of moderation analysis of Social support between Perceived Stress and Social Well-being for old-old females, given in Table 5.2.4 indicates that Social support (*b*= .0189, 95% CI [-.0300, .0678], *t* = .7674, *p* = .4447) did not play a moderating role in the relation between Perceived Stress and Social Well-being for old-old Mizo women.

Table 5.2.4: Moderation analysis of Social support in the relationship between Perceived Stress and Social Well-being for old- old elderly Mizo females (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.3972	.1577	19.8953	6.1177	3.0000	98.0000	.0007

Model

	Coeff(b)	se	t	p	LLCI	ULCI
constant	9.5023	8.0738	1.1769	.2421	-6.5199	25.5245
PSSTT	-1.5896	1.6424	-.9679	.3355	-4.8488	1.6696
MSPSSTT	.1003	.1165	.8605	.3916	-.1310	.3315
Int_1	**.0189**	**.0247**	**.7674**	**.4447**	**-.0300**	**.0678**

5.4 (c) Results of moderation analysis of Social support between Perceived Stress and Psychological Well-being for old-old females, given in Table 5.2.5 indicates that Social support (*b*= -,0122, 95% CI [-.0652, .0407], *t* = -.4582, *p* = .6478) did not play a moderating role in the relation between Perceived Stress and Psychological Well-being for old-old Mizo women.

Table 5.2.5: Moderation analysis of Social support in the relationship between Perceived Stress and Psychological Well-being for old- old elderly Mizo females (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.4959	.2459	23.3127	10.6547	3.0000	98.0000	.0000

Model

	Coeff(b)	se	t	p	LLCI	ULCI
constant	1.6098	8.7398	.1842	.8542	-15.7339	18.9536
PSSTT	.2383	1.7778	.1340	.8936	-3.2898	3.7664
MSPSSTT	.2967	.1261	2.3525	.0206	.0464	.5470

Int_1	**-.0122**	**.0267**	**-.4582**	**.6478**	**-.0652**	**.0407**

5.4(d) Results of moderation analysis of Social support between Perceived Stress and Overall Well-being for old-old females, given in Table 5.2.6 indicates that Social support (*b*= .0062, 95% CI [-.1019, .1143], *t* = .1135, *p* = .9099) did not play a moderating role in the relation between Perceived Stress and Overall Well-being for old-old Mizo women.

Table 5.2.6: Moderation analysis of Social support in the relationship between Perceived Stress and Overall Well-being for old- old elderly Mizo females (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.5032	.2532	97.0974	11.0738	3.0000	98.0000	.0000

Model

	Coeff(*b*)	se	t	p	LLCI	ULCI
constant	16.3437	17.8364	.9163	.3618	-19.0521	51.7395
PSSTT	-1.5514	3.6283	-.4276	.6699	-8.7516	5.6488
MSPSSTT	.4953	.2574	1.9241	.0572	-.0156	1.0061
Int_1	**.0062**	**.0545**	**.1135**	**.9099**	**-.1019**	**.1143**

Moderation analyses (of Social support in the relationship between stress and well-being) conducted in all units of the analyses – young-old male and female and old-old male and female elderly Mizos showed no significant moderation results for any of the units. Thus, the hypothesis, Social support will moderate the relationship between stress and well-being has not been supported by the results of this study.

Cobb (1976) in his Presidential Address titled, Social Support as a Moderator of Life Stress has reviewed a number of works that examine the protective factors of Social support against the negative consequences of various forms of life stress at different stages in life. He found that, on the whole, Social support plays a protective role against a wide range of illnesses ranging from low birth weight to depression, alcoholism, arthritis, tuberculosis and death. The reviews of studies goes on to indicate that Social support may even help lessen medications, speed up recovery and help facilitate people's adherence to medical rules. Blau (1973) is of the view that being married, or having employment or having a considerable degree of

participation in social activities, all can guard against low morale in the elderly. Lowenthal and Haven (1968) also found from their study of 280 elderly that 85% of those who professed to be low in social participation were depressed, while only 42% of those high in social participation were depressed. Jackson (1954) in her study among alcoholics treated at a police farm and at a tuberculosis sanatorium found that men who tried to stop their drinking on their own, without being admitted into an organized programme were 20 times more likely to be admitted later to the tuberculosis sanatorium compared to other alcoholics who did not even try to stop or who did so, but with support.

Demographic data indicates interesting revelations into the differences for all units of analyses regarding their reported engagements in various social organizations. For Young-old elderly male Mizos, the most frequently mentioned memberships in social organizations are the Young Mizo Association (YMA), the Mizoram Upa Pawl (MUP) and the church. For Young-old elderly female Mizos, the most frequently mentioned memberships in social organizations are the MUP, MHIP and the church. For Old-old elderly male Mizos, the most frequently mentioned memberships in social organizations are the MUP and the church. For Old-old elderly female Mizos, the most frequently mentioned memberships in social organizations are the MUP, MHIP and the church.

For a sample population that reports active participation in at least one social organization and roughly three in average, contrary to findings in other studies as mentioned above, Social support has not been found to moderate relationship between stress and well-being for all age groups. A possible explanation for this may lie in the Mizo moral code, *Tlawmngaihna.* Pillai (1999) writes that the Mizos are guided by a moral code of conduct, Tlawmngaihna, a way of life which may roughly be translated as, self-sacrifice, unselfishness etc.; the nuances of the word vary from being loathe to lose one's reputations, to downplay one's injuries, to dislike being made a fuss of, to never refuse any request even if it comes at a loss of one's own and to do what is required and desirable even at the cost of one's convenience (Lorraine, 1940). The code embodies a sense of humility, and most importantly the different facets of *Tlawmngaihna* that work together to make the exemplary person lies in its

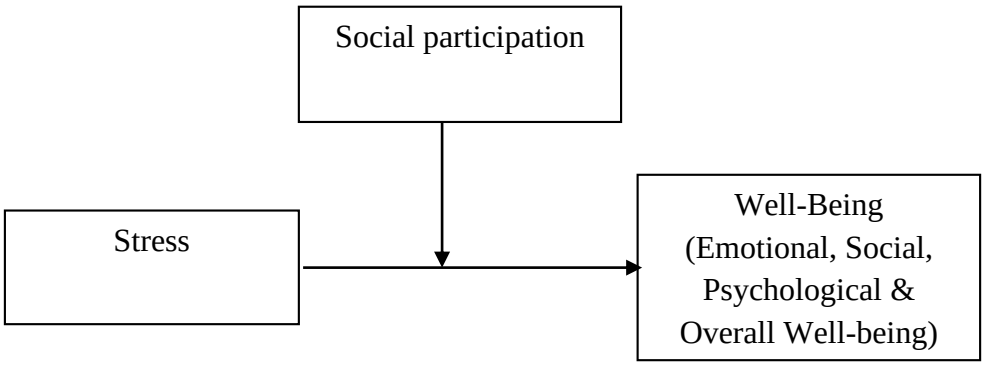
relationship with other members of the community. For the Mizos, the community at large is most important, and all its members in their own ways work for its collective benefit (Pillai, 1999). *Tlawmngaihna* has also been explained as refusal to seek help from others, but turning towards helping others instead; it may be understood as arising out of denial of one's own needs, rather than efforts towards independence. The purpose being the desire to help the community at large and any member within which should need such help (Report of the Education Reforms Commission, 2010). For the elderly Mizos, the nuances of *Tlawmngaihna* such as being independent and refusing help from other, to put aside one's own desires to help/please another (Pillai, 1999) are strongly embedded in their way of life; as such, despite actively participating in various social activities, in so far as is possible they will strive to not portray themselves as needing help or support from others. This may be a possible reason why Social support has not been found to be a mediator in the relationship between stress and well-being among elderly Mizos.

The scores of the elderly Mizos on the Perceived stress scale indicate very low levels of stress across all groups. A study conducted among Mizos (middle adulthood and late adulthood) found that older adults seem to experience lesser levels of anxiety compared to younger adults, which was said to be indicative of the elderly having developed coping skills that allowed them to experience less negative emotional reactions to stressful events and respond more constructively in the face of crises. Participants in the study who took part in religious and social activities were found to be less likely to report low levels of psychological well-being in comparison to those who reported themselves as not participating in similar activities (Lalnunmawii, 2018). It appears that elderly Mizos in the study who reported active participation in at least one social organization and roughly three in average seem to have low levels of stress as a result of their participation.

Moderating role of Social participation (Levels of Group Participation) in the relationship between Stress and Well-being (Emotional, Social, Psychological, Overall).

In continuation of the examination of the fourth objective, studying the moderating role of Social participation, measured using Levels of Group Participation in the relationship between Stress and Well-being over all levels of analyses, it was hypothesized that Levels of Group Participation will definitely moderate the relationship between Stress and Well-being.

Figure 5: Moderation model for testing the moderating role of Social participation in the relationship between Stress and Well-being.



PROCESS v3.4 (Hayes, 2018), which is an extension for SPSS was used to test the moderating role of Levels of Group Participation, which was entered as the moderating variable, in the relationship between Stress which was entered as an independent variable and measures of Well-being [Emotional Well-being (EWB), Social Well-being (SWB), Psychological Well-being (PWB) and Overall Well-being (MHSC-SFTT)], all of which were entered separately as criterion variables over all units of analyses. Further note should be made those assumptions underlying multiple regression analysis like linearity, independent errors, normality, homoscedasticity and multicollinearity were generally satisfied, with mean centering of variables and bootstrapping (5000) were all automatically ensured by the *PROCESS* v3.4 (Hayes, 2018) tool.

The results for moderation analyses for each cell of the design – young-old male, young-old female, old-old male and old-old female are presented as shown in the following order. It may be noted here that only the total variance explained and the moderation effects (interaction) will be interpreted as the variance explained by each of the variables independently had already been explained in the analyses for prediction in the previous section:

6.1 Moderating role of Levels of Group Participation between Stress and Well-being (Emotional Wellbeing, Social Well-being, Psychological Well-being and Overall Well-being) for young-old males.

6.2 Moderating role of Levels of Group Participation between Stress and Well-being (Emotional Wellbeing, Social Well-being, Psychological Well-being and Overall Well-being) for young-old females.

6.3 Moderating role of Levels of Group Participation between Stress and Well-being (Emotional Wellbeing, Social Well-being, Psychological Well-being and Overall Well-being) for old-old males.

6.4 Moderating role of Levels of Group Participation between Stress and Well-being (Emotional Wellbeing, Social Well-being, Psychological Well-being and Overall Well-being) for old-old females.

6.1 Moderating role of Levels of Group Participation between Stress and Well-being (Emotional Wellbeing, Social Well-being, Psychological Well-being and Overall Well-being) for young-old males.

6.1 (a) Results of moderation analysis of Levels of Group Participation between Perceived Stress and Emotional Well-being for young-old males, given in Table 6.1.1 indicates that Levels of Group Participation (*b*= -.0231 95% CI [-.1096, .0634], *t* = -.5297, *p* = .5975) did not play a moderating role in the relation between Perceived Stress and Emotional Well-being for young old Mizo men.

Table 6.1.1: Moderation analysis of Levels of Group Participation in the relationship between Perceived Stress and Emotional Well-being for young- old elderly Mizo males (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.3151	.0993	4.8986	3.6016	3.0000	98.0000	.0162

Model

	Coeff(*b*)	se	t	p	LLCI	ULCI
constant	11.3494	4.5796	2.4783	0149	2.2614	0.4374
PSSTT	.1890	1.0901	.1734	.8627	-1.9742	2.3521
LOPTT	.0845	.1838	.4601	.6465	-.2801	.4492
Int_1	**-.0231**	**.0436**	**-.5297**	**.5975**	**-.1096**	**.0634**

6.1 (b) Results of moderation analysis of Levels of Group Participation between Perceived Stress and Social Well-being for young-old males, given in Table 6.1.2 indicates that Levels of Group Participation (*b*= .0249 95% CI [-.1575, .2073], *t* = .2709, *p* = .7870) did not play a moderating role in the relation between Perceived Stress and Social Well-being for young old Mizo men.

Table 6.1.2: Moderation analysis of Levels of Group Participation in the relationship between Perceived Stress and Social Well-being for young- old elderly Mizo males (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.3664	.1342	21.7729	5.0640	3.0000	98.0000	.0027

Model

	Coeff(*b*)	se	t	p	LLCI	ULCI
constant	20.7421	9.6549	2.1484	.0342	1.5822	39.9020
PSSTT	-1.5907	2.2981	-.6922	.4905	-6.1513	2.9698
LOPTT	-.0679	.3874	-.1753	.8612	-.8368	.7009
Int_1	**.0249**	**.0919**	**.2709**	**.7870**	**-.1575**	**.2073**

6.1 (c) Results of moderation analysis of Levels of Group Participation between Perceived Stress and Psychological Well-being for young-old males, given in Table 6.1.3 indicates that Levels of Group Participation (*b*= .0171 95% CI [-.1872, .2214], *t*

= .1657, *p* = .8687) did not play a moderating role in the relation between Perceived Stress and Psychological Well-being for young old Mizo men.

Table 6.1.3: Moderation analysis of Levels of Group Participation in the relationship between Perceived Stress and Psychological Well-being for young- old elderly Mizo males (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.3081	.0949	27.3217	3.4257	3.0000	98.0000	.0201

Model

	Coeff(*b*)	se	t	p	LLCI	ULCI
constant	14.7850	10.8154	1.3670	.1747	-6.6779	36.2478
PSSTT	-1.0903	2.5743	-.4235	.6728	-6.1990	4.0184
LOPTT	.2515	.4340	.5795	.5636	-.6098	1.1128
Int_1	**.0171**	**.1029**	**.1657**	**.8687**	**-.1872**	**.2214**

6.1 (d) Results of moderation analysis of Levels of Group Participation between Perceived Stress and Overall Well-being for young-old males, given in Table 5.1.1 indicates that Levels of Group Participation (*b*= .0189 95% CI [-.3573, .3950], *t* = .0995, *p* = .9209) did not play a moderating role in the relation between Perceived Stress and Overall Well-being for young old Mizo men.

Table 6.1.4: Moderation analysis of Levels of Group Participation in the relationship between Perceived Stress and Overall Well-being for young- old elderly Mizo males (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.3836	.1471	92.6310	5.6361	3.0000	98.0000	.0013

Model

	Coeff(b)	se	t	p	LLCI	ULCI
constant	46.8764	19.9144	2.3539	.0206	7.3569	86.3960
PSSTT	-2.4921	4.7401	-.5257	.6003	-11.8987	6.9146
LOPTT	.2681	.7991	.3355	.7380	-1.3178	1.8540
Int_1	**.0189**	**.1896**	**.0995**	**.9209**	**-.3573**	**.3950**

6.2 Moderating role of Levels of Group Participation between Stress and Well-being (Emotional Wellbeing, Social Well-being, Psychological Well-being and Overall Well-being) for young-old females.

6.2 (a) Results of moderation analysis of Levels of Group Participation between Perceived Stress and Emotional Well-being for **young-old females**, given in Table 6.1.5 indicates that **Levels of Group Participation played a significant role in moderating the relation between Perceived Stress and Emotional Well-being for young-old Mizo women.** Simple slope analysis (Figure 1) and conditional effects (Table 6.1.5) of Perceived stress on Emotional Well-Being at different values of Levels of Group Participation revealed that at the low level [*b* = -.63, 95% *CI* [-.8979, -.3576], *t* = -4.6116, *p* < .01 (blue slope in Figure 1)], and moderate level [*b* = -.3984, 95% *CI* [-.6204,-.1764], *t* = -1.0070, *p* < .01 (red slope in Figure 1)] of Levels of Group Participation, the relationship between Perceived stress and Emotional Well-Being was significantly negative. This indicates that higher the Emotional Well-being, lower the levels of Perceived stress for young-old elderly Mizo women whose levels of group participation in various social activities were at low and moderate levels. Results can also be taken to imply that at higher levels of group participation, higher Emotional Well-being is not accompanied by lower levels of Perceived stress.

Table 6.1.5: Moderation analysis of Levels of Group Participation in the relationship between Perceived Stress and Emotional Well-being for young- old elderly Mizo females (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.4988	.2488	5.1019	10.8193	3.0000	98.0000	.0000

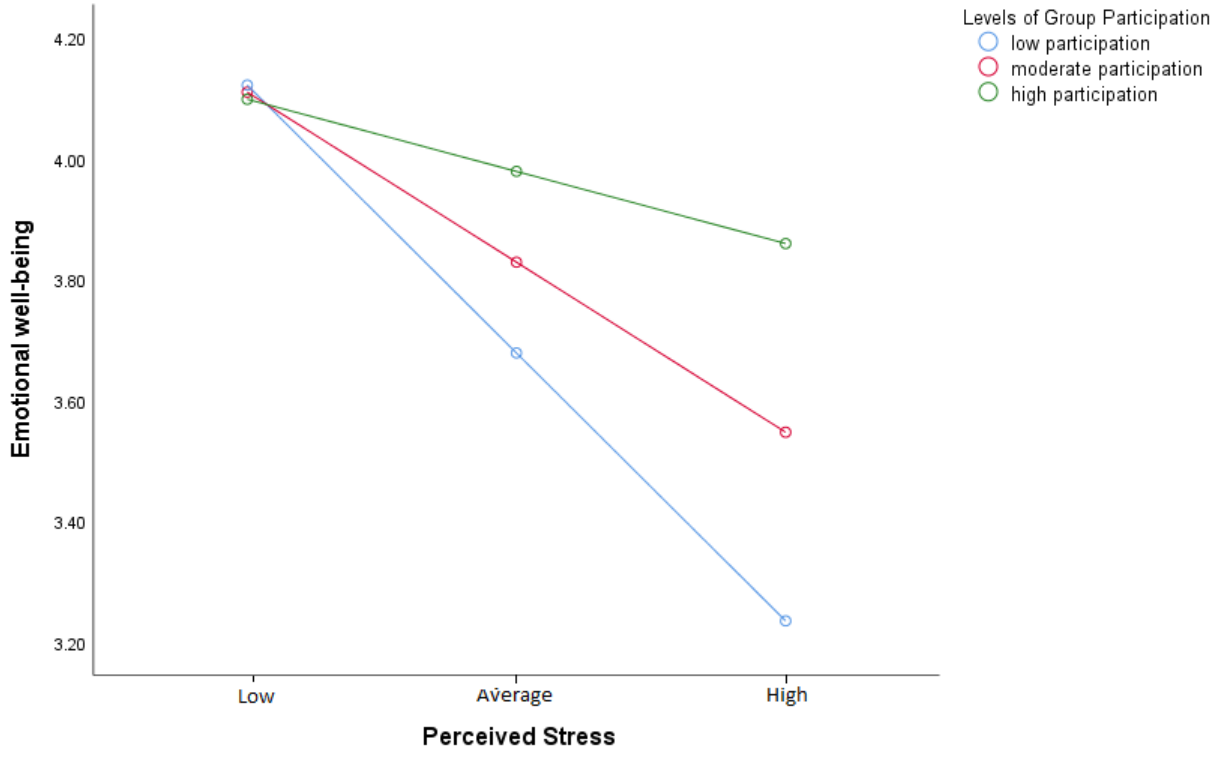
Model

	Coeff(*b*)	se	t	p	LLCI	ULCI
constant	15.2190	2.2022	6.9107	.0000	10.8487	19.5893
PSSTT	-1.4506	.4523	-3.2068	.0018	-2.3482	-.5529
LOPTT	-.0991	.0986	-1.0045	.3176	-.2948	.0967
Int_1	**.0487**	**.0214**	**2.2721**	**.0253**	**.0062**	**.0912**

```
  Conditional effects of the focal predictor at values of the
moderator(s):

   LOP_mean    Effect      se         t         p         LLCI      ULCI
   -.8516      -.6277    .1361   -4.6116    .0000      -.8979    -.3576
    .0000      -.3984    .1119   -3.5618    .0006      -.6204    -.1764
    .8516      -.1691    .1679   -1.0070    .3164       -.5023     .1641
```

Figure 6: Simple slope equations of the regression of Emotional Well-being on Perceived stress at three levels of Levels of Group Participation for young-old elderly Mizo women.



6.2 (b) Results of moderation analysis of Levels of Group Participation between Perceived Stress and Social Well-being for young-old females, given in Table 6.1.6 indicates that Levels of Group Participation (*b*= .0286 95% CI [-.0483, .1055], *t* = .7392, *p* = .4616) did not play a significant role in moderating the relation between Perceived Stress and Social Well-being for young-old Mizo women.

Table 6.1.6: Moderation analysis of Levels of Group Participation in the relationship between Perceived Stress and Social Well-being for young- old elderly Mizo females (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.2294	.0526	16.6760	1.8138	3.0000	98.0000	.1497

Model

	coeff(*b*)	se	t	p	LLCI	ULCI
constant	17.4011	3.9815	4.3705	.0000	9.4999	25.3023
PSSTT	-.8057	.8178	-.9852	.3269	-2.4286	.8172
LOPTT	.0195	.1783	.1092	.9133	-.3344	.3734
Int_1	**.0286**	**.0387**	**.7392**	**.4616**	**-.0483**	**.1055**

6.2 (c) Results of moderation analysis of Levels of Group Participation between Perceived Stress and Psychological Well-being for young-old females, given in Table 6.1.7 indicates that Levels of Group Participation (*b*= .0610 95% CI [-.0400, .1620], *t* = 1.1989, *p* = .2334) did not play a significant role in moderating the relation between Perceived Stress and Psychological Well-being for young-old Mizo women.

Table 6.1.7: Moderation analysis of Levels of Group Participation in the relationship between Perceived Stress and Psychological Well-being for young- old elderly Mizo females (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.3380	.1142	28.7554	4.2133	3.0000	98.0000	.0076

Model

	Coeff(*b*)	se	t	p	LLCI	ULCI
constant	18.9427	5.2283	3.6231	.0005	8.5673	29.3181
PSSTT	-1.5231	1.0739	-1.4184	.1593	-3.6542	.6079
LOPTT	.0694	.2342	.2963	.7676	-.3953	.5341
Int_1	**.0610**	**.0509**	**1.1989**	**.2334**	**-.0400**	**.1620**

6.2 (d) Results of moderation analysis of Levels of Group Participation between Perceived Stress and Overall Well-being for young-old females, given in Table 6.1.8 indicates that Levels of Group Participation (*b*= .1282 95% CI [-.0575, .3140], *t* =

1.3705, *p* = .1737) did not play a significant role in moderating the relation between Perceived Stress and Overall Well-being for young-old Mizo women.

Table 6.1.8: Moderation analysis of Levels of Group Participation in the relationship between Perceived Stress and Overall Well-being for young- old elderly Mizo females (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.3671	.1348	97.2627	5.0885	3.0000	98.0000	.0026

Model

	coeff(*b*)	se	t	p	LLCI	ULCI
constant	51.3452	9.6156	5.3398	.0000	32.2635	70.4270
PSSTT	-3.5585	1.9750	-1.8018	.0747	-7.4779	.3608
LOPTT	.0015	.4307	.0034	.9973	-.8532	.8561
Int_1	**.1282**	**.0936**	**1.3705**	**.1737**	**-.0575**	**.3140**

6.3 Moderating role of Levels of Group Participation between Stress and Well-being (Emotional Wellbeing, Social Well-being, Psychological Well-being and Overall Well-being) for old-old males.

6.3 (a) Results of moderation analysis of Levels of Group Participation between Perceived Stress and Emotional Well-being for old-old males, given in Table 6.1.9 indicates that Levels of Group Participation (*b*= -.0199, 95% CI [-.0858, .0459], *t* = -.6010, *p* = .5493) did not play a moderating role in the relation between Perceived Stress and Emotional Well-being for old-old Mizo men.

Table 6.1.9: Moderation analysis of Levels of Group Participation in the relationship between Perceived Stress and Emotional Well-being for old- old elderly Mizo males (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.2867	.0822	6.8056	2.9255	3.0000	98.0000	.0376

Model

	coeff(*b*)	se	t	p	LLCI	ULCI
constant	7.8372	3.3179	2.3621	.0201	1.2530	14.4214
PSSTT	.1944	.7773	.2500	.8031	-1.3482	1.7369

LOPTT	.1865	.1357	1.3743	.1725	-.0828	.4559
Int_1	**-.0199**	**.0332**	**-.6010**	**.5493**	**-.0858**	**.0459**

6.3 (b) Results of moderation analysis of Levels of Group Participation between Perceived Stress and Social Well-being for old-old males, given in Table 6.2.0 indicates that Levels of Group Participation (*b*= -.0276, 95% CI [-.1359, .0808], *t* = -.5051, *p* = .6147) did not play a moderating role in the relation between Perceived Stress and Social Well-being for old-old Mizo men.

Table 6.2.0: Moderation analysis of Levels of Group Participation in the relationship between Perceived Stress and Social Well-being for old- old elderly Mizo males (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.2764	.0764	18.4138	2.7026	3.0000	98.0000	.0497

Model

	coeff(*b*)	se	t	p	LLCI	ULCI
constant	6.2052	5.4575	1.1370	.2583	-4.6251	17.0355
PSSTT	.7004	1.2786	.5478	.5851	-1.8370	3.2377
LOPTT	.3596	.2233	1.6106	.1105	-.0835	.8027
Int_1	**-.0276**	**.0546**	**-.5051**	**.6147**	**-.1359**	**.0808**

6.3 (c) Results of moderation analysis of Levels of Group Participation between Perceived Stress and Psychological Well-being for old-old males, given in Table 6.2.1 indicates that Levels of Group Participation (*b*= -.0375, 95% CI [-.1765, .1014], *t* = -.5360, *p* = .5932) did not play a moderating role in the relation between Perceived Stress and Psychological Well-being for old-old Mizo men.

Table 6.2.1: Moderation analysis of Levels of Group Participation in the relationship between Perceived Stress and Psychological Well-being for old- old elderly Mizo males (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.2354	.0554	30.2993	1.9157	3.0000	98.0000	.1320

Model

	Coeff(*b*)	se	t	p	LLCI	ULCI

constant	12.4485	7.0007	1.7782	.0785	-1.4442	26.3412
PSSTT	.3860	1.6401	.2353	.8144	-2.8688	3.6407
LOPTT	.3223	.2864	1.1255	.2631	-.2460	.8907
Int_1	**-.0375**	**.0700**	**-.5360**	**.5932**	**-.1765**	**.1014**

6.3 (d) Results of moderation analysis of Levels of Group Participation between Perceived Stress and Overall Well-being for old-old males, given in Table 6.2.2 indicates that Levels of Group Participation (*b*= -.0850, 95% CI [-.3351, .1650], *t* = -.6749, *p* = .5013) did not play a moderating role in the relation between Perceived Stress and Overall Well-being for old-old Mizo men.

Table 6.2.2: Moderation analysis of Levels of Group Participation in the relationship between Perceived Stress and Overall Well-being for old- old elderly Mizo males (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.3052	.0932	98.1158	3.3564	3.0000	98.0000	.0220

Model

	coeff(*b*)	se	t	p	LLCI	ULCI
constant	26.4909	12.5978	2.1028	.0380	1.4909	51.4908
PSSTT	1.2807	2.9514	.4339	.6653	-4.5763	7.1377
LOPTT	.8685	.5154	1.6851	.0952	-.1543	1.8912
Int_1	**-.0850**	**.1260**	**-.6749**	**.5013**	**-.3351**	**.1650**

6.4 Moderating role of Levels of Group Participation between Stress and Well-being (Emotional Wellbeing, Social Well-being, Psychological Well-being and Overall Well-being) for old-old females.

6.4 (a) Results of moderation analysis of Levels of Group Participation between Perceived Stress and Emotional Well-being for old-old females, given in Table 6.2.3 indicates that Levels of Group Participation (*b*= -.0049, 95% CI [-.0460, .0362], *t* = -.2363, *p* = .8137) did not play a moderating role in the relation between Perceived Stress and Emotional Well-being for old-old Mizo women.

Table 6.2.3: Moderation analysis of Levels of Group Participation in the relationship between Perceived Stress and Emotional Well-being for old- old elderly Mizo females (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.4441	.1972	5.8636	8.0259	3.0000	98.0000	.0001

Model

	coeff(*b*)	se	t	p	LLCI	ULCI
constant	8.5840	1.9084	4.4980	.0000	4.7969	12.3712
PSSTT	-.2477	.4131	-.5997	.5501	-1.0675	.5721
LOPTT	.1858	.0923	2.0143	.0467	.0027	.3689
Int_1	**-.0049**	**.0207**	**-.2363**	**.8137**	**-.0460**	**.0362**

6.4 (b) Results of moderation analysis of Levels of Group Participation between Perceived Stress and Social Well-being for old-old females, given in Table 6.2.4 indicates that Levels of Group Participation (*b*= -.0081, 95% CI [-.0840, .0678], *t* = -.2128, *p* = .8320) did not play a moderating role in the relation between Perceived Stress and Social Well-being for old-old Mizo women.

Table 6.2.4 Moderation analysis of Levels of Group Participation in the relationship between Perceived Stress and Social Well-being for old- old elderly Mizo females (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.3901	.1522	20.0267	5.8631	3.0000	98.0000	.0010

Model

	coeff(*b*)	se	t	p	LLCI	ULCI
constant	11.1161	3.5269	3.1518	.0022	4.1171	18.1152
PSSTT	-.3862	.7634	-.5059	.6141	-1.9012	1.1288
LOPTT	.2943	.1705	1.7258	.0875	-.0441	.6326
Int_1	**-.0081**	**.0383**	**-.2128**	**.8320**	**-.0840**	**.0678**

6.4 (c) Results of moderation analysis of Levels of Group Participation between Perceived Stress and Psychological Well-being for old-old females, given in Table 6.2.5 indicates that Levels of Group Participation (*b*= -.0124, 95% CI [-.0963,

.0714], *t* = -.2945, *p* = .7690) did not play a moderating role in the relation between Perceived Stress and Psychological Well-being for old-old Mizo women.

Table 6.2.5 Moderation analysis of Levels of Group Participation in the relationship between Perceived Stress and Psychological Well-being for old- old elderly Mizo females (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.4577	.2095	24.4405	8.6557	3.0000	98.0000	.0000

Model

	coeff(*b*)	se	t	p	LLCI	ULCI
constant	15.5621	3.8962	3.9942	.0001	7.8302	23.2940
PSSTT	-.6226	.8434	-.7382	.4622	-2.2962	1.0511
LOPTT	.3561	.1884	1.8906	.0616	-.0177	.7299
Int_1	**-.0124**	**.0423**	**-.2945**	**.7690**	**-.0963**	**.0714**

6.4 (d) Results of moderation analysis of Levels of Group Participation between Perceived Stress and Overall Well-being for old-old females, given in Table 6.2.6 indicates that Levels of Group Participation (*b*= -.0259, 95% CI [-.1942, .1423], *t* = -.3059, *p* = .7604) did not play a moderating role in the relation between Perceived Stress and Overall Well-being for old-old Mizo women.

Table 6.2.6 Moderation analysis of Levels of Group Participation in the relationship between Perceived Stress and Overall Well-being for old- old elderly Mizo females (n=102).

Model Summary

R	R-sq	MSE	F	df1	df2	p
.4932	.2432	98.3894	10.4994	3.0000	98.0000	.0000

Model

	Coeff(*b*)	se	t	p	LLCI	ULCI
constant	35.1174	7.8174	4.4922	.0000	19.6039	50.6308
PSSTT	-1.2378	1.6922	-.7315	.4662	-4.5959	2.1202
LOPTT	.8400	.3779	2.2227	.0285	.0900	1.5900
Int_1	**-.0259**	**.0848**	**-.3059**	**.7604**	**-.1942**	**.1423**

Moderation analyses (of social participation in the relationship between stress and well-being) conducted in all units of the analyses – young-old male and female and old-old male and female elderly Mizos showed significant moderation results for only one group, Young-old elderly female Mizos with reference to Emotional well-being. Thus, the hypothesis, Social participation will moderate the relationship between Stress and Emotional well-being was supported for young-old elderly female Mizos.

Singh & Kumar (2013) found that among primary school teachers, results indicated significant differences among the genders where females showed better emotional control than males and were higher than males in empathy and social skills. However, it may be noted that the age of the respondents in the mentioned study is not the same as the respondents in the study. The factor of gender roles – socially held prescribed stereotypes, certain expected and acceptable behaviours expected of both the sexes (Eagly & Karau, 2002) may also play a role in gender differences in subjective well-being. An integral aspect of gender role expectations is that women are expected to be more expressive emotionally than men, as a result of which more women than men would report more of both positive and negative experiences than men (Simon & Nath, 2004; Plant et al., 2000).

Gilmour (2012) found participation in social activities to be greatly and significantly related to positive health and well-being outcomes, regardless of socio-demographic or health factors. Among her sample of 16,369 senior citizens, 80% reported participation in at least one social activity. Social activities with family and friends were most commonly reported, with women seeming to have more participatory activities with family and friends, church, educational and other activities. Closer examination of demographic variables indicates that all the 102 women in the study in the young-old group reported membership in at least one organisation, with many reporting memberships in two or three organisations. The highest levels of group participation for the young-old elderly Mizo women in this study were found to be in the MHIP (affiliated to the All-India Women's Conference) at 81.37%, in church activities at 75.49% and MUP (Mizoram Senior Citizens Association) at 74.5%.

Litwin & Stoeckel (2013) investigated whether the association between well-being and social networks works the same way for young-old and old-old people. The most significant associations between social networks and well-being were found among the younger-old group which in this study comprised of people aged 60-79. The young-old elderly Mizo women in the study belong to roughly the same age group of 65-74 years.

Choi et al. (2021) report that not only does participation in various social activities, voluntary work and donation decrease the risk of depressive symptoms in the elderly, the frequency and diversity of the social activities was also an important factor in contributing towards this decrease. Most importantly, they go on to state that participation in social activities was associated with decreased odds for depression in elderly women more than elderly men.

Huang and Yang (2013) in their study among the retired elderly of Taiwan have found that although men have higher levels of social participation before retirement, there is a reversal for women who show higher levels of social participation than men post-retirement. They have attributed this change to the reduction in men's social networks and their dependency on their wives for the continuation of various social relationships, even to the extent of help with everyday activities (McLaughlin et al., 2010; Altergott, 1985). Men without partners as result of separation, death or divorce showed even more pronounced decreases in social activities (Bennett, 1998). Huang and Yang (2013) have deduced that men's work-related social activities decrease with retirement because retirement closes the door of opportunity for many interactions in a professional setting as well as other work-related engagements; women on the other hand still maintain a sizeable portion of theirs even after retirement as they mostly comprise of family-oriented circles and community activities. Thus, with retirement, women find themselves with much more time on their hands to devote to their pre-existing social networks as well as to new ones like volunteering and joining new clubs.

But as seen from results, it appears that it is only participation only at low and moderate levels that enables high Emotional Well-being and subsequent low levels

of Perceived stress. Group Participation at higher levels does not seem to be accompanied by similar reductions in Perceived stress. Thus, even though women may find themselves with more time to devote to social activities (Huang & Yang, 2013), in the case of the young-old elderly Mizos, results indicate that it may not always be beneficial to them. As mentioned before, most of the young-old elderly Mizo women are all members of the MHIP, MUP and church as indicated by their responses. Although it should be noted that responses were indicative only of membership and not of levels of actual group participation, women's participation in various social activities ranging from community service to church activities is much more than that of their counterparts (Jangu, 2019).

Anecdotal reports and discussions/debates on social media platforms have often debated the question of whether active group participation by women has detrimental effects on the quality of family life and childrearing. Activities of the MHIP and Women's Fellowship in local churches from fighting against violence towards women, providing counseling for women and children in need, compulsorily meeting once a week in the evenings for night time service, helping the poor and orphaned, visiting those in prisons and rehabilitation centres and so on (National Informatics Centre, Mizoram State Unit, 2022; Presbyterian Church of India, Mizoram Synod, 2019). Amidst all this, results of the study which show that higher levels of group participation might lead to higher levels of Emotional Well-being but not similar decreases in Perceived stress may be considered as a reminder that young-old elderly Mizo women need to be cautious in deciding the levels at which they choose to participate in their various groups, so that their participation is one that enables emotional satisfaction and contentment - not one that they perceive as a necessity, devoid of joy, adding to the many roles and responsibilities that they already shoulder.

Chapter - V

SUMMARY AND CONCLUSION

The main objective of this research was to investigate the influences of Perceived Social support, Social participation, Family relations and Stress on the Well-being of the elderly Mizos. The Satisfaction with Life Scale was used only as validation for the well-being scores (the main dependent variable in the study), and has been found to suitably do so. A review of existing literature on the same across various cultures have found significant relationships between Well-being and the variables of Perceived Social support, Social participation, Family relations and Stress (Morgan et al.1991; Lowenthal & Haven, 1968; Thoits, 2006; Symister & Friend, 2003; Thoits, 1995). Among the Mizos, the presence of strong social support inbuilt in the community traditions and social networks like the MUP (Mizoram Senior Citizens Association), MHIP (Mizo Hmeichhe Insuihkhawm Pawl, affiliated to the All India Women's Conference, AIWC), and religious affiliation and their levels of participation in it are expected to play a role in buffering the effects of stresses and strains of aging. In Mizo society, women assume the majority of domestic and family responsibilities; men are freer to take part in social responsibilities / obligations (Mary Vanlalthanpuii, 2021; Lalhmingpuii & Namchoom, 2014). This is further expected to be evidenced in gender differences in the various constructs measured.

The research gaps that this study aimed to address were the previously unexplored question of differences within elderly Mizos in terms of age groups like the young-old and old-old, and the paucity of research among the elderly Mizos centering not just on their well-being, but on the interplay of psychosocial factors such as social participation, stress and family relationships with well-being.

A review of relevant literature in the area of research led to the formulation of four objectives. The first objective was to highlight gender (male vs. female) and age (young-old vs. old-old) differences in well-being, perceived social support, social participation, family cohesion and stress. The second objective was to highlight the relationship between well-being and perceived social support, social participation, family cohesion and stress among young-old and old-old male and female Mizos. The third objective was to elucidate the contributions of perceived social support, social participation and family cohesion to well-being among young-old and old-old

male and female Mizos. Finally, the fourth and last objective was to elucidate the moderating roles of perceived social support and social participation between stress and well-being.

A representative sample of elderly Mizos categorised into two age groups (Feldman & Babu, 2017) of young-old (65-74 years) and old-old (75-84 years) were obtained in equal proportion of male and female gender, using a multi-stage random sampling procedure. The elderly Mizos were chosen based on lists of members provided by MUP secretaries of all the randomly selected localities in Aizawl, Mizoram. The first stage comprised listing of 13 Wards of the Aizawl Municipal Corporation area, totaling to 83 localities divided into North, East, West & South according to Mizoram Assembly Constituencies. In the second stage, the lottery method of simple random sampling was used to select 3 localities from each constituency. Sampling weights were calculated to ensure equal sampling units according to the population density of the localities. In the last stage, lists of MUP members provided by local MUP chapters were used to contact the respondents.

Data were screened with extreme outliers deleted and mild outliers being winsorized in order to be able to use parametric statistics. It was also ensured that there were equal numbers of participants in each cell of the design so as to further boost the statistical power of the analyses. Diagnostic tests of assumptions - of linearity, normality (skewness/kurtosis), homogeneity of variance (Levene's statistic), homoscedasticity and independence of errors as needed for the four groups in the study namely, young-old males, young-old females, old-old males, old-old females were checked and found to be generally acceptable. Where there were violations of parametric assumptions, appropriate non-parametric methods were used. At the end, there were a total of 408 respondents, 204 in the young-old category (102 males and 102 females) and 204 in the old-old category ((102 males and 102 females).

A total of six (6) psychological tools were used to measure the behaviour under consideration. The Adult Mental Health Continuum - Short Form (MHC-SF; Keyes, 2002) was used to assess the well-being of the respondents consisting of four

subscales namely, Emotional well-being, Social well-being, Psychological well-being and Overall well-being. The Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen & Griffin, 1985) was used to assess the respondents' levels of satisfactions with their lives and used as a validation of the well-being scores on MHC-SF. The Levels of Group Participation Scale (LOP; Rasmussen, 2003) was used to assess the respondents' levels of actual participation in community and society. It has been used to assess Group Participation where the groups themselves are community based organisations of which the elderly are members and participants, forming their affiliations on the basis of age, commonalities in thinking, intellect etc. Originally three subscales of the Family Environment Scale were considered, those of Cohesion, Conflict and Expressiveness but the last two were dropped as their reliabilities were too low to when tested on the elderly Mizo population. One subscale of the Family Environment Scale (FES; Moos & Moos, 2009) was retained, Cohesion - to assess the respondents' perceptions of their relations with other family members, and this is referred to as Family Cohesion. The Perceived Stress Scale (PSS; Cohen, Kamarck & Mermelstein, 1983) was used to attempt to evaluate stress that may be perceived by the respondents' in their everyday life, e.g. "In the last month, how often have you felt confident about your ability to handle your personal problems?" Lastly, the Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988) was used to assess the levels of social support perceived by the respondents.

SPSS 22 (Statistical Package for Social Sciences) was used to prepare the scores on all tools for all respondents and psychometric adequacy of the data collected was checked for the total sample through (i) item-total coefficients of correlation (ii) inter-scale relationships, and (i) reliability coefficients (Cronbach's Alpha) over all the levels of analyses. Descriptive statistics such as Mean, SD, Skewness, Kurtosis and Standard Errors were also included in order to ensure comparison of scores between various sub-groups within the study and to check data distributions for still further statistical analyses (Miles & Shevlin, 2004). After all this, statistical analyses of the data were done using the *SPSS* 22 in order to address the various objectives and hypotheses stated in the study.

The effects of 'age' and 'gender' on Well-being (Emotional, Social, Psychological and Overall Well-being), Levels of Group Participation, Family Cohesion, Stress and Perceived support were examined using Two-Way ANOVA (2age x 2 genders). It was ensured that there were no violations of assumptions of the requirements for parametric testing - skewness, kurtosis and homogeneity of variances of scores were checked. Where there were violations of parametric assumptions, the non-parametric Mann-Whitney *U* Test was utilised.

The results of investigation into the **first objective**, to highlight **gender differences** in Well-being, Perceived Social support, Social participation, Family Cohesion and Stress revealed significant 'gender' effects on Emotional Well-being, Levels of Group Participation and Perceived Social Support. However, no significant effects were seen for Social, Psychological and Over-all Well-being, Family Cohesion and Stress.

Results of Two–Way ANOVA (2 age x 2 gender) indicated **significant 'gender' effect on Emotional Well-being**. Comparison of means indicated that elderly female Mizos seem to experience greater emotional satisfaction than elderly male Mizos. The first hypothesis, there will be gender differences in well-being was supported. For women, their identities seem to be more strongly tied to the social networks and the social participation in social activities, whereas for men, their identities seem to be more strongly tied to their profession (Golombok & Fivush 1994; Whitbourne & Powers 1994). As a result, to have had lower achievements in education and employment status and consequent income may not be of such consequence for women in old age as it is for men, because unlike men, their subjective well-being is more strongly associated instead to the relationships that they have (Pinquart & Sorensen, 2001). It has also been reported that for women, but not for men, positive life events act as buffers to negative events, effectively counteracting their negative effects (French et al., 1995). A study among elderly Israelis ages 70 and above indicated men as being poorer in well-being compared to women (Carmel & Berstein, 2003), however, it should be noted that this was also attributed to a significant loss in sense of control of men aged 85 and above, the oldest-old whom have not been included in this study.

Results of Two – Way ANOVA (2 age x 2 genders) indicated **significant 'gender' effect on Levels of Group Participation.** However, since Levene's statistic was found to be significant, the Mann Whitney *U* Test had to be used. Results of the Mann Whitney *U* Test confirmed the gender effect on Levels of Group Participation, with mean rank comparisons showing that elderly male Mizos scored significantly higher than elderly female Mizos in Group Participation. This indicates that men participate much more than women in various social activities among the Mizos. The first hypothesis, there will be gender differences in social participation was supported. In contradiction of the results of this study, Gilmour (2012) found that more women (27%) reported a desire to be more involved in social activities than men (21%). However, Goto et al. (2022) found that among the Japanese it was more probable for women to show decreased participation in social activities when compared to men. They also found that during the Covid-19 pandemic there were decreases in social participation among the elderly, with the decrease being especially more so for women. Analysis on nationwide longitudinal data collected among the elderly in Taiwan shows that before retirement, men display a higher level of social participation than women, whereas after retirement it is the reverse, with women showing higher levels in social participation than men (Huang & Yang, 2013).

People with strong social networks are found to report higher levels of emotional well-being in their daily living as well as in times of stress (Cohen & Wills, 1985), but in contradiction to this finding, results in the current study indicate a difference among the elderly Mizos where elderly females despite having lower levels of social participation have still been found to be higher in emotional well-being when compared to men. In the patriarchal Mizo society, the family is controlled completely by the male head, despite major strides in women empowerment where women now occupy 90% of market shops but only 5% of them actually own their own shops (Jangu, 2019). Chakraborty (2008) also talks of discrimination at various levels standing in the way of women taking an active role in politics despite the state of Mizoram having 87% female literacy. Thus it may be that despite stark inequalities evidenced through studies, elderly women appear to be

satisfied with the status quo as they have seen and known it, thus resulting in high emotional satisfaction despite low social participation in line with the findings of Matud et al. (2019) where they had concluded that conformity to traditional gender roles is pertinent to psychological well-being;

Results of Two – Way ANOVA (2 age x 2 genders) indicated **significant 'gender' effect on Perceived Social Support.** Comparison of mean scores indicates that elderly female Mizos scored significantly higher than elderly male Mizos. This shows that elderly female Mizos were more perceptive of perceived social support available in their environment than elderly male Mizos. The first hypothesis, there will be gender differences in Perceived Social support was supported. The finding is in line with other research which show that women have a number of social networks and thus find support from various sources, but men on the other hand tend to depend completely on their spouses (Belle, 1987; Wethington et al., 1987; Lowenthal & Haven, 1968). Men have also been found to report greater satisfaction from their marriages than women (Amato et al., 2007). As a result, it may be deduced that women will have more sources of potential social support than men. Matud et al. (2003) have also found evidence of gender differences in relation to perceived social support, which they attempt to explain in terms of socialization experiences and the social roles associated with the genders.

The results of investigation into the **second objective**, to highlight **age differences** in Well-being, Perceived Social support, Social participation, Family relation and Stress revealed significant 'age' effect on Emotional well-being, Social well-being, Overall well-being and Levels of Group Participation.

Significant 'age' effect on Emotional Well-being shows that elderly Mizos belonging to the old-old category show significantly higher scores than those in the young-old category, indicating that old-old adults have a higher sense of Emotional Well-being than their younger counterparts. Diener & Suh (1997) in their review found that subjective well-being does not seem to decrease with increases in age despite the fact that resources seen as correlating with well-being like marriage and income show declines with increasing age. A distinct U-shape relationship between

well-being and age has been found among the Americans aged 50 to 85 where people reported feeling progressively better with age, with people aged 85 and above reporting still greater levels of well-being than those younger (Stone et al. 2010). Despite many objective losses as a result of aging such as declines in health, illness and/or death of partners, losses in vision, hearing and mobility, the elderly do not show decreases in measures of emotional well-being. In fact, they have been found to report high levels of happiness, surprisingly low levels of loneliness, and even go on to describe great satisfaction with their social relationships. They show very few signs of emotional distress in the form of psychopathology and also report lesser undesirable emotional experiences than their counterparts (Carstensen et al. 2000).

Significant 'age' effect on Social Well-being show that young-old elderly Mizos score higher than the old-old indicating that young-old elderly have a higher sense of Social Well-being than their elderly counterparts. Similarly, significant 'age' effects have also been seen for **Overall Well-being** where, as in the previous one (Social Well-being) young-old elderly Mizos have scored higher than the old-old indicating that young-old Mizos have a higher Overall sense of Well-being when compared to old-old Mizos. The elderly have been found to report having smaller social networks, but associated with better well-being. Further, well-being seems to be more closely tied to social satisfaction than other relevant factors such as number of close friends, further implying that it is the very perception of quality in a relationship than the perception of quantity that is relevant for enabling well-being (Bruine de Bruin et al., 2020). As they age, the elderly go on to have lower levels of ambition and lower expectations (Campbell et al., 1976) further adjusting personal needs as required with regard to current abilities and resources (Brandtstadter & Renner, 1990). These are consistent with the findings of George et al. (1985) of age as a moderator of the effects of income, health and marital status, leading to increasing levels of life satisfaction among the elderly in spite of decreases in objective conditions.

Significant 'age' effects for Levels of Group Participation were seen where the young-old are significantly higher than the old-old in Levels of Group Participation. This means that young-old Mizos show a greater level of participation

in social activities than old-old Mizos. In keeping with the previous results, it may be implied that in this study, young-old elderly Mizos seem to have been higher than old-old elderly Mizos in Social and Overall well-being as a result of the avenues for close interaction and relationships fostered by their higher levels of participation in various social activities. Social participation among the elderly has been found to be associated with increases in well-being, quality of life, functional skills and to survival as a whole (Dahan-Oliel et al. 2008).

Analysis of the **second objective** which was - significant relationships are expected between well-being and perceived social support, social participation, family relations and stress among young-old and old-old elderly Mizos, was undertaken using Pearson's coefficient of correlations to determine bivariate correlations between the variables for all four groups, i.e., young-old (male and female) and old-old (male and female) elderly Mizos.

Emotional Well-being has significant positive correlations with both Levels of Group Participation (r = .28 & .37, p < .01), Perceived social support (r = .31 & .37, p < .01) and a significant negative correlation with Perceived stress (r= -.42 & -.29, p < .01) for both young-old as well as old-old elderly Mizo women. It also has a significant positive correlation with Family Cohesion (r = .24, p < .01) for young-old elderly Mizo women.

On the other hand, Emotional Well-being has significant positive correlations with Levels of Group Participation (r= .24, p < .05) and Family Cohesion (ranging from r= .30, p < .01) and a negative significant correlation with Perceived stress (ranging from r= -.20, p < .05) for old-old elderly Mizo men; for young-old elderly Mizo men, it has only one significant correlation, a negative one with Perceived stress (r= -.31, p < .01). The fact that Emotional Well-being has only one common significant correlation for elderly Mizo men of both age groups considered, and the fact that that one common variable it is significantly related with is Levels of Group Participation, comes as no surprise since previous results had also shown that elderly Mizo men are higher in Levels of Group participation when compared to elderly Mizo women.

Social Well-being has been found to have significant positive correlations with Perceived social support for all groups (ranging from r = .26 - .41, p < .01) indicating increases in Social Well-being as a result of increases in Perceived social support within one's environment. Family Cohesion has also been seen to be significantly positively correlated with Perceived social support for all groups (ranging from r = .25, p < .05 - .36, p < .01) except young-old elderly Mizo women, indicating that when Perceived social support increases, Family Cohesion increases.

Social Well-being has also been seen to be significantly positively correlated to Family Cohesion for both groups of elderly Mizo women (r= .22 p < .05) indicating that when Social Well-being increases, Family Cohesion also increases. Psychological Well-being has also been found to be significantly positively correlated with Family Cohesion for both young-old and old-old elderly Mizo women (r = .20, p < .05 and .28, <.01) and only old-old elderly Mizo men (r = .20, p < .05) indicating that when Psychological Well-being increases for elderly Mizo women, Family Cohesion also increases.

The relationships that the elderly have with their grandchildren are usually related to higher levels of well-being for both the grandparents as well as the grandchildren. Most grandparents interact with their grandchildren and consider their own roles as grandparents important and may even display decreases in well-being as a result of loss of contact with them (Drew & Silverstein, 2007; Kim et al., 2017). The importance of family members to the elderly may also be seen in findings that emotional support from family was found to be positively associated with well-being whereas emotional support from non-family members did not show the same association (Merz & Huxhold, 2010).

Today, social scientists from various parts of the world have observed that social networks have manifold ramifications on well-being, and broadly defined, refer to it as social capital (Coleman, 1988; Woolcock, 2001). Social capital when measured in terms of strength of ties with one's family, neighbourhood, religious and community ties have been found to reinforce both physical health as well as subjective well-being (Heliwell & Putnam, 2004). Huxhold et al. (2014) have also

found similar results wherein participating in social activities with friends for the elderly was found to increase both positive affect and satisfaction with life, while simultaneously decreasing negative affect. It is also noteworthy that the beneficial effects were more pronounced for interactions with friends than with family members, to the extent where social activities with friends in particular may act as a buffering agent against the negative effects of aging. Social participation among the elderly has been found to be associated with increases in well-being, quality of life, functional skills and to survival as a whole (Dahan-Oliel et al., 2008).

The **third objective** was to study the predictability of Well-being from Perceived Social support, Social participation and Family Cohesion for all the four groups i.e., young-old (male and female) and old-old (male and female) elderly Mizos. The assumptions for multiple regression were suitably addressed.

Perceived Social support significantly predicted Emotional Well-being for both young-old and old-old elderly Mizo women; it significantly predicted Social Well-being for all four groups; it significantly predicted Psychological Well-being for young-old elderly Mizo women as well as both old-old elderly Mizo men and women. Lastly, it predicted Overall Well-being for all four groups again - young-old and old-old elderly male and female Mizos. Litwin & Shiovitz-Ezra (2011) found that those networks with a greater variety of social connections do result in greater well-being. Lowenthal & Haven (1968) found that among the elderly who admitted to having less participation in social activities, 85% were depressed compared to only 42% depressed among those elderly who reported themselves as being active in social activities.

Levels of Group Participation was also found to significantly predict Emotional Well-being for young-old elderly Mizo women and old-old elderly Mizo men and women: it significantly predicted Social Well-being for old-old male and female elderly Mizos; it significantly predicted Psychological Well-being for young-old elderly Mizo men and women as well as for old-old elderly Mizo women. Lastly, it significantly predicted Overall Well-being for old-old elderly Mizo men and women as well as young-old elderly Mizo women. Luong et al. (2011) found that the

elderly often report greater levels of satisfaction with their social networks than younger counterparts. Research indicates that for the elderly, increases in social participation, both the diversity and frequency of contacts lead to increases in satisfaction with life and the quality of life of the elderly. Further, more than diversity, the size of and frequency of contacts were of more importance (Scrutton & Creighton, 2015).

Family Cohesion significantly predicted Emotional Well-being for young-old elderly Mizo women and old-old elderly Mizo men, Social Well-being and Overall Well-being for young-old elderly Mizo women only , and Psychological Well-being for young-old and old-old elderly Mizo women only, not at all for elderly Mizo men. Studies show that receiving support from family members has been seen to enhance well-being amongst the more elderly members (Cheng & Chan, 2006; Levitt et al., 1992); the support that the elderly find within their family appear to be of extreme importance for their well-being (Attias-Donfut, 2001; Grundy & Henretta, 2006), other evidence also implies that support from family members is a powerful factor for the well-being of older members (Cheng & Chan, 2006; Levitt et al., 1992; Tesch-Ro¨mer et al., 2002). The fact that Family Cohesion has been seen to predict Well-being mainly for the female elderly, that too young-old elderly women mainly and hardly at all for the elderly Mizo men may be indicative of differences in the degree to which they place importance on collective community activities and social norms.

The **fourth objective** was to study the moderating role of Perceived Social support and Social Participation (Levels of Group Participation) in the relationship between Stress and Well-being. *PROCESS* v3.4 (Hayes, 2018) was used for the moderation analyses with Perceived Social support and Social participation entered separately as the moderating variable in the relationship between Stress and all four subscales of Well-being, namely Emotional Well-being, Social Well-being, Psychological Well-being and Overall Well-being. Assumptions underlying multiple regression analysis like linearity, independent errors, normality, homoscedasticity and multicollinearity were generally satisfied, with mean centering of variables and

bootstrapping (5000), all automatically ensured by the *PROCESS* v3.4 (Hayes, 2018) tool.

Moderation analyses of Perceived Social Support in the relationship between stress and Well-being conducted in all units of analyses, i.e., young-old males and females and old-old males and females showed no significant moderation results for any of the units. Thus the hypothesis, Perceived Social support will moderate the relationship between stress and Well-being has not been supported by the results.

For a sample population that reports active participation in at least one social organization and roughly three in average, Perceived Social support has not been found to moderate relationship between stress and well-being for all age groups. A possible explanation for this may lie in the Mizo moral code, *Tlawmngaihna*. *Tlawmngaihna* is the Mizo moral code of conduct which makes one do something that one does not necessarily want to do, and not reluctantly, but as if one enjoyed doing it (Hrangkhuma, 1989). The code embodies a sense of humility, and most importantly the different facets of *Tlawmngaihna* that work together to make the exemplary person lies in its ultimate realization fully displayed only within relationships with other members of the community. For the Mizos, the community at large is most important, and all its members in their own ways work for its collective benefit (Pillai, 1999).

For the elderly Mizos, the nuances of *Tlawmngaihna* such as being independent and refusing help from others, to put aside one's own desires to help/please another (Pillai, 1999) are strongly embedded in their way of life; as such, despite actively participating in various social activities, in so far as is possible they will strive to portray themselves as not needing help or support from others. This may be a possible reason why Perceived Social support has not been found to be a moderator in the relationship between stress and well-being among elderly Mizos.

Moderation analyses of Social Participation (Levels of Group Participation)/Social Participation in the relationship between Stress and Well-being conducted in all units of analyses, i.e., young-old males and females and old-old males and females was found to be significant only for one unit - **young-old Mizo**

women. Simple slope analysis and results of conditional effects showed that, at moderate and low levels of Group Participation, the relationship between Stress and Emotional Well-being was significantly negative.

This seems to imply that for young-old elderly Mizo women who did not participate much (low and moderate levels) in social activities, high Emotional Well-being/ contentment as a result of their low levels of group participation is accompanied by decreases in Perceived stress; results further imply that increases in levels of participation might result in high levels of Emotional Well-being but will no longer be accompanied by reductions in Perceived stress.

The highest reported rate of membership in community based organisations for the old-old elderly Mizos (n=204) was the MUP (Mizoram Senior Citizens Association). Demographic variables show that 174 old-old elderly Mizos reported membership in the MUP against 169 young-old elderly Mizos. Results of the study showing that young-old elderly Mizos having higher levels of participation in group activities than old-old elderly Mizos is significant in light of simultaneous findings that for the old-old elderly, Levels of Group Participation significantly predict Emotional Well-being, Social Well-being, Psychological Well-being and Overall Well-being unlike the young-old.

The old-old are not as mobile or healthy as the young-old group; in many studies they have been found to have even lesser material and financial resources than before (Burholt & Windle, 2006). But despite all this, for the current sample, even at lower levels of group participation, whatever participation they do have in social activities seem to have been more than enough to make a difference in their lives and subsequent levels of well-being.

Members of the MUP, which they all are, are actively involved in identifying and helping members with problems with related to health, finances etc. On identification of such needy members, the organization usually helps in cash or in kind as suits the needs of the particular situation. Avenues for social participation and formation of social networks is encouraged by organizing meetings for the elderly where various recreational programmes are organized including cultural

items, games and dancing in which all members can participate. Informational lectures on various issues like elderly health, care of the elderly and sanitation, as well as lectures on how to look after one's family are often given by qualified doctors and other professionals (Thanseia, 2007). The results of this study are validation of the many psychological benefits derived by elderly Mizos as a result of active participation in the MUP.

The research findings have practical implications in different spheres of human functioning. At the time of telephonic data collection, it was always the women who had to be cajoled, persuaded and assured of their ability to answer and navigate their way through unfamiliar google forms. Among the respondents, a mere 8% were widowers compared to a whopping 52.9% of widows – yet results still show that despite higher levels of participation in social activities among elderly Mizo men, elderly Mizo women are still higher in Emotional satisfaction and perceived social support. The very fact that the group (elderly females) which socialises less, has fewer contacts with social networks and lower levels of participation in social activities is still higher in Emotional Well-being and Perceived Social support than the one (elderly males) who has high levels of participation implies that the Mizo male may be may be going wrong somewhere, and the stereotypical gender-roles and associated behaviours need to be re-assessed for improvements. Suicide records (Government of Mizoram, CID, 2021) indicate that of the 22 completed suicides among the ages 65 plus in the last ten years, only four of them are women. The patriarchal view of the Mizo male as provider and protector needs to be relooked to one where men are encouraged to own their feelings, whether they be of inadequacy or weakness.

Results showing that young-old are higher than old-old in Social Well-being and Overall Well-being, despite the old-old being higher in Emotional Well-being may be seen to imply that various community-based organisations and strongly in-built social support that are often talked about among the Mizo may not be as far-reaching as we thought. With the elderly population continuously rising across all cultures (W.H.O., 2022), this is an important area of consideration, especially keeping in mind the psychological, social and financial costs of decreased well-being

among the elderly. In line with the previous result, Social participation (Levels of Group Participation) has also been found to be a significant predictor of Well-being (Emotional, Social and Overall Well-being) more often among the old-old than the young-old elderly. This further serves to drive home the pressing need to ensure avenues of some degree of participation in social activities for the old-old, although it will be still harder given the fact that they are the population which will be the hardest to reach.

Results showing the significance of perception of Social support in enabling Well-being among both the young-old and the old-old serve to further enhance the importance of intimate/significant partners/members/friends in our lives. Especially more so in a society like the Mizo where the joint family still seems to be the norm (higher percentages of joint family as compared to nuclear family among respondents). In a collectivistic society like the Mizos based on a moral code like *Tlawmngaihna*, very often family members and family needs have been seen to take a backseat to the collective community need. Research findings may be considered as highlighting the need of the Mizos as a community, to pay more attention to their own families.

Family Cohesion significantly predicted Emotional, Social, Psychological and Overall Well-being at various levels only for elderly Mizo women and only Emotional Well-being for old-old elderly Mizo men. This stark contrast may be considered an indicator of the true state of affairs in Mizo homes today. Anecdotal reports and conversations often lament the lack of or even absence of active participation by fathers in the daily care and discipline of children. The care of children has long been singularly left in the hands of mothers alone. The North-eastern states of India display significantly high levels of violence against women with Mizoram being among the forerunners, Mizoram along with Nagaland also has the highest rates of HIV in the country (International Institute for Population Sciences (IPPS) and ICF, 2017). The stated problems are also known to be highly related to gender inequalities (Fulu et al., 2013; Jewkes et al., 2010). Substance use, known to converge with socialisation and validation of masculinity (Fagan et al., 2011; Quintero & Estrada, 1998) is an outstanding problem in Mizoram and other

parts of the northeast (Kermode et al., 2010). To summarise, we may suggest that many of the social problems that we face today, in view of the previous literature, seem to stem from our very homes, our families and the extent to which childrearing responsibilities are actually shared by both parents wherever possible.

Moderation analyses of Levels of Group Participation in the relationship between Stress and Well-being shows that for **young-old Mizo women (aged 65-74 years)**, at moderate and low levels of Group Participation, the relationship between Stress and Emotional Well-being was significantly negative, and not at high levels of social participation. This implies that for young-old elderly Mizo women who did not participate much (low and moderate levels) in social activities, high Emotional Well-being/ contentment as a result of their low levels of group participation is accompanied by decreases in Perceived stress; results further imply that increases in levels of participation might result in high levels of Emotional Well-being but will no longer be accompanied by reductions in Perceived stress. The implications from this finding may be seen as an indication that group participation above low and moderate levels for elderly Mizo women aged 65-74 years might possibly result in participation without actual enjoyment to the point where it may even cause significant stress instead. In line with the previous finding that for elderly Mizo women (both young-old and old-old), Family Cohesion has been found to significantly predict Well-being - high levels of group participation may possibly create a conflict in the well-being they derive out of their assimilation and cohesion with family members. The takeaway from both findings combined seems to imply that young-old elderly Mizo women need to be careful about the degree and extent to which they participate in group activities, so that it is beneficial for them - serving to enhance well-being and lowering stress– not allowing it to dent well-being and family relations with higher than moderate levels of group participation.

In terms of limitations of the study, responses were collected through Google forms due to the COVID 19 pandemic; therefore, for many of the women respondents as well as many in the old-old group (75 to 84 year olds), their responses were recorded for them by family members. As such, there is the distinct possibility that they may not have answered as truthfully as they would have if it was a one-on-

one interaction with non-family members. A point of interest was that when approached, nearly all the elderly women expressed doubts about their ability to participate and had to be continuously assured of their capabilities. In contrast, young-old elderly men and most of the old-old elderly men were not required to be persuaded or assured of their capability to answer. In addition, the sample comprised of elderly Mizos living within Aizawl, the capital city of Mizoram only. Since it did not include responses from the vast number of elderly Mizos living in the rural areas, our findings may not generalize to elderly Mizo populations in the rural areas.

In conclusion, the present study entitled, well-being of the Elderly Mizos as a Function of Social Participation, Family Relations and Stress revealed certain significant and interesting results, a few of which seem to challenge the utility of the very nature of collectivistic Mizo society in terms of its consequences on family life and well-being of the elderly Mizos. The W.H.O. (2016) reports that across the world, as much as 15% of the elderly suffer from mental disorders among which stress is a major factor, affecting 10-55% of the elderly population. Despite clear global trends, the elderly Mizos (across all groups) have been found to report very low levels of stress in the current study. Further, despite elderly Mizos (across all groups) showing very high levels of participation in group activities, Perceived Social support has not been found to moderate the relationship between stress and well-being for all age groups. Taken together the results seem to imply absolute and complete obedience to the Mizo ethic of *Tlawmngaihna*, a refusal to seek help from others, but turning towards helping others instead; it may be understood as arising out of denial of one's own needs, rather than efforts towards independence (Report of the Education Reforms Commission, 2010). Such levels of unquestioning acceptance and subservience, with complete disregard for its possible consequences on one's health and well-being is a matter of great concern and one which begs further study.

The fact that Family Cohesion significantly predicted Emotional, Social, Psychological and Overall Well-being mostly for elderly Mizo women and hardly at all for elderly Mizo men is another point of reflection for Mizo society as a whole. A previous study among Mizo adolescents shows that despite accepting and nurturing

care from mothers', as long as the father is perceived as cold and distant – the mother's love is not enough to compensate for the father's absence and will therefore still result in poor psychological adjustment in such families (Lalropuii, 2018). Findings of both studies combined indicate the urgency of the need for reflection of the true state of affairs in Mizo families, including a re-assessment of patriarchal gender roles associated with childrearing.

Further studies among the elderly in Mizo society are the need of the hour in order to more fully understand the various factors that are at play in contributing to or taking away from their well-being. It is often said that a civilization is measured by how it treats it weakest members – future investigations into various facets of the lives of the elderly Mizos will go a long way in enabling greater understanding of the true status of the elderly while depicting the true nature of Mizo society.

APPENDICES

APPENDIX I

MHC-SF

Please answer the following questions about how you have been feeling during the past month. Place a check mark in the box that best represents how often you have experienced or felt the following. *(A hnuaia thu inziak te hi tun thla khat kal ta chhunga I awm dan ngaihtuahin I chhang dawn nia. A hnuaia chhanna zinga I ngaihdan nen a inmil ber zawnah I thai dawn nia).*

During the past month, how often did you feel… Tun thla khat kal ta khan engtianga zingin nge…	NEVER *(Vawi khat mah)*	ONCE OR TWICE *(Vawi hnih khat vel)*	ABOUT ONCE A WEEK *(Kar khatah vawi khat vel)*	2 OR 3 TIMES A WEEK *(Kar khatah vawi hnih thum vel)*	ALMOST EVERY DAY *(Nitin deuh thaw)*	EVERY DAY *(Nitin)*
1. happy *(I hlim)*						
2. interested in life *(tuina, thil hriat chakna I neih?)*						
3. satisfied with life *(I nunah I lungawi?)*						
4. that you had something important to contribute to						

society *(khawtlang tan thil pawimawh tak thawh ve thei tur nei a I inhriat?)*						
5. that you belonged to a community (like a social group, or your neighborhood) *(khawtlangah e.g.YMA, MUP, kohhranah leh thenawmte zingah leng ve a I inhriat?)*						
6. that our society is a good place, or is becoming a better place, for all people *(kan khawtlang hi tha tawk, mi zawng zawng tan a tha ni a I hriat?)*						
7. that people are basically good *(mi hi a tlangpuiin an tha ni a I hriat?)*						
8. that the way						

our society works makes sense to you *(kan khawtlang kalhmang hian awmzia neia I hriat?)*						
9. that you liked most parts of your Personality *(nangma mimal mizia kha tha nia I inhriat?)*						
10. good at managing the responsibilities of your daily life *(I nitin mawhphurhna te tha taka hlenchhuak theia I inhriat?)*						
11. that you had warm and trusting relationships with others *(midang nen inlaichinna tha tak leh inrin tawnna tha neia I inhriat?)*						
12. that you had						

experiences that challenged you to grow and become a better person *(nangmah mimal taka mi tha zawk ni thei tura cho chhuak tu che tawng anga I inhriat?)*						
13. confident to think or express your own ideas and opinions *(I ngaihdan sawichhuak leh dinchhuahpui ngam khawpa mahni inrintawkna nei ni a I inhriat?)*						
14. that your life has a sense of direction or meaning to it *(I nun hian awmzia leh tum nghet tak nei ni a I inhriat?)*						

APPENDIX II

SWLS

Below are five statements that you may agree or disagree with. Using the 1 -7 scale, please choose below the response that best indicates your agreement with each item. Please be open and honest in your responding. *(A hnuai thu inziak te hi I pawmin I pawm lo thei a. I pawm dan chin chiah lantir nan a tehna siam sa, number 1 atanga number 7 inkar hmangin I chhanna ber I thai dawn nia. Khawngaih tkin nangmah a a thlen dan dik thei ang berin I chhang dawn nia).*

	Strongly disagree 1 *(1– Pawmlo lutuk)*	Disagree 2 *(2- Pawmlo)*	Slightly disagree 3 *(3- Pawm chiahlo)*	Neither agree nor disagree 4 *(4- Pawm hran lo a pawmlo lem chuanglo)*	Slightly agree 5 *(5- Pawm deuh tho)*	Agree 6 *(6- Pawm)*	Strongly agree 7 *(7- Pawm lutuk)*
1. In most ways my life is close to ideal. *(A tlangpui thu in, ka nun hi chu ka duhthusam ang tluk*							

a ni).							
2. The conditions of my life are excellent. *(Ka nun a thil inrem dan/awm dan hi a tha tawp a ni).*							
3. I am satisfied with life. *(Ka nunah hian ka lungawi tawk a ni).*							
4. So far, I have gotten the important things I want in life.*(Tun thleng hi chuan ka duhzawng/ ngaih pawimawh*							

zawng te hi chu ka nei kim vek).							
5. If I could live my life over, I would change almost nothing. *(Ka nun hi tan tha leh dawn ila, engmah ka thlak danglam lo ang).*							

APPENDIX III

LOP

For the given statements, please tick below the response which best describes your level of participation in organizations like MHIP/MUP. *(Khawngaihin a hnuaia thuziak tarlan hmang hian pawl (entirnan YMA/MHIP/MUP/INTACH etc etc) a I inhman dan mil ber a I hriat chhanna khu I thai dawn nia.*

	Never *(1- Ngai miahlo)*	Hardly *(2- Ngai manglo)*	Sometimes *(3- a chang changin)*	Often *(4- a tlangpui in)*	Always *(5- Ngei ngeiin)*
1. In our organization, I participate in discussions. *(Kan pawlah chuan committee/meeting/public meeting a thil relhonaah te ka sawi ve thin).*					
2. In our organization, I am informed about the issues facing the group. *(Kan pawlah chuan hmalakna chanchin thil leh thu kal lam/haw lam ka hr eve zel thin).*					
3. In our organization, I contribute towards problem solving. *(Kan pawlah chuan harsatna sut kiang kawnga hmalaknaah te rilru leh tha ka seng ve thin).*					
4. In our organization, I take					

action on issues. *(Kan pawlah chuan hmalak nana chetchhuahnaah te ka tel ve thin).*					
5. In our organization, I share in decision making. *(Kan pawlah chuan rorelnaa thutlukna siam dawnin ka thawh ve thin).*					
6. In our organization, I serve in leadership role. *(Kan pawlah chuan hruaitu hna ka chelh).*					

APPENDIX IV

FES

There are thirty-six (36) statements about families given below. You are to decide which of these statements are true of your family and which are false.

If you think the statement is True or mostly True of your family, circle True. If you think the statement is False or mostly False of your family, circle False. You may feel that some of the statements are true for some family members and false for others. Circle T if the statement is true for most members. Circle F if the statement is false for most members. If the members are evenly decided, decide what is the stronger overall impression and answer accordingly.

Remember, we would like to know what your family seems like to you. So do not try and figure out how other members see your family but do give us your general impression of your family for each statement. *(A hnuaiah hian in chhungkaw lampang chanchin zawhna chhan tur a awm a. Thu ziak thenkhatte hi in chhungkaw mi thenkhat tan a dik a, a dang tan erawh a diklo te pawn I hre mai thei. A tam zawk tana a dik chuan Dik thai la, a tam zawk tan a dikloh erawh chuan Diklo kha I thai dawn nia.*

In chhungkaw memberte tana a dik leh dikloh dan kha a inchen vel anih chuan, nangman DIKA I HRIAT be rang khan Dike maw Diklo emaw I thai mai dawn nia. In chhungkua NANGMAH LIAU LIAU IN I hmuh dan kha hriat duh ber ani a, chuvangin midang ngaihdanah buai lo la. I chhannate hi midang chhannate nen zirchianna atan chauh hman tur ani a. Tuma hmuh leh tur a ni lova, I hmuh dan dik takin I chhang dawn nia).

1. Family members really help and support one another. *(Chhungkuaa mitinte kan intanpuiin kan intawiawm tawn nasa).*	Dik	Diklo
2. We often seem to be killing time at home. *(Kan chhungkua chu inah hian tihtur nei em em lo in kan awm mai mai fo).*		

3. We put a lot of energy into what we do at home. *(Ina kan thiltihah chuan theihtawp kan chhuah theuh thin).*		
4. There is a feeling of togetherness in our family. *(Kan chhungkuaah chuan impumkhatna/inlungrualna a awm).*		
5. We rarely volunteer when something has to be done at home. *(Inah tihtur a awmin, tlawmngaia tih tum kan awm ngai mang lo).*		
6. Family members really back each other up. *(Chhungkua chu nasa takin kan inpui tawn thin).*		
7. There is very little group spirit in our family. *(Kan chhungkuaah chuan inlungrualna a tlem khawp mai).*		
8. We really get along well with each other. *(Inngeih tlang takin kan awm khat khawp mai).*		
9. There is plenty of time and attention for everyone in our family.*(Kan chhungkua chu kan inngaihsakin inkawm hun pawh kan nei tam).*		
10. Family members often keep to themselves. *(Kan chhungkaw member te kan inpawh lo tlangpui).*		
11. We say things we want to around home. *(Inah chuan kan duh duh kan sawi ngam).*		
12. It's hard to blow-off steam at home without upsetting somebody. *(Kan inah chuan tu emaw rilru ti na lovin a inhrikthlak theih meuh loh).*		
13. We tell each other about our personal problems. *(Kan mimal harsat kan inhrilh tawn thin).*		
14. If we feel like doing something on the spur of the moment we often just pick up and go. *(Thil engemaw tih duh/chak kan neih thut pawnin midang rawn buai lovin kan ti nghal tawp zel).*		
15. Someone usually gets upset if you complain in our family. *(Kan chhungkuaah phunnawi kan awm chuan, lo thinrim tawk an awm ziah).*		
16. Money and paying bills is openly talked about in our family. *(Kan chhungkuaah sum leh pai hman chungchang inhawng takin kan sawi mai thin).*		
17. We are usually careful about what we say to each other. *(Kan*		

chhungkuaah chuan kan thil sawi torah kan fimkhur tlang).		
18. There are a lot of spontaneous discussions in our family. *(Kan chhungkuaah chuan ngaihtuah lawk lem lo in thil kan sawi ho fo).*		
19. We fight a lot in our family. *(Kan chhungkua chu kan inhau nasa thin).*		
20. Family members rarely become openly angry. *(Chhungkuaah ualau takin thinrimna kan tilang ngai lo).*		
21. Family members sometimes get so angry they throw things. *(A chang chuan kan chhungkuaah thinrim vanga bawraw taka che an awm thin).*		
22. Family members hardly ever lose their tempers. *(Chhungkuaah insum theilo khawpa thinrim kana wm meuh lo).*		
23. Family members often criticize each other. *(Chhungkuaah kan insawisel tawn fo).*		
24. Family members sometimes hit each other. *(Chhungkuaah kut inthlak ching kan awm fo).*		
25. If there's a disagreement in our family, we try hard to smooth things over and keep the peace. *(Kan chhungkuaah inrem lohna a awm pawhin, theihtawp chhuaha chinfel a, inrem taka awm kan tum tlat thin).*		
26. Family members often try to one-up or out-do each other. *(Kan chhungkuaah chuan midang dah hniam a mahni indahsan tum kan awm fo).*		
27. In our family, we believe you don't ever get anywhere by raising your voice. *(Kan chhungkuaah chuan awrawl rin (aw ki san) hian engmah sawtna a nei lo tih hi kan ngaihdan nghet tak a ni.*		

APPENDIX V

PSS

The questions in this scale ask you about your feelings and thoughts during the last month. Please tick below the response which best describes how often you felt or thought a certain way. *(A hnuaiah hian tun thla khat kal ta chhunga I ngaihtuahna chungchangte zawhna a awm a. Zawhna tinah hian I ngaihdan nen a inmil ber ni a I hriat I thai dawn nia.*

	Never 0 *(Ngailo reng reng)*	Almost never 1 *(Ngai manglo)*	Sometimes 2 *(A chang changin)*	Fairly often 3 *(Ni ve fo)*	Very often 4 *(Zing lutuk)*
1. In the last month, how often have you felt that you were unable to control the important things in your life? *(Tun thla khat kal ta chhung khan vawi engzat nge I nun a thil pawimawhte thunun zo lo anga I inhriat?)*					
2. In the last month, how often have you felt confident about your ability to handle your personal problems? *(Tun thla khat kal ta chhung khan vawi engzat nge nangma mimal harsatna sukiang thei tur khawpa mahni inrintawkna I*					

neih?)					
3. In the last month, how often have you felt that things were going your way? *(Tun thla khat kalta chhung khan vawi engzat nge I duh danin thil a kal ni a I hriat?)*					
4. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? *(Tun thla khat kalta chhung khan vawi engzat nge harsatna I hneh theih loh khawp a lo intiang er ur a I inhriat?)*					

APPENDIX VI

MSPSS

We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement. *(Heng a hnuaia thu inziak te hi I ngaihdan hriat kan chak a. Thu inziak tin atanga I ngaihdan nen a inmil ber ni a I hriat number I thai dawn nia).*

	Very Strongly Disagree *(Pawmlo lutuk)*	Strongly Disagree *(Pawmlo viau)*	Mildly Disagree *(Pawmlo)*	Neutral *(Ngaih dan nei lo)*	Mildly Agree *(Pawm)*	Strongly Agree *(Pawm viau)*	Very Strongly Agree *(Pawm lutuk)*
1. There is a special person who is around when I am in need. *(Ka mamawh hun a min pui fo tu mi hlu tak a awm).*							
2. There is a special person with whom I can share my joys and sorrows. *(Ka hlim leh lungngaihnate ka sawi theihna*							

tur mi hlu danglam bik tak ka nei).							
3. My family really tries to help me. *(Ka chhungte hian min puih hi an tum tak zet).*							
4. I get the emotional help and support I need from my family. *(Lungngaiha min muantu leh tanpuitu chhungte ka nei).*							
5. I have a special person who is a real source of comfort to me. *(Thian tha tak, ka mamawh huna min hnem thintu ka nei).*							
6. My friends really try to help me. *(Ka thiante*							

hian min tanpui an inpeih reng a ni).							
7. I can count on my friends when things go wrong. *(Thil a kal sual changin ka thiante hi innghahna tlak an ni fo).*							
8. I can talk about my problems with my family. *(Ka chhungte hi ka mimal harsatna neuh neuhte ka sawipui thei).*							
9. I have friends with whom I can share my joys and sorrows. *(Ka hlim leh lungngaihnate ka sawipui/hrilh theih tur thian ka nei).*							
10. There is a special person							

in my life who cares about my feelings. *(Ka thinlung a ka vei zawngte ngaihsak a min buaipuisak fo thin mi bik tak ka nei).*							
11. My family is willing to help me make decisions.*(Duht hlanna tha ka siam theih nan ka chhungte hi min pui turin an inpeih reng thin).*							
12. I can talk about my problems with my friends. *(Ka thiante hi ka harsatnate sawipui theih an ni).*							

APPENDIX VII

SPECIMEN COPY OF DEMOGRAPHIC INFORMATION FORM

Mizo vantlang-ah upate hian hmanlai atang tawhin dinhmun pawimawh tak an chang thin a. Amaherawhchu zirchianna a beitham hle a, khawvel lo changkang zelah, kan chhungkua leh khawtlangah eng dinhmun chiah nge kan upate hian an luah tak? Nangni kan upate ngeiin in ngaihdan leh in dinhmun, nangmahni ngeiin in inhmuh dan zir chian nan he lehkhabu te hi buatsaih a ni a. Min chhansak ve hram turin ka ngen a che.

A chhunga awm zawhna hrang hrangahte hian chhanna dik leh diklo a awm lova, chuvangin I nihna leh ngaihdan diktak hmangin min chhan sak dawn nia. Mimal chhannate hi **confidential** vek niin midang chhanna te nen a huhova hman tur an ni a, hming pawh ziah a ngai lo a ni.

Ka lawm e.

DEMOGRAPHIC INFORMATION

1. Kum zat: _____

2. Sex: Mipa ☐ Hmeichhia ☐

3. Marital Status: Kawppui nei ☐ Inthen/Awm hrang ☐

Hmeithai/Pahmei ☐ Kawppui neilo ☐

4. Zir san lam:

School kai lo hrim hrim ☐

Primary school ☐

Middle school ☐

Matriculation ☐

Graduate (Bachelors) ☐

Post-Graduate (Masters & above) ☐

5. Hna hming (pension tawh chuan pension hmaa hna chelh hming: _____

6. Tun a awmna veng:_____

7. Pianna hmun/khua: _____

8. Chhungkaw member zat:_____

9. Type of family:

Joint family (Chhungpui chang) ☐

Nuclear family (In dang tawh) ☐

10. Pawl hrang hrang I telna te:

YMA ☐ MUP ☐

MHIP ☐ Political Party ☐

Kohhran ☐ A dang te ☐

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ABSTRACT

WELL-BEING OF THE ELDERLY MIZOS AS A FUNCTION OF SOCIAL PARTICIPATION, FAMILY RELATIONS AND STRESS

AN ABSTRACT SUBMITTED IN PARTIAL FULFILLMENT OF REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

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ABSTRACT

WELL-BEING OF THE ELDERLY MIZOS AS A FUNCTION OF SOCIAL PARTICIPATION, FAMILY RELATIONS AND STRESS

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The question of whether people continue to grow psychologically has been answered in different ways- some claim a new sense of wholeness and integrity in the final stages of life (Erikson, 1963), others claim expansions in wisdom with subsequent reductions in immature defenses (Vaillant, 1977) and even theorizations of long-lasting personal development as needs are increasingly met (Maslow, 1968). Maturity and age have been found to significantly positively associated with subjective well-being (Sheldon & Kasser, 2001) and the current study is an attempt to study the well-being of elderly Mizos as a function of their social participation, family relations and stress.

Well-being may be said to be hedonic or subjective when it is conceptualized in terms of satisfaction with life, taken together with prevalence of positive over negative affect on a daily basis (Kahneman et al. 1999). On the eudaimonic side, it is spoken of more as a dynamic changing process involving many indicators that have been combined in various ways resulting in a number of different models (Huta and Waterman, 2014). The model most commonly referred to is psychological well-being (Ryff, 1989) which has six dimensions namely, self-acceptance, mastery of the environment, autonomy, positive relationships, personal growth and life purposes. Keyes (1998) also spoke of social well-being, which comprises the dimensions of social coherence, actualization, integration, acceptance and contribution. Research studies have found that high subjective well-being tends to be associated with physical health and longevity (Chida and Steptoe, 2008; Diener and Chan, 2011). Similarly, high psychological well-being has been seen to offset the undesirable consequences of chronic diseases and disabilities. Blanchflower and Oswald (2008) found that even though the physical conditions worsen with old age, on the whole, the elderly are still happier and more satisfied than their younger counterparts.

Utz et al. (2002) define social participation as a multi-faceted construct that integrates the interchange of social support and formal (such as participation in religious activities, voluntary work and attending various meetings) as well as informal (telephonic conversations and interacting with friends) social engagement with members of one's social network. Gonzâlez-Herero and Extremera (2010) have said that elderly citizens who participate in more social activities are found to have

higher subjective well-being; they have also found social activities to be a partially mediating factor for personality variables, like self-esteem and optimism, and subjective well-being. Gonzâlez – Herero and Garcia – Martin (2012) in their study among women found that participating in the activities of daily life is a noteworthy predictor of satisfaction with life and positive affect, and furthermore, significant differences were observed in the subjective well-being of women belonging to differing statuses. According to the social integration perspective, a prerequisite for psychological well-being is that, in order to maintain social integration, individuals need to be constantly readjusting themselves and their various social roles in the different stages of life. As people grow older and retire from their various jobs, they lose the formal roles that their jobs gave them and as a result, social roles and social activities tend to become an even more important avenue for social integration (Evandrou and Glaser 2004; Thomas 2011).

Social support refers to the help and resources that are received from members of the social network which are further perceived by the recipients as affectionate, kind-hearted and easily obtainable (Cavanaugh, 1998; Cohen & Syme, 1985). Reis & Gable (2003) have described it as the conviction that one is loved, cherished, held in high regard and cared for and it is one of the most dominant factors of well-being for individuals irrespective of age or culture. The consequences of social support was seen in the works of Lowenthal and Haven (1968) within a sample of 280 people all above the age of 63, where from among those who shared that they had low social interactions, 85% were found to be depressed; in contrast, from among those who shared that they had high levels of social interaction, only 42% were found to be depressed. They also reported that among the elderly, a reliable barometer of those who were most likely to not need institutionalization in the future is reported access to someone they can confide in and share their problems with. However, with regard to differences among the sexes, it was found that across all ages, women seemed to have more possibility of having intimate others to confide in as opposed to men; further this disparity was even more conspicuous in those under the age of 65 where nearly three quarters of women and only half men disclosed having intimate confidants. The primary source of social support for men

seems to be their wives resulting in less confidential networks when compared to women; women on the other hand have not just broader social networks when compared to men, but are also actively immersed in the lives of members of their networks (Belle, 1987; Wethington et al.,1987).

Social networks are the organizational character of social relations (Stylianos & Vachon, 1993). Dimond, Lund and Caserta (1987) consider network size - the number of people that we have contact with an important factor and go on to state that larger social networks result in lower levels of depression. The very people who specialize in the field of aging related dimensions, gerontologists as well as the elderly themselves both agree that continuing to be occupied and busy socially well into late adulthood personifies all that has come to be associated with ageing well. Men seem to have larger social networks compared to women; but at the same time, women with their smaller network size show greater involvement and depth in their relationships within these networks. To put it another way, for men, participation in social networks is more diverse and all-encompassing but less intimate than that of women (Belle, 1987). The elderly often report having smaller social networks, but still associated with better well-being.

Whether it be for good or bad, family relationships play a pivotal role in determining the well-being of individuals as they traverse across the life span (Merz et al., 2009). As individuals age, the needs for caregiving increase and thus family relationships become even more important than before, especially with social connections in other spheres of life like the workplace becoming less important in their lives (Milkie et al., 2008). Results of previous researches are indicative of higher levels of well-being for married people as compared to those who have never been married, separated, divorced or widowed (Gove et al, 1983; Lee et al., 1991; Ross et al., 1990). Some studies have also found that cohabiters report lower levels of well-being when compared to married couples, but are still at a higher level of well-being than people who are not in a relationship (Brown, 2000; Horwitz & White, 1998; Kurdek, 1991). Evidence from various theoretical and empirical literature have shown evidence that those people who are strongly rooted in supportive networks with helpful others are more inclined to be higher in physical

and emotional health as well as having higher levels of life satisfaction (House et al.,1988). The relationships we have with members in our family – with our parents, our partners and our children are integral parts of our intrapersonal relations and having positive relationships with members of our family is positively related to psychological well-being. Symister & Friend (2003) have found that those people who receive support from other members of their family tend to have increased self-esteem and this is a valuable psychological asset that further serves to increase positivity, positive affect and improved mental health. Family members may also serve as agents of social control, providing information and motivation for all to behave in appropriate ways and also to take advantage of existing health care facilities even more (Cohen, 2004; Reczek et al., 2014).

Selye (1956, 1976), has used stress as a way of describing the various problems and hurdles experienced by people as they attempt to cope with and adjust to the constantly changing conditions of their lives. Apart from individual and situational issues that may influence how one copes with stressful situations, there seem to be evidence of age having an association with various styles of coping (Diehl, et al., 1996). In a study conducted by Whitty (2003) where she looked into the different types of defence mechanisms and coping strategies used by people in various stages of life, results showed that in comparison to young old adults, the elderly were found to employ defence mechanisms in a more mature way. Folkman and Lazarus (1980) in their study comprising middle aged people noticed that there seems to be a change in the very sources of stress as people grow older. The differences in styles of coping seem to be connected to the changes in the stress source for the elderly. Thoits (1995) in her review of various studies found that they enabled a conclusion where assuming equal measures of stress experienced, people who are unmarried, the old and women as well as those in lower socioeconomic groups have been found to show higher levels of depression or psychological despair as compared to those in higher socioeconomic groups.

Based on these existing literature, the main objective of the research was to investigate the influences of Social Support, Social participation, Family Cohesion and Stress on the Well-being of elderly Mizos. Among the Mizos, the presence of

strong social support inbuilt in the community traditions and social networks like the MUP (Mizoram Senior Citizens Association), MHIP (affiliated to the All India Women's Conference, AIWC) and their levels of participation in it are expected to play a role in buffering the effects of stress. In Mizo society, women assume most domestic and family responsibilities; men are freer to take part in social responsibilities / obligations (Mary Vanlalthanpuii, 2021; Lalhmingpuii & Namchoom, 2014). This is further expected to be evidenced in gender differences in the various constructs measured.

The research gaps that this study aims to address are the previously unexplored question of differences within elderly Mizos in terms of age groups like the young-old and old-old, and the paucity of research among the elderly Mizos centering not just on their well-being, but on the interplay of factors such as Social participation, Stress and Family relationships with well-being.

In order to meet the objectives of the study, a representative sample of elderly Mizos classified into two age groups (Feldman & Babu, 2017) of young-old (65-74 years) and old-old (75-84 years) were obtained in equal proportion of male and female gender, using a multi-stage random sampling procedure. For statistical analysis, the Pearson's *r*, linear regression model using hierarchical regression analysis and moderation analysis using *PROCESS* v3.4 (Hayes, 2018) to fully investigate the various objectives of the study.

Scores for all respondents on the items of all behavioural measures considered in the study, namely, The Adult Mental Health Continuum - Short Form (Emotional Well-being, Social Well-being, Psychological Well-being and Overall Well-being), Satisfaction with Life Scales, Levels of Group Participation, Family Environment Scale (Family Cohesion), Perceived Stress Scale and Multidimensional Scale of Perceived Social Support were prepared in *SPSS* 22 (Statistical Package for Social Sciences Version 22).The Satisfaction with Life Scale was used in order to validate the Well-being scores, and has been found to suitably do so. Psychometric adequacy of the data collected was checked for the total sample through (i) item-total coefficients of correlation (ii) inter-scale relationships, and (i) reliability coefficients

(Cronbach's Alpha) over all the levels of analyses. Descriptive statistics such as Mean, SD, Skewness, Kurtosis and Standard Errors were also included in order to ensure comparison of scores between various sub-groups within the study and to check data distributions for still further statistical analyses (Miles& Shevlin, 2004).

The effects of age and gender on Well-being (Emotional, Social, Psychological and Overall Well-being), Levels of Group Participation, Family relations (Cohesion), Perceived Stress and Social support were examined using Two-Way ANOVA (2 age x 2 genders). It was ensured that there were no violations of assumptions of the requirements for parametric testing; Skewness, Kurtosis and Homogeneity of variances of scores were also checked. Where there were violations of assumptions, the non-parametric Mann-Whitney *U* Test was utilised.

The results of investigation into the **first objective**, to highlight **gender differences** in Well-being, Social support, Social participation, Family Cohesion and Stress revealed significant 'gender' effects on Emotional Well-being, Levels of Group Participation and Social Support. However, no significant effects were seen for Social, Psychological and Over-all Well-being, Family Cohesion and Stress.

Results of Two -Way ANOVA (2 age x 2 gender) indicated **significant 'gender' effect on Emotional Well-being**. Comparison of means indicated that elderly female Mizos seem to experience greater emotional satisfaction than elderly male Mizos. The first hypothesis, there will be gender differences in well-being was proved. Fujita et al. (1991) report their observations that women in their study were found to not only be as happy as men, but found to display more intensity in their happiness than men. It was also surmised that another associated finding of negative affect among women in the same study was counterbalanced by the intensity of their positive emotions.

Results of Two-Way ANOVA (2 age x 2 genders) indicated **significant 'gender' effect on Levels of Group Participation.** However, since Levene's statistic was found to be significant, the Mann Whitney *U* Test had to be used. Results of the Mann Whitney *U* Test confirmed the gender effect on Levels of Group Participation, with mean rank comparisons showing that elderly male Mizos are

significantly higher than elderly female Mizo. This indicates that men participate much more than women in various social activities. The first hypothesis, there will be gender differences in social participation was proved. In contradiction of the stated results, Naud et al. (2019) found no practical differences between the social participation of men and women. Goto et al. (2022) found that among the Japanese, it was more probable for women to show decreased participation in social activities when compared to men. They also found that during the Covid-19 pandemic there were decreases in social participation among the elderly, with the decrease being especially more so for women. Stark gender differences in satisfaction with life and social participation have been seen by Humpert (2014) where activities related to sports, well-being and parental pursuits affect only female life satisfaction, male satisfaction was found to be more affected by traditional hobbies.

People with strong social networks are found to report higher levels of emotional well-being in their daily living as well as in times of stress (Cohen & Wills, 1985), but in contradiction to this finding, results in our study indicate a difference among the elderly Mizos where elderly females despite having lower levels of social participation have still been found to be higher in emotional well-being when compared to men. In the patriarchal Mizo society, the family is controlled completely by the male head, despite major strides in women empowerment where women now occupy 90% of market shops but only 5% of them actually own their own shops (Jangu, 2019). Chakraborty (2008) also talks of discrimination at various levels standing in the way of women taking an active role in politics despite the state of Mizoram having 87% female literacy. Thus it may be that despite stark inequalities evidenced through studies, elderly women appear to be satisfied with the status quo as they have seen and known it, thus resulting in high emotional satisfaction despite low social participation in line with the findings of Matud et al. (2019) where they had concluded that conformity to traditional gender roles is pertinent to psychological well-being;

Results of Two – Way ANOVA (2 age x 2 genders) indicated **significant 'gender' effect on Perceived Social Support.** Comparison of mean scores indicates that elderly female Mizos scored significantly higher than elderly

male Mizos. This shows that elderly female Mizos seem to be more perceptive of social support available in their environment than elderly male Mizos. The first hypothesis, there will be gender differences in Social support was proved. Gender differences in social networks and social support have been seen all along the aging process, with social connectivity in particular showing most dramatic differences along gender lines. Generally, women seem to have bigger and more diverse social networks than men with more acquaintances and more social support. Men on the other hand show a tendency to maintain intimate relationships with very few people; women name more people that they care about than men, and also more number of people as being important to them than men (Shye et al., 1995; Paskulin & Vianna, 2007; Vaux, 1985; Antonucci & Akiyama, 1987).

The results of investigation into the **second objective**, to highlight **age differences** in Well-being, Social support, Social participation, Family relation and Stress revealed significant 'age' effect on Emotional well-being, Social well-being, Overall well-being and Levels of Group Participation.

Significant 'age' effect on Emotional Well-being shows that elderly Mizos belonging to the Old-old category show significantly higher scores than those in the Young-old category, indicating that old-old adults have a higher sense of Emotional Well-being than their younger counterparts. Charles & Carstensen (2010) have written of findings with regard to emotional well-being in people above sixty to be slightly inconsistent. While one found increases in negative affect (Diener & Suh, 1997), another found continued decreases (Kunzman et al., 2000). But the increase of negative affect in people past sixty years of age does not reach the levels reported by younger adults (Diener & Suh, 1997). Yet another study by Kobau et al. (2004) found tiny decreases in negative affect when people aged 65 or older were studied over a period of twenty-three years.

Significant 'age' effect on Social Well-being show that young-old score higher than the old-old indicating that young-old adults have a higher sense of Social Well-being than their elderly counterparts. Similarly, significant 'age' effects have also been seen for Overall Well-being where, as in the previous one (Social Well-

being) young-old elderly Mizos have scored higher than the old-old indicating that young-old Mizos have a higher Overall sense of Well-being when compared to old-old Mizos. The elderly have been found to report having smaller social networks, but this was still associated with better well-being. Further, well-being seems to be more closely tied to social satisfaction than other relevant factors such as number of close friends, further implying that it is the very perception of quality in a relationship than the perception of quantity that is relevant for enabling well-being (Bruine de Bruin et al., 2020). As they age, the elderly go on to have lower levels of ambition and lower expectations (Campbell et al., 1976) further adjusting personal needs as required with regard to current abilities and resources (Brandtstadter & Renner, 1990). These are consistent with the findings of George et al. (1985) of age as a moderator of the effects of income, health and marital status, leading to increasing levels of life satisfaction among the elderly in spite of decreases in objective conditions.

Significant 'age' effects for Levels of Group Participation were where the young-old are significantly higher than the old-old in Levels of Group Participation. This means that young-old Mizos show a greater level of participation in social activities than old-old Mizos. The fact that young-old elderly Mizos were found to be higher than old-old elderly Mizos in Social and Overall Well-being seems to indicate having been provided more avenues for interaction and creating new relationships in various social activities, fostered by their higher levels of participation. Social participation among the elderly has been found to be associated with increases in well-being, quality of life, functional skills and to survival as a whole (Dahan-Oliel et al. 2008).

Analysis of the second objective which was - significant relationships are expected between well-being and social support, social participation, family relations and stress among young-old and old-old elderly Mizos, was undertaken using Pearson's coefficient of correlations to determine bivariate correlations between the variables for all four groups, i.e., young-old (male and female) and old-old (male and female) elderly Mizos.

Significant positive correlations were seen for well-being among the subscales as well as between the subscales and the overall scale. Emotional Well-being has significant positive correlations with only Levels of Participation and Family Cohesion and a negative significant correlation with Perceived stress for old-old elderly Mizo men; for young-old elderly Mizo men, it has only one significant correlation, a negative one with Perceived stress. The fact that Emotional Well-being has only one common significant correlation for elderly Mizo men of both age groups considered, and the fact that that one common variable it is significant with is Levels of Group participation comes as no surprise since previous results had also shown that elderly Mizo men are higher in Levels of Group participation when compared to elderly Mizo women.

Social Well-being has been found to significantly associated with Perceived social support for all groups. Family Cohesion has also been seen to be significantly associated with Perceived social support for all groups except young-old elderly Mizo women. Social Well-being has also been seen to be significantly associated with Family Cohesion for both groups of elderly Mizo women. Psychological Well-being has also been found to be significantly positively correlated with Family Cohesion for both young-old and old-old elderly Mizo women and only old-old elderly Mizo men indicating that when Psychological Well-being increases, Family Cohesion also increases.

Umberson et al. (1996) have stated that although participation in various social activities helps in social integration, the majority of research in this area is conclusive of the absolute key role of marriage as a major source of social support. They have gone on to state that the support provided by and found in one's spouses as well as the contentment and gratification obtained from being in committed relationships result in the immense emotional benefits. As both children and parents age, the connection between the two tends to remain very close, and it is commonly a commonly accepted fact that the quality of such inter-generational relationships is pivotal to the well-being of both generations (Merz et al., 2009; Polenick et al., 2016).The majority of research implies that most adult children experience emotional closeness with their parents and there is a healthy interchange of encouragement,

intimacy and closeness where both sides actively confide in each other (Swartz, 2009).

The third objective was to study the predictability of Well-being from Social support, Social participation and Family Cohesion for all four groups i.e., young-old (male and female) and old-old (male and female) elderly Mizos. The assumptions for multiple regression were suitably addressed and then utilized. Social support significantly predicted Emotional Well-being for both young-old and old-old elderly Mizo women; it predicted Social Well-being for all four groups; it predicted Psychological Well-being for young-old elderly Mizo women as well as both old-old elderly Mizo men and women. Lastly, it predicted Overall Well-being for all four groups again - young-old and old-old elderly male and female Mizos. Sadoughi & Hesampour (2020) in their study of the contribution of social support towards the well-being of the elderly found that there is a significant relationship between the two factors with family members playing the most supportive role towards enhancing psychological well-being while the role of friends is a little less; but both family members and friends were found to contribute to the emotional well-being of the elderly. For women, their identities seem to be more strongly tied to the social networks and the social participation in social activities, whereas for men, their identities seem to be more strongly tied to their profession (Golombok & Fivush 1994; Whitbourne & Powers 1994).

Levels of Group Participation significantly predicted Emotional Well-being for young-old elderly Mizo women and old-old elderly Mizo men and women: it predicted Social Well-being for old-old male and female elderly Mizos; it predicted Psychological Well-being for young-old elderly Mizo men and women as well as for old-old elderly Mizo women. Lastly, it predicted Overall Well-being for old-old elderly Mizo men and women as well as young-old elderly Mizo women. Researchers in the United Kingdom using the English Longitudinal Study of Ageing (ELSA) studied the English population aged 50 and older, collecting data relating to various issues including health, social participation, networks and well-being. The data was collected between 2004-2005 and 2010-2011. Results indicated that increases in social network size, diversity, and frequency of contact led to increases

in the life satisfaction and quality of life of the elderly. Results further indicated that life satisfaction was highest among those who had larger social networks and higher frequencies of contact in the networks. The diversity of the social network did not seem to be as important as the factors of size and frequency of contact (Scrutton & Creighton, 2015).

Family Cohesion significantly predicted Emotional Well-being for young-old elderly Mizo women and old-old elderly Mizo men; it significantly predicted Psychological Well-being for both young-old and old-old elderly Mizo women. Family Cohesion further significantly predicted Social and Overall Well-being for young-old elderly females. Studies show that receiving support from family members has been seen to enhance well-being amongst the more elderly members (Cheng & Chan, 2006; Levitt, Guacci, & Weber, 1992); the support that the elderly find within their family appear to be of extreme importance for their well-being (Attias-Donfut, 2001; Grundy & Henretta, 2006), other evidence also implies that support from family members is a powerful factor for the well-being of older members (Cheng & Chan, 2006; Levitt et al., 1992; Tesch-Ro¨mer et al., 2002). Findings may be taken as an indication of the degree of importance accorded to social norms and collective community needs/demands by the elderly Mizos, especially the male elderly Mizos.

The fourth objective was to study the moderating role of Social support and Social participation in the relationship between Stress and Well-being. Moderation analyses of Social Support in the relationship between Perceived Stress and Well-being conducted in all units of analyses, i.e., young-old males and females and old-old males and females showed no significant moderation results for any of the units. Thus, the hypothesis, Social support will moderate the relationship between stress and Well-being has not been proven. Surprisingly despite demographic data showing active participation of each and every respondent in at least one social activity, Social support has not been found to moderate relationship between stress and well-being for all age groups. This may be explained in the Mizo moral code, *Tlawmngaihna* which embodies a sense of humility. For the Mizos, the community at large is most important, and all its members in their own ways work for its collective benefit (Pillai, 1999). For the elderly Mizos, the nuances of *Tlawmngaihna* such as

being independent and refusing help from others, to put aside one's own desires to help/please another (Pillai, 1999) are strongly embedded in their way of life; as such, despite actively participating in various social activities, in so far as is possible they will strive to portray themselves as not needing help or support from others. This may be a possible reason why Social support has not been found to be a mediator in the relationship between stress and well-being among elderly Mizos.

Moderation analyses of Levels of Group Participation in the relationship between Stress and Well-being conducted in all units of analyses, i.e., young-old males and females and old-old males and females was found to be significant only for one unit - **young-old Mizo women** (*b*= .0487, 95% CI [.0062, .0912], *t* = 2.2721, *p* = .0253). Simple slope analysis and results of conditional effects showed that, at moderate and low levels of Group Participation, the relationship between Stress and Emotional Well-being was significantly negative. This seems to imply that for young-old elderly Mizo women who did not participate too much in social activities, the lesser their levels of stress, the higher their levels of Emotional Well-being.

The highest reported rate of membership in community-based organisations for the old-old elderly Mizos (n=204) was the MUP (Mizoram Senior Citizens Association). Demographic variables show that 174 old-old elderly Mizos reported membership in the MUP against 169 young-old elderly Mizos. Results of the study showing that young-old elderly Mizos have higher levels of participation in group activities than old-old elderly Mizos is significant in light of simultaneous findings that for the old-old, levels of group participation significantly predict Emotional Well-being, Social Well-being, Psychological Well-being and Overall Well-being unlike the young-old.

The old-old are not as mobile or healthy as the young-old group; in many studies they have been found to have even lesser material and financial resources than before. But despite all this, for the current sample, even at lower levels of group participation, whatever participation they do have in social activities seem to have been more than enough to make a difference in their lives and subsequent levels of well-being.

Members of the MUP are actively involved in identifying and helping members with problems with related to health, finances etc. On identification of such needy members, the organization usually helps in cash or in kind as suits the needs of the particular situation. Avenues for social participation and formation of social networks is encouraged by organizing meetings for the elderly where various recreational programmes are organized including cultural items, games and dancing in which all members can participate. Informational lectures on various issues like elderly health, care of the elderly and sanitation, as well as lectures on how to look after one's family are often given by qualified doctors and other professionals (Thanseia, 2007). The results of this study are validation of the many psychological benefits derived by elderly Mizos as a result of active participation in the MUP.

The research findings have practical implications in different spheres of human functioning. Demographic data shows only 8% were widowers compared to 52.9% of widows – but results still show that despite higher levels of participation in social activities among elderly Mizo men, elderly Mizo women are still higher in Emotional satisfaction and perceived social support. The fact that the elderly Mizo women seem to socialize less, have fewer contacts with social networks and lower levels of participation in social activities but are still higher in Emotional Well-being and Perceived Social support than the elderly Mizo men who display high levels of participation implies that stereotypical gender-roles and associated behaviours need to be re-assessed and changed. Suicide records (Government of Mizoram, CID, 2021) indicate that of the 22 completed suicides among the ages 65 plus in the last ten years, only four of them are women. The continued patriarchal view of the macho Mizo man needs to be changed to one where men are encouraged to own their feelings, whether they be of inadequacy or weakness.

Results showing that young-old are higher than old-old in Social Well-being and Overall Well-being, despite the old-old being higher in Emotional Well-being may be seen to imply that various community-based organisations we are so proud of as Mizos and in-built social support that we often talk about may not be as real or strong as we thought. Keeping in mind the psychological, social and financial costs of decreased well-being among the elderly, this is an area of concern for both

individual families and the government. Levels of group participation have also been found to be a significant predictor of Well-being (Emotional, Social and Overall Well-being) more often among the among the old-old than the young-old. This may be seen as indicator of the need to cater extensively and specifically to the needs of the old-old elderly Mizo population, the one that will definitely prove harder to reach and to serve.

Results showing the significance of perception of Social support in enabling Well-being among both the young-old and the old-old serves to further enhance the importance of intimate/significant partners/members/friends in our lives. Especially more so in a society like ours where the joint family still seems to be the norm (higher percentages of joint family as compared to nuclear family among respondents). In a collectivistic society like the Mizos based on a moral code like *Tlawmngaihna,* very often family members and family needs have to take a back seat to the collective community need. Research findings may be considered as highlighting the need to pay more attention to our own families.

Family Cohesion significantly predicted Emotional, Social, Psychological and Overall Well-being mainly for elderly Mizo women and hardly at all for elderly Mizo men. Bernard (1982, as cited in Mastekasa, 1994) states the hypothesis that men reap more psychological well-being benefits from marriage than do women; but this hypothesis was not proved true as Mastekasa herself found that the relationship between marriage and psychological well-being are more for men than women only to a very small degree when taken in average. As such it seems to be in agreement with results of the current study which indicates derivation of well-being of all types from Family Cohesion for elderly Mizo women but not men.

Limitations evident in the study were that responses had to be collected through Google forms due to the pandemic; therefore, for many of the women respondents as well as many in the old-old group, their responses were recorded for them by family member. As such, there is the distinct possibility that they may not have answered as truthfully as they would have if it was a one-on-one interaction with non-family members. The sample comprised of only elderly Mizos living within

Aizawl, the capital of Mizoram only; since it did not include responses from the vast number of elderly Mizos living in the rural areas, our findings may not generalize to elderly Mizo populations in the rural areas.

To conclude, findings in the study showing that the old-old elderly Mizos are higher in Emotional, Social and Overall Well-being than their younger counterparts despite participating in lesser group activities have served as validation of the value of the few avenues of social participation that they do have, like the MUP. At the same time, the finding that only low and moderate levels of participation in group activities enables increases in Emotional Well-being with simultaneous decreases in Perceived stress for young-old women may also be seen as adding fuel to the fire of arguments at various levels – individual, intimate friend circles to social media and church meetings – of the need to reduce events and programmes within the church. Gender differences in levels of participation in various social activities and well-being reaffirm the need for Mizo society to relook into its patriarchal view of the invincible male to one where the male is seen as being equally sensitive as the woman. Future studies in these areas will help in enabling still better understanding of the factors that contribute to the well-being of the elderly Mizos.