

SPOUSAL WELL-BEING AMONG OLDER ADULTS IN INDIA: A DYADIC PERSPECTIVE

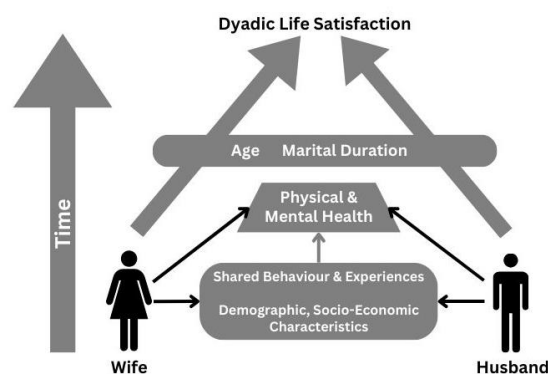
Introduction: Individuals in close relationships, such as married couples, share similar levels of overall well-being, life satisfaction, physical health, and mental health over time (J. Walker et al., 2017; Meyler et al., 2007). Similarity in the health and wellbeing status between partners can be assessed through either the extent of concordance between spouses or the influence of one spouse's characteristics on other spouse's characteristics (Meyler et al., 2007). Although spousal concordance in health behaviours is well-documented, the extent to which spouses share health beliefs and how these beliefs predict each other's health has received less attention in research.

Life satisfaction represents the cognitive component of subjective well-being and reflects a general cognitive evaluation regarding one's life across different domains (e.g., social, health, work) (Diener et al., 2012). This measure differs from other indicators of subjective well-being, like positive and negative affect, and primarily assesses emotional experiences. Most researchers study life satisfaction as an outcome (Diener et al., 2012), some also suggest it be a predictor of diverse outcomes, including relationship stability (Luhmann et al., 2012), better job performance (Erdogan et al., 2012), better physical and mental health and longevity. Though the direction of relationship is blur.

The present paper aims to study the life satisfaction from dyadic perspective. It investigates the effect of individual's health on partner's functioning/health and the extent of concordance between partners. Importantly, concordance can represent both a vulnerability and a strength within a relationship, as couples often experience similar declines and improvements in well-being during different phases of life (Pauly et al., 2023). Therefore, this study tries to determine the spousal concordance of life satisfaction in India and the factors affecting it.

We adopted framework on convergence in partners' health proposed by Kiecolt-Glaser and Wilson's (2017) and modified it as per study's context. The framework outlines potential paths for the convergence in life satisfaction over time, despite the fact that demographic, socio-economic characteristics and shared behaviour experiences impact the physical and mental health of individuals to a great extent. The degree of convergence between partners can be altered by their age and marital duration.

Figure 1: Convergence in Life Satisfaction



To our knowledge, spousal concordance of well-being has not been studied yet in Indian context, though recently, few studies on spousal resemblances of diseases have started emerging from Asian populations such as Japan, Korea, China and India. (Ko et al., 2023; Nayak et al., 2023).

Data and Method: The present study uses data from the Longitudinal Ageing Study in India (LASI), Wave-1, 2018. The LASI wave-1 is a cross-sectional national representative survey of older adults aged 45 and above and their spouses who reside in the same household, irrespective of age with a sample size of 73,396 older adults across all states and union territories of India. LASI collects data on ageing, health, economic status and social behaviour which are important factors for the policy formation for disease burden and population ageing.

LASI does not provide a couple dataset of its own but it provides information about the spouse ID (line number) if the spouse resides in the same household. We used this information to create couple dataset. We excluded individual with current not-married status, with more than one spouse, whose spouses were not living in the same household and whose spouses were not interviewed in the survey. Also, after excluding the sample containing incomplete information, the final sample size for analysis was 22,451 couples.

To measure the life satisfaction, we used five statements assessed on a seven-point scale to examine life satisfaction. The statements were: a) In most ways, my life is close to ideal; b) the conditions of my life are excellent; c) I am satisfied with my life; d) so far, I have got the important things I want in life; and e) if I could live my life again, I would change almost nothing. The individual life satisfaction score ranged between 5 and 35. The couple's life satisfaction score was calculated by combining the scores of both spouses, which ranged from 10 to 70. The couples having scored within top 20% were deemed high life satisfaction while others had low satisfaction.

The independent variables considered in the analysis were spirituality (low, medium, high), depression (CES-D) (yes, no), self-reported health (poor, moderate, good), satisfaction with living arrangements (dissatisfied, neither satisfied nor dissatisfied, satisfied), morbidity (yes, no), age group (<50 years, 50-59 years, 60-69 years, 70+ years), age gap between spouse (<2 years, 3-5 years, 6-8 years, 9+ years), education (no education, less than 5 years of education, 5-9 years, 10 or more years of education), working status (never worked, ever worked, currently working), duration of marriage, number of children (including foster children), household size, place of residence (rural, urban), caste (SC/ST, OBC, others), monthly per-capita expenditure (MPCE) (poorest, poorest, middle, rich, richest). Using these individual characteristics, couple's background characteristics were computed. Univariate and descriptive statistics were performed. ANOVA was used to test the significance of the difference in the mean average life satisfaction. The relationship of life satisfaction with couple background characteristics (health, demographic and household characteristics) was examined using the binary logistic regression. All analysis were performed using Stata 17.0.

Result: The mean life satisfaction scores improved with higher level of spirituality (22.5 vs 27.1), absence of depression (21.2 vs 25.0), better self-reported health (22.3 vs 24.9), improved satisfaction with living arrangement (16.4 vs 25.0), and higher education (23.2 vs 25.9) among wives, same pattern was observed among husbands and couples. Couples where both husband and wife had low spirituality, the mean score was 44.8, whereas where both had high spirituality, the score was 54.9; among couples where both did not have similar spirituality level, their life satisfaction score was 49. Mean score in concordant categories of self-reported health varies from 43 to 50, whereas in the non-similar category, it was 47. Results from logistic regression suggest that the couple with higher spirituality had 2.9 times better life satisfaction. While in couple where both were having depression, the odds were 0.5 than 0.6 where only one spouse had depression. Couples with good self-reported health had two times higher chances to be in better life

satisfaction than where both reported poor health. The couples with high satisfied with their living arrangement had 7.5 times greater likelihood to have better life satisfaction than not satisfied. Duration of marriage and household size had a significant but small effect on life satisfaction. Morbidity, age of wife, and age gap between couples were not associated with high life satisfaction.

Conclusion: Greater life satisfaction means reduced stress and better mental health outcomes. Additionally spousal concordance has implications for both spouses and individual functioning. Concordant health challenges also facilitate collaborative coping in couples, whereas discordant chronic conditions have been linked with adverse psychological well-being and lower health-related perceptions of control. Our study found strong correlation between the husband-and-wife life satisfaction, it also established that more than two-third couples show concordance in spirituality, depression, and morbidity levels. This study underscores how spousal concordance is essential for having better well-being in Indian couples and highlights the relevance of considering shared health and emotional experiences in understanding successful aging.

Table: Mean Life Satisfaction score by characteristics and its association with high life satisfaction , LASI Wave 1

Background Characteristics	FEMALE		MALE			COUPLE				
	MEAN	SD	MEAN	SD		MEAN	SD	ANOVA F	AOR	C.I.
Spirituality										
Low Spiritual	22.5	7.4	22.6	7.3	Both Low	44.7	13.8	***	Ref.	
Medium Spiritual	24.4	6.6	24.2	6.6	Both Medium	48.4	11.7		0.90*	[0.81 1.00]
Highly Spiritual	27.2	7.5	27.3	7.4	Both High	54.8	14.1		2.85***	[2.56 3.17]
					Male more spritual	49.8	12.7		1.4***	[1.25 1.58]
					Female more spritual	48.5	12.7		1.33***	[1.17 1.50]
Depression										
No Depression	25.0	7.0	25.1	7.0	No Depression	50.8	12.6	***	Ref.	
Have Depression	21.2	7.5	21.0	7.4	Both Having Depression	41.5	13.6		0.47***	[0.40 0.55]
					Only Male had Depression	44.3	13.4		0.63***	[0.54 0.72]
					Only Female had Depression	45.0	13.3		0.62***	[0.55 0.71]
Self Reported Health										
Poor	22.3	7.7	21.6	7.9	Both Poor	42.9	14.9	***	Ref.	
Moderate	23.8	7.2	23.9	7.0	Both Moderate	47.5	13.0		1.4***	[1.11 1.77]
Good	24.9	7.1	25.3	7.0	Both Good	50.9	13.0		2.08***	[1.66 2.61]
					Male has better health	48.1	13.3		1.48***	[1.17 1.86]
					Female has better health	46.9	13.5		1.51***	[1.20 1.90]
Satisfaction with Living Arrangement										
Dissatisfied	16.4	7.8	17.1	7.8	Both Not Satisfied	31.5	13.3	***	Ref.	
Medium	20.6	7.7	20.2	7.4	Both Medium	40.5	14.5		2.85**	[1.24 6.58]
Satisfied	25.0	6.8	25.3	6.7	Both Satisfied	50.8	12.2		7.41***	[3.28 16.72]
					Male more satisfied	42.9	13.5		2.98**	[1.30 6.86]
					Female more satisfied	41.9	13.2		2.61**	[1.13 6.01]
Morbidity										
No Morbidity	23.9	7.2	24.3	7.1	Both having No Morbidity	48.1	13.0	**	Ref.	
Morbidity	24.1	7.4	23.9	7.5	Both having morbidity	48.1	13.9		1.08	[0.98 1.20]

					Only Male having Morbidity	48.0	13.6		0.92	[0.82 1.02]
					Only Female having Morbidity	48.4	13.5		1.07	[0.96 1.20]
Age Group										
Less than 50	23.9	7.3	24.4	7.2	Both less than 50	48.4	13.4	**	Ref.	
50-59	23.8	7.3	23.8	7.0	Both 50-59	48.3	12.9		0.94	[0.82 1.08]
60-69	24.3	7.3	24.1	7.5	Both 60-69	49.1	13.7		1.06	[0.90 1.26]
70+	24.6	7.0	24.4	7.4	Both 70+	49.4	12.9		0.90	[0.71 1.14]
					Different Age	47.6	13.5		0.96	[0.85 1.08]
Education										
No Schooling	23.2	7.2	22.6	7.3	Both No education	45.2	13.5	***	Ref.	
Less than 5 Years Completed	24.2	7.5	23.9	7.2	Both less than 5 years	47.1	14.9		1.11	[0.87 1.43]
5-9 Years Completed	24.8	7.1	24.2	7.2	Both 5-9 years	47.9	13.1		1.32***	[1.14 1.53]
10 or more Years Completed	25.9	7.3	25.9	7.0	both 10 or more year	52.0	13.0		1.82***	[1.58 2.11]
					Male more educated than female	49.2	13.1		1.32***	[1.19 1.46]
					Female more educated than male	48.0	13.1		1.35***	[1.15 1.58]
Working Status										
Never Worked	24.1	7.3	22.8	8.8	Both Never Worked	45.4	16.3	***	Ref.	
Ever Worked	24.1	7.4	23.9	7.8	Both Ever Worked	48.4	14.4		1.46***	[1.12 1.89]
Currently Working	23.9	7.3	24.2	7.0	Both Currently Working	48.1	13.0		1.36**	[1.08 1.71]
					Only one ever worked	49.3	13.7		1.13	[0.89 1.44]
					Only one currently working	47.9	13.2		1.18	[0.94 1.48]
Caste										
SC/ST	23.0	7.2	23.4	7.2	SC/ST	46.4	13.2	***	Ref.	
OBC	24.0	7.4	23.9	7.4	OBC	47.9	13.6		1.24***	[1.13 1.36]
GENERAL	25.0	7.1	25.2	7.1	GENERAL	50.2	13.0		1.37***	[1.24 1.51]
Residence										
Rural	NA		NA			47.5	13.2	***	Ref.	
Urban						49.8	13.7		1.21***	[1.12 1.32]
MPCE Quintile										
Poorest	NA		NA			46.7	13.2	***	Ref.	
Poorer						47.7	13.1		0.97	[0.86 1.10]
Middle						48.4	13.2		1.06	[0.93 1.20]
Richer						49.3	13.6		1.12*	[0.99 1.27]
Richest						48.8	13.8		1.17**	[1.02 1.33]
Age Gap										
<2 years	NA		NA			50.0	12.9	***	Ref.	
2-4 years						48.2	13.3		0.93	[0.81 1.06]
5-9 years						48.4	13.3		1.01	[0.88 1.16]
10+ years						46.9	13.9		0.90	[0.77 1.06]

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