



Research Article

Physical, Mental and Social Wellbeing among Inmates Living in Destitute Home

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A B S T R A C T

Introduction: Wellbeing can be defined as an experience of health, happiness, and prosperity with good mental health, high satisfaction, and sense of meaning or purpose but now-a-days it seems declining which adversely affects the physical, mental and social well-being of people leading to poverty, unemployment and destitution.

Objectives: The study aimed to assess the physical, mental and social wellbeing among inmates living in destitute home and seek association between their overall wellbeing with selected demographic variables.

Methods: The quantitative research approach was adopted for the study with a descriptive survey design. It included 80 inmates living in destitute homes aged above 18 years selected through non-probability purposive sampling technique. Face to Face interviews were conducted to collect data using structured rating scales. The data was analyzed using descriptive and inferential statistics.

Result: Majority of the study subjects i.e. 37.5% were in the age group of 40-60 years and 76.25% were male. 93.8% of them had poor physical wellbeing, 71.2% had poor mental wellbeing, and 81.25% had poor social wellbeing. There was significant association of overall wellbeing of inmates living in destitute home with selected demographic variables i.e., marital status, suffering from any illness currently as well as prior to admission to destitute home, family monthly income (prior to admission to destitute home) and current source of income at 0.05 level of significance.

Conclusion: The present study shows that there is a poor state of physical, mental, and social wellbeing among inmates living in destitute home. The study also concludes that there is significant association of overall wellbeing of destitute with their marital status, current source of income, their illness and monthly family income.

Keywords: Well-being, Physical and Mental wellbeing, Social and Overall Wellbeing, Assessment and Destitute Home



Introduction

Demographic change is a worldly phenomenon. By 2025, the world population aged 60 years and older is expected to approach 1.2 billion in number. According to estimates released by the United Nations Fund for Population Activities, India had 90 million elderly persons in 2011, with the number expected to grow to 173 million by 2026 and by the year 2050, India will be home to one out of every six of the world's older persons.¹

Wellbeing can be defined as an experience of health, happiness, and prosperity with good mental health, high satisfaction, and sense of meaning or purpose.¹ Now-a-days there is a decline in general state of wellbeing among people, which affects the physical mental and social well-being of any individual. Elderly, being the vulnerable section of the society, suffer more with declining physical, mental and social well-being. There are various causes for this deterioration namely; lack of family support, lack of social security system and age-related health issues, etc. due to which in developing countries like India more people devoid of basic amenities are found on the streets, shelter homes and old age homes.²

Destitution is described as lacking the means to meet the basic needs of shelter, warmth, food, water, and health. In India destitution has become a serious offshoot of family problems. This phenomenon shows up not only in the economically backward families but in the well-off ones as well.³

India is home to 343.5 million destitute i.e. 28.5% of the population. And overall, in South Asia, over 420 million people are destitute furthermore, in India; fully 53% of poor people are destitute as per the Multidimensional poverty index.⁴

Material and Methods

The research approach selected in this study was quantitative research approach with descriptive survey research design. The sampling technique adopted in this study was non-probability purposive sampling technique for the selection of 80 inmates living in destitute home. Inclusion criteria were; inmates of both the sexes, above 18 years, available and willing to participate in the study at the time of data collection. Inmates; not having intact memory, not able to communicate and physically and mentally handicapped (deaf, dumb and blind); were not included in the study. Tools used for data collection were structured rating scales for assessing the physical and social wellbeing and Warwick Edinburgh Mental Wellbeing Scale for assessing the mental wellbeing of inmates.

The reliability of these structured rating scales was computed using "Cronbach Alpha" and found to be 0.80 for physical

wellbeing rating scale, 0.71 for social wellbeing rating scale and for Warwick Edinburgh Mental Wellbeing scale was 0.91. The data collection was done during September, October, 2019.

It took 15-20 minutes to collect the data by face to face interview on each sample. The ethical clearance for the study was taken from the Institutional Ethics Committee of the concerned institute and written informed consent was also taken from each subject. The data was organized and tabulated in Microsoft excel sheet and analyzed by using descriptive and inferential statistics. For seeking association between wellbeing and demographic variables, scores of physical, mental and social wellbeing as measured by respective scales were summed up and three categories were formed; 'Good', 'Moderate' and 'Poor'. Range of overall score was 48 to 240. Score for Poor category was 48- 108, for Moderate it was 109-176 and for Good it was 177-240.

Result

Background Profile of the Subjects

Table I. Frequency percentage distribution of background profile of the inmates living in destitute home

(n=80)

S. No.	Sample characteristics	Frequency	Percentage %
1.	Age (in years)		
	18-30	08	10
	31-45	18	22.5
	46-60	30	37.5
	61-75	15	18.75
	above 75	09	11.25
2.	Gender		
	Male	61	76.25
	Female	19	23.75
3.	Religion		
	Hindu	46	57.5
	Muslim	25	31.25
	Sikh	2	2.5
	Christian	5	6.25
	Any other	2	2.5
4.	Marital status		
	Married	28	35
	Unmarried	21	26.25
	Separated/ divorced	18	22.5
	Widow/ widower	13	16.25

5.	Educational status		
	Illiterate	29	36.25
	Primary education	35	43.75
	Secondary education	12	15
	Senior secondary education	2	2.5
	Graduate or above	2	2.5
6.	Current source of income		
	Family	42	52.5
	Pension	14	17.5
	Saving	13	16.25
	Nil	11	13.75
7.	Currently suffering from any illness		
	Yes	51	63.75
	No	29	36.25
	Duration of staying in destitute home		
	0-2 years	57	71.25
	3-6 years	17	21.25
8.	7-10 years	6	7.5
	Past history of substance abuse (prior to admission in destitute home)		
	Cigarette smoking	32	40
	Alcohol consumption	10	12.5
9.	none	38	47.5
10.	Family monthly income (in rupees) (prior to admission in destitute home)		
	Up to 10,000	56	70
	11,000-15,000	10	12.5
	16,000-20,000	14	17.5
11.	Suffered from any illness (prior to admission in destitute home)		
	yes	52	65
	no	28	35

Out of total subjects, 30% were more than 60 years of age, 76.25 were male, 57.5 % followed Hinduism, 20% studied up to secondary school or more, 13.75% had no current income, 63.75 % were suffering from some sort of illness, and 7.5% had been staying for more than 7 years in the destitute home. Prior to admission in destitute home, 62.5% had been consuming either alcohol or cigarette or both.

Physical, Mental and Social Wellbeing of the Subjects

It is evident from figure1 that 93.8% subjects had poor physical wellbeing, 71.2% had poor mental wellbeing and

81.25% had poor social wellbeing. No subject had good physical, mental or social wellbeing.

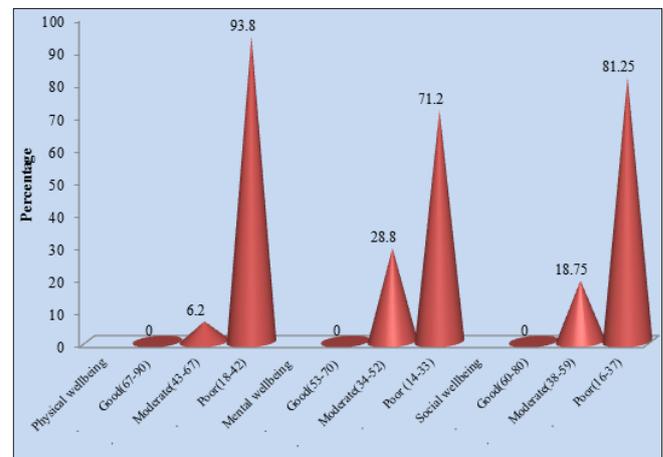


Figure 1. Cone diagram depicting percentage distribution of physical, mental and social wellbeing of the inmates living in destitute home

Association of Overall Wellbeing of the Subjects with Selected Demographic Variables

Table 2 depicts that there was no significant association of overall wellbeing with selected demographic variables namely, age, gender, religion, educational status, duration of stay in destitute home and past history of substance abuse (prior to admission to destitute home) though there was significant association of overall wellbeing of inmates living in destitute home with selected demographic variables i.e., marital status, suffering from any illness currently as well as prior to admission to destitute home, family monthly income (prior to admission to destitute home) and current source of income at "0.05 level of significance.

Discussion

In the present study the researcher assessed the physical, mental and social wellbeing of inmates living in destitute home.

A similar study conducted by Kae I et al.⁵ aimed to determine the frequency of low mental well-being and associated factors among homeless people in Japan. Study revealed that the frequency of low mental well-being among the participants was 57.1% and reasons were lack of perceived emotional social support, dwelling without roof, and pain were significantly associated with low mental well-being in that population. The results of the current study also show the high frequency of the low mental wellbeing of inmates living in destitute home i.e. 71.2%. Overall wellbeing is found to be significantly associated with marital status, current source of income, illness and current source of income and monthly family income. These factors are although in partial agreement with the study by Kae I et al.⁵

Table 2. Fisher Exact test to seek association between overall wellbeing of inmates living in destitute home with selected demographic variables

Demographic variable	Overall wellbeing		Fisher exact value	d.f	Value of P
	Moderate	Poor			
n=80					
Age (in Years)					
18-30	1	7	5.09	4	0.2782
31-45	0	18			
46-60	4	26			
61-75	3	12			
Above 75	0	9			
Gender					
Male	8	53	1.5	1	0.2207
Female	0	19			
Religion					
Hindu	2	44	2.29	4	0.6826
Muslim	3	22			
Sikh	0	2			
Christian	0	5			
Any other	0	2			
Marital status					
Married	6	22	7.51*	3	0.0573*
Unmarried	2	19			
Separate/ divorced	0	18			
Widow/ widower	0	13			
Educational status					
Illiterate	4	25	4.99	4	0.2883
Primary education	2	33			
Secondary education	1	11			
Senior secondary education	1	1			
Graduate and above	0	2			
Duration of stay in destitute home					
0-3 years	7	50	2.25	2	0.3247
4-6 years	0	16			
7-10 years	1	6			
Current source of income					
Family	3	39	8.27*	3	0.0407*
Pension	4	10			
Saving	2	9			
Nil	5	8			
Currently suffering from any illness					
Yes	8	47	12.11*	1	0.0252*
No	10	15			

Suffered to any illness (prior to admission to destitute home)					
Yes	10	45			
No	15	10	5.01*	1	0.005*
Past history of substance abuse (prior to admission to destitute home)					
Cigarette smoking	6	26	0.72	2	0.697
Alcohol consumption	3	7			
None	7	31			
Monthly family income in Rupees (prior to admission to destitute home)					
Up to 10,000	8	48	16.02	2	0.0003*
11,000-15,000	7	3			
16,000- 20,000	6	8			

*Significant at 0.05 level.

The findings of the present study are consistent with another baseline cross-sectional study conducted by Inder KJ⁶ in which 2,624 participants were selected aged between 65 and 85 years. Most of the people who were in the age group of 65 showed poor wellbeing which was associated with old age, one or more chronic illness, and a history of depression and stress or anxiety. In the present study also inmates living in destitute home had low social wellbeing i.e., 81.2% and more than 50% inmates had history of substance abuse like cigarette smoking, alcohol and 70% were suffering from illness prior to admission to destitute home.

The findings of this present study are similar with the study conducted by Ramocha LM⁷, in which the Quality of life and physical activity were assessed among older adults living in institutions compared to the community in Soweto, Johannesburg. The result of this study showed that Quality of life in old age home resident (M=68.53 ± 19.55) was significantly lower (p=0.025) than in community resident (M=77.74 ± 16.25) and result of the current study also showed that 93.8% inmates living in destitute home had poor physical wellbeing.

The findings of present study are in line with the study conducted by Nayak RB et al.⁸ The aim of the study was to study the prevalence of psychiatric morbidity among the inmates living in destitute home. In this study psychiatric evaluation was done by qualified practicing psychiatrist. In this study total sample was 50, out of which 42 (84%) were evaluated for psychiatric co-morbidity, and from which most of the inmates were found with psychotic disorder 19 (68%), which were followed by depression in 16 (32%), somatoform disorders in 5 (10%), anxiety disorder in 2 (4%) and most common disorder seen was substance abuse (tobacco consumption) and it's found more in males than female 44%. The present study result showed that 71.2% showed poor and remaining 28.8% moderate mental wellbeing with 40% inmates living in destitute home had history of

substance abuse like cigarette smoking and majority were suffering from illness prior to admission to destitute home.

The findings of this present study are supported with the study conducted by Bag J et al.,⁹ which assessed the subjective well-being status of elderly people in old age homes. The result of this study showed that elderly people were divided into three categories of perceived physical health problem and out of these categories one third of the elderly were in category I, which means they had mild perceived physical health problem, 24% were in categories II which means they had moderated perceived physical health problem, 38% were in categories III which means they had severe perceived physical health problem. In the present study, physical wellbeing was also categorized into 3 categories i.e. good, moderate, and poor. Out of the 80 subjects, 75 (93.8%) had poor physical wellbeing and 5 (6.2%) had moderate physical wellbeing.

Conclusion

The present study showed that there is poor physical, mental, and social wellbeing of inmates living in destitute home and the study also concludes that there was significant association of overall wellbeing of destitute with their marital status, current source of income, currently suffering from any illness, Suffered to any illness (prior to admission to destitute home) and monthly family income. Nurses and other health professionals including social workers need to address the issues of destitute living in destitute homes and the factors resulting in their landing at these institutes. Better social security schemes need to be launched for this vulnerable group.

Conflicts of Interest: None

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