Sociological perspective on the well-being of the elderly Muslim women in Malaysia

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A B S T R A C T

There are a growing number of studies on the aging society in Malaysia. However, many of those employ quantitative approaches, which yield important data but concentrate more on the experts’ standpoint for which researchers’ perspectives possibly outweigh the importance of the subjects’. Therefore, this study was an attempt to analyses the meaning of well-being from the viewpoint of elderly Muslim women. The findings revealed that the elders perceived well-being as having the opportunities to learn and to teach. Apart from that, the ability to perform good deeds and to avoid any wrongdoings as ordered by Allah meant that they had gone through well-being. They also believed that they had achieved well-being for which to some elders experiencing happiness and peacefulness as the means to identify it. Finally, in viewing the meaning of well-being to elders, religion could be the most significant dimension. As the subject of religion could be identified throughout the thesis, it shows how religion becomes the part and parcel of elders’ personal and collective lived experiences. Subsequently, activity theory rooted in symbolic interactionism and gerotranscendence seemed to be more applicable in explaining elders’ interpretations of well-being. In conclusion, the construction of their worldview on well-being would give a better understanding of elders’ future needs in the local socio-cultural environment. Thus, the efforts in policy planning and implementation could be expected to be more attentive to and effective for the Malaysian elders’ benefits.

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1. Introduction

The elders can be found to live in varied living arrangements. Preferably, the elders would like to stay in their own house alone or with those that they are familiar and closed with especially their spouse or children. Glaser (1997) noted the increase in the proportions of elders who live alone in developed nations and Wong and Verbrugge (2009) identified inevitable circumstances for Singaporean elders to live alone and the higher propensity of them experiencing social isolation. In addition, for those elders who live with a spouse/partner, their life is considered better off than any other living arrangements. One of the important criteria that could contribute to the well-being of the elderly is a conducive living arrangement (Glaser, 1997; McCann et al., 2011). At the same time, there are various types of living arrangements and practices, which are common and different between societies based on socio-economic and cultural background of the nations. They are living alone, living with spouse or family, and living in complex household, planned retirement community or institution (Chan, 2005; Glaser, 1997). Thus, the concern for elders’ well-being in their respective living arrangement (Sereny and Gu, 2011) has always been a critical topic of interest in the sociology of aging. It is either for those living in the community (Gee, 2000; Lu et al., 2010) or congregated living arrangement (Bradshaw et al., 2012). In the case of Malaysia as it strives to achieve a status of an industrialized country, apart from economic strategies and plans, efforts have also been directed to promote a caring society centered on resilient familial relationships and to ensure the well-being and quality of life of its people including the elderly (Hamid, 1993; EPU, 2010). However, it is also noted, that there is an increasing in the number of elders who need services offered by congregated

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living around 6000 elders in eleven public and 165 non-governmental organizations and private sector institutions. Hence, this directs to the fact of institutionalization, which is contrary to the belief of caring for your loved ones as promoted by the government.

Furthermore, in examining elders’ congregated living arrangements, there is a variability of types, services and support that have to be considered. Some are seen as formal living arrangement specially meant for elders ranging from public to private funded institutions that offer accommodation to nursing facilities. On the other hand, there is an alternative living arrangement in the form of pondok as traditional educational institutions, which caters for people from different walks of lives including the older generation. Pondok has its own common characteristics apart from its variability. It has been firstly established to serve different functions and is rarely being mentioned as a part of the options for the elders’ living options. This is perhaps related to its distinctive characteristics particularly the admission criterion that is based markedly on ‘free-will’ different from other congregated living arrangements and the independent management of daily lives by the elders themselves (Ismail et al., 2012). Hence, it is viewed as an arrangement alternative to others, existing at present in Malaysia. Pondok is a traditional educational institution, which is uniquely revered and influential among the Malay Muslims in Malaysia for which the system offers an opportunity for a more organized and structured religious education for all including the elderly. All pondoks accept younger generations to live there and only a small number admit older generation. As the number of pondok is increasing to more than one hundred and with new ones are being established in different states in Malaysia, there is also a growing number of elders welcomed there. Despite its unique characteristics, one thing in common between pondok and other formal elderly living arrangements is that both are regarded congregated living. Therefore, questions arise whether living in a pondok can be considered that the elders are no longer cared by their families. Is there anything unusual about pondok that elders ‘voluntarily’ submit themselves to this congregated living and be separated from their own families? Or, are the elders experiencing well-being there?

As the elders’ well-being is of primary concern in studying pondok living arrangement, it is also found that well-being is a multifaceted concept. It has been employed to denote many things with diverse criteria, dimensions and meanings (Halleröd and Seldén, 2013; Kirby et al., 2004). It involves overlapping concepts or constructs of morale, happiness, life satisfaction, subjective well-being, psychological well-being, healthy aging, successful aging and quality of life (George, 2010; Tohit et al., 2012; Kirby et al., 2004). It has also been associated with multiple factors or elements that facilitate elderly individuals in experiencing lower or higher level of well-being that comes with old age (Adams et al., 2011; Halleröd and Seldén, 2013). At the same time, many studies from various disciplines have been carried out mostly quantitatively (Gee, 2000; Lu et al., 2010; Chmiel et al., 2012) and with limited attempts qualitatively (Bradshaw et al., 2012; Ismail et al., 2012) to analyses issues related to well-being of the elderly. Therefore, to investigate pondok elders and their well-being is apt since this alternative living arrangement could give an insight into this least explored topic (Musick et al., 2000; Tohit et al., 2012), which is distinctively Malaysian. On the other hand, the understanding of the social reality of their everyday life will give a nearer representation of the elderly’s account rather than imposing experts’ views on how they experience their social world. A descriptive qualitative phenomenological approach is appropriate to be used as it would be able to yield meanings and interpretation of pondok and well-being experiences as a construction of the elderly’s social reality in spending the later years of their lives.

2. Elders and diverse living arrangements

The elders can be found to live in varied living arrangements. Preferably, the elders would like to stay in their own house alone or with those that they are familiar and closed with especially their spouse or children. Glaser (1997) noted the increase in the proportions of elders who lived alone in developed nations and Wong and Verbrugge (2009) identified inevitable circumstances for Singaporean elders to live alone and the higher propensity of them experiencing social isolation. In addition, for those elders who live with a spouse/partner, their life is considered better off than any other living arrangements. As long as one's spouse is still alive, it greatly delays living with children or others, or especially institutionalization. Nihtilä and Martikainen (2008) and McCann et al. (2011) reported in their studies that living alone increases the probability of institutional admission and living with a spouse/partner decreases or prevents it. On somewhat a similar note, Korean elders were also found to be the most satisfied with their lives and healthier living with their spouse and had the highest self-esteem living with their married son (An et al., 2008). Furthermore, the number of living children and/or unmarried children could also determine co-residence (Durand, 2007; Chan, 2005) which means the bigger the number of children and especially of unmarried children the higher the probability of elderly parents to practice co-residence.

At the same time, concerns over the future demographic trends which inevitably create a shortage in the number of family members who will be able to shoulder the responsibility of caring for the elders have been confirmed by many research conducted on familial living arrangement and care, and its continuing importance (Tan et al., 1999). In the case of Malaysia, it is forecasted that the future changes in the family structure that would
eventually makes it more difficult for family members to provide care for the elderly. Thus, it is undeniable that the government support and funding will increase in the future and many amendments and improvements in public policies will be needed. At a juncture when the family availability is still relatively high, it is an appropriate time to initiate policies targeting to assist family care giving and to ensure elders' well-being. In connection to this, the government has always been aware of the projections and situation of the elderly. They are included in one of the nine strategic challenges to be accommodated in the government’s effort to achieve Malaysia's Vision 2020 of becoming a developed country and a caring society especially through a durable and resilient family structure and shared responsibility with the latter (Hamid, 1993).

As a part of the action plan in the National Policy for the Elderly to strengthen family institution and assist family members to care for their elderly, a kind of support system in their neighborhood and other incentives are continuously initiated. A variety of services, programmes and activities; a collaboration of various government agencies with non-governmental organisations (NGOs), local communities and private sector is carried out with the aim of ensuring a healthy, conducive and secured environment for the elderly to lead a better and more fulfilling and respectful lives in their own community and family (Ong et al., 2009). Day care, respite care, and home help services as well as financial assistance and tax exemption and so on are extended and will be expanded to further easing responsibilities of families that continue providing care for their elderly members. This is also considered a willful and deliberate effort and preparation of the government to find suitable measures for Malaysia to cater for its citizens generally and the elderly particularly.

Although familial living arrangement is the preferred option, the assurance of a better well-being and quality of life, and harmonious intergenerational relationship to be enjoyed by the elderly is not always guaranteed (Jeng, 2000; Wong and Verbrugge, 2009; Asis et al., 1995). For example, lack of privacy, in-law conflict, strain in resources and meeting the dietary requirements, and interference in the disciplining of grandchildren are common. In addition, care giving of elders involves complex relationships and sometimes what is perceived does not necessarily follow with the actual performance (Lam, 2006). At the same time, adult children caregivers too, need emotional support from various parties in carrying out their filial duties.

Familial living arrangement could be considered the most appropriate and favorable option in a later life until unavoidable circumstances emerge (Molloy et al., 1999). Institutionalization has always been viewed as the last option (Oldman and Quilgars, 1999) because not every elderly person has the same choice of living with family members. Then again, their experiences of institutionalization vary depending on types of living arrangement and autonomy of opting for one. Interestingly, a few studies portrayed a positive or better well-being in institutionalization (Böckerman et al., 2012) and even as a preferred option (Sereny and Gu, 2011) in comparison to familial living arrangement. Hence, these optimistic findings can be used against the backdrop of the study on social world of elders in pondok.

Again, in Malaysia, institutionalization is seen as the last option for the elderly and is formally offered by the government, NGOs, private sector and sometimes a collaborative effort between them. The absence of living family members and relatives, poverty, ability for self-care, relatively healthy elders are among reasons for admission to Rumah Seri Kenangan, a government funded elderly home. An institution for Muslim elderly who do not have heir or family members, Ehsan Home, which is meant for long-term institutional care of the chronically ill and destitute, is also funded by the government (Ong et al., 2009). However, the service is insufficient and inadequate for the higher demands from the public. The government too, in an attempt to provide myriad and integrated welfare services for children, the elderly and single mothers cooperated with an NGO and a private company to set up Penyayang Bakti Complex. This facility is meant to cater for different groups in an integrated setting.

Furthermore, private sector offers a range of services including long-term institutional care for the elderly who can afford to pay for which not many people do (Ong et al., 2009). Although the services come with a high price tag, the private sector is still having problem to supply for the increasing demands of those who seek their seemingly more advantageous benefits over the cost bared. On top of that, accessibility is a drawback to many elders who reside in rural areas since most of these facilities are concentrated in the urban areas. Lastly, retirement community living or retirement village is considered not quite a new phenomenon in the developed nations but comparatively new to other types of living arrangements there (Jacobs, 1974; Buys, 2001; Grant, 2007). However, an effort is made to introduce it in Malaysia. It is an age-segregated planned housing with accessibility to facilities provided for the convenience and comfort of its residents and it comes in different structures and designs, level of services, prices and sizes based on those who can afford it (Buys, 2001; Grant, 2007). A number of literatures from different countries pointed out the positive effects of elders living in planned retirement communities (Grant, 2007; Buys, 2001). However, Jacobs’ (1974) ethnographic findings depicted contrasting picture of a retirement living arrangement with residents who were rather homogeneous racially, ethnically and socio-economically, which showed restriction on the ability to especially paying for the services for many groups.

All these different living arrangements offer different outlook socio-economically and culturally
and present a combination of benefits and disadvantages to elders. Living with one’s spouse is considered ideal unless one is not married, divorced or widowed. Familial living arrangement is recommended by most but not available for every elder and not without its own setback. Furthermore, institutionalization is generally disapproved unless there is no other option available. Also, retirement or segregated community living is still finding its way in the Malaysian context. At present, pondok even though is seen as a communal living arrangement that separate elders from their family members and relatives, it encompasses mixed characteristics of diverse institutional living arrangements but with more elders’ autonomy and congregated but not segregated living arrangement. Thus it can be seen as an alternative to Muslim elders in Malaysia.

3. Methodology

In order to explain the elders’ experience in the pondok and their understanding of the decision to move there, was used (Blakie, 2000). Abductive research strategy involves constructing theories that are derived from social actors’ language, meanings and accounts in the context of everyday activities. Such research begins by describing these activities and meanings, and then derives from them categories and concepts that can form the basis of an understanding or an explanation of the problem at hand. It is based on the idealist ontology and the epistemology of constructionism (Blakie, 2007). It is established in interpretivism for which the researcher’s task is to bridge the gap between individuals’ comprehension of their experience and social reality, and the scientific explanation in academia. Thus, the researcher brings to the centre the ‘insider’ view and not to impose an ‘outsider’ view on it (Blakie, 2000). Idealist ontology assumes that humans have culture and share a social world with others. Therefore, as social actors they keep on producing and reproducing meanings in their social world. In order to understand elders’ decision and reasoning of their move to pondok, it has to be related to their shared interpretations of everyday activities and reality.

For social constructionist epistemology, social actors socially construct their reality (Blakie, 2007). They analyzed and interpreted their own experiences in relation to others’ actions and their social environment. Similarly, researchers construct their understanding of these social actors against the backdrop of the latter’s realities and theirs. From this same perspective, the elders in pondok living arrangement would construct their own realities based on the pondok socio-cultural world. As a result, different socio-cultural environment would lead to a construction of different social reality. On the other hand, the use of social constructionism has gained more attention and acceptance in social gerontology and sociology of aging (Bengtson et al., 2005; Alley et al., 2010). Thus, it is crucial to study the elders in their own pondok social world to understand the social meanings and interpretations of their decision to live there. In turn, the researcher could generate the categories, concepts and themes based on their shared interpretation to understand their everyday social reality in the pondok.

The data were collected from Jeram Pondok, Kuala Selangor Malaysia, and the site of investigation (Fig. 1). Since its inception in 2000 as pondok for the elderly, at present it has more than 100 housing units which accommodate approximately 200 elders. Since it is not legally registered as an educational institution or home for the elderly it could not get funding from the government and relies on the donation from the public. In order to improve the elders’ living condition there, many facilities and assistance are needed. Purposive sampling technique was employed for which the criteria for inclusion were elders who were sixty and above, were in pondok for more than a year and agreed to be part of the study. This sampling strategy depends on the sufficiency of data to answer research questions (Mason, 2002). The researcher stopped the interviews at the twentieth informant once the saturation point was attained (Corbin and Strauss, 2008). The answers given by the elderly informants became repetitive and thus the sampling selection ended. Since the data collection was flexible and dynamic, a number of informants were interviewed more than once for further information increment and comprehension. Finally, the researcher settled for 20 elders in her effort to discern how they understand their move to pondok and the reasons for doing so. Semi-structured and in-depth interviews were conducted from March to April, 2014. The duration of interviews was around one to two hours depending on the elderly informants’ ability and attention to answer. Accordingly, they were carried out in convenient locations to the informants for which all of them were in their own housing unit except for two female informants who were more comfortable with completing the interviews in the pondok surau (place of worship smaller than a mosque). Both of them were married and since the houses are small, they felt that the presence of their husband would create an awkward situation in answering freely. Finally, significant themes emerged from the data to understand the elders’ interpretation of their social world.

4. Result and discussions

Table 1 shows the socio-demographic characteristics of the study informants. The informants who were in their sixties made up the biggest number (10) followed by those who were in their seventies (6) and eighties (4). There were only 3 male elderly among the 20 informants. Most pondoks in other parts of Malaysia depict similar distribution which makes it not an uncommon feature and there are also a few pondoks which accept only female elders. In reality, even though the number of female elders is shifting, Jeram Pondok has only 12 males and more than 150 female
residents. In addition, in terms of marital status, the biggest number of elders was considered single through widowhood (13), divorce (1), and never married (1). Thus the remaining married elderly informants, two were females and all three were males. In fact, all male elders in the pondok lived with their spouse. One of the criteria of informants’ selection was those who had lived for more than a year for the reason of pondok familiarity. As a matter of fact, most elders had lived 5 and more years and only 6 of them lived between 2 to 4 years. However, there was a male elder who had lived there for more than 30 years even way back before the pondok was opened for the older generation. He joined the pondok as a follower to the pioneer, a respected local Muslim scholar.

When it comes to self-reported health status, 16 elders perceived themselves as having very good (6) or good health status (10). Only three informants considered themselves as having poor health. One of the criteria for admission is a relatively healthy elder because the pondok does not provide any nursing or medical facilities and they are expected to live independently. In reality almost all elderly informants had some kind of health problems; chronic illnesses like hypertension or diabetes were typical. Nonetheless, the management accepted even those elders with a more serious health issue provided that they could find an alternative to handle their lives such as getting neighbors, friends and family members to assist them. In terms of informants’ living arrangement before moving to pondok, half of them lived with their children, 4 each lived alone or with spouse and 1 each lived with her employer and the other had moved to pondok in his thirties learning from the pioneer, settling down with his family, working as a cook for the attached tahfiz school students and gradually serving the pondok as one of the teaching staff while growing into old age there. Even though decision to move to pondok comes from interrelated sources, it could be considered that mostly individual informants made the decision themselves. Only five were seen as others making the decision for them, children (2), spouse (2) or friend (1).

Moreover, when resources are concern, most elders were deemed capable financially. For most of them, their resources came from different avenues. More than half of them had their own financial resources from previous occupations. The same number had their present occupation or children to help or add to their financial ability. However, five of the elderly informants received zakat (alms) from the federal or state government religious bodies as a continuous assistance to live in pondok. While a strong financial resource could help in purchasing a permanent wakaf house, it was not a necessary condition because there is a long list of elders who want to move there and the housing units are not adequate to entertain the demands. Furthermore, the land and house statuses do not belong to the same owner. The land is wakafentity belongs to the pondok but the housing units are mostly owned by the elderly residents. Nevertheless, all houses are treated as wakaf (donated) because the elders do not mind much to leave them behind not just to their family members but also to anyone who is interested to live and do good deeds in the pondok when they are gone. There were six elders who were in a permanent house for which they could live there as long as they wished, but it was donated to them by family members or well-wishers. The concern on the housing is not about ownership but more of privacy. This leads to an elder renting a house there for RM200 monthly. However, two elders had to move to a temporary wakaf house for which they had to share with the most two other elders when the need arose. In this case, they could face a little discomfort or adjustment problem to share a space with others initially.

5. A well-being indicator of the elderly Islam women in Malaysia

Elders’ well-being has always been the interest in the sociology of aging. Then again, well-being itself is a very elusive concept which has been used as subjective well-being or as psychological well-being with overlapping dimensions of life satisfaction, self-esteem, optimism, morale, quality of life, health,
peace and/or happiness on the one hand. On the other hand, the concepts of quality of life, life satisfaction, healthy aging and successful aging were used in many studies with well-being as one of the criteria. The research finding shows that well-being constructs are always been associated with multiple factors which are interrelated; socio-economic status, health, social interaction/ relationship/ integration/ support, autonomy/ freedom, engagement in activities and religion.

| Characteristics                      | N=20 | %     |
|--------------------------------------|------|-------|
| **Age**                              |      |       |
| 60–69 years                          | 10   | 50    |
| 70–79 years                          | 6    | 30    |
| 80 years and above                   | 4    | 20    |
| **Sex**                              |      |       |
| Male                                 | 3    | 15    |
| Female                               | 17   | 85    |
| **Marital status**                   |      |       |
| Never married                        | 1    | 5     |
| Married                              | 5    | 25    |
| Widowed or divorced                  | 13   | 65    |
| Divorced                             | 1    | 5     |
| **Duration of stay**                 |      |       |
| 2 – 4 years                          | 6    | 30    |
| 5 – 7 years                          | 5    | 25    |
| 8 – 10 years                         | 6    | 30    |
| 11 and more years                    | 3    | 15    |
| **Self-reported health status**      |      |       |
| Very good                            | 6    | 30    |
| Good                                 | 10   | 50    |
| Fair                                 | 1    | 5     |
| Poor                                 | 3    | 15    |
| **Last living arrangement**          |      |       |
| Alone                                | 4    | 20    |
| Spouse                               | 4    | 20    |
| Children                             | 10   | 50    |
| Family                               | 1    | 5     |
| Employer                             | 1    | 5     |
| **Decision to move**                 |      |       |
| Self                                 | 15   | 75    |
| Children                             | 2    | 10    |
| Spouse                               | 2    | 10    |
| Friend                               | 1    | 5     |
| **Resources**                        |      |       |
| Previous occupation (pension, property or land rental) | 12  | 60    |
| Present occupation                   | 12   | 60    |
| Children                             | 5    | 25    |
| Zakat recipient                      | 1    | 5     |
| **Type of house in pondok**          |      |       |
| Permanent wakaf                       | 6    | 30    |
| Permanent donated wakaf              | 2    | 10    |
| Temporary wakaf                      | 1    | 5     |

*Total are more than 20 because informants were allowed to give more than 1 answer

Many researches on policies and their implications on the society’s well-being and quality of life have been carried out extensively based on development theories of modernization, dependency, world-systems and globalization (Reyes, 2001). For Reyes (2001) the term development is understood as a social condition within a nation, in which the authentic needs of its population are satisfied by the rational and sustainable use of natural resources and systems. This utilization of natural resources is based on a technology, which respects the cultural features of the population of a given country. This general definition of development includes the specification that social groups have access to organizations, basic services such as education, housing, health services, and nutrition, and above all else, that their cultures and traditions are respected within the social framework of a particular country.

Thus, development studies have been conducted by focusing on the socioeconomic growth with vested interests of policy makers and researchers for the national and societal benefits in mind. International organizations like the United Nations (UN) and World Health Organization (WHO, 2015) have focused on well-being and quality of life studies by producing different measurements like Human Development Index (UNDP, 2013; 2014) and The World Health Organization Quality of Life assessment (WHO, 2015). In the case of Malaysia, with the use of Malaysian Well-being Index (MWI), many studies on the impact of governmental policies and strategies on the people’s well-being have been conducted (EPU, 2013). Likewise, National Population and Family Development Board (NFBD) identified 24 indicators covering seven domains of family relationships, family economy, family health, family and community, family and religion/spirituality, housing and environment, and family safety to measure family well-being. Correspondingly, they gave inadequate attention to the elderly population. There was only a page report on elders’ participation in social activities in communities and loneliness experiences. Thus, all these studies emphasis economic and social well-being with the aim of economic growth of the country with insignificant focus on elders. Even though they benefit the society including the elderly group in the population, they do so base on the perspectives of policy makers and researchers and not so much on the worldview of the subjects as social actors. Hence, the elders who are one of the recipients of social policies need their voice to be heard. Even though with considerable published research on elders through the Malaysian Research Institute on Aging from 2010-2014, when well-being was the focus, psychological well-being and health took the center stage.

The study also found that the discussion on elders’ health and well-being is vast and multidisciplinary. Studies of any subjects on elders would directly or indirectly mention the importance of health on elders’ well-being. Su and Ferraro (1997) found out that social integration has effects on health assessment consistently in all four studied countries. However, elders’ social contribution in social exchange seems to give favorable influence on health evaluation only in the most modern society of the Republic of Korea. Thus, in less modernized nations having social integration is sufficient to improve health assessment for elders with weak functional ability. Meanwhile, social contributions based on social status do not really give an effect on elders’ subjective health. In addition, the positive health evaluation could be found among the elders in
spite of their higher morbidity and disability only in Korea possibly due to its more emphasis on the cultural images of productivity and retirement. Furthermore, Deeg (2007) counted on the persistent evidences on health as one of the determinant of quality of life. He stated that the association is not consistent and constant throughout the life course and the importance of health varied between the healthy and unwell elders. To look at the presence of disease to determine a person’s health is not adequate especially when measures of functional ability and self-reported health become more essential to the elderly with increasing age. On a similar tone, WHO (2015) promoted healthy aging based on the life course and functional perspectives. The report (WHO, 2015) viewed functional ability as it “is made up of the intrinsic capacity of the individual, relevant environmental characteristics and the interactions between the individual and these characteristics.” This explains the micro and macro levels of interactions acting together to bring about well-being to the elders. Therefore, even though the elders might lose their individual capacities, their environment could still support them to experience healthy aging. On the other hand, even though the individuals could be strong, the environment could weaken them and make it difficult for them to achieve well-being (Lyndon et al., 2015a; 2015b).

At the same time, this study also revealed that autonomy or freedom has always been viewed as crucial for human beings. Everyday individuals make choices in their action and interaction for mundane and habitual conducts or those that need contemplation or deeper thoughts. The possibility of exercising autonomy/freedom could ensure well-being especially for elders with diminishing physical, psychological or social abilities. In terms of elders who are in congregated or institutional living arrangement, its structure and management themselves might restrain autonomy of the residents and affect their experience of well-being. Perkins et al. (2012) synthesized different qualitative research to find out a variety of factors like race, class and cultural background that affected elders’ autonomy including the choice of assisted living that promoted or hinder their lives and well-being. On the other hand, Bradshaw et al. (2012) reviewed thirty-one qualitative studies and identified the struggle to exercise autonomy and forming relationships among elders in institutional living. However, they concurred that positive experiences could occur that would ensure elders’ well-being or quality of life. Many studies reported the importance of involvement in diverse activities to elders’ various aspects of well-being, and they mostly applied activity theory in their explanation (Dupuis and Alzheimer, 2008; Park, 2009). The different domains of activity like informal, formal, solitary, productive and leisure were reviewed by Adams et al. (2011), voluntary activity was used by Morrow-Howell et al. (2003) and social, productive and solitary activities were examined by Menec (2003) apart from the different and sometimes interchangeable constructs of well-being (Dupuis and Alzheimer, 2008). For example, morale (Maddox, 1963), life satisfaction (Longino and Kart, 1982; Park, 2009) and successful aging (Menec, 2003) were employed in different studies to show the importance of engagement in activities to elders.

The earlier research done by Maddox (1963) used morale rather than life satisfaction (Longino and Kart, 1982) to confirm that the more active elders had a higher morale especially in interpersonal activities involvement. This study also found out that informal activity was more directly associated with life satisfaction followed by formal and solitary activities and it was not more about frequency but quality or intimacy in interpersonal activities that contributed to life satisfaction. The replication of the study (Longino and Kart, 1982) supported the activity theory with the same result in informal activity, a mixed outcome in formal activity with a reverse effect on life satisfaction and no effect found in solitary activities. In addition, Everard (1999) brought an important attention to the relationship of reasons of activity and not just the engagement in one to elders’ well-being. Activity theory received renewed attention when Rowe and Kahn (1997) successful aging included active engagement with life, which concerned the most with social relationships and productive activity as one of its elements.

Social interaction and relationship are among the vital indicators in this study. Thus, a positive and encouraging social interaction and relationship could become contributing reasons for their well-being. Spirituality and religion are two terms that have always been used interchangeably in this study when notions of the relationship to the sacred and supernatural forces are evoked. The informant of this study differentiated these two terms for which religion on one hand “embodies beliefs or rituals that are associated with a specific institutionalized group or belief system organized around some sacred dimension. On the other hand, spirituality is viewed more generally as individual expression of belief and behavior but not necessarily tied to a specific institutionalized belief system and ritual. In other word, spirituality and religion are not the same. “Religion refers to an external, formal system of beliefs, whereas spirituality is concerned more with a personal interpretation of life and the inner resources of people. Furthermore, the informant in this study found out that generally religion positively affected elders’ well-being, but only with certain instances of negative effect. They also brought to light the significance of solitary religious activities that contributed to inner satisfaction. Majority informant in this study identified six themes which Malay Muslim elders viewed as essential in their lives; spirituality, physical health and function, peace of mind, financial independence, family, and living environment. They emphasized spirituality and how it was related to aging well with the remaining five themes worked in tandem to support it. They also
brought the attention to a conducive living environment; their house, the people they lived with, the neighborhood and accessibility to mosque to satisfy their spiritual activities and needs. While spiritual intelligence comprises four domains of al-qalb, al-nafs, al-ruh and al-aql or heart, soul, passion and human mind. They found out that all elderly residents had a high Islamic spiritual intelligence and it was manifested in their religious practices. Specifically, studies on pondok by Ismail et al. (2012) and Aref and Lyndon (2015) confirmed the crucial elements of pondok in satisfying spiritual needs and well-being of elders in spite of inadequacy in physical facilities available. All these studies are relevant to this research in showing how religion is considered as one of the central aspects of Malay Muslim elders’ lives and how pondok is seen as offering a favorable physical and social environment and sensible option for this pursuit.

6. Conclusion

The elders perceived well-being as having the opportunities to learn and teach. Apart from that, the ability to perform good deeds and to avoid any wrongdoings as ordered by Allah meant that they had achieved a life of well-being. They also believed that they fulfil the needs of a well-being life by experiencing happiness and peacefulness as the means to identify it. Furthermore, the understanding of the meaning of well-being to the pondok elders included its association with five aspects, which were recognized as the well-being dimensions of health, autonomy, activity, social relationships and religion. When it came to health, most of the pondok elders were regarded as healthy for their age even though some of them suffered from different chronic diseases. At the same time, in describing elders’ health, chronological age alone was considered less relevant to determine their conditions for which objective and subjective interpretations of health should be seen together to explain health and well-being. Furthermore, what was considered crucial to the elders was the management of health individually and collectively as confirmed in different studies. When an elder suffers from diverse health problems, the measures to alleviate them involve a variety of related medical services, appointments, consultations and treatment. Nevertheless, more importantly to the pondok elders were the means to get and with whom to meet the providers of medical services, and the measures to pay for them. Thus, various efforts were carried out so that they could receive the intended health services in spite of the limitations faced by the pondok. Therefore, for elders to keep their health in check, personal attention as well as the societal efforts could ensure their better health status and in turn their well-being as a whole.

Moreover, well-being is also seen in terms of the autonomy and freedom that the elders could enjoy. Although pondok is a congregated living arrangement with specific rules and regulations, the elders were still able to have the freedom in performing their daily activities. The prayers and classes were regulated activities and in fact, the elders were very keen to perform them without any compulsion. Nevertheless, the pondok leadership was aware of the restrictive physical and health conditions of the elders and advised them to forgo some activities if they were unwell despite the elders’ persistence to participate. As pondok is a place that encourages the practice of religious activities, the elders were willing to give up many conveniences in their lives. Many of them were financially stable and on occasions, they even extended financial assistance to family members, friends and the pondok itself. This did not preclude elders who were zakat recipients. While their contribution could be insignificant, the freedom of choosing to donate compensated for the action. The findings on the importance of autonomy to the well-being of elders were supported by other studies (Bradshaw et al., 2012). They found out that even the simplest act of practicing autonomy, for example deciding what or when to eat, deemed important to the elders. In reality, for a few Jeram Pondok elders, too much autonomy could create a certain kind of disruptions in their daily life because they were responsible for themselves and other residents.

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Compliance with ethical standards

Conflict of interest

The authors declare that they have no conflict of interest.

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