

# Social Wellbeing among Ageing Adults: Gender and Ethnicity



**Titiksha Sharma**  
Research Scholar,  
Deptt.of Home Science,  
University of Rajasthan,  
Jaipur



**Shubha Dube**  
Associate Professor,  
Deptt.of Home Science,  
University of Rajasthan,  
Jaipur

## Abstract

Ageing represents a new frontier. Individuals are enclosed in social structures and communities and face numerous social tasks and challenges. It is assumed that enhancing social well-being also enhances overall well-being and quality of life. This cross-cultural, descriptive study examined the social wellbeing of the ageing population. The total sample population of the study was 438 ageing adults belonging to Hindu, Muslim and Christian ethnic groups and middle income group. The results indicates that social wellbeing was better among ageing males than females and among ethnic groups Christian ageing adults had better and Muslim group had low social wellbeing.

**Keywords:** Ageing, Social Wellbeing, Gender and Ethnicity.

## Introduction

The number of ageing people is increasing throughout the world. This changing demography affects not only individuals, but also families, communities and societies (Antonucci.T.C. at el., 2002). At later years of age, social life of an ageing adult plays a crucial role for wellbeing. Staying socially active and maintaining relationships are an important part of healthy and active ageing.

Social wellbeing is a sense of involvement with others and community. Many researchers believe that wellbeing is not just about being happy or contented, but also about being actively engaged with life and society (Kuh et.al. 2014) because connectedness plays a vital role in wellbeing. Social well-being is a very important part in creating and maintaining a balanced and healthy lifestyle. In one's difficult time of life it helps in knowing that one had the support, consideration and encouragement from a strong social network.

World Health Organization, (1948) has identified social well-being as a key component in an individual's overall health and behaviours that reflect community and organizational participation and membership (Coleman, 1988; Putnam, 2000; Canty-Mitchell et.al., 2000; Cornman et.al., 2003).

Social well-being refers to having and receiving a socially friendly attitude from people and a respectful attitude from the state. It refers to external safety. It means being aware of, participating in and feeling connected to your community and means developing healthy relationships with those around you. Social Well-being is also known as Interpersonal Wellness or as Multicultural Wellness.

## Social wellbeing and Geriatric Population

Studies of ageing adults suggest that they view happiness as the feeling of usefulness and being socially engaged and productive, as crucial elements of ageing well. Staying active and socially engaged is important as we age (Adams et al., 2011). According to the successful aging paradigm, 'engagement' can be: an important domain of successful ageing which includes performance of activities that give a sense of meaning or purpose and maintenance of close relationships (Rowe, 1997) along coping with living arrangement, retirement, interpersonal relationships, intergenerational equity, health, care giving, death, bereavement etc. (Ganguly, 2010).

The most important factors underlying ageing people's lifestyle are social and community participation. There is a sizeable body of research evidence linking the strength and quality of social relationships and community engagement to health, wellbeing and quality of life for ageing people (Berkman and Syme 1979; Beekman et al., 2000; Smith et.al., 2008). Higher levels of social support, specifically frequency of contact with friends, reduce the risks for depression even for those with poor physical health. Conversely, lack of social support is associated with increased mortality and poor health.

Social relationships are positively associated with health status across the life span (Cohen, 2004), the narrowing of social networks may be problematic for health in ageing adults and lessen subjective well-being, life satisfaction and quality of life (Berkman and Syme, 1979; Cohen, 2004). Health-promoting behaviours, such as leisure activity, may strengthen the link between social relationships and health.

According to Keyes (1998) social wellbeing is the appraisal of one's circumstance and functioning in society and identified five dimensions that are seen to cover this construct: Social integration, Social contribution, Social coherence, Social actualization and Social acceptance.

#### **Review of Literature**

It is also crucial that people feel a sense of relatedness to other people so it forms a vital aspect of well-being (<http://www.nationalaccountsofwell-being.org/learn/what-is-well-being.html>, 2009). Feeling valued, respected and understood contributes to good wellbeing (Lee, 2006). Age discrimination and feeling excluded from mainstream society can be helpful to poor well-being and loneliness among older people. There is a clear need to foster and encourage ageing people's active participation and contribution to community groups, schools and other neighbourhood activities.

Ageing people engage in social interaction less frequently than their younger counterparts, the change have been interpreted in largely negative terms. Yet when asked about their social relationships, older people describe them as satisfying, supportive and fulfilling. Marriages are less negative and more positive. Close relationships with siblings are renewed and relationships with children are better than ever before. Even though older people interact with others less frequently than younger people do, old age is not a time of misery, rigidity or melancholy. The most likely choices will be long-term friends and loved ones, because they are most likely to provide positive emotional experiences and affirm the self. This will also require judicious choices of social partners. Narrowing the range of social partners allows people to conserve physical and cognitive resources, freeing time and energy for selected social relationships.

There have been significant changes in living arrangements over the past 40 years, with more people living alone, increasing the likelihood of loneliness (Allen, 2008). In a survey conducted for a middle class locality. Over 81% of the elderly confessed to having increasing stress and psychological problems in modern society, while 77.6% complained about mother-in-law/daughter-in-law conflicts being on the increase (Ingel and Nath, 2008).

In terms of family and friendship support, older people in the Indian and Pakistani groups fared well compared with the white group. The research also showed religion to be significant in terms of emotional and practical support. The role of religion in helping protect older people against depression and poor emotional wellbeing is important. It is worth noting here that for some BME groups, relatively high levels of religious belief and participation helped

protect against poor emotional wellbeing (Allen, 2008). Research has shown that religion helps some people to cope with difficult life transitions, such as losing a job or divorce and can foster good emotional wellbeing for older people (Donovan and Halpern, 2002).

Studies suggest that over one million people aged over the age of 65 report themselves as often or always lonely. There is now a large and growing evidence base showing the link between social relationships and well-being. It is identified that connecting with others could enhance well-being. During the review, studies found that active social participation can help to reduce the risk of developing mental health disorders (Cassidy, 2012).

The level of education achieved as a young adult is a significant indicator of emotional well-being in later life, continuing education and learning is also important both for developing an active social life and as a source of mental stimulation and focus (Lee, 2006).

In the Hertfordshire Cohort Study, found that older people who that felt a stronger sense of cohesion in their neighbourhood and who reported fewer problems with their neighbourhood had higher levels of positive mental and social wellbeing, independently of their socioeconomic status, income, state of health and perceived level of social support (Gale et. al., 2011).

#### **Objectives of the Study**

1. To evaluate social wellbeing among ageing adults across the gender.
2. To compare the social well-being of ageing adults across the gender among different socio-cultural groups.
3. To compare the overall social well-being of ageing adults among different socio-cultural groups.

#### **Hypotheses**

1. There will not be any significant difference between the genders on social wellbeing.
2. There will not be any significant difference across the genders among different socio-cultural groups on social wellbeing.
3. There will not be any significant difference among the different socio-cultural groups on social wellbeing.

#### **Methods**

The research work was conducted in urban areas of Jaipur city.

For the purpose of the study, 438 ageing adults in the age range of 65-75 years from different socio-cultural background, belonging to Middle Income Group and across the gender were selected. These selected ageing adults were further approached and were selected on the basis of willingness to be a part of the study and finally 150 participants from Hindu ethnic group and (75women and 75 men), 146 participants from Muslim ethnic group (73women and 73men) and 142 participants from Christian ethnic group (71women and 71men) were obtained.

#### **Tools**

1. Basic Profile of Ageing Adults (Self made)

2. Socio Economic Status Scale (SESS) (Tiwari , Kumar and Kumar, 2012)

3. Social Well-Being Scales (Keyes, C. L. M., 1998)

**Results and Discussions**

**Table: 4.1**  
**Gender wise Comparison of Social Well Being among Ageing Adults (N= 438)**

Social wellbeing	Male		Female		T	P
	Mean	SD	Mean	SD		
Social Integration	12.41	4.87	16.16	3.42	9.34	<0.0001****
Social Contribution	15.27	3.27	15.08	4.03	0.54	0.58
Social Coherence	14.90	5.15	13.69	4.23	2.67	0.0078**
Social Actualization,	15.23	4.57	13.52	4.35	4.02	<0.0001****
Social Acceptance	13.02	3.77	12.53	3.91	1.35	0.17
Total	70.85	16.20	69.37	14.71	1.00	0.31

**Note:** \*p<0.05, \*\*p<0.01, \*\*\*p<0.001, \*\*\*\*p<0.0001

Table 4.1 at later years of age, social life of an ageing adult plays a crucial role for wellbeing. The mean scores obtained on total social wellbeing are (M=70.85, SD= 16.20) for males (M=69.37, SD= 14.71)for females. No significant difference between the genders was observed (P 0.31) on total scores.

When comparing on different dimensions of social wellbeing it was found that females scored higher on social integration with the mean score (M=16.16, SD= 3.42) as compared to males (M=12.41, SD= 4.87) with a very significant difference of (P= 0.0001).Social integration is the extent to which people feel that they have something in common with others who constitute their social reality/ neighbourhood, as well as the degree to which they feel that they belong to their community and society. In the present data it can be interpreted that women are more socially and culturally bound than men in the society, they try to practice social beliefs, values and dogma which make them feel more connected with their society. It involves “the evaluation of the quality of one’s relationship to society and community” (Keyes, 1998).The person has a feeling of belongingness to a group or community on the basis of norms and values. This group can be the own neighbourhood, friends, clubs or the society as a whole in which the person can get support.

On social contribution both males and females scored almost equal (M=15.27, SD= 3.27) and (M=15.08, SD= 4.03) respectively, having no significant difference with p value (P= 0.58).Social contribution is the evaluation of one’s social value (Keyes, 1998).This includes the belief that the person is a vital member of society, with something of value to give to the world. It resembles the concepts of efficacy and responsibility. It is interestingly good to conclude that females too feel that they are equally valuable contributors for the society as compared to men. They consider themselves as an active member of society and contributes to the community and are able to perform certain actions and take social responsibilities.

On social coherence, males scored higher (M=14.90, SD= 5.15) than females (M=13.69, SD= 4.23), having significant difference with p value (P= 0.0078). Social coherence is the perception about the quality, organization, operation and concern for knowing about the social world (Keyes, 1998). People feel involved and think that they can understand the

world they live in and want to give purpose to their lives.

The evaluation of the potential and the trajectory of society is comes under Social actualization (Keyes, 1998). It is the belief in the evolution of society and the sense that society has potential which is being realized through its institutions and citizens. In this process of thought of actualization, males were higher with mean (M=15.23, SD= 4.57) than females (M=13.52, SD= 4.35) and also had very significant difference (P= 0.0001). Individuals believe that the full social potential of a society can be realized even by people, the government and institutions.

Last but not least, Individuals who illustrate social acceptance trust others, think that others are capable of kindness, and believe that people can be industrious honest and diligent. This means the construal of society through the character and qualities of other people as a generalized category (Keyes, 1998). Male respondents of the present study scored high on this dimension with the mean (M=13.02, SD= 3.77) than females (M=12.53, SD= 3.91) respectively, with no significant difference (P= 0.17). Socially accepting people hold favourable views of human nature and feel comfortable with others (Horney, 1945).This contributes to a general believe and a positive view towards society.

**Table 4.2**  
**Social Well Being of Ageing Adults across Gender among Different Ethnic Groups**

	Male		Female		Gender	
	Mean	SD	Mean	SD	T	P
Hindu	72.85	14.85	69.86	12.01	1.36	0.173
Muslim	66.46	13.35	58.97	13.60	3.35	0.001**
Christian	76.42	18.9	76.40	12.45	0.005	0.99

**Note:** \*p<0.05, \*\*p<0.01

Table 4.2: Staying socially active and maintaining relationships are an important part of healthy and active ageing in every ethnic community. The above table shows the social wellbeing between males and females belonging to different ethnic groups. The results indicates that Christian males had high score on social wellbeing with mean (M=76.42, SD= 18.9) and females had (M=76.40, SD= 12.45) with no significant difference (P=0.99). Followed by this Hindu males scored (M=72.85, SD=14.85) and females had (M=69.86, SD= 12.01) showing no significant difference (P= 0.173).The world appears to be becoming more egalitarian in terms of gender

relationships than previous generations – People in these days are no longer restricted to the traditional social roles determined by their gender and participate in both spheres as workers and family members in many countries. These changes, either at the individual- or macro-level, have been occurring (Bianchi et al. 2000; Coltrane 2000). Muslim males scored (M=66.46, SD=13.35) and females scored (M=58.97, SD= 13.16) and had a significant difference (P=0.001). Although gender gaps in many aspects still exist, studies have documented that people in the United States are more gender equal and support egalitarian ideas as compared to many other countries (Alwin et al. 1992; Batalova and Cohen 2002; Panayotova and Brayfield 1997; Treas and Widmer 2000)

**Table 4.3**  
**Overall Social Well Being of Ageing Adults from Different Ethnicity (N= 438)**

	N	Mean	SD
Hindu	150	<b>71.36</b>	<b>13.39</b>
Muslim	146	<b>62.71</b>	<b>13.94</b>
Christian	142	<b>76.41</b>	<b>15.94</b>

Table 4.3 depicts the mean scores of ageing adults on social wellbeing, wherein it can be stated that Christians scored higher on social wellbeing with a mean score of (M=76.41, SD= 15.94) followed by Hindu ethnic group (M=71.36, SD= 13.39) and Muslim group scored (M=62.71, SD= 13.94). The possible cause for Christian ageing adults to be higher on social wellbeing is that in India they are the third blooming ethnic group among the society and thus want to make strong roots by maintaining good social relationships among their own community. It has been found that, individuals typically are more comfortable with others of perceived similarity and so maintain a closer social relationship with them. On other hand, if they find their in-group more favourably, they are likely to express a self-serving bias against out-group members (Mayhew et al. 1995; Parrillo, 2011). People of same religion, culture and language prefer to make their own group and segregate from other groups (Begum and Osmany, March 2016). Many studies on religion indicates a significant relationship between certain kinds of religious commitment and prejudice towards members of minority groups or persons of divergent ideological beliefs (Stouffer, 1955; Glock and stark, 1966; Rokeach, 1960; Allport, 1954, 1966), which determines the degree of social wellbeing among the groups in the society.

**Table: 4.4**  
**Comparison among Ethnic groups on overall Social Well Being**

	Ethnicity	
	Q	P
Hindu vs Muslim	7.24	<0.001***
Hindu vs Christian	4.22	<0.01**
Christian vs Muslim	11.34	<0.001***

**Note:** \*p<0.05, \*\*p<0.01, \*\*\*p<0.001

The above table 4.4 reveals the comparison of social wellbeing among different ethnic groups and it was observed that Hindu and Muslim had very

significant difference (P=0.001) on social wellbeing, which predicts that culture and ethnicity effects on social lifestyle of an individual. Hindu with Christian ageing adults too had significant difference (P= 0.01) but Christian and Muslim ethnic group had very significant difference (P=0.001).

Ethnic identity (EI) is a set of ideals, values, behaviours and attitudes regarding the identity of oneself as a member of a distinct social group (Fischer & Moradi, 2001; Phinney, 1992). Theoretically, researchers have argued that identity development is associated with psychosocial well-being (Erikson, 1968; Tajfel, 2000). Some studies have revealed ethnicity as a good predictor of the quality of life in general. These findings demonstrate that ethnicity develops not only linked to self-concept, but also physical health, satisfaction in relationships, social networks and life satisfaction. Some studies have shown the relationship between ethnicity, happiness, emotional and social well-being (Ramos de Oliveira, 2009; Paéz, et al., 2008; Yoo & Lee, 2005; Utsey et al., 2002; Phinney et al., 2001). Lastly it can be concluded that, the differences on social wellbeing among different cultural groups was because of the influence of ethnic values and beliefs.

**Conclusion**

It can be concluded that social wellbeing plays a vital role for the overall quality of life of ageing adults. It is an essential predictor for the ageing health which needs to be addressed by the society in order to promote happy, healthy and active ageing. The data of the present study suggests that gender wise differences occur on social wellbeing of an individual as in present study females had low social wellbeing as compared to males. It is substantiated that culture and ethnicity are also the major factor for the wellbeing of an individual as Christian males and females had similarly better social wellbeing and Muslim females had low social wellbeing on comparison.

**References**

1. Alwin, Duane F. "Information Transmission In The Survey Interview: Number Of Response Categories And The Reliability Of Attitude Measurement." *Sociological Methodology*, vol 22, 1992, p. 83. JSTOR, doi:10.2307/270993.
2. Allen. J. July 2008 [http:// Older People and Wellbeing by @jppr2008 Institution](http://Older People and Wellbeing by @jppr2008 Institution).
3. Antonucci.T.C., Okorodudo, C., and Akiyama, H. (2002). Wellbeing among older adults on different continents. *Social Issues*, 58, 617-627
4. Batalova, Jeanne A., and Philip N. Cohen. "Premarital Cohabitation And Housework: Couples In Cross-National Perspective." *Journal of Marriage and Family*, vol 64, no. 3, 2002, pp. 743-755. Wiley-Blackwell, doi:10.1111/j.1741-3737.2002.00743.x.
5. Beekman, A.T.F. et al. "Depression, Physical Health and Disability In Later Life: A Pragmatic Approach Based On The Findings Of The Longitudinal Aging Study Amsterdam (LASA)." *European Psychiatry*, vol 11, 1996, p. 212s. Elsevier BV, doi:10.1016/0924-9338 (96) 88616-0.

6. Beekman, Aartjan T.F. et al. "Anxiety And Depression In Later Life: Co-Occurrence And Communalities of Risk Factors." *American Journal of Psychiatry*, vol 157, no. 1, 2000, pp. 89-95. American Psychiatric Publishing, doi:10.1176/ajp.157.1.89.
7. BERKMAN, LISA F., and S. LEONARD SYME. "SOCIAL NETWORKS, HOST RESISTANCE, AND MORTALITY: A NINE-YEAR FOLLOW-UP STUDY OF ALAMEDA COUNTY RESIDENTS." *American Journal Of Epidemiology*, vol 109, no. 2, 1979, pp. 186-204. Oxford University Press (OUP), doi: 10.1093/oxfordjournals.aje.a112674.
8. Bianchi, Suzanne M. et al. "Is Anyone Doing The Housework? Trends In The Gender Division Of Household Labor." *Social Forces*, vol 79, no. 1, 2000, p. 191. Oxford University Press (OUP), doi:10.2307/2675569.
9. Canty-Mitchell, Janie, and Gregory D. Zimet. "Psychometric Properties of The Multidimensional Scale Of Perceived Social Support In Urban Adolescents." *American Journal of Community Psychology*, vol 28, no. 3, 2000, pp. 391-400. Wiley-Blackwell, doi:10.1023/a:1005109522457
10. Coleman, James S. "Social Capital In The Creation Of Human Capital." *American Journal Of Sociology*, vol 94, 1988, pp. S95-S120. University of Chicago Press, doi:10.1086/228943.
11. Coltrane, Scott. "Research on Household Labor: Modeling And Measuring The Social Embeddedness of Routine Family Work." *Journal of Marriage And Family*, vol 62, no. 4, 2000, pp. 1208-1233. Wiley-Blackwell, doi:10.1111/j.1741-3737.2000.01208.x.
12. Donovan N and Halpern D (2002) *Life satisfaction: the state of knowledge and implications for government* London: Cabinet Office ; Dunnell K(2008) 2017.
13. "The Mental Health Foundation: Developing A Public Mental Health Approach. *Mental Health And Well-Being In Later Life.*" *Journal Of Public Mental Health*, vol 3, no. 3, 2004, pp. 48-51. Emerald, doi:10.1108/17465729200400020.
14. Fischer, Claude S. "Toward A Subcultural Theory Of Urbanism." *American Journal Of Sociology*, vol 80, no. 6, 1975, pp. 1319-1341. University Of Chicago Press, doi:10.1086/225993.
15. Gale, Catharine R. et al. "Neighbourhood Environment And Positive Mental Health In Older People: The Hertfordshire Cohort Study." *Health & Place*, vol 17, no. 4, 2011, pp. 867-874. Elsevier BV, doi:10.1016/j.healthplace.2011.05.003.
16. Keniston, K. "Identity: Youth And Crisis. Erik H. Erikson. Norton, New York, 1968. 336 Pp. Cloth, \$6.95; Paper, \$2.95." *Science*, vol 161, no. 3838, 1968, pp. 257-258. American Association For The Advancement of Science (AAAS), doi:10.1126/science.161.3838.257.
17. Laeyendecker, L. "Recensions / Book Reviews : CHARLES Y. GLOCK And RODNEY STARK. *Religion And Society In Tension.* Chicago, Rand McNally, 1965, XII + 316 P." *Social Compass*, vol 14, no. 1, 1967, pp. 81-81. SAGE Publications, doi:10.1177/003776866701400109.
18. Mayhew, J. L. et al. "CROSS-VALIDATION OF EQUATIONS TO PREDICT 1-RM BENCH PRESS FROM REPETITIONS-TO-FAILURE.." *Medicine & Science In Sports & Exercise*, vol 27, no. Supplement, 1995, p. S209. Ovid Technologies (Wolters Kluwer Health), doi:10.1249/00005768-199505001-01170.
19. Morris, Rudolph E., and Gordon W. Allport. "The Nature Of Prejudice." *The American Catholic Sociological Review*, vol 15, no. 2, 1954, p. 201. JSTOR, doi:10.2307/3708331.
20. Páez-Blarrina, Marisa et al. "The Role Of Values With Personal Examples In Altering The Functions Of Pain: Comparison Between Acceptance-Based And Cognitive-Control-Based Protocols." *Behaviour Research And Therapy*, vol 46, no. 1, 2008, pp. 84-97. Elsevier BV, doi:10.1016/j.brat.2007.10.008.
21. 2017, [http://Panayotova, E. & Brayfield, A. \(1997\). National Context and Gender Ideology: Attitudes toward Women's Employment in Hungary and the United States. Gender & Society, .](http://Panayotova, E. & Brayfield, A. (1997). National Context and Gender Ideology: Attitudes toward Women's Employment in Hungary and the United States. Gender & Society, .)
22. Parcel, Toby L. "Differentiation Between Social Groups: Studies In The Social Psychology Of Intergroup Relations.H. Tajfel." *American Journal Of Sociology*, vol 86, no. 5, 1981, pp. 1193-1194. University Of Chicago Press, doi:10.1086/227378.
23. Parrillo, Vincent N., and Christopher Donoghue. "The National Social Distance Study: Ten Years Later." *Sociological Forum*, vol 28, no. 3, 2013, pp. 597-614. Wiley-Blackwell, doi:10.1111/socf.12039.
24. Phinney, Jean S. "The Multigroup Ethnic Identity Measure." *Journal Of Adolescent Research*, vol 7, no. 2, 1992, pp. 156-176. SAGE Publications, doi:10.1177/074355489272003.
25. Robert Putnam. "In A League Of Its Own Robert D. Putnam: *Bowling Alone: The Collapse And Revival Of American Community.* (New York: Simon And Schuster, 2000. Pp. 541. \$26.00)." *The Review Of Politics*, vol 63, no. 02, 2001, p. 408. Cambridge University Press (CUP), doi:10.1017/s003467050003134x.
26. Rowe, J. W., and R. L. Kahn. "Successful Aging." *The Gerontologist*, vol 37, no. 4, 1997, pp. 433-440. Oxford University Press (OUP), doi:10.1093/geront/37.4.433.
27. Samuel A. Stouffer "Communism, Conformity, And Civil Liberties: A Cross- Section Of The Nation Speaks Its Mind. New York: Doubleday, 1955. 279 Pp. \$4.00." *Adult Education*, vol 6, no. 2, 1956, pp. 125-128. SAGE Publications, doi:10.1177/074171365600600215.

28. Shapiro, Adam, and Corey Lee M. Keyes. "Marital Status And Social Well-Being: Are The Married Always Better Off?." *Social Indicators Research*, vol 88, no. 2, 2007, pp. 329-346. Springer Nature, doi:10.1007/s11205-007-9194-3.
29. Smith, M. B. "The Open And Closed Mind. Investigations Into The Nature Of Belief Systems And Personality Systems. Milton Rokeach. Basic Books, New York, 1960. Xv + 447 Pp. \$7.50." *Science*, vol 132, no. 3420, 1960, pp. 142-143. American Association For The Advancement Of Science (AAAS), doi:10.1126/science.132.3420.142-a.
30. Treas, J., and E. D. Widmer. "Married Women's Employment Over The Life Course: Attitudes In Cross-National Perspective." *Social Forces*, vol 78, no. 4, 2000, pp. 1409-1436. Oxford University Press (OUP), doi:10.1093/sf/78.4.1409.
31. Utsey, Shawn O. et al. "Cultural, Sociofamilial, And Psychological Resources That Inhibit Psychological Distress In African Americans Exposed To Stressful Life Events And Race-Related Stress.." *Journal Of Counseling Psychology*, vol 55, no. 1, 2008, pp. 49-62. American Psychological Association (APA), doi:10.1037/0022-0167.55.1.49.
32. Yoo, Hyung Chol, and Richard M. Lee. "Ethnic Identity And Approach-Type Coping As Moderators Of The Racial Discrimination/Well-Being Relation In Asian Americans.." *Journal Of Counseling Psychology*, vol 52, no. 4, 2005, pp. 497-506. American Psychological Association (APA), doi:10.1037/0022-0167.52.4.497.
33. World Health Organization (1948). *World Health Organization Constitution*. Basic documents. Geneva
34. Kuh D, Richards M, Cooper R et al. (2014) *Life course epidemiology, ageing research and maturing cohort studies: a dynamic combination for understanding healthy ageing In A Life Course Approach to Healthy Ageing* pp. 3–15 [Kuh D, Cooper R, Hardy R, et al. , editors]. Oxford, UK: Oxford University Press