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Study life satisfaction amongst the rural elderly in Delhi, India

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Abstract

Life Satisfaction is a marker of emotional prosperity (SWB) among the older, and is straightforwardly related with wellbeing and mortality. Present investigation manages the variables related with the Life Satisfaction among the rustic older in Delhi, India. It is necessary to analyze and identify the major factors which can improve upon the level of Life Satisfaction among the elderly population. Better understanding of these factors can help in removing the superfluous anxiety of old age in the mindset of people which is pervading in the society.

Keywords: Parental attitude, participation, sports, girls

Introduction

Life satisfaction is an vital thing of a success getting older. Successful getting older is a generic phenomenon, which isn't always uniform throughout the distinct age groups, and it differs from man or woman to man or woman. Some accomplish a feel of success and satisfaction in antique age, at the same time as others flip harsh and antagonistic to the adjustments of antique age and lament at the decline in their bodily activities. Level of Life Satisfaction shows the subjective wellbeing that is related to the fitness and mortality repute some of the aged. It is some of the one of the predominant determinants of well-being, which displays the cognitive judgmental thing of an character. Older folks who skilled terrible fitness generally tend to specific low degree of Life Satisfaction. However having better socioeconomic repute, ok own circle of relatives support, better degree of satisfaction with one's dwelling environment/condition, and staying of their personal domestic some of the aged populace performs a important position in reaching a success getting older.

Life Satisfaction check with a judgmental process, wherein character get right of entry to their great of life (QoL) according with a few precise set of criteria's. Elderly are greater touchy to their Life Satisfaction and fitness conditions, that is similarly stimulated via way of means of their socioeconomic situations, and constrained paintings performance.

As in line with the WHO, 4 elements which at once affects the extent of Life Satisfaction some of the aged are: bodily fitness condition, intellectual fitness condition, social dating and environment. For enhancing Life Satisfaction some of the aged, it's miles essential to keep in mind elements like satisfaction in residential environment, community dating, monetary repute, keeping friendship, own circle of relatives dating, bodily fitness condition, satisfaction in marital repute, task or career, and lastly, satisfaction in others thing of life.

Life Satisfaction is influenced by various factors like demographic, socio-economic, health, physical status, mental status, social support, social adjustment and number of morbidities. Studies indicate that factors such as race, socioeconomic status, marital status, education, level of self-esteem, depression, may influence the level of Life Satisfaction. In terms of demographic factors, increase in age has a significant impact on the Life Satisfaction among females in comparison to males. Few studies have recorded that neither age nor gender was positively associated to Life Satisfaction.

Time-varying physical health is related to changes in Life Satisfaction. Change in marital status is related to the Life Satisfaction path, and new widowhood is related to morale and social engagement. Women and men in formal marriages experience higher leve Life satisfaction of Life Satisfaction than people in other forms of marriages.

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There is a moderate effect of socioeconomic status, including income and educational level, on Life Satisfaction. A study on Life Satisfaction amongst elderly people living in Australia, found that social, health, security of life, residence, acceptance and adjustment influences the level of Life Satisfaction among the elderly. Studies a Life Satisfaction showed that residential status have a negligible impact on Life Satisfaction.

Most of the research was focused on activities of daily living (ADL Life satisfaction) and instrumental activities of daily living (IADL Life satisfaction) as an indicators to evaluate the health condition of elderly and Life Satisfaction. Physical activities, viz. bathing, dressing, toileting, continence, movement and food intake including ADL, are positively related to Life Satisfaction. However, few studies show that physical disability was not significantly related to Life Satisfaction. As per a study among 132 countries, by Gallup organization, there are stronger evidences that health and Life Satisfaction among the elderly people decreases with increase in the level of disability and age. This study a Life satisfaction indicates towards differences among the developed and developing countries as decline in Life Satisfaction with disability and age was more among the developing and underdeveloped nations.

There is a positive relationship between psychological well-being and Life Satisfaction. Psychological health is generally related to overall subjective well-being, and there is a significant relationship between depressive symptoms and Life Satisfaction. Psychosocial variables like size of social support, social support and positive social relations are strongly related to Life Satisfaction. There is a significant effect of physical and psychological well-being on Life Satisfaction while, socio-demographic variables such as gender or age plays very limited role in Life Satisfaction.

Social support systems like religion, education, marriage, occupation, active daily life status, living arrangement, diet, transportation, family support and emotional support a Life satisfaction have a positive impacts on the Life Satisfaction of elderly.

Various studies indicate social support as a factor which has a strong influence on the LIFE SATISFACTION among the elderly. Literature suggests that psychological variable and locus of control affects subjective well-being more than social support and Life Satisfaction in elderly individual Life satisfaction. Factors like household environment (both physical and social), overall well-being, personal information (information on age, sex, education and place of residence), self-acceptance (social support), personal traits (cognitive health) and lifestyle indicators (smoking, consuming tobacco and alcohol) are correlated with the Life Satisfaction among the elderly population. Studies a Life Satisfaction explored the factors associated with the Life Satisfaction which have been experienced during the process of aging. In case of within the group distribution of elderly population, results indicates that economic position and health were the most important factors determining level Life satisfaction of Life Satisfaction among elderly individual Life satisfaction. Life Satisfaction is a forecaster of longevity and morbidity, disease and injury. In addition, Life Satisfaction is a Life satisfaction related to other health

variables such as favorable self-reported health, social support, and positive health behaviours. Limited evidences are available on the relationship between Life Satisfaction, health behaviours, chronic health conditions, and health-related quality of life (HRQOL) among the elderly. Behavioural Risk Factor (smoking, consumption of alcohol and tobacco) chronic illness and adverse health behaviours are correlated with HRQOL and influences Life Satisfaction.

In Indian context, Maheswaran and Ranjit focused on Life Satisfaction and influence of demographic factors on Life Satisfaction of the elderly people. Results indicate that majority of the respondents had low level of Life Satisfaction. Moreover, the demographic factors namely gender and habit of savings directly influences the level of Life Satisfaction of the elderly respondents. The variables viz. health problems, ownership of house, ownership of land, religion, monthly income and number of children, negligibly influence the level of Life Satisfaction. Balachandran et al. studied Life Satisfaction and alienation of elderly males and females in the district of Kerala, India. The results indicate that elderly men experience less alienation in comparison to the elderly women. However, both elderly male and females do not exhibit significant differences in their Life Satisfaction. Marpady et al. conducted a study in rural Karnataka, India to explore the pattern of social support system and Life Satisfaction amongst the elders. The research revealed that family support is a significant factor for the better psychological wellbeing of the elderly. It was a Life satisfaction observed that homebound elderly had more advantages than the institutionalized elderly in terms of daily activities, level of satisfaction, social support and source of financial support.

Method

The study was conducted in Delhi, India. The study aims to explore the familial setups, roles, health status and expectations of the elderly. Before collecting necessary information from selected elderly.

Statistical analysis was carried out in two stages: firstly; the sample characteristics of the elderly population was assessed for each variable using descriptive statistics by also focusing upon the observation of elderly population with chronic diseases. Later on, hierarchal multiple regression analysis was used as per Gender. Hierarchal regression by gender was employed as per the available literature which shows that gender has a significant effect on LS among elderly. Literature on differences in pain experiences indicates towards gender variations, where women generally experience more experimental pain in comparison to men. Moreover the perception, attitude and approach towards life are very different among both the genders. Level of LS is lower among those men who are living alone or without their spouse while among females, LS is lower when they used to stay with their relatives or their parents-in-law. Similarly residing with an unmarried son is negatively associated with LS for both genders. Women LS increases with higher number of social activities and friend circle which is not that significant predictor of LS among the males. Overall family relations are of more importance to males in comparison to females.

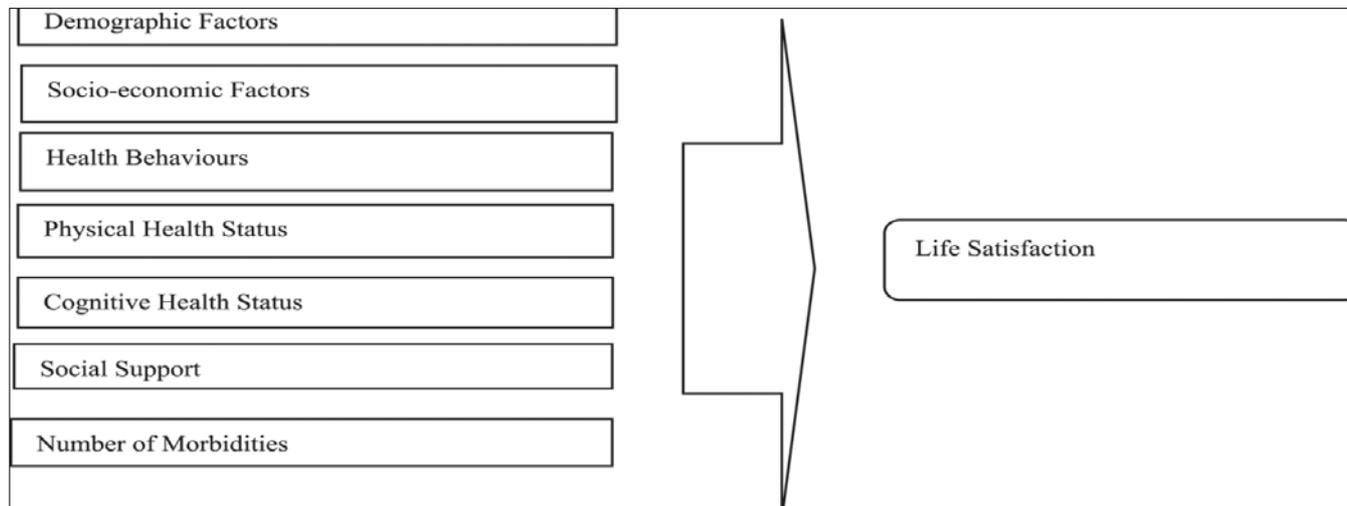


Fig 1: Framework of this study model by (Coke and Twaite (1995), Naugarten et al. (1965))

Table 1: Variables used in the study

Predictive variables	Parameters	Instruments
Health Behaviours	Question : Do you have any of the following habits a) Smoking b) Consumption of alcohol c) Consuming tobacco	Questionnaire containing dichotomous responses (Yes/No)
Social networks	Question: Do you have keep in touch with your relatives or friends?	Questionnaire containing dichotomous responses (Yes/No)
Morbidity	No Morbidity At least one morbidity At least two morbidity Three or more morbidity	International Classification of Diseases (ICD)-10
Disability		
Physical disability	Vision, hearing, walking, chewing, speech, memory.	Questionnaire containing dichotomous responses (Yes/No)
Activities of Daly Living (ADL)	Feeding, continence, transferring, toileting, dressing, bathing.	Katz scale
Psychological distress	12 questions related with psychological wellbeing among elderly	General Health Questionnaire (GHQ)-12

Result & Discussion

As this study was also done in the rural setup the percentage of elderly living with the married daughter was negligible so it was not taken into account. About 58.1 % of the population have Below Poverty Line (BPL) card. About 63 % of the respondents are consuming tobacco, 31 % of them are used to smoking and a small proportion (4 %) in drinking alcohol. Nearly 63 % of the elderly are having good social support. Majority of the elderly were not disabled (70 %) as only 30 % of them were having some sort of disability. Half of the elderly population was having poor cognitive health status and only 14 % of the elderly were having good cognitive health status. About 77 % of the

elderly population in the district was in functional state and 23 % have some issues with ADL.

Disability has a significant effect on the LS of elderly people. It is also observed that negative life events may increase psychological distress among elderly people and in turn can lower the level of LS. However there is a direct relationship between social supports and LS, as social support increases LS also increases. Furthermore, disability, preceding psychological distress, lack of friend circle or social support system that could help elderly, low ADL and IADL scores was associated with dissatisfaction with life or lower level of LS.

Table 1: Percent of respondents having selected morbidities by Gender

Morbidities	Male (N = 153)	Female (N = 157)	Total (310)
Arthritis	50.9	54.7	52.9
Cerebral-embolism, stroke or Thrombosis	0.6	1.9	1.2
Heart disease	0.6	4.4	2.5
Diabetes	7.8	10.8	9.3
Chronic obstructive pulmonary disease	30.0	10.1	20.0
Asthma	9.1	10.1	9.6
Depression	7.1	4.4	5.8
High blood pressure	26.1	12.7	19.3
Alzheimer's disease	3.9	9.5	6.6
Cancer	0.0	1.9	0.9
Dementia	4.5	7.6	6.1
Liver or gall bladder illness	4.5	3.1	3.8
Osteoporosis	1.9	3.1	2.5
Renal or Urinary tract infection	9.1	3.8	6.4
Cataract	21.5	15.9	18.7
Loss of all natural teeth's	4.5	7.0	5.8
Accidental injury (in past one year)	11.7	6.3	9.0
Injury due to fall (in past one year)	3.9	2.5	3.2
Skin disease	6.5	7.0	6.6
Paralysis	8.4	4.4	6.4

LS and mental health are associated with some specific demographic factors such as age and gender. In addition, self-rated health and limited functionality due to disability exert a significant impact on psychological well-being and can lead to depressive symptoms, and psychological distress. The relationship between ADL, psychological factors and LS was different between males and females. It is a well-established fact that with increasing age, there are higher likelihood of morbidity and disability. This may be due to the nature or occurrence of disease as older people do not encounter with fatal diseases rather they suffer from chronic diseases.

Limitations of the study

It was a major challenge to explain to the respondents and their family members about the reason behind this study and the underlying benefit to them. Many respondents were curious to know whether they will receive any financial benefit from the government or not. This is a cross sectional study and results may change over time. This study takes into consideration only self-reported cases for any sort of morbidity and disability. No clinical examination has been performed, so the results may vary. The study is confined to few villages. It can be extended to other districts also to provide a probable solution to the problems faced by elderly that can be useful for the decision makers in future for policy implications.

Conclusions

In this examine, the subjective that means of growing old is decided on the idea of the LS model. Factors consisting of cognitive status, morbidity status, and social helps may be the regions of situation and unique consciousness for the gerontologist. Interdisciplinary studies with the purpose of growing LS withinside the aged need to be promoted. Management of fitness situations and ADL, functioning

performs a pivotal position in growing LS amongst aged. The trouble of cognitive well-being remained unidentified specifically some of the aged populace. This trouble desires extra interest as sound cognitive fitness can beautify the general LS some of the aged. This examine can make a contribution definitely withinside the universal feeling of happiness some of the aged populace which can also additionally come to be a foundation for the components of guidelines to enhance the QoL withinside the county like India. The implication of our findings may be followed through the authorities businesses and police maker to perceive the predominant regions of interest and to perceive the maximum prone elderly people, mainly elderly females/widows.

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