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RESEARCH ARTICLE

A STUDY OF LIFE SATISFACTION AMONG OLD AGE PEOPLE OF LUCKNOW CITY (U.P.)

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ABSTRACT

Life satisfaction among aged is an important construct in psycho-social study of ageing. In the present study is based on a sample of 120 people 60 male and 60 female drawn from Lucknow city. Sample consisted of adults living in homes with families it was planned to assess the relationship between life satisfaction and recreational activities of old age people. Researcher used standardized scale (Satisfaction with life scale, Diener, E) and self structured questionnaire. The results of the present study revealed that there is relationship between life satisfaction and recreational activities.

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INTRODUCTION

Aging is common to mankind. Aging is a process which takes place during the entire life span of all organisms. In recent years the science of gerontology and the process of aging have been expanded. This recent interest in aging and the aged stems largely from the fact that the proportion of old age in our society is increasing at a very higher pace. Older people who are not able to manage daily life by themselves may have a different view of life satisfaction than those with preserved self-care capacity. It may well be that the transition from being healthy and independent of help with activities of daily living to having to live with reduced self-care capacity alters the view of aspects contributing to life satisfaction. The proportion of the oldest old (80 years of age or above) will increase most in the years to come, which in turn will make demands on the health-care system. Life satisfaction is one among a range of concepts that is assumed to reflect the conditions of a good life'. This section aims to clarify the relationship between life satisfaction and the two related concepts of quality of life and subjective well-being. Subjective well-being also provides the theoretical context for the definition of life satisfaction applied in the thesis. The distinction between a top-down and bottom-up theoretical framework for life satisfaction judgments is also addressed. Diener defined life satisfaction as ―a cognitive judgmental global evaluation of one's life. It may be influenced by affect but is not itself a direct measure of emotion‖ (1984). The definition highlights the distinction between the sub-categories of subjective well-being; the evaluation of life satisfaction involves a judgmental process that differs from that involved when reporting affect as it requires a conscious, cognitive assessment of life circumstances and a comparison of these to a subjectively set standard (Pavot and Diener, 1993). Life satisfaction, a component of personal well-being, is also an important part of aging well. Life satisfaction can also be connected to sense of control among older adults. Even life events that could be highly stressful, such as financial problems, may have little negative effect if the individual feels he has some choice (Krause *et al*., 1991). The field of aging has long been concerned with what happens to well-being as people grow older. Social gerontology was launched as a field with prominent emphasis on whether life satisfaction was affected by the aging process (Lawton, 1975; Neugarten *et al*., 1961). The level of satisfaction among the aged effects not only their psychological adjustment but also physical, emotional and social well-being. Studies on various aspects of social

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gerontology conducted in India are mostly in the context of urban societies, whereas a larger segment of Indian aged lives in villages. The present study deals with urban as well as village elderly who reside in villages near to city thus having traditional village values but also being affected by nearby city culture. Thus elderly of these semi urban regions have been studied in comparison to elderly of urban region or the city.

Methodology

Sample

The sample consists of 120 elderly of age group 60 and above 60 years who were selected randomly from different colonies, villages, old age homes of Lucknow district, Uttar Pradesh.

Tools Used

Researcher used standardized scale (Satisfaction with life scale, Diener, E) and self structured questionnaire for assessment of general profile and health profile. Life satisfaction scale for specific domains developed and standardized by researcher (2009) was used for measuring life satisfaction for specific domains of elderly people.

Procedure

Along with the satisfaction with life scale for specific domains, an interview schedule was developed by investigator to collect general information. After administration of these tools collected data was scored and analyzed statically using t- test.

OBSERVATION AND DISCUSSION

To find out the mean difference in life satisfaction of the elderly between male and female, t- test was done. The information in the above table indicates that there were significant differences between male elderly and female elderly life satisfaction.

Male elderly reported higher mean score than female elderly in life satisfaction. This could be because health leads to a number of problems among aged. Physical impairment of vision and hearing reduces the mobility and interaction of the elderly. This results in feeling of loneliness and isolation. The onset of diseases one after other due to slow degradation of body starts lowering one's life satisfaction. As people age, health related problems increase and life quality decreases since health affects all aspects of life, including participation in social life, income, level of mobility, and dependency. Though this aging affect is universal a no. of facilities and specialized services in medical field is available in urban cities. Thus there is a better platform to fight with aging health problems by male elderly compared to female elderly. The above table indicates that 65 percent male and 58 percent female respondents had good health status to whereas 24 percent male and 37 percent female respondent had fair health status and 11 percent male and 6 percent female respondent had bad health status.

The health status according to the gender

The above table indicates that 75 percent male and 68 percent female and 72percent total respondent had clearly audible whereas 25 percent male and 17 percent female and 22 percent total respondent had partially audible and 0 percent male and 15 percent female, 7 percent total respondent had not clearly audible.

The hearing problem according to the gender

The above table indicates that 46 percent male and 46 percent female and 46 percent total respondent had clearly visible whereas 31percent male and 35 percent female and 33 percent total respondent had partially visible and 18 percent male and 19 percent female, 18 percent total respondent had not clear without assistive device, 6 percent male 0 percent female and 3 percent total respondent has clear with use of assistive device.

Life satisfaction across gender

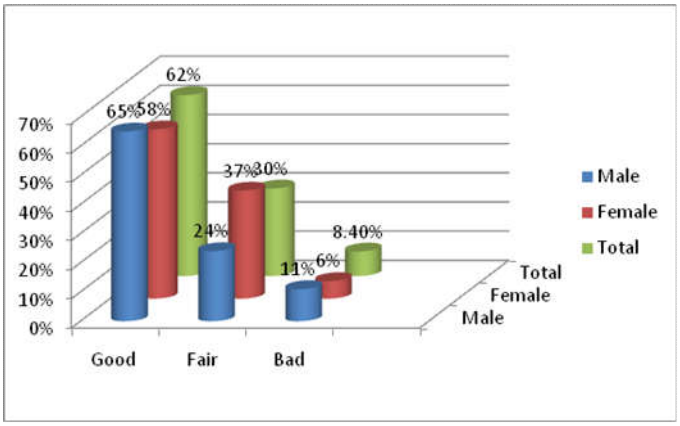
S.No.	Parameter	mean±sd (male)	mean±sd (female)	t- value	p-value
1.	In most way in my life is close to my ideal.	5.28±1.157	4.94 ±1.178	.453	.502
2.	The condition of my life is excellent.	5.00 ±1.435	4.79±1.552	1.034	.311
3.	I am satisfied with my life	5.49 ± 1.015	4.83 ± 1.618	19.112**	.000
4.	So far i have gotten the important things i want in life	5.24 ± 1.038	4.71 ± 1.304	4.101	.045
5.	If i could live my life over, i would change almost nothing	3.00 ±1.425	3.23 ± 1.165	.298	.586

Distribution of the health status according to the gender

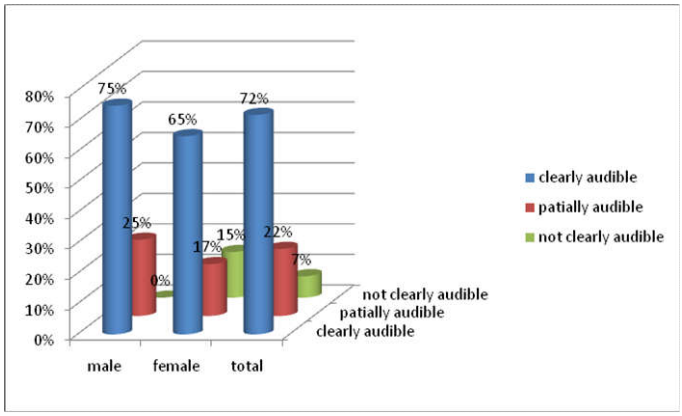
Health Status		Gender of the respondent		Total
		Male	Female	
	Good	65%(43)	58% (30)	62% (73)
	Fair	24% (16)	37% (19)	30% (35)
	More Than 2 Bad	11% (7)	6% (3)	8.4% (10)
Total		66	52	118

Distribution of the hearing problem according to the gender

Hearing problem		**Gender of the respondent**		**Total**
		Male	Female	
	Clearly audible	75%(51)	68%(35)	72%(86)
	Partially audible	25%(17)	17%(9)	22%(26)
	Not clear audible	0%(0)	15%(8)	7%(8)
Total		68	52	120



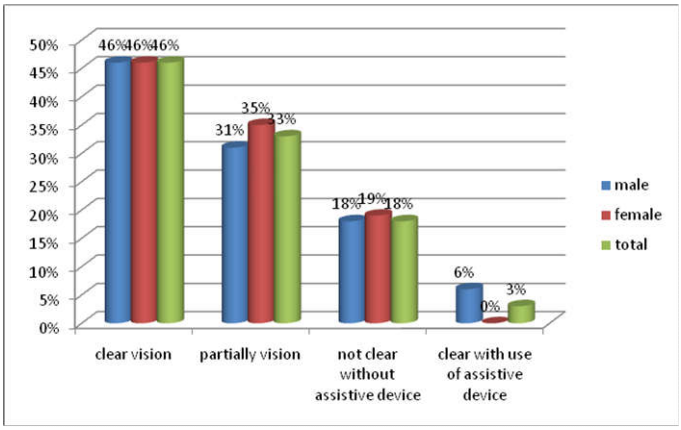
The health status according to the gender



The hearing problem according to the gender

Distribution of the hearing problem according to the gender

Vision problem		Gender of the respondent		Total
		Male	Female	
	Clear vision	46%(31)	46%(24)	46%55
	Partially clear	31%(21)	35%(18)	33%(39)
	Not clear without assistive devices	18%(12)	19%(10)	18%(22)
	Clear with use of assistive device	6%(4)	0%(0)	3%(4)
Total		68	52	120

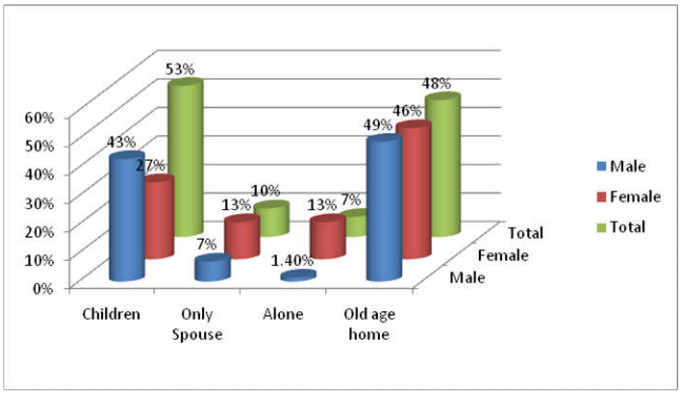


The vision problem according to the gender

Distribution of the place of living according to the gender

Place of living with	Gender of the Respondent		Total
	Male	Female	
Children	43% (29)	27% (14)	53% (43)
Only Spouse	7% (5)	13% (7)	10% (12)
Alone	1.4% (1)	13% (7)	7% (8)
Old Age Home	49% (33)	46% (24)	48% (57)
Total	68	52	120

The above table indicates that 43 percent male and 27 percent female respondent were live with children whereas 7 percent male and 13 percent female respondent were live with only spouse and 1.4 percent male and 13 percent female respondent were live alone another 49 male percent 46 female respondent were live old age home.

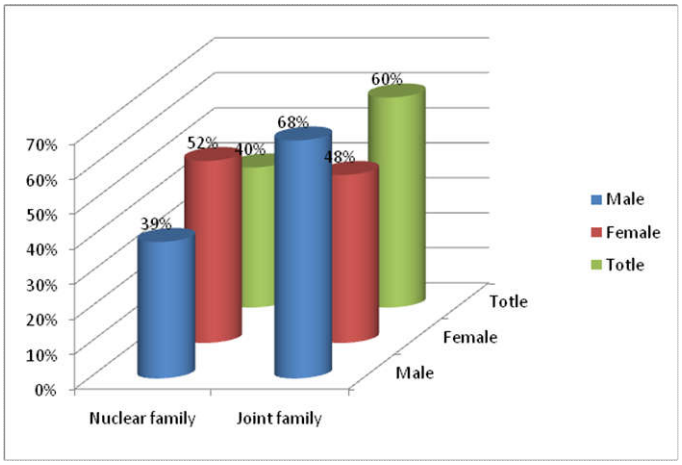


Place of living according to the gender

Distribution of the type of family according to the gender

Type of the family	Gender of the respondent		Total
	Male	Female	
Nuclear Family	39% (21)	52% (27)	40% (48)
Joint Family	68% (47)	48% (25)	60% (72)
Total	68	52	120

The above table indicates that 39 percent male and 52 percent female respondent were belonging to nuclear family whereas 68 percent male and 48 percent female respondent were belonging to joint family.



Family according to the gender

Conclusion

The study adds to the necessity of research in gerontology which is the need of hour as with the rapid increase in elderly population of India it's the forthcoming challenge for the nation. The present research however dispels that the condition of elderly on a whole is not satisfactory for elderly either in village families or city families. The male elderly reported better health and financial satisfaction because of good health facilities due to advanced hospitals and other urbanized sectors for reemployment and some source of earning money. In female elderly neither proper health nor re-employment facilities were available neither the familial and social bonding of traditional times due to urbanization. Nor they have traditional occupation as farming and children have fled to nearby city for earning leaving them alone and isolated. The study had shown significant differences among urban and semi urban elderly in health satisfaction, financial satisfaction and social satisfaction. Ensuring good quality geriatric health care services at the primary level would greatly help in improving the utilization rates of the available health services. Health care services should be based on the ―felt needs‖ of the elderly population especially rural and semi urban areas. Their ability to lead healthy and fruitful lives should be ensured by the Government. The elderly should be considered as human resources and their rich experience and residual capacities should be put to optimum use for the benefit of national development. Although well-being does not increase with more money to spend, the experience of financial insecurity probably represents a basic menace to life satisfaction even in old age. Thus it is important to strengthen these values and the capacity of families to cope with the problems of caring for the elderly. Since a culture of both working partners is on rise so there is an immediate need for developing such systems and options where urban elderly can interact, enjoy and develop social relations to satisfy their intense need for proper socialization. Thus elderly in both the dwellings have their own problems and issues which needs to be addressed accordingly.

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