

A STUDY OF GENERAL WELL-BEING, LIFE SATISFACTION AND DEPRESSION AMONG ELDERLY

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ABSTRACT

Old age is considered as the last stage of development and is associated with decline in physical as well as cognitive functions. Several studies can be found where it is reported that old age is associated with a number of problems. Present study was planned to examine the variation in depression, life satisfaction and general wellbeing of male and female old age people residing in urban and rural areas in the NCR region. A sample of 120 (60 males and 60 females) with equal number from rural and urban areas was administered measures of depression, life satisfaction and general wellbeing uniformly by the first investigator. Data were analysed using descriptive (mean and SD's) and inferential (2*2 ANOVA) statistical test. Results revealed that old age people living in rural area are significantly more depressed than living in urban area and the old aged people living in urban area scored significantly higher score on general wellbeing measures. The interactive effect of sex and area of residence was significant ($p < .05$) only in case of life satisfaction. The implications of the study for the aged, their family, government and social agencies are discussed.

Keywords: Depression, Life Satisfaction, General Wellbeing, Elderly

INTRODUCTION

Human development is a lifelong process. It continues through conception till death. During this period a person has to cross many stages and old age is considered as the last phase of life. The word "Age" indicates the span of time a person has existed and if the time of his living is called by the society as "age". There are various ways to describe the term aged. On the global standard, aged is a person who is above sixty five (Ashish, 2015). Human growth and development chart shows that the old age of a person starts after 60 years till he/she dies.

This is the stage where in the person becomes rich in experience and wisdom concurrent with decline physical strength, biological processes and cognitive capacity. The person who at one

time was the key decision maker and the entire family looked at him/her for final say is now getting sidelined and the sons/ daughters are now taking decisions. This and the other reasons like migration and the moving away of the young ones for greener pastures to cities and even to other countries have also complicated their situation as the aged are then left behind to fend for themselves. Thus there are so many problems the aged are facing now. These include, physical, psychological, economic and interactional in social, familial setting (Pyrek & Synder, 1978). These problems are inter-dependent and inter connected in nature (Kapoor & Kapoor, 2000; Kumar, 1999; Ramamurthi, 1995).

We are now living in a modern world which is full of information and technological advancement. No doubt science has changed the picture of the world. Every facility is available for the people. They can do anything within a second but it decreases the physical exercise and social interaction. Unfortunately, with development of science, technology and industrialization; social and psychological health of the people is adversely affected. Due to industrialization, people have to go away from home, it's the one reason old people live alone in their home. It is the stage of life where the person gets retired from the job and slowly from the active life as their physical capacity and strength declines consequently their social participation and interpersonal interactions are reduced. Due to this and other reasons the person in this phase of life is in greater need of care and support. But the situation is going opposite in direction which is adversely affecting their happiness, life satisfaction and overall health and wellbeing.

General Well-being

The word 'Health' basically comes from old English which means the state and condition of being sound or whole. In the ancient time, the meaning of health was taken as the absence of disease. But now this concept is totally changed. Health is not only the absence of disease but more than this. Health has become widely accepted as a state of general wellbeing that includes both physical and psychological components (Wheeler & Miyake, 1992). The World Health Organization (1946) also represents this concept in this way, health is 'state of complete physical, mental and social wellbeing and is not merely the absence of disease and infirmity. General wellbeing refers to the harmonious functioning of physical as well as psychological aspects of personality, giving satisfaction to the self and the benefit to the society. The person reporting low wellbeing means that he/she is not having complete and harmonious functioning of the whole personality in relation to physical and mental health. According to Diener and Diener (1996) and Lykken and Tellegen (1996) general wellbeing as the subjective feeling contentment, happiness, satisfaction with life experience and one's role in the world of work, sense of achievement, utility, belongingness and no distress, dissatisfaction or worry etc.

Life Satisfaction

Life satisfaction is a state of satisfaction when the person evaluate himself/herself as to what he /she has done over his/her life time. A person when asked how he/she going to lead his/her life again given the opportunity and the person says he/she wants to lead life in the same way he/she has done this time indicate his /her satisfaction and no regret. The feeling of satisfaction adds to one's overall wellbeing whereas depression has adverse effect on wellbeing.

Depression

Depression is a downward mood state and people with depressed mood state feel sad, anxious, empty, hopeless, helpless, guilty and irritable. The lifetime prevalence rate of depression is about ten to fifteen percent but it is almost double for women (Comer1992). When we consider the old aged people the situation seems to be worse and it is found that the old aged are more vulnerable to depression than people of any other stage of development.

A number of studies have been conducted and reported (e.g. Diener, Suh, Lucas and Smith, 1999; Suh and Oishi,1997; Schmutte and Ryff, 1997, Shyam and Devi,2006, Shyam and Yadav, 2006, Singh and Shyam, 2007). Findings of the studies indicate a number of correlates of wellbeing, including, personality, religiosity, social support, financial support, physical activity, health, age, education, intelligence etc. But several contradictory findings have also been reported e.g. in western set ups the institutionalized old aged have been found to have higher level of depression where as in Indian set up the non-institutionalized oldaged have been found to have more depression (Shyam and Yadav, 2006).

Ardelt, (2003) examined the effect of religion and purpose of life on subjective wellbeing and attitude towards death amongst elderly people. Results of the study revealed that the purpose in life rather than extrinsic or intrinsic religious orientation was positively related to subjective wellbeing and negatively associated with fear of death amongst the aged sampled in the study.

Sharma (2004) assessed and compared the general wellbeing and life satisfaction of old aged people living in ashrams and homes. Findings of the study (N=100) revealed that the old aged people living in their home have had better wellbeing and life satisfaction as compared the those living in ashrams. Barker, Cahalin, Gerst and Burr (2005) examined the relationship among the three measures of subjective wellbeing (life satisfaction, happiness and depressive symptoms) and two global measures of productive activity(number of activities and time commitment). Multivariate regression analysis revealed that as time committed to productive activities increases life satisfaction increases. Both increasing number of productive activities and increasing time commitment predicted higher level of happiness. Mette, (2005) revealed that health perception is strongly and positively related with one's main activity. The standard of

living was also found to be linked with satisfaction. Both household and personal income have a positive effect.

Al Elaiawy and Mohammed (2006) assessed the psychological problems of institutionalized and non- institutionalized geriatric people in Bagdad city. Results of the study revealed that most of the institutionalized old aged people suffer from psychological problems (cognitive disorders, like amnesia, mental confusion, depression (severe sadness 84.67%) and low self -esteem.

Patil and Itagi, Khadi and Havaladar, (2013) examined the subjective wellbeing of 140, institutionalized and non- institutionalized senior citizens from Hubli-Dharwadcity of Karnataka. Findings revealed that the institutionalized aged have had more of wellbeing whereas the non-institutionalized aged have had before of overall wellbeing and ill being. Singh and Singh, et al. (2013) conducted a study to compare the psychological problems of old aged people and to determine its relationship with selected demographic variables of the elderly living in institutional and home settings in Kathmandu, Nepal. Findings indicate that the psychological problems of the elderly living in institutional setting were significantly higher than those living in homes. The study emphasized the need for strengthening the traditional joint family system. Sridevi and Swathi (2014) in a review paper reported that the number of elderly is growing fast both in developing and developed countries. The rapid change in the social and cultural values had made a tremendous impact on the mental wellbeing of the elderly. Depression is a common problem of all ages but it is more complex in old aged people as it is often associated with other problems such as physical disability, dementia, anxiety/death anxiety, that exacerbate the distress experienced by old aged peoples.

Some of the studies have reported significant role of geographical, religious and cultural factors in the wellbeing of the old aged people. In a recent study Akhtar, Prajapati and Shyam, (2016) reported that the old aged belonging to Fiji have had higher scores on subjective wellbeing as compared to their Indian counter parts. Akhtar and Shyam, (2016) in an another study reported that the old aged people from Jammu and Kashmir state of India(all participants Muslims) scored higher on some of the dimensions of subjective wellbeing than their counter parts from Haryana (all Hindus).

Thus the study of health and wellbeing of the old aged people in a country like India is very relevant keeping the changing socio – cultural and work related conditions. The advances in medical sciences have added years to life and the average life span has been increased but at the same time the breakup of the traditional family system to the new nuclear and small families and the moving away of the younger ones to faraway places in search of work and even to other countries have added to the woos of the old aged people who are left behind either alone or at the mercy of servants. Thus the present study was planned to assess the general wellbeing, life

satisfaction and depression of the old aged people. The study is entitled as, "General wellbeing, life satisfaction and depression among aged".

OBJECTIVES

The following were the objectives of the study:

1. To examine the variations in the general wellbeing, life satisfaction and depression of the male and female old aged people.
2. To examine the variations in the general wellbeing, life satisfaction and depression of the rural and urban old aged people.
3. To examine the interactive effect of the sex and residence on the general wellbeing, life satisfaction and depression of the old aged people.

METHOD

Design

A 2x2 factorial design will be used for the present study. Sex and area of residence were the two independent variables and both have two levels each.

Sample: A sample of one hundred and twenty (with equal number of male and female, from rural and urban area) old aged people living in and around Rohtak (Haryana) were selected following non-random purposive sampling procedure basis. All the participants were 60 years and above in age and those having any major and chronic physical and psychological illness were not included in the sample.

Tools

The following standard psychological tools were used for the assessment of the criterion measures:

1. General wellbeing: General wellbeing of the participants was measured using PGI General wellbeing Scale (Verma and Verma,1989). It is a reliable and valid measure of general wellbeing having 20 items to be endorsed on a yes/no format with minimum score 0 and maximum 20.
2. Life satisfaction: Life satisfaction of the participants was measured using Hindi version (Mohal, 1990) of the Life satisfaction scale developed by Warr, Cook and Wall, (1979). It is 10 item scale and each item is to be endorsed on seven point scale, 1(extremely dissatisfied) to 7(extremely satisfied). The technical properties of the English and Hindi version were strong.

3. Depression: Depression was measured using Hindi version (Mathur, 1981) of the Beck Depression Inventory(Beck ,Ward, Mandelson, Mock andErbaugh,1961). It is a self – report measure having 21 items relating to the behavioral manifestations of depression irrespective of clinical diagnosis. Items are scored as 0, 1, 2 and 3.The technical properties of the English and Hindi version were strong.

PROCEDURE

All the measures were administered uniformly to all the participants in a single session or giving small rest breaks depending on the need of the old aged persons. Before administering the tests, their verbal consent for participating in the study was obtained.

The obtained data were analysed using both the descriptive as well as the inferential statistical techniques. Means and SDs were calculated as descriptive statistics and 2x2 ANOVA was calculated for testing the hypotheses for the main as well as the interactive effects of the criterion variables.

RESULTS AND DISCUSSION

The study was conducted with the aim of examining variations in depression, life satisfaction and general wellbeing of aged living in rural and urban areas. A sample of 120 old aged people (both sexes in equal number) was selected from rural and urban areas living in NCR region (Rohtak District of Haryana). All the participants were administered measures of depression, life satisfaction and general wellbeing. 2×2 ANOVA was done to test the significance of the main effects (sex and area of residence) and the interactive effect. The results are given in table 1 to 4 below:

Table 1: Means and SD's of rural-urban, male and female old age on depression

	Male		Female		Total	
	mean	SD	mean	SD	mean	SD
rural	21.83	11.68	19.27	7.15	20.55	9.69
urban	12.77	6.99	12.8	2.8	12.78	5.28
Total	17.3	10.58	16.03	6.29		

Table 2: Means and SD's of rural-urban, male and female old age on life satisfaction

	Male		Female		Total	
	Mean	SD	Mean	SD	Mean	SD
rural	51.13	7.85	46.2	5.99	48.67	7.35
urban	41.73	13.31	46.8	13.5	44.27	13.54
Total	46.43	11.83	46.5	10.36		

Table 3: Means and SD's of rural-urban, male and female old age general wellbeing scores

	Male		Female		Total	
	mean	SD	Mean	SD	Mean	SD
rural	9.03	2.06	8.43	2.27	8.73	2.17
urban	10.37	2.48	10.2	2.19	10.28	2.32
Total	9.7	2.36	9.32	2.38		

Table 4: Summary of 2*2 ANOVA for depression, life satisfaction and general wellbeing

area of residence rural-urban	Dep	1809.63	1	1809.63	29.64**
	LS	580.8	1	580.8	5.08ns
	GWB	72.08	1	72.08	14.17**
Sex male-female	Dep	48.13	1	48.13	.79ns
	LS	0.13	1	0.13	.001ns
	GWB	4.41	1	4.41	.87ns
Area of residence*sex	Dep	50.7	1	50.7	.83ns
	LS	750	1	750	6.57*
	GWB	1.41	1	1.41	.28ns
Error	Dep	7082.2	116	61.05	
	LS	13252.93	116	114.25	
	GWB	590.1	116	5.09	

*Significant at .05 level

**Significant at .01 level

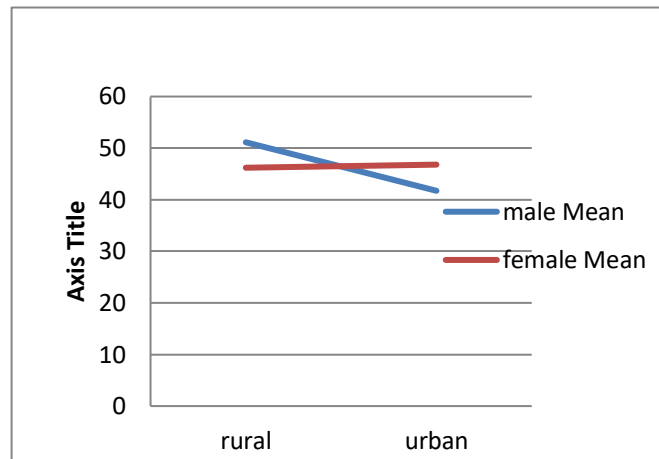


Figure 1: Mean life satisfaction scores of aged people.

Results (Table 4) revealed that the main effect of area of residence was found to have significant effect on depression and general wellbeing. The old aged people living in rural area were found to have higher level of depression (mean= 20.55, SD= 9.69) than their urban counterparts (mean= 12.75, SD 5.28). The difference was found to be statistically significant ($F= 29.64$ $df= 1, 116$, $p < .01$) The old aged people living in urban areas scored higher on general wellbeing (Mean= 10.28, SD= 2.32) than those living in rural areas (Mean= 8.73, SD= 2.17) The difference in general wellbeing scores of rural and urban old age people was statistically significant ($F= 14.17$, $df= 1, 116$, $p < .01$) The old aged people residing in rural and urban areas scored almost equally on life satisfaction scale (Table 2)

As far as the main effect of sex is concerned, it was found that scores of old aged male and female participants on depression, life satisfaction and general wellbeing did not differ significantly (Table 4).

The interactive effect of sex and area of residence was found to be significant ($F= 6.57$ $df= 1, 116$, $p < .05$) only for life satisfaction (Table 4). Surprisingly, the old aged males living in rural areas despite higher level of depression scored higher (Mean= 51.13, SD= 7.85) than the urban old aged (Mean= 41.73, SD= 13.31) on life satisfaction and they scored higher than their female counterparts (Table 2). This is depicted in figure 1. The interaction of sex and area of residence was not significant for depression and general wellbeing score of the old age participants included the sample (Table 4).

The findings of the study revealed that the main effect of area of residence is significant only in case of depression and general well being. The old age people from rural areas scored high mean score (20.55, SD 9.69) than those from urban areas mean (12.78, SD 5.28) on depression scale.

Similarly the old age from urban areas also scored significantly higher than the rural old aged on general well being. The interaction of sex and areas of residence was significant only on life satisfaction.

More depression in rural aged can be explained in terms of the prevailing social psychological and economic factors. The rural people when they were young used to be the key functionaries who used to take decision pertaining to each and every issue. The male were enjoying more dominant positions however the females were also holding important positions in household matters. Now the young ones have taken over and they are sidelined. Some of the aged are living alone as their wards have settled in cities or are working there. These rural aged do not have any financial support other than the old aged pension given by the government. The urbanites on the other hand are more supported financially through the pension as most of them are retired employees. Most of them have greater degree of social participation and better medical and general facilities. Thus they have less depression and better well being than their rural counterparts. The prevailing social order may also have been responsible for this. The traditional joint family system is more or less given way to nuclear families in cities whereas it is still there in rural areas. Their land holding is down sized and the jobs are not there and these have resulted in hardships to the entire family including aged one.

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