

Original Research Article

Satisfaction with Life in Elderly People Living in Rural and Urban Areas of Guntur District, Andhra Pradesh

Abstract

Aim: The aim of the present study is to assess the satisfaction with life in elderly living in rural and urban areas of Guntur district, Andhra Pradesh state.

Study design: exploratory research design was adopted to study the satisfaction with life elderly.

Methodology: Elderly between the age group 65-74 years were selected. Purposive random sampling technique and snow ball technique were used to select the sample from both the rural and urban areas. The total sample comprised of 120 elderly people, (60 from urban and 60 from rural) of both the genders. Satisfaction with Life Scale (SWLS) developed by Denier *et al.* (1985) was used to assess the satisfaction with life in elderly.

Results: Results revealed that nearly half of the rural elderly respondents expressed slight dissatisfaction and two third of urban elderly showed neutral responses. Among urban and rural elderly, urban elderly showed significantly ($p=0.01$) higher mean score (18.63 ± 2.22) than rural elderly. Although male elderly had higher mean scores (17.33 ± 4.02) than their counterparts non-significant mean differences were found for satisfaction with life.

Conclusion: As satisfaction with life plays a crucial role in healthy ageing, it is important to increase the levels of satisfaction with life through intervention with special focus on female and rural elderly.

Keywords: Satisfaction with life, elderly, urban, rural

Introduction

According to WHO, "aging is an inevitable process, is commonly measured by chronological age and, as a convention, a person aged 65 years or more is often referred to as 'elderly' [ref.?]. Ageing is associated with progressive changes that lead to a decline in biological functions and the organism's ability to adapt to metabolic stress. These progressive changes are considered as the challenges for healthy ageing in later life of individuals [ref.?]. The population of elderly persons (aged 60 years or above) in the country (which country?) is 104 million. The state Andhra Pradesh consists of 9.8 percent of elderly persons among the total state population which comes to a total of 82.88 lakh (2011 Census) [ref.?]. A report released by the United Nations Population Fund and Indian Aging Report (2017) suggests that the number of elderly persons is expected to grow by 19 percent in 2050 [ref.?]. This rapid increase in the elderly population is becoming a challenge for the family members and governments to ensure the well-being of elderly people. Due to the decline in functional

abilities and increased vulnerability to diseases in elderly may be associated with psychological problems like low self-esteem and self-confidence[ref.?].

Life satisfaction was defined as “a person’s cognitive and affective evaluations of one’s own life” (Diener et al., 2002). It is a measure of subjective well-being, which can be assessed in terms of one’s mood, relationship satisfaction, achieved goals, self-concepts and self-perceived ability to cope with life. Life satisfaction also refers to the positive attitude of an individual towards their present and past life. It is important to enhance and maintain the subjective well-being in later life as it affects the life satisfaction and contributes to the healthy ageing[ref.?]. It also motivates the elderly to maintain subjective well-being and healthy ageing in later life. Keeping the above points in view the present study was aimed to assess the satisfaction with life in elderly living in rural and urban areas of Guntur district, Andhra Pradesh.

Methodology

An exploratory research design was adopted to study the satisfaction with life in elderly.

Population and sampling

The target population consisted of elderly people who were in the age group 65-74 years living in rural and urban areas of Guntur district. Rural sample was selected from Jonnalagadda village of Guntur mandal and urban sample was selected from Guntur city of Guntur district. Purposive random sampling technique and snow ball technique were used to select the sample from both the rural and urban areas. The total sample comprised of 120 elderly people, (60 from urban and 60 from rural) of both the genders.

Nature of data

Quantitative data was used in this study.

Tools for data collection

The satisfaction with life in elderly was assessed by using Satisfaction with Life Scale (SWLS) developed by Denier *et al.* (1985).The Satisfaction with Life Scale (SWLS) is a short 5-item instrument designed to measure global cognitive judgements of satisfaction with one’s life. Each item scored on 7-point Likert scale, ranging from Strongly agree to Strongly disagree.

Statistical analysis

Frequencies and percentages were calculated to find out the well-being of elderly. Means, S.D. and t-values **has** been calculated to see the significant differences between means of well-being for area and gender of therespondents.

Results and Discussion:

Satisfaction with life among elderly people

This section describes **about** the distribution of elderly based on satisfaction with life and area.

Table 1 Distribution of rural elderlybased on satisfaction with life levels:

n=60

Level of satisfaction with life	Rural area (n=60)		
	Male (n=30)	Female (n=30)	Total (n=60)
	f (%)	f (%)	f (%)
Slightly satisfied	02 (6.70)	02 (6.70)	04 (6.70)
Neutral	06 (20.00)	02 (6.70)	08 (13.30)
Slightly dissatisfied	18 (60.00)	14 (46.60)	32 (53.30)
Dissatisfied	04 (13.30)	12 (40.00)	16 (26.70)

The data from the table 1. clearly depicts that nearly half (53.3 %) of rural elderly respondents were slightly dissatisfied with life followed by dissatisfied (26.70 %), neutral (13.3 %) and slightly satisfied (6.70 %). Among male and female respondents, more than half (60 %) of the male respondents were slightly dissatisfied followed by neutral, dissatisfied and slightly satisfied, whereas nearly equal per cent of female respondents were slightly dissatisfied (46.6 %) and dissatisfied (40.00%) and the remaining per cent was equally distributed between female respondents who were slightly satisfied (6.70 %) and neutral (6.70 %). This might be due to the low socio-economic status, financial insecurities, raising health problems, poor living arrangements, accomplished goals in life, conflict in personal relationships with family, friends and neighbourhood.

Table 2. Distribution of urban elderly based on satisfaction with life levels:**n=60**

Level of satisfaction with life	Urban area (n=60)		
	Male (n=30)	Female (n=30)	Total (n=60)
	f (%)	f (%)	f (%)
Slightly satisfied	02 (6.70)	00 (00.00)	02 (3.30)
Neutral	22 (73.30)	16 (53.30)	38 (63.40)
Slightly dissatisfied	06 (20.00)	14 (46.70)	20 (33.30)

From the above table 2, it was observed that nearly two thirds (63.40 %) of urban elderly respondents were neutral for satisfaction with life followed by 33.30 per cent were slightly dissatisfied and a meagre were slightly satisfied with their lives. Among male and female respondents, 73.30 per cent of male respondents and 53.30 percent of female respondents were neutral for satisfaction with life. Twenty per cent and 6.70 per cent of the male respondents were slightly dissatisfied and slightly satisfied respectively, whereas remaining 46.70 per cent of the female respondents were slightly dissatisfied for satisfaction with life. This might be due to the financial assurance from government pensions and little dependence on their children might be the two leading factors that contributed to the neutral responses of the elderly towards satisfaction with life.

List 1: Mean differences in satisfaction with life of elderly as per area**N=120**

Dimension	Area		F-value
	Urban	Rural	
	Mean±SD	Mean±SD	
Satisfaction with life	18.63±2.22	14.60±4.60	4.32**

Results in the above table depicted the mean differences in satisfaction with life of elderly as per area and revealed statistically significant differences for satisfaction with life

between urban and rural respondents at 0.01 level of significance. Results also showed that urban elderly had higher mean scores (18.63 ± 2.22) for satisfaction with life when compared to rural respondents (14.60 ± 4.60). This indicated that urban respondents had high satisfaction with life than rural respondents. This might be because of the better socio-economic status of the urban elderly that allows them to access health care and meet the needs with less dependency. The above findings were on par with Sorensen (2014) and Tina and Chen (2022) who also found significant differences for life satisfaction between rural and urban senior citizens [ref.?].

List 2: Mean differences insatisfaction with life of elderly as per gender

N=120

Dimension	Gender		F-value
	Male	Female	
	Mean±SD	Mean±SD	
Satisfaction with life	17.33±4.02	15.90±4.16	1.36

The above table depicts the mean differences in satisfaction with life of elderly and the results unveiled non-significant differences for satisfaction with life between male and female respondents. However, male respondents had higher mean scores (17.33 ± 4.02) than the female respondents (15.90 ± 4.16) which indicates that male respondents had higher levels of satisfaction with life. This might be because of the education, occupation, health and identity that contribute to the life satisfaction in elderly. The above results were on par with Ahmad and Silfiasari (2018) and Tina And Chen (2022) who found non-significant differences for life satisfaction between male and female respondents [ref.?]. Priyanka and Mishra (2010) in their study revealed that male respondents had higher life satisfaction when compared to their counterparts [ref.?].

Conclusion:

The present study was aimed to assess the satisfaction with life among rural and urban elderly. The results revealed that nearly 50 per cent of rural were slightly dissatisfied with their lives followed by dissatisfied, neutral and slightly satisfied. Nearly two thirds of the urban had neutral level of satisfaction with life followed by slightly dissatisfied and slightly satisfied. Statistically significant differences were found with satisfaction with life for area

and non-significant differences for gender. It is important to enhance the satisfaction with life in elderly as it plays a crucial role in healthy ageing.

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