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Original Article

Elders Being Happy and the Influencing Factors in Shivamogga, Karnataka, India

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Introduction: India ranks 4th in the elderly population. Ageing play an important role in the well being and associated factors. The present study was conducted to understand the feeling of the elderly residing in urban and rural areas of Shivamogga, Karnataka southern India.

Methods: The study was conducted on 200 elderly by a questionnaire on their socio-demographic profile, health, residing place, lifestyle, life satisfaction, dissatisfaction, culture, tradition, the role of technology and government. Data were analyzed with Pearson correlation coefficient.

Results: For most of the analysed factors rural elders had shown strong positive correlation compared to urban elders. Health condition is positively significant in rural elders ($rs = 0.76$, $p < 0.05$), when compared to urban elders ($rs = 0.67$, $p < 0.05$), the place of residing is having strong correlation with rural ($rs = 0.97$, $p < 0.05$), because they reside in their own home then urban ($rs = 0.56$, $p < 0.05$), as they reside in rented house hence their attachment to rented house is less than own home.

Conclusion: The elders of rural-urban areas of shivamogga had shown positive significance with the selected factors, but the strong inclination is towards rural elders. The rural-urban divide and emotional psychological behaviours need further investigation

Keywords: Sociological Factors, Rural Health, Urban Health, Emotions

Introduction

As ageing is a universal major demographic issue and faced by all the countries and India is no exception. In India the unorganized sector of older person constitutes 90%, with no social security at the age of 60 and older persons live below the poverty line 30% and another 33% just marginally. Moreover, 80% live in rural areas, 73% are illiterate, and can only be engaged in physical labour, 55% of women over 60 are widows, and there are nearly 200,000 centenarians in India (1). As per the statistics India had more than 104 million elderly, 71% of elderly population resides in rural area while 29% is in urban areas (2). The number of elderly in India is projected to reach 158.7 million in 2025. As India comprises 17% of the total world

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population and it may stand in first position by 2028 defeating China (3).

Other factors which influence the elderly people in India are urbanisation, nuclearisation of family and migration families are making care of the elderly more and more of a personal and social problem in India (4). Half of the Indian elderly are dependents, often due to widowhood, divorce, or separation, and a majority of the elderly are women (70%) (5). of the minority (2.4%) of the elderly living alone, more are women (3.49%) than men (1.42%) (6). Thus, the majority of elderly reside in rural areas, belong to low socioeconomic status , and are dependent upon their families. Now the policy regarding ageing is becoming a global issue. The comparison of morbidity rate with senior citizens is lesser in rural India than urban India. Old age dependency rate is less in rural than urban Government of India (7). The senior citizens of rural India are having respect in the family and they are the guiding force. They live with dignity and self-respect. The reason behind this is that, they work until the end of their life according to their physical and mental fitness. This helps their family income, their service is unique. Hence the old age homes in rural area are less and their purpose is different with respect to urban. Furthermore, in urban settings, we may consider old age as a period of rest and relaxation. Majority of senior citizens in urban areas have no regular income, whereas in rural areas they have a monthly income as they engage in agriculture, horticulture and animal husbandry etc. (8). However, caring the ageing and their families is major challenge to satiate their needs (UN, 2002) (9). In the context of life and their standard of living with age, World Health Organization (WHO), (10) defines the satisfaction of life within their preview. Based on their life experience and the wisdom they have within the community they are considered as the living asset WHO, (11). Majority of issues are not related with ageing but with the priorities and practices. As per 2002, Health Dialogue (12) the factors associated with ageing and their response towards society is well documented.

In 2014, Giridhar et al. (13) reported that the older individuals (age 60 and older) are three times higher than that of the population as a whole.

Do aging is a curse or aging is common to mankind?

Aging is a process which takes place during the entire life span of all organisms. Senior citizens constitute a very vital segment to society. Satisfactions with life and well-being in very old age constitute a major concern for the elderly population. Hence the present study was conducted to know being happy and factors associated with the following questions:

1. How being happy differs with factors from rural and urban area?
2. To evaluate being happy based on different significant difference in rural and urban area.

Method

Study area

The present study aims to know the demographic distribution of urban and rural elderly and to understand the associated factors and study its correlation with the quality of life in Shivamogga, Shikaripura and Sagar taluk, of Shivamogga district Karnataka, India. The present study was carried in Shivamogga district, Karnataka. (13°55'53.65" N 75°34'4.48" E) (Fig 1)

Research design

The present study focus on rural-urban elder's wellbeing and the factors associated with them statistically. A self-structured questionnaire prepared by Elder's Life Exhilaration Centre, Shivamogga Karnataka. The study aimed to extract knowledge from elderly lifestyle to enhance the quality of life. The information for the questionnaire was extracted based on their life experiences of being in the society. The tool collected their socio-demographic profile and other information like health, residing place, lifestyle, life satisfaction, dissatisfaction, culture, tradition, role of technology and government. Two-hundred respondents of the study shared their life experiences, which comprised of both rural and urban population with age groups from 60-90 years.

Data analysis

The data were analysed by Pearson's correlation procedure followed by Zar, (14) with different factors like health condition, residing place, time spent with children, decision, earning, health care support, involving in social activities and opinion of life.

Ethical consideration

The present study was approved by the board of Jnana Sagara Nave Trust®. Shivamogga, Karnataka, India. Participants were voluntary to participate and share their experience after explaining the aims of the study and obtaining consent verbally. Collected data kept confidential by the organisation for presentation and publication use only.

Results

In the present study some selected factors were assessed within rural and urban areas to check significance with being happy among 200 respondents 128 belongs to rural area and 72 from urban area. Age wise 132 belongs to (60-70) years, 52 (70-80) years, 16 (80-90) years the socio-demographic profile of the respondents (Table1).

Elder's good health rural 59% (n: 92) ($r_s = 0.76$, $p < 0.001$), urban 40% (n : 37) ($r_s = 0.67$, $p < 0.05$), residing place independently 62% (n: 92), with son 58% (n: 92), with daughter 18% (n: 92) ($r_s = 0.97$, $p < 0.001$) in rural area whereas health care support service is better in urban area ($r_s = 0.78$, $p < 0.001$) than rural area ($r_s = 0.48$, $p < 0.05$). Rural elders have more time and they feel happy being time spent with children than urban area. Earning in the family also considered as parameter for being happy. Social interaction and their happiness varies as most of the rural elders find less time in social interaction as they live in joint family and bonding within community is strong, but urban elders like to spend time because they live in nuclear family. Technology also plays a role in being happy in rural and urban elders (Table 2). As elders possess good knowledge and maturity in life concepts, but generally their knowledge is less utilised and neglected instead of being transmitted to the next generation, hence the present study focused on few factors to know their significance level with respect to rural and urban divide (Table 2).

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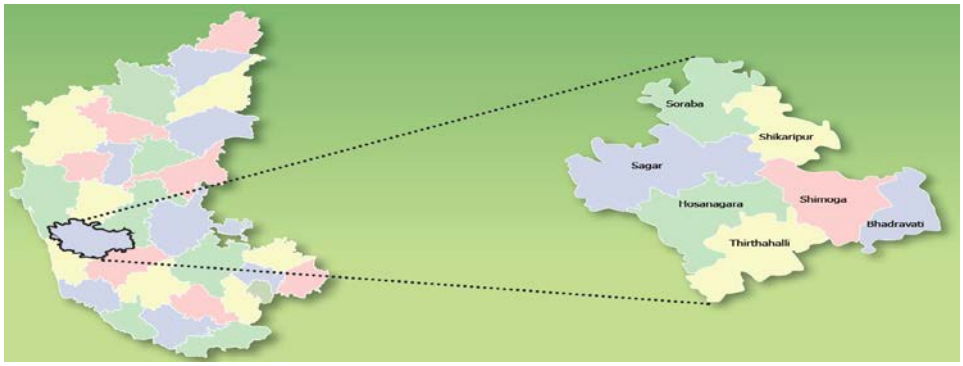


Figure 1.Map showing the study area Shivamogga (district) Karnataka, India.

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Discussion

Elders being happy differ within individuals, geography and perception of an individual. What makes them happy and the factors is not yet clear as it varies with research objectives and aims of the study. In the Indian family elderly people get the ultimate position to decide the family matters, but now a days due to single family from joint family, the elderly people decision is least bothered. According to United Nations 60 years of age is considered as the elderly age group, whereas in India aged above 60 is considered as old. The classification as elderly or early old age differs from developing to developed countries as per the report, UN (9). A study report indicates that the senior citizens in the Indian society are living in a stress and unsecured situation (15). In 2003 Baltes and Smith (16) study defines as "healthy and successful aging has its age limits." Health inevitably affects the life-satisfaction in old age. This can be tested with the quality of time spent with family and children as well as residing place and opinion of life had a strong positive correlation in rural than urban elders. In 2006 Srapyan et al's study (17) reveals that elderly people's health based on emotions with family and society. This supports the present study in rural and urban area with more affinity with emotion and bonding in rural elderly with a strong positive significant value.

Involving themselves more and more in social activities enhances social relationship show a strong bonding within the family as social capital they take this as an opportunity to meet all the family and community as it is a occasion for them in urban than rural elders. The results were consistent with Bhardwaj et al. (18) and Iyer (20) as their study reports a strong relationship between life-satisfaction, socio-demographic and psychosocial variables with more activities. According to the findings of Bhatia (19), lesser income reveals the societal relationship but in the present study earning reveals independence in urban area than rural but the happiness is not influenced by earning alone. As we assessed some factors like health condition, quality time spent with children, residing place, health care, earning, is in agreement with previous studies (21-22) and elder's health and feeling cannot be judged by an independent factors based on some evidences and well-being and psychological and physical variations differs, based on position, pattern and worries in the society (23-25). Further findings from Zahava and Ann (26) study reveals basic functionalities to measure health and functional status of older people with the perception of quality of life is in agreement with the present findings. A study from Thailand (27) indicates the better mental health; low depression and high social participation are strongly correlated with high family and social supports. As 65% of the elderly had chances to meet relatives and involved with decision making regarding their family affairs, whereas in the present study it was more in rural elders with a strong correlation with residing place, time spent with family, decision and opinion of life. Forouzandeh et al's study (28), indicated a positive and significant correlation between knowledge and attitude towards aging, i.e., if knowledge about aging increased, the attitudes towards the elderly were also improved. As the present study reveals such agreement based on the decision making and opinion of life based on the experience in family and community.

Government of India (29) data reveals that, the serious concern in elderly life is decreasing family support over the last decade and to overcome it passed the senior citizens act, indicates more studies are prerequisite by assessing with multiple factors.

Table 1. Demographic distribution of respondent's from Shivamogga, Karnataka

Factors	**Rural**		**Urban**	
	Male	**Female**	**Male**	**Female**
Number of respondents	60	68	30	42
Age of respondents	60 - 75 yr	60 - 80 yr	60 - 70 yr	60 - 72 yr
Family type	Nuclear (20%) - Joint (80%)		Nuclear (90%) - Joint (10%)	
Marital status	Married		Married	

Table 2. Frequency distribution of factors and regression analysis

Factors	Rural			Urban			Total
	N	%	Correlation	N	%	Correlation	
1. Health condition / status							
a. Good health	55	59.7		37	40.2		92
b. Age related diseases	26	34.2	0.76**	50	65.7	0.67*	76
c. Some other diseases	10	27.7		26	72.2		36
2. Presently residing							
a. Independently	72	62.1		44	37.9		116
b. With son	40	58.8	0.97**	28	41.1	0.56*	68
c. With Daughter	3	18.7		13	81.2		16
3. Time spending with children							
a. Yes spending time with children and grand children	83	74.1		29	25.8		112
b. Children /grand children have no time to spend with us	7	13.4	0.88**	45	86.5	0.45*	52
c. Parents do not allow grandchildren to play with us	2	7.14		26	92.8		28
4. Who is the decision maker in the family							
a. **Myself**	65	81.2		15	18.7		80
b. **My son/daughter in-law**	15	20.8	0.85**	57	79.1	0.59*	72
c. **We take together**	32	72.7		12	27.2		44
5. Who earns more money to the family?							
a. **Myself**	63	68.4		29	31.5		92
b. **My Partner**	2	25.0	0.56*	6	75.0	0.45*	8
c. **My son**	33	35.8		59	64.1		92
d. **My daughter**	1	12.5		7	87.5		8
6. Who support your health care?							
a. **My own money**	42	37.5		70	62.5		112
b. **My partner's**	0	0		4	100		4
c. **My son's**	25	44.6	0.45*	31	55.3	0.78**	56
d. **My daughter's**	2	12.5		14	87.5		16
e. **Government hospital**	18	75		6	25		24
7. Are you involving in the social activities							
a. **I do involve voluntarily**	55	65.4		29	34.5		84
b. **I do not involve**	11	15.2		61	84.7		72
c. **I like to involve but not allow me**	1	6.25	0.55*	15	93.7	0.75**	16
d. **No space to involve**	0	0		8	100		8
e. **Family members not allowing**	0	0		12	100		12
8. Opinion on Life.							
a. **I like to live some more years**	72	75		24	25		96
b. **I am searching for the opportunities to work**	2	50	0.87**	2	50	0.47*	4
c. **I want to work for the society**	12	37.5		20	62.5		32
d. **I am useful for the society**	13	65		7	35		20
9. Technology in being happy							
a. **Television**	40	38.1		65	61.9		105
b. **Mobile**	20	30.7	0.40*	45	69.2	0.62**	65
c. **None**	20	66.6		10	33.3		30

**P < 0.001 *P < 0.05

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Conclusion

The present study is an attempt to know the influence of tested factors how elder's happiness varies with related factors and further studies will help in understanding the issues which help in policy for the improvement of elder's life. Promotion and preservation of knowledge resources with the senior citizens shall be taught to the younger generation by organising seminars and participatory activities.

Study limitations

However, the present study helped us to understand the associated factors with a limited number of respondents but further study with equal ratio of men and women respondents with multiple factors are needed.

Conflict of interest

The authors declare no conflict of interest in the present study.

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Authors' contributions

Conceptualization - Janardhana.G.L and Nanda Appaji
Questionnaire – Janardhana.G.L and Nanda Appaji
Analysis and Methodology - Nanda Appaji
Writing the original draft - Nanda Appaji
Discussion on various topics in finalizing the manuscript - Nanda Appaji and Janardhana.G.L

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