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Well-being of elderly people living in rural and urban areas of Guntur district, Andhra Pradesh

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Abstract

Ageing is associated with progressive changes that lead to a decline in biological functions. These changes not only affect the functional ability but also the well-being. The aim of the present study is to assess the well-being of elderly living in rural and urban areas of Guntur district, Andhra Pradesh state between the age group 65-4 years. 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. Well-being Index developed by V.L. Chouhan & V. Sharma (2016) was used to assess the well-being of elderly. Results revealed that all respondents of both rural and urban areas had low levels of well-being and statistically significant mean differences were found for only physical well-being dimension at 0.05 level of significance.

Keywords: Well-being, elderly

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'. Ageing is associated with progressive changes that lead to a decline in biological functions and the organism's ability to adapt to metabolic stress. In humans, the accumulation of these structural and functional changes can encompass physical, psychological, cognitive, social, emotional and spiritual changes in elderly. These changes not only affect the functional ability but also the well-being and quality of life of the elderly.

Wellbeing is defined as hedonic, or subjective, when it is identified and measured as the global perception of life satisfaction, combined with the predominance of positive over negative affect in daily life (Kahneman *et al.*, 1999). Well-being is the state of being healthy and comfortable and can also be defined as viewing life positively and feeling good about oneself. It is also a combination of functioning well and feeling good that enhances the independence and productive life in later life of an individual. Well-being is a multifaceted combination of an individual's physical, psychological, emotional, social, and spiritual dimensions of well-being.

As the changes that occur with ageing affect the functional ability and well-being it is important to manifest the effect of ageing on well-being in elderly to take necessary measures to avoid the negative effects of ageing and enhance well-being. Keeping the above points in view the present study was aimed to assess the well-being of elderly living in rural and urban areas of Guntur district, Andhra Pradesh.

Methodology

An exploratory research design was adopted to study the well-being of 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 well-being of individuals was assessed by using the Well-being Index developed by Chauhan & Varsha (2010). The well-being scale consisted of 50 statements which assesses well-being of individuals in six domains which are emotional, psychological, social, spiritual, self-awareness and physical well-being.

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 of rural and urban elderly.

Results and Discussion

Well-being levels among elderly people

Well-being of elderly was studied under six dimensions i.e., emotional well-being, psychological well-being, social well-being, spiritual well-being, self-awareness and physical well-being. The well-being levels of rural and urban elderly were computed under each dimension and discussed under the tables 1 and 2 respectively.

Table 1: Distribution of rural elderly based on well-being levels:

Sr. No	Well-being dimensions	Level of well-being	Rural Area (n = 60)		
			Male (n=30)	Female (n=30)	Total (n=60)
			f (%)	f (%)	f (%)
1.	Emotional well-being	Average	08 (26.70)	02 (6.70)	10 (16.70)
		Low	22 (73.30)	28 (93.30)	50 (83.30)
2.	Psychological well-being	Average	20 (66.70)	14 (46.70)	34 (56.70)
		Low	10 (33.30)	16 (53.30)	26 (43.30)
3.	Social well-being	Average	30 (100.00)	28 (93.30)	58 (96.70)
		Low	00 (00.00)	02 (6.70)	02 (3.30)
4.	Spiritual well-being	Average	30 (100.00)	26 (86.70)	56 (93.30)
		Low	00 (00.00)	04 (13.30)	04 (6.70)
5.	Self-awareness	Low	30 (100.00)	30 (100.00)	60 (100.00)
6.	Physical well-being	Average	00 (00.00)	04 (13.30)	04 (6.70)
		Low	30 (100.00)	26 (86.70)	56 (93.30)
Over all well-being		Low	30 (100.00)	30 (100.00)	60 (100.00)

The above table 1. illustrates the data on levels of well-being of rural elderly. Results disclosed that majority (83%) of the rural elderly respondents had low levels of emotional well-being and the remaining 17 percent had average levels of emotional well-being. This indicates that emotional well-being was not satisfactory in more than three fourth of the respondents. Above data also shows that slightly more percent of male respondents had average levels of emotional well-being than female respondents. This might be because many

of the male respondents were actively working and able to fulfil their needs on their own and were living with their spouse who are their support system. Higher percent of female elderly respondents showed low levels of emotional well-being because many of them were living separate from their spouse, lacking family support and were also experiencing poor socio-economic conditions.

Regarding to psychological well-being, the results depict that more than half (56.70%) of the rural elderly respondents had average level of psychological well-being and 43 percent had low levels of psychological well-being. Among male and female respondents, majority (66.7%) of the male respondents and nearly half (46.7%) of the female respondents showed average levels of psychological well-being and remaining respondents showed low levels of psychological well-being. The better scores in psychological well-being among male respondents might be due to their satisfaction with life and optimism about their future. The low levels of psychological well-being among elderly respondents might be because of the financial disturbances and for their unrewarded labour.

In case of social well-being, almost all (96.70%) of the rural elderly respondents showed average levels of social well-being and a meagre had low levels of social well-being. Among male and female respondents, all (100%) the male respondents had average levels of social well-being and in female respondents 93.3 percent had average levels and remaining had low levels of social well-being. This might be due to the rural culture with good and friendly neighbourhood and shared respect towards each other. The friendly relationships between people help them to share their feelings and help with each other.

Turning to spiritual well-being, findings were observed in similar trend to social well-being. Majority (93.30%) of the rural elderly respondents had average levels of spiritual well-being and only 6.70 percent had low levels. Between male and female respondents, all the male respondents showed average levels of spiritual well-being and among female respondents, majority (93.30%) had average levels of spiritual well-being and very few had low levels of spiritual well-being. This might be because many of the respondents believe in God and practice spiritual activities in their daily life for peace.

With regard to self-awareness, all the rural elderly respondents had low levels of self-awareness and similar trend was observed among both male and female respondents also. The reasons for this might be decreasing sense of self-worth, self-confidence and self-esteem with ageing.

Regarding physical well-being, the results revealed that majority (93.3%) of the rural elderly respondents had low levels of physical well-being and a very few had average levels of physical well-being. Among male and female respondents, irrespective of gender, majority of the respondents showed low levels of physical well-being and among female respondents, majority (93.3%) showed low levels of physical well-being and a very few had average levels of physical well-being. Poor healthy food habits, disturbed sleep patterns and lack of physical activity might be the reasons for low levels of the physical well-being in the respondents.

The results clearly show that the overall well-being was low in all the rural elderly respondents. No respondent was found to have high level of well-being in either of the dimensions. This is evidently because of the average to low levels of well-being the respondents had in other dimensions that influenced

the overall well-being. Lack of awareness and knowledge on healthy ageing practices was one of the reasons for low levels well-being in elderly respondents.

Table 2: Distribution of urban elderly based on well-being levels

Sr. no	Well-being dimensions	Level of well-being	Urban area (n = 60)		
			Male (n=30)	Female (n=30)	Total (n=60)
			f (%)	f (%)	f (%)
1.	Emotional well-being	Average	06 (20.00)	06 (20.00)	12 (20.00)
		Low	24 (80.00)	28 (80.00)	48 (80.00)
2.	Psychological well-being	Average	16 (53.30)	08 (26.70)	24 (40.00)
		Low	14 (46.70)	22 (73.30)	36 (60.00)
3.	Social well-being	Average	28 (93.30)	26 (86.70)	54 (90.00)
		Low	02 (6.70)	04 (13.30)	06 (10.00)
4.	Spiritual well-being	Average	28 (93.30)	28 (93.30)	56 (93.30)
		Low	02 (6.70)	02 (6.70)	04 (6.70)
5.	Self-awareness	Low	30 (100.00)	30 (100.00)	60 (100.00)
6.	Physical well-being	Low	30 (100.00)	30 (100.00)	60 (100.00)
Overall well-being		Low	30 (100.00)	30 (100.00)	60 (100.00)

Table 2 depicts the percentage distribution of urban elderly based on well-being levels. With regard to emotional well-being, maximum (80%) percent of the urban elderly respondents had low levels of emotional well-being and the remaining 20 percent had average levels of the emotional well-being. Similar trend was found among the male and female respondents of the urban area.

Regarding psychological well-being, the results shows that 60 percent of the urban elderly respondents had low levels of psychological well-being and 40 percent had average levels of psychological well-being. Results also showed that nearly half (53.30%) of the male respondents had average levels of psychological well-being and remaining 46.70 percent had low levels of psychological well-being, unlike male respondents, majority (73.30%) of the female respondents had low levels of psychological well-being and only 26.70 percent had average levels. This infers that slightly higher percent of male respondents had better psychological well-being than female. This might be due to the financial independence and family support the male respondents had in their lives. The low levels of psychological well-being in female respondents might be because of the uncertain financial conditions, death of the spouse and poor family ties.

In case of social well-being, maximum (90%) percent of the urban elderly respondents had average levels of social well-being and a very less (10%) percent had low levels. Almost a similar trend was found in male and female respondents. This might be because most of the elderly from urban areas were associated with religious and social organizations and actively involved in various activities. It was also observed that urban respondents being friendly and helpful with their neighbourhood promoted the social well-being.

With regard to spiritual well-being, maximum (93.3%)

percent of the urban elderly respondents had average levels of spiritual well-being and a meagre had low levels of spiritual well-being. A similar trend was observed in female respondents whereas, all the male respondents had average levels of spiritual well-being. This might be because of the religious practices and habitual activities like attending religious meetings, listening to religious preaching and hymns regularly.

Turning to self-awareness, all the urban elderly had low levels of self-awareness. Irrespective of gender, urban respondents were not aware of their own strengths and weaknesses. This might be because of the increased low self-esteem and confidence due to the societal stereotypes towards the elderly people.

With regard to physical well-being, maximum (100%) percent of the urban elderly respondents had low levels of physical well-being. Similar results were observed in both male and female respondents had low levels of physical well-being. This might be due to the sedentary life styles and unhealthy food habits adopted in urban areas. It was also observed that health problems like obesity and arthritis also restricted the required physical activity in urban elderly which resulted in poor physical well-being.

The results clearly showed that none of the respondents had high levels of well-being and all the respondents of urban area had low levels of overall well-being. It indicated that low levels of well-being in all the dimensions have contributed to the low levels in overall well-being.

Comparison of well-being among elderly as per area, gender

Table 3: Mean differences in well-being of elderly as per area:

Sr. No	Dimension	Area		t-value
		Urban	Rural	
		Mean±SD	Mean±SD	
1	Emotional well-being	13.43±1.16	13.03±1.27	1.27
2	Psychological well-being	21.67±2.02	21.50±2.31	0.29
3	Social well-being	38.17±2.61	40.47±2.22	3.67**
4	Spiritual well-being	15.37±1.73	13.87±1.89	3.21**
5	Self-awareness	17.07±1.28	18.43±1.69	3.52**
6	Physical well-being	10.43±1.19	11.43±2.11	2.26*
Overall well-being		115.97±4.11	118.83±5.70	2.23*

The above table depicts the mean differences in well-being of elderly as per area and the results revealed that respondents had statistically significant differences in social well-being, spiritual well-being and self-awareness at 0.01 level of significance and physical well-being and overall well-being at 0.05 level of significance between urban and rural elderly. Non-significant mean differences were found for well-being between urban and rural respondents. Results also indicated that rural elderly had higher mean scores for social, self-awareness and physical dimensions of well-being and overall well-being than urban respondents. These differences might be because of the rich primary contacts that the rural people possess and hard work and being physical activity even in the old age. Whereas, urban elderly showed higher mean scores in spiritual well-being when compared to rural respondents. This might be because of the larger accessibility the urban elderly had to the sources which encourage them to practice spirituality. The above results were on par with Marianne *et al.* (2012) [5] who also found non-significant differences for

emotional well-being between rural and urban elderly and lower mean scores in rural elderly. Similarly, Devaramane and Yenagi (2019) ^[3] found non-significant differences for psychological well-being between rural and urban adults. Karamivand (2020) found significant differences for spiritual needs between rural and urban elderly and Daie *et al.* (2020) ^[2] revealed significant differences for spiritual health with residential area of the elderly. Usha and Lalitha (2016) ^[16] discovered significant differences for physical health among urban and rural elderly which are similar to the present study. Jiayue *et al.* (2022) ^[4] reported significant differences between urban and rural elderly for subjective well-being.

Limitations

- The present study was confined to only 120 elderly people, 60 each from rural and urban areas, it can be studied on large sample to draw generalizations.
- The study was confined to only young old elderly rather than old-old and oldest old.

Suggestions for the future study

- A study of similar nature could be taken up on elderly under institutional care and also from different districts of Andhra Pradesh state.
- A comparative study could be taken up between the well-being of elderly people under home care and institutional care.
- A comparative study could be taken up between young old, old-old and oldest old categories of late adulthood.

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