

Gender differences in life satisfaction of elderly people

PRIYANKA AND SUNITA MISHRA

ABSTRACT

The present study was conducted to assess the relationship of specific domains of life satisfaction with overall life satisfaction of elderly. The study was based upon sample of 400 elderly (200 elderly male samples and 200 elderly female samples) of age range 60 years and above. Results revealed that there were significant difference among elderly males and elderly females in self-reported health satisfaction, family satisfaction, financial satisfaction and life satisfaction and no significant differences were found in personal satisfaction and social satisfaction.

KEY WORDS : Elderly life satisfaction, Specific domain satisfaction, Gender and life satisfaction

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INTRODUCTION

Life satisfaction is one among a range of concepts that is assumed to reflect the conditions of 'a good life'. Diener(1984) defined life satisfaction as "a cognitive judgmental global evaluation of one's life. It may be influenced by effect but is not itself a direct measure of emotion". Life satisfaction is generally measured in one of two ways. Global measures assess overall life satisfaction and are based on the so-called top-down theory of life satisfaction. The theory focuses on a person's ongoing sense of satisfaction as a whole. The domain-specific, bottom-up theory, which holds that overall satisfaction is a product of satisfaction in specific domains, or areas of life, is based on the assumption that we compartmentalize our feelings and assessments of life, and each compartment contributes to overall life satisfaction.

Life satisfaction among the elderly is an important concept as it gives us an overall view of the adjustment as well as adaptive coping ability of the individual. The level of satisfaction among the aged effects not only their psychological adjustment but also physical, emotional and social well-being. The increasing numbers as well as significant changes in the socio-cultural milieu are responsible for the recent emphasis on studies pertaining

to older adults in India. Even though the increasing numbers are attributable to the demographic transition, a decline in the condition of the older population has been the result of fast eroding traditional family system as well as a substantial increase in the migration of adult children from home. Different sorts of challenges are being faced by elderly males and females in the changing scenario. Despite this gender-specific picture, a majority of studies examined in a recent meta-analysis reported only small gender differences in psychological well-being (Pinquart and Sorensen, 2001).

Whereas studies like Gold *et al.* (2002); Murtagh and Hubert (2004) found gender differences in level of life satisfaction, which might be expected because women experience more health-related problems than men, are more exposed to functional disability, report lower internal control, more often report loneliness (Pinquart and Sorensen, 2001), are more likely to become widowed and, especially in older cohorts, are exposed to unequal opportunities.

Interestingly, more recent studies in the meta-analysis indicated a tendency towards increasing gender differences in subsequent cohorts; a finding assumed to reflect a change in attitudes and expectations in younger cohorts. Higher aspirations within significant domains enlarge the

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discrepancy between aspirations and actual standings, which thereby may reduce life satisfaction. Hence, a gender perspective needs to be continuously investigated in new cohorts given that the presumed absence of gender differences might be cohort-specific.

METHODOLOGY

Sample:

The sample consisted of 400 elderly of age group 60 and above 60 years who were selected randomly from different colonies and villages of three tehsils and eight community development blocks of Lucknow district.

Tools used:

Life Satisfaction Index for the Third Age—Short Form (LSITA-SF) revised form of Life satisfaction questionnaire was developed and standardized by Neogarten (1961) was used for measuring over all life satisfaction of elderly people.

A modified form of life satisfaction scale developed and standardized by Singh and George (1971) was used for measuring life satisfaction for specific domains of elderly people.

Procedure:

Along with the modified form of life satisfaction scale, an interview schedule was developed by investigators to collect general information. After administration of these tools, collected data were scored and analysed statistically using Z' Test.

OBSERVATIONS AND DISCUSSION

To find out the gender differences in life satisfaction of elderly, 'Z' test was used. It included:

- Gender differences in health satisfaction
- Gender differences in family satisfaction
- Gender differences in financial satisfaction
- Gender differences in personal satisfaction
- Gender differences in social satisfaction

- Gender differences in overall satisfaction.

The results of Table 1 reveal that there were significant difference among elderly males and elderly females in self- reported health satisfaction, family satisfaction, financial satisfaction and life satisfaction and no significant differences were found in personal satisfaction and social satisfaction.

Self-reported health satisfaction:

The information reported in Table 1 indicates that there were significant differences between elderly males and females in health satisfaction. Males reported higher mean score than elderly females in health satisfaction. This may be because women having less education and employment do not care for their health and especially elderly women having traditional socialization hardly care about their nutrition and diet and were more worried for husband and their children diet and health. Thus, with aging their health starts degrading with a faster rate than men. Women lived longer, but in the state of widowhood and dependence it affects physical and mental health. Thirdly women were more prone to suffer from mental problems not because of their biology, but because of the multiple roles they had to perform. These coupled with lack of decision making capacity, poor status at the household and community level, making them vulnerable to violence, sexual abuse, neglect, gender discrimination, poverty, hunger, malnutrition, overwork made women vulnerable to mental health problems.

Men and women are differently afflicted concerning number of diseases, functional capacity, reported symptoms and mortality (Oksuzyan *et al.*, 2008). In general, women live longer than men, but endure higher levels of comorbidity and functional impairments and rate their health as poorer (Case and Paxson, 2005). This pattern is often referred to as the gender-health paradox. Gender specific patterns of morbidity and mortality suggest that gender needs to be considered in the study of life satisfaction and its relation to medically based health measures in old age.

Table 1 : Gender differences in life satisfaction

Sr. No.	Life satisfaction	Elderly males		Elderly females		Z' values
		Mean	S.D.	Mean	S.D.	
1.	Health satisfaction	43.05	3.84	40.14	4.9	3.625**
2.	Family satisfaction	39.95	3.3	37.15	4.7	2.551**
3.	Financial satisfaction	31.20	1.7	37.5	8.6	5.992**
4.	Personal satisfaction	40.54	4.1	39.11	2.8	1.328 NS
5.	Social satisfaction	20.93	1.82	20.2	2.5	1.355 NS
6.	Over all life satisfaction	40.54	4.1	35.40	3.2	5.343**

NS=Non-significance

Family satisfaction:

There were significant differences between elderly males and females in family satisfaction. Males reported higher mean score than elderly females in family satisfaction. As in Indian context, the gender role socialization impact women in such a way that they are more in to their family relations, responsibilities and that is the source of their satisfaction towards life. The females who are more attached to their children spent most of their life for the welfare of their children. After the children become adults and search their own ways, the aged find them with nothing to do. The lower educational status of the aged females makes it difficult for them to move easily along with the changing world. Also when compared to the aged males, the lower degree of social contacts and activities of the aged females may increase the isolation.

Fujita and Diener (2005) found that social resources are predictive of life satisfaction for both men and women, but they are more predictive of life satisfaction for women. Perhaps the women's roles as the conservators of contact with friends and family, both a blessing and a burden, lead to their relatively greater reliance on social support.

Financial satisfaction:

There were significant differences between elderly males and females in financial satisfaction. Males reported higher mean score than elderly females in financial satisfaction. Financial satisfaction represents an alternative measure of financial situation. Financial satisfaction measured as the perception of economic deprivation has been found to be related to lower satisfaction with life (Revicki and Mitchell, 1990), therefore, financial security seems to constitute an important component of life satisfaction in old age. 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, elderly females in general had lower education and non-working which made her financially dependent on her life partner. Not much adverse changes occur in this aspect, she may now depend on her children or other financial assets of family. Whereas as males still considered themselves as provider of family they face a dilemma when unable to provide or had to become a depended member rather than provider. That can be the major reason why elderly male had less mean score in financial satisfaction than elderly female.

Overall life satisfaction:

There were significant differences between elderly males and females in life satisfaction. Males reported higher mean score than elderly females in life

satisfaction. More women reported to have lower satisfaction than men. Though both men and women have to face these problems, the financial dependence and decreased physical strength magnify the difficulties of women. Rapid urbanization and societal modernization had brought in its wake a breakdown in family values and the framework of family support, economic insecurity, social isolation, and elderly abuse leading to a host of psychological illnesses. Thus, elderly females who are more affected by the relational aspects of life face more problems than males who are more impacted by instrumental aspects of life. In addition, widows are prone to face social stigma and ostracism. Research also provides support for gender differences in physical and mental health, life satisfaction and social activities of aging persons (Shirodkar, 1995; and Jamuna, 1996). Kant (1996) observed significant difference between males and females regarding life satisfaction, with females experiencing lower life satisfaction than men.

Conclusion:

Results have shown that there were significant gender differences in elderly life satisfaction. Elderly females had mean score less than elderly males in overall life satisfaction. In India, women used to occupy a superior position in the family. But changes in the family structure and social values resulted in a degradation of their status. Irrespective of their age, females feel powerless in this male-dominated society. The lower educational status of the aged females makes it difficult for them to move easily along with the changing world. Also when compared to the aged males, the lower degree of social contacts and activities of the aged females may increase the isolation. Besides these elderly women have to face many psychological problems. Though both men and women have to face these problems, the financial dependence and decreased physical strength magnifies the difficulties of women. Counseling programme may reduce the alienation in elderly women. By doing some minor jobs they can attain economic stability. They should also engage in some hobbies. The youngsters should love and respect the aged and give more physical attention and emotional caring to them. The degree of communication between the aged and all the other family members should be increased. Females having family as their core centre of life has been more adversely affected by the changing traditional structure and function of Indian families. Thus, they need proper care and intervention for health, education, vocation, social interaction and personal satisfaction which can uplift elderly female's condition.

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