

MENTAL HEALTH WELLBEING AND LIFE SATISFACTION IN OLD AGE

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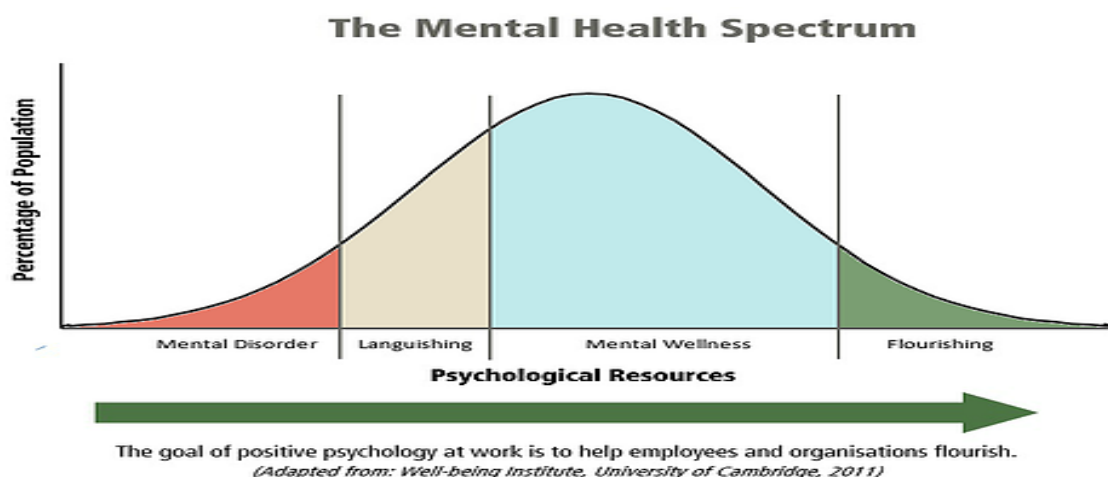
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Abstract: The present research aimed to assess Mental health Wellbeing and Life Satisfaction among aged people. The sample of the study consisted of 30 aged people, of which 15 were males and 15 were females. Mental health wellbeing scale by Warwick- Edinburgh and Satisfaction with life by W. Pavot and E. Diener were used. Pearson's correlation and t test were used for the analysis of data. The results indicated that there is a positive correlation between mental health wellbeing and life Satisfaction among aged people. The results also revealed that there is no significance difference in mental health wellbeing and life Satisfaction among aged people with respect to their gender.

Keywords: Mental health wellbeing, Life Satisfaction.

1. INTRODUCTION

MENTAL HEALTH: mental health is an umbrella term encompassing a range of mental health states, from diagnosable mental illness and mental health difficulties at one end of the spectrum to mental wellbeing and a state of flourishing at the other.



Everyone has a state of mental health, just as everyone has a state of physical health. Thus, the term mental health doesn't in itself indicate whether a person is experiencing any psychological distress or mental health difficulties.

MENTAL WELLBEING: refers to a positive state of psychological and emotional health, it indicates that a person is able to function cognitively and emotionally in a manner that is productive and fulfilling. Wellbeing is a multidimensional construct (Seligman,2012) that involves more than just being in a good mood or feeling happy. In addition to positive

emotions, wellbeing is achieved through optimal development, a ‘meaningful’ life and satisfaction of basic human needs for autonomy, competence and relatedness (Ryan and Deci,2000).

Mental wellbeing is an integral part of our overall health. Society often thinks of health as something biological and physical: the condition of our bodies, how healthy we eat, the physical exercise we do. A key component of health is mental wellbeing, which encompasses our inner workings and the way we describe how we are in our lives. Mental wellbeing in general is the state of thriving in various areas of life such as in relationships, at work, play and more despite ups and downs. It’s the knowledge that we separate from our problems and the belief that we can handle those problems. It includes how a person thinks and handles emotions. Some traits of mental health wellbeing are:

- Self-acceptance
- Sense of self as a part of something greater
- Sense of self as independent rather than dependent on others.
- Accurate perception of reality
- Desire for continued growth.
- Optimism.
- Determination.

LIFE SATISFACTION: is defined as a perception of being happy with one’s own life and a belief that one’s life is on right track. It is the way in which people show their emotions, feelings (moods), and how they feel about their directions and options for the future.it is measure of well being assessed in terms of mood, satisfaction with relationship achieved goal, self-concepts and self-perceived ability to cope with one’s daily life. Life satisfaction is a important part of subjective wellbeing.

Factors affecting life satisfaction:

- Personality: big five factor model of personality considers the dimension of openness to experience, conscientiousness, extraversion, agreeableness and neuroticism. The openness to experience factor of personality is positively correlated with life satisfaction. More frequent socialization can also contribute to overall wellbeing. A person who is able to independently deal with negative emotions can influence long term life satisfaction.
- Self-esteem: life satisfaction is completely mediated by the concept of self esteem when a person knows himself and his worth, he is driven to think in a positive way.
- Outlook on life: hope an optimism both consists of cognitive processes that I usually oriented towards the reaching of goal.
- Life events and experiences: differences in experience can greatly shape the way that we observe and engage with the world around us. People who have a tendency to see the world in a more positive light may have a higher level of life satisfaction.
- Subjective mental health wellbeing highly contribute to life satisfaction.

2. REVIEW OF LITERATURE

The research reviewed accessible literature to know more of elderly populations realities, which have been presented below-

A research conducted by Sowmya Mangipudi, Theodore Cosco, et.al.,(2019) on “System atic review of physical and psychological health and wellbeing of older women in Sub-Saharan Africa”. The Sample was administered for carrying 26 studies. The results of all the studies indicated a significantly lower self-rated health and wellbeing, higher rates of depression, hypertension, obesity, disability or weakness for women compared with men.

Another research finding by Chyrise Heine, Cathy Honge Gong, et.al., (2019) on “Dual Sensory Loss, Mental Health, and Wellbeing of Older Adults Living in China” with the sample of 8268 elderly people being administered. The results

demonstrate Dual Sensory Loss was significantly and positively associated with advanced age, having difficulty in any activities of daily life (including instrumental activities of daily life) and experiencing depression and less life satisfaction. The observed negative associations between Dual sensory loss and mental health or wellbeing.

Har Ashish Jindal, Mona Duggal, Limalemla Jamir, et al., (2018) on "Mental health and environmental factors associated with falls in the elderly in North India" conducted a cross-sectional study administering 52 villages with 468 participants to study depression, cognitive decline, vision and activity of daily living in elderly. The results highlighted that there is a high prevalence of falls among the elderly, i.e. there is a relationship between falls, hearing loss, vertigo, hypertension, use of multiple medications, depression and functional disability in the study.

Deniz Say Şahin, Ozlem Özer, et al., (2019) conducted a research on "Perceived social support, quality of life and satisfaction with life in elderly people" employing 571 participants. The results highlighted the perceived social support to be 11.7% of the total variance in the satisfaction with life, 22.1% of the total variance in the quality of life. In addition to, the perceived social support and the quality of life explained 28.6% of the total variance in the satisfaction with life. And the quality of life was the most influential variable on the satisfaction with life.

Christina Bryant, Bei Bei, et al., (2012) did a research on "The relationship between attitudes to aging and physical and mental health in older adults". Sample of 421 elderly participants were administered using Attitudes to Aging Questionnaire, the 12-Item Short Form Health Survey (SF-12), the Satisfaction with Life Scale, the Geriatric Anxiety Inventory, and the Center for Epidemiological Studies Depression Scale. The results demonstrated that the attitude to aging were positive in this sample. High positive attitudes to aging were related with higher levels of satisfaction with life, better self-report physical and mental health on the SF-12, and lower levels of anxiety and depression, after controlling for confounding variables and Relationship status was also significantly associated with mental health and satisfaction with life, but not physical health.

Utsey, Shawn O. Payne, Yasser A., et al., (2002) did a research on Race-related stress, quality of life indicators, and life satisfaction among elderly African Americans in which a total sample of 127 elderly African Americans, comprising 87 women and 26 men participated in the study. Results show that elderly African American men and women significantly differ with regard to institutional and collective racism-related stress, and also found that the institutional racism-related stress being important prognosticator of psychological health in the sample of African Americans elderly.

Lee, A. Reum, Hee Kyung Kim (2019) conducted a research study involving 140 elderly men (65 years or older) to participate in the study. The results of which demonstrated that the life satisfaction of elderly men was positively correlated with health promotion behavior, self-esteem, and social participation activities at a statistically significant level. Also, the life satisfaction of elderly men was majorly influenced by 3 factors (accounting 54.5%) that are self-esteem, health promotion behaviour and sufficient economic level.

Saruna Ghimire, Binaya Kumar Baral, et al., (2018) did a research on Life satisfaction among elderly patients in Nepal with a sample of 289 Nepalese elderly (≥ 60 years) employing mini-nutritional assessment scale, a geriatric depression scale and a satisfaction with life scale. The results highlighted that life satisfaction was positively associated with being married, high family income, involvement in active earning, and a high nutritional score. In dispute, life satisfaction was inversely associated with living in a nuclear family, the sense of having worse health than peers, the perception of being ignored/hated due to old age, and a higher depression score.

Alireza Abdi, Askar Soufinia, et al., (2018) conducted a research on "The Effect of Religion Intervention on Life Satisfaction and Depression in Elderly with Heart Failure" for which two groups were randomly formed into two-experimental group with 46 participants and control group with 47 participants. The result show that there was no significant difference between the mean of life satisfaction in the experimental group and control before the intervention then after the intervention. The mean (SD) of life satisfaction of the experimental group was higher than that of the control group. Also, it was found that the mean of depression of the test group was lower than that of the control group.

Li-Fen Wu and Malcolm Koo (2015) did a study on "Randomized controlled trial of a six-week spiritual reminiscence intervention on hope, life satisfaction, and spiritual well-being in elderly with mild and moderate dementia". In which 103 patients with mild to moderate dementia completed the questionnaire in this study employing The Herth Hope Index, the Life Satisfaction Scale, the Spirituality Index of Well-Being both before and after the 6 week period. The results of which

highlighted that that hope, life satisfaction, and spiritual well-being of elderly patients with dementia(mild to moderate) could be improved significantly with a 6-week spiritual reminiscence intervention.

3. METHODOLOGY

Problem:

- 1) To study the correlation between mental health wellbeing and life satisfaction among aged people.
- 2) To study the difference in mental health wellbeing among aged people with respect to gender.
- 3) To study the difference in life satisfaction among aged people with respect to gender.

Hypothesis:

In the present investigation following hypothesis was formulated:

HO1- There will be no significant correlation between mental health wellbeing and life satisfaction among aged people.

HO2- There will be no significant difference in mental health wellbeing among aged people with respect to gender.

HO3- There will be no significant difference in level of life satisfaction among aged people with respect to gender.

4. RESEARCH DESIGN

Independent Variable: mental health wellbeing

Dependent variable: life satisfaction

Sample:

A total sample of 40 elderly people both male and female (above 60 years) were administered.

Procedure:

In the present study Purposive Sampling Method was used. The aged people were approached personally in houses. Informed consent was taken from them in order to seek voluntary participation and only those aged people were included who agrees to take part in the study.

Test:

- 1) Warwick-Edinburgh Mental Well-Being Scale. There are 14 items in this scale and all the items had 5 response options- none of the time, rarely, some of the time, often, and all of the time.
- 2) The Satisfaction with Life Scale (SWL) by W. Pavot, and E. Diener (2013) was employed to study the life satisfaction.

Statistical techniques:

Statistical techniques used for analyzing data were Pearson's product moment correlation and 't' test. Pearson's product moment correlation was used to study correlation of life satisfaction and mental health wellbeing. 't' test was used to study the difference in mental health wellbeing and life satisfaction among aged people on the basis of gender.

5. ANALYSIS AND INTERPRETATION OF DATA

Raw scores were calculated with the assistance of respective manuals of the scales. After calculation of the raw scores descriptive statics and correlation were employed to analyze the data.

Table 1: Showing correlation between menta health wellbeing and life satisfaction.

Variable	r
State of mental health wellness	.864
Level of life satisfaction	

It is evident from the table that there is a significant positive correlation between mental health and life satisfaction as the r value ($r=0.864$ is significant at 0.05 level of significance). Thus, our null hypothesis which states that there will be no significant correlation between mental health wellbeing and life satisfaction among aged people stands rejected.

Table 2: Comparison of Mean scores of Mental Health Wellbeing and life satisfaction among aged people with respect to their gender.

Variable	Gender	n	Mean	SD	't'
Mental health wellbeing	Male	15	48	48.56	0.50
	Female	15	39.46	39.71	
Life satisfaction	Male	15	27.2	27.40	0.018
	female	15	27.06	27.87	

The table shows that there is no significance difference in mental health wellbeing and life satisfaction among aged people with respect to their gender. Thus, our null hypothesis HO2 and HO3 are accepted.

6. DISCUSSION

The above result table show that life satisfaction is strongly associated with self-reported mental health wellbeing ($r=0.864$). It can be said that mental health wellbeing is enhanced by key positive forces like life satisfaction. Positive emotions, feeling and a positive mental health attitude can improve the quality of lives and heal their illness and stress on the other hand negative emotions and feelings add toxins to the organism. Irrational beliefs about the life generates irrational emotions whereas, rational belief result in rational emotions. A large body of gerontological literature on relationship between age and life satisfaction is that there is no age-related decline in life satisfaction (Larson, 1978; Herzog and Rogers, 1981; Horley and Lavery,1995; Diener and Suh ,1997; Smith, Freison, Geiselmann, Settersten and Kunzmann,1999).

Studies by Kunzmann, Little, Smith,2000; Smith,2001; Smith, Borchelt, Maier and Jopp show that subjective mental health assessment is a more powerful predictor of wellbeing and life satisfaction. People with poor self-rated mental health wellbeing usually have low life satisfaction. Individual suffering from any mental health issues make him less satisfied with his life.

So, this study is conformation with previous research that the absence of mental health wellbeing is associated with the reduction in life satisfaction. These findings are generally consistent with previous research that has examined the linkages between mental health wellbeing and life satisfaction (Murphy, et.al.,2007); Bray and Gunnell,2006; Desouse, et.al., 2008; Beutel et.al., 2010).

Table 2 shows no significant difference in mental health wellbeing and life satisfaction among aged people on the basis of gender. The reason may be that not only the women value relatedness more similar do men but they are also resilient in maintaining a positive social network despite the challenges of aging, and are therefore expected to keep their mental health in a positive frame which is a contributory factor of their life satisfaction. Both the gender face similar health issues and other psychological problems therefore their attitude towards life satisfaction is similar.

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