

Effect Of Social Network on Life Satisfaction Among Elderly People: An Empirical Analysis

Dr. K. M.Ashifa

Asst. Professor in Social Work
Faculty of Health Science
Istanbul Gelisim University, Turkey
ashifakattur@gamil.com

ABSTRACT

In India, as the ageing populations, their difficulties exacerbate proportionately. Social assistance is especially critical for older persons, as regular life events may jeopardize this age group's support network. When a loved one dies, the elderly frequently encounter bereavement and the resulting loss of support; or when older persons transition from work to retirement, they often face solitude or unwanted social interaction; or when they relocate, their support structure is upended. These losses significantly increase the amount of stress that older persons will have to deal with. Changes in social interactions and the breakdown of cultural and traditional structures in various countries have resulted in a more individualistic culture, which has resulted in social isolation among the elderly. The current study examined the social networks of older people and their level of life satisfaction. This study evaluated the mediating effect of elderly well-being on relationships through connecting social networks. The study discovered that the elderly with the largest overall network had the highest mean score of life satisfaction.

Keywords: Elderly, Social Network, Life satisfaction, Social Support

Introduction

The world's population has continued to experience spectacular demographic transitions from high birth and death rates to low birth and death rates. The expansion in the number and proportion of elderly people has been at the heart of this change. Such a rapid, massive, and widespread expansion has never occurred in the history of civilisation [1]. While the proportion of older people in industrialized regions is currently much higher than in less developed regions, the rate of aging in emerging countries is faster, and their shift from a young to an old age structure will take place over a shorter period of time [2]. In comparison to the developed world, which became wealthy before it became old [3], the developing world, which accounts for 81 percent of the world's population, will become wealthy before it becomes old, with older adults among the poorest and most vulnerable [4]. India currently has the world's second highest elderly population, after China, with 103 million [5].

Age is a time when physical and mental capacities deteriorate, resulting in a plethora of unavoidable health problems [6]. The changing morbidity pattern places the elderly at danger in old life, when they frequently lack the capacity to cope with the risk [7]. The process of aging has created a new epidemiological scenario in

emerging countries, with a high incidence of degenerative diseases serving as a primary cause of death, disability, and loss of mobility [8]. Numerous studies demonstrate that the primary health risk for the elderly is limited access to health care, which results in poor aging [9]. The health risk posed by an elderly member of a home can be a cataclysmic shock to the family, increasing households' vulnerability to poverty. Another significant issue for the elderly is their economic security. According to studies on the elderly's well-being in developing nations, there is a significant degree of dependency in old age, both economically and physically [10]. Perhaps economic limitations are less of an issue for the elderly in developing countries because the majority live with and are supported by their offspring [11]. Social assistance is especially critical for older persons, as regular life events may jeopardize this age group's support network. When a loved one dies, the elderly frequently encounter bereavement and the resulting loss of support; or when older persons transition from work to retirement, they often face solitude or unwanted social interaction; or when they relocate, their support structure is upended. These losses significantly increase the stresses that elderly persons would face [12]. Changes in social interactions and the breakdown of cultural and traditional structures in various countries have

resulted in a more individualistic culture, which has resulted in social isolation among the elderly [13]. Historically, in India, the traditional family structure provided social security for the elderly ([14].

Individual characteristics, such as psychological and health behavior pathways, may play a role in how social networks and social support affect wellbeing [15]. Psychological elements such as psychological well-being and life satisfaction, in particular, are positively connected with social networks and support [16], and can either encourage or obstruct an individual's health habits. Additionally, health promotion practice is critical for good aging and is closely related to the individual's positive or optimal health outcomes at all stages of life [17]. In India, as the population ages, their difficulties exacerbate proportionately. The current study examined the social networks of older people and their level of life satisfaction. This study examined the mediating influence of elderly well-being on relationships via connecting social networks. The study discovered that the elderly with the largest overall network had the highest mean score of life satisfaction.

Review of literature

Social networks are a web of person-centered social ties, or a collection of interpersonal ties maintained by people of all ages in a variety of circumstances [18]. By and large, high-quality social networks and social ties have a beneficial effect on the healthiness of the elderly. However, such organizations or networks may have an effect on the potential to impair health by engaging in health-risk activities that may have an effect on an individual's health state [30]. A dysfunctional relationship can be an impediment for the elderly person, making them feel unhappy and isolated, which can result in poor health. Social networks and social support are inextricably linked [22]. Physical and mental health difficulties can be mitigated by family, peers, and neighbors. Social participation and integration also foster strong networks for the purpose of assisting one another in the community. The elderly's living arrangements can influence their social integration and are thus viewed as social factors of good aging in rural settings [23]. In developing countries such as India, the majority of old people either live with at least one child or are surrounded by children or relatives [24]. These social networks and linkages inside Indian society can help protect and improve

the elderly's well-being. Kahn and presence of a vast social network does not always imply a high level of support. Social relationships are known to have a beneficial effect on the preservation or enhancement of functional capacity [25], as well as on the occurrence of disorders such as coronary heart disease and depression [26]. Additionally, contentment with sources of assistance, their sufficiency, quality, and duration of support all have an effect on the elderly's well-being [27]. Qualitative assistance is more useful than quantitative support; additionally, it has a substantially bigger impact on psychological well-being, particularly in older women. Higher levels of mental well-being have been connected with greater satisfaction with support, resulting in better sentiments of self-identity, personal control, and social integration [28]. A sense of well-being is one of the psychological mechanisms underlying health behaviors [25]. Social network analysis is one of several methods for examining the elderly's social lives. In an ideal world, social networks would encompass all of the individuals with whom an individual interacts, often including those with whom they reside as well as those with whom they have social identities such as neighbors, friends, and co-workers [29]. The study emphasizes the causal relationship between the elderly's social network and their life happiness.

Methodology

The current study examined the relationship between social networks and their effect on the life satisfaction of senior people. The study was conducted among senior citizens in Kerala. Kerala's old population, which was 10% in 2001, is anticipated to reach 18.3 percent by 2026, totaling 6.8 million [5]. The researcher gathered data from both primary and secondary sources in order to make accurate inferences. In probability sampling, systematic random sampling was utilized because it entails organizing the target population into an ordered list and then picking items at regular intervals from that ordered list. The researcher created a data collection apparatus that is composed of several components. The tools' first portion contains socioeconomic and demographic information such as gender, age, marital status, educational attainment, employment status, income, housing arrangement, and social security benefits. The second section of the instrument incorporates the Glass et al. (1997) [30]. social network work scale, which is a measurement

Table 1: Socio Economic and demographic Profile of Elderly

Variables	Group	Percentage
Age	60-70	53.1
	70-80	34.3
	80 <	12.6
Gender	Male	32.7
	Female	57.3
Marital Status	Married	63.3
	Unmarried	9.3
	Other	27.4
Education	Illiterate	12.6
	Primary	48.0
	Secondary	24.7
	other	14.7
Source of Income	Retirement	25.1
	Agriculture	32.5
	Private	3
	Others	29.3
	Not working	10.1
Living Arrangement	Alone	9.4
	With Children	18.4
	With Spouse	28.3
	With Spouse and children	38.6
	Other	5.3
Spending Leisure time	Siblings	8.7
	Grand Children	32.7
	Friends	19.6
	Neighbors	28.1
	Other	10.9

model that reflects the social network with children, relatives, friends, and a confident person. And the final section of the study incorporated Neugarten et al modified 's version of the life satisfaction scale (1961) [12]. The objectives of this study are to develop social network metrics and then to explore their effect on life satisfaction, while accounting for the effects of a wide variety of confounders. Numerous statistical techniques, such as bivariate and multivariate analysis, were applied to accomplish these objectives.

Result and Discussion

The study focussed on the socio-demographic profile of the respondent which includes age, gender, marital status, source of income, and living arrangement. Social network pattern and life satisfaction elderly also were analysed in this part. Table 1 shows the percentage

distribution of elderly sample by various socioeconomic and demographic background characteristics. The study reveals 50.1 percent of the respondents represent the age group of 60-7 and 61.3 percent of them are females. 46 percent of the respondents have primary education only 14.6% were illiterate. This substantiates the education literacy levels of elderly in Kerala. The study further reveals that most of the respondents were earning for their livelihood for themselves through various activities like agriculture, working in private sectors, old age pensions, and other activities like daily wages and shop keeping. The study showed that 9.4 percent were staying alone while 28.3 percent with children and 38.6 percent of them living with spouse and children, it indicating that they have strong familial support. Majority of the respondents are spending their leisure time with grandchildren (32.7 percent) and friends (28.1 percent) because they feel joyful memories and loving relationship.

The social networks of senior people were analyzed using a scale created by Glass et al. (1997), which includes a network of children, a network of relatives, a network of friends, and a network of confident people. The children's network is defined by the number of living children, their closeness, their contact with children, and their phone communication with children. The second reflection of the social network scale is the related network indicator, which includes the number of near relatives, interaction with relatives, and phone contact with relatives. The number of close friends, the amount of communication with friends, and the amount of time spent on the phone with friends were all indicative of a friend network. And a confident network reflects the presence of a confidant and a spouse who is confidant. Table 2 contains the correlation matrix for the twelve observed

variables. As seen by this matrix, the strongest correlations were found between the variables. According to the study, social networks and age have a substantial negative link; as one ages, one's social network shrinks. When gender and social network are considered, both are favorably connected. However, because marital status and social network are inversely associated, married people have a larger social network than unmarried people and others. The study demonstrates that educated seniors have a strong correlation with social networks. Seniors who lived alone at the time of the survey had a smaller network of children but a larger network of friends and relatives. In conclusion, our findings indicate that the relationship between socioeconomic position and social network is highly complex among the elderly..

Table 2: Correlation Matrix of Social Network and Socio Demographic

	Age	Gender	Marital status	Education	Source of Income	Living arrangement	Spending leisure time	Social Network
Age	1							
Gender	-0.27	1						
Marital Status	0.45	-0.51	1					
Education	0.18	-0.48	0.23	1				
Source of Income	-0.12	0.07	-0.12	0.02	1			
Living Arrangement	-0.12	0.05	-0.05	0.06	0.63	1		
Spending Leisure time	-0.06	0.12	-0.09	0.07	0.62	0.66	1	
Social Network	-0.03	0.05	-0.09	0.08	0.13	0.08	0.11	1

Life satisfaction (LS) is an important universal objective measurement of the quality of life, when a person gives conscious evaluative judgments about his or her satisfaction with life

as a whole, or evaluative judgments about specific aspects of his or her life. The table 3 re

The study showed that life satisfaction of elderly under the age group of 60-70(mean

score=5.574) was high compared to other group and male have more life satisfaction (5.267). The mean score of married elderly(5.353) was high compared to other group. For instance, mean score of life satisfaction (5.978) was higher among those elderly who had secondary

education. As far as the living arrangement is concern, elderly living with spouse and child (5.724) recorded the highest mean score of life satisfaction followed by living with spouse (5.175), and living with children only (4.582).

Table 3: Mean and standard deviation components of Life Satisfaction Index with Socio demographic variables.

Variables	Group	Life Satisfaction Index	
		Mean	SD
Age	60-70	5.574	2.472
	70-80	5.321	2.813
	80 <	5.383	2.285
Gender	Male	5.267	2.697
	Female	5.221	2.678
Marital Status	Married	5.353	2.714
	Unmarried	5.155	2.268
	Other	4.241	2.134
Education	Illiterate	5.087	2.617
	Primary	5.167	2.857
	Secondary	5.978	2.765
	other	5.600	2.859
Source of Income	Retirement	5.643	2.531
	Agriculture	5.741	2.321
	Private	5.932	2.134
	Others	4.134	2.531
	Not working	5.166	2.756
Living Arrangement	Alone	4.448	2.626
	With Children	4.583	2.621
	With Spouse	5.175	2.639
	With Spouse and children	5.724	2.682
	Other	5.135	2.786
Over all		5.423	2.768

Table 4: Effects of Social Network on Life Satisfaction of Elderly

Variable	Life Satisfaction Index
Children Network	F=1.800; p-value =0.152
Low	5.047 [2.734]
Moderate	5.530 [2.616]
High	5.165 [2.653]
Relative Network	F=11.891; p-value=0.000
Low	4.626 [2.564]
Moderate	5.748 [2.507]
High	5.853 [2.503]
Friends Network	F=10.135; p-value=0.000
Low	4.701 [2.569]
Moderate	5.557 [2.113]

	High	5.760 [2.649]
Confident Network		F=8.162; p-value=0.000
	Low	4.424 [2.997]
	Moderate	5.374 [2.556]
	High	5.577 [2.346]
Total Network		F=12.018; p-value=0.000
	Low	4.582 [2.542]
	Moderate	5.266 [2.549]
	High	5.795 [2.503]

Table 4 represent the effect of social network on the life satisfaction of elderly. The study analysed the each component of social network with life satisfaction. The study revealed that, life satisfaction of elderly (mean score=5.530) relatively moderate on the basis of children network. But the finding suggested that elderly whose relatives network was higher, the mean score of life satisfaction is much better (5.748) than to those elderly who had lower relatives network (4.626) Further, the mean life satisfaction score was observed lowest among elderly with lower friends network (4.701), followed by those elderly who had middle friends network (5.557). The highest mean life satisfaction score(5.760) was evident among elderly who had higher friends network. As study revealed that in case of relatives and friends network, a same pattern is evident in case of confidant network. For example, the mean score of life satisfaction was highest among those elderly who had higher confidant network (5.577), whereas it was lowest among elderly with lower confidant network (4.424) . As far as the total network is concern, finding reveals highest mean score of life satisfaction among those elderly who had higher total network (5.795). However, elderly who had a lower total network, the mean score of life satisfaction was lowest (4.582), followed by those older person with middle total network (5.266).

Conclusion

Micro-level social network function may have an effect on wellbeing via a range of processes, including health behaviors and psychological pathways. Psychosocial mechanisms, for example, may have an effect on cognitive and emotional states such as self-esteem, coping, depression, and well-being. Elderly adults may have been more influenced by advice from relatives than by advice from a child, spouse, or friend. Siblings may be

particularly crucial in this regard. Alternatively, families, particularly siblings, may share early life situations and health practices. Thus, the relations network can be used as a surrogate for genetic features such as survival proclivity and good or poor health. Another possible mechanism by which familial networks can influence life pleasure is a direct connection between physiological systems and social networks, which would have a beneficial effect on life satisfaction. Any physiological benefit received from a network of relatives is most likely the result of a mix of hereditary characteristics and early-life health practices. These findings show the need for further refining of the social network with specific relatives other than those with children and spouses. Disentangling the effects of networks on different sorts of relatives, such as brothers, nephews, and nieces, may provide more insight into the ways in which relatives networks contribute to late-life life happiness. To summarize, the study's findings suggest that certain social bonds may have an impact on later life satisfaction. Having a strong social network, particularly with family members, is crucial for increasing older individuals' enjoyment of life.

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