

Subjective Well-Being of the Rural Elderly: A Survey on Family of Two Villages of Northwest in Bangladesh

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Abstract: The study attempted to investigate Subjective well-being (SWB) of the rural elderly people of two villages in Bangladesh. To reach at the end of the investigation of the study SWB of 402 respondents (male =238, female =164) was measured by administering Memorial University of Newfoundland Scale of Happiness (MUNSH) developed by Kozma and Stones (1980) through a family survey. The t-test and one-way ANOVA were used as statistical tools to analyze the data through IBM SPSS (Version-20.0). Results of the study revealed that, SWB of the elderly people of those villages is relatively better. The finding is not consistent with the findings of earlier studies of Camfield, Choudhury and Devine (2009); Khan, Jahan, and Haque (2007). Comparisons were also made on the basis of gender and level of education of the respondents. Significant difference of SWB was found between male and female respondents. Happiness of male respondents found significantly higher than that of the female counterpart. This finding is supported by the findings of Van Miah et al. (2010); Pinguart and Sorensen (2001); and Plagnol and Easterlin (2008). Results also revealed that, level of education is a strong predictor of mental well-being of the rural elderly resemble the findings of the study of Diener, et al. (1999); Mahmuda, A. (1998); Pinguart and Sorensen (2000); and Yang (2008b).

Keywords: family survey, gender, level of education, rural elderly, Subjective well-being

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I. INTRODUCTION

Of all population the elderly are quite different in many aspects from others. To ensure welfare for the elderly people is a global challenge today. To face this challenge many western developed countries have created various socio-economic supports for the elderly. But country likes Bangladesh being a newly lower-middle income country could not possible yet to take proper steps for the welfare of the elderly. According to the last census report of Bangladesh Bureau of Statistics the percentage of elderly in Bangladesh was 7.7 percent (BBS 2011). The projected number of elderly people in Bangladesh would be more than 12.8 million by the year 2017 which would increase to almost 14 million by the year 2020 and by the year 2025 the size of elderly is expected to be 17.2 million (BBS 2015). Due to growing economic development as well as illustrating health services the rate of death is decreasing in one hand and increasing the ageing population on the other hand. A study (Abedin 1996) report shows that in Bangladesh, majority of the elderly people live in the rural areas. In rural areas there is a lack of various citizen advantages (proper health care services, economic services and job opportunities) than the urban areas. As a result they become poor group of the population in case of economic, social, health and other different aspects of life.

Subjective well-being is an essential element of an individual life. The concept of SWB has become increasingly popular now-a-days. It is concerned with how and why people experience their lives in positive way and how often they feel happy. SWB refers to how people experience the quality of their lives and includes both emotional reactions and cognitive judgments (Diener 1984). The other psychologists have defined happiness as a combination of life satisfaction and the relative frequency of positive and negative affect. SWB therefore encompasses moods and emotions as well as evaluations of one's satisfaction with general and specific areas of one's life (Diener et al. 1999). People who are at the age of 60 years or above and live in villages have considered rural elderly people in this study. The people got an age of 60 years and above makeup the elderly section of any

population. But people of Bangladesh become older earlier because of poverty, hard labor, malnutrition, illness and their geographical condition. In many developing countries old age is seen to begin at the point when active contribution is no longer possible by the individual (Gorman 1999). One of the most flexible methods of data collection is family survey. In common parlance survey means systematically gathering information by asking questions. This typically involves questioning individuals but can also involve organizations or institutions. Survey questions can be asked in telephone or in-person interviews or via self-administered questionnaires completed on paper or on an internet website. Family survey collects comprehensive and diverse socio-demographic data pertaining to conditions under which people live by visiting door to door. Family survey is flexible to investigate almost any population-based subject. As far as the type of respondents of this study is concerned they are broadly subdivided into two major categories by gender namely male and female. The respondents further divided into six categories on the basis of the level of education. These are illiterate, primary, Grade 10th level, Grade 12th level, Graduate and post graduate categories.

There has been very little research into the experience of SWB in Bangladesh. In a study Khan, Jahan, and Haque (2007) found that psychological well-being of the landless people in rural areas was significantly poor. Mahmuda, A. (1998) conducted a research about effect of education, income, age and family structure on psychological well-being. The study revealed that respondents with no formal education found to have poorest psychological well-being and respondents having highest education were found to have better psychological well-being. Nabi et al. (1999) conducted fieldwork in rural and urban sites in Bangladesh and found that having employment opportunities or cultivable land with cattle and oxen (both of which generate savings and capital) was the main factor for wellbeing. Other important factors were having a good house, healthy and relaxed family members, good clothing, sufficient food, and the ability to educate children. Mahbub and Roy (1997) found that the experience of well-being differs between men and women. Mahmuda, F. (2003) conducted a research understanding people's perception of SWB in a rural area in Bangladesh. She mentioned that Bangladeshi people have a clear perception of what is required to achieve well-being. She also reported that poorer people defined their well-being tightly around basic subsistence needs such as food intake, income adequacy and housing security richer people instead emphasized personal security, savings, peace of mind and status. In terms of gender women placed a greater emphasis on care for and within family while men focused on self-education and income.

Camfield, Choudhury and Devine (2009) found that Bangladeshi people are experiencing low SWB. Yang (2008b) found that education significantly predicts happiness at most ages but is unrelated to happiness after age 50. Van Miah et al. (2010) found lower psychological well-being in women and in people with lower education level. Inglehart (2002) examined the joint effects of gender and age on mental well-being using data from 65 countries. His results indicated that gender is related to mental well-being but that the pattern is not clear unless the interaction between gender and age is estimated. Specifically, prior to age 45, women report higher SWB than men. At age 45 and older, however, men report higher SWB and this gap widens at older ages. Pinqart and Sorensen (2001) reported that women are less happy or satisfied than men at all ages, although the gap widens after middle age. Plagnol and Easterlin (2008) examined aspirations about family life and about material resources, the relationships between fulfilled aspirations and happiness, and age differences in both. In early to mid-adulthood, women were more likely than men to report that their aspirations were met and also reported higher levels of happiness. By late life, however, men were more likely to report that their aspirations had been achieved and were happier than women. Diener et al. (1999) found that education and income are the strongest predictors of mental well-being for young and middle-aged adults. Their importance for mental well-being in late life is less clear. In a meta-analysis of 286 studies, Pinqart and Sorensen (2000) found that both education and income were robust predictors of mental well-being in later life, with income the stronger of the two.

Brief review of literature discussed above indicates that the levels of SWB differ with sex and education. The present study has been designed to investigate and compare the levels of SWB of the rural elderly people of the northern part of Bangladesh. In this regard the authors intended to justify the following objectives.

Objectives

- i) To investigate the state of SWB of rural elderly people of the northern part of Bangladesh.
- ii) To investigate the differences of SWB between male and female rural elderly people.
- iii) To investigate the variations of SWB in relation to the level of education.

II. IMETHOD

Respondents

Multistage sampling technique was used to select the sample of the study. After study area has been selected purposively two unions of Khetlal upazila (an administrative unit) of Joypurhat district were selected. Then one village from each union was selected randomly. Finally, a family survey (including all the families of each village) was done. Respondent (60 years to above) from every house (if found) of the villages were included into the sample as the criteria described earlier. A total of 402 respondents were found among them 238 were male and 164 were female.

Instrument and scoring

The Memorial University of Newfoundland Scale of Happiness (MUNSH) was used for data collection. The scale was originally developed by Kozma Albert and Stones M.J. (1980) in English, was translated and adapted by Akter B. (2003). The scale consists of 24 items and it is a self-appraisal measure of mental health of adults. The scale contained five Positive Affect (PA) items, those includes- 1,2,3,4,10; five Negative Affect (NA) items, which includes- 5,6,7,8,9; items 12,14,15,19,21,23,24 and items 11,13,16,17,18,20,22 consists Positive Experience (PE) and Negative Experience (NE) respectively. The item analysis phase of the original scale was conducted with a random sample of 301 adults aged from 65-95 equally drawn from lists of elderly people living in urban, in rural and in institutional settings in Newfoundland in Canada. The results were cross-validation with a similar sample of 297 Newfoundland residents. Coefficient α values above 0.85 was reported for both samples for overall MUNSH Scale. A test-retest correlation 0.07 was reported for 23 respondents interviewed 6-12 months after the initial interview. The Scale's items were initially "validated" in terms of their higher correlation (at the 0.005 significance level) with avowed happiness, compared to 0.05, 0.49 for three alternative scales of well-being and showed internal consistency indicating discriminate validity as well. Reliability of Bangla version of MUNSH was measured using test-retest method and parallel form method. These reliability coefficients were .81 ($p < 0.01$) and .33 ($p < .01$) respectively. Except item no.19 and 23 every item has three response alternatives (Yes = 2, Don't know = 1, and No = 0). Where item-19 and 23 scored Present Location = 2, Other Location = 0 and Satisfied = 2, Not Satisfied = 0 respectively. The obtained scores computed using a formula of (PA-NA+PE-NE) +24. Therefore, the MUNSH score range varies from zero to 48. A high total score indicates higher level of happiness and a low total score indicates a lower level of happiness.

Procedure

Standard data collection procedure was followed to collect information from the respondents. Consent was taken from the participants before collecting data. Respondents were informed the ultimate purpose of the study and necessary rapport was established before administering the scale. The respondents were instructed to read the items of the scales attentively and to respond sincerely and carefully. They are asked to give tick marks in the appropriate box of MUNSH scale and fill up. They were also requested not to omit any item in the questionnaire and told that there was no right or wrong answer. They were informed well that the confidentiality of the data will be maintained and their data will be used only for research purpose. If respondent was not clear about any questions, he/she was allowed to ask first author and/or his associate any question raised in mind. For illiterate, questionnaires were presented orally and requested them to provide their opinions. After completion of their task, answered documents were collected from them. The researchers thanked them for their sincere co-operations. Data were collected within one month following individual session and the respondents were voluntarily participated in the study.

III. RESULTS

The obtained data of the study were analyzed by employing *t*-test (one sample) and one way analysis of variance through IBM SPSS (Version-20). Obtained results are presented in the tables below.

Table 1: Comparison between obtained mean of total respondents and average score of MUNSH scale

SWB	N	Obtained Mean	Neutral Value of the MUNSH Scale	SD	df	t	P
Rural Elderly	402	31.74	24	11.25	401	13.75	.000*

* $p < .001$

Table 2: Mean differences of SWB between male and female respondents

SWB	N	M	SD	df	t	P
Male	238	33.11	10.94			
Female	164	29.73	11.42			

* $p < 0.01$

Table 3: Analysis of Variance of SWB of rural elderly according to their level of education

Source of Variation	SS	df	MS	F	P
Between Groups	3296.866	5	659.373		
Within Groups	47179.044	396	119.744	5.507	.000*
Total	50475.910	401			

* $p < .001$

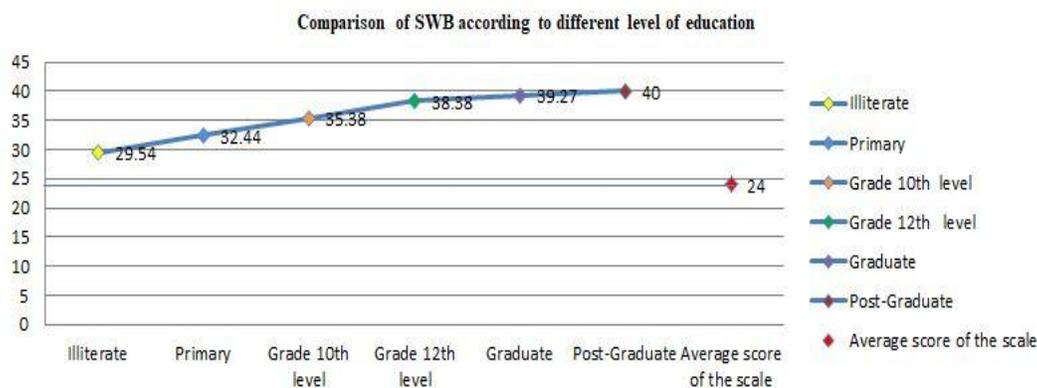


Figure-1: Graphical representation of mean scores according to respondents' education levels as compared to average score of MUNSH scale

IV. DISCUSSIONS

The main objective of the present study was to investigate the state of SWB of the rural elderly people of the northern area of Bangladesh, especially of Joypurhat district. Toward this end, a family survey was conducted in two villages. Therefore, 402 respondents comprised the sample of the study. In order to collect required data an adapted Bangla version of "MUNSH" scale (Bilkis Akter 2003) was administered following standard procedure. In order to draw inferences the *t*-test (one sample) and one-way ANOVA were used. Results revealed that, SWB of the rural elderly people is better as compared to the neutral value of the scale used (Table-1: $t=13.75$; $p < .01$). The finding contradicts the findings of Camfield, Choudhury and Devine (2009); Khan, Jahan, and Haque (2007). The finding is indicating the sign of development of the country. The poverty rate in the rural area is decreasing day by day. Medical and health services have reached near to door in rural areas. Beside these, per capita income is also increasing gradually in Bangladesh. These may be the reasons of this finding.

Comparisons were also made on the basis of gender and level of education of the respondents. Significant difference of SWB was found between male and female respondents (Table-2: $t=2.96$; $p < .01$) which indicates that happiness of male respondents is reasonably better than that of the female. The finding is consistent with the findings of Van Miah et al. (2010); Pinquart and Sorensen (2001); and Plagnol and Easterlin (2008); but contradicts the findings of Inglehart (2002). Perhaps rural male elderly in Bangladesh have little scope to earn money and receive facilities (medical as well as recreational) than the female. They have more opportunity to share their health problems and loneliness to others as they pass more time outside of home. On the other hand females' are more conservative as well as low level of education as compared to male counterparts in our society may be the influencing factor in this regard.

Results also revealed that, SWB differs significantly among the respondent groups in relation to their level of education (Table-3: $F=5.507$; $p < .001$). This finding of the study is supported by the findings of the study of Diener, et al. (1999); Mahmuda, A. (1998); Pinquart and Sorensen (2000); and Yang (2008b). It is known that higher educated persons know how to lead healthy and happy life. The educated people especially in rural areas in

Bangladesh get more honors and dignity in their society. On the other hand, people with low level of education even not aware of mental well-being. In many cases they remain unable to get even optimal level of facilities provided by the government in rural areas. Considering all these things it may be argued that the level of education has positive influences on subjective happiness or well-being as the findings of this study suggested.

As the young generation as well as the adults in rural areas who are suffering from the curse of unemployment leave their house for urban cities to earn their livings the type of nuclear family is increasing day by day. As a result older people in rural areas left alone leading isolated life from their family and becoming vulnerable. This condition is increasing the requirement of more health and welfare services for the elderly especially in rural areas. It will be a great challenge for government to provide such facilities. Findings of this study could be a platform from where the government starts thinking differently and be prepared newly for the welfare of this huge part of the population.

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