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Role of life satisfaction and mental health for healthy ageing

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Abstract

The purpose of this study is to evaluate Life satisfaction and Mental Health among ageing individuals. In the current investigation, a self-made socio-demographic questionnaire including variables such as age, gender, educational qualification, working status, marital status, area of living was included and to get insights about their present health condition we included variables such as living situation (i.e. if they reside alone or with others their family/caregiver), presence or absence of any disease and The degree of independence for doing day to day activities; to evaluate one's level of life contentment we used SWLS (Satisfaction With Life Scale by Denier *et al.*, 1985 and General Health Questionnaire (GHQ-12) by Goldberg and Williamson, 1988. We selected 120 elderly individuals living in the Lucknow city, including equal proportions of both the genders i.e. 60 males and 60 females. After conducting this study, we found that there is a bad correlation between contentment with life and General Mental Health with correlation value of ($r = -0.452$). Implying that when the Life satisfaction increases the psychological distress related to general mental health decreases. For healthy ageing the role of Life satisfaction And General Mental Health becomes very important. Therefore, we tried to investigate the same in the present study.

Keywords: Life satisfaction, healthy ageing, general mental health, psychological well-being, psychological distress

Introduction

Understanding the complex relationship among aging, life satisfaction, and mental health has received more attention in recent decades (Smith *et al.*, 2020) [32]. The World Health Organization [WHO], 2020 states that the well-being of elderly people has become a key concern for public health and social policy as populations around the world continue to age due to increasing lifespans and reducing birth rates (United Nations, 2019) [34]. An individual's quality of life can be greatly impacted by the complicated process of aging, which is marked by changes in physiology, psychology, and society (Rowe & Kahn, 2015) [31]. Life satisfaction, or an individual's subjective assessment of their general well-being, including several domains like health, relationships, and the achievement of personal goals, is a crucial component of this quality of life (Diener). Simultaneously, the emotional, cognitive, and social aspects of an elderly person's psychological well-being are significantly influenced by their mental health (WHO, 2017) [37]. According to Baltes and Smith (2003) [1] and Rowe and Kahn (1997) [29, 30], aging is a natural aspect of the readiness to act in a certain way expressed by a person's words, gestures or facial expressions. A teacher must take account of learner's attitudes and if necessary, build up new life and is characterized by a variety of physiological, psychological, and social changes that all work together to affect a person's quality of life. The well-being of older persons is significantly impacted by these changes, which take place in a number of domains. Life satisfaction is a basic element of well-being and is described as an individual's subjective evaluation of their total experiences and situations in life (Diener, Emmons, Larsen, & Griffin, 1985) [9]. According to Pavot and Diener (2008) [24], there are many different aspects of life pleasure, such as financial security, interpersonal relationships, health, and pursuing personal objectives. According to Helmon and Srivastava (2002), as people become older, their views of life happiness may change as a result of rearranging priorities, values, and life experiences. At the same time, mental health becomes apparent as a crucial factor in determining psychological well-being in the elderly (Kahn & Rowe, 1997) [29, 30].

A wide range of emotional, cognitive, and social aspects are included in mental health, including things like social connectivity, emotional resilience, and cognitive performance (World Health Organization, 2014). Resilience, adjusting to changes in life, and retaining a feeling of meaning and purpose in older life all depend on maintaining excellent mental health (Westerhof & Keyes, 2010) [35]. But as we age, we are more likely to have mental health issues like anxiety, sadness, and cognitive decline, which may significantly affect our general wellbeing and quality of life (Blazer, 2003 [2]; WHO, 2017) [37]. The co-existence of life satisfaction and mental health is a crucial aspect of psychological well-being in the elderly population, as it impacts their overall quality of life and ability to adjust in later years (Keyes, 2009). Determining targeted interventions and support services to improve older individuals' well-being and encourage healthy aging requires an understanding of the interactions between these constructs (Pinquart & Sörensen, 2000) [25]. Policymakers, practitioners, and researchers can help maximize the potential for thriving in later life, promote positive ageing experiences, and develop resilience by addressing the complex requirements of aging populations (WHO, 2002) [38].

According to Pinquart and Sörensen (2000) [25], there is a complex and varied relationship between life satisfaction and mental health among older adults that is influenced by a range of elements in the social, environmental, and personal domains. People's health, social roles, and living circumstances vary as they become older, and these changes can have an impact on how satisfied people feel with life and how well they're mentally (Diener & Chan, 2011) [10]. Higher life satisfaction levels have been consistently related to improved mental health outcomes in older persons, according to research (Hawton *et al.*, 2020) [18]. On the other hand, poorer life satisfaction has been connected to a higher chance of developing anxiety, depression, and other mental health conditions later in life (Boyle *et al.*, 2010) [3]. Comprehending the complex interactions among these concepts is crucial in formulating focused interventions and policies that aim to enhance the welfare and standard of living of the elderly population (Wu *et al.*, 2019) [40]. Furthermore, the relationship between mental health and life satisfaction is not unidirectional; rather, it functions as part of a dynamic system that is affected by feedback loops and bidirectional pathways (Steptoe *et al.*, 2015) [33]. For instance, by encouraging a feeling of purpose and meaning in later life, gains in mental health through psychotherapy interventions or social support may promote life satisfaction (Folkman *et al.*, 1986) [13]. Overall, evidence-based interventions and policies which promote healthy aging and improve older adults' quality of life must be informed by a thorough understanding of the connection between life satisfaction and mental health in elderly people (Pinquart & Sörensen, 2003) [27]. Together, academics, practitioners, and policymakers may create comprehensive strategies to support the well-being of aging populations by addressing the intricate interactions between these dimensions and determining modifiable factors that increase them.

Research on life satisfaction and mental health in the elderly has shed important light on the causes, correlations, and predictors of these dimensions. Numerous elements that affect life satisfaction in later life have been found in studies. For example, among older persons, physical health has been consistently associated with life satisfaction (Chang, 2018 [4]; Menec *et al.*, 2020) [23]. Higher levels of life happiness are

linked to better physical health, whereas chronic illnesses or disabilities frequently result in lower levels of life satisfaction (Chang, 2018) [4]. Furthermore, in ageing populations, social support has been found to be a significant predictor of life satisfaction (Chen & Feeley, 2014 [5]; Choi & Kim, 2021) [6]. Compared to older persons with smaller social networks, those who perceive higher levels of social support typically report better levels of life satisfaction (Choi & Kim, 2021) [6]. Furthermore, for the elderly, financial security has a significant impact on life satisfaction. For fundamental needs to be met and a decent level of living to be maintained in later age, economic stability and resource accessibility are critical (Kim & Choi, 2019; Jivraj *et al.*, 2020) [41, 42]. Less life satisfaction is more likely to be experienced by older persons who are struggling financially or who lack security in their employment (Jivraj *et al.*, 2020) [42]. Moreover, meaningful activities like volunteering, hobbies, or lifelong learning have been linked to higher levels of life satisfaction as people age (Drentea & Reynolds, 2012 [12]; Kim & Park, 2018) [43]. These pursuits enhance general wellbeing and life satisfaction by offering chances for social connection, personal development, and a sense of purpose (Kim & Park, 2018) [43]. Studies have also highlighted the incidence and consequences of mental health problems, such as depression, anxiety, and cognitive deterioration, in the elderly population. Studies on older persons living in communities reveal that depression is one of the most prevalent mental health diseases affecting them (Blazer, 2003 [2]; Luppá *et al.*, 2012) [22]. Estimates of its prevalence range from 1% to 16%. As they frequently co-occur with depression and other medical illnesses, anxiety disorders are a serious mental health concern for older persons (Gum *et al.*, 2009 [15]; Grenier *et al.*, 2019) [14]. Further, mental health and general well-being in later life are significantly impacted by cognitive decline, which includes dementia and moderate cognitive impairment (Prince *et al.*, 2013 [28]; Livingston *et al.*, 2020) [21]. These results highlight the urgent need for efficient preventative and intervention plans to deal with mental health problems in the aging population. Researchers and professionals can create focused treatments meant to encourage healthy aging and improve the quality of life for older persons by knowing the elements that affect life satisfaction and mental health in later life.

Further research indicates that life satisfaction and mental health may be positively correlated, meaning that gains in one area may have a beneficial effect on the other. Depression and loneliness, for example, may be mitigated when life satisfaction is increased by interventions that focus on social connectedness or meaningful involvement. Research has made significant progress, but there are numerous unresolved questions and difficulties in understanding how life satisfaction and mental health interact with aging. These include the requirement for longitudinal research to clarify temporal links, the investigation of cultural and contextual variations in the experiences of aging, and the creation of novel interventions catered to the specific requirements of the elderly. Waking these factors into account, the goal of this study is to add to the body of knowledge by examining the dynamic relationship that exists between older adults' mental health and life happiness. This study uses a multifaceted strategy that combines quantitative and qualitative approaches in an effort to clarify the underlying mechanisms influencing this relationship and to pinpoint areas that could benefit from assistance and intervention.

In conclusion, research on life satisfaction and mental health in the elderly is important and has a big impact on improving

older folks' quality of life and encouraging healthy aging. The development of comprehensive methods to address the complex requirements of aging people in a society that is becoming more diverse and older can be accomplished by researchers, practitioners, and policymakers working together across disciplines.

Material and Methods Selection of Sample

For selecting the respondent's multistage random sampling was utilized. For the present study 120 respondents were randomly selected from different areas of Lucknow city, out of which 60 were male and 60 were female.

Data Collection

Two tools were utilized, including a self-made socio demographic questionnaire for assessing demographic profile of the respondents. SWLS (Satisfaction with Life Scale) by Diener *et al.*, 1985 and GHQ-12(The General Health Questionnaire) by Goldberg and Williams, 1988.

The General Health Questionnaire (GHQ-12)

The General Health Questionnaire (GHQ-12), developed by Goldberg and Williams in 1988, is a brief screening tool designed to detect psychological distress and assess mental health. It comprises 12 items covering various aspects of well-being, such as concentration, sleep patterns, and self-esteem. Respondents indicate whether they have experienced specific symptoms over a recent period, with scoring typically binary (0 for absence, 1 for presence). Higher total scores suggest greater psychological distress. The GHQ-12 is widely used due to its efficiency, reliability, and validity, making it valuable for researchers, clinicians, and policymakers in identifying individuals who may require further evaluation or intervention.

Satisfaction with Life Scale (SWLS)

The Satisfaction with Life Scale (SWLS), developed by Diener *et al.* in 1985^[9], is a widely used questionnaire comprising five items designed to measure subjective well-being or life satisfaction. Respondents rate their agreement with each item on a 7-point Likert scale. The SWLS is renowned for its brevity, simplicity, and reliability, making it a popular tool in psychological research. It has consistently shown positive correlations with indicators of psychological well-being and negative correlations with measures of psychological distress, contributing significantly to the understanding and measurement of life satisfaction.

Results and Discussions

The present study aims to understand the mediating role of life satisfaction and general mental health for healthy ageing. According to studies it is found that mental health plays a significant role for both life satisfaction and healthy ageing. To further elaborate the concept of "healthy ageing" we can say that it is multifaceted and involves social, mental, and physical well-being as people age. An individual's subjective assessment of their whole life circumstances and experiences, is essential for healthy aging. Furthermore, mental health is a major factor in determining older individuals' quality of life and overall wellbeing. It is crucial to comprehend the relationship between life satisfaction, mental health, and healthy aging in order to create interventions that effectively support positive aging outcomes.

Healthy aging outcomes have been found to be significantly influenced by life satisfaction. According to research higher life satisfaction in older individuals has been related to better

physical health, healthier lifestyle choices, and lower rates of death and disease. Moreover, beneficial psychosocial outcomes like increased social engagement, increased resilience, and improved coping mechanisms for age-related problems have all been connected to life satisfaction. Therefore, encouraging older individuals' life happiness is essential to building their resilience and general well-being in later life.

One of the most important aspects of healthy aging is mental health. The functional capacities and overall quality of life of older persons can be greatly impacted by poor mental health outcomes, including depression, anxiety, and memory loss. On the other hand, it has been found that maintaining excellent mental health lowers the possibility of damage and dependency in later life, increases memory, and improves overall health outcomes. Sustaining older persons' mental health and encouraging positive aging outcomes need the use of effective mental health therapies, such as medication, social support, and psychotherapy.

Life satisfaction, mental health, and healthy aging have a complicated and mutual relationship. Studies indicate that improved mental health outcomes, such as reduced rates of anxiety and depression in older persons, are linked to greater life satisfaction. On the other hand, poor mental health can have a negative effect on general wellbeing and life satisfaction, which can lower quality of life and raise the risk of negative health effects in later years. Understanding the fundamental processes that connect life satisfaction, mental health, and healthy aging is crucial in order to create focused interventions that support positive aging outcomes.

Table 1: Socio-demographic profile of the respondents

S.No	Category	Frequency	Percentage
Age	60-65	33	27.5
	66-70	33	27.5
	71-75	38	31.7
	76-80	10	8.3
5	80 and above	6	5
	Total	120	100
Gender	Male	60	50
2	Female	60	50
	total	120	100
Education	High school	33	27.5
	Intermediate	16	13.3
	Graduation	6	5.0
	Post-graduation	5	4.2
5	Other	60	50.0
	Total	120	100.0
Maital status	Single	5	4.2
2	Married	75	62.5
3	Divorced	3	2.5
4	Widowed	37	3.8
	Total	120	100.0
Working status	Working	3	35.8
2	Non-working	77	64.2
	Total	120	100.0
Area of living	Rural	83	69.2
2	Urban	37	30.8
	Total	120	100.0

The above given, table 1 provide the summary of participants based on various demographic factors. In terms of age, the majority falls within the 71-75 range, comprising 31.7% of the total, followed closely by those aged 60-65 and 66-70, each representing 27.5%. Among the genders, there is an equal distribution, with 50 males and 50 females, making up 100 participants in total. Education-wise, the majority have completed high school, making up 27.5%, followed by those with other qualifications at 50%. Regarding marital status, the highest percentage is married individuals at 62.5%, while in terms of working status, 64.2% are non-working. Geographically, the majority reside in rural areas, comprising 69.2% of the total sample, with urban dwellers making up the remaining 30.8%. Overall, the table offers a comprehensive snapshot of the demographic composition of the sample population.

Table 2: The health-related condition of the respondents

S. No	Category	Frequency (n)	Percentage (%)
Living situation			
1	Alone	10	8.3
2	With husband/wife/or partner	70	58.3
3	Without husband/wife/or partner	3	2.5
4	Alone with children	34	28.3
5	Alone with others	3	2.5
	Total	120	100.
Disease			
1	Yes	103	85.3
2	No	17	14.2
	Total	120	100.0
Independence			
1	Yes	111	92.5
2	No	9	7.5
	Total	120	100.0

The table presents data on various aspects of individuals' living situations, health status, and level of independence. In terms of living situation, the majority, at 58.3%, reside with their husband, wife, or partner, while 28.3% live alone with children, and 2.5% live alone with others. A small percentage, 2.5%, live entirely alone. Concerning health, the overwhelming majority, 85.3%, report having a disease, while 14.2% do not. When it comes to independence, the data

shows that 92.5% of individuals consider themselves independent, while 7.5% do not. This table offers insights into the household dynamics, health conditions, and self-perceived independence of the surveyed population. The living situation of elderly that is whether they are living alone, with their spouse, with children and with others effects their both life satisfaction and general mental health. In the present study we found that people who are living with their loved ones were mentally more healthy than people who are living alone. Similarly, the presence or absence of any disease or health related condition also affect ageing in terms of life satisfaction as well as general mental health. Lastly, the level of independence to carry out day to day activity also effects the satisfaction level with their lives.

Table 3: Pearson Correlation between Life Satisfaction and General Health Questionnaire

	LS	GHQ
LS	1	-.452**
GHQ	-.452**	1

**Correlation is significant at both 0.01 & 0.05 level of significance

The correlation coefficients between "LS" and "GHQ" are highly statistically significant at the 0.01 level (two-tailed), with p-values less than 0.01. This indicates a strong negative correlation between the two variables. The negative sign of the correlation coefficient (-0.452) suggests a significant inverse relationship between the two variables. In other words, as scores on one variable (LS or GHQ) increase, scores on the other variable tend to decrease notably, and vice versa. The analysis was conducted on a dataset comprising 120 observations for each variable, ensuring a robust sample size for the analysis.

We tried to explore the relationship between LS and GMH because in the prior study we found that both of them play a significant role for the healthy ageing.

Table 4: Life satisfaction scores of the respondents

LS LABEL		
Life satisfaction	Frequency	Percent
satisfied	16	13.3
Slightly satisfied	42	35.0
Neutral	17	14.2
Slightly dissatisfied	41	34.2
Dissatisfied	3	2.5
Extremely dissatisfied	1	.8
Total	120	100.0

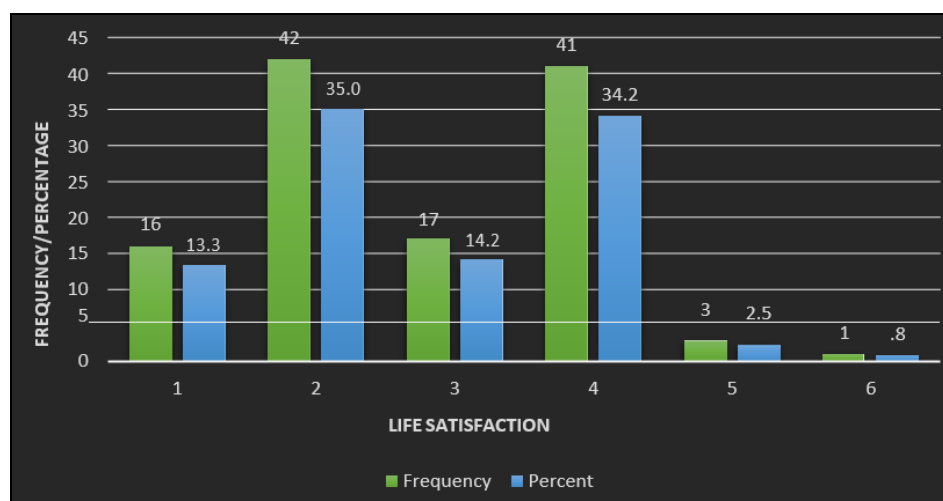


Fig 1: Life satisfaction scores of the respondents

The table "LS_LABEL" presents data regarding different levels of life satisfaction, along with corresponding frequencies and percentages. It categorizes life satisfaction into several labels, including "satisfied," "slightly satisfied," "neutral," "slightly dissatisfied," "dissatisfied," and "extremely dissatisfied." Each category is accompanied by the number of respondents or cases falling into it (Frequency) and the percentage of these cases relative to the total number of cases, which appears to be 120 in this dataset (Percent). Among the respondents, 16 individuals reported being "satisfied," comprising 13.3% of the total. The majority, 42 respondents or 35.0%, indicated they were "slightly satisfied." Additionally, 17 individuals, making up 14.2% of the total, reported feeling "neutral," while 41 respondents, accounting for 34.2%, were "slightly dissatisfied." A smaller portion, 3

cases or 2.5%, expressed being "dissatisfied," and only 1 case, constituting 0.8%, reported being "extremely dissatisfied." The table effectively illustrates the distribution of life satisfaction levels among the surveyed population, with percentages totalling 100% and providing a comprehensive overview of the respondents' sentiments.

Table 5: GHQ scores of the respondents

GHQ_Lable		
GHQ	Frequency	Percent
Normal	55	45.8
Distress	36	0.0
Severe distress	29	24.2
Total	120	00.0

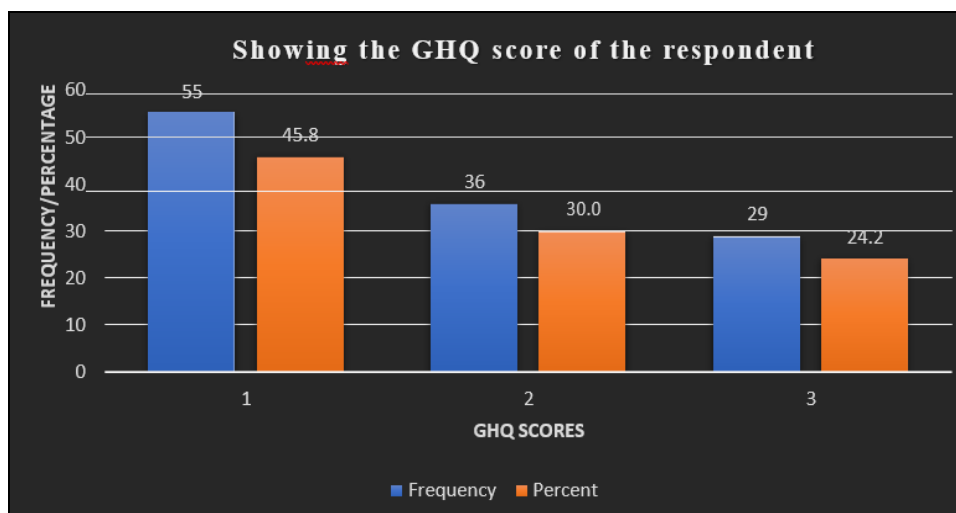


Fig 2: GHQ scores of the respondents

Certainly! The table presents data related to the General Health Questionnaire (GHQ), which is likely a tool used to assess mental health. It consists of three categories: "Normal," "Distress," and "Severe distress." The "Frequency" column displays the number of respondents falling into each category, with 55 respondents categorized as "Normal," 36 as "Distress," and 29 as "Severe distress." Meanwhile, the "Percent" column shows the percentage of respondents in each category relative to the total number of respondents. For

instance, 45.8% of respondents reported being in the "Normal" category, 30.0% in the "Distress" category, and 24.2% in the "Severe distress" category. The "Total" row summarizes the data, indicating that there were 120 respondents in total, with the percentages adding up to 100%. This table provides valuable insights into the distribution of mental health states among the surveyed population, highlighting the prevalence of different levels of psychological distress.

Table 6: The Correlation Matrix of Sociodemographic and Psychological Variables

Gender	Age	Education al qualification	Marital status	Area of living	Working status	Living situation	Disease	Independence	Cog appr	Exp supp	LS	GHQ
Gender	1											
Age	.169	1										
Educational qualification	.146	-.048	1									
Marital status	.223*	.241**	0.74	1								
Area of living	.090	.077	.058	.071	1							
Working status	.400**	.112	.014	.212*	.010	1						
Living situation	.110	.274**	-.080	.615**	.092	.050	1					
Disease	-.072	-.218*	.053	-.153	-.116	-.145	-.178	1				
Independence	-.095	.382**	-.022	-.078	.015	.081	-.007	0.66	1			
LS	-.016	-.377**	-.377**	-.174	.092	-.034	-.153	.149	-.082	-.180*	1	
GHQ	.318**	.519**	.519**	.471	.104	.193*	.398**	-.319**	.098	.066	.029	1

The correlation matrix provided reveals several significant relationships between various demographic and psychosocial variables. Gender exhibits notable correlations with both working status ($r = 0.400$, $p < 0.01$) and mental health, as measured by the GHQ ($r = 0.318$, $p < 0.01$). Age demonstrates significant associations with multiple factors, including marital status ($r = 0.241$, $p < 0.01$), working status ($r = 0.112$, $p < 0.05$), living situation ($r = 0.274$, $p < 0.01$), and independence ($r = 0.382$, $p < 0.01$), while also negatively correlating with living situation ($r = -0.377$, $p < 0.01$). Marital status exhibits significant correlations with gender ($r = 0.223$, $p < 0.05$) and working status ($r = 0.212$, $p < 0.05$), as well as a particularly strong association with mental health ($r = 0.471$, $p < 0.01$). Working status further correlates significantly with gender ($r = 0.400$, $p < 0.01$), age ($r = 0.112$, $p < 0.05$), and mental health ($r = 0.398$, $p < 0.01$). Living situation shows significant correlations with age ($r = 0.274$, $p < 0.01$) and mental health ($r = -0.452$, $p < 0.01$), highlighting its importance in psychological well-being. These findings underscore the intricate interplay between demographic characteristics, socioeconomic factors, and mental health outcomes, providing valuable insights for further research and targeted interventions aimed at promoting well-being across diverse populations.

Summary

An extensive summary of the study participants' demographic characteristics is provided by the data that is currently accessible. Regarding the various age brackets, the bulk of participants (31.7%) are in the 71-75 age range, followed by the adjacent 66-70 and 60-65 age groups (both 27.5%). The 100 people in the sample are split equally between both sexes, with 50 males and 50 women. In terms of education, half of the participants have post-secondary degrees, and the majority 27.5% have completed high school. Status as married: 62.5% of married individuals are married, whilst 64.2% of jobless individuals are single. The distribution of the population is as follows: 30.8% live in cities, and 69.2% reside in rural regions. The living conditions breakdown provides additional insight into the living arrangements of the participants. Marriage is commonplace, as indicated by the majority, 58.3%, who live with their spouse or partner. In addition, a similar proportion of single individuals live alone, 2.5% live alone with others, and 28.3% live alone with children. As far as health is concerned, a higher proportion, 14.2%, do not report having a disease, whereas 85.3% do. Only 7.5% of respondents disagree that they are independent, compared to 92.5% who claim they are. Numerous psychological variables and demographic variables have complex relationships, as shown by the correlation study. In example, there is a significant negative association found between life satisfaction and GHQ (-0.452), suggesting that lower life satisfaction is connected with higher levels of psychological distress. Further connections are shown by analysing the demographic data: age has a positive correlation with marital status ($r = 0.241$) and educational attainment ($r = 0.169$), indicating potential relationships between these variables. There may be connections between various demographic groups as evidenced by the positive correlations between marital status and gender ($r = 0.223$) and working status ($r = 0.212$). Lastly, a strong negative connection ($r = -0.218$) has been found among the psychological variables between disease and independence, suggesting that individuals with health issues may find it challenging to maintain their independence. There were found to be significant

relationships ($p < 0.05$) among several parameters. Furthermore, there is a moderately to weakly positive association ($r = 0.223^*$) between marital status and both working status ($r = 0.241^{**}$) and living circumstances. Additionally, there is a strong positive correlation between working status and area of residence ($r = 0.615^{**}$ and 0.400^{**} , respectively), suggesting that a person's employment status may have an impact on their living circumstances. A higher degree of education may be associated with greater freedom, as the association between independence and academic achievement is relatively positive ($r = 0.382^{**}$). When measuring psychological well-being, the General Health Questionnaire (GHQ) yields results that show a substantial positive connection with age ($r = 0.519^{**}$), educational achievement ($r = 0.519^{**}$), employment position ($r = 0.398^{**}$), and housing status ($r = 0.319^{**}$). In conclusion the psychological qualities of the research population and its demographic parameters interact strongly, as these results provide valuable information about.

Conclusion

Mental and physical health are highly correlated with life satisfaction. The term "life satisfaction" describes how happy a person is with their life as a whole, taking into account different aspects like relationships, health, employment, and leisure. It is a reflection of an individual's subjective fulfilment and well-being. Since life satisfaction affects both resilience to age-related difficulties and general quality of life, it becomes especially important in the context of healthy aging. Promoting healthy aging requires an understanding of the elements that affect older individuals' life satisfaction. Studies indicate that various elements, including but not limited to financial stability, physical well-being, social support, and meaningful activities, have an important effect on life satisfaction as people age. Moreover, preserving mental health in a positive state, which includes resilience and emotional stability, is crucial for both healthy aging and life satisfaction. The analysis reveals a multitude of correlations spanning demographic, psychological, and socio-economic factors. Firstly, a robust negative correlation (-0.452) emerges between life satisfaction and psychological distress, indicating that heightened levels of distress are linked to reduced life satisfaction. Among demographic factors, age displays positive associations with educational attainment ($r = 0.169$) and marital status ($r = 0.241$), suggesting that older individuals tend to have higher education levels and are more likely to be married. Moreover, marital status correlates positively with gender ($r = 0.223$) and working status ($r = 0.212$), suggesting intricate connections between marital status, gender, and employment. Additionally, working status exhibits positive correlations with marital status, living situation, and area of residence, underscoring the impact of employment on various life domains. On the psychological front, a notable negative correlation (-0.218) surfaces between disease and independence, indicating that health issues may impede autonomy. Conversely, a moderately favourable correlation ($r = 0.382$) suggests that higher educational attainment fosters greater independence. Further correlations include the moderately to weakly positive association ($r = 0.223^*$) between marital status and living circumstances, alongside the strong positive correlations between working status and living situation/area of residence ($r = 0.615^{**}$ and 0.400^{**} , respectively), emphasizing the influence of employment on living conditions. Lastly, the General Health Questionnaire (GHQ) shows significant positive relationships

with age, educational attainment, employment position, and housing situation, highlighting the association between psychological well-being and socio-demographic factors. Together, these findings offer valuable insights into the complex interplay among various factors shaping individuals' lives.

Limitations: The present study was conducted on a small sample therefore it is not much generalizable. The study was conducted at Lucknow city only so we need to explore further to understand this area of study better.

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