

**SOCIAL NETWORK, SOCIAL SUPPORT AND LIFE SATISFACTION AMONG
ELDERLY IN AIZAWL CITY**

By

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Submitted in partial fulfillment of the requirement of the Degree of Master of Philosophy to
the Department of Social Work, Mizoram University, Aizawl

CERTIFICATE

This is certify that the dissertation ‘Social Network, Social Support and Life Satisfaction Among Elderly in Aizawl’ submitted by SaizampuiiSailo the award of Master of Philosophy in Social Work is carried out under my guidance and incorporates the student’s bonafide research and this has not been submitted for award of any degree in this or any other university or institute of learning.

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DECLARATION

I, Saizampuii Sailo, hereby declare that the subject matter of this thesis is the record of work done by me, that the contents of this thesis did not form basis of the award of any previous degree to me or to the best of my knowledge to anybody else, and that the thesis has not been submitted by me for any research degree in any other University/Institute.

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List of Abbreviations

ADL	-	Activities of Daily Living
APL	-	Above Poverty Line
AAJ	-	Antyodaya Anna Yojana
BPL	-	Below Poverty Line
CBO	-	Community Based Organization
CS	-	Coping Strategies
Etc.	-	<i>et cetera</i> , and so forth
Et. Al.	-	et alia, and others
Govt.	-	Government
LS	-	Life Satisfaction
MUP	-	Mizoram Upa Pawl
Sl.	-	Serial
SWLS	-	Social Work with Life Satisfaction
No	-	Number
NPOP	-	National Policy on Older Persons
SWLS	-	Social Work with Life Satisfaction

CHAPTER 1

INTRODUCTION

The present study attempts to assess the social network, support and life satisfaction among elderly in Aizawl city. The study also explore the challenges and coping strategies used by the elderly in Aizawl

1.1 Elderly

“Elderly” has been defined as a chronological age group of individuals with 65 years old or older, whereas a person who age from 65 through 74 years old are referred to as “early elderly” and those who are age over 75 years old referred to as “late elderly.” But there is no such clear evidence of this definition(Orimo, 2012).

According to the data from World Population Prospects (the 2015 revision). The number of older persons who were aged 60 years or over had increased and was expected to speed up in the next decades (United Nations, 2015). It was also projected to grow by 56 percent between the year of 2015 and 2030 (Centre for Ageing Research and Development in Ireland, 2011).

The elderly population has also risen in India. According to 1991 census, the population of elderly was 57 million while it was 20 million in 1951. So it had been projected that by the year 2050, the number of elderly people was expected to rise about 324 million (Geriatric Health in India, 2008).

In Mizoram, the elderly population was 4.42 per cent in the year 1981 and rose to 4.81 per cent in 1991. According to the Census of India, 2001, Mizoram constituted 5.52 per cent of elderly persons and based on the same source, majority of the male elderly which was 77% are illiterate against less than half of female elderly which was 43% (Census of India, 2001).

According to Vanglaini (1st October 2014), there were 50,750 elderly persons in Mizoram. As per the data of M.U.P, there were 26395 members who receive old age pensions in Mizoram. Out of which 2854 members were receiving Rs. 550 every month due to age over 80 years old and the other 23,505 members who were under the age of 80 years were receiving Rs.250.

In Mizoram, there is a high level of respect for elders in a family, society and neighbourhood due to traditional values, religious beliefs, and social norms as a whole. There is also better health care, diet and nutrition due to modernization which do not show the physical signs of ageing today. People are more aware of healthy diet and nutrition as well as personal hygiene. But there are high differences in living standard among the rural and urban elderly(Thanseia, 2007).

The National Policy on Older Persons (NPOP) envisages State support to ensure financial and food security, health care, shelter and other needs of older persons, equitable share in the development, protection against abuse and exploitation, and availability of services to improve the quality of their lives (Ministry of Statistics and Programme Implementation, 2016)

Due to social and economic constraints, most of the elderly persons in every society faced challenges so their well-being highly depends upon the caregivers. Among all those challenges, loss of spouse adds significant vulnerability in later years among the elderly person. Since widowhood adds vulnerability during old age, understanding the ratio of widows among older persons in a society provides a much clearer picture of the status of older persons. Loss of spouse was much higher among females compared to male which shows that the status of elderly women was much lower due to loss of spouse because women were more likely to be dependent on men in terms of financial security and livelihood.

The well-being of older persons can also greatly depend on whom they live with, mainly in developing countries where the elderly have little remedy to formal welfare systems. Living arrangements was not only the main problem among the older adults because their families are expected to take care of them. But due to the decline in fertility and increased life expectancy at old ages, conservative living arrangements have been undergoing a change. Due to the decline of the informal support system, elderly living alone are more vulnerable compared to those who lived with their family especially for elderly women.

Elderly were also more vulnerable due to lack of income. It is a normal tradition for families to take care and provide the needs of the older persons in India. But due to modernization, personal and skill ownership had become higher of the well-being of older persons. However, if income primarily accrues from their work, it can be clearly noted that their dependence on work will increase with age.

Mental health is also an important factor of vulnerabilities among the older persons especially among the elderly women who are poor and less educated. According to the score based on SUBI, those who are living in rural areas had poorer mental health status compared to those who were living in the urban areas. Hence, health related vulnerabilities are mainly high in old age.

Another issue that causes vulnerability during old age was disability which becomes a major concern due to an increase in age. According to the 2011 census, the disability rate of the elderly was 51.8 per 1,000, among which women have a higher level of disability compared to men.

Disability also becomes a major concern with an increase in age, seriously limiting functioning in daily life and hence increasing the caregiving burden. According to the 2011 census, the disability rate was 51.8 per 1,000 for the elderly and 84.1 per 1,000 for the 80-plus population as compared to 22.1 per 1,000 of the general population. 80-plus women have higher levels of disability as compared to elderly men indicating greater disadvantages.

The elderly need assistance when they could not perform Activities of Daily Living (ADL) like bathing, mobility, feeding, dressing, use of toilet and continence. ADL confines are analytic of the care burden in any society. ADL limitations are more for older women than men. This indicates a high care burden considering the sheer number of older persons in the country. Among the activities, the elderly were facing more challenges in bathing, followed by going to the toilet, dressing and mobility.

Lazarus and Folkman (1984, p. 141), define the Coping strategy as cognitive and behavioural efforts performed by an individual, in order to face a specific demand from the environment, which exceeds its resources. There are two main types of CS: One centred in the problem, aiming to change the problematic situation; and other, centred in the emotion, in which the person seeks to control the emotional response triggered by the problem.

Emotional expression is one of the most coping strategies that have been used by the elderly in times of challenges and their Quality of Life was influenced by appropriate factors such as being necessary to provide them with strategies which was used in coping life challenges (Sarabia-López et al., 2017).

Social Network plays an important role especially for the older people, when we say network, it was mainly defined that a network is a sense of belonging, respected or valued

which depends on whom the person is interacting with or their supporter in times of hardship. Most of all, families pretend to be the best network system for the elderly to ensure comfort and peace.

The elderly who lived in the family atmosphere with their spouse, children, friends or relatives and interact with them and the important people are very sensitive and effective in the lives and relationships of seniors with others. Their support network could be family members, relatives, friends and acquaintances etc, or those who are present in times of their hard situation. The elderly who are having impairment in social interactions and other affairs and denial in communications had more stress but the supportive network and intimacy increased lots of their emotional strength and self-confidence in communication which can also be a great solution of loneliness.

Social support plays a major role in maintaining well-being in the aged. McCauley et al (2000) indicated that the social relations vital to an exercise environment are major determinants of subjective wellbeing, including perceived satisfaction in life, in older adults. McCulloch (1995) also found that social support was a significant predictor of mental health outcome. Similarly, van Baarsen (2002) indicated that elderly who had lost a spouse experienced lower self-esteem, resulting in higher emotional loneliness and social loneliness, that is, the perception of less support Koukouli et al (2002) also suggested that social support plays an important role in explaining differences in subjective functioning, people who are living alone or only lived with a spouse, particularly the elderly, seem to have a high risk of disability problems and should receive particular attention from preventive programs in the community.

To have a successful ageing, life satisfaction is the most important component during old age. Successful ageing is a universal phenomenon, which is not uniform across the different age groups, and it differs from person to person. Level of Life Satisfaction indicates the subjective wellbeing which is associated with the health and mortality status among the elderly. Life satisfaction can be influenced by different factors such as demographic, socio-economic, health, physical status, mental status, social support etc. Factors such as race, socio economic status, marital status, education, level of self-esteem and depression influence the level of life satisfaction. Demographic factors such as increased age have a significant impact on Life satisfaction among females compared to males (Banjare, Dwivedi, & Pradhan, 2015).

1.2 Overview of Literature

As the promotion of the well-being of the elderly population is major social policy and social work concern in both the developed and developing contexts there is an increasing volume of literature on elderly population across the globe. The studies mostly focus on the well-being of the elderly. The studies employ subjective constructs such as subjective well-being (Nezlek, Richardson, Green, & Schatten-Jones, 2002; Tandon, 2017; Cramm & Nieboer, 2018; Oluwabunmi Grace Ibitoye, Olutobi Adekunle Sanuade, Ayo Stephen Adebowale, & Olusola Ayeni, 2014;)

There are also studies on life satisfaction (see Banjare, Dwivedi, & Pradhan, 2015; Tomini, Tomini, & Groot, 2016; Aydiner Boylu & Gunay, 2017), and quality of life (Xavier, Ferraz, Marc, Escosteguy, & Moriguchi, 2003; Kaur, Kaur, & Venkateshan, 2015; Acar Tek & Karaçil-Ermumcu, 2018; de Almeida Moreira, Roriz, Mello, & Ramos, 2016; Jakobsson & Hallberg, 2005)

In the literature on elderly, a large number of studies on the specific challenges psychosocial or socioeconomic faced by them have been reported (Brennan-Ing, Cimarolli, Horowitz, Reinhardt, & Boerner, 2011; Kjøseth, I., Ekeberg, øivind, & Steihaug, S. 2009; Kirkevold et al 2013)

There are studies which report the coping strategies of the elderly (Panigrahi & Dash, 2015; Noreau, Robichaud, Demers, Desrosiers, & Gélinas, 2008; López et al., 2017) as well as sources of social support (Ethel Shanas 1979; Liu, 2019; Garay Villegas, Montes de Oca Zavala, & Guillén, 2014; Kuhirunyaratn, Pongpanich, Somrongthong, Love, & Chapman, 2007; Oni 2010).

There are studies which assess the relationship between social support and various aspects of subjective well-being of the elderly. One major emerging concern of the studies on the elderly is the role of social networks in promoting the wellbeing of the (Mathur, 2015; Crooks, Lubben, Petitti, Little, & Chiu, 2008; (Steinbach, 1992)

The overview of the literature presented above suggests that there is coping literature on the elderly well-being, the challenges faced by them, social support etc. However, a few important research gaps could be noted also.

Firstly, there are a few studies on social networks of elderly which most often acts as

the source of social support to them while they face challenges. Their composition, structure, types of support provided adequacy of them as well as their bearing on life satisfaction of the elderly has been hardly explored in the literature. Use of ego-centric network analysis is rarely used in the studies on the elderly. Use of egocentric network analysis would provide a better picture of the social situation of the elderly in Mizoram and its bearing on their life satisfaction.

Secondly, in the context of North East India especially in Mizoram, a few studies on the life satisfaction of the elderly could be found (see Lalmuanpuii). In the study by Lalmuanpuii (Quality of Life among Elderly in Mizoram) the composition and structure of social support have not been explored. (Lalmuanpuii, 2010)

Thirdly, most of the studies on the life satisfaction of the elderly have been quantitative in nature while qualitative studies have rarely been found. The present study attempts to fill these research gaps in the context of the Aizawl the capital city of Mizoram.

1.3 Statement of the Problem

The elderly in the Mizo society have a high degree of respect as the tradition accords it. The forces of modernization have been challenging the traditional status of the elderly in the state. In the urban context of Aizawl, the present study tries to assess the bearing of the social network and social support embedded in that on the life satisfaction of the elderly. As a prelude, the study will probe into the socio-economic profile of the elderly and understand the challenges faced by them as well as the mechanisms used by them to cope with them.

The results of the present study will be useful for policymakers, civil society organizations and social workers concerned with the well-being of the elderly at multi-level. The policy makers and civil society agencies will be able to design suitable policy interventions for promoting the well-being of the elderly. The professional social workers would be able to advocate suitable policies for elderly welfare and strategies to work with them.

1.4 Chapter Scheme

The present study is organized into the following chapters:

1. Introduction
2. Review of Literature
3. Methodology
4. Results and Discussion
5. Conclusion

CHAPTER II

REVIEW OF LITERATURE

In this chapter an attempt has been made present review of studies related to the goals of the present study.

2.1 Well-being of Elderly

Nezlek et al (2002) found out that elderly person who are having more social interactions to others are reported having greater psychological well-being compared to those who are less participated in social interactions. There is a relationship between loneliness and different measures of interaction quality which was subsumed by relationships between quality and satisfaction of life. The relations between well-being and interaction quality were due to the connections with spouses but unrelated for unmarried participants. Elderly who were more active on social activities have also reported greater well-being than those who are socially less participate which was on both married and unmarried.

Tandon (2017) studies that the elderly psychological well-being experiences in stress which can only be evaluated by each person in response to the agreement of stress pleasure, it depends upon the individual's expectation, needs and desire in their elderly. This can be mean the degree of psychological well-being that they feel upon their elderly. The elderly who were aged about 60-65 roughly counterpart to retirement ages in most of the developed countries which is said to be the beginning of old age. There is no such important difference in the psychological well-being among residing in old age home and residing in their home.

According to Cramm & Nieboer (2018), aging perceptions, especially perceived consequences of aging (both positive and negative), feelings of control (both positive and negative), and emotional representations are important to the well-being of elderly, positive perceptions of aging and perceived control over aging-related experiences may enhance the older peoples' abilities in coping with challenges and demands as they age.

Grace Ibitoye et al. (2014) found out that poor health, poverty and lack of support affect the psychological well-being of the elderly. Financial assistance from the family, level of education and having perfect status were the main determinants of good psychological well-being. Also the psychological well-being can decrease when age has increased. Good psychological well-being was mainly lower among the elderly who are poor in education

compared to those elderly who are having higher educational status. And also those elderly people who are receiving financial assistance from their children were having greater psychological well-being.

Banjare et al. (2015) held that the subjective meaning of ageing is determined on the basis of the LS model. Factors such as cognitive status, morbidity status, and social support can be the areas of concern and special focus for the gerontologist. Maintaining health conditions and ADL, IADL functioning plays an important role in increasing the LS among elderly.

2.1 Life Satisfaction of Elderly

Aydiner Boylu & Gunay (2017) held that the Elderly individuals' activities of daily living play an important role in the relationship between satisfaction with life and quality of life. Maintaining good care of daily activities, living independently or satisfaction with life and quality of life was not found to be important on both sides.

Chen (2000) had also found that life satisfaction among the elderly had decreased as age increased beyond 65 years of age. It was also found that socio-demographic variables, decrease in income, daily living, daily activities etc. had a great impact on the life satisfaction of the elderly.

According to Ghimire et al.(2018), life satisfaction was mainly positively related with a person who is being married, having high family income, involving in earning and high achievement in nutrition. Equally, life satisfaction was inversely connected with living in a nuclear family, the observation of having lower health, and perception of being ignored or hatred due to old age were having high scores in depression.

Hsu (2010) studies that life satisfaction was slowly decreasing but normally still trending across time. The coexisting economic satisfaction was associated with life satisfaction courses, but childhood economic status was not significant. The time-varying depressive symptoms, cognitive function and social support were related to the life satisfaction course. Policy on the elderly should take particular account of the economic security, mental health, and social support of the elderly.

Iecovich et al (2004) found out that the majority of the respondents were having visual problems in terms of close and distance sight. Visual impairment was common which

was found related with perceived daily functioning and status of health and a sense of life satisfaction. Those who are having visual impairment were also poor in performing activities of daily living. They are having lower health status and also having lower life satisfaction comparing to those who are not having those problems

According to Jin et al.(2017). Elderly who are living with their children can decrease their satisfaction with people who are younger than 70. However, due to the growth of the age, the satisfaction of elderly people can increase by living with their children.

According to Liu (2008), the empty-nest elderly were more liable to have mental health problems and more unsatisfied with their life. There were “nest status” differences in what seemed to contribute to life satisfaction. The lower life satisfaction of the empty-nest elderly was mainly related with their poor physical and mental health, less social support, poor relationships with children, and lower income. Mental health had stronger associations with life satisfaction than physical health among the empty-nest elderly.

According to Zhang (1998) Life satisfaction was significantly predicted by health and financial status among community elderly and by health, financial status, as well as family support among outpatient elderly. Socio-cultural context has exerted important impacts on the elderly’s life satisfaction.

2.3 Quality of Life of Elderly

F. Xavier et al. (2003) It has been reported that, poor health status is the main source of not presenting well-being. Negative quality of life is equal to loss of health and a positive life quality is equal to a greater range of categories such as activity, income, social life and relationship with the family, categories which differed from subject to subject. Therefore, health seems to be a good indicator of negative quality of life, though an inadequate indicator of successful elderliness.

Kaur, Kaur & Venkateshan, (2015) found that there are various factors such as gender, education, financial independence, and family support determined the quality of life of the aged. Similarly, education, wealth, and family support were the predictors for family support of the elderly people.

Acar Tek & Karaçil-Ermumcu, (2018) studied the socio demographic and lifestyle-related factors such as educational level, less physical activity, sleep duration, lots of

medication and aging affect life quality of life in elderly. On the other hand, low educational status, deterioration of health status etc. had decreased the quality of life of the elderly.

de Almeida Moreira, Roriz, Mello, & Ramos, (2016) Revealed that the institutionalized elderly have a worse perception of quality of life, possibly due to factors that cause the institutionalization and influence this self- perception, such as age, sex, education, lifestyle, autonomy and social participation. The perception of autonomy and environmental aspects were the least satisfied by the institutionalized elderly.

Jakobsson & Hallberg, (2005) had found out that loneliness and fear was the main problem that had been reported from male and female which was associated with gender, marital status, fear and need of help with activities of daily living. Fear, which was significantly associated with gender, number of children, loneliness and having someone to thrust was the main challenge of having poor quality of life among the older adults. Violence/crime was also feared by the elderly but from the findings it can be noted that only few of the elderly had been exposed to violence/crime.

Onunkwor (2016) had studied elderly who are staying in homes that social support, chronic comorbidities, gender and outdoor leisure activity were significantly associated with all the domains of quality of life. Where physical score the highest and social score the lowest among the domains of quality of life. This clearly shows that social support related interventions were very much needed for the elderly people who are staying in homes.

According to a study by E. Woo, H. Kim, M. Uysal (2016) motivation was positively influenced in the satisfaction of leisure-life domain. On the other hand, travel constraints do not affect leisure-life domain satisfaction. The results show that motivation positively influences satisfaction with leisure-life domain. In addition, satisfaction with leisure-life domain is linked to overall life satisfaction among the elderly.

2.4 Challenges of Elderly

Brennan-Ing, Cimarolli, Horowitz, Reinhardt, & Boerner, (2011) explored the challenges during old age such as vision loss are common to the elderly, on the other hand, psychological challenges are also common which need to be addressed in vision rehabilitation.

Kjølseth, I., Ekeberg, Øivind, & Steihaug, S. (2009) found that individuals were finding difficulty in changing and adapting to new things which had occurred due to modernization. Their self-esteem was in control and in productive and they lost control. Loss of control shows that they become more vulnerable.

Kirkevold et al (2013) found that elderly who experienced losses on their life have a great impact on whether they experience loneliness or not. The experience of losses on their life greatly shows how they participate in social activities. They adjust themselves in their life alone and experience being overwhelmed by losses and lack the ability to create meaning in everyday life which seems fundamental to the experiences of the lonely participants.

2.5 Coping Strategies of Elderly

According to the study of Sarabia-Lopez et al. (2017) Coping Strategies and Quality of Life in Elderly Population, his findings indicate that the elderly who are using emotional expression as a coping strategy were high in their quality of life. The coping mechanism is centered in emotion that seems to promote better quality of life because elder adults have more opportunities to express feelings and emotions and getting access to more social support.

According to Noreau et al. (2018) find out that elderly who are in day care facilities had used behavioural strategies as their coping mechanism especially those who attend a long term day care facility. The elderly who are in day care do not expect clinical care in terms of their disability. The results clearly reinforce the importance of behavioural coping strategies which were used for a mechanism to reduce their stress and difficulties as older adults.

There are also studies that the elderly persons cope with their challenges by doing-gossiping, watching T.V and reading newspapers (see Panigrahi & Dash, 2015). Some studies have also reported that problem resolution, desiderative thinking and self-criticism were the other coping strategies of elderly (see Sarabia-López et al., 2017).

2.6 Social Support and social network

According to Tomini, Tomini, & Groot (2016), social networks such as family, friends etc., are the source of support which highly connected with their life satisfaction level. On the other hand, elderly who are highly satisfied with their life were wider on social networks compared to those elderly who are less satisfied with their life.

According to Ethel Shanas (1979) in his paper, "The Family as a Social Support System in Old Age ". The family members such as, spouse, son, daughter etc., was the main support system of the elderly in times of hardship. The presence of the supporters makes the elderly for not admitted in the homes and day care centres, so the family is the best source of support who supplies the needs of the elderly.

Liu (2019) conducted research on Social support network, coping and positive aging among the community-dwelling in Hong Kong and found out that spouse and adult children were the main supporters of the elderly in terms of financial and emotional. However, the elderly parents express their understanding and acceptance to their children for not having enough time to stay with them. They do not lay too many expectations among their children as they truly understand that the children had their own career and can struggle for their living, so they were not often asked for money for their assistance.

Garay Villegas et al (2014) conducted research on Social Support and Social Networks among the Elderly in Mexico and found out that when age had increased, the elderly are less likely to grant support. Elderly women are more likely to receive social support compared to men, also being married or in a civil union has increased the possibility of a more extensive support network. The elderly tend to provide support to others in times of difficult situations but receive less support when facing the same situation.

Hye- Kyung et al (2000) on their research Social support exchange and quality of life among Korean elderly and found out that there were outstanding differences depending on spouse, children and friends. The result shows that the rate of support exchange with the wife or husband had no such impact on the quality of life of the elderly. There is also a possible way that spouse support is often exchanged that makes it difficult for the other spouse to accept such supportive behavior.

Kuhirunyaratn et al (2007) on their research Social support among elderly in Khon Kaen Province, Thailand found a high level of social support was perceived among the elderly. According to the research, availability of information, emotional, and material support was the highest aspect of social support while being an integral part of the group comes to the lowest dimension. Elderly who perceived social support were high in, close friends, knowing community health staff, working status, and religious activities. Though the elderly had a high level of social support. Close friends and community health staff are important sources of support among the elderly

Mathur (2015) conducted research on Social Support Network Analysis of the Elderly: Gender Differences and the sample for the study constituted 40 retired elderly (males =20 and females= 20) identified using snowball sampling, from Jaipur City of Rajasthan, India. And found out that spouse was the main support network of the elderly after retirement. Siblings and friends support are more perceived by elderly men whereas children and immediate family was the prime support for the elderly women after spouse. Most of the spouseless women had a support network from siblings, children and friends. Non-conventional support such as divinity, religion, yoga, meditation and leisure activities are also perceived in the retired years.

Nezlek et al (2002) found that elderly persons who are having more social interactions to others are reported having greater psychological well-being compared to those who are less participated in social interactions. There is a relationship between loneliness and different measures of interaction quality which was subsumed by relationships between quality and satisfaction of life. The relations between well-being and interaction quality were due to the connections with spouses but unrelated for unmarried participants. Elderly who were more active on social activities have also reported greater well-being than those who are socially less participate which was on both married and unmarried.

Oni (2010) found that friends support was the main support network of the older adults in terms of loneliness.

Raposo et al (2015) found out that elderly who are taking care of their loved ones having a severe illness were having greater well-being. Because they do not experience a high level of emotional well-being than other older adults used to experience. They truly understand what life is and what life brings to them. Elderly people tend to have a higher emotional well-being compared to young people, but this does not occur when they have close relatives to look after who is seriously ill. But this condition does not happen to every older adult; it mainly depends on the closeness of the person to the elderly.

Research gaps

This chapter has presented a review of studies on elderly in six sections and a few research gaps in the literature were also listed. In the light of the above the next chapter presents the methodological aspects of the present study.

CHAPTER III

METHODOLOGY

In this chapter, the profiles of the communities studied and the methodology aspects of the present study are presented. The first section covers the setting of the study area while the second one discusses the methodological aspects of the study including its objectives, research design, sampling, tools of data collection, data processing, analysis and limitations of the present study

3.1 The Setting of the Study

The setting of the present study describes profiles of the state of Mizoram and the city of Aizawl.

3.1.1 Mizoram

The state of Mizoram is located in the North-Eastern region of India. The erstwhile Lushai Hills District of Assam became a Union territory on 21st January 1972 and received statehood on 20th February 1987. The state is geographically located between 21.58° to 24.35° N latitude and 92.15° to 93.29° E longitude. The Tropic of Cancer runs through the territory. Its boundary with Myanmar extends 404kms and Bangladesh over 318 kms.

As per 2011 census, the population of Mizoram is 1,091,014 consisting of 5, 52, 339 males and 538,675 females. The population density is 52 persons km². Among the eight districts, the capital city, Aizawl has the highest population density of 113 persons per km². So far as urban areas are concerned, there are 23 towns in Mizoram. The urban population is 71,771 making up 52.11 percent of the entire state population.

3.1.2 Aizawl

As of 2011 Indian Population Census, Aizawl has a population of 404,054. Males constitute 49.8 percent of the population and female constitute 50.2 per cent. Aizawl is located north of the Tropic of Cancer in the northern part of Mizoram. It is situated on a ridge of 1132 meters (3715ft) above sea level, with the Tlawng river valley to its west and the Tuirial river valley to its east. Thirty seven per cent of the population of Mizoram resides in Aizawl. It is also the storehouse of all important Government offices, State assembly house and Civil Secretariat.

3.2 Methodology

In this section, the methodological aspects of the present study are presented in five sub-sections. The first sub sections present the objectives of the study. In the second section, the various aspects of research design are presented in terms of sampling procedure, tools of data collection, tools of data processing analysis and limitations of the study.

3.2.1 Objectives

The following are the objectives of the present study:

1. To understand the challenges faced by the elderly and the strategies used to manage them.
2. To probe into the demographic and social composition of social networks of the elderly.
3. To assess the adequacy of emotional and instrumental support available from the social networks of the elderly.
4. To assess the life satisfaction of the elderly in Aizawl.
5. To assess the relationship between composition of social support networks and life satisfaction of the elderly.

3.2.2 Hypotheses

To provide focus to the study the following hypotheses have been formulated. In the course of the present study their empirical validity will be tested.

1. There is no relationship between the composition of social networks and life satisfaction of elderly.
2. There is a direct relationship between adequacy of social support from social networks and life satisfaction of elderly.

3.2.3 Research Design

The present study is cross-sectional in nature and descriptive in design. It is based on primary data collected through quantitative and qualitative methods sequentially. Qualitative

data is collected using focus group discussion while quantitative data is collected using field survey method.

3.2.4 Sampling

The unit of the study was an individual elderly and the population constitutes all the elderly in Aizawl City who are above the age of 60 years. Multi-stage sampling procedure was used to select the localities and individuals. The localities had been divided into core and peripheral areas. One locality each was selected from the core and peripheral areas at random. The lists of the elderly were compiled with the help of the association of the elderly (MUP). The elderly were stratified on the basis of gender. Systematic random sampling was used to select the respondents. Elderly men and women were selected proportionately according to the population distribution. Thus a sample size of 80 was obtained.

3.2.5 Tools of Data Collection

Quantitative primary data was collected with the help of structured pretested interview schedule. To collect information on social networks, name generators and interpreters are used. The schedule was designed with the help of Kobo Tool Box (which is an online Open Data Kit Tool freely available for use). For collecting data Kobo Collect an Android App was used.

3.2.6 Data Processing and Analysis

The quantitative data collected through field survey will be processed with computer packages of MS Excel and SPSS. To analyze the quantitative data cross tabulation, averages and percentages were used. Karl Pearson's Product Moment correlation and t-test were used to test the hypotheses.

3.2.8 Limitation

The major limitation of the study is that the study was conducted in Aizawl City only with only two localities and generally, the findings will have limited generality.

In this chapter the setting and methodological aspects are presented. In the next chapter the results are discussed.

CHAPTER IV

RESULTS AND DISCUSSION

In this chapter, the results of the analysis of the primary data collected through the field survey have been discussed.

This chapter has been presented in five major sections. The first section describes the demographic social and economic characteristics of the respondents. In the second section the challenges and coping strategies of the elderly are discussed. In the third section the social network and social support of the elderly are discussed. The four section presents discussion on the life satisfaction of the elderly while in the last section the relationship between the composition of social networks, social support and life satisfaction are discussed..

4.1 Profile of Respondents

In this section the demographic, family, living arrangement social economic characteristics of the respondents have been discussed in six subsections.

4.1.1 Demographic Profile of the respondents

The Demographic profile of the respondents includes age, marital status and educational status.

A chronological age was used to define the age of older persons. The source of which this definition was unknown(Orimo, 2012). According to population census 2011 there are nearly 104 million older persons (aged 60 years and above) in India; 53 million females and 51 million males.

In this study, the age group of the respondents is classified under three categories such as young-old, middle-old and old-old. Young old consist of those older persons between 60-69 years of age, 70-79 belongs to middle-old and those over 80 years belongs to old-old. Table 4.1.1 shows that majority of the respondents were the age between 70-80 years old but male domain higher respondents than female at the age between 60-70 years old where female domain higher at the age of above 80 years old and the total mean age was 75 years old.

Table 4.1 Demographic Profile of Respondents

Sl.No	Characteristic	Gender		Total N = 80
		Male n = 34	Female n = 46	
I	Age Group			
	Young Old (60 - 70)	14 (41.2)	8 (17.4)	22 (27.5)
	Middle Old (70 - 80)	15 (44.1)	23 (50.0)	38 (47.5)
	Old Old (Above 80)	5 (14.7)	15 (32.6)	20 (25.0)
	Mean Age	73 ± 7	76 ± 6	75 ± 7
II	Marital Status			
	Unmarried	0 (0.0)	2 (4.3)	2 (2.5)
	Married	30 (88.2)	15 (32.6)	45 (56.2)
	Widowed	4 (11.8)	29 (63.0)	33 (41.2)
III	Education Status			
	Illiterate	3 (8.8)	9 (19.6)	12 (15.0)
	Primary (1 - 5)	11 (32.4)	29 (63.0)	40 (50.0)
	Middle (6 - 8)	10 (29.4)	7 (15.2)	17 (21.2)
	Secondary (9 -10)	4 (11.8)	1 (2.2)	5 (6.2)
	Higher Secondary (11 and Above)	6 (17.6)	0 (0.0)	6 (7.5)

Source: Computed Mean ± SD Figures in parentheses are percentage

According to 2011 census, the percentage of currently married older women was marked lower than the older male. More than 60% of older women had become widowed at the age of 70 years.

Marital status of the respondents is classified under 3 categories : unmarried, married and widowed. Table 4.1.2 shows that majority of the respondents 56.2% were married but according to gender, widowed domain the highest among female respondents which was 63% of the total female respondents while 88% of male respondents were married and only 2.5% of the respondents were stay single(unmarried).

According to the population census 2011, the literacy levels among male and female had a huge difference where the literacy rate among female was only 28%, male had score 59%. The educational status of the respondents was divided into literate, primary (1-5), middle (6-8), secondary (9-10), higher secondary (11 and above). Table 4.1.3 clearly shows that the educational level of male respondents is much higher than female and there are more illiterates among female respondents, where most of the educational status of female respondents were primary standard (1-5th grade) where male respondents were reaches up to secondary and higher secondary level. Hence the mean educational status of both male and female were 7.5 grades.

4.1.2 Family Characteristics

Family is the basic and important unit of society. In the Indian context, responsibility for care of the older person is primarily borne by members of the family. Family characteristics of the respondents include the type, form and size of family.

In this study, the type of family id classified under three dimensions such as Joint family, Nuclear Family and Single Family. Table 4.1.2 shows that majority of both the respondents 87.5% were lived in a joint family 82.4% male and 91.3% female. 10% in a nuclear family where male respondents were little higher living in a nuclear family than female which was 14.7% and 2.5% in a single family.

The forms of family of the respondents include stable and reconstituted. Majority of the respondents were in a stable family which was 91.2% where the remaining 8.8% were reconstituted. This clearly shows that the respondents were lived in a strong and stable family where the remaining 8.8% of the respondents were in a reconstituted family.

Table 4.1.2 Family Characteristics

Sl.No	Characteristic	Gender		Total N = 80
		Male n = 34	Female n = 46	
I	Type of Family			
	Joint	28 (82.4)	42 (91.3)	70 (87.5)
	Nuclear	5 (14.7)	3 (6.5)	8 (10.0)
	Single	1 (2.9)	1 (2.2)	2 (2.5)
II	Form of Family			
	Stable	31 (91.2)	42 (91.3)	73 (91.2)
	Reconstituted	3 (8.8)	4 (8.7)	7 (8.8)
III	Size of Family			
	Small (1 -3)	5 (14.7)	7 (15.2)	12 (15.0)
	Medium (4 - 6)	15 (44.1)	23 (50.0)	38 (47.5)
	Large (7 and Above)	14 (41.2)	16 (34.8)	30 (37.5)

Source: Computed Figures in parentheses are percentage

In Mizoram, it was a tradition for the youngest son to inherit all the belongings of the father which shows that the youngest son was left to look after the older person. According to Lalmuanpuii (2010), Majority of the respondents live in a stable family with spouse, son/daughter, daughter-in law, grand children etc.

The size of family of the respondents include small (1-3), medium (4-6) and large(7 and above). Table 4.2.3 clearly shows that majority of the respondents were lived in the family size of medium 50% female and 44.1% male. Another 41.2% of male respondents

were lived in a large family size while 34.8% of female respondents lived in the size of large. And the remaining 15% of the respondents lived in a family size of small.

4.1. 3 Living Arrangement

Living arrangement of the respondents include spouse, son, daughter, grand children, other relatives and others.

Table 4.1.3 Living Arrangement

Sl.No	Living Arrangement	Gender		Total N = 80
		Male n = 34	Female n = 46	
1	Spouse	30 (88.2)	14 (30.4)	44 (55.0)
2	Son	25 (73.5)	28 (60.9)	53 (66.3)
3	Daughter	17 (50.0)	16 (34.8)	33 (41.3)
4	Grand Children	27 (79.4)	41 (89.1)	68 (85.0)
5	Other Relatives	9 (26.5)	22 (47.8)	31 (38.8)
6	Others	3 (8.8)	3 (6.5)	6 (7.5)

Source: Computed

Figures in parentheses are percentage

Table 4.1.3 indicates that majority of the respondents both male and female were living with their grandchildren which was 85.0% . Secondly spouse are the highest living arrangement for male respondents which was 88.2% where only 30% of female respondents were living with their spouse. Son and daughter plays the second role for both the respondents, and female are higher living with other relatives than male. And 7.5% of the respondents were living with other members from the outside family. The table shows that widowhood was common to female than male respondents.

4.1.4 Social Characteristics

Social characteristics of the respondents include sub-tribe and denomination.

Table 4.1.4 Social Characteristics

Sl.No	Characteristic	Gender		Total N = 80
		Male n = 34	Female n = 46	
I	Sub-tribe			
	Lusei	18 (52.9)	15 (32.6)	33 (41.2)
	Ralte	5 (14.7)	5 (10.9)	10 (12.5)
	Hmar	5 (14.7)	3 (6.5)	8 (10.0)
	Paite	1 (2.9)	4 (8.7)	5 (6.2)
	Others	5 (14.7)	19 (41.3)	24 (30.0)
II	Denomination			
	Presbyterian	16 (47.1)	32 (69.6)	48 (60.0)
	UPC - NEI	7 (20.6)	8 (17.4)	15 (18.8)
	UPC - Mz	5 (14.7)	3 (6.5)	8 (10.0)
	The Salvation Army	5 (14.7)	1 (2.2)	6 (7.5)
	Baptist	1 (2.9)	1 (2.2)	2 (2.5)
	Others	0 (0.0)	1 (2.2)	1 (1.2)

Source: Computed Figures in parentheses are percentage

Sub-tribe of the respondents includes Lushei, Ralte, Hmar, Paite and Others. Table 4.4 shows that majority of the male respondents 52.9% and female respondents 32.6% were under the tribe of Lushei, 30% on other tribe which means that there are many different sub-tribe among the respondents which had not been referred on the criteria, 12% Ralte and 10% Hmar, and the remaining 6% were Paite.

Denomination of the respondents include Presbyterian.UPC(NEI), UPC (MZ), Salvation Army, Baptist and Others. Table 4.4.2 shows that majority of the respondents 60% were under the denomination of Presbyterian Church. 18.8% and 10% from UPC (NEI) and UPC(MZ) and the remaining 7.5% and 2.5% were from Baptist, Salvation Army. The results clearly show that Presbyterian domain the highest population among the People of Mizoram.

4.1.5 Economic Characteristics

Economic characteristics of the respondents include earner/dependent (where the respondents were earn by themselves for their livelihood or depend upon their family for their livelihood), and socio-economic category

Table 4.5 indicates the socio economic characteristics of the respondents. The table shows that majority of the respondents 72.5% were depend upon their family members for their livelihood and the remaining 27.5% of the respondents were earning for themselves. Majority of the respondents were living under the category of noon-poor (APL) 86.2% which means that the respondents were having a normal livelihood conditions. Only 10% were under the category of poor (BPL) and the remaining 3.8% under very poor(AAY) category.

Table 4.5 Economic Characteristics

Sl.No	Characteristic	Gender		Total N = 80
		Male n = 34	Female n = 46	
I	Earners/Dependent			
	Dependent	16 (47.1)	42 (91.3)	58 (72.5)
	Earners	18 (52.9)	4 (8.7)	22 (27.5)
II	Socio Economic Category			
	Very Poor(AAY)	2 (5.9)	1 (2.2)	3 (3.8)
	Poor (BPL)	2 (5.9)	6 (13.0)	8 (10.0)
	Non-Poor (APL)	30 (88.2)	39 (84.8)	69 (86.2)

Source: Computed Figures in parentheses are percentage

4.1.6 Source of Livelihood

Source of livelihood of the respondents include Pension, government employment, business, farming, livestock rearing, mistiri, daily labour, contractor, driver and furniture workshop. Table 4.6 indicates about the source of livelihood of the respondents. The table shows that government pension was the main source of livelihood for the respondents as an elderly person for being a pensioner which was 38.8% of the total respondents. Government job comes to the next source of livelihood for having a government servant earner in the family, which was 28.8%. 21.3% were having a private business for their livelihood, 8.8% on farming, 5% on livestock rearing, 3.8% mistiri, 2.5% daily labour, and the remaining 1.3% were contractor, driver and furniture workshop.

Table 4.1.6 Source of Livelihood

Sl.No	Source of Livelihood	Gender		Total N = 80
		Male n = 34	Female n = 46	
1	Pension	15 (44.1)	16 (34.8)	31 (38.8)
2	Government Employment	8 (23.5)	15 (32.6)	23 (28.8)
3	Business	6 (17.6)	11 (23.9)	17 (21.3)
4	Farming	4 (11.8)	3 (6.5)	7 (8.8)
5	Livestock Rearing	4 (11.8)	0 (0.0)	4 (5.0)
6	Mistiri	1 (2.9)	2 (4.3)	3 (3.8)
7	Daily Labour	0 (0.0)	2 (4.3)	2 (2.5)
8	Contractor	1 (2.9)	0 (0.0)	1 (1.3)
9	Driver	1 (2.9)	0 (0.0)	1 (1.3)
10	Furniture Workshop	0 (0.0)	1 (2.2)	1 (1.3)

Source: Computed Figures in parentheses are percentage

4.2. Challenges and Coping Strategies of Elderly

In this section, the challenges and coping strategies of elderly are discussed in two subsections.

Table 4.2.1 Challenges of Elderly

Sl.No	Challenges	Gender		Total N = 80
		Male n = 34	Female n = 46	
1	Stress	26 (76.5)	41 (89.1)	67 (83.8)
2	Acute Illness	28 (82.4)	38 (82.6)	66 (82.5)
3	Physical Weakness	26 (76.5)	40 (87.0)	66 (82.5)
4	Chronic Illness	24 (70.6)	36 (78.3)	60 (75.0)
5	Low Self Esteem	23 (67.6)	37 (80.4)	60 (75.0)
6	Poor Memory	18 (52.9)	37 (80.4)	55 (68.8)
7	Loss of Responsibility	23 (67.6)	31 (67.4)	54 (67.5)
8	Loneliness	21 (61.8)	30 (65.2)	51 (63.8)
9	Inability to Contribute to Family	20 (58.8)	25 (54.3)	45 (56.3)
10	Impairment	10 (29.4)	25 (54.3)	35 (43.8)
11	Inadequate Income	12 (35.3)	19 (41.3)	31 (38.8)
12	Fear of Death	9 (26.5)	21 (45.7)	30 (37.5)
13	Lack of Respect in family	5 (14.7)	6 (13.0)	11 (13.8)
14	Lack of Respect in community	2 (5.9)	5 (10.9)	7 (8.8)

Source: Computed Figures in parentheses are percentage

4.2.1. Challenges of Elderly

Brennan-Ing, Cimarolli, Horowitz, Reinhardt, & Boerner, (2011) explored the challenges during old age such as vision loss are common to the elderly, on the other hand, psychological challenges are also common which need to be addressed in vision rehabilitation.

Kirkevold et al (2013) found that elderly who experienced losses on their life have a great impact on whether they experience loneliness or not. The experience of losses on their life greatly shows how they participate in social activities. They adjust themselves in their life alone and experience being overwhelmed by losses and lack the ability to create meaning in everyday life which seems fundamental to the experiences of the lonely participants

The challenges of elderly was divided into 14 points and a 5 points response scale such as (1) Daily, (2) Weekly, (3) Fortnightly, (4) Sometimes, (5) Never. Table 4.7 indicates the different challenges of the respondents which can be divided into four points according to the highest score. Firstly—stress 88.38%, physical weakness 82.5%, acute illness 82.5%, chronic illness 75%, low self-esteem 75% are the main challenges for both the respondents. Female respondents were having more stress as compared to the male respondents due to the different role that female had played according to the Mizo society. Poor memory 68.8%, loss of responsibility 67.5%, loneliness 63.8% and inability to contribute to family 56.3% plays the second challenges. Impairment 43.8%, inadequate income 38.8%, fear of death 37.5% come to the third challenges and lack of respect in family 13.8% and community 8.8% comes the last challenges of the respondents.

4.2.2 Coping Strategies of Elderly

The coping strategies of elderly was divided into 11 parts and a 4 points response scale such as (1) Always, (2) Mostly, (3) Sometimes, (4) Never. Table 4.8 indicates the coping strategies of the respondents. The table show that family support and listening music was the most coping strategies used by the respondents which was 44.9% and secondly doing physical work, chatting with people and doing exercise comes to the next coping strategies which was 43%. Sharing with family members, reading books and watching T.V was the third coping strategies for both the respondents. Reading the Bible, having family devotion and prayer were the last set of coping strategies of the respondents on different challenges.

Table 4.2.2 Coping Strategies of Elderly

Sl.No	Coping Strategies	Gender		Total N = 80
		Male n = 34	Female n = 46	
1	Seeking Family Support	18 (52.9)	17 (38.6)	35 (44.9)
2	Listening Music	12 (35.3)	23 (52.3)	35 (44.9)
3	Doing Physical Work	11 (32.4)	23 (52.3)	34 (43.6)
4	Chatting With People	12 (35.3)	21 (47.7)	33 (42.3)
5	Doing Exercise	12 (35.3)	21 (47.7)	33 (42.3)
6	Sharing With Family Members	16 (47.1)	12 (27.3)	28 (35.9)
7	Reading Books	6 (17.6)	18 (40.9)	24 (30.8)
8	Watching TV	14 (41.2)	10 (22.7)	24 (30.8)
9	Reading the Bible	2 (5.9)	8 (18.2)	10 (12.8)
10	Family Devotion	3 (8.8)	5 (11.4)	8 (10.3)
11	Personal Prayer	1 (2.9)	2 (4.5)	3 (3.8)

Source: Computed Figures in parentheses are percentage

4.3. Social Network and Social Support

4.3.1 Demographic Composition of Social Networks of Elderly

Demographic composition of Social Network of Elderly include: Gender, Age and Educational Status.

Table 4.3.1 Demographic Composition of Social Networks of Elderly

Sl.No	Characteristic	Gender				Total N = 80	
		Male n = 34		Female n = 46		Mean	SD
		Mean	SD	Mean	SD		
I	Gender						
	Male	41.2	48.4	26.1	43.1	32.5	45.8
	Female	58.8	48.4	73.9	43.1	67.5	45.8
II	Age						
	Age Mean	62.5	13.0	61.4	18.6	61.9	16.4
	Age_S.D	2.8	7.8	1.4	5.1	2.0	6.4
III	Education Status						
	Illiterate	13.2	33.3	19.6	40.1	16.9	37.3
	Primary (1 - 5)	27.9	43.0	29.3	45.4	28.8	44.1
	Middle (6 - 8)	32.4	45.9	18.5	38.5	24.4	42.1
	Secondary (9 -10)	13.2	33.3	22.8	40.4	18.8	37.6
	Higher Secondary (11 and Above)	13.2	33.3	9.8	29.1	11.3	30.8

Source: Computed

According to the gender based composition of social network of elderly, female domain higher respondents with a mean of 67.5, while male respondents was 32.5 and the total Standard Deviation SD was 45.8. The mean age of the male respondents was 62.5 and the SD was 13.0 while the mean age of the female respondents was 61.4 and the SD was 18.6. And in educational status, male respondents domain illiterate at a mean of 13.2 and female at a mean of 19.6. The SD of male was 33.3 and female 40.1. Hence the total mean was 16.9 and SD 37.3. Male respondents domain at a mean of 27.9 in primary level and female 29.3 with a total mean of 28.8 which shows that there are more female respondents who reach up to primary level. In a middle category, male domain at a mean of 32.4 and female 18.5 and the total mean was 44.1. And in secondary and higher secondary level, male domain 13.2 and female 22.8 and 9.8. Hence, the educational status of the male respondents were high as comparing to the female respondents.

4.3.2 Economic and Social Composition of Social Networks of Elderly

The Economic and Social Composition of Social Networks of Elderly include Dependency, Sub tribe and denomination. The table shows that majority of the respondents were dependent to their family with a mean score of 68.1. Female were more dependent to their family as comparing to male. Mean score of 35.5 male respondents were earner while mean score of 29.3 female respondents were earner.

Table 4.3.2 Economic and Social Composition of Social Networks of Elderly

Sl.No	Characteristic	Gender				Total N = 80	
		Male n = 34		Female n = 46			
		Mean	SD	Mean	SD	Mean	SD
I	Dependency						
	Earner	35.3	45.3	29.3	44.2	31.9	44.5
	Dependent	64.7	45.3	70.7	44.2	68.1	44.5
II	Sub-tribe						
	Lusei	61.8	49.3	39.1	49.3	48.8	50.3
	Ralte	5.9	23.9	10.9	31.5	8.8	28.4
	Hmar	2.9	17.1	4.3	20.6	3.8	19.1
	Paite	0.0	0.0	2.2	14.7	1.3	11.2
	Others	29.4	46.2	43.5	50.1	37.5	48.7
III	Denomination						
	Presbyterian	47.1	50.7	76.1	43.1	63.8	48.4
	Baptist	0.0	0.0	2.2	14.7	1.3	11.2
	UPC - NEI	23.5	43.1	17.4	38.3	20.0	40.3
	UPC - Mz	17.6	38.7	2.2	14.7	8.8	28.4
	The Salvation Army	11.8	32.7	2.2	14.7	6.3	24.4

Source: Computed

And in the sub-tribe category, Majority of the respondents was Lusei with a total mean score of 48.8. Ralte tribe was higher in female respondents with a mean score of 10.9 than male respondents 5.9. Others tribe which had not been mentioned in the category was high in female respondents with a mean score of 50.1 as well as in male respondents 46.2.

Majority of the respondents belongs to the denomination of Presbyterian with a total mean score of 48.4. UPC (NEI) comes to the next denomination with a total mean score of 40.3 and UPC(MZ) with a total mean score of 28.4. Others were, Baptist 11.2, The Salvation Army 24.4.

4.3.3 Composition of Social Support Network: Relationship

The composition of Social Support Network Relationship include Friends, Spouse, Son/Daughter, Grand Children, Relative and Sibling. The table shows that friend has the highest relationship in support network with a total mean score of 49. Male 40 and female 55. On the other hand, spouse come to the highest support for male respondents ac compared to female with a mean score of 51, while friends support was the highest network for female respondents with a mean score of 55. Secondly son/daughter was the next support network for both the respondents with a total mean score of 9, the other support network were grandchildren and relatives. And the least relationship network support was siblings with a total mean score of 1.

Table 4.3.3 Composition of Social Support Network: Relationship

Sl.No	Relationship	Gender				Total N = 80	
		Male n = 34		Female n = 46		Mean	SD
		Mean	SD	Mean	SD		
1	Friends	40	49	55	50	49	50
2	Spouse	51	48	11	31	28	44
3	Son/Daughter	6	20	12	30	9	26
4	Grand Children	1	9	10	27	6	22
5	Relative	1	9	10	29	6	23
6	Sibling	.0	.0	2	15	1	11

Source: Computed

According to Ethel Shanas (1979) in his paper, “The Family as a Social Support System in Old Age”. The family members such as, spouse, son, daughter etc., was the main support system of the elderly in times of hardship. The presence of the supporters make the elderly for not admitted in the homes and day care centre, so the family are the besy source of support who supply the needs of the elderly.

4.3.4 Type of Support Received from Social Network

The types of support received from social network include emotional support, material support, instrumental support and no support. Table 4.11 indicates the type of support received from social network by the respondents. The table shows that emotional support was the highest support received by the respondents which was 92.5% of the total respondents. Secondly material support was the other support received by the respondents from their social network which was 18.8% of the total respondents. Thirdly, instrumental support was the least support that had been received by the respondents from their social network which was 7.5%.

Table 4.3.4 Type of Support Received from Social Networks

Sl.No	Type of Support	Gender		Total N = 80
		Male n = 34	Female n = 46	
1	Emotional Support	32 (94.1)	42 (91.3)	74 (92.5)
2	Material Support	7 (20.6)	8 (17.4)	15 (18.8)
3	Instrumental Support	3 (8.8)	3 (6.5)	6 (7.5)
4	No Support	2 (5.9)	5 (10.9)	7 (8.8)

Source: Computed

Kuhirunyaratn et al (2007) on their research Social support among elderly in Khon Kean Province, Thailand found a high level of social support was perceived among the elderly. According to the research, availability of information, emotional, and material support was the highest aspect of social support while being an integral part of the group comes to the lowest dimension. Elderly who perceived social support were high in, close friend, knowing community health staff, working status, and religious activities. Though the elderly had a high level of social support. Close friends and community health staff are important sources of support among the elderly

4.3.5. Social network and Social Support of Elderly: Type, Adequacy and Satisfaction

Table 4.13 shows that the size of social network of both the respondents had a total mean score of 1.1, female 1.1 and male 1.1, which means that there is no significant difference between the gender according to the size of network. The type of Social Support such as emotional, instrumental and material support has also highlight that male respondents were having emotional support from the network with a mean score of 94.1 and female 91.3 and in material support male score with a mean of 23.5 and female 20.7, and in instrumental support, male score 10.3 and female 6.5 which shows that there is no significant difference among the respondents in the type of social network.

Table 4.3.5 Network and Support of Elderly: Type, Adequacy and Satisfaction

Sl.No	Particulars	Gender				‘t’
		Male n = 34		Female n = 46		
		Mean	SD	Mean	SD	
I	Size of Social Network	1.1	0.4	1.1	0.3	.806
II	Type of Social Support					
	Emotional	94.1	23.9	91.3	28.5	.480
	Material	23.5	41.3	20.7	38.8	.602
	Instrumental	10.3	29.6	6.5	25.0	.316
III	Adequacy					
	Emotional Support	4.1	1.1	3.9	1.3	.539
	Material Support	1.1	1.8	1.0	1.9	.106
	Instrumental Support	0.5	1.3	0.3	1.0	.782
IV	Satisfaction					
	Emotional Support	4.3	1.2	3.9	1.3	1.129
	Material Support	1.2	2.1	1.1	2.0	.260
	Instrumental Support	0.6	1.6	0.3	1.1	.885

Source: Computed

** P < 0.01 * P < 0.05

The adequacy of emotional support of the respondents such as male score with a mean of 4.1 and female 3.9, material support male 1.1 and female 1.0 and in instrumental support, male score 0.5 and female 0.3 which also shows that there is no significant difference among the gender in adequacy of their support network.

The satisfactoriness level of support of male respondents in emotional support was 4.3 mean score where female had score 3.9. And in material support, male had score 1.2 and female 1.1 and the last support instrumental support, male score 0.6 and female score 0.3, Hence the results also shows that there is no significant difference among the respondents in terms of the satisfaction of their support network.

4.4 Life Satisfaction

The life satisfaction of elderly had been divided into 8 points which was- spirituality or religion, personal relationship, future security, safety, Personal achievement in life, standard of living, own community and personal health and a 5 points response scale such as : (1) Fully Satisfied, (2) Satisfied, (3) Neutral, (4) Dissatisfied, (5) Fully Dissatisfied. Table 4.9 shows the life satisfaction level of the respondents using standard deviation method where the mean was 5. The table shows that both the respondents were highly satisfied on their spiritual and religious level as well as in personal relationship (Mean =4.8). Male respondents were more satisfied with their future security, safety and personal achievement in their life than female respondents. Hence the least satisfaction level of both the respondents was personal health (Mean=3.6).

Table 4.4 Life Satisfaction of Elderly

Sl.No	Item	Gender				Total N = 80	
		Male n = 34		Female n = 46		Mean	SD
		Mean	SD	Mean	SD		
1	Spirituality or religion	4.9	0.3	4.7	0.5	4.8	0.4
2	Personal Relationships	4.3	0.7	4.4	0.7	4.4	0.7
3	Future security	4.5	0.5	4.1	0.9	4.3	0.8
4	Safety	4.4	0.5	4.2	0.7	4.3	0.6
5	Personal Achievement in Life	4.5	0.7	4.0	1.0	4.2	0.9
6	Standard of living	4.3	0.8	3.8	1.1	4.0	1.0
7	Own community	4.1	0.7	3.9	0.8	4.0	0.8
8	Personal health	3.7	1.3	3.5	1.3	3.6	1.3
	Life Satisfaction	4.3	0.4	4.1	0.6	4.2	0.5

Source: Computed

Chen (2000) had also found that life satisfaction among the elderly had decreased as age increased beyond 65 years of age. It was also found that socio-demographic variables, decrease in income, daily living, daily activities etc. had a great impact on the life satisfaction of the elderly.

4.4.1. Gender and Life Satisfaction

Gender and life Satisfaction of elderly were divided into 4 main categories such as: Very low (≤ 3.65), low (3.66-4.16), medium (4.17-4.66) and high (4.67+). Table 4.10 shows that female respondents were having very low level of life satisfaction as comparing to male respondents which was 17.4% and male 5.9% while majority of the life satisfaction of male respondents 50% was medium. At a low level of life satisfaction category, male domain 29.4% and female 39.1%, and at a high level of life satisfaction, male domain 14.7% and female 13.0%. Hence it had been found out that the life satisfactoral level of the female respondents was low comparing to the male respondents which may result due to the different social roles of female in Mizo society.

Table 4.4.1 Gender and Level of Life Satisfaction

Sl.No	Life Satisfaction	Gender		Total
		Male	Female	
1	Very Low (≤ 3.65)	2 (5.9)	8 (17.4)	10 (12.5)
2	Low (3.66 - 4.16)	10 (29.4)	18 (39.1)	28 (35.0)
3	Medium (4.17 - 4.66)	17 (50.0)	14 (30.4)	31 (38.8)
4	High (4.67+)	5 (14.7)	6 (13.0)	11 (13.8)
	Total	34 (100)	46 (100)	80 (100)

Source: Computed Figures in parentheses are percentage

4.5. Composition of Social network and Life Satisfaction

Table 4.5 indicates the Relationship Composition of Social Network and Life Satisfaction of the respondents. The table shows that life satisfaction has no relationship between friends, grand children, relative, sibling, son/daughter and life satisfaction in social network. But spouse has positively correlated in the life satisfaction of social network. Which means that if there is spouse, the life satisfactoral level of the respondents was also high which clearly proved that spouse was the most important network of the respondents in terms of emotional support?

Table 4.5 Relationship Composition Social Network and Life Satisfaction

Sl.No	Relationship	Life Satisfaction
1	Friends	-.164
2	Grand Children	-.129
3	Relative	-.175
4	Sibling	.063
5	Son/Daughter	.151
6	Spouse	.232*

Source: Computed

** P < 0.01 * P < 0.05

According to Tomini, Tomini, & Groot (2016), social network such as family, friends etc, are the source of support which highly connected with their life satisfactoral level. On the other hand, elderly who are highly satisfied with their life were more wider on social network comparing to those elderly who are less satisfied with their life.

Table 4.6 Demographic Composition Social Network and Life Satisfaction

Sl.No		Life Satisfaction
I	Gender	
	Male	.130
	Female	-.130
II	Age	
	Age_Mean	.080
	Age_S.D	-.059
II	Education	
	Illiterate	.079
	Primary (1 - 5)	-.063
	Middle (6 - 8)	.039
	Secondary (9 -10)	-.213
	Higher Secondary (11 and Above)	.202

Source: Computed

** P < 0.01 * P < 0.05

Table 4.6 indicated the demographic composition of social network and life satisfaction of the respondents. The table shows that there is no relationship between the network and life satisfaction in gender category. There is also no relationship between the network and life satisfaction in the age and educational category. Hence it had been proved that there is no relationship between the demographic of social network and life satisfaction.

Table 4.7 indicates the economic and social composition, social network and life satisfaction of the respondents. The table shows that there is no relationship between social network and life satisfaction in the dependency category, but negatively correlated with the others in the sub-tribe category. And there is also no relationship between the network and life satisfaction in the denomination category. Hence the economic and social network and life satisfaction of the respondents had not been related at all, but negatively correlated with the others in the sub-tribe category

**Table 4.7 Economic Social Composition Social Network and Life Satisfaction:
Pearson's r**

Sl.No		Life Satisfaction
I	Dependency	
	Earner	.188
	Dependent	-.188
II	Sub tribe	
	Lusei	.198
	Ralte	-.046
	Hmar	.134
	Paite	.063
	Others	-.245*
III	Denomination	
	Presbyterian	-.059
	Baptist	.133
	UPC - NEI	.004
	UPC - Mz	.089
	The Salvation Army	-.056

Source: Computed

** P < 0.01 * P < 0.05

Table 4.8 indicates the social network, support and life satisfaction of the elderly. The table shows that the size of network and the type of social support had no significant relationship with the life satisfaction of the respondents. But it had been positively correlated in the category of adequacy of social support where instrumental support had been positively correlated. This means that instrumental support was the most important support when age increased, the strength and will of the person had been decreases and the need for instrumental support had been needed.

Table 4.8 Social Network, Social Support and Life Satisfaction: Pearson's r

Sl.No		Life Satisfaction
I	Size of Social Network	-.064
II	Type of Social Support	
	Emotional	.030
	Instrumental	.201
	Material	-.034
III	Adequacy	
	Emotional Support	.073
	Instrumental Support	.222*
	Material Support	-.074
IV	Satisfaction with	
	Emotional Support	.118
	Instrumental Support	.231*
	Material Support	-.087

Source: Computed ** P < 0.01 * P < 0.05

4.9 Focus Group Discussion 1

Focus group discussion was conducted to each selected communities of the respondents based on the objectives of the research which are as under:

Name of the community- Durtlang

Participants- Elderly persons above the age of 65 years old

Topic Discussed

- i) Challenges of Elderly
- ii) Coping Strategies
- iii) Social network (Who are their social network)
- iv) Social Support(What support that they received from their social network)
- v) Satisfaction of Support
- vi) Life Satisfaction

Results

- i) Challenges of Elderly: The challenges of elderly had been divided into two- Physical and Psycho-social. On physical challenges low vision, asthma, gout problem and diabetes are common to the respondents. And on Psychosocial challenges, low self esteem, inability to contribute to family and stress was common to the respondents.
- ii) Coping Strategies: The coping strategies of the respondents comes in a variety way according to the individual. But the main common coping strategies was sharing, personal prayer and doing some physical works.
- iii) Social Network: Spouse were the most important social network of the elderly from the Focus Group Discussion and the other network was son, daughter and friends
- iv) Social Support: The most support received by the elderly were emotional support(love and care) and the other support that they had received was instrumental support and material support.
- v) Satisfaction of Support: Most of the respondents were satisfied with the support they received from their network while some had not been well supported by their network.
- vi) Life Satisfaction: Majority of the respondents had reported that they were satisfied with their life while some of them are not fully satisfied due to poverty and un proper care givers.

4.9.1 Focus Group Discussion 2

Name of the community- Chawlhmun

Participants- Elderly persons above the age of 65 years old

Topic Discussed

- i) Challenges of Elderly
- ii) Coping Strategies
- iii) Social network (Who are their social network)
- iv) Social Support(What support that they received from their social network)
- v) Satisfaction of Support
- vi) Life Satisfaction

Results

- i) Challenges of Elderly: The challenges of elderly among chawlhmun community was little bit different which are as follows: Physical challenges- joints pain, low vision, hearing impairment, and diabetes are common to the respondents. And on Psychosocial challenges, loneliness, fear of death, lack of respect in the family are common to the respondents.
- ii) Coping Strategies: The main common coping strategies was watching T.V., chatting with people, doing exercise, seeking family support and listening music.
- iii) Social Network: Spouse were the most important social network of the elderly from the Focus Group Discussion and the other network was son, daughter and friends
- iv) Social Support: The most support received by the elderly were emotional support(love and care) and the other support that they had received was instrumental support and material support.
- v) Satisfaction of Support: Most of the respondents were satisfied with the support they received from their network while some had not been well supported by their network.
- vi) Life Satisfaction: Majority of the respondents had reported that they were satisfied with their life while some of them are not fully satisfied due to poverty and un proper care givers.

CHAPTER V

CONCLUSION

5.1. Conclusion

The present study is a modest attempt made by a social worker to understand the challenges faced by the elderly persons in the context of Aizawl. The elderly psycho-social challenges such stress, low self-esteem, loss of responsibility, poor memory, loneliness (due to loss of spouse and other love ones. These challenges stem from the physical challenges faced by them such as acute illness, physical weakness, chronic illness and impairment. Their psycho social challenges are due to the decline of their social responsibility and roles as well as functions in the family and community. They manage their physical and psycho-social challenges with the help of emotional coping strategies as well as seeking social support. The major emotional coping strategy is that they use family support, listening to music, doing physical work, chatting with people and doing. They get love and care from their primary social networks and financial and material support from not only their primary network but also secondary institutions such as government and the Church. Most of them get adequate social support to manage their physical and psycho social challenges. The results of the present study show that though the modernization process has contributed to the decline of the prestige of the elderly in Mizoram, they get adequate social support from their primary social network i.e. from their family. When the primary relatives are absent the secondary networks such as relatives take care of them. There is no symptom of the emergence of the homes for elderly people in Aizawl.

5.2. Implication for Policy and Social Work Practice

The implications of the present study are presented in two sections. The first set of suggestions is related to policy advocacy while the second are meant for further research.

5.2.1 Policy Suggestions

In the light of the findings and conclusion of the present study, a few policy suggestions could be made. Firstly, there is a need for greater awareness on the preservation of respect of elderly in Mizo society. Every effort needs to be made to sustain the respect, love and care that have been accorded to the elderly people in the Mizo tradition. Secondly, the need for provision of better geriatric care and health care facilities to the elderly in

Mizoram. Since mobility is a major difficulty for elderly in accessing health care facilities, they may be provided with weekly mobile health care facilities at their door steps or at least in their localities. Thirdly, there is a need for family counseling and psycho social services to the elderly and caregivers of elderly so that the well-being of the elderly will be promoted.

5.2.2. Suggestions for further research

The study is an attempt to understand the life satisfaction, network and support of the elderly including their challenges and coping strategies. In accordance with the findings of this study, suggestions are made as follows;

1. Research on older persons in Mizoram is inadequate. More research needs to be conducted on various aspects of older persons.
2. Awareness on the preservation of respect of elderly in Mizo society is very much needed.
3. There is a need for provision of better geriatric care and health care facilities
4. In terms of health, old age comes a lot of the ailments and diseases and the same has been reported to the respondents. Mobile health care facilities at their door steps if possible
5. Family counseling and psycho social services to the elderly and caregivers
6. Many of the respondents reported that they feel lonely. As Mizoram Upa Pawl is an association for older persons, it provides a safe environment where older persons can hang out and socialize with other therefore better recreational Centre to spend their free and leisure time in each locality.

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SOCIAL NETWORK, SOCIAL SUPPORT AND LIFE SATISFACTION AMONG ELDERLY IN AIZAWL CITY

(Strictly Confidential for Research Purpose only)

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Interview Schedule

A. Schedule No

- i) Date and time of Interview
- ii) Field Investigator
- iii) Locality
- iv) Location (GPS)

B. Demographic Profile

- 1) Name of the Respondent
- 2) Gender
 - a) Male
 - b) Female
- 3) Age
- 4) Marital Status
 - a) Separated/Divorced
 - b) Unmarried
 - c) Married
 - d) Widowed
- 5) Educational Status
 - a) Illiterate
 - b) Primary(1- 4)
 - c) Middle (5 -8)
 - d) Secondary (9 -10)
 - e) Higher Secondary and Above

6) Living Arrangement

- a) Spouse
- b) Son
- c) Daughter
- d) Grand Children
- e) Other Relatives
- f) Others

7) Type of Family

- a) Joint
- b) Nuclear
- c) Single

8) Form of Family

- a) Stable
- b) Reconstituted

9) Size of Family

10) Sub-Tribe

- a) Lusei
- b) Ralte
- c) Hmar
- d) Paite
- e) Lai
- f) Others

11) Denomination

- a) Presbyterian
- b) Baptist
- c) Catholic
- d) UPC (NE)
- e) UPC (Mizoram)

- f) Salvation Army
- g) Seventh Day
- h) IKK
- i) Others
- 12) Earner or Dependent
 - a) Earner
 - b) Dependent
- 13) Socio-Economic Category
 - a) AAY
 - b) BPL
 - c) APL
- 14) Source of Livelihood
- 15) Church Elder
 - a) Yes
 - b) No
- 16) Active in MUP
 - a) Yes
 - b) No
- 17) Active in Church
 - a) Yes
 - b) No

Challenges of Elderly

- 1) Acute Illness
- 2) Chronic Illness
- 3) Fear of Death
- 4) Impairment
- 5) Inability to Contribute to Family
- 6) Inadequate Income
- 7) Lack of Respect in Family
- 8) Lack of Respect in Community
- 9) Loneliness

- 10) Loss of Responsibility
- 11) Low self Esteem
- 12) Physical Weakness
- 13) Poor Memory
- 14) Stress

Daily	Weekly	Fortnightly	Sometimes	Never
4	3	2	1	0

Coping Strategies

- 1) Chatting with People
- 2) Doing Exercise
- 3) Family Devotion
- 4) Personal Prayer
- 5) Reading Bible
- 6) Reading Books
- 7) Seeking Family Support
- 8) Sharing with family Members
- 9) Doing Physical Work
- 10) Watching T.V.
- 11) Listening Music

Always	Mostly	Sometimes	Never
3	2	1	0

Life Satisfaction

- 1) How satisfied are you with your standard of living?
- 2) How satisfied are you with your health?
- 3) How satisfied are you with what you are achieving in life?

- 4) How satisfied are you with your personal relationship?
- 5) How satisfied are you with how safe you feel?
- 6) How satisfied are you with feeling part of your community?
- 7) How satisfied are you with your future security?
- 8) How satisfied are you with your spiritual or religion?

Fully Satisfied	Satisfied	Neutral	Dissatisfied	Fully Dissatisfied
5	4	3	2	1

Social Network Composition and Social Support

- 1) Name of the person
- 2) How is the person related to you?
- 3) Age of the Person
- 4) Education of the Person
- 5) Is the person earner or dependent?
- 6) What kind of Social Support are you receiving from the person whenever you need?
- 7) How far the support provided by the person adequate?
- 8) How far have you satisfied with emotional support provided by the person?

PARTICULARS OF THE CANDIDATE

NAME OF CANDIDATE : Saizampuii Sailo
DEGREE : Master of Philosophy
DEPARTMENT : Social Work
TITLE OF DISSERTATION : Social Network, Social Support and Life
Satisfaction Among Elderly in Aizawl City
DATE OF ADMISSION : 17th August 2018

COMMENCEMENT OF SECOND SEM/DISSERTATION : 19th June 2019

APPROVAL OF RESEARCH PROPOSAL

1. BOS : 4th April 2018
2. SCHOOL BOARD : 10th April 2018
3. REGISTRATION NO. & DATE : MZU/M.Phil/546 of 10.04.2019
4. DUE DATE OF SUBMISSION : 31st January 2020

(PROF. KANAGARAJ EASWARAN)

Head

Department of Social Work

BIO DATA

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Details of Educational Status

Class	Subject	Board/University	Percentage	Division
HSLC	—	Mizoram Board of School Education	50%	Second
HSSLC	Arts	Mizoram Board of School Education	49.2%	Third
B.A	Arts (Geography)	Mizoram University	61.25%	First
M.A	Social Work	ICFAI University	73.9%	First