RELIGIOSITY AND LIFE SATISFACTION OF OLDER PERSONS IN MIZORAM

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DECLARATION

I, Jennifer Rohlupuii, 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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(JENNIFER ROHLUPUII)

CONTENTS

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Abbreviations

APL	-	Above Poverty Line
AAY	-	Antyodaya Anna Yojana
BPL	-	Below Poverty Line
CBO	-	Community Based Organization
Etc.	-	*et cetera*, and so forth
Et. Al.	-	et alia, and others
Govt.	-	Government
GOI	-	Government of India
GOM	-	Government of Mizoram
HPC	-	Hmar People's Convention
IGNOAPS	-	Indira Gandhi National Old Age Pension Scheme
INC	-	Indian National Congress
LC	-	Local Council
MHIP	-	Mizo Hmeichhe Insuihkhawm Pawl
MNF	-	Mizo National Front
MUP	-	Mizoram Upa Pawl
NGO	-	Non Governmental Organization
NPOP	-	National Policy on Older Persons
No.	-	Number
PHC	-	Primary Health Centre
PWI	-	Personal Well-being Index Scale
SPSS	-	Statistical Package for Social Sciences
SL	-	Serial
SWLS	-	Satisfaction with Life Scale
VC	-	Village Council
YMA	-	Young Mizo Association
ZNP	-	Zoram Nationalist Party

CHAPTER I

INTRODUCTION

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INTRODUCTION

The present study is an attempt to understand the satisfaction of the life of the older persons in Mizoram and how religiosity contributes to their life satisfaction.

Aging is a universal biological fact and a natural process. The UN agreed that the cutoff is 60+ years to refer to the older population. It has its dynamic, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. Old age is considered to be the last chapter of one's life. Socially constructed meanings of age are significant such as the roles assigned to older people; in some cases, it is the loss of roles accompanying physical decline which is significant in defining old age. Old age in many developing countries is seen to begin at the point when the active contribution is no longer possible" (Gorman, 1999). Even though aging is a universal phenomenon, the life experiences of older persons are not uniform. Some persons achieve a sense of fulfillment and satisfaction in their old age, while others turn bitter and lament the decline of their physical abilities and social significance.

Gerontology is the study of aging that examines the biological, psychological, and sociological factors associated with old age and aging. The study of aging and aging persons refers to the whole person who is aging and the aged. The wholeness embraces the physical, spiritual, mental, emotional, and social dimensions of human growth and development (David, 2001). Old age is an especially important time to cultivate, elicit, and sustain a sense of purpose.

According to Erikson's Theory of Psychosocial Development, every person must pass through a series of eight interrelated stages over the entire life cycle. Each stage involves a conflict between two extreme characteristics. The eighth stage (Integrity Vs. Despair) occurs during Late Adulthood (65 years – death). In this stage, older adults reflect upon their life and

then assess their self-worth. Older persons contemplate their accomplishments and can develop integrity if they see themselves as leading a successful life; it gives them a feeling of satisfaction. If they see their life as unproductive or feel that they did not accomplish their life goals, they become dissatisfied with life and develop despair, often leading to depression and hopelessness (McLeod, 2008; Cherry, 2012). Jeffrey S. Akman (2003) has classified the final stages of life into three categories, such as 'Young-old' (60s), 'Middle-old' (70s), and 'Old-old' (80+ years).

The concept of aging / old age varies between societies and has undergone a great deal of change over time (Bhat & Dhruvaranjan, 2001). India, like many other developing countries in the world, is presently witnessing the rapid aging of its population. The population of India is aging in two ways: (i) aging as a result of slower growth at the base of the population pyramid, due to reduced fertility, and (ii) aging at the top of the population pyramid, due to reduced mortality (Gupta & Kumar 1999).

Several terms are used to refer to people who have crossed that age of 60 years and above. These include the Elderly, Senior Citizen, Senile, Older Person, etc. Some of the terms mentioned are found to be discriminating for people who belong to that age group. The most acceptable term found is 'Older person'. The term "Older person" or "older people" are most preferred because they reflect better how the general population refers to older members of our families and communities. "Older person" is often the term of choice on the international front, such as in the title of the International Day of Older Persons, which was created by the United Nations in 1990. The term "person" is perhaps more positive as it recalls the inherent personhood of every individual, reminds us that everyone has worth regardless of age, and that aging does not devalue a person(Taylor, 2011). It is essential to demonstrate that old age is not a defeat, but a victory; not a punishment, but a privilege.

In India, the older population (60 years and above) has been increasing steadily in number and proportion. According to the Population Census 2011, the total population in India is 1210.2 million where 623.7 million are males and 586.5 are females. Out of this, there are nearly 104 million older persons (aged 60 years or above) in India; 53 million females, and 51 million males. This shows that the number of female older persons is much higher as compared to male older persons. The size of the older population has increased over time; from 5.6% in 1961, the proportion has increased to 8.6% in 2011. The percent of literacy among older persons increased from 27% in 1991 to 44% in 2011. The literacy rate among female older persons (28%) is less than half of the literacy rate among male older persons (59%). The aging of the population is affected due to downward trends in fertility and mortality. Low birth rates coupled with long life expectancies, push the population to age humanity.

As per the Census of India 2011, the total population of Mizoram is 1091014, which is only 0.09 percent of the total population of India. The total number of the male population in the state of Mizoram is 552339 and the female is 538675. Aizawl, the capital of Mizoram has the highest number of population with a total of 404,054 out of which 201072 are males and 202982 are females. This shows that the majority of the population of Mizoram lives in the Aizawl district. 'Situational analysis of the Elderly in India' (2011) highlighted that the size of the elderly population (60 years and above) in Mizoram constitutes only 5.5% of the total population.

1.1. Religion and Religiosity

According to Emile Durkheim "A religion is a unified system of beliefs and practices relative to sacred things, that is to say, things set apart and forbidden -- beliefs and practices which unite into one single moral community called a Church, all those who adhere to them." (Durkheim, 1915). There are several definitions of Religion. Nelson-Becker & Canda (2008)

defined it as an organized system of spiritual beliefs, values, and behaviors which is shared by a community and transmitted over time. Religion is about communal ties and practices that address the sacred. Religion, when used as a noun, seems to reflect the institution of the believers, often referred to as a church, synagogue, temple, or mosque. Religion as a human descriptor sees to address the human application of religion.

The terms “religiousness” or “religiosity” reflect the amount of importance of religion in the life of the person (Ellor and McGregor, 2011). Peterman et al., (2002) have defined religiosity as “society-based beliefs and practices relating to a higher power, which are commonly associated with a church or organized group”. Religiosity and the practice of religion are not only integral parts of one's culture but in many situations, they define the core of a cultural belief system of the members of the society (Mathur, 2012).

Religiosity is a complex concept because several academic disciplines approach religiosity from a different vantage point. For example, a theologian would address religiosity from the viewpoint of faith (Groome & Corso, 1999), while religious educators could focus on orthodoxy and belief (Groome, 1998). Psychologists might choose to address the dimensions of devotion, holiness, and piousness, whereas sociologists would consider the concept of religiosity to include church membership, church attendance, belief acceptance, doctrinal knowledge, and living the faith (Cardwell, 1980). This use of different terms across academic disciplines to identify what could be thought of as dimensions of religiosity makes it difficult to discuss without an explicit definition from the viewpoint of religious education and the application of that knowledge to the lived experience (Holdcroft, 2006). Religious activities, especially church attendance plays an important role in the lives of many older persons in different parts of the world. It is also believed that it may have a beneficial effect on health (Cohen, Underwood, & Gottlieb, 2000). Research conducted in church settings indicates that people may also help each other in ways that are more explicitly religious.

More specifically, research by Krause, et. al (2001) indicates that fellow church members may exchange spiritual support as well. Identifying the denominational affiliation of people provides more specific information than the general categories of "church member" or "Protestant." But knowing the denomination of a respondent still does not tell us much about that person's religious orientation. Different churches emphasize different behaviors as signs of faithfulness. The Catholic Church has traditionally insisted that salvation requires attendance at a certain number of celebrations of the Mass per year. Some Protestant denominations have stressed that a tithe of one's income to the church (a tithe is normally 10 percent) is a mark of the true Christian. Others stress prayer and personal devotions (Roberts & Yamane, 2004). Religious beliefs of older people also seem to be producing an impact on the perception of safety. Ellison & George (1994) found that Religious participation is positively associated with both the quantity and the quality of the social relationship. According to Joshi & Kumari (2011), Religious coping involves religious behavior or cognitions designed to help persons cope with or adapt to difficult life situations or stress. These coping activities may involve praying, reading inspirational scriptures for comfort or relief of anxiety.

For many older adults, their understanding of religion and spirituality overlap. When referring to religiosity and spirituality, it is necessary to elucidate the differences that separate these two perspectives. The word religion derives from the Latin ‘Religare’ meaning to reconnect, to re-establish the connection between God and men. Religiosity refers to the level of intensity that an individual accompanies, trusts, and practices a religion. Thus, it can be either organizational relating to participation in the church or religious temple, or non-organizational in the sense of attending religious programs, reading the bible or religious books, and praying.

Spirituality is characterized as a human inclination to pursue meaning for life through conceptions that surpass the visible. It is a broader concept that each individual defines for himself. It is also understood as a personal search to understand issues related to the meaning of life, which may or may not lead to the development of religious practices or the formation of religious communities (Koenig et al, 2012).

1.2. Personal Well-being

Christiansen and Baum (1997) defined well-being as "a subjective sense of overall contentment, thought to be defined by affective state and life satisfaction". This definition highlights the relation between wellbeing and life satisfaction.

Personal well-being amounts to the notion of how well a person's life is going for that person. Well-being can be classified under two broad categories: Subjective well-being and Objective well-being. Objective well-being measures observable facts such as economic, social, and environmental statistics. On the other hand, subjective measures of wellbeing capture people's feelings or real experience in a direct way, assessing wellbeing through ordinal measures. McGillivray and Clarke (2006) state that, "subjective wellbeing involves a multidimensional evaluation of life, including cognitive judgments of life satisfaction and affective evaluations of emotions and moods". The concept of wellbeing is very broad. Applications of the concept range from specific domains of wellbeing, such as economic, material, social, and psychological, to all the domains impacting upon people.

1.3. Life Satisfaction

Life satisfaction is widely considered to be a central aspect of human welfare. Life satisfaction refers to a judgmental process, in which individuals assess the quality of their lives based on their own unique set of criteria (Shin & Johnson, 1978). It can also be referred to as the attitudes that individuals have about their past, present as well as future concerning their psychological well-being (Chadha & Van Willigen, 1995). Life satisfaction is not

merely a judgment about one's life. For it is widely thought to involve affirming, endorsing, appreciating, or being pleased with one's life.

Life satisfaction has psychological as well as social implications. Firstly, it implies the personal contentment with life and positive self-regard for an individual, and secondly, it includes a personal appraisal of fulfilling one's social roles or obligations. The concept of life satisfaction among older persons gives an overall view of the adjustment and coping ability of an individual. Sarkisian, et al (2002) found in their study that the level of satisfaction among older persons affects not only their psychological adjustment but also physical, emotional, and social well-being. Therefore, social support networks, perceived health, and leisure time activity may be associated with life satisfaction (Varshney, 2007).

Life satisfaction is probably the most often-used indicator of effective adaptation to aging. If older people are satisfied with their present and past lives, they are seen as having adapted to aging. Life satisfaction varies greatly from person to person as many factors impinge on the well-being of the individuals.

1.4. Social Work with Older Persons

As social work is one of the helping professions, it focuses on the development of theory and empirical research that promote practice and policies for personal well-being and social justice regarding older adults and all people. The social work profession was built on a foundation of religion. The teachings of social justice were intertwined with the teachings of Jesus. The miracle of the loaves and fishes symbolizes the doctrine of religion and the practice of social work. Judaic prophet, Amos, believed that "people must care for one another as God cares for them". Social work has a traditional emphasis on marginalized and vulnerable populations within the broader population of older adults. Religion is the expression of the relations between God and man, and social work, which is an organized effort, for the benefit of society, maybe and often is, the concrete expression of religion

largely and constructively. Hence religion, as found in the Christian church, has always included social work, is the outgrowth of its doctrines and traditions, so that it may be said without exaggeration that the history of the church is coincident with the history of social service (Siedenberg, 1922). The Council of Social Work Education (2001) maintains that social workers need to be able to work with clients with understanding and without discrimination regarding religious and spiritual practices. Canda and Furman (1999) explained that "by considering the religious and spiritual facets of clients' lives, we may identify strengths and resources that are important for coping, resilience, and optimal development".

'Social Gerontology' is a subfield of gerontology and focuses on studying or working with older adults. Social gerontologists are responsible for educating, researching, and advancing the broader causes of older people. Professionals in this field work with older adults and the people around them to help them navigate through this difficult time in life, making the transition much easier. As the main focus of gerontology is on the biological, psychological, and sociological factors, 'Gerontological Social Workers' focus on meeting the biopsychosocial needs of older persons.

Working with older persons is an important field of social work. This is usually not a focus of study in other disciplines. The social work profession is increasingly being recognized as environmental as well as internal resources. Moreover, bringing religion into the social work practice came through the acknowledgment that religion and spirituality were meaningful to some individuals, especially for some older adults who faced debilitating illness, loss of friends/families, and economic hardship (Nelson-Becker & Canda, 2008).

1.5. An Overview of Literature

There is copious literature on various aspects of the well-being of older persons in the global and national contexts. There are several studies on the challenges of older persons in

different socio-cultural and economic contexts. Some studies focus on neglect and inadequate support from family members (see for instance Sarmah & Choudhury, 2011). Socio-economic problems of poverty are the concern of some researchers (see Banerjee and Tyagi, 2001). Health care challenges of older persons were also focussed by some(for instance Sengupta, Singh, & Benjamin. 2007; Singh,2005, Bakhru, 1995). Psycho-social challenges such as loneliness and alienation were also explored (Sandhu & Bakshi, 2004).

There are many studies exploring religion as a coping mechanism during the later part of human life(for instance Koenig, George, and Siegler, 1988). These studies report the positive role of religion in the life of older persons such as better health conditions(see Daaleman, Perera, & Studenski, 2004; Østbye, Krause, Norton, et al.. 2006). Some report the contribution of religion to the emotional strength of the older persons(see Devi, 2009; Malone, & Dadswell 2018).

There are many studies on the well-being of older persons. Some focus on the relationship between health and life satisfaction (Borg, Hallberg, & Blomqvist, 2005; Alencar, Ferreira, Vale, Dantas, 2009), and some focus on the bearing of optimism on life satisfaction of older persons(Leung, Moneta & McBride-Chang (2005), while some researchers focus on the relationship between socio-economic status and life satisfaction (Panda, 2005).

There are studies on the relationship between religiosity and well-being of older persons (Haley, Koenig, & Bruchett 2001; Barkan, & Greenwood, 2003; Krause, 2003). Some researchers also probe into the bearing of religiosity on the life satisfaction of older persons too (Gull, & Dawood, 2013; Park, Roh, & Yeo 2011).

Despite the existence of copious literature on the religiosity and life satisfaction of older persons, there are a few research gaps. Firstly, research on religiosity is still in its infancy. Each of its aspects studied to date needs further explorations to confirm, modify, or

correct the current understanding. Secondly, in the Indian national, northeastern regional, and Mizo contexts, there are a few studies on religiosity and its bearing on the life satisfaction of the older persons. Thirdly, most of the studies conducted on the relationship between religiosity and life satisfaction have been predominantly quantitative while a few qualitative studies could be found, the studies using mixed methods design are rare. The present study tries to fill these gaps in the literature on older persons and their well-being in the context of Mizoram, the state where most of the people are following different denominations of Christianity.

1.6. The Religion of the Pre-Christian Mizos

It is reported that before the advent of the Christian Missionaries, the Mizos were found to be very religious. They believed in the powers of the evil spirits known as 'Ramhuai' who lived in the hills, big trees, streams, and caves. All the troubles and ills of life were attributed to evil spirits. They also believe in the existence of good spirits like Lasi, Khuavang, and Family of Gods but offered fewer sacrifices to these good spirits as they never caused illness to men. They were much afraid of the evil spirits that they often offered sacrifices to them. The Mizos also believed in the existence of the Supreme God known as Pathian. Khuanu was regarded as the 'God of Love and Blessings'. They also believed in the existence of other Gods such as Chung (God of Light and Rain), Vansen (Creator of Clouds), Hnuaite or Kawm (Gods of land), Hnuaipui (God of different layers of the earth), Khuavang (Guardian of man), Lasi (Goddess of animals), and Vanhrika (God of science and learning).

The Mizos believed in life after death. They believed in the existence of two spiritual worlds, *'Mitthikhua'* and 'Pialral'. Mitthikhua was believed to be much inferior to the life on earth that life in MitthiKhua was the miserable and dull shadowy place. Pialral, on the other hand, was believed to be an abode of bliss. The belief in life after death, particularly the

abode of the dead as two categories, clearly shows that they had a firm belief in one Supreme Being who rules over them which controlled them in life and thereafter (Thanmawia, 1998).

Most of the Mizo people were superstitious as well as very religious because of their supernatural beliefs. They believed that God revealed Himself to the people as an essentially paternal figure who blessed His people. They turned to Him for help when all other sacrifices failed to help and solve their problems. God was believed to be the director of human destiny. Their religion or 'Sakhua' guided their idea of good and evil. It was not possible to separate their religious life from that of socio-political life. Their ideal life was explicitly expressed in their religious concept.

The contribution made by religion for social solidarity was, therefore, basic and indispensable. It was deeply intertwined with their social, political, and economic life and was impossible to differentiate so far as their religious and ceremonial objects were concerned, the sacred from the profane. Almost all the utensils, weapons, and houses were given religious significance. In other words, religion permeated the whole social, religious, and political life (Lalrinawma, 2005).

1.7. Christianity in Contemporary Mizo Society

The whole view of the Mizos regarding religion altered with the advent of Christianity brought about by the British pioneer missionaries, J. H. Lorrain and F. W. Savidge on 13th January 1894 to the soil of Mizoram. Within half a century the Mizos quickly embraced Christianity and within a few years, churches came into existence in the state of Mizoram. The church building began to replace the 'Zawlbuk' as the village social center. Tea replaced the drinking of local rice beer called 'Zu' in every customary rites and gathering. Even in festivals, the common use of Zu became insignificant. Prayers for the sick and medicines replaced the sorcerers' sacrifices to demons. Christianity taught morality and humanity above others in the service of Christ and as a result, headhunting and aggression in

all forms were rejected. The message of Christianity also brought enlightenment, modernity, and audacity to the new believers, enough to thwart the deeply rooted belief in superstitions. The introduction of modern education by the western missionaries acted as an additional factor for the elimination of such social beliefs. Moreover, Mizos are bound with the moral code of ethics which is known as Tlawmngaihna or as simply translated as virtue or altruism. Tlawmngaihna to Mizo stands for the compelling moral force which yields self-sacrifice for the service of others. And sometimes it is described as untranslatable because it cannot have a single explanation.

The Mizos are now predominantly Christians. The major Christian denominations of the state are the Presbyterian, Baptist Church of Mizoram, Salvation Army, Seventh-day Adventist Church, Roman Catholic, and the United Pentecostal Church. Several hundred have formally converted to Orthodox Judaism, while many openly practice an Orthodox type of Judaism. The Bnei Menashe do not see themselves as converts but believe themselves to be ethnically Jewish, descendants of one of the Lost Tribes of Israel. Among all the denominations, Presbyterian Church has the highest number of church members. A Welsh Missionary named Rev. D.E. Jones established the Mizoram Presbyterian Church. The Mizoram Presbyterian Church is one of the constituted bodies of the General Assembly of the Presbyterian Church of India, which has its headquarters at Shillong in Meghalaya, India.

Even the culture of Mizoram is influenced by religion. This is amply demonstrated by the fact that no community activities can commence without a worship service known as ‘Hunserh' where Bible reading and Prayer are conducted for a blessing on the particular activity of the occasion. The affection and brotherly love among Christian members were in a sense greater and manifested in helping the needy, older persons, widows, orphans, etc. within the Church. Such bits of help were also extended even to the non-Christian members. On special occasions like Christmas, New Year, etc. - they gather in homes or churches and

sing all night, sometimes for days, with great joy and vitality. Prayer too has become an integral factor in their life: family devotions, mealtimes, journeys, meetings, business deals, social gatherings as well as sickness, danger, or misfortune are all occasions for prayer. Sowing, reaping, classes, examinations, etc. almost everything begins with prayer. Prayer meetings are also common activities of the Mizos. Bible reading, church attendance, and hymn singing are also an important part of their lives and church services are held on most days of the week (Storm, 1980). Moreover, the Church is one of the best places to socialize, and church members participate together in various church-related activities. The church gives high respect for older people and in many of the churches, older people are given Christmas gifts to show their love, respect, and appreciation. Thus, religion and religiosity play an important role in the lives of the Mizo people.

1.8. Statement of the Problem

In India, the problems and issues of its older population have not been given serious consideration and only a few studies on them have been attempted. Most social and behavioral science disciplines presumed that religiosity is a speculative topic limited to theology, and was not concerned about its contribution to the well-being of older persons. Until recently, it was not considered an appropriate subject for scientific investigation (Moberg, 2008). As social work is one of the helping professions, it focuses on the development of theory and empirical research that promote practice and policies for personal well-being and social justice regarding older adults and all people. Much of the current work on religiosity and aging is still at an exploratory stage (Nelson-Becker & Canda, 2008). In the Indian context, though religion is a major factor in the well-being of older persons, social work practice hardly considers the religious factors to meet the biopsychosocial and spiritual needs of the clients. It is important to consider the religious and spiritual facets of clients' lives, to identify strengths and resources that are important for promoting coping, resilience,

and optimal development of older persons. It is highly common to see the older populations devoting increasing time and energy to religious pursuits. Mizoram is no exception and Mizo older persons give high importance to the Church and Church-related activities. However, there are no studies that have documented the role of religion concerning older persons or the effect of religiosity on their well-being.

The present study attempts to understand the role of religion in the lives of older persons in Mizoram from a social work perspective. The study seeks to understand the role of religion in the life of older persons from their lived experiences. It also assesses the bearing of religiosity of older Mizo persons above the age of 60 years on their life satisfaction and personal well-being. In light of the findings, the study proposes suggestions for social work practice with older persons using their strengths and resources from religion and religiosity. The results of the study will be useful to policymakers and social workers interested in the promotion of the well-being of older persons.

1.9. Chapter Scheme

The present study is organized into the following seven chapters. The first chapter attempts to introduce the research problem and contextualize it in the global literature and the local context of Mizoram. Here an attempt is made to describe the theoretical and conceptual bases of the present study. The research problem of the present study is presented in the socio-cultural context of the Mizo society. In the second chapter, a review of the available literature is presented in terms of the challenges of the older persons, the religiosity of older persons, religion as a coping mechanism, the life satisfaction of older persons, religiosity, and well-being, religiosity and life satisfaction, religion and social work with older persons are reviewed in seven sections. The third chapter is on methodology, the profiles of the communities studied and the research design of the present study are presented.

The fourth chapter describes the role of religion in old age in the context of the study area with the help of case studies and analysis of data from key informant interviews. In the fifth chapter, the profile of Older Persons is presented in terms of the Demographic, Family Structure, Social and, Economic Characteristics and Living Conditions of the respondents. In the sixth chapter, the relationship between religiosity and life satisfaction are discussed with the help of the results of the analysis of quantitative data collected through a field survey with a structured interview schedule. The last conclusion chapter presents the salient findings, conclusion, and implication of the present study.

CHAPTER II

REVIEW OF LITERATURE

CHAPTER II

REVIEW OF LITERATURE

A review of Literature helps in identifying substantive, theoretical, methodological, conceptual issues and addressing them in the context of the present work. In this chapter, a review of available literature on the challenges of the older persons, religiosity of older persons, religion as a coping mechanism, the life satisfaction of older persons, religiosity and well-being, religiosity and life satisfaction, religion and social work with older persons are reviewed in seven sections.

2.1. Challenges of the Older Persons

Old age is considered to be the last chapter of one's life. Even though aging is a universal phenomenon, the life experiences of older persons are not uniform. Some persons achieve a sense of fulfillment and satisfaction in their old age, while others turn bitter and lament the decline of their physical abilities and social significance.

In a cross-sectional study, Sarmah and Choudhury (2011) looked into the older people's living arrangements, their self-reported problems, and their activity status and assessed the availability of care providers and fulfillment of expectations by their children. The sample consists of 280 male and female older persons in the age group of sixty years and above in Assam. The older persons have been further classified into three groups, that is, young-old (60-69), middle old (70-79), and old-old (80 and above). The snow-balling technique was applied to locate older persons. It was found that though children provide care to their aging parents the satisfaction level is found to be lower than expected.

Banerjee and Tyagi (2001) conducted a study on 123 older persons (65 males and 58 females) belonging to the Bengali community inhabiting Shillong, Meghalaya. Nearly one-third of the females did not have any income whatsoever and were economically dependent. The study indicates that reduced income, reduced status, and authority, reduced usefulness to

family members as well as reduced social engagement are some of the factors which together lead to multiplicity of socio-economic problems of the older women. The impact of changing the social system on the mental well-being and financial status of older women in urban Punjab was studied by Sandhu & Bakshi (2004). A sample of 120 older women (60 years and above) was selected on a random basis. A pre-tested interview schedule was used to get relevant information. The findings revealed that about 29.16 percent of respondents had no income at all. For another 43.33 percent, the biggest source of income was a pension. It was observed that changing society had an overall negative impact on the mental well-being of older persons. The strongest feeling was increasing loneliness and alienation in the lives of older persons due to changing the ethos of society, older persons are more sad and depressed in the materialistic world, and feeling of mental insecurity is due to lack of moral support from adult children due to emotional and physical distances from them. Bearden et al. (1979) interviewed a random sample of 110 older persons to depict a theoretical chain between individual health situation, financial situation, alienation, living level satisfaction, consumer satisfaction, and overall satisfaction with life by path analysis. The scaling technique was used to elicit responses for the different measures. One of the findings of their study was that financial situations might not directly impact the older person's life satisfaction but financial concerns do affect the older persons through shifts in expenditure decisions on different heads.

It is also evident from various studies that low socio-economic conditions have a negative impact on the health conditions of older persons. Suman (2002) conducted a study in Shimla district of Himachal Pradesh to understand the socio-economic and living conditions of the older population in rural and urban areas and to examine the existing social and health services infrastructure accessible to older persons. A sample of 300 older persons was chosen for the study by giving 50% representation to the rural and urban areas. Necessary data were

collected with the help of an interview schedule. The study revealed that better health facilities in urban areas contributed to low mortality. The higher number of women is dependent, as they do not have a regular source of income. The land is the biggest asset, especially in rural areas. Arthritis, asthma, loss of eyesight, and loss of hearing are some of the main health problems of older persons.

Singh (2005) studied various adjustment problems and health status among landless older people in Haryana. A sample of 300 aged people (150 male and 150 female) were selected based on stratified random sampling. The information regarding socio-economic and health aspects of respondents was collected with the help of an interview schedule. The study revealed that health problems tend to increase with advancing age and very often the problem is aggravated due to neglect, poor economic status, social deprivation, and inappropriate dietary intake. Hence, a large majority of landless rural aged were suffering from one or the other health problem and physical disabilities. A very large majority of landless rural aged did not have any secure source of livelihood. The majority of them were dependent on family income and ‘old-age pension'. A good number of landless rural aged was dependent on daily labor. Despite their poor health and disabilities, they had to go for daily labor which included hard physical work. This added to their health problems. Hence, Health is an important determinant of the attitude, outlook, lifestyle, capacities, economic, and social potential of the old aged person. The same result was found in a study conducted by Venkateswarlu, et al. (2003). He studied the health status of aged people in Andhra Pradesh. The sample constituted 300 older men and women aged 60 years and above and was selected by random sampling technique and the chi-square statistical technique was employed to study the association between respective variables. His study revealed that health problems tend to increase with advancing age and very often the problems aggravate due to neglect, poor economic status, social deprivation, and inappropriate dietary intake. The health problem can

be regarded as a major problem for the old. The health status of the poverty-stricken rural aged is unquestionably the worst. Sengupta et al. (2007) conducted a study on the Health of the Urban Elderly in Ludhiana, Punjab. The investigations aimed to find out the magnitude and pattern of health problems amongst the older persons, with the view to find remedial measures for improving their health. Systematic randomly sampled 165 persons (89 females and 76 males) of 60+ persons were interviewed and examined clinically. Information was obtained on a pre-tested questionnaire. The data was analyzed on Epi-info v-6 software. Proportions were compared and the Chi-square test applied. It was observed that more women (33.7%) than men (25.0%) were living alone. An overwhelming majority (82%) of the women were financially dependent. The older persons suffered the most (83.6%) from ophthalmic (relating to the eye) problems. It was concluded that the physical and emotional health needs and financial dependency of the older persons require a multifaceted approach providing for their overall well-being. Chen & Koenig (2006) conducted research that examined the effect of physical illness severity on changes in religiousness in 745 older persons, medically ill patients hospitalized initially at Duke University Medical Center. Patients were interviewed at baseline and 3-months after discharge. Increases in physical illness severity were associated with decreases in not only religious attendance and other social types of religious activity but also decreases in private religiousness. The effect on private religiousness remained significant even after controlling for physical activity. Susuman (2005) employs data on people aged 65+ drawn from the National Sample Survey, Sample Registration System, and Census of India, subdividing analysis into three age groups, 60-64, 65-69, and 70+. It is shown that gender is a very important variable that influences the quality of life of all ages. Of the population aged 70+, more than 50% suffer from one or more chronic conditions. Lack of social support, the breakup of the joint family system, and changing lifestyles all aggravate health and nutritional problems in the oldest age group.

While older people in India may have reasonable access to family care, they are inadequately covered by economic and health security.

Even though older persons show a decline in health status, even after reaching retirement age, many of them engage themselves in physical activities and helping their family. Punia and Sharma (1987) undertook a study on 'Family Life of Rural Aged Women' to understand the family life of the aged women. The exploratory study was conducted on 100 rural aged women selected randomly from the Hissar district of Haryana state. The information was collected through a pre-tested semi-structured schedule. The data unearths the fact that the majority of the subjects were engaged in full-time household chores. The aged women contribute in economic terms in their youth yet their participation in economic decision decreases in old age. This process disengages them and inculcates a feeling of economic dependence and burden on the family. A National Survey on the older population was carried out by the 42nd round of National Sample Survey (1986-87) to assess the nature and dimensions of the socio-economic problems of the aged. The survey had nationwide coverage with rural-urban representation. 50,000 households were surveyed in 8,312 villages and 4,546 urban blocks. Less than 10 percent of the female older persons enjoyed economic independence in both rural (8.78%) and urban (4.84%). About living arrangements, almost 1 percent of older females live alone. On the health front, nearly 5 percent of older females suffer from chronic diseases. About two-thirds of the older women participate in household chores and social matters and nearly four-fifths in religious matters.

Thangchungnunga (2007) studied the role of older persons in Mizoram in social and economic aspects. He found that social activity among older persons is high among persons with good health and higher socio-economic background. Vanlalchhawna (2007) found an increasingly larger share of the older population in the total population, faster growth of older population compared to the total population, and an increasing dependency ratio in Mizoram

during the period from 1981 to 2001. He found that the number of older women per older man is also rising. His paper highlights some of the socio-economic characteristics of older persons in Mizoram like work status, literacy, education level, marital status, etc. based on the 1991 census. A significant finding of his paper is that older persons continued to remain economically active even after retiring from regular employment. 75 percent of the economically active older population is found to be cultivators.

2.2. The Religiosity of Older Persons

Religious activities, especially church attendance plays an important role in the lives of many older persons in different parts of the world. Research reviewed by Chatters (2000) suggests that people often receive emotional and tangible assistance from the people they worship with. It is also believed that it may have a beneficial effect on health (Cohen, Underwood, & Gottlieb, 2000). Research conducted in church settings indicates that people may also help each other in ways that are more explicitly religious. More specifically, research by Krause, et. al (2001) indicates that fellow church members may exchange spiritual support as well. Spiritual support is assistance that is aimed specifically toward increasing religious commitment, beliefs, and behavior.

A study conducted by Krause (2002), explores the relationship between church-based support and health. In the process, an effort is made to see if the relationships in this model differ for older White and African American people. Interviews were conducted with a national sample of 748 older White and 752 older Black people. The responses of 1,126 of these study participants are used in the analyses presented herein. Survey measures were administered to assess church-based social ties and health. The study shows that older people who attend church often feel their congregations are more cohesive; older people in highly cohesive congregations receive more spiritual and emotional support from their fellow parishioners; older respondents who receive more church-based support.

Cache County, Utah, is the county with the longest life expectancy in the U.S. (the conditional life expectancy of men in this religious county in Utah exceeds national norms by almost 10 years). Ostbye, et al. (2006) conducted a study on persons over age 65 living in Cache County, Utah. Self-reported health and 10 dimensions of healthy aging were assessed, including religious participation and spirituality. Results indicated that 80% to 90% of those aged 65 to 75 were healthy according to each measure used. Nearly 60% of those aged 85 and older reported they were in excellent health, and the majority were independent in their activities of daily living. In this highly religious Mormon population, analyses indicated that those who volunteered in a religious organization and those who attend worship/scripture study groups were more likely to indicate excellent/good self-rated health, associations that lost statistical significance after adjusting models for both controls and mediators. Similarly, those who volunteered in a religious organization, read scripture/holy writings, attended worship/scripture study groups, or had direct experiences of God, had significantly lower mortality rates (RR 0.47-0.79) in uncontrolled analyses. Even after adjusting models for controls and mediating variables, religious volunteers continued to have lower mortality (RR 0.78, 95% CI 0.61-0.99).

Devi (2009) conducted a study on 200 retired women from two districts of Kerala by conducting informal interviews. Religious faith and time spent on religious activities were found to be increasing after retirement, which may be because aging, retired women have less responsibility and more leisure time. The subjects expressed that they have become emotionally stronger after retirement. Al-Kandari (2011) examined whether there is a relationship between religiosity, social support, and health among older persons in Kuwaiti society. Data was collected from 1472 adults over the age of 60 years old. Interviews were held with the help of the closest person to the participant at home. Socio-cultural, demographic information, and other variables were used. Data show that the respondents with

a high degree of religiosity had high social support from their friends and relatives, more frequency of contact, and more strength in their relationships with them. The data also show that the respondents with a high degree of self-reported religiosity have a lower mean of systolic and diastolic blood pressure measurements than the respondents with a low degree of religiosity.

One important dimension of Religion is Religious Beliefs. Religious belief is the most basic level of religion. Religious beliefs are the contents of what someone believes. It is a set of ideas or ideological commitments, firm opinion, acceptance, and trust towards any religion. The older person who claims to have higher levels of religious beliefs and activities were noted to have improved psychological health than those with lower religious activities and beliefs (Morse & Wisocki, 1987). Mehta (1997) conducted a study on the role played by religious beliefs and practices among older men and women in Singapore. The study consisted of 15 respondents, 8 older men, and 7 older women. An open-ended semi-structured interview was conducted and it was found that Religion served as an important thread of integration in old age if it had been part of the childhood socialization process and had been sustained through the adult years of the individual. Sheikholeslami et al. (2012) also conducted a study among 100 retired older persons who are above the age of 60 years. Three questionnaires with three different scales were used. The findings show that religious beliefs as an important source of support in aged people can help them to be healthier physically and psychologically.

However, not all studies have similar findings. Daaleman et al. (2004) examined the interaction of religion and spirituality with self-reported health status in a community-dwelling geriatric population. They performed a cross-sectional analysis of 277 geriatric outpatients participating in a cohort study in the Kansas City area. A previously validated 5-item measure of religiosity and 12-item spirituality instrument were embedded during the

final data collection. Univariate and multivariate analyses were performed to determine the relationship between each factor and self-reported health status. Geriatric outpatients who report greater spirituality, but not greater religiosity, are more likely to appraise their health as good.

2.3. Religion as a Coping Mechanism

Religious coping involves religious behavior or cognitions designed to help persons cope with or adapt to difficult life situations or stress. These coping activities may involve praying, reading inspirational scriptures for comfort or relief of anxiety (Joshi & Kumari, 2011). Research reveals that interviews with women aged 65 to 98 have more time and felt freer to explore their prayer life than younger women; aging has allowed their prayers to become simpler, spontaneous, intimate, more meaningful, and personal and open with God as a valued companion (Melia, 2001).

Koenig, George, and Siegler (1988) interviewed 100 participants aged between 55 and 80. Forty-five (45) percent of the participants that were interviewed used religion to cope during at least one of three stressful life periods (including their entire life, the present, or the past 10 years). These data came from open-ended responses, and religious coping was spontaneously named by a large proportion of this sample. Methods of coping included prayer, trusting in God, and depending on the support of the clergy or members of one's church.

The role of religion, spirituality, and/or belief about positive aging was examined by Malone & Dadswell (2018). Qualitative focus groups with 14 older adults living in West London explored the role and importance of religion, spirituality, and/or belief held in their everyday lives and how this could be incorporated into the idea of positive aging. Religion, spirituality, and/or belief were found to play several roles in the everyday lives of the older

adults, including being a source of strength, comfort, and hope in difficult times and bringing about a sense of community and belonging.

A total of 120 subjects with an age range from 60 to 75 years were selected on an incidental basis from Varanasi, India in a study conducted by Ghufran & Ansari (2008). Efforts were made to control education and socioeconomic status. They were administered Bhushan's religiosity scale and Thakur death anxiety scale. To find out the significance of the difference between the various comparison groups, a t-test was used. The results revealed significantly greater religiosity for subjects with their spouses dead than for subjects with their spouses alive. No significant difference between the widows and widowers in their religiosity was obtained. A significant difference between the mean death anxiety scores of the subjects with spouses dead and the subjects with spouses alive was obtained. Subjects having their spouses dead scored higher on the death anxiety scale than subjects who have their spouses alive. However, widows were found to be significantly more on death anxiety scale than widowers. The longitudinal association between participation in individual or combinations of physical, social, and religious activity and risk of depression in the older persons were examined by Roh, et al. (2015). In this study, 6647 older persons aged 60 and above were selected. The baseline assessment, Wave 1, was conducted in 2008, and a follow-up assessment, Wave 2, was conducted in 2011. Participation in physical, social, and religious activity was associated with decreased risk of depression in older persons. Also, the risk of depression was much lower in the older people who participated in a physical, social, and religious activity as compared to older persons who did not.

McFarland (2010) conducted a study that estimates the differential effect of gender in the religion–mental health connection using multivariate analyses for a nationally representative sample of U.S. adults aged 66–95 years. Results suggest that (a) men obtain more mental health benefits from religious involvement than women, (b) women with higher

levels of organizational religious involvement have similar levels of mental health as those with moderate and lower levels of organizational religious involvement, (c) men with very high levels of organizational religious involvement tend to have much higher levels of mental health than all other men.

2.4 Life Satisfaction of Older Persons

Life satisfaction is widely considered to be a central aspect of human welfare. Life satisfaction is not merely a judgment about one's life. For it is widely thought to involve affirming, endorsing, appreciating, or being pleased with one's life.

Leung, Moneta, McBride-Chang (2005) conducted a study that developed a dispositional path model of life satisfaction for community-dwelling Chinese older persons living in Hong Kong. A sample of 117 older persons scales measuring life satisfaction, optimism, self-esteem, relationship harmony, self-construal, and perceived/expected health and financial status. Modeling revealed that life satisfaction was predicted by self-esteem and relationship harmony, which in turn were predicted by independent and interdependent self-construals, respectively. Also, optimism predicted life satisfaction directly and indirectly through self-esteem and relationship harmony. Borg, Hallberg & Blomqvist (2006) conducted a study that aims at investigating life satisfaction and its relation to living conditions, overall health, self-care capacity, feeling lonely, physical activities, and financial resources among people (65+) with reduced self-care capacity. Their findings indicate that life satisfaction in older people with reduced self-care capacity is determined by several factors, with social, physical, mental, and financial aspects probably interacting with each other; especially feeling lonely, degree of self-care capacity, poor overall health, feeling worried and poor financial resources concerning needs.

Research has found that older persons who are physically active tend to have a better quality of life which contributes to their satisfaction with life. Alencar et al. (2009) conducted

a study on 'Levels of Physical Activity, Functional Autonomy, and Quality of Life in Elderly Women Practitioners of Formal and Non-Formal Physical Activities' in Brazil. The information was collected from 122 older women (60 years and above) with the help of a questionnaire. Data analysis was performed using the SPSS statistical package. It was observed that the more active the older person, the increased will be their satisfaction with life and, consequently, the better their quality of life. The result indicates that people who remain with low levels of physical activity throughout life will suffer effects of aging with greater impact, however, those who remain physically active tend to get a better quality of life.

How a person measures their satisfaction with life is not always the same as every other person. Some older persons measure their satisfaction with life-based on their economic conditions, living conditions, possession of the property, occupational status, etc. Jan and Masood (2008) in An Assessment of Life Satisfaction among Women discussed the study which attempts to evaluate life satisfaction among women and analyze the influence of socio-personal characteristics of women with their life satisfaction. To fulfill these objectives, 120 women were selected from Jammu and Kashmir, through a multi-stage sampling method, using questionnaires and scale regarding "Life Satisfaction among Women". The data was analyzed, computing percentage, chi-square value, ANOVA, Karl Pearson's correlation, and degree of freedom. The study depicts that women have an average level of life satisfaction at all age levels. It is found that with an increase in age, the overall life satisfaction decreases; whereas, with an increase in personal income, the overall life satisfaction increases. Moreover, with an increase in family income, the overall life satisfaction of women also increases. Panda (2005) also examined the life satisfaction among women in South Delhi. A simple random sample of 350 aged women was selected. For data collection, a structured interview schedule and “life Satisfaction Index" and social adjustment scale were used. The

findings indicate that life-satisfaction is one of the most crucial criteria for the well-being of older women and assessing their quality of life. Married aged women are more satisfied with life than widows. Added to that, healthy aged women are more satisfied with life than those who are weak. Present and past occupational statuses, possession of the immovable property, ownership of jewelry has no significant relation with life satisfaction. However, aged women who have a sense of security that their kith and kin would stand by them whenever the need arises are often satisfied with life.

While many older persons have great coping skills and learn how to be satisfied with one's life, some older persons are very vulnerable to loneliness and depression and thus have a decline in life satisfaction. Demakakos, Nunn, and Nazroo (2006) examine three related issues of great importance for people aged over 50: loneliness, relative deprivation, and life satisfaction. With regards to loneliness, the study shows that people aged 80 and older are the most vulnerable to loneliness. More women than men report feeling lonely, but this difference lessens with age and for those over 80 years old it remains notable only on the 'feels lack of companionship' dimension of loneliness. Older participants feel more deprived than other people around them. The life satisfaction part of the analysis shows that there is a decline in life satisfaction at pre-retirement age (before 60) and at 75 years and older, and highlights the importance of bonding with family and friends for their well-being.

2.5. Religiosity and Well-being

Haley, Koenig, and Bruchett (2001) conducted a study on 3851 older persons who are above the age of 65 to understand the relationship between physical functioning and the use of private religious activity in older adults. Subjects were age 65 or older from urban and rural counties in North Carolina who participated in the Duke University Established Populations for Epidemiologic Studies of the Elderly. The subjects responded to a question that inquired about their use of prayer, meditation, or Bible reading. The result showed that

those who prayed or meditated one time per week had the least number of impairments. Not only does religiosity have a positive effect on physical functioning, but also the psychological well-being of older adults. This can be seen from the study conducted by Barkan and Greenwood (2003). They investigated religious attendance and subjective well-being among older persons. From their study, they found that religious attendance is positively associated with psychological well-being among older adults (65 years and above).

In a study conducted by Gull & Dawood (2013) the relationship between religiosity and subjective well-being amongst institutionalized older people was examined. Data were collected from 100 adults above the age of 60 years in Lahore, Pakistan, through a purposive sampling strategy. Religiosity was measured through the Religiosity Index, while Trait Well-being Inventory was used to assess subjective well-being. Pearson product-moment correlation coefficient and regression analysis were used for the analysis of the data, which revealed that religiosity has a significant positive relationship with life satisfaction. However, no association was found between religiosity and mood level.

Although religiosity tends to help older people to cope with physical and social losses, not all studies find a significant association between religious involvement and well-being in old age. It might be that primarily the intrinsic rather than the extrinsic aspect of religiosity is responsible for the positive effect of religiosity on well-being. Ardelt (2003) in her paper 'Effects of Religion and Purpose in Life on Elders' Subjective Well-being and Attitudes toward Death' discussed the study she conducted which tested the effects of religiosity and purpose in life on subjective well-being and attitudes toward death using a community sample of 103 older persons, age 58 and above. The multivariate regression analyses showed that purpose in life rather than extrinsic or intrinsic religious orientation was positively related to elders' subjective well-being and negatively associated with fear of death and death avoidance. Moreover, extrinsic religious orientation had a positive effect on fear of death and

death avoidance. Intrinsic religious orientation was positively related to the approach to acceptance of death. If religious affiliation and participation are not accompanied by an intrinsic sense of religiosity and purpose in life, religious involvement might not have any beneficial effects and might increase death anxiety and death avoidance.

The relationship between religious meaning and subjective wellbeing was examined by Krause (2003). Interviews were conducted with a nationwide sample of older White and older Black adults. A total of 1,500 interviews were completed. The sample consisted of 748 older White and 752 older Black adults. Survey items were administered to assess a sense of meaning in life that is derived specifically from religion. Subjective well-being was measured with indices of life satisfaction, self-esteem, and optimism. The findings suggest that older adults who derive a sense of meaning in life from religion tend to have higher levels of life satisfaction, self-esteem, and optimism.

2.6. Religiosity and Life Satisfaction

Studies diverge as to why people who are committed to their religion especially those who regularly attend services and participate in religious activities have a higher level of subjective well-being and life satisfaction. One explanation is that it offers social support and network. Krause and Wulff (2005) propose that church-based friendship may promote a sense of belonging and thus enhance physical and mental health. In a subsequent study based on older person Christians, Krause (2003) finds a positive relationship between involvement with church friends and life satisfaction. Studies reveal that religious people are more satisfied with their lives because they regularly attend religious services and build social networks in their congregations (Lim & Putnam, 2010).

Even though life satisfaction decreases for most of the older persons, many of them find ways to cope with it through religiosity. Wink (2006) in his empirical paper 'Who is Afraid of Death? Religiousness, Spirituality, and Death Anxiety in Late Adulthood'

mentioned the study he conducted which investigated the relation among religiousness, spirituality, and fear of death in old age. Data from a sample of predominantly white, Christian men and women born in Northern California in the 1920s (N = 155) were used. Although both religiousness and spirituality were related to positive psychosocial functioning (an integrated identity and involvement in everyday activities), only religiousness served as a buffer against the fear of death. The results from this study suggest that for individuals who are consistent in their religious beliefs and practices, the absence of fear of death fits well with their high level of life satisfaction and identification with a norm-abiding mode of adaptation.

Momeni & Rafiee (2017) investigated the correlation between social support/religious orientation and life satisfaction among older persons. The subjects included Kermanshah's elderly nursing home residents in 2016. The cohort consisted of 126 older persons who were chosen by convenience sampling. The instruments used in this study included the social support appraisal scale, religious orientation scale, and the satisfaction with life scale. A significant correlation was established between religious orientation and life satisfaction (P<0.05). Also, a correlation was observed between external religious orientation and life satisfaction 0.077, while that between internal religious orientation and life satisfaction was 0.249 (P<0.05). The correlation coefficient between the internal religious orientation and social support was 0.708, while that between the external religious orientation and social support was 0.374 (P<0.05). However, no correlation was established between social support and life satisfaction. Also, internal religious orientation, external religious orientation, and social support could predict the variance of life satisfaction (R2=11%).

The study conducted by Ratnayake & Siop (2015) examined the quality of life and its determinants among older people living in a rural community in Sri Lanka. This community based cross-sectional survey was conducted among a random sample of 336 old people aged

60 years and above living in the community. Respondents were interviewed individually using a structured interview questionnaire. QoL was measured by the Older People QOL questionnaire (OPQOL). Univariate and multivariate logistic regression analysis was used to determine the factors influencing QOL. The most agreed/strongly agreed response in OPQOL items was "religious, belief or faith is important to my QOL" (96.5%). Determinants of poor QOL among older people were living alone, poor family income, presence of chronic kidney diseases, and poor self-rated health.

Park, et al. (2012) investigated the mediating role of social support to the relationship between religiosity and life satisfaction. Structural equation modeling was used to test the proposed hypotheses with a sample of 200 Korean immigrant older adults in New York City (mean age = 72.5, range = 65 – 89). It was found that greater religiosity was related to greater life satisfaction and that social support partially explained the positive relationship between religiosity and life satisfaction.

A study conducted by Gautam et al. (2007) explore whether participation in religious activities are related to satisfaction with life and depression, a convenience sample of community-dwelling older adults (N=489) in Nepal reported that these activities helped them cope with depression, increased sociability and decreased levels of depression in men who prayed more.

A study in New Haven-NC-USA conducted by Idler, et al. (2009) reported that among 499 older adults, those with deep religious commitment showed greater sociability (62%), better health (51%), lower depression scores (63%), and found life more exciting (49%) compared with less religious participants. Physically disabled participants benefited more from both public and subjective religious involvement than those who were not.

A study conducted by Hunsberger (1985) has also shown low to moderate positive findings. 85 older men and women between the age of 65 and 88 were selected for the study.

Its studies supported other previous findings of a tendency toward increased religiosity in older age. This was tempered, however, by the finding that, although highly religious older persons tended to report an increase in religiousness throughout their lives, respondents who were low in religiosity tended to report a decrease.

In contrast to the above findings, Spreitzer and Snyder (1974) found no relationship between church attendance and life satisfaction among 224 adults age 65 and over. Similarly, in a sample of 871 persons age 55 and over, Toseland and Rasch (1979-80) reported that religious participation did not contribute significantly to the variance in life satisfaction when included in a regression model with 30 other socio-demographic independent variables.

2.7. Religion and Social Work with Older Persons

Social work with older people is one of the most important areas of social care and as the population ages; demand for social workers specializing in this area of practice is set to increase. The social work profession is increasingly being recognized as environmental as well as internal resources. Bringing religion into the social work practice came through the acknowledgment that religion and spirituality were meaningful to some individuals, especially for some older adults who faced debilitating illness, loss of friends/families, and economic hardship (Nelson-Becker & Canda, 2008).

Religion and spirituality play such important roles in our lives and social workers need to understand how it affects their clients and how it can be used to help them in their personal growth and progress in their mental health. As social workers moved toward a more professional approach, they began distancing themselves from religion and spirituality, by adopting more secular approaches. Kaplan & Dziegielewski (1999) suggests that this happened to fit in with the science-based professions of psychology and psychiatry; which state that spiritual beliefs are not by nature empirical. She goes on to say that this is a

significant problem since one of the cornerstones of social work is that it recognizes the whole person and the influences in their lives; spirituality being a major component.

Many people, especially older persons' use of religiosity and spirituality as a weapon in their coping arsenal is precisely why religiosity and spirituality must be acknowledged. Strengthening their abilities to develop viable strategies to meet basic needs and maintain mental health is a social work goal. Many social workers find religion and spirituality to be a fundamental part of their client's lives and see these aspects as completely appropriate to address in therapy (Coholic, 2003) and many clinicians are already practicing with religious and spiritual intervention but without feeling properly equipped. In response, the Council of Social Work Education (CSWE) has begun to introduce the spiritual and religious practice into its accreditation standards (Council of Social Work Education, 1995, 2001). The Council of Social Work Education (1995, 2001) maintains that social workers need to be able to work with clients with understanding and without discrimination regarding religious and spiritual practices.

Social workers are ethically responsible to be prepared to respond competently and effectively to spiritual and religious beliefs, behaviors, and traditions which are common within much of human experience (micro and macro) while recognizing that beliefs, behaviors, and traditions often form a framework which is used to interpret and make meaning of an experience.

Religion and spirituality are a vital part of many people's lives and play a significant role in how many deals with life's ups and downs. Therefore, more attention should be paid to religion and spirituality to better prepare social workers and meet the client's needs.

The foregoing review of studies on older persons suggests that there is coping literature on the challenges faced by older persons, religiosity, and well-being of older persons in the global, national, and regional contexts. The review also shows that most of the

studies have adopted a quantitative approach to study the bearing of religiosity on various aspects of the subjective well-being of older persons such as happiness, life satisfaction, or quality of life. Yet few research gaps could be noted in the extant literature.

Firstly, all research on religiosity is still in its infancy. There are very few studies on the relationship between religiosity and life satisfaction among older persons in the context of India, especially in the North-East region of India. Secondly, studies on the role of religion, religiosity, or spirituality of older persons adopting the mixed methods are rare. Thirdly, religiosity has been operationalized as a one-dimensional concept in most of the studies through its multiple dimensions that have been widely recognized. The present study tries to fill the above gaps in the literature in the context of Mizoram, which is one of the states of North-East India.

In the present chapter, an attempt has been made to present a review of literature on the religiosity and life satisfaction of older persons. The research gaps in the existing literature have also been identified. In the next chapter, the methodological aspects of the present study are described.

CHAPTER III

METHODOLOGY

CHAPTER III

METHODOLOGY

In the previous chapter, an attempt has been made to present a critical review of literature relevant to the present study and a few research gaps were also highlighted. In this chapter, the profiles of the communities studied and the methodological aspects of the present study are presented. The first section presents the setting of the present study. The second section discusses the methodological aspects of the present study including its objectives, research design, sampling, tools of data collection, data processing, analysis and the limitation of the present study.

3.1 The Setting of the Study

This section is presented in two subsections. Brief information about the state of Mizoram is presented in the first section and Profile of the Communities is presented in the second section, which is again classified into Rural areas of Aizawl district and Urban areas of Aizawl District.

3.1.1 Mizoram

Mizoram is one of the seven states in the North-East of India. It is flanked by Tripura & Bangladesh on the west, Myanmar on the east & south and Manipur as well as Assam on the north. The name is derived from the word ‘Mizo’, which is the name of the native inhabitants, and ‘Ram’, which means land, and thus Mizoram means "land of the Mizos". It is a tiny state having an area of only 21081 sq. km. There is no trace of human existence in Mizoram before the advent of the Mizo, largely due to the mountainous terrain and the forest coverage so thick that most sunlight could not reach the ground. Even today, the percentage of forest coverage in Mizoram is the highest in India, at 88.93% in 2015 as reported by the Forest Survey of India. Mizoram has the most variegated hilly terrain in the eastern part of India. The hills are steep and

are separated by the river. There are eight districts in Mizoram namely Aizawl, Champhai, Kolasib, Lawngtlai, Lunglei, Mamit, Serchhip and Siaha.

According to the Census of India 2011, the total population of Mizoram is 1091014 with 552339 males and 538675 females. It is the 2nd least populous state in the country. The sex ratio of the state is 976 females per thousand males, which is higher than the national ratio 940. The literacy rate of Mizoram in 2011 was 91.33 per cent, higher than the national average 74.04 per cent, and second-best among all the states of India. About 52% of Mizoram's population lives in urban areas and is much higher than India's average. Over one-third of the population of Mizoram lives in Aizawl district, which is the capital. The first primary school was set up in 1898 at Aizawl by Christian missionaries. The state has long enjoyed higher literacy rates than average literacy rates for India. Mizoram schools are run by the state and central government or by a private organisation. The residents of Mizoram consist almost entirely of Scheduled Tribes

In terms of economic condition, 20.4% of Mizoram's population lives below the poverty line. 35.4% in the rural and 6.4% in the urban areas are below the poverty line. Majority of the Mizos are cultivators and the village exists like a big family. Agriculture has traditionally been a subsistence profession in Mizoram. It is seen as a means for generating food for one's family, ignoring its potential for commerce, growth and prosperity. Rice remains the largest crop grown in Mizoram by gross value of output. Two types of agriculture are practised: terrace cultivation and shifting agriculture, in which tracts—called *jhum*—are cleared by burning, cultivated for a limited period, and then abandoned for several years to allow regeneration of the natural vegetation and nutrients in the soil. Rice, corn (maize), cotton, and vegetables are the main crops. Especially in rural areas, the majority of the people work in the field as long as they are

physically fit. Therefore even after crossing the age of 60 years, many still work in the field/farm regularly.

A great majority of Mizoram's population is several ethnic tribes who are either culturally or linguistically linked. These ethnic groups are collectively known as Mizos (Mi= People, Zo= Hill). Even though there are different types of clan/tribe, the people of Mizoram chose to be identified as 'the Mizos' rather than by individual clan/tribe names such as Lusei, Ralte, Lai, Hmar, etc. Thus, there is no Mizo Tribe as such, rather an umbrella name for all the different tribes. In terms of Languages, Mizo, English and Hindi are the official languages of the state. Mizo is the most widely used language for verbal interactions, but English, being important for education, administration, formalities and governance, is also widely used. The Duhlian dialect, also known as the Lusei dialect, was the first language of Mizoram and has come to be known as the Mizo language. Christian missionaries developed the Mizo script.

Mizos are bound with the moral code of ethics known as 'Tlawmngaihna", an untranslatable term as it does not have a single word explanation. Tlawmngaihna to Mizo stands for the compelling moral force which finds expression in self-sacrifice for the service of others. The Mizo society is a close-knit society where there is no class distinction unlike other parts of the country. Birth of a child, marriage in the village and death of a person in the village or a community feast arranged by a member of the village are important occasions in which the whole village is involved.

The Mizos are now predominantly Christians. They have been enchanted to their new-found faith of Christianity with so much dedication and submission that their entire social life and thought-process have been transformed and guided by the Church and church-related organizations. Among all the denominations, Presbyterian Church has the highest number of

church members. The Mizos give importance to faith-based and church-based organizations as well.

Among the community-based organizations, YMA (Young Mizo Association), MHIP (Mizo Hmeichhe Insuihkhawm Pawl) and MUP (Mizoram Upa Pawl) have the major number of memberships. The YMA is non-political and is a voluntary community-based organization. All Mizos can be members of the YMA. The aims and objectives of the YMA are: 'Good use of leisure time (*Hun âwl hman ṭhat*)', 'Development of the Mizo society (*Zofate hmasawnna ngaihtuah*)' and 'Revere Christian ethics (Kristian nun dan ṭha ngaihsân)'. There is a YMA branch in almost all localities and villages. The Headquarter is in Aizawl. The YMA plays an important role in bringing about social development in Mizo society. All the activities which were taken up by the YMA are conducted in such a manner as to promote the social activities of the people at the grassroots level. The Mizo Hmeichhe Insuihkhawm Pawl (MHIP) is an association for Mizo Women. The motto is 'Service to Others' and it does not have any political affiliation. It is a voluntary community-based organization and has a Headquarters in Aizawl. There are MHIP branches in most of the localities and villages. The MHIP has endured untiring efforts in the local administration of the villages without expecting any reward from the people. It is through the MHIP that women can send their representatives in the working of democracy at the grassroots level in both rural and urban areas of Mizoram.

The Mizoram Upa Pawl (MUP) is an Association for Older Persons in Mizoram. Like the YMA and the MHIP, it is a voluntary community-based organization and is non-political. The MUP was founded in 1957. The Headquarter is in Aizawl and there are MUP units in most of the urban localities and rural villages. The motto of the MUP is 'To be a blessing to others'. Any person (both male and female) who have crossed the age of 50 can become a member of the

MUP. However, most of the older people become a member of this association only after crossing the age of 60. This association always tries to ensure that there is no discrimination on communal or religious grounds. The MUP being the only important non-governmental organization of older persons in Mizoram is always given an important position by the state government. It also plays an important role in the working of grassroots democracy in Mizoram. As the members have great knowledge in various fields as well as lived experiences, their advice is often sought by the Government as well as non – governmental agencies.

3.1.2. Profile of the Communities

The present study was conducted in three urban localities such as Ramhlun Venglai, Ramthar North and Zemabawk and three rural villages such as North Khawlek, Thanglailung and Luangpawn. As the selected areas for this research are within Aizawl District, more focus will be given on the rural and urban areas of Aizawl District.

3.1.2.1. Rural Areas of Aizawl District

According to Census of India 2011, in the state of Mizoram, the total rural population is 525435 and is 48.49% of the total population of the state. The male rural population is 269135 and female rural population is 256300. The sex ratio in the rural area is 952.

Within the Aizawl district, there are 85555 people living in rural areas. Out of this, 43,780 are males and 41,775 are females. In the 2011 Census, it is seen that the Male population is more than the Female population with respect to rural areas in all the districts.

Among the various rural development blocks within Aizawl District, all three rural areas/villages which have been chosen for this study are located in Phullen RD Block (Rural Development Block). Phullen RD Block has a total population of 13303 wherein 6767 are males and 6536 are females. There are 10705 literates out of which 5550 are males and 5155 are females as per Census of India 2011. Phullen is a sub-town in Aizawl District. It is administered

by Village Councils who are elected representatives. The distance between Aizawl and Phullen is 125 kilometres. It is a block headquarters of Phullen RD Block. The educational institutions in Phullen include 2 Government Primary Schools, 2 Government Middle Schools, 1 High Schools, 1 Higher Secondary Schools and 2 private schools. In terms of Health care, there are 1 Primary Health Center and 1 Health Sub-Center.

There are 12 villages under Phullen RD Block such as Daido, Khawlian, Lamherh, Luangpawn, N. E. Tlangnuam, N. Khawlek, Phuaibuang, Phullen, Suangpuilawn, Thanglailung, Vanbawng, Zawngin. Out of these villages, 3 have been selected for this research. Those are Luangpawn, Thanglailung and North Khawlek.

Luangpawn is a village in Phullen Block of Aizawl District, Mizoram. As per population Census 2011, 94 families are residing in the village and the total population is only 469 out of which 244 and males and 225 are females. There is neither a hospital nor PHC available in Luanpawn. The nearest is in Phullen village. They only have one ASHA worker to give basic medical assistance and a very small pharmacy. Therefore, whenever they have any health problems it is very difficult for them to get proper medical assistance. Many of them suffered in silence. Moreover, it is difficult for them to even travel to the next village as there are no cabs/ sumo/ taxi services within their village and the connecting roads are in a very bad condition. In terms of politics, several male older persons still play an active role in political parties at the Unit level.

As recorded by the MUP Luangpawn Unit, 42 older persons in Luangpawn village are above the age of 60 years. Out of which 26 are males and 16 are females. In this village there 46 people who are members of the Mizoram Upa Pawl (MUP) out of which 42 are above the age of 60 and four (4) of them are between the age of 50 – 59 years. This means that older persons

above 60 years of age are all members of the MUP. The MUP plays an important role in the lives of these older persons. Every year, on the 1st of October, the International Day of Older Persons is observed and on this day the MUP members gather and do community work/community service for their village such as cleaning the road and drains etc.

Older persons receive social support through the MUP. When an older person in their village dies, they collect money and give condolences to the bereaved family. MUP has good networking with other community-based organizations within their village and they take an active part in various committees such as the Sanitation Committee, IWMP (Integrated Watershed Management Programme) Committee, and also have good networking with the Village Council and the YMA of their village.

In terms of religiosity, both male and female older persons are quite religious. They regularly attend church services and most of them have private devotion at home every day. 100 per cent of the people in their village are Christians. There are 3 denominations namely Presbyterian, Kohhran Thianghlim and Seventh Day Adventist. Out of the 94 families residing in their village, 86 families belong to a Presbyterian denomination, 7 families belong to Kohhran Thianghlim denomination and 1 family belongs to the Seventh Day Adventist denomination. These are firsthand information received through group discussions with older persons that were conducted during the time of the visit.

Regarding the daily activities of older persons, they usually get up between 5:00 am and 6:00 am. Most families have breakfast between 7:30 and 8:30 am. The menfolk usually go to their farm/field during day time. However, many of the older men and women who belong to the middle-old and old-old category usually stay at home and look after the house, cooking food for the family and babysitting their grandchildren. On most days, they have dinner between 5:30 pm

- 6:00 pm and attend church services at 6:30 pm. Their bedtime is usually between 9:00 pm – 10:00 pm. These are the common daily activities on weekdays. Life in Luangpawn village is tough as there are no proper water connections, electricity, connecting roads nor hospitals or PHC. This makes it even more difficult for older persons as their physical health conditions are not good but do not have available funds to go to the city or at least to other Health sub-centre or PHC in the neighbouring village to get medical assistance.

Thanglailung is a village in Phullen Block of Aizawl District, Mizoram. According to population census 2011, 144 families are residing in this village. The total population of the village is 785 wherein 412 are males and 373 are females. The village is on the border of Aizawl District and Champhai District. Majority of the population belong to BPL and AAY families and are fully reliant on farming. As there is a government primary school and government middle school in their village they have government employed school teachers from the city as well as from other districts who reside in their village. There is only one Health Sub-Centre, and no hospital or medical shop is available in this village. Therefore it is very difficult for the people in the village especially for older persons as they have to go to the city or to a nearby district capital to get proper medical assistance/treatment. Even though there is one Health sub-centre in their village, the available medicines are very limited and there are no doctors, therefore there is no facility for them to get proper medical treatment.

As per the records of the MUP Thanglailung Unit, 57 people in Luangpawn village are above the age of 60 years. Out of this, 30 are males and 27 are females. The Mizoram Upa Pawl (MUP) plays a very important role in the lives of older persons. The total MUP members of their village are 77 however, 20 of them are between the age of 50 and 59. The older persons both male and female do their best to contribute to the growth and development of their village

through the works of the MUP. MUP plays an important part in the lives of older persons. Both male and female older persons are still doing their part for the welfare of the village. They involve themselves in community services through the works of the MUP. It is easier to conduct activities and programmes for older persons through MUP as all of them are members. Every year, on the 1st of October, they celebrate International Day for Older Persons and organize activities and programmes which include various Mizo traditional games such as '*inkawibah', 'sairawkherh inperhsiak', 'mittuam a darvuak', 'intlansiak'* etc. They also gather and sing folk songs together, which in Mizo is known as '*Lengkhawmzai'*. Throughout the year, they take part in activities such as looking after a historical place in their village and ensuring that it is clean at all times; planting fruit-bearing trees especially 'Rihnim' (Indian Laurel Fig), 'Bung' (Banyan Tree) & 'Lamkhuang' (Jackfruit Tree) to attract birds and wildlife. Other activities also include playing traditional games and singing folk songs together for the recreational purpose for older persons. The MUP has a good networking relationship with other community-based organizations such as the YMA and the MHIP, and their advice is often sought by the members of the Village Councils as well. Some of the older men in their village still participate in the activities of the political parties at the unit/village level.

Some of the common daily activities of older persons in Thanglailung village are as follows: They get up usually around 5:00 am to 5:30 am. They have breakfast at around 8:00 am. After breakfast, they would go to their farm/ field and work the whole day. For those who are unable to work in the fields anymore, they stay at home and do various kinds of work such as babysitting their grandchildren, engaging in poultry and piggery, collecting and cooking food for the pigs etc. They usually have their dinner at around 6:00 pm. Evening church services start at 6:30 pm on weekdays and 6:15 pm on Sundays and most of the older persons attend church

services if they are able. They usually go to bed by 9:30 pm – 10:00 pm. In Thanglailung village majority of the people belong to Presbyterian denomination. Only a few of them belong to the Salvation Army denomination. The religious participation of older persons is high. They go to church regularly as listening to sermons and singing together in the church gives them peace and also makes them feel less lonely. It also is a good place for them to socialize.

There is no hospital or medical shop available in their village, this creates problems for them as they have to go to Phullen village to buy medicine or to get basic medical assistance from Phullen Primary Health Centre. But if they suffer from serious illnesses, they have to travel to Aizawl city to get proper medical treatment. Many of them cannot afford to get proper medical treatment as most families are poverty-stricken and also, older persons in the family do not want to be a burden. Moreover, it is difficult for them to travel long distances. They, therefore, suffer in silence even if they feel unwell.

North Khawlek is a Village in Phullen Block of Aizawl District, Mizoram. It is a medium size village with a total population of 769. There are 395 males and 374 females as per Census of India 2011. Majority of the people living in this village are Mizos, and there are quite a few ‘Hmar' populations who have migrated from Manipur. The most common language is Mizo followed by Hmar language. There are various community-based organizations in their village namely the YMA, MUP, MHIP and Village Council. The Village is headed by a Village Council President who is an elected representative. As per the record of MUP North Khawlek Unit, all older persons in their village are members of the MUP. The total number of MUP members in North Khawlek is 88 out of which 63 are above the age of 60 and 25 of them are between the age of 50 and 59. Out of 63 persons who have crossed the age of 60 years, 31 are males and 32 are females. This shows that the older female population is higher than that of the male population.

There is no hospital in their village. There is one (1) Health Sub-Centre and two (2) Medical Shops; therefore the available health facilities are minimal. When someone in the village falls ill/sick their first option is to take them to the nearest hospital in Suangpuilawn village which is still very far from their village. Even when they are being taken to the hospital at Suangpuilawn, many times there are no doctors on-duty to treat or examine them. For proper medical treatment and assistance, they have to travel to the city. Back in 2011, the MUP organized a health clinic in their village in collaboration with Civil Hospital Aizawl. It was truly appreciated by the village people as they do not have a hospital or Primary Health Centre in their village. Most of the families belong to BPL (Below Poverty Line) and AAY (Antyodaya Anna Yojana) category, and the majority of the families are reliant on farming. As there is a government pre-primary school, government primary school and government middle school in their village they have government employed school teachers from the city as well as from other districts who reside in their village. Many of the older men are still participating in the activities of various political parties. Some of the common political parties in North Khawlek are Indian National Congress (INC), Mizo National Front (MNF) and Hmar People's Convention (HPC).

As per the record of MUP North Khawlek Unit, all older persons above the age of 60 years are members of MUP. MUP plays an important role in their lives. It unites them and being a member of the MUP and participating in the activities and programmes of the MUP makes them happy and decreases their feeling of loneliness. However, they are unable to organize programmes and activities regularly as they have other responsibilities either in the farm/field or at home. But when they do get the time to organize such activities, they gather and sing folk songs, and play various traditional games. Some of the common activities and programmes of MUP include community services and voluntary work by cleaning the connecting roads between

their village and Vanbawng Village; planting trees in their village especially Mango and Jackfruit trees; clean their village graveyard and also planting various fruit-bearing trees so that anyone who feels hungry can eat the fruits that the trees bear. Apart from this, the older persons still play an important role in the growth and development of their village through the works of the MUP. With their hard-earned money they put up signboards in the graveyard, they make a Mizo tradition drum called 'Khuang' to be used by the community as and when necessary, and they play the role of advisors for the Village Council and other community-based organization such as the YMA and MHIP. For fundraising purposes, the members themselves do carpentry works, and their hard-earned money is submitted to their MUP unit. When an MUP member dies, the MUP unit pays Rs.100 as a condolence to the bereaved family, which has recently been raised to Rs.200. Also, they beat 'Darkhuang' (a traditional brass drum/gong) before the start of the funeral programme to show respect to the deceased older person.

Some of the common daily activities of older persons include the following. They usually get up at around 6:00 am. As soon as they get up, they feed the chickens as many of them are engaged in poultry farming, while some older persons especially women cook food for their families. They usually have their breakfast around 8:00 am, after that they pack lunch and go to work in their farm/field. Their main cultivation includes rice, ginger, various kinds of vegetables and tea. For those who do not go to the farm, they engage themselves in household chores, feeding the pigs as some of the older persons are engaged in the piggery. They also babysit their grandkids as well as their neighbours' kids while their parents work in the field. They usually have dinner around 5:30 - 6:00 pm. At 6:30 pm they attend church service. For those who do not attend church service, they prepare food for poultry and piggery; sometimes they even watch television at night and enjoy their leisure time. They usually go to bed by 9:00 pm. The religious

participation of older persons is high. It is a good place for them to socialize, and praying, listening to sermons and singing gospel songs together with other church members give them peace and reduce their feeling of loneliness.

3.1.2.2. Urban areas of Aizawl District

Aizawl, the scenic capital of Mizoram is the largest city in the state but is still very remote. It is located at 3715 feet from the sea level and is a religious and cultural centre of the Mizos. Among the eight districts of Mizoram, Aizawl district has the highest number of population with a total of 400,309 out of which 199270 are males and 201039 are females. This shows that the majority of the population of Mizoram lives in Aizawl district.

Within the Aizawl district, 314754 people are living in the urban area i.e. Aizawl city. Out of this, 155490 are males and 159264 are females. The female population is more as compared to the male population. In the urban area, there are 340595 literates wherein 169547 are males and 171048 are females as per Census of India, 2011.

Tlangnuam Rural Development Block (RD Block) is located in Aizawl district of Mizoram. There are 10 villages and 2 cities in the sub-district which comes under the sub-district administration, those are - Aizawl and Sairang. Majority of the population, nearly 96% (about 3 lakh) live in the Tlangnuam Sub District urban part and 4% (about 12 thousand) population live in the Tlangnuam Sub District rural part. Christians contribute 94% of the total population and are the largest religious community in the sub-district followed by Hindus which contribute 4% of the total population and Muslims are the third largest religious community here with 1% population. The three (3) urban localities selected for this research i.e. Zemabawk, Ramthar North and Ramhlun Venglai also fall under the Tlangnuam RD Block.

Zemabawk is located in the eastern part of Aizawl city and is a periphery, which is about 8 kilometres away from the core part of Aizawl city. It is one of the biggest communities of

Mizoram. The locality is divided into five sections viz. Lungbial, Bukpui, Bung Bungalow, Falkland and Zokhawsang. Zemabawk belongs to Ward number Vll (7) of the Aizawl Municipal Council. It is a big locality and there are many Government and Private Institutions such as Primary, Middle, High school and Higher Secondary schools; Institute of Para Medical and Nursing Sciences etc located within their locality. Moreover, there are banks, government offices as well as non-government offices etc. Mizoram State Cancer Institute, TB Hospital, KVI Centre and Mizoram Science Centre are also located in Zemabawk.

Majority of the population living in Zemabawk are Mizos however, they have a huge number of the migrant population. These migrants are mostly rural-urban migrants. However, there are high numbers of migrants from Burma, Manipur, Tripura etc. Migrants from Manipur constitute a considerable proportion. Urbanisation in Mizoram as a whole is growing at a much faster rate than the growth of infrastructure and service sector to cope with it. Most of the growth is taking place in the state capital Aizawl and other major towns. Zemabawk is one of the best options for migrants to reside as the locality is in the periphery of the city and cost of living is much cheaper as compared to those communities located in the heart of the city.

Most of the older persons are living in a joint family and few of them are being looked after by their extended family. The economic condition of most of the families is low. Majority of the older population, both male and female, are not members of any political parties. Some of the common political party units in their locality include MNF, Congress, MPC and ZNP. Only very few older men participate in it. In terms of Community-based organizations, few of the older men still participate in activities of the YMA. As YMA plays an important role in the lives of the Mizo people, they feel that they must continue to support its activities and programmes. Some of the community-based organizations, associations and committees in which older

persons are members include the JAC (Joint Action Committee), BPL (Below Poverty Line) Association, Disabled Persons Society and older women are members of the MHIP. In terms of religious activities, there are several churches within Zemabawk locality. Majority of the older population belongs to Presbyterian denomination.

Almost all of the older populations in their community are members of the MUP. MUP plays an important role in the lives of older persons. They have good networking with various community-based organizations in Zemabawk such as YMA, MHIP and also with the Local Councils. They consult each other on various matters especially on the safety and development of their community. MUP serves as a great source of social support for older persons. When any members of their unit suffer from chronic illness, monetary help is provided to them. Even though they are unable to give a large amount, it is their way of showing that they care. When any of their members die, a traditional Mizo cloth called '*Pawndum*' is worn by all the members of the MUP at the funeral ceremony of their deceased member as a sign of mourning. At the funeral, they beat '*Darkhuang'* a traditional Mizo brass gong to pay respect to the deceased. A small amount of money is collected among the members and is given to the bereaved family as condolence.

Most of the older population in Zemabawk locality have retired from their jobs and stayed at home. However, many of them still engage themselves in small vegetable farms as they want to make financial contributions to their families. They do not want to sit idle at home every day and feel like a burden for the family. However, some are not physically fit anymore to take up any job/work and have a chronic illness and need to be taken care of by their families. As the living condition is low for most of the family, the adult members have to go to work every day to feed the family. Due to this, they are unable to take proper care of the older person in their

family and are not able to neither attend to their needs nor afford to hire a caretaker for them due to financial crunch. The older persons are therefore left at home to look after the house.

Ramthar North Locality belongs to Ward no.-4 of the Aizawl Municipal Council Area. It used to function as one big locality with Ramthar Veng. However, it has been more than 1 decade since it functions as a separate locality in Aizawl city. There are several community-based organizations in Ramthar North locality namely YMA, MHIP, MUP and the Local Councils. Almost all older persons in their locality are members of the MUP. As per the record of MUP Ramthar Unit, there are altogether 138 MUP members in their locality, out of which 133 are above the age of 60 years. Anyone above the age of 50 years can be a member of the MUP; however, there are only five (5) members who are between the ages of 50 – 59 years. Among the 60+ population, 55 are males and 78 are females. This shows that the older female population is higher than that of the male population.

There are two government schools within their locality namely Govt. Ramthar North Primary School and Govt. Ramthar North Middle School, but there are no high schools or colleges in the locality. The living condition of most of the family is not high as compared to other localities within Aizawl city but not too low either. Most of them are joint families, so older persons usually live with their sons/daughters, in-laws and grandchildren. Many of the older men are still participating in the committees, activities, programmes etc. of various political parties at the unit level. Most of the women, especially older women do not participate in political parties.

Mizoram Upa Pawl (MUP) Ramthar North Unit was established in May 2010. It plays an important role in the lives of older persons. It unites them and being a member of the MUP and participating in the activities and programmes of the MUP help socialize with their fellow older

persons. However, they are unable to organize programmes and activities regularly but every year they celebrate the International Day for Older Persons on the 1st of October. They organize cultural items and games which include singing, dancing etc. and prepare lunch for all the members who have attended the programme. Apart from this, the older persons still play an important role in the growth and development of their village through the works of the MUP. The MLA of their area has sanctioned funds for repairing the roads within their locality. The members themselves took up the work and repaired the roads. They have also done community service by cleaning the side drains within their locality. When there are destitute members within their unit, the executive members apply for a charity fund at the MUP headquarter on their behalf. And for those members who have crossed the age of 65 and belong to the BPL category, the executive members apply for old-age pension under the IGNOAPS (Indira Gandhi National Old Age Pension Scheme) at the Social Welfare Department. For those members who are physically challenged, they have also applied for a disability pension at the Social Welfare Department on their behalf. When an MUP member dies, a traditional Mizo cloth called '*Pawndum*' is worn by all the members of the MUP at the funeral ceremony of their deceased member as a sign of mourning. At the funeral, they beat '*Darkhuang'* a traditional Mizo brass gong to pay respect to the deceased. One thousand rupees (Rs.1000) is also given to the bereaved family as a condolence. The MUP Ramthar Veng Unit has good networking relations with other community-based organizations (CBOs) within their locality. They work together for the development of their community and have taken various steps together especially with the members of the local council. The MUP and the local council work together in controlling pets to roam freely in the streets as it creates problems for many people and can be a nuisance for others. The local council has also started a Sanitation and Health Committee in which the MUP

members, as well as health workers and all local council members, are executive members of this committee. This community-based health and sanitation committee has been formed to take collective actions on issues related to health and its social determinants. The committee is envisaged to take leadership in providing a platform for improving health awareness and access of community for health services, and address specific local needs and serve as a mechanism for community-based planning and monitoring.

Most of the older members in their locality have retired from their jobs. But some are still working as a daily wager and some who are still engaged in farming. For those who have retired, they usually stay at home and help the family in doing household chores. Most of them usually get up early in the morning and go to the church to attend Morning Prayer service. They cook food and prepare breakfast for the whole family. During day time, they prepare food to feed the chickens and the pigs, while at the same time they clean the house, do laundry, babysit their grandkids etc. Also in their free time, many older people read the Bible and have private devotion. However, for those who have poor eyesight, it is difficult for them to read. Then, they prepare the evening meal and have dinner when the rest of the family members come home from work. After that, they go to church to attend Evening church services.

Majority of the people in the community belong to Presbyterian Denomination, therefore, the majority of the older population in Ramthar North belong to Presbyterian denomination. The religious participation of older persons is high. It is a good place for them to socialize, and praying, listening to sermons and singing together with other church members give them peace and socializing with other church members makes them feel less lonely. Most of them are even more religious as compared to their younger years. However, some do not go to church anymore due to their ill-health /decline in physical health.

Ramhlun Venglai Locality belongs to Ward no.-3 of the Aizawl Municipal Council Area. Community-Based Organizations in Ramhlun Venglai include YMA, MHIP, MUP etc. Almost all older persons in their locality are members of the MUP. As per the record of the Ramhlun Venglai MUP unit, there are altogether 182 MUP members in their locality. Among the 60+ population, there are greater numbers of females as compared to males.

Most of the older persons belong to nuclear families. The economic conditions of many of the families are not low as they have a good source of income. However, since most of the older persons have retired from their work, many of them do not have an income anymore and feel that they are a burden for the family which makes them feel less valued. But at the same time, many older persons in their locality receive pension every month and can take care of themselves.

With regards to their level of participation in social activities, most of the older population, both men and women do not participate in activities or programmes of any political parties. However, their level of participation in community-based organizations is quite good. Most of them enrol themselves as members of MUP and participate in programmes and activities organized by the MUP. Among the older women, the majority are members of the MHIP. Some older men still enrol themselves as members of the YMA and often play the role of advisors. Older persons often gather at the MUP house in their locality and organize programmes such as outing/ sightseeing, fundraising programmes etc. The members enjoy participating in these kinds of programmes as it helps them to socialize more with other older persons. However, they are unable to organize it at a regular interval.

As most of the older men and women have retired from their job/work etc. they usually stay at home and help their family by doing household chores. During their leisure time, they

mostly read Christian books and magazines and most of the time they read the Holy Bible and have private devotion. Sometimes they watch gospel sermons in local TV channels. They try to be as helpful as possible for their family by babysitting their grandchildren, Picking & Dropping them off to school, cooking / preparing food for the family, engaging themselves in poultry etc.

Majority of the older persons in Ramhlun Venglai locality belong to Presbyterian denomination. Very few of them belong to other denominations such as Roman Catholic, Baptist Church of Mizoram, United Pentecostal Church, Seventh Day Adventist etc. The level of religious participation is low as many of them are not physically fit to go to church anymore. However, the religiosity of many of the older persons is high as they conduct private devotion at home and prayer is an important part of their daily lives.

3.2. Methodology

In this section, the methodological aspects of the present study are presented in three sub-sections. The first subsection presents the objectives of the study and the second subsection presents the hypotheses of the study. In the third sub-sections, 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

1. To understand the role of religion and religiosity in the lives of older persons in Mizoram.
2. To study the differences in religiosity across gender among older persons in Mizoram.
3. To assess the personal well-being of older persons in Mizoram.
4. To assess the life satisfaction of older persons in Mizoram.
5. To probe into the relationship between religiosity and life satisfaction.

3.2.2. Hypotheses

The following hypotheses are formulated to provide focus to the study.

1. There is a gender difference in the religiosity of older persons in Mizoram.
2. There is a gender difference in life satisfaction of older persons in Mizoram.
3. The religious behaviour is positively related to the life satisfaction of older persons in Mizoram.
4. The religious participation is positively related to the life satisfaction of older persons in Mizoram.

The first hypothesis draws inspiration from McFarland (2010) who found that (a) men obtain more mental health benefits from religious involvement than women, (b) women with higher levels of organizational religious involvement have similar levels of mental health as those with moderate and lower levels of organizational religious involvement, (c) men with very high levels of organizational religious involvement tend to have much higher levels of mental health than all other men.

The second hypothesis draws inspiration from a study conducted by Demakakos, Nunn and Nazroo (2006) who found that the decline in life satisfaction and feeling of loneliness is more in older women than older men.

The third hypothesis draws inspiration from the finding of Haley, Koenig and Bruchett (2001) that religious behaviour has a positive effect equally on both older men and women.

The fourth hypothesis draws inspiration from various studies. A study conducted by Krause (2003) reported a positive relationship between involvement with church friends and life satisfaction. Lim & Putnam (2010) also conducted a study which reveals that religious people are more satisfied with their lives because they regularly attend religious services and build social networks in their congregations. Park, et al. (2012) also found that greater religiosity was

related to greater life satisfaction and that social support partially explained the positive relationship between religiosity and life satisfaction.

3.2.3. Research Design

The study is cross-sectional in nature and descriptive in design. It is based on primary data collected through a quantitative method with the help of pre-tested structured interview schedule from the rural and urban populations of older persons in Aizawl district.

3.2.3.1. Sampling

The unit of the study was an individual Mizo older person above the age of 60 years and the population consists of all the Mizo older persons in Mizoram.

The study used a Multi-stage sampling procedure to select district, localities and individual respondents.

In the first stage, Aizawl district has been chosen purposively based on the highest population concentration of older persons as per Population Census 2010 (GoM 2010).

In the second stage, a stratified sampling procedure has been applied. Rural and Urban localities were drawn based on socio-economic development indicators at the village level. Three urban localities and three rural villages which have socio-economic development index values closest to urban area average index were selected.

In the third stage, lists of all members of Mizoram Upa Pawl (Senior Citizens' Association in Mizoram) in the selected villages and localities were collected. In each of the selected localities, 30 per cent of the older persons (+60 yrs) residing in that village or locality were taken using systematic random sampling.

3.2.3.2. Tools of Data Collection

A pre-tested structured interview schedule was used to collect Primary data related to religiosity and life satisfaction of older persons. Key Informant Interviews and Case Studies were employed to collect qualitative data. Structured interview schedule has been constructed to obtain quantitative data on the demographic social and economic profile of the respondents, religious participation, and satisfaction with life.

For assessing life satisfaction, the Satisfaction with Life Scale (SWLS) developed by Diener et al. (1985) was used. The SWLS is a short 5-item instrument developed to assess satisfaction with people's lives as a whole. The scale does not assess satisfaction with specific life domains, such as health or finances, but allows subjects to integrate and weigh these domains in whatever way they choose. It has a 7-point response scale such as: Strongly disagree (1), Disagree (2), Slightly disagree (3), Neither Agree nor Disagree (4), Slightly agree (5), Agree (6), Strongly Agree (7) (Diener et al., 1985).

To assess the Personal Well-being of the respondents, the 'Personal Well-Being Index Scale' (PWI) developed by the International Wellbeing group (2013) was used. The PWI scale includes items each one corresponding to a quality of life domain: satisfaction with standard of living, health, achieving in life, relationships, safety, community connectedness, future security, and spirituality/religion. Items were stored in a 0–10 rating scale, with 0 representing completely dissatisfied, 5 the neutral point, and 10 completely satisfied (International Wellbeing Group, 2013).

For assessing religious participation, a self-constructed scale with five dimensions was used. These dimensions include Religious beliefs, Religious Values, Participation in Religious Activities, Religious Behaviour and Spiritual Commitment. Each dimension assesses a particular aspect of religiosity. As the Religiosity scale is a self-constructed one, the reliability test was

done using Cronbach's Alpha and Guttman Split-Half. As shown in Table 3.2.3, the scale is found to be reliable. (see table 3.1).

Table 3.1 Reliability of Religiosity and Life Satisfaction Measures

Sl.No	Scale/Dimension	N of Items	Alpha	Guttman Split-Half
1	Religious Beliefs	5	0.74	0.635
2	Religious Values	5	0.68	0.684
3	Religious Participation	6	0.76	0.806
4	Religious Behaviour	6	0.72	0.590
5	Spiritual Commitment	4	0.94	0.940
6	All items	26	0.82	0.665
7	Satisfaction with Life Scale	5	0.92	0.666
8	Personal Well-being Index	8	0.90	0.903

Source: Computed

Case studies and key informant interviews of select respondents were also conducted to find out the role of religion and religiosity in the lives of Mizo older persons. A total of twelve (12) case studies were conducted for this research. Six (6) case studies were conducted in the rural areas, that is, two (2) case studies each (1 male & 1 female) from Luangpawn, Thanglailung and North Khawlek. Likewise, six (6) case studies are conducted in the urban areas, that is, two (2) case studies each (1 male & 1 female) from Zemabawk, Ramthar North and Ramhlun Venglai. Pseudonyms have been used in each of these case studies to protect the identity of the subjects/participants.

The Key Informant Interviews were conducted on all the identified research areas. These research areas include three rural areas, that is, Luangpawn, Thanglailung and North Khawlek and three urban localities, that is, Zemabawk, Ramthar North and RamhlunVenglai. In each of the selected areas, the Key informants consist of male and female informants who are above the age of 60 years and are permanent residents of the selected areas. Most of them hold important positions in community-based organizations as well as in the church. The finding of the

qualitative analysis of the KIIs is presented using five themes. They are health, economic conditions, social participation, religiosity, and life satisfaction of older persons.

3.2.3.3. Data Processing and Analysis

The quantitative data collected through a field survey was processed with computer packages of MS Excel and SPSS. To analyse the quantitative data, simple statistical measures like cross-tabulation, averages and percentages were used. Karl Pearson's Product Moment correlation and t-test were used to test the hypotheses.

3.2.3.4. Limitation

The main limitation of the study is that the study was conducted in Aizawl District only. Its findings will have limited generality beyond the Aizawl District.

In this chapter, an attempt has been made to present the setting and methodology of the present study. In the next chapter, the profile of the older persons is discussed.

CHAPTER IV

ROLE OF RELIGION IN OLD AGE

CHAPTER IV

ROLE OF RELIGION IN OLD AGE

The purpose of the chapter is to understand the role of religion and religiosity in the life of older persons. One of the objectives of this study 'To understand the role of religion and religiosity in the lives of older persons' is pursued in this chapter.

This chapter is presented in two sections. The first section consists of case studies. Two case studies each are conducted from each of the selected rural and urban areas. The second section consists of Key Informant Interviews. Two Key Informant Interviews are conducted from each of the selected rural and urban areas.

4.1. Lived Experiences of Older Persons: Some Case Studies

A case study is described as an intensive, systematic investigation of a single individual, group, community, or some other unit. In other words case study can also be explained as a research method involving an up-close, in-depth, and detailed examination of a subject/the case.

Case studies are conducted to understand the current conditions of older persons from the life story and lived experiences they share. The following case studies highlight some of the major challenges faced by older persons and how they deal with those challenges. Brief profiles of the respondents, Family structure, Economic statuses, participation in social activities, etc are also highlighted in the case studies. The main aim, however, is to understand the role of religion in the lives of older persons and to see if it contributes to their life satisfaction.

A total of twelve (12) case studies were conducted for this research. Six (6) case studies were conducted in the rural areas, that is, two (2) case studies each (1 male & 1 female) from Luangpawn, Thanglailung, and North Khawlek. Likewise, six (6) case studies are conducted in the urban areas, that is, two (2) case studies each (1 male & 1 female) from Zemabawk, Ramthar

North, and Ramhlun Venglai. Pseudonym/Fictitious names have been used in each of these case studies to protect the identity of the subjects/participants.

4.1.1 A Church Elder with health and Financial Difficulties:

Mr. A is a 71 years old man and lives in one of the rural villages of Mizoram. His wife is 73 years old and they live in a joint family with their son, daughter-in-law, and five grandchildren. During the insurgency in Mizoram, he migrated to Sevawn village in Manipur and got married. They shifted back to their village in 1974. He is a Christian and belongs to the Presbyterian denomination. He is literate and studied until primary school.

Mr. A said that he had suffered from Malaria many years ago and has relapsed quite often. This makes his body weak and therefore finds it difficult to take up manual work / physical work. Due to his ill health, he often has to go to the hospital for blood transfusion. Since there is no hospital in their village, they have to go all the way to Primary Health Center (PHC) in Suangpuilawn Village or Civil Hospital, Aizawl to get the treatment. He has received an old-age pension in the amount of Rs.250/- per month but is not sufficient to cover his medical treatments. Since the economic condition of the family is quite low, Mr. A feels bad to stay at home without doing some kind of work. Therefore even after crossing the age of 70 he still enrolled himself for 'MNREGA 100 days of guaranteed wages' hoping that he will be able to earn some and make a contribution to the family. However, the village council members feel pity and give him only light tasks. In terms of his level of participation in social/community activities, he is still an active member of the Mizoram Upa Pawl (MUP) and currently holds the post of an executive committee member. However, he never takes part in any activities conducted by political parties and he said that he does not belong to any political party. During his younger years, he used to be an active member of the YMA (Young Mizo Association).

His religiosity is derived from his family. His parents were very religious people and taught him well and they led by example and guided him towards the right path. His level of religiosity is highest as an older person and was least as an adolescent. He is a church elder at the Presbyterian Church. His life satisfaction is derived from his Religion, that is, Christianity. Life satisfaction is highest as an older person and was least while he was an adolescent. He said that since they are poor they never have money to spend for recreational purposes, therefore if Life Satisfaction has to be measured in terms of wealth and health, his life satisfaction would've been really low. However, as a Christian, he believed that it is more important to have life satisfaction through religion/religiosity knowing that it will help him store treasures in heaven.

From this case study, it can be seen that Mr. A has a lot of health issues and financial difficulties. He had suffered from Malaria many years ago and has relapsed quite often. This makes his body weak and therefore finds it difficult to take up manual work / physical work. He felt that he is a burden for the family. He had to go all the way to a PHC in the nearby village or Civil Hospital Aizawl to get the treatment but does not afford to do it often. According to him, if life satisfaction has to be measured in terms of good health and wealth alone, his level of life satisfaction would be really low. But he said that his definition of life satisfaction is beyond that. It is more connected with his religion. His religiosity has kept him going and helped him positively view things. His level of religiosity is highest now and was least during his adolescent period.

4.1.2. An Older Woman with Health Problems Coping with Hardships:

Mrs. B is an 88 years old woman living in one of the rural villages of Mizoram. She belongs to a joint family and lives with her 60-year-old son, daughter in law, and five grandchildren. She is a Christian and belongs to the Presbyterian denomination. She is illiterate

and has never attended school. She has a poor health condition and a blood transfusion has been done where she was given 6 units of blood. She also has nerve problems and joint pain as well.

As Mrs. B has already crossed the age of 80 years, she receives an old-age pension of Rs.500 per month. However, her son takes care of the pension money for her as she is becoming very old and is unable to handle the money by herself. The main occupation of the family is farming. While the rest of the adults in the family work in the field during the daytime, she stays at home and looks after the house. At the age of 88 years old she is still engaging in piggery farm next to their house. Her daily chores include cleaning the house, cooking food, and feeding the pigs. Even though she has poor health, she feels that she will be a burden for the family if she stays idle all day without doing any work.

Mrs. B said that she derives her religiosity from her family as well as from the church. Her religiosity was highest as an adult and least as a child because during her childhood days she did not fully understand the actual meaning of religiosity. Her religiosity was the highest while she was in her middle adulthood. The same goes for life satisfaction as well. Her life satisfaction is derived from religion. It was least during her adolescent period and was the highest during adulthood. She said that it is because; during her middle adulthood she was in the prime of her life and was able to work in the field as well as take care of all the household chores. During those times, her husband was still alive and they used to be a very happy Christian family. She also said that during those times she used to actively participate in church-related activities.

When asked about her participation in community-based organizations and political parties, she said that she never takes part in political activities and does not belong to any political party either. She said that during her younger years she used to be an active member of the YMA and the MHIP. But her physical health has declined and does not participate in any

activities anymore. She is currently a member of the MUP but never participates in their activities as she is not physically fit to do that anymore.

As we can see from this case study, Mrs. B is an 80-year-old woman living in a joint family with her son, daughter-in-law, and grandchildren. She has a poor health condition including nerve problems and joint pain. Even then, she still engages in piggery and doing all household chores to avoid being a burden for the family. Her religiosity and life satisfaction are highest during adulthood because during those times, her husband was still alive and they used to be a very happy Christian family. Moreover, she was at the prime of her life and was physically fit and was able to actively participate in church-related activities.

4.1.3. An older man with health, financial and family problems

Mr. C is a 69-year-old man, living in a rural village in Mizoram. He has a wife who is 63 years old and they live with his son, their daughter-in-law, and a four-year-old granddaughter. He is literate but has dropped out of school after completing primary school. He is a Christian and belongs to the Presbyterian denomination. The main occupation of the family is farming. Their income is very low and can barely make ends meet. Therefore, even at the age of 69 he still has to work daily in the field under the scorching sun. His health condition is bad as he has asthma and also has problems with his eyesight, however, he is unable to get proper medical treatment as there are no hospitals or PHC in their village. He gets an old-age pension of Rs.250 per month through Indira Gandhi National Old Age Pension Scheme (IGNOAPS), however, it is too little to cover his medical expenses, and does not want to ask his family members for financial help to get medical treatment.

Mr. C is an active member of the Mizoram Upa Pawl (Senior Citizens Association of Mizoram) and currently holds the position of an office-bearer in their unit. In his younger years,

he used to actively participate in social and political activities and hold various important positions in community-based organizations such as the Village Council and the YMA (Young Mizo Association). He also said that he used to be one of the political party leaders of the Indian National Congress at a unit level during his younger years. But now, he is unable to participate anymore due to his poor health condition.

He said that his religiosity and his life satisfaction was the highest during his childhood. It slowly decreases and is the lowest in the adult years as he has a lot of family problems and financial hardships, and still has to work in the field even though his health condition is bad. He is not so satisfied with his life and said that religion helps him to cope with all the hardships that he faces in life. Even though he has many health problems he still attends church services and also conducts private devotions a few times a week.

From the above case study, we can see that Mr. C lived with his wife, son, and daughter-in-law. He has health problems like asthma and problems with his eyesight. He is not so satisfied with his life and said that religion helps him to cope with all the hardships that he faces in life. He has a lot of family problems and financial hardships and still has to work on the farm even though his health condition is poor. He said that his religiosity and his life satisfaction was the highest during his childhood. His life satisfaction is low; however, his religiosity helps him cope with his hardships.

4.1.4. A Woman Cancer Patient with High Level of Coping

Mrs. D is a 70-year-old woman from a rural village in Mizoram. She lives in a joint family with her husband, son, daughter, daughter-in-law, and four grandchildren. She is literate and had studied until primary school. She is a Christian and belongs to the Presbyterian

denomination. The main occupation of the family is farming and the monthly income of the family is really low.

She has been suffering from Throat (Pharynx) Cancer since 2012. She is unable to work on the farm anymore and therefore, stayed at home most of the time. However, she tries her best to be helpful at home. So when all the adult members of the family go to work at the farm, she takes care of all the household chores and even babysits her grandchildren even though she is sick and her body is weak. She used to take treatment for her Cancer at the Mizoram State Cancer Institute, Zemabawk, Aizawl. But due to financial problems, she cannot take the treatment regularly. She gets an old-age pension through IGNOAPS in the amount of Rs.250/- per month. However, it is too little to cover her medical expenses. Therefore, her family members had to borrow money from friends and relatives for her cancer treatment.

Mrs. D said that in her younger years she used to be the leader of the women's fellowship in their church. Apart from this, she used to be an active member of the MHIP in their village. However, due to her poor health condition, she is unable to participate anymore. She reported that even though she is currently facing so many hardships in life, her level of religiosity and level of life satisfaction is the highest after she has reached old age. She said that it is all because she is born again in Christ and this has helped her in coping with all these hardships. Even though she is suffering from cancer, she is happy and accepts that it is all God's will. She said that she has learned how to be satisfied with whatever comes her way.

The above case study shows that Mrs. D is a 70-year-old woman from a rural village in Mizoram. She is a cancer patient and has been taking treatment at the Mizoram State Cancer Institute, Zemabawk, Aizawl. Even though she is suffering from cancer, she still does household chores and even babysits her grandchildren. The income of the family is really low and therefore

they had to borrow money from friends and relatives. Despite all that, she is happy and accepts that it is all God's will. Her level of religiosity and level of life satisfaction is the highest now as compared to her younger years. She said that she has learned how to be satisfied with whatever comes her way as she is certain that she will go to heaven even when she dies.

4.1.5 An Old Widower with High Level of Religiosity

Mr. E is a 73-year-old widower. He is a Christian and belongs to the Presbyterian denomination. He lives in a joint family with his son, his daughter-in-law, and four grandchildren in a village in Mizoram. He is literate but has dropped out of school after he completed his middle school. The main occupation of the family is farming, so even at the age of 73 he still goes to their farm regularly. However, the monthly income of their family is quite low, and can barely meet their needs. Mr. E's physical health is quite good. For this reason, he is still able to engage himself in physical activities on the farm. He plays an active part in the community especially in the Mizoram Upa Pawl (MUP) and is among the office bearers of this association. However, he does not belong to any political parties and has never participated in activities and programs organized by any political parties.

He is a firm believer in Christ and is very satisfied with his religion and denomination. He feels that church programs and activities are an important part of his life and therefore, participate in church-related activities. He attends church services regularly and also conducts private devotion at home every day, by reading Bible verses and praying. He and his family conduct family prayers every day as well. He said that his religiosity was least during his adolescent period and became much higher as he gets older. According to Mr. E, life is hard in their village as it is underdeveloped, and has to make ends meet by working every day in the field. He said that his life satisfaction was the least as a young adult as he has to meet the needs

of his family and put food on the table. However, as he gets older his religiosity increases which give positive effects on his satisfaction with life. It makes him realize that money is not the only thing that can give him happiness. To him, good health and higher religiosity are two important components to have life satisfaction.

From the above case study about Mr. E, it can be seen that life in their village is not easy and it is very difficult to meet ends meet as their village is under-developed and is isolated from other villages. Their economic condition is really low therefore even at the age of 73 he still has to work in the field. However, an increase in the level of religiosity helps him to not measure life satisfaction in terms of wealth but instead, he measures it in terms of good health, good relations with family members, happiness, and faith in God. To him, good health and higher religiosity are two important components to have life satisfaction.

4.1.6. An Older Woman with High Religiosity and Positive Attitude Towards Ageing

Mrs. F is a 67-year-old woman who lives in a rural village. She has never attended school and is illiterate. She is a Christian and belongs to the Presbyterian denomination. She lives with her husband, her son, daughter in law, and three grandchildren. The main occupation of the family is farming. While her grandchildren go to school during day time, the rest of the family members go to their farm and work there every day. She mostly stays at home and looks after the house as her health has deteriorated and is not in a position to work in the field anymore. There are no hospitals or PHC in their village. The nearest PHC is in Phullen Village which is still far from their village. Moreover, the monthly income of the family is too low that they do not have enough money to go for regular health checkups.

She has a good relationship with her family members and she knows that they will love and respect her even if she reaches a point where she can no longer work. They do not have

enough income and often face financial hardships but they are quite a happy family as their happiness does not depend solely on the amount of money they earn. Mrs. F said that she is a member of a senior citizen's association called 'Mizoram Upa Pawl'. However, she hardly participates in the activities conducted by the MUP. She also said that she does not belong to any political parties and has never participated in any activities conducted by them.

Mrs. F said that her religiosity was lowest during her adolescent years as life was hard and she and her husband have to work hard to put food on the table and they give less time for religious activities such as private devotions, participation in church-related programs. However, her level of religiosity increases as she gets older. She spends more time participating in church-related activities and is now able to attend church services regularly. She also said that her life satisfaction is derived from her religion and increases as she gets older.

From this case study, it can be seen that Mrs. F. has a health problem. Even though her family cannot afford to take her to a PHC for the regular treatment she learns to accept her fate. She has a good relationship with her family and is happy despite their financial problems and said that happiness does not depend solely on the amount of money they earn. Her level of religiosity increases as she gets older and it greatly contributes to her life satisfaction. Her life satisfaction is derived from religiosity and relationship with her family. From the case study, it can be seen that even during financial hardships if a person has a positive attitude towards life and has a good relationship with their family they can still have a good level of satisfaction with life. Religiosity also greatly contributes to a person's satisfaction with life.

4.1.7. An Ex-serviceman with High Level of Religiosity

Mr. G. is a 69-year-old married man living in one of the urban localities of Aizawl, Mizoram. He and his wife migrated to the city from a small village in Mizoram called

'Vanbawng'. He dropped out of school after completing high school. They have two sons and one daughter. One of their sons got divorced and returned to their home with his three children. So now they live under the same roof with two sons, one daughter, and three grandchildren. Mr.G was in the Indian Army but has now retired. Both his sons are unemployed but his daughter works in a private firm. So the main sources of income for the family are his pension as an ex-serviceman and his daughter's monthly salary.

Mr. G. is quite a healthy man and does not have any health issues. He is able to participate in various organizations and associations such as Mizoram Upa Pawl (MUP), Mizoram Ex-Servicemen Association, Mizoram Civil Pensioners Association, Young Mizo Association (YMA), etc. At home, he and his wife are engaged in poultry farming. In his free time, he helps his grandchildren with their lessons and also watches religious programs on television.

The level of religious participation is high. Mr. G. and his wife are Christian by Faith and belong to the Presbyterian denomination. He regularly participates in church-related activities and programs and always attends church services even on weekdays. He wakes up early in the morning and never misses Morning Prayer services at the Church. He also gives tithe every month. Apart from this, he conducts private devotion in his room every day by reading the Holy Bible and praying. He and his family conduct family prayer regularly as well. He said that his religiosity is derived from his family and the church. It was lowest as an adolescent and is highest now as an older person.

With regard to Life Satisfaction, he said that his life satisfaction is derived from Personal achievements and religion. His satisfaction with life was lowest as an adolescent and was highest as a young adult. He said that during his young adulthood, he had achieved many things in life.

Even though he was from a very small village, he was able to serve the Indian Army, and later he got married to the love of his life, they migrated to Aizawl, then they had children and bought a house of their own. All these things happened during his adulthood and said that God has blessed him with so much more than he deserved, which is why his satisfaction with life was highest during that time.

The above case study clearly shows that Mr. G. and his wife migrated to Aizawl city from a small village in Mizoram called 'Vanbawng'. He was in the Indian Army but has now retired. They live under the same roof with two sons, one daughter, and three grandchildren. He is physically healthy and is very religious, He is a Christian and regularly participates in church-related activities and programs and always attends church services. Even at home he regularly conducts private devotion in his room every day by reading the Holy Bible and praying. He and his family conduct family prayer regularly as well. He said that his religiosity is derived from his family and the church. His religiosity is highest as an older person and lowest during his adolescent period, and his life satisfaction is derived from religion as well as a personal achievement.

4.1.8. A Widow with High Religious Participation

Mrs. H. is a 79-year-old Widow living in one of the urban localities in Aizawl, Mizoram. She grew up in Zotlang, Champhai District, and got married at an early age. She dropped out of school after completing primary school. While her husband was still alive they migrated to Aizawl city. They had one daughter but her husband passed away a few years later. Mrs. H. now lives in a rented house in RamhlunVenglai locality with her daughter and her grandson, who was born out of wedlock.

Mrs. H. was a daily wager and used to sell vegetables in the market and sometimes sell door-to-door in the nearby localities. Being a single parent with no permanent source of income was difficult but she worked hard to pay the rent, put food on the table, and also to pay school fees and buy necessary school items for her daughter to ensure that she gets a proper education. She is happy to say that after many years all her hard work pays off and now she does not have to work anymore as her daughter is now working as an officer under the Government of Mizoram. She said that her daughter takes good care of her and now she just stays at home and relaxes while her daughter goes to the office and her grandson goes to school.

With so much leisure time, Mrs. H. is now able to participate regularly in church-related activities and programs. She also gives high importance in giving tithe every month. She said that religiosity plays a very important role in her life, and said that without God she wouldn't have come this far. God has given her good health and has guided her throughout her life and that makes her life as a single parent much easier. Even at home, she conducts private devotion by reading the Holy Bible and Praying. They also conduct family prayer regularly. She said that her religiosity is highest now as compared to her younger years. When asked about her level of satisfaction with her life, Mrs. H. said that her life satisfaction was highest during her young adulthood while her husband was still alive. Her life satisfaction was least during her middle adulthood as her husband passed away and she had so many duties to fulfill as a single parent and also had to learn how to cope with her loss. But now, she said that she can accept everything that has happened in her life and learned to view things positively. She said that she has received many blessings from God and has so much to be thankful for.

From this case study, we can see that Mrs. H. is a 79-year-old widow living with her daughter and her grandson. She was a daily wager and used to sell vegetables in the market and

sometimes sell door-to-door. Being a single parent was very difficult but her hard work paid off and now she does have to work anymore as her daughter is now working as an officer under the Government of Mizoram. She gives high importance to give tithe every month. She said that religiosity plays a very important role in her life, and said that without God she wouldn't have come this far. God has given her good health and has guided her throughout her life and that makes her life as a single parent much easier. She said that her religiosity is highest now as compared to her younger years. However, in terms of Life Satisfaction, was highest during her young adulthood while her husband was still alive.

4.1.9. A Migrant with Good Coping Mechanism

Mr. J is a 73-year-old married man living in one of the localities of Aizawl. He and his wife migrated to Aizawl from a village called 'Lamzawl'. He dropped out of school after completing primary school. He and his wife have two daughters and four sons, but two of his sons died in 1986. His wife is 68 years old and is a homemaker and he is self-employed and opens his shop in the city. He and his wife have a good relationship with their children. All their children are unmarried and they still live together under one roof. The eldest among their children works as a peon/IV grade in one of the government offices in Mizoram, the second eldest is unemployed, the third eldest is serving in the Army and the youngest is a tailor and is self-employed. Even though they are not rich they can make a decent living as their children submit all of their incomes to Mr. J, who is the head of the family, and they spend their income wisely.

According to Mr. J, after the insurgency, they used to engage themselves in rice and tobacco farming in Lamzawl village back in 1979. However, it all got spoiled due to heavy rainfall and hailstorm. Then they migrated to Aizawl in search of a job to feed the family. Few

years after they migrated to Aizawl, which was in 1986 he lost two of his sons in one day due to an accident. He said that was the time when his life hit rock bottom, and his life satisfaction was the least. He was devastated and even his religiosity hit the lowest during that time. However, he said that after listening to many sermons in a gospel camp, he was able to pull himself together and was able to get back on track. Till today, Mr. J has been actively participating in church activities and programs and always attends worship programs both in the morning as well as in the evening. He is a Christian and belongs to the Presbyterian denomination. He also reads the Bible and conducts private devotions at home every day. Moreover, he and his family conduct family prayer every day.

Despite his age, he is physically active and is still able to run his own business. He said that his religiosity contributes to his life satisfaction and it increases as he gets older. He also said that one does not need material wealth and other luxurious things to have a high level of life satisfaction. As long as one is happy with his family and leads the life of a good Christian and learns to put everything in God's hands, he/she will have satisfaction with life. Mr. J does not participate in community-based organizations nor political activities; He only enrolls himself with the MUP. He said that his life satisfaction is highest now and was least during his adulthood as he and his family have faced too many hardships during those years.

The above study shows that Mr. J is a 73-year-old married man. He has faced many hardships in life. He has lost his rice field and tobacco farm due to heavy rainfall and hailstorm, and then migrated to Aizawl, but lost his two sons only a few years after they migrated. He has a difficult time coping with all these hardships but religiosity keeps him going and was able to get back on track. According to him, one does not need material wealth and other luxurious things to have a high level of life satisfaction. As long as one is happy with his family and leads the life of

a good Christian, they learn to put everything in God's hands which gives them satisfaction with life.

4.1.10. Religious Older Women with Good Coping Mechanism

Mrs. K is a 66 years old divorcee who lives in one of the localities of Aizawl with her daughter and three granddaughters. She had studied till middle school and then dropped out of school. She was a daily wager and used to earn her living by selling vegetables in the grocery market. But now her daughter sits in the market selling groceries while she stays at home looking after the granddaughters and doing household chores. She is quite healthy and is also able to engage herself in poultry farming. Even though their income is low, they can manage themselves as their standard of living is also low. Moreover, her grandchildren go to government schools, and therefore, they do not have to spend much on fees and other school requirements. Their lunch is also provided in the school. Due to low economic status, she does not go for medical checkups even on days when she falls ill. She said that it cost too much to go for medical checkups and would rather use the money to buy food for the family.

Mrs. K said that she never takes part in any political activities and programs and is not a member of any political parties. However, she actively participates in Community based organizations and non-governmental organizations and holds various executive positions. She is the President of MHIP of their Unit, Treasurer of Zamzo Self Help Group, and an Advisor of their locality's Sporting Club. She said that God has given her good health so she wants to contribute as much as she can to her community while she is able. She is also a member of the MUP unit and said that even though she does not participate much in other activities and programs, she is always present at the funeral when any of the MUP members passed away or when the MUP gather to console the bereaved family.

Mrs. K is a religious person. She is a Christian and belongs to the Salvation Army denomination. She said that before we preach to others we should start from our own family first. We should set an example so that others would follow. She talked about her younger years and said that her young adulthood was the time her religiosity was the least because she got divorced and had to raise her daughter all by herself.

Being a single parent was difficult especially for someone like her as she was only a daily wager. But her religious beliefs and values pulled her together and she was able to survive all the hardships. She said that she was also heartbroken when her daughter got divorced after having three beautiful daughters because she doesn't want her daughter to be a divorcee just like her. But, her religiosity positively helped her view things. She is happy living with her daughter and her grandkids as their relationship are very good and they love and respect her. She also said that her heart is at rest knowing that her daughter and her grandkids will always be there for her and take good care of her even if she reaches a point where she can no longer work.

The level of religiosity of Mrs. K is highest as an older adult and said that she gives a tithe to the church every month and goes to church every Sunday. However, on weekdays she is unable to attend evening church services as she has poor eyesight and their house is far from the church and there are no proper street lights. She, therefore, conducts private devotion at home and also actively participates in church-related activities during the daytime. Her religiosity contributes to her level of satisfaction with life and said that she is satisfied with her family and her religion. She has a good relationship with her daughter and her grandchildren and most importantly she has good relations with God and said that she wouldn't trade this with anything else.

The above case study shows that Mrs. K is a 66-year-old divorcee who lives with her daughter and three granddaughters. She is quite healthy and actively participates in community-based organizations and non-government organizations and also holds important executive positions. Her level of religiosity is the highest now and was least during her younger adulthood. Her religiosity also affects her life satisfaction as her life satisfaction was the least during her young adulthood. She said that her life satisfaction is derived from her religion as well as her family. She has a good relationship with her daughter and her grandchildren and most importantly she has good relations with God and said that she wouldn't trade this with anything else.

4.1.11. A Migrant Man with High Level of Religiosity

Mr. L is an 84 years old man. He is married and lives with his 75years old wife in an urban locality in Aizawl, Mizoram. He is a Christian and belongs to the 'United Pentecostal Church of Mizoram' denomination. He studied till Primary school but during those times they were considered as educated as there was not a proper educational system. He got married at an early age and they are both from a village named Zawngin. They do not have any children. They migrated to Aizawl in search of a better job opportunity during their younger years. Luckily he found a job at one of the government offices and they have now settled permanently in Aizawl.

He is now retired and their main source of income is his pension. Mr. L is quite healthy and does not have any physical health problems. He has a good relationship with his wife and they are both very religious. He is quite satisfied with what he and his wife have achieved over the years. He said that even though they are not rich they have bought land with their hard-earned money, and are now living in their own house built by them. Their level of participation

in religious activities is high and conducts private devotions in their house. They pray together every day which makes their relationship even stronger.

The level of religiosity of Mr. L is very high and said that his family especially his mom and dad played an important role in inculcating religious values in him. His religiosity is also derived from the church through sermons and prayers. Even though he is a religious person since childhood, he felt that his religiosity is highest as an older person because he has now realized that material things do not give him real happiness, and after retirement, he can now devote more time to religious activities which increased his religiosity.

He said that during his early adulthood his life satisfaction was low as he had to work hard and save money to buy land and build a house, and to put food on the table. During those times he did not participate much in religious activities and hardly conducted private devotion even at home. However, after his retirement, he has now learned the true value of life and his religiosity has increased. His religiosity greatly contributes to his life satisfaction.

From the above case study, we can see that Mr. L is an 84 years old married man living in one of the localities in Aizawl, Mizoram. He is quite healthy and does not have any physical health problems. He is having a happy married life. Their level of participation in religious activities is high and conducts private devotions in their house. They pray together every day which makes their relationship even stronger. His family, especially his mom and dad played an important role in inculcating religious values in him. His religiosity is also derived from the church through sermons and prayers. Even though he is a religious person since childhood, he felt that his religiosity is highest as an older person because after having so many lived experience he has now realized that material things do not give him true happiness, and after

retirement, he can now devote more time for religious activities which increased his religiosity. His religiosity greatly contributes to his life satisfaction.

4.1.12 An Old Widow who lives alone in a city

Mrs. M is a 75-year-old widow living in the periphery of Aizawl City. She dropped out of school after she completed primary school. She migrated to Aizawl with her husband from a village called 'Aiduzawl' and a few years later her husband passed away. They do not have any children and now Mrs. M lived all by herself in a rented house. Her economic condition is very low and belongs to the very poor(AAY) socio-economic category. Her main occupation is farming. Even though she is already 75 years old, she still has to work on the farm to put food on her table and she doesn't have anyone to look after her. She sells vegetables from her farm in the vegetable market and barely earns her living as she has to pay for her rent and take care of other bills too.

Mrs. M is quite healthy and she said that even though she feels lonely sometimes she is satisfied with her current condition. She said that when she looked at other older persons who are of the same age as her, she is still in very good shape and is happy that she can still work and earn her living. She said that God sees her and has never abandoned her even in her darkest hours and that gave her the strength to cope with whatever life throws at her. Even at the age of 75 she doesn't have any serious physical health issues and has never been hospitalized.

She is a Christian and belongs to the Presbyterian denomination. Her religious participation is very high. She regularly participates in church activities and programs and always gives tithes in the church and always attends worship services. Even at home, she conducts prayers regularly.

With regard to social activities, she said that she doesn't actively participate in community-based organizations, however; she is a member of Mizoram Upa Pawl (MUP) and Mizo Hmeichhe Insuihkhawm Pawl (MHIP). As she has to work on the farm she does not have time to participate in all these activities and programs. However, she goes to church regularly. She said that listening to sermons and singing songs/hymns together in the church gives her peace and it is also a good place for her to socialize. Mrs. M said that her life Satisfaction is derived from her religiosity and her level of satisfaction is highest as compared to her younger years. She said that she is happy with what she has and does not need anything more. God has provided her with so much more than she deserves.

From this case study, it can be seen that Mrs. M is a 75-year-old widow living in a locality which is in the periphery of Aizawl city. Her husband passed away after they migrated from their village to Aizawl city. They do not have children and now she lives alone. Till today, she works on the farm and sometimes sells vegetables in the market. She is quite healthy and is a very religious person. She said that listening to sermons and singing songs/hymns together in the church gives her peace and it is also a good place for her to socialize. Her life Satisfaction is derived from her religiosity and is happy and contented with what she has. She has a positive outlook on life despite all the challenges she has faced in her life.

From the above twelve case studies, it can be seen that there is a decline in the physical health of older persons. Especially for those living in rural areas, the availability of medical facilities is poor. None of the selected rural areas has a hospital or PHC. They have to go to another village that has PHC or go to the city to get proper medical treatment. However, as the economic/financial status of most families is low, most of them do not afford to get proper medical treatment. Even for those living in urban areas, low economic status is often the reason

why they do not go for regular checkups, as they do not want to be a burden for the family. This shows that low economic status, in many ways, affects the physical well-being of older persons. As the living conditions are found to be low, older men and women try to be as helpful as they can be in doing household chores, babysitting, engaging in piggery and poultry farms, etc. The older persons give high importance to religion and religiosity. Even though they have faced and are still facing many hardships in life including financial issues as well as health problems, their religion and religiosity have helped them cope with these hardships. Their religion, in many ways, contributes to their life satisfaction.

4.2. Stakeholders Perception of Religion in the Life of Older Persons

The key informant interviews were conducted with a wide range of people including community leaders, professionals, or residents who have firsthand knowledge about the older persons in the community. The purpose of these key informant interviews is to understand the challenges of older persons in the community, their life situations, and the role of religion in the life of older persons. In key informant interviews, older persons in a community are studied as a whole.

For this study, Key Informant Interviews were conducted on all the identified research areas. These research areas include three rural areas, that is, Luangpawn, Thanglailung, and North Khawlek, and three urban localities, that is, Zemabawk, Ramthar North, and Ramhlun Venglai. In each of the selected areas, the Key informants consist of male and female informants who are above the age of 60 years and are permanent residents of the selected areas. Most of them hold important positions in community-based organizations as well as in the church. The information received from the key informants from both rural and urban areas is clubbed together to find out the common conditions of older persons. The finding of the qualitative

analysis of the KIIs is presented using five themes. They are health, economic conditions, social participation, religiosity, and life satisfaction of older persons.

4.2.1. The Health of Older Persons

As the age of the older person increases, there is a decline in physical health. This also has indirectly affected the mental health of older persons as it leads to feelings of loneliness and depression. More number of older persons in rural areas face health problems. There are no proper medical facilities, they have to either go to other villages that have PHC or go to the hospital in the city to get proper medical treatment. But since the income of the household is low, most of the older persons feel reluctant to spend money on their medical treatment and therefore suffer in silence. In the urban areas, the available health facilities are good, but physical health is not so good either because old age is accompanied by a decline in physical health. Moreover, many do not go for health check-ups just because they do not have an income of their own and do not want to be a burden for the family. The case is not the same as all older persons. Some older persons take proper medical treatment and are being properly taken care of by their families. Older people may experience life stressors common to all people, but also stressors that are more common in later life, like a significant ongoing loss in capacities and a decline in functional ability. They may experience reduced mobility, chronic pain, frailty, or other health problems, for which they require some form of long-term care. All of these stressors can result in isolation, loneliness, or psychological distress in older people. Mental health has an impact on physical health and vice versa.

4.2.2. Economic Condition

The economic condition is low for most of the older persons in both rural and urban areas, but the situation is much worse in rural areas as compared to urban areas. Most of them

depend on the income of other members of the household except for a few of them who get a pension from the previous job they hold before retirement or are self-employed etc. However, the income of the household is also low for most of the families, therefore, they face financial crunches. Some of the older persons who belong to the AAY and BPL category get the old-age pension from the government through the IGNOAPS scheme. However, the amount is too low as it is only Rs. 250 for those who belong to the age group of 60 to 79 years. Those above the age of 80 years get Rs.500. But even though many of them receive an old-age pension, it cannot cover the monthly requirements not to mention their medical expenses.

From the information received from the key informants, whether they are from the rural or urban areas, older persons are more likely to experience events such as bereavement, or a drop in socioeconomic status with retirement. The majority of older persons have retired and very few among them have the option of continued income, while the rest of them have to rely on the income of other members of the family. In many families, this often results in loss of decision making power in the household as they are not the breadwinner anymore. Therefore many of the older persons do not afford to buy good nutrition, medications, etc. and feel reluctant to ask for money from other members of the household. This, in turn, affects their physical health condition which often affects their mental health as well.

4.2.3. Social Participation

The MUP conducts activities and programs for older persons which include playing various Mizo traditional games and singing folk songs together. Also, through the works of the MUP, older persons can contribute to the welfare and development of their community. These include participation in community services, and playing the role of an advisor in various committees within the community, and sharing their knowledge and lived experiences.

According to the key informants, apart from the MUP, the women folks enroll themselves in MHIP as it is a women's organization for all Mizo women. Other than that, they do not play active roles in other community-based organizations. In terms of membership in political parties, the majority of them do not participate in it. Especially for women, almost all of the older women never take part in it. The decline in functional ability has a negative effect on their participation in community activities.

4.2.4. Religiosity

In terms of denomination, it is quite diverse as older persons belong to various denominations. In both rural and urban areas, the majority of the respondents belong to the Presbyterian denomination. Religion and religiosity play an important role in the lives of older persons. Therefore, many older persons actively participate in various religious activities such as attending church services, participating in gospel camping, participating in outreach programs, etc. For Mizo older persons, it is a good place for them to socialize and they also get support from their fellow church members as and when needed. However, due to a decline in health and functional ability, some find it hard to attend church services or participate in church-related activities as they are physically unfit to walk long distances. This does not mean that they are not religious, many of them actively engage themselves in other religious behaviors, like private devotion, reading the Bible, watching religious programs on TV, etc at home.

The common information received from the key informants in both rural and urban areas is that the majority of the older persons have their fair share or problems and hardship in their lives. Be it financial problems, a decline in physical health, loss of the spouse and other loved ones, problems within their family, or whatever problems they may face in life, they use religion and religiosity to cope with their hardships. Religiosity is used by the majority of older persons

to cope with it as it creates a sense of meaning and coherence in one's life that becomes especially important during the final stages of human development.

4.2.5. Life Satisfaction

According to the Key Informants, the life satisfaction of Mizo older persons greatly depends on religion and religiosity. In both rural and urban areas, their satisfaction with life is mainly derived from religion, family, and personal achievements. For the majority of older persons, religion is their major source of life satisfaction. They place high importance on the family as well. When their family members show love and respect for them and take good care of them it gives them happiness which greatly contributes to their life satisfaction as well. Personal Achievement is often measured in terms of educational qualification, wealth, designation, fame, or power. There is no particular scale that measures personal achievement. For some, personal achievements are measured in terms of the amount of crop yield/ good harvest, ensuring all their children are well educated despite all the financial hardships, etc. It varies from person to person. These are the various contributors to life satisfaction. For most older persons, if life satisfaction is measured only in terms of material wealth, health, etc. their satisfaction would be low as their socio-economic status is quite low even in the urban areas, not to mention the rural areas. However, religion helps them to accept their current conditions and because of that, they learn to be satisfied with their lives knowing that they cannot take worldly possessions with them when they go for their heavenly abode. Thus, religion and religiosity greatly contribute to the life satisfaction of older persons.

The Key Informant Interviews conducted in rural and urban areas revealed the health, economic, and social participation of older persons. It also highlighted the religiosity of older persons and how it contributes to their life satisfaction. From the key informant interviews, it can

be seen that old age is a biological fact and significant ongoing loss in capacities and a decline in functional ability is a very common stressor for older men and women. They experience reduced mobility, chronic pain, frailty, or other health problems which often affect their mental health as well and sometimes lead to depression and other related problems. Health is not the only problem faced by older people in Mizoram. Another common problem faced by older men and women in rural and urban areas is a decrease in income. Once they retire from their work there is a decrease in their income as their monthly pension is much lower than their usual salary. Especially for daily wagers, they do not have any pension; therefore they experience total loss of income. When a person reaches retirement age, he/she has to make so many adjustments in his/her life. In many families, this often results in loss of decision making power in the household as they are not the breadwinner anymore. Therefore, they need to learn how to cope with their situation. Moreover, many older men and women develop feelings of loneliness and for this, the MUP plays an important role. They enjoy playing recreational activities with their fellow members. Most of all, the ability to contribute to the welfare and development of their community through the works of the MUP and sharing their knowledge and lived experiences give them a sense of belongingness in the community, and they feel valued as well. As mentioned by the key informants, religion plays an important role in the lives of older persons as it gives them hope and the ability to cope with the hardships they face in life. This in turn contributes to their life satisfaction. Thus, conducting Key Informant Interviews helps in gaining valuable information about older persons in both rural and urban areas which are not captured or highlighted in the quantitative data. As the interview schedule in this research uses closed-ended questions, the qualitative data such as case studies and key informant interviews help in gaining a

deeper understanding of how older persons view their lives and why religion plays an important role in their lives, and how it contributes to their life satisfaction.

In this chapter an attempt has been made to understand the lives of older persons, the challenges they face in their lives, the lived experiences, their coping strategies, the role of religion and religiosity in their lives, and how it contributes to their life satisfaction. In the next chapter, the profile of older persons from the selected rural and urban areas will be discussed.

CHAPTER V

PROFILE OF OLDER PERSONS

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PROFILE OF OLDER PERSONS

This chapter examines the profile of older persons from the selected rural and urban areas. It has been presented in four sub-sections viz., Demographic Profile, Family Structure, Social Characteristics, Economic Characteristics, and Living Conditions of the respondents.

5.1. Demographic Profile of Respondents

The demographic profile includes age group, marital status, and educational status of older persons in Mizoram.

5.1.1. Age Group

The chronological age (how old a person is) is commonly used to define an age band of older adults. The start of the period of later life is not fixed and in many Western societies, 60–65 is looked upon as the threshold of old age. The reason for this is possibly related to societal norms (e.g. retirement age) and to an age at which degenerative changes of aging become noticeable. According to the Population Census 2011, there are nearly 104 million older persons (aged 60 years or above) in India; 53 million females, and 51 million males. Jeffrey S. Akman, in his paper 'The Developmental Psychology of Aged Person' has classified the final stages of life into three categories, such as 'Young-old' (60s), 'Middle-old' (70s), and 'Old-old' (80+ years). In the present study, the age of older persons has been classified using these three categories.

In this study, the age group of the respondents is classified under three categories such as young-old, middle old, and old-old. The young-old category consists of those older persons between 60 to 70 years of age, 70 to 80 years of age group belong to Middle-old and those older persons who are above the age of 80 years belong to the Old-old category. Looking at table 5.1.1, out of 288 respondents, the majority of the respondents (52.8%) belong to the 'young-old' category, followed by the middle-old category (30.9%). The old-

old category constitutes the lowest percentage (16.3%). It can also be seen from this table that there is a similar age distribution among male and female respondents. No significant gender difference is found.

Table 5.1 Demographic Profile of Respondents

Sl.No	Characteristic	Gender		Total
		Male n = 159	Female n = 129	N = 288
1	**Age Group**			
	Young Old(60 - 70)	88 (55.3)	64 (49.6)	152 (52.8)
	Middle Old(70 - 80)	48 (30.2)	41 (31.8)	89 (30.9)
	Old Old(Above 80)	23 (14.5)	24 (18.6)	47 (16.3)
2	**Marital Status**			
	Never Married	1 (0.6)	9 (7.0)	10 (3.5)
	Married	118 (74.2)	49 (38.0)	167 (58.0)
	Divorced	4 (2.5)	9 (7.0)	13 (4.5)
	Widowed	30 (18.9)	62 (48.1)	92 (31.9)
	Remarried	6 (3.8)	0 (0.0)	6 (2.1)
3	**Educational Status**			
	Never Attended	7 (4.4)	29 (22.5)	36 (12.5)
	Primary (Class 1-3)	78 (49.1)	72 (55.8)	150 (52.1)
	Middle (Class 4-7)	32 (20.1)	15 (11.6)	47 (16.3)
	High School (Class 8-10)	25 (15.72)	11 (8.53)	36 (12.50)
	Higher Secondary (Class 11 &12)	4 (2.52)	1 (0.78)	5 (1.74)
	Graduate (Bachelor's degree)	11 (6.92)	1 (0.78)	12 (4.17)
	Post Graduate (Master's degree)	2 (1.26)	0 (0.00)	2 (0.69)

Source: Computed Figures in parentheses are percentages

This study corroborates with the findings of Lalmuanpuii (2010) who had conducted a study on older persons in the rural and urban areas of Aizawl district. She found that more

than half of the respondents (55.67%) belonged to the age group of the young-old i.e. 60 to 70 years.

5.1.2. Marital Status

The population Census 2011 data tells that the percentage of currently married older women was markedly lower than the percentage of currently married older men. After the age of 70 years, more than 60% of women become widows. In terms of death rates per 1000 population, it is 20.7 for males and 16.1 for females. This shows that older women live longer as compared to men, resulting in more number of widows as compared to widowers.

The marital status of the client is classified under 5 categories: Never married, Married, Divorced, Widowed, and Remarried. As shown in table 5.1.2, there is a lot of difference between males and females. While there are only 0.6% male respondents who are never married, 7 % of the female respondents have never been married. The majority of the male respondents are married (74.2%) while there are only a few female respondents who are married (38%). There are more number of widows (48.1%) as compared to widowers (18.9%), and among the respondents, those who got remarried are all males (3.8%) while there are no female respondents who got remarried. The result shows that it is more important for male respondents to have a spouse as compared to female respondents. This result supports the findings of the study conducted by Sengupta et al. (2007) among 165 older persons (89 females and 76 males) in Ludhiana, Punjab, who found that more women (33.7%) than men (25.0%) were living alone, with no spouse or family. It also compliments the data highlighted in Population census 2011 that there is more number of married men as compared to women and more number of widows as compared to widowers.

In the study conducted by Lalmuanpuii (2010), it was found that married men constituted more than a third of the respondents (35.26%) which complement the finding of this research that the majority of the male respondents in this study are married. She also

found that widows constituted more than a quarter of the respondents (26.31%) which is more than the number of widowers forming only 13.94%. This also complements the findings of this research that the number of widows is more than widowers. The findings of this research also corroborate with the findings of Dzuvichu (2007). He conducted a study on 380 older persons from the Angami tribe of Nagaland and found that married men constituted more than a third of the respondents (35.26%). He also found that widows constituted more than a quarter of the respondents (26.31%) while widowers form only 8% of the male respondents.

5.1.3 Educational Status

According to the population census 2011, the literacy levels among older males and females have improved over time in both rural and urban areas in India. But there is a huge gap between male and female literacy rates. The literacy rate among elderly females (28%) is less than half of the literacy rate among older males (59%). In Mizoram formal education was introduced only in 1894, however, in just over a hundred years of education, Mizoram has attained the enviable position of being one of the most literate states in India.

In this study, the educational statuses of the respondents are divided into seven categories such as Never attended, Primary (Class 1-3), Middle (Class 4-7), High School (Class 8-10), Higher Secondary (Class 11 &12), Graduate (Bachelor's degree), Post Graduate (Master's degree). Table 5.1.3 clearly shows that the education level of male respondents is much higher than female respondents and there are more illiterates among female respondents. There are a higher number of female respondents (22.5%) who have never attended school, while there are only very few male respondents (4.4%) who have never attended school. Among those who have completed the primary level, the majority of the respondents (55.8%) are females and male respondents constitute a lower number (49.1%). Gender disparity in educational status can be seen. As the level increases the number of

female respondents decreases, which means that the higher the educational status, the lesser is the number of female respondents. The gender differences increase with higher educational status. 20.1% of male and 11.6% of female respondents studied until the middle school level. 15.72% of males and 8.53% completed their high school leaving certificates, 2.52% of males and 0.78% of females completed their higher secondary education. 6.92% of males and only 0.78% of females had attained college/bachelor'sdegrees and only 1.26% of the male had attained their Master's degree, while there are no female respondents who have neither attained nor studied master's degree. Among the respondents, there are no male or female respondents who have done a Ph.D. As we can see from the table, the majority of the women dropped out of school after completing their primary level education. Therefore, there is a gender difference in the educational status of both older men and women respondents. The higher the educational level, the lower is the percentage of female respondents. The findings of this study show the same result as the Census of India 2011 that the literacy rate of older female respondents is much lower as compared to older male respondents.

The findings of this study contradict with the findings of Dzuvichu (2007) who conducted a study on older persons with a sample size of 380 from the Angami tribe of Nagaland, it was found that less than half (48.94%) of the female respondents were educated with formal education against male respondents who were lesser in number (46.83%). This means that the educational status of Angami older women is higher as compared to Angami older men.

From the demographic profile of the respondents, it can be seen that the majority of the respondents belong to the 'Young-old' category which is between the age of 60-69 years. Most male respondents are either married or remarried; therefore the number of widows is more than widowers, and there are no older women among the respondents who are remarried. This clearly shows that male respondents found it more important to have a spouse

as compared to female respondents. The educational status of male respondents is higher as compared to female respondents. Female respondents have lower educational status, and the number decreases as the educational qualification increases. Many of the female respondents dropped out of school after completing primary school. In terms of demographic profile, except for the age group of the respondents, there are gender differences in marital status and educational status of the respondents.

5.2. Family Structure of Respondents

The family is the basic and important unit of society. In the Indian context, responsibility for the care of the older person is primarily borne by members of the family. The older persons in India mostly continue to live in their homes where they have been living throughout their lives. The structural attributes viz., type of family, the form of family, and the size of the family are discussed in this section.

5.2.1. Type of Family

In this study, the type of family is classified under three dimensions as Nuclear family, Joint family, and Extended family. The majority of the male respondents (47.2%) belong to the Nuclear family, followed by a Joint family which constitutes 46.5%, and an Extended family with 6.3%. However, the majority of female respondents 50.4% belong to the Joint family, followed by 39.5% of respondents who belong to the Nuclear family. 10.1% of females are living with an extended family. This means that the majority of the older male respondents belong to the nuclear family while the majority of the older female respondents are living in a joint family. This is mainly because the majority of the male respondents are either married or remarried, while the majority of the female respondents are widows and are being looked after by their immediate family. There is a significant gender difference in the size of the family.

5.2.2. Form of Family

The form of family is classified under three categories namely Stable family, Broken family, and Reconstituted / Stepfamily. The majority of the respondents (94.4%) belong to a stable family. There are 94.3% of male respondents and 94.6% of female respondents are from a stable family. 3.1% of males and 4.7% of female respondents belong to broken families. There are 2.52% male respondents who belong to a reconstituted / stepfamily, while the percentage is quite low (0.78%) for female respondents, Looking at table 5.2.2, it shows that there is no significant gender difference in terms of 'form of the family'.

Table 5.2 Family Structure of Respondents

Sl.No	Characteristic	Gender		Total N = 288
		Male n = 159	Female n = 129	
1	**Type of Family**			
	Nuclear	75 (47.2)	51 (39.5)	126 (43.8)
	Joint	74 (46.5)	65 (50.4)	139 (48.3)
	Extended	10 (6.3)	13 (10.1)	23 (8.0)
2	**Form of Family**			
	Stable	150 (94.3)	122 (94.6)	272 (94.4)
	Broken	5 (3.1)	6 (4.7)	11 (3.8)
	Reconstituted/Stepfamily	4 (2.52)	1 (0.78)	5 (1.74)
3	**Size of Family**			
	Small (1-3)	40 (25.2)	30 (23.3)	70 (24.3)
	Medium (4-6)	65 (40.9)	63 (48.8)	128 (44.4)
	Large (7 and above)	54 (34.0)	36 (27.9)	90 (31.3)

Source: Computed Figures in parentheses are percentages

In Mizoram, it is customary for the youngest son to look after older persons and aging parents for which purpose property is also handed over to the youngest son. In the study conducted by Lalmuanpuii (2010) it was found that the majority of the respondents live in

stable families with spouses, sons, and daughters, or a son and his family (daughter-in-law and grandchildren), etc.

In a study done by Dzuvichu (2007)on a sample of 380 elderly from the Angami tribe of Nagaland, it was found that a significant majority of the respondents (75.78%) lived in a stable family with their children and only a few elderly (8.64%) lived alone. The findings of Lalmuanpuii (2010) and Dzuvichu (2007) corroborate with the findings of this research.

5.2.3 Size of Family

The size of the family of the respondents is subdivided into three groups as Small (1-3 members), Medium (4-6 members), and Large (7 members and above). From table 4.2 it can be seen that out of 288 respondents 44.4% of the total respondents belong to medium size families. 25.2% of male and 23.3% of female respondents belong to small size families. However, the number of females (48.8%) belonging to medium size families is more than male (40.9%). In large families, women constitute 27.9% while men constitute 34%. However, there is no gender difference in the size of the family.

From the 'Family Structure of the respondents', it can be seen that more male respondents belong to nuclear families, while the majority of the female respondents belong to joint families. This may be because there are more widows and there are no female respondents who got remarried and are therefore being looked after by their children and some by their extended families. Therefore, there is a gender difference in the types of family. The majority of both male and female respondents belong to stable families which proves that there is no gender difference in form of family. In terms of size of family, there is no gender difference as the majority of both male and female respondents belong to medium size family which consists of 4 to 6 family members.

5.3. Social Characteristics of Respondents

Religious denomination refers to the identification with a particular religious group. Denomination usually refers to the specific group within a religion with which the person is affiliated (Joshi &Kumari, 2011).

Table 5.3 Social Characteristics of Respondent: Denomination

Sl.No	Denomination	Gender		Total N = 288
		Male n = 159	Female n = 129	
1	Presbyterian	114 (71.7)	91 (70.5)	205 (71.2)
2	United Pentecostal Church of Mizoram	18 (11.3)	16 (12.4)	34 (11.8)
3	Salvation Army	12 (7.5)	5 (3.9)	17 (5.9)
4	Baptist Church of Mizoram	4 (2.5)	8 (6.2)	12 (4.2)
5	Evangelical Free Church of India	4 (2.5)	1 (0.8)	5 (1.7)
6	Roman Catholic	1 (0.6)	1 (0.8)	2 (0.7)
7	Seventh-Day Adventist	1 (0.6)	2 (1.6)	3 (1.0)
8	United Pentecostal Church North-East	0 (0.0)	2 (1.6)	2 (0.7)
9	Fundamental Baptist	2 (1.3)	0 (0.0)	2 (0.7)
10	BneiMenashe	2 (1.3)	0 (0.0)	2 (0.7)
11	Isua Krista Kohhran	1 (0.6)	0 (0.0)	1 (0.3)
12	No Denomination	0 (0.0)	1 (0.8)	1 (0.3)
13	Church of God	0 (0.0)	1 (0.8)	1 (0.3)

Source: Computed Figures in parentheses are percentages

As Aizawl district has been selected for this study, looking at the Religion-wise population of Aizawl districts according to the Census of India 2011, it can be seen that Christianity constitutes 94.71% t which shows that people in Mizoram are predominantly Christians. However, all Christians do not follow the same denomination. According to the Statistical Handbook of Mizoram (2010), the Presbyterian denomination has the highest

number of members i.e. 463185 church members, followed by the Baptist Church of Mizoram with 143083 members. The third highest is the United Pentecostal Church- North East India which has 90,370 church membership.

Looking at table 5.3, it can be seen that out of n=288 respondents, 71.2% (n=205) of both male and female respondents belong to the Presbyterian denomination, followed by United Pentecostal Church of Mizoram (11.8%), Salvation Army (5.9%), Baptist Church of Mizoram (4.2%), Evangelical Free Church of India (1.7%), Roman Catholic (0.7%), Seventh Day Adventist (1%), United Pentecostal Church North-East (0.7%), Fundamental Baptist (0.7%), Bnei Menashe (07%), Isua Krista Kohhran (0.3%), Church of God (0.3%) and 0.3% of older persons who have no denomination. This is mainly because they belong to a sect and do not have a denomination. From this table, it can be seen that even though the denomination may be diverse, religion plays an important role in the lives of older persons as almost all of them are members of the church. There is a significant gender difference in terms of religious denomination.

5.4. Economic Characteristics

The attribute of economic characteristics viz., socio-economic status, current occupation, source of income, source of economic support are discussed in this subsection.

5.4.1. Socio-economic Status

The socio-economic status of older persons is an important determinant that affects the well-being of a person. It can either contribute to the increase or decrease in their well-being, which in turn affects life satisfaction.

In table 5.4., to measure the socio-economic status of the respondents, the socio-economic category is sub-divided into Very Poor / AAY (Antyodaya Anna Yojana), Poor / BPL (Below Poverty Line), and Non-poor / APL (Above Poverty Line). The majority (80.9%) of the total respondents belong to the Non-poor / APL category, followed by Poor / BPL (12.5%). Only 6.6% of the total respondents belong to the Very poor / AAY category.

Table 5.4 Economic Characteristics

Sl.No	Characteristic	Gender		Total N = 288
		Male n = 159	Female n = 129	
1	**Socio-economic Category**			
	Very Poor(AAY)	4 (2.5)	15 (11.6)	19 (6.6)
	Poor(BPL)	20 (12.6)	16 (12.4)	36 (12.5)
	Non-poor (APL)	135 (84.9)	98 (76.0)	233 (80.9)
2	**Current Occupation**			
	Government Employed	8 (5.0)	5 (3.9)	13 (4.5)
	Self-employed	7 (4.4)	0 (0.0)	7 (2.4)
	Private employed	1 (0.6)	1 (0.8)	2 (0.7)
	Church-based employee	1 (0.6)	1 (0.8)	2 (0.7)
	Farming	31 (19.5)	41 (31.8)	72 (25.0)
	Daily Wager	9 (5.7)	12 (9.3)	21 (7.3)
	Retired	102 (64.2)	68 (52.7)	170 (59.0)
	NGO / Voluntary worker	0 (0.0)	1 (0.8)	1 (0.3)
3	**Source of Income**			
	Income from Current Work	55 (34.6)	57 (44.2)	112 (38.9)
	Income from Tenants	2 (1.3)	6 (4.7)	8 (2.8)
	Pension	67 (42.1)	11 (8.5)	78 (27.1)
4	**Source of Economic Support**			
	Members of Household	50 (31)	60 (47)	110 (38)
	Govt	25 (16)	30 (23)	55 (19)
	Children Residing elsewhere	1 (1)	2 (2)	3 (1)

Source: Computed Figures in parentheses are percentages

In the AAY family, 11.6% are female and only 2.5% are Male. In the poor / BPL category, 12.4% are female and 12.6% are male. However, in the non-poor / APL category 76% are female and 84.9% are male. No significant gender difference is found. This finding

corroborates the findings of Lalmuanpuii (2010) who found that the majority of the respondents belong to the Non-poor(APL) category.

5.4.2. Current Occupation

According to the population census 2011, among the economically independent men, more than 90% were reported to be living with one or more dependents, while among economically independent women, about 65 percent were having one or more dependents. The occupation of a person has a bearing on the well-being of older persons.

In this study, table 5.4.2 shows the current occupation of the respondents. Even though the majority of the respondents (59%) have retired from their job/work, many of them still haven't retired. These respondents are engaged in different kinds of occupations such as working in governmental and non-governmental agencies, private employment, self-employment, etc.

Farming is the most common occupation of the respondents. 25% of the respondents are engaged in farming. But the type of farming differs from respondents to respondents. Some engage themselves in vegetable farms, while some are into fruit farms, pigs and poultry farms, etc. While some of them engaged in farming to earn a livelihood, some respondents engaged in small farms also known as hobby farms, which are not meant for primary sources of income. 31.8% are female while only 19.5% are male. This means that the numbers of older women engaging in farming are more in numbers as compared to that of older men, and many older men and women still play the role of a breadwinner.

As seen in the table, 7.3% of the respondents are daily wagers. Even after reaching retirement age, some still work as daily wage due to poverty. The number of older women working as daily wage workers is much higher (9.3%) as compared to older men (5.7%). Among the respondents, 4.5% are still working under the Government. These include 5% of males and 3.9% of females. In terms of self-employment, 4.4% of male respondents are self-

employed while there are no female respondents who are self-employed. 0.6% of males and 0.8% of females are private employed, likewise, 0.6% of males and 0.8% of females are church-based employed. Among NGO / Voluntary workers, there are 0.8% females and there are no male respondents who are working in NGOs or working as a voluntary worker. This shows that there is a significant gender difference.

5.4.3. Source of Income

As per the population census 2011 data, 66% of older men and 28% of older women in rural areas participate in economic activity in the capacity of main or marginal workers. In urban areas however it was only 46% among older men and about 11% of older women who were economically active.

In this study, among the respondents who still have an income to date; their main sources of income include income from current work, income from tenants, and Pension. There is a gender difference in all the sub-categories. 44.2% female and 34.6% male respondents still have income from their current work/ job. In terms of pension received by the respondents, the gender difference is quite high. 42.1% of male receives pension while only 8.5% of females receive a pension from the previous job they hold before retirement. This has a connection with the educational status of the respondents because the educational status of older men is higher than that of older women. Therefore, more male respondents hold government jobs even before retirement as compared to female respondents.

As most of the female respondents (55.8%) dropped out after primary school, they had to either work as a daily wager or work in the field/farm. Few numbers of respondents, that is, 4.7% female and 1.3% male have income from their tenants as well. Therefore, even after crossing their retirement age, they have to work every day to earn a living. Looking at this table, it shows that there is a significant gender difference in the source of income of the respondents.

5.4.4 Source of Economic Support

As seen in Table 5.4.4, some respondents do not have a proper source of income as they do not have a current job or pension from the job they hold before retirement. For these older men and women, they are either being looked after by members of their household (38%) or received a very small sum of money from the Government through Indira Gandhi National Old Age Pension Scheme (19%), or are being financially supported by their children who are residing elsewhere (1%). Out of these three sub-categories, 47% of female and 31% of the male are being looked after by members of their household, 23% of female and 16% of male have received a small amount of old-age pension through Indira Gandhi National Old Age Pension Scheme (IGNOAPS) i.e. in the amount of Rs. 250/- for those older persons who belong to the BPL category and are between the age of 60-79 years and Rs.500/- for 80 years and above. Only 2% female and 1% male respondents are being financially supported by their children who are residing elsewhere. No gender difference is found in the source of the economic support of the respondents.

From the Economic Characteristics of the respondents, it can be seen that the majority of the respondents belong to the non-poor(APL) category. Even though the majority of the respondents (59%) have retired from their job/work, many of them still haven't retired. These respondents are engaged in different kinds of occupations such as working in governmental and non-governmental agencies, private employment, self-employment, etc. Farming is the most common occupation of the respondents. 25% of the respondents are engaged in farming. The number of older women engaging in farming is more in number as compared to that of older men. The average monthly income of the male respondents is higher than females, and the majority of the respondents are being looked after by the members of the household. In a study conducted by Lalmuanpuii (2010) among 300 Mizo older persons in Aizawl District, it

was found that the majority of the respondents were found to be financially dependent on their family. Her finding complements the findings of this study.

5.5. Living Conditions of Respondents

The Living Conditions of Respondents is discussed in terms of household monthly income and personal monthly income in the following subsections.

5.5.1. Household Monthly Income

The household monthly income is gathered to highlight the average monthly income of the family. This information is collected through close-ended structured interviews and therefore does not reflect the exact figure of the monthly income of the household.

In this study, a seven-item response scale was used. This response includes Household monthly income of Rs. 1 – 5000, Rs. 5000-10000, Rs. 10000-20000, Rs. 20000-30000, Rs. 30000-40000, Rs. 40000 and above and NA (not applicable). The respondents chose the best range which fits their monthly household income. It does not highlight the actual income of the household. For those families who do not have proper household monthly income, the church members or any of the community-basedorganizations often give them monetary support as well as in kind. Mizo society is a close-knit society, therefore it is easy for the church or the community-based organization to find out those people in their community who are facing such kinds of hardships. A good social support network is found in Mizo society.

Looking at table 5.5.1, the majority of the household income (30.6%) is between Rs.10000 to Rs.20000, followed by those families whose household monthly income is between Rs. 20000 to Rs.30000 (26%). Female respondents whose household monthly incomes are below Rs.5000 constitute 7.8% while male respondents constitute 5.7%. Likewise, in other sub-categories of household monthly income, there are gender differences. Among those households with a monthly income of Rs.20000 and above, it can be seen that the percentage of the males is higher as compared to females, which means that those

households where older men live have a higher income as compared to households where older women live. Meanwhile, there are some families (2.3%) who have no source of income. These families usually receive support from churches and community-based organizations both in cash and in-kind.

5.5.2. Personal Monthly Income

Personal monthly income is gathered to highlight the average monthly income of the respondent. This data was collected to find out the number of respondents who are economically independent and those who are not. The information is collected through a close-ended structured interview and therefore does not reflect the exact figure of the monthly income of the respondent.

Table 5.5 Living Conditions of Respondents: Household Monthly Income

Sl.No	Household Monthly Income	Gender		Total N = 288
		Male n = 159	Female n = 129	
1	Rs. 1-5000	9 (5.7)	10 (7.8)	19 (6.6)
2	Rs. 5000-10000	18 (11.3)	18 (14.0)	36 (12.5)
3	Rs. 10000-20000	42 (26.4)	46 (35.7)	88 (30.6)
4	Rs. 20000-30000	48 (30.2)	27 (20.9)	75 (26.0)
5	Rs. 30000-40000	20 (12.6)	14 (10.9)	34 (11.8)
6	Rs. 40000 and above	22 (13.8)	11 (8.5)	33 (11.5)
7	NA	0 (0.0)	3 (2.3)	3 (0.0)

Source: Computed Figures in parentheses are percentages

In this study, a seven-item response scale was used. This response includes a Personal monthly income of Rs, 1 – 5000, Rs. 5000-10000, Rs. 10000-20000, Rs. 20000-30000, Rs. 30000-40000, Rs. 40000 and above and NA (not applicable). The respondents chose the best range which fits their monthly personal income. Those who fall under the NA category do not have any income of their own. Those respondents who are not economically independent are reliant on the income of other members of the household. Especially for those older persons

who are living alone and do not have family members to take care of them, the church members or any of the community-basedorganizations often provide monetary support as well as in-kind(see table 5.5).

In this study, Table 5.6 shows that the majority of female respondents (41.1%) have a personal monthly income of less than Rs.5000 (Five thousand rupees) while male respondents are only 28.3%. The average income of male respondents is higher than that of female respondents. Among the respondents, 34.9% of females and 15.1% of males have no personal monthly income and mostly depend on the income of other members of their household. There is a significant gender difference.

Table 5.6 Living Conditions of Respondents: Personal Monthly Income

Sl.No	Personal Monthly Income	Gender		Total N = 288
		Male n = 159	Female n = 129	
1	Rs. 1-5000	45 (28.3)	53 (41.1)	98 (34.0)
2	Rs. 5000-10000	42 (26.4)	19 (14.7)	61 (21.2)
3	Rs. 10000-15000	19 (11.9)	8 (6.2)	27 (9.4)
4	Rs. 15000-20000	11 (6.9)	2 (1.6)	13 (4.5)
5	Rs. 20000-25000	10 (6.3)	0 (0.0)	10 (3.5)
6	Rs. 25000 and above	8 (5.0)	2 (1.6)	10 (3.5)
7	NA	24 (15.1)	45 (34.9)	69 (24.0)

Source: Computed Figures in parentheses are percentages

From the living conditions of the respondents, it can be seen that there is a significant gender difference in the household income and personal income of the respondents. On average, the monthly incomes of older men are higher than older women. This, in a way, is related to educational status as older men have higher qualifications than older women and therefore more numbers of male respondents hold better job profiles and therefore earn more

as compared to women. Even after they retire, they still get the pension from the previous job they hold before retirement, therefore, their income is more as compared to female respondents.

The finding of this study supports the finding of Lalmuanpuii (2007) who found that the income of older persons was not satisfactory. This not only affects the quality of their food intake but also affects the adequate time for rest which they need as they have to work to earn livelihood even after crossing retirement age. Moreover, a thorough medical check-up was obstructed due to low income.

This chapter has examined the profile of older persons from the selected rural and urban areas in four sub-sections viz., Demographic Profile, Family Structure, Social Characteristics, Economic Characteristics, and Living Conditions of the respondents. The findings of the study are discussed in detail as well. The next chapter will focus on the Religiosity and Life satisfaction of older persons and will also highlight the relationship between the profile of the respondents with religiosity and life satisfaction.

CHAPTER VI

RELIGIOSITY AND LIFE SATISFACTION OF OLDER PERSONS

CHAPTER VI

RELIGIOSITY AND LIFE SATISFACTION OF OLDER PERSONS

The present study aims at assessing the relationship between religiosity and life satisfaction of older persons. In the earlier chapter, this relationship was explored in terms of the lived experiences and perceptions of the key informants. In this chapter, an attempt has been made to discuss the results of the analysis of quantitative data collected through a field survey with a structured interview schedule.

The chapter is presented into three broad sections. The first section discussed the various dimensions of religiosity. In the second section, the various aspects of life satisfaction of older persons are discussed. The relationship between religiosity and life satisfaction of older persons is discussed in the third section. These broad sections are again divided into subsections.

The second section is the 'Life Satisfaction' section which includes the following sub-sections: Perception on Age Group and High and Low Levels of Life Satisfaction, Perception on Source of Life Satisfaction, Satisfaction with Life among Older Persons, Personal Well-being of the respondents, Gender Differences in Life Satisfaction And Personal Well-being, Rural-Urban Differences in Life Satisfaction And Personal Well-being, and Respondent's Profile, Life Satisfaction and Personal Well-being. In the third section, the Relationship between Religiosity and Life Satisfaction is examined and discussed.

6.1. Religiosity

Peterman et al., (2002) have defined religiosity as "society-based beliefs and practices relating to a higher power, which are commonly associated with a church or organized group". Religiosity refers to the level of intensity that an individual accompanies, trusts, and practices a religion. Thus, it can be either organizational relating to participation in the church or religious

temple, or non-organizational in the sense of attending religious programs, reading the bible or religious books, and praying.

This section is organized into seven subsections. The first section attempts to discuss the sources of religiosity of older persons, levels of religiosity across age groups, dimensions of religiosity, gender differences in the dimensions of religiosity, rural-urban differences in dimensions of religiosity, the interrelationship between dimensions of religiosity, and profile of respondents and dimensions of religiosity.

6.1.1. Perceived Sources of Religiosity

Religiosity is derived from various sources and it varies from person to person. This section attempts to find out the perceived sources of religiosity of the respondents. Some of the common responses of the respondents include ‘Church’, ‘Family’, ‘Community’, ‘Professional Environment’, ‘Personal Prayers and devotion’, ‘Gospel Songs', 'Reading Bible, Gospel books and Magazines', etc.

Table 6.1 Respondents Perceived Sources of Religiosity

Sl.No	Source	Gender		Total N = 288
		Male n = 159	Female n = 129	
1	Church	110 (69.2)	89 (69.0)	199 (69.1)
2	Family	99 (62.3)	78 (60.5)	177 (61.5)
3	Community	21 (13.2)	21 (16.3)	42 (14.6)
4	Professional Environment	13 (8.2)	9 (7.0)	22 (7.6)
5	Personal Prayers and devotion	7 (4.4)	9 (7.0)	16 (5.6)
6	Gospel Songs	3 (1.9)	2 (1.6)	5 (1.7)
7	Reading Bible, Gospel books and Magazines	2 (1.3)	3 (2.3)	5 (1.7)

Source: Computed Figures in parentheses are percentages

In this section, the majority of the respondents (69.1%), that is 69.2% males and 69% females reported that their religiosity is derived from the church (see Table 6.1), followed by 62.3% males and 60.5% females who have reported that their religiosity is derived from their family. 13.2% males and 16.3% female respondents reported that it is derived from community, 8.2% males and 7% females from Professional Environment,4.4% males and 7% females from Personal Prayers and devotion,1.9% males and 1.6% females from Gospel Songs,1.3% males and 2.3% females from Reading Bible, Gospel books and Magazines and Gospel Sermons on TV. There was 1 female respondent (0.8%) who was not able to tell the major source of religiosity, she said there is no particular source that contributes to her religiosity and is a combination of all. From these findings, we can see that there is a gender difference in the perceived sources of religiosity.

6.1.2. Perception of Religiosity across Age Groups

This section is divided into two categories. It examines the two extreme levels of religiosity of the respondents, which is the highest level and lowest level. It also attempts to find out at what age group was the respondent's level of religiosity highest and at what age group was he/she is when his/ her religiosity was the lowest.

Table 6.2 Perception of Religiosity across Age Groups

Sl.No	Perception	Gender		Total N = 288
		Male n = 159	Female n = 129	
I	**Religiosity was Least during**			
	As a Child	15 (9.4)	11 (8.5)	26 (9.0)
	As an Adolescent	64 (40.3)	53 (41.1)	117 (40.6)
	As a Young Adult	41 (25.8)	31 (24.0)	72 (25.0)
	As An Adult	30 (18.9)	28 (21.7)	58 (20.1)
	As An Older Person	8 (5.0)	6 (4.7)	14 (4.9)
	NA	1 (0.6)	0 (0.0)	1 (0.3)
II	**Religiosity was Highest during**			
	As A Child	4 (2.5)	3 (2.3)	7 (2.4)
	As An Adolescent	17 (10.7)	6 (4.7)	23 (8.0)
	As A Young Adult	35 (22.0)	37 (28.7)	72 (25.0)
	As An Adult	19 (11.9)	17 (13.2)	36 (12.5)
	As An Older Person	83 (52.2)	66 (51.2)	149 (51.7)
	NA	1 (0.6)	0 (0.0)	1 (0.3)

Source: Computed Figures in parentheses are percentages

Respondents were asked about their level of religiosity to find out at what point of time their religiosity was the least. The majority (40.6%) reported that their religiosity was the least during their adolescent period; this includes 40.3% male and 41.1% female respondents. However, 25.8% male and 24% female respondents reported that it was least during their young adulthood, 18.9% male and 21.7% female respondents said that it was least during their adulthood. 9.4% male and 8.5% female respondents reported it was during their childhood, and 5% male and 4.7% female respondents said that their religiosity decreases with old age (see Table 6.2). No gender difference is found.

The respondents were again asked about their level of religiosity to find out at what point of time their religiosity was the highest. The majority of the respondents (51.7%) reported that their religiosity was highest as an older person i.e. after they have crossed the age to 60 years; this includes 52.2% male and 51.2% female respondents. The second highest response was during young adulthood (22% males & 28.7% females) followed by adulthood (11.9% males & 13.2% females), adolescent period (10.7% males&4.7% females) and childhood (2.5% males & 2.3% females). Among the respondents, only one male respondent (0.3%) was not able to answer. No gender difference is found.

Looking at the respondent's perception of age groups and level of religiosity, it has been found that religiosity was the least during their adolescent period for the majority of the respondents, and their level of religiosity is highest as an older person. There are no gender differences in both the subsections.

6.1.3. Patterns of Religiosity among Older Persons

For assessing the religiosity of the respondents, a Religiosity Scale with five dimensions was constructed and used. These dimensions include: 'Religious belief', 'Religious Values',

'Participation in Religious Activities', 'Religious Behaviour' and 'Spiritual Commitment'. The reason for constructing a new scale instead of using an already existing scale is because in a Mizo society the frequency of conducting religious activities and church services is quite high from Morning Prayer service till evening church services on most days of the week. Moreover, even non-religious gatherings like political or public meetings start with a prayer most of the time. High frequency of religious activities conducted at home, high frequency of church services, and other church-related activities, and the high importance of religiosity in the daily lives of the Mizos is something very different and unique which is usually not found in most other parts of the world. This makes it difficult to measure the religiosity of the Mizos using the already existing religious scales constructed by other researchers across the world and therefore a new religiosity scale is constructed which will measure the daily religious practices of the Mizos. Each dimension assesses a particular aspect of religiosity. As the Religiosity scale is self-constructed, the reliability test was done using Cronbach's Alpha and Guttman Split-Half and the scale is found to be reliable.

There are no clear cut dimensions of religiosity. It differs from one researcher to the other. Therefore, for this study, a new religiosity scale was constructed which will best suit the religiosity of the Mizo community. This scale is subdivided into five dimensions. Each of these dimensions contains questions regarding religious doctrines, religious practices, and levels of spiritual commitment.

This subsection examines each of the Five Dimensions of Religiosity such as Religious Beliefs, Religious Values, Participation in Religious Activities, Religious Behaviour, and Spiritual commitment. It attempts to find if there is a significant gender difference in each of the dimensions.

6.1.3.1. Religious Beliefs

Religious belief is the most basic level of religion. Religious beliefs are the contents of what someone believes. It is a set of ideas or ideological commitments, firm opinion, acceptance, and trust towards any religion. The older persons who claim to have higher levels of religious beliefs and activities were noted to have improved psychological health than those with lower religious activities and beliefs (Morse &Wisocki, 1987).

Table 6.3 Religious Beliefs of Respondents

Religious Beliefs	Locality				Total N = 288	
	Male n = 159		Female n = 129			
	Mean	S.D	Mean	S.D	Mean	S.D
I believe in the existence of God	5.6	0.5	5.6	0.5	5.6	0.5
I believe the Holy Bible is the word of God	5.6	0.5	5.6	0.5	5.6	0.5
I believe in life after death	5.5	0.5	5.6	0.5	5.6	0.5
I am born again in Christ	5.0	1.2	5.1	1.1	5.0	1.1
Whatever happens in my life is according to God's will	4.0	1.6	4.4	1.6	4.2	1.6
Religious Beliefs	5.1	0.7	5.3	0.7	5.2	0.7

Source: Computed Figures in parentheses are percentages

In this section, Table 6.3 shows the religious beliefs of the respondents. The religious belief is a 5-item instrument designed to measure the level of religious beliefs of the respondents, and it has a 7-point response score such as Strongly disagree (0), Disagree (1), Slightly disagree (2), Neither Agree nor Disagree (3), Slightly agree (4), Agree (5), Strongly Agree (6). The mean score0020of religious belief of the respondents is 5.2. Looking at items number 1, 2, and 3 of

Table 6.3 it can be seen that the respondents strongly believe in the existence of God, in life after death, and also strongly believe that the Holy Bible is the word of God and has a mean score of 5.6 each. The majority of the respondents are born again in Christ, the mean value is 5.0 (5.0 for male and 5.1 for female), and they also agree that whatever happens in their life is all according to God's will and the mean score is 4.2 (4.0 for male and 4.4 for female). No gender difference is found in each of the five dimensions.

6.1.3.2 Religious Values

Religious-based values are based on scriptures and a religion's established norms. The Humanistic model of religion emphasizes that a person's most important needs include needs for growth, purpose, and self- actualization. Humans have innate tendencies to fulfill their potential and express their values. Religion serves as an important vehicle for fulfilling potential and expressing values. Roccas and Schwartz (1997) postulated that the association of values and religiosity is affected by the standing of religious institutions because it influences the social and psychological functions of religiosity in society.

Table 6.4 Religious Values of Respondents

Religious Values	Gender				Total	
	Male n = 159		Female n = 129		N = 288	
	Mean	S.D	Mean	S.D	Mean	S.D
I am satisfied with my religion	5.6	0.6	5.6	0.6	5.6	0.6
I am satisfied with my religious denomination	5.5	0.6	5.5	0.7	5.5	0.6
I embrace my religion because it teaches high moral values	5.4	0.7	5.5	0.7	5.4	0.7
Ethical values can exist without religion	4.2	1.4	4.3	1.3	4.2	1.4
I believe all religions teach about ethical values	4.1	1.5	4.1	1.4	4.1	1.5
Religious Values	4.9	0.7	5.0	0.7	5.0	0.7

Source: Computed

In this subsection, the religious values of the Respondents are assessed using 5 items and it has a 7-point response score such as Strongly disagree (0), Disagree (1), Slightly disagree (2), Neither Agree nor Disagree (3), Slightly agree (4), Agree (5), Strongly Agree (6). Looking at table 6.4, it can be seen that both male and female respondents strongly agree that they are satisfied with their religion with a mean of 5.6. They also strongly agree that they are satisfied with their religious denomination as the mean value is 5.5 for both male and female respondents. Men agree that their religion teaches high moral values as the mean score is 5.4 and the female respondents strongly agree to it and have a mean score of 5.5. At the same time, they also slightly agree that ethical values can exist without religion as the mean score is 4.2 for males and 4.3 for females, and also slightly agree that all religions teach about ethical values. As a whole, the mean score of religious values of the respondents is 5.0 which means that both male and female respondents have high religious values. There is no significant gender difference in the Religious Values of the respondents.

6.1.3.3. Religious Participation

Religious participation is positively associated with both the quantity and the quality of social relationships (Ellison & George, 1994). Studies diverge as to why people who are committed to their religion especially those who regularly attend services and participate in religious activities have a higher level of subjective well-being and life satisfaction. One explanation is that it offers social support and a network. Krause and Wulff (2005) propose that church-based friendship may promote a sense of belonging and thus enhance physical and mental health. This dimension has been variously referred to as “associational involvement” (Lenski 1961), “ritual involvement” (Stark and Glock 1968), or the “cultic” dimension (Fukuyama 1961). Religious participation has generally been operationalized as the frequency of

church attendance or attendance at worship services, although it has also been operationalized as participation in church organizations and the amount of financial support given to the church (Cornwall et al., 1986).

In this section, the religious participation of the respondents was measured using a 4-points response scale. The responses are, 3=Always, 2=Mostly, 1= occasionally and 0=Never. Looking at table 6.5, it can be seen that church programs are an important part of the lives of the respondents as it has a mean score of 2.7 for both male and female respondents. They give high importance in giving tithe in the church and the mean score of 2.7 for males and 2.5 for female respondents. The respondents mostly attend church services on Sundays as the mean score is 2.3 for both male and female respondents. As there are evening church services regularly even on weekdays in Mizoram, the respondents mostly attend church services even on weekdays and the mean score is 2.1 for males and 2.0 for female respondents. Apart from church services, there are various church-related activities such as outreach programs, gospel campings, etc. However, the participation level is not high as the mean score is 1.9 for males and 1.8 for female respondents. Some of them occasionally participate in it as their physical health has declined and many of them spend most of their time at home. The participation level is also not high with regards to attending morning services / mass service. Most of them only attend it occasionally due to the decline in physical mobility as many churches are uphill which makes it difficult to go often. It has a mean score of 1.0 for males and 0.9 for female respondents.

Table 6.5 Religious Participation of Respondents

Modes of Participation	Gender				Total N = 288	
	Male n = 159		Female n = 129			
	Mean	S.D	Mean	S.D	Mean	S.D
Church programs are an important part of my life.	2.7	0.7	2.7	0.6	2.7	0.6
I give tithe in the church	2.7	0.7	2.5	0.8	2.6	0.8
I attend worship services on Sundays	2.3	0.9	2.3	0.9	2.3	0.9
I attend church services on weekdays	2.1	1.0	2.0	1.0	2.1	1.0
I participate in outreach programs, gospel camping's, etc	1.9	1.0	1.8	1.0	1.9	1.0
I attend morning prayer/mass service	1.0	0.9	0.9	1.0	0.9	1.0
Participation in Religious Activities	2.5	0.7	2.4	0.7	2.5	0.7

Source: Computed

The finding of this study supports the findings ofKrause (2002), Ostbye, et al. (2006), and Roh, et al. (2015) who found that participation in religious activities has a positive effect on the lives of older persons. The findings also corroborate with the findings of Lalmuanpuii (2007) who found that all the respondents were Christians, and the church was found as one of the most important activity centers of the older persons. The majority of the respondents attended church services. However, she also found that the percentage of religious participation is low for male and female in the urban areas as compared to male and female respondents in the rural areas because the location of the church is far and uphill in most areas which created a problem for them to attend the church regularly.

However, since the finding of this study shows no significant gender difference it contradicts the finding of Zhang (2010) who found that the participation of women in religious activities is higher as compared to men.

6.1.3.4 Religious Behaviour

The personal mode of religious involvement is defined as those behaviours which are by nature religious but do not require membership or participation in a religious group or community. For example, personal prayer, scripture study, giving to the poor, and encouraging others to believe in Christ are all behaviours that are expected of religious people (Cornwall et al., 1986).

Table 6.6 Religious Behaviour of Respondents

Religious Behaviour	Gender				Total N = 288	
	Male n = 159		Female n = 129			
	Mean	S.D	Mean	S.D	Mean	S.D
Religious Programmes on the Television	3.2	1.1	2.9	1.3	3.1	1.2
Conduct family prayer	3.1	0.9	3.0	1.0	3.1	0.9
Conduct private devotion	2.6	1.0	2.7	1.1	2.6	1.1
Read the Holy Bible/ scriptures	2.5	1.1	2.4	1.2	2.4	1.1
Read other religious books/articles etc.	2.5	1.1	2.4	1.2	2.4	1.1
Listen to religious programs on the radio	0.2	0.7	0.3	0.8	0.2	0.7
Religious Behaviour	2.4	0.6	2.3	0.7	2.3	0.7

Source: Computed

The religious behavior of the respondents is assessed using 6 items that have 5-points response score such as: 'every day' (4), 'few times a week' (3), 'few times a month' (2), 'occasionally' (1) and 'never' (0). As seen in Table 6.6, there is no gender difference, and the respondents frequently engaged themselves in religious behaviors. These religious behaviors include conducting private devotion, reading Holy Bible/scriptures and other religious books/articles, watching religious programs on the television, listening to religious programs on the radio, and conducting family prayer. The table shows that the respondents watch religious programs a few times a week on the television with a mean score of 3.2 for males and 2.9 for female respondents (see Table 6.6). For most of the respondents, family prayer is conducted a few times a week with a mean score of 3.1 for males and 3.0 for female respondents. The majority of the respondents also conduct private devotion a few times a week which has a mean value of 2.6 for males and 2.7 for female respondents. Many of the older adults read the Holy Bible/scriptures and religious books/articles at least a few times a week and have a mean score of 2.5 for males and 2.4 for female respondents. At the same time, some responded that they start to develop poor eye-sight and have difficulty reading it at a regular interval. Most of the respondents reported that they do not listen to radio programs anymore; therefore the mean score is only 0.2 for males and 0.3 for female respondents. There is no significant gender difference in the religious behavior of the respondents.

The findings of this research support the earlier study conducted by Haley, Koenig, and Bruchett (2001) that religious behavior has positive effects equally on both older men and women. It also supports the findings of the study conducted by Lalmuanpuii (2010) who founded that older persons, both male, and female, in rural and urban areas read and recite the Holy Bible at home in their leisure time apart from watching television, reading newspapers and

listening to the radio. This shows that religion and religiosity plays an important role in the lives of Mizo older persons.

However, this finding contradicts the findings of Melia (2001), Kareer (1994), and Devi (2009) who found in their studies that the religious behavior of older women is higher than that of older male respondents.

6.1.3.5. Spiritual Commitment

Cornwall et al. (1986) have constructed dimensions of religiosity of which Spiritual Commitment is an important dimension. This dimension has generally been ignored in the empirical research on religiosity; however, they found that it is an important part of religiosity and encompasses the personal faith relationship with the transcendental. It is the affective orientation of the individual towards deity and is a personal, subjective mode of religion.

Table 6.7 Spiritual Commitment of Respondents

Spiritual Commitment	Gender				Total	
	Male n = 159		Female n = 129		N = 288	
	Mean	S.D	Mean	S.D	Mean	S.D
Without religious faith, my life would have no meaning	5.1	0.8	5.2	0.8	5.2	0.8
My faith is involved in every aspect of my life	5.1	0.7	5.2	0.8	5.1	0.7
My relationship with God gives me life satisfaction	5.1	0.7	5.1	0.9	5.1	0.8
I lead the life of a good Christian	5.0	0.9	5.1	0.8	5.1	0.8
Spiritual Commitment	5.1	0.7	5.2	0.8	5.1	0.7

Source: Computed

The spiritual commitment of the respondents is assessed using 4 items with a 7-point response score such as Strongly disagree (0), Disagree (1), Slightly disagree (2), Neither Agree nor Disagree (3), Slightly agree (4), Agree (5), Strongly Agree (6). Looking at table 6.7, it can be seen that the spiritual commitment of the respondents is high. The majority of the respondents agree that without religious faith their life would have no meaning. The mean score is 5.1 for males and 5.2 for female respondents. They agree that their faith is involved in every aspect of their life, which has a mean score of 5.1 for males and 5.2 for females. They also agree that their relationship with God gives them life satisfaction and the mean score is 5.1 each for both male and female respondents and also agree that they lead the life of a good Christian. For these two items, the mean score is 5.0 for males and 5.1 for female respondents. There is no significant gender difference. Spiritual commitment is high for both older men and women.

Looking at each of the five 'Dimensions of Religiosity', in terms of religious beliefs, it was found that both male and female respondents strongly believe in the existence of God, in life after death, and also strongly believe that the Holy Bible is the word of God. The majority of the respondents are born again in Christ, and they also agree that whatever happens in their life is all according to God's will. The religious values of the Respondents were assessed, and both male and female respondents strongly agree that they are satisfied with their religion. They also strongly agree that they are satisfied with their religious denomination and agree that their religion teaches high moral values. Both male and female respondents have high religious values. The religious participation of the respondents was measured.

Church programs are an important part of the lives of both male and female respondents. When a person is at the last stage of his life cycle his physical health declines and makes it difficult to participate actively in social as well as church activities as compared to their younger

years. However, the case is not the same for all respondents because there are few older men and women especially in the young-old category who are more active in church-related activities after reaching retirement age as they have more leisure time and also because it is a good place for them to socialize. In terms of religious behavior, the respondents frequently engaged themselves in religious behaviors. These religious behaviors include conducting private devotion, reading Holy Bible/scriptures and other religious books/articles, watching religious programs on the television, listening to religious programs on the radio, and conducting family prayer. The spiritual commitment of the respondents was also assessed.

The majority of the respondents agree that without religious faith their life would have no meaning. They agree that their faith is involved in every aspect of their life, and also agree that their relationship with God gives them life satisfaction. Spiritual commitment is high for both older men and women. There is no gender difference in respondent's perception of age groups and level of religiosity, no gender differences in the various dimensions of religiosity. However, there is a gender difference in the perceived sources of religiosity.

6.1.4. Gender Differences in Religiosity

One of the objectives of the study is 'to study the differences in religiosity across gender in older persons' which is pursued in this section. The first hypothesis of the present study reads that there is a gender difference in the religiosity of older persons. This sub-section attempts to find gender differences in the dimensions of religiosity and test the first hypothesis. These include all the five dimensions of religiosity such as Religious Beliefs, Religious Values, Participation in Religious Activities, Religious Behaviour, and Spiritual Commitment.

Religious Beliefs, Religious Values, and Spiritual Commitment are cognitive as well as subjective. They are all related to each other. Religious belief has a mean score of 5.1 for males

and 5.3 for female respondents; Religious Values has a mean score of 4.9 for males and 5.0 for female respondents. The mean score of spiritual commitment is 5.1 for males and 5.2 for females (see Table 6.8).

Table 6.8 Gender Differences in the Dimensions of Religiosity of Respondents

Dimension	Male n = 159		Female n = 129		t	Sig.
	Mean	S.D	Mean	S.D		
Religious Beliefs	5.1	0.7	5.3	0.7	1.5	0.2
Religious Values	4.9	0.7	5.0	0.7	0.7	0.1
Participation in Religious Activities	2.1	0.6	2.0	0.6	-1.3	0.5
Religious Behaviour	2.4	0.6	2.3	0.7	-1.1	0.3
Spiritual Commitment	5.1	0.7	5.2	0.8	1.0	0.3

Source: Computed ** <0.01 * <0.05

On the other hand, Religious Participation and Religious Behaviour are not cognitive and are based on the frequency of actions and participation of the respondents. The mean score on Participation in Religious Activities is 2.1 for males and 2.0 for female respondents. In terms of Religious Behaviour, the mean score is 2.4 for females and 2.3 for male respondents. From table 6.8 it can be seen that there is no significant gender difference among these five dimensions of religiosity. Therefore, the first hypothesis that there is a gender difference in the religiosity of the older persons has been rejected. This finding of the present study contradicts the findings of the earlier study by McFarland (2010).

6.1.5. Rural-Urban Differences in Dimensions of Religiosity of Respondents

This sub-section attempts to find geographical differences, that is, rural-urban differences in the dimensions of religiosity. These include all the five dimensions of religiosity such as Religious Beliefs, Religious Values, Participation in Religious Activities, Religious Behaviour, and Spiritual Commitment.

In this subsection, it can be seen that with regards to participation in religious activities, the mean score is 1.9 for rural and 2.1 for urban localities and religious behavior has a mean score of 2.2 for rural and 2.3 for urban localities (see Table 6.9). Therefore in terms of Participation in Religious Activities, there is a slight significant locality difference and Religious Behaviour does not have a significant difference.

Table 6.9 Rural-Urban Differences in Dimensions of Religiosity of Respondents

Sl.No	Dimension	Locality				't'
		Rural n = 49		Urban n = 239		
		Mean	S.D	Mean	S.D	
1	Religious Beliefs	5.8	0.4	5.1	0.7	6.7**
2	Religious Values	5.2	0.6	4.9	0.7	2.8**
3	Participation in Religious Activities	1.9	0.7	2.1	0.6	2.8**
4	Religious Behaviour	2.2	0.9	2.3	0.6	1.2
5	Spiritual Commitment	5.3	0.7	5.1	0.7	2.2**

Source: Computed ** < 0.01 * <0.05

Religious beliefs have a mean score of 5.8 for rural and 5.1 for urban localities, religious values have a mean score of 5.2 for rural and 4.9 for urban localities, and the mean score for

spiritual commitment is 5.3 for rural and 5.1 for urban localities (see Table 6.9). Therefore, it is evident that these three dimensions Religious Beliefs, Religious Values, and Spiritual Commitment are more in the rural areas as compared to urban areas.

The finding of this study slightly supports the finding of Krause et al (2010) which proofs that older people in rural areas are more deeply involved in religion than older people who live in more urbanized areas. Looking at table 6.9, Religious Beliefs, Religious Values, Participation in Religious Activities and Spiritual Commitment are all significant at 1% level, except Religious Behaviour.

6.1.6. The interrelationship between Dimensions of Religiosity of Respondents

The interrelationships between the five dimensions of religiosity namely, Religious Beliefs, Religious Values, Participation in Religious Activities, Religious Behaviour, and Spiritual Commitment are discussed in this section (see Table 6.10).

Looking at the table, it can be seen that Religious Beliefs has a positive relationship with Religious Values and Spiritual Commitment and has significance at 1% level, but no significant relations with Participation in Religious Activities and Religious Behaviour. As seen earlier in sub-section 6.1.3, religious beliefs, religious values, and spiritual commitments are high in older persons, however, religious participation is not high due to a decline in physical mobility. Likewise, religious behavior is also not high as some respondents have reported that is it due to physical health problems. This explains the reason why religious beliefs have no significant relations with Participation in Religious Activities and Religious Behaviour.

Table 6.10 Interrelationship between Dimensions of Religiosity of Respondents: Pearson's r

Dimension	Rel01	Rel02	Rel03	Rel04	Rel05
Religious Beliefs	1	.468**	.402**	0.047	0.107
Religious Values	.468**	1	.300**	0.097	.150*
Spiritual Commitment	.402**	.300**	1	.192**	.199**
Participation in Religious Activities	0.047	0.097	.192**	1	.549**
Religious Behaviour	0.107	.150*	.199**	.549**	1

Source: Computed ** <0.01 * <0.05

Religious Beliefs	Religious Values	Spiritual Commitment	Participation in Religious Activities	Religious Behavior
Rel01	Rel02	Rel03	Rel04	Rel05

Religious Values have positive relations with Religious Beliefs, Spiritual Commitment, and Religious behavior but no significant relation with Participation in Religious Activities. Spiritual commitments have a positive relationship with all four dimensions, such as Religious Beliefs, Religious Values, Participation in Religious Activities, and Religious Behaviour; and are all significant at 1% level. Participation in Religious Activities has a positive relationship with Spiritual Commitment and Religious Behaviour only and no significant relation with Religious Beliefs and Religious Values. Religious behavior has a positive relationship with Religious Values, Spiritual Commitment, and Participation in Religious Activities but no significant relation with Religious Beliefs.

6.1.7. Profile of Respondents and Religiosity

In this section, the relationship between the profile of the respondents and various dimensions of religiosity is examined. To assess the relationship between the demographic,

social, and economic characteristics of the respondents on the one hand and dimensions of religiosity Karl Pearson's product-moment coefficients have been computed (see Table 6.11).

The profile of the respondents includes various categories such as Age, Educational Status, Socioeconomic Status, Size of Family, Personal Monthly Income, and Household Monthly Income. The Dimensions of Religiosity include Religious Beliefs, Religious Values, and Participation in Religious Activities, Religious Behaviour, and Spiritual Commitment.

'Age' has a negative effect on Participation in Religious Activities, but a positive effect on Religious Beliefs and Spiritual Commitment. As a person gets older, religious beliefs and spiritual commitment increases. However, their level of participation decreases due to a decline in physical mobility and various other health problems.

Table 6.11 Profile of Respondents and Dimensions of Religiosity: Pearson's r

Variable	Dimension				
	Religious Beliefs	**Religious Values**	**Participation in Religious Activities**	**Religious Behaviour**	**Spiritual Commitment**
Age	.186**	0.016	-.141*	-0.076	.164**
Educational Status	-.135*	-0.096	0.111	.119*	-0.067
Socio-economic Status	-0.109	0.002	.166**	0.102	-0.029
Size of Family	0.072	0.066	.118*	0.009	0.074
Personal Monthly Income	-0.102	-0.067	0.062	0.039	-0.108
Household Monthly Income	-.242**	-0.062	.139*	0.031	-0.084

Source: Computed ** <0.01 * <0.05

Educational status has a negative effect on Religious beliefs but a positive effect on religious behavior. This means that for a person of high religious belief, it does not require high educational status. However, it does have a positive effect on religious behavior as religious behavior include reading the Holy Bible, gospel books/articles, etc. which illiterate older persons will not be able to do.

The socio-economic Status, on the other hand, has a positive relationship with the Participation in Religious Activities. Older Persons with higher socioeconomic status can afford proper medical treatment and also afford to eat dietary supplements to keep them fit and healthy as compared to those who have low socioeconomic status and cannot afford to do the same.

The size of the family also has a positive effect on Participation in Religious Activities of older persons because, for many of the respondents, their physical health has declined, their bodies become weak and fragile, and they have difficulty in going to the church all by themselves. Many of them need help from members of their household to take them to church. Therefore, participation in religious activities is interrelated with the size of the family and has a positive effect.

Personal monthly income has no significant relationship with any of the dimensions of religiosity. However, Household Monthly Income has a negative effect on Religious Beliefs and a positive effect on Participation in Religious Activities. This shows that the income of the household has nothing to do with their level of religious beliefs, but the income of the household has a positive effect on participation in religious activities. The financial contributions made to the church through tithe or other sources of religious contribution has given them more sense of belongingness in the church and motivates them to participate more in various religious activities.

6.2. Life Satisfaction

Life Satisfaction is referred to as the attitudes that individuals have about their past, present as well as future concerning their psychological well-being (Chadha& Van Willigen, 1995). Sarkisian, et al. (2002) found in their study that the level of satisfaction among older persons affects not only their psychological adjustment but also physical, emotional, and social well-being. Belsky (1984) had stressed that life satisfaction varies greatly from person to person as many factors impinge on the well-being of the individuals.

6.2.1. Perception of Life Satisfaction across Age Groups

The age group has been found as one of the variables having a significant association with life satisfaction of older persons. Cross-sectional studies have presented results ranging from finding no relationship at all between age and life satisfaction (Diener et al., 1999; Hamarat et al., 2002) to finding a positive relationship (Mercier et al., 1998; Prenda&Lachman, 2001) and even negative relationships (Chen, 2001; Freund &Baltes, 1998). In one of the few studies applying a longitudinal design, Mroczek& Spiro (2005) found a decrease in life satisfaction in very old age. Findings from various studies of later life are contradictory.

This section is divided into two categories. It examines the two extreme levels of Life Satisfaction of the respondents, which is the highest level and lowest level. It attempts to find at what age group was the respondent's level of Life Satisfaction highest and what age group was he/she is when his/ her Life Satisfaction was the lowest.

Table 6.12 Perception of Life Satisfaction across Age Groups

Sl.No	Perception	Gender		Total N = 288
		Male n = 159	Female n = 129	
1	**Life Satisfaction was Least**			
	As a Child	9 (5.7)	5 (3.9)	14 (4.9)
	As an Adolescent	41 (25.8)	21 (16.3)	62 (21.5)
	As a Young Adult	29 (18.2)	25 (19.4)	54 (18.8)
	As an Adult	51 (32.1)	45 (34.9)	96 (33.3)
	As an Older Person	26 (16.4)	32 (24.8)	58 (20.1)
	NA	3 (1.9)	1 (0.8)	4 (1.4)
2	**Life Satisfaction was Highest**			
	As a Child	38 (23.9)	39 (30.2)	77 (26.7)
	As an Adolescent	9 (5.7)	3 (2.3)	12 (4.2)
	As a Young Adult	25 (15.7)	34 (26.4)	59 (20.5)
	As an Adult	17 (10.7)	4 (3.1)	21 (7.3)
	As an Older Person	67 (42.1)	47 (36.4)	114 (39.6)
	NA	2 (1.6)	5 (1.7)	7 (3.3)

Source: Computed Figures in parentheses are percentages

The respondents were asked at what point of time (age group) their life satisfaction was the least. Table 6.12 shows that the majority of the respondents (33.3%) reported that it was least during their adulthood, which is 32.1% for males and 34.9% for females. This mainly because during those times they had to take care of the whole family and even though they face financial hardships they still have to put food on the table for the whole family. Some reported that their life satisfaction was least during that time due to the loss of a spouse or other loved ones. Respondents whose life satisfaction was least during their adolescent period consist of 25.8% male and 16.3% female, and 16.4% male and 24.8% female said it was least after they reach old age. Those respondents whose life satisfaction was least after reaching old age said that it was mainly due to the loss of their loved ones, due to loneliness, a decline in their physical health, and neglect by members of their household. Some respondents reported that it was least during their young adulthood; these respondents consist of 18.2% male and 19.4% female. 5.7% male and 3.9% female said that it was least during their childhood because they had a very difficult childhood due to poverty, due to the loss of their loved ones and some said it was due to insurgency.

1.9% male and 0.8% female were not able to tell at what specific period their life satisfaction was the least. There is a significant gender difference.

The respondents were also asked at what point of time their life satisfaction was the highest. A total of 26.7% of respondents reported that their life satisfaction was the highest during their childhood. This includes 23.9% male and 30.2% female, as they live their lives happily without much care in the world, and during those times they still live happily with their parents and siblings under one roof. Respondents with a total of 20.5% reported that their satisfaction was highest during their young adulthood (15.7% male and 26.4% female) because

during those times they were physically fit and were able to do a lot of physical work and also actively participate in church-related activities as well. A total of 7.3 % of respondents said that their life satisfaction was the highest during their adulthood (10.7% and 3.1% female), and only 4.2% of the respondents said that it was highest during their adolescent period (5.7% male and 2.3% female). Among the respondents, a total of 3.3% were unable to tell the specific period when their life satisfaction was the highest (1.6% male and 1.7% female). There is no significant gender difference.

The majority (39.6%) of the respondents, that is, 42.1% male and 36.4% female said that their life satisfaction was the highest after they reach old age/retirement age (see Table 6.12). They reported that even though they have many hardships in life, their religiosity has helped them to accept their situation and socializing with church members, and attending church services helps them to cope and in turn, helps them to be contented and satisfied with their life despite all the hardships. This contradicts the findings of Mroczek& Spiro (2005) who found a decrease in life satisfaction in very old age.

6.2.2. Perception of Source of Life Satisfaction

Life Satisfaction of a person may be derived from various sources. It depends from person to person. Some of the most common sources of Life Satisfaction include Religion, Family, Personal Achievement or a sense of belongingness in a community/society, etc.

Table 6.13 Perception on Source of Life Satisfaction

Sl.No	Source of Life Satisfaction	Gender		Total N = 288
		Male n = 159	Female n = 129	
1	Family	98 (61.6)	72 (55.8)	170 (59.0)
2	Religion	113 (71.1)	101 (78.3)	214 (74.3)
3	Community	15 (9.4)	9 (7.0)	24 (8.3)
4	Personal Achievements	24 (15.1)	13 (10.1)	37 (12.8)

Source: Computed Figures in parentheses are percentages

In this subsection, the perception of the source of Life Satisfaction of the respondents was assessed. The respondents were allowed to give multiple answers. For 74.3% of the respondents (71.1% male & 78.3% female), religion was the main source of Life Satisfaction (see Table 6.13). Many of the older men and women reported that they have been facing many problems and issues in their lives and therefore use religion to cope with all these hardships. They also reported that if life satisfaction has to be measured in terms of economic status or fame or power, theirs would be very low. But through religion, they learn how to be content / satisfied with their lives and learn to embrace all the hardships they face in their lives. The belief in life after death and knowing that this world is temporary and they would soon leave for their heavenly abode gives them hope and happiness despite all the hardships they face during their lifetime.

Among the respondents, 59% reported that their main source of life satisfaction was Family. The family also plays an important role in the lives of older persons. When they are being loved by their family members it gives them happiness. Many have reported that even if

they are not rich in terms of material wealth, the strong bond of the family makes them happy and satisfied. Few older persons reported that their life satisfaction is derived from Personal achievements (12.58%). There is no specific measurement for Personal achievements. It can be in terms of wealth, or high educational status, or high job profile, etc. For some, especially in the rural areas, it may be measured in terms of the number of crops yield, or the numberof lands owned, etc. It varies from person to person. Very few older persons reported that their life satisfaction is derived from Community (8.3%). As Mizo is a close-knit society, support is often offered or provided to people who need it. It may be in terms of monetary relief or kind. So for some respondents, this gives them a sense of belongingness in the community and they are also at peace because they know that the community will always be there for them.

This table clearly shows that for older Mizo men and women religion plays a very important role and in turn contributes to their Life Satisfaction as well. A significant gender difference is found in the perception of their source of life satisfaction.

6.2.3 Satisfaction with Life among Older Persons

The major goal of social workers working with older persons at multi-level has been the promotion of their well-being which in turn will give them life satisfaction. Life satisfaction is probably the most often-used indicator of effective adaptation to aging.

In this section, one of the objectives of this research, ‘To assess the life satisfaction of older persons in Mizoram’ is pursued and for assessing life satisfaction, The ‘Satisfaction with Life Scale’ (SWLS) developed by Diener et al., (1985) was used. It was developed to assess satisfaction with the respondent's life as a whole. SWLS is a unique scale to measure the life satisfaction of an individual. It is global rather than specific in nature, allowing respondents to

weight domains of their lives in terms of their values, in arriving at a global judgment of life satisfaction.

Table 6.14 Satisfaction with Life among Older Persons

Item	Gender				Total N = 288	
	Male n = 159		Female n = 129			
	Mean	S.D	Mean	S.D	Mean	S.D
I am satisfied with my life	5.2	1.4	5.4	1.4	5.3	1.4
The conditions of my life are excellent	5.2	1.4	5.3	1.4	5.2	1.4
In most ways, my life is close to my ideal	5.0	1.6	5.3	1.5	5.1	1.6
So far I have gotten the important things I want in life	4.1	1.2	4.2	1.1	4.1	1.1
If I could live my life over, I would change almost nothing	3.9	1.0	3.9	1.1	3.9	1.1
Satisfaction with Life	4.7	1.1	4.8	1.2	4.7	1.1

Source: Computed

The Life satisfaction of the respondents is assessed using a 'Satisfaction with Life Scale' (SWLS) developed by Diener et al. (1985). The SWLS is a short 5-item instrument developed to assess satisfaction with people's lives as a whole. The scale does not assess satisfaction with specific life domains, such as health or finances, but allows subjects to integrate and weigh these domains in whatever way they choose. It has a 7-point response scale such as: Strongly disagree (1), Disagree (2), slightly disagree (3), Neither Agree nor Disagree (4), slightly agree (5), Agree (6), Strongly Agree (7).

Table 6.14 shows that the majority of the male respondents slightly agree that they are satisfied with their life and has a mean score of 5.2, female respondents also gave the same response and has a mean score of 5.4. Many of the male respondents slightly agree that the conditions of their life are excellent and the mean score is 5.2. female respondents also slightly

agree and they have a mean score of 5.3. The majority of the male respondents slightly agree that their life is close to their ideal and the mean is 5.0, and the same responses are received from the female respondents as the mean score is 5.3. The male respondents neither agree nor disagree that they have got important things they want in life and have a mean score of 4.1; female respondents also neither agree nor disagree and have a mean score of 4.2. The majority of the male respondents slightly disagree with the point "If I could live my life over, I would change almost nothing" and the mean score is 3.9, the response of female respondents are the same and the mean score is 3.9 which means that they neither agree nor disagree with it. No gender difference is found in the satisfaction with life among the respondents.

6.2.4 Personal Well-being of the Respondents

In this section, one of the objectives of the study 'To assess the personal well-being of older persons' is pursued and to assess the personal wellbeing of the respondents, the Personal Well-Being Index Scale' (4th ed.) developed by the International Well-Being Group (2006) is used. The Personal Well-being Index (PWI) is a measure of subjective well-being, addressing the satisfaction with several aspects of personal life and representing the first-level deconstruction of "satisfaction with life as a whole" (International Well-being Group, 2006). The PWI scale includes items each one corresponding to a quality of life domain: satisfaction with standard of living, health, achieving in life, relationships, safety, community connectedness, future security, and spirituality/religion. Items are scored in a 0–10 rating scale, with 0 representing completely dissatisfied, 5 the neutral point, and 10 completely satisfied.

Table 6.15 shows that among the 8 items, 'feeling of safety', has a mean score of 7.8 for males and 7.9 for female respondents, which means that they feel safe in their own homes. Their relationship with their spouse or other immediate family is high as it has a mean score of 7.6 for

males and 7.7 for females. When asked how satisfied they feel as being part of their community, their response was quite good as it has a mean score of 7.7 for males and 7.5 for females. When respondents were asked about their future security the responses were quite good and has a mean score of 7.5 for males and 7.6 for female respondents.

Table 6.15 Personal Well-being of the Respondents

Item	Gender				Total N = 288	
	Male n = 159		Female n = 129			
	Mean	S.D	Mean	S.D	Mean	S.D
Spirituality or Religion	8.4	1.3	8.3	1.3	8.4	1.3
Feeling of Safety	7.8	1.6	7.9	1.5	7.9	1.6
Personal relationships	7.6	1.6	7.7	1.5	7.7	1.6
Feeling part of your community	7.7	1.9	7.5	1.9	7.6	1.9
Future security	7.5	2.1	7.6	1.9	7.6	2.0
Achieving in life	6.8	1.8	6.7	1.8	6.8	1.8
Standard of Living	6.8	1.9	6.6	2.0	6.7	1.9
Health	6.0	1.9	5.9	1.9	6.0	1.9
Spirituality or Religion	8.4	1.3	8.3	1.3	8.4	1.3

Source: Computed

Respondents were asked about their level of satisfaction with their achievement in life, the responses were good as the mean score is 6.8 for males and 6.7 for female respondents. Many of them responded that even though they do not make high achievements in life in terms of wealth, education, or hold high positions/designations, they learn how to be satisfied with what they have achieved so far. Satisfaction is not measured only in terms of material things. Having a

good spouse and children, being able to provide for their family, building houses of their own, high religiosity, etc was counted as their main achievements in life. Therefore, the mean score is 6.8 for males and 6.7 for female respondents. The standard of living is not so high at all but the respondents said they learn how to be satisfied with what they have, it has a mean score of 6.8 for males and 6.6 for female respondents. 'Spirituality or Religion' item has the highest mean score which is 8.4 for males and 8.3 for female respondents. Health has the lowest mean score for both males and females as the mean score is 6.0 for males and 5.9 for female respondents. This means that for older men and women, the physical health and functional ability has declined as they aged and they start developing health issues that negatively affect their level of participation in social and religious activities for older men and women. This table shows that no significant gender difference is found when measuring the Personal Well-being of the respondents.

6.2.5 Gender Differences in Life Satisfaction and Personal Well-being

The second hypothesis of the present study reads that there is a gender difference in the life satisfaction of older persons in Mizoram. The present section tests this hypothesis. The gender difference between male and female respondents in terms of Life Satisfaction and Personal Well-being. When looking at Table 6.16, it is important to note that these two scales have different response scales. The Satisfaction with Life Scale (SWLS) has a 5-items instrument with a 7-items response scale. The Personal Well-being Scale has 8 items instrument with a 10-items response scale.

Table 6.16 Gender Differences in Life Satisfaction and Personal Well-being

Scale	Male n = 159		Female n = 129		t	Sig.
	Mean	S.D	Mean	S.D		
Satisfaction with Life	4.7	1.1	4.8	1.2	0.84	0.40
Personal Well-being	7.3	1.3	7.3	1.4	0.38	0.71

Source: Computed ** <0.01 * <0.05

Tables 6.16 shows that no significant gender difference is found in terms of satisfaction with life which is measured using the Satisfaction with Life Scale (SWLS) and the mean score is 4.7 for male and 4.8 for female. Likewise, the Personal Well-being which is measured using the Personal Well-being Index' (PWI) scale, and the mean score is 7.3 for males and 7.3 for female respondents. It can also be seen that the *'t'* value is not significant even at 5% level. Hence, it rejects the second hypothesis that there is a gender difference in the life satisfaction of older persons in Mizoram. These findings contradictan earlier study by Murtagh&Hubert (2004), which found that satisfaction with one's life is higher in older men as compared to older women.

6.2.6. Rural-Urban Differences in Life Satisfaction and Personal Well-being

In this section, the differences in rural and urban areas in terms of Life Satisfaction and Personal Well-being are discussed.

Table 6.17 shows that there is a significant rural-urban difference in terms of satisfaction with life which is measured using the Satisfaction with Life Scale (SWLS) and the mean score is 3.6 for rural and 5.0 for urban localities. Likewise, the Satisfaction with Life as a Whole which is measured using the 'Personal Well-being Index' (PWI) scale, and the means score is 5.5 for rural and 7.68 for urban localities.

Table 6.17 Rural-Urban Differences in Life Satisfaction and Personal Well-being

Scale	Locality				't'
	Rural n = 49		Urban n = 239		
	Mean	S.D	Mean	S.D	
Satisfaction with Life	3.26	1.50	5.04	0.77	12.17**
Personal Well-being	5.5	0.96	7.68	1.10	12.85**

Source: Computed ** <0.01 * <0.05

This shows that there is a significant locality difference between rural and urban areas and the 't' value is significant at 1% level. The findings, therefore, contradict the earlier studies conducted by Priyanka& Mishra (2013) which stated that no significant differences were found in the overall life satisfaction and Well-being of older people in urban and semi-urban dwellings.

6.2.7 Respondent Profile, Life Satisfaction, and Personal Well-being

This section presents the inter-relationship between Profile of the Respondents, Life Satisfaction of the Respondents, and Personal Well-being of the Respondents. Table 6.18 highlighted that Age has no significant relationship with Satisfaction with Life and has a negative relationship with Personal Wellbeing. This means that as the age of a person increases personal wellbeing decreased.

Educational status has a positive relationship with Life Satisfaction and Personal wellbeing. This shows that the higher the education, the higher the satisfaction with life and the personal well-being of older persons. This is mainly because good educational statuses often land them to good jobs with a good salary which contributes to their well-being.

Socio-economic status has a positive relationship with satisfaction with life and Personal Well-being. This means the higher the socio-economic status, the higher the satisfaction with life and personal well-being of older persons. This is true especially in terms of personal well-being mainly because with the increase in age the physical health declines and many older persons require proper medical treatment for which they require money for the treatment. Many older persons in both the rural and urban areas do not afford medical treatment due to low socioeconomic status.

Table 6.18 Respondent's Profile, Life Satisfaction, and Personal Well-being: Pearson's r

Variable	Satisfaction With Life	Personal Well-being
Age	-0.01	-.119*
Educational Status	.189**	.202**
Socio-economic Status	.285**	.250**
Size of Family	-0.036	-.142*
Monthly Personal Income	-0.017	0.041
Monthly Household Income	.383**	.359**

Source: Computed ** <0.01 * <0.05

The size of the family has a negative relationship which means that when the size of the family increases there is a decline in personal well-being. An increase in the size of the family means an increase in household expenditures. Especially for those who are below the poverty line, this creates more financial problems for the whole household. This, in turn, affects the physical well-being of the older persons as it is difficult for the members of the household to

provide them with good nutrition and most importantly meet other health requirements like a medical check-up or buy medical prescriptions, etc.

Monthly personal income has no significant relationship with Satisfaction with Life or Personal Well-being, however, the monthly household income has positive relations with Satisfaction with Life and Personal Well-being which means that the higher the monthly household income, the higher is the Satisfaction with Life and Personal Well-being.

6.3. Religiosity, Life Satisfaction, and Personal Well-being

In this section, the inter-relationship between Religiosity, Life Satisfaction, and Well-being are discussed. It is divided into two subsections: 'Religiosity and Personal Well-being' and 'Religiosity and Life Satisfaction'.

6.3.1. Religiosity and Life Satisfaction

One of the objectives of this research ‘To probe into the relationship between religiosity and life satisfaction’ is pursued in this section and to do that the relationship between various dimensions of Religiosity and Life Satisfaction is examined. The dimensions of Religiosity include Religious Beliefs, Religious Values, Participation in Religious Activities, Religious Behaviour, and Spiritual Commitment. As seen in Table 6.19, Religious values, spiritual commitments, and religious behavior have no significant relation with Life Satisfaction, while religious belief has negative relationships. Among the five dimensions of religiosity, only participation in religious activities has a positive relationship with Life satisfaction. Hence, the third hypothesis that the religious behavior of older persons is positively related to their life satisfaction in Mizoram has been rejected. However, the fourth hypothesis which states that the religious participation of older persons is positively related to their life satisfaction has been validated.

From this table, it can be seen that Participation in religious activities such as church attendance and participating in church-related activities plays an important role in contributing to the life satisfaction of a person. It is important to note that the other dimensions of religiosity are also very important in the lives of older persons. Just because it does not show a positive relationship with the life satisfaction scale does not mean that the respondents do not value other dimensions. In fact, tables 6.3, 6.4, 6.6 & 6.7 show that their level of religious beliefs, religious values, religious behavior, and Spiritual commitments are quite high. The main reason why there is no significant relation with life satisfaction is that the word 'Life satisfaction' is being interpreted by most of the respondents as something worldly, something which is temporary, something which they can enjoy only during this lifetime and not beyond. Therefore, the respondents felt that among the five dimensions, only participation in religious activities contribute to that temporary satisfaction during their lifetime.

Table 6.19 Religiosity and Life Satisfaction: Pearson's r

Variable	**Satisfaction with Life**
Religious Beliefs	-.184**
Religious Values	-0.047
Participation in Religious Activities	.171**
Spiritual Commitment	-0.001
Religious Behaviour	0.082
Satisfaction with Life	1
Personal Well-being	.633**

Source: Computed ** <0.01 * <0.05

As Christians, the respondents give more importance to life beyond this lifetime, life after death, also known as the 'Afterlife' where they will go to heaven and enjoy the Presence of God and loved ones for eternity and there will be no more death nor sufferings. Religious beliefs, religious values, religious behavior, and spiritual commitment are viewed as important contributors to help them reach the heavenly abode. Having said that, it does not mean older persons do not want life satisfaction during this lifetime, they use religion and religiosity to cope with all the hardships they face in life, and participation in religious activities gives them happiness and decreases loneliness which increases their well-being and thus, contributes to their life satisfaction.

In a study based on older person Christians, Krause (2003) finds a positive relationship between involvement with church friends and life satisfaction. A study conducted by Lim & Putnam (2010) also revealed that religious people are more satisfied with their lives because they regularly attend religious services and build social networks in their congregations.

6.3.2. Religiosity and Personal Well-being

In this subsection, the relationship between Religiosity and Personal Well-being is examined. Table 6.20 shows that Religious beliefs and spiritual commitment have negative relationships with personal wellbeing while 'Religious Values' has no relation with Personal Well-being. On the other hand, Participation in Religious Activities and Religious Behaviour have positive relationships with Personal Well-being.

Table 6.20 Religiosity Personal Well-being: Pearson's r

Variable	Personal Well-being
Religious Beliefs	-.352**
Religious Values	-0.102
Participation in Religious Activities	.182**
Spiritual Commitment	-.118*
Religious Behaviour	.158**
Satisfaction with Life	.633**
Personal Well-being	1

Source: Computed ** <0.01 * <0.05

From table 6.20 it can be seen that religious values, spiritual commitment, and religious beliefs are important dimensions of religiosity. However, these three dimensions do not contribute directly to a person's well-being by default. As mentioned above, words like 'Life Satisfaction', 'Personal well-being' etc are interpreted by the respondents as something worldly and temporary which will last only this lifetime, and to attain personal well-being, participation in religious activities play an important role as compared to other dimensions. When a person participates in religious activities (participation in church services, other church-related activities, etc.) and religious behavior (private devotion, reading Holy Bible at home, conducting family prayers, etc.), it derives contentment, a sense of meaning in life, and decreases loneliness for older persons. Especially in terms of participation in religious activities, it helps older persons to socialize with other people which gives a person a sense of belongingness in the church. Religious behavior, especially conducting family prayers at home creates better relationships

among the family members and makes their bond even stronger. All these give them happiness which in turn contributes to their life satisfaction and personal well-being. Hence, the fourth hypothesis that religious participation is positively related to the life satisfaction of older persons in Mizoram has been validated.

This finding corroborates with the findings of Devi (2009) who conducted a study on 200 retired women from two districts of Kerala. She found that respondents with a high degree of participation in religious activities lead to better relationships with friends and family as compared to those respondents with a low degree of religiosity and they also have better health conditions that contribute to their personal well-being. Barkan and Greenwood (2003) have conducted a study that shows that religious attendance/ participation is positively associated with psychological well-being among older persons.

When looking at the relationship between Satisfaction with Life and Personal Well-being as a whole, it can be seen that Satisfaction with life has a positive relationship with personal wellbeing and vice versa. The two scales complement each other as the Personal Well-being index also focuses on satisfaction with life as a whole. This shows that personal well-being contributes to the life satisfaction of older persons.

This chapter has focused on the findings of this study in terms of Religiosity, Life Satisfaction, and Personal Well-being. The next chapter, which is the final chapter of this research, will consist of Summary, Conclusions, and Suggestions.

CHAPTER VII

CONCLUSION

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CONCLUSION

The present study aims at assessing the bearing of religiosity on the life satisfaction of the older persons in the context of Mizoram. In the earlier three chapters, the results of qualitative and quantitative data were discussed. In this chapter, an attempt has been made to present the salient findings, conclusion and implication of the present study.

7.1. Summary of the Findings

The present section presents a summary of the findings in five sub-sections. They are Role of religion in old age, Profile of the respondents, Religiosity of Older Persons, Life Satisfaction, and Religiosity, Life Satisfaction and Personal Well-being.

7.1.1. Role of Religion in Old Age

One of the objectives of the study 'To understand the role of religion and religiosity in the lives of older persons' are pursued. The role of religion and religiosity is examined by conducting Case Studies and Key Informant Interviews. Case studies are conducted to understand the current conditions of older persons from the life story and lived experiences they share. It highlights some of the major challenges faced by older persons and how they deal with those challenges, and also to understand the role of religion in the lives of older persons and to see if it contributes to their life satisfaction. A total of twelve (12) case studies were conducted for this research. Six (6) case studies were conducted in the rural areas, that is, two (2) case studies each (1 male & 1 female) from Luangpawn, Thanglailung and North Khawlek. Likewise, six (6) case studies are conducted in the urban areas, that is, two (2) case studies each (1 male & 1 female) from Zemabawk, RamtharNorth and RamhlunVenglai. Pseudonym/Fictitious names have been used in each of these case studies to protect the identity of the subjects/participants.

From these twelve case studies, it can be seen that there is a decline in the physical health of older persons. Especially for those living in rural areas, the availability of medical facilities is poor. None of the selected rural areas has hospitals or PHCs. They have to go to another village that has a PHC or to the city to get proper medical treatment. However, as the economic/financial status of most families is low, most of them do not afford to get proper medical treatment. Even for those living in urban areas, low economic status is often the reason why they do not go for regular checkups, as they do not want to be a burden for the family. This shows that low economic status, in many ways, affects the physical well-being of older persons. As the living conditions are found to be low, older men and women try to be as helpful as they can be in doing household chores, babysitting, engaging in piggery and poultry farms etc. The older persons give high importance to religion and religiosity. Even though they have faced and are still facing many hardships in life including financial issues as well as health problems, their religion and religiosity have helped them cope with these hardships. Their religiosity, in many ways, contributes to their life satisfaction.

The key informant interviews were conducted with a wide range of people including community leaders, professionals, or residents who have firsthand knowledge about the older persons in the community. The purpose of these key informant interviews is to understand the challenges of older persons in the community, their life situations and the role of religion in the life of older persons. In key informant interviews, older persons in a community are studied as a whole. For this study, Key Informant Interviews were conducted on all the identified research areas. These research areas include three rural areas, that is, Luangpawn, Thanglailung and North Khawlek and three urban localities, that is, Zemabawk, Ramthar North and Ramhlun Venglai. In each of the selected areas, the Key informants consist of male and female informants who are

above the age of 60 years and are permanent residents of the selected areas. Most of them hold important positions in community-based organizations as well as in the church. The information received from the key informants from both rural and urban areas is clubbed together to find out the common conditions of older persons. The findings of the qualitative analysis of the KIIs are presented in terms of five themes. They are health, economic conditions, social participation, religiosity, and life satisfaction of older persons.

The Key Informant Interviews conducted in rural and urban areas revealed the health, economic, and social participation of older persons. It also highlighted the religiosity of older persons and how it contributes to their life satisfaction. From the key informant interviews, it can be seen that old age is a biological fact and significant ongoing loss in capacities and a decline in functional ability is a very common stressor for older men and women. They experience reduced mobility, chronic pain, frailty or other health problems which often affect their mental health as well and sometimes lead to depression and other related problems. Health is not the only problem faced by older persons. Another common problem of older men and women in rural and urban areas is a decrease in income. Once they retire from their work there is a decrease in their income as their monthly pension is much lower than their usual salary. Especially for daily wagers, they do not have any pension; therefore they experience total loss of income. When a person reaches retirement age, he/she has to make so many adjustments in his/her life. In many families, this often results in loss of decision making power in the household as they are not the breadwinner anymore. Therefore, they need to learn how to cope with their situation. Moreover, many older men and women develop feelings of loneliness and for this, the MUP plays an important role. They enjoy playing recreational activities with their fellow members. Most of all, the ability to contribute to the welfare and development of their community through the works of

the MUP and sharing their knowledge and lived experiences give them a sense of belongingness in the community and they feel valued as well. Religion and religiosity play an important role in the lives of older persons as it gives them hope and ability to cope with the hardships they face in life. This in turn contributes to their life satisfaction. Thus, conducting Key Informant Interviews helps in gaining valuable information about older persons in both rural and urban areas which are not captured or highlighted in the quantitative data. As the interview schedule of this research uses closed-ended questions, the qualitative data such as case studies and key informant interviews help in gaining a deeper understanding of how older persons view their lives and why religion and religiosity play an important role in their lives, and how religiosity contributes to their life satisfaction.

7.1.2. Profile of the Respondents

This research studies the gender differences in Age, Marital status and Educational Status. It was found that the majority of the respondents belong to the 'young-old' category, followed by the middle-old category. The old-old category constitutes the lowest percentage and no significant gender difference is found. In terms of the marital status of the respondents, the majority of the male respondents are married while the number of widows is higher than widowers. Male respondents get re-married, while there are no female respondents who got remarried. The result shows that male respondents found more important to have a spouse as compared to female respondents. The educational status of male respondents is higher as compared to female respondents. Female respondents have lower educational status, and the number decreases as the educational qualification increases. Many of the female respondents dropped out of school after completing primary schools. In terms of demographic profile, except

for the age group of the respondents, there are gender differences in marital status and educational status of the respondents.

More number of male respondents belong to nuclear families, while the majority of the female respondents belong to joint families. This may be because there are more widows and there are no female respondents who got remarried and are therefore being looked after by their children and some by their extended families. Therefore, there is a gender difference in the types of family. Majority of both male and female respondents belong to stable families which shows that there is no gender difference in form of family. In terms of size of family, there is no gender difference as the majority of both male and female respondents belongs to medium size family which consists of 4 to 6 family members.

From this study, it was found that religion does play an important role in the lives of older persons. Majority of both male and female respondents belong to a Presbyterian denomination, followed by United Pentecostal Church of Mizoram (11.8%), Salvation Army (5.9%), Baptist Church of Mizoram (4.2%), Evangelical Free Church of India (1.7%), Roman Catholic (0.7%), Seventh Day Adventist (1%), United Pentecostal Church North-East (0.7%), Fundamental Baptist (0.7%), BneiMenashe (.07%), Isua Krista Kohhran (0.3%), Church of God (0.3%) and 0.3% of older persons who have no denomination. This is mainly because they belong to a sect and do not have a denomination. From this table, it can be seen that even though the denomination may be diverse, religion plays an important role in the lives of older persons as almost all of them are members of the church. There is a slight gender difference.

Majority of the respondents belong to the non-poor(APL category). Even though the majority of the respondents (59%) have retired from their job/work, many of them still haven't retired. These respondents are engaged in different kinds of occupation such as working in

governmental and non-governmental agencies, private employment, self-employment etc. Farming is the most common occupation of the respondents. 25% of the respondents are engaged in farming. But the type of farming differs from respondents to respondents. Some engage themselves in vegetable farms, while some are into fruit farms, pigs and poultry farms etc. While some of them engaged in farming to earn a livelihood, some of the respondents engaged in small farms also known as hobby farms, which are not meant for primary sources of income. 31.8% are female while only 19.5% are male. This means that the numbers of older women engaging in farming are more in number as compared to that of older men and still play the role of a breadwinner. This shows that there is a significant gender difference. More number of male respondents hold government jobs even before retirement as compared to female respondents. Most of the female respondents (55.8%) dropped out after primary school, so they had to either work as a daily wager or work in the field/farm. This shows that there is a significant gender difference in the source of income of the respondents. Also, in terms of monthly income, it can be seen that the percentage of the male is higher as compared to females, which means that men have a higher income as compared to women. Among the Respondents, 47% of female and 31% of the male are being looked after by members of their household, 23% of female and 16% of male have received a small amount of old-age pension (IGNOAPS) through the government which is Rs.250 per month for older persons who are between the age of 60-79 years and belong to BPL category. Those older persons who belong to BPL category and are above the age of 80 years received Rs.500. Those who receive a pension are those who fall under the BPL category of socio-economic status. No significant gender difference is found in socioeconomic status, there is a significant gender difference in current occupation, a significant gender difference in sources of income and no gender difference found in the source of economic support.

The living conditions of the respondents include household monthly income and personal monthly income. The exact income is not measured because many of the respondents do not have regular income and therefore it is easier for them to just pick the range which best suits their monthly income. Majority of the household income (30.6%) is between Rs.10000 to Rs.20000. As the range increases the percentage of females decreases, male respondents have a higher income. Those households where older men live have a higher income as compared to households where older women live. The personal monthly income, just like household monthly income is measured using a 7-item response scale. The respondents chose the best range which fits their monthly personal income.Majority of female respondents (41.1%) have personal monthly income of less than Rs.5000 (Five thousand rupees) while male respondents are only 28.3%. The average income of male respondents is higher than that of female respondents. Among the respondents, 34.9% of female and 15.1% of male have no personal monthly income and mostly depend on the income of other members of their household.This, in a way, is related to educational status as older men have a higher qualification than older women and therefore more numbers of male respondents hold better job profile and therefore earn more as compared to women. Even after they retire, they still get a pension from the previous job they hold before retirement, therefore, their income is more as compared to female respondents. There is a significant gender difference in both household income and Personal Monthly income

7.1.3. The Religiosity of Older Persons

The perceived sources of religiosity of the respondents include 'Church', 'Family', 'Community', 'Professional Environment', 'Personal Prayers and devotion', 'Gospel Songs', 'Reading Bible, Gospel books and Magazines' etc. wherein the majority of the respondents, that is 69.2% males and 69% females reported that their religiosity is derived from the church. The

majority (40.6%) reported that their religiosity was the least during their adolescent period; this includes 40.3% male and 41.1% female respondents. Majority of the respondents (51.7%) reported that their religiosity was highest as an older person i.e. after they have crossed the age to 60 years; this includes 52.2% male and 51.2% female respondents.

For assessing the dimensions of religiosity of the respondents, a Religiosity Scale with five dimensions was constructed and used. These dimensions include: 'Religious belief', 'Religious Values', 'Participation in Religious Activities', 'Religious Behaviour' and 'Spiritual Commitment'. The reason for constructing a new scale instead of using an already existing scale is because in a Mizo society the frequency of conducting religious activities and church services is quite high from Morning Prayer service till evening church services on most days of the week. Moreover, even non-religious gatherings like political or public meetings start with a prayer most of the time. High frequency of religious activities conducted at home, high frequency of church services and other church-related activities, and the high importance of religiosity in the daily lives of the Mizos is something very different and unique which is usually not found in most other parts of the world. This makes it difficult to measure the religiosity of the Mizos using the already existing religious scales constructed by other researchers and therefore a new religiosity scale is constructed which will measure the daily religious practices of the Mizos. Each dimension assesses a particular aspect of religiosity. As the Religiosity scale is self-constructed, the reliability test was done using Cronbach's Alpha and Guttman Split-Half and the scale is found to be reliable. In terms of religious beliefs, it was found that both male and female respondents strongly believe in the existence of God, in life after death and also strongly believe that the Holy Bible is the word of God. Majority of the respondents are born again in Christ, and they also agree that whatever happens in their life is all according to God's will. The religious

values of the Respondents were assessed, and both male and female respondents strongly agree that they are satisfied with their religion. They also strongly agree that they are satisfied with their religious denomination and agree that their religion teaches high moral values. Both male and female respondents have high religious values. The religious participation of the respondents was measured. Church programs are an important part of the lives of both male and female respondents. When a person is at the last stage of his life cycle his physical health declines and makes it difficult to participate actively in social as well as church activities as compared to their younger years. However, the case is not the same for all respondents because there are few older men and women especially in the young-old category who are more active in church-related activities after reaching retirement age as they have more leisure time and also because it is a good place for them to socialize. In terms of religious behaviour, the respondents frequently engaged themselves in religious behaviours. These religious behaviours include conducting private devotion, reading Holy Bible/scriptures and other religious books/articles, watching religious programmes on the television, listening to religious programmes on the radio and conducting family prayer. The spiritual commitment of the respondents was also assessed. Majority of the respondents agree that without religious faith their life would have no meaning. They agree that their faith is involved in every aspect of their life, and also agree that their relationship with God gives them life satisfaction. Spiritual commitment is high for both older men and women.

From the study, it was found that there is no gender difference in respondent's perception of religiosity across age groups. Moreover, when examining the gender difference in the dimensions of religiosity, there are no gender differences in the various dimensions of religiosity. However, when examining the rural-urban differences it was found that there is a slight locality

difference in terms of Participation in Religious Activities. Religious Behaviour does not have a significant difference, and it was also found that Religious Beliefs, Religious Values and Spiritual Commitment are more in rural areas as compared to urban areas.

Among the five dimensions of religiosity, Religious beliefs, Religious Values and Spiritual Commitment have positive relationships with each other. On the other hand, Participation in religious activities, religious behaviour and spiritual commitment has positive relationships with each other. Spiritual commitment has positive relations with the other four dimensions of religiosity.

When finding the interrelationship between the profile of the respondents and dimensions of religiosity, Age has a positive relationship with Religious beliefs and spiritual commitment. Educational status has a negative effect on Religious beliefs but a positive effect on religious behaviour. This means that for a person of high religious belief, it does not require high educational status. Socio-economic status has a positive relationship with participation in religious activities. This could mean that those who have high socio-economic status can contribute more in the church which motivates them to participate more in church-related activities. The size of the family also has a positive effect on Participation in Religious Activities because, for many of the respondents, their physical health has declined, their bodies become weak and fragile, and they have difficulty in going to the church all by themselves and need help from members of their household to take them to church. Personal monthly income has no significant relationship with any of the dimensions of religiosity and Household Monthly Income has a negative effect on Religious Beliefs and positive effect on Participation in Religious Activities. This shows that the income of the household has nothing to do with their level of religious beliefs, but the income of the household has a positive effect on participation in

religious activities. The financial contributions made to the church through tithe or other sources of religious contribution has given them more sense of belongingness in the church and motivates them to participate more in various religious activities.

7.1.4. Life Satisfaction of Older Persons

Life Satisfaction is referred to as the attitudes that individuals have about their past, present as well as future concerning their psychological well being. The age group has been found as one of the variables having significant association with life satisfaction of older persons. The respondent's perception of Life Satisfaction across age groups was also examined. Respondents were asked at what point of time (age group) their life satisfaction was the least. Majority of the respondents (33.3%) reported that it was least during their adulthood, which is 32.1% for male and 34.9% for female. The respondents were also asked at what point of time their life satisfaction was the highest. Majority (39.6%) of the respondents, that is, 42.1% male and 36.4% female said that their life satisfaction was the highest after they reached old age/retirement age. They reported that even though they have many hardships in life, their religiosity has helped them to accept their situation and socializing with church members and attending church services helps them to cope and in turn, gives them satisfaction with their life despite all the hardships.

Life Satisfaction of a person may be derived from various sources. It depends from person to person. Some of the most common sources of Life Satisfaction include Religion, Family, Personal Achievement or a sense of belongingness in a community/society etc. the perception on the source of Life Satisfaction of the respondents was assessed. A total of 74.3% of respondents (71.1% male & 78.3% female) responded that religion was the main source of Life Satisfaction. Many of the older men and women reported that they have been facing many

problems and issues in their lives and therefore use religion to cope with all these hardships. They also reported that if life satisfaction has to be measured in terms of economic status or fame or power, theirs would be low. But through religion, they learn how to be content / satisfied with their lives and learn to embrace all the hardships they face in their lives. 59% reported that their source of life satisfaction was Family. Many have reported that even if they are not rich in terms of material wealth, the strong bond of the family makes them happy and satisfied. Few older persons reported that their life satisfaction is derived from Personal achievements (12.58%). Personal achievement is not always measured in terms of wealth, or high educational status, or high job profile etc. especially in the rural areas it may be measured in terms of a high number of crops yield, or the number of lands owned etc. Very few older persons reported that their life satisfaction is derived from Community (8.3%). As Mizo is a close-knit society, support is often offered or provided to people who need monetary relief or in kind.

The Life satisfaction of the respondents is assessed using a 'Satisfaction with Life Scale' (SWLS) developed by Diener et al. (1985). The SWLS is a short 5-item instrument developed to assess satisfaction with people's lives as a whole. The scale does not assess satisfaction with specific life domains, such as health or finances, but allows subjects to integrate and weigh these domains in whatever way they choose. Majority of the male respondents slightly agree that they are satisfied with their life; they slightly agree that the conditions of their life are excellent; they also slightly agree that their life is close to their ideal. They neither agree nor disagree that they have got important things they want in life. Majority of the male and female respondents slightly disagree with the point "If I could live my life over, I would change almost nothing". No gender difference is found in the satisfaction with life among older people.

Another scale used in this research to assess the life satisfaction and personal well being of the respondents is the 'Personal Well-Being Index Scale' (4th ed.) developed by the International Well-Being Group (2006). The Personal Well-being Index (PWI) is a measure of subjective well-being, addressing satisfaction with several aspects of personal life. The PWI scale includes items each one corresponding to a quality of life domain: satisfaction with standard of living, health, achieving in life, relationships, safety, community connectedness, future security, and spirituality/religion. Items are scored in a 0–10 rating scale, with 0 representing completely dissatisfied, 5 the neutral point, and 10 completely satisfied. Spirituality or Religion contributes most to the life satisfaction of the respondents. Many of them responded that even though they do not make high achievements in life in terms of wealth, education or hold high positions/designations, they learn how to be satisfied with what they have achieved so far. Satisfaction is not measured only in terms of material things. Having a good spouse and children, being able to provide for their family, building houses of their own, high religiosity etc was counted as their main achievements in life. Health has the lowest mean score for both male and female respondents. This means that for older men and women, the physical health has declined as they aged and they start developing health issues while negatively affects their level participation in social and religious activities for most older men and women.

When examining the gender differences between life satisfaction and personal well-being, no significant gender difference was found as Satisfaction with Life Scale (SWLS) has a mean score of 4.7 for male and 4.8 for female and Personal Well-being Index' (PWI) scale has the same mean score of 7.3 for both male and female respondents. In terms of rural-urban differences, there is a significant locality difference between rural and urban areas. Rural areas

show lower satisfaction with life as well as lower personal well-being as compared to urban areas.

The inter-relationship between Profile of the Respondents, Life Satisfaction of the Respondents and Personal Well-being of the Respondents were also examined in this study. It was found that Age has no significant relationship with Satisfaction with Life and has a negative relationship with Personal Wellbeing. This means that as the age of a person increases personal well being decreases. Educational status has a positive relationship with Life Satisfaction and Personal well being. This shows that the higher the education, the higher the satisfaction with life and personal well-being of older persons. This is mainly because good educational statuses often land them to good jobs with a good salary which contributes to their well-being. Socio-economic status has a positive relationship with satisfaction with life and Personal Well-being. This means higher the socio-economic status, higher the satisfaction with life and personal well-being of older persons. This is true especially in terms of personal well-being mainly because with the increase in age the physical health declines and many older persons require proper medical treatment for which they require money for the treatment. Many older persons in both the rural and urban areas do not afford medical treatment due to low socioeconomic status. Size of the family has a negative relationship which means that when the size of the family increases there is a decline in personal well-being. Increase in the size of the family means an increase in household expenditures. Especially for those who are below the poverty line, this creates more financial problems for the whole household. This, in turn, affects the physical well being of the older persons as it is difficult for the members of the household to provide them with good nutrition and most importantly meet other health requirements like a medical checkup or buy medical prescriptions etc. Monthly personal income has no significant relationship with

Satisfaction with Life or Personal Well-being, however, the monthly household income has positive relations with Satisfaction with Life and Personal Well-being which means that higher the monthly household income, higher is the Satisfaction with Life and Personal Well-being.

7.1.5. Religiosity and Life Satisfaction

The relationship between various dimensions of Religiosity and Life Satisfaction is examined. The dimensions of Religiosity include Religious Beliefs, Religious Values, Participation in Religious Activities, Religious Behaviour, and Spiritual Commitment. Religious values, spiritual commitments and religious behaviour have no significant relation with Life Satisfaction, while religious belief has negative relationships. Among the five dimensions of religiosity, only participation in religious activities has a positive relationship with Life satisfaction. Participation in religious activities such as church attendance and participating in church-related activities plays an important role in contributing to the life satisfaction of a person. It is important to note that the other dimensions of religiosity are also very important in the lives of older persons. Just because it does not show a positive relationship with life satisfaction scale it does not mean that the respondents do not value other dimensions. The main reason why there is no significant relation with life satisfaction is that the word 'Life satisfaction' is being interpreted by most of the respondents as something worldly, something which is temporary, something which they can enjoy only during this lifetime and not beyond. Therefore, the respondents felt that among the five dimensions, only participation in religious activities contribute to that temporary satisfaction during their lifetime. As Christians, the respondents give more importance to life beyond this lifetime, life after death, also known as the 'Afterlife' where they will go to heaven and enjoy the Presence of God and loved ones for eternity and there will be no more death nor sufferings. Religious beliefs, religious values,

religious behaviour and spiritual commitment are viewed as important contributors to help them reach the heavenly abode. Having said that, it does not mean older persons do not want life satisfaction during this lifetime, they use religion and religiosity to cope with all the hardships they face in life and participation in religious activities gives them happiness and decreases loneliness which increases their well-being and thus, contributes to their life satisfaction.

The relationship between Religiosity and Personal Well-being was examined as the personal wellbeing index focused on life satisfaction as a whole. Religious beliefs and spiritual commitment have negative relationships with the personal well being while 'Religious Values' has no relation to Personal Well-being. On the other hand, Participation in Religious Activities and Religious Behaviour has a positive relationship with Personal Well-being. Religious values, spiritual commitment and religious beliefs are important dimensions of religiosity. However, these three dimensions do not contribute directly to a person's well-being by default. As mentioned above, words like 'Life Satisfaction', 'Personal well-being' etc are interpreted by the respondents as something worldly and temporary which will last only this lifetime, and to attain personal well-being, participation in religious activities play an important role as compared to other dimensions. When a person participates in religious activities (participation in church services, other church-related activities etc.) and religious behaviour (private devotion, reading Holy Bible at home, conducting family prayers etc.), it derives contentment, a sense of meaning in life and decreases loneliness for older persons. Especially in terms of participation in religious activities, it helps older persons to socialize with other people which give a person a sense of belongingness in the church. Religious behaviour, especially conducting family prayers at home creates better relationships among the family members and makes their bond even stronger. All these give them happiness which in turn contributes to their well-being.

7.2. Conclusion

This study aims to understand the role of religion in the lives of older persons in Mizoram. It also probes into the bearing of religiosity on the life satisfaction and personal well-being of older persons. This study was conducted in the rural and urban localities of Aizawl district. From this research, it was found that religion does play an important role in the lives of older persons in Mizoram. The older persons give high importance to religiosity in their life. Some older persons become more actively participating in religious activities in terms of attending church services, gospel camping, outreach programmes etc. However, there are many of them whose physical health has declined with an increase in age that even though they give high importance to religious activities, they are unable to do so as they are physically unfit. Apart from this they also give high importance to other religious behaviour like private devotion, conducting family prayer, reading Bible and other religious books and articles, watching gospel programmes on television, listening to gospel related programmes on radios etc.

This research also tried to find out if there are gender differences in the religiosity of older persons. Even though there are few gender differences like education, occupational status, monthly income etc. no significant gender differences were found in terms of religiosity of older persons and there are no significant gender differences in terms of personal well-being and life satisfaction as well.

The assessment of the relationship between religiosity, life satisfaction and personal well-being shows that there is a negative relationship in terms of religious beliefs, no significant relationships in terms of religious values and positive relationship in terms of participation in religious activities. Spiritual Commitments have no significant relationship with life satisfaction but have negative relationships with personal well-being. Religious behaviour has no significant

relationship with life satisfaction and positive relationship with personal well being. Both Satisfaction with Life and Personal well-being has positive relationships with each other and they play important roles in the lives of Mizo older persons.

It is important to note that the other dimensions of religiosity are also very important in the lives of older persons. Just because it does not show a positive relationship with life satisfaction scale it does not mean that the respondents do not value other dimensions. The main reason why there is no significant relation with life satisfaction is that the word 'Life satisfaction' is being interpreted by most of the respondents as something worldly, something which is temporary, something which they can enjoy only during this lifetime and not beyond. Therefore, the respondents felt that among the five dimensions, only participation in religious activities contribute to that temporary satisfaction during their lifetime. As Christians, the respondents give more importance to life beyond this lifetime, life after death, also known as the 'Afterlife' where they will go to heaven and enjoy the Presence of God and loved ones for eternity and there will be no more death nor sufferings. Religious beliefs, religious values, religious behaviour and spiritual commitment are viewed as important contributors to help them reach the heavenly abode. Having said that, it does not mean older persons do not want life satisfaction during this lifetime, they use religion and religiosity to cope with all the hardships they face in life and participation in religious activities gives them happiness and decreases loneliness which increases their well-being and thus, contributes to their life satisfaction.

With regards to the hypotheses, the results of the statistical analysis of this study reject the hypothesis that there is a gender difference in the religiosity of the older persons in Mizoram. It also rejects the second hypothesis which states that there is a gender difference in life satisfaction of older persons. The results also reject the third hypothesis which states 'The

religious behaviour is positively related to the life satisfaction of older persons in Mizoram'. However, the fourth hypothesis which states that 'the religious participation is positively related to the life satisfaction of older persons in Mizoram' is validated.

7.3. Suggestions

The study is an attempt to understand the role of religion and religiosity in the lives of older persons in Mizoram, to assess personal well-being, level of satisfaction with life, and the contribution of religiosity on the life satisfaction of older persons.

7.3.1. Social Work Practice and Policy Advocacy

Following the findings of this study, the suggestions are made as follows:

1. Social work intervention in the context of Mizoram need not be exclusively secular. Rather secular and spiritual interventions need to be used holistically. Professional social workers working with older persons in communities and organisations must acknowledge and include the spiritual and religious aspects in their assessment and intervention. However, their objective and material well-being need not be overlooked and efforts for promoting the material and spiritual well-being of the older persons be combined.
2. The findings of this study highlighted that socio-economic conditions of the older persons are low. Therefore it is important to create opportunities for employment and livelihood, especially for those older persons who have crossed retirement age but are still physically active.
3. Professional social workers in Mizoram need to advocate for the provision of pension and social security of older persons. They can also help the older persons to avail the government schemes for them.

4. National Policy of Older Persons announced by the Central Government of India, in the year 1999 to ensure the well-being of older persons. It was revised in 2011 and is now called 'National Policy on Senior Citizens 2011'. The policy is a step to promote the health, safety, social security and well-being of older persons in India. However, to date, it has still not been properly implemented in Mizoram. Proper implementation of the policy should be encouraged.
5. Many of the respondents reported a feeling of loneliness. As Mizoram Upa Pawl (MUP) is an association for older persons, it provides a safe environment where older persons can hang out and socialise with other older persons. Therefore, better facilities in each of the MUP units/ MUP houses should be encouraged and conducting more recreational activities should be encouraged. The state government needs to provide adequate financial support to the MUP towards improving such facilities.
6. In terms of health, old age comes with a lot of ailments and diseases, and the same has been reported by the older persons in Mizoram. However, health care facilities are poor, especially in rural areas. Therefore the state government needs to ensure that there are better health care facilities and medical services in each of the villages in rural areas.
7. Rather than encouraging 'Old age homes', a proper 'Daycare centre' for older persons, which is looked after by medical and Social Work professionals, may be established in the urban areas as well as in the villages. This will allow them to hang out with other older persons during day time, and spend time with their families and loved ones in the evening. Older persons need to live with their families and loved

ones while they are at the last stage of their life cycle. It can be seen from the findings of this study that helping their families by doing chores in the house, spending time together at home, conducting family prayers etc. are valuable and important for Mizo older persons and creates stronger bonds. Therefore, instead of Old Age Homes, Daycare centres should be encouraged so that older persons can be looked after by professionals without being separated from their families.

8. Social work curriculum in India excludes religious and spiritual aspects of well-being and by and large secular. As the context of Mizoram is religious, aspects of religion, religiosity and spirituality may be included in the MSW curriculum.

7.3.2. Future Research

Research on older persons in Mizoram is inadequate. More research needs to be conducted on various aspects of life and wellbeing of older persons. The following specific suggestions for further research are put forth.

1. Studies similar to the present study may be conducted across the state of Mizoram and North Eastern region of India.
2. In the context of Mizoram, social work research on the religiosity and mental health of older persons can be conducted.
3. Practice-based research is a rarity in India. Social work practice with older persons combining secular and spiritual interventions may be conducted at individual and group levels.

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APPENDICES

RELIGIOSITY AND LIFE SATISFACTION OF OLDER PERSON IN MIZORAM

Research Scholar
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Interview Schedule
(Strictly Confidential for Research Purpose only)

Date: _____
Schedule No.: _____ Investigator: _____
House no.: _____ Locality/Village: _____

SOCIO-DEMOGRAPHIC DETAILS

1. Name : _____
2. Age : _____
3. Sex : **0** Male; **1** Female
4. Religion : **0** Christian; **1** Hindu; **2** Muslim; **3** Buddhist; **4** Others (Specify)
5. Denomination : **0** Presbyterian; **1** Baptist; **2** Salvation Army; **3** United Pentecostal; **4** Roman Catholic**; 5** Adventist; **6** Others
6. Marital Status : **0** Single/Never married; **1** Married; **2** Divorced; **3**Widowed; **4** Remarried

If married, spouse/partner details:

(a). Religion: _____
(b). Denomination: _____
(c). State/ Country: _____

7. Literacy Status : **0** Literate; **1** Illiterate
8. Educational Qualification : **0** Never attended; **1** Primary; **2** Middle; **3** High School; **4** Higher Secondary; **5** Graduate; **6** Post Graduate; **7** M.Phil/PhD
9. Geographical Location : **0** Urban; **1** Rural

SOCIO-ECONOMIC DETAILS

10. Socio-economic Category : **0** AAY; **1** BPL; **2** APL
11. Size of Family : **0** Small (1-3); **1** Medium (4-6); **2** Large (7 and above)
12. Type of Family : **0** Nuclear; **1** Joint; **2** Extended
13. Form of Family : **0** Stable; **1** Broken; **2** Reconstituted/Step Family
14. Nature of House : **0** Owned; **1** Rented
15. Type of House : **0** Pucca; **1** Semi Pucca; **2** Kutcha

16. Household Details :

Sl. No	Name	Age	* Sex	** Relation to respondent	*** Marital Status	**** Edu. Qual.	***** Occupation	Monthly income
1								
2								
3								
4								
5								
6								
7								

Codes: * **0** Male, **1** Female**;**
** **0** Husband, **1** Wife, **2** Son, **3** Daughter, **4** Grandchild, **5** Sister, **6** Brother, **7** Others (Specify) ;
*** **0** Never married, **1** Married, **2** Divorced, **3** Widowed, **4** Remarried;
****0 Illiterate, **1** Never attended, **2** Primary, **3** Middle, **4** High School**, 5** Higher secondary, **6** Graduate, **7** Post Graduate, **8** M.phil/PhD, **9** Others (Specify);
***** **0** Student, **1** Unemployed, **2** Govt. employed, **3** Self-employed, **4** Private employed, **5** Manual Labour, **6** Others (Specify)

17. Current Occupation/Designation : **0** Govt. employed; **1** Self-employed; **2** Private employed (industry/factory/shops etc.);
3 Church based (Pastor/Salvation Officer etc.); **4** Farming;
5 Daily Wager; **6** Unemployed; **7** Retired

17. (a). If retired, Last Occupation / Designation held before Retirement:
0 Govt. employed; **1** Self-employed; **2** Private employed (industry/factory/shops etc.);
3 Church based (Pastor/Salvation Officer etc.); **4** Farming;
5 Daily Wager; **6** Unemployed

18. Monthly income of the family : **0** Rs.0 –5000; **1** Rs.5000 –10,000; **2** Rs.10,000–20,000;
3 Rs.20,000–30,000; **4** Rs.30,000–40,000; **5** Rs.40,000 & above

19. Monthly income of the respondent: **0** Rs. 0 – 5000; **1** Rs. 5000 – 10,000; **2** Rs. 10,000 –15,000;
3 Rs. 15,000–20,000; **4** Rs.20,000–25,000; **5** Rs. 25,000 & above

20. Means of subsistence **0** Income from current work, business etc; **1** Income from tenants;
2 Pension; **3** Supported by members of household; **4** Supported by children residing elsewhere; **5** Supported by relatives;
6 Supported by Govt. / NGOs

21. Pension : **0** Yes; **1** No

21 (a) If yes, : **0** Retirement pension; **1** IGNOAPS (Indira Gandhi Old Age Pension Scheme)

22. Amount of Pension received per month: _____

LIFE SATISFACTION

The Satisfaction with Life Scale (SWLS) Diener, E., Emmons, R.A., Larsen, R.J., & Griffin, S. (1985)

Sl No		StD	D	SlD	NAD	SlA	A	StA
23.	In most ways my life is close to my ideal	1	2	3	4	5	6	7
24.	The conditions of my life are excellent	1	2	3	4	5	6	7
25.	I am satisfied with my life	1	2	3	4	5	6	7
26.	So far I have gotten the important things I want in life	1	2	3	4	5	6	7
27.	If I could live my life over, I would change almost nothing	1	2	3	4	5	6	7

*1. Strongly disagree; 2.Disagree; 3.Slightly disagree; 4.Neither Agree or Disagree;
5. Slightly agree; 6. Agree; 7.Strongly Agree

THE PERSONAL WELL-BEING INDEX SCALE (PWI) International Well-being Group (2006)

28. "How satisfied are you with your **standard of living**?"

Completely Dissatisfied — Neutral — Completely Satisfied

0 1 2 3 4 5 6 7 8 9 10

29. "How satisfied are you with your **health**?"

Completely Dissatisfied — Neutral — Completely Satisfied

0 1 2 3 4 5 6 7 8 9 10

30. "How satisfied are you with what you are **achieving in life**?"

Completely Dissatisfied — Neutral — Completely Satisfied

0 1 2 3 4 5 6 7 8 9 10

31. "How satisfied are you with your **personal relationships**?"

Completely Dissatisfied — Neutral — Completely Satisfied

0 1 2 3 4 5 6 7 8 9 10

32. "How satisfied are you with **how safe you feel**?"

Completely Dissatisfied — Neutral — Completely Satisfied

0 1 2 3 4 5 6 7 8 9 10

33. "How satisfied are you with feeling part of your **community**?"

Completely Dissatisfied — Neutral — Completely Satisfied

0 1 2 3 4 5 6 7 8 9 10

34. "How satisfied are you with your **future security**?"

Completely Dissatisfied — Neutral — Completely Satisfied

0 1 2 3 4 5 6 7 8 9 10

35. "How satisfied are you with your **spirituality or religion**?"

Completely Dissatisfied — Neutral — Completely Satisfied

0 1 2 3 4 5 6 7 8 9 10

RELIGIOSITY

Religious Beliefs

Sl No		StD	D	SlD	NAD	SlA	A	StA
36.	I believe in the existence of God	0	1	2	3	4	5	6
37.	I believe the Holy Bible is the word of God	0	1	2	3	4	5	6
38.	I believe in life after death	0	1	2	3	4	5	6
39.	I am born again in Christ	0	1	2	3	4	5	6
40.	Whatever happens in my life is according to God's will	0	1	2	3	4	5	6

*0. Strongly disagree; 1.Disagree; 2.Slightly disagree; 3.Neither Agree or Disagree; 4. Slightly agree; 5. Agree; 6.Strongly Agree

Religious Values

Sl No		StD	D	SlD	NAD	SlA	A	StA
41.	I am satisfied with my religion	0	1	2	3	4	5	6
42.	I am satisfied with my religious denomination	0	1	2	3	4	5	6
43.	I embrace my religion because it teaches high moral val	0	1	2	3	4	5	6
44.	Ethical values can exist without religion	0	1	2	3	4	5	6
45.	I believe all religions teach about ethical values	0	1	2	3	4	5	6

*0. Strongly disagree; 1.Disagree; 2.Slightly disagree; 3.Neither Agree or Disagree; 4. Slightly agree; 5. Agree; 6.Strongly Agree

Participation in religious activities

Sl No		Always	Mostly	Occasionally	Never
46.	I participate in outreach programs, gospel campings and other church related activities	3	2	1	0
47.	I give tithe in the church	3	2	1	0
48.	I attend church services on weekdays	3	2	1	0
49.	Church programs and activities are an important part of my life.	3	2	1	0
50.	I attend worship services on Sundays (Saturdays for Seventh day)	3	2	1	0
51.	I attend morning prayer/mass service	3	2	1	0

Religious Behavior

Sl No		Everyday	Few times a week	Few times a month	Occasionally	Never
52.	I conduct private devotion	4	3	2	1	0
53.	I read the Holy Bible/ scriptures	4	3	2	1	0
54.	I read other religious books/articles etc.	4	3	2	1	0
55.	I watch religious programmes on the television	4	3	2	1	0
56	I listen to religious programmes on the radio	4	3	2	1	0
57.	We conduct family prayer	4	3	2	1	0

Spiritual Commitment

Sl No		StD	D	SlD	NAD	SlA	A	StA
58.	Without religious faith, my life would have no meaning	0	1	2	3	4	5	6
59.	My faith is involved in every aspect of my life	0	1	2	3	4	5	6
60.	I lead the life of a good Christian	0	1	2	3	4	5	6
61.	My relationship with God gives me life satisfaction	0	1	2	3	4	5	6

*0. Strongly disagree; 1.Disagree; 2.Slightly disagree; 3.Neither Agree or Disagree; 4. Slightly agree; 5. Agree; 6.Strongly Agree

62. My religiosity is derived from

Family	0 No	1 Yes
Church	0 No	1 Yes
Community	0 No	1 Yes
Professional environment	0 No	1 Yes
Gospel Songs	0 No	1 Yes
Personal Prayers and devotion	0 No	1 Yes
Gospel Sermons on TV	0 No	1 Yes
Reading Bible, Gospel books and magazines	0 No	1 Yes
Any other	0 No	1 Yes

63. My religiosity was highest

0 As a child; **1** As an adolescent; **2** As a young adult; **3** As an adult; **4**As an older person

64. My religiosity was least

0 As a child; **1** As an adolescent; **2** As a young adult; **3** As an adult; **4**As an older person

65. My life satisfaction is derived from:

Family	0 No	1 Yes
Religion	0 No	1 Yes
Community	0 No	1 Yes
Personal achievements	0 No	1 Yes

66. My life satisfaction was highest

0 As a child **1** As an adolescent **2** As a young adult **3** As an adult **4**As an older person

67. My life satisfaction was least

0 As a child **1** As an adolescent **2** As a young adult **3** As an adult **4**As an older person

PARTICULARS OF THE CANDIDATE

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Degree : DOCTORATE OF PHILOSOPHY

Department : SOCIAL WORK

Title of Thesis : 'Religiosity and Life Satisfaction of Older Persons in Mizoram'

Date of admission : 24th August, 2011

APPROVAL OF RESEARCH PROPOSAL

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2. School Board : 2nd May, 2012
3. Academic Council : 1st June, 2012
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2.	Religiosity and Life Satisfaction of Older Persons in Mizoram	ISSN 0976-5484 (Social Work Journal, Vol. 9, No.2)
3.	Religious Participation and Life Satisfaction among Senior Citizens in Mizoram	DSNLU Journal of Social Sciences, Vol.1, No.1.
4.	Mental Wellbeing and Resilience	*Y's Eyes, Young Women's Newsletter*, Vol.6, September 2016. (New Delhi, India)

RELIGIOSITY AND LIFE SATISFACTION OF OLDER PERSONS IN MIZORAM

ABSTRACT

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2019

RELIGIOSITY AND LIFE SATISFACTION OF OLDER PERSONS IN MIZORAM

Introduction

The present study is an attempt to understand the satisfaction of life of the older persons in Mizoram and how religiosity contributes to their life satisfaction.

Ageing is a universal biological fact and a natural process. The UN agreed that the cutoff is 60+ years to refer to the older population. It has its own dynamic, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. Old age is considered to be the last chapter of one's life. Socially constructed meanings of age are significant such as the roles assigned to older people; in some cases, it is the loss of roles accompanying physical decline which is significant in defining old age. Old age in many developing countries is seen to begin at the point when the active contribution is no longer possible" (Gorman, 1999). Even though aging is a universal phenomenon, the life experiences of older persons are not uniform. Some persons achieve a sense of fulfillment and satisfaction in their old age, while others turn bitter and lament the decline of their physical abilities and social significance.

Gerontology is the study of ageing that examines the biological, psychological, and sociological factors associated with old age and ageing. The study of ageing and ageing persons refers to the whole person who is ageing and the aged. The wholeness embraces the physical, spiritual, mental, emotional and social dimensions of human growth and development (David, 2001). Old age is an especially important time to cultivate, elicit and sustain a sense of purpose.

According to Erikson’s Theory of Psychosocial Development, every person must pass through a series of eight interrelated stages over the entire life cycle. Each stage involves a

conflict between two extreme characteristics. The eighth stage (Integrity Vs. Despair) occurs during Late Adulthood (65 years – death). In this stage, older adults reflect upon their life and then assess their self-worth. Older persons contemplate their accomplishments and are able to develop integrity if they see themselves as leading a successful life; it gives them a feeling of satisfaction. If they see their life as unproductive or feel that they did not accomplish their life goals, they become dissatisfied with life and develop despair, often leading to depression and hopelessness (McLeod, 2008; Cherry, 2012). Jeffrey S. Akman (2003) has classified the final stages of life into three categories, such as 'Young-old' (60s), 'Middle-old' (70s) and 'Old-old' (80+ years).

The concept of ageing / old age varies between societies and has undergone a great deal of change over time (Bhat & Dhruvaranjan, 2001). India, like many other developing countries in the world, is presently witnessing rapid ageing of its population. The population of India is ageing in two ways: (i) ageing as a result of slower growth at the base of the population pyramid, due to reduced fertility, and (ii) ageing at the top of the population pyramid, due to reduced mortality (Gupta & Kumar 1999).

Several terms are used to refer to people who have crossed that age of 60 years and above. These include Elderly, Senior Citizen, Senile, Older Person etc. Some of the terms mentioned are found to be discriminating for people who belong to that age group. The most acceptable term found is 'Older person'. The term "Older person" or "older people" are most preferred because they reflect better how the general population refers to older members of our families and communities. "Older person" is often the term of choice on the international front, such as in the title of the International Day of Older Persons, which was created by the United Nations in 1990. The term "person" is perhaps more positive as it recalls the inherent personhood

of every individual, reminds us that everyone has worth regardless of age, and that ageing does not someone de-value a person(Taylor, 2011).It is essential to demonstrate that old age is not a defeat, but a victory; not a punishment, but a privilege.

In India, the older population (60 years and above) has been increasing steadily in number and proportion. According to the Population Census 2011, the total population in India is 1210.2 million where 623.7 million are males and 586.5 are females. Out of this, there are nearly 104 million older persons (aged 60 years or above) in India; 53 million females, and 51 million males. This shows that the number of female older persons is much higher as compared to male older persons. The size of the older population has increased over time; from 5.6% in 1961, the proportion has increased to 8.6% in 2011. The percent of literacy among older persons increased from 27% in 1991 to 44% in 2011. The literacy rate among female older persons (28%) is less than half of the literacy rate among male older persons (59%). The aging of the population is affected due to downward trends in fertility and mortality. Low birth rates coupled with long life expectancies, push the population to age humanity.

As per the Census of India 2011, the total population of Mizoram is 1091014, which is only 0.09 percent of the total population of India. The total number of the male population in the state of Mizoram is 552339 and the female is 538675. Aizawl, the capital of Mizoram has the highest number of population with a total of 404,054 out of which 201072 are males and 202982 are females. This shows that the majority of the population of Mizoram lives in the Aizawl district. ‘Situational analysis of the Elderly in India’ (2011) highlighted that the size of the elderly population (60 years and above) in Mizoram constitutes only 5.5% of the total population.

According to Emile Durkheim “A religion is a unified system of beliefs and practices relative to sacred things, that is to say, things set apart and forbidden -- beliefs and practices which unite into one single moral community called a Church, all those who adhere to them." (Durkheim, 1915). There are several definitions of Religion. Nelson-Becker & Canda (2008) defined it as an organized system of spiritual beliefs, values, and behaviors which is shared by a community and transmitted over time. Religion is about communal ties and practices that address the sacred. Religion, when used as a noun, seems to reflect the institution of the believers, often referred to as a church, synagogue, temple, or mosque. Religion as a human descriptor sees to address the human application of religion.

The terms “religiousness” or “religiosity” reflect the amount of importance of religion in the life of the person (Ellor and McGregor, 2011). Peterman et al., (2002) have defined religiosity as “society-based beliefs and practices relating to a higher power, which are commonly associated with a church or organized group”. Religiosity and the practice of religion are not only integral parts of one's culture but in many situations, they define the core of a cultural belief system of the members of the society (Mathur, 2012).

Religiosity is a complex concept because several academic disciplines approach religiosity from a different vantage point. For example, a theologian would address religiosity from the viewpoint of faith (Groome & Corso, 1999), while religious educators could focus on orthodoxy and belief (Groome, 1998). Psychologists might choose to address the dimensions of devotion, holiness, and piousness, whereas sociologists would consider the concept of religiosity to include church membership, church attendance, belief acceptance, doctrinal knowledge, and living the faith (Cardwell, 1980). This use of different terms across academic disciplines to identify what could be thought of as dimensions of religiosity makes it difficult to discuss

without an explicit definition from the viewpoint of religious education and the application of that knowledge to the lived experience (Holdcroft, 2006). Religious activities, especially church attendance plays an important role in the lives of many older persons in different parts of the world. It is also believed that it may have a beneficial effect on health (Cohen, Underwood, & Gottlieb, 2000). Research conducted in church settings indicates that people may also help each other in ways that are more explicitly religious. More specifically, research by Krause, et. al (2001) indicates that fellow church members may exchange spiritual support as well. Identifying the denominational affiliation of people provides more specific information than the general categories of "church member" or "Protestant." But knowing the denomination of a respondent still does not tell us much about that person's religious orientation. Different churches emphasize different behaviors as signs of faithfulness. The Catholic Church has traditionally insisted that salvation requires attendance at a certain number of celebrations of the Mass per year. Some Protestant denominations have stressed that a tithe of one's income to the church (a tithe is normally 10 percent) is a mark of the true Christian. Others stress prayer and personal devotions (Roberts & Yamane, 2004). Religious beliefs of older people also seem to be producing an impact on the perception of safety. Ellison & George (1994) found that Religious participation is positively associated with both the quantity and the quality of the social relationship. According to Joshi & Kumari (2011), Religious coping involves religious behavior or cognitions designed to help persons cope with or adapt to difficult life situations or stress. These coping activities may involve praying, reading inspirational scriptures for comfort or relief of anxiety.

For many older adults, their understanding of religion and spirituality overlap. When referring to religiosity and spirituality, it is necessary to elucidate the differences that separate these two perspectives. The word religion derives from the Latin ‘Religare’ meaning to

reconnect, to re-establish the connection between God and men. Religiosity refers to the level of intensity that an individual accompanies, trusts, and practices a religion. Thus, it can be either organizational relating to participation in the church or religious temple, or non-organizational in the sense of attending religious programs, reading the bible or religious books, and praying.

Spirituality is characterized as a human inclination to pursue meaning for life through conceptions that surpass the visible. It is a broader concept that each individual defines for himself. It is also understood as a personal search to understand issues related to the meaning of life, which may or may not lead to the development of religious practices or the formation of religious communities (Koenig et al, 2012).

Christiansen and Baum (1997) defined well-being as "a subjective sense of overall contentment, thought to be defined by affective state and life satisfaction". This definition highlights the relation between wellbeing and life satisfaction.

Personal well-being amounts to the notion of how well a person's life is going for that person. Well-being can be classified under two broad categories: Subjective well-being and Objective well-being. Objective well-being measures observable facts such as economic, social, and environmental statistics. On the other hand, subjective measures of wellbeing capture people’s feelings or real experience in a direct way, assessing wellbeing through ordinal measures. McGillivray and Clarke (2006) state that, “subjective wellbeing involves a multidimensional evaluation of life, including cognitive judgments of life satisfaction and affective evaluations of emotions and moods”. The concept of wellbeing is very broad. Applications of the concept range from specific domains of wellbeing, such as economic, material, social, and psychological, to all the domains impacting upon people.

Life satisfaction is widely considered to be a central aspect of human welfare. Life satisfaction refers to a judgmental process, in which individuals assess the quality of their lives based on their own unique set of criteria (Shin & Johnson, 1978). It can also be referred to as the attitudes that individuals have about their past, present as well as future concerning their psychological well-being (Chadha & Van Willigen, 1995). Life satisfaction is not merely a judgment about one's life. For it is widely thought to involve affirming, endorsing, appreciating, or being pleased with one's life.

Life satisfaction has psychological as well as social implications. Firstly, it implies the personal contentment with life and positive self-regard for an individual, and secondly, it includes a personal appraisal of fulfilling one's social roles or obligations. The concept of life satisfaction among older persons gives an overall view of the adjustment and coping ability of an individual. Sarkisian, et al (2002) found in their study that the level of satisfaction among older persons affects not only their psychological adjustment but also physical, emotional, and social well-being. Therefore, social support networks, perceived health, and leisure time activity may be associated with life satisfaction (Varshney, 2007).

Life satisfaction is probably the most often-used indicator of effective adaptation to aging. If older people are satisfied with their present and past lives, they are seen as having adapted to aging. Life satisfaction varies greatly from person to person as many factors impinge on the well-being of the individuals.

As social work is one of the helping professions, it focuses on the development of theory and empirical research that promote practice and policies for personal well-being and social justice regarding older adults and all people. The social work profession was built on a foundation of religion. The teachings of social justice were intertwined with the teachings of Jesus. The miracle

of the loaves and fishes symbolizes the doctrine of religion and the practice of social work. Judaic prophet, Amos, believed that “people must care for one another as God cares for them”. Social work has a traditional emphasis on marginalized and vulnerable populations within the broader population of older adults. Religion is the expression of the relations between God and man, and social work, which is an organized effort, for the benefit of society, maybe and often is, the concrete expression of religion largely and constructively. Hence religion, as found in the Christian church, has always included social work, is the outgrowth of its doctrines and traditions, so that it may be said without exaggeration that the history of the church is coincident with the history of social service (Siedenberg, 1922). The Council of Social Work Education (2001) maintains that social workers need to be able to work with clients with understanding and without discrimination regarding religious and spiritual practices. Canda and Furman (1999) explained that "by considering the religious and spiritual facets of clients' lives, we may identify strengths and resources that are important for coping, resilience, and optimal development".

‘Social Gerontology’ is a subfield of gerontology and focuses on studying or working with older adults. Social gerontologists are responsible for educating, researching, and advancing the broader causes of older people. Professionals in this field work with older adults and the people around them to help them navigate through this difficult time in life, making the transition much easier. As the main focus of gerontology is on the biological, psychological, and sociological factors, ‘Gerontological Social Workers’ focus on meeting the biopsychosocial needs of older persons.

Working with older persons is an important field of social work. This is usually not a focus of study in other disciplines. The social work profession is increasingly being recognized as environmental as well as internal resources. Moreover, bringing religion into the social work

practice came through the acknowledgment that religion and spirituality were meaningful to some individuals, especially for some older adults who faced debilitating illness, loss of friends/families, and economic hardship (Nelson-Becker & Canda, 2008).

There is copious literature on various aspects of the well-being of older persons in the global and national contexts. There are several studies on the challenges of older persons in different socio-cultural and economic contexts. Some studies focus on neglect and inadequate support from family members (see for instance Sarmah & Choudhury, 2011). Socio-economic problems of poverty are the concern of some researchers (see Banerjee and Tyagi, 2001). Health care challenges of older persons were also focussed by some(for instance Sengupta, Singh, & Benjamin. 2007; Singh,2005, Bakhru, 1995). Psycho-social challenges such as loneliness and alienation were also explored (Sandhu & Bakshi, 2004).

There are many studies exploring religion as a coping mechanism during the later part of human life(for instance Koenig, George, and Siegler, 1988). These studies report the positive role of religion in the life of older persons such as better health conditions(see Daaleman, Perera, & Studenski, 2004; Østbye, Krause, Norton, et al.. 2006). Some report the contribution of religion to the emotional strength of the older persons(see Devi, 2009; Malone, & Dadswell 2018).

There are many studies on the well-being of older persons. Some focus on the relationship between health and life satisfaction (Borg, Hallberg, & Blomqvist, 2005; Alencar, Ferreira, Vale, Dantas, 2009), and some focus on the bearing of optimism on life satisfaction of older persons(Leung, Moneta & McBride-Chang (2005), while some researchers focus on the relationship between socio-economic status and life satisfaction (Panda, 2005).

There are studies on the relationship between religiosity and well-being of older persons (Haley, Koenig, & Bruchett 2001; Barkan, & Greenwood, 2003; Krause, 2003). Some researchers also probe into the bearing of religiosity on the life satisfaction of older persons too (Gull, & Dawood, 2013; Park, Roh, & Yeo 2011).

Despite the existence of copious literature on the religiosity and life satisfaction of older persons, there are a few research gaps. Firstly, research on religiosity is still in its infancy. Each of its aspects studied to date needs further explorations to confirm, modify, or correct the current understanding. Secondly, in the Indian national, northeastern regional, and Mizo contexts, there are a few studies on religiosity and its bearing on the life satisfaction of the older persons. Thirdly, most of the studies conducted on the relationship between religiosity and life satisfaction have been predominantly quantitative while a few qualitative studies could be found, the studies using mixed methods design are rare. The present study tries to fill these gaps in the literature on older persons and their well-being in the context of Mizoram, the state where most of the people are following different denominations of Christianity.

It is reported that before the advent of the Christian Missionaries, the Mizos were found to be very religious. They believed in the powers of the evil spirits known as 'Ramhuai' who lived in the hills, big trees, streams, and caves. All the troubles and ills of life were attributed to evil spirits. They also believe in the existence of good spirits like Lasi, Khuavang, and Family of Gods but offered fewer sacrifices to these good spirits as they never caused illness to men. They were much afraid of the evil spirits that they often offered sacrifices to them. The Mizos also believed in the existence of the Supreme God known as Pathian. Khuanu was regarded as the 'God of Love and Blessings'. They also believed in the existence of other Gods such as Chung (God of Light and Rain), Vansen (Creator of Clouds), Hnuaite or Kawm (Gods of land),

Hnuaipui (God of different layers of the earth), Khuavang (Guardian of man), Lasi (Goddess of animals), and Vanhrika (God of science and learning).

The Mizos believed in life after death. They believed in the existence of two spiritual worlds, *'Mitthikhua'* and 'Pialral'. Mitthikhua was believed to be much inferior to the life on earth that life in MitthiKhua was the miserable and dull shadowy place. Pialral, on the other hand, was believed to be an abode of bliss. The belief in life after death, particularly the abode of the dead as two categories, clearly shows that they had a firm belief in one Supreme Being who rules over them which controlled them in life and thereafter (Thanmawia, 1998).

Most of the Mizo people were superstitious as well as very religious because of their supernatural beliefs. They believed that God revealed Himself to the people as an essentially paternal figure who blessed His people. They turned to Him for help when all other sacrifices failed to help and solve their problems. God was believed to be the director of human destiny. Their religion or 'Sakhua' guided their idea of good and evil. It was not possible to separate their religious life from that of socio-political life. Their ideal life was explicitly expressed in their religious concept.

The contribution made by religion for social solidarity was, therefore, basic and indispensable. It was deeply intertwined with their social, political, and economic life and was impossible to differentiate so far as their religious and ceremonial objects were concerned, the sacred from the profane. Almost all the utensils, weapons, and houses were given religious significance. In other words, religion permeated the whole social, religious, and political life (Lalrinawma, 2005).

The whole view of the Mizos regarding religion altered with the advent of Christianity brought about by the British pioneer missionaries, J. H. Lorrain and F. W. Savidge on 13th

January 1894 to the soil of Mizoram. Within half a century the Mizos quickly embraced Christianity and within a few years, churches came into existence in the state of Mizoram. The church building began to replace the 'Zawlbuk' as the village social center. Tea replaced the drinking of local rice beer called ‘Zu' in every customary rites and gathering. Even in festivals, the common use of Zu became insignificant. Prayers for the sick and medicines replaced the sorcerers' sacrifices to demons. Christianity taught morality and humanity above others in the service of Christ and as a result, headhunting and aggression in all forms were rejected. The message of Christianity also brought enlightenment, modernity, and audacity to the new believers, enough to thwart the deeply rooted belief in superstitions. The introduction of modern education by the western missionaries acted as an additional factor for the elimination of such social beliefs. Moreover, Mizos are bound with the moral code of ethics which is known as Tlawmngaihna or as simply translated as virtue or altruism. Tlawmngaihna to Mizo stands for the compelling moral force which yields self-sacrifice for the service of others. And sometimes it is described as untranslatable because it cannot have a single explanation.

The Mizos are now predominantly Christians. The major Christian denominations of the state are the Presbyterian, Baptist Church of Mizoram, Salvation Army, Seventh-day Adventist Church, Roman Catholic, and the United Pentecostal Church. Several hundred have formally converted to Orthodox Judaism, while many openly practice an Orthodox type of Judaism. The Bnei Menashe do not see themselves as converts but believe themselves to be ethnically Jewish, descendants of one of the Lost Tribes of Israel. Among all the denominations, Presbyterian Church has the highest number of church members. A Welsh Missionary named Rev. D.E. Jones established the Mizoram Presbyterian Church. The Mizoram Presbyterian Church is one of the

constituted bodies of the General Assembly of the Presbyterian Church of India, which has its headquarters at Shillong in Meghalaya, India.

Even the culture of Mizoram is influenced by religion. This is amply demonstrated by the fact that no community activities can commence without a worship service known as ‘Hunserh' where Bible reading and Prayer are conducted for a blessing on the particular activity of the occasion. The affection and brotherly love among Christian members were in a sense greater and manifested in helping the needy, older persons, widows, orphans, etc. within the Church. Such bits of help were also extended even to the non-Christian members. On special occasions like Christmas, New Year, etc. - they gather in homes or churches and sing all night, sometimes for days, with great joy and vitality. Prayer too has become an integral factor in their life: family devotions, mealtimes, journeys, meetings, business deals, social gatherings as well as sickness, danger, or misfortune are all occasions for prayer. Sowing, reaping, classes, examinations, etc. almost everything begins with prayer. Prayer meetings are also common activities of the Mizos. Bible reading, church attendance, and hymn singing are also an important part of their lives and church services are held on most days of the week (Storm, 1980). Moreover, the Church is one of the best places to socialize, and church members participate together in various church-related activities. The church gives high respect for older people and in many of the churches, older people are given Christmas gifts to show their love, respect, and appreciation. Thus, religion and religiosity play an important role in the lives of the Mizo people.

Overview of Literature

The overview of available literature include challenges of the older persons, religiosity of older persons, religion as a coping mechanism, the life satisfaction of older persons, religiosity and well-being, religiosity and life satisfaction, and religion and social work with older persons.

Old age is considered to be the last chapter of one's life. Even though ageing is a universal phenomenon, the life experiences of older persons are not uniform. Some persons achieve a sense of fulfilment and satisfaction in their old age, while others turn bitter and lament the decline of their physical abilities and social significance. Sarmah and Choudhury (2011) looks into the older people's living arrangements, their self-reported problems and their activity status and assessed the availability of care provider and fulfilment of expectations by their children, and found that though children provide care to their ageing parents the satisfaction level is found to be lower than expected. In terms of socio-economic status, reduced income, reduced status and authority, reduced usefulness to family members as well as reduced social engagement are some of the factors which together lead to multiplicity of socio-economic problems of the older persons. Majority of the older population do not have income. The changing society had an overall negative impact on the mental well-being of older persons. The strongest feeling was increasing loneliness and alienation in lives of older persons due to changing the ethos of society, older persons are more sad and depressed in the materialistic world and feeling of mental insecurity is due to lack of moral support from adult children due to emotional and physical distances from them (Sandhu &Bakshi, 2004). The financial situation might not directly impact the older person life satisfaction but financial concerns do affect the older persons through shifts in expenditure decisions on different heads (Bearden et al., 1979). It is also evident from various studies that low socioeconomic condition has a negative impact on the health conditions of older persons. A very large majority of landless rural aged did not have any secure source of livelihood. Majority of them were dependent on family income and a very small amount of old age pension given by the government to older persons who are living below the poverty line. A good number of landless rural aged was dependent on daily labour. In spite of their poor health

and disabilities, they had to go for daily labour which included hard physical work. This added to their health problems (Singh, 2005). Apart from working in the field many of the older persons engaged themselves with household chores as they do not want to be a burden for the family. Even though older persons show a decline in health status, even after reaching retirement age, many of them engage themselves in physical activities and helping their family. Their participation in economic decision decreases in old age. This process disengages them and inculcates a feeling of economic dependence and burden on the family. (Punia and Sharma, 1987). The health problems tend to increase with advancing age and very often the problems aggravate due to neglect, poor economic status, and social deprivation. The health problem can be regarded as a major problem for old. The health status of the poverty-stricken rural aged is unquestionably the worst. (Venkateswarlu, et al., 2003). Thangchungnunga (2007) studied the role of older persons in Mizoram in social and economic aspects. He found that economic activity among older persons is high. In terms of social activity, participation is high among persons with good health and higher socio-economic background. Older persons continued to remain economically active even after retiring from regular employment. 75 per cent of the economically active older populations is found to be cultivators (Vanlalchhawna, 2007). From the above studies, it is evident that while older people in India may have reasonable access to family care, they are inadequately covered by economic and health security (Susuman, 2005).

Religious activities, especially church attendance plays an important role in the lives of many older persons in different parts of the world. It is also believed that it may have a beneficial effect on health (Cohen, Underwood, & Gottlieb, 2000). Research conducted in church settings indicates that people may also help each other in ways that are more explicitly religious in nature. More specifically, research by Krause, et. al (2001) indicates that fellow church members

may exchange spiritual support as well. The older person who claims to have higher levels of religious beliefs and activities were noted to have improved psychological health than those with lower religious activities and beliefs (Morse &Wisocki, 1987). Religious coping involves religious behaviour or cognitions designed to help persons cope with or adapt to difficult life situations or stress. These coping activities may involve praying, reading inspirational scriptures for comfort or relief of anxiety.(Joshi & Kumari, 2011). The role of religion, spirituality and/or belief in relation to positive ageing was examined by Malone & Dadswell (2018). Religion, spirituality and/or belief were found to play a number of roles in the everyday lives of the older adults, including being a source of strength, comfort and hope in difficult times and bringing about a sense of community and belonging.

Life satisfaction is widely considered to be a central aspect of human welfare. Life satisfaction is not merely a judgment about one's life. For it is widely thought to involve affirming, endorsing, appreciating or being pleased with one's life. The life satisfaction in older people with reduced self-care capacity is determined by several factors, with social, physical, mental and financial aspects probably interacting with each other; especially feeling lonely, degree of self-care capacity, poor overall health, feeling worried and poor financial resources in relation to needs (Hallberg & Blomqvist, 2005). Research has found that older persons who are physically active tend to have a better quality of life which contributes to their satisfaction with life. People who remain with low levels of physical activity throughout life will suffer effects of ageing with greater impact, however, those who remain physically active tend to get a better quality of life. Participation in religious activities also tends to contribute to the life satisfaction of older persons. While many older persons have great coping skills and learn how to be satisfied with one’s life in spite of all the hardships, there are older persons who are very vulnerable to

loneliness and depression and thus have a decline in life satisfaction. More women than men report feeling lonely, but this difference lessens with age and for those over 80 years old it remains notable only on the ‘feels lack of companionship' dimension of loneliness (Demakakos, Nunn and Nazroo, 2006). In terms of well-being, religious attendance is positively associated with psychological well-being among older adults (Barkan and Greenwood, 2003).

Studies diverge as to why people who are committed to their religion especially those who regularly attend services and participate in religious activities have a higher level of subjective well-being and life satisfaction. One explanation is that it offers social support and network. Religious people are more satisfied with their lives because they regularly attend religious services and build social networks in their congregations (Lim & Putnam, 2010). Greater religiosity was related to greater life satisfaction and that social support partially explained the positive relationship between religiosity and life satisfaction (Park, et al.,2012). However, not all studies have the same findings. Spreitzer and Snyder (1974) found no relationship between church attendance and life satisfaction. Toseland and Rasch (1979-80) reported that religious participation did not contribute significantly to life satisfaction.

Statement of the Problem

In India, the problems and issues of its older population have not been given serious consideration and only a few studies on them have been attempted. Most social and behavioral science disciplines presumed that religiosity is a speculative topic limited to theology, and was not concerned about its contribution to the well-being of older persons. Until recently, it was not considered an appropriate subject for scientific investigation (Moberg, 2008). As social work is one of the helping professions, it focuses on the development of theory and empirical research that promote practice and policies for personal well-being and social justice regarding older

adults and all people. Much of the current work on religiosity and aging is still at an exploratory stage (Nelson-Becker & Canda, 2008). In the Indian context, though religion is a major factor in the well-being of older persons, social work practice hardly considers the religious factors to meet the biopsychosocial and spiritual needs of the clients. It is important to consider the religious and spiritual facets of clients' lives, to identify strengths and resources that are important for promoting coping, resilience, and optimal development of older persons. It is highly common to see the older populations devoting increasing time and energy to religious pursuits. Mizoram is no exception and Mizo older persons give high importance to the Church and Church-related activities. However, there are no studies that have documented the role of religion concerning older persons or the effect of religiosity on their well-being.

The present study attempts to understand the role of religion in the lives of older persons in Mizoram from a social work perspective. The study seeks to understand the role of religion in the life of older persons from their lived experiences. It also assesses the bearing of religiosity of older Mizo persons above the age of 60 years on their life satisfaction and personal well-being. In light of the findings, the study proposes suggestions for social work practice with older persons using their strengths and resources from religion and religiosity. The results of the study will be useful to policymakers and social workers interested in the promotion of the well-being of older persons.

Research Gaps

The foregoing review of studies on older persons suggests that there is coping literature on the challenges faced by older persons, religiosity, and well-being of older persons in the global, national, and regional contexts. The review also shows that most of the studies have adopted a quantitative approach to study the bearing of religiosity on various aspects of the

subjective well-being of older persons such as happiness, life satisfaction, or quality of life. Yet few research gaps could be noted in the extant literature.

Firstly, all research on religiosity is still in its infancy. There are very few studies on the relationship between religiosity and life satisfaction among older persons in the context of India, especially in the North-East region of India. Secondly, studies on the role of religion, religiosity, or spirituality of older persons adopting the mixed methods are rare. Thirdly, religiosity has been operationalized as a one-dimensional concept in most of the studies through its multiple dimensions that have been widely recognized. The present study tries to fill the above gaps in the literature in the context of Mizoram, which is one of the states of North-East India.

Methodology

The methodological aspects of the present study are presented in three sub-sections. The first subsection presents the objectives of the study and the second subsection presents the hypotheses of the study. In the third sub-sections, 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.

Objectives

1. To understand the role of religion and religiosity in the lives of older persons in Mizoram.
2. To study the differences in religiosity across gender among older persons in Mizoram.
3. To assess the personal well-being of older persons in Mizoram.
4. To assess the life satisfaction of older persons in Mizoram.
5. To probe into the relationship between religiosity and life satisfaction.

Hypotheses

The following hypotheses are formulated to provide focus to the study.

1. There is a gender difference in the religiosity of older persons in Mizoram.
2. There is a gender difference in life satisfaction of older persons in Mizoram.
3. The religious behaviour is positively related to the life satisfaction of older persons in Mizoram.
4. The religious participation is positively related to the life satisfaction of older persons in Mizoram.

The first hypothesis draws inspiration from McFarland (2010) who found that (a) men obtain more mental health benefits from religious involvement than women, (b) women with higher levels of organizational religious involvement have similar levels of mental health as those with moderate and lower levels of organizational religious involvement, (c) men with very high levels of organizational religious involvement tend to have much higher levels of mental health than all other men.

The second hypothesis draws inspiration from a study conducted by Demakakos, Nunn and Nazroo (2006) who found that the decline in life satisfaction and feeling of loneliness is more in older women than older men.

The third hypothesis draws inspiration from the finding of Haley, Koenig and Bruchett (2001) that religious behaviour has a positive effect equally on both older men and women.

The fourth hypothesis draws inspiration from various studies. A study conducted by Krause (2003) reported a positive relationship between involvement with church friends and life satisfaction. Lim & Putnam (2010) also conducted a study which reveals that religious people are more satisfied with their lives because they regularly attend religious services and build social networks in their congregations. Park, et al. (2012) also found that greater religiosity was

related to greater life satisfaction and that social support partially explained the positive relationship between religiosity and life satisfaction.

Research Design

The study is cross-sectional in nature and descriptive in design. It is based on primary data collected through a quantitative method with the help of pre-tested structured interview schedule from the rural and urban populations of older persons in Aizawl district.

The unit of the study was an individual Mizo older person above the age of 60 years and the population consists of all the Mizo older persons in Mizoram.

The study used a Multi-stage sampling procedure to select district, localities and individual respondents.

In the first stage, Aizawl district has been chosen purposively based on the highest population concentration of older persons as per Population Census 2010 (GoM 2010).

In the second stage, a stratified sampling procedure has been applied. Rural and Urban localities were drawn based on socio-economic development indicators at the village level. Three urban localities and three rural villages which have socio-economic development index values closest to urban area average index were selected.

In the third stage, lists of all members of Mizoram Upa Pawl (Senior Citizens' Association in Mizoram) in the selected villages and localities were collected. In each of the selected localities, 30 per cent of the older persons (+60 yrs) residing in that village or locality were taken using systematic random sampling.

A pre-tested structured interview schedule was used to collect Primary data related to religiosity and life satisfaction of older persons. Key Informant Interviews and Case Studies were employed to collect qualitative data. Structured interview schedule has been constructed to

obtain quantitative data on the demographic social and economic profile of the respondents, religious participation, and satisfaction with life.

For assessing life satisfaction, the Satisfaction with Life Scale (SWLS) developed by Diener et al. (1985) was used. The SWLS is a short 5-item instrument developed to assess satisfaction with people's lives as a whole. The scale does not assess satisfaction with specific life domains, such as health or finances, but allows subjects to integrate and weigh these domains in whatever way they choose. It has a 7-point response scale such as: Strongly disagree (1), Disagree (2), Slightly disagree (3), Neither Agree nor Disagree (4), Slightly agree (5), Agree (6), Strongly Agree (7) (Diener et al., 1985).

To assess the Personal Well-being of the respondents, the 'Personal Well-Being Index Scale' (PWI) developed by the International Wellbeing group (2013) was used. The PWI scale includes items each one corresponding to a quality of life domain: satisfaction with standard of living, health, achieving in life, relationships, safety, community connectedness, future security, and spirituality/religion. Items were stored in a 0–10 rating scale, with 0 representing completely dissatisfied, 5 the neutral point, and 10 completely satisfied (International Wellbeing Group, 2013).

For assessing religious participation, a self-constructed scale with five dimensions was used. These dimensions include Religious beliefs, Religious Values, Participation in Religious Activities, Religious Behaviour and Spiritual Commitment. Each dimension assesses a particular aspect of religiosity. As the Religiosity scale is a self-constructed one, the reliability test was done using Cronbach's Alpha and Guttman Split-Half. As shown in Table 3.2.3, the scale is found to be reliable. (see table 3.1).

Table 3.1 Reliability of Religiosity and Life Satisfaction Measures

Sl.No	Scale/Dimension	N of Items	Alpha	Guttman Split-Half
1	Religious Beliefs	5	0.74	0.635
2	Religious Values	5	0.68	0.684
3	Religious Participation	6	0.76	0.806
4	Religious Behaviour	6	0.72	0.590
5	Spiritual Commitment	4	0.94	0.940
6	All items	26	0.82	0.665
7	Satisfaction with Life Scale	5	0.92	0.666
8	Personal Well-being Index	8	0.90	0.903

Source: Computed

Case studies and key informant interviews of select respondents were also conducted to find out the role of religion and religiosity in the lives of Mizo older persons. A total of twelve (12) case studies were conducted for this research. Six (6) case studies were conducted in the rural areas, that is, two (2) case studies each (1 male & 1 female) from Luangpawn, Thanglailung and North Khawlek. Likewise, six (6) case studies are conducted in the urban areas, that is, two (2) case studies each (1 male & 1 female) from Zemabawk, Ramthar North and Ramhlun Venglai. Pseudonyms have been used in each of these case studies to protect the identity of the subjects/participants.

The Key Informant Interviews were conducted on all the identified research areas. These research areas include three rural areas, that is, Luangpawn, Thanglailung and North Khawlek and three urban localities, that is, Zemabawk, Ramthar North and RamhlunVenglai. In each of the selected areas, the Key informants consist of male and female informants who are above the age of 60 years and are permanent residents of the selected areas. Most of them hold important positions in community-based organizations as well as in the church. The finding of the qualitative analysis of the KIIs is presented using five themes. They are health, economic conditions, social participation, religiosity, and life satisfaction of older persons.

The quantitative data collected through a field survey was processed with computer packages of MS Excel and SPSS. To analyse the quantitative data, simple statistical measures like cross-tabulation, averages and percentages were used. Karl Pearson's Product Moment correlation and t-test were used to test the hypotheses.

The main limitation of the study is that the study was conducted in Aizawl District only. Its findings will have limited generality beyond the Aizawl District.

Conclusion

This study aims to understand the role of religion in the lives of older persons in Mizoram. It also probes into the bearing of religiosity on the life satisfaction and personal well-being of older persons. This study was conducted in the rural and urban localities of Aizawl district. From this research, it was found that religion does play an important role in the lives of older persons in Mizoram. The older persons give high importance to religiosity in their life. Some older persons become more actively participating in religious activities in terms of attending church services, gospel camping, outreach programmes etc. However, there are many of them whose physical health has declined with an increase in age that even though they give high importance to religious activities, they are unable to do so as they are physically unfit. Apart from this they also give high importance to other religious behaviour like private devotion, conducting family prayer, reading Bible and other religious books and articles, watching gospel programmes on television, listening to gospel related programmes on radios etc.

This research also tried to find out if there are gender differences in the religiosity of older persons. Even though there are few gender differences like education, occupational status, monthly income etc. no significant gender differences were found in terms of religiosity of older

persons and there are no significant gender differences in terms of personal well-being and life satisfaction as well.

The assessment of the relationship between religiosity, life satisfaction and personal well-being shows that there is a negative relationship in terms of religious beliefs, no significant relationships in terms of religious values and positive relationship in terms of participation in religious activities. Spiritual Commitments have no significant relationship with life satisfaction but have negative relationships with personal well-being. Religious behaviour has no significant relationship with life satisfaction and positive relationship with personal well being. Both Satisfaction with Life and Personal well-being has positive relationships with each other and they play important roles in the lives of Mizo older persons.

It is important to note that the other dimensions of religiosity are also very important in the lives of older persons. Just because it does not show a positive relationship with life satisfaction scale it does not mean that the respondents do not value other dimensions. The main reason why there is no significant relation with life satisfaction is that the word 'Life satisfaction' is being interpreted by most of the respondents as something worldly, something which is temporary, something which they can enjoy only during this lifetime and not beyond. Therefore, the respondents felt that among the five dimensions, only participation in religious activities contribute to that temporary satisfaction during their lifetime. As Christians, the respondents give more importance to life beyond this lifetime, life after death, also known as the 'Afterlife' where they will go to heaven and enjoy the Presence of God and loved ones for eternity and there will be no more death nor sufferings. Religious beliefs, religious values, religious behaviour and spiritual commitment are viewed as important contributors to help them reach the heavenly abode. Having said that, it does not mean older persons do not want life

satisfaction during this lifetime, they use religion and religiosity to cope with all the hardships they face in life and participation in religious activities gives them happiness and decreases loneliness which increases their well-being and thus, contributes to their life satisfaction.

With regards to the hypotheses, the results of the statistical analysis of this study reject the hypothesis that there is a gender difference in the religiosity of the older persons in Mizoram. It also rejects the second hypothesis which states that there is a gender difference in life satisfaction of older persons. The results also reject the third hypothesis which states 'The religious behaviour is positively related to the life satisfaction of older persons in Mizoram'. However, the fourth hypothesis which states that 'the religious participation is positively related to the life satisfaction of older persons in Mizoram' is validated.

Suggestions

The study is an attempt to understand the role of religion and religiosity in the lives of older persons in Mizoram, to assess personal well-being, level of satisfaction with life, and the contribution of religiosity on the life satisfaction of older persons.

Social Work Practice and Policy Advocacy

Following the findings of this study, the suggestions are made as follows:

1. Social work intervention in the context of Mizoram need not be exclusively secular. Rather secular and spiritual interventions need to be used holistically. Professional social workers working with older persons in communities and organisations must acknowledge and include the spiritual and religious aspects in their assessment and intervention. However, their objective and material well-being need not be overlooked and efforts for promoting the material and spiritual well-being of the older persons be combined.

2. The findings of this study highlighted that socio-economic conditions of the older persons are low. Therefore it is important to create opportunities for employment and livelihood, especially for those older persons who have crossed retirement age but are still physically active.
3. Professional social workers in Mizoram need to advocate for the provision of pension and social security of older persons. They can also help the older persons to avail the government schemes for them.
4. National Policy of Older Persons announced by the Central Government of India, in the year 1999 to ensure the well-being of older persons. It was revised in 2011 and is now called 'National Policy on Senior Citizens 2011'. The policy is a step to promote the health, safety, social security and well-being of older persons in India. However, to date, it has still not been properly implemented in Mizoram. Proper implementation of the policy should be encouraged.
5. Many of the respondents reported a feeling of loneliness. As Mizoram Upa Pawl (MUP) is an association for older persons, it provides a safe environment where older persons can hang out and socialise with other older persons. Therefore, better facilities in each of the MUP units/ MUP houses should be encouraged and conducting more recreational activities should be encouraged. The state government needs to provide adequate financial support to the MUP towards improving such facilities.
6. In terms of health, old age comes with a lot of ailments and diseases, and the same has been reported by the older persons in Mizoram. However, health care facilities are poor, especially in rural areas. Therefore the state government needs to ensure that

there are better health care facilities and medical services in each of the villages in rural areas.

7. Rather than encouraging 'Old age homes', a proper 'Daycare centre' for older persons, which is looked after by medical and Social Work professionals, may be established in the urban areas as well as in the villages. This will allow them to hang out with other older persons during day time, and spend time with their families and loved ones in the evening. Older persons need to live with their families and loved ones while they are at the last stage of their life cycle. It can be seen from the findings of this study that helping their families by doing chores in the house, spending time together at home, conducting family prayers etc. are valuable and important for Mizo older persons and creates stronger bonds. Therefore, instead of Old Age Homes, Daycare centres should be encouraged so that older persons can be looked after by professionals without being separated from their families.
8. Social work curriculum in India excludes religious and spiritual aspects of well-being and by and large secular. As the context of Mizoram is religious, aspects of religion, religiosity and spirituality may be included in the MSW curriculum.

Future Research

Research on older persons in Mizoram is inadequate. More research needs to be conducted on various aspects of life and wellbeing of older persons. The following specific suggestions for further research are put forth.

1. Studies similar to the present study may be conducted across the state of Mizoram and North Eastern region of India.

2. In the context of Mizoram, social work research on the religiosity and mental health of older persons can be conducted.
3. Practice-based research is a rarity in India. Social work practice with older persons combining secular and spiritual interventions may be conducted at individual and group levels.

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