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A Comparative Study of Satisfaction with Life, Social Support and General Health of Rural and Urban Women

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Abstract

Present study was conducted to investigate the impact of social support and general health on satisfaction with life of rural and urban women. Participants in the study were 60 women, half women were from urban background and remaining were from rural background, age range of 35- 50 years. Satisfaction with life, scale multidimensional scale of social support and general health questionnaire were used to the study the variables. It was hypothesized that there would be significant difference in life satisfaction, social support and general health of rural and urban women. Obtained data was analyzed by using statistical techniques as mean, variance, t- test and correlation. Results revealed that rural women had more satisfaction with life than urban women. Rural women had lesser social support and had worse health condition as compared to their urban counterparts. Rural women were worse in all four domains of general health i.e. somatic symptoms anxiety/ Insomnia, social dysfunction and severe depression.Still they have more satisfaction with life. Results and implications have been discussed.

Keywords: Somatic symptoms, Depression, Insomnia, Social Dysfunction.

Introduction

This study aims to address the relationship of satisfaction with life with social support, general health and residential background. Satisfaction with life means how individual perceives the extent to which the needs, expectations or desires are being fulfilled. It involves a cognitive assessment of overall satisfaction in general and not the assessment of satisfaction with particular domains of life. In many researches satisfaction in life is defined as a global evaluation by a person by his own life. Many factors contribute to satisfaction with life. In this Study, three variables have been selected i.e social support, general health, rural and urban background. Many researches have been done on different contributors of satisfaction with life, but role of social support, health and residential background have not been Studies well so far. It is, this back drop this study is planned to investigate the relationship of these variables with satisfaction with life. It is interesting to note that satisfaction with life has intricate interplay with many social and economic factors. It has been found in studies that the social support enhances satisfaction with life. Our health also is good predictor of satisfaction with life. Besides, social support and health, residential background is also an important contributor to satisfaction with life. Urban people have more Facilities and easy life while rural people lead difficult life. So it is interesting to study the relationship of residential background to satisfaction with life.

Review of Literature

Satisfaction with life is a cognitive judgmental evaluation of one's life and is considered by many psychologists as the most consistent and stable variable of well being. Life satisfaction may be defined as a global assessment of person's quality of life according to his chosen criterion. Judgments of satisfaction are dependent upon a comparison criterion. Judgments of satisfaction are dependents upon a comparison of one's circumstances with what is thought to be an appropriate standard. It is important to mention here that the judgment of how people feel satisfied with their present state of affairs, is based on a comparison with a standard, which each individual sets for himself or herself and is not an extremely imposed criterion. Health, wealth, energy and so forth may be desirable for well being; particular individuals may place different values on them. It is, therefore, become necessary to ask persons for an overall

evaluation of their life rather than summing across their satisfaction with specific domains.

Various factor influence the well being and life satisfaction of a person e.g personality, income, resources, personal goals as well as various demographic variables (education, family, employment) etc. Personality is suggested to have an important influence on subjective well-being (Andrews and Withey, 1976). Variable like self esteem, sociability, intelligence, optimism etc. have consistent relationship with subjective well-being. In a recent study schmutte and Ryff (1997) have shown that the relationship between the well being and personality is not simple as the existing literature suggests and, as a corrective measure they offered an alternative multidimensional model of psychological well being which is based on the appraisals of one's life across various conceptually distinct realms psychological functioning. Income is also an important factor which has positive relationship with subjective well-being (Andrews and Withey, 1976). Not only a person with high income and afford more services and goods but also acquires high status in society. Personal goals also play an important role in a person's well-being. This links motivation to subjective well-being (Emmons 1986, Little, 1987) establishes that achievement of personal goals leads to heightened status of well-being (Deiner, 1984).

Social Support

Social support is the perception and actuality that one is cared for, has assistance available from other people, and that one is part of a supportive social network. These supportive resources can be emotional (e.g., nurturance), tangible (e.g., financial assistance), informational (e.g., advice), or companionship (e.g., sense of belonging) and intangible (e.g. personal advice). Social support can be measured as the perception that one has assistance available, the actual received assistance, or the degree to which a person is integrated in a social network. Support can come from many sources, such as family, friends, pets, organizations, co-workers, etc. Government provided social support is often referred to as public aid.

Social support is studied across a wide range of disciplines including psychology, medicine, sociology, nursing, public health, and social work. Social support has been linked to many benefits for both physical and mental health, but social support is not always beneficial.

Two main models have been proposed to describe the link between social support and health: the buffering hypothesis and the direct effects hypothesis. Gender and cultural differences in social support have also been found.

There are four common functions of social support, Emotional support is the offering of empathy, concern, affection, love, trust, acceptance, intimacy, encouragement, or caring. It is the warmth and nurturance provided by sources of social support. Providing emotional support can let the individual know that he or she is valued. It is also sometimes called esteem support or appraisal support. Tangible support is the provision of financial assistance, material goods, or services. Also called instrumental support, this form of social support encompasses the concrete, direct ways people assist others. Informational support is the provision of advice, guidance, suggestions, or useful information to someone. This type of information has the potential to help others problem-solve. Companionship support is the type of support that gives someone a sense of social belonging (and is also called belonging). This can be seen as the presence of companions to engage in shared social activities with:

General Health

General health checks are common elements of health care in some countries (Han 1997; Holland 2009). Historically, general health checks of the healthy public are a recent phenomenon. The evolution of medicine in the latter half of the 20th century has yielded a great increase in diagnostic methods and increased expectations that many diseases can be prevented or discovered before there is an irreversible damage tor, or to provide reassurance. The terminology is confusing. Multi phasic screening, periodic health examination and preventive health checks are examples of terms used to describe the intervention. Some studies have investigated the effect of a single health check and some have examined the effect of consecutive checks, and the diagnostic tests included vary considerably.

We use the broad term 'general health check', which is frequently used by lay people and in advertising. Whilst the benefits and harms of treatments for conditions such as hypertension and diabetes have been extensively studied in randomized trials, screening asymptomatic people for these conditions has not (Norris 2008; Sheridan 2003).

When screening for individual conditions has been studied in randomized trials, the outcome has varied. For example, screening for prostate cancer does not appear to substantially reduce disease specific mortality but has important harms,where as testing for fecal occult blood prevents one in six colorectal cancer deaths though at the cost of a large number of invasive examinations in healthy people (Hewitson 2007). Health checks may be offered to the general population as part of a national policy or private health insurance, or employers may offer them to their employees. They may also be purchased by the individual from commercial providers or provided by general advanced technologies, such as computed tomography or magnetic resonance imaging, although these interventions are not recommended for health checks because of unproven benefit and risk of harms.

Objectives of the Study

The specific objectives of the study were:

1. To study the life satisfaction level of rural and urban women.
2. To examine the level of social support between rural and urban women.
3. To examine the general health condition of rural and urban women.

Hypothesis

1. There would be significant difference in life satisfaction of rural and urban women.
2. There would be significant difference in social support in rural and urban women.
3. There would be significant difference in general health condition of rural and urban women.

Methodology

Sample

Sample consisted of 60 women between 35-50 age range 30 women were from rural background in Santkabir District and 30 women were form urban background in Gorakhpur district. Their educational level range is from High school to postgraduate level.

Tools

Satisfaction with Life Scale

This was used to measure satisfaction with life. This scale consists of 5 items.

Multidimensional scale of Social Support

This scale was used to measure social support.This consist of 12 items.

General Health Questionnaire

This scale measure general health it consist 28 items. There are 4 subscales- Somatic symptoms, Anxiety/ Insomnia, Social Dysfunction, Severe Depression

Findings & Discussion

The data has been analyzed by using statistical techniques such as Mean, Variance, and Correlation.Findings for the three variable investigated namely life satisfaction, social support and general health have been presented in table and figures accordingly.

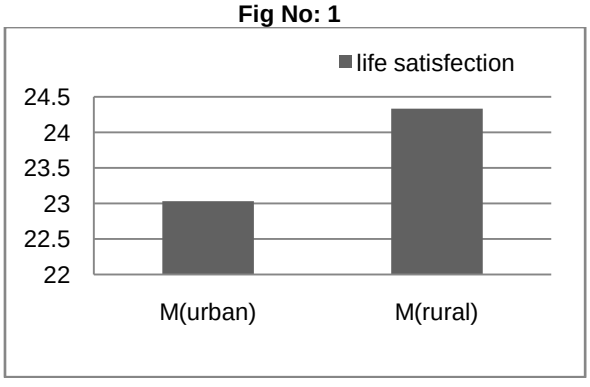
Life Satisfaction

The mean life satisfaction was found higher rural group (M = 24.33) in comparison to urban group (M =23.03). Furthermore when these data were submitted to two sample equal variance t-test the difference was found significant at (p = 0.15). The significant level is not sufficient to showing different between both groups. Mean, Variance, t-value and significant level are showing in table -1 and graphical presentation this data showing figure-1.

Table No 1: Mean, Variance and t-test as a Function of Life Satisfaction in Urban and Rural Women

	Mean	Variance	t-value	DF	Sig level
Urban	23.03	29.48	-1.06119	58	0.15
Rural	24.33	15.54			

Fig No: 1



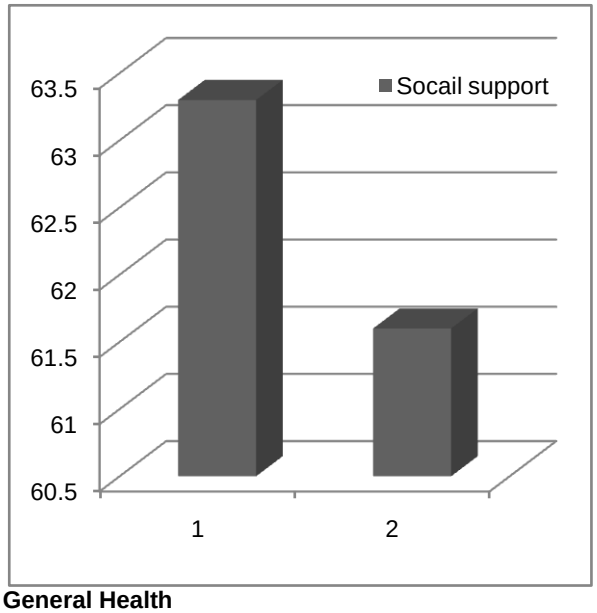
Social Support

The mean social support was found higher urban group (M = 63.3) in comparison to rural group (M =61.6). Furthermore when these data were submitted to two sample equal variance t-test the difference was found significant at (p = 0.26). The significant level is not sufficient to showing different between both groups .Mean, Variance, t-value and significant level are showing in table -2 and graphical presentation this data showing figure-2.

Table No 2: Mean, Variance and t-test as a Function of Social Support in Rural and Urban Women

	Mean	Variance	t-value	DF	Sig level
Urban	63.3	130.21	0.633174	58	0.26
Rural	61.6	86.04			

Fig No: 2



General Health

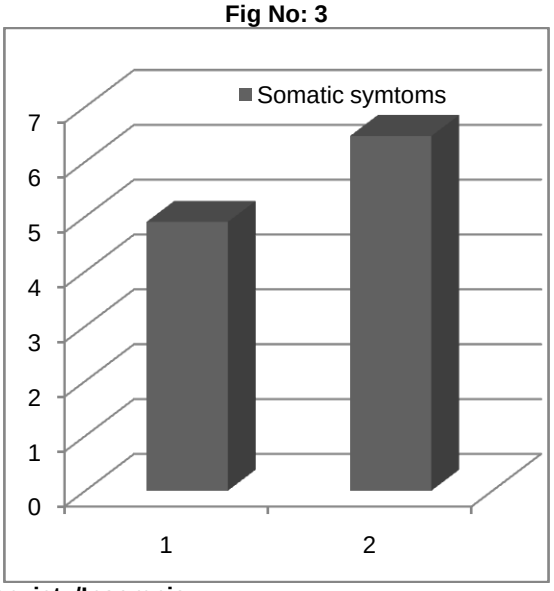
Somatic Symptoms

The mean somatic symptoms was found higher rural group (M = 6.46) in comparison to urban group (M =4.9). Furthermore when these data were submitted to two sample equal variance t-test the difference was found significant at (p = 0.04). The significant level is sufficient to show different between both groups. Mean, Variance, t-value and significant level are showing in table -3 and graphical presentation this data showing figure-3.

Table No 3: Mean, Variance and t-test as a Function of Somatic Symptoms in Rural and Urban Women

	Mean	Variance	t-value	DF	Sig level
Urban	4.9	13.18	-1.74887	58	0.04
Rural	6.46	10.25			

Fig No: 3



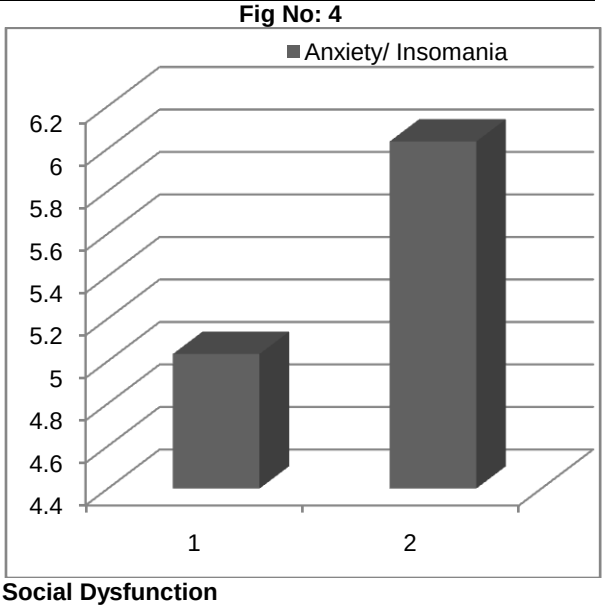
Anxiety/Insomnia

The mean anxiety/insomnia was found higher rural group (M = 6.03) in comparison to urban group (M =5.03). Furthermore when these data were submitted to two sample equal variance t-test the difference was found significant at (p = 0.16). The significant level is not sufficient to show different between both groups. Mean, Variance, t-value and significant level are showing in table -4 and graphical presentation this data showing figure-4.

Table No 4: Mean, Variance and t-test as a function of Anxiety/Insomnia in Rural and Urban Women

	Mean	Variance	t-value	DF	Sig level
Urban	5.03	18.44	-0.96933	58	0.16
Rural	6.03	13.48			

Fig No: 4



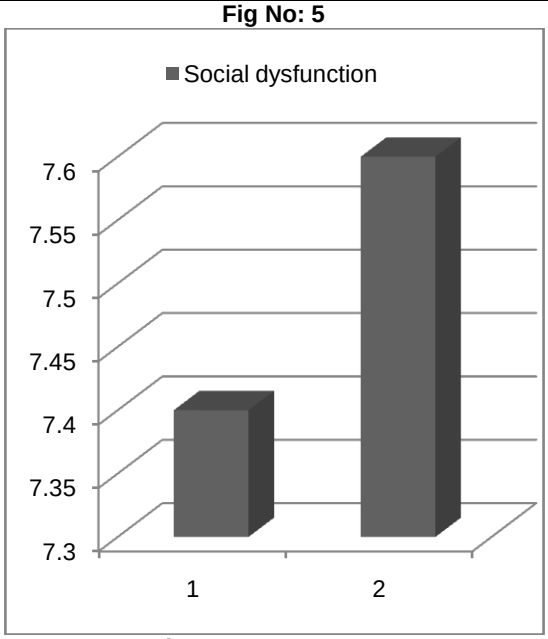
Social Dysfunction

The mean social dysfunction was found higher rural group (M = 7.6) in comparison to urban group (M =7.4). Further more when these data were submitted to two sample equal variance t-test the difference was found significant at (p = 0.38). The significant level is not sufficient to show different between both groups. Mean, Variance, t-value and significant level are showing in table -5 and graphical presentation this data showing figure-5.

Table No 5: **Mean, Variance and t-test as a Function of Social Dysfunction in Rural and Urban Women.**

	Mean	Variance	t-value	DF	Sig level
Urban	7.4	6.45	-0.29933	58	0.38
Rural	7.6	6.93			

Fig No: 5



Severe Depression

The mean severe depression was found higher rural group (M = 6.33) in comparison to urban group (M =3.39). Furthermore when these data were submitted to two sample equal variance t-test the difference was found significant at (p = 0.01). The significant level is sufficient to show different between both groups. Mean, Variance, t-value and significant level are showing in table -6 and graphical presentation this data showing figure-6.

Table No 6: Mean, Variance and t-test as a Function of Severe Depression in Rural and Urban Women

	Mean	Variance	t-value	DF	Sig level
Urban	3.96	20.72	-2.22126	58	0.01
Rural	6.33	13.33			

Conclusion

Thus the finding suggest that although rural women had lesser social support and worse health condition than urban women, yet they are more satisfied with their lives. It seems that rural women have lesser expectation and greater tolerance level, so they are easily adjusted to adverse life conditions. They start to accept the negative aspects of their life and they live happily with their deprived life condition i.e why they are more satisfied their life. On the contrary, urban women have higher expectations and low tolerance level. When their expectations are not completely fulfilled, they get easily disturbed although they are fortunate enough to have excess to greater social support like good friends, availability of

counselors or hired help. But all these social support do not add to their life satisfaction. Urban women health conditions are far better than rural women. Because of awareness and easy availability of medical help, their health conditions are better as compared to their rural counterparts. Still, urban women had reported lesser life satisfaction. They are accustomed of leading comfortable life at cities, but not happy life.So that the findings of the study suggest that satisfaction with life is not necessarily associated with better health and strong social support. Rural women are happier because they are less focused on their life's negative conditions as Seligman (2011) says that, the more happy people are, the less their focused on the negative. They also tend to like others more which create an overall happiness which then correlates to a higher level of satisfaction with their lives.

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