



A STUDY OF LIFE STYLE AMONG URBAN AND RURAL OLD AGE PEOPLE OF RANCHI TOWN

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Abstract: The purpose of the present study is to find out the level of Life Style of old age people of Ranchi district. It also investigated the gender as well as region difference regarding these variables. A total sample of 100 with the age range from 65 to 80 or above years will be taken from old age homes and general population of Ranchi district from different region. Tools used were Life Style Inventory developed by Alam (2008). Data were treated by Percentage, Mean, SD, and t-test. The findings of the study revealed that level of Life Style was higher on moderate level among total sample of old age people and also found level of Life style is higher among urban in compare to rural old age people.

Index Terms- Life style, Gender and Region.

Introduction

Lifestyle is the interests, opinions, behaviours, and behavioural orientations of an individual, group, or culture. The term was originally used by Austrian psychologist Alfred Adler (1870-1937). The term was introduced in the 1950s as a derivative of that of style in art. The term refers to a combination of determining intangible or tangible factors. Tangible factors relate specifically to demographic variables, i.e. an individual's demographic profile, whereas intangible factors concern the psychological aspects of an individual such as personal values, preferences, and outlooks.

Everyone has their own distinct lifestyle that covers their typical actions and surroundings on a daily basis. A rural environment has different lifestyles compared to an urban metropolis. Location is important even within an urban scope. The nature of the neighbourhood in which a person resides affects the set of lifestyles available to that person due to differences between various neighbourhoods' degrees of affluence and proximity to natural and cultural environments. For example, in areas within a close proximity to the sea, a surf culture or lifestyle can often be present.

A positive lifestyle means a positive attitude and taking positive action. It means focusing on solutions, not on problems. It means constantly improving yourself and your life. It means learning from failure and then moving on and trying again. It means living in the present, making the most of it, and not dwelling on the past or worrying about the future. It means focusing and noticing the good traits of people, not just their negative ones. This requires that you stop criticizing and judging people and being more kind and helpful.

Review of related literature

A recent study found that older people's plans and wishes for successful aging related to activities, engagement with life, and health Huijg et al.(2016). It is apparent that successful ageing is a multicomponent concept; Rowe and Kahn's three-component model contains three elements: absence of disease and disability, high cognitive and physical functioning, and engagement with life Rowe and Kahn (1998).

The objective for the Rowe and Kahn model of successful ageing has been to identify early and midlife predictors of later usual or successful aging for prevention purposes. The lifestyle risk factors smoking, physical inactivity, alcohol consumption, obesity, and poor diet have been consistently linked with single negative health outcomes like chronic disease, disability or premature mortality (Krokstad et al., 2017), World Health Organization (2014). Social support has also been linked with mortality Holt-Lunstad et al., (2010), population health (Krokstad et al., 2017), and cognitive and physical performance (Seeman et al., 2001, Strawbridge et al.,

1996). These findings indicate that age-related chronic diseases and mortality are highly associated with several modifiable factors present earlier in the life course Lafortune et al., (2016), Kuh (2007).

RESEARCH METHODOLOGY

Objectives

- To study the level of life style among urban-rural and male-female old age people of Ranchi district.
- To study the main impact of region and gender on level of life style of old age people of Ranchi district.

Hypotheses

- The Level of life style will vary in total sample as well as sample sub-groups based on gender and region.
- There will be no significant difference in region on life style old age people of Ranchi district.
- There will be no significant difference in gender on life style old age people of Ranchi district.

Method used and Sample

The stratified random sampling was used to select the sample from different region of Ranchi district. There were four strata. From each stratum 25 cases were selected thus, altogether 100 cases were selected. The sample of the proposed research is based on a $2 \times 2 = 4$ Factorial design. The stratification was based on: Region (Urban and Rural) and Gender (Male and Female).

Tools used

This test was developed by Alam (2008). Life style inventory consists of 24 items in yes, no form. Scoring is done in direction of unhealthy life style and vice versa. Higher scores indicate unhealthy life style and vice versa. The internal consistency reliability has been reported 0.86. Components of life style are motivation, personality traits, interest and values. The totality of these components are called life style, faulty life style refers to smoking, and consumption of alcohol, inadequate emotional experience and lack of physical activity. Level of life style has been evaluated by using standard scoring procedure. There are as follows:-

Table no. I

Scores	Interpretation
1-8	Low level
9-16	Average level
17-24	High level

The items in this inventory were primarily clinically derived. This procedure is designed to assess whether variation in response to a particular category is associated with variation in total score on the inventory. For each category the distribution of total inventory scores for individuals selecting a particular alternative response was determined.

Procedure

As stated earlier that the samples of the study include different schools selected on random basis from Ranchi. A personal data questionnaire seeking information on such variables as region, gender, age, educational qualification, occupation etc. and twenty five cases were selected for each of the four sub-groups. The test of life style was administered on the subjects by the investigator. Suitable statistical technique was used to analysis of obtained score.

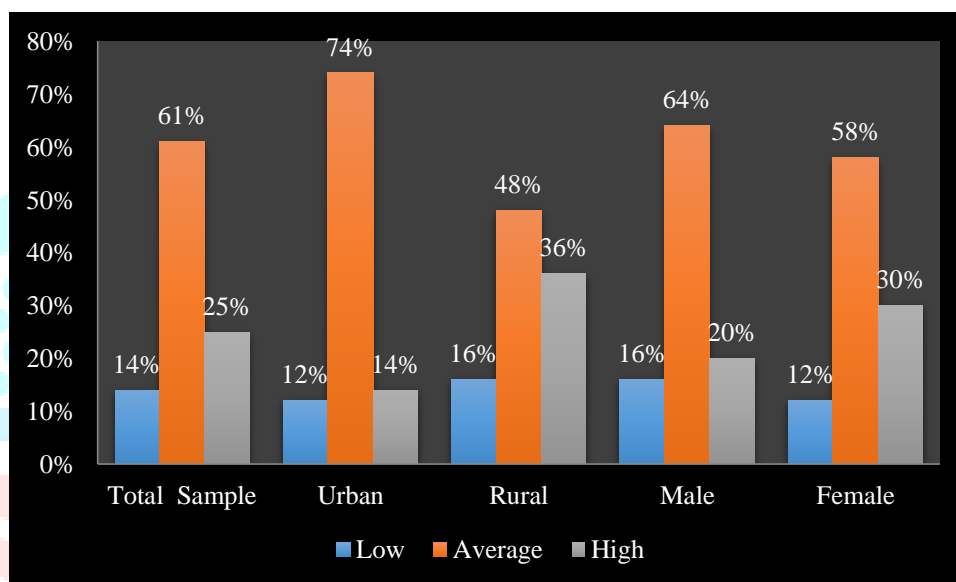
Statistical Tools

The response sheets of the respondents on Life style Inventory was scored and statistically treated using percentage, mean, SD, and t-test. The findings are given in the following tables.

RESULT AND DISCUSSION

Table no. II: Level of Life style in total sample as well as sample sub-groups

Group	Low		Average		High	
	N	%	N	%	N	%
Total Sample (N=100)	14	14	61	61	25	25
Urban	6	12	37	74	7	14
Rural	8	16	24	48	18	36
Male	8	16	32	64	10	20
Female	6	12	29	58	15	30



Graph showing the percentage distribution of low, average and high scorer on Life style scale.

According to above table II maximum number of old age people belongs to average level of life style in total sample as well as sample sub-groups based on region and gender. But few of them were belongs to low and high levels.

The above result confirmed the first hypothesis “The Level of life style will vary in total sample as well as sample sub-groups based on gender and region.” was accepted. That mean all the sample have different levels of life style.

Table no. III: Comparison of mean life style score between rural and urban old age people

Groups	N	Mean	SD	t-value	P-value
Urban	50	14.2	3.43	3.94	0.01
Rural	50	11.14	4.43		

Result indicated that the mean difference on life style of urban and rural old age people were differ significantly. Mean scores of rural and urban were 14.20 and 11.14 and their SDs was 3.43 and 4.43 respectively. t-ratio between the means was 3.94, which was statistically significant at 0.01 level of significance. Hence the hypothesis “There will be no significant difference in region on life style old age people of Ranchi district” was rejected.

Table IV: Comparison of mean life style score between male and female old age people

Groups	N	Mean	SD	t-value	P-value
Male	50	13.40	4.45	1.28	NS
Female	50	12.42	3.10		

Result indicated that the mean difference on life style of male and female old age people did not differ significantly. Mean scores of male and female were 13.40 and 12.42 and their SDs was 4.45 and 3.10 respectively. t-ratio between the means was 1.28, which was statistically not significant. Hence the hypothesis “There will be no significant difference in gender on life style old age people of Ranchi district” was accepted.

Conclusions

This study concluded that life style is experienced by old age people. From this small sample of old age people shown that-

- 1) Maximum number of old age people belongs to average level of life style in total sample as well as sample sub-groups based on region and gender.
- 2) Level of life style was higher among urban than rural old age people. Which show that region significantly impact on life style of old age people.
- 3) Level of life style was slightly higher among male than female old age people. But gender not significantly impact on life style of old age people.

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REFERENCES

- [1] Alam, A. (2008). *Life style inventory*. Rupa Psychological Centre.
- [2] Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: A meta-analytic review. *PLOS Medicine*, 7(7), e1000316. <https://doi.org/10.1371/journal.pmed.1000316>
- [3] Huijg, J. M., van Delden, A. L., van der Ouderaa, F. J., Westendorp, R. G., Slaets, J. P., & Lindenberg, J. (2017). Being active, engaged, and healthy: Older persons' plans and wishes to age successfully. *Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 72(2), 228–236. <https://doi.org/10.1093/geronb/gbw107>
- [4] Kuh, D., & New Dynamics of Ageing (NDA) Preparatory Network. (2007). A life course approach to healthy aging, frailty, and capability. *Journals of Gerontology. Series A, Biological Sciences and Medical Sciences*, 62(7), 717–721. <https://doi.org/10.1093/gerona/62.7.717>
- [5] Krokstad, S., Ding, D., Grunseit, A. C., Sund, E. R., Holmen, T. L., Rangul, V., & Bauman, A. (2017). Multiple lifestyle behaviours and mortality, findings from a large population-based Norwegian cohort study-The HUNT Study. *BMC Public Health*, 17(1), 58. <https://doi.org/10.1186/s12889-016-3993-x>
- [6] Lafortune, L., Martin, S., Kelly, S., Kuhn, I., Remes, O., Cowan, A., & Brayne, C. (2016). Behavioural risk factors in mid-life associated with successful ageing, disability, dementia and frailty in later life: A rapid systematic review. *PLOS ONE*, 11(2), e0144405. <https://doi.org/10.1371/journal.pone.0144405>
- [7] Rowe, J. W., & Kahn, R. L. (1998). Successful aging. *International Journal of Aging and Human Development*, 64(3). Dell Publishing; Bowling A. (2007). Aspirations for older age in the 21st century: What is successful aging?, 263–277
- [8] Strawbridge, W. J., Cohen, R. D., Shema, S. J., & Kaplan, G. A. (1996). Successful aging: Predictors and associated activities. *American Journal of Epidemiology*, 144(2), 135–141. <https://doi.org/10.1093/oxford>