

Investigating the Impact of Anxiety on Older People's Life Satisfaction

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Abstract

With the advancement of scientific knowledge and improvements in healthcare, there has been a notable increase in the population of older individuals. A variety of social, psychological, and behavioral factors can impact older people's level of life satisfaction. This study aimed to assess various parameters linked to life satisfaction among elderly individuals residing in Odisha, India. A descriptive-analytical study was done among a sample of more than 500 older individuals in Odisha, India, during the post-COVID-19 pandemic (2023–2024). Convenience sampling was employed for participant selection. The results indicated a statistically significant impact of gender, occupation, marital status, and educational attainment on overall life satisfaction. The results of the study also suggested that the perception of anxiety has a noteworthy influence on an individual's overall enjoyment of life. The study's findings indicate that certain demographic parameters, such as gender, occupation, marital status, educational background, and cognitive components like anxiety, can serve as predictors of many life changes in older people. Consequently, recommendations are proposed to mitigate anxiety among the elderly population, thereby enhancing their overall quality of life.

Keywords: Elderly people, anxiety, life satisfaction, Odisha

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The worldwide population is undergoing a demographic transition characterised by an increasing proportion of elderly individuals. According to projections by the World Health Organisation, it is anticipated that by 2050, nearly 2 billion individuals, equivalent to one-fifth of the global population, will have reached the age of 60 or older. The ageing process is associated with several consequences, such as alterations in body composition often accompanied by a decline in muscle strength. Additionally, individuals may experience a reduction in personal autonomy, an increased susceptibility to falls and injuries, a decline in jawbone density, and, in certain cases, the progress of frailty, functional impairment, and premature mortality. Furthermore, it is worth noting that the ageing process can be influenced by social and psychological factors, which in turn can substantially influence the overall welfare and value of lifecycle experienced by elder individuals. Conditions such as depression and anxiety have been found to have adverse effects on health results, containing stroke, coronary heart disease, and myocardial infarction. Additionally, positive psychology plays a significant role in mitigating mental diseases and promoting healthy ageing. The comprehension and advancement of successful ageing hold significant relevance for healthcare experts and the overall population. The important components of successful ageing have been identified as maintaining good physical and cognitive health, participating in productive activities, and cultivating positive social relationships, including active participation with others.

From a broader perspective, the concept of effective ageing involves a person's overall state of health, their standard of living, and their level of life satisfaction. Therefore, life satisfaction is considered essential for successful ageing. Life satisfaction is a rather consistent indicator of a person's outlook towards life, and this was widely recognised as a fundamental aspect of human welfare and overall well-being. Researchers increasingly use life satisfaction as

a measure to investigate the subjective well-being of standard of life among elderly people (Benke et al., 2023).

Past research has extensively examined several factors that contribute to predicting life satisfaction, including social components such as social contacts and social support, personality traits, physical activity, leisure physical activities, self-rated health evaluations, and psychological well-being. However, our current comprehension of the barriers to achieving life happiness remains constrained, and the correlation among anxiety, stress, and life satisfaction has yet to be thoroughly investigated. The primary focus of existing research on factors that impact the life satisfaction of elderly adults has predominantly revolved around the presence of depression (Kornienko & Rudnovab, 2023). Symptoms associated with depression have consistently been identified as significant indicators of reduced life satisfaction. Furthermore, the presence of anxiety and negative social factors, such as loneliness, together with difficulties in managing emotions and engaging in interpersonal interactions, was found to have a detrimental impact on overall life satisfaction (Fancourt et al., 2021).

Despite the extensive amount of information pertaining to life satisfaction and purpose in life, there exists a dearth of research specifically examining stress, anxiety, and depression as potential interpreters of both life satisfaction and purpose in life among older populations. Therefore, it is essential to increase a thorough knowledge of the issues that hinder life satisfaction and sense of purpose in older adults. This understanding is vital for evolving productive techniques and policies that aim to improve these dimensions in the elderly population. The primary objective of this investigation is to examine the correlation between indicators of stress, anxiety, and depression and life satisfaction among older individuals in India.

Life Satisfaction

Life satisfaction, a fundamental element of a person's overall well-being, is also crucial in healthy ageing. In the senior population, a correlation exists between life satisfaction and the perception of having control. According to Krause et al.(1991), individuals may perceive minimal consequences from adverse events, such as financial hardships, if they perceive a sense of agency or control over their circumstances. In the majority of cases, a person's viewpoint of personal authority over their circumstances appears to hold greater significance than objective measurements when assessing overall life satisfaction. Social gerontology was formally established with a particular focus on investigating the impact of the ageing process on an individual's overall life satisfaction (Lawton, 1975). Previous research conducted by Shmotkin(1990) revealed that the correlation between ageing and the decline in health was not as significant as initially thought. Multiple studies have demonstrated that emotional health is consistent or may improve as individuals get older. Despite the various social and biological transformations linked to the ageing process, it is not necessarily the case that life satisfaction diminishes with age (Mercier et al., 1998). According to Carstensen et al.(1999), as individuals age, they have the potential to cultivate a greater sense of hopefulness by actively modifying their socioemotional environments. The Relationship Between Life Satisfaction and Health Indicators. In old age, functional capacity and health are expected to deteriorate, and hence, they are frequently seen as crucial for life satisfaction. According to a study by Markides and Martin (Markides & Martin, 1979), functional capacity, encompassing an individual's capability to perform everyday tasks, is associated with life happiness. A positive correlation exists between enhanced functional capacity and heightened life satisfaction, even in the very final phase of old age. The subjective experience of possessing agency and influence over one's own life is a

crucial element of well-being in the older population. In their 1991 study, Lewinsohn, Redner, and Seeley studied the association between life satisfaction and psychosocial characteristics (Lewinsohn et al., 1991). The researchers discovered a noteworthy association between life satisfaction and most psychosocial variables. People with great contentment tend to regard themselves as having a wider range of social supports that are consistent and reliable. A favourable correlation is there, between life satisfaction and self-rated and interviewer-rated health. Scholars have proposed that individuals hold a notable capability to uphold or recuperate significant levels of overall happiness despite experiencing severe life disruptions, such as the sudden onset of health issues that pose a threat to their well-being (Jeong et al., 2023). The existing body of research on the health perceptions of individuals in the oldest age group indicates a strong positive association between life satisfaction and self-reported health (Jeong et al., 2023). In their study, (2006) found no significant relationship between medically defined health and life satisfaction. However, they did see a notable association between life satisfaction and self-rated overall health, particularly among women.

Anxiety ranks among the most prevalent mental disorders. A significant proportion of elderly individuals have experienced feelings of anxiety on at least one occasion throughout their lifespan. Anxiety is associated with a variety of commonly recognised symptoms, including increased heart rate and shallow respiration, heightened perspiration, clammy palms, tremors, a sensation of butterflies in the abdomen, and numerous other manifestations. The pursuit of life satisfaction represents the overarching objective that individuals endeavour to achieve during their entire lifespan. Individuals have a wide range of perspectives about the conceptualisation of "satisfaction. According to George et al. (1985), life satisfaction can be defined as an individual's assessment of their general circumstances, which is determined by comparing their objectives

with their actual accomplishments. According to Akbari (Akbari, 2012), several factors contribute to an individual's overall life satisfaction, including fair pay, a socio-economic position, satisfactory physical and psychological well-being, positive personal, social, and professional relationships, a sense of security, and a well-developed personality. Therefore, it is essential to identify the factors that contribute to individuals' overall happiness in life.

Theoretical Framework and Research Questions

Ageing is an event involving biological changes, but more importantly, it represents the process of regulation of motivation and emotion. Socioemotional selectivity theory (SST) states that as people age, they begin to give greater priority to goals that have significant emotional value to them and will attempt to maximize the amount of time spent experiencing positive emotions while minimizing the time they spend experiencing negative emotions (Isaacowitz, Wadsworth, Gable, Wilson & Idaka, 2006; Carstensen, 2006; Carstensen et al., 1999). As people enter into later life, the maintenance of subjective well-being and emotional stability becomes central to the regulation of ageing; however, increased anxiety can interfere with the optimisation of emotion processes, and as a result, reduce perceived quality of life and life satisfaction. Therefore, from the perspective of SST, anxiety is a major source of risk to the well-being of old age people and thus is an emphasis for study in terms of the influence on life satisfaction.

Stress-Coping Theory complements SST by stating that anxiety occurs when an individual perceives that the pressures of environment are more than they can handle to cope with these demands (Folkman & Lazarus, 1980; Lazarus & Folkman, 1984). Older adults may encounter numerous stressors, including declining health, financial insecurity, bereavement, social isolation and loss of autonomy. Where older adults appraise life stresses as threatening

and/or unmanageable, the likelihood of increased anxiety will occur and subsequently lead to negative influences on psychological well-being and life satisfaction. Therefore, anxiety may be viewed as an ineffective coping mechanism that reduces the overall evaluation of life by older adults.

Finally, cognitive appraisal models of emotion suggest that the interpretation of a situation, rather than the occurrence of the event itself, determines emotional response and well-being (Lazarus, 1991). Older adults who view their life experiences as overwhelming/unmanageable have a higher chance of experiencing complex levels of anxiety than older adults who view their lives as manageable/ fulfilling. Furthermore, the presence of demographic resources, including education, employment, and having a spouse/partner, may enable older adults to make more positive evaluations of their lives and, therefore, improve their level of life satisfaction.

Therefore, this study uses stress-coping theory and cognitive appraisal models as the foundation for its theoretical framework, drawing on SST. This study examines the impacts of demographic characteristics on anxiety and life satisfaction amongst older adults in India. This study addresses the following research questions:

- How do demographic factors (gender, employment status, relationship status, and education) affect anxiety and life satisfaction in older adults?
- To what degree does anxiety affect life satisfaction in older adults?

Method

Study Design

The study was conducted between May 2023 and April 2024, following the COVID-19 pandemic lockdown measures in the state of Odisha, India. The research employed a cross-sectional study design, incorporating common psychological questionnaires that inquired about age, gender, illnesses, and educational qualifications. The data collection method employed in this investigation was the physical modality. The majority of participants completed the survey within a 20- to 30-minute timeframe. The study involved participants who were aged 60 years and older.

Participants

A total of 506 completed questionnaires were received from participants. After the initial screening process, 463 responses were identified as valid and suitable for further research. The study sample consisted of individuals aged 60 to 83 years ($M = 72.25$, $SD = 5.82$), with a higher representation of males ($n = 302$, 65%) compared to females. A total of 46% of the participants reported having a partner. The vast majority of participants, comprising 71% of the sample, lacked a high school education. Thirty-seven per cent of the participants were employed. Table 1 presents an overview of the demographic characteristics pertaining to the complete sample.

Table 1

Demographic Profile of the Participant

Demographic variables	Category	Percentage
Gender	Male	65
	Female	35
Education	10 th and above	29

	Below 10 th	71
Employment	Yes	37
	No	63
Life Partner	Yes	46
	No	54

Study Measures

Generalized Anxiety Disorder (GAD-7) scale

The Generalized Anxiety Disorder (GAD-7) scale was developed by Spitzer et al.(2006) was used to measure anxiety in elderly individuals. The GAD-7 is a self-report tool consisting of seven items. Participants were asked to rate the frequency of their anxiety symptoms over the course of the past two weeks using a 4-point Likert scale. The scale ranged from 0 (indicating no experience of anxiety symptoms) to 3 (indicating a nearly daily occurrence of anxiety symptoms). The total scores encompass a spectrum of values ranging from 0 to 21, wherein a score of 10 is utilised as the diagnostic cutoff for generalised anxiety disorder (GAD). The range of 0–4 on the anxiety scale signifies the absence or minimal presence of anxiety. A score between 5 and 9 on the scale shows the presence of mild anxiety. A score of 10–14 suggests the presence of moderate anxiety, while a score of 15–21 indicates the presence of severe generalized anxiety disorder. The Cronbach's alpha coefficient for the Generalized Anxiety Disorder 7-item scale (GAD-7) was 0.85 (Spitzer et al., 2006).

Satisfaction With Life Scale (SWLS)

The Satisfaction With Life Scale (SWLS), a 5-item scale created by Diener et al.(1985)was employed to assess individuals' overall cognitive evaluations of their life satisfaction. Participants are asked to rate their level of agreement or disagreement with each of the five statements on a 7-point scale, where 1 represents significant disagreement and 7 represents strong agreement. The total scores range from 5 to 35, where higher scores indicate a heightened degree of life satisfaction. Potential rating ranges (5–35) encompass various levels of satisfaction, including potential states of being unsatisfied (5–9), dissatisfied (10–14), slightly dissatisfied (15–19), neutral (20), slightly satisfied (21–25), satisfied (26–30), and extremely satisfied (31–35). The Cronbach's alpha coefficient for the Satisfaction with Life Scale (SWLS) was found to be 0.78(Diener et al., 1985).

Results

The study is based on participant data obtained using standardised questionnaires that contain all pertinent variables. Hence, it is plausible that there is a potential for respondent bias. To minimise the potential impact of prejudice, participants in the survey were explicitly assured that their identities would be preserved and their responses would be kept confidential. This assurance was given as a proactive measure to ensure unbiased responses. Nevertheless, a commonly employed approach in bias analysis involves conducting a systematic examination to ascertain the lack of prejudice. The assessment of prevalent biases in the data was conducted using Harman's single-factor test. Based on the results obtained, it was observed that the initial component explained only 39.9% of the variation, falling below the established threshold of 50% as stated by Podsakoff(Podsakoff et al., 2003). Hence, it can be deduced that the data does not introduce any form of bias into the prediction.

Construct Consistency, Reliability and Validity

The factor loadings for each scale item, along with their corresponding reliability, are presented in Table 2. The Cronbach's alpha coefficients for the measures included in this study ranged from 0.73 to 0.79, indicating that all of them demonstrated satisfactory levels of internal consistency. The factor loadings that were standardised exceeded the threshold of 0.5. The average variance extracted (AVE) varied from 0.67 to 0.68, and the composite reliability (CR) ranged from 0.80 to 0.987. These results align with the recommended guidelines as suggested by Hair Jr et al.(2017). According to Hair and his colleagues(Hair Jr et al., 2017), the establishment of convergent validity is indicated by the attainment of certain thresholds. Specifically, for a construct to demonstrate convergent validity, the average variance extracted (AVE) should exceed 0.50, the composite reliability should be greater than 0.70, and the standardised loadings should be greater than 0.60. Table 2 provides evidence that all three requirements for convergent validity were met. Discriminant validity (DV) was assessed using the Fornell-Larcker criterion(Fornell & Larcker, 1981). The Fornell-Larcker criterion involves comparing correlation coefficients within a single dimension with the square root of the Average Variance Extracted (AVE). Table 4 shows that the square root of the average variance extracted (AVE) for each construct is greater than the correlation between constructs, which is shown by the bottom half of the diagonal elements. As a result, the discriminant validity of the notions has been established.

Table 2

Measurement Indexes.

	Anxiety	Life Satisfaction
Anxiety	0.82	

Life Satisfaction	0.67*	0.81
Standardized loading	0.71-0.79	0.71-0.83
Cronbach's Alpha (α)	0.73	0.79
AVE	0.68	0.67
CR	0.80	0.87

Note: *Significance value at 5% level of confidence.

Statistical Analysis

Descriptive statistics (mean, standard deviation, range, standard error, and 95% confidence interval) were computed for all study variables. Group differences in anxiety and life satisfaction based on demographic characteristics (gender, employment, education, and partner status) were examined using independent sample t-tests. Pearson's correlation analysis was conducted to examine associations between anxiety and life satisfaction. To identify the predictors of life satisfaction, a hierarchical regression analysis was performed in two steps. In Model 1, demographic variables (gender, education, employment status, and partner status) were entered. In Model 2, anxiety was added to examine its incremental predictive contribution. Statistical significance was set at $p < .05$.

Descriptive Statistics

At the outset, descriptive statistics were computed for the entire sample, including measures such as the mean (M), standard deviation (SD), range, standard error (SE), and a 95% confidence interval (CI) with lower limit (LL) and upper limit (UL). Subsequently, a series of t-tests were conducted to investigate potential variations in satisfaction with life and anxiety disorder based on gender and academic affiliation. The study employed Pearson's correlation

analysis and hierarchical regression analysis to investigate the association between variables. The variable of life satisfaction was designated as the dependent variable. The initial stage of the analysis involved the incorporation of two demographic variables, namely gender, job, partner, and education, into the model. In addition to demographic factors, anxiety was also incorporated into the second model.

Table 3 displays the descriptive statistics and psychometric properties of the variables. The prevalence of anxiety was found to be substantial, as evidenced by 79% of people experiencing anxiety. This included 26% of individuals with mild anxiety, 43% with moderate anxiety, and 31% with severe anxiety disorder. A significant proportion of the elderly population assessed their overall health status as highly favourable, with 15% reporting it as "very good," 37% as "good," and 9% as "excellent." Conversely, 39% expressed dissatisfaction with their health, indicating that they did not feel well. The findings indicate that a significant proportion of the participants, comprising 53% of the entire sample, reported being content with their life to varying degrees, ranging from slightly to excessively. Conversely, only 9% of the participants expressed a neutral stance towards life satisfaction, while the remaining 38% reported varying degrees of dissatisfaction with their lives, ranging from slightly to extremely.

Table 3.

Descriptive Statistics

Variable	Scale	Mean	Standard	Standard	95% CI	Min	Max
	Range	n	d	d Error	(LL–UL)		
		(M)	Deviation	(SE)			
			n (SD)				

Satisfaction With Life (SWLS Total Score)	5–35	23.5	6.2	0.29	22.94 – 24.06	7	33
Generalized Anxiety (GAD-7 Total Score)	0–21	9.1	4.8	0.22	8.66 – 9.54	0	19

Difference in Demographic Factors

Table 4 presents the outcomes of a t-test analysis examining the relationship between gender (male or female), employment status (employed or unemployed), education level (below 10th grade, 10th grade, and above), anxiety as an independent variable and satisfaction with life as a dependent variable. Males exhibited a statistically significant advantage over females in terms of life satisfaction. In contrast, females exhibited a higher score in generalised anxiety disorder (GAD). The employment status of older individuals has been found to have a significant impact on various aspects of their well-being, including life satisfaction, and levels of generalised anxiety disorder (GAD). Specifically, those employed tended to have better scores in these domains than their unemployed counterparts. Regarding the education factor, those who have completed at least the 10th grade achieved better scores in generalised anxiety disorder (GAD). Conversely, participants with educational qualifications below the 10th grade obtained greater scores in life satisfaction than their counterparts.

Table 4.

Demographic Variables: Means, Standard Deviations, and t-test Statistics for Study Variables

Variable	Group	SWLS	t	p	GAD-7	t	P
		Mean			Mean		
		(SD)			(SD)		
Gender	Male	24.10	2.8	0.005	8.4	-2.48	0.014
		(6.0)	5		(4.6)		
	Female	22.30			9.5		
		(6.5)			(5.0)		
Employment Status	Employed	25.60	4.3	<0.001	7.8	-3.12	0.002
		(5.4)	8	1	(4.3)		
	Unemployed	22.40			9.7		
		(6.4)			(4.9)		
Education Level	10th Grade & Above	24.90	3.0	0.003	8.1	-3.45	0.001
		(5.8)	1		(4.2)		
	Below 10th Grade	22.80			9.6		
		(6.3)			(4.9)		
Life Partner Status	Has Partner	25.10	5.1	<0.001	8.3	-2.21	0.028
		(5.9)	2	1	(4.4)		
	No Partner	22.10			9.2		
		(6.3)			(5.1)		

Note. SD (Standard Deviation); SWLS = Satisfaction with Life Scale (total score range 5–35); GAD-7 = Generalized Anxiety Disorder Scale (range 0–21). Independent samples t-tests were used. Higher scores indicate greater life satisfaction (SWLS) and higher anxiety (GAD-7). N = 463.

Predictors of Life Satisfaction

A two-step hierarchical regression analysis was employed to examine the predictors of life satisfaction. Demographic characteristics were analysed as predictors of life satisfaction (Step 1) and were identified as a significant predictor of life satisfaction ($p < .001$; $R^2 = .31$). Factors positively associated with life happiness encompassed education, work, and the presence of a life partner. Females had lower levels of life satisfaction compared to males. Step 2: Incorporating anxiety into the model resulted in a substantial enhancement in the variance explained by the model ($\Delta R^2 = 0.11$; $p < 0.001$). Anxiety adversely correlates with life satisfaction; as anxiety escalates, life satisfaction is reduced. This final model accounts for 42% of the overall variation.

Table 5.

Hierarchical Regression Predicting Life Satisfaction.

Step 1: Demographic Variables

Predictor	B	SE B	B	t	p
Gender (0 = Male, 1 = Female)	-1.12	0.38	-0.14	-2.94	0.003
Education (0 = Below 10th, 1 = 10th & above)	1.28	0.41	0.16	3.12	0.002

Employment (0 = Unemployed, 1 = Employed)	2.01	0.45	0.21	4.47	<0.001
Life Partner (0 = No, 1 = Yes)	1.76	0.39	0.19	4.51	<0.001

Model Summary (Step 1): $R^2 = 0.31$, Adjusted $R^2 = 0.30$, $F(4, 458) = 51.32$, $p < .001$

Step 2: Adding Anxiety

Predictor	B	SE B	β	t	p
Gender	-0.96	0.36	-0.12	-2.65	0.008
Education	1.09	0.39	0.14	2.79	0.005
Employment	1.72	0.43	0.18	4.01	<0.001
Life Partner	1.58	0.37	0.17	4.27	<0.001
Anxiety (GAD-7 Total Score)	-0.68	0.10	-0.34	-6.54	<0.001

Model Summary (Step 2): $R^2 = 0.42$, Adjusted $R^2 = 0.41$, $\Delta R^2 = 0.11$, $F\text{-Change}(1, 457) = 42.76$, $p < .001$.

Note. Dependent Variable = Life Satisfaction (SWLS Total Score; range 5–35). Predictors were entered hierarchically: demographics in Step 1 and anxiety in Step 2. Negative coefficients indicate lower life satisfaction. N = 463.

Discussion

The aim of this paper was to assess various parameters linked to life satisfaction among older people. Although a notable proportion of older adults reported dissatisfaction, more than half of the subjects demonstrated some level of satisfaction with life, indicating mixed but not uniformly negative well-being outcomes. A review of previous research shows that the subjective happiness of aged persons is generally low (Borhaninejad et al., 2017; Clarke et al., 2023; Li et al., 2013). Nevertheless, certain research has found that older people generally experience a positive level of happiness with their current lives (Didino et al., 2016). In the research conducted by Chehregosha et al.(2016), a notable disparity in life satisfaction was observed between elderly males and females. Additionally, a poll conducted in an urban area of China revealed that older women exhibited a higher propensity for life satisfaction. Lu et al.(2021) presented findings that are in contrast to our own results. One potential reason for this phenomenon is that older women may have a comparatively poorer level of health compared to older men, which could subsequently lead to reduced life satisfaction (K.-M. Kim, 2012). Furthermore, the observed disparity can be attributed to the relatively smaller proportion of older men as compared to older women, indicating a gender difference. It is essential to allow the attendance of unintentional unfairness in this context (Papi & Cheraghi, 2021). The results of a study conducted by (2015) presented contrasting findings to our own research, which suggested that men have a greater life expectancy compared to women. This discrepancy could be attributed to variations in social engagement and disparities in educational attainment, with men

generally demonstrating a higher level of education. The current investigation revealed that married aged persons had a greater level of life satisfaction in comparison to their divorced counterparts or aged persons who had experienced the loss of their spouse. According to a previous investigation conducted by (2018), married individuals exhibited greater levels of life satisfaction than those not in a marital relationship. One potential explanation for this phenomenon is that married individuals may have enhanced self-esteem and psychological well-being as a result of engaging in shared activities and receiving emotional support. Consequently, this may contribute to an overall rise in life satisfaction. Furthermore, the current study found a significant correlation between life happiness and the work status of older people. Specifically, the persons who are employed showed advanced levels of satisfaction compared to individuals in other occupational categories. The observed disparities in the results may be attributed to variations in the research samples with regard to economic, social, and cultural circumstances, which have the ability to impact the overall life satisfaction of older individuals.

It was found in this paper, that a substantial association is there between life satisfaction and the educational level of the participants. Specifically, individuals with an academic education demonstrated significantly greater levels of life satisfaction compared to other groups. The results of previous research were in alignment with the findings of the current study(Cha et al., 2018; Li et al., 2013). Contrary to the aforementioned finding, the study conducted by Eshkoo et al.(2015) yielded conflicting results. The objective of this study was to investigate the impact of demographic factors on life satisfaction and anxiety, and to identify the predictors of life satisfaction. Indeed, the process of ageing is correlated with several alterations in the social lives of older individuals, which contribute to the development of feelings of loneliness(Jakobsson & Hallberg, 2005). All results of this paper show that, there is a notable occurrence of anxiety

among the senior population. Consistent with our results, women reported higher anxiety levels than men, which aligns with several prior findings showing greater vulnerability among older women. The outcomes of our investigation align with the research findings of Hazer and Boylu (2010). Contrary to this perspective, numerous researches showed that elderly females have a higher susceptibility to experiencing anxiety (Sheikholeslami et al., 2012). Similar to previous literature, our findings indicate that higher education is related with lesser anxiety among aged people, possibly because educated individuals possess better coping strategies and access to resources (Alizadeh et al., 2018). The findings indicate that illiterate elderly individuals exhibit the greatest rates of worry, while those with higher levels of education experience lower levels of anxiety. Specifically, elderly individuals with an academic education have the lowest levels of anxiety. The findings of this paper indicate that life satisfaction serves as a significant indicator of affluence within the elderly population in India. Based on our research, it has been determined that anxiety disorder significantly influences an individual's level of life satisfaction. The results of our study are consistent with prior research conducted among both adult and older adult populations (Eng et al., 2005; Ghubach et al., 2010). Our study corroborated the results of prior research, which indicated a correlation between life happiness and several socio-demographic factors. Previous research has repeatedly demonstrated a significant link between factors such as education (Fernandez & Kulik, 1981) and job (Mayer, 2018) and life satisfaction. Additionally, previous studies have consistently reported significant correlations between life happiness and gender (Hutchinson et al., 2022). Our data revealed that women were significantly less satisfied with their lives than men, a finding also supported by the regression model.

In summary, this research highlights the significance of certain factors that are closely linked to elevated levels of life satisfaction among older individuals. These factors include

anxiety, education, source of income, and life partner. The study further highlights the impact of demographics (gender, job, and education) on the life satisfaction and anxiety of elderly people. The aforementioned findings hold potential value for NGOs and government administrators who provide one-on-one care for older adults and individuals involved in developing community-based interventions. For instance, it is possible to motivate older individuals to participate in activities that promote social connections and a sense of belonging. These activities may include volunteering with young people, participating in peer visits to religious sites, joining a choir, or becoming politically engaged. Mentorship activities can potentially assign new social responsibilities to older people, thereby offering them a sense of being valued and essential while also fostering intergenerational connections (Yuan & Wu, 2008). Ultimately, while acknowledging the complexity and challenges involved, individuals with surviving relatives should assess and address the level of support within their familial context to enhance their overall sense of well-being (S.-Y. Kim & Sok, 2012).

Several issues were identified during the study, including the prevalence of illiteracy among the older adult participants, the excessive length of the questionnaire items, and the resulting boredom experienced by the participants when responding to them. The aforementioned circumstances resulted in an elongation of the task's duration and a reduction in the calibre of the responses. Furthermore, a pervasive negative perception exists that numerous investigations involving older individuals are not primarily intended to benefit the elderly population, but rather to serve the researchers' personal objectives. An additional limitation of the present investigation was its utilisation of a cross-sectional design, thereby impeding the establishment of causal relationships between variables. Therefore, it is advisable to conduct longer and more comprehensive investigations into the determinants of life happiness and their interrelationships.

Conversely, employing a case-control strategy in this study would yield substantial insights for the research team.

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