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## The Relationships between Living Conditions and Life Satisfaction of Elderly People in Istanbul

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54<sup>th</sup> European Congress of the Regional Science Association  
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## The Relationships between Living Conditions and Life Satisfaction of Elderly People in Istanbul

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### Abstract

Studies, which aim to increase life satisfaction of the elderly, are gradually gaining importance. Findings of various studies underline the importance of environmental conditions as one of the factors that influence the perception of life quality and life satisfaction among the elderly.

This study aims to define the physical and socio-economic environment determinants which affect the overall life satisfaction of the elderly in Istanbul. Independent samples t-test is used to analyze the difference in life satisfaction between socio-demographic characteristics and between socioeconomic environment determinants, which include the frequency of socializing with friends and the youth, having a caretaker, participation in social activities, seaside holidays, and participation in trips.

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*Keywords:* elderly; life satisfaction; socio-economic environment determinants;

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### 1. Introduction

The decrease, in the population growth rate and the prolonged average life expectancy result in an increase in the population rate of the elderly, in the total population.

Even though, aging, also defined as the third age, has become a problem of rising importance all over the world, the elderly population in Turkey rises relatively slowly and thus it has not been regarded as a major problem so far.

The growth rate of the elderly population in the world is 2.1%, whereas the overall population growth rate is over 1.2 % (Mandiraoglu, 2010). The elderly population rate in the United States varies between 15% and 20 %. However, the elderly population rate in Turkey has not reached the level of developed western

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countries. Although the population rate of those who are 60 and over in Turkey was 5.9% in 1950, it has risen to 7.0% in 1990 and 8.4% in 2000. Today this rate is about 10%.

According to the results from the Address-Based Population Registration System Census of 2008 conducted by the Turkish Statistical Institute (TUIK), the rate of those aged 60 and above is 7.92% of the total population; this rate is below the average (9.90%) of Turkey.

Cities experience rapid transformations; the fact that women in cities have started actively participating in work life has weakened their relationship with their relatives and neighbors, which in turn has led the elderly to live alone.

The aging process, the time when the active work life ends, brings along the alienation of the old person from social life.

Satisfaction is the sense of fulfillment resulting from meeting the needs and demands. Life satisfaction refers to the individual's positive evaluation of his/her life as a whole. Life satisfaction, in other words, subjective quality of life, is a major element of quality aging (TSI, 2004).

Studies on aging are of increasing importance for enhancing life satisfaction of the elderly. Life satisfaction studies conducted in Turkey have started to gain importance in recent years. The findings of research carried out in Turkey have revealed that both the general population and the elderly people are satisfied with their life. According to the 2001 data obtained from "Turkey Welfare Indicators Survey", among individuals who are 55 or older, the average life satisfaction score is 4.37 out of 10 (Arun, 2008).

In a survey conducted in Ankara, 14.0% of the elderly stated that they were "very satisfied"; 62.0% said "quite satisfied"; 21.0% said "meagerly satisfied" and 3.0% said "not satisfied at all". Among the reasons for non-satisfaction, 42.0 % were loneliness; 29.0% were aging; 17.0% were health problems and 12.0% claimed they were not able to take care of themselves (Aslan, 2004).

Within the scope of this study, the elderly people participating in this survey are asked whether or not they are generally satisfied with their lives. The rate of individuals who are highly satisfied with their lives is 19.0%; the rate of those who are satisfied with their lives above average is 34.6%, and the rate of the elderly population who are satisfied with their lives at an average degree is 41.0%. However, the rate of the participants who are not satisfied with their lives is as low as 5.4%.

As a response to the statement "So far, I have acquired the things I expect from life," 14.9% of the elderly population say "very much" while 29.8% of the participants express their satisfaction as over the average, and 42.9% express average satisfaction. The rates of satisfaction with life conditions are 14.9% for very high satisfaction, 29.8% for satisfaction above average, and 42.9% for satisfaction at an average degree.

In this study, the determinants which affect life satisfaction of the elderly will be evaluated in separate groups. Socio-demographic determinants; gender, age, education level, skills; physical environment determinants related to housing and its environment and socio-economic environment determinants including financial conditions, social security, house ownership, the rate of physical activity, participation in social activities, and the frequency of socializing with friends and relatives.

## **2. The Factors which Influence Life Satisfaction of the Elderly**

The life satisfaction of the elderly has been widely researched and discussed.

Life satisfaction is used as an indication of adaptation to aging. When the elderly are satisfied with their previous and current lives, they are observed to have adapted to aging (Blace, 2012). Good health and financial conditions and social integration are known to have positive impacts on the subjective happiness of the elderly (Gaymu & Springer, 2010; Pinquart & Sörensen, 2000).

The levels of life satisfaction of the older people could be explained by several factors or reasons. Functional ability, participation in physical activities and activities with social support are statistically significant predictors of life satisfaction among the elderly. One of these is the level of participation in various activities (Blace & Avenue, 2012). Education level, number of close friends, knowing community health staff, work status, elderly club membership, and religious activities were statistically significantly related to perceived social support among the elderly (Kuhirunyaratn, et al. 2007)

A great number of research findings underline the importance of environmental conditions as leading factors, which influence elderly people's perception of life quality and life satisfaction (Fernandez-Ballesteros, 2001). When elderly people are in question, what is meant by the term "environment" is limited by care and shelter conditions as well as clearly describing the social/physical aspects of the surroundings in which these people are getting old.

In one study suggesting the importance of social relationships in residential areas, it is stated that social contact, developmental activities, and free time activities are important aspects of residential satisfaction, which should be taken into account in the individualization of elderly people's care. Being one of the most important preferences of elderly people, social contact refers to visits by family members, desire for social groups of preferred sizes, and certain social activities such as holidays and birthdays (Carpenter et al., 2000).

The 'sense of community' is designated as one of the most important social factors defining the environment of elderly people. Researchers define the concept of the sense of community as the unity of some characteristics such as a complex network of friends, the individual's perception of the immediate environment, social relationships with others in the environment, and participation in neighborhood activities (Zaff and Devlin, 1998).

Loneliness and social isolation, as problems particular to the elderly, are deepening in the society. While determining important needs of the elderly people, it is found that relationship with other people is an important part of life satisfaction (Kane, 2001). A recent study by Zimmerman, et al. (2005) has clearly revealed the importance of social distance and social inertia in determining the life satisfaction and general health of the elderly. Research findings show that social and leisure activities are positively correlated with life quality indicators, but negatively correlated with mortality (death rate). Also, Ho et al. (2003) suggest that relationships with friends rather than the family are relatively stronger factors in determining elderly people's life satisfaction.

In one study, Oishi et al. (2007), have found that close relationships and voluntary work lead to greater life satisfaction; that individuals with high life satisfaction tend to have better participation in activities and higher incomes and education levels. Elderly women and men have been discovered to exhibit differences in terms of life satisfaction. Life satisfaction of elderly women has been discovered to increase with time spent with family members. That of elderly men is observed to rise with time spent in leisure activities. According to the study, women take pleasure in spending time and taking care of their children. Men, on the other hand, are satisfied when they perform leisure activities (Daig et al., 2009). In another study, watching TV, listening to the radio, and participation in physical activities among men, and

watching TV and listening to the radio among women have been found to correlate with low levels of depression (Gautam et al., 2007).

Reduction of mobility in old age does not only lead to changes in pre-existing social relations of the individual; there is also a decrease in the number of friends and relatives with whom he/she can contact (Gulseren, 2000). Health, one of the determinants for quality of life, means being physically and psychologically well. One will feel better both physically and psychologically by participating in various activities in his/her free time. Studies have shown that those who participate in physical activities regularly as well as leading an active life, physiological changes associated with aging are experienced in later periods and less severely (Inal 2003).

### **3. Research Area and Methodology**

Data was gathered using a questionnaire survey selected through a stratified random sampling in Istanbul. In the scope of this study, 410 face to face questionnaires have been carried out with elderly people in residential areas, in the districts of Bakırkoy, Kadıkoy and Besiktas. While selecting these samples, questionnaire quota has been applied in proportion with the population of each district and its elderly population. The reason why these districts were selected is the rate of the elderly population in the related areas which is twice as much as the average of Istanbul.

According to the results of 2008 Address Based Population Registration System Population Census prepared by Turkish Statistical Institute (TUIK), the rate of those who are aged 60 and above in total population is 7.92%, which is below the average of Turkey (9.90%). However, the elderly population in old residential areas of Istanbul; Kadikoy (19.95%), Besiktas (18.06%), Bakırkoy (16.54%) is more than twice the Istanbul average. These districts will accurately represent Istanbul as they are old residential areas which are located on the three shores of the city. Based on the calculations, 410 questionnaires, 80 in Bakırköy, 250 in Kadıköy and 80 in Beşiktaş, were carried out with those who were aged 65 and above in the summer of 2012. The locations of the study areas are shown in Figure 1.

### **4. Elderly Profile**

The survey carried out on elderly people has focused on individuals aged 65 and above. The highest rate of participants 47.3% are from ages 75-84. 34.1% of the elderly are elementary school graduates. 10.2% are secondary school graduates. 26.8% are high school graduates and 16.8% are university graduates. An evaluation of the professional career of the elderly population reveals that 25.8% are skilled workers. It is found that 91.5% of the individuals who participated in the survey do not work anymore (See Table 1).

As a response to the question "How many people live in the same house?" it was discovered that 22.2% of the sample group live alone. At 50.2% couples constituted the majority group. Families consisting of 3 individuals were determined to be 17.1%. The majority have children. It has been determined that the rates of the elderly people with two (41.7%) and three (23.9%) children are highest.

59.0% gave affirmative replies to the question "Do you have any illnesses that affect your daily life?" The rates of chronic illnesses among female and male participants are close to each other. High blood pressure (30.6%), diabetes (17.9%), and joint disorders (17.7%) are the illnesses with highest rates, which affect the daily lives of elderly people.

## 5. *Empirical Analysis*

An independent samples t-test is used for comparing the means on an interval/ratio variable between two categories on a nominal/ordinal variable. It answers the question of whether the difference between means is statistically significant in the population of interest.

Independent Samples T-Test is used to check whether the difference between the averages of two unrelated samples is significant or not.

This study aims at testing the variables affecting the life satisfaction of the elderly with an analysis by using independent samples T-Test.

### **Life Satisfaction and Socio-Demographic Characteristics**

The results of the Independent samples t-test analysis reveal that life satisfaction, apart from its relationship with professions and health, has no significant relevance with socio-demographic variables such as gender, age, education, parenthood, work status or social security.

Altmaier's (1996) findings show that participants who reported low education and socioeconomic levels and who had poor physical health indicated that they had little social support and low life satisfaction. In this study, it has been observed that there was no significant difference in life satisfaction based on the level of education.

Life satisfaction of the elderly was significantly different based on profession ( $t(408) = 3.00$   $p < .01$ ). Life satisfaction of those who are members of skilled worker groups is higher than the life satisfaction of unskilled ones. There is a significant relevance between life satisfaction and profession.

### **Life Satisfaction and Health Condition**

Health related life quality involves a person's enjoyment of a physically, socially and psychologically active life, his/her well-being and life satisfaction as well as the absence of any chronic disease.

Life satisfaction as a positive conceptualization has been regarded as the most important dimension of mental health and quality of life (Diener, 1984; Diener, Sapyta, & Suh, 1998; Diener, Suh, Lucas, & Smith, 1999; Diener, Suh, & Oishi, 1997; Ryan, & Deci, 2001) which is called happiness. Life satisfaction is considered as the cognitive dimension of subjective well-being; it refers to an individual's evaluation of his/her entire life. Accordingly, happiness can be regarded as the answer to "What is a good life?" (Smith, 2001)

The concept of life satisfaction is defined as the harmony between the objectives desired and those which have been achieved in life. (Gonen, Ozmete; 2003) Good health and financial conditions and social integration are known to have positive impacts on the subjective happiness of the elderly (Gaymu & Springer, 2010; Pinqart & Sørensen, 2000).

It has been observed that the idea that the elderly have everything they want shows a significant difference depending on health condition ( $t(408) = 3.11$   $p < .01$ ). More people think that those who do not suffer from a chronic disease have everything they want in life compared to those with a chronic disease. It can be said that there is a significant relationship between the notion of having everything one wants and one's health condition.

By using the independent samples T-Test, it has been tested whether life satisfaction of the elderly shows any significant difference based on disorders which make it hard for them to climb stairs or not. There was no significant relevance between life satisfaction and the presence of a disorder making it difficult to climb stairs.

It has been determined that life satisfaction showed a significant difference depending on the use of a mobility aid ( $t(408) = 3.38$   $p < .01$ ).

Those who benefit from a mobility aid have greater life satisfaction than those who do not. There is a significant relevance between life satisfaction and use of a mobility device.

According to the outcomes of the independent t test analysis it can be stated that, physical exercise has no significant effect on life satisfaction.

### **Life Satisfaction and Social Environment Variables**

Several studies have examined the relationship between social support and life satisfaction among the elderly. Most indicate a positive relationship between social support and life satisfaction. Social support can come from friends, contacts, the family network and activity participation.

Life satisfaction can vary depending on participation in social and cultural activities such as going to movies, plays and concerts regularly as well as active involvement in associations, clubs etc. ( $t(408) = 5.84$   $p < .01$ ). Life satisfaction of old people who regularly participate in social and cultural activities is higher than those who do not. There is a significant relevance between life satisfaction and participation in social and cultural activities such as going to movies, plays and concerts regularly as well as working actively for associations, clubs.

### **Life Satisfaction and Social Contact**

The network of interpersonal relationships is known to be closely associated with life satisfaction in old age. In one study, Oishi et al. (2007) have found that close relationships and voluntary work lead to greater life satisfaction, and those individuals with high life satisfaction tend to have better participation in activities, higher incomes and education levels.

The results of the independent samples T-Test analysis within the framework of this study reveal that seeing friends and neighbors does not have a significant relevance with life satisfaction.

Life satisfaction of the elderly is significantly different depending on the agreement with the idea that living among young people increases their life satisfaction ( $t(402) = 3.04$   $p < .01$ ). Those who agree with the idea are more satisfied than those who do not. There is a significant relationship between life satisfaction and agreement with the idea "living among young people increases my life satisfaction".

Life satisfaction of the elderly depending on the agreement with the idea "my relationship with members of the family makes me happy" shows significant differences ( $t(404) = 5.56$   $p < .01$ ). Life satisfaction of those who agree with the idea "my relationship with members of the family makes me happy" is greater than those who do not. There is a significant relationship between life satisfaction and seeing family members.

Independent samples T-Test analysis has been used to prove whether it is important for the life satisfaction of the elderly to go on seaside holidays or not. Seaside holidays play a significant factor in

life satisfaction. ( $t(408) = 8.34$   $p < .01$ ). Old people who go on seaside holidays have greater life satisfaction than those who do not. Life satisfaction and going on seaside holidays is significantly related to each other.

### **Housing Satisfaction- Personal Traits**

It has been determined that housing satisfaction of the elderly varies significantly depending on their health condition ( $t(408) = 2.83$   $p < .01$ ). Those who do not suffer from a chronic illness are more satisfied with their housing than those with a chronic illness. It can be said that a significant relationship exists between housing satisfaction and health condition.

### **Housing Satisfaction - Characteristics of Housing and Environment**

An evaluation of the characteristics of the housing and housing environment where the elderly live reveals that the rate of house ownership is quite high (85.4%). When the housing size is considered, the majority of houses have been discovered to have 2 or 3 bedrooms (22.9% and 46.8% respectively). An evaluation of the floor on which they live reveals that the majority live on the first (32.7%) and the second (28.8%) floors, which means that the elderly prefer to live close to the ground floor. When the availability of a lift is evaluated, the rate of the individuals who have stated that there is no lift in the building is 47.1%.

Based on the survey findings, an evaluation of the housing characteristics of the elderly indicates that they live under quite “good” conditions according to Turkish standards. When their own satisfaction in the housing they live in is evaluated, the elderly population seems to be highly satisfied with their homes with 92.7%. The rate of individuals who consider moving to another house is very low (10.2%), which is another indication of the high satisfaction level with their current conditions.

The aim is to test, by analyzing with independent samples t-test, whether housing satisfaction of the elderly, who took the questionnaire, shows any significant differences depending on the housing and housing environment variables.

Housing satisfaction is significantly different depending on the adequacy of the house size ( $t(408) = 16.308$   $p < .01$ ). Those who find the size of their housing adequate are more satisfied than those who do not. A significant relationship exists between housing satisfaction and adequate house size.

Availability of an elevator makes a significant difference ( $t(408) = 2.72$   $p < .01$ ) in housing satisfaction. Those who live in a residence with an elevator experience greater satisfaction than those who do not. There is a significant relationship between housing satisfaction and the availability of an elevator.

99.5% of the elderly have stated that satisfaction from their neighborhood positively affects their life satisfaction.

Housing satisfaction shows a significant difference depending on the satisfaction with the neighborhood of the housing ( $t(408) = 9.11$   $p < .01$ ). Housing satisfaction of those who are satisfied with their neighborhood is greater when compared to those who are not satisfied. A significant relationship exists between housing satisfaction and neighborhood satisfaction.

Housing satisfaction shows a significant difference depending on being satisfied with the proximity of residence to health services ( $t(408) = 9.44$   $p < .01$ ). Those who are satisfied with the proximity of residence to health services have greater housing satisfaction than those who are not. Housing satisfaction

and being satisfied with the proximity of residence to health services are significantly related to each other.

Being satisfied with the proximity of residence to health services shows a significant difference ( $t(408) = 4.56$   $p < .01$ ) depending on health condition. Those who do not have a chronic disease are more satisfied with the proximity of residence to health services than those who have. There is a significant relationship between being satisfied with the proximity of residence to health services and health condition of the elderly.

The results of the independent samples t-test analysis indicate that a significant relevance does not exist between housing satisfaction and seeing neighbors. Neighborly relations have great importance in Turkey; the proverb which says “don’t buy a house but buy a neighbor” shows how important it is. However, the result that neighborly relations do not affect housing satisfaction of the elderly is in contrast with the tradition.

## 6. Conclusion

The findings of this study reveal that participation in social and cultural activities such as going to movies, plays and concerts regularly and actively working in associations; going on seaside holidays; being with young people and developing positive relations with other family members are effective social environment variables on life satisfaction of the elderly. The independent t-test analysis helped to determine that seeing neighbors and spending time with friends do not have positive effects on life satisfaction.

Within the compass of the study, housing and housing environment variables such as the physical environment variables which are effective on life satisfaction of the elderly are evaluated with the help of independent t-test analysis. Housing size and the availability of an elevator are important in the housing satisfaction of the elderly. Among housing environment variables, neighborhood satisfaction and satisfaction with the proximity of residence to health services appear to be indicative.

In aging societies, knowledge of the factors affecting life satisfaction of the elderly is highly beneficial for institutions providing services. Studies in this field will guide public health researchers in making necessary adjustments in order for the elderly to maintain a better quality of life. They will also pioneer in creating a healthy elderly population.

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## Appendix

### *Life Satisfaction and Socio-Demographic Characteristics*

Profession	N	mean	Std Deviation	t	p
Unskilled	304	3,58	,871	3,005	,003
Skilled	106	3,88	,870		

### *Life Satisfaction and Health Condition*

Health Status	N	mean	Std Deviation	t	p
Absence of any Chronic disease	168	3,61	0,92	3,11	,002
Presence of Chronic disease	242	3,31	0,97		

Using a mobility aid	N	mean	Std Deviation	t	p
No	288	3,68	0,85	3,388	,01
Yes	93	3,59	0,93		

### *Life Satisfaction and Social Environment Variables*

Level of physical activity	N	mean	Std Deviation	t	p
No	316	3,53	0,822	5,849	,000
Yes	94	4,11	0,921		

“Living among young people increases my life satisfaction”	N	mean	Std Deviation	t	p
No	48	3,29	1,051	2,385	0,002
Yes	356	3,70	0,844		

“My relationship with members of the family makes me happy”	N	mean	Std Deviation	t	p
No	8	2,00	0,926	5,568	0,000
Yes	398	3,69	0,848		

Going on Sea holiday	N	mean	Std Deviation	t	p
No	260	3,40	0,783	8,345	0,000
Yes	150	4,10	0,865		

#### ***Housing Satisfaction- Personal Traits***

Chronic disease	N	mean	Std Deviation	t	p
Yes	168	0,97	0,17	2,833	,005
No	242	0,90	0,30		

#### ***Housing Satisfaction - Characteristics of Housing and Environment***

Housing Size	N	mean	Std Deviation	t	p
Not satisfied	31	0,35	0,486	16,308	0,000
Satisfied	379	0,97	0,160		

#### ***Availability of a lift***

Availability of a lift	N	mean	Std Deviation	t	p
No	217	0,89	0,30	2,724	0,000
Yes	193	0,96	0,18		

#### ***Satisfaction of neighborhood***

Satisfaction of neighborhood	N	mean	Std Deviation	t	p
Not satisfied	17	0,41	0,507	9,116	0,000
Satisfied	393	0,95	0,220		

#### ***Satisfaction of the proximity of the health care centers***

Proximity of the health care centers	N	mean	Std Deviation	t	p
Not satisfied	43	0,60	0,495	9,442	0,000
Satisfied	367	0,96	0,185		