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Impact of yoga on subjective well-beingness among senior citizens in Hisar district

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Abstract

Stress is a major issue for senior people and most of the health problems originate from stress. The purpose of the study was to investigate the impact of yoga on subjective well-beingness among senior citizens. Respondents those were having low level scores of subjective well-being practice of yoga over a period of one month were assessed on Subjective Well Being Inventory (SUBI) before and after the course in order to evaluate the impact of yoga on subjective well-being. The 59 male and female respondents out of total 200 (above 60 years) of Hisar district found to have low level of subjective well-beingness. Highly significant difference was found after yoga intervention in pre and post scores well-beingness related to some of the factors like; 'expectation-achievement congruence' and 'confidence in coping' among rural respondents and urbanities were analyzed in factors like; 'expectation-achievement congruence', 'family group support' and 'social support'. The paper thus, reiterates the beneficial effects of regular practice of yoga on subjective well-beingness.

Keywords: Subjective well-being, elderly, health, yoga, rural and urban

1. Introduction

Senior citizens constitute a very vital segment to society. As the world's population ages and people live longer, it is becoming increasingly important to ensure that older people enjoy a good quality of life and experience especially a positive subjective well-being. Satisfaction with life and contributors to well-being in very old age constitutes a major concern for the elderly population as well for gerontological research. An increase in the older population will lead to an urgent need for elder care and support, at a time, in India particularly where traditional family-based care is becoming less the norm than in the past (Arokiasamy *et al.*, 2012) ^[1].

Yoga makes your body fitter, the mind calmer and more relaxed. Yoga is also beneficial in the prevention and control of common health and emotional problems that is linked with old Age. Yoga and its various techniques like *pranayama* can be a useful way to minimize the psychological distresses like depression of the individuals especially in elderly population. Thus, there is a high need for staying fit and healthy during this age. Practice of the yoga techniques (*asanas*, *pranayama*, meditation, relaxation, concentration) is power tool to keep elderly in good psychophysical condition. *Pranayama* has been reported to be beneficial in treating a range of depression and other related disorders, improving autonomic functions, relieving and reducing signs of oxidative stress. Practitioners report that the practice of *pranayama* develops a steady mind, strong will power and sound judgment and also claim that sustained *pranayama* practice extends life and enhances perception. *Pranayama* will have greater impact on reducing depression and improve the emotional status of elderly and it will change the attitude of elderly persons to accept the old age as a global phenomenon. The main objective of the study was to assess the effect of yoga on subjective well-beingness in senior citizens.

2. Materials and Methods

The sample of 200 respondents was selected from both rural and urban areas of Hisar district from Haryana State. Further two blocks were selected randomly and out of which two localities of urban area and two villages were randomly selected to draw the equal number of sample from each place (50 from each areas). The male and female elderly people in the age group of above 60 years were the criteria for the selection of respondents. Out of these selected 200 elderly people, 50 respondents those were having low level scores of subjective well-being and they were not bedridden, chronically ill and willing to cooperate were selected for

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the intervention programme. A calm and quiet place with good ventilation was arranged for yogic breathing techniques practice for selected group. Second day onwards, training on yogic breathing techniques were given to the samples for one week. Subjects were supervised for the next 30 days during their practice for the intervention programme. The service of Patanjali trained yoga teacher was provided to the subjects and they helped voluntarily for the social cause. Subjective well-beingness was assessed on the experimental group after the one month intervention yoga program.

3. Results and discussion

The findings presented in figure 1 revealed that more than half of the respondents (58.0%) were having medium level of subjective well-being followed by minimum level (29.5%) and maximum level (12.5%) from both areas.

The data depicted in the Table 1 shows that the majority of the female respondents (64.41%) were low level of subjective well-being in comparison to male counter parts as on the similar pattern given by Sreevani (2007) [7] reported that half of elderly women (50%) were having low level of well-being when compared with elderly men.

In the present study, table 2. Showed that highly significant difference was seen in pre-exposure and post scores well-beingness related to some of the factors like; ‘expectation-achievement congruence’ and ‘confidence in coping’ among

rural respondents. Highly significant differences after yoga intervention in well-beingness of urbanities were analyzed in factors like; ‘family group support’ and ‘social support’. Reason for this might be long interactions during one-month yoga sessions. Similar study given by Olsson *et al.* (2014) [4] estimated the partial contribution of physical activity to the variance of subjective well-being in active seniors, weighed against the contribution of somatic health as estimated by commonly available biomarkers. We found that physical activity plays a significant positive, albeit minor, role in determining subjective well-being in active elderly subjects, whereas somatic health appears to play a subordinate role. The significant difference in gain in well-being mean score were observed in factors like ‘general well-being positive affect’, ‘expectation-achievement congruence’, ‘confidence in coping’, ‘family group support’ and ‘social support’. That’s why present study indicates significant results of intervention programme and similar pattern was also studied in following researches conducted by Prasad *et al.*, 2005 [5]; Mamtani and Mamtani, 2005 [3]. Breathing exercises ‘Kapal Bhati’ and ‘Brahmri’ have been reported to be helpful in fighting illnesses e.g. hypertension, cardiovascular disease, anxiety, depression etc. and in reducing distress. Halpern *et al.* (2014) [2] Yoga was shown to be safe and improved sleep and quality of life in a group of older adults with insomnia. Outcomes depended on practice compliance.

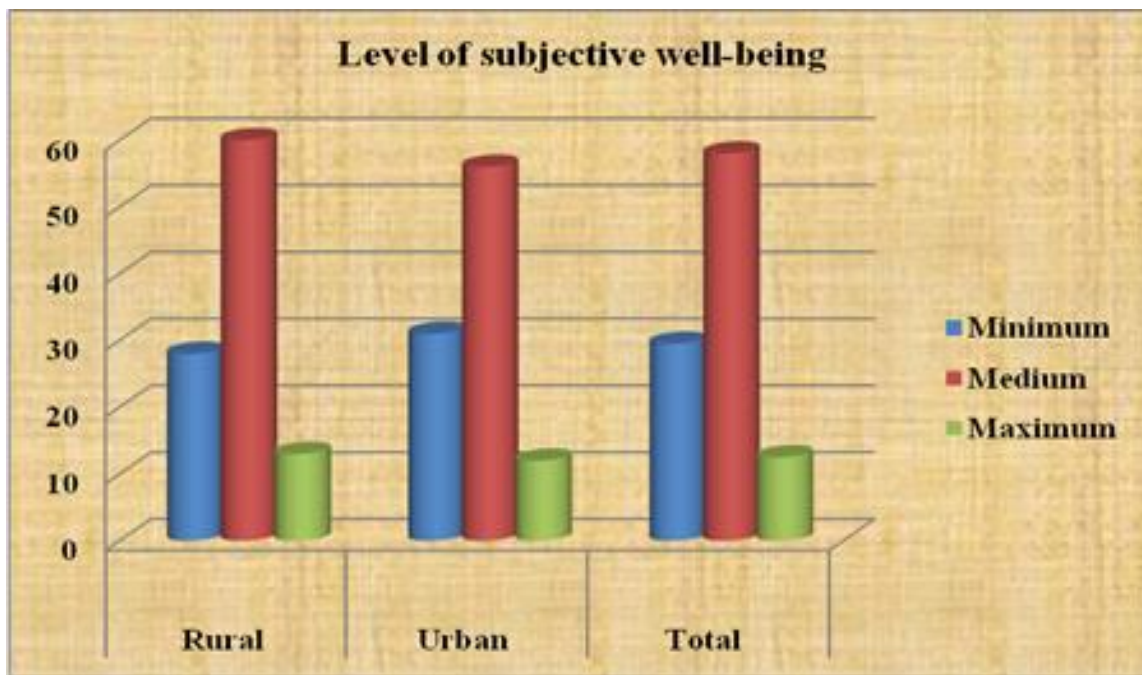


Fig 1: Level of subjective well-being profile of the respondents (n=200)

Table 1: Low level of subjective well-beingness gender wise (n=50)

Respondents	Rural f(%)	Urban f(%)	Total f(%)
Male	06(12)	06(12)	12(20.34)
Female	16(32)	22(44)	38(64.41)

Table 2: Comparison of mean scores of gain in well-being of rural and urban respondents (n=50)

Sr. No.	Factors	Rural area (n=22)				Urban area (n=28)			
		Pre-exposure Mean Score	Post-exposure Mean Score	Gain in well-being	't' value	Pre-exposure Mean Score	Post-exposure Mean Score	Gain in well-being	't' Value
1.	General well-being-positive affect	2.13	2.41	0.28	2.32*	2.19	2.29	0.10	1.98*
2.	Expectation-achievement congruence	2.23	2.51	0.28	3.28**	2.33	2.46	0.13	2.61**
3.	Confidence in coping	2.08	2.26	0.18	3.03**	2.28	2.52	0.24	2.27*
4.	Transcendence	2.32	2.42	0.10	1.00	2.04	2.17	0.13	1.52
5.	Family group support	2.60	2.82	0.22	2.22*	2.38	2.65	0.27	3.85**
6.	Social support	2.15	2.50	0.35	1.97*	2.27	2.50	0.23	3.30**
7.	Primary group concern	2.59	2.63	0.04	0.74	2.51	2.64	0.13	2.16*
8.	Inadequate mental mastery	1.83	1.10	-0.73	0.65	1.86	1.02	-0.84	0.69
9.	Perceived ill-health	1.42	1.11	-0.31	0.58	1.42	1.07	-0.35	0.59
10.	Deficiency in social contacts	2.36	2.09	-0.27	0.55	2.01	1.66	-0.35	0.57
11.	General well-being-negative affect	2.56	2.47	-0.09	1.06	2.43	1.91	-0.52	1.52

*Significant at the 0.05% level; ** Significant at the 0.01% level

Analysis was done to assess the relationship between socio-economic variables with different factors of subjective well-being. It is elucidated in table 3, that education was found to be having highly significant association with 'general well-being positive affect', ($\chi^2=13.749, p<0.01$) 'confidence in coping', ($\chi^2=12.121, p<0.01$) 'social support' ($\chi^2=15.156, p<0.01$) and 'inadequate mental mastery' ($\chi^2=14.369, p<0.01$). Similarly age with 'primary group concern' ($\chi^2=9.484, p<0.01$), family occupation with 'confidence in coping' ($\chi^2=9.619, p<0.01$) and monthly family income with 'family group support' ($\chi^2=9.062, p<0.01$) also showing highly significant associations. Moreover, 'perceived ill-health' ($\chi^2=6.097, p<0.05$) association is only found with age as increased age makes person more physically and mentally weak. The data shows significant association of 'general well-being negative affect' with age ($\chi^2=7.547, p<0.05$) the present

study is also in compliance with Tagoe *et al.* (2014) [8] who concluded that age, sex, educational level, income and ethnic background were found to be significantly affect the SWB of older Ghanaians. Being male was associated with higher level of SWB (OR=1.68; CI: 1.39 –2.03). For those 50 years and above, being younger (50-59 years) was also associated with a high level of SWB (OR=17.72; CI: 10.13-30.98). Earning a low income and having low educational level were both associated with low levels of SWB (OR=0.304; CI: 0.22-0.42; and OR=0.47; CI: 0.37-0.60 respectively). Ewes (p=0.027), Grumas (p=0.002) and Mole-Dagbons (p=0.04) had significantly higher SWB compared to the other ethnic groups. Among older Ghanaians, factors that positively influence SWB are younger age, male sex, high educational level and high income.

Table 3: Association of socio-economic variables with subjective well-being of senior citizens (n=50)

Sr. No.	Factors	χ^2 value			
		Age	Education	Family occupation	Monthly family income
1	General well-being-positive affect	4.413	13.749**	8.769*	6.616*
2	Expectation-achievement congruence	5.256*	8.665*	4.140	1.757
3	Confidence in coping	2.444	12.121**	9.619**	6.425*
4	Transcendence	7.515*	3.866	3.346	4.469
5	Family group support	5.622*	8.381*	4.736	9.062**
6	Social support	7.800*	15.156**	1.273	2.644
7	Primary group concern	9.484**	4.457	1.248	7.413*
8	Inadequate mental mastery	8.030*	14.369**	4.641	3.306
9	Perceived ill-health	6.097*	1.295	4.853	2.673
10	Deficiency in social contacts	4.434	3.102	2.635	4.445
11	General well-being-negative affect	7.547*	3.100	4.198	4.153

*Significant at 0.5% level of significance

** Significant at 0.1% level of significance

4. Conclusion

The findings presented in figure 1 revealed that more than half of the respondents (58.0%) were having medium level of subjective well-being. Finding of the present study revealed that majority of the female respondents (64.41%) were having low level of subjective well-beingness in comparison to 50 male subjects. Highly significant difference was seen in pre and post exposure scores of well-beingness specifically in factors like 'expectation-achievement congruence', 'confidence in coping' for the respondent belonging to rural areas. Highly significant difference was studied after yoga

intervention programme of one month in well-beingness of urbanities in factors like 'family group support' and 'social support'. For the remarkable gain in well-being, high interactions in yoga group with fellow trainees that developed cohesiveness and friendship might be the reason. Subjective well-being of senior citizens was found to be positively associated with many of the demographic variables. Significant association of different factors of subjective well-being like 'General well-being positive affect' with education, 'expectation-achievement congruence' with age and education, 'confidence in coping' with education and family

occupation, transcendence with age, 'family group support' with monthly family income, 'social support' with age and education, 'primary group concern' with age and monthly family income, 'inadequate mental mastery' with age and education was embarked. It is concluded that there is a positive significant association of age with 'perceived ill-health' and 'general well-being negative affect'.

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