

Happiness and Health Among Elderly Females: A Qualitative Study

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ABSTRACT

The present qualitative study explored how a sample of elderly females age between 65-75 from a city of India, Lucknow represented relation of health with happiness framed within their personal perspectives and context using self-made semi structured interview schedule. This study extends the existing quantitative literature by adding elderly female's personal narratives and voices. Twenty elderly females were interviewed through interview and the data was analysed using content analysis. The result implies a strong interdependence between health and happiness at both physical and psychological level. While exploring the happiness of the participants, they showed a hedonic conception of happiness and while exploring the health, participants showed a traditional view of health, which is emphasizing on physical health. Good health was perceived as feeling better, a sense of peace and positive emotions whereas happiness was experienced as reduced feeling of stress, better immune system and enhanced recovery from illness, as reported by participants. The present research paper suggests the importance and relatedness of being happy and healthy and how these two affect the overall wellbeing and functioning of elderly people.

Keywords: *Qualitative Study, Physical Health, Happiness, Elderly Females*

CONCEPT OF HAPPINESS

The research on happiness has become a major topic in Psychology, Economics and public policy areas in past few years. Infact It has been a topic of interest for many centuries, starting with ancient Greek philosophy, through post-Enlightenment Western-European moral philosophy (especially Utilitarianism) to current quality-of-life and well-being research in social, political and economic sciences (Veenhoven, 1991a). Today, happiness as a concept seems to be readily embraced by most people and appears to be more valued than the pursuit of money, moral goodness or going to heaven (King & Napa, 1998). Therefore, during the past thirty years and especially since the creation of positive psychology, most of the researches have turned their attention towards the study of happiness and well-being.

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Waterman (1990, 1993) describes two psychological views of happiness distilled from classical philosophy namely Hedonic conceptions of happiness and Eudaimonic conceptions of happiness.

Most of us would hope first for a long life—one that does not end prematurely. Suicide, however, is a reminder that the quality of life is more important to many people than the quantity of life. As for quality of life, one must find pleasure in all his activities, must have satisfaction with life. In other words, must have sense and purpose in his life leading to greater sense of wellbeing. Most people would likely hope for a happy and satisfying life, in which good things and pleasant experiences outnumber bad ones. Defining the good life in terms of personal happiness is the general thrust of the hedonic view of well-being (Kahneman, Diener, & Schwarz, 1999; Ryan & Deci, 2001; Waterman, 1993). Hedonic conceptions of happiness, discussed above, define happiness as the enjoyment of life and its pleasures. The hedonic view captures a major element of what we mean by happiness in everyday terms: We enjoy life; we are satisfied with how our lives are going; and good events outnumber bad events. While there are many varieties of philosophical hedonism dating back to the ancient Greeks, a general version of hedonism holds that the chief goal of life is the pursuit of happiness and pleasure. Within psychology, this view of well-being is expressed in the study of SWB (Diener, 1984; Diener et al., 1999). Subjective well-being takes a broad view of happiness, beyond the pursuit of short-term or physical pleasures defining a narrow hedonism. Subjective well-being is defined as life satisfaction, the presence of positive affect, and a relative absence of negative effect. Together, the three components are often referred to as happiness.

In contrast, eudaimonic conceptions of happiness, given fullest expression in the writings of Aristotle, define happiness as self-realization, meaning the expression and fulfilment of inner potentials. From this perspective, a good life results from living in accordance with your true self or true virtues. That is, happiness results from striving toward self-actualization—a process in which our talents, needs, and deeply held values direct the way we live our lives. Eudaimonic happiness has much in common with humanistic psychology's emphases on the concepts of self-actualization (Maslow, 1968) and the fully functioning person (Rogers, 1961) as criteria for healthy development and optimal functioning. Seligman (2002a) describes it, there is a deeper and more "authentic happiness. "Waterman (1993) argued that eudaimonic happiness results from experiences of personal expressiveness. Such experiences occur when we are fully engaged in life activities that fit and express our deeply held values and our sense of who we are.

Everybody is seeking happiness in his/her own way but very few people seem to be genuinely happy on a long-term basis.

HEALTH AND HAPPINESS

Health refers to a state of complete emotional and physical well-being. Health is a resource that provides the means to lead a full life with meaning and purpose. In 1948 WHO (World Health Organization) defined health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." In 1986, the WHO made further clarifications: "A resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities."

In 2009, researches publishing in the Lancet defined health as the ability of a body to adapt to new threats and infirmities (Lancet, 2009)

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While subjective ratings of personal health correlate with happiness, objective health ratings made by physicians do not (except where people are severely disabled) (Diener et al., 1999). Subjective ratings of persons are influenced more by personality traits, such as neuroticism, and coping strategies, such as denial or reframing, than by objective physical health. People high on neuroticism may complain bitterly of ill-health and yet be rated as physically healthy by their physicians. In contrast, a person considered quite ill by a physician may report feeling quite well because they are denying or reframing their physical ill-health. Also, positive emotions allow us to increase our tolerance for pain (Weisenberget al., 1998). With the exception of the severely disabled, most people adapt to their health problems relatively quickly and develop self-perceptions of their health which are consistent with their level of happiness. However, there is a growing body of evidence which shows that happiness may influence our health via its effects on the immune system. The immune systems of happy people work more effectively than those of unhappy people (Kamen-Siegel et al., 1991; Segerstrom et al., 1998; Stone et al., 1994).

HAPPINESS AND HEALTH IN OLD AGE

Old age is a great time to sit back and enjoy your life. Elderly people are much wiser, people's opinions do not easily fluster them, they are much more comfortable in their own skin, and they have the freedom to do all the things they want to do. According to Indian, Chinese, Greek and other philosophies the concept of elderly happiness is related with their satisfaction in life. Enjoying your life is a significant contributor to healthy aging. A study conducted by researchers from the University College in London showed that happy people were more robust and fit. The study followed older people including 3,199 men and women aged 60 years and above living in England over the course of 8 years. This study examined the relationship between a positive outlook and physical well-being. The evidence showed that those who were unhappy were three times as likely to develop issues in their physical activities as their animated counterparts. It revealed that happy seniors had less trouble getting up, dressing, or taking a shower, as opposed to unhappy seniors who were twice as likely to develop diabetes, heart disease, cancer, and strokes. The enjoyment of life and general happiness are relevant determinants of mobility and future disability in seniors. The study was published in the Canadian Medical Association Journal.

According to a survey conducted by IPSOS on the state of happiness in India, 50 percent of the respondents stated that health and physical well-being brings them the greatest happiness while 28 percent responded it bring them some happiness. Globally, about 88 percent of the respondents found this as a source of great happiness (Published by Statista Research Department, Oct 16, 2020).

REVIEW OF LITERATURE

A lot of studies have been conducted related to happiness and health in all aspects related to age, socio economic status, spiritual and cultural beliefs and correlated studies which are in correlation with the presented research work on health and happiness in old age.

Sharmila K (2020) found that happiness is a good predictor of long age among healthy populations. Happiness does predict longevity among healthy populations. Good health is positively associated with happiness, and health tends to decline as individuals age. Happiness is interrelated with the healthier physical and psychological state, easier sleep, reduced level of stress and depression, improvement of cardiovascular function, higher longevity, better compatibility with life events, stronger system, higher quality of life, and eventually, life satisfaction.

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In a study by Hong, JuYoun & et.al (2020) total of 67,835 male and female elderly were found to be happy when they perceived themselves in good health. Their subjective health status had a great impact on their level of happiness. In another study (Lara R, Vazquez M L & et.al 2020) self-efficacy was found to be the predictor of happiness when moderated with social support, optimism and mental wellbeing.

All the observational studies Zhang & Weiyun Chen (2019) reported positive associations between physical activity and happiness. As little as 10-min physical activity per week or 1 day of doing exercise per week might result in increased levels of happiness. It appears that happiness does not predict longevity in sick populations, but that it does predict longevity among healthy populations. The effect of happiness on longevity in healthy populations is remarkably strong. R.Veenhoven (2018). A study conducted on 3 Columbian cities by Cardona, Rodriguez et al. (2021) researchers found that conditions related to education, health, habits community and family support are great contributor for perception of happiness among older people. While in a different study (Velasquez 2015) done on different city like Manizels, access to several type of material resources was the contributor of wellbeing.

In a study by Seren V, Trine E M et al (2005) Physical as well as psychological health were also strongly correlated with Quality of Life.

High levels of subjective well-being, such as feelings of happiness, enjoyment, personal aspirations, and achievements can increase health, fitness, and longevity, leading to happy older people living longer and better lives (Stončikaitė, I. (2019)).

In a recent Indian study by Mandi & Bansod (2023) life satisfaction of urban elderly people over 60 years of age was assessed. It was found that elderly having rated high by themselves on parameters of physical, functional and mental health were satisfied with their lives. Apart from that their life satisfaction scores were higher than elderly people of developed countries like Spain, Mexico and China.

Another study (Banarjee, Diwedi et al June,2017) deals with the factors associated with Life Satisfaction among the rural elderly in Odisha, India. Elderly who are living alone and have any sort of disability and had low score of activities of daily living have reported significantly lower perceived Life Satisfaction for both the genders. Therefore, social support is an important factor for life satisfaction at elderly age.

The studies mentioned above, are related to the proposed project for variables such as health and happiness and this has been chosen as the research project work to find the prevalence of health and happiness in elderly females.

Rationale of the study

Health has become a major concern from past three years and has impacted the subjective well-being and the happiness of an individual. After the dreadful effect of two waves of COVID-19, a deadly communicable virus which lead to a pandemic, people are scared and understood the importance of immune system and being healthy. Many studies have been done in this context to understand the relationship of health and happiness. But most of the existing literature which investigated the construct of Health and Happiness had used the quantitative paradigms -primarily through self-administered questionnaires. However, such approaches seem to limit the insight, elaboration, and deeper understanding of central facets

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that might influence the effect of health on happiness. The present qualitative study explored how a sample of elderly females from a city of India, Lucknow represented relation of health with happiness framed within their personal perspectives and context using self-made semi structured interview schedule. Some of the participants were interviewed through personal interview while some were interviewed through telephonic interview as a means of data collection. The research question for present study is how health is related with experience of happiness among elderly females. Only elderly females were taken as a sample as they are more prone to age health related problems and covid-19 has made it worse. This study extends the existing quantitative literature by adding elderly female's personal narratives and voices to generate a deeper contextual understanding into the impact of health on happiness.

METHODOLOGY

Objective

To explore the relationship of health with experience of happiness among elderly females.

Research design: Qualitative Research

Variables

HAPPINESS –

Conceptually, happiness has been defined as an experience of joy, contentment or positive wellbeing combined with a sense that one life is good, meaningful and worthwhile (Lyumbomirsky, 2007). Operationally, happiness has been defined as the feeling of joy and satisfaction, doing mind consuming activity and family wellbeing.

HEALTH

WHO (World Health Organization) defined health as “Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Operationally, health has been defined as disease free body, physical well-being and a feeling of self-dependent.

Sample –

The sample consists of 40 participants (elderly females), the age range varied from 65 to 75 years. Elderly females were belonging to urban areas.

INCLUSION CRITERIA -

- This study only includes elderly females from the age group of 65 to 75 years.
- All the participants were female.
- All participants were living in urban area.
- The participants who gave informed consent were included.

EXCLUSION CRITERIA -

- Participants below or above the selected age group were not included
- No male participants were included.
- No participants were living in rural area.
- No participants without prior consent were included in the study.

Sampling technique-

Incidental sampling

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MEASURES USED

A self-made semi-structured interview schedule was prepared for collecting the responses. The interview schedule was consisting of 8 open ended questions and 3 questions which are based on likert scale. Open ended questions are questions that cannot be answered with a simple yes or no, and instead require the respondent to elaborate on their point. The likert scale is a five-point scale which is used to allow an individual to express how much they were HAPPY or UNHAPPY with a particular statement. It assumes that intensity of an attitude is linear; on a continuum from very happy to very unhappy. In this particular questionnaire the five-point likert scales is used in three statements to assess the participant happiness with the statement.

The data was collected through personal interview as well as through telephonic interview. After the data was collected it was transcribed. The verbatim text of the interview was analysed and interpreted through content analysis. Content analysis is a method of systematic examination of documents. Instead of questioning respondents according to some scale items or directly observing their behaviour, the transcribed document was analysed systematically by finding out the frequency and proportion of their appearance.

RESULTS AND IMPLICATIONS

Meaning of Happiness-

Participants were firstly asked to describe what happiness is meant for them, to which participants reported happiness in their own subjective notions which are as follows in Figure 1- 65% respondents reported that happiness for them is Family wellbeing which includes the happiness and the happy faces of their children and spouse, especially the happiness of their children was reported most frequently. Brearley (1975) show that there are positive aspects of elderly living with their children and they are important for the happiness of the elderly. Other descriptions of happiness were minding consuming activity such as reading, watching favourite movie (reported by 40%), meeting family (reported by 35%), spending time with grandchildren (reported by 30%) and visiting with children (reported by 10%). This is consistent with the studies of Creecy, Wright, and Berg (1983), Rao &Rao (1983) and Brearley (1975). Happiness has also been reported as the feeling of joy and satisfaction by 25% and 30% respondents respectively which shows the general view of happiness, or more clearly regarded as positive emotions contentment, gratification and serenity (Seligman, 2002). Going out is reported as happiness, which is understandable as covid-19 is more dangerous to elderly, therefore during covid-19 elderly rarely go out of their houses and as the situations are calming down elderly females feel happy going out.

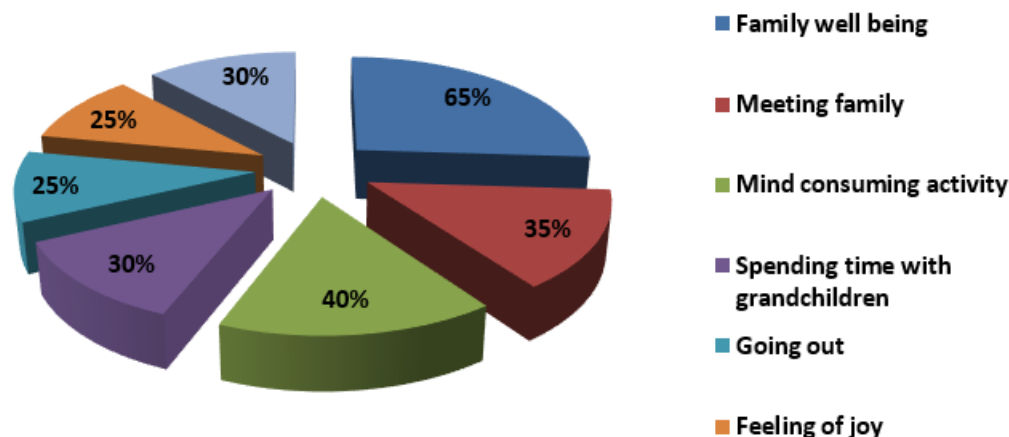


Figure 1 - Showing the meaning of being healthy as reported by participants

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Exploring Happiness in different areas of life-

After assessing the common notion about happiness, participant's happiness in different areas of life have been explored through a 5-point likert scale which was as following – very unhappy, unhappy, neutral, happy, and very happy. The first question in this subset was how happy are the participants with their family to which responses are shown in bar diagram –

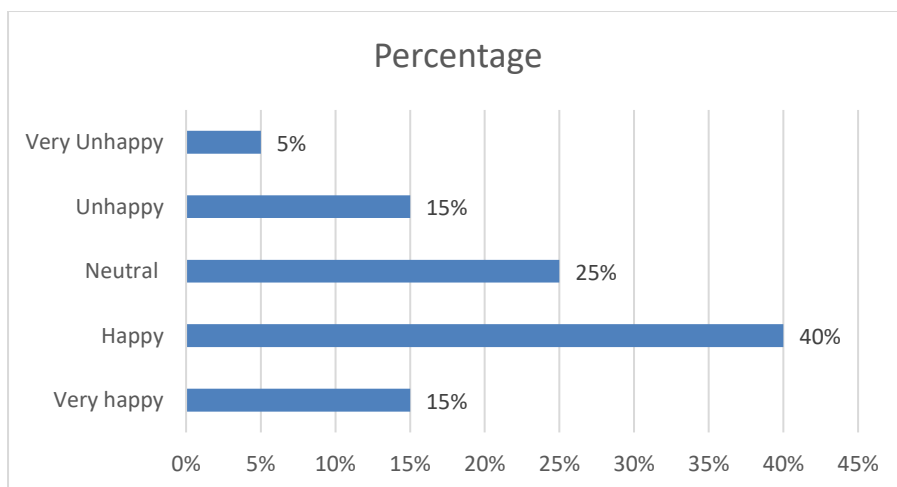


Figure 2.1 – Showing the level of happiness with family members

15% participants responded that they are very happy while 40% respondents that they are happy with their family as they live together happily and their children took good care of them.

25% participants responded that they are neutral as they don't have too many expectations from their family and they also refer their family members as selfish. 15% participants responded that they are unhappy while only 5% responded that they are very unhappy from their family as family which includes her children does not live with them due to which they feel sad and lonely. Findings of Domenench Abella, J et al suggest that feelings of loneliness were more prevalent in women, showing lower frequency of social interactions and smaller social network and with major depression.

The second question in this subset was how happy are you with your relatives & friends to which responses are shown in bar diagram –

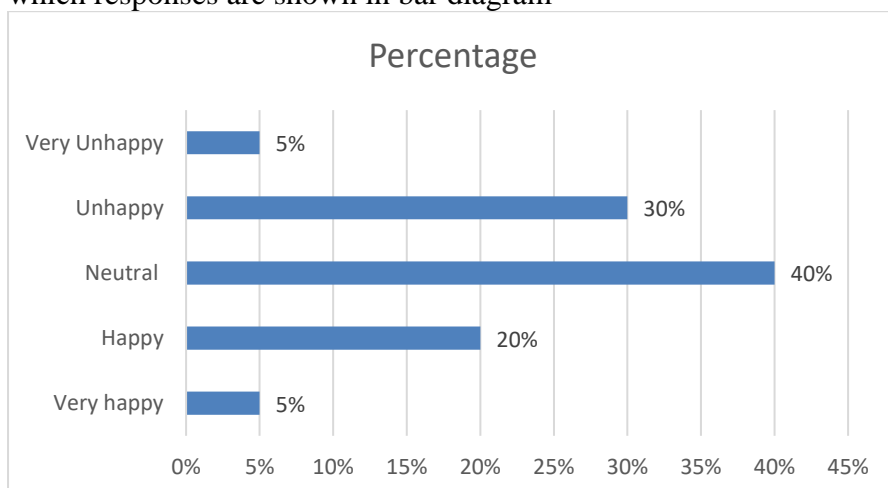


Figure 2.2 – Showing the level of happiness with friends and relatives

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Only 5% participant reported that they are very happy with their friends and relatives as they have an active social circle where all their friends meet virtually once in a meet and they share stories, do poetry and other fun filled activities which make the participants very happy.

20% participants reported that they are happy with their relatives and friends, because they feel happy when they talk with friends and their relatives also keeps checking on him. Fournier MA conclude who are high on social ladder, they are likely to experience better health and happiness. 40% participants are neutral which means they are neither happy nor sad with their friends and relatives because during pandemic they can't meet their friends which had adversely impacted their friendships. 30% participants reported that they are unhappy with their relatives and friends, as they don't have many friends and they regard relatives as selfish and a headache. Only 15% participants said that they are very unhappy with their friends and relatives as their best friends had died due to covid-19.

The third question in this subset was how happy are you with your life to which responses are shown in bar diagram –

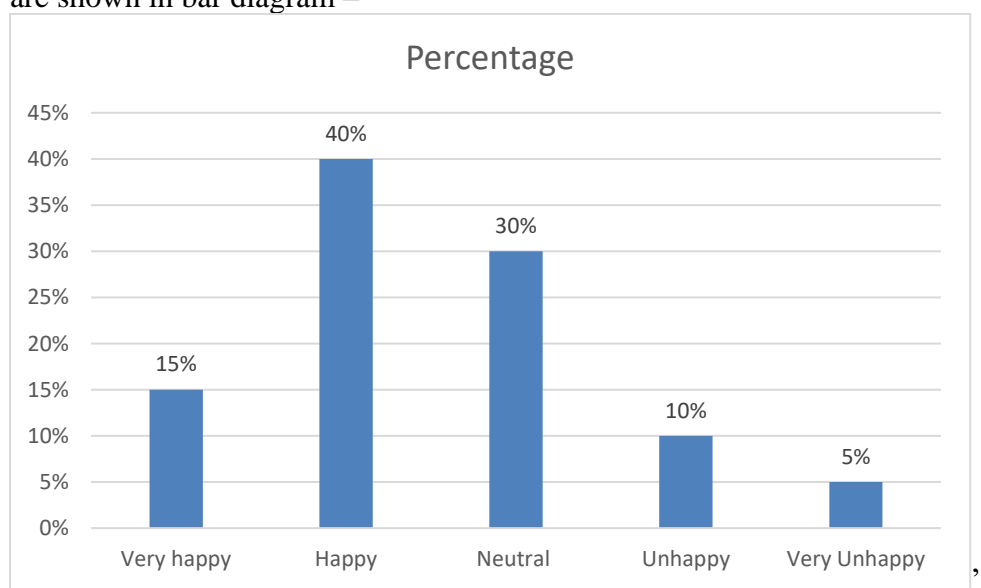


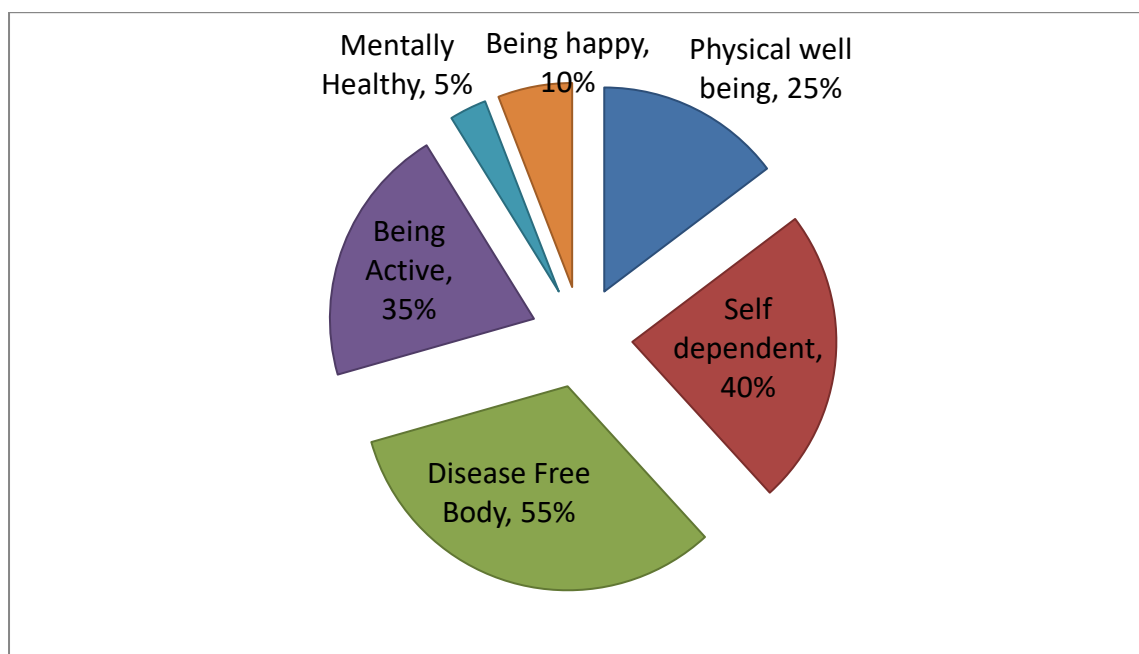
Figure 2.3 – Showing the level of happiness with life

15% participants said that they are very happy with their life as they've everything in their life good family, wealth and good health. 40% participants were happy with their life as most of their aims have been achieved and they were happy where they are and they also don't have any life-threatening disease. 30% participants were neutral as their wishes and dreams came true but little late it would be better if those dreams could fulfil little early. 10% participants were unhappy because their health was not good and their children also don't live with them and 5% participant were very unhappy as they had lost their close relatives.

Meaning of health and its relation with happiness -

Then participants were asked to describe what is being healthy for them to which responses are as follows –

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55% of the respondents reported that being healthy is disease free body for them while 40% reported that if they are self-dependent i.e., able to do their work on their own then they considered themselves healthy. Being active and physically well is also reported by 35% and 25% respectively as a sign of being healthy. The physical dimension of health has, traditionally, been viewed as being the core of self-assessed health and in our study too this dimension proved to be a central factor in health self-assessments as being active, disease-free body, physical well-being and self-dependent all augment to being physically healthy which shows the subsistence of traditional health model. On the contrary only 5% respondent includes the psychological intervention in health as for them functioning well at both physical and mental level is a definition of being healthy. 10% respondents responded that being happy is also sign of being healthy for them. These findings are consistent with the findings of Simon J.G et al (2021).

Exploring Happiness caused by health

After assessing the health and happiness of participants, they were asked how happy are they with their health, to which 50% respondents reported that they are happy because they don't have any chronic or physical illness, for example one of the respondents reported that she feels herself happy as she doesn't have any old age-related problem like others elderly have. 30% respondents reported that they are in neutral, they are neither too happy nor very happy with their health as most of them do have some kind of physical illness but after taking medications they feel good so they responded as being neutral effect of health on happiness and 20% respondents said they're unhappy with their health as they've chronic disease and body pain which has hindered their basic daily activities such as sleeping, walking and their daily routine. Some participants reported that they cannot enjoy their favourite recipe due to diabetes and can't see properly due to weak eye sight. For instance, Steptoe A et al. (2015) also concluded that older people with coronary heart and lung disease show both increase levels of depressed mood and impaired hedonic happiness. The percentage of participants feeling happy, neutral and unhappy has been shown through a pie chart:

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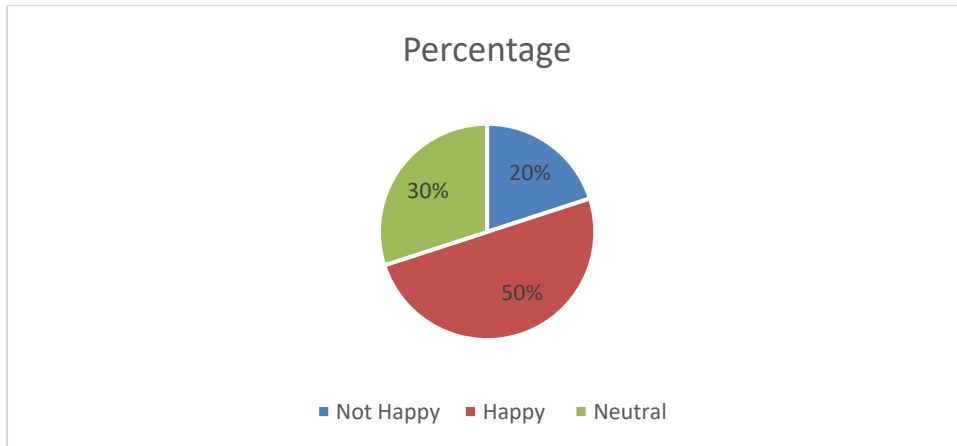


Figure 4 – Showing the participant’s happiness with their health

Exploring what elderly do to make themselves happy

As happiness is so vital for the health of elderly, now the participants were asked to tell the things they do to make themselves happy, for which around most recurring responses were-

- **Worshipping god** – as it helps them to connect to supreme power which is the God thereby, they feel contented and happy. For instance, Rahimi A et al (2013) suggest that saying prayer is a calming factor and faith was a way to happiness.
- **Eat something they like** – eating something that a person likes secretes the dopamine, the good feel hormone and it is associated with happiness.
- **Getting themselves busy in chores**-making themselves busy in chores and simply doing their work makes them happy. Although heavy work responsibilities undermine happiness. But at old age when they become free with responsibilities and heavy work load, they need some stress-free activities to make themselves busy as well as satisfied.

Talking to family which mainly consists of children and grandchildren. Robert AR (2017) also concluded that talking to family, being with family is the predictor of high quality of life.

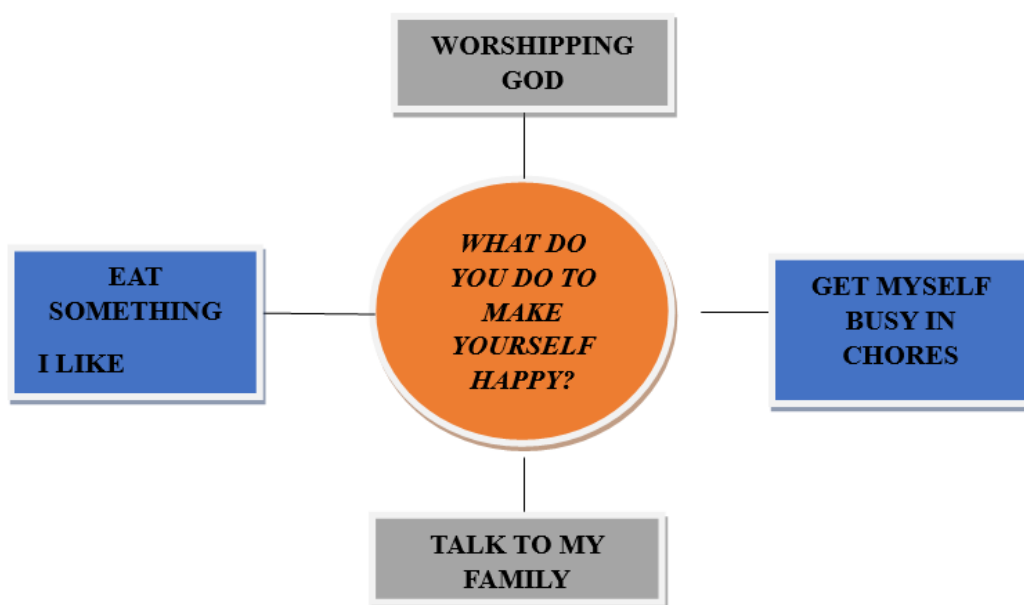


Figure 5 - Showing responses of what elderly do to make themselves happy

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Exploring elderly feeling on being unhealthy

After knowing what they do to make themselves happy, participants were asked how do they feel when they are unhealthy to which participants gave following most reoccurring responses:

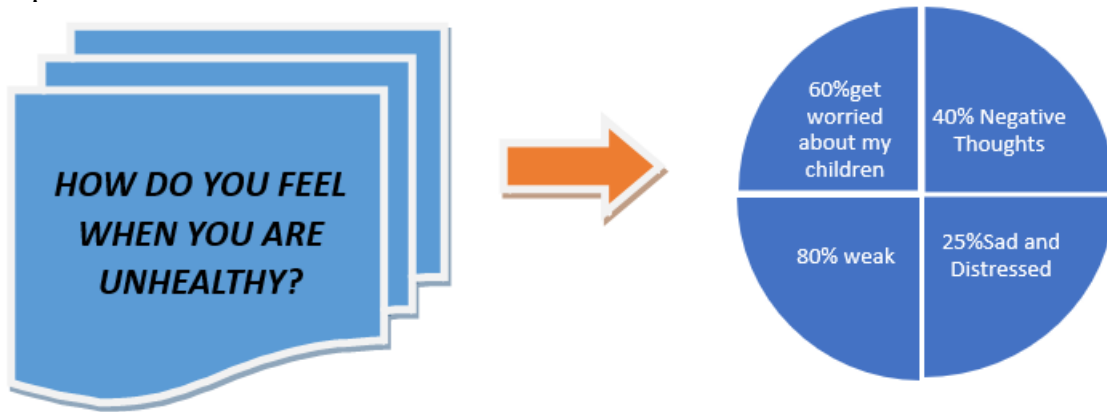


Figure 6-Showing responses of how participants feel when they are unhealthy

- **Get worried about their children** – after getting sick almost 60% participants said that they started worrying about their children that what would they do without them, this shows the selfless love of an Indian mother.
- **Weak** – while they are unhealthy about 80% participants feel weak and they believe it's because of the old age.
- **Negative thoughts** – Around 40% participants said that they had negative thoughts while being unhealthy, for instance one participant said that she feels likes she's going to die and another participant said that she feels likes everything is going to end.
- **Sad and stressed** – when 25% participants are unhealthy, they feel sad and stressed which is a common and general feeling when feeling unwell.

Exploring the activities of elderly for making healthy

Knowing about elderly feelings on being unhealthy, participants were asked what activities they do to make themselves healthy. Participants reported various ways they do to keep themselves healthy which are shown through graphical representation -

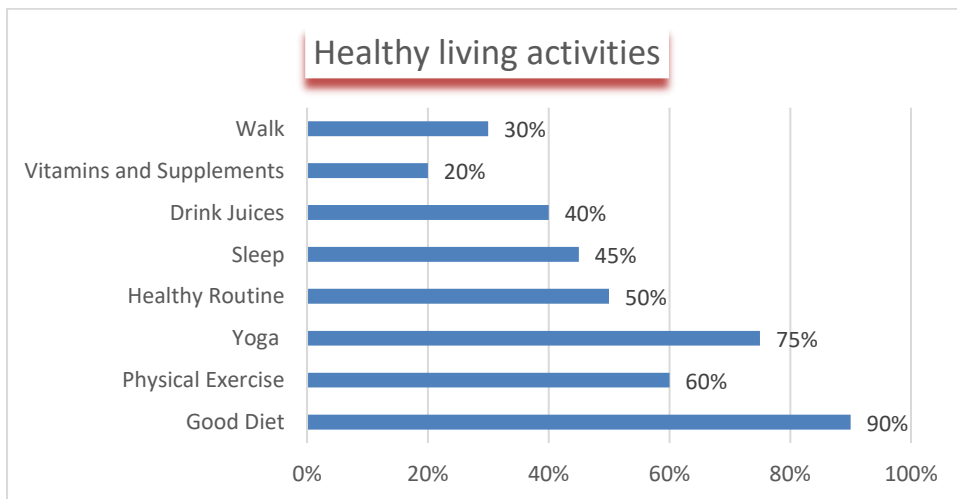


Figure 7 - Showing responses of what elderly do to make themselves healthy

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- **Balanced Nutrient ion** -90% participants take good diet which includes eating seasonal vegetables and maintaining balance diet, 8 participants' drinks juice of fruits and herbs and 4 participants take vitamins and supplements in order to keep themselves healthy
- **Physical activity** – 6-% participants do physical exercise; 75% participants do yoga and 30% participants do morning walk to keep themselves active and maintain their physical wellbeing. Fastame CA (2020) concluded more physically active participants reported few depressive symptoms and better life satisfaction.
- **Healthy lifestyle** – 45% participants take good sleep and do rest and 50% respondents follow a healthy routine which includes waking up and sleeping on time, eating food and taking medicines on time to keep themselves fit and healthy.

Exploring activities of elderly to make themselves happy

When elderly participant shared their preferences about their health-related activities, they were asked what makes them happy when they are unwell. Participants gave following responses:

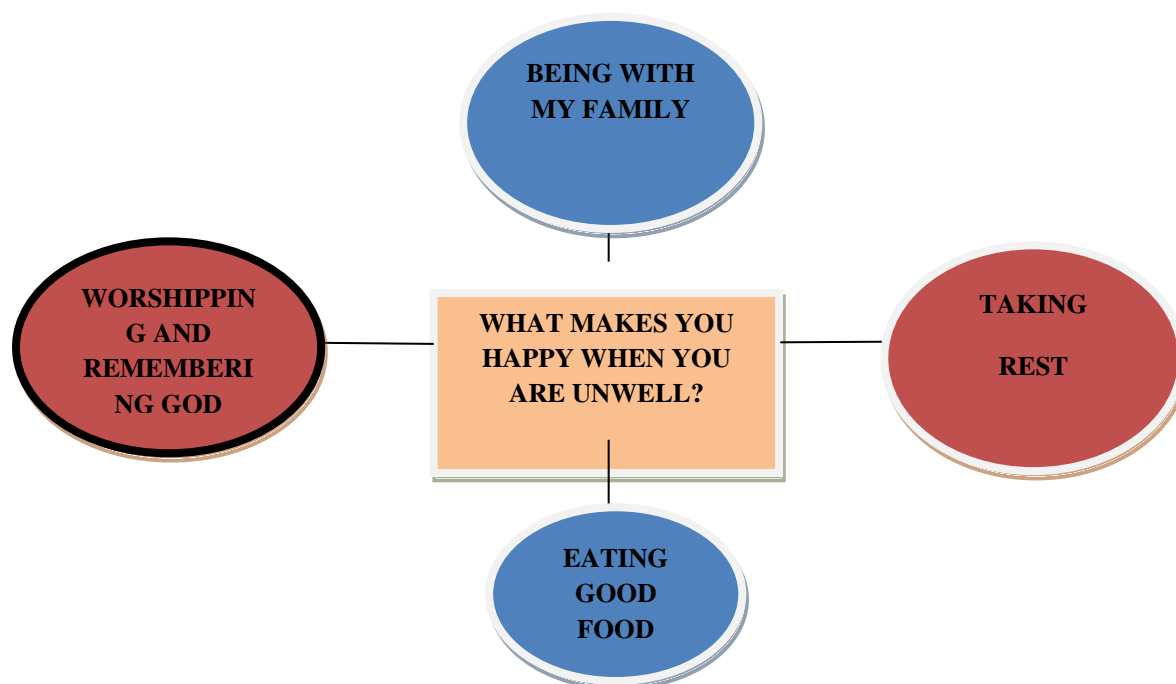


Figure 8- Showing the responses of what makes elderly happy when they are unwell.

- **Being with family** – when participants were unwell, they seek out for family members love and care and family concern for them makes them happy. FastameCA (2020) also suggested that perceived emotional connection with family members boost self-reported life satisfaction.
- **Taking rest** – after being unwell almost everyone should get rest and 75% participants reported that they rest when they are unwell, even if they try to do some work their children let not do them to do the work and ask them to take rest, as responded by participants.
- **Eating good food-** around 60% participants said that they eat their favourite food as eating good meal stimulate the release of Dopamine, the feel-good hormone which

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relieves the sadness and stress of being unwell, a study in humans from the Max Planck Institute for Metabolism Research in Germany.

- **Spirituality** – remembering and worshipping God helps participants to feel that God is near them who gives them a hope. This is consistent with the findings of Rahimi A et al (2013) who finds in his study that spirituality element in elderly individuals lives help them to get psychological support and a way to happiness.

Impact of happiness on health –

Happiness is closely related to health, and older adults with greater happiness are more likely to disseminate health information (Greiner et al., 2004) therefore to explore subjective relationship of happiness with health, participants were enquired about impact of happiness on their health, to which participants reported that they feel less stressed (by 35% participants), sleep easily (by 25% participants) and feel better (by 10% participants) when they are happy which indirectly effect their health in positive way. 5% participants reported that due to happiness her internal bodily functions such as blood circulation and food digestion works better. 25% respondents said that due to happiness their immune system improves. Happiness can improve our health and overall sense of well-being as reported by the Harvard School of Public Health. Happiness is interrelated with the healthier physical and psychological state, easier sleep, reduced level of stress and depression, improvement of cardiovascular function, higher longevity, better compatibility with life events, stronger system, higher quality of life, and eventually, life satisfaction as reported by Sharmila K (2020)

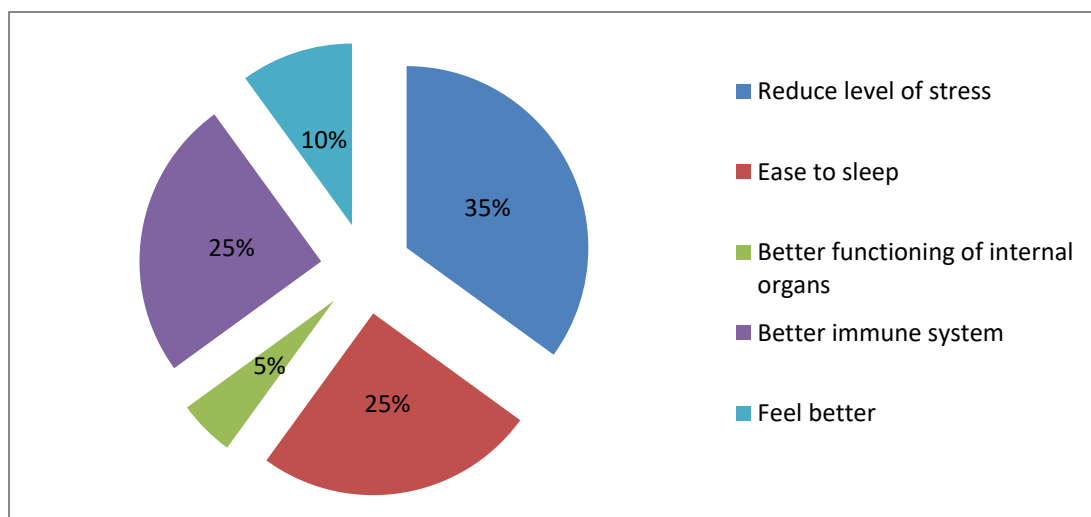


Figure 8- Showing the impact of happiness on health

CONCLUSION

Health and happiness are interdependent to each other and affect each other both externally and internally. During the pandemic we have understand the importance of health for our survival and wellbeing. While exploring the association of health and happiness among the lives of elderly it was found that elderly people specially females weave their life and source of happiness around their family as they become happy when their family members are healthy, their grandchildren are spending time with them and they can make themselves busy in different household activities. For them being healthy means a disease-free body, being self-dependent in all their daily activities. In addition, they feel that if they don't have any physical or chronic illness, they will be happy and contended with their life. As health

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was an important factor of happiness, there were other things like worshipping God, eating something of their choice and keeping themselves busy in household chores, surrounded with family members are the parameters for bringing happiness in their life as reported by elderly participants.

In contrast when they were asked about their experience of being unhealthy most of the participants showed their worry about their children and negative thoughts associated to death come in their mind. At the age of 65-70 they still believe that good diet, yoga and exercises are the ways by which they can keep themselves healthy not only by taking medicine. Therefore, when they do not feel well, they take a balanced diet, sound sleep, surround themselves with family members and also spend time with supreme power that provide a sense of hope and satisfaction in life. While exploring a strong interdependence between health and happiness at both physical and psychological level it was found that good health results in feeling better, a sense of peace and positive emotions whereas happiness results in less stress, better immune system and enhanced recovery from illness, as reported by participants.

Limitations and Suggestions

The present study was done to investigate the relationship between happiness and health.

1. The study was limited to one city only (Lucknow) hence it can be used and include participants from different cities and states so that it could be more diverse and could be generalized to larger population.
2. The present study was conducted on a small sample so the results could not be generalized adequately. In future the study can include sample that could be representative of the whole population.
3. This study only included elderly females as participants, future studies can take male elderly as well to explore gender difference about the studied phenomena
4. Only qualitative data with a brief interview schedule has been taken. Other methods of data collection can be used such as case study, questionnaire and survey method.

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Conflict of Interest

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