# A Study on Quality of Life and Problems of Elderly People

E.Edwin Franklin Samuel*

Assistant Professor of Social Work, Bishop Heber College, Tiruchirappalli

Dr.P.Ilango

Professor of Social Work & Dean of Arts, Bharathidasan University, Tiruchirappalli

**Abstract**

Today India is home to one out of every ten senior citizens of the world. Both the absolute and relative size of the population of the elderly in India will gain in strength in future. Among the total elderly population, those who live in rural areas constitute 78 percent.Given the trend of population ageing in the country, the older population faces a number of problems and adjusts to them in varying degrees. These problems range from absence of ensured and sufficient income to support themselves and their dependents during ill health, absence of social security, loss of social role and recognition, to the non-availability of opportunities for creative use of free time. This research study on the quality of life and problems of elderly person at St. Antony's oldage home, Kattur, Trichy shows that adapting to old age is dependent on several socio- economic, cultural and psychological facts. The reaserch show that continues research, modification of police and programme are required to make better life  of elderly.

## 1. Introduction

In India the reduction in fertility level, reinforced by steady increase in the life expectancy has produced fundamental changes in the age structure of the population, which in turn leads to the ageing population. The analysis of historical patterns of mortality and fertility decline in India indicates that the process of population ageing intensified only in the 1990's. The older population of India, which was 56.7 million in 1991, is 72 million in 2001 and is expected to grow to 137 million by 2021. Today India is home to one out of every ten senior citizens of the world. Both the absolute and relative size of the population of the elderly in India will gain in strength in future. Among the total elderly population, those who live in rural areas constitute 78 percent. Given the trend of population ageing in the country, the older population faces a number of problems and adjusts to them in varying degrees. These problems range from absence of ensured and sufficient income to support themselves and their dependents during ill health, absence of social security, loss of social role and recognition, to the non-availability of opportunities for creative use of free time. The needs and problems of the elderly vary significantly according to their age, socio-economic status, health, living status and other such background characteristics. As people live longer and into much advanced age (say 75 years and over), they need more intensive and long term care, which in turn may increase financial stress in the family. Among the several problems of the elderly in our society, economic problems occupy an important position.

## 2. Significance of the study

Aging is a natural process of life is due to gradual changes in metabolic activity &organs and disability in regeneration capacity of cells. Worldwide the average life span of people has been increasing. Several factors including heredity life style and healthy, diet, avoiding smoking and physical activity can effect on the longevity of life.

Elderly people have higher probability of suffering from multiple health disorders due to reduced physical and functions lone lines impaired sexual activity and chromic metabolic disorder are some of causes can result in emotional disturbances. Their problems can decrease quality of life among elderly. Hence the researcher ams to find out the quality of life among elderly people those who are institutionalised at St.Antony's old age Home, Katur Trichy.

Kaida et al 2009 have found that members of ethnic groups holding familistic cultural values (Italian, Chinese, South Asian, and East Indian) are more likely than their individualistic counterparts (British, German, and Dutch) to live with kin. Economic disadvantage also entails a greater likelihood of living with kin. However, the relative importance of cultural preferences and economic constraints as determinants of living arrangements among the elderly depends on marital status. Among the married, cultural preferences explain a greater proportion of the variation in living arrangements; among the non-married, economic constraints do. On the one hand, studies show that these preferences are culturally determined where racial/ethnic differences in living arrangements persist among the elderly in Canada.

Panigrahi 2009 In another study on the elderly in Orissa, analyses the socio -economic and demographic correlates of the living arrangement choices of older persons. A majority of the elderly (51.5 per cent) were in co-residence or lived with their spouses and grownup children; roughly, one-third lived without the spouse but

with children and a small proportion (2.5 per cent) lived with other relatives and non-relatives. The major demographic factors that determine the living arrangements of the elderly are, age, sex, marital status, and surviving children. The socio - economic factors include place of residence, education, caste, income and economic dependency. The variables like age, sex, number of surviving children, marital status, education, income and economic dependency play an important role in determining the (unlike in korea) living arrangements of the elderly in Orissa. In view of the changing socio-economic and demographic scenario, increasing education and income and a simultaneous decline in fertility, there is a likelihood of a higher proportion of elderly Indians living alone in the future.

Panigrahi, 2009 Data from developing countries shows a much smaller number of elderly living alone. However, a general agreement among researchers is that there is an increasing trend of the elderly persons living alone or with the spouse even in India.

Sivertsen and Hanevold (2015)  found a significant association between severity of depression and poorer QOL in older persons, and the association was found to be stable over time, regardless which assessment instruments for QOL were applied. The lack of a definition of the multidimensional and multilevel concept QOL was common, and the large variety of QOL instruments in various studies make a direct comparison between the studies difficult. Depression is a prevalent and disabling condition in older persons below 60 years that increases the risk of mortality and negatively influences quality of life (QOL). The relationship between depression, or depressive symptoms, and QOL has been increasingly addressed by research in recent years, but a review that can contribute to a better understanding of this relationship in older persons is lacking. Against this background, we undertook a literature review to assess the relationship between depression and QOL in older persons.

## 3. Research Methodology

The researcher tried to portray the various characteristics of study population and has also tried to find out quality of life in elderly population; hence the researcher adopted descriptive research methodology. The main object of this research is to study the socio –demographic condition of the respondents, to study the quality of life among elderly persons and to study the physical &psychological problems of elderly persons. The universe of the study consists of the elderly persons who were inmates of St. Antony's home Kattur, Trichy. There were 110 inmates. The sample of the study was conducted with 100 elderly persons those who where above 60 years and also cooperated with researcher for data collection the remaining 10 inmates were very sick.The present study covers only the quality of life among elderly persons who were the inmates of St. Antony's oldage home, Kattur, Trichy. So the findings cannot be generalized to all elderly people.

## 4. Analysis and Interpretations

| S. No | Religion | Overall level of Quality of Life | | Statistical Inference |
|---|---|---|---|---|
| | | Low | High | |
| 1. | **Life overall** | **n: 74** | **n: 26** | $X^2 = 0.305$ |
| | Hindu | 58 | 19 | df = 1 |
| | Christian | 16 | 7 | P>0.05 Not Significant |
| 2. | **Health** | **n: 64** | **n: 36** | $X^2 = 0.127$ |
| | Hindu | 50 | 27 | df = 1 |
| | Christian | 14 | 9 | P>0.05 Not Significant |
| 3. | **Social relationships** | **n: 54** | **n: 46** | $X^2 = 0.567$ |
| | Hindu | 40 | 37 | df = 1 |
| | Christian | 14 | 9 | P>0.05 Not Significant |
| 4. | **Independence, Control Over Life, Freedom** | **n: 74** | **n: 26** | $X^2 = 0.510$ df = 1 |
| | Hindu | 57 | 20 | P>0.05 |
| | Christian | 17 | 6 | Not Significant |
| 5. | **Home and Neighbourhood** | **n: 67** | **n: 33** | $X^2 = 0.508$ |
| | Hindu | 53 | 24 | df = 1 |
| | Christian | 14 | 9 | P>0.05 Not Significant |
| 6. | **Psychological and Emotional Well-being** | **n: 80** | **n: 20** | $X^2 = 0.692$ df = 1 |
| | Hindu | 63 | 14 | P>0.05 Not |
| | Christian | 17 | 6 | Significant |
| 7. | **Financial circumstances** | **n: 85** | **n: 15** | $X^2 = 0.134$ df = 1 |
| | Hindu | 66 | 11 | P>0.05 |
| | Christian | 19 | 4 | Not Significant |
| 8. | **Leisure and Activities** | **n: 69** | **n: 31** | $X^2 = 4.503$ df = 1 |
| | Hindu | 49 | 28 | P<0.05 |
| | Christian | 20 | 3 | Significant |
| 9. | **Overall level of Quality of life** | **n: 54** | **n:46** | $X^2 = 0.567$ df = 1 |
| | Hindu | 40 | 37 | P>0.05 |
| | Christian | 14 | 9 | Not Significant |

Table 1: Association between the Religion of the respondents and perception towards various dimensions of Quality of Life

*4.1.1. Research Hypothesis*
There is a significant association between religion of the respondents and various dimensions of quality of life.
*4.1.2. Interpretation*
The above table shows that there is no significant association between religion of the respondents and various dimensions like life overall, health, social relationship independence, control over life, freedom, home and neighbourhood, psychological and emotional well being, financial circumstances, and overall level of quality of life except leisure and activities.

Research on Humanities and Social Sciences
ISSN 2224-5766 (Paper)   ISSN 2225-0484 (Online)
Vol.7, No.17, 2017 – Special Issue  – Organized by Department of Social Work, Bishop Heber College

www.iiste.org

IISTE

| S. No | Age | Correlation Value | Statistical Inference |
|-------|-----|-------------------|-----------------------|
| 1. | **Life overall** | 0.040 | P>0.05 Not Significant |
| 2. | **Health** | 0.074 | P>0.05 Not Significant |
| 3. | **Social relationships** | -0.051 | P>0.05 Not Significant |
| 4. | **Independence, Control Over Life, Freedom** | 0.076 | P>0.05 Not Significant |
| 5. | **Home and Neighbourhood** | 0.073 | P>0.05 Not Significant |
| 6. | **Psychological and Emotional Well-being** | 0.024 | P>0.05 Not Significant |
| 7. | **Financial circumstances** | -0.110 | P>0.05 Not Significant |
| 8. | **Leisure and Activities** | -0.044 | P>0.05 Not Significant |
| 9. | **Overall level of Quality of Life** | 0.028 | P>0.05 Not Significant |

Table 2: Karl Pearson's Co-efficient of correlation between the Age of the respondents and perception towards various dimensions of Quality of Life

*4.1.3. Research Hypothesis*
There is a significant relationship between the age of the respondents and various dimension of quality of life.
*4.1.4. Interpretation*
While analyzing the relationship between age of the respondents with regard to various dimension of quality of life it was observed that there is no significant relationship between the age and quality of life of the respondents.

**5. Major Findings**
1.  The majority (40%) of the respondents were in the age group of 69 – 79 years
2.  More than half (51%) of the respondents were female.
3.  The  majority (77%) of the respondents were Hindus
4.  The vast majority (94%) of the respondents were married
5.  The majority (70%) of the  respondents were illiterate.
6.  The vast majority (91%) of the respondents were not getting pension.
7.  More than half  (54%) of the respondents had low level of quality of life.

**6. Suggestion**
❖  The govt should create awareness to the public about the Alzheimer disease because the symtomps and illness was not recognize by the family members.
❖  The govt should give severe punishment to the children those who abandon their parents.
❖  Family members should take care of the elderly person in the family.
❖  The government must support to the old age homes then only can improve their facilities.
❖  The younger generation should be made aware of the love and care needed by the old people.
❖  The govt and media should take more efforts to create an awareness about the senior citizen Act among the general public.

**7. Conclusion**
This research study on the quality of life and problems of elderly person at St. Antony's oldage home, Kattur, Trichy shows that adapting to old age is dependent on several socio- economic, cultural and psychological facts. However to provide appropriate policies and programme and to create awareness among the elderly many more research must be conducted. The reaersch show that continues research, modification of police and programme are required to make better life  of elderly. It is also essential included a research on the elderly by treating them as human being as full of emotional and feelings. Now a days the requirements of elderly are changing according to the changing life style. So the elderly persons meet look after by their children in a proper ways.

**References**
Heidi Sivertsen and  Guro Hanevold (2015) "Depression and Quality of Life in Older Persons: A Review"

Dement Geriatr Cogn Disord 2015;40:311–33902.

Butters, Jean (2002): Aging and dying in Canada in the twenty- first century: a personal perspective. Leadership in Health Services. Vol. 15. No. 2. 2002. P. 9-18.

Desai, Murli (1999): Ageing of Women in Post-Menopausal Stage: Need for Intervention. Economic and Political Weekly.  Vol.  34.  No. 44. October 30, 1999. P.  WS-57- WS62.

Kapoor, Satwanti and Kapoor, AK (2000): Socio-Biological   Ageing: An Inevitable Phenomenon. *Help Age India- Research and Development Journal.*Vol.6.No.3.June-September 2000. P. 5-10.

Hossain, M.R. (2004). The Aged Population in Bangladesh 1911-2050, lndian Journal of Gerontology, 18(2), 159-172

Bhatla, PC (2000): Health and Welfare of the Elderly in India- An Assessment. *Help Age India- Research and Development Journal.*  Vol. 6. No. 1. October 1999-January 2000. P.11-15.