



## A STUDY OF QUALITY OF LIFE AMONG ELDERLY

(With Special Reference to Carla Village of Wardha District, Maharashtra)

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### Abstract

**Background:** Aging is a normal biological phenomenon. The elderly present special and unique problems and these have been aggravated due to the unprecedented speed of socio-economic transformation leading to a number of changes in different aspects of living conditions. The elderly population experiences social isolation due to breakage of various bonds like work relationship, loss of relatives and friends, movement of children away from them for job. The situation worsens when aged people suffer with chronic diseases, loss of their physical capabilities and financial insecurity. The family as a single unit is undergoing changes leading to significant adjustments in accommodating and caring for older adults in the family, making them more vulnerable to illness and psychological strains in the absence of familial support network.

**Aim:** The main objective of present paper is to study the status of quality of life of elderly and also give suggestions for improving the quality of life of elderly.

**Methods and materials:** Descriptive research design was used in the present study because this research design provides information about the naturally occurring health status, behavior, attitudes and other characteristics of a particular group. The present study was area specific in nature. On the basis of nature of study researcher has been selected Karla village of Wardha district for study of quality of life of elderly people. The researcher has done listing of elderly people and found 97 respondents for sample size. He selected all the respondents for study using simple random sampling technique. The data has been collected through interview schedule and observation methods. The tool was developed with the help of WHOQOL BREF.

**Result and conclusion:** Findings of this study indicate that physical healths, psychological health, social and environmental health of elderly were better and in good conditions. Overall, elderly people living in Carla village had good quality of life.



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## Introduction

In human society, Aging is considered as a social phenomenon rather than psychological, as aging is always understood in the background social milieu. Socially, this stage was considered as the sum total of one's lived experiences. Like other social institutions, aging is also socially constructed concept and considered as social reality. Age related changes have  
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very important consequence on functional abilities, in terms of physical, psychomotor, sensory, cognitive, socio-emotional and behavioral functioning are likely to witness a declining trend as the age advances. The problems become more complicated when their children start neglecting them and the elderly people psycho-social problems, economic and health problems also. A number of factors are contributing to the problems of the aged such as individualism, urbanization; industrialization and modernization have led to change in the economic structure, the erosion of societal values, weakening of social values and social institutions such as the joint family.

**Quality of life and Aging:** Quality of life (QOL) is defined as this combination of an individual's functional health, feeling of combination of an individual's functional health, feelings of competence, and independent activities of daily living and satisfaction of social circumstances.

Quality of life is widely recognized as an important concept and measure of outcomes in health care. QOL of life has four dimensions such as- physical health, psychological health, social relation and environment. This concept is emerging more and more often also in connection with long term care. However, although improving or maximizing QOL of the clients seems to be increasingly mentioned in care policies and development programmes of long terms care of elderly people, it less often is a goal pursued in actual care practices. In our view, among the reasons for this are underdeveloped concepts, structures, and process of evaluation of care outcomes in long terms care of elderly people.

**Objectives:**

1. To study the status of quality of life of Elderly.
2. To give suggestions for improving the quality of life of elderly.

**Research Methodology**

Descriptive research design was used in the present study because this research design provides information about the naturally occurring health status, behavior, attitudes and other characteristics of a particular group. The present study was area specific in nature. On the basis of nature of study researcher has been selected Karla village of Wardha district for study of quality of life of elderly people. The researcher has done listing of elderly people and found 97 respondents for sample size. He selected all the respondents for study using

simple random sampling technique. The data has been collected through interview schedule and observation methods. The tool was developed with the help of WHOQOL BREF.

**Results and Discussion:**

**Table1. Socio-demographic variables of Respondents.**

Variables	No. of Respondents		Percentage
Age	60-65	40	41.23
	65-70	10	10.03
	75-70	20	20.61
	75-80	15	15.46
	80 years above	12	12.37
Total		97	100.00
Sex	Male	57	58.8
	Female	40	41.2
Total		97	100.00
Category	General	4	4.12
	OBC	50	51.54
	SC	40	41.23
	ST	3	3.09
Total		97	100.00
Education	literate	40	41.23
	Illiterate	57	58.76
Total		97	100.00

Table.1 reveals that maximum percentage i.e. 41.23% respondents belong to the age group of 60-65 years and minimum 12.37% of respondents were 80 years above. Majority percentages 58.8% of respondents were male and 41.2% were female respondents. The table shows large numbers of respondents 51.54% belong to OBC category and lowest percentage 3.09 were to sc category. Large numbers of respondents 58.76% are illiterate and 41.23 respondents were literate. Large numbers of respondents 50.51% were APL card holders and 49.49% were BPL card holders.

**Status of quality of life of elderly people: Table 2.**

Variable	No. of Respondents		Percentage	
	Satisfied	Not Satisfied	Satisfied	Not Satisfied
Physical health	66	31	68.04	31.95
Total	97		100.00	
Psychological health	27	70	27.83	72.16
Total	97		100.00	
Social health	60	37	61.85	38.14
Total	97		100	
Environmental health	50	47	51.54	48.45
Total	97		100.00	

### **Physical Health**

Physical health is the important component of quality of life. It includes daily routine, dependency on health facilities, and dynamic, physical energy, sleep and work capacity of elderly people. Table no. 2 reveals that maximum percentage i.e. 66% respondents were satisfied their physical health and 31% were not satisfied their physical health. In study, 54.6% elderly people have the average amount of energy for their daily work, which shows the best physical health and good quality of life. Study shows that 60.8% elderly people were satisfied with their sleep which is the sign of their better physical health. In study, it is found that 54.6% elderly people were satisfied with their work capacity, which is the best sign of their good health.

### **Psychological Health**

Status of happiness in person's life is direct related to quality of life. Psychological health includes body physis, optimist attitudes, dignity, thinking, education, memory and contractions of elderly people. Table no. 2 reveals that maximum percentage i.e. 70% respondents were not satisfied their psychological health and 27% were satisfied their psychological health. The study shows that 52.17% elderly people have poor status of quality

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of life and lack of pleasure their life. 42% elderly people had less capacity of concentration and 33% elderly had average capacity of concentration. 38% elderly people were rarely brought negative thoughts in their mind from last four weeks. On other hand 38.1% elderly people were not bring any negative thoughts in their mind. This is the also best symbol of psychological health.

### **Social Health**

Social relation is also important component of quality of life. It includes personal relations, social support and sex life of elderly people. Table2. Reveals that maximum percentage i.e. 60% respondents were satisfied their social health and 37% were not satisfied their social health. 59.8% elderly people were satisfied with their personal relationships. 45.4 % elderly were satisfied to get help from their friends and relatives. This demonstrates their best social relationship. The study also shows that 36.36% elderly people were satisfied with their social relationships. They believe their quality of life is better.

### **Environmental Health**

The most important component of the quality of life is individual's income and economic resources. It also includes liberty, physical safety, health, social care, entertainment, availability of healthy home environment and physical environment of elderly people. Table2. Reveals that maximum percentage i.e. 50% respondents were satisfied their environmental health and 47% were not satisfied their environmental health. The study shows that only high or low income is not sign of good quality of life or poor quality of life.45.41% elderly people feel average safety in their life. 49.5% elderly people agree with their physical environment for good health. This shows their superior environmental health. In the result of this study 46.87% elderly people were lived in a healthy physical environment. Therefore their quality of life was comparatively better than other.

**Conclusion:** The findings of the study indicate that elderly people have good health because health facilities are available and the findings also indicate that physical health, psychological health, and environmental health of elderly people were in good condition. The study showed many elderly people are socially active and participate in cultural, recreational and other activities. Good proportions of respondents were satisfied with their quality of life. The Elderly's quality of life need to be improved through understanding and consideration their

needs and wishes, engaging them in health promotion activities, facilitating elderly' engaging with friends and with relatives and through building of self-worth and confidence.

### **Suggestions:**

1. To improve the quality of life of elderly people in the village, check their health at primary health centre (PHC) from time to time and camp should be organized by the doctors of PHC.
2. Community health programmes should be organized government/NGO or village panchayat from time to time and elderly people should be aware for own health care.
3. To promote the health care of elderly people for physical, mental and spiritual and yoga training camp should be organized in the village.
4. Religion, spirituality and culture is important components of old age, therefore relevant questions/ variables should be include in WHO QOL-BRIEF questionnaire so that study the every dimensions of quality of life.
5. Elderly's clubs should be increase in the village so that they can meet together at particular place and talk, laugh each other and they can share their feelings, sorrows and happiness to each other.
6. The awareness camp should be organized from time to time in the village for responsible the people towards elderly people.

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