

Factors Affecting the Quality of Life in Old Age: A Brief Overview

Dr. Shrruti Sahrawat

Associate Professor (Department of Psychology)

Indraprastha College, University of Delhi

Abstract

By the year 2050, the number of elderly individuals is projected to surpass that of children under the age of five by more than double. There are certain factors which may increase the vulnerability of ageing people to disease and decrease their psychological health status, so addressing this issue is essential for promoting elderly quality of life. The study aims to shed light on factors affecting the psychological well-being of elderly people.

Keywords: Elderly, Old Age People, Mental Health, Disability

Introduction

The [United Nations](#) classifies individuals aged 60 and above as older persons¹. The global phenomenon of an ageing population carries significant social and economic implications. According to projections by the World Health Organization (WHO) “By 2030, 1 in 6 people in the world will be aged 60 years or over. The proportion of individuals aged 60 years and older is anticipated to rise from 1 billion in 2020 to 1.4 billion by the specified time in my article. By 2050, the world’s population of people aged 60 years and older will double (2.1 billion). In the forthcoming decades, there is a projected threefold increase in the population of individuals aged 80 years or older, surging from 2020 to 2050 and culminating in a total of 426 million.”² On the contrary, safeguarding the mental health of elderly individuals is imperative to address the juxtaposition of extended longevity and a markedly compromised quality of life in their later years. Notwithstanding, global data reveals that the escalation of mental health disorders during older age is a pervasive issue, constituting a widespread challenge.

A majority of the elderly population grapple with persistent health issues such as dementia, hypertension, asthma, arthritis, and more. Managing these chronic conditions often necessitates regular medication, imposing a financial burden on the elderly who require ongoing support to afford their healthcare expenses. Some of them are dependent on their children whereas some elderly people spend their medicine on their savings and income.

Happiness and mental health are very significant in the elderly because they can influence physical functioning and health.³ Several studies underscore the importance of alleviating the burden of disease as a crucial step toward enhancing the quality of life among the elderly.⁴

¹ UNHCR, Older person <https://emergency.unhcr.org/protection/persons-risk/older-persons#:~:text=An%20older%20person%20is%20defined,over%2060%20years%20of%20age.>

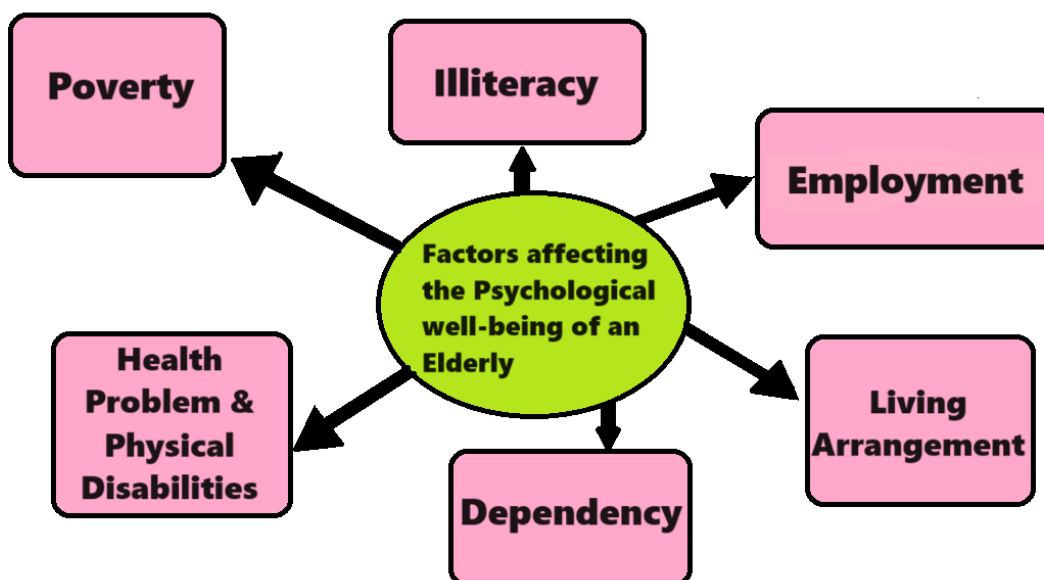
² <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health#:~:text=By%202050%2C%20the%20world's%20population,2050%20to%20reach%20426%20million.>

³ Veenhoven, R. Healthy happiness: effects of happiness on physical health and the consequences for preventive health care. *J Happiness Stud* 9, 449–469 (2008). <https://doi.org/10.1007/s10902-006-9042-1>

⁴ Shashi Kant, Puneet Mishra and Anil Goswami (2004): Morbidity among elderly persons residing in a

Hence, acknowledging the factors at play can assist in mitigating the challenges that societies are poised to encounter in the future.

Factors Affecting the Well-Being of Old Age



1. Poverty

Elderly population faces a higher incidence of poverty compared to other groups.⁵ Financial concerns can have a direct impact on the quality of life of the elderly. Those who are experiencing financial stress may not afford essential medical treatments, a liveable environment, or necessities like food and clothing.⁶ Traditionally, older individuals in India have primarily relied on social institutions such as family or household for economic assistance. There is a declining trend in this private arrangement however, in the current scenario pensions have become a major support to the elderly.

According to the [Study](#), in rural settings, a notable contrast in dependency emerges, with 58% of females and 45% of males relying entirely on others for support. Reaching 64% for females and 46% for males in urban areas. The gender disparity in dependency is evident across both rural and urban areas. However, the most concerning revelation lies in the vulnerability of elderly females residing in urban areas. A staggering 64% of them find themselves dependent on external assistance for their fundamental needs encompassing food, clothing, and healthcare. This demographics' reliance on others sheds light on a poignant reality, elucidating

resettlement colony of Delhi Indian; *Prev. Soc. Med.* Volume, 35, No. 1&2

⁵ Barrientos, A., Gorman, M., & Heslop, A. (2003). Old age poverty in developing countries: Contribution and dependence in later life. *World Development*, 31(3), 555–570

⁶ <https://bluemoonseniorcounseling.com/causes-and-effects-of-financial-anxiety-on-seniors/#:~:text=Reduced%20Quality%20of%20Life%3A%20Financial,necessities%20like%20food%20and%20clothing.>

why many seniors, despite grappling with poor health, persist in working during their twilight years.⁷

2. Illiteracy

Illiteracy among the elderly exerts a profound influence on their daily lives from limited access to vital information and financial complexities to health disparities and social isolation. Job opportunities shrink, and technological advancements pose hurdles, reinforcing cultural and social barriers. Tackling this issue is imperative for enhancing the overall well-being of the elderly. India experienced a notable increase in illiteracy levels across the general population Between 1991 and 2018 in individuals aged 60 and above. Specifically, elderly illiteracy rose from 25.3 million in 1991 to 45.7 million in 2018, with an average annual growth rate of 16.17%.⁸ In 2018, elderly female illiteracy reached 66.3%, highlighting a concerning trend.⁹ In the older adult population, diminished health literacy is linked to suboptimal health management, encompassing challenges in adopting preventive health behaviours, adhering to medication regimens, and recognizing the appropriate times to seek medical care.¹⁰

3. Employment

The relationship between employment and psychological well-being in the elderly is complex and multifaceted. Positive aspects include a sense of purpose, social interaction, and financial security, while challenges may arise from health issues, retirement transitions, and the potential for social isolation. It's important to consider individual circumstances and preferences when examining the impact of employment on mental health in the elderly. India currently finds itself at a pivotal juncture, facing significant challenges related to the economic and social security aspects of its ageing population. It is imperative to address these issues systematically to foster comprehensive and holistic national development.¹¹

In 2015, a research study involving 83,000 older adults spanning 15 years, as published in the CDC journal Preventing Chronic Disease, findings suggested that individuals who continued working beyond the age of 65 were roughly three times more inclined to indicate good health compared to those who had retired. Additionally, they were approximately half as likely to experience severe health issues, including conditions like cancer or heart disease, in contrast to their retired counterparts.¹²

4. Living Arrangement

⁷ S IRUDAYA RAJAN, P. (2006). Population Ageing and Health in India. *Centre for Enquiry into Health and Allied Themes*, 14-15. <https://www.cehat.org/go/uploads/Hhr/ageing.pdf>

⁸ <https://knoema.com/atlas/India/topics/Education/Literacy/Elderly-illiteracy>

⁹ <https://knoema.com/atlas/India/topics/Education/Literacy/Elderly-female-illiteracy>

¹⁰ Chesser AK, Keene Woods N, Smothers K, Rogers N. Health Literacy and Older Adults: A Systematic Review. *Gerontology & Geriatric Medicine*. 2016 doi:[10.1177/2333721416630492](https://doi.org/10.1177/2333721416630492)

¹¹ Chattopadhyay, A. (2004). Population Policy for the Aged in India. *Economic and Political Weekly*, 39(43), 4694-4696. <https://www.jstor.org/stable/i404855>

¹² Kachan D, Fleming LE, Christ S, Muennig P, Prado G, Tannenbaum SL, et al. Health Status of Older US Workers and Non workers, National Health Interview Survey, 1997–2011. *Preventing Chronic Disease* 2015;12: 150040. DOI: <http://dx.doi.org/10.5888/pcd12.150040>

The living arrangements of the elderly significantly impact their psychological well-being. In India, elderly parents living with their children can serve a dual purpose: children can care for their parents' health and everyday needs, while parents can care for their grandchildren. These are non-monetary characteristics of co-residence that characterize a shared living arrangement. Other advantages include those related to elder health, including the association between co-residence and self-rated health, and chronic and short-term morbidity.¹³ Traditional multigenerational living provides emotional support and cultural interconnectedness, enhancing a sense of purpose. In urban settings, prevalent nuclear family structures may lead to challenges such as loneliness and dependency issues, impacting autonomy and mental well-being. According to a study, about 56.3% of caregivers feel that the burden is mild to moderate, while 15.1% feel it is a severe burden to take care of dependent older adults.¹⁴

5. Dependency

The elderly's primary problem is economic dependency and a lack of infrastructure resources for them. "Approximately half of the entire elderly population falls into the category of low socioeconomic status."¹⁵ Within Indian culture, scholars observed a generation ago that people cared and provided for each other in the family and were highly interdependent.¹⁶ A 2016 Survey by the Agewell Foundation with 15,000 rural and urban respondents showed 65% reported themselves as either financially dependent or facing a financial crisis, primarily due to medical expenditures. Economic inequality is also associated with poor health, especially among the elderly.¹⁷ chances of being neglected by their family members escalate with their economic dependency and increasing health needs.¹⁸

In its 52nd round conducted between July 1995 and June 1996, The National Sample Survey concentrated on specific aspects related to economic independence and chronic ailments among individuals aged 60 years and above. The data systematically documented information regarding the economic self-sufficiency of the elderly, their financial circumstances, living arrangements, and the particulars of chronic ailments affecting them. The sampled elderly population comprised 16,777 males and 16,428 females. In rural areas, 58% of females and

¹³ Sudha S, Suchindran C, Mutran EJ, Rajan SI, Sarma PS. Marital status, family ties, and self-rated health among elders in South India, *Journal of Cross-Cultural Gerontology*, 2006, 21(3-4), 103-120. Doi: [10.1007/s10823-006-9027-x](https://doi.org/10.1007/s10823-006-9027-x)

¹⁴ Helpage India, ELDER ABUSE IN INDIA: ROLE OF FAMILY IN CAREGIVING, Challenges and Responses, National Report 2019

¹⁵ Lena A, Ashok K, Padma M, Kamath V, Kamath A. Health and social problems of the elderly: a cross-sectional study in udupi taluk, karnataka. *Indian J Community Med*. 2009 Apr;34(2):131-134. Doi: [10.4103/0970-0218.51236](https://doi.org/10.4103/0970-0218.51236)

¹⁶ Miller, J. G. (1994). Cultural Diversity in the Morality of Caring: Individually Oriented Versus Duty-Based Interpersonal Moral Codes. *Cross-Cultural Research*, 28(1), 3- 39, Doi: <https://doi.org/10.1177/106939719402800101>

¹⁷ Kate E. Pickett, Richard G. Wilkinson (2015). Income inequality and health: A causal review. *Social Science & Medicine*, 128, 316-326. Doi: <https://doi.org/10.1016/j.socscimed.2014.12.031>

¹⁸ Kumar M, Bansal R, Bansal M. Need to Support Old-age Home Residents. *Indian J Community Med*. 2008 Apr; 33(2):131. doi: [10.4103/0970-0218.40887](https://doi.org/10.4103/0970-0218.40887)

45% of males were entirely dependent, whereas in urban areas, the percentages were 64 and 46%, respectively.

	<i>Rural</i>			<i>Urban</i>			<i>Total</i>		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Not dependent	36.4	24.7	30.7	38.6	22.4	30.4	37.2	23.8	30.6
Partially dependent	18.6	17.1	17.9	16	13.4	14.7	17.6	15.6	16.6
Fully dependent	45	58.2	51.4	45.5	64.2	55	45.2	60.6	52.8
No of Elderly	10491	9954	20445	6286	6473	12759	16777	16428	33205

Note: Estimated by the author using the National Sample Survey data (52nd round).

6. Health Problem & Physical Disabilities

Disability arises from the interplay between an individual's health conditions and their environment.¹⁹ Ageing, an intricate tapestry woven with the threads of physiological decline, takes on new dimensions when physical disability enters the narrative. The intersection of aging and physical limitations introduces a layer of intricacy to the elderly's journey, impacting their overall well-being and psychological resilience. As individuals transition from the age group of 65-69, where the incidence of disability stands at 12%, to those aged 85 and above, the prevalence of disability surpasses 80%. While dependency is a mere 2% for individuals below 85 years, this percentage rises significantly to 25% in the older age group. This dynamic underscores the evolving challenges faced by the elderly as they navigate the complexities associated with ageing and physical constraints.²⁰

In a research study conducted in the rural region of Haryana, India, 322 elderly individuals aged 60 years and above were examined. A notable finding revealed that a substantial 67.4% of the participants experienced one or more chronic diseases or ailments. Specifically, 32.3% had one chronic condition, while 21.1% and 14% had two and three or more chronic diseases, respectively. The three most prevalent chronic ailments reported were hypertension (46.0%), arthritis (31.7%), and cataract (30.4%). Additionally, a noteworthy observation was the significant increase in disability with advancing age among the participants.²¹

Spinal cord injury, a widespread disabling condition, profoundly impacts both functioning and health worldwide. It affects physical, psychological, and social well-being, stemming from the primary lesion and associated complications.²²

¹⁹ World Health Organization, International Classification of Functioning, Disability and Health, World Health Organization, 2001

²⁰ A. J. AKHTAR, G. A. (1973). DISABILITY AND DEPENDENCE IN THE ELDERLY AT HOME. *Age and Ageing*, Vol 2, Issue 2

²¹ Khan ZA, Singh C, Khan T. Correlates of physical disability in the elderly population of Rural North India (Haryana). *J Family Community Med.* 2018 Sep-Dec;25(3):199-204. doi: [10.4103/jfcm.JFCM_160_17](https://doi.org/10.4103/jfcm.JFCM_160_17)

²² Singh, A., Tetreault, L., Kalsi-Ryan, S., Nouri, A., & Fehlings, M. G. (2014). Global prevalence and incidence of traumatic spinal cord injury. *Clinical Epidemiology*, 6, 309-331.

Conclusion

The present study is an attempt to analyse the psychological issues of elderly people of India. India is a country with the traditions of respecting, loving, supporting the aged people. It was the responsibility of the traditional joint family to provide support and protection to the elderly within the framework of the family. But due to the pressure of industrialization and urbanization instead of living in the joint families living in nuclear families have become a way of life and this type of transformation brought more difficulties in supporting and taking care of the aged. So very often the elderly is neglected or humiliated by their own children. When the elderly person retires, they find that their children are not seeking advice from them anymore, and society does not have much use for them. This realization often results in feelings of loss of status, and worthlessness. Today, the steady increase in the number of elderly is a challenge, particularly in developing countries which are in the process of experiencing similar changes in their age structure resulting in the elderly becoming an increasingly larger proportion of each nation's total population.

The objective of the researcher was to highlight the factors affecting psychosocial issues such as negligence and abuse, health problems of the elderly and economic problems related to elderly people. Due to the crisis of the economy, the health problem increases day by day for the elderly people. Because of the financial dependency on the family members, they do not get better treatment for their health diseases.

Safeguarding the mental health of the elderly becomes paramount in navigating the intricate balance between increased longevity and potential declines in quality of life. Despite this urgency, global data indicates a pervasive escalation of mental health disorders among the elderly, necessitating comprehensive attention.

Examining key factors affecting the well-being of the elderly reveals the multifaceted nature of the challenges they face. Poverty emerges as a critical issue, with financial stress impacting access to essential medical treatments and living conditions. In the context of Indian laws, the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, emphasizes the responsibility of adult children to provide maintenance for their elderly parents, addressing economic concerns.

Illiteracy compounds these challenges, contributing to limited access to information, health disparities, and social isolation. The Right to Education Act, 2009, and various literacy programs are instrumental in promoting education among the elderly, mitigating this issue.

The intricate relationship between employment and psychological well-being in the elderly requires nuanced consideration, acknowledging both positive aspects like a sense of purpose and social interaction, and challenges such as health issues and retirement transitions. Moreover, living arrangements significantly influence psychological well-being, with traditional multigenerational living offering emotional support and cultural connectedness, albeit with potential challenges in urban nuclear family settings.

Economic dependency emerges as a primary concern, with nearly half of the elderly population facing poor socioeconomic status. The Maintenance and Welfare of Parents and Senior Citizens Act, 2007, also addresses the financial well-being of senior citizens by providing legal recourse for maintenance.

Health problems and physical disabilities further complicate the aging journey, with disability incidence rising significantly among those aged 85 and above. The Rights of Persons with Disabilities Act, 2016, ensures protection and promotion of the rights of persons with disabilities, including the elderly.

Addressing these factors systematically is crucial for promoting comprehensive national development within the framework of existing statutory provisions. Recognizing the nuances of each challenge and leveraging legal mechanisms can inform targeted interventions, ultimately contributing to the overall well-being of the elderly population by Indian laws. In facing these complexities head-on, societies can strive to reduce potential problems associated with an ageing demographic and cultivate a more inclusive and legally supported environment for older individuals.

References

1. UNHCR, Older person <https://emergency.unhcr.org/protection/persons-risk/older-persons#:~:text=An%20older%20person%20is%20defined,over%2060%20years%20of%20age>.
2. <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health#:~:text=By%202050%2C%20the%20world's%20population,2050%20to%20reach%20426%20million>.
3. Veenhoven, R. Healthy happiness: effects of happiness on physical health and the consequences for preventive health care. *J Happiness Stud* **9**, 449–469 (2008). <https://doi.org/10.1007/s10902-006-9042-1>
4. Shashi Kant, Puneet Mishra and Anil Goswami (2004): Morbidity among elderly persons residing in a resettlement colony of Delhi Indian; *Prev. Soc. Med.* Volume, 35, No. 1&2
5. Barrientos, A., Gorman, M., & Heslop, A. (2003). Old age poverty in developing countries: Contribution and dependence in later life. *World Development*, 31(3), 555–570
6. <https://bluemoonseniorcounseling.com/causes-and-effects-of-financial-anxiety-on-seniors/#:~:text=Reduced%20Quality%20of%20Life%3A%20Financial,necessities%20like%20food%20and%20clothing>.
7. S IRUDAYA RAJAN, P. (2006). Population Ageing and Health in India. *Centre for Enquiry into Health and Allied Themes*, 14-15. <https://www.cehat.org/go/uploads/Hhr/ageing.pdf>

8. <https://knoema.com/atlas/India/topics/Education/Literacy/Elderly-illiteracy>
9. <https://knoema.com/atlas/India/topics/Education/Literacy/Elderly-female-illiteracy>
10. Chesser AK, Keene Woods N, Smothers K, Rogers N. Health Literacy and Older Adults: A Systematic Review. *Gerontology & Geriatric Medicine*. 2016 doi:[10.1177/2333721416630492](https://doi.org/10.1177/2333721416630492)
11. Chattopadhyay, A. (2004). Population Policy for the Aged in India. *Economic and Political Weekly*, 39(43), 4694-4696. <https://www.jstor.org/stable/i404855>
12. Kachan D, Fleming LE, Christ S, Muennig P, Prado G, Tannenbaum SL, et al. Health Status of Older US Workers and Non workers, National Health Interview Survey, 1997–2011. *Preventing Chronic Disease* 2015;12: 150040. DOI: <http://dx.doi.org/10.5888/pcd12.150040>
13. Sudha S, Suchindran C, Mutran EJ, Rajan SI, Sarma PS. Marital status, family ties, and self-rated health among elders in South India, *Journal of Cross-Cultural Gerontology*, 2006, 21(3-4), 103-120. Doi: [10.1007/s10823-006-9027-x](https://doi.org/10.1007/s10823-006-9027-x)
14. Helpage India, ELDER ABUSE IN INDIA: ROLE OF FAMILY IN CAREGIVING, Challenges and Responses, National Report 2019
15. Lena A, Ashok K, Padma M, Kamath V, Kamath A. Health and social problems of the elderly: a cross-sectional study in udupi taluk, karnataka. *Indian J Community Med*. 2009 Apr;34(2):131-134. Doi: [10.4103/0970-0218.51236](https://doi.org/10.4103/0970-0218.51236)
16. Miller, J. G. (1994). Cultural Diversity in the Morality of Caring: Individually Oriented Versus Duty-Based Interpersonal Moral Codes. *Cross-Cultural Research*, 28(1), 3- 39, Doi: <https://doi.org/10.1177/106939719402800101>
17. Kate E. Pickett, Richard G. Wilkinson (2015). Income inequality and health: A causal review. *Social Science & Medicine*, 128, 316-326. Doi: <https://doi.org/10.1016/j.socscimed.2014.12.031>
18. Kumar M, Bansal R, Bansal M. Need to Support Old-age Home Residents. *Indian J Community Med*. 2008 Apr; 33(2):131. doi: [10.4103/0970-0218.40887](https://doi.org/10.4103/0970-0218.40887)
19. World Health Organization, International Classification of Functioning, Disability and Health, World Health Organization, 2001

20. A. J. AKHTAR, G. A. (1973). DISABILITY AND DEPENDENCE IN THE ELDERLY AT HOME. *Age and Ageing*, Vol 2, Issue 2
21. 1 Khan ZA, Singh C, Khan T. Correlates of physical disability in the elderly population of Rural North India (Haryana). *J Family Community Med*. 2018 Sep-Dec;25(3):199-204. doi: [10.4103/jfcm.JFCM_160_17](https://doi.org/10.4103/jfcm.JFCM_160_17)
22. Singh, A., Tetreault, L., Kalsi-Ryan, S., Nouri, A., & Fehlings, M. G. (2014). Global prevalence and incidence of traumatic spinal cord injury. *Clinical Epidemiology*, 6, 309-331.