



## Quality of Life of Elderly People in Changing Family Scenario

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### Abstract

Old age has been topic of huge discussion for those who have reached it and a source of speculation for those who have not. With the changing dynamics of family structure the position and mind set of the elderly has also changed. The lack of interest in competing with others, lack of motivation to do things and the tendency to reminisce in past thoughts, motivates them to develop “old age complex”. As the traditional families are rapidly disappearing even in rural areas, people are migrating towards urban setup. The geriatric population is left behind due to migration, urbanization, industrialization and globalization giving rise to the “empty nest syndrome”. At this juncture; family and social support plays a crucial role in the lives of the aged individuals. It is an extremely significant resource as they age. Social support also contributes towards wellbeing and sense of self worth and positive affect. Inclusive reviews signify the importance of social support in changing family scenario towards quality of life among elderly.

**Key Word-** Elderly People, Family, Quality of Life.

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### INTRODUCTION

Aged, the word create an image with wrinkled face, with various age related health problems, a non productive lot of society, but now with the improvement in medical science, life style

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changes, thought process of the people and facilities available lead to more liveliness, positivity and changes in quality of life of elderly people. The resultant could be seen that the numbers of elderly person are increasing everywhere. **Vijg Jan(2007)** defined Aging as- “a series of time related processes; occurring in the adult individual that ultimately bring life to close. It is the most complex phenotype currently known and the only example of generalized biological dysfunction. Aging influences an organism’s entire physiology, impacts function at all levels, and increase susceptibility to all major chronic diseases.”

As per the 1950 data, the world population of 60 years and above was 205 million (8.2 per cent of the population) there was an increase by year 2000 to 606 million. It is expected that by 2050, the elderly persons of aged 60 years and above will rise to 21.1 per cent. As per the records Asian countries have the world’s largest (53%) geriatric population.

**Pasco & Pinellas (2013)** concluded that aging is a process where the body leads to maturity along with physical and psychological changes. Though these changes do not create any hindrances but affect the bodily functioning.

**According to WHO (2014)** The UN has not adopted a standard criterion, but generally uses 60+ years to refer to the older population. A study done by Ayranci, U & Ozdag, N (2004) divided old age as per the characteristics into different groups as biological change was concluded as the change in structure and function of the body; for **emotional ageing** it is termed as how the individual perceives aging and **functional aging** as how an individual compares oneself with the others of same age group and their functioning in the society.

**According to American Psychological Association (2014)** the common characteristics of old age are wrinkles appearing on the face; the graying of hair, slowing down of reactions, prone to chronic illnesses, hearing impairment, weakening vision, and the increasing probability of arthritis, hypertension, heart disease, diabetes, and osteoporosis etc.

Family is the basic unit of society and our elderly people are the roots of it. Quality of life of our geriatric population plays a major role in conserving our traditional values and rich cultural heritage. More over the Norms, Values, Mores are the fundamental which grows and transfer in their patronage.

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

**Jayarami Reddy (1999)** concluded that south India has the second largest population of rural elderly persons in India where as **Nair, et al. (1997)** observed the socio economic conditions and health of geriatrics revealed that aged females are more vulnerable as compared to male population in Kerala. It was also concluded that though government is providing various schemes but most of them are not aware of these schemes and prefer living with their children.

A study done by **Gormal (2003)** on elderly person about the value system and concluded that the older generation is caught between the turning down traditional values on one hand and the lack of social security system on the other hand. **Pankajam Sundaram (1998)** expressed that it's a misconception that elderly of west have more problems than east but the change is observed even in east due to change in modernization, family structure, financial environment, lack of space in houses creating problems for the elderly population. Changes in social roles are being observed throughout

the lifespan. Retirement from regular job is considered as one of the social changes. It is difficult to accept the change in daily routine; where they used to get respect, regular income, and social interaction up to total isolation. This has a deep impact psychologically on the elderly. **Dannefer & Phillipson(2010)** observed that though caring for elders is the prime responsibility of the family but results reveal that they are alone at home or shifted to old age homes and the main reason behind it is dual career family, change in type of family and due to increased life expectancy.

**Montross et al. (2006)** observed and concluded that most Indians start considering themselves old before the chronological age of 60 years and similarly the Indian women regard themselves to be old even much earlier where as **Mayor (2006)** reveals that different people use different criteria for terming aging, like some may use their chronological age, some find the physical symptoms like wrinkle on skin, weak eye sight, decline in hearing capacity or lack of sexual potency, some may blame their forgetfulness, lack of concentration, missing words etc..

Some researchers evaluate ageing on the basis of their work capacity, level of competitiveness, lack of enthusiasm or a

tendency to reminisce and turn their thoughts to the past rather than dwell in the present or the future. The patterns of support system among the generations are observed to be changing, the bonds among the relatives are reducing, joint and extended families are turning into nuclear family. The trends in past four decades reflect that the family support system is getting weak year by year.

**Hale (1982)** studied on role of finances on health of elderly and concluded that financial status plays a major role in having problems like physical health, interpersonal relationship and depression. **Gillis Samualsson et al. (2001)** focused that the role of children in social support system becomes all the more important, after the spouse. The number of children, grand children and siblings are the indicators of strong social support for the elderly in the society.

**Tammsaar, K & Tulva, T & Kasepalu (2012)** concluded that Elderly are very happy when they are with their family and especially with children. **WHO (2011)** added to it after research that elderly people prefer to be in their family and with their community members. The aged are the repositories, transmitters, and sole authorities of wisdom and knowledge. Social support plays critical role in the life of aged individuals. Society becomes

extremely significant resource as they age. Social support also contributes towards well being even in the presence of high level of stress. It generates the sense of self worth and positive affect as concluded by **Cohen & Syme (1985)**.

Life satisfaction and Quality of life go hand in hand in study of aging. Quality of life of aged are changing mainly due change in traditional families. **Bhatt (2010)** observed the financial burden of the aged; especially of the aged women who do not have right to property and even do not have any social security.

**Dandekar (1993)** focused that there is a need to give attention to elderly persons as they do not need sympathy but empathy, love and care. It was emphasized that in the dusk of their life it's the responsibility of the society to keep the elderly away from loneliness, pain and misery where as there is need to give more support to enhance their quality of life. Elderly are facing many challenges in life due to lack of services for them, they are not able to avail adequate care they required. Even in health care delivery system there is very few separate departments for geriatric care, there is no separate wards in the hospitals specially reserved for the elderly. Mental health facility is almost negligible to the aged population.

## CONCLUSION

The review of earlier studies on the quality of life and problems of elderly in India clearly shows that adaptation to old age is dependent on several socio-economic, cultural and psychological factors. Quality of life and health of elderly have received little attention in fast changing societal attitudes and specifically family scenario. Indian culture has inherited several aged friendly values and practices, which need to be reinforced in order to bring them back in the mainstream of the society. To develop certain strategies for incorporating family based care which is best suited to the socio cultural milieu of our Indian society. The problems of the aged vary from society to society and have many dimensions in our country. However, the disintegration of the joint family system and the impact of economic change have brought into sharp focus the peculiar problems which the old people are now facing in our country. In the traditional sense, the duty and obligation of the younger generation towards the older generation is being eroded. The older generation is caught between the decline in traditional values on one hand and the absence of an adequate social security system on the other hand finding it difficult to adjust in the family.

Moreover community intervention center as Day Care and Vocational activities will be a good idea to keep them busy and productive. Many of the psychological problems of old age can be restricted by involving them in community social work and guidance to the youth at the society. Even the community convention centers can play a vital role in rehabilitating them in main stream society. After all they have grown old out of their experience.

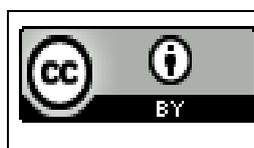
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