



QUALITY OF LIFE AND AGEING

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ABSTRACT

The process of ageing is like a blooming of flower, which has its own biological reality as its dynamic, largely beyond their control. Since ageing is a universal phenomenon which is inevitable in the life cycle, which brings about certain anatomical, physiological and psychological life changes. The life expectancy rate has been increased because of the advancement in the medical field, and their own living status such as proper nutrition, better income, with knowledge on prevention and management of disease. The provision of quality care depends on the availability of professional and skilled support, emotional backing and respite social services, including social support. The lack of assistance and social isolation puts careers' health as well as dignity and quality of care at risk and increases the risk of abuse and neglect. The care for careers has a significant impact on the final quality of care.

Keywords: *Ageing, Quality of Life (qol), Family Support.*

1. INTRODUCTION

Ageing is a natural process and part of one's journey of life in this planet. Ageing in terms of biological process happens as the impact of the accumulation of a wide variety of molecular and cellular damage happening in the body over the period of time. This process causes gradual decrease in physical and mental capacity of a person and makes one vulnerable for getting any disease and ultimately death (World Health Organization, 2015). Ageing is a natural and universal phenomenon, which has multidimensional process. It is not only viewed as biological and medical concern but of social, economic, psychological and demographical importance. The emotional support, health care, financial support and socializing activities are left unfulfilled. In the empty nest stage of the life cycle, the person's social obligations, privileges and expectations undergo a change. In other words, we can say that old age is a shift in an individual's position from active social participation to significant decline in role performance and from economic self-sufficiency to economic dependence. The aged feel lonely, dependent and marginalized (Adi Vitman et al, 2014).

Ageing has both challenges and opportunities. Ageing is a challenging period due to the biological changes and also the involvement of various other factors like socio cultural, financial, and emotional and other life transitions which completes the process such as retirement, dependency towards children and family members and the death of friends and partners. Ageing increases the burden in the social security system as need for more pension schemes, need for more health care workers trained in managing their health problems are very much required.

Nowadays people are living longer than before a decade and most of the population are expected to live into their sixties and beyond. World Health Organization projected that by 2050, the world's population aged 60 years and older would be about 2 billion, up from 900 million in 2015. As many as 125 million people are aged 80 years or older at the moment and by 2050, there will be almost 210 million expected to live only in China and India alone and 434 million people in this age group worldwide. It was also projected that by 2050, 80% of all older people will live in low- and middle-income countries (United Nations - 2015 & World Health Organization - 2015).

Due to the ageing process people lose their energy, strength and stamina. In spite of the maximum available resources, the elderly population cannot accept and cope with the advancement of age. Ageing population is the major threat to the society as well as for the family. The proportion of elderly population in the country has increased from 5.6% in 1961 to 7.1% in 2001.

The advancements in the technology of medicine have increased the lifespan of people. The issues arising from the traditional support system such as, the joint family, problems of the unattended old age people have been impinging on the welfare of the country as well. Today in India, the life expectancy is above 62 years. There are greater variations between the state and most of the countries which accept 65 years and the UN agrees to 60 years and above is considered as the old age.

The oblige advance of old age with certain changes take place such as wrinkled skin, impaired memory, cessation of menstruation, diminishing sexual interest, emotional irritability, jealous and dependency. Older people often suffer due to illnesses such as air borne diseases, arthritis, decreased energy, vitamin deficiency, gastro intestinal disorder and depression, which restrict their social activity. One feels isolated and a liability on many others, doubts god's love, worries about death. They are reluctant to reside at the institutions for their care and thus family care is encouraged. Primary care should be provided for prevention of disease and injury and promotion of positive health and encouraged to participate in the activities to avoid injuries, early detection of ill health, timely intervention and care and encourage individual to return to independent existence as far as possible.

Care of the aged is very important task for the care givers. They should gain knowledge, learn nursing skills and right attitude, able to assess the immediate and long term needs or problems of the aged. Their families should provide support, advice and guide, including rehabilitation. Suggestion of care givers on various aspects of elderly such as decide where and how to lead the remaining life, continue to have supportive, close and warm relationship with the spouse and close relatives to have safe and comfortable dwelling according to one's economic status, maintaining a high degree of health, physical and emotional support by getting regular health examination, providing medical and dental care, eating balanced diet and maintenance of good personal hygiene, contact with children, grandchildren and other kinsmen, finding emotional satisfaction with them work out for significant, philosophy of life, finding comfort in a philosophy or religion, adjust living standards to retirement, income, supplement income with remunerative activities.

At global level, QOL among elderly is an important area of concern, which reflects the health status and well-being of this vulnerable population. There is a need to highlight the medical and psychosocial problems that are being faced by the elderly people in India and strategies for bringing about an improvement in their quality of life. Population of ageing is a recognized international reality, both in developed and developing countries. The World Health Organization Quality of Life group defined quality of life as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns." One has to do with the growing number of elderly people in society. Higher age often brings about health problems and a decrease in functional capacity (WHO, 2012 & Pilar Escuder-Mollon, Salvador Cabedo, 2013).

Longevity has increased significantly in the last few decades mainly due to the socio-economic and health care developments. These factors are responsible for the higher numerical presence of elderly people leading to change in age structure, and a higher dependency ratio. In this juncture, we need to reappraise the quality of life of elderly people. The life of elderly becomes more difficult when problems related to fulfillment of basic requirements such as social relations; personal care, nutrition and accommodation are added to old age health problems. Quality of life for elder person has become increasingly important as an outcome in public health research. The concept of quality of life (QOL) is very broad and dynamic. One can find diverse definitions for this term in literature, but all of them take cultural, social and environmental individuality into consideration. According to the World Health Organization, it is the perception of the individuals' position in life, expectations, standards and concerns. It is conceptualized as a generic, multidimensional parameter, describing an individual's subjective perception of his/her physical and psychological health, as well as his/her social functioning and environmental and general life status. Its measurements have typically included a series of life domains: physical, emotional, social, environ- mental, and material. Those who evaluate their QOL synthesize their experiences and perceptions.

Evidences show the beneficial effect of an active life- style, mainly if physical and functional autonomy can be maintained throughout ageing: that minimizes degeneration improving health and QOL. The concept of QOL is quite complex including a variety of aspects. Better living and working conditions, higher quality of healthcare and higher level of social protection lead to the fact that fewer people today die prematurely during childhood and working life. More people are now given the chance to live longer than in the past and old age is becoming a direct experience for an ever-increasing number of people. At the same time, the life style, potential and expectations of older people are changing together with the rising life expectancy. People are living healthier and more active lives. According to the population projection prepared by the Czech Statistical Office, in 2050, about a half million people aged 85 years and over (compared to 101,718 in 2006) and almost three million people over 65 years (i.e. 31.3 % of the population) will live in the Czech Republic. In 2050, life expectancy at birth is projected to be 78.9 years for men and 84.5 years for women (compared to 73.4 and 79.7 years for men and women, respectively, in2006).

Older persons also have to be treated as individual and their abilities and needs should be considered. They should not be discriminated on basis of their age, sex, color, disability and other characteristics. Older person's knowledge and experience should be placed in the centre of changes implemented in response to population ageing. Citizens of all ages should play an active role in shaping the nature and quality of the services provided to them. In the labor market, as well as in the provision of health care, social and other services, it is desirable to make a radical change in the approach to older persons. The ageing society cannot afford to exclude older persons from the labor market and not to give an opportunity to those who want to live an active life. Health care for older people must prevent long-term dependence and institutionalization. We need in particular more opportunities for an active and independent life of older persons, not only more residential facilities. We need age-friendly communities that provide their citizens with more opportunities for social activities and worthwhile leisure time pursuits. We need community centers offering support and flexible services to older people and families. We need the supply of appropriate and decent housing conducive to social integration and responsive to the needs and limitations of older persons. The Government has set in its policy statement as a priority to pay increased attention to the quality of life of older people. In order to ensure higher quality of life of older people in the context of population ageing, conceptual changes and measures in various areas need to be adopted. The measures taken now will have significant impact on the quality of life for future generations of older people and for all of us. The failure in addressing the challenges and opportunities brought about by a significant demographic change, can give rise to inefficient policies and insensitive services that are unable to exploit the potential and reflect the needs and aspirations of the rising proportion and number of older people. Well-planned proactive and preventive solutions are cheaper and more efficient. We will live an ever-increasing part of our life in old age. People over 65 years account for a third of the population, it will be pointless to differentiate between services and products for older persons and mainstream services. All services and products, not only special services for older persons, must also meet the needs, limitations and preferences of older people. The services must be of better quality, more flexible and must meet the needs of all people regardless of their health condition and age-related limitations. It is proper and reasonable to do our best to create conditions for dignified, healthy and active life in the second half of life and for the realization of the potential and aspirations of the rising proportion of older people. A half life of an ever-increasing number of people will be lived after the age of 50. The population of ageing has been also labeled as a "quiet revolution". We need to ask whether our institutions, environment, way of life and thinking are ready for gradual, but sure onset of the longevity society. The program sets out the basic prerequisites for creating a supportive, integrating and friendly environment for both ourselves and for others. It seeks to promote solidarity and cohesion between generations, inspire an interest in the situation, difficulties and preferences of older people in the Czech Republic, and enhance their subjective and objective safety, and protects the rights of vulnerable groups of older persons. The Program builds on the National program of preparation for Ageing for 2003 – 2007 and the experience of its implementation. It sets out the priorities and measures for the next five years. In 2012, it will be evaluated and revised. However, the strategic priorities should apply for a longer period.

2. CONCLUSIONS

At present, ageing has become a social problem because socioeconomic shifts are affecting the ability of the family to continue with traditional care giving roles towards the elders. The life of senior citizens becomes more difficult when problems related to fulfillment of basic requirements such as social relations; personal care, nutrition and accommodation are added to old age health problems. This kind of adverse issue results in the impairment of respect of life and reduces the satisfaction acquired from life (Shivani Rawat, 2012). Demographers, researchers, and responsible citizens have started to think about the aged population and its problems because of the demographic transition in many countries of the "Third World" now taking place in a much shorter period of time. Ageing population will be one of the major challenges of the near future (Laura Blue and Thomas J. Espenshade, 2011). India, one of the oldest societies in the world undergoing extraordinary changes in terms of modernization, urbanization and globalization in a very brief time span, accompanied by explosive growth in the ageing populations. This increasing number and proportion of elderly have a direct impact on the demand for health services, pension and social security payments. India is worthy of special focus due to its vastness and its heterogeneity of population, interregional demographic variations, culture and reverse sex ratio (Phoebe S Liebig, S. Irudaya Rajan, 2013). An ageing population puts a great burden on the resources and impose both medical and sociological problem of a country. The elderly populations suffer high rates of morbidity and mortality due to infectious diseases. The demographic transition in India shows unevenness and complexities within different states. This has been attributed to the different levels of socio-economic development, cultural norms, and political contexts (FICCI-Deloitte, 2014). The needs and problems of the elderly vary significantly according to their age, socioeconomic status, health, living status and other such background characteristics. Their social rights are neglected and they are profusely abused which goes unreported (Help Age India, 2015).

The number of elderly in the developing world is increasing due to demographic transition, whereas their condition is deteriorating as a result of fast eroding traditional family system coupled with rapid modernization and urbanization. Also, presently the epidemiological transition of diseases with increase in burden of chronic morbidity conditions, which is driven by population ageing, will affect the QOL of elderly population. In developing countries, demographic transition results in increasing life expectancy and increase in proportion of elderly population in near future. In view of the above, it is imperative to analyze the QOL and its associated factors among this vulnerable population so that effective measures to improve the QOL can be implemented at community level. In India, the population above 60 years was around 7% in 2001, which is expected to rise to 11.6% by 2026. It was known that socio-demographic factors like age, education, marital status and family structure influence the QOL among elderly population. In addition, various studies have shown that chronic morbid conditions are associated with low QOL.

It is expected that in the period 2000 - 2050 the proportion of the population aged 80 and above in economically advanced countries will increase three times, however, the number of people aged 100 and above will increase 15.5 times. The total fertility rate in the first half of 2007 was 1.4 children per woman and has thus exceeded the level of 1.3 considered being very low. However, fertility remains at low levels that, in the long term, do not ensure the simple replacement of the population. In order to improve the quality of life to the older people and support prosperity of the ageing society, it is necessary to provide all people over their life course with opportunities for self-fulfillment, learning, education and active life. Linear model of education, work and pension becomes increasingly out dated and boundaries between individual stages of the life cycle become more flexible and less distinct.

The quality of life for the older people is a value and crosssection theme that goes beyond the boundaries of administrative powers and levels. It requires a comprehensive and integrated approach and cooperation across all sectors of society. It requires creating strategic partnership between the Government and local government aimed at fulfilling the commitment to enhance the quality of life of older persons. We should ask what quality of life in old age we wish to accomplish for our parents and ourselves and what needs to be done to make it happen. Population of ageing and quality of life of older persons are issues that concern us all. Family mostly comprises three generations, and more increasingly four generations, regardless of whether these generations live together or not. The task of family policy is, on the one hand, to create conditions for healthy development of children that is one of the pre requisites for healthy life in adulthood and old age and, on the other hand, create conditions for intergenerational cohesion and solidarity in the family and society.

The adequate health care focused on functional improvement, prevention and intervention can significantly minimize the risk of dependence and the need of long-term care. Healthy and active ageing can contribute to the improvement of health, greater social inclusion and satisfaction and reduce the risk of the loss of self-sufficiency. Safe, barrier-free and age-friendly environment and design, state-of-the-art technologies supporting self-sufficiency and independent life can reduce the need for the provision of care or make it less demanding and thus ease the burden placed on caregivers. Older people are cared for mainly by family, especially spouses (partners) and children. It is unlikely that the family will lose its important role in the next years. The role of the family need not consist only in the provision of care, but also in securing the required help and assistance.

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