



Impact of Quality of Life on the Health and Social Status of Older Persons In Rural Karnataka: A Social Work Perspective

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ABSTRACT:

Despite the growing number of older people, less attention is given to their quality of life (QOL) in developing countries, this study aimed to assess the QOL and identify associated factors among older people in rural Karnataka. India is going through a phase of demographic transition progressing to population aging. Poor health-related quality of life (QOL) among the elderly is often associated with physical deterioration, psychological trauma, and mental weakness. The rise in the social and health requirements of older adults has to be addressed optimally and comprehensively. India is going through a phase of demographic transition progressing to population aging. Poor health-related QOL among the elderly is often associated with physical deterioration, psychological trauma, and mental weakness. The increase in life expectancy among the elderly is because of demographic transition in developing countries. In 2011, India had an 8.6% elderly population and was estimated to be 11.6% by 2026.

The elderly population increases, health demands, along with other social requirements, are also set to increase. It is evident from the studies that physical deterioration, psychological trauma, and mental weakness are associated with aging. In India, the social security system for the elderly is not as well equipped as in developed countries. Globally, an urban population often faces mounting pressure on various socioeconomic fronts such as health-care expenditures and fiscal disciplines, which can impact the life of the elderly population.

Key Words: Demographic profile, elderly, rural India and quality of life.

INTRODUCTION:

Healthy aging and quality of life has become a major desire of contemporary society. Understanding the profile of this population will allow the creation of more appropriate policies and actions for the promotion of health and quality of life. India is going through a phase of demographic transition progressing to population aging. Poor health-related quality of life (QOL) among the elderly is often associated with physical deterioration, psychological trauma, and mental weakness. The rise in the social and health requirements of older adults has to be addressed optimally and comprehensively. The traditional concept of family in India to provide support to the elderly is changing soon with disintegration of joint families. In this scenario the concept of old age homes (OAHs) is gaining momentum and the number of people seeking OAH care is rapidly increasing. However, not much is known about the quality of life (QOL) of Indian elderly staying in the OAH setup. Predictive factors were age, sex, functional status at admission, co morbidities, cognitive status, depressive symptoms, living conditions and satisfaction with care. A secondary focus was the association between spiritual needs and quality of life.

Quality of life (QOL) is a multidimensional concept including physical, psychological, social, and economic components. Life satisfaction is an individualized, subjective assessment of a person's QOL according to his or her chosen criteria. Combining perception with performance or capacity is an important aspect of QOL of persons with chronic illness or disability. Research has found that the effect of physical disability or chronic illness cannot be appreciated without taking into consideration both the specific areas of functioning affected by the person's condition and those aspects of QOL (social, psychological, and functional) that are of particular importance to QOL of senior citizens is greatly influenced by their previous lifestyle, culture, education, health care beliefs, family strengths, and integration into the community. QOL for older adults is greatly enhanced by their involvement in planning, sponsoring, and evaluating programs and services in institutional, The QOL of the elderly depends on various factors such as physical health, psychological health, the living arrangement and level of independence, personal and social relationships, working capacity, access to health and social care, home environment, transportation facilities, and the ability to acquire new skills. There is a dearth of literature related to QOL of senior citizens in rural and urban areas living with their own family members, and this study attempted to bridge the gap

CONCEPTUAL FRAME WORK:

- The WHO defines the concept of quality of life (QOL) 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. As per the WHO report (2013), there are more than 600 million elder lies at a global level. The elderly population will be doubled by 2025 and rise to two

billion by 2050. The global elderly population was 9.2% in the year 1990, and it is estimated to be 21.1% by 2021.

- Quality of life, the degree to which an individual is healthy, comfortable, and able to participate in or enjoy life events. The term quality of life is inherently ambiguous, as it can refer both to the experience an individual has of his or her own life and to the living conditions in which individuals find themselves. Hence, quality of life is highly subjective. Whereas one person may define quality of life according to wealth or satisfaction with life, another person may define it in terms of capabilities (e.g., having the ability to live a good life in terms of emotional and physical well-being). A disabled person may report a high quality of life, whereas a healthy person who recently lost a job may report a low quality of life. Within the arena of health care, quality of life is viewed as multidimensional, encompassing emotional, physical, material, and social well-being.
- **The legal definition of senior citizens: "Elderly persons, usually more than sixty or sixty-five years of age."**
- Categorical definitions of the old, elderly, aged and ageing are neither straightforward nor universally applicable. Old is an individual-, culture-, country- and gender-specific term. The definitions can differ for the sexes as life-course events contribute to the ageing transitions, for example, retirement from work. A chronological definition of elderly or aged is commonly used, but contested. UN tabulations provided figures for both 60 and 65 years of age and older⁵, making possible more detailed estimates and projections for older people in most countries. The WHO uses categories starting at the age of 65 and 80

HEALTH STATUS AND QUALITY OF LIFE

An aging population puts an increased burden on the resources of a country and has raised concerns at many levels for the government in India. The aging population is both medical and sociological problem. The elderly population suffers high rates of morbidity and mortality due to infectious diseases. As individuals age, they are at risk for diseases and disabling conditions, use more medical care services, and incur medical expenses. While there is no doubt that age is a predictor of morbidity and mortality, its predictive value is limited. The health status of the elderly is better than generally assumed, varies remarkably among individuals, and is changing as successive cohorts progressively challenge the definition of old age.

Health is an important factor in ageing. A major issue of societal concern is the health status of the aged. After infants and children, old people are most vulnerable to morbidity and mortality as health impairment is a function of ageing process. Healthy aged constitutes an important human resource for development of the country. Advances in medical technology over the past years have promoted longevity but not good

health. The problem is that old people live longer but are more vulnerable to illnesses. According to the doctors, while the debilitating effects of old age cannot be avoided, risks can be minimized through careful planning and prevention beginning from middle age. (Thippesh K, 2019).

One major misconception in the health care field is that the elderly are a homogeneous group of frail individuals progressing rapidly toward needs for long-term care. The elderly actually are a very heterogeneous group. It has been noted that as individuals age, they become less like each other (Rowe, 1985). From a physiological perspective, differences between individuals characteristically increase with advancing age in those factors that change with age, such as blood glucose level and blood pressure. From a clinical perspective, specific subgroups of elderly individuals can be identified, including the 5 percent who at any one time are residing in long-term care facilities and the larger portion who have major functional declines. The marked effect of age itself on disability, morbidity, and mortality has led many workers in the field to divide the overall elderly population into at least two groups, a young-old population and an old-old population, which is characterized by frailty and marked increases in the need for acute and long-term care services (Besdine, 1982). These clear age-related differences suggest the value of collecting different types of data in different age subsets. The panel has chosen to use three age subsets: young-old (age 65–74), old (age 75–84), and oldest-old (age 85 and older).

The health care of elderly persons, perhaps more than any other age group, is influenced by the social support system available to them (Brody, 1981). The network of current and potential informal supports, such as family or friends, has an important role in modulating the clinical impact of underlying disease and is often the major determinant in decisions to institutionalize elderly people. For every impaired elderly person in a nursing home, there are approximately two equally impaired elderly people living in the community who often can remain there by virtue of the critical role of informal support systems, which provide approximately 80 percent of their long-term care (Doty, 1986).

In choosing which data need to be collected and how they should be analyzed, it is important to recognize that the needs of the elderly differ from those of younger individuals, not only from a quantitative perspective (i.e., the elderly use more health care services), but also qualitatively. "Just as children are not merely young versions of adults, the elderly are not simply old adults. They require special approaches" (Rowe, 1985:827) and their health care needs reflect a complex interaction of the physiologic changes with age, their psychosocial concomitants, and the various pathologic processes that occur with advancing frequency in senescence.

Although health status per se is not a policy issue, policy analysts need to be able to detect trends and to forecast changes among the elderly in their health status and utilization of services. Development of such trend data requires a stable program of periodic surveys of the health status of the elderly population.

SOCIAL STATUS AND QUALITY OF LIFE

A person's social class has a significant impact on their physical health, their ability to receive adequate medical care and nutrition, and their life expectancy. ... They are unable to use healthcare as often as people of higher status and when they do, it is often of lower quality. Having a variety of positive **social** supports can contribute to psychological and physical wellness of **elderly** individuals. **Support** from others can be **important** in reducing stress, increasing physical health and defeating psychological problems such as depression and anxiety.

Lack of social support is related to negative impacts on health and well being, especially for older people. Having a variety of positive social supports can contribute to psychological and physical wellness of elderly individuals. Support from others can be important in reducing stress, increasing physical health and defeating psychological problems such as depression and anxiety.

When considering who provides social support for an elderly individual our first thoughts are of family members. While it is true that most support does come from family members, there are many circumstances in which family members cannot be supportive (stress due to responsibilities, illness, death, financial problems, job relocation). In the United States the fastest growing age group of individuals are those 85 years and older. Due to this fact, family supports will inevitably decrease for these older individuals. A need for community-based services is more important now than ever before

THE SCOPE AND ROLE OF GERONTOLOGICAL SOCIAL WORK

Social Work Support to Carers the Social Worker can provide education and support Safeguarding Adults Family Conflict, Mental Health & Dementia, Risk Situation – assessment and management of risk. Individual care plan, based on need, Counselling and Emotional Support, Family and Care Support, Protection from Abuse, Advocacy.

The Social Worker can assist older persons to:

- Help them to live as independently as possible
- Give information and help them to make decisions about their future care particularly if you need to consider sheltered housing, residential or nursing home care
- Represent their in situations where they feel unable to do so themselves

Two of the most difficult developmental tasks of old age relate to areas that are especially important for all adults their social life and personal life. Elderly people face adjustment problems in these areas that are similar in some respect and some of the common problems unique to old age.

As much as possible, social workers also try to help the aging maintain a sense of dignity and independence as they get older. This may involve engaging in academic research on how to best help elderly adults cope with the aging process, assisting clients with concrete services such as benefits and food, or providing psychological counseling

CONCLUSION:

Understanding the importance of determining factors of poor Sol, such as potential cognitive impairment, potential social isolation and depression, inadequate family income, and diminished ability to perform practical and social activities (IADLs) among older adults with chronic diseases is critical for geriatric health care providers. Awareness of these factors can assist providers in identifying people at risk and guide new intervention programs to improve care for these invaluable members of our communities.

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