

Improving Older Adults' Quality of Life in a Dynamic Family Environment

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Abstract-

For those who have lived into old age, it has been a subject of great debate; for others, it has been a matter of conjecture. As family structures evolve, so too does the role and perspective of the elderly. Their "old age complex" stems from their apathy toward new experiences, their inability to inspire themselves, and their fixation on the past. People are fleeing to cities in search of better living conditions, and traditional families are breaking apart even in rural regions. A new phenomenon known as the "empty nest syndrome" has emerged as a result of migration, urbanization, industrialization, and globalization: the elderly are left behind. Currently, the lives of the elderly are greatly impacted by the importance of social and familial support. It becomes an invaluable asset as they get older. A healthy feeling of self-worth, happiness, and social support all go hand in hand. The value of social support in altering the family dynamic in order to improve the quality of life for the elderly is highlighted by inclusive evaluations.

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

INTRODUCTION

The word "aged" conjures up images of a senile, wrinkly face and a host of age-related health problems; however, thanks to advancements in medicine, changes in lifestyle, shifts in perspective, and improved access to services, today's seniors are more vibrant, optimistic, and enjoying life to the fullest. The end effect is that the number of people aged 65 and above is on the rise globally. "A series of time related processes; occurring in the adult individual that ultimately bring life to close," was the definition given by Vijg Jan(2007) when asked to describe aging. It is the only known instance of widespread biological malfunction and the most intricate phenotypic to date. An organism's vulnerability to all major chronic illnesses increases with age, and aging affects all levels of physiology.

There was a rise from 205 million (8.2% of the total population) in 1950 to 606 million (or 6.2% of the total population) in 2000. People aged 60 and more will likely make up 21.1% of the population by the year 2050. The majority of the world's elderly population resides in Asian nations, accounting for 53% of the total.

Pasco & Pinellas (2013) found that as we get older, our bodies undergo changes that bring about maturity, both in terms of our physical appearance and our mental state. Despite the

fact that these alterations do not cause any problems, they do influence the way the body operates. **According to WHO (2014)** Although the United Nations has not officially settled on a definition, the term "older population" is often defined as those aged 60 and above. Ayranci, U., and Ozdag, N. (2004) classified the aging process into several categories based on biochemical changes, which they defined as alterations in the body's structure and function. **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 Samuelsson 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

Adaptation to old age depends on several socio-economic, cultural, and psychological elements, according to a review of previous research on the quality of life and difficulties of the elderly in India. In today's rapidly evolving social views and, more especially, family dynamics, the health and quality of life of the elderly have garnered surprisingly little focus. In order to reintegrate them into mainstream society, Indian culture must strengthen a number of age-friendly beliefs and practices that have been passed down through generations. To learn how to integrate family-based care in a way that works best within the cultural and social context of our Indian culture. Our nation's aging population faces a wide range of issues that differ from one culture to another. The unique challenges faced by our nation's elderly have, however, come into stark relief as a result of the breakdown of the joint family structure and the effects of economic upheaval. The traditional notion of youth's responsibility and commitment to elders is dwindling. The loss of traditional values and the lack of a sufficient social security system make it difficult for the elder age to adapt within families.

They may be kept occupied and productive via community intervention center programs like day care and vocational activities. Involvement in community social work and advice to the young at society may limit many of the psychological difficulties of old age. In order to reintegrate them into mainstream society, even community convention centers might be crucial. Eventually, they've outgrown their wisdom and experience.

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