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Critical review considerations on quality of life and social support of elderly people

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Abstract

Studies on quality of life and social support demonstrate vital role in the life of elderly. Support can be defined as the help which one can use in difficult situations. As such support reduces the risk of many psychological problems in an individual's life. So social support can lead to quality of life and play prominent role in the dimensions of quality of life. The present review evaluates the existing literature on the quality of life and social support in the light of modern era conceptions of human development. This review study used secondary sources of data from journals, books, documents and newspapers. The databases used were Medline, Pub med

and the Google Scholar. In total, 43 articles were identified and only 20 are selected for the final review processes. Marital and family factors as well as the parent child relationship and relation with friends, neighbours also play a vital role for being a healthy person. This review also tries to explain the validity of a concept like quality of life and social support in the modern digital era and in the light of modern relationships and their effect on the mind of the elderly involved. This study concludes that coming studies must concentrate on elderly with their QoL and Social support.

Keywords: Quality of Life, Social Support, Elderly People

Introduction

Studies about elderly started in early 1960's. The gratitude of longevity as one of the major future social problems by the World Assembly on Aging in Vienna, 1982 and the International Plan of Action on Aging by the UN General Assembly delivered a great inspiration for aging research in India. Further, the Assembly selected October 1st as the International Day for the Elderly in 1990 and the International Year of Older Persons in 1999 with the theme 'towards a society for all ages' and an objective to raise the awareness of the fast changing demographic trends of the elderly, promote action policies and inspire research and information exchange. Over the years, interest in the area of aging has increased involving multidisciplinary efforts and novel strategies to deal with the increasing problems of the elderly within the changing society. Today, the elderly population is the main focus of the various social planners and service providers. Under the impact of industrialization and modernization, there is a simultaneous monitoring of the growing population with the study of aging in terms of socio-economic impact, family relations, health, living conditions, quality of life, social support and productivity. This study is based on a web search regarding the review of literature on quality of life and social support for elderly in society. Review of Literature of this study divided into several sub-sections:

- Elderly in world
- Elderly in India
- Elderly in Kerala
- Quality of life
- Social support

Elderly in world

The world is aging rather rapidly. However, there are a few countries, such as Japan and Italy that stand out from among the rest, due to the immense proportions of their citizens over 65 years of age. According to the World Health Organization, nearly two billion people across the world are expected to be over 60 years old by 2050, a figure that's more than triple what it was in 2000. Because of such increases in their aging populations, some of the world's largest economies have started facing subsequent increases in their health-care costs, higher pension costs, and a decreasing proportion of their respective citizenries active in the workforce. A major contributing factor to this trend has been diminishing fertility rates in these countries in recent decades, further compounded by longer life spans.

In order to adapt to their increasingly aging populations, many countries have raised the retirement age, reduced pension benefits, and have started spending more on elderly care. With lesser numbers of individuals entering the population and people living much longer lives, people above the age of 65 now make up an increasing share of the world's total population. We take a look at those countries which are particularly well-known for their rapidly rising older people.

Countries with the largest aging populations

Japan is home to the oldest citizenry in the world, with 26.3% of its population being 65 years of age or older. In the year 2014, the percentage was about 25.8%, which shows that the number is steadily rising each year. It is predicted that nearly a third of the Japanese people (32.2%) will be senior citizens by 2030. At the present moment, more than one in four people in the country are over the age of 65, whereas the country's population aged between 15 and 64 fell by 4% between 2000 and 2010. Next on this list is Italy, with 22.4% of its population being 65 years of age or older. The country's elderly population is known to have remained at around 20% in the period between 2005 and 2010, but has steadily been on the rise in the few years since. Most interestingly and in line with these figures, the younger population of people aged between 0 and 14 has not exhibited growth since 1999 and remained at a mere 14% until recently. Largely due to its aging populace, Italy is known to have the highest relative public spending on pensions of any country in the EU. Pensions take over 16% of Italy's GDP, as compared to 11% for the rest of the European Union (Haider, 2017) ^[2].

Greece is next on this list, as 21.4% of its population is over 65 years of age. The country is known to have the world's weakest pension system, which has been crippled by low ages of retirement, intense sovereign debt, and a high ratio of pensioners to workers. Pension payments are a major burden on the economy, considering that nearly a quarter of Greece's 11 million people are retired, and the country's economic situation in recent years has been erratic at best (Haider, 2017) ^[2].

Other countries with rising numbers of older citizens

There are quite a few other countries that have high percentages of their citizens aged 65 years and over as well. Some of these are Germany, Portugal, Finland, Bulgaria, Sweden, and Malta. Their statistics indicate that 21.2%, 20.8%, 20.5%, 20.0%, 19.9%, 19.4%, and 19.2% of their respective populations are 65 years of age or older (Haider, 2017) ^[2].

Elderly in India

The proportion of persons aged 60 and above in India rose from 5.5% in 1951 to about 8.3% in 2013, translating into roughly 93 million people. According to Union Health Ministry, as reported in *Times of India* dated 22-4-2011, the greying population will increase to 12% of the total population by 2025 and 10% of which would be bedridden, requiring utmost care. It is estimated that the 60-plus population will increase to 100 million in 2013 and to 198 million by 2030.

But India, like many developing nations including China lag behind in universal health care provisions due to deficiencies in the institutional, infrastructural and insurance arrangements of health care services. And here comes the need of conducting a study on the accessibility and utilization

of these systems for elderly. Among the states, Kerala (11.8), Himachal Pradesh (10.1) and Tamil Nadu (10) have the highest percentage of elderly in the country, followed by Maharashtra (9.2), Punjab (8.9) and Odisha (8.7). Jharkhand (5.7), Assam (5.5) and Delhi (5.7) record the lowest percentage of geriatrics. The percentage of women in the age group of 60 years and above is higher in 17 out of the 20 large states. It is as high as nearly 12.6 percent in Kerala, Maharashtra (10), Himachal Pradesh and Tamil Nadu (10.3). Assam is one of the three states to have more elderly men than women, the other two being Bihar and Jammu & Kashmir (*Times of India*, 2012). Individuals above the age of 60 are categorized as elderly. It is the age of diminishing physical, psychological, emotional well – being.

According to Das, elderly who are depended on others for day to day activities is about 65 %. He also said that elderly are economically dependent to spouses is 6–7% in men and less than 20% in women, children is 85% in men and more than 70% in women, grandchildren is 2% in men and 3 % in women and others is 6 % in both men and women which includes non-relations. "India has around 100 million elderly at present and the number is expected to increase to 323 million, constituting 20 percent of the total population by 2050" (United Nations population fund and help age international in *Economics Times*, 2012). United Nations (*Economic Times*, 2012) said that India's population shall increase by 60 percent between 2000 and 2050 but the number of elders, who have attained 60 years of age, will increase by 360 percent. It is said that almost 50% had a monthly per capita expenditure level between Rs. 420 to Rs. 775 among the rural elderly persons and almost half of aged had monthly per capita expenditure between Rs. 665 and 1500 in 2002 among urban elderly persons. As per his report nearly 40% of persons aged 60 years and above were working. Based on his report in rural areas 66% of elderly men and above 23% of aged women were still participating in economic activity and in urban areas only 39% of elderly men and about 7% of elderly women were economically active (Das, 2011) ^[7].

Elderly in Kerala

Elderly living alone in cities and rural areas in the state is increasing. Kerala state planning board report (*The Times of India*, 2011) says that caregivers are given responsibility to look after the elderly in most families in the state. This is because children work outside the state or the country. As per the report there is no difference in urban and rural elderly in Kerala for leading a lonely life. Based on the report about 6% of elderly live alone in the state and the percentage increases with the increase in age. The *Times of India* reported that, many families in Kerala often leave behind the elderly as their children work abroad and loneliness is the major issue of elderly even if they are living with the family. Elderly living alone face problems like coping with retirement, loss of income, immobility, lack of independence etc. Many people find it difficult to adjust and emotional imbalance happens which lead to suicide (Mathew, 2011) ^[5].

Elderly living in old age homes is common in Kerala. Kerala aging survey (*The Times of India*, 2011) said that there are 204 old age homes in Kerala. Census (Radhakrishnan, 2011) ^[3] says that people above 60 constitute 13% of the state's population of 3.34 crore compared to the national figure of 8.2%. While India's population grew by 17.6 per cent during the past decade, Kerala's growth rate was merely 4.6 per cent.

He says that for the first time, a district, Pathanamthitta, registered a negative population growth. He also said that with virtually one in every four Kerala families having a member working abroad, the number of non-resident Keratitis has risen to 33.5 lakh in 2008 (Radhakrishnan, 2011) [3].

Quality of life

According to Kumar, economic factor is an important aspect of quality of life and the elderly population stop their active economic life and depend on savings and pensions and people who don't have savings and pensions depend on other people for the financial support. He says that the elderly who is independent financially is more content to life compared to people who do not have sources of income. The elderly who are not financially independent are not treated in proper way in the family. The health of the older person will determine the ability to perform the task which leads to participation in society. According to him elderly is related to health problems and decrease in functional capacity. Thus it is a challenge for the government and society to maintain and promote the quality of life of elderly. As per him an increase in life expectancy will focus on health and preventive measures which will increase the quality of life. Social interaction is important in elderly for better quality of life. The elderly people's major issue related to quality of life and wellbeing is loneliness. The elderly have loneliness due to disruption in the social networks. Retirement, disability, death or illness of friends and spouse will lead to loneliness in elderly which will affect the quality of life (Kumar, 2014) [6].

According to Figueira said that for elderly the quality of life is measured by rating the physical health, emotional and social health and factors of wellbeing. He also said that an individual's quality of life is based on the value system which is described by World Health Organization. According to him international interest in improving and measuring the quality of life of elderly is due to increase in the older people, high expectations for good life and demands on health and social care services. As per him quality of life is measured based on the priorities of elderly. He said that researches were conducted to find the building blocks of quality of life of elderly. They were expectation in life, health, social participation and social support, neighbourhood social capital, self-efficacy and a sense of control over the life (Figueira, 2009) [9].

Devi said that in elderly population, care includes physical, social, economic and emotional support for long term. Health status is an important factor of quality of life of elderly. "Quality of life (QOL) is an individual's perception of his/her position in life in the context of the culture and value systems in which he/she lives, and in relation to his/her goals expectations, standards and concerns. It is a broad-ranging concept, incorporating in a comparing way the person's physical health, psychological state, level of independence, social relationships, and their relationship to salient features of their environment" (Devi S, 2013) [8].

(Lawton, 2012) said that Quality of life is the multidimensional evaluation, by both intrapersonal and social-normative criteria, of the person-environment system of an individual in time past, current and anticipated. According to them quality of life have four evaluative sectors they are psychological wellbeing, perceived quality of life, behavioural competence and objective environment. As per

their study quality of life of elderly can be assessed subjectively and objectively. Based on the study the quality of life has four dimensions they are life satisfaction and self-esteem, general health, functional status and socioeconomic status.

(Ghosh, 2009) [1] Conducted a study to assess and compare the opinions of elderly of different socio economic status pertaining to aging and dying. They took both below poverty line ration card holders and above poverty line ration card holders. The study primarily administered the socio economic status of the respondents and identified the above poverty line ration card holders of only middle socio economic status. The data analysis of the study revealed that elderly with different socio economic status has different views on aging and dying.

A study conducted by Udhayakumar in 2012 point out that where half of the respondents are of age group 60-65 years in which dependency increases. Most of the elderly get retirement and remain jobless and are dependent on other family members for financial support. This study also states that half of the respondents are not working and dependent on others for financial support. The common problem in elderly is physical helplessness which leads to dependency on others and as per the study female respondents are more dependent compared to male respondents. In the study education is considered as the important factor compared to the status of the elderly at home and increase in the level of education will decrease the perception of ageing as a problem. They said that elderly who is illiterate need informal and formal care and elders who are educated are independent. The study shows that most of the elderly are illiterate. In the society the elderly who have savings in the bank and assets will receive care and support from the caregivers. There is a contrary in the study that is there is no association between the income and quality of informal care (Udhayakumar, 2012) [4].

Social support

Prof. Renold said that old people depend on families to meet their demands of everyday life, help with a chronic illness or during a crisis. In his document, it is estimated that the total support received by the elderly is from the informal sources that is 70% majority from spouses and children. He also said that social support from family can be of four basic types: instrumental support (tangible forms of help such as housework, transportation, shopping and personal care), emotional support (confiding, comforting, reassuring, listening to problems, being there), informational support (advice in seeking medical treatment, referrals to agencies, sharing family news) and financial or housing support (Renold, 2015) [14].

According to Clark "social support is an important factor in physical health and well-being of an old person. He said that absence of social support may show some disadvantages like decrease in physical health and mental health. As per him social support helps to overcome the life stress and it shows the ability to cope with stress. According to him it prevents negative systems like depression and anxiety and improve person's well-being and it is a psychological factor which helps to forget the negative aspects of life and think more positively about the environment" (Clark, 2005).

He showed that high level of social support will benefit the overall health in long run and the providers of social support

can be anyone from the society especially the family members who brings positive environment and reinforcement. He also said that there are six criteria of social support are support from a lover/spouse, support from a group of people/friends, assurance of worth from others, reliable support, guidance and support from a higher figure, opportunity of nurturance. As per him the social support available in the environment for an individual can be determined by the six criteria and the higher average score means better social support system thus increasing the chance of developing any positive outcome in their health (Clark, 2005).

In Fiksenbaum findings, he found out the essential aspect of aging is coping successfully. They said this helps how to deal with losses, disappointments and decline and the aging begins an increase in stressful life due to loss of spouse, retirement, reduced income, illness etc. The authors said that these stressors create frustration to maintain a normal life and increase the dependency and will not be able to engage in desired activities which lead to dissatisfaction and stressors are common in the elderly such as worries for health, wellbeing, not having enough money to fulfil the basic or personal needs, lonely feeling and problems with grandchildren. They also said that elderly have psychological and physical difficulties, functional disability which affects the daily routine activities and it determines to what extend the people can engage in independent living. According to them functional ability decreases as aging increases and when physical ability decreases there is a chance of accidents and social relationships are necessary for adjusting the difficulties with aging. As per the authors the poor physical and mental health is directly or indirectly linked with lower social support and social support is a useful, practical and informational resource which contributes in a positive way to the coping forms (Fiksenbaum, 2006) ^[15].

Social support is a process in which social relations promote health and well-being and social support has two categories. They are objective social support and subjective perception. Objective social support is what actually people received and subjective perception is which captures the individual's belief about the available support. As per them social support impacts health and social support has determinants which include four factors. They are socio demographic characteristics like age, gender, education and income; social network characteristics like family size, family caregiver, number of close friends; social integration characteristics like marital status, living arrangements, working status, religious activities, visits with children etc; elderly health characteristics like perceived health status, chronic diseases and stress (Kuhirunyaratn, 2007). In Raube's study, he said that social support allows the individual to feel cared for and loved which provides a feeling of self-worth and makes people to be the part of a network of communication and mutual obligation. According to her, there are several distinct types of support. First, support can mean conveying that one is cared for, loved, or esteemed. Second, it can mean acknowledging the appropriateness of a person's beliefs or feelings. Third, support can encourage the open expression of beliefs and feelings. Fourth, it can mean offering advice or information. Fifth, it could mean providing aid or assisting with tasks. Sixth, support can mean that the person feels he or she is part of a system of mutual obligation and seventh dimension of support is social companionship, which can distract people from worrying too much about their problems

(Raube, 1992).

As per her social support refers to functional content of relationships while social network is structure of those relationships and the social network approach analyses the structure of the social network by its size, density, content, reciprocity, durability, intensity, frequency, dispersion, and homogeneity. She said that the functional content of friendships focuses on tangible support, affection, positive interaction, emotional support and informational support. Tangible support measures the behaviour which helps the person directly, affection is being cared for or loved, positive interaction is shared obligation, social connectedness and belonging, emotional support is love, trust and empathy, and informational support gives knowledge to the people to solve the problem.

According to commonwealth fund commission on elderly people living alone reported that 18% of elderly live alone and have no one to depend on for few days and 28% of elderly who have no one to depend on for few weeks. They also reported that elderly who are living alone and poor have less contact with friends and neighbours and they mostly depend on community services. According to the study of stress and social isolation it was reported that the elderly are socially isolated in stressful times rather than depending on social networks. They have said relationship between health and social support is biological response. There are two types of preventive intervention they are in the first an effective support group is when people experience a stressful life and it can be solved by social ties and safe environment and in the second people are taught to optimize their network's supportive functions. There are various interventions to make stronger the support systems of elderly. Based on the intervention, the recommendations are recognize the heterogeneity of the elderly population, strengthen the family ability to provide support, strengthen the friend's ability to provide support and needs to coordinate the informal and formal support (Raube, 1992).

Chalise, Kai and Saito pointed out that, social support has demonstrated a relationship between health and wellbeing in the old age. It reported that the people who receive high level of social support enjoy health and wellbeing, improved physical health, less depression, improved life satisfaction and less loneliness. They said that social support is determined under three categories they are perceived support, received support and support resources. Perception of support is a subjective assessment of availability and adequacy of support. It is said that the perception affects the wellbeing. Support behaviours explain the actual emotional and instrumental support received. The support resources are the social support networks. The common sources of social support are spouse, children, siblings and friends. They said that the convey model of social support says that each individual is surrounded by a set of people with whom they receive emotional and instrumental support. The authors said that the prevalence of each support varies according to parental, socio economic status, gender, age etc. And women have more perceived support than men. According to the hierarchical compensation model friends and neighbours are the sources of support followed by spouse and children. They said that the important sources of elderly people are family, friends and neighbours. These social networks reduce stress and depression and increase the morale and wellbeing (Chalise, 2010)

The support from friends contributes to the older person's

wellbeing and friends can provide instrumental and emotional support to elderly. Other than friend's family also has an important role for providing support to elderly. Family gives an active and powerful support which an elderly should receive. He also said that social support has two domains they are structural and functional. Structural social support is the frequency of contact with family, associations, religious activities etc and functional social support is happiness with verbal or physical appraisal, guidance, social companionship etc. As per him social support is multidimensional as it has many forms. The support in old age is related to care and assistance. Types of support is been recognized by the government and policy makers as the elderly is increasing in the society. Decrease in the support can lead to decrease in life expectancy and psychosocial problems. As per his study, social support has a significant relationship with physical and mental health and overall health is affected due to lack of social support. It was found that less social support will increase the risk of institutionalization. In his study it was found that decrease in social support increased the psychiatric symptoms of elderly and quality of support was important than quantity of support. There are six social provisions of social relationships they are attachment, social integration, opportunity of nurturance, reassurance of worth, reliable alliance and guidance which are related to mental wellbeing. He said that there is an inverse relationship between social support and loneliness in elderly population as they don't have the opportunity to engage in social interactions. Elderly lose their social networks and chance to develop new contact through retirement, death of friends and neighbour etc.

In his study it was found that male elderly enjoy better status compared to female elderly but they do not receive support. The younger generation don't take care of the elderly in urban areas. Most elderly can afford old age homes and government support then also the elderly depends on the family in which the elderly gets a failure in receiving the proper support from the family. Women elderly are more depended on family compared to male elderly (Oni, 2010) ^[13].

By concluding the review of literature none of the study conducted about the topic on Quality of life and Social support system of elderly in India and Kerala. There may be studies but it did not publish yet. I think it is a better time to give importance to the topic and help those elderly people in their difficulties and provide them better options to eradicate the old age physical and mental difficulties and offer better quality of life and social support system to protect them and make productive.

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