QUALITY OF LIFE AMONG ELDERLY AT LAWNGTLAI COMMUNITY

Submitted for the partial fulfilment of Bachelor of Social Work, 2023

Submitted by

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CONTENT

CERTIFICATE

This is to certify that the research in "**Quality of life among elderly"** submitted by Marina Mangthameni for the partial fulfilment of the Bachelor of Social Work is carried out under my guidance and incorporates the student's bonafide research and this has not been submitted for any award for any degree in this or any other university or institution of learning.

Date: 27th November, 2023

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DECLARATION

I hereby declare that the research work presented in the project entitled “quality of life among elderly” has been carried out by me, submitted for the partial fulfillment of the requirement for the award of Bachelor of Social Work. The dissertation is an authentic piece of work carried out under supervision of Vanlalhmangaihi, HATIM

(MARINA MANGTHAMENI)

ACKNOWLEDGEMENT

Firstly I would like to thank the almighty God for giving me time to conduct research project on the title " quality of life among elderly at Lawngtlai community".

My acknowledgement continues by mentioning the names of my parents Mr T.Zatawngliana and Mrs Tuanchii Zathang for their financial support and most preciously through prayers.

I owe a heartfelt gratitude to my supervisor Vanlalhmangaihi, Department of Social Work, Higher and Technical Institute, Mizoram who had lectured me and imparted knowledge in this research project. She is a person to motivate me to complete this research project. She developed confidence in me and showed patience towards me which helped me to feel happy and joy during the course of my study.

I am so indebted to the elderly of Lawngtlai community for rendering a cheerful corporation while collecting data. I really appreciate their availability and helping attitude and efforts given by them during the process of field work and data collection. I also extend my gratitude to the Local leaders for facilitating each of our work throughout the Fieldwork.

CHAPTER-I

INTRODUCTION

Elderly is an age which is a great need of care and love. Often this phase of life is compared with advancing age, the older person required care as a child. This is due to the fact that in the old age, person suffers from several physiological and health problems which are quite expected. The dependency for day to day activities and other emotional needs are more engaged with the family members. The family is the primary and the major support system for the elderly. Similarly the community at large has certain requirements towards the elderly. Apart from family and community, the government has an essential role to play in the well-being of elderly who belongs to low income group. After being a second most populous nation of elderly in the world i.e., the responsibilities of the government also have increased tremendously.

World Health Organization classified elderly adults between the ages of 65 and 74 years as youngest-old, those between ages 75 and 84 years as middle-old, and those aged over 85 years as oldest-old.

The World Health Organization (WHO) defines Quality of life as " An individual's perception of his/her position in life in the context of the culture and value systems in which he/she lives. It is a broad ranging concept, incorporating in a complex way the person's physical health, psychological state and level of independence, social relationships, and their relationship to salient features of their environment". Quality of life and social support is widely accepted as an indicator of successful ageing, and it is monitored as a means of measuring the effectiveness of social policies, welfare programmes, and health care programme. Old age has its distinctive problems but these have become serious due to the unparalleled speed of socia-economic transformation leading to a number of changes in different aspects of living conditions. The needs and problems of the elderly differ significantly according to their age, socio-economic status, health status, living arrangement and other background characteristics (Siva Raju, 2002).

India, like many other countries in the world, is presently witnessing rapid ageing of its population. According to World Population Prospects, (United Nation Revision,2006), the population of aged in India is currently the second largest in the world. Even though the proportion of India's elderly is small compared with that of developed countries., the absolute number of elderly population is on the high. There has been tremendous increase in the number of elderly population since independence in India from 20.19 million in 1951 (5.5 per cent of total population) to 43.17 million in 1981 and 55 million in 1991. According to 2001 census around 77 million populations is above 60 years which constitutes 7.5 per cent of the total population of the country. This number is expected to increase to 177.4 million in 2025. (The growth rate of the population (1991-2001) of elderly has been higher (2.89) than overall growth rate (2.02) of the total population. According to World Population Data Sheet -2002, 4 per cent of the Indian – population is in the age group of 65+ which accounts for 41.9 million. This phenomenon of growing population of senior citizens has been the result of recent successes in the achievement of better health standards and a longer span of life for our

citizens. Due to this dependency ratio for the old had raised from 10.5 per cent in 1961 to 11.8 percent in 1991; it is projected to be 16.1 per cent by 2021 (shettar, August 2013).

1.1 National scenario (INDIA): Majority of them were literate (95.18%). Eye sight weakness is the most prominent problem among the elderly. An overwhelming majority (61.45%) of elderly had an average quality of life, where as 24.10% and 14.45% elderly had a poor and good quality of life respectively.

1.2 Global Scenario: Quality of life among the elderly can vary significantly depending on various factors, including healthcare access, social support, economic conditions, and more. Global statistics related to the quality of life among the elderly are continually changing, and my knowledge is up to September 2021. Therefore, I can provide you with some general trends and statistics available up to that point, but keep in mind that the situation may have evolved since then. It's also essential to check the most recent data from authoritative sources like the World Health Organization (WHO), the United Nations (UN), and national statistics agencies for the most up-to-date information.

1.3 Statement of the problem

In the Mizo culture, elderly suffer from arrange of problem they tend to become weak and incapable to participate in the community, family and for themselves. The elderly are considered as a blessing, but because they are the weaker section of the society, they also require special attention and care. The elderly experience challenges in obtaining health care services, which can negatively affect their overall health.The inability of the elderly to work and make money presents problems for them in terms of their socioeconomic status. The goal of the study is to determine the health status of the elderly.

The elderly's place in the family and community has diminished as a result of their perceived weakness, which affects their everyday experiences and lowers their quality of life.

The study will focus on socio economic condition, health condition and quality of life among elderly in lawngtlai community. To find the solution of these will help us to understand elderly standard of living. The goal of this study is to identity the living condition in terms of socio economic condition, health condition and quality of life i.e. community and family relation among elderly in Lawngtlai community.

1.4 Objectives of the study

- To study socio economic condition
- To identify the health condition of elderly
- To understand the quality of life

CHAPTER-II

REVIEW OF LITERATURE

According to Choudry (1992), the economic dependency on offspring is a significant factor that determines the quality of life for elderly people in the context of shifting intergenerational relationships. On a global scale, the concern over the aging population has resulted in the development of numerous social welfare policies for the older population in relation to their fears, particularly the economic insecurity. However, in the majority of developed western nations, Medicare, a network of homes, day-care centres, and nursing homes, coupled with a limited amount of financial support in the form of pensions, are all used to provide social support for the elderly.

Shettar August (2013) claim that social security is given significant weight by the government. The state of India has recently offered very little in the way of social security, and the only people eligible for benefits like pensions and provident funds are those who work for large private enterprises or in the public sector. However, the majority of the 90% of older workers in the informal sector receive very little in the way of benefits.

According to Hall et al, 1993; Irvine et al, 1986, the treatment lacks specialized staff and a multidisciplinary approach. The medical and social issues that older persons face are complex and cannot be handled only by one profession. In order to manage and treat the health and social issues older people present in times of crisis, a multidisciplinary approach is necessary. The baby boom is anticipated to place a number of demands on social and medical resources because they are a better-educated, healthier, and more active generation than the majority of prior generations.

The social welfare systems are well-established to care for the elderly in the majority of prosperous nations. Economically and socially, developing countries are mostly unprepared to care for this part of the population outside of the traditional family structure (Apt, 1997; Aziza, 2002; Hall et al., 1993).

According to Help Age International (HAI), governments and society at large have a social and moral duty to improve or preserve the quality of life for older people. The degree to which nations have prepared economically and socially will determine their ability to full fill these obligations.

David Fellce et al. claim that a model of quality of life is proposed that incorporates objective and subjective indicators, a wide range of life domains, and personal values. Concerns that externally determined rules shouldn't be applied without consideration of individual variances are taken into account. Additionally, it enables unbiased comparisons to be conducted between other groups' circumstances and the norm. There is broad agreement that there are many different aspects to quality of life. The five categories of wellbeing—physical wellbeing, material wellbeing, social wellbeing, emotional wellbeing, and development and activity—can be used to categorize coverage. A study agenda and the specific issues brought on by challenges in comprehension and communication are highlighted.

As stated by F. Baker et al. The authors have highlighted five reasons for emphasizing quality of life (QOL) as a desired outcome for programs for the chronically ill based on their experience evaluating the community support system (CSS) program in New York State.

These explanations are given, and issues with QOL evaluation study are covered. The distinction between psychological and social QOL indicators is made, and two approaches to operationalizing perceived QOL—the life domains technique and the psychological well-being method—are looked at. The findings of an exploratory study on the QOL of 118 chronic mental patients receiving CSS treatments are provided together with a conceptual model.

According to Tatjana T. Makovski, quality of life reduces as the number of diseases increased. More compared to mental health, physical health appears to be affected. To more clearly understand the effect multimorbidity has on QoL, longitudinal research and clinical trials employing validated multimorbidity instruments that take the severity and duration of the condition into account may be helpful. Considering disease trends may yield useful data for patient group policy planning that is targeted and patient-centred. Age and gender matter, therefore more consideration should be given.

As stated by Paul E. Jenkins in February 2011, the literature on EDQoL has been reviewed in this essay. One clear result is that having an ED significantly affects quality of life, especially in terms of psychological health. This seems to be the case even in the absence of full-syndrome illnesses (i.e., subclinical or sub threshold cases), with the level of reported impairment appearing to rise with the level of ED symptomatology treatment for this group of socially and economically disadvantaged individuals.

In order to address the problems brought on by an aging population, policies and services favour keeping elders in the community and letting them age in place as opposed to sending them to specialized institutions, according to Dominique Verté (2017). A person can stay in their current home as they get older if they desire to age in place. However, due to its multiple disadvantages, this policy option may endanger the quality of life for seniors. A review of the literature on the quality of life of older people who are aging in place was done in order to determine whether the true assessment of quality of life may be used within aging in place.

The quality of life (QoL) of elderly persons with dementia is influenced by a broad range of characteristics, according to Rosalind Willis et al. (2016). These factors include demographic, physical, psychological, social, and religious elements. Additionally, the factors affecting the quality of life (QoL) of elderly people with dementia vary depending on where they live (care facilities and communities) and who they live with (elderly individuals with dementia, family members, and care personnel). For older persons in care facilities, environmental variables and the standard of care are crucial, whereas religious beliefs seem to only have an impact on people living in communities. This review, however, falls short of fully identifying the distinctive or widespread characteristics that are related to QoL in dementia across its three stages. Comparing factors linked with QoL in dementia throughout the three stages of dementia should receive more focus in future research.

Stefeno Pelocchi and Antonio Pastore 2022, in order to slow the evolution of this illness, it will be important to increase our understanding of its physiopathology. Additionally, it will be crucial to advance techniques for identifying people with presbycusis and declining QoL in order to enhance the provision of hearing aids, assistive listening

devices, and auditory rehabilitation services. The quality of life of older persons may be improved by identifying those who have hearing loss, providing the proper hearing aids or other listening equipment, and teaching coping mechanisms.

As of 2018, David Blane reports It is common to use both objective and subjective variables to characterize quality of life. Most senior persons give a positive assessment of their quality of life based on social connections, reliance, health, material conditions, and societal comparisons. Resilience and adaptation may contribute to a high quality of life. While there are no cultural differences in the subjective measure of quality of life, there are in the quantitative measure. Depression and dementia are two important aspects of old age quality of life to take into account.

Based on Revista Brasileira 2023, scientific research demonstrates that networks of friends have a greater positive impact on elderly people's quality of life and wellbeing than networks of family. Elderly people's quality of life and wellbeing have been shown to benefit by having multiple types of interactions, such as friendships and familial relationships that coexist. Finally, the studies evaluated show that emotional intimacy has a favourable effect on quality of life and wellbeing.

As stated by Robert T. Woods 2013, the current review's evidence is drawn from both cohort studies and intervention trials. According to the earlier study's findings, people who are at a high risk of malnutrition are more likely to have a low quality of life. In line with this, nutritional status-improving therapies have the potential to significantly enhance both the physical and mental components of life quality.

Jong-Eun et.al October 2018 states that in the Mental Component Summary of the individuals, the Health Related Quality of Life domains showed that social support was a significant role. The implementation of efficient social support techniques should receive more attention in future interventions aimed at enhancing Health Related Quality of Life in older people who live alone.

CHAPTER – 3

METHODOLOGY

In this chapter the description of methodology is presented . This chapter deals with the methodological aspects such as objectives, research design, sampling, method of data collection and data processing and analysis.

1. **Universe of the study:** the universe of the study is lawngtlai community. The unit of the study is the quality of live among elderly

2. **Research design**: The study is exploratory in nature. The data mainly consist of primary data collected using quantitative method.

3. **Sampling** : Proportionate stratified random sampling procedure is employed for the selection of sample. The sample size of the research is 60 in number

4. **Data collection**: data was collected from quantitative source. Primary data was collected using quantitative method. quantitative data is collected using pre-tested structured interview schedule

5. **Data processing and analysis:** The quantitative data collected from the respondent is processed using MS Excel and SPSS. Data is interpreted and presented in the form of simple percentage

CHAPTER-4

RESULT AND DISCUSSION

1. **Profile of the respondent**: to study the profile of the respondent the variables taken for study are age, gender, education, marital status, monthly income economic category (see table no 1)

1.1 **Age:** The age of the respondent in the present study is categorized into the age group 60-70, 71-85 and 86 above. The age group 60-70(68.3%) and is followed by age group 71-85 (23.3%) and elderly who beyond 86 years of age are 6.7%. majority of the respondent are youngest old.

1.2 **Gender:** Gender in the present study are divided into two, male and female. The distribution is almost equal but male 53.3% female (46.7%). As the head of family are usually contacted male comprises higher because Mizo society is a patriarchal society and the information taken are also believed to be reliable.

1.3 Education: The educational qualification of the respondent observed is classified as primary, middle, high school, Higher secondary school, graduate and above. Primary (26.7%) comprise the highest and is followed by graduate (21.7%) ,higher secondary (20%), middle(16.7%) and high school (15%). The educational qualification is average as most of the respondent is the head of the family.

1.4 Marital status: The respondents of marital status are classified into married, unmarried, divorced and widowed. Majority of the respondent are married (93.3%) followed by widowed (3%) and divorced (1.7%) there is none who found unmarried among the respondent.

1.5 Monthly income: The monthly income in the present study is classified into the amount between Rs10000-20000, Rs20001-30000, Rs30001-40000 and Rs40001 above. The monthly income between Rs30001-40000(35.0%) constitutes the highest income followed by Rs10000-20000(23.3%), Rs40001 above (16.7%) and Rs20001-30000(15%).

1.6 Economic category: The economic categories of the respondent are classified as Non-NFSA, PHH and AAY. Majority of the respondent are engaged with Non-NFSA (71.7%) followed by PHH (26.7%) and there is none respondent engaged found in AAY.

Table 1

Profile of the respondents		Frequency	Percentage
Age	60-70	41	68.3
	71-85	14	23.3
	86above	5	8.3
Gender of the respondent	male	32	53.3
	female	28	46.7
Educational status	primary	16	26.7
	middle	10	16.7
	high school	9	15
	higher secondary	12	20
	graduate	13	21.7
Marital status	married	56	93.3
	divorced	1	1.7
	widowed	3	5
Monthly income	10000-20000	14	23.3
	20001-30000	15	25
	30001-40000	21	35
	40001 above	10	16.7
Economic category	non-NFSA	43	71.7
	PHH	17	28.3

2. **Economic status:** the economic status of the respondent are taken by developing four questions to understand the quality of life among elderly

2.1 **Do you have own income**: Do you have own income: the answer for this questions is developed in two types, yes and no ,majority of the respondent say yes (65%) and others are engaged with the statement no(31.7%) which showed that almost all elderly are financially stable.

2.2 If no, how do you need your personal needs: this question is developed for those whose statement opted on no, the questions are categorised into by pension of spouse, by savings, by relatives. The percentage of by pension of spouse and by the help of relatives got the same 13.3% followed with by savings (15%)

2.3 Who supports you: this question is to developed for the understanding of the backup given to the elderly by the family and are classified as spouse, daughter, son, other relatives. The majority of the respondent goes to spouse(26.7%) followed by other relatives(11.7%) and son(5%) and the support given to elderly by daughter become none.

2.4 What kind of support that you received: to understand the economic status of elderly, the supports being received are classified into money, food expense, health care expense and others. The common support received are others(20%)followed by money(10%), healthcare expense(6.7%) and food(5%).

Table 2

ECONOMIC STATUS			
Do you have own income		frequency	percent
	Yes	35	58.3
	no	25	41.7
If no, how do you meet yourpersonal needs	0	35	58.3
	By pension of spouse	8	13.3
	By savings	6	10
	By the help of relatives	11	18.3
Who support you	0	35	58.3
	spouse	15	25
	son	3	5
	other relatives	7	11.7
What kind of supports that you receive	0	35	58.3
	money	6	10
	food expense	3	5
	health care expense	4	6.7
	others	12	20

3. **Role of Family:** family relation are categorise into 3 sub- groups they are, family relation, community relation and health status.

a)Family relation

1. Spending time: the time spent of the respondent are classified as reading, watching TV, worship, household work, others. Majority of the respondent spent their time with others 58.3% followed by household work (18.3%), reading (10%), watching TV (10%) and worship (3.3%).

2) With whom do you spend most of your time in the family : the respondents spending time with the family members are classified as spouse, daughter, son, grandchildren, son in law, daughter in law, all family members, none. Majority of the respondents spent their time with all the family members 40%, followed by grandchildren (26.7%), spouse (23.3%), daughter (5%) and son (5%).

3) Contribution in the expenses of family: the respondents who contribute in the expenses of family are 83.3% and 16.7% does not have a contribution. The option given is yes and no.

4) Does the family consult you in important decision : there are 85% of respondents who get consulted in important family decision while 15%of respondents are not consulted. The options given are yes and no.

5) If no, reason for not consulting in family important decision: the given option in this statement is no respect, not interest and not given importance**.** Amongst the respondent 15% of not consulted in important decision, 10% of the respondents are engaged with not given importance and 5% with no interest. The options given are no respect, no interest and not given importance.

6) Do you get involve in solving family disputes : there are 88.3% who get involved in solving family disputes among the respondent while 11.7% are not getting involved. The options given are yes and no.

7) If no, reason for not getting involved: The options given for this statement are not given importance, no respect, no interest. Among 11.7% of not getting involved in solving family disputes, 8.3% of the respondent is not interest in it while 3.3% are not given importance.

8) Do you have friends to talk to about your problem in life: the respondents who have friends to talk about their problem in life are 98.3% while 1.7% does not have. The options given are yes and no.

9) Do you spend time with your friends/neighbor : there are 96.7% respondent who say yes on this statement while there are 3.3% respondent who say no. The options given are yes and no.

10) Have you suffered any kind of chronic diseases : the options given are diabetes, stroke, heart attack, cancer, Alzheimer and others. There are 70% of respondent who suffered with other diseases followed by diabetes (21.7%), stroke (6.7).
11) Where do you take treatment : In terms of health, the place of the treatment taken are divided into government hospital and private hospital. There are 65% of the respondents who take treatment to the government hospital followed by 35% from private hospital.

12) How often do you consult doctor: the options are divided into always, sometimes and never? There are 61.7% of the respondent who sometimes consult doctor and 38.3% who always consult Doctor

13) Who accompanies you to the doctor: The options are divided into spouse, son/daughter, grandchildren, relatives, neighbors. Around 48.3% of the respondent are accompanied to the doctor by their daughter/son and spouse (31.7), relatives (8.3%), grandchildren (11.7%)

14) Do you face any difficulties in obtaining treatment: there are 51.7% of the respondents who did not face difficulties in obtaining treatment and 48.3% of the respondent who face disfficulties in obtaining treatment. The options given are yes and no.

15) If yes, then what types of difficulties: amongst 48.3% of the respondent who face difficulties and 31.7% of the respondent deal with other problem, 15% of them face financial problem and another 1.7% face difficulties in term of access.

Table-3

a) FAMILY RELATION	QUALITY OF LIFE

		frequency	Percentage
How do you spent the time	reading	6	10
	watching TV	6	10
	worship	2	3
	household work	11	18.3
	others	35	58.3
With whom do you spent with the most ofyour time in family	spouse	14	23.3
	daughter	3	5
	grandchildren	16	26.7
	son in law	3	5
	all family members	24	40
Do you have contribution in the expenses of family	yes	50	83.3
	no	10	16.7
Does your family consult you in important decision	yes	51	85
	no	9	15
If no, then the reason for not consulting in important decision	0	51	85
	not given importance	6	10
	not interest	3	5
Do you get involved in solving family disputes	yes	53	88.3
	no	7	11.7
If no, then the reason for not getting involed in solving family disputes	0	53	88.3
	not given importance	2	3.3
	not interest	5	8.3
b) COMMUNITY RELATION	**QUALITY OF LIFE**		
Do you friends to talk to about your problem in life	yes	59	98.3
	no	1	1.7
Do you spend time with your friends\ neighbors	yes	58	96.7
	no	2	3.3
c) HEALTH STATUS	**QUALITY OF LIFE**		
Have you suffered any kind of chronic diseases	Others	42	70
	Diabetes	13	21.7
	Stroke	5	6.7
What treatment did you take	government hospital	39	65
	private hospital	21	35
How often do you to the doctor	always	23	38.3
	sometimes	37	61.7
Who accompanies you to the doctor	spouse	19	31.7
	son/daughter	29	48.3
	grandchildren	5	8.3
	relatives	7	11.7

Do you face any difficulties in obtaining training	yes	29	48.3
	no	31	51.7
If yes, then what types of difficulties	finance	9	15
	access	1	1.7
	others	19	31.7

4. **Financial circumstances:** Financial circumstances of the respondent are taken by four numerous questions.

4.1 **I have enough money to pay for household bills**: The option given for the statement is agree, strongly agree, disagree and strongly disagree. There are 56.7% of the respondent agreed this statement followed by disagree (27%), strongly agree (16.7%) and strongly disagree (1.7%).

4.2 **I have enough money to pay for household repairs or help needed in the house**: The option given for the statement is agree, strongly agree, disagree and strongly disagree. There are 50% of the respondent to agree this statement followed by disagree (28.3%), strongly agree (20%) and strongly disagree (1.7%).

4.3 **I can afford to buy what I want to:** The option given for the statement is agree, strongly agree, disagree and strongly disagree. There are 61.7% of the respondent to agree this statement followed by disagree (20%), strongly agree (13.3%) and strongly disagree (5%).

4.4 I cannot afford to do things I would enjoy: The option given for the statement is agree, strongly agree, disagree and strongly disagree. There are 45% of the respondent to agree this statement followed by disagree (41.7%) and strongly agree (13.3%)

Table- 4

	Financial circumstance		strongly agree	agree	disagree	strongly disagree
1	I have enough money to pay for household bills	frequency	10	34	15	1
		Percentage	16.7	56.7	25	1.7
2	I have enough money t pay for household repairs or help needed in the house	Frequency	12	30	17	1
		Percentage	20	50	28.3	1.7
3	I can afford to buy what I want	Frequency	8	37	12	3
		Percentage	33.3	61.7	20	5
4	I cannot afford to do things I would enjoy	Frequency	8	27	25	0
		Percentage	13.3	45	41.7	0

5. **Social relationship:** the respondent social relationship are taken by using likert scale

5.1 **My family, friends or neighbour would help me if I needed:** The option given for the statement is agree, strongly agree, disagree and strongly disagree. There are of 58.3% respondent who engages with strongly agreed and another 41.7% respondent agreed the statement.

5.2 **I would like more companionship or contact with other people:** The option given for the statement is agree, strongly agree, disagree and strongly disagree. Amongst all the respondent 61.7% agreed the statement followed by strongly agree (38.3).

5.3 I have someone who gives me love and affection: The option given for the statement is agree, strongly agree, disagree and strongly disagree. The respondent who opted for agree are 53.3% followed by strongly agree (41.7%) and disagree (5%).

5.4 **I'd like more people to enjoy life with :** The option given for the statement is agree, strongly agree, disagree and strongly disagree**.** The respondent who opted for agree are 61.7% followed by strongly agree (26.7%) and disagree (10%) and strongly disagree (1.7).

Table-5

	Social relationship		agree	Strongly agree	disagree	strongly disagree
1	My family,friends or neighbors would help me if I needed	frequency	25	35	0	0
		Percentage	41.7	58.3	0	0
2	I would like more companionship or contact with other people	Frequency	37	23	0	0
		Percentage	61.7	38.3	0	0
3	I have someone who gives me love and affection	Frequency	32	25	3	0
		Percentage	53.3	41.7	5	0
4	I`d like more people to enjoy life with	Frequency	37	16	6	1
		percentage	61.7	26.7	10	1.7

6. **Daily experience in life :** the following questions ask about how much the respondent experienced certain things in last two weeks.

6.1 **How much do you enjoy life**: The option given for this statement are good, very good, poor and very poor. Majority of the respondent enjoy their life 78.3% followed by poor (13.3), very good (6.7) and very poor (1.7).

6.2 To what extend do you feel your life your life to be meaningful: : The option given for this statement are good, very good, poor and very poor. The respondent who opted good for this statement are over 70% followed by poor (23.3%), very good (5%) and very poor (1.7%).

6.3 **How well are you able to concentrated**: : The option given for this statement are good, very good, poor and very poor. There are 48.3% who opted for good followed by poor (35%), very poor (15%) and very good (1.7).

6.4 **How safe do you feel in your daily life**: The option given for this statement are good, very good, poor and very poor. The respondent who opted for good for this statement are over 73.3% followed by poor (15%) and very good (11.7%).

6.5 **How healthy is your physical environment**: The option given for this statement are good, very good, poor and very poor. Majority of the respondent 66.7% claimed themselves living in physically healthy environment followed by poor (23.3%), very good (6.7) and very poor (3.3).

6.6 **Do you have enough energy for everyday life:** : The option given for this statement are good, very good, poor and very poor. The respondent who opted for good for this statement are over 51.7% followed by poor (36.7%), very poor (10%) and very good (1.7%).

6.7 Are you able to accept your bodily appearance : The option given for this statement are good, very good, poor and very poor . Over 65% of the respondent accept their bodily appearance followed by poor (30%), very poor (3.3%) and very good (1.7).

6.8 **Do you have enough money to meet your needs**: The option given for this statement is good, very good, poor and very poor? Majority of the respondent 70% opted good on this statement followed by poor (20%) and very poor (10%).

6.9 **Availability of information in day to day life**: The option given for this statement are good, very good, poor and very poor. There are 56.7% of respondent who get a good availability of information in day to day life followed by poor (28.3%), very poor (8.3%) and very good 6.7%

Table- 6

	life experienced in last 2 weeks		**very poor**	**poor**	**good**	**very good**
1	How much do you enjoy life	frequency	1	8	47	4
		percentage	1.7	13.3	78.3	6.7
2	To what extend do you feel your life to be meaningful	Frequency	1	14	42	3
		Percentage	1.7	23.3	70	5
3	How well are you able to concentrate	Frequency	9	21	29	1
		Percentage	15	35	48.3	1.7
4	How safe do you feel in your daily life	Frequency	0	9	44	7
		Percentage	0	15	73.3	11.7
5	How healthy is your physical environment	Frequency	2	14	40	4
		Percentage	3.3	23.3	66.7	6.7
6	To what extend do you feel physical pain to prevents you from doing what you want to do	Frequency	6	22	31	1
		Percentage	10	36.7	51.7	1.7
7	Are you able to accept your bodily appearance	Frequency	2	18	39	1
		Percentage	3.3	30	65	1.7
8	Do you have enough money to meet your needs	Frequency	6	12	42	0
		Percentage	10	20	70	0
9	Availability of information into day to day life	Frequency	5	17	34	4
		Percentage	8.3	28.3	56.7	6.7

CHAPTER -V

CONCLUSION

5.1 **MAJOR FINDINGS**: While taking the profile of the respondent the researcher has found that majority of the respondent are male and more than half of them are married lie in the age between 60-70 years their mainly monthly income are lies between . Majority of the respondent has achieved primary and majority of their economic category lies in non-NFSA

While studying the economic status of the elderly, researcher has found that majority of the respondent have their own income while less than one third of the respondent received support from their spouse through money

The researcher has focus on quality of life in three types, family relation, community relation and health status. In family relations category majority of the respondent spent their time opted others option and second third of the respondent spent their time with all the family members. Half of the respondent contributed in family expense and even included in family important decision and solving family disputes. The reason for not consulting in family important decision and not involved in solving family disputes are not given importance and not interest. In community relation, almost all of the respondent have friends to about family problem and spending time with the family and neighbors. In the last category, health status one third of the respondent have suffered health problem in the last one year and almost half of the respondent has taken treatment from government hospital. Majority of the respondent has sometimes consult doctor regarding their health problem with their son/daughter accompanies to them. Majority of the respondent does not face any difficulties in obtaining treatment while one third of the respondent face other difficulties in obtaining treatment.

While studying financial circumstance among elderly, researcher has found that more than half of the respondent agreed that having enough money to pay for household bills and

household repairs second third of the respondent afford to buy what they want while almost half of the respondent could not buy te kind that would make them feel happy.

The researcher has focus on the daily living experience of elderly and found that more than half of the respondent enjoy their life but majority of the respondent does not feel their life be meaningful. Less than half of the respondent could be able to concentrate well but two third of the respondent feel safe in their daily life. Majority of the respondent stated that they are living in a healthy environment and have enough energy for everyday life . more than half of the respondent accepted their bodily appearance and have enough money to meet their needs. Two third of the respondent have received information of day to day life.

5.2 CONCLUSION: The purpose of the study was to comprehend the varied effects that the community of Lawngtlai's high standard of living had on the lives of the elderly. The purpose of this study is to investigate how elderly people experience aging. Researchers have attempted to identify the numerous aspects that have an impact on the lives of elderly people through the analysis and interpretation of data.

The term "elderly" or "old age" refers to ages that are close to or have passed the typical human lifespan. Because the term "elderly" does not have a universally agreed-upon definition across all cultures, it cannot be precisely defined. Because of certain changes in their activities or social roles, people can be considered old. Additionally, compared to other adults, older persons have less capacity for regeneration and are more susceptible to diseases, syndromes, and illnesses. Policymakers in wealthy and emerging nations alike are becoming increasingly concerned about the phenomena of population ageing. But the issue that results from it will affect underdeveloped, developing, and developed nations differently. This might put increasing pressure on a variety of socioeconomic fronts for a rising nation like India, including pension costs, health care costs, the level of savings required for fiscal responsibility, etc. Once more, this population group deals with a variety of medical and psychological issues. It is becoming increasingly important to focus on issues related to aging and to advance comprehensive policies and programs for addressing the aging society (Central Statistics Office, June 2011).

CHAPTER-VI

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6.1 APPENDIX

QUALITY OF LIVE AMONG ELDERLY AT LAWNGTLAI TOWN

I. PROFILE OF THE RESPONDENTS

1	Age	1. 60-70 2. 75-85 3. 85 above
2	Gender	1. Male 2. Female
3	Education (which class have you studied)	1. Primary 2. Middle 3. High school 4. Higher sec school 5. Graduate and above
4	Marital status	1. Married 2. Unmarried 3. Divorced 4. Widowed
5	Monthly income	1. 10000-20000 2. 20001-30000 3. 30001-40000 4.
6	Economic category	1. Non- NFSA 2. BPL 3. AAY

II. ECONOMIC STATUS

1	Do you have own income	1. Yes 2. No
2	If no, How do you meet your personal needs	1. By pension of spouse 2. By savings 3. By the help of relatives
3	Who supports you	1. Spouse 2. Daughter 3. Son 4. Other relatives
4	What kinds of support that you receive	1. Money 2. Food expense 3. Health care expense 4. 0thers

III. ROLE OF THE FAMILY

	A)FAMILY RELATION	**QUALITY OF LIFE**
1	How do you spend the time	1. Reading 2. Watching TV 3. Worship 4. household work 5. others
2	With whom do you spend with most of your time in family?	1. Spouse 2. Daughter 3. Son 4. Grandchildren 5. Son in law 6. Daughter in law 7. All family members 8. none
3	Do you have contribution in the expenses of family ?	1. Yes 2. No
4	Does your family consult you in important decision?	1. Yes 2. no
5	If no, then reason for not consulting in important decision	1. Not given importance 2. No respect 3. Not interest
6	Do you get involved in solving family disputes	1. Yes 2. No

	If no, then reason for not getting involved in solving family disputes	1. Not given importance 2. No respect 3. Not interest
	B) COMMUNITY RELATION	**QUALITY OF LIFE**
1	Do you friends to talk to about your problem in life	1. Yes **2.** No
2	Do you spend time with your friends/neighbors	1. Yes 2. No
	C) HEALTH STATUS	
1	Have you suffered any kind of chronic diseases	1. Diabetes 2. Stroke 3. Hearth attack 4. Cancer 5. Alzheimer 6. Others
2	What treatment did you take	1. Government hospital 2. Private hospital
3	How often do you consult doctor	1. Always 2. Sometimes 3. Never
4	Who accompanies you to the doctor	1. Spouse 2. Son/daughter 3. Grandchildren 4. Relatives 5. Neighbors 6. 5Nobody
5	Do you face any difficulties in obtaining treatment	1. Yes 2. No
6	If yes, then what types of difficulties	1. Financial 2. Access 3. Others

IV. FINANCIAL CIRCUMSTANCES

	FINANCIAL CIRCUMSTANCES	Strongly agree	agree	Disagree	Strongly disagree
1	I have enough money to pay for household bills				
2	I have enough money to pay for household repairs or help needed in the house				
3	I can afford to buy what I want to				
4	I cannot afford to do things I would enjoy				

V. SOCIAL RELATIONSHIP

	SOCIAL RELATIONSHIP	Strongly agree	Agree	Disagree	Strongly disagree
1	My family, friends or neighbors would help me if I needed				
2	I would like more companionship or contact with other people				
3	I have someone who gives me love and affection				
4	I'd like more people to enjoy life with				

VI. The following questions ask about how much you have experienced certain things in last two weeks

		Very poor	**Poor**	**Good**	**Very good**
1	To what extend do you feel that (physical) pain prevents you from doing what you want to do?				
2	How much do you need any medical treatment to function in your daily life				
3	How much do you enjoy life				
4	To what extend do you feel your life to be meaningful				
5	How well are you able to concentrate				
6	How safe do you feel in your daily life				
7	How healthy is your physical environment				
8	Do you have enough energy for everyday life				
9	Are you able to accept your bodily appearance				
10	Do you have enough money to meet your needs				
11	Availability of information into day to day life				