Abstract

The quality of life is directly impact the every stages of human life. The study analyse the quality of life of elderly at Kollam district. With the objective of identify the quality of life of elderly peoples in Kollam district. The study engaged 50 samples and simple random sampling was used for the study. The descriptive design was adopted for the study. The standard questionnaire WHOQOL-BREEF was used for the data collection. The respondent’s physical health, psychological health, social relationship and environmental health are related to the quality of life. The respondent's physical health, psychological health, social relationship and environmental health are explored with the help of questionnaire. As per the study most of the respondents are having moderate quality of life.

I. INTRODUCTION

An expansion in the populace matured 60 or more is a normal for the 21st century, everywhere throughout the world, counting India. We can state that aging is an ordinary procedure that happens to all the living creatures. It is a normal physiological, biological and universal phenomenon. Aging is characterized as population aged 60 years and above. It is a phase of life, unmistakable from the rest, by physiological, psycho sensible and social changes and is described by a general lessening in useful limits and additionally auxiliary changes in the body. Elderly individuals are exceedingly inclined to mental morbidities because of maturing of the cerebrum, issues related to physical
wellbeing, cerebral pathology financial elements, for example, breakdown of the family emotionally supportive networks, and decrease in economic independence.

As per the WHO report, there are more than 600 million elderly people worldwide; it is evaluated this rate will be doubled by 2025 and 2 billion by 2050. According to Population Census 2011 there were 104 million elderly persons (aged 60 years or above) in India; 53 million females and 51 million males. We can say that old age is the final stage of human life. It is not a disease; it is a stage of life. We can observe that these people are usually retired from works and spend time in other ways. The main characteristics of old age are, it is a period of decline, poor adjustment, health problems, changes in the body cells due to the aging process and depression. We can say that there are individual differences in the effects of aging. It is because they have different environmental support, different socio economic and educational background and they follow different patterns of living.

The elderly peoples are one of the most vulnerable groups. We can state, Old people have compelled regenerative limits and they are more powerless to different infirmity, issue and affliction than more energetic adults. They face lots of problems. The main causes of elderly vulnerability are health related problems. The health includes both physical and mental health of the elderly. The process of aging will make changes in the body and it leads to physical and mental illness.

The old age homes provide shelter, food, clothing and health services to the elderly people. We can say that it is a home for the elderly people who have no one to take care of. The developing of the masses close by changes in the family structure and moves in intergenerational relations has passed on into focus issues identifying with the elderly in India. The large number of old age homes in India focuses on the necessities of elderly, which were not perceived before. The old age homes have jumped up to take into account the requirements of the elderly from various financial foundations. The interests of the elderly to spend their old age in consecrated spots, the migration of kids looking for work openings, their maladjustment in family and poverty of the elderly are the significant purposes behind the Indian elderly to move to old age homes. Be that as it may, since living in old age homes is generally new in India, the modification procedure of the maturity home occupants, their sentiments of fulfilment and disappointment and desires from relatives give an intriguing field of enquiry. The quality of life varies according to personal preferences. The quality of life of a person is directly related to his/her life satisfaction, physical and mental health, education, employment satisfaction, family relationship, wealth and environment. The quality of life is a multidimensional concept. It generally consolidates subjective evaluations of both positive and negative parts of life. We can say the quality of life and happiness are interconnected. If a person has good quality of life, then normally he/she will be leading a happy life.

WHO defines Quality of Life as, “Individuals 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? It is a broad ranging concept affected in a
complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment”. The quality of life is a multidimensional concept, but there are four main domains of quality of life. They are physical health, social relationship, psychological health and environment health.

Domain of physical health depends on various facets of which few are activities of daily living. Dependence on medical substance and medical aids, energy and fatigue, mobility, pain and discomfort, sleep, rest and work capacity. The physical health depends on whether the individuals can carry out their daily activities without any problems and obstructions Regardless of whether the individual is fit to play out the everyday exercises without the assistance of an onlooker.

We can say the psychological domain means the mental health of a person. One’s mental health and wellbeing generally affects their quality of life. Individual's inclination, confidence, individual conviction, considering, learning and memory are a portion of the variables that decide the mental soundness of people The environmental domain plays a very important role in determining the quality of life. If the environment in which an individual live is not healthy or good then the quality of life becomes poor. Financial resources, freedom, physical safety and security are the indicators of environmental health. On the off chance that an individual have low money related assets then the individual can't lead an existence of good quality.

To make aging a positive affair, it must be joined by reliable open entryways for good prosperity, speculation, and security. The WHO talks of “active aging” in 2002, which is characterized as “the process of optimizing opportunities for health, participation and security in order to enhance the quality of life in older age”. The term "Active" alludes not exclusively to proceeding with physical action or work, additionally the support of the elderly in different regions – social, economic, cultural, spiritual and civic. The key ambition of aging is to keep up autonomy and freedom, advancing concrete and brainy health, social inclusion, and personal satisfaction of all aging individuals, including the disabled and those in need of care.

We can say that it is very important to maintain the quality of life of elderly peoples. We can adopt many ways to achieve the quality of life of elderly. That includes proper treatment for depression, make them feel that they are useful and needed, stay physically and mentally active and stay connected with family, friends and community. Ageing is a time of assorted illnesses and accepted disability. Old age is a phase of physical and social loss, loss of children, spouse, friends, job, acreage and concrete appearance. The age-old become added vulnerable in the absence of family support, and appropriately they charge an able social security system.

With the increase in life expectancy and decrease in the fertility ratio, citizens are ageing faster than before and its after-effect on the amusing and economic spheres has never been noted. The age-old are continuing at the cross anchorage of the accelerated modernization, urbanization, globalization and changes in the ability and tradition. The
youngsters do not have enough time to spend with their old parents and grandparents, because of the influence of westernization. Kerala, getting the accompaniment with accomplished amount of literates, the quality of activity of the humans of Kerala is analogously college than that of any other states in India. Inspire of this fact, the amount of old age homes in Kerala is increasing day by day. This it cocky shows the charge to accomplish accoutrement not only for the ageing citizenry of today, but as well as for those of the future. Plans to support the elderly are generally inadequate. The endure years of their lives are abounding of hardships and loneliness. It is all-important to complete behaviour and programmes not abandoned arise managing an accession citizenry but as well as growing an age-old citizenry in the advancing years. Remedial measures are needed for authoritative the aged persons, absolute assets, rather than being considered liabilities. Thus, ageing is inevitable and of concern to each of us and, that is why geriatrics is always becoming a curious subject for study for the students and researchers in any part of the world.

Many studies on old age were conducted on their problems, adjustments, level of satisfaction etc., but a special focus on their quality of life is still an unexplored area. Hence the present study, “A study on the quality of life of elderly people in Kollam District” is definitely a new work and will throw light on the various dimensions involved in the quality of life of the elderly thus bringing into focus the condition as well as the need for protection of the deserted elderly. In this age of fast growing materialism, it is important to know that the quality of life and happiness of every person depends on the love, acceptance and peace that he/she gets from the people surrounding them.

II. REVIEW OF LITERATURE & BEHAVIOUR OF STUDY

2.1 Background information

As per the WHO report “there are more than 600 million elderly people worldwide; it is evaluated this rate will be double by 2025 and 2 billion by 2050”. According to Population Census 2011 “there are nearly 104 million elderly Persons (aged 60 years or above) in India; 53 million females and 51 million Males”. One of the abounding challenges affecting India is its parabolic ally growing elderly citizenry, growing abundant faster than the all-embracing citizenry itself. As two-thirds of the aged citizenry reside in the rural areas, and added to that the half of the citizenry is on the margin of poverty, poor health and unhygienic conditions, the affliction and wellbeing of the aged will be a backbreaking task. Indian society was accepting traditional informal support system such as joint family, kin and community. In the past, relations were able and so the cachet and active distance of the age-old were different The age-old today feel neglected, helpless and unwanted, and old age homes are accretion everywhere (Patel, 2000). Which indicates that the study related to the quality of life of elderly is very relevant and useful. Many studies have been so far conducted in relation with quality of life of elderly in different part of our country and all over the word. 21st century is famous for its nuclear families. India as a nation had the glorious history of
joint families was every one of the family including the parents, their children and grandchildren lived under the same roof. But modernization has erased this system and replaced it with nuclear families that alienated the elderly and their related problems. The quality of life of individuals can be analysed using the domain of physical and mental health, social relationship and environmental health we can say the Elderly individuals have probability of suffering from different wellbeing issue. It happens because of reduced physical and mental capacities.

Old people used to be an integral part of all Indian families. They were considered as the treasure houses of wisdom. But in the modern era, they have become the unwanted lot. A major problem that divides the young from the old is generation gap. The old may not be able to cope up with the new modes and outlooks of activity and the adolescent finds the advices of the aged old fashioned. This creates a gap between the young and old that later develop into adjustment problems resulting in the young to send the elderly into old age homes. All these acquire bottomless ampules on the minds of the old due to their abbreviating abrasion admiral and this leads to their abandoning from the boilerplate of life. The Poor physical health, social relationship, psychological health and environment health will be result the poor quality of life in the elderly people. With the abbreviating of the superior of life, their bloom action as well as weakens faster blames them into the cave of abrogating emotions. These negative emotions become as harmful as they start feeding on the left wellbeing of the old people thus making them age faster. A brief view of the studies so far conducted is given below.

2.2 Review based objectives
Review based objectives the analysis of abstract for the abstraction is discussed under the following heading

- Aging
- Characteristics of old age
- Problems of the old age
- Quality of life of elderly
- Summary

2.3 Aging
Aging is an unconstrained procedure that starts with origination and finishes with death. It is a normal biological process. The aging is a psychological process (Dhaar and Robbani, 2006). Aging is steady and gradual processes that happen in life cycle of life. (Gowri and Sukumaran). Aging makes lots of changes in human body and mind and it makes lots of changes in life style. The “individuals live past 60 years is known as elderly” (Devi and Murugesan, 2006). Old age is a closing span. It is a period where people move from previous activities or life style. Aging is not a choice but a part of life that brings an end to all the wellbeing of mind and body. This stage needs the help of others to tackle the problems that victimize the aging person. In the absence of such help and care old age becomes only a self-deteriorating stage of life.

On the basis of the article “Aging and quality of life” by Rocío Fernández-Ballesteros and Marta Santacreu Ivars, aging is a process of become older. Which cover lots of
changes and problems like concrete changes, old age accompanying bloom problems, banking problems, and abridgement of ancestors abutment etc. it’s as well says that the superior of activity is a key abstraction and the capital ambit are environmental, social, medical and psychological.

According to Devadas and Jaya [1996], old age is a date of bounce activity of negativism, and inadequacy. They also pointed that;

1. It is an aeon of decline.
2. There are alone differences in the furnishings of aging.
3. Old age is advised by different criteria.
4. It is a period of accident of accepted attractiveness, productivity, mental activity and abatement in social contacts.
5. It is characterized by loneliness, ill health, activity useless, banking crises and adjustmental problems.

WHO defines those age-old 60-74 years as 'elderly' and those older as 'aged'. In 1980, the United Nations recommended 60 years as the age of altercation for the aged articulation of the population. Bagchi (2002), categorized the chief citizens as follows:-

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young – Old</td>
<td>between 60-75 years</td>
</tr>
<tr>
<td>Old – Old</td>
<td>between 76-85 years</td>
</tr>
<tr>
<td>Very – Old</td>
<td>86 years and above</td>
</tr>
</tbody>
</table>

2.4 Characteristics of old age

According to Hurlock (1998), old age is an aeon of decline. This period is characterized and advised by altered criteria. There are individual differences in the furnishings of aging. There are many stereotypes and social attitudes towards old age. The aged humans accept a boyhood - accumulation status and crumbling requires role change. Poor acclimation is the characteristics of old age and the account for activation is great in old age. Aging is an action of climbing upward in kinship status for women as able-bodied as men. The characteristics of old age are:

1. Loss of accepted attractiveness.
2. Loss of abundance in the amount of work and money.
4. Loneliness.
5. Ill health.
7. Decline in brainy functioning.
8. Decline in social contacts.
10. Demanding attention and unwillingness to do one's allotment of work.
11. Cautious, bourgeois and religious.

Although individuals age at altered rates, assertive broad generalizations about the aging action are accordant to the law. Aging is inevitably accompanied by psychical decline. Muscles atrophy, basic become brittle, eyes weakens, and audition becomes less acute. Many older individuals have chronic health conditions such as arthritis. As a
consequence of psychical decline, many elderly individuals are not able to care
themselves and because of dementia or added brainy disabilities. In acknowledgment to
these declines in accurate and able ability, a lot of automated nations acquire adopted
amusing account programs for the aged individuals and accept accomplish
acknowledged institutions and laws to accost the acknowledged problems associated
with the concrete and brainy after-effects of crumbling (www.law.jrank.org).

We can acquisition abridgement of cocky aplomb in old age, decidedly if the old bodies
can't crop adversity of themselves monetarily. Their children are in the height of their
lives and again the children's affairs do not include them. Old age include lack of
concentration, forgetfulness, inability to speak, to hear, to see etc. So the old alone gets
acclimated to sitting in an armchair as pensiveness, vegetating, adage nothing. This
brings along with it the feeling of being useless and non-productive. At such a stage old
people start considering themselves a burden to their whole family. This brings
depression, helplessness and a feeling of worthlessness. At this point of time life
becomes a tragedy to them, this makes the body and mind become weak and age faster.

2.5 Problems of the old age

Human development and aging are important in the Indian context. It is said that the
most accepted cause of fear of old age is associated with possibility of poverty. The
situalional appraisal of the age-old and their socioeconomic and health disparities to
accompany out an important admitting somewhat neglected actuality that the age-old are
mostly amalgamate accumulation (Dilip, 2001 ). Old age, in general, is associated with
multi-dimensional problems. The problems which are associated with old age and the
affliction of aged are not alone the problems with social, cultural and bread-and-butter
ramifications; rather they cover health and medical problems as well as that affect the
activity of the association as able-bodied (Saraswathi, 1998).

<table>
<thead>
<tr>
<th>TYPE OF SUPPORT PROVIDED BY FAMILY</th>
<th>CASES OF FAMILY DISINTEGRATION</th>
<th>DISINTEGRATION OF FAMILY LEADS TO TO VARIOUS STRESSES AND STRAINS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social</td>
<td>Urbanisation</td>
<td>Decline in Status</td>
</tr>
<tr>
<td>Psychological</td>
<td>Industrialization</td>
<td>Changing Authoritarian Position</td>
</tr>
<tr>
<td>Economic</td>
<td>Migration</td>
<td>Antagonistic attitude by younger generation</td>
</tr>
<tr>
<td>Physical</td>
<td>Social mobility</td>
<td>Psychological depression and loneliness</td>
</tr>
<tr>
<td>Emotional</td>
<td>Modern values</td>
<td>Health Problems</td>
</tr>
</tbody>
</table>

Figure 1- Family and aged model
The above model is known as family and aged model. It is shown that family provides different types of support to aged individuals, at the same time different change in the family structure leads to various problems for the aged individuals in the abreast society (Pattanaik, 1999).

The different aspects of aging is given by Kapoor and Kapoor (2004), is as follows:

- Biological and psychological problems
- Lack of family support and care
- Health care and different medical related problems
- Nutritional problems
- Psychological problems
- Occupational problems
- Financial problems
- Housing problems
- Transportation problems

2.6 Quality of life of elderly

On the basis of the study “a study on quality of life of elderly population in mettupalayam, a rural area of tamilnadu” by Sowmiya KR, Nagarani says that the quality of life normally decreased with increased age. The study shows that the marital status and wellbeing is directly related. The study says that the married individuals have high quality of life when comparing with non-marital individuals. The married individuals have high domains of physical health, environmental health, social health and psychological health. Human beings are always incomplete without a society or a family. Old people having a life partner, children and grandchildren to take care of them are found to be more happy and healthy compared to those who are isolated and unwanted. It is their basic need to get good shelter, food, clothing and medical care. These old age homes become helping hands for the deserted elderly by giving them a new family and new home. In India, abrogation the old parents at old age homes accept become a trend now as anybody is active with their own activity and is not agitated about even their earlier parents. Quality life can only be offered to these elderly by giving them all their needs and taking good care of them. Quality of life mainly depends on how happy and satisfied a person is in his/her life.

2.7 Summary of section 2

We can say that old age is the final stage of human life. It is not a disease it is a part of life. We can beam that these humans are usually retired from works and absorb time in added ways. The basic characteristics of old age are, it is a aeon of decline, poor adjustment, bloom problems, changes in the anatomy beef due to the crumbling activity and depression. We can say that there are alone differences in the furnishings of aging. It is because of they acquire adapted anatomy support, adapted socio bread-and-butter and educational accomplishments and they after adapted patterns of living. The aged people are the one of a lot of accessible group. We can say Old humans accept bound adorning abilities and they are affected by altered disease, syndromes and affection than adolescent adults. They are victims to lots of problems. The capital causes of aged
vulnerability are bloom accompanying problems. The bloom includes both concrete and brainy bloom of the elderly. The action crumbling will accomplish changes in the physique and it will leads to concrete and brainy illness.

WHO defines Quality of Life is “Individuals 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. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment”. The quality of life is a multidimensional concept, but there is four main domain of quality of life. They are physical health, social relationship, psychological health and environment health.

Kerala, accepting the accent with able aggregate of literates, the above of activity of the bodies of Kerala is analogously academy than that of any added states in India. Inspire of this fact, the number of old age homes in Kerala is accession day by day. This it arrogant shows the allegation to achieve accoutrement not abandoned for the ageing citizenry of today, but as able-bodied as for those of the future. Plans to abutment the age-old are about inadequate. The abide years of their lives are abounding of hardships and loneliness. It is all-important to complete behaviour and programmes not abandoned arise managing an accession citizenry but as well as growing an age-old citizenry in the advancing years.

The concept of quality of life has direct linkage with the elderly citizens as well. There are assertive actual changes that are assured with ageing and this change varies from alone to individual. The attitude of an alone appears life, determines his/her needs and desires, and delineates his I her acclimation to the ambiance that encompasses physical resources and accessories accessible to the alone (Mukherjee, 2003). By tracing the history of nations, it can be noted that in the past criminals were kept in alienation away from the mainstream society even without a companion. This shows that bareness is the best abuse that we can action to anyone. Alienation not only makes the person lonely, but also destroys his /her mental as well as physical health. Showering love and care upon the elderly and accepting them is the best way to rejuvenate the deteriorating mind and body of the elderly. Their quality of life is the responsibility of the people surrounding them. Only when the old population is happy, the young can dream of a happy and contented future to come.

III. OBJECTIVES OF THE STUDY

General objective
➢ To identify the quality of life of elderly peoples in Kollam district

Specific objectives
➢ To identify the physical health of elderly people
➢ To identify the psychological wellbeing of elderly people
➢ To identify the social support of the elderly people
➢ To identify the environmental status of elderly peoples
IV. DEFINITION OF KEY TERMS

i.) OLD AGE

➢ Theoretical definition: The last period of human life, now often considered to be the years after 65.
➢ Operational definition: In this present study age of fifty five and above conceded as old age

ii.) QUALITY OF LIFE

➢ Theoretical definition: The WHO defines the quality of life is a broad ranging concept, incorporating in a comparing way the persons physical health, psychological state, level of independence, social, relationships, and their relationship to salient features of their environment.
➢ Operational definition: The physical health, psychological health, environmental and social relationships status of old age peoples.

V. RESEARCH METHODOLOGY

i.) Descriptive Study: Descriptive research is a study designed to depict the participants in an accurate way. More simply put, descriptive research is all about describing people who take part in the study. In this study the quality of life of individuals are been studied. The quality of life is assessed on the basic of four dimensions, physical, social, psychological and environmental.

ii.) Universe : Kollam district

iii.) Population: The population is as elderly peoples above the age of 60 years.

iv.) Sampling : The Simple random sampling is use for data collection. Each sample is selected through lottery method.

v.) Sampling Size : The sample size used for the research is 50.

vi.) Inclusion And Exclusion: In this study people above the age of 55 years in Oachira is included and peoples below the age of 55 are excluded.

vii.) Tool For Data Collection: The data collection will be conducted through standardised questionnaire and interview. The standard questionnaire WHOQOL-BREF is used for data collection. (WHOQOL-BREF Instrument, the world health organisation quality of life instrument, 1991).

viii.) Data Analysis: The data is analysed through SPSS.

ix.) Ethical Consideration: The Confidentiality should be maintained in the study and Data collection will do with the informed consent of the respondent before data collection.

VI. DATA ANALYSIS

1. Quality Of Life : The below diagram and table shows that 54 % of the respondents have moderate quality of life and reaming 46 % of the respondents have high quality of life. The elderly peoples have lot of difficulties to maintaining their quality of life. That is why their quality of life always stands in the moderate level.
Table 1: Quality of life

<table>
<thead>
<tr>
<th>Quality of Life</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>23</td>
<td>46.0</td>
</tr>
<tr>
<td>Moderate</td>
<td>27</td>
<td>54.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
</tr>
</tbody>
</table>

2. Physical Healths (Domain 1)

Table 2: Physical Health

<table>
<thead>
<tr>
<th>Physical Health</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH PHYSICAL HEALTH</td>
<td>11</td>
<td>22.0</td>
</tr>
<tr>
<td>MODERATE PHYSICAL HEALTH</td>
<td>39</td>
<td>78.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The above diagram and table shows the physical health status of the respondents. The majority respondents are live in a moderate physical health that is 78% and remaining 22% of the respondents have high quality of physical health. The physical health includes activities of daily living, dependence on medical substance and medical aids, energy and fatigue, mobility, pain and discomfort, sleep and work capacity. The figure
and table shows that majority of respondents facing one or more physical problems. Physical health problems are negatively affecting the quality of life of elderly.

3. Psychological Healths (Domain 2)

![Psychology Level Chart]

Table 3: Psychology Level

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW PSYCHOLOGICAL HEALTH</td>
<td>2</td>
<td>4.0</td>
</tr>
<tr>
<td>MODERATE PSYCHOLOGICAL HEALTH</td>
<td>48</td>
<td>96.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The above diagram and table shows the psychological domain of the respondents. 96% of the respondents have moderate psychological health and remaining 4% of the respondents have low psychological health. The psychological health is included body image and appearance, negative feelings, self-esteem, memory and concentration. In this study majority respondents have moderate psychological health that means most of the respondents facing some kinds of the psychological problems.

4. Social Relationships (Domain 3)

![Social Health Chart]

Table 4: Social Health

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW SOCIAL HEALTH</td>
<td>50</td>
<td>100.0</td>
</tr>
</tbody>
</table>
The above diagram and table shows the social domain of the respondents. It shows that all the respondents have low social health. The domain social relationship includes personal relationship, social support and sexual activity. Most of the elderly peoples are facing social stigma.

5. Environmental (Domain 4)

![Graph showing environmental health]

<table>
<thead>
<tr>
<th>Env Health</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH ENVT HEALTH</td>
<td>28</td>
<td>56.0</td>
</tr>
<tr>
<td>MODERATE ENVT HEALTH</td>
<td>22</td>
<td>44.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The above diagram and table shows the environmental domain of the respondents. It shows that 56% of the respondents have high environmental health and remaining 44% of the respondents leading a moderate environmental health. The environmental domain includes financial resources, freedom, physical safety and security, health and social care, home environment, opportunity for acquiring new information, physical environment and transportation. So we can say that the respondents facing some kinds of environmental problems and normally it will affect their quality of life.

VII. FINDINGS AND DISCUSSION

1. Quality of life

- Out of 50 respondents most of the respondents have moderate quality of life and remaining 46% of the respondents have high quality of life. The elderly peoples have lot of difficulties to maintaining their quality of life. That is why their quality of life always stands in the moderate level.

- Most of the respondents currently have no symptoms of diseases that are 62% of the respondents currently have no symptoms of diseases. That means most of the respondents are physically active and they have good quality of physical health.
Out of 50 respondents the majority of the respondents have a moderate amount of physical pain that is prevent them from activities. It decreases the energy level of day to day life which leads to less quality of life.

Most of the respondents enjoying their life a little that is their quality of life are not efficient as best.

About 54% of the respondents feel that their life is very much safe so they can maintain the quality of life good.

Most of the respondents neither satisfied nor dissatisfied with the support that they get from friends so they are able to stand themselves.

Most of the respondents need very much amount of medical treatment to function their daily life that shows the low level of physical condition which directly affects their quality of life.

Most of the respondents have good physical capacity to get around; the sufficient physical capacity improves their quality of life.

Majority of the respondents feel that their life is very much meaningful so which qualify their life.

2. DOMAINS

a) psychical health of the elderly

Majority respondents are live in a moderate physical health that is 78% of the respondents. The remaining 22% of the respondents have high quality of physical health.

Most of the respondents currently have no symptoms of diseases.

Out of 50 respondents the 40% of the respondents have a moderate amount of physical pain that is prevent them from activities.

Almost 38% of the respondents need very much amount of medical treatment to function their daily life.

Almost 36% of the respondents have good physical capacity to get around.

Almost 60% of the respondents neither satisfied nor dissatisfied with their sleep, 26% of the respondents satisfied with their sleep, 12% of the respondents very satisfied with their sleep and remaining 2% dissatisfied with their sleep

42% of the respondents are neither satisfied nor dissatisfied with their capacity for work, 30% of the respondents are satisfied with their capacity for work, 20% of the respondents are very satisfied with their capacity for work and remaining 8% of the respondents are dissatisfied with their capacity for work.

b) psychological wellbeing of the elderly

96% of the respondents have moderate psychological health and remaining 4% of the respondents have low psychological health. In this study majority respondents have moderate psychological health that means most of the respondents facing some kinds of the psychological problems

Almost 32% of the respondents enjoying their life a moderate amount.

Out of 50 respondents the 38% of the respondents feel that their life is very much
meaningful.

- 50% of the respondents have a moderate amount of concentration.
- Almost 52% of the respondents mostly accept their bodily appearance.
- 44% of the respondents are neither satisfied nor dissatisfied with themselves.
- Out of 50 respondents about 30% of the respondents rarely have negative feelings and 28 of the respondents very often have negative feelings.

c) social support of elderly people

- Almost all the respondents have low social support. The domain social relationship includes personal relationship, social support and sexual activity. Most of the elderly peoples are facing social stigma.
- 50% of the respondents neither satisfied nor dissatisfied with their personal relationships.
- About 64% of the respondents neither satisfied nor dissatisfied with their sex life.
- Almost 46% of the respondents neither satisfied nor dissatisfied with the support that they get from friends.

d) environmental factors that influence quality of life of elderly peoples

- Almost 56% of the respondents have high environmental health and remaining 44% of the respondents leading a moderate environmental health.
- About 54% of the respondents feel that their life is very much safe.
- Out of 50 respondents almost 48% of the respondents feel that their physical environment is healthier a moderate amount.
- About 40% of the respondents mostly have enough money to meet their needs.
- Almost 48% of the respondents given that they moderately have the availability of information that needed for their day to day life.
- Almost 50% of the respondents are neither satisfied nor dissatisfied with the access to transport, 26% of the respondents are very satisfied with the access to transport and remaining 24% of the respondents are satisfied with the access to transport.
- 50% of the respondents are neither satisfied nor dissatisfied with the access to transport, 26% of the respondents are very satisfied with the access to transport and remaining 24% of the respondents are satisfied with the access to transport.
- About 38% of the respondents neither satisfied nor dissatisfied with the conditions of their living place, 30% of the respondents very satisfied with the conditions of their living place, 18% of the respondents satisfied with the conditions of their living place, 8% of the respondents dissatisfied with the conditions of their living place and remaining 6% of the respondents very dissatisfied with the conditions of their living place.

VIII. DISCUSSION

- In this study 88% of the respondents have primary school education, 3% of the respondents have secondary education and remaining 3% are uneducated. Normally people with high education have better quality of life. So education is a fundamental
part that is essential to improve the quality of life.

- The study shows that 56% of the respondents have high environmental health and reaming 44% of the respondents leading a moderate environmental health.
- The study shows that all the respondents have low social support.
- The study shows that 96% of the respondents have moderate psychological health and remaining 4% of the respondents have low psychological health.
- The study shows that the majority respondents are live in a moderate physical health that is 78% of the respondents. The remaining 22% of the respondents have high quality of physical health. There is no respondent find with low physical health.

**IX. CONCLUSION**

The researcher concluded that, in Kollam District 54% of the elderly have moderate quality of life and reaming 46% of the respondents have high quality of life. This is because majority of the elderly people doesn’t have proper support from family and relatives. The elderly living with family members have better quality of life than those who are living along.

**X. SUGGESTIONS**

Based on the above findings, the researcher would like to put forward the suggestions

- We have four domains to improve the quality of life of elderly peoples that are physical health, psychological health, social relationship and environment health.
- Regular physical activity like walking, gardening and dancing may improve the physical health of elderly.
- Healthy diet, Playing games, get a pet, deeper spiritual connection and connecting with peers will be helpful To improve the psychological health of the elderly
- The experience and expertise of the elderly should be utilized for the society and it will normally improve the social relationship of elderly.
- Give awareness to the family members and society about the important of maintain the quality of life of elderly peoples.
- In depth studies and solutions for the issues like socioeconomic problems, quality of life and social security needs of the elderly peoples.
- The experience and expertise of the elderly should be utilized for the society and it will normally improve the social relationship of elderly.
- Effective implementation and evaluation of government level programmes for elderly.

**XI. REFERENCES**


TO CITE THIS PAPER

Available online through- http://www.ijifr.com/searchjournal.aspx