

ABSTRACT

Ageing of population is a global phenomenon and a demographic success story due to increasing longevity. The progress has been driven by decline in fertility and mortality associated with economic and social development. Increased life expectancy has driven the international organizations to study about the growing number of older population which gave rise to the subject of Gerontology in 1930's. The concept of ageing can be studied from the point of view of quality of life. Quality of life is a multidimensional and indeterminate concept which can be studied from many perspectives and by many disciplines. As ageing itself is a multidimensional process that quality of life can be studied practically from all the important domains of life related to economic, social, environmental, and health related aspects. The degree of satisfaction or dissatisfaction which carries the positive and negative episodes of life of the elderly determines their quality of life. According to UN Department of Economic and Social Affairs 2019, it is estimated that there were 703 million persons aged 65 years or over in the world in 2019. In India there has been a steady rise in the elderly population that is persons above the age of sixty (60) years constitute 8.6 percent according to the census of 2011. Therefore, a dictum has been added by the WHO to study the quality of life which has calls for "*adding life to years.*" It is not about keeping people older for longer but it is about keeping people younger for longer. With this background this study tried to explore the quality of life of the elderly in Darjeeling Hills in terms of economic, social, health, physical environment and psychological domains.

Darjeeling Hills are located in the northern most part of the state of West Bengal in the shape of an irregular triangle in the Eastern Himalayas. It is referred as the Queen of the Hills because of its natural beauty. Darjeeling Hills comprise of Darjeeling Sadar Sub Division, Kurseong Sub Division and Kalimpong subdivision (now district, with effect from 14th February, 2017). The universe of the study includes the persons aged 60 years and above living in the rural and urban areas of Darjeeling Hills. Urban and rural areas from each block have been chosen for survey and samples from each block have been drawn for the study. In all fifteen sample areas have been selected from all the blocks. From the fifteen sample areas twenty persons have been selected through stratified

random and purposive sampling method, totaling 300 elderly respondents (150 males and 150 females). Data have been collected through intensive fieldwork, home visits, personal interview with the help of schedule and observation.

The dissertation has taken into account the vital issues ranging from economic, social, environmental, residential, physical and mental health as well as personal autonomy of the aged people to determine their quality of life.

Chapter 1 deals with the introductory part of the study and narrates the basic concepts, definitions and the changing scenario of the aged internationally. It also deals with the description of the study area, specific objectives and research questions, various indicators for evaluating the quality of life and methodologies used in the research process.

Chapter 2 deals with the review of literature which has laid the foundation for this study. The existing literature inspires new research ideas with the help of established facts. It is a potential source of previous and present work done on similar themes which help in understanding and gathering information on the research topic. Problems encountered in the research work are partially solved by the in-depth information gathered from the previous work. The review of literature in this dissertation has been done on the following parameters:

- a) Studies on Quality of Life
- b) Studies on Economic Profile
- c) Studies on Social Resources
- d) Studies on Residential Environment
- e) Studies on Health Profile
- f) Studies on Psychological and Personal autonomy

Chapter 3 on ‘Demographic and Economic Profile of the Elderly’ provides an insight into the demographic and social factors such as age, sex, religion, marital status, educational level, type of family and head of household. Widespread differences have been found in demographic and social characteristics as the elderly in the study area comprise a heterogeneous group.

The economic profile proceeds with the work, income, expenditure, savings, retirement economic support provider of the dependent and independent elderly. The living condition is influenced by the economic resources. Half of the elderly respondents are independent and the other half dependent on their family members. After the death of spouse, the widows become economically more vulnerable and dependent. Economic factors have been seen to have a direct influence on life satisfaction and happiness. As stated by the elderly respondents, income sufficiency leads to their satisfactory living standards and enhances their quality of life. It is not the income which enhances the quality of life but the satisfactory living standard which enables it.

Chapter 4 on ‘Social Resources’ explores the quality of life in relation to the social relation or social network. Family is the key institution providing care and support to the elderly. Apart from the family, friends and relatives serving as the secondary units of society are an integral part of the social network. The important resource for the elderly is their children and spouse and staying together enhances their level of satisfaction. It is observed that elderly people with more social resources have a higher quality of life. The feeling of being connected with family and peer groups boosts their physical and mental health. They seek for support and care during emotional and any unforeseen crisis. Family environment is found to be cordial and amicable which significantly adds to their satisfaction. The social network system which exalts their quality of life ranges from the intimate emotional to instrumental aspects of support, and frequency of contact with friends and relatives. Cases of abuse is comparatively less in the hills which delivers the message that younger and adult generations are strongly rooted to their values and ethics imbibed by their parents. The elderly in the study area have effectively channelized their free time to get rid of the monotonous and monochrome life.

Chapter 5 on ‘Residential Environment’ deals with the living environmental conditions of the aged, both at home and out of home. A range of empirical findings have been unfolded in this chapter to understand the objective and subjective indicators. The objective indicators cover the residential environment such as housing, neighbourhood, types of houses, types of tenancy etc. The subjective indicators include the residential

satisfaction in the light of availability of basic, necessary, and comfort amenities, access to transportation, personal safety, and levels of crime, climatic changes and environmental satisfaction. On evaluating the conditions of the physical habitat in which the elderly respondents live, it is found that with an increase in age the elderly show a dissatisfaction with residential environment. Overall a high proportion of the elderly are happy with their residential environment. It is based on the achievements and expectations of the elderly with regard to their residential environment. The objective and subjective environmental conditions differ substantially between the urban and rural areas of Darjeeling Hills. In this chapter, how technology can play a vital role in providing safety, security and comfort to the elderly has also been discussed. The various devices and design options which can assist the elderly with their movement, domestic chores and personal care and can create a difference in their living are also given due credence.

Chapter 6 considers 'Health' as an important indicator to measure the quality of life of the elderly. Active mind and body is a key factor to achieve greater quality of health. Diseases when superimposed with ageing leads to a decrease in the functional capacity where the organs cease to work. Inability to perform activities of daily living produces a feeling of inferiority and loss of self-esteem both from psychological and physiological perspectives. The morbidity profile shows that blood pressure, ophthalmic diseases, arthritis/osteoporosis, gastric disorders or indigestion are the highest occurring diseases in the study area. Arthritis, thyroid, tuberculosis is much more concentrated among the elderly women in the study area. Prostate and heart disease are prevalent among the elderly men. An immediate finding in the study area in terms of health satisfaction shows that with advancing age the satisfaction with health decreases which has been observed both for male and female elderly. Regarding health care services, the research finds an apathy towards the public health care services and infrastructure especially in the rural areas. Private sector dominates the health care system in the hills. Ailing elderly here face a real setback in the mode of transportation, especially in the interior areas which handicaps them in times of emergency. Other than these, it is found that good health helps them to remain connected with others. This enhances their mental and physical health.

Chapter 7 on ‘Psychology and Personal Autonomy’ focusses on mental health which is the key to successful ageing. This chapter is built on the psychological wellbeing variables like life satisfaction, stressors, personal control, self-esteem and independence. It is observed that life stressing events influence the elderly’s behavior which creates an impact on their health. Death of spouse, economic insecurity and poor physical health have been mentioned by majority of the elderly as their major life stressor. It is found that positive social engagement acts as a buffer to reduce their stress. Lack of positive support brings in depression among the elderly, observed more among the elderly women. It is perceived that personal control has a positive effect on the frail elderly. They can exercise as per their own choice, and negotiate with their physical and social environment. Result shows that personal control does not decline with age. Another dimension of psychological wellbeing is self-esteem. Expectations, experience with one’s present and past life enhances self-esteem. Research in the study area reveals that majority of the respondents suffer from low self-esteem and low autonomy. This is particularly high among those who are unable to manage their ADLs. The subjective enjoyment of life is referred to as ‘subjective wellbeing’, ‘happiness’ and ‘life satisfaction’. Enjoying life, fulfillment of wishes, high self-esteem, satisfaction from life are the subjective measures of quality of life. Good life contributes to happiness which is an important domain of well-being.

Chapter 8 on ‘Assessment of the Quality of Life of the Elderly using WHOQOL-BREF’ examines the quality of life from the perspective of the elderly respondents about their own life i.e. what they think is important. The aim of this chapter is to investigate the important attributes of quality of life based on social, economic, health, physical, environmental and psychological domains on the basis of age group, gender and area. The chapter studies how these attributes or indicators have affected the life of the elderly. Based on WHOQOL-BREF questionnaire it assesses the four broad domains: Physical Health, Psychological Health, Social relationships and Environment. Each domain is comprised of multiple questions centered on their life or how they perceive them, either satisfactory or unsatisfactory. With the help of the WHOQOL-BREF, on the basis of 26 items it is found that majority of the elderly respondents have scored high QOL (> than 50 scores).

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Thus, the research reflects that the elderly people in Darjeeling hills are coping well with changing times and the quality of their life is getting better. The research design is an exploratory-cum-descriptive one. The final outcome is based on empirical as well as qualitative studies. The findings of the study will enhance the information and knowledge on the quality of life of the elderly people living in Darjeeling Hills. The study intends to pave the way for further research on the elderly living in the Himalayas.

Date:

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