

Quality of Life of the Elderly Population in Urban Areas of Haveri District: A Geographical Study

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Abstract

The quality of life (QOL) of elderly people refers to their overall well-being, satisfaction, and happiness in their later years. It encompasses various dimensions that impact their overall quality of life which includes their physical and mental health and their socio-economic status. QOL is a critical concern in the face of rapid population ageing. The World Health Organization (WHO) defines QOL in older age as "the perceived quality of life, which is influenced by the person's physical health, psychological state, level of independence, social relationships, environment, and spirituality/religion/personal beliefs."

Haveri district in Karnataka state is considered a backward district and offers a unique context for studying the quality of life of elderly people due to socio-economic challenges such as poverty, limited access to healthcare, education, and infrastructure, making it an ideal location to study the impact of these factors on elderly people's quality of life. The study's findings are grounded in primary data gathered through direct field observations and structured interviews, employing questionnaires to solicit detailed information from participants. For present study, composite index has been used for finding the levels in the quality of life of elderly people.

The findings of the study highlight the need for targeted interventions and policy responses to address the geographical inequalities and improve the quality of life of the elderly population in Haveri District. The research contributes to the understanding of population ageing from a geographical perspective, emphasizing the importance of place-based approaches to addressing the challenges of ageing.

Keywords: QOL, Elderly, Ageing, Physical health, Economic Status

INTRODUCTION

The World has witnessed some silent changes in the structure of its population, since the last century; the impact which is most significant to every individual. The greatest change which could be called as achievement of the last century is drastic decline in fertility and mortality and improvement in the life expectancy and greater longevity. The result of this greatest achievement is an increase in the aged population throughout the world. Nowadays many of the developed and developing countries are facing the problem of aged population.

Senior citizens are often stigmatized as a 'forgotten generation,' perpetuating harmful stereotypes such as senility, frailty, unattractiveness, incompetence, and inflexibility. Demographic transition and population ageing are inextricably linked to individual ageing, which comprises various dimensions, including

physiological, psychological, social, and cognitive changes. Elucidating these aspects is essential for developing effective strategies to address population ageing.

The share of Karnataka's elderly population has increased from 41.1 lakhs in 2001 to 58.3 lakhs in 2011, it stands at 8th place with 11.5 percent of old age population in India (estimated census 2021). While, in Haveri the old age population has increased from 8.8 percent in 2011 to 9.1 percent in 2021 (estimated data).

Urbanisation and ageing populations are transforming rural landscapes, leading to the emergence of age-friendly villages. These communities give importance to social contacts, accessibility enabling older adults to maintain freedom and quality of life.

QOL in older age is influenced by physical health, psychological state, independence, social relationships, environment, and spirituality. Haveri District's socio-economic challenges, such as poverty, limited access to healthcare, education, and infrastructure, make it an ideal location for studying QOL among elderly individuals.

Geography of ageing

Geography of ageing or gerontological geography is an emerging field of knowledge of human geography that analysis the socio-spatial implications of ageing of the population from understanding of the relationships between the physical-social environment and the elderly at different scales.

Since, the 1970s, there have been increasing studies focusing on the understanding of spatial patterns of ageing population, as well as aspects related to residential changes and provision of health and social services.

Geographical perspective of ageing

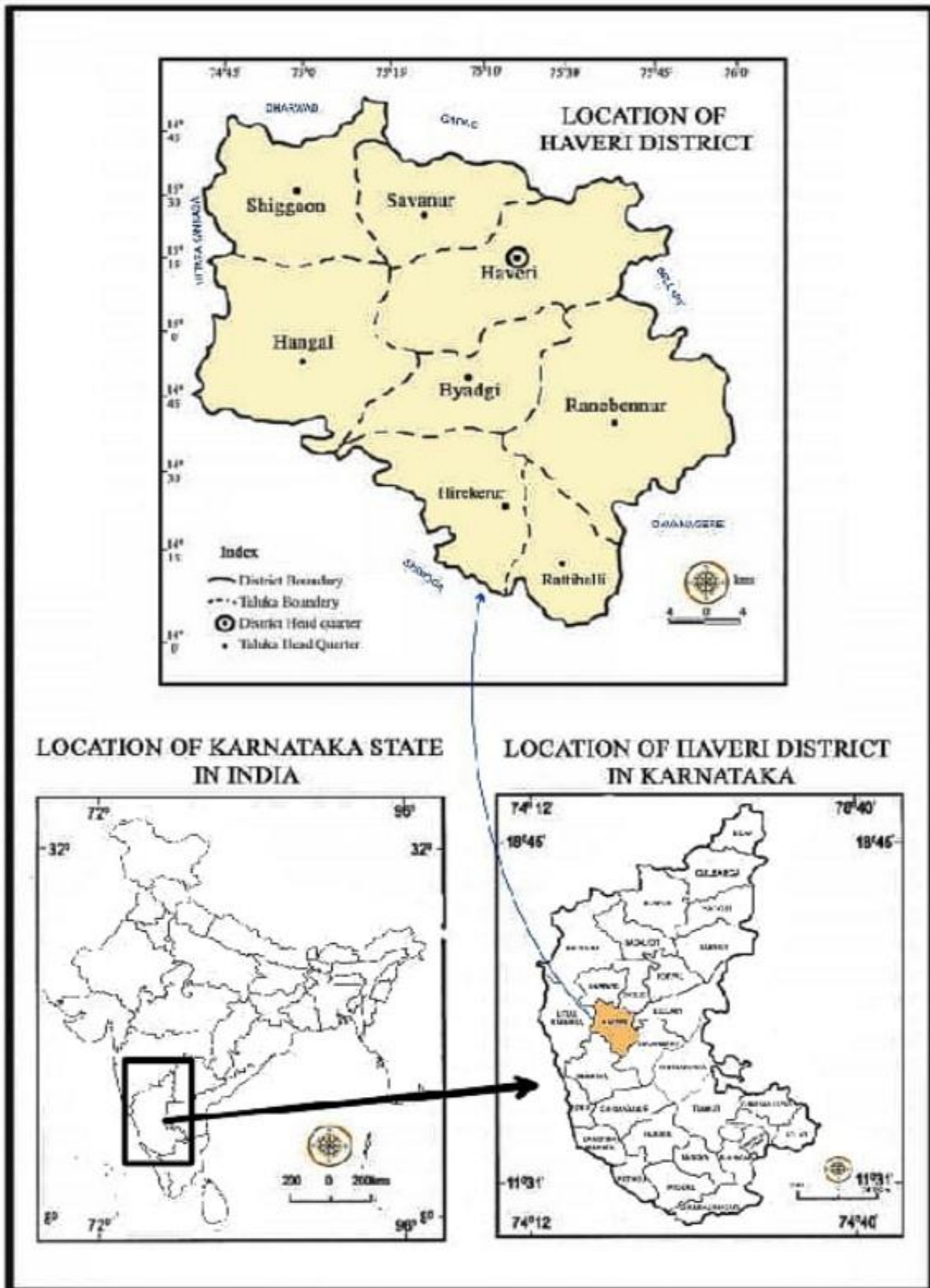
The geographical perspective of ageing highlights the significant role of spatial factors play in shaping the experiences in older adults. As populations age, regions face distinct challenges, from urban planning to health care access, safety and security, economic stability, social interactions.

Study area

Haveri district is situated in the central part of the northern half of Karnataka State. Its maximum length from north to south is 95 kms. and maximum breadth from east to west is 84 kms. Geographically, the district lies between north latitudinal parallels of 14° 16' and 15° 09' and east longitudinal parallels of 75° 01' and 75° 49' with a total geographical area of 482,300 hectares. It is bound by Dharwad and Gadag districts to the north, Shivamogga and Davanagere to the south, Uttara Kannada to the west, Davanagere and Bellary districts to the east. It is divided into two natural divisions namely the Semi Malnad and Maidan particularly the northern maidan. The region has eight taluks namely, Ranebennur being largest taluka by both area and population, Hirekerur being smallest taluka by area, Rattehalli is the smallest taluka population wise, other taluks are Haveri, Shiggaon, Hanagal, Savanur, Byadgi. It makes its boundaries with Varda basin in the north, middle Tungabhadra valley in the east and Shimoga district in the south and west. It is having a projected population(2023) of 18,11,154 and old age population is 1.6 lakh people, its population density is 331 persons per sq.km, sex ratio as per 2011 census is 950 females for every 1000 males and literacy rate is 75.69 percent.

STUDY AREA

LOCATION OF HAVERI DISTRICT



Objectives:

1. To assess the QOL of elderly people in urban areas of Haveri District.
2. To identify the key dimensions influencing QOL.
3. To examine the impact of socio-economic factors on QOL.

Methodology:

Composite index is used to measure quality of life levels. And the simple statistical methods like mean, SD etc. have been used to analyse the data. For the calculation of composite index, 15 parameters or variables such as socio-economic status (SES), Physical health, Level of independence etc. have been selected. Further, the hypotheses are tested by applying Chi-square technique. Each variable is powered with X1, X2 etc. Standard Deviation is calculated for calculation of positive and negative deviation from X value.

Results and discussion:

Age of the respondents

From urban areas of Haveri District, 204 respondents information was collected, these elderly people are divided into different age groups which are 60-65, 66-70, 71-75, 76-80, above 81. Majority of respondents are from age group 60-65 with 35.29 percent consisting of 32.60 percent males and 40.90 percent females, least number of respondents are from age group above 81 consisting of 4.34 percent males and 9.09 percent females.

Educational status of the Elders

Education plays a vital role in enhancing the quality of life of the elderly population, fostering cognitive reserve, health literacy, social engagement and economic empowerment. There are more no. of elderly people who have completed till primary, consisting of 38.95 percent males and 30.30 percent of females and few elderly people have completed P.U.C. level of education of only 5.88 percent in which 9.09 percent are females and 4.34 percent are males. (Table no. 1)

Table no. 1: Educational status of the Elders

No. of Respondents	Illiterate	Primary	SSLC	PUC	Degree	Total
Male	21	51	12	6	48	138
Percentage	15.20	36.95	8.69	4.34	34.80	67.64
Female	25	20	12	6	3	66
Percentage	37.90	30.30	18.18	9.09	4.54	32.35
Total	46	71	24	12	51	204
Percentage	22.54	34.80	11.76	5.88	25.00	100

Source: Field survey and computed by the Researcher

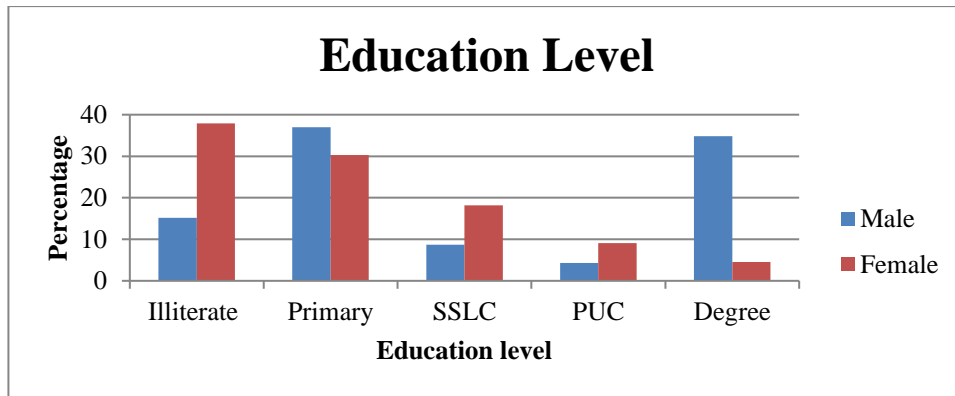


Fig.1

Status of Occupation of elderly population

The status of occupation among the elderly population varies greatly depending on factors such as location, education level and health. Some elderly individuals work after 60 and some doesn't work due to health issues, lack of opportunities. Status of occupation has been divided into two categories of elderly people who are working and non working, In this, majority of older adults are non-working with 80.89 percent, in which 80.43 percent are males and 81.82 percent are females. Among the remaining 19.11 percent of the respondents who are working older adults 19.56 percent are males and 18.8 percent are females. (Table no. 2)

Table No. 2 : Status of occupation of elderly population

No.of Respondents	Working	Non-Working	Total
Male	27	111	138
Percent	19.60	80.43	67.64
Female	12	54	66
Percent	18.20	81.80	32.35
Total	39	165	204
Percent	19.11	80.90	100

Source: Field survey and computed by the Researcher

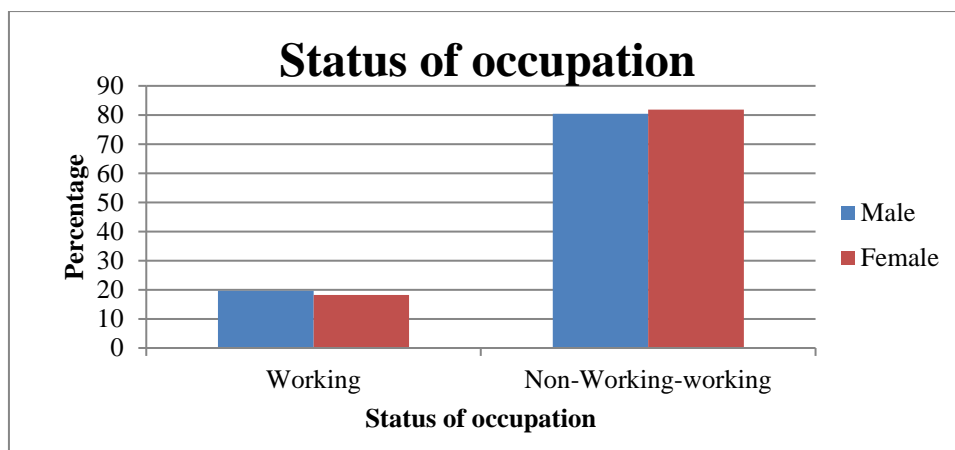


Fig. 2

Health status of old people

The health status of older people is a pressing concern now-a-days, as people age, they become more prone to various health conditions that can impact their quality of life. Health status of elderly people which can be understood by four markings, majority of older adults have excellent health. While only 7.35 percent of elderly people have poor health with 13.63 percent of females and 4.34 percent. of males. (Table. No.3)

In urban areas of Haveri District, majority of elderly people visit monthly health centers as there is good availability of medical facilities, there are near by clinics, private hospitals, district and taluka hospitals, 55.88 percent of older adults visit monthly where as 44.11 percent visit rarely hospitals.

As Haveri District is rich with agricultural background, most of the people intake good and nutritious food with 48.52 percent of older adults having excellent nutritious food and only 7.35 percent of older adults has poor nutritious food.

Developing urban environments promote healthy and active living which in turn gives good sleep quality for elders, 40.19 percent of respondents have good sleep , while 8.82 percent of respondents have poor sleep quality.

Table.No.3: Health Status of elders

No.of Respondents	Excellent	Good	Average	Poor	Total
Male	60	57	21	6	138
Percent	43.47	36.95	15.21	4.34	67.64
Female	18	18	21	9	66
Percent	27.27	27.27	31.81	13.63	32.35
Total	78	75	42	15	204
Percent	38.23	36.76	20.58	7.35	100

Source: Field survey and computed by the Researcher

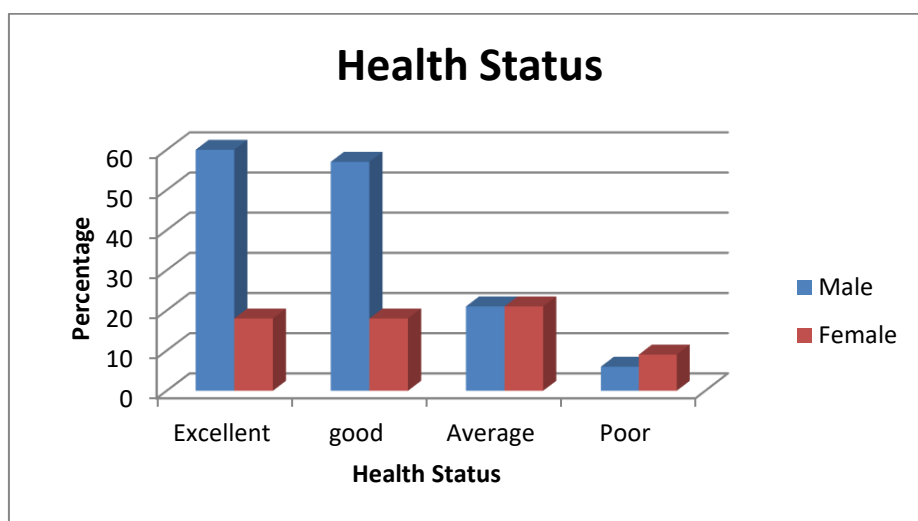


Fig.3

Leisure time

Liesure activities can be defined as activities people engage in during free time, it is associated with

physical function and mental health. (Giovanni Sala 2019) . Majority of them watch TV in their leisure time, with 44.92 percent are males and 77.27 percent are females. As female elderly are not socially active, they spend major time looking after their home, taking care of grandchildren, while majority of male elderly are socially active , they visit friends, relatives and also use mobile in their free time.(Table no.4)

Table no. 4: Liesure time

No. of respondents	Watch TV	Mobile	TV/ Mobile	Friends/ Relatives	Watch TV Friends/ Relatives	TV/ Friends/ Relatives/ Mobile	Tour	Total
Male	62	15	22	12	12	12	3	138
Percentage	44.92	10.86	15.94	8.69	8.69	8.69	2.17	67.64
Female	51	3	3	0	3	0	6	66
Percentage	77.27	2.17	2.17	0.00	2.17	0.00	9.09	32.35
Total	113	18	25	12	15	12	9	204
Percentage	55.39	8.82	12.25	5.88	7.35	5.88	4.41	100

Source: Field survey and computed by the Researcher

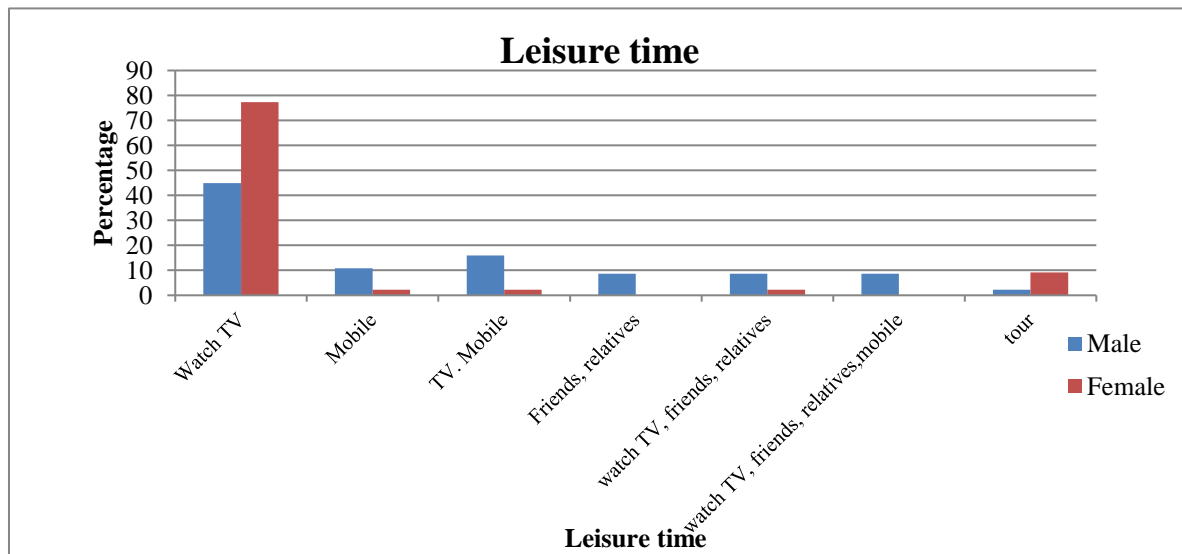


Fig.. 4

Social contacts

Social contacts among elderly people is important for their emotional and mental well-being, among 204 respondents, 72.72 percent of majority of females have social contacts with neighbors, while 41.30 percent of majority of males have social contacts with friends, relatives and neighbors.

Majority of older adults live with children, 59.09 percent of females older adults live with children while 47.82 percent of majority of male older adults also live with children, 2.17 percent of male elderly live alone while 4.54 percent of female elderly lives alone. (Table.no.5)

Table.no. 5 : Family status of elderly people

No. of respondents	Spouse	Spouse/ Children	Children	Living alone	With relative	Total
Male	15	51	66	3	3	138
Percentage	10.86	36.95	47.82	2.17	2.17	67.64
Female	3	21	39	3	0	66
Percentage	4.54	31.81	59.09	4.54	0.00	32.35
Total	18	72	105	6	3	204
Percentage	8.82	35.29	51.47	2.94	1.47	100

Source: Field survey and computed by the Researcher

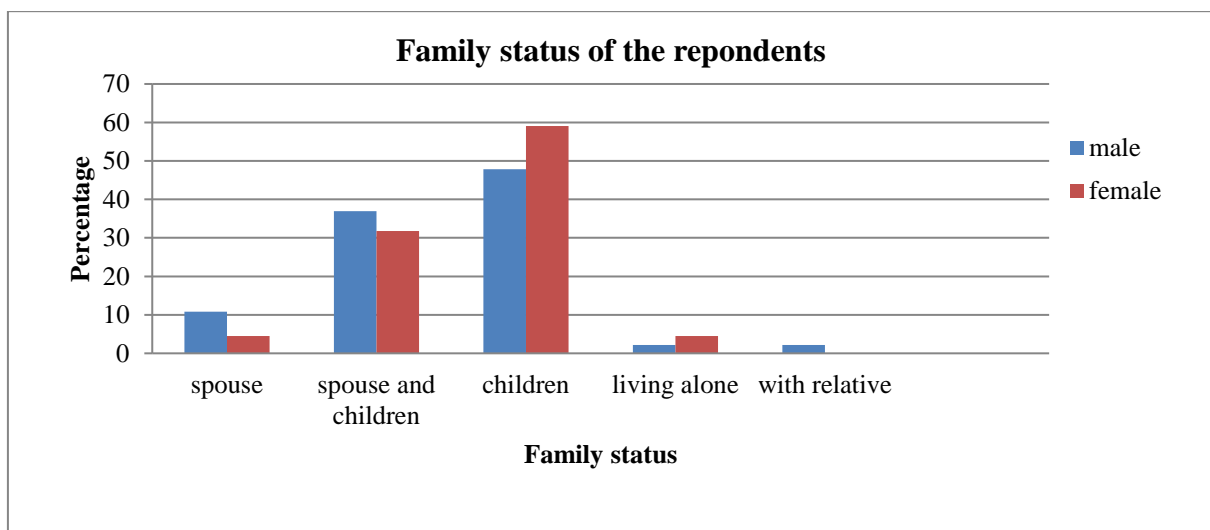


Fig. 5

Family members taking care

As economic conditions of elderly population are stable, also their children are financially independent, family members of the respondents takes care excellent with 54.41 percent and 5.88 percent of elderly adults family members doesn't take care properly. (Table no. 6)

Table no. 6 : Care of family members

No. of respondents	Excellent	Good	Average	Poor	Total
Male	90	30	12	6	138
Percentage	65.21	21.73	8.69	4.34	67.64
Female	21	18	21	6	66
Percentage	31.81	27.27	31.81	9.09	32.35
Total	111	48	33	12	204
Percentage	54.41	23.52	16.17	5.88	100

Source: Field survey and computed by the Researcher

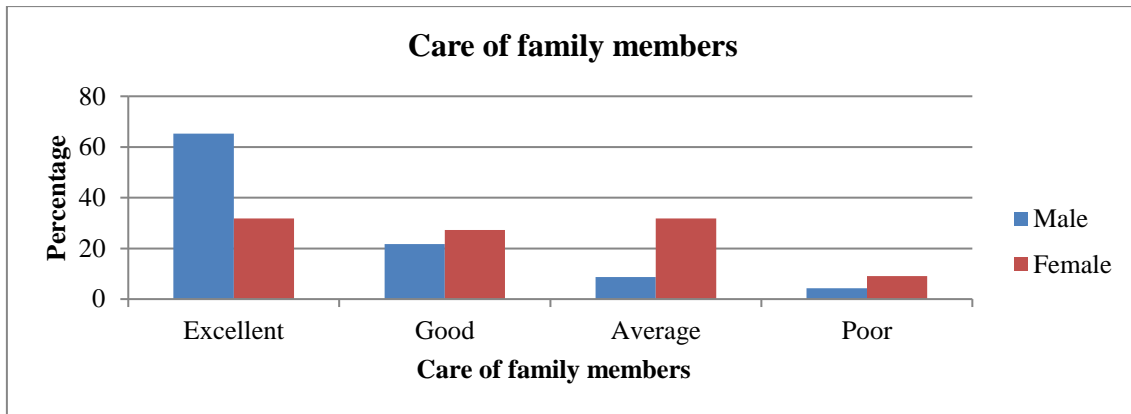


Fig.6

Safety and Security

75 percent of the respondents don't feel lonely, while 25 percent of them feel lonely.

45.58 percent of older adults have good safety and security while 2.94 percent of them have poor safety and security. (Table no.7)

Table no.7: Safety and security

No. of Respondents	Excellent	Good	Average	Poor	Total
Male	51	60	21	6	138
Percentage	36.95	43.47	15.21	4.34	67.64
Female	5	33	27	0	66
Percentage	9.09	50.00	40.90	0.00	32.35
Total	57	93	48	6	204
Percentage	27.94	45.58	23.52	2.94	100

Source: Field survey and computed by the Researcher

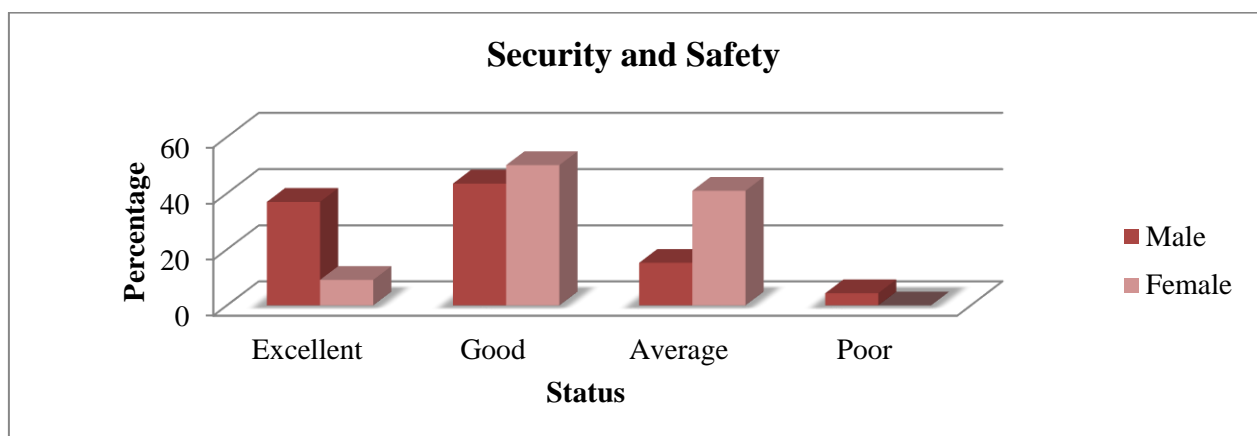


Fig. 7

Freedom in decision making

Freedom to take decision for self and involvement in family decisions, 69.56 percent of male older adults are free to make decisions and their decisions are valued, whereas, 90.90 percent of female adults are not free to make decisions.(Table no. 8)

Table no.8: Freedom in decision making

No. of Respondents	Free to make decision	Not free to make decision	Total
Male	96	42	138
Percentage	69.56	30.43	67.64
Female	6	60	66
Percentage	9.09	90.90	32.35
Total	102	102	204
Percentage	50	50	100

Source: Field survey and computed by the Researcher

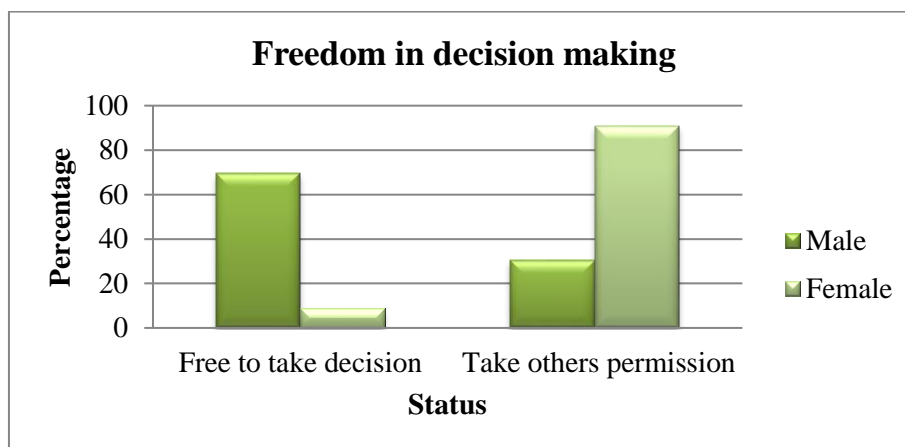


Fig.8

Economic status

Economic status of older adults of urban areas of Haveri District is good with 54.41 percent while 19.11 percent of them have poor economic status.

Source of income

Majority of older adults are dependent on govt. pension schemes in which 45.45 percent are females and 43.47 percent are males, 39.13 percent of male older adults are economically stable and have their service pension. 3.04 percent of dependent on children as well as govt.pension scheme for their of livelihood. (Table no. 9)

Table no. 9: Source of income

No of Respondents	Pension	Govt. Scheme	Rent	Interest	Govt. scheme & Children	Children	Total
Male	54	60	3	3	12	6	138
Percentage	39.13	43.47	2.17	2.17	8.69	4.34	67.64
Female	15	30	3	0	6	12	66
Percentage	22.72	45.45	4.54	0.00	9.09	18.18	32.35
Total	69	90	6	3	18	18	204
Percentage	33.82	44.11	2.94	1.47	8.82	8.82	100

Source: Field survey and computed by the Researcher

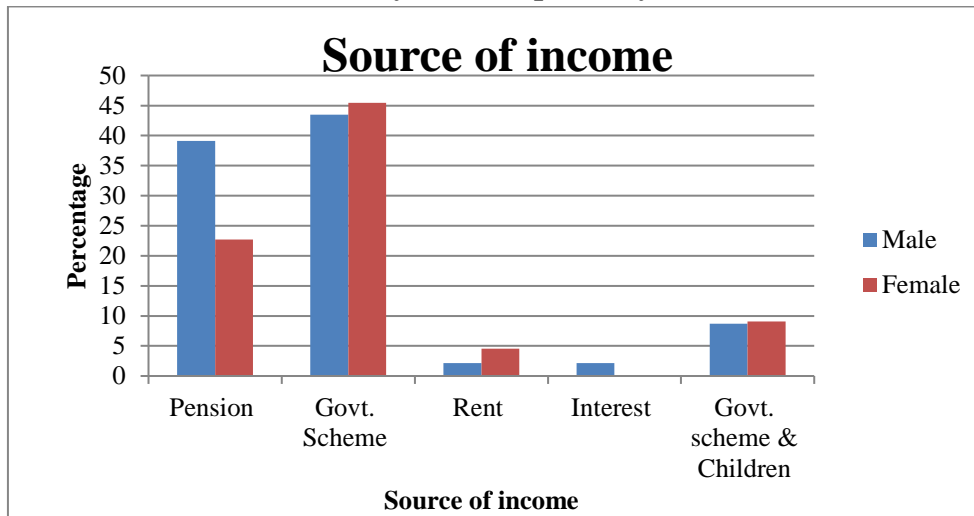


Fig.9

Status of house

95.58 percent of older adults have their own house while 4.41 percent of them live in rented house. (Table no.10)

67.64 percent of older adults have & pucca house, 29.41 percent of them have semi-pucca house and 2.94 percent of them live in Kuchcha house.

Table no. 10 : Type of house

No. of respondents	Own	Rent	Total
Male	132	6	138
Percentage	95.65	4.34	67.64
Female	63	3	66
Percentage	95.45	4.54	32.35
Total	195	9	204
Percentage	95.58	4.41	100

Source: Field survey and computed by the Researcher

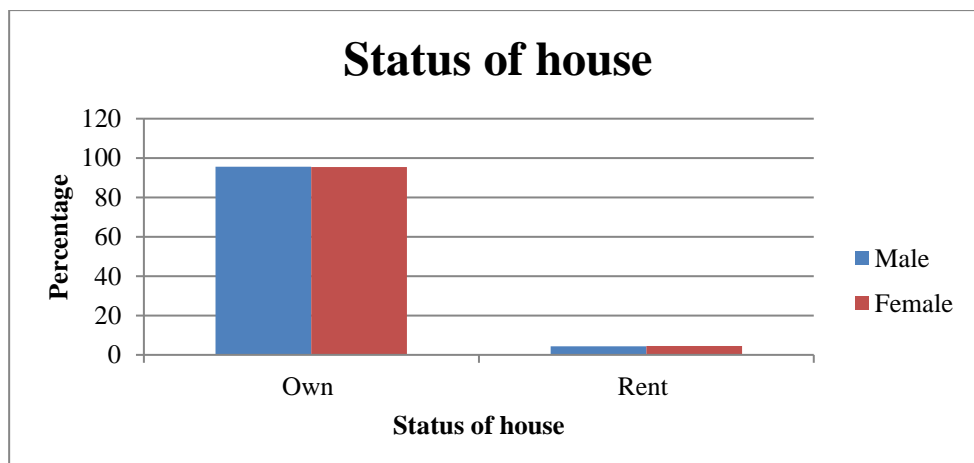


Fig.10

Ownership of property

45.45 percent of females have their own house while 30.43 percent of males own house, farmland and Site. (Table no. 11)

Table no. 11: Ownership of property

No. of respondents	House	Farmland	House/ Farmland	House/ Farmland/ Site	House/ Site	Total
Male	45	9	39	42	3	138
Percentage	32.60	6.52	28.26	30.43	2.17	67.64
Female	30	3	21	6	6	66
Percentage	45.45	4.54	31.81	9.09	9.09	32.35
Total	75	12	60	48	9	204
Percentage	36.76	5.88	29.41	23.52	4.41	100

Source: Field survey and computed by the Researcher

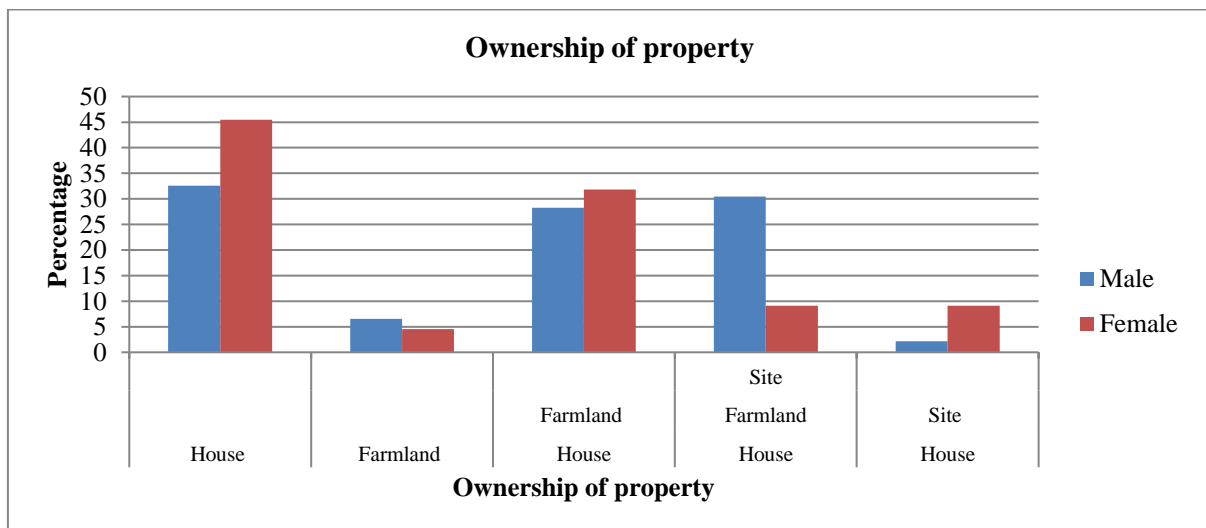


Fig.11

Digital fluency

Digital 45.45 percent of majority of females doesn't use mobile, while 36.95 percent of males use smartphone and 39.13 percent of them use keypad.

Table no. 12 : Digital fluency

No. of respondents	Smartphone	Keypad	No mobile	Total
Male	51	54	33	138
Percentage	37.00	39.00	24.00	68.00
Female	15	21	30	66
Percentage	23.00	32.00	45.00	32.00
Total	66	75	63	204

Percentage	32.00	37.00	31.00	100
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Source: Field survey and computed by the Researcher

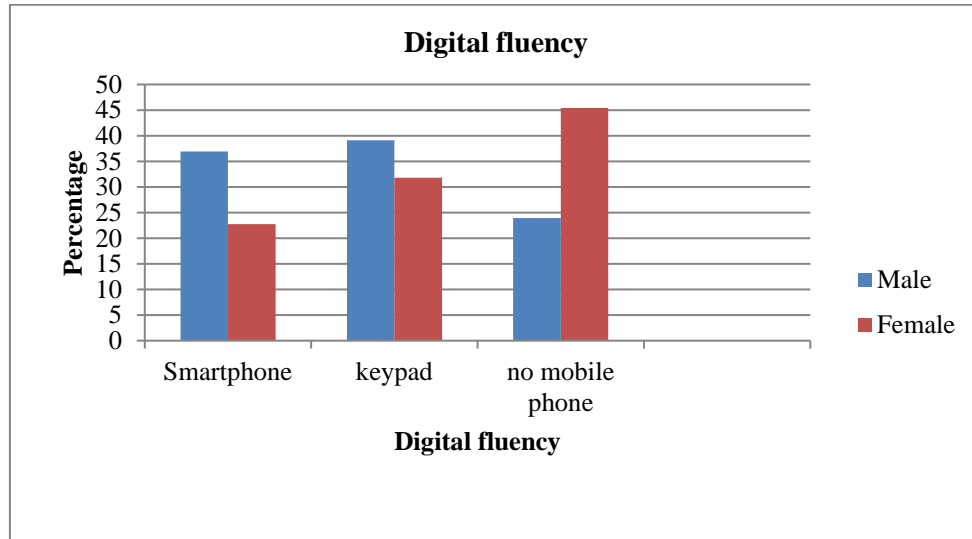


Fig.12

COMPOSITE INDEX

Weightage value given to selected variables:

1.Level of Education	Weightage value	6.Ownership of house	Weightage value
Degree	5	Own	2
P.U.C	4	Rent	1
S.S.L.C	3	7.Health Status	Weightage value
Primary	2	Excellent	4
Illiterate	1	Good	3
2.Source of income	Weightage value	Average	2
Service pension	5	Poor	1
Rent of buildings and interest	4	8.Mental status	Weightage value
GOVT. pension scheme and children	3	Excellent	4
GOVT. pension scheme	2	Good	3
Children	1	Fair	2
3.Economic status	Weightage value	Poor	1
Good	3	9.Care of family members	Weightage value
Fair	2	Excellent	4
poor	1	Good	3
4.Family status	Weightage value	Average	2
Spouse and children	4	Poor	1

With spouse	3	10.Freedom to take decision	Weightage value
With children	2	Free to take decision	2
Living alone	1	Take others permission	1
5.Safety and security	Weightage value	11.Digital technology	Weightage value
Excellent	4	Smartphone	3
Good	3	Keypad	2
Average	2	No mobile	1
Poor	1		

Source: Computed by the Researcher

LEVELS OF QUALITY OF LIFE

In the present study a quantitative analysis of the data has been done to ascertain the levels of quality of life. Aggregates of all the variables have been taken. Composite score has been derived by adding up total of all the variables.

The levels of quality of life is grouped under four levels of quality of life and are as follows:

1. High level
2. Moderte level
3. Low level
4. Very low level

LEVEL	Standard deviation	Male	Female	Total no. of older adults
1.High level	40.04-34.43	48	0	48
2.Moderate level	28.82-34.43	42	12	54
3.Low level	28.82-23.21	27	36	63
4.Very low level	23.21-17.60	21	18	39

CONCLUSION AND SUGGESTIONS

The study’s findings underscore the complexities of elderly life in Haveri District. Socio-economic disparities, limited healthcare access , mental health concerns , loneliness. significantly impact older adults quality of life .

Levels of quality life indicates that there are more male adults in high level and more no. of female adults in low level , which depicts that the quality of life of female adults is not good, the reason behind this is majority of females are illiterate and depend either on their spouse or children. And they are not given permission to take decisions. Further, they don’t have digital fluency also. When they become widow at old age, they have to lead isolated life and feel lonely, their safety and security is worrisome. Whereas male older adults who are economically stable have a better independent life because of their

good education and freedom in decision making. Further, they need not to depend on children as they have their property and savings and have a better knowledge about digital fluency.

SUGGESTIONS:

1. Elder-friendly infrastructure (housing, transportation, public spaces) should be developed.
2. Economic empowerment schemes (pension, livelihood opportunities) should be introduced for female adults.
3. Intergenerational programmes should be promoted.
4. Elderly people should be educated about digital fluency.

Acknowledgement

The researcher is extremely grateful to the elderly people and communities of rural areas of Haveri District for sharing their personal information and knowledge to enrich the quality of research.

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