

## An Analytical Study on the Quality of Life of Elderly People Living with Family in a Selected Community of Kolkata

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### ABSTRACT

An analytical mixed-method study explored the quality of life (QoL) of elderly individuals aged 65 years and above who reside with their families in a selected urban community of Kolkata. A total of 40 participants were recruited using a convenience sampling technique. Data were collected through a socio-demographic interview schedule and the modified Older People's Quality of Life Questionnaire (OPQoL). The tool demonstrated excellent internal reliability (Cronbach's  $\alpha = .925$  for the Bengali version;  $\alpha = .929$  for the English version). Descriptive analysis showed that 72.5% of participants reported a moderate level of QoL, 17.5% reported good QoL, while 10% reported poor QoL. Inferential statistics revealed a significant association between marital status and QoL ( $\chi^2 = 4.80$ ,  $p < .05$ ), whereas variables such as age, gender, education, comorbidity, and financial dependence did not demonstrate significant associations. Domain-wise analysis indicated that psychological and emotional well-being had the highest mean score (58.28%), while leisure activities scored lowest (46.25%). The findings suggest that although living with family supports moderate QoL among older adults, targeted interventions that focus on enhancing leisure participation and independence could further promote well-being. Broader studies with larger, diverse samples are recommended to validate these results.

**Keywords:** Quality of life, Elderly, Family living, OPQoL, Kolkata

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### 1. INTRODUCTION

Quality of life (QoL) is a multidimensional construct shaped by individuals' perceptions of their overall well-being. The World Health Organization conceptualizes QoL as the subjective evaluation of one's position in life in relation to cultural values, goals, expectations, and standards (WHOQOL Group, 1997). Globally, population ageing has emerged as a pressing public health concern, and India is no exception. Projections suggest that by 2026, older adults will constitute nearly 12% of India's total population, representing a substantial demographic shift (Government of India, 2021).

The QoL of elderly individuals is influenced by several interrelated socio-demographic and health-related factors such as marital status, social support, economic security, educational level, and comorbidities (Saha, Basu, & Pandit, 2022). Family caregiving plays a particularly vital role in India, where traditional cultural practices place strong emphasis on intergenerational support systems (Hazra et al., 2023). However, with urbanization and lifestyle changes, the sustainability of these family-centered arrangements has become uncertain, making it important to study their impact on the lived experiences of older adults.

Among the many tools designed to assess QoL in ageing populations, the Older People's Quality of Life Questionnaire (OPQoL) has been widely applied across countries and cultures, demonstrating robust psychometric validity (Nikkhah et al., 2018). While the OPQoL has been tested internationally, fewer studies have localized its use in the Bengali cultural context, particularly for elderly individuals residing in family settings.

The present study addresses this gap by examining the QoL of elderly people living with family members in an urban community of Kolkata. It investigates both overall QoL levels and their associations with selected demographic variables. The study also explores domain-specific dimensions of QoL, with the expectation that factors such as marital status and financial dependency may significantly influence outcomes.

### Objectives

1. To assess the quality of life among elderly people living with family in a selected urban community of Kolkata.
2. To determine the association between QoL and selected demographic variables among elderly people living with family in the community.

### Hypotheses

- **H<sub>1</sub>:** There is a significant association between the QoL of elderly individuals living with family in the community and selected demographic variables at the 0.05 level of significance.

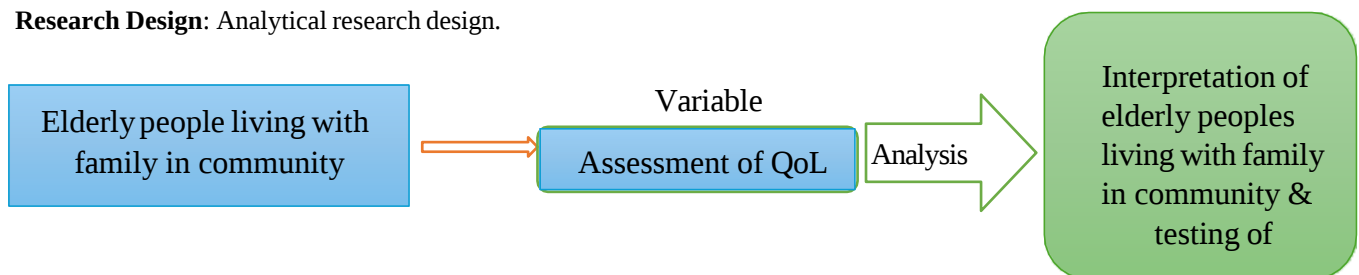
**Delimitations:** The scope of the study was delimited to:

- Elderly individuals aged above 65 years.
- Participants willing to provide informed consent.
- Individuals residing in the selected community of Kolkata who were able to communicate in either English or Bengali.

## 2. RESEARCH METHODOLOGY

A mixed-method approach was adopted, incorporating both descriptive and analytical elements. The study followed an analytical research design to examine associations between QoL and demographic characteristics.

**Research Design:** Analytical research design.



**Fig No.: 1 Schematic representation of research design**

### Variables

- **Research Variable:** Quality of Life.
- **Demographic Variables:** Age, gender, marital status, socioeconomic status, religious practices, spousal education and occupation, comorbidities, addiction, type of mobility, and hobbies.

### Setting and Population

The study was conducted in a selected community under the Polenite Urban Primary Health Centre (UPHC) in Kolkata. The population comprised elderly men and women aged 65 years and above who were residing with family members.

### Sample and Sampling Technique

The sample consisted of 40 elderly individuals meeting the inclusion criteria. Participants were recruited using a non-probability convenience sampling technique due to feasibility and accessibility considerations.

### Inclusion Criteria:

- Individuals aged 65 years and above.
- Those available during data collection and willing to participate.
- Participants able to communicate in English or Bengali.

### Exclusion Criteria:

- Individuals with severe physical or mental illness.
- Those unwilling to provide consent.

## Data Collection Tools

Data were collected using a two-part interview schedule:

1. **Part A:** Semi-structured socio-demographic questionnaire to capture background information.
2. **Part B:** Modified Older People's Quality of Life Questionnaire (OPQoL) to assess quality of life.

## Validity and Reliability

The tool was validated by a panel of eleven experts, and modifications were made for language clarity and contextual relevance. Pilot testing was conducted with 20 participants (10 from each group), demonstrating acceptable reliability. Intra-rater reliability was assessed using Cohen's kappa, showing high agreement across most items. Internal consistency was confirmed using Cronbach's alpha:  $\alpha = .925$  for the Bengali version and  $\alpha = .929$  for the English version, both exceeding the recommended threshold of .70

## Data Collection Procedure

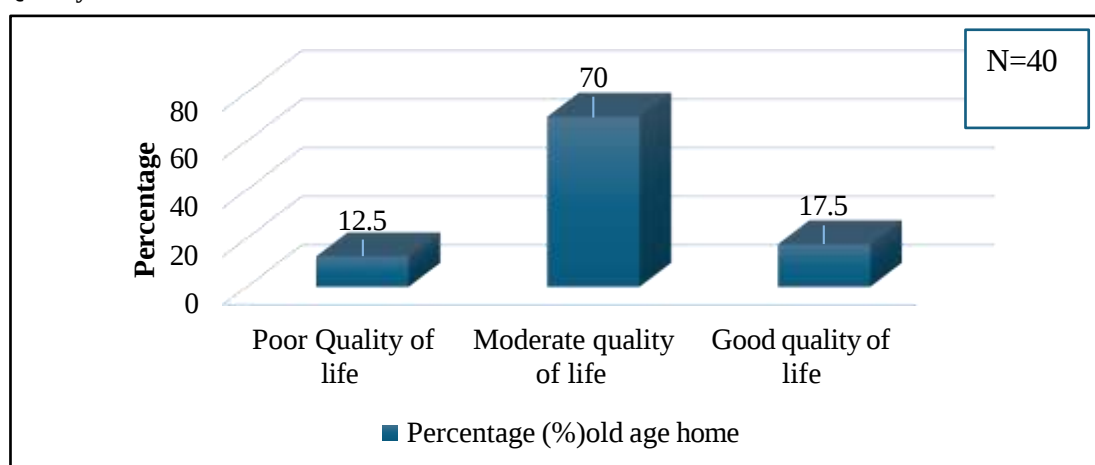
Face-to-face interviews were conducted with eligible participants after obtaining informed consent. Ethical approval was secured prior to data collection.

## Data Analysis

Data were processed using both descriptive and inferential statistics. Descriptive analysis included frequency, percentage, mean, and standard deviation. Inferential statistics (chi-square test) were applied to examine associations between QoL and demographic variables at a 0.05 significance level.

## 3. RESULTS

### Overall Quality of Life



**Fig 2:** Bar diagram showed the assessment of the QoL among elderly people living with family members in the community

The data revealed in the above fig 2 showed Analysis of the OPQoL responses indicated that nearly three-fourths of participants (70%) experienced a **moderate** level of QoL. A smaller proportion (17.5%) reported **good** QoL, while 10% reported **poor** QoL.

**Table 1:** Area wise mean, mean percentage & SD of QoL among elderly people living with family (as a whole & Life - overall)

| N=40                           |              |                |      |       |      |
|--------------------------------|--------------|----------------|------|-------|------|
| Area wise QoL<br>(With family) | No. of items | Range of score | Mean | Mean% | SD   |
| quality of life<br>as a whole  | 1            | 0-4            | 2.30 | 57.50 | 0.79 |
| Life Overall                   | 1            | 0-4            | 2.15 | 53.75 | 0.80 |

Data presented in table 1 depicted that the mean % for quality of life among elderly people living with family as a whole was 57.50% and the mean % for life overall was 53.75 %.

#### Domain-Specific Quality of Life

**Table no.-2: Area wise mean, mean percentage & SD of QoL among elderly people living with family N=40**

| Area wise QoL<br>(With Family)           | No. of items | Range of score | Mean | Mean% | SD   | Rank            |
|------------------------------------------|--------------|----------------|------|-------|------|-----------------|
| Health                                   | 4            | 0-16           | 9.15 | 57.19 | 2.60 | 2 <sup>nd</sup> |
| Social Relationships                     | 4            | 0-16           | 8.98 | 56.09 | 2.57 | 3 <sup>rd</sup> |
| Independence, control over life, freedom | 4            | 0-16           | 7.60 | 47.50 | 2.10 | 5 <sup>th</sup> |
| Place of residence and neighborhood      | 4            | 0-16           | 7.53 | 47.03 | 2.23 | 6 <sup>th</sup> |
| Psychological and emotional well-being   | 4            | 0-16           | 9.33 | 58.28 | 2.81 | 1 <sup>st</sup> |
| Financial Circumstances                  | 4            | 0-16           | 8.58 | 53.59 | 3.03 | 4 <sup>th</sup> |
| Leisure activities                       | 4            | 0-16           | 7.40 | 46.25 | 2.97 | 7 <sup>th</sup> |

Data presented in table 2 depicted that The highest mean score was observed in the domain of **psychological and emotional well-being** (58.28%), whereas **leisure and social activities** recorded the lowest mean score (46.25%). Other domains, such as health, independence, and financial security, showed moderate scores, suggesting that while participants maintained satisfactory emotional resilience, opportunities for leisure remained limited.

#### Association with Demographic Variables

Chi-square analysis revealed a statistically significant relationship between **marital status** and QoL ( $\chi^2 = 4.80$ ,  $p < .05$ ). Participants who were married or living with a spouse tended to report higher QoL scores than those who were widowed or single. No significant associations were found between QoL and other variables, including age, gender, education level, presence of comorbidities, or financial dependence.

## 4. DISCUSSION

The present study sought to explore the QoL of elderly individuals residing with their families in an urban Kolkata community. Findings indicate that the majority of participants experienced a moderate level of QoL, a trend consistent with studies conducted in other parts of India (Hazra et al., 2023; Saha et al., 2022).

#### • Domain Findings

The high scores in psychological and emotional well-being highlight the protective role of family living arrangements in mitigating loneliness and fostering a sense of belonging. However, the lowest scores in leisure activities underscore limited opportunities for recreation, possibly due to age-related restrictions, social norms, or lack of accessible community-based programs. These findings align with research by Nikkhah et al. (2018), who emphasized that social engagement remains a critical yet under-addressed determinant of QoL among older adults.

#### • Influence of Marital Status

The significant association between marital status and QoL echoes findings by Mallik (2022), who observed that married elderly participants reported better QoL compared to widowed counterparts. The presence of a spouse may provide companionship, emotional security, and practical support, all of which contribute positively to overall well-being.

#### • Non-Significant Associations

Interestingly, no significant associations were observed between QoL and variables such as gender, education, or comorbidity. While earlier studies suggested stronger correlations with health and socioeconomic status, the present

findings suggest that in the context of family living, the buffering effect of familial support may dilute the impact of these factors.

### Implications

These findings reinforce the importance of family-centered support systems in sustaining elderly well-being in urban Indian settings. However, the gaps identified in leisure participation and independence call for policy and community-level interventions. Initiatives such as senior clubs, recreational centers, and skill-based programs could enhance social engagement and life satisfaction among the elderly.

### Limitations

- The study employed a small sample size ( $N = 40$ ), limiting generalizability.
- The convenience sampling technique may have introduced selection bias.
- The cross-sectional design precludes causal inferences between variables.
- Self-reported data may be subject to recall bias or social desirability bias.

## 5. CONCLUSION

This study revealed that elderly individuals living with family in a selected Kolkata community generally experience a **moderate level of quality of life**, with psychological and emotional domains showing strength while leisure activities remain underdeveloped. Marital status emerged as a significant factor influencing QoL, emphasizing the role of spousal companionship in later life. The findings underscore the protective role of family living arrangements but also highlight unmet needs in recreational and independent living opportunities.

Future research with larger and more diverse samples is recommended to validate these findings and inform culturally sensitive interventions. Health policymakers and community planners should prioritize the creation of elder ly-friendly recreational opportunities to enhance QoL among older adults.

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