Evaluation on Quality of Life among Urban Elders Population towards Socio-Economic Perspectives with Special Reference to Alipurduar District, West Bengal

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ABSTRACT

The quality of life of the urban elderly population is a growing concern in the context of rapid urbanization, demographic ageing, and changing family structures. Quality of life among the urban elderly is a multidimensional concept encompassing material well-being, social relationships, economic security, access to services, and the ability to live with dignity and independence. From a socio-economic perspective, factors such as income stability, pension coverage, housing conditions, employment status after retirement, and access to affordable healthcare play a crucial role in shaping their overall well-being. In this article; quality of life among urban elder's population towards socio-economic perspectives with special reference to Alipurduar district, West Bengal have been evaluated.

Keywords: Quality of Life, Urban Elders, Population, Socio-Economic, Alipurduar District.

INTRODUCTION

The demographic landscape of India is undergoing a significant transformation characterized by a steady increase in the proportion of elderly citizens (Fernández-Ballesteros, R., 2011). With improvements in healthcare, sanitation, and overall life expectancy, the elderly population—typically defined as individuals aged 60 years and above—now constitutes a noteworthy segment of the nation's demographic profile (Ghosh, D. & Dinda, S., 2020). This shift brings both opportunities and challenges for public policy, socio-economic systems, and community welfare frameworks. Among the multifaceted concerns surrounding ageing populations, the concept of *quality of life* (QoL) stands out as a central indicator of well-being, encompassing physical health, psychological state, social relationships, economic security, and access to essential services (Kar, B., 2017). Urbanization compounds the complexity of ageing, as cities often present a mix of improved facilities alongside increased social isolation, economic disparity, and lifestyle changes. Urban elders must navigate evolving family structures, heightened living costs, and shifting support systems—factors that directly influence their overall life satisfaction and functional well-being. (Krishnappa, L., Gadicherla, S., Chidambaram, P., Murthy, Nandagudi, S., 2021). Socio-economic status, including income level, employment history, education, and access to social support networks, plays a pivotal role in shaping the quality of life among older adults. These determinants not only affect the material aspects of life but also contribute to psychological security, social participation, and access to healthcare (Vimala, G. & Goyal, R.C., 2018). In the context of West Bengal, a state with diverse socio-cultural dynamics and rapid urban growth, exploring the quality of life among the elderly takes on new importance. Alipurduar District, situated in the northern plains of the state, exhibits unique urbanization patterns, economic profiles, and demographic characteristics. Despite its strategic significance and growing urban centres, there remains limited empirical evidence regarding how socio-economic factors influence the lived experiences of older adults in this region. The objective of the study was to evaluation on quality of life among urban elder's population towards socio-economic perspectives with special reference to Alipurduar district, West Bengal.

RESEARCH METHODOLOGY

Research methodology refers to the systematic and theoretical examination of the methods employed in a certain field.
Study Area: Alipurduar District, West Bengal.

Variables:
Dependent Variables: Gender, Age, Marital Status, Religion, Caste, Educational qualification, Occupation, Monthly income, Living arrangement.
Independent Variables: Quality of Life, Social, Economic.

Research Design: In this research, quantitative research design has been used.
Primary Data: In this research, primary data has been used.
Sampling Plan: In this research, simple random sampling plan has been used.
Sample Size: 600.

Methodology: The respondents were selected from the Alipurduar district, West Bengal. The questionnaire sheets were distributed in favor of the respondents after clearing the research objectives. The age of the respondents were 60 to 75 years as they were highly capable to filled up the questionnaire sheet. Sufficient time was given in favor of the respondents. After completion of their sheet, the sheet was collected for data analysis and interpretation.

Research Tools: In this research, structured questionnaires (5 Point Likert Scale sheet) were used. Abbreviations Used: Strongly Agree (SA-5 points), Agree (A-4 points), Neutral (N-3 points), Disagree (D-2 points), Strongly Disagree (SD-1 point). Tools Used:
  ➢ Quality of Life among urban elderly people towards Social Perspectives Scale
  ➢ Quality of Life among urban elderly people towards Economic Perspectives Scale
Data Analysis and Interpretation: In this research, pie charts were used.

DATA ANALYSIS, INTERPRETATION, RESULTS AND DISCUSSION

a) Personal Profile:

Table 1. Gender:

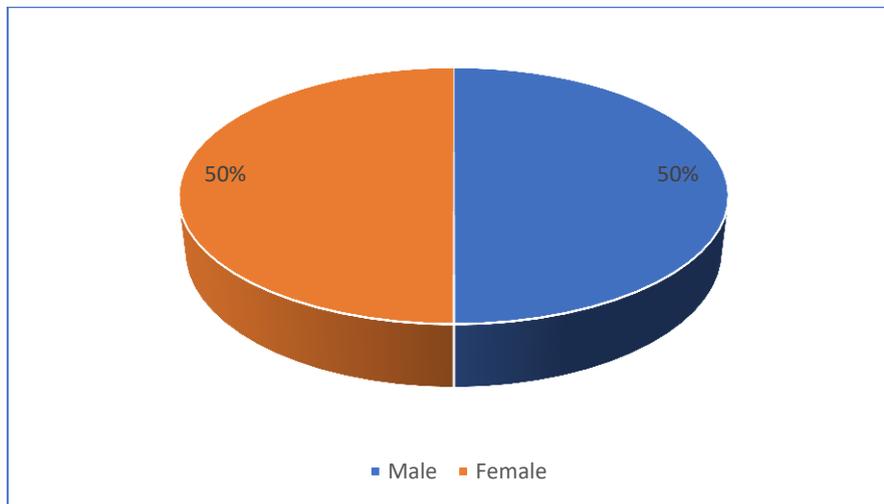| Options	Respondents	%
Male	300	50
Female	300	50
Total	**600**	**100**

(Source: Primary Data, Survey)

Figure 1. Gender (%)

From the above table & figure, it was found that the percentage of Boys: 50% & Girls: 50%.

Table 2. Age (in years):

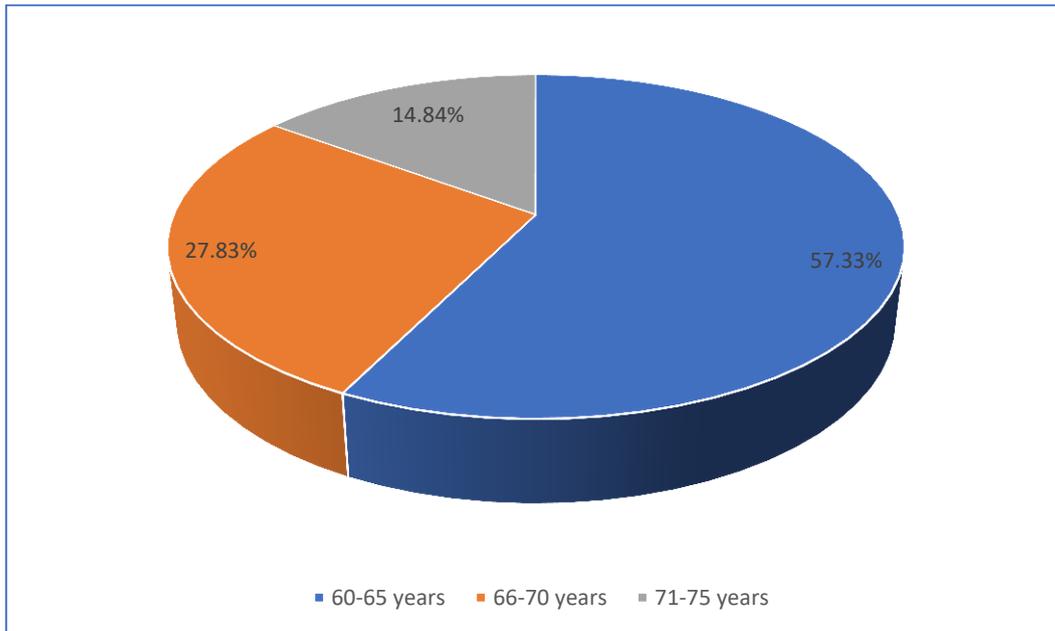| Options	Respondents	%
60-65 years	344	57.33
66-70 years	167	27.83
71-75 years	89	14.84
Total	**600**	**100**

(Source: Primary Data, Survey)

Figure 2. Age (in years) (%)

From the above table & figure, it was found that the percentage of age (in years) were 60-65 years: 57.33%, 66-70 years: 27.83%, 71-75 years 14.84%.

Table 3. Marital Status:

Options	Respondents	%
Married	504	84
Unmarried	28	4.67
Separated	62	10.33
Others	6	1
Total	**600**	**100**

(Source: Primary Data, Survey)
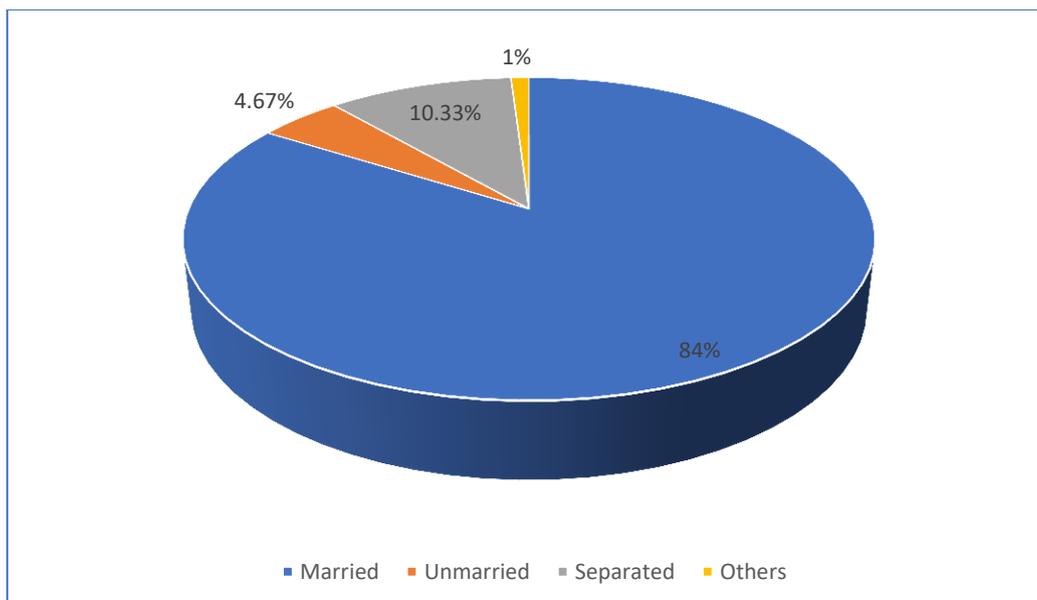
Figure 3. Marital Status (%)

From the above table & figure, it was found that the percentage of Married: 84%, Unmarried: 4.67%, Separated: 10.33% and others: 1%.

b) **Quality of Life among Urban elderly people towards Social Perspectives:**

Table 4. I have good relationships with my family members:

Options	Respondents	%
SA	109	18.17
A	265	44.17
N	18	3
D	114	19
SD	94	15.66
Total	**600**	**100**

(Source: Primary Data, Survey)
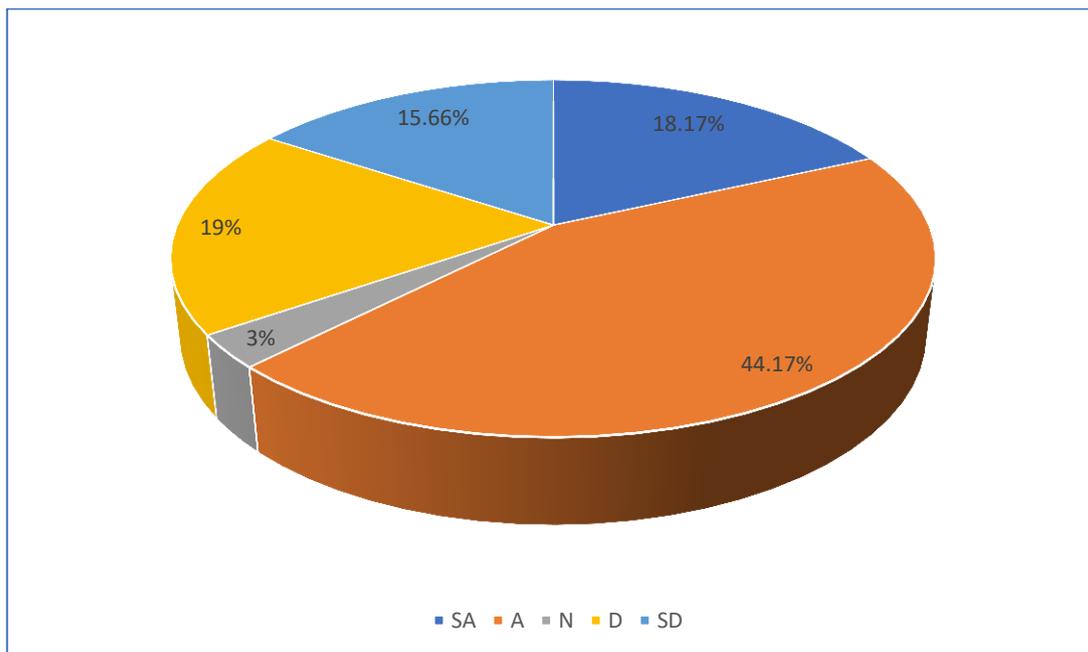
Figure 4. I have good relationships with my family members (%)

From the above table & figure, it was found that the percentage of SA: 18.17%, A: 44.17%, N: 3%, D: 19% & SD: 15.66%.

Table 5. I feel respected and valued by my children and relatives:

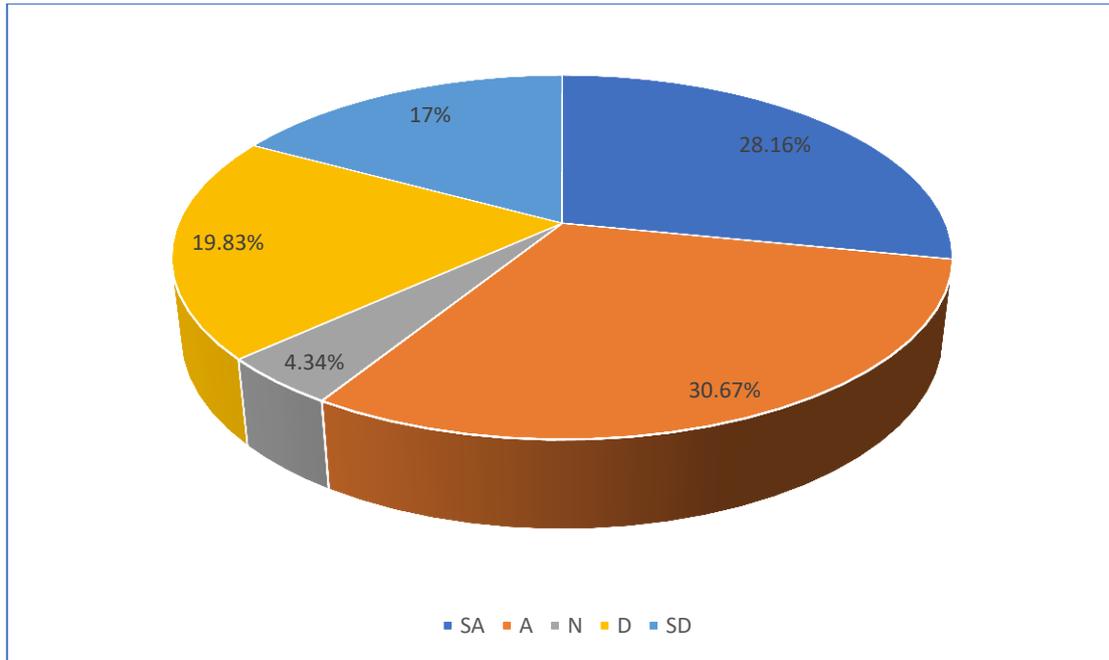| Options	Respondents	%
SA	169	28.16
A	184	30.67
N	26	4.34
D	119	19.83
SD	102	17
Total	**600**	**100**

(Source: Primary Data, Survey)

Figure 5. I feel respected and valued by my children and relatives (%)

From the above table & figure, it was found that the percentage of SA: 28.16%, A: 30.67%, N: 4.34%, D: 19.83% & SD: 17%.

Table 6. I participate in social and community activities regularly:

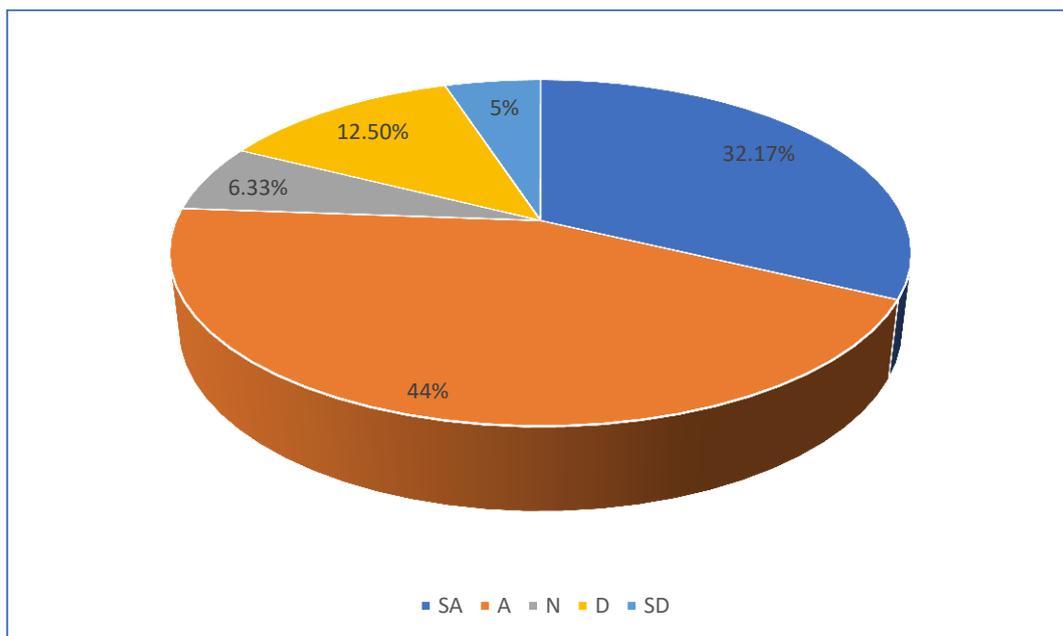| Options	Respondents	%
SA	193	32.17
A	264	44
N	38	6.33
D	75	12.5
SD	30	5
Total	600	100

(Source: Primary Data, Survey)

Figure 6. I participate in social and community activities regularly (%)

From the above table & figure, it was found that the percentage of SA: 32.17%, A: 44%, N: 6.33%, D: 12.5% & SD: 5%.

Table 7. I have friends and peers with whom I can share my thoughts:

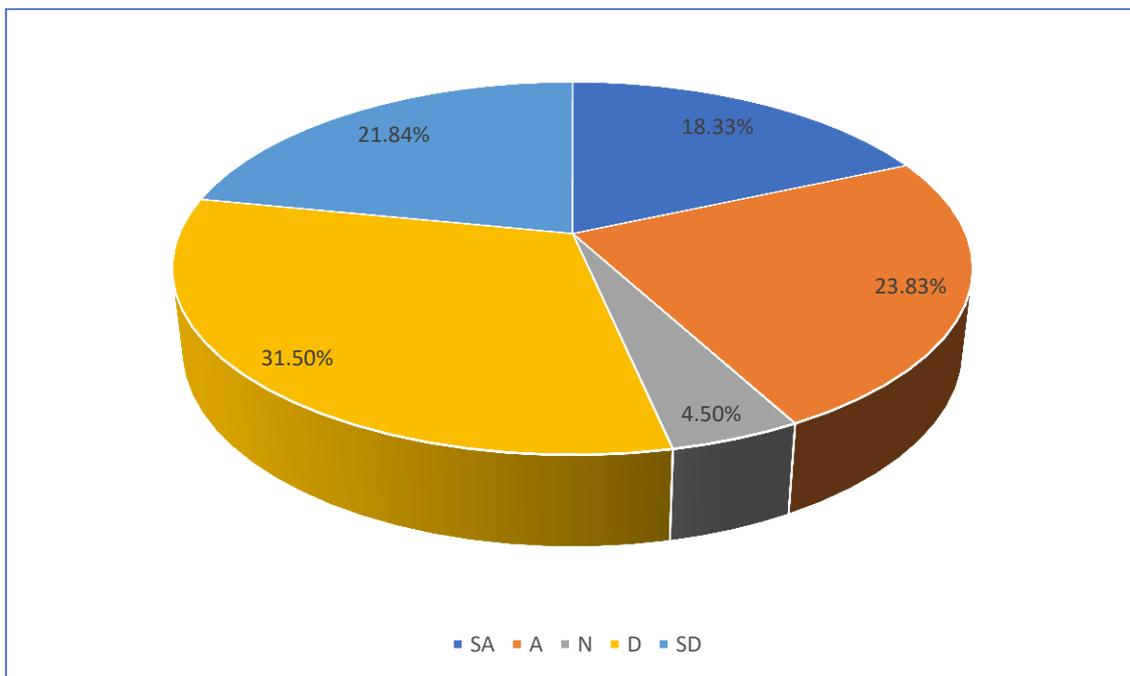| Options	Respondents	%
SA	110	18.33
A	143	23.83
N	27	4.5
D	189	31.5
SD	131	21.84
Total	**600**	**100**

(Source: Primary Data, Survey)

Figure 7. I have friends and peers with whom I can share my thoughts (%)
From the above table & figure, it was found that the percentage of SA: 18.33%, A: 23.83%, N: 4.5%, D: 31.5% & SD: 21.84%.

Table 8. I feel socially included in my community:

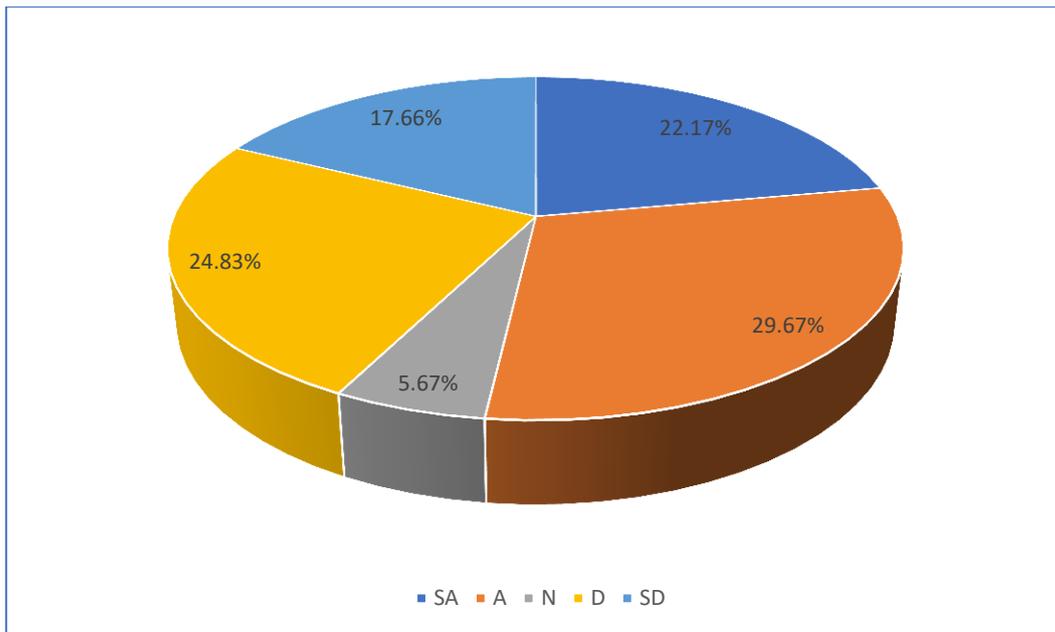| Options	Respondents	%
SA	133	22.17
A	178	29.67
N	34	5.67
D	149	24.83
SD	106	17.66
Total	**600**	**100**

(Source: Primary Data, Survey)

Figure 8. I feel socially included in my community (%)

From the above table & figure, it was found that the percentage of SA: 22.17%, A: 29.67%, N: 5.67%, D: 24.83% & SD: 17.66%.

Table 9. I receive adequate emotional support from family and friends:

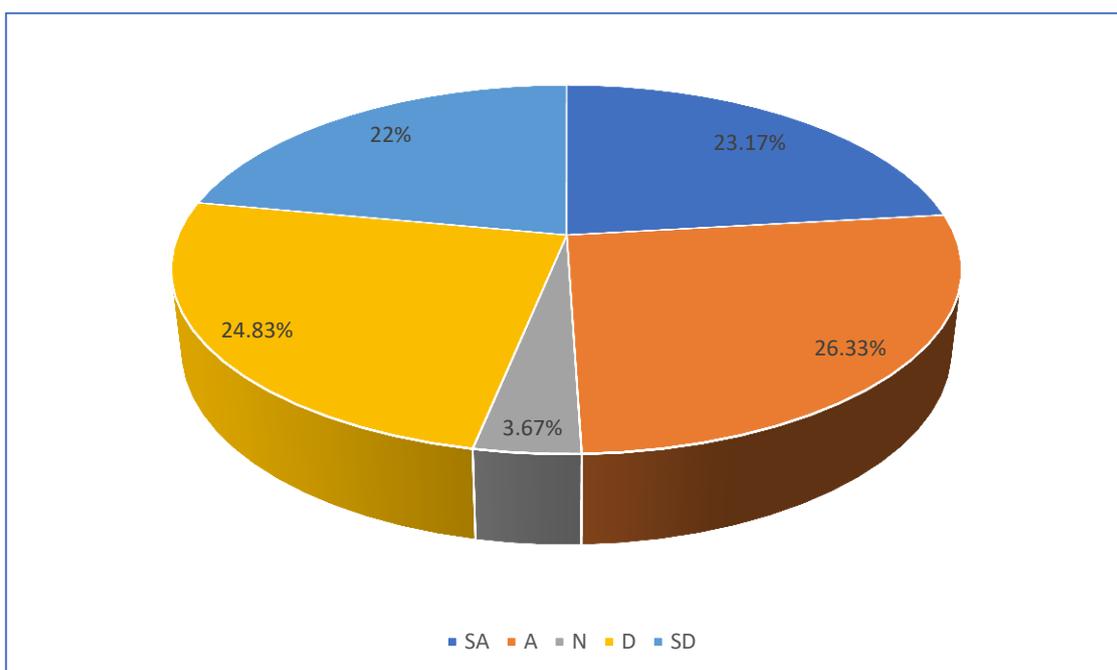| Options	Respondents	%
SA	139	23.17
A	158	26.33
N	22	3.67
D	149	24.83
SD	132	22
Total	**600**	**100**

(Source: Primary Data, Survey)

Figure 9. I receive adequate emotional support from family and friends (%)

From the above table & figure, it was found that the percentage of SA: 23.17%, A: 26.33%, N: 3.67%, D: 24.83% & SD: 22%.

c) Quality of Life among urban elderly people towards Economic Perspectives:

Table 10. Source of Income:

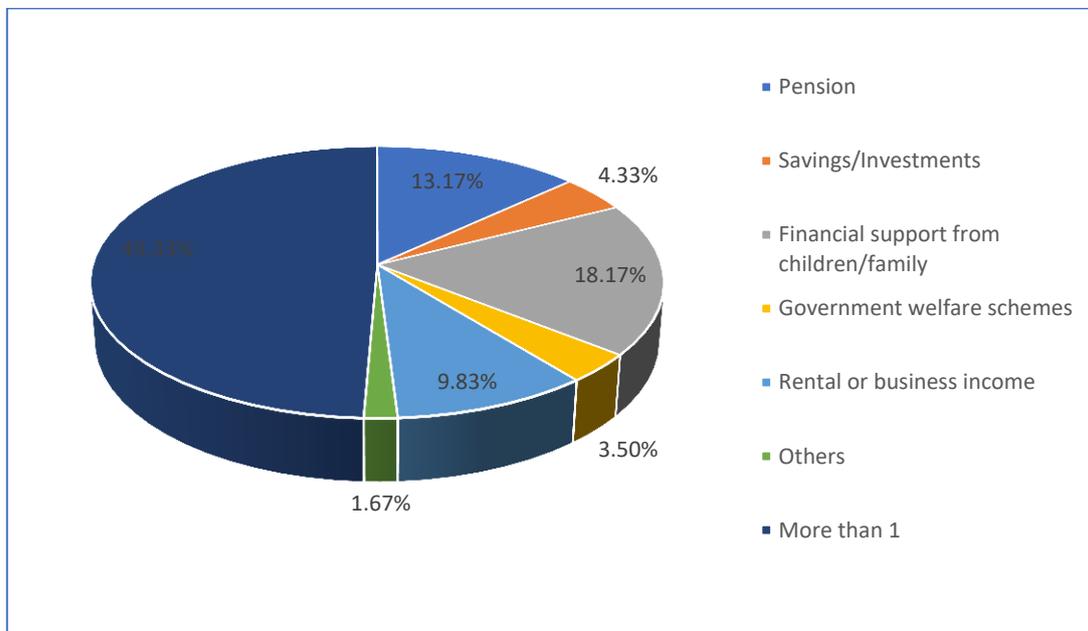| Options	Respondents	%
Pension	79	13.17
Savings/Investments	26	4.33
Financial support from children/family	109	18.17
Government welfare schemes	21	3.5
Rental or business income	59	9.83
Others	10	1.67
More than 1	296	49.33
Total	**600**	**100**

(Source: Primary Data, Survey)

Figure 10. Source of Income (%)

From the above table & figure, it was found that the percentage of pension: 13.17%, savings/investments: 4.33%, financial support from children/family: 18.17%, government welfare schemes: 3.5%, rental or business income: 9.83%, others: 1.67% and more than 1: 49.33%.

Table 11. Average Monthly Income:

Options	Respondents	%
Below Rs. 5000/-	126	21
Rs. 5001/- to 10000/-	109	18.17
Rs. 10001/- to 15000/-	41	6.83
Rs. 15001/- to 20000/-	221	36.83
Rs. 20001/- and above	103	17.17
Total	**600**	**100**

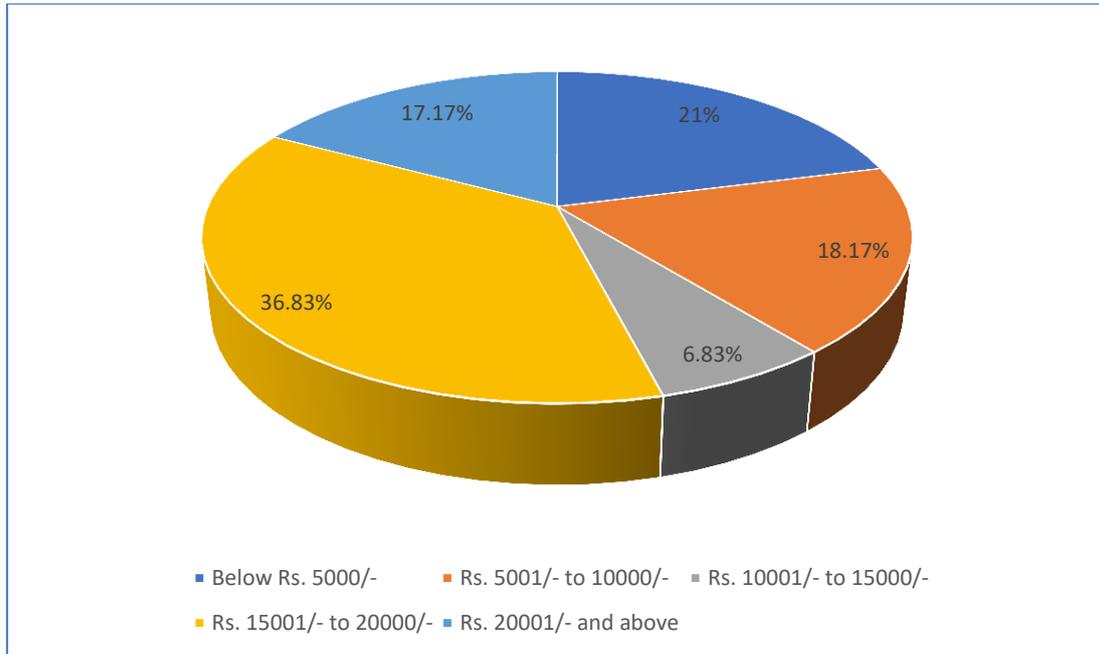(Source: Primary Data, Survey)

Figure 11. Average Monthly Income (%)

From the above table & figure, it was found that the percentage of below Rs. 5000/-: 21%, Rs. 5001/- to 10000/-: 18.17%, Rs. 10001/- to 15000/-: 6.83%, Rs. 15001/- to 20000/-: 36.83% & Rs. 20001/- and above: 17.17%.

Table 12. Your income is sufficient to meet your daily needs:

Options	Respondents	%
Yes	403	67.17
No	197	32.83
Total	**600**	**100**

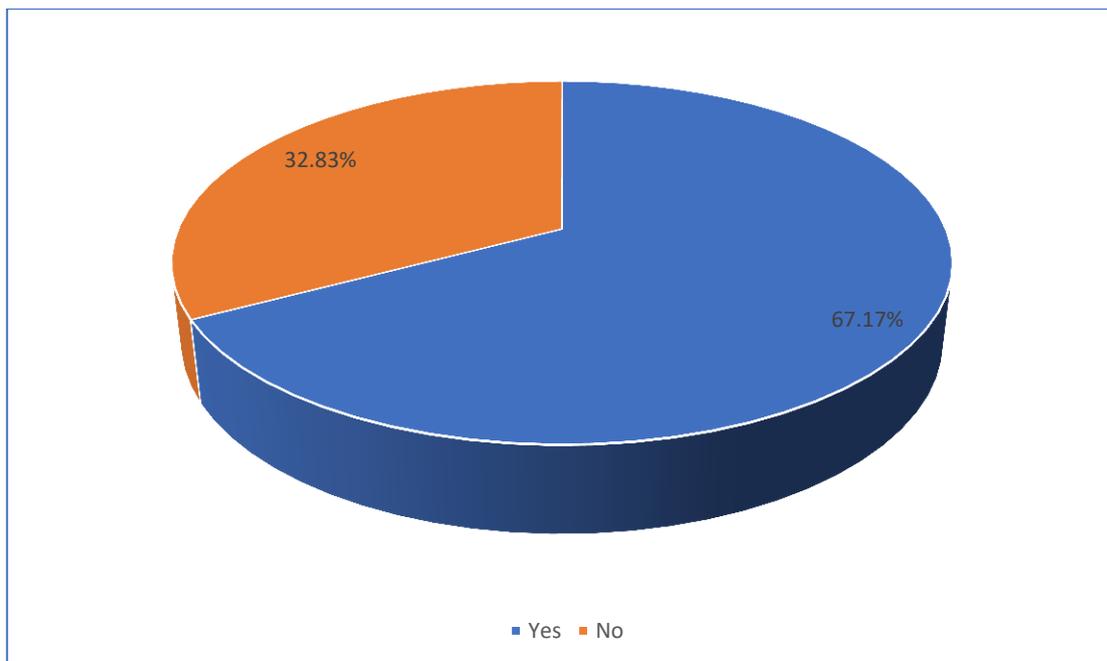(Source: Primary Data, Survey)

Figure 12. Your income is sufficient to meet your daily needs (%)

From the above table & figure, it was found that the percentage of Yes: 67.17% & No: 32.83%.

Table 13. Any savings or financial security for emergencies:

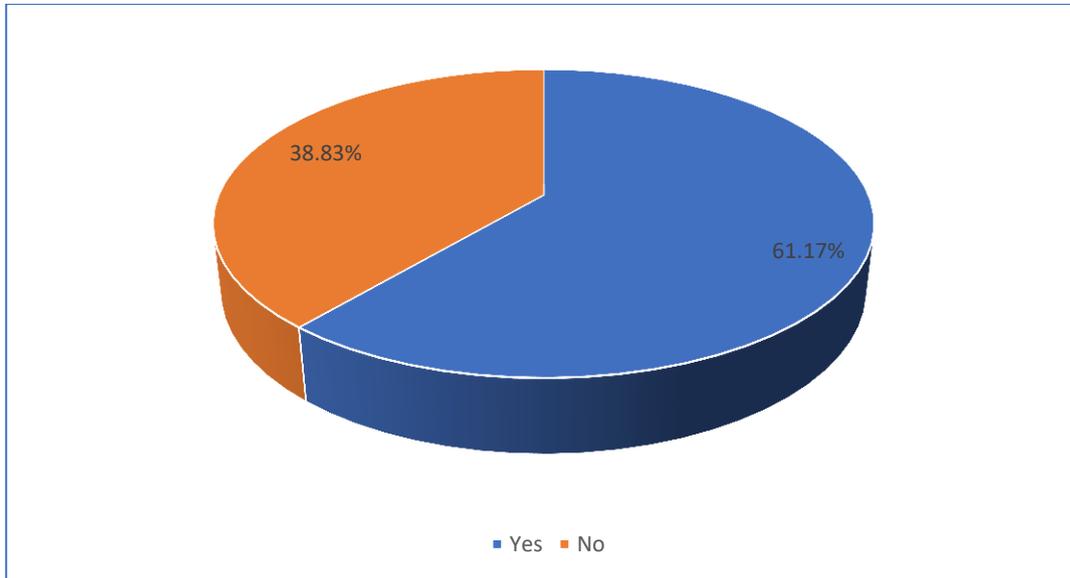| Options	Respondents	%
Yes	367	61.17
No	233	38.83
Total	**600**	**100**

(Source: Primary Data, Survey)

Figure 13. Any savings or financial security for emergencies (%)

From the above table & figure, it was found that the percentage of Yes: 61.17% & No: 38.83%.

Table 14. You face any financial dependency on your children or others:

Options	Respondents	%
Yes, fully dependent	111	18.5
Partially dependent	161	26.83
Not dependent	328	54.67
Total	**600**	**100**

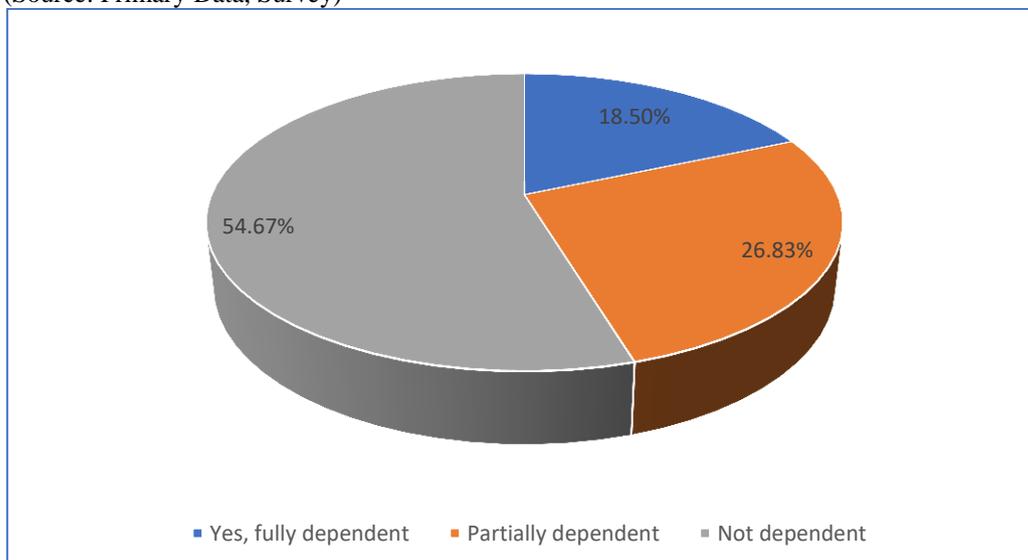(Source: Primary Data, Survey)

Figure 14. You face any financial dependency on your children or others (%)

From the above table & figure, it was found that the percentage of yes, fully dependent: 18.5%, partially dependent: 26.83% and not dependent: 54.67%.

Table 15. You receive any government pension or old-age benefits:

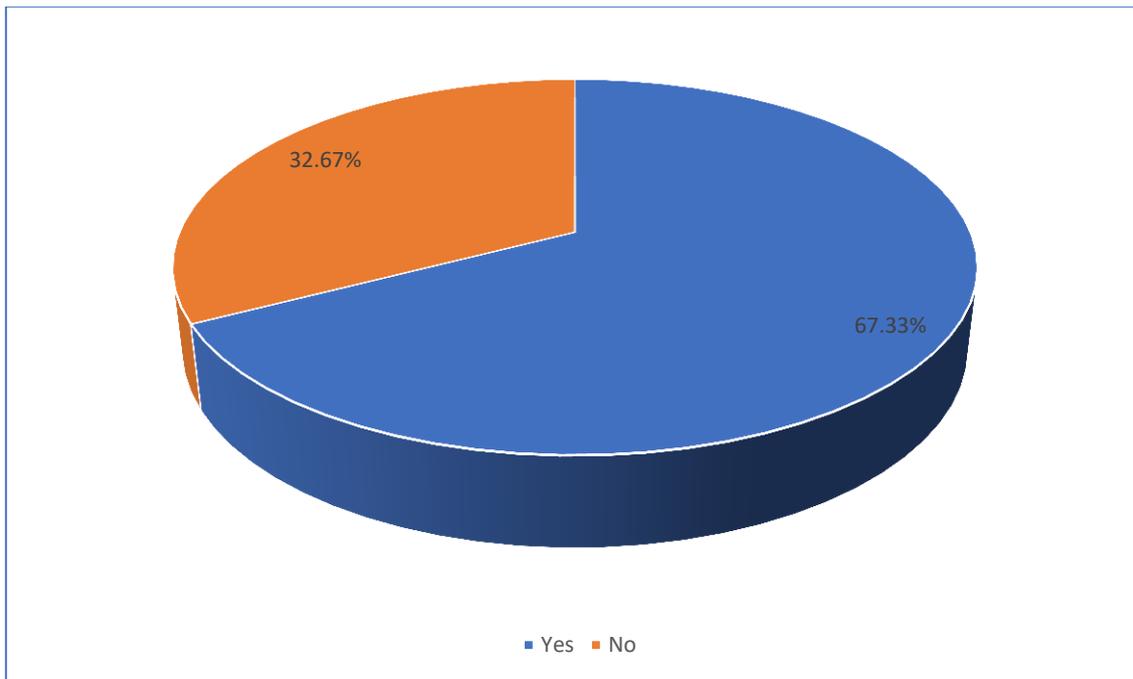| Options	Respondents	%
Yes	404	67.33
No	196	32.67
Total	**600**	**100**

(Source: Primary Data, Survey)

Figure 15. You receive any government pension or old-age benefits (%)

From the above table & figure, it was found that the percentage of Yes: 67.33% & No: 32.67%.

CONCLUSION

This study investigated the impact of socio-economic determinants on the quality of life (QoL) of the urban old population in Alipurduar District, West Bengal. The data suggested that the quality of life among urban elderly individuals is multi-faceted and tightly linked to socio-economic factors. Increased household income, reliable pension or social security assistance, enhanced educational achievement, stable housing, and consistent access to affordable healthcare are consistently associated with superior physical health, enhanced psychological well-being, greater social engagement, and improved perceptions of the living environment. In contrast, economic insecurity, social isolation, limited education, and obstacles to healthcare services were linked to inferior results across quality of life dimensions. (Indu, P. V., Remadevi, S., Philip, S., & Mathew, T., 2018).

The findings highlighted that socio-economic deprivation not only increases financial suffering for older persons but also undermines mental health, social connectivity, and the ability to engage in communal life. Familial support and engaged community networks have emerged as significant protective variables that mitigate the adverse consequences of low income and bad health. The access to local primary care, transportation, and age-appropriate public services was also crucial in fostering functional independence and life satisfaction.

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