Improving Quality of Life of Senior Citizens in Residential Neighbourhoods in the Indian Context

Broad area:
Planning & Policy
Habitation and Maintenance

Motivation/Need for the Study:

Old age often brings along with it problems of deteriorated health conditions, loss of economic independence, social isolation, social abuse, loneliness, boredom and loss of self-esteem (Agewell Foundation, 2011, HelpAge India, 2011, Aamoksh One Eighty, 2012, http://en.wikipedia.org/wiki/Elder_law_in_India, Hindustan Times, 2013). The World Health Organization (WHO) classifies old age in two different categories based on their age groups: 60-74 years as ‘elderly’, and those older as ‘aged’ (Goel & Gupta, 2008). In this report we shall use the term ‘senior citizens’ or ‘elders’ or ‘elderly’ for all the people of age groups above 60. People belonging to age group 50-59 shall be referred to as ‘future elderly’.

A study has observed that the ‘elderly’ are physically active and mentally alert, while the ‘aged’ need different types of support, especially health related (Goel & Gupta, 2008). Due to senior citizens’ decreased physical mobility which compels them to interact more within their home and immediate local environments, housing becomes "the single-most important element in the life of an older person..." (Kart and Kinney, 2001: p. 425 as cited by Philips D., Siu O., Yeh A. & Cheng K., 2004). In addition, reports on crime on senior citizens both within home and the surroundings have been on rise recently in Indian cities (The Times of India, 2013, Hindustan Times, 2013). Various other studies have also identified increased levels of social isolation and depression with the onset of old age (Rasheed R.A., 2010, Agewell Research & Advocacy Centre, 2011, HelpAge India, 2011). In this context, there is a need to explore the role of neighbourhoods both in terms of its built environment and social support facilities in improving the Quality of Life (QOL) of the elderly population in the Indian context. The study will be conducted in different cities in the state of West Bengal in India. Recently as Kolkata has joined the WHO Global Network of Age-friendly Cities and Communities, assessment of its age-friendliness and development of a plan to adapt its services to the needs of senior citizens has become necessary (http://kfk.org.in/whoage.html). This study shall identify the varied needs of the different tiers of old age along with those belonging to future elderly and propose possible solutions to improve their QOL in residential neighbourhoods.

With the growing trend of change in family structure from joint families to nuclear families in India, the senior citizens are experiencing social isolation due to loss of family ties. The change of the role of women in the society has also brought
about a scarcity in the people responsible for taking care of the senior citizens (Pappathi & Sudhir, n.d.). Urbanisation and globalisation are also shifting adult children away from their parents, leaving the elderly population vulnerable to physical and emotional problems as they suffer not only due to their physical weakness, but also due to lack of economic resources (especially in the low-income families), self-esteem and social status (Sandhu J. & Arora T., n.d.). Today, the family is therefore incapable of providing necessary support to their elders.

In India, development in medical science and technology has blessed the senior citizens with greater longevity. The number of older population in India had increased from 20 million in 1950 to 76.622 million in 2001 and is estimated to increase to about 308.463 million by the year 2050 (Bose, 2006 as cited by Batra & Agnimitra, 2010). The percentage of population of senior citizens has been expected to rise from 7.5 percent in 2001 to 20.1 percent in 2050 (Bose, 2006 as cited by Batra & Agnimitra, 2010). But, with the decrease in the number of young people to take care of the elders, this rapid increase in the number of senior citizens has become an issue of serious concern. A recent study in Orissa has shown that the proportion of the aged who lived with their children had decreased from 31 per cent to 26 per cent in urban areas and the proportion of the aged who lived with other relations and future-relations had increased from 3 per cent to 5 per cent in urban areas. This indicates the weakening of the extended family system (Mishra, 2009). The issue is of much more serious concern in low income group families, where loss of financial independence makes the elderly a burden for their families. With the absence of children and kin to take care of the elderly, the responsibility shifts to the Government as this issue has become a major social problem. Besides, providing medical and financial facilities to the elderly, the living environment of the elderly should also be taken care of. As observed by Kart and Kinney (2001: p. 425 as cited by Philips D., Siu O., Yeh A. & Cheng K., 2004), housing is "the single-most important element in the life of an older person...". The reason behind this, as stated by Phillips &Yeh (1999, as cited by Philips et.al., 2004) is the senior citizens’ decreased physical mobility that restricts them to interact more within their home and immediate local environments. The residential environment must cater to basic needs of the elderly population and provide them with the services and facilities essential for their well-being. Very few researches have been carried out so far in the domain of Quality of Life and built environment in India. The researches on ageing have mainly focused on health, financial and social issues. Help Age India have undertaken a few studies on the characteristics of the built environment that are best fit for the elderly. In 2007, HelpAge India had conducted a study on ‘Age-friendly cities’ on Udaipur and Delhi for the report entitled ‘Global Age-friendly Cities: A Guide’ prepared by the World Health Organisation. In this study, the basic requirements that cities should possess so as to be accessible to and liveable for the senior citizens, have been proposed. The report is a guide for cities to enable ‘active
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ageing’. It caters to the aspects of Outdoor Spaces and Buildings, Transportation, Housing, Respect and Inclusion, Social Participation, Communication and Information, Civic Participation and Employment, Community Support and Health Services. This study was based on the perspective of the elderly or senior citizens. However, the solutions that have proposed are very broad as the proposed measures have not been quantified in terms of their numbers, distances, etc. A similar observation has been found in another study on ‘Built Environment for the Elderly’ conducted by A.K. Jain which suggest various measures and criteria that are required to be incorporated into the built environment of a city to be age-friendly. HelpAge India’s report ‘Enabling Environment’ also proposes guidelines/parameters for universal design of public and private buildings for the special needs of the elderly. This report only looks into the architectural details of the building with a few broad outlines related to the site. Whether the latter two studies have been based on the perspective of the elderly is unclear. A study on the researches so far carried out in India clearly indicates that the relationship of the neighbourhood with QoL of the elderly remains a hugely unexplored area. As observed in the ‘Age-friendly cities report Udaipur’ the concerns of the middle income group differ from that of the low income group. While the middle income group was concerned with the economic and infrastructural developments, the low income group were more concerned about their “marginalisation due to loss of income and lack of medical assistance” (HelpAge India, 2007). However, no such observation was found in Delhi. This clearly shows that choices of people vary with their income structure and social milieu. The above study thus establishes the need to develop residential neighbourhoods with facilities that contribute to the satisfaction and well-being of the senior citizens in India.

Defining senior citizens

In India, “Senior citizens” as defined by the Ministry of Health & Family Welfare, Government of India, is a person who is of the age of 60 years or more (Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India, 2011). The United Nations also consider persons of age 60 years or more as senior citizens (Patel & Mishra, 2013). In this report we shall use the term ‘senior citizens’ or ‘elders’ or ‘elderly’ for all the people of age groups above 60. Another group of people belonging to the age group of 50-59 shall be used as a reference group to understand the needs and requirements that are common to both the groups. Since this age group can be considered as a transition period from working age to elderly group, so their needs will help in formulation of the needs of the future generation of the elderly as well as in identifying the needs of the working age group. In this report, people belonging to age group 50-59 shall be referred to as ‘future elderly’.
Objectives and Scope of Work

- Comparison of available international, national and regional guidelines on senior citizen’s quality of life in the context of the similarities and differences resulting from the countries’ varying political economic and cultural nuances.
- Identification of the attributes that contribute to the senior citizens’ perception of Quality of Life in residential neighbourhoods
- Determining the priority for these attributes amongst different socio-economic and demographic groups of elderly and future elderly population in different residential environments.
- Determining the neighbourhood level services and facilities senior citizens desire for each of the attributes identified and developing a framework for their implementation
- Determining the ability and willingness to pay for the desired services and facilities
- Test the feasibility of the proposed solutions in the context of the city’s potential (financial and available manpower), available institutional support, existing organisational structure, cultural norms and policies on senior citizens.
- Preparing Manual for provision of neighbourhood level services and facilities to improve QOL for Senior Citizens in various classes of urban areas in West Bengal.

Methodology

The objective of the study is to identify the indicators that contribute to the improvement of the ‘Quality of Life’ (QOL) of senior citizens, determining associated facilities and services and to evolve a framework for provision of these facilities and services. These indicators shall comprise of both built environment features as well as social support services. The study shall first start with identifying the broad domains that define QOL for senior citizens in the neighbourhood context. Next, the domains shall be broken down into a set of facets i.e. the attributes that define the domains and finally prepare a list of indicators or items that can quantify the identified facets. For example, ‘social roles and activities’ is one of the many attributes that define the broad domain of ‘social participation’. The items like the type of activities and the space required to conduct these activities are the indicators. The parameters are the exact quantifiable values of these indicators. Indicators are initially identified through literature review and then finalised through focus group and expert opinion surveys.

The methodology has been shown in the Figure 1. In this study domains have been considered as the broad category of characteristics or features that define the object under study (in this case object is the neighbourhood). Facets are the
attributes that define the domains and indicators are the set of items that help us to quantify the facets.

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Step 1: Identification of the specific QoL attributes relevant for the elderly in the neighbourhood level

Step 2: Identifying the broad domains of QoL specific to this study and identification of first set of facets under each domain

1. Expert opinion Survey (importance ranking)
2. Focus group survey for both population groups (content analysis from open-ended interviews)

Step 3: Preparation of a set of facets and indicators unique for senior citizens

Focus group survey (Content analysis from open-ended interviews)

Step 4: Preparation of final set of parameters defining each facet

Final survey
- Importance ranking by survey respondents
- Study of existing characteristics and people’s satisfaction level with them
- Parameter details from interval scale or scoring of alternatives

Step 5: First priority list of facets with details of parameters

Willingness to pay survey of respondents

Statistical analysis of all results

Step 6: Final priority list of facets with details of parameters

Conduction of outreach programs and workshops with municipalities to inform people about the project and also get their inputs for implementation programs

Step 7: Development of framework for implementation of the identified set of services and facilities

Step 8: Conducting another set of outreach programs and workshops with municipalities to educate people about the project and provide them with information required for implementation of the same

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Outcomes/Deliverables

- The study shall identify how the priorities for Quality of Life indicators vary among the elderly and the future elderly. This can be used for identifying the required neighbourhood features for the future generation of elderly and also bring out an optimum solution between the requirements of the elderly and the working age population.
- The study shall also indicate how the priorities for Quality of Life indicators vary with different socio-economic, demographic and neighbourhood characteristics. This can be used for identifying the required neighbourhood features for respective target population groups.
- Guidelines for provision of social support services to cater to the needs of residents with the focus on the different age groups of elderly population (the ‘elderly’ and ‘the aged’).
- Undertaking large scale community outreach programs and workshops to inform people about the proposed programs, identified from their responses, to cater to the needs of the senior citizens and seek for their co-operation in the implementation of the same.
- Conducting experimental studies at different neighbourhoods to test the effectiveness of the proposed solutions in improving the QoL of senior citizens.
- Manuals for creation of neighbourhood built environment facilities/features that improve the Quality of Life of residents with the focus on the different age groups of elderly population (the the ‘elderly’ and ‘the aged’) based on the city’s ability to deliver the solutions.
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Study Area

The present study will be based on four locations within the Kolkata Urban Area (KUA) and five other areas in West Bengal.

Based on population sizes, a tentative list of study areas has been selected, as shown in Table 1.

Table 1: Tentative list of study areas with their respective total and elderly population

<table>
<thead>
<tr>
<th>Class of Town</th>
<th>Name of area</th>
<th>2001</th>
<th>2011</th>
<th>Total population of senior citizens</th>
<th>Total population of future elderly citizens (50-59)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class I</td>
<td>Behala</td>
<td>48,084&lt;sup&gt;3&lt;/sup&gt;</td>
<td>4078</td>
<td>3,962</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Salt Lake</td>
<td>2,18,323&lt;sup&gt;3&lt;/sup&gt;</td>
<td>18514</td>
<td>17,990</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Golf green</td>
<td>26,737&lt;sup&gt;3&lt;/sup&gt;</td>
<td>2267</td>
<td>2,203</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Udayan</td>
<td>7,200&lt;sup&gt;4&lt;/sup&gt;</td>
<td>611</td>
<td>593</td>
<td></td>
</tr>
<tr>
<td>Class II</td>
<td>Bishnupur (M)</td>
<td>61947&lt;sup&gt;1&lt;/sup&gt;</td>
<td>69783&lt;sup&gt;2&lt;/sup&gt;</td>
<td>5918</td>
<td>5,750</td>
</tr>
<tr>
<td>Class III</td>
<td>Kolaghat (CT)</td>
<td>23702&lt;sup&gt;1&lt;/sup&gt;</td>
<td>27343&lt;sup&gt;2&lt;/sup&gt;</td>
<td>2319</td>
<td>2,253</td>
</tr>
<tr>
<td>Class IV</td>
<td>Srirampur (CT)</td>
<td>17719&lt;sup&gt;1&lt;/sup&gt;</td>
<td>19831&lt;sup&gt;2&lt;/sup&gt;</td>
<td>1682</td>
<td>1,634</td>
</tr>
<tr>
<td>Class V</td>
<td>Bishnupur (CT)</td>
<td>4530&lt;sup&gt;1&lt;/sup&gt;</td>
<td>5353&lt;sup&gt;2&lt;/sup&gt;</td>
<td>454</td>
<td>441</td>
</tr>
<tr>
<td>Class VI</td>
<td>Jemari (CT)</td>
<td>3861&lt;sup&gt;1&lt;/sup&gt;</td>
<td>4321&lt;sup&gt;2&lt;/sup&gt;</td>
<td>366</td>
<td>356</td>
</tr>
</tbody>
</table>

*Population as per Census 2001*  
<sup>1</sup>Population projected for 2011 based on respective district growth rate as per Census 2011 (except for Kolkata UA)<sup>2</sup>Population as per Census 2011  
<sup>3</sup>Average household size of 4.5 for 1600 households  
<sup>4</sup>Considering 8.48% of total population (as per Single Year Age Data - C13 Table, Census 2011)  
<sup>5</sup>Considering 8.24% of total population (as per Single Year Age Data - C13 Table, Census 2011)  
<sup>6</sup>Population size-class: Class I: 100,000 and above; Class II: 50,000 to 99,999; Class III: 20,000 to 49,999; Class IV: 10,000 to 19,999; Class V: 5,000 to 9,999 and Class VI: Less than 5,000 persons. (Census 2001)

Team Composition

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