

Quality of Life and the Elderly in the Coastal Areas of Anjuthengu

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Abstract

Aging is an ongoing process that starts at birth and continues till death. It could be seen as a multifaceted process that changes an individual's social, physical, mental, spiritual, and emotional well-being. Kerala, India faces rapid growth in the elderly population due to better healthcare facilities, growing birth rates, decreasing death rates, increased life expectancy, etc. Thus, Kerala's demographic transition is towards an aging society. Here arises an alarming need to provide for the needs of the elderly ensuring their quality of life. Kerala's extensive coastal line characterized by a high population density faces economic instability and frequent exposure to natural disasters, which compound the social issues its aging population faces. On the other hand, the proximity to natural resources like seafood, opportunities for communal interaction, the we-feeling among the community members, and a slower-paced lifestyle are added advantages that can contribute towards a better quality of life. The focus of the study is on assessing the quality of life of the elderly inhabiting the coastal region of Anjuthengu through simple random sampling in a quantitative method using the WHOQOL-BREF. Thus, the study's findings can contribute directly to the domains that affect their quality of life and suggest possible interventions to enhance their quality of life, eventually contributing to the broader discourse on aging and quality of life in Kerala's coastal region.

Keywords: Elderly, Quality of life, Coastal area, Aging

1. Introduction

Aging is like tides with ebbs and flows. For the elders, life is like a shore where waves and winds tell different stories. Thus, they are the guides who hold a rich indigenous knowledge. Their lives will be slower, but whether peace is assured is still a question. The elderly population is growing at an unprecedented rate.

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Globally, there were approximately 1 billion individuals aged 60 and more in 2019, expected to rise to 1.4 billion by 2030 and 2.1 billion by 2050 as per the World Health Organization (Verma R, 2013). Kerala is aging more quickly than India as a whole. Its population over 60, with 5.1% of the total in 1961, was marginally less than the 5.6% national average. Kerala has surpassed the others since 1980; in 2001, the ratio was 10.5% to 7.5; by 2011, nearly 13% of the population had already reached the age of 60 (Economic review, 2017). The Maintenance and Welfare of Parents and Senior Citizens Act in 2007 was passed to provide senior citizens financial security, welfare and protection. Even when these acts exist whether it is followed in a full-fledged manner is still a question. Article 41 of the Constitution of India directs the State to provide for public assistance to the Senior Citizens and to ensure their welfare and well-being. Here comes the major role of assessing quality of life as the perception of an individual's position in life while considering the context of the culture and value systems in which they live and about their goals, expectations, standards, and concerns (WHO, 2012). QoL for the elderly, as it reflects their health and overall well-being, is a significant concern worldwide. However, it remains an often-overlooked issue in less affluent countries like India. (Barik D, 2015). This research aims to analyse the quality of life of the elderly in the coastal areas of Anjuthengu.

2. Background

Government of India's report reveals that, everyone who is 60 years or over is considered as elderly (Franceschi C, 2018). The 2011 Census reveals that 8.6% of Indians are over 60. By 2050, their proportion is expected to increase to 21% of the total population. About 22.8% of Kerala's population will be senior citizens by 2036 as against the projected national average of 15% according to India Ageing Report 2023 (Times of India,

2023). Presently, the share of the elderly population in Kerala is more than 12% of the state's total population. Senior citizens, being vulnerable under their physical and psychological decline, require active interventions to protect their rights. The elderly in India have always depended on their families for social, emotional, and financial assistance. In addition to these, the abuse of the elderly is also increasing at an alarming rate characterized by one in six adults aged 60 and over reported having been the victim of abuse in a communal setting in the previous 12 months (WHO, 2024). These abuses should not be physical, mental or sexual, but can also take up forms such as financial exploitation and neglect too where all of these together contribute towards a lessened quality of life. The major challenge in addressing the problems faced by elderly individuals is the variability in their needs, which necessitates a person-centric approach. Each individual's concerns and requirements differ, making one-size-fits-all solutions inadequate. For those inhabiting with family, this approach is somewhat feasible, as family members can offer direct, personalized support. However, elderly individuals in old age homes often miss out on this personal attention and conversation, which can lead to unaddressed issues and a sense of neglect (Kumari, 2021). This gap highlights the importance of assessing and improving the quality of life (QOL) for elderly people. By systematically evaluating these aspects, it will be possible to provide more personalized care, thereby enhancing the life quality of elderly residents ensuring a proper intervention to satisfy their needs.

3. Research Problem

The life of the elderly may be different in context of a wide society which may differ geographically, economically, socially, culturally, etc.... The quality of life these contexts offer to the elderly will also vary. Today, approximately 3 billion people —

about half of the world's population, live within 200 kilometers of a coastline. By 2025, that figure is likely to double (Creel, 2003). With a length of 590 km, the sea beaches make up roughly 10% to 15% of Kerala's total area, while the backwaters, with their lagoons, estuaries, barrier islands, and other coastal landforms, span more than 100 km. Approximately 40% of the population resides in or close to the coast, with a very high population density of more than 2500 people in a square kilometer (A.P Sachin, 2014). High-tide flooding brought on by climate change poses a serious threat to Kerala, a state renowned for the rich cultural legacy and high literacy rates. The state's 600 km of heavily populated coastline has seen an increase in habitation pressure over the last three decades, with greater than 70% of its inhabitants residing in the coastal regions. The vulnerability of coastal towns has exacerbated by loss of about one-third of the shoreline in the last 26 years (Bharathy, 2024).

In a coastal panchayat like Anjuthengu, a region with a rich cultural heritage and historical background quality of life of the elderly will be shaped and moulded by different factors including environmental factors and socio-economic conditions. Being subjected to heightened vulnerability due to natural hazards and economic instability the lives of these people will be in a great trouble making the elderly really susceptible. Many of the development projects had a detrimental effect on the lives of those living close to the coast, putting their lives in grave danger. Even when there are developmental activities taking place the fisherfolk community still stands as an outlier when considering the development and living standards, especially when comparing with the state's average experience. The fisherfolk remain disadvantaged in accessing necessities such as secure housing, clean drinking water, hygiene, and sanitation facilities. Poverty among this community is significantly higher than in the general population, leaving them in a cycle of

deprivation. This community is also highly vulnerable to changing climatic conditions, as they live near the shoreline, putting them at constant risk of losing their homes, land, and even employment to events which include rising of sea levels, unpredictable storms, and coastal erosion. The precarious positioning along the coast exacerbates their socio-economic instability, as environmental challenges directly threaten their livelihoods and safety. Addressing these problems would require targeted support and initiatives for sustainable development that focus on resilient housing, secure income sources, and environmental safeguards for the fisherfolk (Shyjan, 2011). In the above contexts the quality of life of the elderly needs significant attention about which there is only a piece of limited information. The study's conclusions will add to the current conversation in Kerala about elder care and provide suggestions for improving the quality of life of the elderly giving a special focus in coastal areas to ensure the effectiveness in preserving the welfare of the elderly.

4. Objectives

- To assess the overall perception of the quality of life of elderly residents in coastal areas of Anjuthengu.
- To identify the overall perception of respondents' health in the coastal areas of Anjuthengu.
- To analyse the impact of domains (physical, psychological, social relationship, and environmental) on the quality-of-life scores of elderly residents in Anjuthengu.
- To suggest interventions to enhance the quality of life of elderly residents in coastal areas of Anjuthengu.

5. Literature Review

The literature review serves as a critical foundation for understanding the context, scope, and significance of a research study. In the context of aging and quality of life, numerous studies have examined the multifaceted challenges faced by the elderly among which some of them are listed below.

Despite the fact that coastal areas are more likely to experience severe and frequent hurricanes, faster sea level rise, and longer tidal inundation, older persons who are susceptible to floods and other extreme weather events frequently choose to retire there. The particular physical and psychological difficulties faced by people 65 and older may have an impact on their readiness, coping skills, and capacity to react to and recover from a hazard occurrence. An empirical study of Aging in Flood-Prone Coastal Areas: Discerning the Health and Well-Being Risk for Older Resident indicated that dispersion of older populations along the East Coast of the U.S. is uneven, with a significantly higher percentage of those 65 and older residing along the shoreline in several states and counties. Other characteristics, such as older housing stock, disabilities, and lower income, which frequently vary across rural and urban settings, are present in many areas with bigger senior populations and further influence the vulnerability of this age group. Along with this the data analysis revealed that nearly all the studies on aging in high-risk coastal areas have focused on severe catastrophes, with very few addressing the frequent nuisance flooding that already affects many coastal towns (Anamaria Bukvic, 2018).

In a cross-sectional descriptive study about determining the factors impacting the quality of life among the general population in coastal communities in central Vietnam, it was demonstrated that a challenging economic climate, inadequate medical facilities and services, and the risk of numerous natural disasters, such as floods, are contributing factors to the lower

QOL among people in coastal areas. It was suggested that the local authorities must take more appropriate and practical measures to increase their support, including all aspects of mental and physical health, social relations, and living environments, to improve the QOL of people living in these problematic communes of coastal areas in Vietnam (Nguyen, 2024).

The study by Vimala and Goyal (2018) on the Quality of Life of the Elderly in India emphasized crucial policy-level steps to improve quality of life of India's elderly population, particularly in rural areas. It revealed a significant lack of awareness among the elderly about government-supported senior services, with nearly half unaware of available services and 96% never accessing welfare facilities. Key recommendations included integrating geriatric services into primary healthcare in rural areas, Professional and Behavioural Training, Provision of Rehabilitation Support, and Mental and Emotional Well-being were also suggested. Encouraging a positive outlook, stress reduction, and cognitive engagement to improve appetite, mental clarity, and overall life satisfaction. This study underscores that quality of life for the elderly extends beyond basic health to include social, emotional, and rehabilitative needs, calling for a holistic, accessible approach tailored to this vulnerable demographic (G Vimala, 2018).

The goal of the study on Quality of Life of the Elderly was to examine the several aspects that affect the elderly's quality of life and its causes. 800 senior people of both sexes, uniformly allocated in numbers ranging from ages of 60 and above, were chosen at random from the Thiruvananthapuram district of Kerala's rural (N=592) and urban (N=208) districts. While analysing the collected data through an interview schedule and a Quality-of-Life scale with 80 questions (including both positive and negative remarks) it was shown that older men had

a higher quality of life than their female counterparts. The elderlies is greatly impacted by socioeconomic factors, including their level of education, employment position, site of living, family income, companionship, and problems they experience (Sithara Balan V., 2015).

Even though Kerala's senior population is expanding, little research has been carried out on how they live in coastal areas. Although aging and related issues have been a subject of numerous research in Kerala, little is known about particular socio-environmental elements that impact the elderly in coastal areas, especially Thiruvananthapuram. The quality of life of the aging population is strongly impacted by the unique issues that coastal areas experience, such as limited access to resources, economic instability, and vulnerability to natural catastrophes. However, there hasn't been much work done to conduct a thorough evaluation of the senior population's quality of life in these areas. To improve well-being of the elderly in these underprivileged communities, specialized interventions are required, and the dearth of targeted research emphasizes the need for studies that address the nexus of aging and coastal life.

6. Methodology

The study employed a structured methodology to understand the quality of life of elderly individuals residing in the coastal areas of Anjuthengu. The universe of the study comprised of individuals aged 60 years and above living in these coastal regions. They also served as the unit of analysis, and the respondents were selected through simple random sampling. The inclusion criteria required participants to be 60 years or older and has to be resided in the coastal area for at least three years. They should also be mentally sound and capable of providing informed consent. Elderly individuals who were

bedridden due to physical immobility or severe illness were excluded from the study.

7. Research Design

The research employed a quantitative cross-sectional design, using the WHOQOL-BREF questionnaire to collect data. This design involves collecting data at a single point of time to assess the quality of life among the elderly. This method, enhanced the reliability and inclusiveness of the findings, ensuring that the data accurately represented the elderly population in the coastal region of Anjuthengu. It is thus particularly suited for identifying correlations and highlighting areas requiring intervention to improve the well-being of the elderly in coastal communities.

8. Data Collection Method and Sampling

The data was collected from 3 wards of Anjuthengu village namely, Mannakulam (ward number -12), Munduthura (ward number -13), and Mampally (ward number -14) through a simple random sampling from the list of elderly population of these wards. A standardized questionnaire of WHO-QOL BREF was used to collect the quantitative data. The translated version of the tool WHO-QOL BREF- Malayalam was used to make the process convenient so that the respondents could understand the language. The simple random sampling method minimizes selection bias, ensuring that every individual in the target population has an equal chance of being included, thereby enhancing the reliability and generalizability of the findings. A total of 60 respondents were chosen to collect the data for balancing precision and consistency. To accommodate the elderly respondents, the researcher personally administered the questionnaire by reading out the questions and recording their responses. This approach ensured clarity, reduced response

errors, and facilitated participation, especially because they had literacy challenges.

9. Data Analysis and Results

Table 1. Quality of Life and Satisfaction with Health

	N	Minimum	Maximum	Mean	Std. Deviation
Rating the Quality of Life	60	1.00	3.00	1.6500	.60576
Satisfaction with Health	60	1.00	5.00	2.1667	1.18130
Valid N (Listwise)	60				

The results revealed that out of total population (N=60), comparatively lower quality of life among the respondents is suggested by the mean quality of life rating (1.65), which is closer to the lower end of the scale (1.00). The variability indicates the responses' moderate consistency (Std. Deviation of 0.60576). Compared to the entire scale the mean (2.1667) for health satisfaction indicates a somewhat greater but still a low degree of satisfaction. The higher standard deviation (1.18130) indicates that respondents' satisfaction ratings vary more.

Table 2. Rating the Quality of Life

	Frequency	Percent	Valid Percent	Cumulative Percent
Very poor	25	41.7	41.7	41.7
Poor	31	51.7	51.7	93.3
Neither poor nor good	4	6.7	6.7	100.0
Total	60	100.0	100.0	

A significant majority (51.7 %) rated their quality of life as "Poor," whereas 41.7% opined that their quality of life appears to be “Very poor” indicating a predominantly negative perception of quality of life among respondents. Only 6.7% (4

respondents) rated their quality of life as "Neither Poor nor Good," highlighting the scarcity of even neutral opinions

Table 3. Satisfaction with Health

	Frequency	Percent	Valid Percent	Cumulative Percent
Very dissatisfied	20	33.3	33.3	33.3
Dissatisfied	24	40.0	40.0	73.3
Neither satisfied nor dissatisfied	5	8.3	8.3	81.7
Satisfied	8	13.3	13.3	95.0
Very satisfied	3	5.0	5.0	100.0
Total	60	100.0	100.0	

A combined 73.3% of participants are either Very Dissatisfied (33.3%) or Dissatisfied (40.0%) with their health. This demonstrates a predominantly negative perception of personal health within the sample. Only 8.3% indicated of being Neither Satisfied nor Dissatisfied, suggesting limited neutrality among respondents and also that health satisfaction is a polarizing issue, with most individuals leaning strongly toward dissatisfaction. Only 13.3% reported being Satisfied and 5.0% being Very Satisfied, for a total of 18.3% indicating some level of satisfaction with health.

Table 4. Domains of quality of life

	N	Minimum	Maximum	Mean	Std. Deviation
Physical	60	4.00	18.29	9.3143	4.42414
Psychological	60	4.67	13.33	8.5778	2.63960
Environment	60	4.50	11.50	8.3750	1.88802
Social relationships	60	4.00	20.00	12.6333	4.51726
Valid N (Listwise)	60				

The table presents an analysis of four domains: Physical, Psychological, Environmental, and Social Relationships, among 60 respondents. The Physical domain shows the widest range (4.00 to 18.29) with a mean of 9.3143 and the highest standard deviation (4.42414), indicating significant variability in physical well-being. The Psychological domain has a mean of 8.5778 and a smaller standard deviation (2.63960), suggesting relatively consistent experiences of psychological health, despite a range from 4.67 to 13.33. The Environment domain demonstrates the smallest variability, with scores ranging from 4.50 to 11.50, a mean of 8.3750, and a standard deviation of 1.88802, reflecting a more uniform perception of environmental factors. Lastly, Social Relationships exhibit the highest mean (12.6333) and a wide range (4.00 to 20.00), coupled with standard deviation of 4.51726, indicating considerable differences in social interactions and support. Overall, the data suggests diverse experiences across domains, with notable variability in Physical and Social dimensions and more consistent perceptions of the Environment and Psychological domains.

While taking into consideration gender as a demographic variable it was shown that there is no meaningful statistical variation in the quality of life ratings between the males and females. In the correlation between respondents' assessments of their quality of life and gender there is virtually equal number of

men and women among those who evaluated their quality of life as "Very Poor," with mean gender value of 1.56. The significantly higher mean of 1.65 for participants who rated their quality of life as "Poor" which suggested that there were more men in this category. With a mean score of 1.00, those who indicated their quality of life as "Neither Poor nor Good" do not differ by gender in this small group. With little variances in mean scores and an overall mean of 1.57, the gender distribution across quality of life evaluations is generally quite stable.

The education level among the two genders was less, marking that highest education level they achieve is primary school level, and majority of the respondents had no education at all. The highest mean score of 1.72 suggests that more men do not appear to have any formal schooling. With lower averages for primary (1.42) and secondary education (1.25), the percentage of male's declines as education levels grow. The distribution of genders varies little, while the primary and secondary education groups exhibit somewhat greater diversity. In general, there is a relatively unequal distribution of genders across educational levels, with men being more common among individuals with lower levels of education. The average marital status score across all quality-of-life ratings is 3.23, with moderate variability (standard deviation of 1.93). This shows that the demographic variables such as age, gender, and marital status can have a significant influence on an individual's perception of their quality of life while assessing in detail.

10. Discussion

This part discusses the key findings of the study, focusing on how elderly residents in the coastal areas of Anjuthengu perceive their overall quality of life. The results reveal several insights related to quality of life, health satisfaction and the influence of different life domains on their well-being.

10.1 Overall Perception of Quality of Life

The findings show that most elderly respondents hold a predominantly negative view of their quality of life. The mean score of 1.65 on a scale of 1 (very poor) to 3 (good) indicates that the majority rated their quality of life as “poor” or “very poor.” Specifically, 51.7% reported a “poor” quality of life, while 41.7% rated it as “very poor.” Only a small proportion (6.7%) expressed a neutral view. The standard deviation of 0.60576 reflects moderate variation, suggesting that although poor quality of life is common, some differences in perception still exist within the group.

10.2 Perception of Health Status

The elderly respondents also expressed concerns about their health. The mean score for health satisfaction was 2.17 on a five-point scale, showing a slightly negative overall perception. A significant proportion reported dissatisfaction: 40.0% were dissatisfied, and 33.3% were very dissatisfied with their health. Only 18.3% expressed any level of satisfaction. The higher standard deviation (1.18130) indicates noticeable variation in health experiences, meaning that although dissatisfaction is widespread, a few respondents still feel relatively satisfied with their health.

10.3 Influence of Life Domains on Quality of Life

The study examined the effects of physical, psychological, social, and environmental domains on the quality-of-life scores. The physical domain recorded the highest mean (9.31) and the largest standard deviation (4.42), showing substantial differences in physical health among respondents. The psychological domain (mean = 8.58; SD = 2.64) showed more consistency, suggesting that most respondents share similar levels of psychological well-being. The environmental domain had the lowest variability (mean = 8.38), implying a shared

perception of environmental factors among the elderly. Meanwhile, the social relationships domain (mean = 12.63; SD = 4.52) exhibited considerable variation, highlighting wide differences in the level of social support and interaction experienced by individuals.

10.4 Impact of Demographic Variables

Demographic factors also shaped the elderly respondents' perceptions of their quality of life. Gender differences were not statistically significant, although men were slightly more likely to rate their quality of life as "poor" than women. Educational attainment was generally low, with many respondents having only primary education or no formal schooling. This limited educational background may contribute to lower life satisfaction, as higher education is often associated with improved well-being. Marital status also appeared to influence quality of life, with married or partnered individuals reporting better overall well-being, though the effect was not strongly pronounced.

Overall, the findings suggest that elderly residents in Anjuthengu experience a largely negative perception of both quality of life and health, with noticeable differences across various domains. Demographic factors such as education and relationship status also play a role, indicating the need for targeted initiatives to support this population.

10.5 Suggested Interventions

Based on the results, several interventions can be recommended to enhance the quality of life of elderly residents in the coastal areas of Anjuthengu. The findings suggest a need for improvised healthcare, social support, and educational opportunities to enhance the overall quality of life for elderly residents in this region. This could be done through properly addressing their

challenges which deteriorate their quality of life. For promoting health status initiatives like medical camps could help in addressing their lifestyle diseases or other illnesses, if any. The mental well-being of the elderly should also be prioritized because most of them have severe anxieties and tensions about their age which could be resolved through proper listening and advice from a social worker. Nutrition and food security should be enhanced through a proper diet as there is a common tendency among the people of coastal areas to exclude vegetables from their diet and focus on seafood intake. Social engagements and recreational activities like elderly clubs or intergenerational programs should be accelerated in order to address their loneliness. Adult education should be promoted among the people inhabiting in coastal areas and it should be ensured that the coming generation possesses a proper education as there is a common trend of dropouts from schools. A social worker should consciously take up the role of educator, advocacy, collaborator, etc.. and special attention should be provided to ensure safe shelters for the elderly in case of disaster.

11. Conclusion

The elderly, considered as custodians of culture and wisdom, deserve our utmost attention as they have contributed significantly to society throughout their lives. It should be a moral obligation of the normal people to ensure their well-being. Thus, the society should reflect the values of compassion and respect. The elderly should not be an ignored population; their needs should be prioritized offering access to all services in the society. The assessment of quality of life of the elderly population revealed that there is a pressing need for targeted intervention in addressing their dissatisfaction. Factors such as increased vulnerability to environmental challenges, the diminishing physical health, economic constraints etc. have significantly impacted the quality of life of the elderly in the

coastal areas of Anjuthengu. As the aging population grows, a need exists to place them at the forefront of development strategies ensuring inclusion and fostering intergenerational solidarity. A more supportive and inclusive atmosphere must be fostered in order to ensure that the elderly in Anjuthengu experience a dignified and fulfilling quality of life.

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