

SYSTEMATIC REVIEW ON QUALITY OF LIFE AMONG URBAN ELDERS

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Abstract:

Quality of life among urban elders has emerged as a significant area of concern in the context of rapid urbanization, demographic ageing, and changing family structures. Urban elderly populations often experience a complex interplay of social, economic, health, psychological, and environmental factors that shape their overall well-being. While cities provide better access to healthcare, transportation and social services; urban elders simultaneously face challenges such as social isolation, declining physical health, financial insecurity, inadequate social support and age-unfriendly urban environments. In this article, systematic review on quality of life among urban elders have been discussed.

Keywords: Quality, Life, Urban Elders.

INTRODUCTION:

Quality of Life (QoL) among urban elders has emerged as a critical area of social and public health concern in the context of rapid urbanization, demographic transition, and increasing life expectancy. Urban areas, while offering better access to healthcare, transportation, and social amenities, also pose unique challenges for the elderly population, including social isolation, environmental stress, rising cost of living, and weakened traditional family support systems. As the proportion of older adults continues to grow, understanding their quality of life becomes essential for ensuring healthy, dignified, and active ageing.

Quality of life is a multidimensional concept encompassing physical health, psychological well-being, social relationships, economic security, autonomy, and the living environment. For urban elders, these dimensions are influenced by factors such as chronic health conditions, accessibility of medical facilities, housing quality, neighborhood safety, social participation, and availability of support services.

Urban lifestyles and nuclear family patterns often reduce intergenerational interaction, which can negatively affect emotional well-being and sense of belonging among older adults.

Moreover, urban elders face disparities based on gender, socio-economic status, education, and prior occupation, which further shape their lived experiences in old age. While some elders benefit from pensions, social security schemes, and urban infrastructure, others struggle with financial insecurity, neglect, and limited social engagement. Hence, assessing the quality of life among urban elders is vital for identifying gaps in policy implementation and for designing targeted interventions that promote active ageing, social inclusion, and overall well-being. The objective of the study was to systematic review on quality of life among urban elders.

SYSTEMATIC REVIEW OF LITERATURE:

Panigrahi, M. et al. (2024). The quality of life (QoL) of the aged is affected by socioeconomic level, health issues, social support, and access to healthcare. The research sought to evaluate the quality of life and its related determinants among senior inhabitants of an urban slum. A cross-sectional study was performed including 220 elderly adults aged 60 years and older in an urban slum adjacent to a tertiary care facility. Quality of Life (QoL) was evaluated utilizing the WHOQOL-BREF questionnaire across four domains: physical, psychological, social, and environmental. Sociodemographic and health-related data were gathered via structured interviews and analyzed with descriptive statistics and chi-square tests. Elderly inhabitants of the urban slum demonstrated positive quality of life in physical and environmental aspects, although they encountered difficulties in social well-being. Health complications and socio-economic inequalities profoundly impacted quality of life. Targeted interventions are crucial for enhancing health, social engagement, and equity in urban slums.

Mahaur, G. et al. (2024). The elderly population in India is increasing at an annual rate of approximately 3% and is projected to triple by 2050 compared to the figures from the 2011 census, as stated in a report by the UN Population Fund (UNFPA, 2017). The enhancement of the quality of life (QOL) for the elderly has emerged as a significant public health challenge of the 21st century, necessitating prompt attention to the preservation of physical health and psychological concerns. The objective of this study is to assess the quality of life in the senior population and to investigate its correlation with sociodemographic parameters. This is a cross-sectional study conducted among the senior population at an urban health training institution. The study incorporates the World Health Organization Quality of Life Questionnaire-Brief version and a questionnaire for sociodemographic characteristics. Univariate and multivariate analyses were employed to ascertain relationships and P values. This study

demonstrates the correlation of many parameters with quality of life in the senior population. Factors including age, educational attainment, occupational status, marital status, and the behavior of children, as well as the presence of comorbidities in the elderly, strongly influence the quality of life of older adults. Therefore, enhancing the healthcare system, elevating educational attainment, promoting social engagement, improving social security systems, and developing superior environmental infrastructure could potentially augment the quality of life for the elderly population.

Hazra, A. et al. (2024). The global senior population is projected to reach 2 billion by 2050, while India's geriatric demographic is anticipated to increase to 11.6% by 2026. There is a disparity in quality of life (QOL) and disabilities between elderly individuals in urban and rural areas, with rural elderly maintaining active roles, whilst their urban counterparts experience economic insecurity after retirement. The study examines quality of life disparities among elderly adults with functional impairments. This study is a cross-sectional descriptive observational analysis conducted among geriatric populations from urban Dhapa and rural Khalia, who were surveyed. The sample size consisted of 100 participants from both urban and rural regions. Data gathering entailed conducting interviews using predesigned, pretested, semi-structured schedules. Participants were selected via systematic random sampling. Approximately one-third in metropolitan areas and nearly one-half in rural regions were disabled. Older persons, the Muslim community, the overall caste, and those from lower socioeconomic backgrounds were predictive indicators. The scores for the physical, psychological, and social connection domains were elevated in the rural population, whereas the mean score for the environmental domain was superior in the urban populations.

Sarma, J. et al. (2024). The aging population has significant social, economic, and political implications. Aging is commonly linked to deteriorating health, diminished independence, social decline, isolation, and loneliness. The elderly encounter numerous challenges stemming from causes such as insufficient or absent income, intergenerational discord, and potential mistreatment by family members. This study aims to evaluate the socio-economic position and physical and mental health situations and to ascertain the correlation between socio-economic status and health issues among older individuals in the semi-urban regions of Kamrup (Metro), Assam, India. A total of 250 senior individuals were included in the study. The primary data were acquired via personal interviews with respondents who attended the health camps. Statistical analysis was conducted utilizing SPSS 25. Among 250 senior individuals, 69.6% were female, the majority (91.2%) identified as Hindus, and 68.67% were married. 46.53% of respondents had completed primary education, while 66.53% were unemployed. 87% of the elderly population experienced chronic disease. Cognitive impairment was absent in the majority of elderly individuals

(91%), but depressive symptoms were observed in 11% of respondents. 19.3% of respondents exhibited moderate nutritional risk. The correlation between nutritional hazards and age was statistically significant. The correlation between nutritional hazards and caste as well as educational attainment was determined to be statistically significant. The physical and mental health state of this demographic is significantly correlated with their socio-economic level.

Engheepi, F.B.P. et al. (2024). A scarcity of literature exists regarding the quality of life (QOL) of the elderly in the mountainous areas of the Himalayan region. This study aimed to elucidate the quality of life among community-dwelling older individuals living in rural and urban areas of the Himalayan region, Northeast India. The quality of life was dramatically diminished among the elderly living in rural regions compared to those in metropolitan areas. Specific treatments and policies are essential to tackle environmental concerns and enhance the overall quality of life for the aged.

Dhasaram, P. et al. (2024). Elderly individuals residing in rural regions frequently encounter distinct obstacles that impact their quality of life (QOL), such as restricted access to healthcare and social assistance. Comprehending the determinants affecting their well-being is crucial for enhancing the quality of life. The study seeks to evaluate the quality of life and its determinants among the elderly in rural regions of Puducherry. A community-based sequential explanatory mixed-method study was done among the elderly in the rural field practice area of a medical college in Puducherry district. Two hundred individuals were selected using simple random sampling from the family health data at the Rural Health Training Centre of a medical institution. The WHO QOL-BREF questionnaire was employed to quantitatively evaluate quality of life, while an interview guide was utilized to investigate its factors. Data were inputted into MS Excel and analyzed utilizing SPSS version 16.0. The average age of the participants was 68.8 ± 2.5 years, with a predominance of females. The environmental domain achieved the highest mean quality of life, while the psychological domain recorded the lowest mean quality of life. The average quality of life was 234.8 ± 65.4 . The primary factors contributing to diminished quality of life include age of 75 years or older, poorer socioeconomic status, being widowed or separated, and the existence of comorbid conditions. The binary logistic regression indicates that age ≥ 75 years is a significant predictor of poor quality of life, with an odds ratio (95% confidence interval) of 6.23 (2.44-15.91). The average quality of life was moderate. The identified variables contributing to poor quality of life must be addressed through targeted intervention measures. Accessible, high-quality medical treatments delivered at home, along with focused health education for family members and the surrounding community, can significantly enhance the social domain of the elderly.

Luga, I.C. et al. (2024). This study examines the impact of economic conditions, healthcare system capacity, and health-related factors on the percentage of the older adult population (ages 65 and above) in European Union countries. The objective is to ascertain the influence of factors such as GDP, unemployment, inflation, healthcare cost, hospital bed availability, and the prevalence of chronic diseases on the aging population. This study examines the interconnections and temporal linkages of economic stability, healthcare capacity, chronic disease prevalence, and demographic aging patterns. The study utilizes a mixed-method approach, including System GMM and wavelet coherence analysis on panel data from 27 EU nations from 2000 to 2021. The results indicate substantial positive correlations between economic affluence and healthcare resources and the magnitude of the senior demographic. Enhanced GDP, effective healthcare expenditure, and the availability of hospital beds are positively connected with a bigger population of older adults. Conversely, elevated unemployment and inflation correlate with adverse effects on the older adult demographic, diminishing available resources and healthcare access. Wavelet coherence research elucidates the impact of chronic disease prevalence fluctuations on aging trends across various temporal periods and frequencies. The research underscores the significance of cohesive economic and healthcare strategies to assist the expanding elderly demographic. Securing economic stability, augmenting healthcare infrastructure, and proficiently controlling chronic diseases are vital for expanding quality of life and fostering sustainable aging in EU nations.

Fu, Y. et al. (2023). Enhancing the quality of life (QoL) for older individuals is becoming recognized as a significant global concern. Nonetheless, limited research has concentrated on the correlation between socioeconomic status (SES) and quality of life (QoL) in elderly individuals with hypertension. This study aims to examine (a) the quality of life (QoL) status and (b) the mediating role of social capital in the link between socioeconomic level (SES) and QoL among rural elderly individuals with hypertension in China. A face-to-face questionnaire survey utilizing multistage stratified random selection was administered to rural older persons with hypertension in Shandong province, China, from June to July 2021. Three standard indicators of socioeconomic status (SES) were employed: yearly household income, educational attainment, and employment status. Individual social capital and quality of life were evaluated using the Resource Generator-China measure (RG-China) and a 34-item simplified Patient Reported Outcome (PRO) measure tailored for older persons with hypertension, respectively. The investigation encompassed 950 elderly persons from rural areas diagnosed with hypertension. A mediation model utilizing bootstrap analyses was utilized to investigate the association between socioeconomic status (SES) and quality of life (QoL), as well as the mediating effect of social capital

within the SES-QoL framework. This study demonstrates that the influence of socioeconomic status on quality of life was partially mediated by individual social capital among rural elderly individuals with hypertension in China. The government must prioritize the rural elderly hypertensive demographic with lower socioeconomic status and endeavor to mitigate the adverse effects of inadequate socioeconomic status on their quality of life, employing effective techniques such as enhancing their individual social capital.

Punabaka, N.K. et al. (2023). The study aims to evaluate the quality of life (QoL) of older individuals and determine the correlation between sociodemographic factors and QoL. The predominant quality of life among the research population was good quality of life. This study shows that the overall quality of life (QoL) is favorable among the elderly (≥ 80 years), men, illiterate individuals, and those from the higher socioeconomic class, as indicated by total domain QoL scores. A significant association existed between the average overall quality of life score and socioeconomic status.

Sarkar, A. et al. (2023). A confluence of lifestyle, well-being, and satisfaction variables enhances life expectancy. Consequently, it is imperative to emphasize the assessment of the senior population's quality of life (QoL) and its relationship with other demographic characteristics. A community-based cross-sectional study was conducted from April to September 2017, involving 270 consenting elderly residents of urban slums within the field practice area of a medical college, utilizing the internationally validated World Health Organization Quality of Life Brief Version (WHOQOL-BREF) tool. The scores for each WHO QoL domain were computed, and the average score for each was compared across different demographic and socioeconomic characteristics. The demographic of 60 to 69 years constituted the predominant segment of the sampled population (67.41%), with a higher percentage of females (63.70%) compared to males. The average population had a quality of life score of 47.52 ± 15.06 , indicating a fair quality of life. The remaining domains exhibited a satisfactory quality of life, with the environmental domain recording the lowest QoL at 43.15. Reduced quality of life scores were noted across all four domains among older age groups, individuals who were not self-employed, and those belonging to the upper class. In comparing the physical and social dimensions, women's quality of life scores was inferior to those of males. A reduction in social and economic engagement is associated with aging. The environmental domain, among others, leads to the deterioration of quality in areas with inadequate living conditions, such as slums. In each of the four domains—age, employment position, socioeconomic level, and gender—quality of life scores were markedly inferior for the female demographic.

Parab, B.S. et al. (2023). Numerous factors affect the quality of life (QoL) of elderly individuals. We assessed the determinants influencing multiple aspects of quality of life in this at-risk cohort. A community-based survey was performed in the Thane District of Maharashtra, India, with 427 adults aged over 60 years. A pre-validated World Health Organization quality of life questionnaire (WHOQOL-BREF) was administered, accompanied by personal interviews. A worse quality of life was noted among the study participants. Advanced age, female gender, lack of formal education, economic dependency on family members, low socioeconomic level, and the presence of various health issues were found to correlate with diminished quality of life. We have found characteristics significantly correlated with diminished quality of life among senior adults residing in a slum neighborhood. Interventions aimed at this at-risk population should be examined for their effectiveness in enhancing quality of life.

Mandi, R. & Bansod, D.W. (2023). As individuals age, they encounter numerous crises, including the decline of physical, mental, and social status, as well as alterations in their roles and duties within familial and societal contexts, ultimately leading to increased dependency. This reliance on others undermines quality of life and reduces life happiness. This study investigates the impact of multidimensional health on life satisfaction in urban older individuals in India. According to wave-1 of the Longitudinal Ageing Study in India (LASI) conducted in 2017–18, life satisfaction was evaluated among urban senior individuals aged 60 years and older utilizing the SWLS scale. Multivariate linear regression analysis was employed to examine the relationship between multidimensional health, sociodemographic factors, and life satisfaction. The average life satisfaction score was 24.94 (SD = 7.20), exceeding that of several wealthy nations such as Spain, Mexico, and China. Among urban seniors, positive self-rated health, elevated functional health, and sound mental health correlate with increased life satisfaction, whereas the presence of depressive symptoms or any disability correlates with diminished life satisfaction. Additionally, the life satisfaction score varies markedly according to socio-demographic variables. In old age, companionship and robust social networks are crucial for boosting life pleasure, although perceived physical, mental, and functional health are equally significant in shaping self-perception of aging. Consequently, life happiness in the elderly should be examined not alone via individual aspects (such as health and socioeconomic status) but also through comprehensive socio-cultural dimensions to facilitate effective aging.

Kaviarasu, J., Richard, M. P. & Sahaya Melson, A. (2023). The global demographic landscape indicates the swift aging of the old population. The aging population globally is a concerning issue, affecting both industrialized and rising nations. For the first time, the global senior population will surpass the youth

population. The 2011 Census of India indicates that 5.5% of the population is aged 65 years or over, with 30,831,190 males and 33,998,613 females. Despite the prevalence of many illnesses among the elderly, reports indicate that their primary concerns are predominantly psychological rather than physical. (a) To analyze the demographic characteristics of the respondents (b) To assess the socio-economic situation of the elderly and record the support systems of the study subjects. This research is founded on empirical data collected from 150 participants in six slums identified by the TN Slum Clearance Board. A simple random sampling method and a descriptive study design were employed. The study population consisted of adults aged 60 and above. Alongside the interview schedule, non-participatory observations served as a principal source. The survey indicates that a significant majority of the elderly encountered increased physical and psychological challenges. The elderly was regarded as a burden by their family members.

Soren, S.K. et al. (2022). A major public health challenge in the twenty-first century is improving the quality of life for the elderly while maintaining their health and promoting social involvement. Consequently, we aimed to assess the determinants that forecast quality of life (QOL) in the elderly demographic and to quantify QOL across various domains—physical, psychological, social, and environmental—utilizing the World Health Organization's Quality of Life Brief Version (WHO QOL-BREF) questionnaire. A community-based cross-sectional study was conducted over six months in Ormanjhi, Ranchi, Jharkhand. The study involved 206 elderly participants who fulfilled the eligibility criteria. The collected data were imported into Microsoft Excel, and analysis was conducted using SPSS version 20. The student t-test and analysis of variance (ANOVA) were employed to assess the disparity between mean scores for the QOL scores, presented as mean and standard deviation. Multiple linear regression analysis was employed to identify the predictor associated with quality of life. A P value below 0.05 was considered statistically significant. Ranchi, Jharkhand, exhibited an overall commendable to outstanding quality of living. We concluded that numerous factors affect quality of life.

Rajput, M. et al. (2022). The quality of life (QOL) of India's aged population is a pressing issue owing to the lack of social security programs and the deterioration of cultural values that ensure the elderly receive adequate care and respect. Primary care physicians face additional challenges while treating elderly patients compared to younger individuals, as older people frequently experience a broader array of physiological and mental concerns alongside medical conditions that diminish their quality of life. The study aims to investigate the elements that affect the quality of life of the elderly in a rural area of Haryana. With advancing age, the quality of life diminishes. The participants' elevated socioeconomic

status and educational attainment enhance their quality of life. Individuals who were married and employed in any way experienced a superior quality of life.

Krishnappa, L. et al. (2021). The expanding older demographic in India faces specific challenges due to evolving social structures, health issues, and restricted access to healthcare services. These challenges may adversely affect the quality of life (QOL) of elderly individuals. The objective of this study was to assess the quality of life of elderly individuals in both urban and rural Bangalore. A cross-sectional study with 977 persons aged 60 years and older was done. All elderly individuals meeting the inclusion requirements were administered the WHOQOL-Bref questionnaire, and census enumeration blocks in urban and rural areas were picked at random. To improve the quality of life (QOL) for older persons, especially in rural areas, it is essential to rectify the unequal allocation of health resources and insufficient social support systems. The delivery of fundamental services by primary care can bridge the disparity between urban and rural regions and enhance the quality of life for the elderly.

Sharma, A.J. & Subramanyam, M.A. (2020). An amalgamation of quantitative and qualitative methodologies to examine the correlation between various socioeconomic factors and the mental health of middle-aged and older gay men in India. The study indicates that the key social insurance in later age is the presence of family and friends.

Chaurasia, H. & Srivastava, S. (2020). The prevalence of elder abuse and the effort to examine the disparities in elder abuse cases based on socioeconomic factors and chronic illnesses utilizing mixed methods. The findings indicate that elevated educational attainment, affluence, solitary living, and the presence of any sickness are all substantial risk factors for elder maltreatment.

Ghosh, D. & Dinda, S. (2020). The essay seeks to analyze the influence of several determinants on quality of life (QoL) within two distinct demographic and cultural contexts: India and China. The study addresses model identification and examines the relevant factors affecting the quality of life of elderly adults in populous demographics. The findings affirm the multifaceted characteristics of quality of life (QoL) and indicate that the variables exert varying influences on QoL across different levels. Socioeconomic factors exert a greater influence on quality of life in both countries than physiological measures. Perceptions of the quality of life among senior individuals in two cultural contexts remain largely consistent, with the exception of factors such as gender, educational attainment, health indicators, and formal social cohesion. The analysis has significant policy ramifications.

Parra, D.C. et al. (2019). The mindfulness training enhances self-awareness and reflection in older persons while fostering a more accepting attitude towards themselves. The research emphasizes promoting healthy behavioral modifications in the elderly population.

Mao, L. et al. (2019). In West Bengal, India, an effort is made to assess the quality of life (QoL) and its constituents among elderly individuals living in old-age homes and with their families. The study's results reveal a significant disparity in the mean scores of numerous quality of life areas between older individuals residing in family homes and those in nursing facilities. Older individuals residing in assisted living facilities report a superior quality of life compared to those living with relatives.

Indu, P. V. et al. (2018). To assess the mental health of the elderly and, using cross-sectional qualitative analysis, to examine deficiencies in the provision of mental health services. The poll indicates that older individuals mostly confront psychosocial challenges such as psychological problems, loneliness, isolation, neglect, and elder abuse. The study advocates for the improvement of the quality, availability, and accessibility of familial support and mental health services for the senior population.

Khole, C. V. & Soletti, A. (2018). To assess the nutritional status of the elderly in Old Age Homes (OAHs). The study's discovery that malnutrition impacts a significant proportion of elderly people in assisted living homes underscores the imperative of institutionalizing the promotion of a nutritious diet.

Cohen, A. et al. (2018). The qualitative method has been employed to develop a locally pertinent and acceptable intervention aimed at improving the well-being of senior residents and examining the risk factors for depression among older individuals. The research facilitates the development of a depression prevention program for elderly individuals.

Vimala, G. & Goyal, R.C. (2018). Aging is a natural, biological, and universal phenomenon that manifests uniquely in each individual. The process is multi-faceted, wherein an individual's functional and health state is influenced by various factors, including hereditary and environmental elements. Shifting societal and cultural attitudes can result in the neglect of economically unproductive elderly individuals. The aged are susceptible to a range of chronic physical, emotional, and psychiatric illnesses. Considering the accelerating pace of population aging in emerging nations such as India, it is imperative to address aging-related concerns and implement suitable strategies to enhance the health status and quality of life for the elderly. The requirements and challenges of the elderly differ markedly according to their age, socioeconomic background, and health and living conditions. In addition to medical treatment, preventative and promotional initiatives must be seen as essential components of

aged care to facilitate effective aging and enhance well-being and quality of life, particularly where access to excellent and inexpensive healthcare is constrained. The elderly do not deserve sympathy; rather, they fundamentally need understanding, love, support, and compassionate care. The reviews examine the current research on the aged and provide a critical evaluation and update on their quality of life, including ideas for enhancement.

Tkatch, R. et al. (2017). Successful aging occurs irrespective of an individual's clinical health status. This study provides older individuals the opportunity to discuss their health, their perceptions of it, and their potential adaptations to future changes.

Lette, M. et al. (2017). To ascertain fundamental components for a more effective alignment of the needs and preferences of older persons. The health and living conditions of the elderly are significantly linked to the maintenance of independence, appropriate housing, social ties, a support network, and a sense of autonomy and purpose.

Kar, B. (2017). The themes pertaining to the quality of life of elderly individuals residing at home encompass physical mobility, financial challenges, access to suitable care, familial expectations, changing family dynamics and traditional values, community safety, environmental considerations, and legal matters. Older adults are affected by various causes, including discomfort and challenges in adapting to evolving societal attitudes and behaviors, along with a propensity to become entrenched in antiquated roles and expectations.

Bhan, N. et al. (2017). The authors examined the perceptions of local stakeholders regarding the health needs of the elderly in an urbanized rural area. The findings indicate that the fragility of elderly individuals, their transportation deficiencies, and their dependence on others impede their access to healthcare. The existing public health services are perceived as overwhelmed and unresponsive to the requirements of this community.

Mane, A.B. & Navale, K. (2016). Senior individuals in rural environments exhibit lower vulnerability compared to their counterparts in urban regions. The objective of the project is to develop a responsive and cohesive system to meet the care needs and challenges encountered by the elderly.

Wedgeworth, M. (2016). This study examines the correlation between quality of life, satisfaction with social support, and interpersonal sensitivity among older adults residing in rural regions, while also exploring the mediating role of social support in this dynamic. It posits that social support and happiness may serve as mediators between symptoms of interpersonal sensitivity and life satisfaction.

Bakshi, S. & Pathak, P. (2016). A three-pronged approach to addressing aging in India has been implemented. The welfare of the elderly individual, the senior household, and the aging populace. The findings indicate that changes in marital status, work status, and susceptibility to chronic illnesses are all significantly correlated with aging.

Kendig, H., et al. (2015). The ways in which childhood and adulthood socioeconomic and health factors influence the subjective well-being of the elderly. The results affirm the critical significance of policies that address the challenges and opportunities of aging by augmenting human capabilities and fortifying them throughout middle and later life.

Coulton, S. et al. (2015). The economic and health advantages of community group singing for the elderly demographic. The data indicate that community group singing significantly affects anxiety, depression, and mental health-related quality of life. Consequently, it may act as a beneficial intervention to maintain and enhance the mental health of the elderly.

Samanta, T et al. (2015). An analysis of probable selection effects on the relationship between the health of elderly individuals in India and their multigenerational family dynamics. The study has furnished additional compelling empirical evidence to support the association between intergenerational co-residence and the superior health of elderly Indians.

Sarma, S. I. & Byrne, G. J. (2014). They examined the impact of anxiety on the quality of life (QoL) of elderly people with mental health disorders. The results indicate that anxiety is associated with more specific dimensions of quality of life than depression and that anxiety relates to psychological, social, and environmental factors, but not to the physical health domain. Anxiety substantially impacts the self-assessed quality of life in older persons with serious mental diseases.

Hyde, M. (2013). He has utilized four ontologically grounded domains—control, autonomy, pleasure, and self-realization—as proxies for quality of life through health. The research demonstrates the possibility of a theoretically produced quality of life index.

Theeke, L.A. et al. (2012). To examine the relationships among social support, depression, loneliness, and quality of life in elderly individuals with chronic illnesses. This study demonstrates that inadequate emotional support correlates with loneliness, a significant concern for elderly Appalachian individuals suffering with chronic illnesses.

Fernández-Ballesteros, R. (2011). The author has addressed three critical topics for comprehending Quality of Life (QoL) and its components: methodological reductionism, which posits self-report as the sole means of gathering QoL data; the reduction of QoL to health or the subjective assessment of various domains; and the conflation of QoL with other subjective or positive constructs.

CONCLUSION:

In conclusion, Quality of Life (QoL) among urban elder's highlights that ageing in urban settings is a complex and multidimensional experience shaped by social, economic, health, psychological and environmental factors. While urban areas often provide better access to healthcare facilities, social services, transportation and communication technologies, these advantages are not uniformly experienced by all older adults. Socio-economic disparities, rising living costs, inadequate pension coverage, and unequal access to age-friendly infrastructure significantly influence the overall quality of life of urban elders. Physical health challenges including chronic illnesses and functional limitations, remain major determinants of QoL. Equally important are mental and emotional well-being, where loneliness, social isolation, depression, and reduced family support—often linked to nuclear family structures and fast-paced urban lifestyles—negatively affect life satisfaction among the elderly. Social participation, intergenerational relationships, and community engagement emerge as crucial protective factors that enhance psychological resilience and a sense of purpose. Environmental conditions such as housing quality, safety, walkability, pollution levels, and access to green and recreational spaces also play a vital role in shaping the daily experiences of urban elders. The importance of age-friendly urban planning, inclusive public spaces, and responsive social welfare systems to promote independence, dignity, and active ageing. Overall, improving the quality of life of urban elders requires a holistic and integrated approach involving healthcare reforms, social security measures, community-based support systems, and elder-sensitive urban policies. Strengthening social support networks, promoting active and healthy ageing, and ensuring equitable access to urban resources are essential to enhance well-being and life satisfaction among the growing urban elderly population.

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