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## Quality of Life Among Urban Elders Towards Theoretical Framework, Geographical Context and Issues

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### ABSTRACT

Theoretical frameworks about the quality of life (QoL) among urban elderly individuals encompass various dimensions, recognizing that well-being is shaped by the interplay between personal variables and the urban environment. Prominent frameworks encompass the World Health Organization (WHO); Age-Friendly Cities framework, person-environment fit theory, socioeconomic and psychological models. The geographic location significantly influences the quality of life of urban elderly individuals, leading to variations between cities, regions, and neighborhoods. The age of a city and its rate of development can influence the level of infrastructure and services available to senior inhabitants. Although urban regions include sophisticated medical facilities, financial limitations, extended waiting periods, and mobility issues frequently obstruct elderly individuals' access to healthcare. Mental health disorders such as loneliness and depression are also widespread. In this article; quality of life among urban elders towards theoretical framework, geographical context and issues have been discussed.

**Keywords:** *Quality, Life, Urban Elders, Theoretical Framework, Geographical Context, Issues.*

### INTRODUCTION

Population ageing has emerged as a significant demographic phenomenon across the world, particularly in developing countries like India, where rapid urbanization and improved life expectancy have transformed the age structure of society. Urban areas, while offering better access to healthcare, transportation, and social services, also pose unique challenges for the elderly population (Bakshi, S. & Pathak, P., 2016). In this context, the concept of Quality of Life (QoL) among urban elders has gained growing academic and policy relevance, as it encompasses not only physical health but also psychological well-being, social relationships, economic security, environmental conditions, and personal autonomy. The theoretical framework of quality of life among elders is multidimensional and interdisciplinary, drawing from gerontology, sociology, psychology, public health, and urban studies. Prominent models such as the World Health Organization's Quality of Life (WHOQOL) framework, the Active Ageing theory, and the Successful Ageing model emphasize the interaction between individual capabilities and external social, economic, and environmental factors. These frameworks recognize ageing as a dynamic process influenced by lifelong experiences, social support systems, access to resources, and the adaptability of urban environments to the needs of older adults. The geographical context of urban living plays a critical role in shaping the quality of life of elders. Cities are characterized by spatial inequalities, population density, environmental pollution, housing constraints, and varying levels of civic infrastructure. While metropolitan regions may provide specialized medical facilities and social welfare

schemes, they often lack age-friendly public spaces, affordable housing, and inclusive transportation systems. The uneven distribution of urban amenities further intensifies disparities in the living conditions of elderly populations across different neighborhoods, particularly affecting those from lower socio-economic backgrounds. Urban elders face a range of critical issues that directly impact their quality of life. These include declining physical and mental health, social isolation, weakening family support structures, economic insecurity after retirement, limited digital literacy, and barriers to accessing healthcare and social services. Additionally, urban stressors such as congestion, environmental degradation, crime, and the erosion of traditional community networks contribute to feelings of insecurity and marginalization among older adults. Gender disparities, living arrangements, and cultural factors further influence the lived experiences of ageing in urban settings. Understanding the quality of life among urban elders through an integrated theoretical and geographical lens is essential for developing effective policies, age-friendly urban planning, and inclusive social interventions. This study seeks to examine the complex interplay between individual, social, and environmental dimensions of ageing in urban areas, highlighting the challenges faced by elders and the strategies required to enhance their overall well-being and dignity in later life (Fernández-Ballesteros, R., 2011).

### **THEORETICAL FRAMEWORK-QUALITY OF LIFE AMONG URBAN ELDERS**

The notion of quality of life (QoL) among urban aged individuals is a multifaceted construct that includes physical, psychological, social, and environmental dimensions. It utilizes many theoretical frameworks that elucidate the factors and processes influencing well-being in later life. Activity theory posits that active participation in social, physical, and productive endeavors enhances life satisfaction and improves the quality of life for older persons. Urban seniors who partake in community activities, sustain social connections, or engage in meaningful employment typically exhibit enhanced psychological well-being and self-worth. Conversely, disengagement theory posits that aging entails a progressive retreat from social roles and interactions, enabling the elderly to contemplate life and acclimate to bodily deterioration. In metropolitan settings, coerced disengagement resulting from modernization or familial disintegration may adversely affect the quality of life of elderly individuals. Continuity theory asserts that older adults endeavor to preserve consistency in their lifestyle, values, and connections throughout time. Urban seniors who adjust to new surroundings while maintaining established routines and social connections are likely to attain a consistent sense of well-being. Maslow's model offers a comprehensive psychological framework for quality of life, positing that the fulfillment of fundamental physiological requirements, safety, social belonging, esteem, and self-actualization dictates overall quality of life. The quality of life of urban elders is contingent upon the satisfaction of these needs within the socio-economic context. The World Health Organization defines quality of life (QoL) as an individual's view of their status in life, contextualized by the cultural and value systems they inhabit, and in connection to their objectives, expectations, standards, and worries. This approach acknowledges that quality of life is influenced by both individual elements and the interconnections among personal, social, and environmental systems. For urban seniors, neighborhood safety, service accessibility, social networks, and public policy significantly influence their daily experiences. The integration of these ideas indicates that the quality of life for urban elders is contingent upon the equilibrium among individual adaptation, social engagement, environmental factors, and psychological well-being. Socioeconomic variables, including income, education, and housing, further influence this association.

The predominant paradigm of quality of life (QoL) for older individuals, as established by the World Health Organization (WHO), defines it as an individual's subjective assessment of their status in life relative to the cultural environment and value systems in which they exist. This perception is influenced by an individual's objectives, anticipations, criteria, and apprehensions, and is evaluated across multiple

domains. Physical health pertains to everyday activities, mobility, energy levels, sleep quality, pain management, and accessibility to healthcare services. Psychological health includes both positive and negative emotions, spirituality, self-esteem, body image, and cognitive processes such as memory and focus. Social relationships encompass personal connections, social support, and an individual's participation in social activities. The environment includes the physical safety of a community, financial resources, recreational activities, and the quality and accessibility of the living conditions. The WHO Age-Friendly Cities framework delineates eight interrelated sectors of urban life that enhance the health and engagement of older individuals. These encompass outdoor areas, structures, transportation, housing, social engagement, respect and social inclusion, civic involvement and employment, communication and information, as well as community and health services. The person-environment fit theory is a pivotal and significant framework in gerontology. The theory asserts that quality of life is influenced by the dynamic interplay between an individual's competencies (biological, psychological, and social resources) and the environmental pressures imposed upon them. An optimal alignment between the individual and their environment enhances functioning, autonomy, and general well-being. In an urban setting, this indicates that as an elder's health deteriorates, a supportive and accessible environment becomes progressively vital to sustain a high quality of life. Proximity to services, accessible walkways, and local social opportunities help offset diminished mobility (Ghosh, D. & Dinda, S., 2020).

Complementary theoretical frameworks enhance comprehension of the unique elements affecting the quality of life of urban elderly individuals. Modernization theory posits that urbanization and industrialization may diminish the social status of elderly individuals, resulting in a decline in income, prestige, and social roles. The social production of health concept underscores that socioeconomic factors significantly influence health outcomes and quality of life. For urban seniors, access to social security, healthcare services, and financial resources are critical factors influencing well-being. Socioemotional selectivity theory posits that with advancing age, individuals become increasingly discerning regarding their social networks, emphasizing emotionally significant interactions. In an urban environment, this may indicate that older persons want fewer, yet more meaningful, social encounters. Psychological acceptance underscores the significance of embracing the unavoidable alterations in health and functionality associated with aging. A greater level of psychological acceptance correlates with enhanced emotional well-being and life satisfaction, despite deteriorating objective health indicators. A comprehensive theoretical framework for the quality of life of urban elderly individuals might be perceived as an integrated model. The quality of life of the elderly is affected by their individual attributes, encompassing sociodemographic parameters (age, education, marital status) and health state (physical and psychological). Psychological attributes such as acceptance and a sense of purpose are also crucial factors. The local environment significantly influences quality of life through elements such as housing, transit accessibility, and social interactions within the community. The accessibility of community support services and facilities is essential. Wider societal and governmental policies influence the environment in which the elderly reside. This encompasses economic situations, societal conventions pertaining to aging, healthcare regulations, and the establishment of "age-friendly" urban infrastructure. A dynamic link exists among these levels. An elder's capacity to manage health difficulties (micro-level) is significantly influenced by the accessibility and quality of resources and support systems within their urban surroundings (meso- and macro-levels) (Theeke, L. A., Goins, R. T., Moore, J., & Campbell, H., 2012).

### **QUALITY OF LIFE AMONG URBAN ELDERS-GEOGRAPHICAL CONTEXT AND ISSUES**

The notion of quality of life (QoL) among the senior group has gained prominence amid swift urbanization and demographic shifts. Urban environments, whilst providing enhanced access to healthcare, transportation, and communication, can provide distinct obstacles for elderly individuals. Comprehending

the geographical context—spatial distribution, environmental conditions, and socio-economic attributes—is crucial for assessing the actual circumstances of the urban old (Indu, P. V., Remadevi, S., Philip, S., & Mathew, T., 2018).

### **Geographical Context:**

The established cities with deteriorating infrastructure may provide fewer resources for the elderly than emerging, rapidly rising urban areas. Cities with modern infrastructure and strong economic growth, such as Chennai, may possess superior healthcare and public service systems. Regional disparities within the same country result in considerable discrepancies in the quality of life for urban elderly individuals. Certain research suggests that older individuals in more developed metropolitan areas exhibit greater life satisfaction compared to their counterparts in less developed urban locations. The local living environment influences the quality of life and well-being of the elderly. Urban regions, especially inner cities, frequently exhibit a greater incidence of problems such as pollution, noise, and crime, which adversely affect quality of life. Urban slum settlements, marked by unsanitary circumstances and substandard living conditions, correlate with diminished quality of life ratings for the elderly, particularly in the environmental domain (Khole, C. V. & Soletti, A., 2018).

Urban environments are defined by elevated population density, diverse economic frameworks, and unequal access to vital services. Urban seniors are frequently located in central or older residential districts where the infrastructure may be deteriorating. High-rise apartments and densely populated communities might impede movement and social contact. Inadequate urban design, insufficient green spaces, traffic congestion, and pollution negatively impact physical and emotional well-being. Access to public transportation, pedestrian walkways, and senior-friendly facilities profoundly influences daily life. Disparities exist between rich and low-income communities within the same metropolis. Elderly individuals living in slum or semi-urban areas frequently encounter insufficient sanitation, healthcare, and social assistance. Urban heat islands, air pollution, and inadequate ventilation in residential buildings exacerbate health hazards, especially for elderly individuals with chronic illnesses.

The quality of life for urban seniors is closely connected to their geographical environment. The interplay of environmental elements, social networks, economic conditions, and service accessibility determines their well-being. A thorough geographical analysis aids in recognizing regional disparities and spatial trends impacting the lives of the elderly. Urban policy planning must incorporate age-friendly infrastructure, inclusive healthcare, and social support services to guarantee a decent and meaningful existence for the elderly population (Lette, M., Stoop, A., Lemmens, L. C., Buist, Y., Baan, C. A., & De Bruin, S. R., 2017).

### **Issues:**

A considerable number of urban seniors rely on fixed pensions or lack a consistent income. The escalating cost of living and constrained job prospects render financial independence challenging. The disintegration of joint families and the relocation of younger generations to different cities or countries have exacerbated social isolation among the elderly. The absence of emotional and caring support reduces overall life satisfaction. Affordable housing that accommodates the elderly is a significant issue. Insufficient amenities, including elevators, ramps, and safety features, lead to diminished mobility and more accidents. Urban crime, fraud, and insufficient community monitoring subject the elderly to physical and mental hazards. Women and unmarried elderly individuals are especially susceptible. The swift digitalization of services—banking, healthcare, communication—creates challenges for elderly individuals without computer proficiency, hence exacerbating their isolation from conventional urban life.

Senior citizens on fixed incomes frequently have difficulties in securing appropriate and accessible homes within competitive metropolitan markets. Restricted alternatives compel numerous individuals to either stay in residences necessitating expensive alterations or relocate to unfamiliar areas. Inadequate access to urban parks and green areas might impede chances for physical activity and relaxation, so adversely affecting physical and mental health. Although public transit is more accessible in urban areas, seniors with mobility impairments find it difficult to navigate congested or intricate systems. Inaccessible infrastructure can lead to social isolation and diminished independence (Chaurasia, H. & Srivastava, S., 2020).

The disintegration of conventional family structures and rapid metropolitan lifestyles frequently results in elders experiencing disconnection and social isolation. This may result in isolation, despondency, and deteriorating mental well-being. Urban elderly individuals, especially older women, may encounter neglect, disdain, and physical violence in their domestic environments. The absence of strong institutional support and age-appropriate policies renders many individuals vulnerable and disadvantaged. Economic pressures, insufficient social security, and limited earning potential provide significant challenges. A significant number of elderly continue to rely on financial support, adversely affecting their autonomy and overall well-being. (Hyde, M., Wiggins, R. D., Higgs, P., & Blane, D. B., 2003)

Despite the presence of superior medical facilities in urban locations, elderly individuals often encounter challenges in accessing them due to prolonged wait periods, transportation difficulties, and financial constraints. Traversing the intricate healthcare system poses significant difficulties for individuals with mobility or cognitive disabilities. Urban seniors experience elevated incidences of chronic ailments, including hypertension, diabetes, and arthritis. Research indicates a significant frequency of visual and auditory impairments among older urban residents. Chronic stress, isolation, and the demands of urban living exacerbate mental health issues, resulting in increased prevalence of depression and anxiety. A significant number of elderly individuals in metropolitan settings possess insufficient digital competencies to engage with technology for social interactions and service access, resulting in diminished quality of life. Enhancing digital literacy is a crucial domain for intervention (Mane, A.B. & Navale, K., 2016).

## **CONCLUSION**

The analysis of Quality of Life (QoL) among Urban Elders through a theoretical, geographical, and issue-based lens highlights that ageing in urban settings is a multidimensional experience shaped by social, economic, health, and environmental factors. The theoretical framework—drawing from concepts such as active ageing, successful ageing, and the life-course perspective—emphasizes that quality of life in old age extends beyond physical health to include psychological well-being, social participation, autonomy, and a sense of dignity. These theories collectively underline the importance of supportive social structures, continued engagement, and equitable access to resources for enhancing elders' overall life satisfaction. The geographical context of urban areas presents both opportunities and constraints for the elderly population. On one hand, cities offer better access to healthcare facilities, transportation, social services, and technological advancements. On the other hand, rapid urbanization, high cost of living, environmental pollution, overcrowding, and weakening of traditional family support systems often intensify feelings of isolation, insecurity, and dependency among urban elders. Spatial inequalities within cities further exacerbate disparities in quality of life, particularly for elders residing in slums or marginalized neighborhoods. The key issues affecting the quality of life of urban elders include declining physical and mental health, financial insecurity, limited social support, inadequate age-friendly infrastructure, and insufficient policy implementation. Loneliness, neglect, and lack of participation in decision-making processes significantly affect their emotional well-being. Gender disparities, digital exclusion, and inadequate awareness of welfare schemes further compound these challenges. In conclusion, improving

the quality of life among urban elders requires an integrated and holistic approach that aligns theoretical insights with geographical realities and addresses core socio-economic and health-related issues. Strengthening age-friendly urban planning, enhancing social security measures, promoting community-based support systems, and ensuring inclusive healthcare and social participation are crucial. Policymakers, urban planners, social institutions, and families must collaboratively work towards creating inclusive urban environments that uphold the dignity, independence, and well-being of the ageing population.

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