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**Quality of Life Among Urban Elders Towards Social, Economic,
Health and Psychological Perspectives**

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ABSTRACT

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 changing family structures. It also revealed that while urban elders often benefit from better healthcare infrastructure and service availability, they simultaneously face challenges such as social isolation, financial insecurity, declining health and psychological stress. Economic stability and strong family or community support systems are found to play a significant role in enhancing perceived quality of life, whereas loneliness, chronic illness, and inadequate social engagement adversely affect well-being. In this article; quality of life among urban elders towards social, economic, health and psychological perspectives have been discussed.

***Keywords:** Quality, Life, Urban Elders, Social, Economic, Health, Psychological.*

INTRODUCTION

Quality of Life (QoL) among urban elders has emerged as a significant area of academic and policy-oriented concern in the context of rapid urbanization, demographic transition, and increasing life expectancy. Urban areas, while offering better access to healthcare, education, and social services, also present unique challenges for the elderly population, such as social isolation, economic insecurity, health vulnerabilities, and psychological stress. As societies age, understanding the multidimensional aspects of quality of life among urban elders becomes essential for promoting healthy, active, and dignified ageing. Quality of life is a comprehensive concept that goes beyond mere survival and physical health, encompassing social relationships, economic stability, mental well-being, and a sense of autonomy and purpose. For urban elders, social perspectives include family support, community participation, social networks, and intergenerational relationships, all of which play a vital role in preventing loneliness and social exclusion. Economic perspectives focus on income security, pension benefits, employment opportunities, and the ability to meet daily living expenses in often high-cost urban environments. Health perspectives are central to the quality of life of the elderly, as ageing is frequently accompanied by chronic illnesses, reduced mobility, and increased dependence on healthcare services. Access to affordable, quality healthcare, availability of geriatric-friendly infrastructure, and health awareness significantly influence the well-being of urban elders. Alongside physical health, psychological perspectives—such as emotional stability, self-esteem, life satisfaction, and coping mechanisms—are crucial determinants of overall quality of life.



**International Conference on Latest Trends in Science, Engineering,
Management and Humanities (ICLTSEMH -2025)
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Urban living conditions, changing family structures, and reduced traditional support systems can intensify psychological challenges among the elderly. In this context, a holistic assessment of quality of life among urban elders from social, economic, health, and psychological perspectives is essential for identifying gaps in existing support systems and for formulating inclusive policies and interventions. Such an approach not only enhances the understanding of ageing in urban settings but also contributes to the development of sustainable strategies aimed at improving the overall well-being and social integration of the elderly population (Cohen, A., Dias, A., Azariah, F., Krishna, R. N., Sequeira, M., Abraham, S., & Patel, V., 2018).

QUALITY OF LIFE AMONG URBAN ELDERS-SOCIAL PERSPECTIVES

The quality of life (QoL) of urban seniors is significantly affected by their social surroundings, connections, and the level of community inclusion they encounter. Rapid urbanization is causing the old joint family structure to be replaced by nuclear families, resulting in numerous elderly adults living alone or experiencing restricted social interaction. This transition presents distinct social problems that impact their overall well-being. In metropolitan environments, social connections often diminish due to hectic lifestyles, the movement of offspring for employment opportunities, and evolving familial values. The elderly frequently encounters loneliness, social isolation, and insufficient community engagement. The urban social milieu, despite providing access to healthcare and services, may lack the emotional and social support networks essential for the well-being of the elderly.

Social perspectives on the quality of life for urban seniors emphasize the significance of social connections, community involvement, and economic security, which are frequently impeded by variables such as age, gender, and financial dependency. Research indicates that although urban elderly individuals may experience a superior overall quality of life compared to their rural counterparts, they frequently exhibit low scores in social ties. Enhancing quality of life necessitates the consideration of social determinants via community initiatives, support services, and financial empowerment to enable the aged to sustain independence and well-being (Indu, P. V., Remadevi, S., Philip, S., & Mathew, T., 2018).

Isolation and a reduction in social engagement are critical concerns. Factors such as solitary living, widowhood, or a decline in social status post-retirement might adversely affect quality of life. Economic instability is a significant issue. Senior citizens may experience diminished influence and financial security post-retirement, particularly in urban environments characterized by elevated living costs and potentially inadequate social security systems. Financial reliance on others can substantially diminish quality of life. The sense of empowerment, status, and community engagement is essential. A deficiency in community integration and restricted access to social and healthcare services can adversely impact quality of life. Age, gender, education, and occupation significantly influence quality of life. For instance, being female, illiterate, or financially reliant may correlate with a diminished quality of life score. Although not exclusively social, an individual's social and economic status is intricately connected to health. Optimal physical and mental health, together with the capacity to execute everyday tasks, is significantly associated with enhanced life happiness.



**International Conference on Latest Trends in Science, Engineering,
Management and Humanities (ICLTSEMH -2025)
19th January, 2025, Noida, India.**

Active engagement in social and physical recreational activities can enhance self-esteem and contentment. Delivering sufficient healthcare and social support services is essential, particularly for individuals who are more vulnerable or isolated. Strategies that enhance financial independence and stability can empower the elderly and augment their feeling of well-being. Enhancing self-efficacy and addressing mental health requirements are essential, as the psychological and environmental aspects of quality of life are frequently overlooked.

A significant number of urban elders reside independently from their offspring, resulting in mental turmoil and perceptions of neglect. The evolution of family arrangements and diminished intergenerational interaction have undermined conventional support systems. Minimal participation in community events and organizations diminishes elders' sense of belonging. Older women, especially widows, have heightened social marginalization and economic precariousness. Urban seniors frequently encounter insecurity stemming from escalating crime rates, unfamiliarity with their neighborhoods, and insufficient public safety protocols. The growing reliance on digital communication may marginalize elderly individuals who lack technological proficiency. Consistent engagement with peers, neighbours, and neighborhood organizations sustains mental and emotional well-being. These platforms offer avenues for enjoyment, education, and emotional assistance. Participation of the elderly in social or religious organizations cultivates a sense of purpose and dignity. Initiatives that foster social inclusion, provide counseling, and offer recreational activities enhance the social well-being of the elderly. Family constitutes the fundamental basis of social security for the elderly. Emotional support, respect, and intergenerational connections are essential elements of elderly well-being. Society must establish age-friendly urban environments, foster social inclusion, and acknowledge the aged as significant contributors rather than dependents. The social viewpoint of quality of life for urban elders emphasizes the significance of emotional connectivity, social inclusion, and active community engagement. Fostering a supportive social environment can markedly improve their sense of belonging, dignity, and happiness in later life (Wedgeworth, M., LaRocca, M. A., Chaplin, W. F., & Scogin, F., 2017).

QUALITY OF LIFE AMONG URBAN ELDERS-ECONOMIC PERSPECTIVES

Economic issues significantly impact the quality of life (QOL) for urban seniors, influencing their physical and mental well-being, autonomy, and social participation. Financial stability is frequently associated with improved health outcomes and enhanced access to resources, whereas financial insecurity may result in stress, adverse health effects, and social isolation. Economic security is a critical factor influencing the quality of life for the elderly, especially in urban regions characterized by elevated living costs and increasing dependency as age advances. Economic viewpoints emphasize the accessibility of financial resources, income stability, work prospects, pension provisions, and access to essential services that directly influence the welfare and autonomy of elderly individuals.



**International Conference on Latest Trends in Science, Engineering,
Management and Humanities (ICLTSEMH -2025)
19th January, 2025, Noida, India.**

Numerous urban seniors, especially in developing nations such as India, encounter financial difficulties post-retirement. Their funds may be inadequate to meet daily expenses and escalating healthcare bills. The transition to nuclear families has resulted in numerous elderly individuals in urban regions becoming financially reliant on their offspring. This can undermine their autonomy and is linked to a diminished quality of life, particularly for women. Substantial inequalities are present in the financial circumstances of metropolitan seniors. Individuals in lower-income categories experience heightened vulnerability, as income disparity is inversely connected to the utilization of healthcare services. In certain areas, elderly women are more prone to economic dependence and exhibit a heightened sense of financial insecurity compared to their male counterparts. Out-of-pocket healthcare expenses are a significant worry for metropolitan seniors. They have an elevated risk of chronic health disorders and frequently incur substantial expenses for medications, specialist care, and medical equipment. Urban dwelling can be costly and unattainable for elderly individuals, especially those with limited mobility. Numerous individuals are compelled to downsize or relocate to assisted living facilities, which can be expensive. The expenses associated with both in-home and institutional care services can be excessively high, particularly in major urban centers. This compels many to depend on family or forfeit essential care (Hyde, M., Wiggins, R. D., Higgs, P., & Blane, D. B., 2003).

Affluent metropolitan seniors typically possess superior access to and use of exceptional healthcare, which can markedly enhance their physical and mental well-being. Nonetheless, economically disadvantaged elderly individuals may postpone or forgo treatment owing to budgetary limitations. The economic vitality of a city influences its capacity to deliver age-friendly infrastructure and public services. A robust economy can finance improved public transportation, accessible infrastructure, and social programs for the elderly, whereas a stagnant economy may be incapable of doing so. Government assistance, including pensions and social security benefits, serves a vital regulating function. For low-income urban seniors, public transfer money can alleviate the adverse effects of income disparity on their healthcare access.

Researchers and policymakers propose various economic interventions to enhance the quality of life for urban seniors. The enhancement and expansion of pension plans and other social safety nets are essential for fostering greater financial independence among the elderly. Initiatives that tackle the exorbitant expenses of urban healthcare, housing, and caregiving services are essential. This may encompass subsidized housing alternatives and healthcare support initiatives. Facilitating chances for older persons to maintain profitable employment or participate in suitable labor might enhance their financial and psychological health. Investing in urban planning that addresses the mobility and accessibility requirements of the elderly can enhance their environmental quality of life and social participation. Targeted initiatives are essential for especially vulnerable populations, such as elderly women, those with physical disabilities, and residents of low-income households, to tackle their unique economic difficulties (Vimala, G. & Goyal, R.C., 2018).



**International Conference on Latest Trends in Science, Engineering,
Management and Humanities (ICLTSEMH -2025)
19th January, 2025, Noida, India.**

Urban seniors obtain income from diverse sources like pensions, savings, rental revenue, interest from deposits, or ongoing part-time employment. Individuals lacking established working history, particularly women and workers from the informal sector, frequently experience an absence of consistent income post-retirement, significantly constraining their quality of life. Numerous older persons encounter premature retirement due to health complications or institutional regulations, resulting in an abrupt loss of income. Some individuals persist in informal sectors or small enterprises for sustenance, while others face financial instability and reliance on familial support. Pension and social security systems are essential for maintaining economic stability. In India, pension coverage is restricted to employees in the government and organized sectors. The lack of sufficient pension systems for private-sector employees results in a significant segment of the older population lacking financial security, rendering them susceptible to poverty and neglect. Urban regions are marked by escalating expenses in housing, healthcare, and transportation. For seniors with fixed or constrained incomes, managing these bills is a considerable problem. Inflation and elevated medical costs exacerbate their financial limitations, frequently resulting in diminished access to nutritious food, adequate treatment, and social engagement. Historically, Indian seniors depended on family members for financial and emotional assistance. Nevertheless, urbanization and the transition to nuclear families have undermined this support network. A significant number of elderly individuals now reside independently or rely on minimal remittances from their offspring, heightening their feelings of insecurity and economic fragility. Enhancing the autonomy and decision-making capabilities of seniors can be achieved through financial literacy initiatives, education on senior savings plans, and access to digital banking services. Programs that encourage income-generating activities and entrepreneurship among active seniors might improve their self-esteem and general life happiness. The Government of India has implemented many initiatives, including the National Social Assistance Programme (NSAP), Indira Gandhi National Old Age Pension Scheme (IGNOAPS), Senior Citizens' Savings Scheme (SCSS), and Atal Pension Yojana (APY), to provide financial assistance to the elderly. Nonetheless, the effectiveness and scope of these programs require enhancement through improved awareness and execution. Economic well-being is essential for preserving dignity, liberty, and happiness in later life. Securing financial stability via comprehensive pension coverage, accessible healthcare, and avenues for productive aging is crucial for enhancing the quality of life for urban seniors. Sustainable economic policies, alongside societal and familial assistance, can provide a more secure and dignified aging experience in urban India. (Samanta, T., Chen, F., & Vanneman, R., 2015)

QUALITY OF LIFE AMONG URBAN ELDERS- HEALTH PERSPECTIVES

Health is a crucial predictor of quality of life in the aged population. In metropolitan settings, despite improved access to medical services and sophisticated healthcare infrastructure, elderly individuals frequently encounter a multifaceted array of health-related issues. These encompass chronic ailments, psychological disorders, restricted mobility, and lifestyle-associated diseases. Comprehending the health perspectives of urban seniors is essential for formulating policies and treatments that foster healthy and active aging.



**International Conference on Latest Trends in Science, Engineering,
Management and Humanities (ICLTSEMH -2025)
19th January, 2025, Noida, India.**

The quality of life for urban seniors is affected by variables including age, physical and mental health, and socioeconomic level, with diminished quality of life being associated with being over 75, suffering from chronic illnesses, and belonging to a lower socioeconomic class. Although urban older individuals may express greater overall happiness than their rural counterparts in certain areas, they often exhibit diminished scores in physical and psychological well-being, attributed to variables such as chronic health disorders and challenges with everyday activities, as indicated by much research. Conversely, some urban elderly may have superior quality of life scores in some domains compared to rural populations, underscoring complicated and occasionally contradicting results (Khole, C. V. & Soletti, A., 2018).

Advanced age, especially above 75 years, is significantly correlated with diminished quality of life. Chronic conditions such as hypertension, cardiovascular disease, diabetes, and stroke profoundly affect quality of life and are associated with diminished physical functioning. Suboptimal mental health, depression, and anxiety significantly forecast diminished life satisfaction. Reduced income, education, and employment are associated with diminished quality of life. Living independently or experiencing widowhood/separation correlates with diminished quality of life. Suboptimal physical health might diminish the capacity to execute daily activities, hence adversely impacting quality of life.

Research findings are inconsistent; some studies indicate that urban seniors exhibit lower physical and psychological quality of life scores than their rural counterparts, but others claim greater overall satisfaction. Certain research suggests that urban males may exhibit superior quality of life scores across most categories in comparison to their rural counterparts. The influence of the urban environment is diverse. Functional health is markedly correlated with quality of life in metropolitan regions, indicating the necessity of accessible healthcare services.

Providing quality, inexpensive medical treatments, preferably at home, can enhance physical health results. Focused health education for the elderly and their families can enhance their comprehension of health matters and promote improved lifestyle decisions. Creating opportunities for social and physical recreation can enhance confidence and strengthen social relationships. Technology can assist older persons in maintaining independence; nevertheless, its efficacy is contingent upon the individual's comfort and access to support. It is essential to address individual factors, including age, chronic conditions, and socioeconomic position, to develop successful solutions (Tkatch, R., Musich, S., MacLeod, S., Kraemer, S., Hawkins, K., Wicker, E. R., & Armstrong, D. G., 2017).

Urban seniors are frequently afflicted by non-communicable diseases (NCDs), including diabetes, hypertension, arthritis, and cardiovascular disorders. Sedentary lifestyles, environmental pollutants, and nutritional practices contribute to these disorders. Despite the greater accessibility of healthcare facilities in metropolitan regions compared to rural areas, some elderly individuals encounter challenges in consistently utilizing these services due to exorbitant charges, insufficient familial assistance, or mobility constraints.



**International Conference on Latest Trends in Science, Engineering,
Management and Humanities (ICLTSEMH -2025)
19th January, 2025, Noida, India.**

Mental health is a crucial component of overall well-being. Numerous urban seniors endure loneliness, sadness, anxiety, and stress due to social isolation, retirement, and evolving family dynamics. The disintegration of united families and the rapid tempo of urban existence frequently result in neglect and emotional instability among the elderly.

Despite metropolitan centers providing many healthcare options—public hospitals, private clinics, and specialist geriatric facilities—disparities in access remain. Socioeconomic gaps hinder elderly individuals' capacity to access quality healthcare. Furthermore, insufficient health insurance coverage for elderly individuals persists as a significant issue.

Nutrition is essential for sustaining optimal health in the elderly. Urban dietary habits frequently encompass processed foods, resulting in obesity and metabolic diseases. Insufficient physical activity and erratic eating habits exacerbate health effects. Promoting balanced nutrition, consistent physical activity, and frequent health examinations can markedly improve quality of life (Parra, D. C., Wetherell, J. L., Van Zandt, A., Brownson, R. C., Abhishek, J., & Lenze, E. J., 2019).

Urban seniors are subjected to environmental risks like air and noise pollution, congestion, and insufficient green areas. These variables adversely affect respiratory health, sleep quality, and general physical fitness. Secure and senior-friendly urban settings are crucial for maintaining their well-being.

A significant number of older adults are uninformed about preventive healthcare measures. Routine health assessments, immunizations, and self-care education can facilitate the early detection and management of diseases. Community health initiatives targeting elderly care can enhance both physical and mental health outcomes.

The health-related quality of life for urban seniors is contingent upon physical, mental, and environmental aspects. Urban locations provide sophisticated healthcare opportunities; nonetheless, issues such as chronic illnesses, mental discomfort, and lifestyle-related disorders endure. An integrated approach that encompasses preventative care, accessible healthcare services, mental health assistance, and healthy lifestyle behaviors is vital for promoting dignified and active aging among urban seniors.

QUALITY OF LIFE AMONG URBAN ELDERS- PSYCHOLOGICAL PERSPECTIVES

The psychological quality of life (QOL) for urban seniors is influenced by variables such as loss of purpose post-retirement, social isolation, and health issues. Interventions should concentrate on augmenting psychological well-being by facilitating empowerment, cultivating social relationships, and encouraging participation in recreational and health-oriented activities. The psychological well-being of urban old individuals is frequently inferior to that of their rural counterparts, especially concerning emotional and psychological health.



**International Conference on Latest Trends in Science, Engineering,
Management and Humanities (ICLTSEMH -2025)
19th January, 2025, Noida, India.**

The transition to retirement and the autonomy of children may result in a diminished social role and sense of purpose, adversely affecting life happiness. Experiencing widowhood, separation, or solitary living diminishes quality of life. Urban areas may provide increased social activities, although they can also result in heightened isolation for certain elderly folks. Comorbid disorders, anxiety, and depression adversely impact psychological well-being and general quality of life. Mental health services for the elderly are frequently inadequate. A reduction in income post-retirement may result in financial distress, adversely affecting mental well-being. Chronic health difficulties or residing in a poor socioeconomic status might adversely impact psychological quality of life. Enhancing the autonomy of elderly adults can elevate their psychological quality of life. Engagement in social and physical recreational activities can enhance self-esteem, elevate happiness levels, and improve overall quality of life. Specialized health education for the elderly and their families can mitigate psychological and social challenges. Emphasizing both curative and preventive mental healthcare is essential. Community-based efforts that provide access to support and activities might mitigate social isolation and its related psychological effects. Understanding the process of response shift, in which individuals adjust their expectations to manage deteriorating health, is crucial for addressing psychological well-being (Lette, M., Stoop, A., Lemmens, L. C., Buist, Y., Baan, C. A., & De Bruin, S. R., 2017).

The psychological aspect of quality of life is essential in assessing the overall well-being of the urban older demographic. As individuals age, they frequently undergo substantial emotional and cognitive transformations shaped by retirement, the loss of social positions, deteriorating health, and alterations in family dynamics. In urban environments, characterized by rapid lifestyles and less deep interactions, elderly individuals often experience loneliness, anxiety, and sadness (Bhan, N., Madhira, P., Muralidharan, A., Kulkarni, B., Murthy, G. V. S., Basu, S., Kinra, S., 2017).

The psychological well-being of urban elderly is contingent upon characteristics including self-esteem, emotional stability, life satisfaction, and a feeling of purpose. The capacity to adjust to aging, sustain social relationships, and participate in significant activities are essential elements of mental health in later life. Numerous urban seniors encounter "psychological isolation" despite residing in densely populated regions, attributable to the disintegration of conventional joint family structures and restricted engagement with neighbours or relatives.

Mental health disorders such as stress, sleeplessness, and cognitive deterioration are becoming progressively prevalent among urban senior populations. The absence of emotional support, diminished mobility, and reliance on others might exacerbate these issues. Nevertheless, seniors who uphold an optimistic disposition, spiritual beliefs, and participation in communal or recreational endeavors generally report elevated levels of psychological contentment.

Moreover, access to mental health services, counseling, and awareness initiatives in metropolitan environments can substantially improve psychological well-being. Support groups, meditation techniques, and social organizations for older folks have demonstrated beneficial effects in alleviating stress and enhancing well-being among the elderly.



**International Conference on Latest Trends in Science, Engineering,
Management and Humanities (ICLTSEMH -2025)
19th January, 2025, Noida, India.**

The psychological viewpoint on the quality of life for urban seniors underscores the necessity for emotional support, mental health awareness, and social inclusion. A supportive psychological environment might enhance elders' ability to manage aging, maintain mental resilience, and achieve a satisfying existence in their later years (Mao, L., Mondal, K., & Manna, M., 2019).

CONCLUSION

The assessment of quality of life among urban elders from social, economic, health and psychological perspectives reveals a complex and interrelated set of conditions shaping their overall well-being. Urbanization has provided older adults with better access to healthcare facilities, social services, transportation and communication networks; however, it has also contributed to challenges such as social isolation, weakened family support systems and rising living costs. Socially, urban elders experience both opportunities and constraints. While exposure to community organizations, senior citizen groups and digital connectivity can enhance social participation, many elders face loneliness due to nuclear family structures, intergenerational gaps and reduced social interaction. Economically, financial security remains a critical determinant of quality of life. Elders with stable pensions, savings or social security benefits tend to enjoy greater independence and dignity, whereas those without adequate income support often experience insecurity and dependency. From a health perspective, urban elders benefit from comparatively advanced medical infrastructure, yet they are increasingly affected by chronic diseases, mobility limitations and lifestyle-related health issues. Access to affordable and age-friendly healthcare, preventive services and long-term care remains uneven. Psychologically, factors such as stress, anxiety, fear of dependency and feelings of neglect significantly influence their well-being, while emotional support, a sense of purpose and social recognition contribute positively to mental health. Overall, the quality of life of urban elders is not determined by a single factor but by the interaction of social support, economic stability, physical health and psychological resilience. The study underscores the need for integrated policy interventions focusing on income security, accessible healthcare, age-friendly urban environments and social inclusion programs. Strengthening family and community support systems, promoting active ageing and ensuring mental health care are essential for enhancing the overall quality of life among the urban elderly population.

REFERENCES

1. Bhan, N., Madhira, P., Muralidharan, A., Kulkarni, B., Murthy, G. V. S., Basu, S., Kinra, S. (2017). Health needs, access to healthcare, and perceptions of ageing in an urbanizing community in India: a qualitative study. *BMC geriatrics*, 17(1), 156.
2. Cohen, A., Dias, A., Azariah, F., Krishna, R. N., Sequeira, M., Abraham, S., & Patel, V. (2018). Aging and well-being in Goa, India: a qualitative study. *Aging & mental health*, 22(2), 168-174.
3. Hyde, M., Wiggins, R. D., Higgs, P., & Blane, D. B. (2003). A measure of quality of life in early old age: the theory, development and properties of a needs satisfaction model (CASP-19). *Aging & Mental Health*, 7(3), 186-194.



**International Conference on Latest Trends in Science, Engineering,
Management and Humanities (ICLTSEMH -2025)
19th January, 2025, Noida, India.**

4. Indu, P. V., Remadevi, S., Philip, S., & Mathew, T. (2018). A qualitative study on the mental health needs of elderly in Kerala, South India. *Journal of Geriatric Mental Health*, 5(2), 143-152.
5. Khole, C. V. & Soletti, A. (2018). Nutritional status of elderly in the old age homes: A study in Pune city. *Current Research in Nutrition and Food Science Journal*, 6(1), 234-240.
6. Lette, M., Stoop, A., Lemmens, L. C., Buist, Y., Baan, C. A., & De Bruin, S. R. (2017). Improving early detection initiatives: a qualitative study exploring perspectives of older people and professionals. *BMC geriatrics*, 17(1), 132-140.
7. Mao, L., Mondal, K., & Manna, M. (2019). A comparative study on quality of life of older adults. *Indian Journal of Continuing Nursing Education*, 20(1), 73.
8. Parra, D. C., Wetherell, J. L., Van Zandt, A., Brownson, R. C., Abhishek, J., & Lenze, E. J. (2019). A qualitative study of older adult's perspectives on initiating exercise and mindfulness practice. *BMC geriatrics*, 19(1), 1-11.
9. Samanta, T., Chen, F., & Vanneman, R. (2015). Living arrangements and health of older adults in India. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 70(6), 937-947.
10. Tkatch, R., Musich, S., MacLeod, S., Kraemer, S., Hawkins, K., Wicker, E. R., & Armstrong, D. G. (2017). A qualitative study to examine older adults' perceptions of health: Keys to aging successfully. *Geriatric Nursing*, 38(6), 485-490.
11. Vimala, G. & Goyal, R.C. (2018). Quality of life of elderly in India: A Review. *Int. J. Nur. Edu. and Research*, 6(4), 425-430.
12. Wedgeworth, M., LaRocca, M. A., Chaplin, W. F., & Scogin, F. (2017). The role of interpersonal sensitivity, social support, and quality of life in rural older adults. *Geriatric Nursing*, 38(1), 22-26.