Research Article

Quality Of Life and Psychological Well-Being Among the Aging Population in Pauri Town, Uttarakhand

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Abstract
In India, the aging population is rapidly increasing, especially in hilly areas like Pauri Garhwal, a town in Uttarakhand. This research analyses the psychological well-being (PWB) and quality of life (QoL) of the aging population in Pauri Garhwal town. Physical health, social engagement, emotional well-being, and life satisfaction were evaluated using a descriptive cross-sectional research design. Using a stratified random sampling technique, 150 people aged 60 and older were selected as a representative sample from several wards in Pauri Garhwal town. Further stratification of the participants was based on their living arrangements (living alone, with a spouse, or with family) and gender. The results show that whereas most older adults reported moderate levels of physical health and social involvement, a sizable percentage had poor psychological well-being, especially in autonomy and life purpose.
Keywords: Physical health; Social engagement; Quality of life; Psychological well-being; Aging population.

Introduction

Human existence is a never-ending adventure. Every human being undergoes lifelong growth, development, and maturation. We progress from one stage of life to the next as we go about our lives (Sood & Bakshi, 2012). The process of growing older is inevitable and typical. The elderly's quality of life, lifestyle choices, and mental and physical health are all impacted by the physiological, psychological, and societal changes at this crucial era (Thakur et al., 2019). One of the realities of human life on this planet is aging, which people cannot avoid. Aging's biological components are the first step in the natural process, which also has a significant psychological impact on daily living. In biology, aging is the term used to describe the steady changes that mature, biologically active beings undergo in repressive environments as they progress through an ordered age group (Sood & Bakshi, 2012). Elderly people are more prone to mental illnesses due to a variety of issues, including physical health conditions, cerebral illness, and anatomical deterioration of brain structures. Social and economic factors include the breakdown of family support networks and dwindling financial resources (Khandelwal & Patel, 2015). The functional breakdown in terms of both physical and psychological impairment, financial reliance, and social cut off, compromises the youth's freedom and quality of life (Mohan, 2014).

Elderly persons are more likely to report a lower quality of life if they have to take many medications, experience chronic pain, or have limitations in their daily activities and interpersonal relationships. This is particularly true for older women (Johnson, 1994). It is essential to give everyone, throughout their life cycle, opportunities for self-fulfilment, learning, education, and an active existence to enhance the quality of life for older people and promote prosperity in an aging society. Boundaries between different life-cycle periods grow less clear and more fluid, and the linear model of school, employment, and retirement is becoming less relevant. There is disagreement over the definition of quality of life (QoL), despite earlier work in the psychological sciences, public policy, and public opinion (Shah, 1998). The quality of life of men and women residing in both institutional and non-institutional settings in the urban Bangalore District was assessed. The findings showed that older people

in institutional settings had a higher quality of life than those in non-institutional settings, and that older men and women in both settings differed significantly in the domains of physical, psychological, independence, social relationships, and environment (Asadullah et al., 2012). Male seniors had a higher quality of life than female seniors, according to Panday's study on gender differences in quality of life among elderly people living in families (Pandey, 2016) .

One strategy to enhance the quality of life for the elderly, particularly those who are economically and socially challenged, is to establish more charity-based homes. Elderly people are often forced to live alone or relocate from their own homes in search of a better, more comfortable environment due to changes in family structure and contemporary shifts in the psychological matrix and values (Gupta et al., 2014). It has been highlighted that Quality of Life (QoL) has a significant influence on research and practice and is a complex, abstract, and diffuse notion that is challenging to describe (Walker, 2005). An investigation into the connection between attitudes toward aging and quality of life has been conducted. The study's findings show a strong correlation between older persons' attitudes toward aging and their quality of life. The psychological growth subscale of attitudes to aging and the sensory capacities subscale of QOL have the strongest significant association in this study (Lakshmi & Roopa, 2013).

Study Area

Pauri is a town in North India, the headquarters of the Pauri Garhwal district. Pauri is a beautiful hill station located in the lower-middle Himalayas. Pauri is the headquarters of the Garhwal Divisional Commissioner's office. Pauri is located at 30.15°N and 78. 78°E.It has an average elevation of 1765 meters, and tourists come to Pauri to watch the snow-capped peaks of the Greater Himalayas. Deodar trees are abundant around the city. Pauri experiences a subtemperate to temperate climate, with summers almost absent and winters freezing. The temperature range is very wide; during the day, sunlight heats the land quickly, but at night temperatures drop rapidly. Snow is recorded in this area during winter. The economy of Pauri depends on tourism, government offices, the central university, and the engineering college. Hemvati Nandan Bahuguna Garhwal Central University serves a sizable student body from all over the nation and is responsible for all the necessities people buy in the Pauri market, including photocopy shops, eateries, and stationery stores (Census of India 2011).

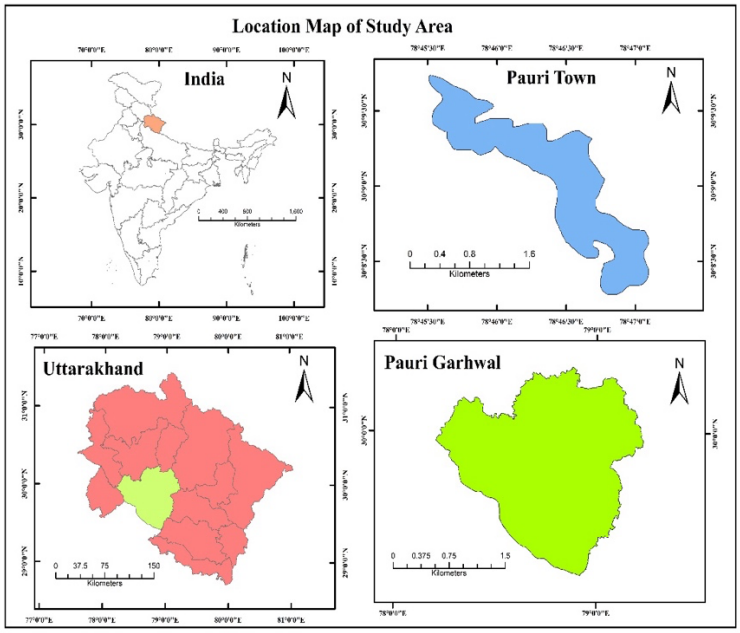

Figure 1: Location map of the study area

Objective: To analyze the quality of life and psychological well-being of the aging population in Pauri town. To study the perception level of the aging population, quality of life, and psychological well-being.

Methodology

To examine the quality of life (QoL) and psychological well-being (PWB) of the aging population, the current study employs a descriptive cross-sectional research design. This design is suitable for assessing current well-being conditions, patterns, and variations across sociodemographic groups at a single point in time. The study is based on both primary and secondary data sources. For the study, 150 individuals aged 60 or older were selected. To ensure representation from various segments of the population, a stratified random sampling technique was utilized. As the main sampling units, the town was split up into several wards. To ensure representativeness, respondents were selected proportionally from each ward. Additional stratification was done using living arrangement (living alone, with a spouse, or with family) and gender (male and female).

Data collection

A systematic interview schedule was used to gather primary data from the respondents. Face-to-face interviews were conducted to ensure responses were clear, reliable, and comprehensive, given the older population and literacy disparities. Primary data were collected through door-to-door surveys with well-structured questionnaires, and secondary data were collected from various journals and books to understand the mechanisms of quality of life and psychological well-being in the aging population. Subjective well-being was measured using a Likert-type scale. By combining responses from all pertinent parameters, PWB and QoL were created.

Data Analysis

Descriptive statistical methods were used to analyze the collected data, including frequency distributions, percentages, and perception levels (high, medium, and low). These techniques were applied to analyze trends and differences in PWB and QoL among various demographic groups. Identifying differences by living circumstances, gender, and age was the main goal of the analysis (Table 1).

Table 1: Variables in the study

Variable	Descriptions
Physical health level	Self-sufficiency and independence are directly impacted by physical well-being. Elderly people with poor physical health have a lower quality of life overall, are more dependent, and have less mobility. Quality of life refers to the ability to perform daily tasks independently and the overall functioning of the body.
Social health	Strong social ties reduce loneliness and enhance emotional support, whereas weak ties increase the risk of isolation and psychological distress among the elderly. Refers to the extent of social interaction, relationships, and participation in community life.
Mental health level	Resilience, decision-making, and life satisfaction are all improved by good mental health, whereas depression, loneliness, and diminished well-being can result from poor mental health. It signifies the emotional and mental state, especially the capacity to manage stress and preserve psychological equilibrium.
Physiological Well, being	Psychological health is crucial for meaningful aging. A lack of purpose and autonomy can lead to low motivation, dissatisfaction, and a poor overall quality of life. Refers to an individual's sense of purpose, autonomy, and overall psychological well-being.

Results

Demographic Status of the Aging Population

The age distribution shows that the young-old population predominates, with the majority of respondents aged 60–75. As people get older, the percentage declines, which is consistent with demographic trends. Although the prevalence of older age groups signals a growing demand for healthcare and support services, it also indicates that respondents engage in comparatively more physical and social activities (Table 2).

Table 2: Demographic status of the Ageing population

Attribute	Groups	Frequency	Percentage	Mean	Standard deviation
Age	60-75	76	46.06	50.00	27.055
	75-85	52	31.52		
	Above 85	22	13.33		
Education	Illiterate	20	12.12	25.00	6.450
	Primary	25	15.15		
	Secondary	30	18.18		
	Sr. secondary	35	21.21		
	Graduate	18	10.91		
	Other	22	13.33		
Marital Status	Married	80	48.485	27.60	29.670
	Unmarried	10	6.061		
	Widow	21	12.727		
	Widower	17	10.303		
	Seprated	10	6.061		
	Divorce	12	7.273		
Family type	Joint	101	61.212	82.5	21.92
	Single	49	29.697		

Source: Primary Survey

The educational profile shows that literacy levels are moderate, with the largest percentage in senior secondary education. Nonetheless, a sizable portion is still illiterate or has just completed elementary school. This indicates that older people have less access to higher education, which could affect their awareness, decision-making capacity, and access to social and health services. The fact that nearly half of the respondents are married suggests that spousal assistance is available. Nonetheless, a sizable percentage are bereaved or widowed, showing fragility brought on by a lack of companionship. Reduced percentages of single, separated, and divorced people draw attention to a variety of societal circumstances that could affect social security and emotional stability. The majority of respondents live in joint families, indicating the continued existence of conventional family structures that provide both social and financial support. Nonetheless, a significant percentage live in nuclear households, suggesting a slow change in family structure that could weaken support networks and raise the risk of isolation among the elderly.

Physical Level of the Aging Population

When the physical condition of the aging population is analyzed, significant gender differences are found in several health markers. Males have a higher prevalence of chronic conditions (60.00%) than females (40.00%), which may be related to lifestyle factors like smoking, alcohol consumption, and increased exposure to occupational stress, as well as comparatively lower participation in preventive healthcare practices. On the other hand, women exhibit greater mobility and functionality (56.66%) than men (43.33%), perhaps due to their ongoing participation in regular household tasks that support functional fitness and

physical mobility. Males appear to have a higher nutritional status (54.66%) than females (34.66%), which reflects long-term nutritional hardship among women and ongoing gender disparities in the allocation of food (Table 3).

Table 3: The physical level of the aging population

Attributes	Male Percentage	Female Percentage
Chronic condition	60.00	40.00
Mobility and functionality	43.33	56.66
Nutritional status	54.66	34.66
Sensory function	46.66	40.00
Pain level	51.33	44.00
Sleep Quality	61.33	38.66

Source: Primary survey

Similarly, males have slightly superior sensory function (46.66%) than females (40.00%), which may be related to easier access to medical facilities and assistive technology. Males report higher levels of pain (51.33%) than females (44.00%), which may be related to the long-term consequences of physically demanding jobs. However, disparities in pain reporting and perception cannot be ignored. Additionally, men have much higher sleep quality (61.33%) than women (38.66%), which may be related to fewer caring responsibilities and less psychological stress at a later age. Overall, these results show that a complex interplay of biological, socioeconomic, and gender-based determinants shapes the physical well-being of the senior population, underscoring the need for focused interventions to address these discrepancies.

Social Level of the Aging Population

Significant gender-based differences in important social variables are shown by the investigation of the social level of the aging population (Table 4). Females had significantly higher levels of social support (61.33%) than males (38.66%), which may be explained by women's stronger interpersonal ties, greater emotional attachment, and greater participation in family and community networks. Males (53.33%) report marginally better living conditions than females (46.66%), which may be due to men's historically higher economic control and decision-making authority. Females have greater access to basic services (54.66%) than males (45.33%), possibly because they interact more closely with local organizations such as welfare agencies and healthcare facilities. Males have substantially greater economic stability (60.66%) than females (39.33%), underscoring the ongoing gender differences in income, property ownership, and financial independence, especially in older age groups.

Table 4: Social level of the aging population

Social attributes	Male Percentage	Female Percentage
Social support	38.66	61.33
Living conditions	53.33	46.66
Access to basic services	45.33	54.66
Economic Stability	60.66	39.33
Participation in activities	42.66	57.33

Source: Primary survey

Additionally, women are more likely than men to participate in social and community activities (57.33% vs. 42.66%), indicating that women remain more socially engaged and integrated into community structures, whereas men may withdraw socially after retirement.

Overall, the results show that women have superior social integration and support networks, even if men typically have better living and economic circumstances. These trends highlight how cultural norms, gender roles, and socioeconomic disparities shape the social well-being of the aging population (Figure 2).

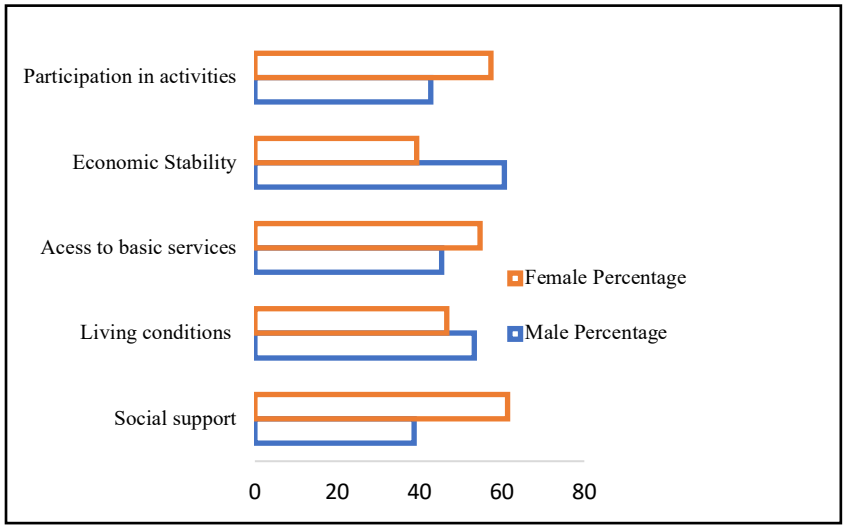

Figure 2. Percentage of social level of aging population

Mental Health Level of the Aging Population

There are substantial variations in gender in the evaluation of the mental health of the elderly population across important mental metrics. Males have a far higher rate of depression (70.00%) than females (30.00%), which may be related to things like stress after retirement, losing social duties, and men's diminished emotional expression. In a similar vein, stress levels are much higher in men (73.33%) than in women (26.66%), which may be due to financial obligations, worries about financial stability, and a lack of coping skills as one ages. On the other hand, Women are more likely than men to experience social isolation (67.33% versus 32.66%), which may be related to widowhood, higher life expectancy, and decreased mobility that results in less social engagement (Table 5).

Table 5: Mental health level of the aging population

Mental attributes	Male Percentage	Female Percentage
Depression	70.00	30.00
Social isolations	32.66	67.33
Stress level	73.33	26.66
Anxiety	26.00	74.00

Source: Primary Survey

Furthermore, anxiety levels are significantly higher in women (74.00%) than in men (26.00%), possibly as a result of increased emotional sensitivity, health-related worries, and sociocultural elements that restrict security and freedom in later life. Overall, the results indicate that women have higher levels of social isolation and anxiety, whereas men are more affected by stress and depression. These trends underscore the need for gender-sensitive mental health interventions by highlighting the intricate interactions between gender roles,

socioeconomic circumstances, and psychological coping strategies in determining the mental health of the senior population.

Psychological Well-being of the Aging Population

Psychological well-being among the elderly population shows clear gender differences and variation in quality of life. Women report higher levels of life satisfaction (54.00%) than men (46.00%), suggesting that, later in life, women may find greater emotional fulfilment in social interaction and family ties. In a similar vein, women have more pleasant mood states (61.33%) than men (38.66%), which could be explained by more robust social support networks and greater emotional expressiveness. Males, on the other hand, show somewhat higher levels of autonomy and control (52.00%) than females (48.00%), which is consistent with conventional gender roles in which men frequently maintain independence and decision-making authority. Males have much higher levels of self-efficacy (60.00%) than females (40.00%), which may be due to greater confidence stemming from lifetime social authority and economic involvement. Males have a moderate advantage in cognitive functioning (53.33%) compared to females (46.66%), which may be impacted by educational background and ongoing mental activity (Table 6).

Table 6: Psychological well-being of the aging population

Psychological attributes	Male Percentage	Female Percentage
Life Satisfactions	46.00	54.00
Moods sates	38.66	61.33
Autonomy and control	52.00	48.00
Self-Efficiency	60.00	40.00
Cognitive functioning	53.33	46.66
Coping level	32.00	68.00

Source: Primary survey

Nonetheless, coping levels are significantly greater among women (68.00%) than among men (32.00%), suggesting that women may have more resilient coping mechanisms when faced with age-related difficulties. Overall, the results indicate that women have higher levels of life satisfaction, emotional well-being, and coping ability, while men typically show better levels of autonomy, self-efficacy, and cognitive performance. These patterns emphasize the importance of inclusive, gender-sensitive approaches to promoting healthy aging by highlighting the impact of gendered life experiences, social support, and adaptive mechanisms on psychological well-being among the elderly.

Perception Level of The Aging Population on Quality of Life and Physiological Well-Being

There is a varied pattern in the high, medium, and low categories of the perception-level analysis of psychological well-being and quality of life among the elderly population. Feelings of social isolation or loneliness (14.67%), trust in one's ability to make decisions (14.00%), and mental tension or anxiety (12.67%) are indicators that fall within the high level. The greater rates of stress and loneliness indicate that, despite retaining confidence in their ability to make their own decisions, a sizable portion of the elderly face psychological strain and emotional fragility. Feelings of happiness and contentment (10.67%), satisfaction with social interactions (10.00%), and overall quality-of-life satisfaction (11.33%) comprise the medium level group. These intermediate percentages suggest a balanced but subpar state of life satisfaction and social support, indicating an average level of well-being where people are neither extremely satisfied nor extremely dissatisfied (Table 7).

Table 7: The perception level of the aging population

Perception	Percentage	Level
How satisfied are you with your overall quality of life?	11.33	Medium
How would you rate your physical health condition?	8.67	Low
Do you feel happy and content in your daily life?	10.67	Medium
How often do you feel lonely or socially isolated?	14.67	High
How confident are you in making your own decisions?	14.00	High
Do you feel mentally stressed or anxious in daily life?	12.67	High
How satisfied are you with your social relationships (family/friends)?	10.00	Medium
How well are you able to cope with life challenges?	5.33	Low
Do you feel a sense of purpose or meaning in life?	6.00	Low
How satisfied are you with your living conditions and environment?	6.67	Low

Source: Primary Survey

On the other hand, several measures, such as physical health condition (8.67%), ability to cope with life's obstacles (5.33%), feeling of purpose or meaning in life (6.00%), and satisfaction with living conditions and environment (6.67%), are below the low level. These low percentages point to important areas of concern, especially in terms of resilience, existential well-being, and health status, indicating that many older people have difficulty adjusting to aging-related issues and leading fulfilling lives. Overall, the results show that the aging population faces significant challenges in physical health, coping strategies, and life satisfaction, highlighting the need for targeted interventions to improve their overall quality of life and psychological well-being, even though some aspects, such as confidence and social awareness, remain relatively strong.

Conclusion

A multifaceted pattern, influenced by physical, social, mental, psychological, and perceptual elements, is revealed in the overall evaluation of quality of life and well-being among the elderly population. Males have higher rates of chronic conditions and better nutritional status, while females have comparatively more mobility and functional capacity, according to the physical dimension, which shows significant gender differences. In terms of social support, women have stronger social networks and participate in more activities, whereas men have slightly better living conditions and greater economic stability. The outcomes indicate that, when it comes to mental health, men report higher levels of stress and despair, while women report higher levels of anxiety and social isolation. This implies that sociocultural roles and life experiences have an impact on psychological vulnerabilities that vary by gender. Males exhibit higher levels of autonomy, self-efficacy, and cognitive functioning in psychological well-being analysis, whereas females report higher levels of life satisfaction, positive mood states, and better coping skills. The findings of the perception-based investigation show a mixed picture: low levels of physical health, coping skills, and sense of purpose, high levels of loneliness, stress, and decision-making confidence, and moderate levels of happiness with life and relationships overall. These results show that although older people retain some abilities, they encounter significant challenges in resilience, health, and meaningful participation. To improve the overall quality of life for the elderly population, the study underscores the importance of comprehensive, gender-appropriate approaches that address social support, mental health, psychological resilience, and physical health.

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