

## Exploring the Meaning of Ageing and Quality of Life for the Sub-Urban Older People

K. Alavi<sup>1\*</sup>, Rahim Md. Sail<sup>2</sup>, M. S. Mohamad<sup>1</sup>, M. Omar<sup>1</sup>, N. Subhi<sup>1</sup>, Sheau Tsuey Chong<sup>1</sup>, N. Sarnon<sup>1</sup>, I. Fauziah<sup>1</sup> and Z. M. Lukman<sup>1</sup>

<sup>1</sup>*School of Psychology and Human Development, Faculty of Social Sciences and Humanities, Universiti Kebangsaan Malaysia, 43600 UKM, Bangi, Selangor, Malaysia*

<sup>2</sup>*Department of Professional Development and Continuing Education, Faculty of Educational Studies, Universiti Putra Malaysia, 43400 UPM, Serdang, Selangor, Malaysia*

\*E-mail: [khadijah@ukm.my](mailto:khadijah@ukm.my)

### ABSTRACT

A quality of life which includes psychological well-being, good physical functioning, relationships with others, health, and social activity is very important to the aged. The main purpose of this descriptive and exploratory case study was to analyze the meaning of aging and perceived quality of life among the elderly in sub-urban communities. Participants were 15 Malays, Chinese and Indians, aged 60 and above. In-depth interviews with the participants were conducted to gather the data. The findings indicated that aging brought a lot of shortfall, especially in terms of health and physical strength to the elderly. They were pleased to see the development of families, children, and grandchildren as a quality of life. Respondent are contented living with their children and grandchildren. The implication of this study is that there is a need for more gerontological social workers with adequate training and skills to provide services for the elderly.

**Keywords:** Older people, quality of life, meaning of ageing, community social work

### INTRODUCTION

In aging population, the aspects of life that are important to older people have been identified by empirical research as: psychological wellbeing, good physical functioning, relationships with others, health, and social activity (Bigelow *et al.*, 1982; Day, 1991; Bowling, 1995a, b, 1996b; Farquhar, 1995; Browne *et al.* 1994). In contrast from younger people, older people have been reported to be less likely to emphasize on financial status, standard of living and housing (Bowling, 1995b). The group WHOQOL (1995) defined the quality of life as an individual's perception of his/ her position in life in the context of the culture and value system in which he/ she lives in relation to his/ her goals, expectations, standards, and concerns.

United Nations (UN) defines "aged nation" for the elderly population in the age of 60 years and over in developing countries and above 65 years in developed countries. In the world population scenario today, one in every 10 persons is an elderly (age 60 and above) and this trend would increase to 1 in every 5 persons by the year 2050 and the number of people older than 65 will double to 14 percent from 7 percent of the world's population in the next 30 years, rising to 1.4 billion by 2040 from about 506 million in middle of 2008 (National Institute on Aging, 2008). In Malaysia, older people are blessed with good health, longer life expectancy, low mortality, as well as declining fertility. These factors have brought changes in the demographic profile of the country's population (Ong Fon Sim,

Received: 3 May 2011

Accepted: 28 July 2011

\*Corresponding Author

2002). These improvements have resulted in the increase in the number of older people. In year 2000, the population distribution in Malaysia, consisted of 6.1% or 1.418 million who were 60 years old and above. The demography of the aged would change drastically where it is estimated that 9.5% of the population would be above 60 years old (Department of Statistics, 2001).

This demographic trend implies that in the future the needs and problems of older people will be more complex and the roles of family members in caring for the elderly would have significant impacts and future quality of life for both the caregivers and the elderly rely on their family members. An increasing number of the aging population proved to be very challenging to the social, health, politics and economy of the families, society and the nation. A new trend had been created where the elderly take care of themselves or take care of each other. There are also greater demands on a shrinking number of young caregivers. This situation is very challenging to the social workers in terms of their roles pertaining to the aging population. The gerontological social workers need to understand the meaning of old age and their perceptions on the quality of life for the aged should be based on the older people's perspectives. It is high time for Malaysian social workers examine the perceptions of the elderly about their lives in a multi-racial society. It is important to understand the feelings and self-esteem of the elderly in relation to their aging bodies and how they are influenced by the social and cultural values. This will give the caregivers and social workers a better understanding of the elderly and assist them in developing good practice when working with this group of people.

In general, the quality of life of the elderly can be defined as the elderly who excel in life which lead to their well-being which includes personal development, healthy lifestyles, access to knowledge, and information. Gabriel and Bowling (2004) defined the quality of life of the older people as the positive relationships with

their families, friends, neighbors and having a 'good' home and secure neighborhood. The "good" home means have a positive outlook on life; being involved in activities and hobbies, being in good health; play meaningful roles; earn an adequate income and being independent.

Having said that, to understand the 'real' meaning of old age is to empathies with the elderly. Understanding and empathy will enable the healthcare providers such as nurses and social workers to plan a reality-based strategy. This strategy aims to maintain the autonomy and independence of the elderly develop a better understanding on the changes in behaviors and needs resulting from the aging process, thus allowing for the health and social well being of the elderly (Freitas *et al.*, 2010). There are two meanings as the researches have described either a cognitive dimension of meaning (e.g. beliefs one holds about one's experience) or an emotional dimension (e.g., satisfaction one finds with the role and with its benefits and rewards) (Noonan *et al.*, 1996). These two dimensions may also be seen as two different dynamic operations – searching for the meaning and finding the meaning. Reker *et al.* (1987) distinguished between the desire to find the meaning of life and the perception of meaning as well as the purpose of life. In contrast, Battista and Almond (1973) discerned the following four structural characteristics of the meaning of life: (a) a positive commitment to some concept of the meaning of life, (b) a framework of purpose in the life or life view, (c) a sense of fulfilment, and (d) a feeling of significance. In exploring the meaning and quality of life experiences by older people, two specific research questions are developed: (1) What is the meaning of old age and how do the Malay, Chinese, and Indian elders view their futures? (2) How do the elders in rural and urban areas perceive quality of life in later life? The aim of this paper is to identify the meaning of ageing and the perceived quality of life in later life among older people in rural and urban settings by comparing the Malays, Chinese, and Indians.

## METHODS

The combination of a case study and grounded theory was selected to conduct this research. This approach was selected to answer the research questions based on the background of the research subjects. The participants were chosen based on the criteria to acquire an in-depth information regarding the preferences and expectations of the elderly, their living arrangements and family relationships. The participants were elderly Malays, Chinese and Indians who are living in the community, in Selangor (the urban area) and Pahang (the rural area). The total sample size chosen by purposive sampling was 15 elderly participants who are living with their own families. An open, unstructured and in-depth interview was conducted with these participants. It began with the questions: what

are the meanings of life for older peoples? More questions were asked on the respondent's background, why do they prefer to stay with their family members and how they perceive the quality of life in their later life. The interview data were analyzed using thematic analysis.

## RESULTS AND DISCUSSION

Results in Table 1 showed that four Malay participants were recruited from the rural areas and only one Malay respondent was found in the city area. Four Chinese participants lived in the city and one Chinese respondent recruited from the outskirts of a town area while all the Indian participants came from the rural area. With regards to their education level, one respondent held a diploma, another has Malaysia Certificate

TABLE 1  
Profile of participants

Respondent	Age	Sex	Education	Employment
Malay 1	64	F	No schooling	Housewife Child minder
Malay 2	72	F	No schooling	Housewife
Malay 3	70	M	Primary	Rubber tapper
Malay 4	60	F	Primary	Collecting palm trees fruit
Malay 5	87	F	Primary	Housewife
Indian 6	63	M	Primary	Security guard
Indian 7	64	M	Secondary	Pensioner
Indian 8	63	F	Primary	Housewife
Indian 9	82	F	Secondary	Housewife
Indian 10	75	F	Diploma	Pensioner
Chinese 11	70	F	Primary	Housewife
Chinese 12	63	F	Primary	Housewife
Chinese 13	79	F	Primary	Housewife
Chinese 14	73	F	Primary	Housewife
Chinese 15	67	M	Primary	Unemployed

of Education, one has secondary education, ten have primary education, and the two others did not go to school.

Most of the elderly were found in the rural areas were men and women who were still working in the village; child minder; rubber tapper, oil palm fruit collector, and social worker. While the elderly in the city were security guards, pensioners (ex-customs officer), housewives, and unemployed. The participants' age ranged between 60 to 87 years, a good mix of early, mid, and late old age. The researchers noted that age was not a setback among elders when they were helping their children in child minding, house cleaning, cooking and so on. Even the elderly in the rural areas were still working because their children were unable to support them financially. The elderly also realized of the higher demands of life faced by their adult children in the era of modernization such as paying their home loan and children's education fees, transportation, etc.

The first theme emerged in this study was the participants' understanding and meaning of life and what the future holds for them, what they feel about physical and emotional changes inside their body. These data showed that their responses were related to the family belief and the experiences of the quality of life. This study focused on the elderly who were still active, even though they had reached the middle age and the old categories. Almost all of the participants' (Malay, Chinese, and Indian) families said that they rarely thought about what was going to happen next in their future. Almost all participants never thought about ageing or plans in old age period. Gabriel and Bowling (2004) noted that the key indicator to the quality of life is measured through their health, illness, and well-being. All the participants seemed to link their ageing to old age diseases like decrease in mobility, physical capacity and changes in their emotions. One of the Malay participants emphasized this:

*When we are old illness comes... high blood pressure, diabetes, always dizzy, could not walk fast, while working ... get tired soon, hands and legs are*

*stiff, and feeling tired. More sensitive ... when grandchild is reprimanded, I can't take it. My grandchild is with me during the day... at night the parents take over... I find it difficult to sleep at night as all sort of thoughts come into mind.*

(Respondent M1)

Another Malay respondent stated that she never had the time to think about ageing, as she was busy taking care of the welfare of her family as a mean to improve her living standard. Besides, a Malay respondent found that it was difficult to share his ageing or meaning of aging. He admitted that there were differences between his young days and old age.

In contrast, two of the Malay participants confirmed that the meaning of aging had a close relationship with health problems. They continually moaned of being unwell, followed by frequent headaches, knee pain, heel pain, and weak to perform daily activities. They were hoping for good health to enable them to carry out the daily tasks such as tapping rubber, collecting palm fruit and doing household chores. For example,

*Ovoid ... when we are old, sure we will be unwell. Sometimes I feel dizzy, whole body aches ... knee aches, heel pain and feel helpless. I really hope for body healthy, so that I can tap, or to collect palm oil fruit...*

(Respondent M4)

*I always feel weak because there is no energy, no appetite to eat. Now I'm always worried and sad thinking about my children ... two of them not married ... if possible I marry off my daughters before the age of 30, but they are still not married ... I always think of the children, all living in city. My husband and I are feeling weak. If they are with us they will take care of us.*

(Respondent M5)

The views of the Indian participants towards ageing were similar to the Malay participants. Most of the participants said that they were very happy to see their family expanding; their children got married and having grandchildren. One of the Indian participants stated that he was very pleased to be with his children and grandchildren until the end of life. Whereas, another Indian respondent expressed the meaning of aging as follows:

*I can feel the difference, the body is weak, not like before ... I am now much more patient. I can rationalize my emotions and feelings are rather stable. Rarely thought about myself, often think about the welfare of children...*

(Respondent I7)

*Body getting weaker than before, not much emotion changes and I hope my children can live happily. I also never thought of ageing nor be afraid to age.*  
(Respondent I 8).

The findings from Indian respondent 8 collaborated with Thompson *et al.* (1990) who explored the life stories of people aged 60 to 80, who were grandparents. They found that regardless of the chronological age, the physical signs of aging or the health status did not make the participants perceive themselves as 'old'. Nor did their lives fit stereotypical views of the old age. Almost all Indian participants stated that aging was closely knitted to health problems but they were very happy to be with their children and grandchildren. For instance:

*For me, at this old age, weakened body, I cannot do heavy work like before ... I cannot think fast and I'm less efficient ... As I age, I feel upset often as I cannot do what I wish. Prior to this, I faced all the challenges but now is being hindered by ageing. I wish to stay with my family until the end of life.*

(Respondent I9)

The sense of aging among the Malay, Indian and Chinese participants did not have much difference. Almost all participants indicated that significant differences can be seen in their physical capacities. It is interesting to note that the participants were rather calmer and relaxed in handling their family issues in their old age. They often hoped for happiness in their families. Two of the Chinese participants emphasized that:

*I have more than 10 grandchildren ... body is getting weak ... cannot do heavy work, body ache, can't stand or sit for long ... emotions under control, I am not as angry as before. Easy to "let go", calmer, not nosy, can't do much so just relax. Children are bigger and can decide for themselves, only the two of us at home. ... But what I expect is to see them getting married ... who's going to take care of them when they are old. Once children are happy setting up their home, there is nothing to worry.*

(Participants C11)

*... At the age of 60 years ... like me now, need help from others, to wash clothes, cannot squat, leg cramps ... cannot rise and sit down quickly ... back bone feels like terrible. Emotionally feel bad, as cannot do work as much as before. It's common to be sad and happy ... all parents were like that. If possible I don't want to be bed-ridden, don't want to be a burden to my children or make life difficult for everyone.*

(Respondent C12)

Similarly, Chinese respondent 10 admitted that the health problems did slow down their routines. It made them feel distressed because they were unable to live independently in the last stages of life. However, they accepted the fact that as they age their health would deteriorate. They hope that they can care for themselves and wish for happiness to their families and children.

*Becoming old has affected my health, health is deteriorating. Old age has weakened my body and energy. However, I accept the fact that I'm getting old and hope not to bother my children, and wish to be independent. I always think about my children's future...*

(Respondent C13)

There was a Chinese respondent who moaned about her inability to take care of herself, and have to rely on her children for financial assistance to buy her medicines. Plus, she was also disappointed with her children who did not understand her inability. These findings were consistent with Freitas *et al.* (2010) where the quality of life of the older people can be determined by their capacity of maintaining autonomy and independence in life. Most of the older people were afraid of old age because of the possibility to be dependent as a result of illness or inability to do their daily chores. However, they consoled themselves by looking back on the sweet memory on how they raised their children. For example:

*I think aging can lose one's ability to attend to oneself and need to be cared by family members. I don't like to be a burden for always asking money for treatment. I have no strength, no ability to move about. Sometimes family members do not understand my needs and feelings. I always remember the sweet memories of the past. I hope to recover quickly to live with the family harmoniously. I always reflect on the success of the children and my ability to raise the children after my husband died.*

(Respondent C14)

*I can feel the impact on health, relatively slow reaction, declining and worrying condition of health ... I can accept the reality of aging and emotionally don't*

*want to be a hot-tempered old man...I always think about my children's future and hope they will take care of me in my older days later.*

(Participants C15)

According to the participants, being healthy in the old age was important because it allowed them to be active in their life. However, all participants accepted the fact that, being healthy or sick in the old age was a matter of faith. It was also observed that old people needed to believe in themselves and accept the changes inherent to endure the aging process, accepting losses and perceiving them as possibilities of taking up new interests and opportunities to continue to learn and experience new situations (Freitas *et al.*, 2010). This is the main goal of the social work practice with older people where it aims to empower the elderly to have a positive thinking in the old age period (Zastrow, 2010). Therefore, social workers need to be trained in gerontology. They acquire different types of training, community education and offer more leisure activities to the elderly. These plans will help social workers to work with older people in managing the changes and loss due to the transition of life period. The loss refers to the lack of body function, bereavement of spouse or friends and being homeless.

A social worker can play their roles by giving awareness to the elderly through leisure activities in accordance with the participants' interests. This is important for a successful aging activity. A successful aging means usage of all the capacity to respond optimally to predictable challenges of growing old. For example an older person who manages his/her sickness effectively so that it does not reduce his/her participation in routine works or voluntary activities. For some elderly, the daily routine activities such as personal care (sleep, rest, and a hobby), cooking, cleaning the house or sitting calmly can be challenging. The social worker should counsel older people via social and spiritual activities to promote their well-being. Leisure activities are activities that occupy the loneliness of one

who has lost someone dear (Sharp and Mannel, 1996). Even these activities can provide better mental health to the elderly. The leisure activities are tools to entertain the individuals' minds and prevent them from stress and depression. This helps to maintain ties with other people and to give renewed meaning of the old age to life.

In exploring the meaning of life, there are differences between aging men and women. Elderly men get more life satisfaction than older women. Women still carry out some responsibilities such as caring for sick husbands and raising children and grandchildren. On the other hand, their participation in leisure activities is restricted due to income, health and education barriers. However, older women are more active than older men, in caring of grandchildren and participating in social activities in the community. Some participants described that they had been nursing the elderly from young: mother, father, in laws even their sick husbands. All participants expect care assistance from their children when they are sick or immobile.

### CONCLUSION

The findings concluded that aging and the quality of life of older people in sub-urban area were perceived to be both positive and negative. Those with positive perceptions were happy because they were close to their children and grandchildren, for them this was the quality of life. A negative perception was that some of the participants could not care less on family matters. They were rather calm, patient, and able to rationalize their emotions better even in the old age. However, older women's traditional roles have not changed as they continue to carry out their routine activities. In this aspect they cope better with old age. However, older men tended to have somewhat limited mobility within the family or communal activities. The negative perceptions towards aging and quality of life were result in vulnerable feelings of old age. Most of the participants feared to be dependent on their children for care and financial assistance. They wanted to live independently

just as when they were young. There were participants who groaned about their mobility to work in and outside the house due to impairment and various health problems. The health problems could also hamper their daily routines when they were used to be before. Poor health has adverse effect on the elderly as they have to rely on others. Therefore, the findings propose the potential roles of gerontological social workers to fulfill the needs of the older people by enhancing their quality of life and their families' well being. Social workers are well trained to work with older population because of their holistic perspective and offer the "perfect hybrid career" prospects in the field of aging for the coming decades. One should prepare mentally, physically, financially, and have good relationship with others to achieve successful aging. This is because aging is a stage in when one experiences loss of job, position, pay-cut, limited social interaction, and changes to self-image in society.

### ACKNOWLEDGEMENT

The researcher is greatly indebted to the Ministry of Science, Technology and Innovation (MOSTI) for the financial support to this research project.

### REFERENCES

- Battista, J., & Almond, R. (1973). The development of meaning in life. *Psychiatry*, 36(6), 409-427.
- Bigelow, D. A., Brodsky, G., Steward, L., & Olson, M. (1982). The concept and measurement of quality of life as a dependent variable in evaluation of mental health services. In G. J. Stahler, & W. R. Tash (Eds.), *Innovative approaches to mental health evaluation*. New York: Academic Press,
- Bowling, A. (1996). The effects of illness on quality of life: Findings from a survey of households in Great Britain. *Journal of Epidemiology and Community Health*, 50(2), 149-155.
- Bowling, A. (1995a). What things are important in people's lives? A survey of the public's judgments to, inform scales of health related quality of life. *Social Science and Medicine*, 41(10), 1447-1462.

- Bowling, A. (1995b). The most important things in life – Comparisons between older and younger population age groups by gender: Results from a national survey of the public's judgments. *International Journal of Health. Sciences*, 6(12), 169-175.
- Browne, J. P., Boyle, C. A., & McGee, H. (1994). Individual quality of life in the healthy elderly. *Quality of Life Research*, 3(2), 235-244.
- Day, A.T. (1991). *Remarkable survivors*. Washington DC: Urban Institute Press.
- Department of Statistics. (2001). *Population distribution and basic demographic characteristics*. Putrajaya: Department of Statistics.
- Farquhar, M. (1995). Elderly people's definitions of quality of life. *Social Science and Medicine*, 41(10), 1439-1446.
- Freitas, M. C., Queiroz, T. A., & Sousa, J. A. V. (2010). The meaning of old age and the aging experience of in the elderly. *Rev. Esc. Enferm. USP*, 44(2), 403-8.
- Gabriel, Z., & Bowling A. (2004). Perspectives on quality of life in older age. In Walker et al. (Eds), *Growing older*. Buckingham: Open University Press.
- National Institute on Aging. (2008). *Why population aging matters: A global perspective*. Washington, DC: National Institute on Aging.
- Noonan, A.E., Tennstedt, S., & Reblsky, F.G. (1996). Making the best of it: Themes of meaning among informal caregivers to the elderly. *Journal of Aging Studies*, 10(4), 313-327.
- Ong Fon Sim. (2002). Ageing in Malaysia: A review of national policies and programmes. In D. R. Phillips, & C. M. Chan (Eds.), *Ageing and long-term care: National policies in the Asia Pacific Singapore* (pp. 107-149). Institute of Southeast Asian Studies and International Development Research Centre, Canada.
- Reker, G. T., Peacock, E., & Wong, P. T. P. (1987). Meaning and purpose in life and well-being: A lifespan perspective. *Journal of Gerontology*, 42(1), 44-49.
- Sharp, A., & Mannell, R. C. (1996). *Participation in leisure as a coping strategy among bereaved women*. Eighth Canadian Congress on Leisure Research. Ottawa: University of Ottawa.
- The WHOQOL Group. (1995). The world health organization quality of life assessment (WHOQOL): Position paper from the world health organization. *Social Science and Medicine*, 41(10), 1403-1409
- Thompson, P., Itzin, C., & Abendstern, M. (1990). *I don't feel old: Understanding the experience of later life*. London; Oxford University Press.
- Zastrow, C. H. (2010). *The practice of social work: A comprehensive work text* (9<sup>th</sup> ed.). Belmont, CA: Brooks/Cole.