Quality of Life among Elderly Residing in Urban Area-A Pilot Study

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Abstract: Background: Aging is a natural process involving all human beings within society universally. Due to the quiet vulnerability of the elderly people, they may suffer from various disabilities that threaten their autonomy. Quality of life among the elderly people is a growing issue since it represents the health and well-being status among the inhabitants placed. **Methods:** A descriptive survey was conducted among 50 elderly people residing in urban areas of Belagavi. Using the WHO QOL-BREF questionnaire on Quality of Life, data was collected. Consent was taken from Participants. **Results:** The majority 26(52%) of the participants were had low level of quality of life and remaining 24(48%) of participants were had high level of quality of life. **Conclusions:** QOL score among elderly was found to be average. The scores of social relationships were low for both male and female elderly subjects. This implies an urgent need for health educating the elderly with regard to their social and physical group recreational activities that will build their self-confidence and thereby improving their QOL.
Keywords: QOL, Elderly, Urban, India.

Introduction

The ageing of the populations is a global problem. The elderly in society are facing a number of problems due to the lack of guaranteed and adequate income to support themselves for their healthcare and other social services. The loss of a social position and recognition, and the lack of opportunities to use free time creatively and efficiently, are also becoming a matter of great concern for the elderly.[1]

Elderly people experience the change in the health of the system due to organ deterioration associated with ageing which leads to a lower quality of life." Getting older and retirement both means a lifestyle change for most people and it's important to take care of yourself both mentally and physically"[2]

Since the geriatric population is vulnerable, they have to face multiple age-related difficulties. These issues can also be linked to the environment. They may have chronic disease, are alone, and lack adequate social security. They can suffer from psychological and cognitive disabilities which endanger their freedom[3]

WHO defines Quality of Life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment.[4]

India is experiencing a process of demographic change heading towards population ageing. Bad health-related QOL is frequently associated with physical deterioration, psychological stress, and mental decline among the elderly. Life expectancy rise among the elderly is attributed to population change in developed countries. India had an elderly population of 8.6 percent in 2011, which was forecast at 11.6 percent by 2026.[5]

The suffering test in the 21st century is to defer the beginning of incapacity and guarantee ideal QOL for older populace. The WHO has as of late cautioned the part nations that as individuals over the world live more, expanded degrees of interminable ailment and decreased prosperity are ready to turn into a significant worldwide general wellbeing challenge.

Methodology
Objectives of the Study
1) To assess the quality of life among elderly.
2) To find out the association between the quality of life of elderly with selected socio-demographic and clinical variables.

Methods
The purpose of the research is to identify the quality of life. The Descriptive Survey selected as the research design taking into account the sample.

Sampling
In the present analysis, the probability stratified random sampling technique was used to draw the samples from the whole population. The study was conducted among elderly people living in urban areas of Belagavi.

Sample Size
In consideration of the Pilot study, the sample size is 50, which was chosen on the basis of the main research sample size of 10%.

Tool
For assessment of quality of life of old aged people with problems of sleep an assessment scale for the quality of person's life which is given by the WHO (World Health Organization) was used.

This scale consist of 26 items related to life's quality which measures the person's total quality of life and 4 other different domains like physiological health domain, domain go psychological health, domain of social relationship of a person and environmental related health domain.

The items in each domain give different options to participants from those participants have to choose one option according to their quality of life for that particular item.

A pilot study was conducted from 1st April 2018 to 30th April 2018.

Inclusion criteria
✓ Elderly people who were-
✓ Read, understand, comprehend and respond the questionnaire in English/Kannada.
✓ Willing to participate in the study.
✓ Samples aged above 60 years.

Exclusion Criteria
✓ Elderly people who are presented with mental and sensory incompetency.
✓ Elderly people who are not willing to participate in the study.

Results

Table 1. Distribution of participants by their demographic characteristics (n=50)

Characteristics	Frequency	Percentage
Age groups		
60-70	23	46.00
71-80	20	40.00
above 80	7	14.00
Educational Status		
Illiterate	6	12.00
Primary	11	22.00
Secondary	15	30.00
Degree	13	26.00
Post-Degree	5	10.00
Type of Family		
Joint	33	66.00
Nuclear	17	34.00
Religion		
Hindu	25	50.00
Muslim	16	32.00
Christian	9	18.00
Financial support		
Dependent	32	64.00
Independent	18	36.00
Marital Status		
Married	23	46.00
Unmarried	14	28.00
Widow	7	14.00
Divorced	6	12.00
Total	**50**	**100.00**

The finding in the above table reveals that age group of participants the information shows that, majority 23(46%) of the participants were belonged to 60 to 70 years of age, 20(40%) of the participants were belonged to 71-80 years of age and remaining 7(14%) of participants were belonged to above 80 years of age. In consideration to their educational status of the participants, majority 15(30%) of the participants were had secondary education, 13(26%) of the participants were had degree education, 11(22%) of participants were had primary education, 6(12%) of participants were illiterates and remaining 5(10%) of participants were had post degree education.

The type of family the participants belongs, majority 33(66%) of participants were belonged to joint family and remaining 17(34%) of participants were belonged to nuclear family. With regard to religion of participants the information furnished in above table shows that, majority 25(50%) of the participants were belonged to Hindu religion, 16(32%) of participants were belonged to Muslim religion and remaining 9(18%) of the participants were belonged to Christian religion. In view of their financial status of the participants, majority 32(64%) of the participants were dependent and remaining 18(36%) of participants were independent for their financial needs. With regard to marital status of the participants, majority 23(46%) of participants were married, 14(28%) of participants were unmarried, 7(14%) of participants were widow's and remaining 6(12%) of participants were divorced.

Table 2. Findings related to levels of quality of life of participants of pilot study (n=50)

Low level (<=mean)	%	High level (>mean)	%
26	52.00	24	48.00

The data presented in table 2 reveals the level of quality of life of participants of pilot study, it shows that majority 26(52%) of the participants were had low level of quality of life and remaining 24(48%) of participants were had high level of quality of life.

Table 3. Association between levels of QOL by demographic characteristics (n=50)

Characteristics	Levels of QOL				Chi square	p-value
	Low level (<=mean)	%	High level (>mean)	%		
Age groups						
60-70	10	43.48	13	56.52		
71-80	11	55.00	9	45.00	1.8000	0.4070
above 80	5	71.43	2	28.57		
Educational Status						
Illiterate	3	50.00	3	50.00		
Primary	5	45.45	6	54.55		
Secondary	6	40.00	9	60.00	4.5870	0.3320
Degree	10	76.92	3	23.08		
Post-Degree	2	40.00	3	60.00		
Type of Family						
Joint	17	51.52	16	48.48	0.0090	0.9240
Nuclear	9	52.94	8	47.06		
Religion						
Hindu	13	52.00	12	48.00		
Muslim	7	43.75	9	56.25	1.2120	0.5460
Christian	6	66.67	3	33.33		
Financial support						
Dependent	15	46.88	17	53.13	0.9350	0.3330
Independent	11	61.11	7	38.89		
Marital Status						
Married	12	52.17	11	47.83		
Unmarried	8	57.14	6	42.86		
Widow	3	42.86	4	57.14	0.3930	0.9420
Divorced	3	50.00	3	50.00		
Total	**26**	**52.00**	**24**	**48.00**		
*p<0.05						

The information presented in table 3 depicts the association between level of quality of life and selected socio demographic variables of the participants of pilot study. It depicts that, there is no significant association found between the levels of the quality of life and any of the selected socio demographic variables of the participants.

Table 4. Comparison of demographic characteristics with mean quality of life scores (n=50)

Characteristics	Mean	SD	F/t value	p-value
Age groups				
60-70	59.39	6.43		
71-80	59.75	8.35	0.2727	0.7625
above 80	57.43	6.29		
Educational Status				
Illiterate	56.67	6.98		
Primary	60.64	5.28		
Secondary	62.33	9.12	2.2909	0.0742
Degree	55.23	5.23		
Post-Degree	60.60	3.91		
Type of Family				
Joint	59.70	7.04	0.5988	0.5521
Nuclear	58.41	7.48		
Religion				
Hindu	59.64	6.34		
Muslim	58.25	7.55	0.2361	0.7907
Christian	60.00	9.04		
Financial support				
Dependent	59.25	6.27	-0.0131	0.9896
Independent	59.28	8.68		
Marital Status				
Married	59.48	7.75		
Unmarried	58.29	8.17	0.2053	0.8922
Widow	59.00	4.12		
Divorced	61.00	5.97		
*p<0.05				

The information presented in table 4 revels the comparison of demographic characteristics with mean insomnia scores, it shows that,

Age groups: The mean quality of life score of participants of age group 60-70 years was 59.39, the age group 71-80 years was 59.75 and above 80 years of age was 57.43. The calculated F value was 0.2727 with p value 0.7625 is not found significant. Hence it is concluded that, there was no significant difference among the different age groups of participants with their quality of scores.

Educational status: The mean quality of life score of participants with no education was 56.67, with primary education was 60.64, secondary education was 62.33, with degree education was 55.23 and post degree education was 60.60. The calculated F value 1.29 with p value 0.0742 was not found significant. Hence it is inferred that, there is no significant difference among the participants of different level of education with their quality of life scores.

Type of family: The mean quality of life scores of participants of joint family was 59.70 and nuclear family was 58.41. The calculated 't' value 0.5988 with p value 0.5521 was not found significant. Hence it is inferred that, there is no difference between the quality of life scores with participants with different types of family.

Religion: The mean quality of life score of participants of Hindu religion was 59.64, Muslim religion was 58.25 and Christian religion was 60. The calculated F value 0.2361 with p value 0.7907 was not found significant. Hence it is inferred that, there is no difference between the quality of life scores with participants with different types of religions.

Financial support: The mean quality of life scores of participants dependent for financial support was 59.25 and independent for financial support was 59.28. The calculated t value-0.0131 with p value 0.9896 was not found significant. Hence it is inferred that, there is no difference between the quality of life scores different types of participants for their financial support.

Marital status: The mean quality of life score among married participants was 59.48, unmarried participants were 58.29, widow participants was 59, and divorced participants was 61. The calculated F value 0.2053 with p value 0.8922 was not found significant. Hence it is inferred that, there is no difference between the quality of life scores with participants with different types of marital status.

Discussion
The study was conducted to assess the quality of life among elderly people living in urban areas of Belagavi. The results reveal that majority 26(52%) of the participants were had low level of quality of life and remaining 24(48%) of participants were had high level of quality of life. The association between level of quality of life and selected socio-demographic variables of the participants of pilot study. It depicts that, there is no significant association found between the levels of the quality of life and any of the selected socio demographic variables of the participants.

Conclusion
Life expectancy assessment is very important in the quality of life measurement. The life expectancy is also high, as the standard of living is higher. There are different socioeconomic factors that affect the life expectancy rather than the lifestyle and the health. The factors which distract from of the quality of life are very significant among the elderly. Many of the physical and psychological changes are impeding an elderly person's daily life.

Conflict of Interest
The authors have no conflicts of interest to declare.

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