



QUALITY OF LIFE AMONG ELDERLY

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Abstract

Growing older is the process of ageing and it is not faced with equal success by all individuals. Quality of life is often described as a standard of health, comfort, happiness and how one person perceives it is different from another person. Hence assessment of quality of life is important indicative of poor or successful aging process. The present study aims to assess the quality of life among elderly. The sample of the study is 400 elderly people living in the randomly selected wards of Tirupati. Interview schedule was designed to assess quality of life among elderly. Test- retest reliability of the tool is 0.82. Results revealed that 17.5% of the elderly had poor quality of life, 62% had moderate and only 20.5 % felt that their quality of life is good. Elderly with education, living with spouse and others, financially independent and who are not suffering with any kind of chronic illness had obtained higher mean scores on quality of life

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Introduction

Every person should live long and healthy life. Ageing is a long term process associated with changes in biological, psychological and social dimensions results in declinment of bodily functions and susceptible to illness and impairment. World Health Organization introduced the concept of active ageing and its elements are autonomy, independence, quality of life and healthy life expectancy. Active ageing is the process of enhancing the possibilities for health, participation and security to increase the quality of life as people age. It allows the older people to know their abilities and engage themselves to have healthy aging and to extend healthy life expectancy. (WHO, 2002)

Population aged 60 years and above will be increased from 1.4 billion to 2.1 billion by 2050 (WHO, 2022). The number of people in India who are 60 years or older is expected to increase to 194 million in 2031 from 138 million in 2021. According to projections, in India the aged will make up 13.1% of the population by 2031. Andhra Pradesh is the one of the highest among five states to have the maximum proportion of elderly population in its population that is 12.4 % (National Statistical Office Report 2021).

According to the United Nations Decade of Healthy Aging (2021-2030) everyone should be given the opportunity to add life to years, wherever they live. It is unfortunate that the year 2020 began with pandemic and drastically changed the lives of older population.

Quality of life is a multidimensional concept includes both positive and negative aspects of life. It refers to a person's level of well being, comfort, and to participate in or enjoy life events. Quality of life is defined by the World Health Organization 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 concern.

Objectives

- To assess the quality of life among elderly people.
- To find out the effect of demographic variables on quality of life of elderly.
- To assess gender differences if any in quality of life of elderly.

Methodology

Sample: The study was conducted in Tirupati, Andhra Pradesh. Six wards were selected randomly out of 50 wards. The data was collected

by house to house visit from 400 elderly people whose age is 60 years and above and willing to participate in the study.

Tool: The interview schedule contains 42 statements representing physical, psychological, social relationships, leisure activities, home and surroundings, economical and health domains. Items are scored 3 to 1 for positively worded statements and 1 to 3 for negatively worded statements. The minimum and maximum scores ranges from 42 to 126. High score to be interpreted as high quality of life and low score as low quality of life of the respondents. Test-retest reliability with an interval of two weeks is 0.82 which was considered to be suitable to assess the quality of life among elderly people.

Results and discussion

There are a number of important factors that could have an impact on one's quality of life, and these factors could be connected to his family, society, or the area in which he lives.

Table 1. Distribution of Elderly as per their Level of Quality of Life

Level	Frequency	Percentage %
Poor	70	17.5
Moderate	248	62
Good	82	20.5
Total	400	100

It was observed from the above table that majority of the elderly (62%) had moderate quality of life. 20.5% had good quality of life and remaining 17.5% had poor quality of life. Similarly in a study by Raj et al. (2014) found that majority of the elderly had average quality of life. Sowmiya et al. (2012) also reported that majority of the elderly had moderate quality of life.

Among 400 elderly, 55.5% of the sample were in the age group of 60-69 years and remaining 45.5% were in the age group of 70 years and above. Majority of them (55%) had the education up to 10th class, the living status of the elderly shows majority of them (60%) lived with their spouse and others. It was observed that 54% were financially independent and fifty three percent of them were suffering with some type chronic illnesses.

Table 2. Demographic Variables and Quality of Life of Elderly

S.No	Variables	N	Mean	SD	t-Value	p-value	
1	Age	60 - 69years	222	83.35	9.77	0.47@	0.638
		70 years and above	178	82.90	8.82		
2	Education	Illiterate	90	80.49	9.09	2.17*	0.031
		Up to 10 th Class	219	82.96	8.93	2.62***	0.009
		Intermediate & above	91	85.98	9.93	3.88***	0.001
3	Living Status	With Spouse & Others	238	84.61	9.77	4.02***	0.001
		Alone	162	80.85	8.26		
4	Financial Status	Independent	215	84.51	9.92	3.31***	0.001
		Dependent	185	81.44	8.40		
5	Chronic Illness	Yes	211	81.15	8.96	4.48***	0.001
		No	189	85.25	9.35		

It can be observed from the above table that quality of life of elderly differ significantly depending upon their education ,with whom they are living, financial status and chronic illness. Elders with higher education, living with spouse and others, financially independent and who are not suffering with any kind of chronic illness had obtained higher mean scores on quality of life than others.

The mean scores of elderly in the age group 60-69 years are higher compared to the age group of 70 years and above, but the difference was not statistically significant. Similar findings were reported in a study by Praveen et al.(2016) that young old age group and other old age groups did not differ significantly in their quality of life scores.

In the present study the quality of life scores increased significantly with increase in educational level. Elderly with intermediate and above educational level scored significantly higher on quality of life than those with 10th class and below level and illiterates. In an earlier study Bhatia et al. (2007) reported that quality of life and education were significantly associated. Shah et al. (2017) also found that the quality of life scores of literate people were significantly higher than those of illiterate people. Literacy makes better

understanding of life and increases the opportunities for livelihood and enhances the quality of life.

Various researchers have examined the effects of living status on the quality of life. Barua et al.(2007) found that the elderly living with partner and other family members had better quality of life than those living alone. The present study also gives similar picture that elderly living with spouse and others had better quality of life than elderly living alone. Sowmiyaet al.(2012)also found that the elderly living with their family had better quality of life scores than the others.

Wilhemson (2005) mentioned that health and finances were the most stated responses which could increase or decrease the quality of life of elderly. Similarly in the present study financially independent elderly had better scores on quality of life than financially dependent elders. Gupta et al.(2014) had also found that financial dependency is the important predictor of quality of life. Financial independence gives opportunities to fulfill the needs and brings more satisfactory life.

Canbazet al.(2003) showed that those who were suffering from chronic disease had a lower quality of life than those who were without any disease. chronic illness may affect an elderly persons's quality of life . Elderly who had chronic illness scored significantly lower quality of life compared to their counterparts without such illness. Sowmiyaet al.(2012) also reported that presence of one or more morbidity gives low quality of life mean scores compared to elderly without any morbidity. Kumar et al. (2014) reported that presence of musculoskeletal disorders, low vision and hearing impairment were significantly associated with poor quality of life scores.

Table 3. Mean, SD and 't' Values of Male and Female Elderly on Domains of Quality of Life

Domains	Male		Female		't' Values	P- value
	Mean	SD	Mean	SD		
Physical	12.80	3.12	13.38	3.07	1.97*	0.047
Psychological	11.80	2.18	11.19	2.49	2.63***	0.009
Social Relationships	12.65	2.05	12.27	2.54	1.63	0.103
Leisure activities	12.87	2.38	12.43	2.53	1.77	0.077
Home & Surroundings	13.52	2.57	12.91	2.93	2.21**	0.028
Economical	9.82	2.37	9.74	2.31	0.37	0.712
Health	10.25	3.08	10.54	2.81	0.99	0.323
Over all	83.70	8.27	82.46	10.35	1.32	0.186

It can be seen from table 3 that male and female elders did not differ significantly in social relationships, leisure activities, economical and health domains and also on overall quality of life. However significant gender difference was observed for physical, psychological and home surroundings domains. Female respondents scored higher on physical domain than male respondents, whereas elderly male respondents scored higher on psychological and home and surroundings domains.

Shah et al.(2017)reported a significant gender difference for physical ,psychological and environmental domains. In studies by Akbar et al.(2016),Raj et al(2012)gender was found to be associated with quality of life and Barua et al.(2007) found that gender was found to be not associated with quality of life . Greater decision making, more social exposure could be the reasons for better quality of life scores in males than females in psychological and home and surroundings domains of quality of life.

Conclusion

The results revealed that only 20.5% of the elderly had good quality of life. Sixty two percent had moderate quality of life and 17.5% had poor quality of life. Significant gender difference was found for physical, psychological and home and surrounding domains of quality of life. The study showed that education, living with spouse and others, financial independence and absence of chronic illness enhance quality of life of elderly.

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