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A STUDY TO ASSESS QUALITY OF LIFE OF ELDERLY RESIDING IN FIELD PRACTICE AREA OF URBAN HEALTH TRAINING CENTER OF SMS MEDICAL COLLEGE JAIPUR

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ABSTRACT

Background: In India, as per the "National Policy on Older People" a senior citizen is defined as a person who is 60 years old or above. The World Health Organization (WHO) in 1998 defined Quality of Life as: "The individual's perception of his or her position in life, with in the cultural context and value system he or she lives in, and in relation to his or her goals, expectations parameters and social relations". As per the WHO report (2013), there are more than 600 million elderlies at a global level. The elderly population will be doubled by 2025 and rise to two billion by 2050. According to the 2001 census, India was home to more than 77 million people aged 60 years and over. One of the greatest tasks of public health is to improve the Quality of Life (QOL) of geriatric population through which we can increase the life expectancy of the elderly by every year. **Aim and Objectives:** To know the quality of life of the elderly and its influencing socio-demographic factors living in urban field practice area, Jaipur city with objectives like assess and compare the quality of life and socio-demographic factors affecting quality of life of elderly **Materials and Methods:** Urban field practice area is divided into 4 areas namely Katputli Nagar, Bais godown, Susheel Pura and Bhojpura covers a population of 15190. Of these, 25 elderlies from each area were systemic randomly selected and interviewed to complete the sample of 100 people. A pretested semi-structured questionnaire having two sections was used to collect the information where the first part included information regarding sociodemographic profile and the second part comprised of a 26-point WHOQOL -BREF questionnaire. **Results:** A maximum proportion of the study subjects was male (65%) with age group of 60-69 years is 69% and ≥70 years is 31%. In regards to educational status 38% were illiterates, literacy is high in urban area with 62% participants were literate. Most of subjects belonged to middle class (45%), upper middle class (35%) of socioeconomic status (SES-III) and least in lower middle (4%) (Modified BG Prasad's classification). Perceived Quality of Life (QOL) were 46% good for elderly living in urban area. While in area subject only 13% perceive poor QOL and 33% perceived neither poor nor good QOL while only 52% has satisfied QOL. In urban area highest mean score present in psychological domain (66.18 ± 8.274) and lowest in environmental domain (60.65 ± 9.691) of QOL. **Conclusions:** Quality of life is a multidimensional concept. Education and financial dependency were found to be the possible determinants of QOL. More extensive studies are recommended to identify other factors affecting QOL.

KEYWORDS : Quality of Life (QOL); Elderly; World Health Organization; Quality of Life Assessment of Older Adults (WHOQOL-OLD), WHOQOL -BREF.

INTRODUCTION

Aging is an inevitable and sometimes undesirable biological phenomenon. Birth, infancy, adolescence, adulthood, and the elderly are the major events in life.[1] It is accompanied by an increased risk of disease, disability, decreased functional capacity, and eventually death. Although the United Nations does not have a standard criterion to define the age, 60 and above years of age is generally referred to as an elderly population.[2] In India, as per the "National Policy on Older People", a senior citizen is defined as a person who is 60 years old or above.[3]

When one enters the final stage of life called old age, there conceals a terrible feeling of unnecessary and unessential in every corner of this stage. According to WHO, first time in history, most people can expect to live into their sixties and beyond. Population aging is happening very quickly and it is estimated that by 2050 more than 22 percent of global population would be elderly.

Demography of the elderly population

The situation of a specific age cohort at a particular time cannot be fully understood without an awareness of the antecedent experiences in their life history and the size and composition of other age cohorts in society. At the macro level of analysis, aging is a demographic process that involves changes in the characteristics of the population over a period of many years.

As per the WHO report (2013), there are more than 600 million elderlies at a global level. The elderly population will be doubled by 2025 and rise to two billion by 2050. The global elderly population was 9.2% in the year 1990, and it is estimated to be 21.1% by 2021.[4]

India is the second most populous country in the world, with over 1.21 billion people (2011 Census) more than one sixth of the world's population. According to the 2001 census, India was home to more than 77 million people aged 60 years and over.

Increase in life expectancy among the elderly is because of demographic transition in developing countries. India is going through a phase of demographic transition progressing to population aging. As per Population Census Data and Report of the Technical Group on Population Projections shows that decadal growth of elders from 35.8% to 40.5% in next ten year. In 2011, India had an 8.6% elderly population and was estimated to be 11.6% by 2026.[5] Which shows further projection to 13.1% by the year 2031. Population Census Data and Report of the Technical Group on Population found that in Rajasthan elderly increased to 8.6% in the last two decades from 6.7%. And further projections show that it increases to 11.2% in 2031.

Good general health, social care and quality of life is very important in promoting elderly people's health, preventing

disease, and managing chronic illnesses. Training of all health care providers in issues and disorders related to ageing is therefore important. Effective, community-level primary health care for older people is crucial. Along with the focus on long-term care of elderly people suffering from ill health and poor quality of life, it is equally important to provide education, training, and support to carers.

Keeping this in mind, the different above-mentioned problems of the elderly, the need was strongly felt to assess the Quality of Life and its determinants among elderly people, to plan regionally sensitive intervention strategies for engaging, and empowering the elderly population. Our submission about the quality of life of the elderly is expected to help geriatric health cater to the elderly better and exploration of unidentified factors affecting Quality of life.

AIM AND OBJECTIVES:

To know the quality of life of the elderly and its influencing socio-demographic factors living in urban field practice area, Jaipur city. With objectives to assess and compare the quality of life and socio-demographic factors affecting quality of life of elderly.

METHOD

This study was done as a community based cross- sectional study. It was done in Field Practice Area of Urban Health Training Center, SMS Medical college Jaipur. Urban field practice area is divided into 4 areas namely Katputli Nagar, Bais godown, Susheel Pura and Bhojpura covers a population of 15190. Of these, 25 elderlies from each area were systemic randomly selected and interviewed to complete the sample of 100 people. A pretested semi-structured questionnaire having two sections was used to collect the information where the first part included information regarding sociodemographic profile and the second part comprised of a 26-point WHOQOL -BREF questionnaire.

Study tool

QOL was assessed by using WHO QOL-BREF scale which was tested and validated. This instrument contains 26 questions which reference to each four domains namely physical health, psychological, social relationships, and environment to be studied. Each of these domains was rated on a 5-point Likert scale. As per the WHO guidelines, 25 raw scores for each domain were calculated by adding values of single items and it was then transformed to a score ranging from 0 to 100, where 100 is the highest and 0 is the lowest value. The mean score of each domain, total score and average score were calculated. This questionnaire was translated to Hindi and then, back to English to assess the liability of the study tool.

Method of data collection

Sample for this study was collected after approval from Institutional Research Review Board (RRB) and ethics committee. After obtaining informed consent from the study subjects, they were interviewed and the data was collected on socio-demographic factors that include age, sex, education, occupation, marital status using a structured questionnaire along with application of the instrument WHOQOL-BREF by the principal investigator. The proposed study duration was one year from April 2021 to June 2022. Additional 2-month time would be required for data compilation, statistical analysis processing and report writing.

Statistical analysis

Data entry and analysis was done using Microsoft excel and primer. Descriptive statistics were calculated for background variables including socio-demographic characteristics. The findings for each domain were expressed in terms of mean and SD. The difference between mean scores was tested by using independent sample t-test. p-value less than 0.05 was considered as significant.

RESULT

The socio-demographic details of study subjects are represented in Table 1.

Table 1: Socio-demographic profile of study subjects.

Socio-demographic factors		Elderly (%)
Sex	Male	65
	Female	35
Age group	60-69	69
	70 and above	31
Education	Illiterate	38
	Literate	62
Marital Status	Married	93
	Widow	7
Religion	HINDU	91
	MUSLIM	9
Caste	GENERAL	42
	OBC	41
	SC	14
	ST	3
Socioeconomic status	I (Upper)	16
	II (Upper middle)	35
	III (Middle)	45
	IV (Lower middle)	4
	V (Lower)	0

Above table depicts that most of subjects belonged to middle (45%) and upper middle class (35%) of socioeconomic status (SES-III) and least in lower middle class (4%) (Modified BG Prasad's classification).

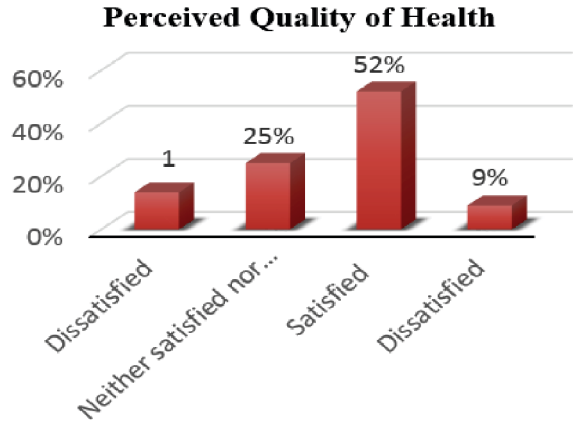

Figure: 1

Figure: 1 depicts that among the elderly 52% were satisfied for Perceived Quality of Health (QOH)

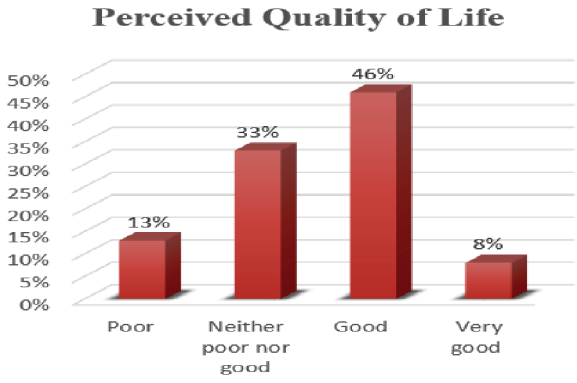

Figure: 2

Figure-2 depicts that 46% good Perceived Quality of Life (QOL) for elderly living in urban area.

Table-2 Mean domain Scores of the various WHOQOL-BREF domains among urban elderly

Domain	Area	Mean± SD	Median	Range	P Value*
Physical	Urban	65.49 ± 17.84	69	13-88	<0.001
Psychological	Urban	66.18 ± 8.274	69	44-81	<0.001
Social	Urban	62.69 ± 10.43	69	44-75	<0.001
Environmental	Urban	60.65 ± 9.691	63	31-81	<0.001

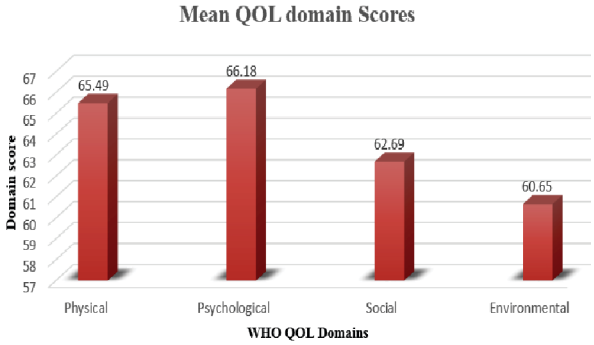

Figure-3

Table-3 and figure-3 revealed that urban elderly shows higher quality of life in all domain of QOL and this difference is statistically significant (<0.05) in all domains.

In urban area highest mean score present in psychological domain (66.18 ± 8.274) and lowest in environmental domain (60.65 ± 9.691) of QOL.

DISCUSSION

Many a times the terms Quality of Life (QOL), subjective wellbeing, happiness, life satisfaction, good life is used synonymously, they do overlap conceptually. However, QOL is a multidimensional rather than unidirectional concept.

Moreover, the concept of QOL can be applied to practically all-important domains of life. Thus, QOL research has to include social, environmental, structural, and health-related aspects, and be approached from an interdisciplinary perspective.

The present study revealed that majority of the elderly are in the age group of 60-69 years in urban 69% areas and in the ≥70 years age group 31% urban areas. In this study mean age of elders was 67.16 in urban area.

A similar proportion of subjects were found in a study by Kumari R et al., (2018)[6] of which 66.31% are urban in the age group of 60-69 years and 33.69% are urban in the age group of ≥70 years. The study conducted by Varghese B et al., (2020)[7] which show that majority in urban elders were in the age group 60–69 years like (85.7%).

In urban mean QOL score of 60-69 years age group elderly higher in physical and psychological domain while in social and environmental domain while in higher in ≥70 years age group.

Contrary results found in study conducted by Brajesh Anand PD et al., (2017)[8] in urban area found that mean score of Quality-of-life domains were lower among elderly of 70- 79 years age group in physical, psychological, social relationship and environmental domains from other age groups.

The study conducted by Mudey A et al., (2011)[9] show that the proportion of urban elderly in the age of 70-79 was 42.2%. The study conducted by Krishnappa, et al. (2021)[10] QOL of older persons in South India found that 65.1% urban in in 60-69 years age group and 34.9% in urban elderly was in age group of ≥70 years.

On SES based comparison it is revealed that all urban elderly was better QOL life in all domain with highest mean score in physical domain (74.16 ± 6.93) of SES Class-I and lowest in environmental domain (60.4 ± 9.529) of SES Class – IV.

And this mean urban elder was statistically significant (<0.05) in all SES classes in physical and social domain. While in psychological and environmental domain it is significant in Class-II&III and not significant (>0.05) in class-I&IV.

A study conducted by Singh A et al., (2022)[11] in urban area found that SES class- I elderly have better QOL in all domain then other class of SES class and highest mean score found in physical domain (87.83±3.80). Lowest mean quality of life score found in physical domain (20.60±7.48) SES class-V of elders. This difference in QOL life of elderly due to changes in level of literacy, cultural value, and socioeconomic status.

SUMMARY AND CONCLUSION

This study concluded that elderly in urban areas were having better quality of life in all domain of quality of life and this difference is statistically significant (<0.05) in all domains.

In urban area highest mean score present in psychological domain (66.18 ± 8.274) and lowest in environmental domain (60.65 ± 9.691) of QOL.

In India, the population of senior citizens is lower in urban areas where the health care facilities are very minimum. Hence, policies and programs related to senior citizens should be launched in urban senior citizens. Training of voluntary workers, health care professionals, and family members on the care of senior citizens should be implemented. To enhance the QOL of senior citizens, several things can be done including formulating self-help groups in the local area with the help of voluntary organizations or village level workers, setting up multidisciplinary geriatric clinics all over the country in all health care settings both in public and private sector so as to manage specific age-related problems, conducting regular health check-up camps, and immunization programs for the senior citizens at village level, financially supporting all needy senior citizens through pension schemes and arranging counselling programs for the senior citizens and family members.

What the study adds to the existing knowledge

The present study highlights the need of skill identification in elderly and provision of appropriate pension as well as vocational jobs like knitting for elderly women, freelance writer, tutor, financial advisor etc., to decrease dependence.

National Program for Healthcare of Elderly (NPHCE) is a full-fledged program to answer issues faced by elderly with main objective of the programme is to provide preventive, curative, and rehabilitative services to the elderly persons at various level of health care delivery system of the country and other objectives are, to strengthen referral system, to develop specialized man power and to promote research in the field of diseases related to old age but the implementation of this program is far from complete.

So, this study emphasizes on the need of further studies to evaluate the implementation of programs for elderly and using different new approaches to increase the quality of life in elderly.

Conflict of interest: Nil
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