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Comparative Study of Quality of Life in Aged Persons

KEYWORDS: quality of life, ageing, aged people.

Dr. Jogender Singh
Psychiatric Social Worker, BPS Govt. Medical College, Khanpur Kalan, Sonepat

Prof. S.R. Ahlawat
Professor of Sociology, Department of Sociology, M.D.U. Rohtak, Haryana- 124001

ABSTRACT *Aging can also affect the quality of life of the aged persons. The study has shed significant light on family and social consequences of aged persons. Over the years, there has been a shift in the population structure with an increase number of the elderly. To grow older is a natural phenomenon. Our understanding of the influence of ageing on mental health problems has undergone significant revision in past few decades. Mental health of elderly is influenced by ageing changes in the body and brain, socio- economic and psychological factors. The present study was designed to understand individual and gender differences in quality of life in old age. For this, 60 aged persons, between 60-84 years of age were evaluated on Quality of life (WHOQOL-BREF), out of 60 participants 30 were males and 30 were females. Obtained data were analyzed by applying t test.*

INTRODUCTION

Ageing is an inevitable developmental phenomenon bringing along a number of changes in the physical, psychological, hormonal and the social conditions. Define ageing in terms of the biology; referring to "the regular changes that occur in mature genetically representative organism living under reprehensive environmental conditions as they advance in chronological age." old age has been viewed, as problematic period of one's life and this is correct to same extent. The aged become increasingly dependent on others. As man grows, his reduced activities, income and consequent decline in the position of the family and society makes his life more vulnerable. An old person begins to feel that even his children do not look upon him with that degree of respect, which he used to get some years earlier. The old persons feel neglected and humiliated.

The world experienced rapid expansion of elderly population in last century. The advancement in medical sciences has increased life expectancy of individual by providing quality healthcare and better nutrition. According to WHO, the world's population of people 60 years of age and older has doubled since 1980 and is forecast to reach 2 billion by 2050 (World Health Organization, 2012). Population ageing is occurring in parallel with rapid urbanization and globalization. The Indian elderly population is the second largest in the world at 76.6 million (Census of India 2001) This population is expected to grow and reach the 150 million mark by 2025 (UNO, 2009) The proportion of the Indian population in rural areas is 72.5 per cent, and the proportion of elderly persons in rural areas is higher, at 74.97 per cent. This translates to a huge number of elderly in rural India, with variable access to health care.

The disintegrating system of joint family, rapid industrialization and urbanization and changing social values have together caused serious problem for the aged. They are treated like an unavoidable burden if they ceased to remain productive members. Occupational problems of aging are generally accepted fact that the lack of employment security of older workers constitutes a significant social problem. The ever increasing complexity of technological innovations have produced labour market in which many older workers find themselves on the margins without any secure attachment to a job or even actually displaced and unable to Nutrition is a major problem among the elderly. Many live alone and there are tendency for such persons not to consume well-balanced meal because they believe that preparing meals for one person is too much trouble. Low income is another reason that malnutrion is women among older individuals. Some research indicates that many consider housing to be a major problem during later years of life.

Previous research literature suggests that the quality of life (QoL) reflects both macro-societal and socio-demographic influences on people and the personal characteristics and concerns of individuals. It can be argued that within societies there is a common core of values, and that their presence or absence influences overall QoL. But as QoL is also subjective, it is equally dependent upon the interpretations and perceptions of the individual (Ziller 1974). As such, the definition and measurement of quality of life should be grounded empirically in lay views, and should reflect individual subjectivity and variation in the concept, whilst at the same time taking account of wider social circumstances. The established models of quality of life are however rarely multi-level or multi-domain. They range from basic, objective and subjective needs-based approaches, often derived from Maslow's (1954) hierarchy of human needs, to classic models based on psychological wellbeing, happiness, morale and life satisfaction (Andrews 1986), physical health and functioning (Bowling 2002), social expectations (Calman 1983), and the individual's unique perceptions (O'Boyle 1997). Social gerontologists also focus on the importance of social and personal resources, self-mastery or control over life, autonomy (freedom to determine one's own actions or behaviour) and independence (the ability to act on one's own or for oneself, without being controlled or dependent on anything or anyone else for one's functioning) (Baltes and Baltes 1990). Reflecting the increasing recognition of the multi-faceted nature of QoL, researchers now often develop models based on combinations of these domains, e.g. the World Health Organisation's WHOQOL Group (1993) model.

Quality of life has been defined by the WHO as an individual's perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations, standards and concern.

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Complexity of aging their quality of life is also disrupted. This observation prompted us to measure quality of life of aged persons. The present study was designed to understand individual and gender differences in quality of life in aged persons. Thus, overall the present study has been designed to understand more systematically the quality of life of aged people.

MATERIAL AND METHODS:

SAMPLE:

The sample used in the present study consisted of two groups of subjects i.e. Males (N=30) and Females (N=30). The sample for the present was drawn from the old age home of Rohtak districts, Haryana. The participants are living old age home in Rohtak city. The test was administered on only those who volunteered to participate. A comparative research design was adopted for the study to compare the male and female quality of life between aged people. Information regarding socio-demographic variables was collected. Quality of the life was assessed by using scale for the WHOQOL-BREF (WHO, 1996). The data obtained was statistically analyzed by 't' test.

TOOL OF ASSESSMENT

WHOQOL-BREF:

The WHOQOL-BREF of a generic and Trans-cultural Quality of Life (QOL) assessment instrument developed by WHO (WHOQOL-100). It is a 26 item scale with 5-point likert responses having four subscales measuring physical health, psychological well-being, social relationship and satisfaction with the environment. The four subscale scores are calculated by summing up the scores of the corresponding items in each subscale. The overall score is the summation of all subscale scores and two global items scores. The relatives were made to understand the purpose of the study. They were encouraged to answer the questions of the questionnaire honestly without any bias.

RESULTS AND DISCUSSION

Initial one to one interaction helped to establish rapport, then a formal interview with subjects and subsequently was conducted. Almost always information was forthcoming, except for current legal status, and illegal activities. Although a bit evasive, fairly adequate information could be gathered on persuasion, even in these areas. The study examined the he Quality of life of aged people.

The study was conducted in the two age homes of Rohtak district. Out of total 60 respondents, 30 (50%) were male and 30(50%) were female. The mean age of male and female respondents were 75.3(±8.6) and 76.8(±7.7) respectively. The majority 38(42.2%) of the total respondents were in the age group 80 and above. Most (79.9%) of the study population were literates. Similar observations were made in the study on Quality of Life and Restricted Activity Days Among the old aged conducted at the northern part of Karnataka, Hubli where 94% study participants were literates (Lokare, Nekar and Mahesh, 2011). Majority 56(93.33%) of inmates were married and unmarried 4 (6.66%). Similar distribution was seen in the study done on old age homes in Mangalore, which stated that majority of inmates were married (50.9%) followed by widowed (16.4%) and unmarried (16.4%) (Hegde, Kosgi, Rao, Pai and Mudgal, 2012). Among the 60 male and female participants, 18 (30%) were employed and 22 participants (36.66%) were unemployed. When asked about financial status, 38 (68.33%) of the inmates reported no monthly income presently from any source. Most of inmates were visited by the children (38.33%) and relatives (30%), but 45% of inmates were not visited by friends. Majority of inmates were visited monthly by children but yearly by relatives and friends (Table 1).

Table- I SOCIDEMOGRAPHIC PROFILE OF THE SAMPLE aged people

Variables	No of aged persons (n= 60)	% age
1. Gender		
Males	30	50%
Females	30	50%
2. Marital status		
Married	56	93.33%
Unmarried	4	6.66%
3. Income		
Unemployed	38	63.33%
Below 10000	22	36.66%
4. inmates visited by		
Relatives	18	30%
Children	23	38.33%
Friends	27	45%
5. Employment status		
Employed	18	30%
Unemployed	22	36.66%
Other	20	33.33%

TABLE-I1:- MEAN AND THE T SCORE OF AGED PEOPLE (MALES AND FEMALES).

r. No.	Variables	Group - I Male		Group – II Female		t-values	P- value
		Mean	SD	Mean	SD		
1	Physical Health	5.96	3.47	7.89	3.72	2.010	P<0.05 Significant
2	Psychological Well being	6.8	3.31	6.3	4.45	0.487	P>0.05 NS
3	Social relationship	3.43	3.42	1.93	2.79	1.842	P>0.05 NS
4	Satisfaction with the environment	10.23	4.71	10.2	5.58	0.022	P>0.05 NS
	Total	24.83	12.85	23.36	14.04	0.417	P>0.05 NS

The results of study showed mean WHOQOL-BREF score of total 60 inmates was 24.83±12.85and aged female is 23.36±14.04. The mean score of aged male physical, psychological, social and environmental domains were 5.96±3.47, 6.8±3.31, 3.43±3.42 and 10.23±4.71 and the mean score of aged female physical, psychological, social and environmental domains were 7.89±3.72, 6.3±4.45, 1.93±2.79 and 10.02±5.58 respectively, where maximum score in environmental domain and minimum in social domain were observed. The poor social domain scores reflect the miserable social relationship of inmates of old age homes with family, friends and community. No statistical significance was found when mean scores of domains were compared separately within male and female as well as different age groups. Similar findings were observed in a study conducted in Hubli, which stated that the mean

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scores of Psychological, social and environmental domains were not differed significantly betweens males and females except physical domain(p=0.006) (Lokare, Nekar and Mahesh, 2011). It was found similar in the Hubli study that the mean score of physical domain [p=0.001], social domain [p=0.015] and total score [p=0.015] were significantly more with the elderly with less than 3 health problems (Lokare, Nekar and Mahesh, 2011). However, the scores of quality of life were higher in various items like psychological well-being, social relationship, and satisfaction with the environment, for the males (Group-I) as compared to females (Group- II). The nature of ageing is being chronic and disabling impacts on the both male and females and it's also affect the quality of life of aged people.

CONCLUSION

These findings on perceived Quality of life are unique in being based on aged people's views. These reflected commonly held core values, while individuals also articulated sub-themes reflecting their particular lives. Greater recognition is needed in quality of life research that the influential domains and variables are not only people's own personal characteristics and circumstances, but also that there is a dynamic interplay between people and the surrounding social structures of a changing society (Bowling et al. 2002). To achieve a better understanding of the quality of later life, it is important to move beyond health and functional status and their impact on life as a proxy concept and measure. A model of the quality of life and its associated measurement scales should be based on concepts derived from older people themselves. Thus quality of life can be said to be about having good social relationships, help and support; about living in a home and neighbourhood that gives pleasure and which feels safe, is neighbourly, and has access to local facilities and services including transport; about engaging in hobbies and leisure activities (solo) as well as maintaining social activities and retaining a role in society ; about having positive psychological and sociological outlook and acceptance of circumstances which cannot be changed; about having good health and mobility; and finally having enough money to meet basic needs and to enable people to participate in society and to enjoy life, and to retain one's independence and control over life.

LIMITATION:

Our sample size is small; only 60 aged people represented the study sample. However, results with larger number of aged people would have been more meaningful.

REFERENCE

1. Asadullah, 1. M., Kuvalekar1, K., Katarki, B., Malamardi,S., Khadka1,S., Wagle S. and Padmamohanan (2012). A study on morbidity profile and quality of life of inmates in old age home in udupi district, Karnataka, India. International Journal of Basic and Applied Medical Science, Vol. 2 (3), pp.91-97. | | 2. Andrews, F. M. (ed.) (1986). Research on the Quality of Life. Institute for Social Research, University of Michigan, Ann Arbor, Michigan. | | 3. Baltes, P. B. and Baltes, M. M. (eds) (1990). Successful Aging: Perspectives from the Behavioral Sciences. Cambridge University Press, New York. | | 4. Bowling, A., Bannister, D., Sutton, S., Evans, O. and Windsor, J. (2002). A multidimensional model of QoL in older age. Ageing and Mental Health, 6, 355–71. | | | 5. Calman, K. C. (1983). Quality of life in cancer patients : a hypothesis. Journal of Medical Ethics, 10, 124–7. | | 6. Census of India. (2001). Registrar General and Census Commissioner, India. (Cited 2009Oct26)Availablefrom:URL:http://censusindia.gov.in/Census_Data_2001/India_at_Glance/broad. | | 7. Hegde, V. N., Kosgi, S., Rao, S., Pai, N., Mudgal, S.N. (2012). A Study of Psychiatric and Physical Morbidity among Residents of Old Age Homes. Inernational Journal of Health Sciences and Research 2(1) 57-74. | | 8. Lokare, L., Nekar, M. S. and Mahesh, V. (2011). Quality of Life and Restricted Activity Days Among the old aged. International Journal of Biological and Medical Research (4) 1162-1164. | | 9. Maslow, A. (1954). Motivation and Personality. Harper, New York. | | 10. O'Boyle, C. A. (1997). Measuring the quality of later life. Philosophy Transactions of the Royal Society of London, 352, 1871–9. | | 11. UNO. (2009). Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat. World Population Prospects.(2006) The 2000 Revision. | | 12. World Health Organisation (1993). Measuring Quality of Life: The Development of the World Health Organisation Quality of Life Instrument (WHOQOL). WHO, Geneva. | | 13. WHO, (1996). WHOQOL-BREF, Introduction, Adminis¬tration. Scoring and Generic version of the assessment. Geneva; WHO. World Health Organization (No date) (2012). 10 facts on ageing and the life course [Online] Geneva, World Health Organization. Available: http://www.who.int/features/factfiles/ageing/en/. [Accessed on 29 November 2012]. | | 14. Ziller, R. C. (1974). Self-other orientation and quality of life. Social Indicators Research, 1, 301–27. |