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QUALITY OF LIFE AMONG ELDERLY RESIDING IN SELECTED URBAN AREAS OF KAMRUP METRO, ASSAM: AN EXPLORATORY STUDY.

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ABSTRACT Elderly people have higher probability of full of multiple health disorders due to experience reduced physical and mental functions. Loneliness, impaired sexual activity and chronic metabolic disorders are a number of causes may end up in emotional disturbances. These problems can decrease life quality of elderly. Quality of life (QOL) may be a concept which aims to capture the well-being, whether of a population or individual, regarding both positive and negative elements within the whole lot of their existence at a specific point in time. **Aim:** To assess the quality of life among elderly residing in selected urban areas of Kamrup Metro, Assam. **Methods And Materials:** A descriptive research design was used to accomplish the objectives. Study was undertaken on 150 elderly population from selected urban areas of Kamrup Metro,Assam by using Purposive sampling.WHO-QOL-BREF scale was used to assess the quality of life.Ludwig von bertalanffy's general system theory(1968)was used as a conceptual framework. **Result:**. Out of total 150 elderly population ,It was found that the mean QOL scores were highest in social Relationship domain (52.72) followed by psychological domain (50.89) and physical health domain (45.45).The lowest mean score was seen in environmental domain (38.35).The overall total mean score was 46.85.Study shows that majority i.e. 52.7%(79) elderly had good quality of life,46%(69)elderly had fair quality of life followed by 0.7%(1) elderly people had excellent quality of life and 0.7%(1) elderly had poor quality of life. **Conclusion:** Measures like Health education must be targeted for the elderly in ways to enhance their physical health and environmental wellbeing which can improve the standard of life they live in. Medical aid and family physicians must be made aware and empowered to spot the assorted domains of QOL in elderly and to spot within which domain the person has to be sure the foremost.

KEYWORDS : Quality of life, elderly.

INTRODUCTION:

Ageing, an inevitable process, is often measured by chronological age and, as a convention, an individual aged 65 years or more is commonly noted as 'elderly'. The World Health Organization (WHO) defines QOL as "an individual's perception of their position in life within the context of culture and value systems within which they live and concerning their goals, expectations, standards, and concerns" QOL is also described as a concept concerning physical health, psychological health, social relationships, and emotional well-being QOL for elderly people could be a combination of life-course and immediate influences and is highly subjective. Further, QOL for the elderly may differ from that of other age groups because many factors influence their QOL. Several studies from geographical area have realized that older age, having low education level, having insufficient income, being unemployed, having a current illness, alcohol consumption, and inactive daily living activity were risk factors related to lower QOL among the elderly . Understanding the factors influencing QOL for the elderly population is vital information for countries' policy makers, planning, and implementation of healthcare and other supporting programs for the elderly.

Objectives:

1. To assess the quality of life among elderly urban population.
2. To find out the association between quality of life with selected demographic variables.

Review Of Literature:

Daely S, Nuraini T, Dewi G, Hening P (2022), conducted a descriptive cross-sectional study among 107 elderly on impacts of age and marital status on the elderly's quality of life in an elderly social institution. Data were collected using an abbreviated World Health Organization Quality of Life (WHOQOL-BREF) and analyzed using statistical software, Mann Whitney and Kruskal Wallis test. The result shows that the mean quality of life of the elderly's was 66.09(scale: 0–100), with a mean QOL of 67.58 in the physical domain, 66.26 in the psychological domain, 64.64 in the social relation-ships domain, and 65.88 in the environment domain. Regarding age and marital status, there was a significant difference in the mean QOL of the elderly living in the elderly social institution (p=0.017 and 0.001). In contrast, there was no significant difference in their mean QOL in terms of gender, level of education, and length of stay (p=0.323, 0.164, and 0.697).

Borah K, Jayalakshmi M (2020), conducted a comparative study to assess the quality of life among 300 elderly population of urban and rural areas of Kamrup district, Assam.. Non probability convenient technique was used and was interviewed by administering sociodemographic questionnaire and WHOQOL BREF tool. The result shows that out of all domains, highest mean scores were found in social relationship domain with 16.51 in urban and 16.67 in rural areas indicating good QOL. There is a significant difference in QOL of elderly people residing in urban and rural areas ($p<0.05$).

RESEARCH METHODOLOGY

Research Approach: Quantitative research.

Research design: Descriptive Research Design.

Variables:

Research variables: Quality of life among elderly.

Demographic variables: Age, Gender, Education, Occupation, Marital status,Type of Family, Family support, Family income per month, Type of Dependencies, Need of care taker, No of family members, Medication status.

Setting Of The Study: Selected urban areas of Guwahati, Assam.

Population: Elderly

Target Population: Elderly people residing in urban areas of Kamrup Metro, Guwahati. Assam.

Accessible population: Elderly people residing in selected urban areas of Kamrup Metro: Assam.

Sample: Elderly people residing in selected urban areas of Kamrup (Metro), Assam and who fulfilled the inclusion criteria.

Sample size: 150

Sampling Technique: Purposive sampling technique.

Inclusion Criteria: In this study the inclusion criteria were-

Elderly people -

a) who were present on the day of data collection.
b) who can understand and speak assamese and english.
c) who were above 65 years.

Exclusion Criteria-

a) Elderly people who were not willing to participate.
b) Critically ill.

Tools and techniques:

Structured Interview schedule was developed to assess the quality of life among elderly and interview technique was used.

Content Validity Of The Tool:

The prepared instrument along with the problem statement was submitted to 7 Nursing experts in the field of Community Health Nursing, 1 Nursing expert in the field of Mental Health Nursing, 1 Nursing expert in the field of Medical-Surgical Nursing, 2 Medical experts in Medicine Department.

Reliability Of The Tool:

The reliability of the WHOQOL-BREF was evaluated using Cronbach's alpha coefficient and test–retest analysis, and the validity was examined using principal component analysis, with Promax rotation method. Results: Cronbach's alpha coefficient for the whole WHOQOL-BREF scale was 0.896.

Ethical considerations:

The following were the ethical consideration of the study:

- Ethical permission to proceed with the study was taken from ethics committee INS trust GNRC, Dispur, Guwahati, Assam. Permission was obtained from the Joint Director of Health Services, Kamrup Metropolitan District.
- Permission was obtained from Superintendent of Maternity and Child Welfare Hospital, Dhirenpara. Permission was obtained from the village head of Dhirenpara.
- Nature of the study and the purpose was explained to the selected samples and written informed consent was obtained.The subjects were assured of confidentiality and anonymity of the data obtained.Participants had the liberty to leave the study at any point of time as they desired.
- The study utilized non-invasive procedure and it was ensured that there would be no physical and psychological harm to the participants.

Pilot Study:

The pilot study was conducted from 30th November to 5th December 2021 on 36 samples were selected using purposive sampling technique and the study was found to be feasible.

Main Study:

The period of data collection was from 17th January to 4th February 2022.

RESULTS:

Table I: Frequency And Percentage Distribution Of Elderly According To Demographic Variables.

VARIABLES		FREQUENCY(f)	PERCENTAGE(%)
a)Age	65-70 years	84	56%
	71-75 years	30	20%
	76-80years	18	12%
	Above 80	18	12%
b)Gender	Male	77	51%
	Female	73	49%
c)Educational status	Illiterate	37	25%
	Primary school	35	23%
	HSLC	11	7%
	HSSLC	28	19%
	Graduate and above	39	26%
d)Occupation	Retired	62	41%
	Self employed	34	23%
	unemployed	54	36%
e)Marital status	Married	150	100%
	Unmarried	0	0%
f)Type of family	Joint family	31	21%
	Nuclear family	98	65%
	Extended family	21	14%
g)Family income per month	≤10,001 Rs	35	23.3%
	0,002-29,972Rs	33	22%
	29,973-49,961 Rs	26	17.3%
	9,962-74,755 Rs	35	23.3%
	74,756-99,930 Rs	20	13.3%
	99,931-1,99,861Rs	1	0.7%
	≥1,99,862 Rs	0	0%
h)Financial status	Dependent	61	41%
	Partially Dependent	50	33%
	ndependent	39	26%
i)Family support	Yes	141	94%
	No	9	6%
j)Need of care taker	Yes	2	1.3%
	No	148	98.7%
k)Medication status	Yes	145	97%
	No	5	3%
l)No. of family members	Two	9	6%
	Three	21	14%
	Four	60	40%
	More than or equal to five	60	40%

Frequency And Percentage Distribution Of The Respondents According To Their Quality Of Life Based On Whoqol-bref.

TABLE I: QUALITY OF LIFE AMONG THE STUDY PARTICIPANTS WHO-QOL-BREF SCORING (n=150)					
DOMAIN	N	MINIMUM	MAXIMUM	MEAN	SD
PHYSICAL	150	14.29	71.43	45.45	11.12
PSYCHOLOGICAL	150	16.67	75.00	50.89	9.86
SOCIAL RELATIONSHIP	150	0.00	83.33	52.72	15.55
ENVIRONMENTAL	150	6.25	78.13	38.35	11.62
TOTAL	150	1513.9	76.98	46.85	12.03

SD-Standard Deviation

Table-I Shows that the mean QOL scores were highest in Social Relationship domain (52.72) followed by psychological domain (50.89) and physical health domain (45.45).The lowest mean score was seen in environmental domain (38.35).The overall total mean score was 46.85.

Table-II shows that that majority i.e. 52.7%(79) elderly had good quality of life,46%(69)elderly had fair quality of life followed by 0.7%(1) elderly people had excellent quality of life and 0.7%(1) elderly had poor quality of life.

TABLE II:GRADING OF QOL AS PER WHO-QOL-BREF SCORING(n=150)		
OVERALL GRADING QOL		
GRADING	FREQUENCY(f)	PERCENTAGE (%)
Excellent (110-89)	1	0.7
Good (88-67)	79	52.7
Fair (45-66)	9	46
Poor (<45)	1	0.7
TOTAL	150	100%

Table-III: Association Between Quality Of Life Domain And Related Demographic Variables

	PHYSICAL	PSYCHOLOGCAL	SOCIAL	ENVIRONMENTAL
Age Group				
65-70	47.75±11.33	52.03±9.78	53.77±16.33	39.99±12.82
71-75	44.17±9.31	51.11±9.15	50.83±14.57	37.71±8.72
76-80	42.86±11.88	51.39±10.11	53.24±16.7	37.15±10.55
81 and above	39.48±9.68	44.68±9.67	50.46±12.61	32.99±9.66
p value	0.016*	0.038*	0.751	0.121
Gender				
Male	46.2±11.58	51.24±9.84	54.76±15.96	38.8±11.87
Female	44.67±10.63	50.51±9.94	50.57±14.92	37.89±11.41
p value	0.402	0.652	0.099	0.632

Educational Status				
Illiterate	41.6±11.64	46.17±9.28	49.1±16.87	37.58±11.16
Primary school	44.08±11.39	50.36±7.72	49.05±16.64	36.25±11.96
HSLC	49.68±11	56.44±9.38	50±13.94	32.67±6.46
HSSLC	45.54±10.89	50.6±7.24	55.06±15.77	40.29±13.62
Graduate and above.	49.08±9.44	54.49±11.92	58.55±11.71	41.19±10.75
p value	0.028*	0.001*	0.032*	0.133
Employment Status				
Retired	47.29±10.01	52.62±10.57	56.99±12.91	40.78±11.35
Self employed	44.33±12.25	49.63±9.37	46.81±16.92	33.36±9.09
Unemployed	44.05±11.48	49.69±9.19	51.54±16.27	38.72±12.52
p value	0.235	0.197	0.006*	0.01*
Whether You Were Working Before				
Yes	45.77±11.08	51.37±10.11	53.44±14.96	37.98±11.61
No	44.88±11.26	50±9.42	51.42±16.65	39.03±11.72
p value	0.642	0.416	0.449	0.566
Marital Status				
Divorce	36.61±10.66	47.92±12.95	35.42±7.98	28.13±4.42
Widow/Widower	43.69±10.51	48.36±10.2	50.45±12.95	35.77±11.19
Staying together	46.83±11.35	52.51±9.3	55.59±16.22	40.59±11.66
Separated.	51.79±7.58	56.25±8.84	25±0	32.81±6.63
p value	0.113	0.07	0.001*	0.021*
Family Type				
Joint family	47.12±11.42	50.27±9.97	58.6±17.14	39.42±13.85
Nuclear family	45.77±11.16	51.87±9.23	51.62±15.31	39.8±10.76
Extended family	41.5±10	47.22±11.96	49.21±12.33	30.06±8.53
p value	0.18	0.136	0.049*	0.002*
Income				
<10,001 Rs	43.88±12.24	47.98±8.17	45.95±19	36.16±11.65
10,002-29,972 Rs	41.56±10.41	51.52±8.7	52.02±14.13	39.87±9.88
29,973-49,961 Rs	49.45±11.46	53.37±9.93	52.24±13.24	39.78±12.27
49,962-74,755 Rs	49.18±8.92	53.93±9.48	59.29±14.82	41.79±11.74
74,756-99,930 Rs	41.96±9.69	46.46±12.77	53.75±9.92	30.63±8.7
99,931-199,861 Rs	64.29±0.00	50±0.00	75±0.00	62.5±0.00
p value	0.004*	0.03*	0.008*	0.002*
Type of Dependencies				
Dependent	42.74±12.2	48.91±9.5	50.96±16.46	36.42±11.22
Partially dependent.	45.29±9.83	51.5±9.92	50.83±14.7	37.13±11.77
Independent.	49.91±9.64	53.21±10	57.91±14.3	42.95±11.05
p value	0.006*	0.09	0.052*	0.014*
Family Support				
Yes	45.49±11.04	51.51±9.78	52.84±15.46	38.52±11.44
No	44.84±13.01	41.2±5.29	50.93±17.89	35.76±14.67
p value	0.886	0.002*	0.722	0.492
Need of any care taker				
Yes	37.5±12.63	39.58±2.95	45.83±17.68	32.81±2.21
No	45.56±11.1	51.04±9.84	52.82±15.57	38.43±11.68
P value	0.31	0.103	0.53	0.499
On Any Medication				
Yes	45.2±10.95	50.69±9.77	52.53±15.38	38.1±11.4
No	52.86±14.81	56.67±12	58.33±21.25	45.63±16.77
p value	0.13	0.184	0.414	0.155
No. Of Family Members				
Two	42.46±14.22	47.69±8.87	54.63±16.2	39.58±11.59
Three	45.24±12.08	52.18±10.59	48.81±17.14	39.14±10.2
Four	47.98±10.53	53.89±8.71	52.36±16.24	38.8±11.41
More than or equal to Five	43.45±10.61	47.92±10.05	54.17±14.27	37.45±12.48
p value	0.127	0.006	0.574	0.887

* Indicates significant(p<0.05)

TABLE-III: There is a statistically significant difference in physical domain score as compared among different age group, p=0.016. In the study there was a statistical significance difference in Physical domain scores with respect to elderly's age group(p=0.016) and significance difference with respect to educational status (p=0.028), family income per month (p=0.004),financial status(p=0.006).

DISCUSSION:

Quality of life is one of the major determinants of healthy living among the elderly. All of the major no communicable diseases like diabetes, hypertension and even cancer has an important psychosocial component which is responsible for proper control and prognosis which depends on the quality of life they live. The present study findings reveal that social relationship domain is having highest i.e. (52.72) followed by psychological domain (50.89) and physical health domain (45.45).The lowest mean score was seen in environmental domain (38.35). These findings are supported by similar study which was done by Sowmiya KR on Quality of Life of Elderly Population in Mettupalayam, a Rural Area of Tamil Nadu.There is also a significant difference in QOL (Physical health, psychological, environmental) of elderly people residing in rural and urban areas. Similar findings were also found in study conducted by Mudey A on assessment of quality of life among rural and urban elderly population of Wardha District, Maharashtra, India. The difference between the quality of life in rural and urban elderly population which is due to the socio-demographic factors, social resource, lifestyle behaviors and income adequacy. There is a statistically significant difference in physical domain score as compared among different age group, p=0.016. it is observed that higher physical domain score was associated with lower age group i.e. 47.75±11.33 for 65-70 years as compared to 44.17±9.31 of 71-75 years age group, 42.86±11.88 for 76-80 age group and lowest was observed among 81 & above (39.48±9.68) from this analysis we can say that physical domain was associated with higher age group and higher was associated with lower age group.

T test was applied to find association between various factors and QOL domains. P value < 0.05 is considered as standard significant value. In the study there was a statistical significance difference in Physical domain scores with respect to elderly's age group (p=0.016) and significance difference with respect to educational status (p=0.028), family income per month (p=0.004), financial status (p=0.006).

CONCLUSION:

In quality of life majority i.e. 52.7%(79) elderly had good quality of life,46%(69)elderly had fair quality of life followed by 0.7%(1) elderly people had excellent quality of life and 0.7%(1) elderly had poor quality of life. Positive outcome in the QOL could be achieved if level of education is improved in the society and provision of health schemes by the government for the betterment of health.

REFERENCES:

1. Teoli, D., & Bhardwaj, A. (2022). Quality Of Life. In StatPearls. StatPearls Publishing.1. StatPearls Publishing.
2. Singh, S., & Bajorek, B. (2014). Defining 'elderly' in clinical practice guidelines for pharmacotherapy. Pharmacy practice, 12(4), 489. https://doi.org/10.4321/s1886-36552014000400007.(ELDERLY DEFINITION)
3. Zin, P. E., Saw, Y. M., Saw, T. N., Cho, S. M., Hlaing, S. S., Noe, M. T. N., Kariya, T., Yamamoto, E., Lwin, K. T., Win, H. H., & Hamajima, N. (2020). Assessment of quality of life among elderly in urban and peri-urban areas, Yangon Region, Myanmar. PloS One, 15(10), e0241https://doi.org/10.1371/journal.pone.0241211
4. (Susisusanti, D., Tuti, N., Dewi, G., & Hening, P. (2021). Impacts of age and marital status on the elderly's quality of life in an elderly social institution. Journal of Public Health Research. https://doi.org/10.4081/jphr.2021.2731.
5. Asgupta, A., Pan, T., Paul, B., Bandopadhyay, L., & Mandal, S. (2018). Quality of life of elderly people in a rural area of West Bengal: A community-based study. Med J DY Patil Vidyapeeth, 11, 527–531.
6. Mudey, A., Ambekar, S., Goyal, R. C., Agarekar, S., & Wagh, V. V. (2011). Assessment of quality of life among rural and urban elderly population of wardha district, Maharashtra, India. Studies on Ethno-Medicine, 5(2), 89–93. https://doi.org/10.1080/09735070.2011.11886394