



## A STUDY TO ASSESS THE QUALITY OF LIFE AMONG SENIOR CITIZENS IN SELECTED URBAN AREA OF THANE DISTRICT OF MAHARASHTRA

### Nursing

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### ABSTRACT

**Objective:** The present study aims to find out the quality of life among senior citizens in selected urban area of Maharashtra. This study will enable us to understand issues related to the quality of life amongst elderly people and scope for further improvement.

**Background:** World Health organization (WHO) discusses the four domains of quality of life namely physical, psychological, social and environmental. (1)

**Material and Method:** A total of 370 senior citizens, of age 60 years and above were randomly selected from an urban area. The sampling method that was used was stratified random sampling. Semi-structured questionnaires were used to collect data regarding the socio-demographic parameters. World Health Organization Quality Of Life (Quality of life) – BREF (henceforth referred to as WHOQOL-BREF) was used to assess the Quality Of Life among senior citizens.

**Result:** Reliability of WHOQOL-BREF was acceptable ie Cronbach's alpha (internal consistency index) was 0.70. Out of the four domains, the mean of transform score of QOL was maximum in the environmental health and physical health domain (mean:41.21, 41.09 respectively) and minimum in the social domain and psychological domain (mean:37.1, 40.9 respectively). The quality of life was higher in males than in females in all the four domains. There were statistically significant correlations between the four domains of WHOQOLBREF as well as between the QOL (Q1) and the scores obtained from the different domains.

**Conclusions:** There was significant association between the WHO four domains and age, gender, marital status, education and professional status of senior citizens.

### KEYWORDS

Quality Of Life [QOL], senior citizens, WHO Quality of life questionnaire [WHOQOL-BREF]

### INTRODUCTION:

It has been noted that following are the factors that influence the quality of life of senior citizens:

- Increase in life expectancy of people. [WHO says 65 yrs-2011 ],
- Ageing of population (100 Million as per 2011 census),
- Increased dependency ratio [above 13 percent]
- Victims of major non communicable and communicable diseases
- Weak family/community support (urbanization & globalization)
- Multiple health complains.

Quality of life (QOL) is an old concept. It affects an individual's health and vice versa. One of the studies has revealed that health related QOL is closely related to demographic characteristics namely age, gender, marital status, economic condition etc.(2)

A developing country like India is predicted to have the largest number of elderly people by 2025. The increasing population will have great demands on health care services in the future. Old age is always connected with multiple medical conditions such as hypertension, diabetes, arthritis, cancer, ischemic heart disease etc. These multiple disease conditions badly affect the quality of life of senior citizens (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)

This study aims to find out the quality of life among senior citizens and its association with their demographic factors.

### DATAANALYSIS

#### Finding related demographic character of senior citizens:

CHARACTERISTICS	CATEGORIES	(N=370)
		n (%)
Age	60-69	289 (78.1)
	70-79	65 (17.5)
	Mean is 64.9	
	≥80	16 (4.3)
Education	No formal schooling	142 (38.3)
	5 years of schooling	67 (18.1)
	5-8 years of schooling	92 (24.9)
	High School	58 (15.7)
	12th pass/ graduate	11 (3.0)
Marital Status	Married	252 (68.1)
	Widow/Widower	99 (26.8)
	Single	16 (4.3)
	Separated/Divorced	3 (0.9)
Professional Status	Employed(Full time)	51 (13.8)
	Employed (Part time)	3 (0.8)
	Housewife	222 (60.0)
	Retired	79 (21.4)
	Unemployed	15 (4.1)

Table 1 shows that majority of senior citizens (65%) were females. The highest percentage (78 %) of senior citizens was falling in the age group of 60- 69 years. The mean age was 64.9 years (SD=6.2). With regard to education level,38 % indicated no formal education. It was also noted that 24% of senior citizens were secondary educated. Majorities (60%) of women were housewives, 20 % and 14% were fulltime employed and retired respectively. 0.8% were part time employees. With regard to marital status, 68 % were married. Most of them were housewives (60%). More than three fourth of the senior citizens (68%) reported that they were unwell that moment. Most of them were diagnosed with hypertension and diabetes.

#### Findings related to the quality of life:

#### Association of mean score of quality of life questionnaire with

**Socio-demographic characteristics.**

Table -2 Mean transformed score of QOL					
Transformed mean score of WHO quality of life of four domain					
Sr No	Physical	Psychological	Social	Environmental	Overall QOL (2Questions)
1	41.09	40.9	37.1	41.21	59.14

A Cronbach's alpha (internal consistency index) value of all the domains was 0.70. Reliability of WHOQOL-BREF was deemed acceptable.

Table-2 depict that the Mean score of four domains of QOL was maximum in the environmental health and physical health domain (mean: 41.21, 41.09 respectively) and minimum in the social domain and psychological domain (mean:37.1, 40.9 respectively). QOL of all domains is less than 50%.

**Gender:** figure-2 depict that the quality of life was significantly higher in males than females in all the four domains. Male gender has highest score in Psychological domain (mean43.65). Similar findings were revealed by the study done by WHO on association of quality of life of urban elderly with socio-demographic factors. (5).

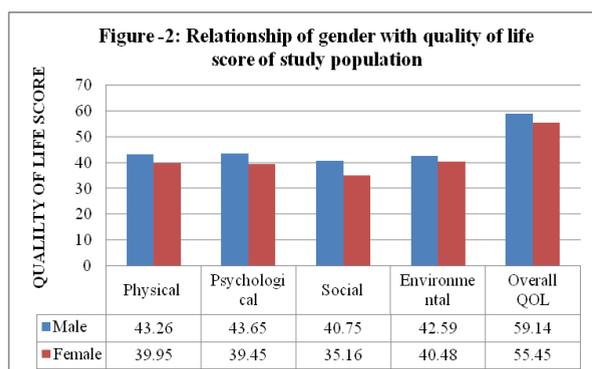
**Age:** The domains show statistical significant difference across age group except physical domain. In age group 60-69yrs has highest score in Psychological domain has highest (mean42.07).

**Education:** The level of education affected the psychological health (P=0.027) and environmental health (P=0.015). The study senior citizens who were 12th pass or graduate had higher psychological and environmental health score as compared to senior citizens who were uneducated or had attained less education. However the scores of social relationships (P=0.09), physical health (P= 0.10) were not affected by education level of senior citizens.

**Marital Status:** Study participants who were married had better (or higher) physical health, psychological health, social relationships, environmental health and overall quality of life as compared to senior citizens who were widow or single.

**Professional Status:** There was statistically significant difference between the score of all the domains and employed, housewives, retired and unemployed individuals (P value was less than 0.05)

**Family Income, technical skill and Health Insurance:** There is no significant difference found in the scores of physical ,psychological, social and environmental Domain and overall quality of life with family income, technical skill or health insurance of the senior citizens. **Illness:** The scores of physical health and overall quality of life were statistically different in senior citizens with any illness (diabetes, hypertension, heart disease, stroke, asthma, tuberculosis, arthritis, cancer, etc)



**Correlation coefficient**

Correlations between four domains of WHOQOLBREF Pearson's correlation coefficient was used to determine the level of agreement between four domains of WHOQOL-BREF. There was statistically significant correlations between four domains of

WHOQOLBREF as well as between the QOL (Q1) and scores obtained from different domains.( <0.001)

**Multiple linear regression analyses of significant factors associated with QOL Domain 1: physical domain**

**Professional status:** Retired individuals, have a lower physical health score by 5.78 β (95% CI)

units as compared to individuals who were employed full time (P=0.015).

**Illness:** Individuals with any illness (incl. Asthma, Diabetes, Heart Disease, hypertension etc) have significantly lower physical health score by 4.12 β(95% CI) units as compared to individuals who did not report any disease.

**Domain 2: psychological domain**

**Gender:** Males have a better psychological health score as compared to females (β=3.30, P=0.018).

**Illness:** Psychological health score is significantly reduced by 2.56 units in people with any illness

**Domain 3: social domain**

**Marital Status:** A widow/widower had significantly lower social relationship score as compared to married individuals by 6.99 β (95% CI) units.

**Domain 4: Environmental domain**

**Education:** Senior citizens who were educated (8-11 years of education) had higher Environmental health score as compared to study participants who were illiterate

**Conclusion:**

It is noted that QOL of all domains is less than 50%. From the data it appears that the domains for interpreting quality of life in senior citizens are significantly associated with level of age, sex, education, professional status, marital status and illness. However no association could be obtained with family income and health insurance.

Adding quality of life to the extended years of senior citizens is important. To improve the quality of life among senior citizens requires some sort of comprehensive intervention. Both government and non government private institutions should come together to plan and work out various strategies. It is the joint responsibility of the individual, family, community and public sector. Ageing well must be a global priority.

**Recommendation**

Based on the findings of the study, the following recommendations were made:

1. There should be regular training and retraining for nurses and volunteers of health care for geriatric care.
2. To improve the quality of life among senior citizens requires some sort of comprehensive intervention.
3. Medical, nursing and paramedical curriculum should include geriatric care.

**Conflicts of interest disclosure**

The author declares that she has no conflict of interest.

**Acknowledgement**

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