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Original Research Article

Quality of life among elderly population in an urban slum of Tirupati city

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ABSTRACT

Background: Healthy aging is a process of developing and maintaining the functional ability that enables well- being in older age. Objective of the present study is to assess the quality of life among elderly population using WHOQOL-BREF scale and to determine the association between socio demographic factors and quality of life.
Methods: Community based cross- sectional study was conducted in the urban field practice areas of SVIMS-Sri Padmavathi Medical College for women, Tirupati for a period of one month (February 2019 to March 2019). Study population were Elderly of age 60 years and above. Total 60 elderly were included in the study. Quality of life was assessed using WHOQOL-BREF questionnaire.
Results: Most of the study population was in the age group of 60-64 years, Most of them were females (71.7%). More than one third were illiterates (36.7%), 30% were studied up to primary school. 93.3% of study population were suffered from some form of illness. Mean total transformed score was high among ≥70 years compared to <70 years, Males were showing high mean total transformed score compared to females, literates were showing high score and persons with illness were showing high scores and persons without illness.
Conclusions: It is concluded from this study that most of the elderly population are suffered from some form of illness. Overall quality of life is good among elderly within 70 years of age, males, literates and who are in living as married compared to their counter parts.

Keywords: Elderly population, Urban slum, WHOQOL-BREF, Socio demographic factors

INTRODUCTION

Healthy aging is a process of developing and maintaining the functional ability that enables well- being in older age. Aging is universal phenomenon accompanied by an increased risk of disease, disability, decreased functional capacity, and eventually death, and it affects every individual, family, community, and society. The world is in the midst of a unique and irreversible process of demographic transition which will result in increasing life expectancy and increase in the proportion of elderly population in the near future.[1]

India is the second largest population of the elderly (60+) in the world.[2] The percentage of persons aged 60 and over is expected to double between 2007 and 2050, and their actual number will be more than triple by 2050 reaching to 2 billion.[3] In India, the population of 60 years and above was 8% (8.1% in rural India) in 2011.[4] This is projected to increase from 8.6% in 2016 (103.9 million)

to 20% (324 million) by 2050 a number greater than total US population in 2012.[5-7]

These demographic changes and the longevity revolution require medical care needs as well as special preventive health care needs of the elderly The rising number of older Indians with changing family relationships and severely limited old-age income support brings a variety of social, economic, and health-care policy challenges.[6] The obvious challenges against active aging, which is defined as the process of optimizing opportunities for health, participation, and security to enhance quality of life as people age, are multimorbidity and functional decline due to age-specific health and social and familial issues.

The World Health Organization (WHO) defined QOL as "an individual's perception of life in the context of culture and value system, in which he or she lives and in relation to his or her goals, expectations, standards, and concerns.[8]

This population aging, along with epidemiological transition of diseases with an increase in burden of chronic morbidity conditions, will affect the quality of life (QOL) of elderly population in the long run in which he or she lives and in relation to his or her goals, expectations, standards, and concerns."

It was known that different socio demographic factors such as age, education, marital status, and family structure had greatly influenced the QOL among elderly population. There is a wide gamut of social, psychological, emotional and physical factors that determine the medical problems and this entire set of contributory factors needs to be addressed. With this backdrop, this study was done to assess different domains of QOL and its association with socio demographic factors among geriatric population. Objective of the present study is to assess the quality of life among elderly population using WHOQOL-BREF scale and to determine the association between socio demographic factors and quality of life.

METHODS

Community based cross-sectional study was conducted in the urban field practice areas of SVIMS-Sri Padmavathi Medical College for women, Tirupati for a period of one month (February 2019 to March 2019). Study population were Elderly of age 60 years and above. Inclusion criteria was more than or equal to 60 years of age. Elderly who were not willing to participate were excluded. Each elderly was contacted by house to house visit. A total of 60 elderly were participated in the study. Quality of life (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 was 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.

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, marital status using a structured questionnaire along with application of the instrument WHOQOL-BREF. Data entry and analysis was done using statistical package for social sciences (SPSS) 16 version software. 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.

RESULTS

In this total 60 elderly population of age 60 years and above were participated.

Table 1: Distribution according to socio demographic factors.

Socio demographic variables	Number	Percentage (%)
Age (in years)		
60-64	23	38.3
65-70	18	30.0
71-75	10	16.7
76-80	7	11.7
>80	8	13.3
Sex		
Male	17	28.3
Female	43	71.7
Education		
Illiterate	22	36.7
Primary	18	30.0
Secondary	17	28.3
Intermediate and above	3	5.0
Marital status		
Married	36	60.0
Widow/widowed	24	40.0

From Table 1 it was observed that most of the study population were in the age group of 60-64 years (38.3%) followed by 65-70 years (30%), 71-75 years (16.7%), >80 years (13.3%) and 76-80 years (11.7%). Most of them were females (71.7%). More than one third were illiterates (36,7%), 30% were studied up to primary school, 28.3% were studied up to secondary school and only 5% were studied up to intermediate and above. 60%

of study population were married and 40% were widow/widowed.

Table 2: Distribution according to morbidity status.

Illness	Number	Percentage (%)
Yes	56	93.3
No	4	6.7

Table 2 shows 93.3% of study population were suffered from some form of illness.

Table 3: Distribution according to total scores.

Variable	Mean±SD (total transformed score)	P value
Age		
<70 years	212.78±35.98	0.610
≥70 years	218.31±27.09	
Sex		
Male	226±27.66	0.065
Female	208±35.35	
Marital status		
Married	221.75±34.30	0.030
Widow/widowed	202.33±30.99	
Education		
Illiterate	204.13±31.86	0.089
Literate	219.68±34.49	
Illness		
Yes	213.35±35.17	0.620
No	222.25±10.87	

Table 4: Distribution according to physical domain.

Variable	Mean±SD (physical domain transformed score)	P value
Age		
<70 years	52.61±10.34	0.845
≥70 years	52.04±9.00	
Sex		
Male	53.76±8.27	0.403
Female	51.54±9.58	
Marital status		
Living as married	53.78±8.26	0.098
Widow/widowed	49.75±10.19	
Education		
Illiterate	49.90±9.08	0.151
Literate	53.47±9.16	
Illness		
Yes	52.08±9.42	0.810
No	53.25±6.50	

Table 3 shows means of total transformed scores. Mean total transformed score was high among ≥70 years compared to <70 years, Males were showing high Mean total transformed score compared to females, Literates were showing high score and persons with illness were showing high scores and persons without illness. All these differences were statistically non significant. Married were showing high mean transformed score compared to widow/widowed. This difference is statistically non significant.

From the Table 4 it was observed that mean physical domain transformed score was high among <70 years, male population, married, literate and without illness. All these differences were statistically non-significant.

Table 5: Distribution according to psychological domain.

Variable	Mean±SD (psychological domain transformed score)	P value
Age		
<70 years	44.15±12.78	0.644
≥70 years	42.38±9.24	
Sex		
Male	49.11±11.75	0.029
Female	41.65±11.63	
Marital status		
Living as married	47.69±11.98	0.001
Widow/widowed	37.87±9.68	
Education		
Illiterate	41.59±12.64	0.291
Literate	45.02±11.68	
Illness		
Yes	43.64±12.08	0.769
No	45.50±13.17	

Table 6: Distribution according to social relationship domain.

Variable	Mean±SD (social relationship domain transformed score)	P value
Age		
<70 years	60.08±15.65	0.116
≥70 years	67.38±9.61	
Sex		
Male	64.00±12.50	0.447
Female	60.74±15.65	
Marital status		
Living as married	61.63±15.09	0.986
Widow/widowed	61.70±14.66	
Education		
Illiterate	58.50±14.61	0.210
Literate	63.50±14.78	
Illness		
Yes	61.39±15.07	0.596
No	65.50±10.96	

Table 5 shows mean psychological domain transformed score was high among males, married. These differences were statistically significant. Mean psychological domain transformed score was high among <70 years, literates, persons without illness. These differences were statistically non-significant.

Table 6 shows the mean social relationship transformed score domain was high among ≥70 years, males, widow/widowed, literates, persons without any illness. These differences were statistically non-significant.

Table 7: Distribution according to environmental domain.

Variable	Mean±SD (environmental domain transformed score)	P value
Age		
<70 years	56.51±10.98	0.858
≥70 years	55.92±7.96	
Sex		
Male	60.00±8.39	0.089
Female	54.95±10.77	
Marital status		
Living as married	58.64±10.42	0.038
Widow/widowed	53.00±9.46	
Education		
Illiterate	54.13±10.21	0.203
Literate	57.68±10.33	
Illness		
Yes	56.27±10.60	0.749
No	58.00±6.27	

Table 7 shows the mean environmental domain transformed score was high among <70 years, males, married, literates, persons without any illness. These differences were statistically non-significant.

DISCUSSION

The present study was a community based cross sectional study was done to assess the quality of life among elderly population using WHOQOL-BREF questionnaire. In this study most of the study population were in the age group of 60-64 years. Similar finding was observed in studies done by Praveen et al, Ahmed et al and Karmakar et al.[9-11] Female were more compared to males. Similar finding was observed in studies done by Praveen et al Kumar et al.[9,12] Most of the study population were illiterates. Similarly in studies done by Praveen et al, Karmakar, et al most of the study participants were illiterates.[9,11] In this study most of them were living as married. Similar findings observed in studies done by Praveen et al, Ahmed et al and Karmakar et al.[9-11]

The mean physical domain score was high among <70 years compared to >70 years male population, married, literate and without illness. In studies done by Karmakar et al, Kumar et al mean physical domain score was high among <70 years.[11,12] This is similar to this study. In study done by Karmakar et al and Praveen et al females have high score and in study done by Kumar et al males were showing high score.[9,11,12] In this study literates were showing high score. Similar findings were observed in Karmakar et al.[11] In this study living as marries were showing high scores. Similarly in studies done by Karmakar et al and Kumar et al.[11,12]

Mean psychological domain transformed score was high among males, married. Mean psychological domain transformed score was high among <70 years, literates, persons without illness. Similar findings were observed in a study done by Karmakar et al.[11]

The mean social relationship transformed score domain was high among ≥70 years, males, widow/widowed, literates, persons without any illness. In a study done by Karmakar et al.[11] Similar results were observed except for sex it was shown that females have high score.

The mean environmental health domain transformed score was high among <70 years, males, married, literates, persons without any illness. These results were contrast in study done by Karmakar et al where ≥70 years, females and widows were showing high scores.

CONCLUSION

It is concluded from this study that Most of the elderly population are suffered from some form of illness. Overall quality of life is good among elderly within 70 years of age, males, literates and who are in living as married compared to their counter parts.

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