



Life satisfaction and Quality of Life among elderly



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Abstract: The demography of elderly is changing due to the advancements in technology. Life satisfaction is viewed as an indicator of overall life quality, and is an important component of positive mental health. It is also well known that some psychological disorders like depression affect life satisfaction negatively. The increasing number of elderly population may pose a threat to the QOL due to the change in life pattern. One of the major challenge in health sector is the towering of chronic illness and shrink in the well being of the elderly. The study aimed to assess the life satisfaction and Quality of life among elderly and to associate with their selected sociodemographic variables. **Methodology:** Using a quantitative approach, descriptive survey was conducted among 100 elderly residing in Venkatachalam who were selected by non probability purposive sampling technique. The tool used to collect data consists of socio demographic variables, Satisfaction with Life Scale and questionnaire related to the QOL of elderly people devised by the WHO (WHOQOL). **Results:** Majority of the elderly 73% had life satisfaction. In QOL, 66% were having excellent, 22% as good and 12% expressed as fair. The QOL mean score were, in physical domain (64.7 ± 17), psychological domain (65 ± 11.3), social domain (67.2 ± 8.9), and environmental domain (55.4 ± 9.2). **Conclusion:** The study reveals that elderly had life satisfaction and QOL which were influenced by certain socio demographic characteristics. **Keywords:** Life satisfaction, Quality of Life, Elderly, Geriatric.

Introduction: In India, 2011 census reports that, 8.6% of population are above 60 years accounting for 103 million elderly people. By 2050, there will be a 3% increase yearly leading to a rise of 319 million in elderly population. In Andhra Pradesh, 9.1% are elderly population. The extensive intensification commands imperative research to concentrate on explicit social, mental, financial, and health needs of the elderly.

Life satisfaction is increasingly important psychological construct which reflects the transition of disease burden from infectious disease to chronic conditions and the respect for autonomy and emotional wellbeing of an individual. Life satisfaction

(LS) is a constituent of subjective well-being. This mainly denotes the cognitive verdicts which linger relatively unvarying even over an extensive time period. In addition, the health predictors like health, support system and health behaviors' have a strong relationship with life satisfaction. Life satisfaction is viewed as an indicator of overall life quality, and is an important component of positive mental health. It is also well known that some psychological disorders like depression affect life satisfaction negatively. A study finding reveal that, the well-being on an individual with a mere absence of mental illness, has an exceptionally consequence on mortality and morbidity.



The World Health Organization (WHO) has defined quality of life (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”. Life satisfaction is viewed as an indicator of overall life quality, and is an important component of positive mental health. It is also well known that some psychological disorders like depression affect life satisfaction negatively. The increasing number of elderly population may pose a threat to the QOL. One of the major challenge in health sector is the towering of chronic illness and shrink in the well being of the elderly.

As the life satisfaction and the QOL go hand in hand which determines the well being of the elderly. The investigator had a curiosity to find the relationship life satisfaction and the QOL in influencing the well-being and hence the study was carried out.

Objectives

- ❖ To assess the life satisfaction and Quality of life among elderly.
- ❖ To associate the life satisfaction and Quality of life among elderly with their selected socio-demographic variables.

Assumption

Life satisfaction may enhance the quality of life.

Methods and Materials: Using a quantitative approach, descriptive survey method was used to collect data. Non probability purposive sampling technique was adopted to select the elderly. Data was collected from 100 elderly residing in Venkatachalam, Nellore. The tool used to collect data consists of socio demographic variables, Satisfaction with Life Scale and questionnaire related to the QOL of elderly people devised by the WHO (WHOQOL). Socio demographic variables included were age, sex, marital status, education and occupation. Satisfaction with Life Scale(SLS) is a 5-item scale on a 7 point likert

scale with a score ranging from 5 to 35 where the scores are classified as satisfied > 20 and dissatisfied <20 (11). WHO (WHOQOL) took into consideration six domains of QOL, i.e., physical, psychological, environmental, social relationship, level of independence, and spirituality. It had 26 questions and the mean score of items within each domain. The total score had been obtained with a mean of 85.6 ± 5.4. This mean score was stratified into three domains to assess the level of QOL: <80.28 (mean “ standard deviation [SD]) as “poor”, Varying from 80.28–91.1 (mean + SD) as “average” and >91.1 (mean + SD) as “good”(12). The reliability for SLS and WHOQOL is 0.83, 0.87 respectively. After obtaining permission from the Institutional Ethics Committee, Medical Officer, Venkatachalam, the data collection was started. Informed consent was obtained from the elderly. It took 30-40 minutes to complete the questionnaire. The collected data was coded and analyzed by using descriptive and inferential statistics.

Results

Table 1: Frequency and percentage distribution of socio demographic variables among elderly (N=100)

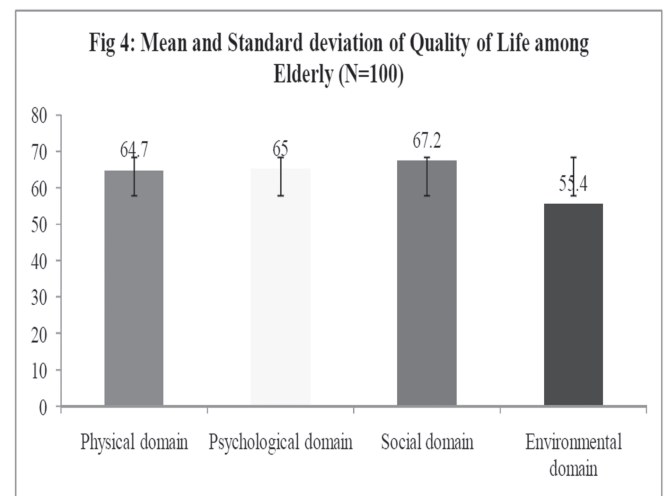
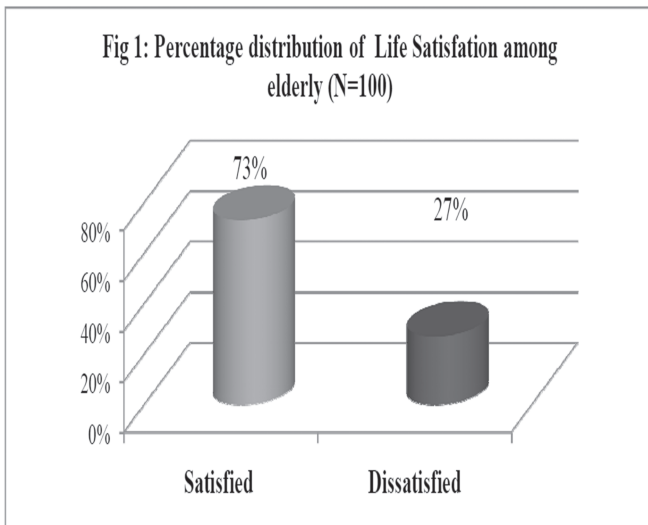
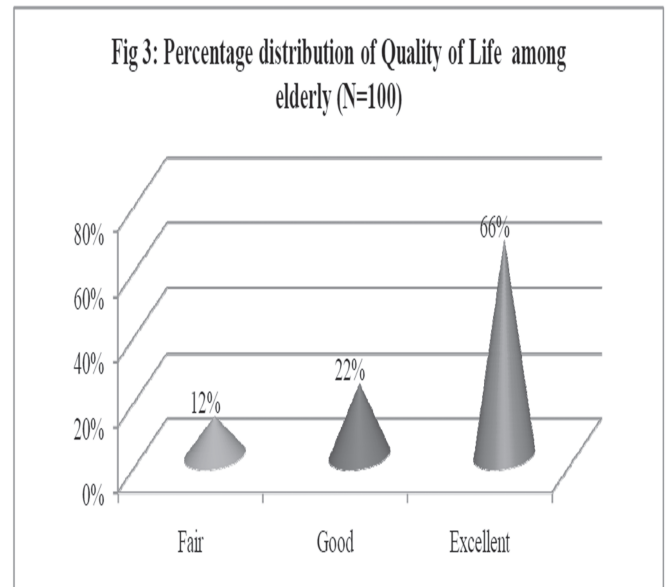
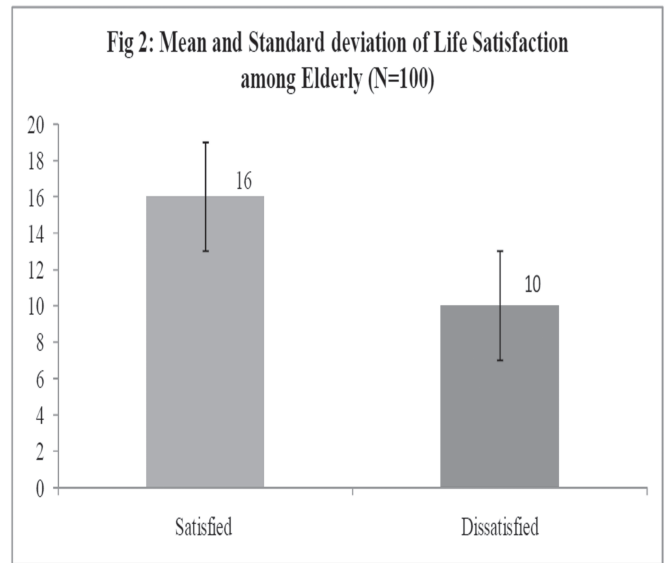
Socio demographic Variables	Fre (f)	Per (%)
Age in years		
60-64	62	62
65-70	28	28
70-74	8	8
>75	2	2
Gender		
Male	53	53
Female	47	47
Marital Status		
Married	75	75
Widow/Widower	25	25
Educational status		
Illiterate	7	7
Primary	23	23
Secondary	43	43



Intermediate	27	27
Occupation		
Coolie	47	47
Pensioner	20	20
Dependant on others	33	33
Family Structure		
Nuclear	45	45
Joint	45	45
Extended	10	10
Co-morbidities		
Yes	65	65
No	45	45

Table-2: Association between the life satisfaction and QOL among elderly with their socio demographic variables (N=100)

Socio demographic Variables	QOL				
	Life Satisfaction	Physical domain	Psychological domain	Social domain	Environmental domain
Age	0.035	0.001	0.023	0.002	0.002
Gender	0.022	0.167	0.225	0.0001	0.725
Marital Status	0.015	0.374	0.372	0.001	0.064
Educational status	0.168	0.326	0.032	0.045	0.082
Occupation	0.732	0.054	0.067	0.003	0.035
Family					
Structure	0.012	0.032	0.037	0.025	0.043
Co morbidities	0.062	0.027	0.092	0.038	0.042





Discussion: Out of 100 elderly, 62% were in the age group of 60-64 years, 53% were male, most of them 75% were married with 43% had primary education, 45% live in nuclear and joint family with 65% having the co morbidities.

Majority of the elderly 73% had life satisfaction which indicates the contentment attained through their life experiences and with the current state of living. The study shows positive associations between life satisfaction with age, gender, being married, living in the joint or nuclear family and those who had co morbidities. The study findings are consistent with similar studies which shows living in joint family, age <70 years and financial support attributes to the social, psychological and physical health which in turn contributes to life satisfaction (13). Adequate social support from family seems to an important factor to enhance the life satisfaction (14).

In QOL, the present study revealed that 66% were having excellent, 22% as good whereas 12% expresses as fair. This is consistent to the study finding of Qadri et al where 68.2% of elderly had good QOL and 0.9 had poor QOL (15). The QOL mean score were, in physical domain (64.7 ± 17), psychological domain (65 ± 11.3), social domain (67.2 ± 8.9), and environmental domain (55.4 ± 9.2). The mean scores were higher in social domain and the least in environmental domain which is similar to the study conducted by Sowmiya and Nagarani (16) in Tamil Nadu, where the highest score was for the social relationship domain.

As per the four domains in QOL, males scored better than compared to females. Married and educated, living with spouse had an enhanced score in Physical, environmental, and psychological domains. The study from Qadri et al (15) also reports that males were better in all the domains of QOL. In psychological domain, married elderly populations was higher score than widow or widower elder people and were found to be statistically significant. High statistically significant association was noted in all four domains of QOL with age, occupation, marital status, family structure and co morbidities which are alike with the study finding by Mudey et al (17).

Conclusion: Many elderly had high life satisfaction which had a significant association with age, gender, being married, living in the joint or nuclear family and those who had co morbidities. Most of the elderly had excellent QOL and had better scores in all domains of QOL. Social characteristics like age, occupation, marital status, family structure and co morbidities had a significant influence on QOL among the elderly.

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