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Original Research Article

Assessment of Quality Of Life and Life Satisfaction among Senior Citizens in Selected Areas of Tirupati

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ABSTRACT

Quality of life is a holistic approach that not only emphasizes on individual's physical, psychological and spiritual function but also their connections with their environment and opportunities for maintaining and emphasizing skills.

Objectives:

- To assess the level of quality of life and life satisfaction among senior citizens.
- To compare the level of quality of life and life satisfaction among senior citizens
- To associate the level of quality of life and life satisfaction of senior citizens with their selected demographic variables.

Methodology: A descriptive research approach was selected to assess the quality of life and life satisfaction among100 senior citizens in selected areas of Tirupati. The samples were identified and collected the data by applying Quality of Life WHO-BREF Scale and life satisfaction index.

Results: Among 100 senior citizens 6% had poor quality of life, 34% had moderate quality of life, and 60% had high quality of life. Regarding life satisfaction 47% had average and 53% had high. There was a significant association between the quality life with their education, occupation, health status, NGO's programs available for them financial support, medical help, and Government schemes. The life satisfaction associated with their health status NGO's programs, Government schemes available for them, education, family income, financial support, and medical help. There was a positive correlation 0.543 between quality of life and life satisfaction among senior citizen.

Conclusion: Based on the obtained findings the researcher prepared a book let which will help them to improve their quality of life and life satisfaction by following the tips for coping with change, staying connected, sleeping, wholesome eating, coping with grief, prevention and control of problems which arise during their old age.

Key Words: Quality of life, Life satisfaction, Senior citizens

INTRODUCTION

"Cherish all your happy movements: they make a fine cushion for old age"
-Christopher Morley

Ageing is a normal biological and universal phenomenon. Ageing of the population is occurring throughout the world, more rapidly in developing countries. [1] Changes in population structure will have several implications on health, economy, security, family life, well being and quality of life. [2] WHO says that quality of life as individuals perception of their position in life, in the context of the culture and value systems in which they life in relation and in their relation to goals, expectations, standards and concerns. [3] To the preservation of a positive quality of life for older people required adequate income, suitable health care systems, housing and

environmental conditions including personal, house hold safety and accessible transportation. [4] Accumulation of damage to molecules, cells and tissues over a life time, often leads to frailty and malfunction. Growing old seems intimately linked with decline. Longevity has increased significantly in the last few decades mainly due to the socio-economic and health care developments. These factors are responsible for the higher numerical presence of elderly people leading to a higher dependency ratio. [5]

Asia and Europe are the two regions where a significant number of countries face severe population ageing in the near future. In these regions within twenty years many countries will face a situation where the largest population Cohort will be those over 65 and average age will be approaching 50. According to the 2003 Census there were 77 million elderly in India representing 7.7% of the country's total population and is expected to rise to 100 million by the year 2012. The elderly above 70 accounted for 21.07 million and the elderly aged above 80 numbered around 6.37 million. [6]

India, one of the oldest societies in the world is undergoing extraordinary changes in terms of modernization, urbanization and globalization in a very brief time span, accompanied by explosive growth in the aging populations. This increasing number and proportion of elderly have a direct impact on the demand for health services, pension and social security payments. [7]

The life of senior citizens becomes more difficult when problems related to fulfillment of basic requirements such as social relations; personal care, nutrition and accommodation are added to old age health problems. In this context, "quality of life", which is related to individuals enjoying a happy life of high quality at old age, draws attention as a comprehensive and universal approach. Higher age often brings about health problems and a decrease in functional capacity. [8]

The number of people aged 60 years and older is growing rapidly and it is a factual thing that they are not being cared according to their needs and problems. Advancing age seems to bring meaningless misery mainly because the elderly have been neglected and been passed by modern society. A major of the older populations are now being treated in day care centers or homes. The care of the elderly is being provided by the institutions run by the Central Government, State Government, Public Sector Units, etc. [9]

From the above information the researcher finds the need to assess and compare the quality of life and life satisfaction among elderly. Health has to be high on the list of priorities in this age, where ageing research is clearly gaining moment.

Research approach: Quantitative research approach was adopted for this study. Descriptive studies usually entail the precise measurement of phenomenon as they currently exist within a single group.

Research design: Descriptive research design refers to the overall plans for obtaining answers to the research questions and for testing the research hypothesis. Descriptive design was used for the present study.

Setting & Sample of the study: Based on feasibility and availability of the sample, investigator selected the study setting as Tirupati. Men and women (n- 100) between 60-80yrs of age fall under inclusion criteria during the period of the study was selected.

Sampling technique: Non-Probability Convenient Sampling Technique was adopted depending upon the availability of the sample.

Data collection: Data collection tools are the instruments used by the researcher to observe and measure the key variables in the research problem. WHO Quality of Life BREF Scale and life satisfaction scale index was used to collect the data. The instrument was organized under the following sections.

Demographic Data: Which includes gender, age in years, marital status,

education, occupation, family income, financial support, regular income, type of family, place of residence, residence type, place of living, type of problem, health status, medical help, government funded schemes, and financial assistance.

Quality of Life WHO-BREF Scale: The WHO quality of life BREF field version is a 26 items self administered questionnaire which emphasizes the subjective responses of elder people rather than objective life conditions with assessment made over preceding two weeks. This scale includes physical health, psychological, social relationship and environment. Each item is scored between 1 to 5 except for 3, 4 and 26 which were scored in reverse manner. The main aim is to assess the individual overall perception of quality of life and health. Higher the score higher the quality of life.

Life Satisfaction Index. (Promila and George Joseph 1996) This scale consists of 34 items, each item is to be rated on the five- point scale –Always, often, Sometime, Seldom and Never and which are respectively scored as 5,4,3,2 and 1. Scoring Key: High 136-175, Average 81-135, Low35-80

Data collection process: To conduct the study prior permission was taken from the Municipal Health Officer, Tirupati. Hundred senior citizens were selected as a sample with minimum of 5 to 6 per day 9AM-1PM After 2PM-4PM, and the data was collected from 20-04-2013 to 16-05-2013. The investigator introduced herself to the participants and explained the purpose of the study. Data was obtained by interview technique for 30 to 45 minutes. The investigator thanked the participants for their willingness and cooperation and to participate in the study and provided them with Informational booklet for further reference.

Data analysis and Interpretation: Analysis is the systematic organization and synthesis of research data. It was planned to analyze the data in terms of descriptive statistics and inferential statistics on the basis objectives of the study. The totals of 100 Senior Citizens were selected from selected areas of Tirupati. As per selection criteria, the collected data was grouped and analyzed by using descriptive and inferential statistical

Table No 1: Frequency and percentage distribution of demographic variables

Demographic Variables	Frequency(f)	Percentage (%)
Age in years		
60-70	68	68
71-80	32	32
Gender		
Male	48	48
Female	52	52
Marital Status		
Unmarried	14	14
Married	64	64
Divorced/Separate	2	2
Widow/Widower	20	20
Education		
Illiterate	25	25
Up to 10^{th} standard	31	31
Intermediate	16	16
Graduate	20	20
Postgraduate	8	8
Occupation		
Home maker	41	41
Retired being at home	26	26
Retired and doing other job	18	18
Business	10	10
Employee	5	5
Family income		
1000-10,000	58	58
10,001-20,000	25	25
20,001-30,000	11	11
30,001-40,000	6	6
Financial support		
Pension	43	43
Fixed deposit	8	8
From Children	21	21
Others	28	28
Type of Family		
Nuclear	57	57
Joint	42	42
Extended	1	1
Place of residence		
Urban	79	79
Rural	17	17
Semi urban	3	3
Urban slum	1	1
Present Living		
Single	19	19
With spouse	31	31
With children	31	31
Others	19	19
Type of Problem		
Physical	84	84
Psychological	16	16
Medical Help-Yes	76	76
Government Schemes- Yes	60	60
NGO's Schemes- Yes	43	43

INTERPRETATION:

Age: Among 100 senior citizens 68% were in between the age group of 60-70 years and

32% were in between the age group of 71-80 years.

Gender: Related to gender among 100, 48% were males and 52% were females.

Religion: Out of 100, 93% were Hindus, 4% were Muslims, 2% were Christians and 1% were others.

Marital status: Related to marital status 64%were married, 2% were separated and 20% were widow/widower.

Education: Regarding education 25% were illiterates, 31% were studied up to 10th standard, 16%were studied up to intermediate, 20% were graduated, 8% were postgraduated.

Occupation: Pertaining to occupation 41% were homemakers, 26% were retired and being at home, 18% were retired and doing other job, 10% were doing business, 5% were private employees.

Family income: Related to family income per month among 100 senior citizens, 58% were earning in between Rs.1000-10000, 25% were earning in between Rs.10001-20000, 11% were earning Rs.20001-30000, 6% were earning Rs.30001-40000 and above.

Financial support: With regard to financial support 43% were getting pension, 8% were supported by fixed deposits, 21% were supported by children, 28% were financially supported by others.

Type of family: With regard to type of family, 57% were belongs to nuclear family, and 42% were belongs to joint family, 1% were belongs to extended family.

Place of residence: Among 100, 79% were residing in urban area, 17% were residing in rural area and 3% in semi urban, 1% were residing in urban slum.

Residence type: With regard to residence type 62% were residing in their own house, 36% were living in rental house and 1% was living in quarters provided by the employee.

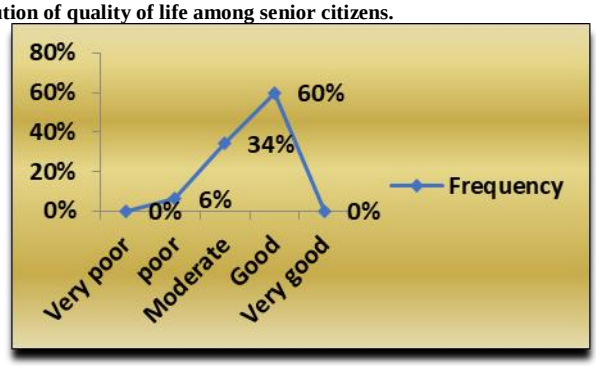
Type of problem: Among 100 senior citizens, 84% were suffering from physical problems, 16% were suffering from psychological problems.

Medical help: Pertaining to medical help 76% were well known about the facilities available for medical help, 24% were not oriented to facilities available for medical help.

Government schemes: Regarding government schemes 60% were having knowledge about government schemes available for senior citizens and 40% were not having idea about schemes provided by the government.

Table: 2 Percentage distribution of quality of life among senior citizens.

Level of quality of life	Frequency	Percentage (%)
Poor	6	6
Moderate	34	34
Good	60	60



The table: 2 shows that 6% of senior citizens had poor quality of life, 34% had moderate quality of life, and 60% had good quality of life.

Table: 3 Percentage distribution of level of life satisfaction

Level of Life Satisfaction	Frequency	Percentage (%)
Low	0	0
Average	47	47
High	53	53

Table: 4 Mean, standard deviation of quality of life and life satisfaction

	Mean	Std. Deviation	Correlation r
Life Satisfaction	136.50	20.32	0.543
Quality of Life	81.66	13.77	**

Interpretation: Pertaining to quality of life, the mean value was 81.66 and standard deviation was 13.77. Related to life satisfaction, the mean value was 136.50 and standard deviation was 20.32. There is statistically significant positive correlation between quality of life and life satisfaction. ("r" = 0.543)

Table: 5 Association of demographic variables with level of quality of life.

Demographic variables	Poor		Moderate		Good		Chi-square value χ^2
	n	%	n	%	n	%	
Education							
Illiterate	3	3.00	14	14.00	8	8.00	
Up to 10th standard	3	3.00	11	11.00	17	17.00	18.940
Intermediate	0	0.00	5	5.00	11	11.00	df = 8
Graduate	0	0.00	2	2.00	18	18.00	p< 0.038
Post graduate	0	0.00	2	2.00	6	6.00	
Occupation							
Home maker	1	0.00	14	14.00	26	26.00	15.393
Retired being at home	3	3.00	12	12.00	11	11.00	df = 8
Retired and doing other job	0	0.00	2	2.00	16	16.00	p<0.024
Business	1	1.00	3	3.00	6	6.00	
Employee	1	1.00	3	3.00	1	1.00	
Family income							
1000-10,000	6	6.00	22	22.00	30	30.00	8.626
10,001-20,000	0	0.00	6	6.00	19	19.00	df = 6
20,001-30,000	0	0.00	5	5.00	6	6.00	p<0.029
30,001-40,000	0	0.00	1	1.00	5	5.00	
Financial Support							
Pension	0	0.00	8	8.00	35	35.00	
Fixed deposit	0	0.00	1	1.00	7	7.00	24.144
From children	2	2.00	12	12.00	7	7.00	df = 6
Others	4	4.00	13	13.00	11	11.00	p<0.014
Health Status							
Good	2	2.00	21	21.00	49	49.00	8.998
Poor	4	4.00	13	13.00	11	11.00	df =3
							p<0.003
Medical help							
Yes	3	3.00	21	21.00	52	52.00	9.744
No	3	3.00	13	13.00	8	8.00	df = 2
							p<0.001
Government Schemes							
Yes	1	1.00	16	16.00	43	43.00	10.470
No	5	5.00	18	18.00	17	17.00	df = 2
							p<0.002
NGO's Programs							
Yes	0	0.00	12	12.00	31	31.00	7.189
No	6	6.00	22	22.00	29	29.00	df=2
							p<0.002

The data presented in the above table:5 revealed that there was statistically significant association between the quality of life among senior citizens with their education, occupation, health status, NGO's programs available, financial support, medical help and Government schemes .

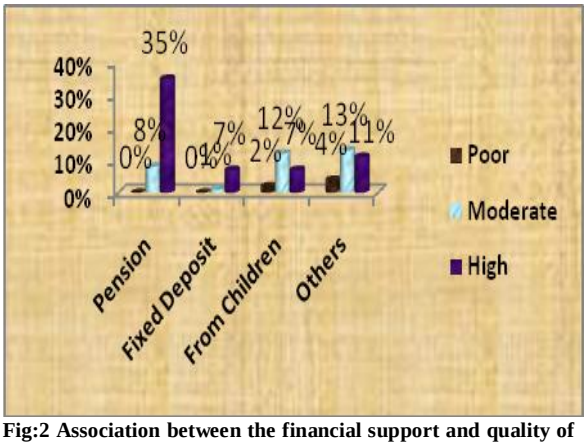


Fig:2 Association between the financial support and quality of life.

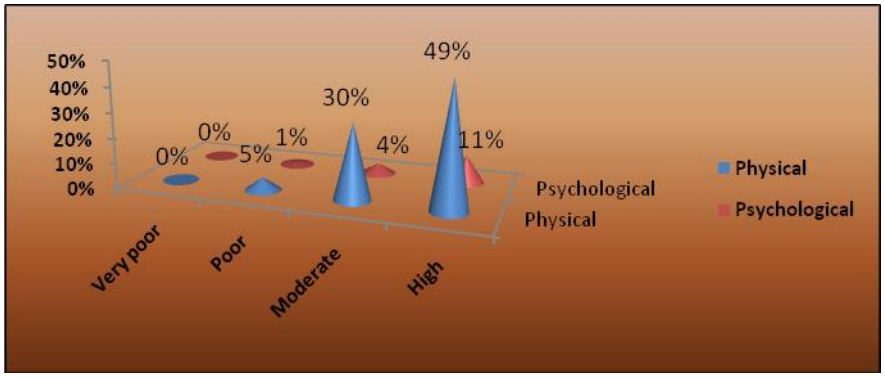


Fig:3 Association between the Type of health problem and quality of life.

Table: 6 Association of demographic variables with the level of life satisfaction

Demographic variables	Low		Average		High		Chi-square value X^2
	n	%	n	%	N	%	
Education							
Illiterate	0	0.00	20	20.00	5	5.00	
Up to 10th standard	0	0.00	16	16.00	15	15.00	21.299
Intermediate	0	0.00	5	5.00	11	11.00	df = 4
Graduate	0	0.00	3	3.00	17	17.00	p<0.038
Post graduate	0	0.00	3	3.00	5	5.00	
Family Income							
1000-10,000	0	0.00	34	34.00	24	24.00	
10,001-20,000	0	0.00	7	7.00	18	18.00	12.339
20,001-30,000	0	0.00	6	6.00	5	5.00	df = 3
30,001-40,000	0	0.00	0	0.00	6	6.00	p<0.034
Financial Support							
Pension	0	0.00	12	12.00	31	31.00	
Fixed Deposit	0	0.00	2	2.00	6	6.00	17.145
From children	0	0.00	16	16.00	5	5.00	df = 3
Others	0	0.00	17	17.00	11	11.00	p<0.021
Health Status							
Good	0	0.00	29	29.00	43	43.00	4.665
Poor	0	0.00	18	18.00	10	10.00	df =1
							p<0.002
Medical help							
Yes	0	0.00	30	30.00	46	46.00	7.201
No	0	0.00	17	17.00	7	7.00	df = 1
							p<0.001
Government Schemes							
Yes	0	0.00	23	23.00	37	37.00	4.523
No	0	0.00	24	24.00	16	16.00	df = 1
							p<0.001
NGO's Programs							
Yes	0	0.00	15	15.00	28	28.00	4.446
No	0	0.00	32	32.00	25	25.00	df=1
							p<0.002

Interpretation: The data presented in the above table: 6 revealed that there was statistically significant association between life satisfaction among senior citizens with their health status, NGO's programs and government schemes available, financial support and Medical help.

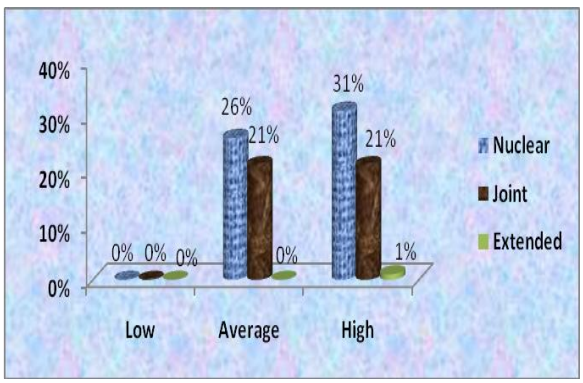


Fig:4 Association between the type of family and life satisfaction

The discussion of present study is based on the findings obtained from the descriptive and inferential statistical analysis of the collected data. It is presented in the view of the objectives of the study.

The present study mainly concentrates on quality of life and life satisfaction among the senior citizens in the age group of 60-80 years. A total number of 100 subjects (48 men + 52 women) from selected areas of Tirupati, were selected by using simple random technique, the QOL of senior citizens were assessed by using demographic variables and WHO Quality of Life BREF field version containing 26 items, life satisfaction of senior citizens were assessed by Life Satisfaction Index developed by Promila Singh and George Joseph version containing 35 items.

The first objective of the study was to assess the level of quality of life among senior citizens. Among 100 senior citizens 6% had poor quality of life, 34% had moderate quality of life and 60% had good quality of life.

The second objective of the study was to assess the level of life satisfaction among senior citizens. Among 100 senior citizens 47% had average level of life satisfaction, 53% had high level of life satisfaction.

The third objective of the study was to correlate the level of quality of life and life satisfaction among senior citizens. Results shows that statistically significant moderate positive correlation ("r" = 0.543) between quality of life and life satisfaction.

The fourth objective of the study was to determine the association of demographic variables with level of quality of life among senior citizens. There was statistically significant association between the quality of life with their education, occupation, health status and NGO's programs available for them at 0.05 level and financial support, medical help, Government schemes at 0.01 level. The ageing progress the quality of life decreases looses in autonomy, future, present and past activities plus social participation. Out of hundred senior citizens 41% had good quality of life who were falls in age group between 60 to 70 years than 71 to 80 years (19%). [10] There was no significant difference between two genders however, females had (32%) had high score than males.

The fifth objective of the study was to determine the association between demographic variables with level of life satisfaction among senior citizens. There was statistically significant association exists between life satisfaction with their health status NGO's programs and Government schemes available for them at 0.05 level and education, family income, financial support, medical help at 0.01 level. High level of life satisfaction (31%) was observed in nuclear families than joint families 21%. This result was supported by earlier study on life satisfaction among rural elderly female in Chittoor district. [11] And it was not statistically significant. Life satisfaction is high in male 28% than female 25%. Among 41 homemakers 21% had average life satisfaction and 20% expressed high life satisfaction, 43% of elderly who had good health status expressed higher level of life satisfaction and it is statistically significant. Among 25 % illiterates 20 % expressed average life satisfaction. Based on obtained findings the researcher prepared a book let on tips to improve quality of life and life satisfaction and distributed to the senior citizens. So that it will help to improve their quality of and life satisfaction.

CONCLUSION

Coping with change, getting started safely, staying connected, sleeping well as per age, eating well as per age, wholesome eating, coping with grief, prevention and control of problems which arise during their old age. Policies and programmes should be considered for improving quality of lie. There is a need to highlight the psycho social problems that are being faced by the elderly people in India and strategies for bringing about an improvement in their quality of life.

The study findings had thrown new light on the implication of the future. It has implication related to nursing practice, nursing education, nursing administration and nursing research.

Community Practice Setting: In provision of care to senior citizens, nursing personnel and students will be able to, recognize that sensation and perception in older adults are mediated by functional, physical, cognitive, psychological and social changes. Assess family member's knowledge and skills, prevent and reduce common risk factors that contribute to functional decline and impaired quality of life. Guide senior citizens and their family members regarding the various resources (money and material) available in the community setting to utilize the rehabilitative health care services.

Hospital Setting: In provision of care to the senior citizens, nursing personnel and students will be able to, assess the individualized needs of senior citizen and provide appropriate care to improve their Quality of life and life satisfaction. Provision of care with the use of modern technology and extend highest cooperative with inter disciplinary team to carryout various procedures and policies. Maintain the material and environment that is attractive and appropriate to the elderly with prevention and precaution to avoid accidents and damages to the life of senior citizens.

Nursing administration: As the present nurses have challenging comprehensive world in health care delivery system. A nurse administers who are rendering services in the community centers have responsibility to assess the needs of senior citizens to plan appropriate nursing education and services programs, supervise the planned interventions and evaluate the success and unmet needs of the persons and family members of the community. Nursing administrators of the community should have exposure to current trends related government and non government agencies policies and procedures that can highlight the quality of life and life satisfaction of senior citizens with their continuous effort and enthusiasm.

Nursing research: The mentors of nursing research should focus their attention especially on improvement of quality of life and life satisfaction among senior citizens, based on the needs elicited by various researchers. The experienced researchers should prepare the young researcher to focus their attention on community needs of the senior citizens and guide them to conduct various studies in improving quality of life and life satisfaction of senior citizens. On the basis of the findings of the study the following recommendations are made.

- The study can be replicated with a large population to draw generalizations in this area of research.
- A similar study can be conducted at institutionalized and non institutionalized homes.
- Educational campaigns for elderly on life style modifications and relaxation therapies.

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