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Original Article

A Comparative Study to Assess the Quality of Life among Elderly People Residing in Selected Rural and Urban Areas, Mysore

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Abstract :

Introduction : Aging is the final stage of normal life cycle. It is a universal process which every living organism has to pass through as a biological imperative life. In the words of 'scneca' old age is an incurable disease but recently Sir James Ross commented you do not heal the age. You protected it, you promote it, and you extended it[1].

Methodology : Quantitative approach was used for this research. Research design for particular study was Comparative descriptive design. The study was conducted in selected rural and urban areas in Mysore. The population in this study were elderly people aged 60 and above residing in selected rural and urban communities in Mysore. In present study sample consist of 100 elderly people. Out of which 50 belong to rural area (mallahalli) and 50 from urban area (Giriya Bovi Palya) Non probability convenience sampling technique was used to select the samples for the study. The instrument used in this study was modified WHO quality of life interview schedule to assess the quality of life of elderly people.

Results : The finding in measuring the overall quality of life score of respondents indicates significant result at 5% level. The statistical 't' test implies the significant difference in the mean quality of life of respondents between rural and urban areas. ($t=7.28$ *, $p<0.05$)

Conclusions : The standard 't' test of rural and urban respondents was found to be 7.28 which is significant at $p> 0.05$ level. So it is inferred that the quality of life is good in urban area.

Keyword : Comparative; Assess; Quality of life among; Elderly people

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Introduction

Aging is the final stage of normal life cycle. It is a universal process which every living organism has to pass through as a biological imperative life. In the words of 'scneca' old age is an incurable disease but recently Sir James Ross commented you do not heal the age. Elderly is used to describe a section of human population usually a particular group of person who has reached certain chronological age.[2]

Life is characterized by transformations every aspect of the human being changes along the whole life span during both

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development and aging.[3] That is more like science but in out daily life, where attitudes behavior, values, aesthetics rule there is more than can not be had otherwise. It is a gift which no one can refuse to take. But the transformations brought in our society sometimes make us scare of this stage as everyone of us has to face it one day.[4]

The concept of quality of life is oriented towards more subjective elements. The World Health Organization (WHO) defines quality of life as "the individual's perception of their position in life in the context of the value system and culture in which they life and in relation to their goals, expectations, standards and concerns"..[5]

Aging diminishes the capacity to work and earn. Changing family ties and formation of the small and nuclear family had led to negligence of the aged. It is the problem of almost every family involving strains of caring and stresses. The lives of many older people are affected more frequently by the social and economic insecurity that accompany demographic and development process. The growth of individualism and desire of the independence and autonomy of the young generation affect the quality of life of the elderly people.[6]

Increased modernization, urbanization and social changes have made care of the elderly more problematic. With longevity on the rise 'the empty 'years at the end have increased with its attendance problems of disease, disability and psycho-physical deterioration and aging is everybody's problems as everyone is bound to age and experience the impact. Urbanization, migration and changes in the life styles have resulted in the breakdown of family leading to fewer caregivers in charge of dependent elderly. Elderly are especially vulnerable during and after humanitarian crises, due to their physical frailty and lack of mobility.[7]

The quality of life in the elderly are depending mainly on socio-economic security, psychosocial well being and perceived health. The status of older people declines as a society becomes modernized. Health has been found to have the largest effect on life satisfaction followed by subjective integration and financial satisfaction. The health status, level of income and educational qualifications were some of the variables most consistently associated with quality of life among elderly people.[8]

It is also essential to increase awareness of the aging process and health, while strengthening and providing tools to the elderly population in their fight for citizenship and social justice. Health and aging are indicative of quality of life.[9]

WHO reports majority of the world population is 61% of over 60 years of age lives in world countries. This proportion will increase to 70% by 2025. It also report that there are currently about 580 million aged people in the world and by 2020 approximately 70% of the elderly population will be living in developing countries.[10]

Methodology

Research approach : The research approach helps the researcher to determine what data to collect and how to analyze it. In the present study quantitative research approach were used.

Research design : The selection of research design depends upon the purpose of the study, research approach, and variables under study. In the present study comparative descriptive design was adopted.

Setting of the study : The study was conducted in selected rural and urban areas in Mysore.

Population : The entire set of individuals having some common characteristic, some time referred to as universe.

The target population : In the present study, 50 samples were selected from Giriya Bovi Palya and Mellahalli respectively as urban and rural samples.

The accessible population for the study comprising elderly people residing in Mellahalli (rural) and Griaya Bovi Palaya (urban) areas, Mysore.

Sample : A sample consists of a subset of the unit that comprises the population. In present study sample consist of 100 elderly people. Out of which 50 belong to rural area (Mallahalli) and 50 from urban area (Giriya Bovi Palya)

Sampling technique : Non probability convenience sampling technique was used to select the samples for the study. The elderly people who fulfilled the sampling criteria were selected till the size was obtained for the present study.

Development of the tool : Data collection tool or instruments are the vehicle that could obtain the data pertinent to the study and the same time adds to the body of knowledge in the discipline. The instrument used in this study was modified WHO quality of life interview schedule to assess the quality of life of elderly people.

Description of Tool

The tool was used for data collection was modified WHO structured interview schedule to assess the quality of life among elderly people in rural and urban communities. The instruments contain the following sections.

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Section I : Tool to assess the demographic variables of the samples.: It includes the age, sex, marital status, education, type of family, occupation, other family members, housing, financial status, source of income and diseases.

Section II : Tool to assess the quality of life of the samples: The instrument used for the data collection was structured interview schedule which consists of 42 items. Out of this 15 items were about Physical domain, 16 items were on psychological domain, 6 items were regarding environmental domain and 5 items were about social domain.

Pilot Study : The pilot study was conducted on 10-10-2009 to 13-10-2009 in selected communities in order to check feasibility and practicability. 10 elderly people who fulfilled the sample criteria were selected (5 elderly people from rural areas and 5 from urban areas) from the Hanchya village and Shanthi Nager urban area in Mysore.

Results

The data is organized and presented in four section

Section-I Demographic information of the samples of respondents, according to personal characteristic is shown as following:

Table-1 : Classification of Respondents by Personal Characteristics. **N=100**

Characteristics	Category	Respondents					
		Rural (n=50)		Urban (n=50)		Combined (n=100)	
		N	%	N	%	N	%
Age group (years)	60-70	38	76.0	39	78.0	77	77.0
	71-80	12	24.0	11	22.0	23	23.0
Gender	Male	22	44.0	27	54.0	49	49.0
	Female	28	56.0	23	46.0	51	51.0
Marital status	Single	4	8.0	0	0.0	4	4.0
	Married	39	78.0	47	94.0	86	86.0
	Widow	7	14.0	3	6.0	10	10.0
Educational Qualification	No formal education	18	36.0	0	0.0	18	18.0
	Primary	19	38.0	7	14.0	26	26.0
	Secondary	3	6.0	3	6.0	6	6.0
	Higher secondary	6	12.0	10	20.0	16	16.0
	Graduate	4	8.0	30	60.0	34	34.0
Occupational status	Business	6	12.0	12	24.0	18	18.0
	Agriculture	12	24.0	2	4.0	14	14.0
	Retired	5	10.0	19	38.0	24	24.0
	Labor	20	40.0	13	26.0	33	33.0
	Housewife	7	14.0	4	8.0	11	11.0
Male Children	1 - 2	38	76.0	47	94.0	85	85.0
	3 - 4	12	24.0	3	6.0	15	15.0
Female Children	1 - 2	42	84.0	50	100.0	92	92.0
	3 - 4	8	16.0	0	0.0	8	8.0
Total Children	1-2	16	32.0	32	64.0	48	48.0
	3-4	23	46.0	17	34.0	40	40.0
	5-6						
	11	22.0	1	2.0	12	12.0	

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Table -2: Classification of Respondents by History Characteristics **N=100**

Characteristics	Category	Respondents					
		Rural (n=50)		Urban (n=50)		Combined (n=100)	
		N	%	N	%	N	%
Type of family	Nuclear	28	56.0	45	90.0	73	73.0
	Joint	22	44.0	5	10.0	27	27.0
Housing	Owned	28	56.0	31	62.0	59	59.0
	Rented	22	44.0	19	38.0	41	41.0
Financial status	Below Rs.4,000	25	50.0	7	14.0	32	32.0
	Rs.4,000-6,000	19	38.0	18	36.0	37	37.0
	Rs.6,001 - 10 ,000	6	12.0	25	50.0	31	31.0
Source of Income	Pension	5	10.0	16	32.0	21	21.0
	Aid from Govt.	12	24.0	8	16.0	20	20.0
	Rent	33	66.0	26	52.0	59	59.0
Associated medical illness	Hypertension	10	20.0	6	12.0	16	16.0
	Diabetes Mellitus	22	44.0	18	36.0	40	40.0
	Asthma	3	6.0	3	6.0	6	6.0
	Others	15	30.0	23	46.0	38	38.0

Section -II Assess the quality of life among elderly people residing in selected rural and urban areas

Table-3 : Domains wise Mean Scores of Rural Respondents on Quality of Life Scores

N=50

No.	Domains	Statements	Max. Score	Respondents Quality of life		
				Mean	Mean (%)	SD (%)
I	Physical	15	75	41.94	55.9	11.0
II	Psychological & Spiritual	16	80	44.46	55.6	13.5
III	Environmental	5	25	14.18	56.7	16.2
IV	Social	6	30	15.88	52.9	15.3
	Combined	**42**	**210**	**116.46**	**55.5**	**12.2**

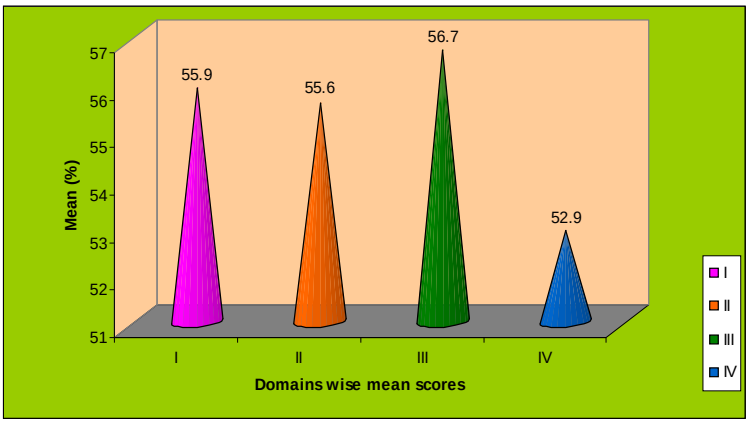

Fig. 1: Domains wise mean scores of Rural Respondents on Quality of life

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Table -4: Domain wise Mean Scores of Urban Respondents on Quality of Life Scores

N=50

No.	Domains	Statements	Max. Score	Respondents Quality of life		
				Mean	Mean (%)	SD (%)
I	Physical	15	75	54.90	73.2	9.5
II	Psychological & Spiritual	16	80	59.68	74.6	15.7
III	Environmental	5	25	19.08	76.3	15.9
IV	Social	6	30	21.66	72.2	19.1
	Combined	**42**	**210**	**155.32**	**74.0**	**13.2**

Table -5 : Classification of Rural Respondents on Quality of Life Level

Quality of Life Level	Category	Classification of Respondents	
		Number	Percent
Poor	42-100 Score	26	52.0
Average	101-160 Score	24	48.0
Good	161-210 Score	0	0.0
Total		**50**	**100.0**

Table - 6 : Classification of Urban Respondents on Quality of Life Level

Quality of Life Level	Category	Classification of Respondents	
		Number	Percent
Poor	42-100 Score	0	0.0
Average	101-160 Score	25	50.0
Good	161-210 Score	25	50.0
Total		**50**	**100.0**

Section-III : Comparison quality of life among elderly people residing in selected rural and urban area

Table -7 : Domain wise Mean Scores of Rural and Urban Respondents on Quality of Life Scores

N=100

No.	Domains	Respondents Quality of life (%)						Student 't' Test
		Rural (n = 50)		Urban (n = 50)		Total (n = 100)		
		Mean	SD	Mean	SD	Mean	SD	
I	Physical	55.9	11.0	73.2	9.5	64.6	13.4	8.42*
II	Psychological & Spiritual	55.6	13.5	74.6	15.7	65.1	17.4	6.49*
III	Environmental	56.7	16.2	76.3	15.9	66.5	18.8	6.11*
IV	Social	52.9	15.3	72.2	19.1	62.6	19.8	5.58*
	Combined	**55.5**	**12.2**	**74.0**	**13.2**	**64.7**	**15.7**	**7.28***

* Significant at 5% Level, t (0.05,98df) = 1.96

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Table - 8 : Classification of Rural and Urban Respondents on Quality of Life Level

Quality of Life Level	Category	Classification of Respondents			
		Rural		Urban	
		Number	Percent	Number	Percent
Poor	42-100 Score	26	52.0	0	0.0
Average	101-160 Score	24	48.0	25	50.0
Good	161-210 Score	0	0.0	25	50.0
Total		50	100.0	50	100.0
X^2 Value		51.02 *			

Table - 9 : Over all Mean Scores of Rural and Urban Respondents on Quality of Life Scores

Respondents	Sample	Statements	Max. Score	Respondents Quality of life			Student 't' Test
				Mean	Mean (%)	SD (%)	
Rural	50	42	210	116.46	55.5	12.2	
Urban	50	42	210	155.32	74.0	13.2	7.28 *
Combined	100	42	210	135.89	64.7	15.7	

* Significant at 5% Level, t (0.05, 98df) = 1.96

Section: IV : Association between quality of life and selected demographic variables

Table - 10 Association between Demographic variables of Urban Respondents and Quality of Life

N=50

Demographic Variables	Category	Sample	Respondents Knowledge				X^2 value	p Value
			Average		Good			
			N	%	N	%		
Age group (years)	60-70	39	16	41.0	23	59.0	5.71*	< 0.05
	71-80	11	9	81.8	2	18.2		
Gender	Male	27	10	37.0	17	83.0	3.95*	< 0.05
	Female	23	15	65.2	8	34.8		
Marital status	Single	47	22	46.8	25	53.2	3.19 NS	> 0.05
	Married	1	1	100	0	0.0		
	Widows	2	2	100	0	0.0		
Educational Qualification	Primary	7	7	100	0	0.0	13.73*	< 0.05
	Secondary	3	2	66.7	1	33.3		
	Higher secondary	10	7	70.0	3	30.0		
	Graduate	30	9	30.0	21	70.0		
Occupational status	Business	12	4	33.3	8	66.7	5.50 NS	> 0.05
	Agriculture	2	2	100	0	0.0		
	Retired	19	8	42.1	11	57.9		
	Labor	13	8	61.5	5	38.5		
	Housewife	4	3	75.0	1	25.0		

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Number of Children	1-2	32	14	43.7	18	56.3	2.97 NS	> 0.05
	3-4	17	11	64.7	6	35.3		
	5-6	1	0	0.0	1	100		
Type of family	Nuclear	45	25	55.6	20	44.4	5.56*	< 0.05
	Joint	5	0	0.0	5	100		
Housing	Owned	31	12	38.7	19	61.3	4.16*	< 0.05
	Rented	19	13	68.4	6	31.6		
Financial status	Below Rs.4,000	7	6	85.7	1	14.3	7.70*	< 0.05
	Rs.4,000-6,000	18	11	61.1	7	38.9		
	Rs.6001-10000	25	8	32.0	17	68.0		
Source of Income	Pension	16	6	37.5	10	62.5	9.35*	< 0.05
	Aid from Govt.	8	1	12.5	7	87.5		
	Rent	26	18	69.2	8	30.8		
Associated medical illness	Hypertension	6	3	50.0	3	50.0	1.61 NS	
	Diabetes	18	7	38.9	11	61.1		
	Asthma	3	2	66.7	1	33.3		
	Others	23	13	56.5	10	43.5		
Total		**50**	**25**	**50.0**	**25**	**50.0**		

* Significant at 5% Level, NS : Non-significant

Data presented in table-8 indicates Association between Demographic variables of Urban Respondents and Quality of Life. Hence the research hypothesis H2 is accepted. And there exists a non-significant association on quality of life such as marital status, occupational status, total children and associated medical illness. Hence research hypotheses H2 is rejected.

Discussion

Domain wise mean scores of rural and urban respondents on quality of life.s Classification of rural and urban respondents on quality of life level. In the present study Mean score of the quality of life in rural area is 55.5% and standard deviation is 12.2%. On the other hand, mean score of the quality of life in urban area is 74% and standard deviation is 13.2%. So it is concluded that the quality of life is good in urban area.

Conclusions

In the present study overall Mean score of the quality of life in rural respondents were 55.5% and standard deviation was 12.2%. On the other hand, mean score of the quality of life in urban area were 74% and standard deviation is 13.2%. The standard 't' test of rural and urban respondents was found to be 7.28 which is significant at p> 0.05 level. So it is inferred that the quality of life is good in urban area.

Recommendations

1. A study can be conducted with a large sample size to confirm the results of the study.
2. Using experimental and control group a similar study can be conducted.
3. A similar study can be conducted regarding knowledge, practice and attitude on general health problems among elderly people.
4. A descriptive study can be conducted by focusing care of elderly people in community set up.

Ethical approval : The institutional ethical committee approved the study.

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Conflicts of interests : The authors declare that they have no conflict of interest with regard to the content of the report.

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