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Research Article

COMPARISON OF QUALITY OF LIFE AMONG URBAN AND RURAL ELDERLY POPULATION BY USING WHOQOL-.BREF SCALE

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ABSTRACT

Purpose: Global geriatric population has been on a rise. In India it is projected to rise to about 324 million by the year 2050. In the developing market economies like India QOL is a multidimensional rather than unidirectional concept1. It looks into many domains and facets that have an impact on lifestyle. The World Health Organization Quality of Life Group defines quality of life as individual's perceptions 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'. The effects of disease and health interventions on an individual's quality of life can be measured by quality of life assessments2. All the aspects of `health status `lifestyle', 'life satisfaction', 'mental state' and 'well-being' together reflect the multidimensional nature of quality of life. However, in India, only a few studies have explored geriatric health problems, particularly mental health disorders and quality of life. Considering this background, this mental health study was conducted to examine the different domains of quality of life affected by socio-demographic factors in the geriatric population. Study done by Varma *et al* (2008) shows that total QOL in urban area is significantly better than rural. But as per our assumption, in rural areas, the elderly work till their body permits they experience power, prestige in family and social life and economic independence while in urban areas, the elderly work for certain age limit as per their jobs, after which they suffer from economic insecurity, loss of power leading to low quality of life3. So, we are trying to explore the domain in which rural - urban population are lacking and recommend the measures to improve the quality of life.

Aim: To evaluate the QOL among rural and urban elderly population between age group of 65-75years.OBJECTIVES- To assess and compare QOL among urban and rural elderly population by using WHOQOL-BREF scale.

Method: Observational cross-sectional comparative study.

Results: The study results show that there is a significant difference in Quality of life of rural and urban population with significant p value. CONCLUSION-The above study concludes that Overall Quality of life is better in urban than in rural elderly population. The Overall health is better in urban than in rural elderly population. The Quality of Life of rural elderly population was better in physical and psychological domains whereas urban slum elderly was better in social relationship and environmental domain.

INTRODUCTION

Global geriatric population has been on a rise. In India it is projected to rise to about 324 million by the year 2050. In the developing market economies like India.

QOL is a multidimensional rather than unidirectional concept. It looks into many domains and facets that have an impact on lifestyle. All the aspects of "Health status", "Lifestyle", "Life satisfaction", "Mental health" and "Well-being" together reflects the multidimensional nature of Quality of Life in an individual (Barua 2007)[1]. Quality of life is a holistic approach that not only emphasizes on individuals physical, psychological, and spiritual functioning but also their connections with their environments; and opportunities for maintaining and enhancing skills. Ageing, along with the functional decline, economic dependence, and social cut off, autonomy of young generation, compromises quality of life[2].

The World Health Organization Quality of Life Group defines quality of life as individual's perceptions 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

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and concerns'. Therefore, quality of life mightmean different things to different people and might also be influenced by many factors including age, culture, gender, education, social class, social environment, diseases, and disabilities.

In 1995, under the supervision of the World Health Organization (WHO) The WHOQOL-100 questionnaire was developed by researchers from 15 Countries[3]. Their purpose was to create an internationally applicable and cross-culturally comparable quality of life (QOL) measure. The questionnaire involves a person's subjective evaluation about his physical health, psychological state, Level of independence, social relationships, personal beliefs, estimate of the environment. The WHOQOL-100 questionnaire is a population-based measure of broader health status, and can be used in service planning, monitoring, and measuring the health outcomes. This questionnaire provides a possibility for making comparisons with the health of different population's i.e. rural and urban[4]. These included four items for each of 24 facets of quality of life, and four items relating to the [overall quality of life and general health facet. The WHOQOL-BREF is therefore based on a four domain structure i.e. physical, psychological, social relationships and environment[5].

MATERIAL AND METHODS

***Type of study*:** Observational cross-sectional comparative study.

Tools used: WHO-QOL BREF SCALE
Location: Rural and Urban areas
Duration: 6 months
Sample technique: Simple random sampling technique
Sample size: 100

Selection Criteria

Inclusion Criteria

- People of age 65-75 years.
- Those who are willing to participate in the study.

Exclusive Criteria

- Those who refused to give written consent.
- People unable to give interview due to various morbidity conditions.

Procedure: Before handling the questionnaire, each subject was given detailed information about the purpose of the study with an assurance that information given will be used only for data collection, but otherwise it would be kept totally confidential. Consent was taken in the language best understood by them. Various sections and optional answers given in the questionnaire will be translated in local language; they have to mark one box in each section for a statement which most clearly described their problem. After filling the questionnaire, the data was statistical analyzed leading to further scope of the study. 100 geriatric subjects aged 65-75 years from rural and urban population were enrolled for the study using multi-stage sampling for the duration of 6 months. The study design was Cross-sectional. The WHOQOL-BREF was used to assess the Quality of Life.

Permission and approval was obtained from the institutional ethical committee and head
↓
Participants residing at rural and urban areas were selected.
↓
Subjects fulfilling the inclusion criteria selected and protocol of study was explained.
↓
Consent was obtained
↓
100 participants were included
↓
QOL was assessed using WHO-QOL BREF SCALE
↓
Data obtained and analyzed

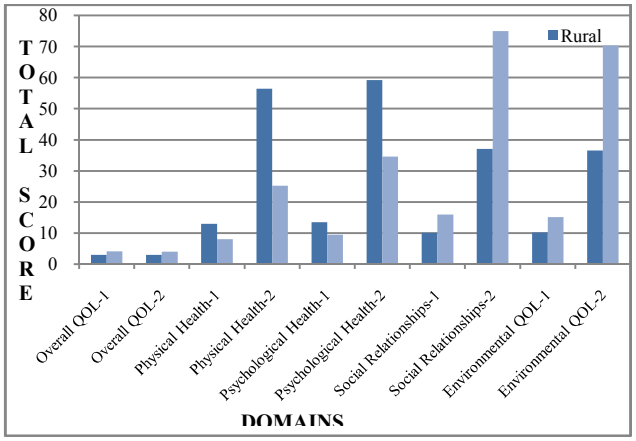
RESULTS AND TABLES: Statistical calculations and analysis of data was performed using a software package SPSS for windows, version 19.0 and results were calculated at 0.005 level of significance. Normal distribution of data was tested for all baseline parameters using Shapiro Wilk test.

Descriptive Characteristics

Age	**Rural**			**70.12**	**±3.272**
	Urban			69.25	±3.03
Gender	Rural	Male	35	-	-
		Female	15	-	-
	Urban	Male	15	-	-
		Female	35	-	-

Graphical Representation

Comparison of QOL in Rural and Urban Elderly Population



DISCUSSION

The study results show that significant difference of quality of life among rural and urban elderly population.

The Overall health is better in urban than in rural elderly population. The Quality of Life of rural elderly population was better in physical and psychological domains whereas QOL in urban elderly was better in social relationship and environmental domain.

Study done by Varma (2008) shows that total QOL in urban area is significantly better than rural. But as per our assumption, in rural areas, the elderly work till their body permits they experience power, prestige in family and social life and economic independence while in urban areas, the

elderly work for certain age limit as per their jobs, after which they suffer from economic insecurity, loss of power leading to low quality of life[3,6,7].

The Quality of Life of rural elderly population was better in physical domain, this can be justified by diet habits where rural population are less expose to junk food and faulty habits compare to urban population[8,9]. It was also seen that urban elderly population was better in psychological domain as well, if we will see stress level of urban elderly people is more than rural elderly[10-15].

Quality Of Life in urban elderly was better in social relationship and environmental domain, as urban elderly are more socially active as they have facilities like geriatric clubs, old age programs where rural elderly are less exposed to such things.

CONCLUSION

This study concludes that there is a significant difference of quality of life among rural and urban elderly population.

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Ethical Clearance- Approval was taken for scientific and ethical committee of institute.

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