



Quality of life related to the health and socio-economic resources of the older people

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Introduction: Aging is a very heterogeneous, and dissimilar process, full of asymmetries. There is evidence that socioeconomic differences determine disadvantages and inequalities in old ages. Older people face particular inequalities in healthiness especially with more complex and vulnerable long term conditions, being more likely to need support from social care services. Disadvantaged people not only suffer a higher incidence of diseases but also develop a greater number of chronic conditions and disabilities at an early age, as a consequence of the deterioration of the quality of life (Luiz & Kayano, 2010). Evidence indicates that health inequalities are only a result of a social system that creates inequalities (Denton, Prus, & Walters, 2004). There has been an increasing number of older people living alone. Life alone is associated with mortality, independently of marital status, health and other variables. The impact of living alone on mortality is stronger among men and those who were single, divorced or married (Ng et al., 2015).

Aim: To evaluate the quality of life (well-being) related to the health of the elderly according to socioeconomic indicators.

Method: A cross-sectional quantitative study was performed. A total of 316 older adults ($M = 74.78$; $SD = 9.78$ years of age) was interviewed with the Portuguese redaction of the Three-level version of the EuroQol five-dimensional scale (EQ-5D 3L) for assessment of health-related quality of life.

Results: The interaction between income and the type of residential follow-up (alone vs. accompanied) was not statistically significant [$F(2,310) = 0.910$, $p < .407$; $\eta^2 = .006$]. Differences in health status index were statistically significant for income [$F(2,310) = 5.518$, $p < .004$; $\eta^2 = .034$]. Post-hoc comparisons indicated that the mean score for those with insufficient income for their expenses ($M = 0.39$, $SD = 0.27$) was significantly different from those with income reaching their expenses ($M = 0.50$, $SD = 0.25$) as well as those with income covering their expenses sufficiently ($M = 0.60$, $SD = 0.21$). The main effect for the type of follow-up (alone vs. accompanied) did not reach statistical significance [$F(2,310) = 0.224$, $p < .636$, $\eta^2 = .672$].

Table 1 – Regression Model of health status index

Source	F	p	η^2
Model	4,024	0,001	0,061
Intercept	633,720	0,000	0,672
Life alone (LA)	0,224	0,636	0,001
Sufficient income (SI)	5,518	0,004	0,034
LA * SI	0,901	0,407	0,006

Conclusion: Income has an impact on health-related quality of life. Health in Aging as a social phenomenon is not neutral to economic differences and is exposed to these structural disadvantages.

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