ORIGINAL ARTICLE

Problems Faced and Difference in Quality of Life Among The Elderly Population of Suburban Areas of Twin Cities

Ghulam Mujtaba Nasir[1], Muhammad Imran Sohail[2], Muaz Bin Sajjad[3], Awaiz Ahmed[4]

Author`s Affiliation

[1]Ministry of Health, Saudi Arabia
[2]Polio Eradication Officer WHO. Rawalpindi
[3]Polio Eradication Officer WHO. Sawabi
[4]Lecturer Shifa college of medicine, Islamabad

Author`s Contribution

[1]Conception, planning of research and writing of the manuscript
[2] Active Participation in Active Methodology,
[3]Data Analysis and Proof reading
[4]Literature review

Article Info

Received: Nov 15, 2017
Accepted: May 5, 2018

Funding Source: Nil
Conflict of Interest: Nil

Address of Correspondence
Dr. Ghulam Mujtaba Nasir
gnnasir@moh.gov.sa

ABSTRACT

Objective: To evaluate the problems faced and the difference in the quality of life among the elderly population of three suburban areas of twin cities of Pakistan.

Setting and duration: This study was conducted in three suburban setting around Islamabad and Rawalpindi in a duration of six months from February to August 2017.

Methodology: A total of 110 participants consisting on 55 males and 55 female were selected for the study. This cross sectional survey was conducted on a geriatric population of age more than 60 years. The elders having any disease, psychological or physical disorder were excluded from the study. In this study, we used the Quality of life Instruments developed by WHO (WHOQOL-BREF) which is a validated and one of the most widely used tools in QoL research. Informed consent was taken from all the participants prior to the study. The data form all the participants was collected through face to face interviews and entry with analysis was done through SPSS v. 21.

Results: Majority 58 (52.73%) of the participants were of age interval of 60-64 years followed by 39 (35.45%) in the age group of 65-69 years. A large number 41 (37.27%) of elderly participants were uneducated. Most 63 (57.27%) of the participants of the study were living in the extended family system. Main bulk 49 (44.55%) of the study sample belonged to families having a monthly income of 16000-25000 rupees, followed by 25 (22.73%) families having an income of 26000-35000 rupees. The main source of income was a dependency on children. The most common 24 (21.82%) problem faced was related to financial issues, followed by loneliness 22 (20%). Majority 68 (61.82%) of the study sample replied that the bahaviour of family members is friendly and politely with them. The QoL score for physical health, psychological health, social relationship and environment were significantly higher in male participants as compared to female counterparts. The overall quality of life on the basis of the quality of life score QoL was significantly better in male participants as compared to female participants.

Conclusions: The overall quality of life on the basis of quality of life score QoL was significantly better in male participants as compared to female participants. Their busy children or family conflicts and misapprehensions instigate their miserable moments of older life.

Key Words: Geriatric Population, Quality of life, Elderly.

Introduction

Aging is an inevitable occurrence, and advanced age is defined as the period in which people need help from others in most aspects of life. Accelerated population aging in most developed and developing countries resulting from prolonged lifespans is a grave concern for health services, especially mental health services.[1, 2] Among the world's population, 12.3% were in the age group at or above 60 years in 2015, and by 2050, this percentage is expected to rise to 21.5%, with an increase to beyond 32.8% in more developed regions.[3, 4]

With the advancement in technology of medicine and awareness regarding public health, the life expectancy has increased considerably resulting in an increase in elderly people. Similarly, the fertility rate has a decreasing trend in the last decades. All these factors have greatly influenced the population pyramid by increasing geriatric population. Pakistan with 180 million population and dependency ratio 0.75 has chronic disease burden attributing 42% of all deaths.[5, 6]

The sharp trend of growth in elderly population has been witnessed equally distributed globally both in developing and developed countries but this growth in geriatric population has the fastest rate in Asian region due to recent epidemiological transition. [7]

This rise in elderly population has many associated challenges related to health and health care providers in near future. This elderly population encounters many health issues most commonly including chronic illnesses like diabetes, hypertension and heart disease. [[8]] These chronic diseases have their own consequence side effects which affect the nutritional status, independent functioning and physical disabilities, which can cause anxiety and depression among this geriatric population. [9] Aging has profound consequences on a broad range of economics, political and social process. "Aging also brings about change in the living arrangements of older people. [10]

In the religion of Islam, it is has been made mandatory for the youngsters to give full reverence and respect towards their parents. The preaches of Holy Quraan and Prophet Muhammad (SAW) have emphasized upon children to be good with their parents. In reward, Allah Almighty will reciprocate with such act of kindness at your old age. [11]

The elderly are among susceptible age groups that should be attended to not only physically, but also emotionally. Considering the profound influence of quality of life (QoL) upon their well-being, the research on QoL among the elderly in a continuously changing context will provide significant inputs for designing and implementing appropriate policies and programs with regard to the enhancement of their QoL. [13] So this study has been planned to see the quality of life of elderly people in our society focusing on a number of factors like mental and physical health; physical environment; natural resources; goods and services; community development; and personal development.

Methodology

This cross-sectional survey study was conducted in three different rural settings around Rawalpindi and Islamabad consisting on Bahra kahu, Pholgran and Kalar Saedan. The survey was conducted in a time period of six months from January to June 2017. A total of 110 participants were selected with snowball sampling from these three settings for the study. The sample size was calculated with the help of WHO ample size calculator using 95% confidence interval and rate of low quality of life 7.71% rate of low quality of life index on the basis of WHO quality of life score[13] and 5% precision level. The inclusion criteria were age more than 60 years, both genders and willing to participate in the study. The elders having any disease, psychological or physical disorder were excluded from the study.

In this study, we used the Quality of life Instruments developed by WHO (WHOQOL-BREF) which is a validated and one of the most widely used tools in QoL research. Informed consent was taken from all the participants prior to the study. The data form all the participants was collected through face to face interviews. Keeping in view the nature of study it was preferred to collect data under the mix method approach, including both qualitative and quantitative data. The sampled respondents happily responded to every question and did not try to conceal facts regardless of any outcome. They were investigated through open-ended and closed-ended questions on the study parameters.

The categories of the physical, psychological social relationships and environmental factors QoL score were divided into three categories of low, middle and high on the basis of scores. The overall interpretation of the quality of life was divided into 3 levels: 26-60 points, low level; 61-95 points, middle level; and 96-130 points, high-level QoL. The demographic information of the participants including age, gender, educational status and monthly income were recorded on a predesigned performa along with QoL score.

All the collected data was entered into SPSS software v. 21 for data analysis. Descriptive statistics were used to calculate mean and standard deviation for quantitative variables and frequencies with percentages for qualitative variables. Independent sample t-test was applied to compare mean of quantitative data and Chi-square test was applied to compare proportions of different QoL categories with respect to demographic characteristics. P-value < 0.05 was considered significant.

Results

In our study sample of 110 participants 55 were males and 55 were females. Majority 58 (52.73%) of the participants were of age interval of 60-64 years followed by 39 (35.45%) in the

age group of 65-69 years, only 13 (11.82%) participants were having age 70 years or above.

A large number 41 (37.27%) of elderly participants were uneducated. And among educated majority 45 (40.91%) had an education level of primary to the middle. In the whole sample, 11 (10%) were matric or intermediate and only 13 (11.82%) persons had an education level of graduation or above. Most 63 (57.27%) of the participants of the study were living in an extended family system in comparison to 47 (42.73%) participants who were living in the nuclear family system. Main bulk 49 (44.55%) of the study sample belonged to families having a monthly income of 16000-25000 rupees, followed by 25 (22.73%) families having an income of 26000-35000 rupees. Only 16 (14.54%) families had more than 35000 rupees monthly income. There were 20 (18.18%) participants who had a monthly family income of less than 15000. When the main source of income was investigated it was found that majority 31 (28.18%) of the participants were dependent on children and 30 (27.27%) participants were having own laboring. Other sources of income of these elderly persons were pension 20 (18.18%), business 16 (14.54%) and income from the property in 13 (11.82%) participants as elaborated in table I.

When the study participants were investigated about the social position in family, the 23 (20.91%) respondents had an opinion that they get respect from family and family members give time to them daily. But most the respondents 30 (27.27%) thought that they are liability on family and some 16 (14.54%) respondents were in a state of inferiority complex. According to the responses of study sample the most common 24 (21.82%) problem faced was related to financial issues, followed by loneliness 22 (20%), and health issues 19 (17.27%). Problems related to housing & living condition 13 (11.82%) and transport / mobility were also found common in our study sample. Main bulk 68 (61.82%) of the study sample replied that the

Table I: Distribution of demographic characteristics of study sample

Variables	Elderly Males (n=55)	Elderly Females (n=55)	Total
Age in categories			
60-64	30 (54.54%)	28 (50.91%)	58 (52.73%)
65-69	18 (32.73%)	21 (38.18%)	39 (35.45%)
70 and above	7 (12.73%)	6 (10.91%)	13 (11.82%)
Educational Status			
Illiterate	17 (30.9%)	24 (43.64%)	41 (37.27%)
Primary & Middle	26 (47.27%)	19 (34.54%)	45 (40.91%)
Matric & Intermediate	8 (14.54%)	3 (5.45%)	11 (10%)
Graduate and above	4 (7.27%)	9 (16.36%)	13 (11.82%)
Family System			
Nuclear	21 (38.18%)	26 (47.27%)	47 (42.73%)
Extended	34 (61.82%)	29 (52.73%)	63 (57.27%)
Family Income Per Month			
< 15000	8 (14.54%)	12 (21.82%)	20 (18.18%)
16000-25000	21 (38.18%)	28 (50.91%)	49 (44.55%)
26000-35000	16 (29.10%)	9 (16.36%)	25 (22.73%)
> 35000	10 (18.18%)	6 (10.91%)	16 (14.54%)
Main Source of Income			
Pension	8 (14.54%)	12 (21.82%)	20 (18.18%)
Dependent on children	12 (21.82%)	19 (34.54%)	31 (28.18%)
Business	11 (20.0%)	5 (9.10%)	16 (14.54%)
Own laboring	18 (32.72%)	12 (21.82%)	30 (27.27%)
Property	6 (10.91%)	7 (12.73%)	13 (11.82%)

Table II: Distribution of Social position, Type of Problem faced and Behavior of the family

Variables	Elderly Males (n=55)	Elderly Females (n=55)	Total
Social Position in the family			
Respect by family members	9 (16.36%)	14 (25.45%)	23 (20.91%)
Sense of security	7 (12.73%)	11 (20.0%)	18 (16.36%)
Family members give time daily	10 (18.18%)	13 (23.64%)	23 (20.91%)
Feeling inferior	11 (20.0%)	5 (9.10%)	16 (14.54%)
Liability on family	18 (32.73%)	12 (21.82%)	30 (27.27%)
Type of Problem faced			
Financial	14 (25.45%)	10 (18.18%)	24 (21.82%)
Health	8 (14.54%)	11 (20.0%)	19 (17.27%)
Housing & Living condition	5 (9.10%)	8 (14.54%)	13 (11.82%)
Transport / Mobility	4 (7.27%)	6 (10.91%)	10 (9.10%)
Loneliness	12 (21.82%)	10 (18.18%)	22 (20%)
Limited Recreational opportunities/visit outsides	4 (7.27%)	5 (9.10%)	9 (8.18%)
Conflict with Son/Daughter in law	3 (5.45%)	2 (3.64%)	5 (4.55%)
Availability of food on time	5 (9.10%)	3 (5.45%)	8 (7.27%)
Type of Behavior of family members			
Friendly / Politely	32 (58.18%)	36 (58.18%)	68 (61.82%)
Non-friendly/Rude	23 (41.82%)	23 (41.82%)	46 (41.82%)

bahaviour of family members is friendly and politely with them, but the respondents having opposite opinion of non-friendly or rude behavior were also quite common in number 46 (41.82%) as given in Table II.

The comparison of quality of life score between males and females showed that QoL score for physical health was significantly (22.14 ± 3.64 vs. 20.54 ± 3.07, P-value = 0.014) higher in elderly men as compared to elderly females. The QoL score of psychological health was significantly (P-value = 0.04) higher in male participants (19.14 ± 3.44) in comparison to female participants (17.89 ± 2.84). Similarly, the QoL scores for social relationship (12.21 ± 2.05 vs. 11.19 ± 1.95, P-value = 0.009) and environment (26.35 ± 3.83 vs. 24.78 ± 3.14, P-value = 0.021) were also significantly higher in male participants as compared to female participants. The overall quality of life on the basis of quality of life score QoL was significantly better in male participants as compared to female participants. The overall QoL score was significantly (P-value 0.001) higher in male participants (69.46 ± 8.76) in comparison to female participants whose mean QoL score was noted (63.36 ± 9.22) as elaborated in table III.

Table III: Comparison of Quality of life Score between Males and Females with respect to physical, Psychological health, Social Relationship, environment and Overall QoL Score

Elderly Males (n=55)		Elderly Females (n=55)		P-value
Mean	**Std. Deviation**	**Mean**	**Std. Deviation**	
Physical Health				
22.14	3.64	20.54	3.07	0.014 *
Psychological Health				
19.14	3.44	17.89	2.84	0.04 *
Social Relationship				
12.21	2.05	11.19	1.95	0.009 *
Environment				
26.35	3.83	24.78	3.14	0.021 *
Overall QoL score				
69.46	8.76	63.36	9.22	0.001 *

Discussion

The natural process of aging has three main stages childhood, adolescence, and older age. The aging process is biological and it should be given great attention by the government of any country during policy making process. The population of elderly is growing day by day so it is need of the hour to understand the consequences of this aging population progression. Pakistan is a developing country having several challenges including economic growth issues, poor pension system along with almost no mechanism of a pension other than government employees. This situation is prevailing from the beginning of Pakistan but becoming more severe with an increase in elderly population due to lack of initiations by the government authorities political instability makes life miserable for the elderly. [10, 14]

The state is responsible for the provision of basic health facilities i.e. food, shelter, health but unfortunately, this is not practical in Pakistan due to the incapability of the state. The absence of state and societal support for the whole population particularly for the elderly population has been traditionally compensated by the presence of a strong and unconditional family support.[15] However, the traditional joint family system is changing to the nuclear family and due to this breakdown in the structure of the family the health of the elderly is deteriorated since in nuclear family elderly parents have little or even no authority and their care and support is neglected. Most of the older adults have the problem of maltreatment which includes; physical, sexual, financial and material abuse, psychological, emotional, abandonment, neglect, and serious loss of dignity and self-respect. [12, 16]

In Pakistan, the change in family structure from joint to nuclear, elderly have got numerous problems. They have no hold in household economy since they are no more capable to earn for themselves. This economic dependency has weakened their status in the society. They have little say and influence in decision making as most of the decisions are taken by their children. Families have been ignorant and don't give attention to their elders. Son and daughters even don't facilitate their parents to have meeting or visits and communications with their relatives and friends.[17, 18]

Our study showed that QoL of elderly men was generally higher than women and there were discernible gender differences in all four domains and that men displayed a higher percentage of men with high QoL than women and a higher percentage of women with low QoL than men. Our findings resemble some prior studies in both developed and developing countries. The study by Apidechkul in 2011 on elderly people in rural and suburban areas in Thailand, for instance, showed that the percentage of elderly women with low level of QoL was higher than men whereas at high level, the former was lower.[19]

Regarding the distribution of average points of QoL between elderly men and women, gender differences were also found. In this present study overall quality of life on the basis of quality of life score QoL was significantly better in male participants as compared to female participants. The overall QoL score was significantly (P-value 0.001) higher in male participants (69.46 ± 8.76) in comparison to female participants whose mean QoL score was noted (63.36 ± 9.22). In fact, the data showed that the elderly men had higher average score than their female

counterparts. This result is similar to that of previous researches.[20] In a research by Luong DH it was observed that average score was higher in men participants (64.1 ± 10.4) as compared to women with a value of (61.0 ± 10.1). [21] Some reports by Nilsson on the elderly living in rural Bangladesh also gave the similar findings.[22, 23]

Looking specifically at 3 dimensions of QoL (physical health, psychological health, and environment), it was found that elderly men also had higher average scores than elderly women. Our results were consistent with those of Nilsson's study on QoL of seniors in rural Bangladesh.[23] This can be explained by the cultural norms that male and female roles differ in the family and society that can affect QoL.

Poverty is a major problem of Pakistan and a large number of people is livery a life of poverty which has a trend of rising with the passage of time. This increase in economic issues has a specific influence on elderly population because most of the geriatric population is already living a poor life without any proper social or economic support. In this situation, the rise in poverty will cause an escalation in the harsh conditions of geriatric people, especially to the elderly females. This situation has more chances to prevail in Pakistan because in recent years life expectancy of females is exceeding the life expectancy of males.[24]

The situation in Pakistan exists due to lack of social security schemes in private sectors as well as in the public sector and a very small portion of the geriatric population is getting benefits from these schemes. A devastatingly large proportion of the elderly population working or retired from the informal sector of the economy are underprivileged from these social welfare schemes or they don't qualify for these schemes and remain unprotected economically. This challenge of catering to the needs and coping with the demands of a rapidly increasing elderly population requires substantial improvements in the support base and systems of social security in Pakistan.[25]

Conclusion

The overall quality of life on the basis of quality of life score QoL was significantly better in male participants as compared to female participants. Large number of elderly people are living in harsh conditions irrespective of living with family or nuclear life. Their busy children or family conflicts and misapprehensions instigate their miserable moments of older life. It is a general sense of depression stemming from a relatively inactive life that tends to add to the distress of old age. It is the time to address the issue timely and strategically so the benefits can be fruitful for the betterment of our society.

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