

# ASSOCIATION OF QUALITY OF LIFE WITH SOCIO-ECONOMIC STATUS OF ELDERLY PEOPLE IN A SELECTED AREA OF ODISHA.

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**Abstract: Background:** World health organization, 2003-has been stated that the majority of elder people didn't do physical activity regularly. It has been stated that between 60-80 years of older people are not sufficiently active. It was belief that, older people possess about the cost and benefit of exercise in later life can influence their activity level. Now-a-days the low socioeconomic status had low the quality of life, which is the major problem among the elderly people. **Objectives-**To assess the quality of life among elderly people of different socioeconomic status and to find out the association of quality of life with socio economic status of elder people. **Methods:** Non experimental descriptive design was used. Data was collected by using simple random sampling technique to select 200 no. of elder people as study sample from area of Bharatpur, Bhubaneswar, Odisha. **Result:** Analysis is revealed that there was no association between the socioeconomic status with age ( $\chi^2=4.8, df=2, p=0.0919$ ) but there were statistically significant between socioeconomic status with sex ( $\chi^2=6.2, df=1, p=0.0127$ ), marital status ( $\chi^2=4.2, df=1, p=0.0408$ ) living status ( $\chi^2=405.9, df=1, p=405.903$ ) type of family ( $\chi^2=5.9, df=1, p=5.868$ ) total family member ( $\chi^2=1.76, df=1, p=1.666$ ) was not statistically significant, social functioning ( $0.59, df=1, p=0.443$ ). **Conclusion:** The study concluded that the information about the quality of life among elderly people was vary in different socio economic status.

**Key Words:** Quality of life (QOL), socio-economic status (SES), elderly people.

## INTRODUCTION

In all countries the proportion of elderly people is gradually increased as compared to other age group and this subject has brought about challenges. In current situation elders life time is not only to increase lifetime, but also improve or maintain to physical and mental health which brings a topic "quality of life (QOL)" (1) There are 195 countries in the world, Out of them India is the second most popular country in South Asia containing 17.31% elder people are of the world population. The challenge of an aging population in the society led to the Government Commission the "Swedish National Institute Of Public Health" (SNIPH). To develop and manage a partnership model for healthy aging. (12) According to the current distribution, the elderly were almost equally divided among the

developed and the developing countries. To maintain 15-25% of the total population of any country that consists of aged persons many of whom, were economically non-productive and physically weak with multiple handicaps and disability due to chronic disorders, poses a challenge to the country. Ageing is a vulnerable period.(2)(3)Quality life of the elder people is important to evaluate the virtue of health intervention, health care, health programs and prosperity of the elderly. According to World Health Organization (WHO) quality of life (QOL) as an individual's perception of his/her life status in the milieu of the individual's environment, acceptance and goals. At present the objective of elder people is quality of life by active ageing. The process of maintaining health status and improving quality of life of the elder people is termed as active ageing.(4) Ageing is differs from person to person, it is a universal phenomenon and across the all age group it is not uniform. (5) People with higher SES maintain good health advantages as compare to people with lower socio economic status. A good living circumstances can also reduce risks of health problems.(6) A high income increases the access the health service advantages and empowering people to improve in maintain healthy lifestyle(6) Burden of different chronic diseases increasing simultaneously of population. So health-related quality of life (HRQOL) required to paid more attention. Several Studies revealed that SES has been linked to several measures of HRQOL. (7)WHO defines quality of life as: "An individual's perception 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. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment." (8) Quality of life in a wide range is affected by physical health, spiritual and mental status, independence level, social relations, private beliefs and environment(1)As per the WHO, four factors such as physical and mental health condition, social relationship and environment are directly influences the level of life satisfaction among the elder people.(5)

It is essential that nurses should Understanding the relationship between social and family support, function and depression in implications for the practice of nursing with an elder people.(10)(7)This study plan to measure SES and QOL of selected sample of elderly people in Bharatpur area of Odisha and to find out the relationship between and QOL with indicators of SES . The study will help usto understand the relationship of QOL with different socio economic status and recommended for enhancing the QOL of elderly people.

## **MATERIAL AND METHOD**

In this study, quantitative type of research approach and non –experimental descriptive design was used. Setting: The present study was undertaken at Bharatpur, Bhubaneswar. In the present study the target population comprises of all elder people living in Bharatpur, Bhubaneswar. Elder people having age more than 60 are living in different lane of Bharatpur taken as sample. In the present study the sample comprises of 200 elder peoples taken who were living in Bharatpur, BBSR, Odisha. Simple random sampling Technique was used to select the 200 no's .of elders who fulfil the inclusion criteria from Dt. 18.01.2018 to 17.03.2018.

### **Data Collection tool:**

In the present study, self-structured questionnaire was used for assessing the demographic data and kuppaswamy's standardized tools was used to assess socioeconomic status ,physical health, satisfaction level and social relation support of elderly.

1. socio-economic status consist of 3 items.-it's scores sub-divided in to 4 categories-upper(score-26-29) -middle( 16-25) , -upper lower(score 5-10) , lower(score<5) Maximum score-29, minimum-<5

2. Physical health consists of 4 items –its score sub divided in to 2 categories-good (score >10), -poor (score<10) Minimum score-1, maximum score-5, total score -20

3. Satisfaction level consists of 4 items –it' score sub divided in to 2 categories-less satisfaction level (-score=4) -more satisfaction level (score->4) Minimum score-1, maximum score-2, total score-8

4. Social relation support consists of 4 items –its score sub divided in to 2 categories-less satisfied (score<14), more satisfied (score->14) Minimum score-1, maximum score-7 total score-28

### **Data collection procedure**

A formal prior written permission was obtained from the corporate of Bharatpur, Bhubaneswar. After obtaining ethical clearance from the ethical committee of SOA University for conducting the study based on inclusion and exclusion criteria, investigator identified the eligible samples. Purpose of the study and process of the data collection was explained and adequate information was given to the samples, and an informed written consent was obtained from each sample. Then the socio-demographic information was collected from all 200 samples using interview schedule. Then by using kuppaswamy's standardized tool assess the level of socioeconomic status with quality of life among elderly people by interview schedule. Finally, the participants were thanked for their cooperation & participation in the study.

## **RESULTS**

### **Analysis of data**

Descriptive & inferential statistics were used to analyse the data. Demographic data, socioeconomic and quality of life among old age people were expressed as frequency and percentage. Quantitative data expressed as mean  $\pm$  SD. Chi square test was performed to determine the association of socioeconomic status with selected demographic variables.

**Socio-demographic characteristics of study participants:** Out of 200 elderly people maximums that (23.75%) were 64yrs. of age. Majority of the study samples (60%) were male. Majority of the study samples (85%) were married. Majority of the study samples (66.25%) were living with group. Majority of samples (60%) were belongs to nuclear family and (50%) were staying with 2-3 family members. According to social function majority of samples (71.25%) had social interaction group.

### **Findings related to Chi square analysis of level of socioeconomic status with selected demographic variables:**

It was revealed that the chi square association of the socioeconomic status with sex was statistically significant as the calculated chi square value is 6.2, calculated P value (0.012) was <0.05 level of significance. Also the chi square association of socioeconomic status with marital status was statistically significant as the calculated chi square value was 4.2, & calculated P value (0.040) was <0.05 level of significance. the chi square association of socioeconomic status with living status was statistically significant as (chi=405.9,df=1,p=405.903) type of family (chi=5.9,df=1,p=5.868) but there was no association between the socioeconomic status with age, total family member (chi=1.76,df=1,p=1.666) was not statistically significant. (Table-1)

### **Findings related to Quality of life of elderly with mean and SD.**

Maximum 42.5% elderly people belongs to upper lower socio economic status, 32.5% middle class, 23.75 lower and only 1.25% belongs to upper socio economic status respectively. Range of the socio economic status score is 22, mean 9.2 and sd $\pm$ 4.928. (Table-2) Maximum 72.5 % elderly people were in good health, 27.5% elderly people were in poor physical health. Range of the physical health score is 10, mean 10.875, and sd $\pm$ 2.92835. Table-3 Maximum 80% elderly people were having more satisfaction level, 20% were in less satisfaction level. Range of the satisfaction level is 3, max-7 min.-4, mean-5.6375. sd $\pm$ 1.02183. (Table-4) Maximum 82.5% elderly people had more social relation support and 17.5% had less social relation support. Range score is -21, max.-27, min.-6, mean-16.7875, sd $\pm$ 4.07429. (Table-5)

## **Discussion**

This study was supported by Maleki, Farzad Aghdam (2016) who conducted a cross sectional study by taking 164 older people and he found the mean age was  $75.2 \pm 5.9$  (65-90) years. The results showed variables such as Age, educational, Economic status, Income source and Ethnicity ( $P < 0.05$ ) were significant relation with QoL of samples. Multivariate analysis revealed that Education, economic status, Ethnicity, source of income and occupation are significantly predictive of QoL ( $P < 0.05$ ). According to the results, illiterate, low economic Status, house wife and Turkish ethnicity widow and divorced women had low QoL, and require more attention to improve their QoL.(1)A cross-sectional study was conducted by Onunkwor,taking 203 residents 60 years old people or more from randomly selected 8 Elderly Homes in Kuala Lumpur in September 2014. There was 14.3 ( $\pm 2.7$ ) mean (Standard deviation) for the physical domain, for the psychological domain was 13.7 ( $\pm 2.5$ ), 10.8 ( $\pm 3.4$ ) for the social domain, and for the environment domain was 13.0 ( $\pm 2.5$ ). the quality of life associated with variables such as age, gender, level of education, economic status,co-morbidities,physical activity, duration of residence, type of accommodation, , and social support,outdoor leisure activity.(4)Luis Miguel Rondo's Garcia (2017)was conducted a study with 500 older people and results shows that for health,family support and social relation is as important one as social contacts, which act as welfare factor for elders health. so that, it can be considered as important for quality of life.. At the same time, the health in old age need, more social contacts ,more involved in social activity that act as booster of their health in physically and psychological wellness.(11)

## Conclusion

Elderly people must be consideration as one of vulnerable groups of society and their quality of life is important to upgrade standards of their life. According to the results it is required to take more effort for promotion of these domains' status and design and implement plans for this purpose.This study was mainly analysing quality of life status of different socioeconomic status elderly people. Hence, it is required to apply more studies in this relation for maintaining health of elderly people.

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## Declarations

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**Conflict of interest:** None declared

**Ethical approval:** The study was approved by the Institutional Ethics Committee 'SOA' University (A Deemed University)

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**Table-1: Chi-square analysis to find out the association of socio economic status with demographic variables.**

**N=200**

Sl no	Sociodemographic variable	Chi-square value	df	Critical value(p)	Inference
1.	Age	4.8	2	0.091	Not statistically significant
2.	Sex	6.2	1	0.012	Statistically significant
3.	Marrietal status	4.2	1	0.040	Statistically significant
4.	Living status	405.9	1	405.903	Extremly staisticaly significant
5.	Type of family	5.9	1	5.868	Stastically significant
6.	Total family member	1.76	1	1.666	Not significant

**Table-2: Sample distribution according to socio economic status.**

**N=200**

socio economic status	(f)	(%)	Max.	Min	Range	Mean	SD
Upper	3	1.5	25	3	22	9.2	±4.928
Middle	65	32.5					
Upper-lower	85	42.5					

Lower	47	23.7					
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**Table-3: Sample distribution according to physical health.**

**N=200**

	(f)	(%)	Max.	Min.	range	Mean	SD
<b>Physical health</b>							
<b>Good</b>	145	72.5	10	5	10	10.875	±2.92835
<b>Poor</b>	55	27.5					

**Table-4: Sample distribution according to satisfaction level.**

**N=200**

satisfaction level	(f)	(%)	Max.	Min.	range	mean	SD
<b>Less satisfaction</b>	40	20	7	4	3	5.6375	±1.02183
<b>More satisfaction</b>	160	80					

**Table-5: Sample distribution according to social relation support.**

**N=200**

Relation support	(f)	(%)	Max.	Min.	Range	mean	SD
<b>More social relation support</b>	35	17.5	27	6	21	16.7875	±4.07429
<b>Less social relation support</b>	165	82.5					