

A comparative study to assess the quality of life of senior citizen living with family at selected urban and rural area of Kanpur.

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ABSTRACT

Introduction: The old age is not without problems. In old age physical strength deteriorates, mental stability diminishes; money power becomes bleak couple with negligence from younger generation. Old age is a natural feature of life, a process that banging's from the time of birth. This process may be slow in some process, while some individual may grow rapidly and prematurely (WHO). According to the "National policy for older persons," an individual who has reached or beyond the average age of human life is referred to as a "senior citizen" or "elderly," and anyone 60 years of age or older is typically regarded as elderly.

Methodology: In view of the objective of the present study, Quantitative Approach was found to be suitable to assess the quality of life (QOL) of senior citizens residing at urban and urban area. The research design selected for the study was non experimental comparative research design. In this study research variables are quality of life of senior citizen. A self developed questionnaire for demographic variables and structured questionnaire on quality of life of senior citizen was prepared in order to attain the objective of the study. The reliability of structured questionnaire was checked by spilit half method. The value of reliability was 0.82, which proved that the tool is reliable. **Results:** After analysis of responses of sample the result was prepared. Major finding reveal that 27 (54%) senior citizens had good QOL, 16 (32%) senior citizens had average QOL and 7 (14%) senior citizens had poor QOL among urban area senior citizens while 9 (18%) senior citizens had good QOL, 12 (24%) senior citizens had average QOL and 29 (58%) senior citizens had poor QOL among rural area senior citizens. The mean score of quality of life of senior citizen residing at utban area is 112.89 with 79.80% mean percentage while the mean score of quality of life of senior citizen residing at rural area is 53.71 with 39.47% mean percentage. **Conclusion:** It is conclude that the mean of senior citizen residing at urban area is higher (112.89) with 2.41% coefficient variance then the mean of senior citizen residing at rural area (53.71) with 6.69% coefficient variance. So it is conclude that the quality of life of senior citizen those residing at urban area

is much better than senior citizen those live at rural area. The H_0 is rejected and H_1 is accepted.

Key words: quality of life, senior citizen, urban and rural area

INTRODUCTION

A man's life is normally divided into five main stages namely infancy, childhood, adolescence, adulthood and old age in each of these stages an individual has to find himself in different situations and face different problem.¹

The old age is not without problems. In old age physical strength deteriorates, mental stability diminishes; money power becomes bleak couple with negligence from younger generation. Old age is a natural feature of life, a process that banging's from the time of birth. This process may be slow in some process, while some individual may grow rapidly and prematurely (WHO).²

According to the "National policy for older persons," an individual who has reached or beyond the average age of human life is referred to as a "senior citizen" or "elderly," and anyone 60 years of age or older is typically regarded as elderly.³

A "senior citizen" is a person who has reached a certain age, most commonly 60 or 65, and is often retired. A 70-year-old is called a septuagenarian. This term applies to anyone in their 70s (age 70 through 79), not just those who have just turned 70.

Septuagenarian: A person between the ages of 70 and 79.

Octogenarian: A person in their 80s (80–89).

Nonagenarian: A person in their 90s (90–99).

The National Senior Citizens Day^[a] is celebrated on 21 August each year. The day is intended to increase awareness of the factors and issues that affect older adults, such as health deterioration and elder abuse. It is also a day to recognize and acknowledge the contributions of older people to society, like International Day of Older People celebrated on October 1.

"World Senior Citizens Day: All you need to know about age-related macular degeneration". Times Now. 21 August 2018.

Using a quantitative approach and convenient sampling, Vashist and Raika's (2019) study contrasted the experiences, expectations, and well-being and standard of living for elderly individuals staying in Mohali's convalescent centers to those who reside with loved ones. Using the WHOQOL-BREF questionnaire, the study discovered that older people who lived with family members had higher quality of life. To verify and disseminate the findings, the study recommends that future research repeat the findings on a larger sample.⁴

The National Programme for Health Care of the Elderly (NPHCE) is a government initiative in India that focuses on improving the health and well-being of older adults in the country. Along with providing comprehensive healthcare for older adults, NPHCE envisions creating a new "architecture for aging" and promoting active and healthy aging through a "society for all ages"⁵

One of the most important issues that has attracted much attention is the aging of the population. Economic and social development, medical advances, declining fertility rates, and increasing life expectancy have led to significant changes in the structure of the world population in recent years. During this period, the number of elderly people has increased significantly, especially in developing countries.⁶

Since the phenomenon of aging causes significant changes in all aspects of human life, including a wide range of age structures, norms, values and the establishment of social organizations, it is very important to address the challenges of this phenomenon and take appropriate measures to improve the physical, psychological and social status of the elderly. Moreover, today it is not just about staying alive, it is also about quality of life (QOL) and how you live. Supporting older people should not be done only with the aim of increasing their life expectancy. Nowadays, dynamic aging is the goal, which means that as the elderly population increases, their QOL should also be considered.⁶

Due to the increase of the elderly population in the country, it is necessary to pay attention to the well-being of the elderly in physical, mental and social aspects as the needs of the elderly population. To promote the health of the elderly and prevent and reduce their diseases, it is necessary to first determine the condition of the elderly.⁷

One of the indicators that reflects the condition of the elderly well is the QOL index. According to WHO, QOL is "the perception of one's own life situation in the context of cultural conditions, value system, and in relation to one's goals, norms, and interests." Age, gender, health status, and cultural factors are important factors that influence people's perceptions of QOL. Although the QOL of older people declines as they age, other factors also contribute to this decline. Most older people suffer from chronic diseases and receive constant treatment, which can affect their QOL. Therefore, knowledge about the QOL of the elderly is essential for optimal care and supportive interventions.⁷

Factors Influencing Seniors' Quality of Life⁸

Seniors often have different needs compared to younger adults. There are some important things that can have a big impact on an older adult's quality of life:

- Physical Health
- Cognitive Health
- Diet and Nutrition
- Social Interaction
- Access to Support
- Financial Security
- Living Environment
- Health Care

Ways to Improve Quality of Life for Seniors:⁸

It's normal to experience some age-related challenges and concerns as we grow older. Still, there are many effective ways you can boost your overall well-being and happiness. Here are some effective strategies for improving the quality of life for seniors:

- Staying Active
- Eating a Balanced Diet
- Getting Quality Sleep
- Maintain Social Connections
- Exercising Your Brain
- Pursuing Hobbies and Passions

- Regular Health Checks

NEED OF THE STUDY

Aging is a universal phenomenon characterized by an increased risk of morbidity, disability, reduced functional capacity, and eventually death. Globally, life expectancy of geriatric population has increased due to the betterment in the quality of life (QOL) of the elderly because of the increased accessibility and availability of quality health-care services, a continuous demographic transition is occurring leading to an increase in life expectancy. The process of aging is universal and natural. According to the 2011 census, India has 104 million elderly people, 53 million of whom are female and 51 million of them are male. According to a survey published by the United Nations Population Fund and Help Age India, there would be 173 million senior people worldwide by 2026. In 2021, there will be nearly 138 million senior people in India (67 million men and 71 million women), according to the Report of the Technical Group on Population Projections for India, which states 2011–2036. This number is further predicted to rise by roughly 56 million elderly people in 2031. Older people's reliance ratio increased from 10.9% in 1961 to 14.2% in 2011 and is expected to reach 15.7% by 2021.⁹

In 2011, the Indian census shows that the elderly was 8% of the total population in which 7.70% and 8.40% comprise male and females, respectively.¹⁰

An increasing number of modern families are choosing to send their aging parents or relatives to an assisted living facility. It is crucial to support senior citizens in enhancing the quality of their final years as respectable adults. It intended to evaluate QOL of senior residents in senior housing facilities and related factors. A few of senior living homes in Northern Malaysia were the site of the descriptive study. 83 prisoners who were 60 years of age or older and gave their assent were included in this study. Using the four parts of the WHOQOL-BREF survey, researchers evaluated the environmental, social, psychological, and physical aspects of life quality. Multiple logistic regressions were used to identify the determinants for each domain after data gathering via interviews. In this study, 41% of respondents demonstrated excellent QOL while 59% of respondents exhibited poor QOL. Gender, the presence of a handicap, and one's involvement in family decision-making were the variables affecting one's physical health. The psychological realm was determined by the underlying condition. Social domain was associated with role in family decision-making,

gender, and income. The environmental domain was substantially correlated with both BMI and gender living situation. This survey emphasizes the public's awareness of the welfare of senior citizens residing in assisted living facilities. The standard of living and other factors should be taken into account while evaluating and improving the quality of social welfare and health services. According to the current survey, just 41% of respondents in northern Malaysian assisted living facilities had a satisfying quality of life. Since the environmental domain was found to be the most satisfactory domain, the majority of respondents expressed satisfaction with their lives in institutions.¹¹

The main issues that older people deal with include inadequate financial resources, ill health, a lack of emotional support, and illness after retirement. Since many people consider this situation to be problematic, it turns into a social-economic problem or issue. The issue of low income after retirement, the death of a spouse or having too much free time, ill health, social isolation, close family ties, physical and financial dependency, and so on are all interconnected or interdependent. The traditional Indian joint family system is currently in decline, and an increasing number of families are becoming nuclear. By illuminating the humanitarian and economical contexts of urban seniors' challenges, this scientific report contributes to broadening the reach of humanitarian engagement interventions for this population.¹²

Those in their later years had significant social & familial roles in historical Hindustan. In Indian culture, the united household framework is giving way to the single household framework. The care and assistance provided to the elderly will be significantly impacted by these developments. The health of the elderly is one of the most significant indications of their standing in a society among a number of other indicators.¹³

A society's first concern should be the health of its elderly citizens, as they are more vulnerable to illness than younger generations. The majority of main surveys have revealed significant health issues among the elderly population in developed nations overall, and in India specifically. Based on a variety of short- and long-term morbidities, psychological issues, social problems, activities of daily living, low dietary intake, family history, and financial dependence, the review examined the health status of the elderly in India. In India, about 6% of the elderly are immobile as a result of different incapacitating ailments. About half of the elderly have long-term health conditions. Hearing and vision problems are very

common. Health services for the elderly were not readily available at the same period. Health professionals also know very little about the unique requirements of the elderly. The enormous demands of the aging population receive very little attention. Nonetheless, this pattern makes it abundantly evident that the health of the elderly will be a major concern for society in the future, and that a significant amount of funding would need to be allocated to their assistance and medical needs. Therefore, to enhance the welfare of elderly population, the current publication advises researchers to conduct a variety of studies in this area.¹⁴

In accordance to a 2022 forecast by the WHO, a single of every 6 people on Earth would be over sixty by 2030. The number of individuals aged Sixty and older is expected to exceed 10400 lakhs, an increase from one billion in 2020. The projected global population of people aged Sixty and more would more than doubled reaching 2.1 billion at mid of this century. The proportion of individuals aged Eighty plus is projected to triple, hitting 426000 thousand, among now and twenty fifty.¹⁵

OBJECTIVES OF THE STUDY

1. To assess the “quality of life” of senior citizen residing at urban area.
2. To assess the “quality of life” of senior citizen residing at rural area.
3. Compare the “quality of life” of senior citizen residing at urban and rural area.
4. To find out the association between quality of life of senior citizen residing at urban and rural area and selected demographic variables.

HYPOTHESIS

- **H₀₁**: There will be no significant difference between the quality of life of senior citizen residing at urban and rural area.
- **H₁**: There will be significant difference between the quality of life of senior citizen residing at urban and rural area.
- **H₀₂**: there will be no significant association between quality of life of senior citizen residing at urban and rural area with selected demographic variables.
- **H₂**: there will be significant association between quality of life of senior citizen residing at urban and rural area with selected demographic variables.

RESEARCH METHODOLOGY

Research Approach: The present study was aimed to assess the quality of life (QOL) of senior citizens residing at urban and urban area. The research approach adopted for this study was an quantitative research approach.

Research Design: The research design for present study was comparative research design.

Research Variable: In this study quality of life of senior citizen was the research variable.

Demographic Variables: In this study the demographic variables include age, gender, religion, education status, marital status, area of living, type of family family income.

Setting Of The Study

This study was undertaken in Geeta Nagar, Kanpur and Akbarpur, Kanpur.

Population

The populaton for present study was senior citizen residing at Geeta Nagar, Kanpur and Akbarpur, Kanpur.

Sample

In this study the seniors residing at Geeta Nagar, Kanpur and Akbarpur, Kanpur were samples.

Sampling Technique

Convenient sampling technique was used to choose the samples.

Sample Size

The sample size will be 100 (50 from Geeta Nagar, Kanpur and 50 from Akbarpur, Kanpur).

Inclusion Criteria: - who were:-

1. Seniors living in Geeta Nagar, Kanpur and Akbarpur, Kanpur.
2. Those willing to participate in the study
3. Those who could understand Hindi or English.

Exclusion Criteria: - Who were:-

1. Senior citizens who having critically disease.
2. Senior citizen those are not cooperative.

DATA COLLECTION METHOD

The senior citizen from Geeta Nagar, Kanpur and Akbarpur, Kanpur were selected for the study by using the convenient sampling technique. Formal administrative permission was obtained from the concerned authorities of the area. The purpose of study was explained to the samples and an informed consent was taken before starting the study. There was no attrition of subjects. The investigator will start the data collection procedure.

Before starting the data collection first introduced self to the senior citizen and explain the purpose of the study to the senior citizen. Gave instructions to them regarding the responses to the scale. Assessment of the senior citizen of urban area were started and reponse were recorded. After than the assessment of the senior citizens of rural area were started and record the responses. Compare the score that were assess from senior citizen resding at urban and rural area Took the response and compare the reponses of senior citizen and then prepare the separate master sheet for both side senior citizen score on the basis of response. After preparation the master sheets, plan for data analysis.

RESULTS

Assess the quality of life of senior citizens of urban and rural area.

- a) Quality Of Life Of Senior Citizens Residing at urban and rural area

Table no. 1: Quality of life of senior citizens residing at urban and rural area

S. No.	Quality of life	senior citizens at urban area		senior citizens at rural area	
		Frequency	Percentage	Percentage	Percentage
1.	Good	27	54%	9	18%
2.	Average	16	32%	12	24%
3.	Poor	7	14%	29	58%

The table no. 1 showed the quality of life of senior citizens residing at urban and rural area. With regard to the quality of life scores, 27 (54%) senior citizens had good QOL, 16 (32%) senior citizens had average QOL and 7 (14%) senior citizens had poor QOL among urban area senior citizens while 9 (18%) senior citizens had good QOL, 12 (24%) senior citizens

had average QOL and 29 (58%) senior citizens had poor QOL among rural area senior citizens.

Comparison of quality of life among urban and rural area senior citizen

Table 2: Mean, mean percentage, median, SD and coefficient variance of senior citizen of urban and rural area

S. No.	Group	Mean	Mean %	Median	SD	Coefficient Variance
1.	Senior citizen residence at urban area	112.89	79.80%	112	5.93	2.41%
2.	Senior citizen residence at rural area	53.71	39.47%	54	7.32	6.69%

The above table no. 2 revealed that the mean score of quality of life of senior citizen residing at urban area is 112.89 with 79.80% mean percentage while the mean score of quality of life of senior citizen residing at rural area is 53.71 with 39.47% mean percentage.

The median and SD score of quality of life of senior citizen residing at urban area is 112 and 5.93 while the median and SD score of quality of life of senior citizen residing at rural area is 54 and 7.32.

The coefficient variance score of quality of life of senior citizen residing at urban area is 2.41% while the coefficient variance score of quality of life of senior citizen residing at rural area is 6.69%.

It is concluded that the mean of senior citizen residing at urban area is higher (112.89) with 2.41% coefficient variance than the mean of senior citizen residing at rural area (53.71) with 6.69% coefficient variance. So it is concluded that the quality of life of senior citizen those residing at urban area is much better than senior citizen those live at rural area. The H_0 is rejected and H_1 is accepted.

CONCLUSION

It is conclude that overall mean of quality of life among senior citizens residing at urban area is 112.89. The overall median of quality of life among senior citizens residing at urban area is 112. The overall SD of quality of life among senior citizens residing at urban area is 5.93. The coefficient variance of quality of life among senior citizens residing at urban area is 2.41%. The overall mean of quality of life among senior citizens residing at rural area is 53.71. The overall median of quality of life among senior citizens residing at rural area is 54. The overall SD of quality of life among senior citizens residing at rural area is 7.32. The coefficient variance of quality of life among senior citizens residing at rural area is 6.69%. It is conclude that the quality of life of senior citizen those residing at urban area is much better than senior citizen those live at rural area.

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