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A study on Quality of Life of Senior Citizens: A Rural-Urban Comparison

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Abstract—*The experience of aging is unique to every individual because of the individual differences in personalities, varying social support network, and differing cultures to which one belongs. Quality of life (QOL) of senior citizens is greatly influenced by their previous lifestyle, culture, education, health care beliefs, family strengths, and integration into the communities. The aim of this study was to assess the Quality of life of physical domain and QOL of senior citizens in rural and urban areas among senior citizens. This cross-sectional study was carried out on 400 senior citizens (male=200; female=200) with age ≥ 60 years. The participants surveyed in this study were of senior citizens who were living in the rural and urban community. Quality of life of senior citizens was accessed by QOL scale developed by World Health Organization (1996). Independent t-test was used to compare differences and chi-square between the total score of quality of life and influential factors. Result regarding all domain of quality of life that maximum percentages of rural senior citizens (48.50%) were in high category of pain and discomfort, whereas, maximum percentage of urban (46.00%) senior citizens were in medium category. Maximum percentage of urban (50.50%) area senior citizens were in medium category of low energy and fatigue, whereas, maximum percentage of rural (47.50 %) area senior citizens were in high category. Further, result shows that 56.00 per cent rural and 45.00 per cent urban senior citizens were in high category of sleep problem and restlessness.*

Keywords: *Senior citizens, Quality of life, Gender, Domain.*

Introduction

Aging is a universal phenomenon, which is experienced by every human being across various cultures. The experience of aging is unique to every individual because of the individual differences in personalities, varying social support network, and differing cultures to which one belongs. The response of the society to the aged also differs across cultures because of the abilities or inabilities of the society due to various economic, social, and political factors. Quality of life (QOL) is a multidimensional concept including physical, psychological, social, and economic components. Life satisfaction is an individualized, subjective assessment of a person's QOL according to his or her chosen criteria. Combining perception with performance or capacity is an important aspect of QOL of persons with chronic illness or disability. Research has found that the effect of physical disability or chronic illness cannot be appreciated without taking into consideration both the specific areas of functioning affected by the person's condition and those aspects of QOL (social, psychological, and functional) that are of particular importance to the individual. The QOL of the elderly depends on various factors such as physical health, psychological health, the living arrangement and level of independence, personal and social relationships, working capacity, access to health and social care, home environment, transportation facilities, and the ability to acquire new skills. There is a dearth of literature related to QOL of senior citizens in rural and urban areas living with their own family members, and this study attempted to bridge the gap. In the world's aging population, a growing number of older people will lead to a rapid increase in the demand for health care services. At the same time, a shortage of professional and informal caregivers is projected (Eurostat, 2017 and Holm*et al.)*. Policy makers need to anticipate on these trends and prepare health care systems to function as efficiently as possible in order to serve all future older citizens with appropriate and affordable care. Keeping in view this context the present study was designed with the following objective:

Objective

- To study the extent of quality of life of physical domain among senior citizens.

Material and Methods

Participants: A total of 400 senior citizens (60-70 years) were selected to represent the sample. Out of these 200 (100 male and 100 female) senior citizens were selected from rural area and similarly 200 (100 male and 100 female) senior citizens were selected from urban area.

Tool Used: An interview schedule was prepared to collect the data as per objectives of the study. The interview schedule was pre-tested. Based on the results of the pre-test, the schedule was modified and finalized.

Statistical Analysis: The data thus, collected were computed, tabulated and analyzed using frequency, percentage, "z" test and chi square.

Procedure: The study was conducted in Hisar district of Haryana state. The study was planned on senior citizens of 60-70 years of age. To draw the rural sample, two villages namely *Gawar* and *Shyamsukh* were purposively selected because these villages are adopted by Chaudhary Charan Singh Haryana Agricultural University, Hisar under the scheme '*Unnat Bharat Abhiyan*.' To draw the urban sample, city area of Hisar district was taken.Two variables were used i.e. Dependent and Independent variable. Senior citizen was taken as independent variable and quality of life was taken as dependent variable. Quality of life of senior citizens was accessed by QOL scale developed by World Health Organization (1996).

Results

Extent of quality of life of physical domain among senior citizens

Presented in Table 1 are the results pertaining to extent of physical domain of quality of life among senior citizens. Table clearly envisages that maximum percentages of rural senior citizens (48.50%) were in high category of pain and discomfort, whereas, maximum percentage of urban (46.00%) senior citizens were in medium category. Maximum percentage of urban (50.50%) area senior citizens were in medium category of low energy and fatigue, whereas,

Aspects of physical domain		Urban (n=200)			Rural (n=200)			Total (n=400)
		Male (n=100)	Female (n=100)	Total (n=200)	Male (n=100)	Female (n=100)	Total (n=200)	
Pain and discomfort	Low	19	17	36 (18.00)	23	17	40 (20.00)	76 (19.00)
	Medium	43	49	92 (46.00)	33	30	63 (31.50)	155 (38.75)
	High	38	34	72 (36.00)	44	53	97 (48.50)	169 (42.25)
Low energy and fatigue	Low	10	11	21 (10.50)	08	10	18 (09.00)	39 (09.75)
	Medium	49	52	101 (50.50)	40	47	87 (43.50)	188 (47.00)
	High	41	37	78 (39.00)	52	43	95 (47.50)	173 (43.25)
Sleep problem and restlessness	Low	09	12	21 (10.50)	10	06	16 (08.00)	37 (09.25)
	Medium	46	43	89 (44.50)	36	36	72 (36.00)	161 (40.25)
	High	45	45	90 (45.00)	54	58	112 (56.00)	202 (50.50)
Overall physical domain	Low	05	14	19 (09.50)	21	15	36 (18.00)	55 (13.75)
	Medium	61	51	112 (56.00)	47	50	97 (48.50)	209 (52.25)
	High	34	35	69 (34.50)	32	35	67 (33.50)	136 (34.00)

maximum percentage of rural (47.50 %) area senior citizens were in high category. Further, table shows that 56.00 per cent rural and 45.00 per cent urban senior citizens were in high category of sleep problem and restlessness. On overall physical domain 56.00 per cent urban and 48.50 per cent rural area senior citizens were in medium category followed by high (34.50 % and 33.50 % respectively) and low (9.50 % and 18.00 % respectively) categories. In conclusion these results indicate that rural area senior citizens were in high pain and discomfort level, as compared to urban area senior citizens because in rural area senior citizens do not get proper medical facilities. Further rural senior citizens were having low energy and fatigue and sleep problem and restlessness as compared to urban as they don't get proper balanced and nutritious diet. Similar findings were reported by Nolan (2017) that more than 50 per cent of older adults living in the community suffer from chronic pain. Chien *et al.* (2010) also found that fatigue among both men and women with the lowest fatigue prevalence occurring among 60-64 years old group for men and 65-69 years old group for women. As physical activity declines with age and adults aged 75+ years' remains on average 2.5 times more likely than 60-64 year olds to be insufficiently active. Study by National institute of Health (2005) indicated that older adults sleep less even when given the opportunity for more sleep because of age related changes in the ability to fall asleep or remain asleep. Chandrakar and Joglekar, (2016) also supported this study.

Conclusion

This study depicted that senior citizens in urban areas were having better QOL than the senior citizens in rural areas. Further maximum percentages of rural senior citizens were in high category of pain and discomfort, whereas, maximum percentage of urban senior citizens were in medium category. Maximum percentage of urban area senior citizens were in medium category of low energy and fatigue, whereas, maximum percentage of rural area senior citizens were in high category.

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