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Quality of life related to health in the elderly or rural health-cure centers (2015)

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ABSTRACT

Due to the growing trend of elderly population as a result of increased life expectancy and birth control policy in the world, pay attention to elderly life is seeking special measure and act. This study targeted to investigate the quality of life in the elderly of rural health centers. In this cross - sectional study that was conducted among all the elderly of rural health-cure centers, 98 elderly selected by simple randomized sampling. The instrument of gathering data was a questionnaire consisted two parts: the first part related to demographic data and the second part was about the quality of life. The collected data was analyzed by SPSS version 18.0. The age mean of elderly participants was 68.10 ± 7.647 who the men was 55% and women was 45%. The findings showed that quality of life mean was 93.44 ± 6.516 . Other findings showed that age and gender are not related to elderly quality of life. The research findings indicated that the elderly have a relatively good quality of life. However, it is beneficial to provide facilities for social participation and support for them in order to maintain their health and improve their quality of life.

Key words: Elderly, Quality of Life, Health.

INTRODUCTION

Due to the growing elderly population trend as the outcome of the birth control policy and an increase in life expectancy in the world, whether in developed countries or in developing countries, including Iran, the issues that this phenomenon will follow some problems such as increased burden of disease, the increased need for social and supportive services. It is needed to pay attention to the needs of this age group as an important member of society, their conditions and factors are affecting the health and welfare. If there is lack of planning and appropriate measures for the elderly at the micro level and at the macro level, it will have irreparable consequences for the all society [1,2]. According to the census of 2012, more than six million (8.2%) of the population had 60 years and over [3]. International estimates showed the elderly population is growing faster in Iran than the rest of the world even the world mean in the year in 1419 and the average growth of the elderly population in the world and five years later, from Asia will outpace by the year 1424 [4]. World Health Organization (WHO) takes into account the long life, such as health, housing, social welfare, income, education, transportation, recreation, entertainment and employment as one of the indicators of social development [5]. An overview to the past and present situation shows

that although health challenge in the twentieth century just "survive" was, but the challenge of the new century is "living with the superior quality" is in this area. This means not only increased life expectancy among the elderly should be considered, but today's, dynamic elderly is the new word. In other hand, with the quantity of elderly population, quality of life should also be considered (6). Because QOL is considered a key indicator and it included many dimensions such as physiological aspects and performance takes, pay more attention is needed [7]. In recent decades, QOL is known as part of health and it used for evaluation in health and treatment evaluation [8], therefore, promotion QOL in elderly needs comprehensive information about their QOL. This issue is possible only through the evaluation of quality of their lives [5]. Ghasemi *et al.* compared the QOL of elderly at home with elderly at nursing home in Isfahan. The results of their study demonstrated that elderly at home had higher score in the physical, mental and social performance than elderly at home [9]. In a study conducted Vahdaninia *et al.* about the elderly population's health related QOL. The results showed that health-related QOL had significant relationship with demographic variables such as age, education, marital status and occupation [10]. Although several studies have carried out on elderly QOL in different countries, but a little researches has done in Iran. Then the researchers conducted this study aimed to investigate elderly QOL and effecting factors in rural health-care centers of Zabol.

MATERIALS AND METHODS

This was a descriptive- analytic- cross - sectional study. The target population were all elderly who had referred to rural health-care centers. Three health-care centers have chosen. All three health-care centers covered 17 health home. Six elderly by randomized sampling method included in study from each health home. The total sample became 102. Four questionnaire exclude due to fail in completing. The data analyzing has done on 98 elderly. The instrument of gathering data was a questionnaire consisted two parts: the first part related to demographic data (age, gender, occupation) and the second part was about the QOL. Questionnaire of QOL had 11 items about the elderly over sixty years. In the questionnaire of QOL, the highest score was 145 and the lowest score was 36. The score of 36-72 indicted Poor QOL, the score of 72-108 indicated average QOL and the score of over 108 indicated good QOL. Ghsemi *et al.* confirmed the questionnaire validity and they calculated its reliability 0.83 by alpha Cronbach [9]. The questionnaire was delivered to participant. Participation in was voluntary. All elderly were taken informed consent and submission of a completed questionnaire was considered as consent. Researchers assured the elderly participants that the information will be kept confidential. The collected data was analyzed by SPSS version 18.0.

RESULTS

The elderly participants were 98 in this study, with an average age of 73.10 ± 7.647 years (table 2). The male elderly was 55% and the elderly female was 45%.

Table 1 Score mean of Quality of life

	Number	Min	Max	Mean	SD
Scores	98	81	113	93.44	6.516

Based on the findings, the QOL in the elderly was 93.44 ± 6.516 (table 1). This means that the QOL of elderly covered by rural health care centers is moderate.

Table 2 Age mean of elderly

	Number	Min	Max	mean	SD
Age	98	60	88	70.73	7.647

The results showed that there was not a significant relationship between age and QOL ($P < 0.738$, $r = -0.05$). This means that with age raising, the QOL will not change. Also, there has not seen significant correlation between gender and QOL ($P < 0.542$, $r = 0.90$).

DISCUSSION

Aging is a positive event in the life of every individual and longer life with good quality, should be accompany with opportunities for health, social participation and security. This study aimed to investigate the QOL in elderly people covered by health – cure centers of Zabol. The findings of this research showed that the elderly had a good quality of life. Rantakokko et al. [11] and Sartor-Glittenberg et al.[12] have reported high score of QOL in elderly resident at nursing home. There is a difference in QOL of elderly in developing countries and advanced countries. This difference is due to the preparation of advanced countries to interface with the challenges of aging while developing countries are not aware of this phenomenon and health, social and economic consequences and outcomes and therefore they have not a pre-established plan to interface with this situation. The results cleared that with increasing age, QOL of elderly will not alter. This finding is not in line with research findings of Balboa-Castillo et al.[13] , Ahanagari et al.[14] and Vahdaninia et al.[10]. It is obvious that with increasing age, the risk of physical disabilities in elderly will Increase and have effect on their QOL. Rafati et al. concluded that there is not a significant relationship between age and elderly QOL [15]. This can be the result of their study population (the elderly living in nursing homes). According to the study, it has not observed association between gender and QOL in elderly. In some studies, gender has not identified as an effecting factor on QOL in interaction with other background variables [16]. However, the researches of Shin et al. in South Korea (17), Esmaeili-Shahmirzadi et al. [18] , Arastoo et al.[19], and Habibi-Sola et al.(20) have indicated a significant relationship between gender and QOL. It seems that men play the role in the supervision of their family, spent their time outdoors in the environment and have more communications with friends and family, then it expects, these elderly men receive further social support [21]. Nowadays, Iran is in the transition from young to an aging and in a very soon period it will include in countries with aging populations. Now, the statistics reported elderly population constitute 6.8% of the Iranian population, then promotion of healthy behaviors is needed for these risky population to prevent other serious and chronic diseases. (22, 23,). The health promotion is doing better by ICT- centered teaching method and these methods will increase the quality of Life and Quality of Work (24).

CONCLUSION

With the increase in life expectancy in the world, resulting in a significant increase in the elderly population, it requires that they need not only the improvement in length of life, but also improve their QOL. Based on the research findings, providing the social participation and supports for health promotion and elderly QOL improvement is useful.

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