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DIFFERENCES IN THE QUALITY OF LIFE AMONG GERIATRIC POPULATION IN RURAL AND URBAN AREAS

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Abstract

The purpose of the study is to assess the socio demographic profile and to compare the scores of qualities of life of senior citizens according to place of residence (urban and rural areas). Data was collected from 400 elderly respondents of the selected rural and urban areas of Srinagar district of J&K and Indore District of Madhya Pradesh through Purposive sampling technique. The tools used in this study were socio demographic data sheet and WHO QOL-BREF. Results revealed that both groups were concentrated in the age group 60-70 years old; however, a higher percentage of elderly aged 90 and above in urban 45(22.5%) was higher than rural 20(10.0%) areas and majority were males (rural 109(54.5%) and urban 107(53.5%). Married individuals predominated in urban and rural areas, however, the percentage of rural elderly widowed 47(23.5%) was higher than that found in urban areas 42(21.0%). More illiterates were reported in rural areas 130 (65.0%) than in urban areas 70 (35.0%). Majority of the elderly respondents from the rural areas 93(46.5%) were unemployed and were not currently engaged in any economic activity than in urban areas 78(39.0%). Higher proportion of rural elderly 53(26.5%) cited agriculture as their main occupation than in urban areas 37(18.5%). Most of the study population was illiterate in urban and rural area Rural residents reported higher rates of chronic disease than those living in urban areas. In the evaluation of the quality of life, the senior citizens in urban areas showed better QOL than the senior citizens in rural areas. The mean scores were higher for the urban older persons in all domains with highest score observed in physical domain 16.08. The lowest score was in the psychological domain of the rural older persons 8.560. This study showed that QOL was poorer among senior citizens in rural areas. In India, the population of senior citizens is greater in rural areas where the health care facilities are minimal. Primary care providing essential services can bridge this urban–rural divide and improve QOL of older persons.

Keywords: Ageing, Rural Elderly, Urban Elderly, Quality of Life Domains, Older Persons.

Introduction

Aging is common to mankind. Ageing is a normal, inevitable and universal phenomenon which continues throughout life **(Khan et al., 2014 and Sowmiya and Nagarani, 2012).** Rapid ageing of population is of global concern. Social, economic and demographic developments have caused changes at the individual, family and societal levels, all of which influence the lives of elderly people **(Chalise and Brightman, 2019).** For elderly, quality of life (QOL) is not only rating their physical health but also emotional and social health which can be evaluated by assessing their subjective feelings about various life concerns **(Lakshmi and Roopa ,2013).** The quality of life has been conceptualized in so many approaches, being the subject of considerable research in the health field. For the World Health Organization, the quality of life is considered by subjectivity, multidimensionality and positive and negative elements. It is defined as the "individual's perception of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns".

QOL of senior citizens is greatly influenced by their previous lifestyle, culture, education, health care beliefs, family strengths, and integration into the community **(Hogstel, 1990).** QOL for older adults is greatly enhanced by their involvement in planning, sponsoring, and evaluating programs and services in institutional, outpatient, and community settings. 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 **(Lueckenotte, 2000).** There is a dearth of literature related to QOL of senior citizens. In this perspective, this study aimed to describe the characteristics of elderly residents in urban and rural areas according to socioeconomic and demographic variables; and comparing the scores of qualities of life regarding the place of residence.

Methodology

This study was intended to compare the QOL of senior citizens in rural and urban areas of Srinagar and Indore District.

Area of Study

The study was conducted into four areas; rural and urban areas of district Indore of Madhya Pradesh and district Srinagar of Kashmir for the comparative analysis of the elderly people's back grounds. A sample of 400 respondents (100 from each area) has been selected from the selected areas. The selected rural and urban areas from Indore, Mhow and Depalpur tehsils of district Indore of Madhya Pradesh include Rangwasa, Simrol and Machal and Palda, Mhow Cantt and Depalpur respectively. Similarly, the selected


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rural and urban areas of Srinagar South and Srinagar North tehsils of district Srinagar of Jammu & Kashmir include Soiteng, Dara and Gagerzoo and Nowgam (CT), Lasjan (CT) and Khonmoh respectively.

The study covered both quantitative and qualitative information. Necessary data was collected through interviews and intensive observation. Purposive sampling technique was used to select the sample. Primary data collection was done through observation and Interview Schedule. The data was analyzed using statistical software, SPSS Version 20.

Results and Discussion

The data collected for the study were analyzed using SPSS version 20. The socio demographic data of senior citizens include personal, health and social, which were analyzed using frequencies and percentages and presented in **[Table 1] and [Table 2]**

Table 1 below shows the socioeconomic and demographic characteristics of the study population according to the place of residence. In the present study, most of the elderly from both rural 109(54.5%) and urban 107(53.5%) areas were males. Both groups were concentrated in the age group 60-70 years old; however, a higher percentage of elderly aged 90 and above in urban 45(22.5%) was higher than rural 20(10.0%) areas. Similar finding was also shown in a study conducted **(Mudey et al., 2011).** Related to marital status, married individuals predominated in urban and rural areas, however, the percentage of rural elderly widowed 47(23.5%) was higher than that found in urban areas 42(21.0%). Regarding educational attainment of respondents, more illiterates were reported in rural areas 130 (65.0%) than in urban areas 70 (35.0%). a higher percentage of elderly who stated their education qualification graduation and above in urban 37(18.5%) areas was higher than that in rural 17(8.5%). This finding is in consistent with the previous studies **(Usha VK and Lalitha K, 2011).** Majority of the elderly respondents from the rural areas 93(46.5%) were unemployed and were not currently engaged in any economic activity than in urban areas 78(39.0%). This finding was supported by the previous studies **(Indu et al., 2007 and Usha et al., 2009).** Higher proportion of rural elderly 53(26.5%) cited agriculture as their main occupation than in urban areas 37(18.5%) National surveys done in India and study conducted by **Borah et al., 2017** also showed similar findings, as agriculture is predominant occupation in rural area and there exists no formal age for retirement. Majority of senior citizens in urban areas 98(49.0%) had monthly income Rs. 10001 and above, whereas 25(12.5%) of elderly in rural areas had had no regular income. Highest percentage from the respective areas 145 (72.8%) and 135(67.5%) possess the ownership of land/household property. Regarding the living arrangement, the highest percentages 142(71.0%) and 139(69.5%) from the respective areas prefer to live with their son/s. These findings were almost in line with the expected behavior of elderly Indians - most elders lived with their children because of strong traditional value systems **(Kumar, 2009).** Elderly living alone were more in rural 23(11.5%) as compared to urban 13(6.5) areas Studies done by **Thakur, 2012; Alam 2012; Grover et al., 2018** showed that the proportion of the elderly living alone was more in rural area. Respondents feeling of isolation vary from "never" to "All the time". Majority 109(54.5%) and 106(53.0%) of the respondents from both the areas stated that they never feel themselves isolated or marginalized. because most of them either live with their spouse or children or grandchildren. This finding was supported by a previous study **(Usha, 2011).** Furthermore, highest percentage 108(54.0%) from urban areas reported that engage themselves in Listening to the radio, watching television etc than their rural counterparts 94(47.0%). because Most of these programs are good sources of entertainment for the senior citizens and hence, they spent quite a lot of time in watching television and listening to music **(Venkatorao et al., 2005)** Higher percentage 133(66.5%) urban elderly and 115(57.5%) rural elderly reported the overall perception of old age life as normal.

Data in **table 2** depicts the prevalence of most common ailments' Gastric problems, and Diabetes was higher among the rural elderly respondents 77 (38.5%) and 28 (14.0%) than among the urban elderly 71(35.5%) and 17(8.5%) respectively. whereas, the highest prevalence of Hypertension, Arthritis and asthma was noted in the urban elderly 60(30.0%), 24(12.0%) and 18(9.0%) respectively. Rural residents have higher rates chronic disease than those living in urban areas, and they have lower access to health care in terms of affordability, proximity, and quality **(Jones et al., 2009).** More respondents 107(53.5%) in urban areas visit District Hospital for clinical care compared to 76(38.0%) in rural areas, while more respondents in rural areas 79(39.5%) were more likely to visit private doctor/clinic followed by 76(38.0%) who visit District Hospital. These differences could be due to a number of reasons, such as differences in the number of physicians' available, possible differences in individual characteristics between rural and urban residents, and the longer travel distances and fewer transportation options available for people in rural areas **(Jones et al., 2009).** Majority of the elderly respondents 103(51.5%) from rural areas had to travel 3 to 4 kilometers to access health services compared to urban counterparts 77(38.5%). In the study of **Lowry, 2009** in China, the rural elderly had a less access to health care compared to the urban elderly and the results are consistent with the present study. The results of the study by **Averill et al., 2012** showed that the rural elderly is faced with the serious problems of transport and the lack of access to medical, health care and social services. Thus, many studies observed that the urban senior citizens often expressed a better quality of life than rural senior citizens **(Usha & Lalitha, 2016; Oguzturk, 2008; Zhou et al., 2011).**

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QOL scores

The present study indicated that there was a statistically significant difference between the senior citizens in rural and urban areas in all the domains of QOL ($P < 0.05$) except the environmental domain **(table 3 and Fig 1).** The mean scores were higher for the urban older persons in all domains with highest score observed in physical domain 16.08. The lowest score was in the psychological domain of the rural older persons 8.560. This shows that the psychological domain is an oft-neglected area in the health of the ageing population and services catering to mental health of elderly are minimal or absent. **Usha and Lalitha, 2016** conducted a study and indicated that the urban samples expressed a better QOL. Some studies conducted in different parts of India shown that the urban geriatric population had higher scores for all the domains as compared to the rural geriatric population, but a significant difference was elicited for psychological and environmental domains **Akbar et al., 2013.**

Table 1: Frequency distribution and percentage of senior citizens based on background characteristics in rural and urban areas

Personal Data	Frequency (%)	
	Rural (N=200)	Urban (N=200)
Age (Years)		
60-70	84(42.0%)	77(38.5.0%)
71-80	64(32.0%)	43(21.5%)
81-90	32(16.0%)	35(17.5%)
91 above	20(10.0%)	45(22.5%)
Gender		
Male	109(54.5%)	107(53.5%)
Female	91(45.5%)	93(46.5%)
Maritial Status		
Married	125(62.5%)	136(68.0%)
Unmarried	15(7.5%)	12(6.0%)
Separated/Deserted	9(4.5%)	1(0.5%)
Divorced	4(2.0%)	9(4.5%)
Widow/Widower	47(23.5%)	42(21.0%)
Education Qualification		
Illiterate	130(65.0%)	70(35.0%)
Primary/ Middle	36(18.0%)	49(24.5%)
Secondary/ Higher secondary	17(8.5%)	44(22.0%)
Graduate and above	17(8.5%)	37(18.5.%)
Occupation		
Employed	26(13.0%)	31(15.5%)
Housekeeper/unemployed (no income)	93(46.5%)	78(39.0%)
Agriculturalist	53(26.5%)	37(18.5%)
Retired (with income)	28(14.0%)	54(27.0%)
Monthly income		
Nil	25(12.5%)	13(6.5%)
1 to 5000/-	29(14.5%)	17(8.5%)
5001-10000/-	96(48.0%)	72(36.0%)
10001 and above	50(25.0%)	98(49.0%)
Property Owner		
Yes	135(67.5%)	145(72.8%)
No	65(32.5%)	55(27.0%)
Cohabitation		
Son/s	142(71.0%)	139(69.5%)
Daughter/s	15(7.5%)	31(15.5%)
Releative/s	20(10.0%)	17(8.5%)
Alone	23(11.5%)	13(6.5%)

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Feeling of social isolation		
Never	109(54.5%)	106(53.0%)
Once in a month	35(17.5%)	20(10.0%)
Once in a week	14(7.0%)	25(12.5%)
Every day	21(10.5%)	26(13.0%)
All the time	21(10.5%)	23(11.5%)
Free leisure time		
Listening to the radio, watching television etc.	94(47.0%)	108(54.0%)
Playing card games, chess etc.	8(4.0%)	16(8.0%)
Reading the newspaper, magazines, books etc.	8(4.0%)	30(15.0%)
Doing art, music etc	18(9.0%)	8(4.0%)
Doing activities, e.g. hiking, fishing, going for walk etc.	72(36.0%)	38(19.0%)
Perceive old age		
Normal	115(57.5%)	133(66.5%)
Problematic	85(42.5%)	67(33.5%)

Table 2: Frequency distribution and percentage of senior citizens based on health parameters in rural and urban areas

Variables	Frequency (%)	
	Rural (N=200)	Urban (N=200)
Health problem		
Diabetes	28 (14.0%)	17(8.5%)
Hypertention	42(21.0%)	60(30.0%)
Arthrities	19(9.5%)	24(12.0%)
Cancer	1(0.5%)	1(0.5%)
Asthama	13(6.5%)	18(9..0%)
Heart problem	20(10.0%)	9(4.5%)
Gastric problem	77 (38.5%)	71(35.5%)
Place of seeking medical Help		
District hospital	76(38.0%)	107(53.5%)
Private doctor/clinic	79(39.5%)	75(37.5%)
Chemist/Pharmacy	26(13.0%)	10(5.0%)
Traditional healer/rural health motivator	19(9.5%)	8(4.0%)
Frequency of medical consultation		
More than 4 kilometers	36(18.0%)	25(12.5.0%)
3 to 4 kilometers	103(51.5%)	77(38.5%)
1 to 2 kilometers	50(25.0%)	57(28.5%)
Less than 1 kilometer	11(5.5%)	41(20.5%)

Table 3: Mean scores, standard deviation and p value of domains of quality of life of senior citizens in rural and urban areas (n=400)

QOL DOMAINS	Rural (N= 200)		Urban (N=200)		P value
	Mean	S. D	Mean	S. D	
Physical Domain	15.600	7.302	16.08	5.34	0.038*
Psychological Domain	8.560	3.969	8.70	2.68	<0.001**
Social Domain	15.84	7.168	16.82	4.21	0.047*
Health Domain	12.960	5.718	14.53	5.18	0.082*
Environmental Domain	9.049	4.12	9.87	2.70	0. 12#

p values lesser than 0.05 were considered statistically significant at *p≤ 0.05, **p≤0.001, while as #p>0.05 were considered non-significant.

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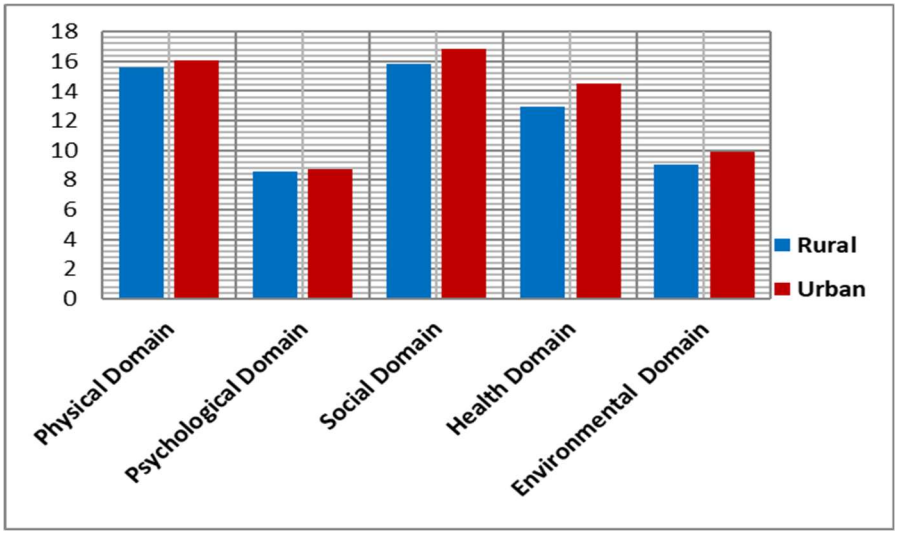

Fig. 1 Comparison between the different domain score of quality of life among rural and urban elderly participants

Conclusion

This study depicted that Participants living in the urban area had higher mean scores in all the domains of life except psychological domains as compared to rural area. In India, the population of senior citizens is high in rural areas where there is minimal access to medical, health care facilities and social services. Hence, policies and programs related to senior citizens should be launched in rural areas without neglecting the needs of urban senior citizens. Training of voluntary workers, health care professionals, and family members on the care of senior citizens should be implemented. Managing specific age-related problems, assisting financially all the needy elderly through pension and insurance schemes, conducting regular health check-up camps, and immunization programs for the elderly population,

Recommendation

Further studies on a large group of elderly population are necessary to assess the factors affecting the quality of life according to their place of residence.

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