COMPARISON OF QUALITY OF LIFE OF ELDERLY MALE AND FEMALE IN TANSEN MUNICIPALITY, PALPA

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Abstract
Ensuring a high quality of life (QOL) for elderly individuals is crucial as it directly influences their health, happiness, and overall life satisfaction. The concept of QOL encompasses various factors, including cultural, social, and environmental considerations. Objective: This study aimed to compare the quality of life between elderly males and females residing in Tansen municipality, located in Palpa, western Nepal. A population-based, cross-sectional study design was employed in Tansen municipality, Nepal. The study sample consisted of 102 individuals aged 60 years and above, who were selected using systematic random sampling from wards with a high elderly population (wards 3, 5, and 9). Of the selected participants, 47 were male and 55 were female. Face-to-face interviews were conducted using a standardized, pretested questionnaire as develop by the World Health Organization (WHO) in 1996, known as the WHO BREF questionnaire. Data collection took place from February 10 to March 10, 2018. The collected data were entered and analyzed using IBM SPSS Statistics 20 software. QOL was compared using F and t statistics. Among the participants, 42.6% of males and 52.7% of females had a low QOL, while 57.4% of males and 47.3% of females reported a high QOL. The t statistic (0.034) indicated a significant association between sex and QOL at a significance level of α = 5%. The study also revealed associations between sex, disease, family support, and quality of life, while no significant associations were found with other variables. The study findings suggest that elderly males had a better quality of life compared to females. Additionally, individuals with strong family support exhibited a higher QOL, and disease condition was found to impact QOL.

Keywords: Elderly, Palpa, Quality of life, Social support, WHO BREF.

INTRODUCTION

The quality of life among the elderly population is a significant concern in today's society, as demographic shifts continue to reshape the age distribution across the globe. As individuals age, their physical, mental, and social well-being become increasingly important factors in determining their overall quality of life. Furthermore, understanding how these factors differ between genders can provide valuable insights into developing targeted interventions and support systems for specific populations. This research paper aims to investigate and compare the quality of life of elderly males and females residing in Tansen Municipality, Palpa. Tansen Municipality is a vibrant and diverse urban center in Nepal, characterized by a rich cultural heritage and a rapidly growing elderly population. By focusing on this specific location, we can gain a nuanced understanding of the unique challenges and opportunities faced by the elderly in a particular community, as well as the potential gender-based differences in their quality of life.

The comparison of quality of life between elderly males and females is an essential aspect of this study. Previous research has shown that gender-related factors, such as societal norms, cultural expectations, and biological differences, can influence various dimensions of quality of life among the elderly. By exploring these differences, we can gain a comprehensive understanding of the factors that contribute to disparities in well-being and identify areas for targeted interventions and policy development. To achieve the objectives of this research, a mixed-methods approach will be employed. Quantitative data will be collected through structured surveys to assess various dimensions of quality of life, including physical health, mental well-being, social support, and overall life satisfaction. Additionally, qualitative data will be gathered through in-depth interviews to capture the subjective experiences and perspectives of the elderly participants.

The findings of this study are expected to contribute significantly to the existing body of knowledge on the quality of life among the elderly population. By focusing on a specific geographical area and examining gender-based differences, this research will provide valuable insights into the unique challenges faced by elderly males and females in Tansen Municipality, Palpa. The results can inform policymakers, healthcare professionals, and community organizations in designing targeted interventions

and support systems that enhance the well-being of the elderly population and promote gender equity in quality of life outcomes.

In summary, this research paper endeavors to compare the quality of life of elderly males and females in Tansen Municipality, Palpa, to gain a comprehensive understanding of the factors that contribute to gender-based disparities in well-being. By combining quantitative and qualitative methods, this study aims to shed light on the specific challenges faced by elderly individuals in this community and provide actionable insights for improving their quality of life.

REVIEW OF LITERATURE

Global aging is one of the remarkable achievements of the 21st century. The definition of senior citizens varies depending on different criteria, with chronological age being the most commonly used. In Nepal, the Senior Citizens Acts 2063 defines senior citizens as individuals who are 60 years and older. However, determining the quality of life is not as straightforward as a simple definition. It is a subjective, dynamic, and complex concept that varies from person to person and may even change within an individual over time (Acharya, 2007). Numerous factors can influence quality of life, including health, functionality, autonomy, personal fulfillment, as well as psychological, economic, social, and environmental aspects (Luzny, 2013).

Aging is a natural and universal phenomenon that encompasses multiple dimensions. While it primarily refers to the physical effects of growing older, it also encompasses the mental and social aspects, including the decline in cognitive abilities and social adaptability (Devil & Roopa, 2013). At the global level, the quality of life among the elderly is a significant concern as it reflects their health status and overall well-being. The World Health Organization (WHO) defines quality of life as an individual's perception of their position in life within the context of their culture, values, goals, expectations, standards, and concerns. It is influenced by various factors such as physical health, psychological state, independence, social relationships, and their environment (Akhouri *et al.*, 2016).

The quality of life among the elderly is a critical area of focus worldwide, as it is indicative of the health and well-being of this vulnerable population. In developing countries, the number of elderly individuals is increasing due to demographic transitions. In Nepal, the older population (aged 65 and above) has risen from 3.3% in 1981 to 5.3% in 2011. The median age has also increased from 18.92 in 1991 to 22.26 in 2011, indicating a gradual aging of the population in the country (Population Monograph of Nepal, 2014).QOL score among elderly was found to be average. The scores of social relationship were low for both male and female elderly subjects (Praveen & Rani, 2016). According to Thadathil *et al.* (2015) the age above 80 was 16.8% and mean age was 69.65 years. The percentage of female was 51.8% and illiterate participants were 33.18% which was similar to our study. This study showed the difference of scores between men and women which was statistically insignificant.

Additional studies exploring the quality of life (QOL) have been carried out in various contexts. (Shrestha *et al.,* 2019) conducted similar research focusing on elderly individuals residing with their families as well as those living in old age homes in the Morang District. Risal *et al.* (2020) examined the QOL of elderly individuals in urban and rural areas of Nepal. Samadarshi *et al.* (2021) conducted a study on QOL in the Thabang Rural Municipality of Rolpa district in the Lumbini Province of Nepal. Furthermore, Sharma *et al.* (2021) investigated the QOL and nutritional status of the geriatric population in the south-central region of Nepal. The older population embodies a wealth of knowledge, experience, and wisdom, yet they are also a highly vulnerable segment of society. As individuals age, their vulnerability becomes more pronounced. This vulnerability stems primarily from factors such as unemployment, financial instability, poor health, and societal neglect. Any social security system aimed at supporting the elderly must address these vulnerabilities comprehensively. Such a system should be multidimensional, encompassing provisions for income security, healthcare coverage, and emotional support. However, the quality of life (QOL) and its determinants have not been adequately examined, not only in Palpa but also throughout the entire western region. Consequently, this study was conducted to investigate the QOL and its associated factors among males and females in Palpa District.

MATERIALS AND METHODS

A cross-sectional study was conducted in Palpa district to investigate the impact of increasing modernization on people's lifestyles and behaviors, particularly regarding the lack of attention towards

geriatric care. Tansen Municipality in Palpa district was purposefully selected as the study location. Data collection took place between February 10 and March 10, 2018. A total of 102 individuals aged 60 years and above were randomly selected from wards with a high elderly population (3, 5, 9) using systematic random sampling. Out of these participants, 47 were male and 55 were female. The study utilized the WHO BREF questionnaire, a pre-designed and pretested standard questionnaire developed by the World Health Organization in 1996. Prior written consent was obtained from the relevant authorities, and informed consent was acquired from each respondent before data collection. Personal interviews were conducted with each individual in the study. Data entry and analysis were performed using IBM SPSS Statistics 20 version. Both descriptive and inferential statistics were employed for data analysis. Descriptive statistics, ANOVA, and T-test were utilized to assess and describe demographic characteristics and the quality of life of the respondents. The study's findings are presented in a table and divided into three main parts, highlighting the key results.

Part I: Socio demographic information of the respondents.

Part II: Comparison of quality of life of elderly male and female.

Part III: Analysis related to association between demographic variables and quality of life of elderly people.

RESULTS

The results of the cross-sectional study conducted in Palpa district revealed significant insights into the impact of modernization on people's lifestyles and behaviors. The findings, presented in three parts, shed light on various aspects related to geriatric care and quality of life among the elderly population. Demographic characteristics of the participants were thoroughly assessed and described using descriptive statistics, allowing for a comprehensive understanding of the sample. The analysis further employed inferential statistics, such as ANOVA and T-test, to identify significant differences and patterns among different groups. These statistical analyses provided valuable insights into the quality of life and its association with various factors. Overall, the result section presents a comprehensive overview of the study's outcomes, offering valuable information for policymakers and healthcare professionals working in geriatric care.

Part I: Socio demographic information of the respondents

Table 1: Distribution of respondents according to selected socio- demographic information.

SN	Variable	Male (n=47) n (46.07%)	Female(n=55) n (53.93%)	Total (N=102) N (100%)
1	**Age in years**			
	60-70	19(18.6)	32(31.4)	51(50)
	70-80	18(17.6)	15(14.7)	33(32.3)
	>80	10(9.8)	8(7.8)	18(17.6)
2	**Religion**			
	Hindu	37(76.3)	50(49)	87(85.3)
	Muslim	3(2.9)	2(2)	5(4.9)
	Christian	0(0)	1(1)	1(1)
	Buddhist	7(6.9)	2(2)	9(8.8)
3	**Ethnicity**			
	Brahmin	14(13.7)	14(13.7)	33(32.4)
	Chhetri	14(13.7)	20(19.6)	34(33.3)
	Dalit	19(18.6)	10(9.8)	29(28.4)
	Janjati	0(0)	6(5.9)	6(5.9)
4	**Education**			
	Illiterate	5(4.9)	9(8.8)	14(13.7)
	Literate	25(24.50)	27(26.5)	52(51)
	Primary	11(10.8)	15(14.7)	26(25.5)
	Secondary	6(5.9)	4(3.9)	10(9.8)

According to the Table 1, it can be observed that 50% of the participants fell within the age range of 60-70 years, while individuals above 80 years accounted for 17.6% of the minority group. The majority of respondents, comprising 85.3%, identified as Hindu, whereas 8.8% belonged to the Buddhist faith.

Among the participants, 33.3% identified as Chhetri, with minorities making up 5.9% of the Dalit community. Furthermore, the table indicates that 13.7%, 51%, 25.5%, and 9.8% of the respondents were categorized as illiterate, literate, primary level educated, and secondary level educated, respectively.

Table 2: Distribution of Respondents According to Socio- Demographic Information.

SN	Variable	Male(n=47) n (46.1%)	Female(n=55) n (53.9%)	Total (102) N (100%)
1	**Occupation**			
	Service	13(12.7)	8(7.8)	21(20.6)
	Non-Service	34(33.3)	47(46.1)	81(79.4)
2	**Disease**			
	DM (Diabetes Mellitus)	11(10.8)	13(32.5)	24(23.5)
	HTN(Hypertension)	29(46.8)	33(53.2)	62(60.78)
	Asthma	6(5.9)	6(5.9)	12(11.80)
	Others	2(1.96)	1(0.98)	3(2.9)
	Absent	1(0.98)		1(0.98)
3	**Family support**			
	Full	38(37.3)	35(34.3)	73(71.6)
	Partial	9(8.8)	18(17.6)	27(26.5)
	None	0(0)	2(2)	2(2)
4	**Income**			
	<20000	45(44.1)	49(48)	94(92.2)
	20000 to 40000	2(2)	4(3.9)	6(5.9)
	40000 & above	0.0000	2(3)	2(2)

Table 2 indicates that (79.4%) of the participants were not involved in service-related occupations, while (20.6%) were engaged in service. The survey revealed that the majority of respondents (60.78%) were afflicted with hypertension (HTN), with only 1% reporting other conditions such as arthritis, paralysis, and so on. Among the elderly male and female respondents, 71.6% received complete support from their family members, 26.5% received partial support, and 2% received no support. Based on the data presented in the table, it is evident that a significant portion of the respondents were not employed in the service sector, and the majority of them relied on the support of their family members.

Part II: Comparison of quality of life of elderly male and female.

Table 3: Comparison of QOL of elderly male and female.

Variable	mean	Md	SD	Low QOL n (%)	High QOL n (%)	df	T	p value
Male	1.425	1	0.499	20 (42.6)	27 (57.40)	100	0.034	0.05
Female	1.527	2	0.503	29 (52.7)	26 (47.3)			
Total	1.480	1	0.502	49 (48)	53 (52)			

According to the data presented in Table 3, there were a total of 102 respondents, consisting of 47 males and 55 females. Among the respondents, 42.6% of males and 52.7% of females reported low quality of life (QOL), while 57.4% of males and 47.3% of females reported high QOL. These findings suggest that the QOL of males is better than that of females. The mean QOL score for males was 1.425, while for females it was 1.527. The overall mean QOL score for all respondents was 1.480. It is worth noting that the t-value obtained from the table is statistically significant at a 5% significance level (α= 5%).

Part III: Association between demographic variable and quality of life

Table 4: Association between demographic variable and QOL.

Age interval	Mean	SD	df	F	Sig.	p-value
60-70	3.439	0.281				
70-80	3.426	0.211	2	3.027	0.053	0.05
Above 80	3.2543	0.385				
Total	3.4027	0.288				

Table 4 illustrates that there is no discernible correlation between age and quality of life. The table presents the mean, standard deviation (SD), degrees of freedom (df) of 2, test statistic value of 3.027, a significance value of 0.053, and a chosen P value of 0.05.

Table 5: Association between religion and QOL.

Religion	Mean	SD	df	F	Sig.	P value
Hindu	3.395	0.293				
Muslim	3.523	0.168				
Christian	3.192	0.000	3	0.4980	0. 4980	0.05
Buddhist	3.427	0.309				
Total	3.402	0.288				

The absence of any association between religion and the quality of life of elderly individuals is depicted in Table 5. The table presents various statistical measures, including the mean, standard deviation (SD), degrees of freedom (df) which is 3, test statistic value of 0.498, significance level of 0.498, and a p-value of 0.05.

Table 6: Association between Ethnicity and QOL.

Ethnicity	Mean	SD	df	F	Sig.	P value
Brahmin	3.413	0.220				
Chhetri	3.432	0.323				
Janjati	3.392	0.297	3	0.907	0.441	0.05
Dalit	3.224	0.224				
Total	3.4027	0.288				

The table displayed above (Table 6) indicates that there is no discernible link between ethnicity and quality of life. It presents various statistical measurements, including the mean, standard deviation (SD), degrees of freedom (df) with a value of 3, a test statistic value of 0.907, a significance value of 0.441, and a P-value of 0.05.

Table 7: Association between Educational level and QOL.

Educational level	Mean	SD	df	F	Sig.	P-value
Illiterate	3.299	0.361				
Literate	3.429	0.207				
Primary level	3.418	0.371	3	0.827	0.482	0.05
Secondary level	3.365	0.310				
Total	3.402	0.288				

The absence of a correlation between educational level and quality of life is demonstrated in Table 7. The table provides details such as the degrees of freedom (df = 3), the test statistic value (0.827), the significance value (0.482), and the P value (0.05).

Table 8: Association between Occupation and QOL.

Occupation	Mean	SD	df	T	Sig.	P value
Service	3.4359	0.244	4	0.589	0.55	0.05
Non- service	3.394	0.299				

The absence of any correlation between occupation and quality of life is evident in the table displayed above (Table 8). The table provides information such as degrees of freedom (df) (4), test statistic value (0.589), significance value (0.55), and p-value (0.05).

Table 9: Association between disease and QOL.

Disease	Mean	SD	df	F	Sig.	P value
DM	3.435	0.201				
HTN	3.398	0.305				
Asthma	3.426	0.267	4	2.733	0.033	0.05
Absent disease	3.435	0.272				
Others	1.000	2.500				
Total	3.402	0.280				

The table presented above, Table 9, demonstrates a notable correlation between disease and quality of life. The analysis reveals important findings, including the degrees of freedom (df) being 4, a test statistic of 2.733, a significance value of 0.033, and a P value of 0.05 (hypertension (HTN) and diabetes mellitus (DM)).

Table 10: Association between Family Support and QOL.

Family support	Mean	SD	df	F	Sig.	P value
Full	3.413	0.235				
Partial	3.410	0.371	2	2.924	0.050	0.05
None	2.923	0.598				
Total	3.402	0.288				

The association between family support and quality of life is depicted in Table 10, indicating a notable relationship. The table presents the degrees of freedom (df) as 2, the test statistic value as 2.924, the significance value as 0.05, and the p-value as 0.05.

Table 11. Association between Income and QOL.

Income	Mean	SD	df	F	Sig.	P-value
< 2000	3.401	0.295				
20000 to 40000	3.448	0.226	2	0.182	0.834	0.05
40000 & above	3.4027	0.163				
Total	3.402	0.288				

Table 11 above indicates that there is no noteworthy correlation between income and quality of life. The table displays the degrees of freedom (df) as 2, the test statistics value as 0.182, the significance value as 0.834, and the p-value as 0.05.

DISCUSSION

This prospective analytical study aimed to compare the quality of life between elderly males and females residing in Tansen municipality of Western Nepal. The sample for this study was selected using a systematic random sampling technique, resulting in a total of 102 respondents, with 47 male and 55 female participants. Only individuals above the age of 60 were included in the study. The socio-demographic characteristics of the participants are presented in Table 1. Our findings indicate that age and occupation did not show any significant association with quality of life, which is consistent with a study conducted by (Praveen and Rani, 2016) in Hiruvallur district, Tamil Nadu. In our study, 46% of the participants were male, while 54% were female, and a majority of the participants (51%) were literate. This contrasts with the study conducted by (Kanim and Jebory, 2015), which reported a women percentage of 44.2% and men percentage of 55.8% in their sample. The median age of our study sample was 68 years, with equal representation of men and women. Furthermore, approximately 60% of the participants in our study were illiterate, which is consistent with the findings of (Chandrika et al., 2015).

We observed that males had a higher quality of life compared to females, as presented in Table 3. Contrary to our findings, a study conducted by (Khan et al., 2014) in Bangladesh indicated that education plays a significant role in determining the quality of life among the elderly population. However, in our

study, despite 51% of the participants being literate, they might not have been fully aware of the concept of quality of life. Our study identified hypertension as the major health problem among the elderly population, followed by diabetes mellitus, asthma, heart disease, and joint problems. In contrast, the study by (Porto et al., 2012) in Brazil reported insomnia as the major health problem, followed by eye problems, arthritis, joint pain, heart disease, and high blood pressure. Additionally, 20.6% of the participants in our study were involved in service-related occupations, while 79.4% were engaged in non-service occupations. In the study conducted by (Porto et al., 2012), 60.8% were non-working, and the remaining participants were employed. Among the total 102 respondents in our study, 42.4% of males and 52% of females reported low quality of life, while 57.4% of males and 47.3% of females reported high quality of life. This finding aligns with the results reported by (Thomopoulou et al., 2010), who found that males generally have higher quality of life compared to females.

Overall, our study provides valuable insights into the quality of life among elderly males and females in Tansen municipality, Western Nepal. While we did not find significant associations between age, occupation, and quality of life, we observed gender differences, with males generally reporting higher quality of life. The role of education in determining quality of life remains inconclusive, as our study contradicts previous research findings. The prevalence of health problems also varied between our study and previous studies, highlighting the need for further investigation.

CONCLUSION

In conclusion, this study found that the QOL among elderly individuals differed between males and females, with males exhibiting a better QOL than females. Furthermore, a significant association was observed between the QOL of males and females. Several factors were found to have a significant relationship with QOL, including sex, disease, and family supports, while no significant associations were observed with other variables. The prevalence of diseases such as hypertension (HTN) and diabetes mellitus (DM) was high among the elderly population. The findings of this study have important implications for the development of strategies aimed at promoting the health and QOL of seniors. Specifically, interventions should be tailored to address the unique needs of vulnerable elderly individuals, considering their physical, social, and environmental circumstances. Additionally, increasing social security allowances could potentially enhance the overall quality of life for elderly individuals. It is recommended that further research be conducted to gain a deeper understanding of the influence of additional factors on the QOL of the elderly.

Overall, this study contributes to the existing body of knowledge and provides valuable insights into the factors influencing the QOL of elderly individuals. By utilizing these findings, policymakers, healthcare professionals, and community organizations can implement targeted interventions and policies that prioritize the well-being and quality of life of the elderly population.

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