






ORIGINAL

Quality of life in the older adult population of a human settlement in North Lima

Calidad de vida en población adulta mayor de un asentamiento humano en Lima Norte

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ABSTRACT

Quality of life in older adults is one of the most pressing issues in our country today, given that older adults do not have access to basic needs that would allow them to enjoy an optimal quality of life in terms of their health. Therefore, the objective of this study is to determine the quality of life of older adults living in a settlement in northern Lima. This is a quantitative, descriptive, cross-sectional study with a total population of 122 older adults who completed a questionnaire on sociodemographic data and an instrument for assessing quality of life. The results show that 13,1 % (n=16) of older adults have a poor quality of life, 73 % (n=89) have a moderately good quality of life, and 13,9 % (n=17) have a good quality of life. In conclusion, older adults should be prioritised with regard to their quality of life in order to identify their needs and improve their health with family support and advice from health professionals.

Keywords: Quality of Life; Aged; Aging; Frail Elderly.

RESUMEN

La calidad de vida en el adulto mayor es una de las problemáticas que hoy en día en nuestro país se ve más vulnerada, dado que los adultos mayores no cuentan con las necesidades básicas para que puedan tener una calidad de vida óptima para su salud, por ello el objetivo del estudio es, determinar la calidad de vida en población adulta mayor de un asentamiento humano en Lima Norte. Es un estudio cuantitativo, descriptivo-transversal, con una población total de 122 adultos mayores que resolvieron un cuestionario de datos sociodemográficos y el instrumento para la evaluación de calidad de vida. En sus resultados, el 13,1 % (n=16) de los adultos mayores tienen calidad de vida mala, 73 % (n=89) calidad de vida medianamente buena y 13,9 % (n=17) calidad de vida buena. En conclusión, se debe realizar una priorización en los adultos mayores con respecto a su calidad de vida para poder identificar sus necesidades y poder mejorar su salud con apoyo familiar y a su vez con las consejerías por parte de los profesionales de salud

Palabras clave: Calidad de Vida; Vejez; Envejecimiento; Ancianos Frágiles.

INTRODUCTION

According to the World Health Organization (WHO), between 2020 and 2030 the number of inhabitants over 60 years of age will increase by 34 %, taking into account that this already exceeds the number of children under 5 years of age. It also mentions that by 2030 for every inhabitant 6 will be over 60 years of age, therefore, by the year 2050 the number that exists today will have doubled, for this, there will be approximately 2100 million inhabitants >60 years of age.⁽¹⁾ Utmost importance for improving symptom relief, care, and rehabilitation of patients. However, a person's quality of life is based on their position in life in the context of the culture in which they live.^(2,3,4)

However, in aging, quality of life begins to differ from other stages of life, as aging is a determining factor in several age-related diseases, including neurodegenerative diseases, cardiovascular diseases, cancer, immune system disorders, and musculoskeletal disorders.^(5,6) Furthermore, old age brings with it increasing vulnerability as a result of physical and functional decline and the concomitant burdens on health and social care services.^(7,8) Maintaining good health and well-being is often presented as an indicator of healthy or successful aging.^(9,10)

Therefore, older adults are an important issue that represents a priority challenge for health authorities and health professionals, whose role is to provide a better quality of life for successful aging.^(11,12,13)

A study conducted in Poland found that among people aged 60 to 80, nearly 30 % suffer from at least a moderate level of disability and more than 10 % experience severe disability. However, the dominant age group studied was people between 60 and 80 years of age. As the number of elderly people grows, there is a need to acquire up-to-date knowledge to improve their quality of life.⁽¹⁴⁾

Another study found that the average quality of life was observed in 74,3 % of older adults. Factors such as age, gender, marital status, education, occupation, socioeconomic status, interaction with others, and use of mobile phones and social media determined the quality of life of older adults.⁽¹⁵⁾

A study conducted in Australia indicates that the most important domain of quality of life was Relationships, followed by Family, Health, Activities, Community, Safety, Beliefs, Independence, and finally Well-being. When the sample was divided into age groups for analysis, the most important domain was Family (50-59 years), Relationships (60-69 years), Relationships (70-79 years), and Health (>80 years).⁽¹⁶⁾

Therefore, the research objective was to determine the quality of life in the older adult population of a human settlement in northern Lima.

METHOD

Research type and design

The study is quantitative in nature and uses a descriptive, cross-sectional, non-experimental methodology.⁽¹⁷⁾

Population

The total population consisted of 122 older adults.

Inclusion Criteria

- Participants residing in a human settlement in the district of Puente Piedra
- Participants who have lived in the settlement for more than 1 year
- Participants who voluntarily agreed to participate in the study

Technique and Instrument

The data collection technique was a survey, which included sociodemographic aspects and the quality of life assessment questionnaire (WHOQOL-OLD).

The WHOQOL-OLD is a structured instrument with 24 items distributed across six dimensions (autonomy, past, present, and future activities, social participation, death/grief, and intimacy), which are rated on a Likert scale ranging from 5 scores from none to extreme, with a final score of 24 to 120 points, where the higher the score, the higher the quality of life of the older adult.⁽¹⁸⁾

The reliability of the instrument was determined using Cronbach's alpha statistical test, obtaining a score of 0,872 ($\alpha > 0,7$), which makes the instrument reliable for the study.

Place and Application of the Instrument

Prior coordination was carried out with the leaders of the settlement in order to carry out the study. In turn, they were provided with the necessary information about the research so that they were informed about what was going to be done.

RESULTS

In figure 1, we can see that 13,1 % of participants have a poor quality of life, 73 % have a moderately good quality of life, and 13,9 % have a good quality of life.

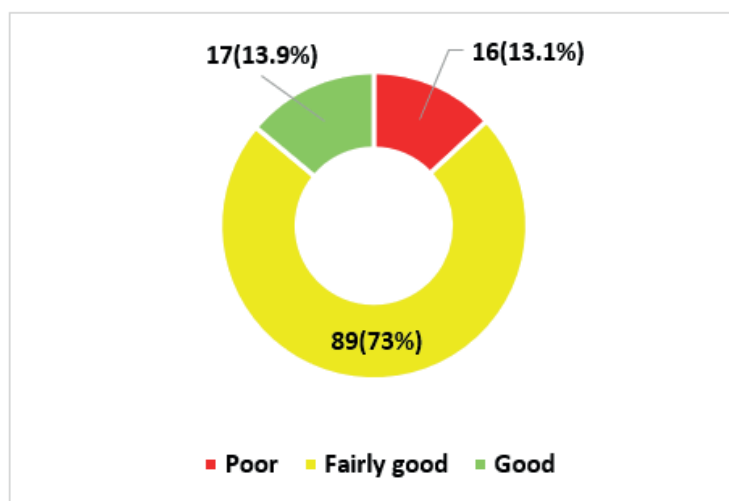


Figure 1. Quality of life in the elderly population of a human settlement in northern Lima

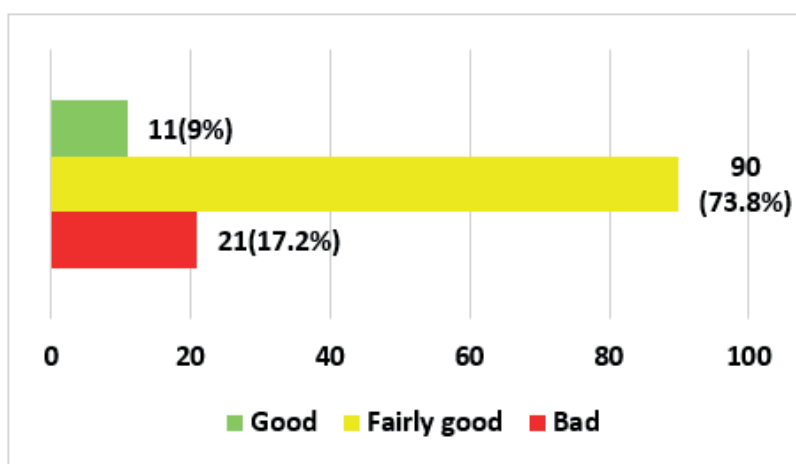


Figure 2. Quality of life in terms of sensory capacity in the elderly population of a human settlement in northern Lima

In figure 2, with regard to sensory capacity, 9 % of participants report a good quality of life, 73,8 % report a moderately good quality of life, and 17,2 % report a poor quality of life.

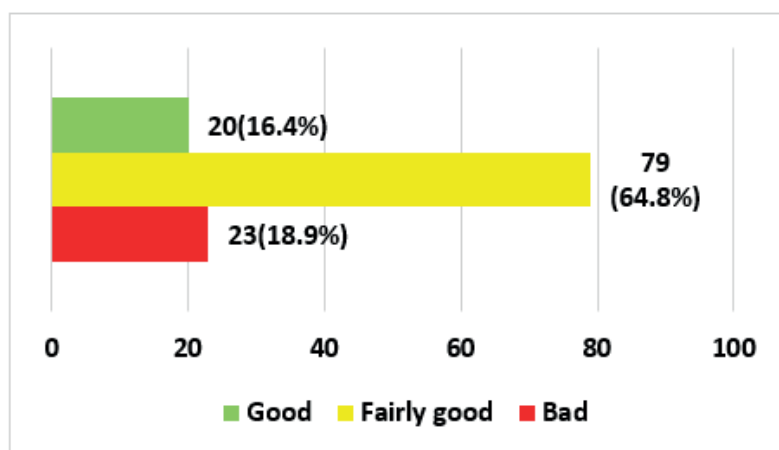


Figure 3. Quality of life in terms of autonomy among older adults in a settlement in northern Lima

In figure 3, we can see that, in relation to the autonomy dimension, 16,4 % of participants have a good quality of life, 64,8 % have a moderately good quality of life, and 18,9 % have a poor quality of life.

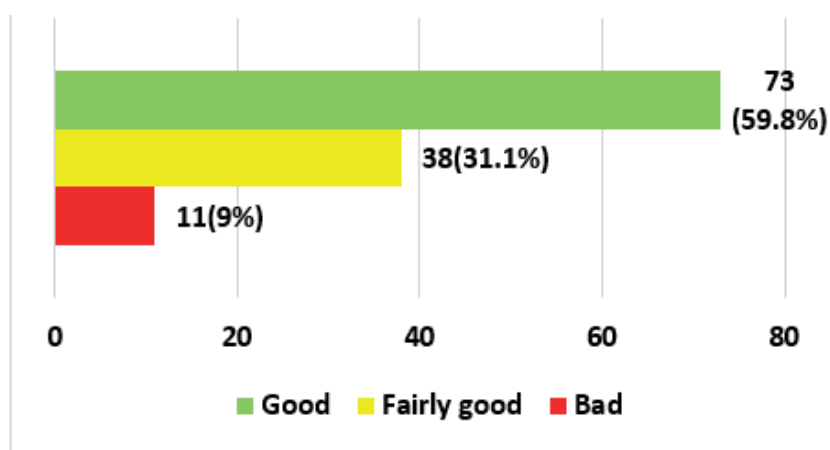


Figure 4. Quality of life in terms of past and future activities among the elderly population of a shantytown in northern Lima

In figure 4, in relation to the dimension of past and future activities, we can see that 59,8 % of participants have a good quality of life, 31,1 % have a moderately good quality of life, and 9 % have a poor quality of life.

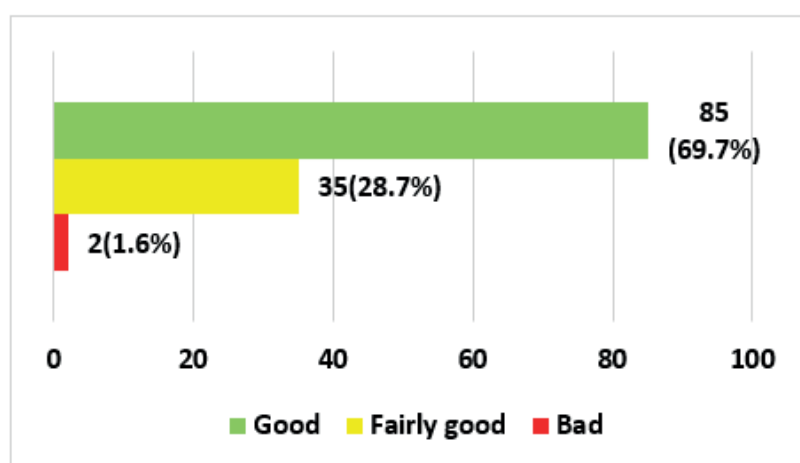


Figure 5. Quality of life in terms of social participation among the elderly population of a shantytown in northern Lima

In figure 5, with regard to the social participation dimension, 69,7 % of participants have a good quality of life, 28,7 % have a moderately good quality of life, and 1,6 % have a poor quality of life.

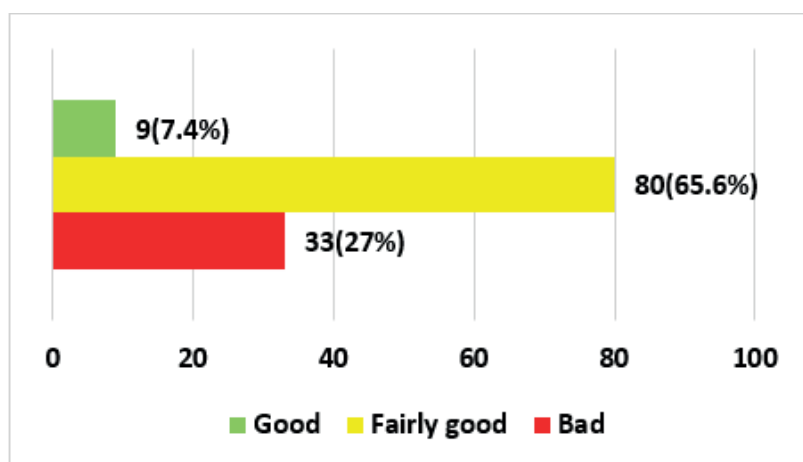


Figure 6. Quality of life in terms of death/agony among the elderly population in a shantytown in northern Lima

In figure 6, we can see that, with regard to the death/agony dimension, 7,4 % of participants have a good quality of life, 65,6 % have a moderately good quality of life, and 27 % have a poor quality of life.

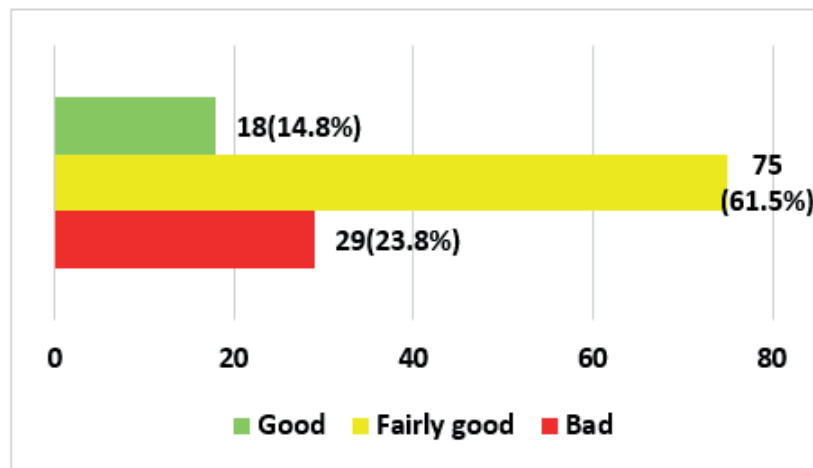


Figure 7. Quality of life in terms of intimacy among the elderly population of a shantytown in northern Lima

In figure 7, we can see that, in relation to the intimacy dimension, 14,8 % of participants have a good quality of life, 61,5 % have a moderately good quality of life, and 23,8 % have a poor quality of life.

DISCUSSION

Measuring quality of life is a challenge, but at the same time it is an emerging need that helps to understand the general health and its dimensions in older adults. Quality of life from a preventive and promotional health perspective allows not only improving people's health but also improving the quality of comprehensive care for the benefit of this group.

In terms of quality of life results, we observe that it is moderately good. We can interpret this as meaning that older adults, being at an advanced age, cannot carry out the routines they did when they were young, and being unemployed and not generating income reduces their quality of life. On the other hand, older adults with income and who are retired are able to improve their quality of life. The quality of life of older adults may differ from that of other age groups because many factors influence their quality of life.

In terms of the dimensions of quality of life, we observe that their quality of life is moderately good and good in relation to the dimensions. Therefore, we can interpret that, as age increases, biological changes occur that decrease sensory functions, walking ability, and cognitive function. These changes limit the performance of basic activities of daily living and lead to dependence in the elderly. However, this is not the only factor. At this stage, aging is a slow and gradual process that affects multiple aspects of older adults. Therefore, as we age, our sensory functions decline, contributing to greater isolation from the outside world, which forces us to adopt perceptual aids.

Although many older adults have the ability to make decisions to improve their quality of life individually and personally, older adults with illnesses or disabilities that hinder their full autonomy require the intervention of a third person who can help them perform some of their activities. Given that the daily activities performed by the elderly according to their health and physical condition are not compromised, there are physical disabilities that affect present and future activities in the elderly. That is why it is important to care for older adults who cannot perform different activities due to an illness or disability that affects them.

Therefore, we must bear in mind that old age brings with it increasing vulnerability as a result of physical and functional deterioration and the concomitant burdens on health and social services. Maintaining good health and well-being is often presented as an indicator of healthy or successful aging.

CONCLUSIONS

It is concluded that priority should be given to older adults with regard to their quality of life in order to identify their needs and improve their health with family support and, in turn, with counseling from health professionals.

It is concluded that social support networks should be implemented for older adults and their caregivers, as this will allow for the identification of changes resulting from advanced age and enable the establishment of care depending on the needs of the older adult.

REFERENCES

1. Organización Mundial de la Salud, "Ageing and health," OMS, 2022. <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>.
2. The Whoqol Group, "The World Health Organization quality of life assessment (WHOQOL): Position paper from the World Health Organization," *Soc. Sci. Med.*, vol. 41, no. 10, pp. 1403-1409, 1995, doi: [https://10.1016/0277-9536\(95\)00112-K](https://10.1016/0277-9536(95)00112-K).
3. H. Buiting and G. Olthuis, "Importance of Quality-of-Life Measurement Throughout the Disease Course," *JAMA Netw. open*, vol. 3, no. 3, p. e200388, 2020, doi: <https://10.2196/cancer.7443>.
4. L. García, M. Quevedo, Y. La Rosa, and A. Leyva, "Calidad de vida percibida por adultos mayores.," *Rev. Electrónica Medimay*, vol. 27, no. 1, pp. 16-25, 2020, [Online]. Available: https://revcmhabana.sld.cu/index.php/rcmh/article/view/1561/pdf_239.
5. A. Pérez, A. Becerra, G. Hernández, M. Estrada, and E. Medina, "Calidad de vida y actividades de la vida diaria en adultos mayores mexicanos," *Psicol. y Salud*, vol. 32, no. 1, pp. 171-179, 2021, doi: <https://10.25009/pys.v32i1.2723>.
6. J. Tenorio, Z. Romero, V. Roncal, and M. Cuba, "Efecto genotóxico de ranitidina sobre el ADN de eritrocitos policromáticos de," *Rev. Cuerpo Med. HNAAA*, vol. 14, no. 1, pp. 41-48, 2021, doi: <https://10.35434/rcmhnaaa>.
7. P. Adumoa, I. Everink, A. Asibi, C. Lohrmann, and J. Schols, "Quality of life of older adults and associated factors in Ghanaian urban slums: a cross-sectional study," *BMJ Open*, vol. 12, no. 2, p. e057264, 2022, doi: <https://10.1136/bmjopen-2021-057264>.
8. S. Lai and N. Tey, "The Quality of Life of Older Adults in a Multiethnic Metropolitan: An Analysis of CASP-19," *SAGE Open*, vol. 11, no. 2, pp. 1-11, 2021, doi: <https://10.1177/21582440211029910>.
9. Z. Li et al., "Aging and age-related diseases: from mechanisms to therapeutic strategies," *Biogerontology*, vol. 22, no. 2, pp. 165-187, 2021, doi: <https://10.1007/s10522-021-09910-5>.
10. A. García, L. Horta, M. Bautista, E. Ibáñez, and E. Cobo, "Calidad de vida y percepción de la salud en personas mayores con enfermedad crónica," *Rev. Salud Bosque*, vol. 12, no. 1, pp. 1-13, 2022, [Online]. Available: <https://revistas.unbosque.edu.co/index.php/RSB/article/view/3278/3380>.
11. S. Queirolo, M. Barboza, and J. Ventura, "Medición de la calidad de vida en adultos mayores institucionalizados de Lima (Perú)," *Enferm. Glob.*, vol. 19, no. 4, pp. 274-288, 2020, doi: <https://10.6018/eglobal.420681>.
12. S. Acharya, P. Taechaboonsersak, M. Tipayamongkhogul, and K. Yodmai, "Quality of life and associated factors amongst older adults in a remote community, Nepal," *J. Heal. Res.*, vol. 36, no. 1, pp. 56-67, 2022, doi: <https://10.1108/JHR-01-2020-0023>.
13. M. Ghența, A. Matei, L. Mladen, and S. Stănescu, "Quality of Life of Older Persons: The Role and Challenges of Social Services Providers," *Int. J. Environ. Res. Public Health*, vol. 19, no. 1, p. 8573, 2022, doi: <https://10.3390/ijerph19148573>.
14. E. Lepsy et al., "Association of physical fitness with quality of life in community-dwelling older adults aged 80 and over in Poland: a cross-sectional study," *BMC Geriatr.*, vol. 21, no. 491, pp. 1-15, 2021, doi: <https://10.1186/s12877-021-02421-5>.
15. S. Devraj and M. D'mello, "Determinants of quality of life among the elderly population in urban areas of Mangalore, Karnataka," *J. Geriatr. Ment. Heal.*, vol. 6, no. 2, p. 94, 2019, doi: https://10.4103/jgmh.jgmh_23_19.
16. S. Robleda and N. Pachana, "Quality of Life in Australian Adults Aged 50 Years and Over: Data Using the Schedule for the Evaluation of Individual Quality of Life (SEIQOL-DW)," *Clin. Gerontol.*, vol. 42, no. 1, pp. 101-113, 2019, doi: <https://10.1080/07317115.2017.1397829>.

17. C. Fernández and P. Baptista, “Metodología de la Investigación.” p. 634, 2015, [Online]. Available: <http://observatorio.epacartagena.gov.co/wp-content/uploads/2017/08/metodologia-de-la-investigacion-sexta-edicion.compressed.pdf>.

18. Organización Mundial de la Salud, “WHOQOL User Manual,” 1998. <https://www.who.int/tools/whoqol>.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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