



## The Quality of Oldsters' Life of Tonekabon

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**ABSTRACT:** The aim of this study is to consider the quality of oldsters' life and its dimensions in Tonekabon. This study is a descriptive -sectional one that its search society consists of 390 oldsters (60 years old or more) that 192 woman and 198 men were randomly selected for collecting data from life quality questionnaire. This study consists of 198 men and 192 women that score of their life quality, according to health of oldster, was 55/79 and 65/92 for women and men respectively. Social performance score was 78/02 and 78/60 in women and men respectively and physical performance score was 57/02 and 66/02 in women and men respectively and role performing score was 47/44 and 54/7 in women and men respectively. The different factors influence on life quality of oldsters that it is important to identify these factors for planning better about empowering oldsters.

**Keywords:** Oldsters, life quality, Tonekabon.

### INTRODUCTION

From the beginning of this century in the entire world, hope to life is increasing in time of birthday. At the present, there are 590 million (60 years old and more) and it is expected this number to reach 1200 million during next 25 years that it indicates this group has 100% growth compared to 50% growth of total population of world (Kalach, & Keller 1999), and it is predicated that population of this group becomes twice in next 40 years, hence annual increase of this group in world is 1/7% and its annual increase in Asian countries and developed countries is 2/5% and 40% respectively (WHO, Kobe center 2002). Even though this increase is common in developed countries, this is a new phenomenon in countries of east Mediterranean region, whereas main challenges of hygiene in 21 century are related to superior quality (Jaghtae – Mohammad, 2005). Hence World Hygiene Organization (2006) provided a program aimed at concentrating on empowerment processes of oldsters in Iran, 7% of total population of world belongs to 60 – years old group as well and life time was increased in Iran during last three decades (Niknam, 2004). At the present, life quality is identified as one of the important concern of scientists, policy makers and medical and hygienic experts (Broner, 1999). In recent years, one of the measurable indexes and criteria for determining needs and health conditions of oldsters and also improving it is life quality index. According to definition of world hygienic organization, quality of life is conception of our situation in life in terms of culture, value system of life, expectations, purposes and our priorities (Bohomi, et.al, 2000). Life quality evaluates the result of hygienic cares and effect of health on our life. So it can be said that

hygienic cares are evaluated as desirable care that life quality is improved by services (Hinchliff, 1993). On the other hand, life quality of oldsters is considered as a multidimensional concept that includes dimensions such as physical health, psychological health, economical conditions, personal beliefs and interaction with environment. (Carr, et.al,1996); Tests, et.al, 1996), Revirego et.al (1996) and Easom, (2003). In this population, it is necessary to have innovative planning and reforms in policies and programs of country, In this study is assessment about quality of life in women and men older terms of physical and psychological different dimensions.

### METHOD OF THE SURVEY

This study is a descriptive – sectional study. Its statistical society includes all adults (60 years old and more) that lived in Tonekabon in 1390. This sample includes 390 oldsters (mean age = 70), according to formula of sample volumn. For collecting data, 36–items questionnaire of life quality was provided (Johan, and Ware, 2000). This questionnaire was translated by Davami and Hesam Zadi(2000) and its reliability and fluency were confirmed ( $\alpha = 0/874$ ). Ahmadi, et.al (2004) obtained for internal integration and fluency of this questionnaire  $\alpha=0/86$ , Ahmadi et.al (2004). For measuring fluency of search tools and ensuring the test, the oldsters' life questionnaire was given to professors of Tehran university that they were members of scientific board. In this study, for measuring physical performance, questions related to intense and medium activity, carving and lifting, climbing stairs, bending, walking and bathing are considered. For playing physical role, questions related to limitation in daily

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activity are used. For perceiving health, there are questions comparing person's health with others and for evaluating social activities, there are questions about person's relation with family, friends and relatives (Johan, and Ware, 2000). The scoring of this questionnaire was performed by likert's method that its range is between 0 to 100. 0 refers to the worst level of life quality and 100 refers to the best level of life quality. For performing this study, testimonial was given to families for signing. During completing questionnaire, on attendant was used in case of having no capacity. For analyzing data, statistical descriptive methods and man vitni test were used.

### FINDINGS

The population of this study (390 person) consists of 198 men and 192 women. Specification of this population are showed that age groups 75 to higher with 73% in table (1). Mean and standard deviation of life quality and its dimensions are in table (2). As this table shown, mean score of life quality related to different dimensions of life – such as physical, total health, playing physical role, social performance, performance of affective 97/26% in men and 47/44% in women. In this test, there is a meaningful relation between age and physical activity, total perception from health, playing role, physical performance, and social performance. ( $p < 0/001$ ) Comparison of mean scores showed that psychological health and dimensions of affective role have no meaningful difference in two age groups and mean scores of younger persons are better in these dimensions than oldsters. Also this test showed meaningful relation between gender and physical activity, total perception from health, playing role, physical performance and psychological health ( $p < 0/001$ ) but it showed no meaningful relation between social performance and playing affective role in two age groups, but it showed meaningful relation between gender and social performance ( $p < 0/001$ ), so that men showed better ability and efficiency than women in all dimensions ( $p < 0/001$ ).

### DISCUSSION

The purpose of this study is to consider life quality related to health in Tonekabon and by considering standard of lifret test, (0 to 100 in questioner) mean 50 with standard deviation 10 were considered as acceptable index of society (Ahmadi et.al , 2004). (Vahdani et.al, 2005). Comparison of mean scores showed physical activity (59/08) total perception of health (60/70) playing physical role (51/01) that are comparable with physical activity (81/3), total perception of health (66/3) and playing role (63/6) in

study performed by health (66/3) and playing role (63/6) in study performed by Saba and colleagues (Sabbah, et.al 2006). Also Canbaz, et.al (2003) , pecan showed in Samson city of turkey that physical health, total perception of health, social performance, playing affective role and psychological health are equal to 58/9, 50/2, 71/3, 60/9 and 58/8 respectively that are less than mean scores of this study ( Canbaz et.al ,2003). Except for playing role. Physical health (59/08), total perception of health (60/70), playing role (51/01), social performance (78/22), playing affective role (61/77) and psychological health (94/43) (table 3). For considering difference of life quality in this study and similar studies, we can show that the dimensions of life quality are lower in this study than other studies and it is due to diseases such as muscular pains, diabetes – cardiac diseases that are common in this city due to consume fat foods. By comparing life quality in Tonekabon and Kanbas in Turkey, all scores were high except for playing physical role (Canbaz et.al ,2003) (table 3). By comparing life quality of this study with Sabbah, et.al(2003) scores of physical activity, total perception of health, playing role of this study was less than scores of Sabbah, of course, scores of social performance, affective role, and mental health were higher than of Sabbah (Sabbah et.al ,2006). By comparing life quality of this study with Ahmadi and Vahdani Kiya's study, all scores of this study were higher. (Vahdani nia et.al, 2005) & ( Ahmadi, et.al (2004). In this study, comparing gender with life quality showed scores of life quality of old men are higher in all dimensions of life quality and the results of some studies confirm it (Vahdani nia ,et.al( 2005) and Mohaghegh ( 2007) Abedi, ( 1999); Khalesi ,( 2007) .Some researchers in their studies did not find any meaningful difference between genders (Anjomanian ( 2004); Assantachai. & Maranetra ,(2003) ;Tsai et.al (1993). but this study showed men' scores mean in all dimension are higher than women that this subject is confirmed with respect to social and cultural factors in society. This study showed old men's life quality is higher than women. Lock and his colleagues showed that there is meaningful correlation between physical activity with better dimensions of life quality. (Luke, et.al, 2006). Sabbah and colleagues' study in Lobnan showed that limitation of physical activity outside of house and traditional beliefs of women can lead to difference between old men and women. (Sabbah et.al ,2006). The limitations of this study is data sources about life quality of old women and places when they go there for leisure time, so we purpose special database with respect to condition of their health and provide training about life quality of oldsters. (Abedi, (1999) ,Mohaghegh ( 2007) ,Albo cordi et.al (2006).

Table1 : frequency distribution of old women and men in terms of demography in Tonekabon(1390).

Age groups			marriage				Education				
case	Man	woman	total	Case	man	woman	total	cases	man	woman	total
60-70	26/8	75	50/6	Unmarried	0/1	1/5	1/7	Illiterate	53/5	75/6	64/5
70to more	73	25	49/1	Divorced	4/6	20/3	12/4	Elementary	32/2	8	20
				Married	93/5	68/2	85/9	diploma	0/5	0	0/2
								Higher than diploma	1/5	0/5	0/8

Table 2: mean and standard deviation of life quality dimensions in old women and men in Tonekabon in 1390.

	Women mean (standard deviation)	Men (mean standard deviation)	Total mean (standard deviation)
Physical activity	(13/82) 57/02	(18/35)66/02	(17/69) 59/05
Perception from total health	(14/89) 55/59	(17/31) 65/72	(16/92) 60/71
Playing physical role	(12/07) 47/44	(12/68) 54/56	(12/85) 51/05
Social activity	(17/50) 78/03	(19/30) 78/40	(18/40) 78/22
Playing affective role	(12/68) 61/21	(14/41) 62/38	(14/05) 61/78
Psychological health	(16/67) 91/43	(22/78) 97/36	(21/47) 94/42

Table3:comparing dimensions of life quality in oldsters in this study with some internal and external surveys.

		Life activity	Conception Of health	Playing physical role	Social performance	Performance of playing affective role	Mental health
Ahmadi (1382-Zahedan)	Mean	42/7	42/7	36/8	43/9	45	61/7
	Standard deviation	21/9	15/6	33/0	16/0	24/7	17/4
Vahdani nia (Tehran 1384)	Mean	58/3	50/1	38/35	59/6	54/6	42/6
	Standard deviation	26/3	20/0	37/1	28/1	18/7	18/9
(Tonekabon 1390) this study	Mean	59/08	60/70	51/01	78/22	61/77	94/42
	Standard deviation	17/7	16/9	12/9	18/4	14/05	21/5
Kanbaz (Turkey, Samson 2003)	Mean	58/9	50/2	54/3	71/3	60/9	58/8
	Standard deviation	27/6	20/1	42/4	24/9	20/4	45/7
Sabah (Lobnan, 2003)	Mean	81/3	66/3	63/6	68/8	53	62/8
	Standard deviation	22/8	22/9	43/6	29/6	43/3	22/5

REFERENCES

Ahmadi, F; Salar,A; Faghihzadeh, S (2004). Survey of life quality of elders in Zahedan, *zahedan medicine*, vol 22, p: 61- 77

Abedi, Haydar Ali, (1999). Comparative survey of life quality of older men in home and house elder. Esfahan medical university, Iran

Albo cordi, M; Ramezani, M, A (2006). Survey of life quality of elders in Shahin Shahr. *Medical scientific Journal*. vol 5, number 4, 19-27

Assantachai. P;& Maranetra , N (2003). Nationwide Suruey of the Health Status and Quality of Life elderly Thais attending Clubs for the elderly *Journal of Thai Medical Association*, 86. 938-946.

Anjomani ,V (2004). survey of the effect of follow – up care model on life quality of eskisophernic patients dismissed from sina remedical center of Hamedan ,Iran.

Broner, Sodars (1996 ). Internal – surgical nursing, hygiene care of elders, Tranlator: Azam Ghrbani. page. 4-20

Bonomi AE; Patrick D.L; Bushnell D.M. & Martin M(2000)Validation of The united stats Version of the World Health organization Quality of life (WHOQOL) instrument, *Jclin Epidemiol*. (1):23-19

Carr, A.J ; Thompson, P. W; & kirwan , J .R.(1996)Quality of life Measues. *British Journal of Rhoumatology*, 35 , 275-281.

Canbaz , S ; Tefvik Sunter, A; Dabak , S ; & peksen, Y.(2003). The Prevalence of chronic diseases and Quality of life elderly people in Samsun. *Turkish Kjournal of Medical Science*, 33, 335-340

Easom, L. R.(2003), Concepts in Health promotion perceived self-Efficacy and Barriers in older Adults. *Journal of Gerontologycal nursing*, 29, 11-22

- Hinchliff, S. (1993). *Nursing and health care* (2<sup>nd</sup> .ed). new York: Edward Arnold company.USA.
- Joghtaie, M, T (2005) . Survying health state of oldsters in Kashan. Inhibitaion university, chapter of their caregivers, *nursing group*, page 6-8
- Johan, E .& Ware, J (2000) . Sf-36 Health survey Update Spine, 25, 313.-3139.
- kalachA ,K (1999). The who perspective on active ageing, promotion and education, Paris, 6(4).
- Khalesi, M (2007). Comparative survey of life quality, life of non-working women having higher education, Ghom , a master's thesis of social welfare.
- Leman A (1993). The Well-being of chronic Mental patients, *Arch. Gen. Psychiatry*. Vol. 40, pp:373-396.
- Luke, S.A ; Long for, J; Fieldsted. C ; Schank, B; Nickel,K .J; Montgomery, P.S; & Gradner, A.w.(2006).Physical Activity is related to quality of life in older adults. *Health and Quality of Life Outcomes*,4,37-43.
- Mohaghegh ,H (2007) .Comparing life quality of elders, pensioner of social security, Ghom (2007). Master's thesis.
- Niknam, M, H (2004), medical moral and special cares of elders, *medicine*, number 8, 97-108
- Revirego,J, Millan. M .D; and millan, M. (1996). Evaluation of the diabetes Quality of life Questionnaire in a Spanish Population. *Pharmacoeconomics*, 10, 614-622.
- Sabbah,I; Drouby,N; Sabbah,S; REtel-Rude I.N,and Mercier, M. (2006). Quality of life in Rural and Urban populations in Lebanon Using Sf-36 Health Survey. *Health and Quality of Life Outcomes*, 1, 30-35.
- Tests, M. A & Simonoson, D.C. (1996) Assessment of quality-of-life Outcomes. *New England Journal of Medicine*, 334, 840-835.
- Tsai SY, chi L Y, Lee LS, CHOU p (2004). Health Related Quality of life among Urban, Rural and island Community elderly in Taiwan. *Journal of formos medicine Association*, 45:7505.
- Vahdani nia , M ; goshtasbi, A ; Montazeri, A, Maftoon, F (2005). Life quality related to health of elders. Population study, fourth year, numbers 2, 113-120.
- Who, Kobe center (2002), Global Health Expectancy Research among older people. Aging and health Technical Report series, kobejapans: 10, pp:14-19