

Place of Residence, Work Status and Health-Related Quality of Life of Elderly Population in Ghana.

Abstract

Objective

The study aimed to assess the influence of place of residence and work status on health-related QoL in the Ghanaian elderly population adjusting for the influence of other known determinants of health-related QoL.

Methods

This study uses data from wave 2 of the World Health Organization (WHO) Survey on Global Ageing and Adult Health (SAGE) (Ghana) conducted between 2014 and 2015. This study was restricted to 2,229 individuals aged 60 years and above.

Results

The mean (SD) age was 71.1(8.6) and 41.5% self-reported high quality of life. In a multivariable model, those residing in urban centres and working strongly increased the occurrence of high quality of life

Conclusions

There is a strong synergy between place of residence and work status on health-related. Studies are needed to better understand how living in urban centres and working simultaneously benefits the elderly.

Extended Abstract

Introduction

Older adults are a growing part of the population in sub-Saharan Africa (SSA). In Ghana, adults aged 60 years and older constitute 6.7% of the total population (GSS, 2021). Studies demonstrate differences in QoL in elderly people and that of the general population.[2] Most of the elderly have physical and mental challenges and therefore puts their social and physical well-being into danger due to health demands along with other social requirements while the individual ages. Quality of life (QoL) of the elderly is becoming more significant with demographic shift toward an ageing society.[1]

Globally, an urban population often faces mounting pressure on various socioeconomic fronts such as health-care expenditures and fiscal disciplines, which can impact the life of the elderly population.^[5] the changing social scenario in terms of urbanization, modernization, globalization, and individualism have also resulted in some disorganization in the family and societal norms and values, which produce deprivations to the elderly in contemporary Indian society. Further to its work migration, reduced family size and condensed earning capacity may lead to further deterioration of QOL among the urban elderly population.

On the other hand, other studies postulate that Staying socially active can bring the elderly benefits in terms of a better self-assessment of health and physical functioning. It can also help prevent depression and cognitive disorders since it provides intellectual and emotional stimulation and consequently improves their assessment of quality of life [21,26]Hence, it is imperative to determine the QOL among the urban elderly population. Accordingly, the present study aimed to explore the factors determining the QOL among the elderly people of urban Mangalore.

The results obtained will help in planning and policy making with regards to elderly care in the future.

Objectives

The primary objective of this paper is to examine the independent and synergistic associations between place of residence, work status and health self-rated quality of life in Ghanaian elderly population. We hypothesize that place of residence and work status may create synergy on health self-rated quality of life that is greater than the additive influence of these risk factors.

Data & Methods

This study uses data from wave 2 of the World Health Organization (WHO) Survey on Global Ageing and Adult Health (SAGE) (Ghana) conducted between 2014 and 2015. This study was restricted to 2,229 individuals aged 60 years and above. Data analyses adjusted for socioeconomic and demographic variables that were hypothesized as confounders of the relationship between place of residence, work status and health self-related QoL. The covariates selected were age, marital status, educational attainment and sexual status. The outcome variable was health self-related Quality of Life. Data analyses was conducted using Stata version 16.0. Two adjusted multivariate logistic regression was run to test associations between place of residence, work status

and health related quality of life. The first model included both place of residence and work status as main independent variables. The second model tested for the synergistic effect of place of residence and work status (i.e., influence of their simultaneous presence) on health-related Quality of Life. Four-level independent variable was considered to represent the four different possible combinations of place of residence and work status: a) urban and working, b) urban and not working, c) rural and working and d) rural and not working.

Results

The average participant's age was 71.1(SD 8.6). In this sample, more than half (51.5%) were aged 70 years and above, 60% of the participants resided in rural areas and 55.6% were working. More than half of the participants had no education (55.5%), not married (51.1%) and were female (55.5%). Multivariate model 1 (Table 1; excluding place of residence and work status) showed that the odds of experiencing higher Quality of Life (QoL) were twice as high among participants with secondary/tertiary education compared to those with no education. The odds of experiencing higher QoL were lower among those aged 70 years and above [(OR:0.69; 95%CI:0.56-0.86)], those residing in rural areas [OR;0.71;95%CI:0.59-0.86], those not working [OR:0.56; 95%CI:0.47-0.68] and those not married [OR:0.77; 95%CI: 0.63-0.95]. Model 2 (testing the synergistic effect of place of residence and work status) showed that the odds of experiencing higher QoL were 2 times higher when participants resided in both urban centres and were working simultaneously (Figure 1).

Table 1: Factors associated with higher quality of life

Characteristics	n(%)	Multivariate Analyses	
		Model I OR (95%CI)	Model II OR (95%CI)
Age			
60-64 years	610(25.8)	1.00	
65-69 years	495(21.7)	0.90(0.70-1.15)	0.89(0.70-1.15)
70 and above	1,175(51.5)	0.69***(0.56-0.86)	0.69***(0.55-0.86)
Place of residence			
Urban	901(39.5)	1.00	-
Rural	1,379(60.5)	0.71*** (0.59-0.86)	-
Working Status			
Working	1,239(55.6)	1.00	-
Not working	990(44.4)	0.56*** (0.47-0.68)	-
Place of residence and Working status			
Urban and Working	403	-	2.49*** (1.86-3.32)
Urban and Not working	466	-	1.51** (1.14-1.99)
Rural and Working	836	-	1.87*** (1.46-2.39)
Rural and Not working	524	-	1.00
Educational Attainment			
No Education	1,265(55.5)	1.00	1.00
Below Secondary	460(20.2)	1.45** (1.15-1.82)	1.44** (1.14-1.81)
Secondary/Higher	555(24.3)	2.22*** (1.76-2.80)	2.21*** (1.75-2.78)
Marital Status			
Married/Cohabiting	1,116(48.9)	1.00	1.00
Not married	1,164(51.1)	0.77* (0.63-0.95)	0.77* (0.63-0.95)
Sexual status			
Male	1,015(44.5)	1.00	1.00
Female	1,265(55.5)	0.99(0.80-1.22)	0.99(0.80-1.22)

Multivariate binary logistic regression analyses. *Significant at $p < 0.05$; ** Significant at $p < 0.01$; ***Significant at $p < 0.001$

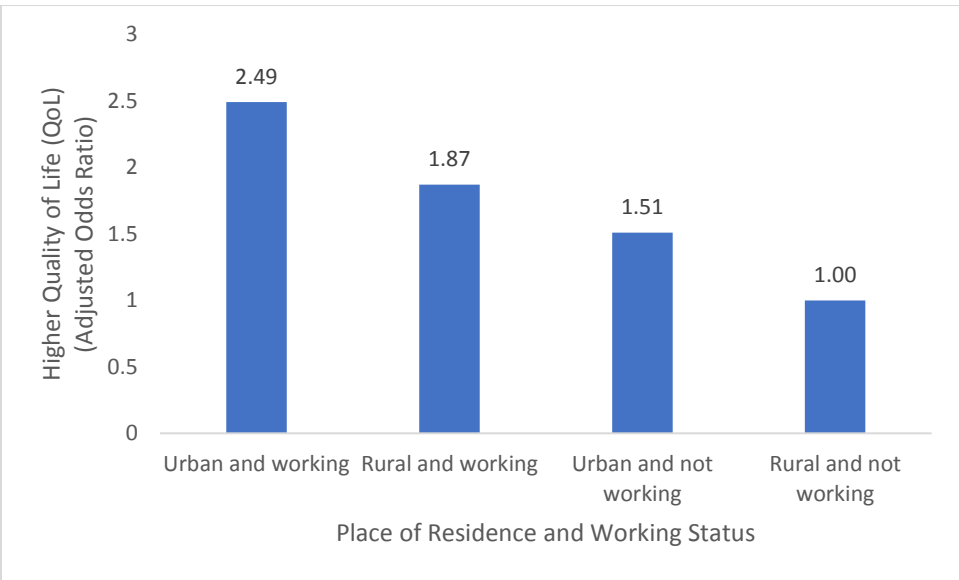


Figure 1: Risk of higher Quality of Life (QoL) as a function of place of residence and working status in Ghana