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The Quality of Life, Health and Coping Strategies among the Aged: A Case of Selected Aged in Osu

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Abstract: **The study sought to assess the impact of quality of life, health and coping strategies among the aged. The population of the study was all the aged (65+) people who live in Osu community and used the convenience and purposive sampling techniques to select forty (40) participants comprising twenty-six (26) females and fourteen (14) males who were chosen as sample for the study. The cross-sectional survey approach was used to collect data for the study. The major instruments used in this study were the European Quality of Life Group Questionnaire (EQCQ), the Brief COPE scale and the Older People's Quality of Life Questionnaire (OPQLQ. Three hypotheses were generated and tested in the study. The study established that educational background has no impact on one's quality of life. A significant relationship between quality of life and coping strategies was evinced in this study. Then again, it was evidential in the findings of the study that all the participants use coping strategies equally regardless of the age category. Considering the upshot, recommendations are made for future researches in the same field.**

Keywords: **Quality of life, Health and Coping Strategies.**

1. INTRODUCTION

In the lens of Plank et al. (2009), especially in the developing world, there is a growing population of older people (65+) compared to other classes of people below the age of 65. He attributes these to the increase in life expectancy and the reduction in child birth. Reliable data suggest that the life expectancy of the aged in developed countries has an increasing frequency due good standards of living and improved medical conditions (Toner et al. 2003, p. 163).

Illustratively, it has been observed that the aging population in Norway has increased gradually since 1990. Projection stands from the year 2010, Norway is likely to face a further increase in the population of older people from 600000 to approximately 1.2 million by the year 2045 (Birkeland & Natvig 2009, p. 257). There is similar situation across European countries with indication of older people increasing population to about 25%in the year 2025 (Toner et al. 2003, p. 163).

It has however been observed that as the aging process sets in, the aged are normally confronted with complicated health issues associated with a decline in health statues and quality of life. This suggests that coping becomes the only mechanism for survival. It is for this reason that this study seeks to assess the quality of life, health and coping strategies adopted by the aged in the aforementioned communities.

As individuals age, they turn to deteriorate in strength and therefore begin to grow weaker and weaker. This, to some extent, makes them feel detached from the rigorous ongoing day to day activities and thereby turns to affect their quality of life, health and their coping strategies. There is the need for urgent measures such as the establishment of more homes in the country, to accommodate the older people who for some reasons cannot be taken care of by their families. Although existing models of QoL in old age have drawn some support from research on older people's perceptions of QoL (Farquhar 1995; Fry 2000; Bowling et al. 2002), very little research has tapped lay views. The implication is that most

existing models of quality of life have not been based on older people's views and priorities, and thus have not been tested adequately for content validity. How people construct their quality of life at various levels also remains a neglected but increasingly important area for research and public policy, given the projected increase in the older population. Again, issues relating to health and coping strategies adopted by the aged similarly seems to be on neglect. It is for this reason that this study seeks to ascertain the quality of life, health and coping strategies of the aged in the Osu community.

2. THEORETICAL FOUNDATION

Social Disruptive Events Theory:

Despite the numerous theories used in assessing health related and coping strategies of the aged, the Social Disruptive Events theory is best used in explaining why older people often experience disengagement; which means, social isolation, psychological trouble and alleviation of their sense of responsibility. Evidence from Kutner and Tallmer (1990), showed that there is a close association between disengagement theory and the stress of ageing. It suggests that when elderly people encountered such events, as loss of a spouse and physical capacity, these could be severely disruptive to their lives (*ibid*). In addition, the accumulation of such events in a short period can actually result in relatively permanent disengagement and an accompanying loss of morale and sense of worth (Mitchell et al, 1990). According to the above description, it can be agreed that residential location can be regarded as a kind of social disruptive event. According to the literature, it is clear that residential location can actually bring side-effects to older people, including loss of friends and familiar environment, creation of financial crisis and these can increase the level of stress, ill-health and the number of problems perceived. Under the impacts of such negatives, disengagement seems to be inevitable. In fact, Social Disruptive Events Theory can be applied to this research to a great extent as it assumes that stress from where you reside, whether with the family or home, is expected and it will further induce other negative feelings which can force older people into disengagement.

Related studies and Hypotheses propositions:

Ageing has been categorized into mutually exclusive stages by experts in human development. This categorization falls between old people who belong to the young old (65+), older old (75+) and the oldest old (85+) categories. For the purpose of this research and to aid comprehension, we will stick to this categorization throughout the study (WHO, 2011). It must be noted that works on the experiences of quality of life and what it means for the old (75+) and oldest old (85+) is sparse (Sarvimäki & Stenbock-Hult, 2000). Despite this scarcity on studies pertaining to the aged in society, some studies have nonetheless been conducted in those areas.

A study conducted by Barnes, Blom, Cox, Lessof and Walker in 2005 examined the longitudinal study of Ageing among English citizens. The study measured the patterns of different forms of social exclusion among older people and also examined the risk factors of social exclusion among older people. Nine thousand, nine hundred and one (9901) participants were included in the study. The minimum age for participation was fifty (50). At the end of the study, it was established that most aged people are excluded from many social activities.

Oles, and Oles, (2014) evaluated the coping style and quality of life in patients with glaucoma and cataract. Two hundred and thirty-seven (237) participants were engaged in the study. At the end of the study, it was discovered that all the participants employed coping strategies in dealing with life stressors. It was also found that coping strategies used by the participants helped to increase their quality of life thus coping strategies were positively correlated with quality of life and life satisfaction.

Another study conducted by Michaëlis, Kristiansen, & Norredam, (2015) explored the quality of life and coping strategy among immigrant women living with pain in Denmark. At the end of the study, it was discovered that pain was seen to have adverse effect on quality of life of participants. This quality of life included physical health, mental well-being and social relations. It was also discovered that the participants employed a number of coping strategies to cope with the pain, manage its consequences and restore a level of health that enabled the participants to function and fulfill social roles. Some of the coping strategies adopted included altering everyday life and keeping daily activities to a minimum.

In a related study conducted by Elfstrom, Rydén, Kreuter, Taft, & Sullivan (2005) assessed the relationship between coping strategies and health-related quality of life in patients with spinal cord lesions. Two hundred and fifty-six (256) participants with traumatically acquired spinal cord lesion in Sweden. At the end of the study, it was discovered that all

the participants used coping strategies but the frequency of coping strategies used was dependent on the age of the participants.

Lua and Samira in (2012) conducted a study to examine the coping mechanisms versus health-related quality of life among Methadone maintenance treatment program participants in Malaysia. In all, sixty (60) participants who were receiving rehabilitation treatment for opioid addiction in Malaysia were selected for the study. The participants had good physical appearance but disturbed environmental and psychological issues. At the end of the study, it was discovered that religion was the most used coping strategy among the participants. Significant positive correlation was found between overall health-related quality of life and religion, thus, the more religious a participant was, the best health-related quality of life he/she enjoyed. It was also discovered that the participants frequently adopted religion, planning, positive reframing, instrumental support and denial as coping strategies in dealing with addiction problems, however, those who employed denial as coping strategy had a poor health-related quality of life. This shows how religion can help people deal with everyday life stressors.

It can be observed that these above studies set this study into a good motion. However, what actually informing this paper is the research gap in the above studies. It can be observed that none of such studies have been conducted in the Osu community. It is for this reason that this study seeks to feel this gap by assessing the health, quality of life and coping strategies of the aged in the said community.

Hypotheses:

H_1: There is a significant positive relationship between quality of life and educational background.

H_2: There is a significant positive relationship between quality of life and coping strategy among the aged.

H_3: The older old (75+) will adopt more coping strategy than the younger old (65+).

3. METHODOLOGY

This study employed quantitative methods of data collection using survey for a targeted population being the aged residents, aging between 65+ and 85+, of Osu community, a suburb of Accra. In all, 40 participants ranging from 65+ were conveniently and purposively sampled for the study. The Statistical Package for Social Sciences (SPSS Version 20.0) was the main statistical tools employed in analyzing the data obtained for this study. Descriptively, the data is presented and the Pearson moment correlation coefficients were used to test the research hypotheses.

Measures and Scoring:

A modified version of EQ-5D-5L Health questionnaire was used to assess the health status of the subjects. It was developed by the European Quality of Life Group. EQ-5D-5L means European Quality of Life -5Dimensions-5Levels. It has a Chronbach alpha co-efficient of 0.91. This questionnaire was used to measure the quality of life among the aged living in homes and with the families. It is a 5-point Likert scale with the options ranging from Strongly Agree = 1 to Strongly Disagree = 5. The modified version had ten (10) items so a score from thirty-five (35) to fifty (50) shows high quality of life. A score from twenty (20) to thirty-four (34) shows a moderate quality of life and a score from zero (0) to nineteen (19) shows a poor quality of health.

The Brief COPE is the abbreviated version of the COPE inventory. The modified version of this scale was used to measure the coping strategies adopted by the aged in Osu in dealing with age related stress. The modified version had some of the items taken out and reduced to aid easy comprehension. It is a 4-point Likert scale developed by Carver C.S (1997). The options ranged from “I haven't been doing this at all” to “taking action to try to make the situation better”. Since it was a 4-pont Likert scale and had ten (10) items on it, a score from thirty (30) to forty (40) showed a high coping strategy, a score from fifteen (15) to twenty-nine (29) showed moderate coping strategy and a score from zero (0) to fourteen (14) showed low coping strategy. The Chronbach alpha for the Brief COPE is about 0.85

The Older People’s Quality of Life Questionnaire (OPQLQ) was used to measure the quality of life of the participants. It is a 5-item Likert scale. It has points ranging from Very Good to Very Bad thus a score from thirty-five (35) to fifty (50) shows a high quality of life, a score from twenty (20) to thirty four (34) shows a moderate quality of life and a score from zero (0) to nineteen (19) shows a low quality of life. It has a Chronbach alpha of 0.90.

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Data Analysis:

The data were collated and analyzed using the Statistical Package for Social Sciences (SPSS) version 20.0. All statistical products were measured at 95% confidence level. Pearson Correlation Test was used to measure the first hypothesis. The r value was used to ascertain the true relationship between the two variables measured. The second hypothesis was tested using the Independent t-test whilst One-way Analysis of Variance (ANOVA) was used to measure the third hypothesis. It was used to determine whether there were any significant differences between the means of the three groups. The results for testing the hypotheses were presented in tables and graphs showing the relationship between the various variables were also presented to ease understanding.

4. RESULTS

This section presents the results from testing the hypotheses generated for the study. The presentation is in two parts. Part one covers the socio-demographic data of respondents, while part two covers the inferential statistics findings from respondents.

Socio-demographic characteristics of respondents:

The socio-demographic data collected include gender, age, educational level and religious background of the respondents. This was necessary because it would help the researcher to get an in-depth knowledge about the respondents' background and also to know whether they actually qualify for the study. Forty (40) questionnaires were distributed and retrieved. Out of the forty respondents, 14 representing 32% were male while 26 representing 65% were females. Also regarding the age of the respondents, 13 of the respondents were within the age range of 65-74 representing 32.5%, 11 of the respondents were also within the age range of 75-84 representing 27.5% whiles 16 of the respondents were within the age of 85-94 which represents 40%. The study also sought to find out the religious denomination of the respondents. 18 of the respondents representing 45% were Christians, 15 of the respondents representing 37.5% were Muslims while 7 of the respondents representing 17.5% did not belong to any of the above denominations.

As regards to the educational background of the respondents, 9 of the respondents representing 22% were not having any formal education, 18 of the respondents representing 45% were elementary school leavers, whiles 8 of the respondents representing 20% had received secondary education with 5(12.5%) of the respondents also having received tertiary education.

The details of the demographic data of respondents are presented in the Table below.

Demographic information of the participants:

Table 1.0

			Frequency	Percentage (%)
Gender				
	1	Male	14	35
	2	Female	26	65
	Total	Total	40	100
Age				
	1	65-74	13	32.5
	2	75-84	11	27.5
	3	85-94	16	40
		Total	40	100
Religious Background				
	1	Christian	18	45
	2	Muslim	15	37.5
	3	Others	7	17.5
		Total	40	100
Education Background	1	Informal	9	22
	2	Elementary	18	45
	3	Secondary	8	20
	4	Tertiary	5	12.5
		Total	40	100

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Hypotheses Testing:

H_1: There is a significant positive relationship between quality of life and educational background.

Table showing the correlation between quality of life and educational background

Table 1.1

r	p
1. Quality of Life	.042
2. Educational Background	.397

P > .05

From the table above, it is shown that there is no relationship between quality of life and educational background (r = .o42, p (.397) > .05). This shows that the hypothesis is not supported meaning ones educational background does not affect ones quality of life.

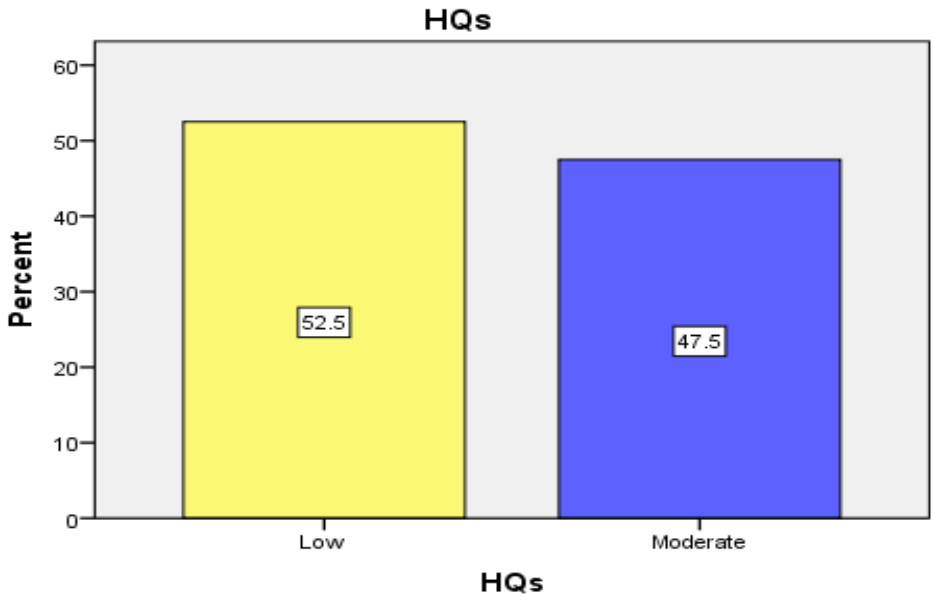

Fig 1.0 Bar chart showing the quality of life of the participants

From the figure above, it is shown that majority (52.5%) of the participants have low quality of life and less than forty-eight (47.5%) have moderate quality of life. This shows that the quality of life of the aged in our society is nothing good to write home about since none of the participants was able to score high enough to achieve high quality of life. This can be due to a number of factors ranging from pressure from home to everyday life stressors.

H_2: There is a significant positive relationship between quality of life and coping strategy among the aged.

Table showing the relationship between quality of life and coping strategy among the aged

Table 1.2

r	p
1. Quality of Life	.505**
2. Coping Strategy	.000

P < .05

From the table above, it is shown that there is a positive correlational relationship between quality of life and coping strategy (r = .505**, p (.000) < .05). This shows that the hypothesis is supported meaning there is a positive correlation between quality of life and coping strategy among the aged.

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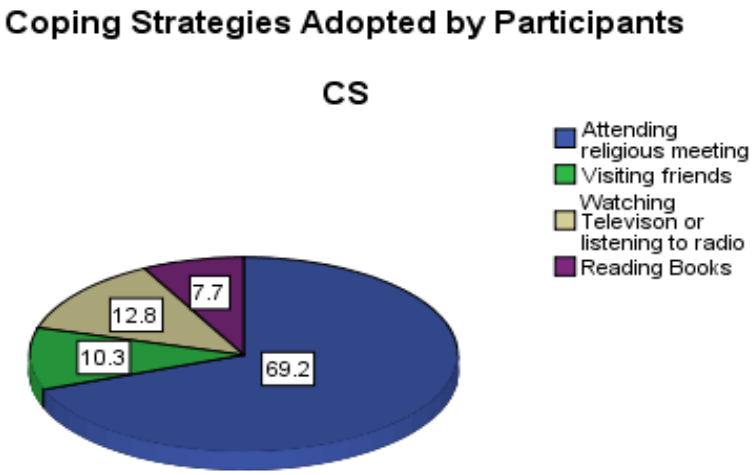

Fig 1.1 Pie Chart showing the coping strategies adopted by the participants

From the figure above, it can be seen that majority of the participants (69.2%) use religious gatherings as the most important coping strategy in dealing with life stressors. This shows how religion can help the aged in coping with disturbing life occurrences. Others (10%) also said they visit their friends which helps them cope with some of the challenges they encounter. From this observation, we can infer that these are mostly the lonely ones who either live alone or do not have people at home to share their problems with. Twelve (12%) said they either watch television programmes or listen to radio in order to deal with some of life stressors. Others (7.7%) said they read books in order to cope. All these coping strategies are very effective and do help the aged to be able to function optimally in the society.

H_3: The older old (75+) will adopt more coping strategy than the younger old (65+).

Table showing the difference in coping strategies between the aged

Table 1.3

Coping Strategy	N	Mean	SD	df	t	p
Low	11	6.455	1.916	38	2.148	.151
Moderate	29	6.689	1.391			

P >.05.

Results from the table above shows that the coping strategy of the older old (M = 6.455, SD = 1.916) is not higher than the younger old (M = 6.689, SD = 1.391) among the aged [$t_{(38)}$ = -2.148, p >.05]. Therefore the hypothesis is not supported.

5. SUMMARY OF FINDINGS

Hypothesis one (H_1) which sought to find out whether ones educational background will have an impact on ones quality of life was not supported. This means that the quality of life one enjoys is not dependent on whether on has a high educational background or not. This is in line with what we mostly see in our society that a person's well-being has no bearing on his or her educational background. Thus, it is no wonder that no relationship was established between educational background and quality of life.

On the other hand, hypothesis two (H_2) tested whether there is a relationship between quality of life and coping strategy among the aged. This hypothesis was fully supported meaning the coping strategy that one employs in dealing with everyday life stressors will have an impact on the quality of life of the person in that if one has a very good social support

system such as religious members or even family and friends, such a person will enjoy better quality of life as compared to a person with none of these social support systems available. This hypothesis thus lays credence to the fact that we need to provide a very strong social support to the elderly in our society.

Finally, hypothesis three (H_3) which tried to establish that the older old (75+) will employ more coping strategy than the younger old (65+) was also not supported. This meant that all the aged age groups employ coping strategies equally regardless of which age category a person falls within. Coping strategy is used by all of them equally and that no one age category employs it more than the other.

In a nutshell, of all the three (3) hypotheses generated for the study, only one was supported by the data collected and two were rejected.

6. DISCUSSION AND CONCLUSION

The study looked at the quality of life, health and coping strategies among the aged and used Osu community as the location for the study. Three (3) hypotheses were generated for the study. Hypothesis one (H_1) stated that 'there is a significant positive relationship between quality of life and educational background'. This hypothesis was not supported and this is in sharp contradiction with a study conducted by Maria and Piotr (2014) who established that the higher level of education one has, the better quality of life that the person will enjoy. These researchers assessed the relationship between ones educational level and the quality of life the person enjoyed and they found that there is a positive linear relationship between ones level of education and ones quality of life such that as one increases, so is an automatic increase in the other.

Nonetheless, this observation cannot be the case in Ghana where most people with little or no form of formal education are also seen enjoying very better quality of life as per the findings of this current study. In Ghana, the quality of life one enjoys is not dependent on the level of education one has. It can therefore be stated that the relationship between formal educational level and quality of life is culture-specific and not universal thus this study is unable to establish a positive relationship between the two.

The second hypothesis stated 'there is a significant positive relationship between quality of life and coping strategy among the aged'. This hypothesis was fully supported and is also in line with studies conducted by Camilla et al, (2015) in Denmark who discovered that pain was seen to have adverse effect on quality of life of participants. This quality of life included physical health, mental well-being and social relations. It was also discovered that the participants employed a number of coping strategies to cope with the pain, manage its consequences and restore a level of health that enabled the participants to function and fulfill social roles. Some of the coping strategies adopted included altering everyday life and keeping daily activities to a minimum. This shows that the use and application of coping strategies is universal. Coping strategies are mostly used when people want to shift their focus from an unpleasant situation to a pleasant one. These coping strategies act like defense mechanisms against most of life stressors. This finding of this current study is also in consonance with that of Barnes et al (2005), who found that most aged people are excluded from many social activities but they cope with this social exclusion by mostly visiting their friends or watching television. This shows that coping strategies are effective in dealing with loneliness that result from having no social group.

One important outcome revealed by the study was that most of the participants (69.2%) used religious meetings as the most effective coping strategy. This is because religious meetings afford the participants the opportunity to meet friends and acquaintances and also there is no form of discrimination or abuse during religious activities thus participants much interest in religious meetings than any other social activity. Religious institutions also provide the people with social support net which they can always fall on in times of need and adversity. This finding of this current study is also in consonance with that of Lua and Samira (2012) who conducted similar study in Malaysia and found that religion was the most used coping strategy among the participants.

The last hypothesis tried to find out whether older old (75+) people will adopt more coping strategy than the younger old (65+). This hypothesis was also not supported and this contradicts a study conducted by Magnus et al, (2005) in Sweden who revealed that all the participants used coping strategies but the frequency of coping strategies used was dependent on the age of the participants. It was discovered that the older a person was, the more frequent the person used coping strategies to deal with situations. This study showed that the participants all used coping strategies equally regardless of age thus no age category uses coping strategies more frequently or less frequently than the other.

Limitations:

We encountered a number of limitations or challenges in the course of the study but prominent among them were;

- Time was a big constraint to this study. We had wanted to use longitudinal study so that we could have adequately tracked changes as they occurred over time but we were compelled to adopt cross-sectional study in which data was collected at a single point in time. This really affected the study since it has been established through numerous studies that the behavior of people fluctuates over time.
- Also some of the participants were very hostile to us thus compelling us to hurry through the interaction.

All these factors limited our ability to effectively tackle the variables of interest.

Recommendations:

We recommend that;

Future studies collect data from around the country so that it can increase the external validity of the study. This will make it possible to generalize the findings from the study. Future studies can also look at how old people cope with ill-health so that it can inform health practitioners to deal with the sick ones.

7. CONCLUSION

This study looked at the quality of life, health and coping strategies among the aged and used Osu as the study location. Data were collected and analyzed based on three hypotheses that were generated for the study. At the end of the study, it was established that one's educational background does not affect the quality of one's life. Even though the study revealed that quality of one's life is not dependent on one's level of education, we believe that adult education will be of help to the aged regarding health related practices in their dairy lives.

It was also established that the quality of one's life is dependent on the coping strategy that one employed.

Finally, it was found that all the participants employed coping strategies equally regardless of the age category one fell in. Tables and graphs were used in the presentation of analyses and the study also made some recommendations pertaining to future studies.

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