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Impact of psychosocial factors on Quality of life amongst 50+ older adults of Karachi, Pakistan

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Abstract
Introduction: *The increase in longevity is one of the greatest achievements. Nevertheless, population ageing is one of the most challenging demographic events in the 21st century, and these challenges are not only faced at the individual, family, or community level but at the global level as well. Therefore, to examine the quality of life in old age, it is essential to look at the key factors that impact ageing well.* ***Method****: A cross-sectional combination of cluster sampling and purposive sampling was used to select households that were approached as a targeted population. The participants were selected from low-, middle-, and high-income areas of Karachi, Pakistan. Three hundred participants aged 50 or over were selected by purposive sampling, 100 each from low, middle, and high-income areas of Karachi, Pakistan. CASP was used as a dependent variable to assess the quality of life of older adults. And various psychosocial variables were used as independent variables, such as the social support scale, social participation, neighbourhood, social coherence, and optimism.* ***Results****: There was a significant positive relationship between quality of life and social support (0.846 95%CI: 0.498, 1.193, P <0.01). A positive neighbourhood environment was associated with higher quality of life, (1.691 95%CI:1.375, 2.008, P<0.01). Moreover, social participation had a negative relationship, such that those with lesser social participation had significantly lower quality of life (-0. 906, 95%CI: -1.375, -0.748, P <0.01). Also, social networking had a significant positive relationship with quality of life (1.157, 95%CI: 0.935, 1.379, P< 0.01 Furthermore, depression was significantly associated with lower quality of life (-3.641, 95%CI: -4.863, -2.418 P <0.001). Moreover, sense of coherence had a significant positive relationship with quality of life (2.099, 95%CI 1.718, 2.479, P <0.001). Optimism had a significant positive relationship with quality of life (0.363 CI 0.204, 0.523 P<0.001).* ***Conclusion:*** *There are not only one or two psychosocial factors that influence the quality of life in old age. This study's findings identified some of the psychosocial factors that decrease quality of life, such as social participation. On the other hand, social support and social networking could change the effects of ageing and improve the quality of life.*
Keywords: *Quality of life, older people, psychosocial, social participation, social networking, social coherence, optimism*

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I. Introduction

The population will continue to age rapidly over the next few decades (1) and there are severe economic and social implications of increasing longevity and a rapidly ageing population (2). Increased longevity is noticeable in developed countries as compared to developing countries (3). Population ageing is one of the most challenging demographic events in the 21st century, and these challenges are not only faced at the individual, family, or community level but at the global level as well (4). Therefore, to examine the quality of life in old age, it is essential to look at the key factors that impact ageing well.

The total population of Pakistan was estimated at 193,203,000 (5). A World Bank report published the average life expectancy at birth in Pakistan from 2007 to 2017. In 2007, life expectancy was 63.55 for males and 65.37 for females. Which increased in 2017, life expectancy at birth for women in Pakistan was 67.93 years, while men were 66.04 years. On average, survival has improved across the lifespan, including in the later ages; this means that more people in Pakistan survive to an older age than ever before. According to the United Nations, 11.6 million over-60-year-old adults live in Pakistan, and it is predicted to reach 43 million by 2050 (6). It is deplorable; with this growing ageing population, Pakistan does not have welfare policies for its ageing population.

Most of the ageing population lives their later lives with stereotypical ideologies (7). Hence, stereotypes of ageing are social constructs that are culturally and historically situated and individually interpreted. However,

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the stereotype may affect the psychosocial health (i.e., mental, social, and emotional wellbeing) of an older person and eventually their quality of life (7).

Psychosocial well-being depends on social participation, social networking, neighbourhoods, and the environment in which people live (8). It was evident that social relationships, social coherence, and community support influenced health and quality of life (9). Furthermore, a study was conducted on people living in a household setting in Britain aged 65 or more. The findings of the research show that having good social relationships, help, and support; living in a home and neighbourhood that is perceived to give pleasure, involving in social activities have a strong association with the quality of life (10).

On the contrary, a study conducted on 286 British people aged 65–75 years suggested that "frequency of contacts with friends and family was negatively associated with the perceived quality and density or closeness of these interactions. Being in contact with friends and family does not guarantee an enhanced quality of life, and some social contacts may be burdensome". Also, the study suggested that 'being in contact with friends and family does not guarantee an enhanced quality of life," and social contact with people may be troublesome. Also, living in a deprived area, the quality of a person's social network may affect their quality of life (11). Moreover, wave 1 of the English longitudinal study of ageing showed that the quality of life decreases in people with depression, but the quality of life is improved by trusting relationships with family and friends, frequent contacts with friends living in good neighbourhoods (12). Another study found that 'in a community-dwelling sample from Taiwan, participants living alone had lower average quality of life scores than other participants. And this could be because of the cultural differences between Eastern and Western cultures. As in Asian societies, more stress is given to living with families. and 'Families are the principal social support network in old age in the Chinese tradition' (13).

II. Methodology

A cross-sectional combination of cluster sampling and purposive sampling was used to select households that were approached as a targeted population. The cluster sampling was done in two stages: i) identifying high-, middle-, and low-income strata, and ii) purposive sampling of a sub-population within each strata. The participants were selected from low-, middle-, and high-income areas of Karachi, Pakistan. Three hundred participants aged 50 or over were selected by purposive sampling, 100 each from low, middle, and high-income areas of Karachi, Pakistan. The sample was designed to replicate the original study, where QoL was measured using CASP 19 (14).

The CASP 13 was used as a dependent variable to assess the quality of life of older adults. However, various psychosocial variables were used as independent variables. Such as social support scale was adapted from the English Longitudinal Study of Ageing (ELSA). It was translated and validated into Urdu, to gain an understanding of the QoL of the sample population. The scales were validated and tested for reliability within an urban sample population (15). A reliability test for this scale test using Cronbach's alpha was performed on the Urdu version of the questionnaire. This showed that the scale had acceptable reliability and good internal consistency, $\alpha = 0.82$. Moreover, the neighbourhood scale was adapted from the study of ELSA and comprised 13 items. No reliability test was performed on this scale because reliability tests cannot be performed on a dichotomous scale (16). The scale was translated from English to Urdu from the original version.

Besides that, the sense of coherence scale was adapted from the Well London research questionnaire. A reliability test using Cronbach alpha was performed on the Urdu version of the questionnaire before full analysis. This showed that the scale did not have a good internal consistency α 0.68. The construct and content validity of the complete Urdu questionnaire were determined in Pakistan by pre-testing the research questionnaire. Moreover, the content validity showed that the questions were straightforward and easy to understand as well as covered all the areas related to the quality of life. Furthermore, the social networking scale was adapted from the study of ELSA, the scale had three items that included meeting family, speaking to family on the phone, and meeting friends.

The reliability test using Cronbach alpha was performed on the Urdu version of the questionnaire. The scale was pretested on the ten subjects before being used in the field. The scale had a weak internal consistency of α 0.54. The construct and content validity of the complete Urdu questionnaire were determined in Pakistan by pre-testing the research questionnaire. Also, the optimism scale was validated in its Urdu version in another study; therefore, it was not validated in my study. It was directly adapted into the Urdu language and validated by other researchers (17). Moreover, the geriatric depression scale was adapted from one of Pakistan's studies (18). The geriatric depression scale was translated and validated in the previous study; therefore, the scale was not validated, and a reliability test was not performed in my study. Older adults, scoring 5 and above on the GDS were considered to have depression; the cut-off was reported to have high sensitivity and specificity in previous studies. Therefore, in my study, the cut-off point was the same as in the original study, which was 5 and above (18).

To analyse the data, SPSS software for data entry and analysis was used for this research. The nominal and categorical data were examined by running frequency tables. Whereas the descriptive analysis for the continuous data was examined by mean ± standard division. To identify the association between the quality of

life and other psychosocial variables, a simple linear regression was performed to examine the relationship between the quality of life and other psychosocial variables.

III. Results

The mean CASP 13 (assessing quality of life) score for the whole sample was 22.39 ± 6.68 the CASP 13 shows the lowest mean score among the countries, where the CASP was used. The findings from this study also identified differences in the score of quality of life in all three groups. Low-income group (LIG) mean CASP score was 17.4 ± 6.6, middle income group (MIA) 22.8 ± 4.9, and high income group (HIA) 26.8 ± 4.5.

The descriptive analysis (Table 1.1) for the social support scale score ranges from 0 to 8, (0 is poor and 8 is the best) and the mean score for all samples was $\bar{x}$ 4.62 ± 2.11. Moreover, the low-income group (LIG) mean score was 4.45 ± 2.37, middle-income group (MIG) 4.72 ± 2.10 and high-income Group (HIG) 4.69 ± 1.84. Moreover, there was a non-significant difference in the social support scores in all three strata (F: 0.50, DF: 2, P-value: 0.60). Besides that, the neighbourhood scale score ranges from 0 to 13, (0 is bad and 13 is best) and the overall mean score for the sample was 8.87±2.05. Also, the mean score from LIG was 7.01 ±1.73, MIG mean score was 9.41 ±1.49 and HIG mean score was 10.22±1.36. Moreover, there was a significant difference in the neighbourhood scores in all three strata (F: 117.17 DF: 2, P<: 0.001). The mean score of depression was 7.58 ± 2.04. The finding was that people living in LIG had a higher depression mean score 8.90±1.84 than the other socioeconomic groups, where the MIG mean score was 7.7 ±1.85, and HIG mean score was 6.2 ± 1.44.

The sense of coherence scale score ranges from 0 to 6 (0 is bad and 6 is a good sense of coherence). The mean score for the overall sample was 3.14 ±1.69. However, the LIG mean score was 2.21± 1.62 lower than the middle-income group 3.57± 1.51. However, in HIG, there was a slight difference in the mean score from the MIG 3.66± 1.55. Moreover, there was a significant difference in the sense of coherence scores in all three strata (F: 26.92, DF: 2, P< 0.001). Moreover, the participants were assessed for optimism towards their lives in old age — the optimistic scale, whose scores range from 0 to 40 (0 meaning less optimistic and 40 meaning more optimistic). The mean score of the overall sample was 23.76±4.62. There was a significant difference in optimism scores in all three strata (F: 3.46, df: 2, P-value: 0.032); the LIG mean score was 22.99±4.22, the MIG mean score was 24.68±4.55, and HIG means the score was 23.62±4.96.

Table 1.1: Descriptive statistics of psychosocial variables

Variables	**All**	**Lower income areas**	**Medium income areas**	**High income areas**
Social support (Mean, SD)	4.62(2.11)	4.45 (2.37)	4.72 (2.10)	4.69 (1.84)
Neighbourhood (Mean, SD)	8.87(2.05)	7.01 (1.73)	9.41 (1.49)	10.22(1.36)
Depression (Mean. SD)	7.58 (2.04)	8.90 (1.84)	7.7 (1.85)	6.2 (1.44)
Sense of coherence (Mean, SD)	3.14 (1.69)	2.21(1.62)	3.57 (1.51)	3.66(1.55)
Optimism (Mean, SD)	23.76(4.62)	22.99(4.22)	24.68(4.55)	23.62(4.96)

The association between psychosocial variables and CASP 13 was done by simple linear regression to identify the relationship between the two continuous variables. There was a significant positive relationship between quality of life and social support (0.846 95%CI: 0.498, 1.193, P <0.01) (Table 6.8). A positive neighbourhood environment was associated with higher quality of life, (1.691 95%CI:1.375, 2.008, P<0.01).

Moreover, social participation had a negative relationship, such that those with lesser social participation had significantly lower quality of life (-0. 906, 95%CI: -1.375, -0.748, P <0.01). Also, social networking had a significant positive relationship with quality of life (1.157, 95%CI: 0.935, 1.379, P< 0.01 Furthermore, depression was significantly associated with lower quality of life (-3.641, 95%CI: -4.863, -2.418 P <0.001). Moreover, sense of coherence had a significant positive relationship with quality of life (2.099, 95%CI 1.718, 2.479, P <0.001). Optimism had a significant positive relationship with quality of life (0.363 CI 0.204, 0.523 P<0.001).

Variable	**Test values and significance**		
	B	**CI (95%) LCL -HCL**	**P-value**
Social support	**0.846**	**(0.498, 1.193)**	**<0.001**
Neighbourhood	**1.691**	**(1.375, 2.008)**	**<0.001**
Social participation	**-0.906**	**(-1.064, 0.748)**	**<0.001**
Social networking	**1.157**	**(0.935, 1.379)**	**<0.001**
Depression	**-3.641**	**(-4.863, 2.418)**	**<0.001**
Sense of Coherence	**2.099**	**(1.718, 2.479)**	**<0.001**
Optimism	**0.363**	**(0.204, 0.523)**	**<0.001**

Table 1.2: Psychosocial bivariable analysis

IV. Discussion

Social support, whether from family or neighbours, always has an influence on people's lives. This study found that social support and a better neighbourhood environment were related to a higher quality of life for older adults. A similar study was conducted using CASP 19, which concluded that older people should 'increase their network of friends and engage with the wider community' (19). Another study also suggested that not getting positive support from family and friends can decrease the quality of life (20).

However, in Pakistani society, family structures and living arrangements for older adults have changed over the past few decades (21). Many older adults are not supported by their families to meet their basic needs and face hardships; in terms of no respect, no care, isolation, poor health, and physical abuse (21). Another study identified older people living in a joint family setup who have not been given proper family care (22). Despite the availability of social networks, such as having family members, in Pakistan, many older adults do not get support from their families and close ones. So that indicated the quality of life of older people in Pakistan is possibly worse than previous years and increases the 'demand for social protection networks for the older people in the coming years. Moreover, my study found that a lack of social participation was related to a lower quality of life. Hence, social networking is likely to increase the quality of life. Muhammad et al (2015), who conducted the study in Pakistan, also reported that people in old age who still have power and participate in decision making have a better life. However, people in old age who experience social isolation have adverse effects on their quality of life, and this could be referred to as the disengagement theory; (23) that highlights that older adults get disengaged from their social lives in their later lives (24). Furthermore, previous studies have confirmed that there is a positive association between social relationships and improved health conditions. It has also been identified

that countries with a better social network have a lower mortality rate. Social networks reduce stress, and the availability of social support has an impact on well-being (25). Moreover, a study using CASP has also identified that both social networking and social participation are strongly associated with 'better cognitive abilities, higher subjective well-being, and less depression' (26).

Beisdes that depression has become a significant public health issue, especially among the elderly. "Pakistan has 22.9% of the elderly population facing depression" (27). A previous study using CASP 19 identified that depression has a negative association with quality of life (13). Further, in another study, it was identified that a depressed person has a poorer quality of life than a person who does not have depression (28). A similar finding was identified in my study: depression decreases the quality of life of older adults. Hence, the cut-off point for the depression scale in this study was a score 5 or> 5. It was identified that all three strata included scores of more than five. Also, people living in low socio-economic areas had a higher mean score of depression than those living in middle- and high-income areas. This study was a cross-sectional study, and the data was collected at one point in time. Therefore, most of the time, the participants replied based on the current situation. Therefore, responding to any scale like depression could be affected by the present situation.

Moreover, this study identified that the sense of coherence had a positive effect on the quality of life. The previous study assumed that SOC is an attitude of people who are well educated, are in rather privileged societal positions, and have opportunities for decision-making (29). And my study revealed that the sense of coherence was lower in the low- and middle-income groups than in the middle- and high-income groups. Moreover, it can be assumed that the low literacy level could be one of the reasons for the low score in the low-income group. However, this study found that SOC had a positive association with quality of life, as it has been acknowledged as a way of viewing the world and one's life. It has also been suggested by other studies that more positive evaluations of one's life history among older adults; have a stronger sense of coherence (30). Besides that, this study has found that optimism has a positive association with quality of life.

V. Conclusion

There are not only one or two psychosocial factors that influence the quality of life in old age. It also depends on one's life circumstances and living in a certain culture. However, this study's findings identified some of the psychosocial factors that decrease quality of life, such as social participation. On the other hand, social support and social networking could change the effects of ageing and improve the quality of life.

The family system has changed in recent years due to industrialization and globalisation, where more people live in a nuclear family than in an extended family system. Therefore, an older adult has been left alone. Since Pakistan is an Islamic country, religion is firm, and the family is responsible for looking after their older parents. It is the social duty of children to look after their parents appropriately. My study has also identified that social context in old age has a significant relationship with quality of life, including social support, neighbourhood, social participation, and social networking. Social support has a significant positive association with quality of life, and it has become a source of help in old age. This study has also identified that a lack of social participation in old age decreases the quality of life. Therefore, older people should be provided with a safer place to live. And provide a platform for both men and women to interact and socialise daily. Strategies should be developed to promote social participation and social networking at the community level. A more community-level programme could be organised at the community level by the non-government organisation (NGO). As the family system is changing, older parents are left alone when children migrate to another part of the world for better job opportunities, which leaves parents lonely and isolated. A policy should be developed for all non-government organisations to take responsibility for encouraging older people to engage them in social and community activities to improve their psychosocial wellbeing.

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