

Factors Affecting Overall Quality of Life of the Elderly Living in Informal Caregiving Settings in Colombo District, Sri Lanka

H.S.M.S.K. Wijesiri^{1*}, S.H. De Silva Weliange²,
S. Wasalathanthri³ and C.N. Wijeyaratne⁴

¹*Department of Nursing and Midwifery, Faculty of Allied Health Sciences, General Sir John Kotelawala Defence University, Boralesgamuwa 10290, Sri Lanka*

²*Department of Community Medicine* ³*Department of Physiology*

⁴*Department of Obstetrics and Gynecology*

Faculty of Medicine, University of Colombo, Colombo 00800, Sri Lanka

**maligaskumari@kdu.ac.lk*

Quality of life (QOL) explains the aspects of health, functional status and well-being of the people. This community-based cross-sectional study examined the factors affecting the overall QOL of the elderly living in informal caregiving settings in Colombo district, Sri Lanka. A representative sample (n=723) of elderly people aged >65 years was obtained by multi-stage cluster sampling. Sociodemographic variables were recorded and overall QOL was assessed using a validated Sinhala version of WHOQOL BREF Questionnaire. Activities of daily living (ADL) and instrumental activities of daily living (IADL) were assessed using validated Sinhala versions of 10-item Barthel Index and Lawton IADL scales respectively. Data analysis was done using SPSS 20. Simple and multiple linear regression analyses were conducted to find the associations between overall QOL and the sociodemographic data, activity limitations and morbidity data. Mean $\pm$ SD age of the elderly was 72.23 ± 6.3 years and mean $\pm$ SD score of the overall QOL was 56.73 ± 12.57 out of 100. Overall QOL was negatively associated with ADL (beta coefficient $[\beta] = -6.44$, $p < 0.001$) and IADL limitations ($\beta = -4.82$, $p < 0.001$), and having arthritis ($\beta = -3.01$, $p < 0.01$) and heart disease ($\beta = -2.84$, $p < 0.05$) in adjusted models. Significant positive associations were observed between the overall QOL and the educational status (secondary education $\beta = 3.29$, $p < 0.01$; tertiary education $\beta = 8.91$, $p < 0.001$), living conditions (living with spouse $\beta = 6.43$, $p < 0.01$; living with spouse and children $\beta = 5.05$, $p < 0.01$), participation in religious activities ($\beta = 7.01$, $p < 0.001$), frequently visited by relatives or friends ($\beta = 3.13$, $p < 0.001$) and financial independence ($\beta = 3.52$, $p < 0.001$) in adjusted models. Presence of activity limitations and chronic diseases, especially arthritis and heart disease tend to reduce the QOL while having higher educational status, living with family members, participating in religious activities, having regular social interactions with friends and relatives and financial independence tend to improve the QOL of elderly living in informal caregiving settings.

Keywords: Overall QOL, ADL, IADL, Elderly, Informal caregiving settings