

Quality of life of older adults in Mexico

Research article

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Abstract

Background. The quality of life for older adults is essential for improving the quality of care and allocating social and healthcare services. It encompasses the person's physical health, physiological state, level of independence, social relationships, and connection with their environment. For older adults, satisfaction with each of these aspects reflects on their perceived quality of life, impacting on their daily lives, interactions with others, self-esteem, and well-being. **Objective.** To assess the perceived quality of life among older adults in three states of Mexico. **Methodology.** A cross-sectional quantitative study involving 235 older adults. The WHOQOL-FREF questionnaire was administered, and results were evaluated based on established parameters. ANOVA and Pearson correlation tests were applied. **Results.** Statistically significant differences ($p > 0.05$) were observed across the states. There is a correlation between low monthly income and a low perceived quality of life in the dimensions of physical health, mental health, and social relationships. **Conclusions.** The perceived quality of life in older adults is related to their economic level, particularly in the dimensions of physical, mental, and social Health.

Keywords: Quality of life, Older adult, Perception

Introduction

The World Health Organization (WHO) defines quality of life as a person's perception of their position in life within the cultural context and value system in which they live, considering their goals, expectations, standards, and concerns. It includes the person's physical health, physiological state, level of independence, social relationships, and connection with their environment [1] For older adults, the satisfaction of each of these aspects is reflected in their perceived quality of life, affecting their daily lives, interactions with others, self-esteem, and well-being. Demographic shifts have resulted in an increase in the global older adult population. According to the 2022 World Population Prospects, the population over 65 is growing more rapidly than the population under this age, making it necessary to identify their needs from a health perspective to provide adequate and timely care. Considering the quality of life of older adults is increasingly important in evaluating and improving care quality and allocating social and health services [2].

Studies indicate that the quality of life perceived by older adults is generally low, impacted mainly by poverty, sensory ability, and social participation. In Cuba, Corugedo et al. [3] found that 82% of older adults perceive a low quality of life and socioeconomic status. Similarly, Duarte et al. concluded that only 40.1% of patients admitted to a geriatric hospital in Cuba have a good quality of life. [4] Gutiérrez et al. found in Luanda, Angola, that life satisfaction and perceived health among the very elderly and institutionalized people are low and that life satisfaction declines with age. No gender differences were observed [5].

In Mexico, Villareal et al. [6] used the World Health Organization Quality of Life for Older Adults (WHOQOL-OLD) assessment, which evaluates quality of life through six dimensions: sensory abilities, autonomy, past, present, and future activities, participation/isolation, intimacy, and death and dying, finding significant differences in the quality-of-life perception of older adults residing in the country's capital compared to those in another state. In the former, sensory ability is rated higher, while in the latter, social participation perception is-



stronger. Peña Marcial's study in Guerrero, Mexico, found that 80% of older adults perceive a low quality of life, with physical, emotional, and social issues contributing to a negative outlook on their health and life. In a study with older adults from Mexico and Ecuador, Ochoa et al. found associations between sensory abilities and sports practice, as well as between social participation and educational level [7].

Methods and Materials

This quantitative, cross-sectional, observational study was conducted from February to May 2023 with 235 older adults from three states in Mexico: a rural population in Pilcaya, Guerrero (32%); and two urban populations in Cuernavaca, Morelos (34%) and Irapuato, Guanajuato (34%). Participants met the selection criteria (aged over 60 years, able to speak and hear, and agreed to participate in the study). They were selected through non-probabilistic convenience sampling. The WHOQOL-FREF questionnaire (World Health Organization Quality

of Life), validated for older adults in Mexico, [8] was used. It consists of 26 items that assess four dimensions: physical health, psychological health, social relationships, and environment, on a Likert scale with values from 1 to 5, where 1=Not at all, 2=A little, 3=Normal, 4=Quite good, 5=Extremely. Trained interviewers administered the questionnaire in health center waiting rooms, and informed consent was recorded. The collected data was entered into an Excel database and analyzed using SPSS V-22 statistical software. Pearson's correlation coefficient tests with a 95% confidence interval (CI) were applied.

Results

Of the total participants, 66.4% were female. A majority of participants do not live with a partner (64.4%), 54.1% have basic education (can read and write), 28.6% are retired, and 24% rely on government social programs. Over 30% of participants cannot meet their basic needs (Table 1).

Table 1: Sociodemographic characteristics. Mexico, 2023.

| Feature | Number | Percentage |
|-----------------------------|--------|------------|
| Sex | | |
| Women | 15 | .4 |
| Men | 79 | 33. |
| Marital status | | |
| Married | 84 | 35. |
| Bachelor | 151 | 4.4 |
| Level of education | | |
| No studies | 2 | 15.1 |
| Basic education | 12 | 54.1 |
| Technical or professional | 73 | 30.8 |
| Maintenance | | |
| Social programs | 5 | 24 |
| Husband | 35 | 14.9 |
| Children | 44 | 18.8 |
| Retiree | 7 | 28. |
| Own income | 33 | 13.7 |
| Economic capacity | | |
| Extreme poverty | 14 | 5.9 |
| Not enough for basic needs | 7 | 28.51 |
| Reach only basic needs | 33 | 14.04 |
| Enough to cover basic needs | 121 | 51.49 |

The most frequently reported chronic conditions are hypertension and diabetes mellitus, with more than one condition often coexisting. A total of 78.1% of participants perceive themselves as ill, even if they have not reported a chronic illness diagnosis (Table 2).

Regarding perceived quality of life, it is generally low. By evaluating each dimension, it is observed that in Pilcaya, no dimension was rated as excellent; social relationships and environment dimensions have a high percentage in the low level. In general, Pilcaya's dimensions were mostly rated as low, while in the cities of Cuernavaca and Irapuato, the dimensions were perceived as excellent (Table 3).

Quality of life perception among older adults varies by state, with the social relationships dimension perceived as the lowest in all states. This dimension relates to family life, years lived, work activity, and de-

pendency level. The analysis by dimensions shows that physical health is mainly perceived between low (6.58) and normal (7.3), with a particularly low score (6.58) in the "healthy" category. The psychological health dimension scores mainly as normal (6.94). The social relationships dimension scored in the "none" category (1.93), suggesting that older adults feel little to no social integration, with a low-level score of 9.22. The environmental dimension indicates it is unfavorable, with a score of 0.6 in "none" and 4.64 in "low." (Figure 1).

Results show a significant correlation between monthly income and quality of life perception across all four dimensions. There is a significant correlation between perceived physical health level and social relationships, as well as between social relationships, mental health, and the environment (Table 4).



Table 2: Self-reported morbidity in older adults from three states in Mexico. Mexico, 2023.

| Morbidity | Number | Percentage |
|--------------------------------|--------|------------|
| High blood pressure | 7 | 28.8 |
| Diabetes mellitus | 2 | 2 |
| Mental or neurological illness | 4 | 1.8 |
| Cancer | 4 | 1.8 |
| He perceives himself as sick | 184 | 78.1 |

Table 3: Perception of quality-of-life according to the four dimensions per state. Mexico, 2023.

| | Psychological health | | Physical Health | | Social Relationships | | Environment | |
|----------------------------|----------------------|-------|-----------------|-------|----------------------|-------|-------------|-------|
| | n | % | n | % | n | % | n | % |
| Pilcaya, Guerrero. | | | | | | | | |
| Casualty | 4 | 5.5 | 18 | 24 | 35 | 4.7 | 23 | 30.7 |
| Regular | 48 | 4 | 25 | 33 | 2 | 35 | 51 | 8 |
| Good | 23 | 30.5 | 33 | 43 | 14 | 18.3 | 1 | 1.3 |
| Cuernavaca, Mor- elos. | | | | | | | | |
| Casualty | 7 | 8.75 | 14 | 17.5 | 18 | 22.5 | 4 | 5 |
| Regular | 23 | 28.75 | 11 | 20 | 17 | 21.25 | 18 | 22.5 |
| Good | 3 | 45 | 45 | 5.25 | 34 | 42.5 | 39 | 48.75 |
| Excellent | 14 | 17.5 | 5 | .25 | 11 | 13.75 | 19 | 23.75 |
| Irapuato, Guana- juato. | | | | | | | | |
| Casualty | 5 | .3 | 4 | 5 | | 7.5 | 9 | 11.25 |
| Regular | 23 | 25.7 | 33 | 41.25 | 47 | 58.75 | 21 | 2.25 |
| Good | 41 | 51.2 | 37 | 4.25 | 27 | 33.75 | 40 | 50 |
| Excellent | 11 | 13.8 | | 7.5 | | | 10 | 12.5 |

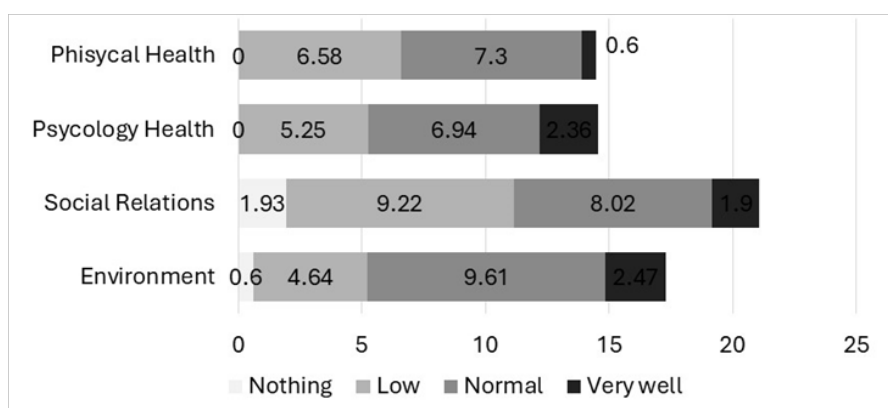


Figure 1: ANOVA quality of life Score. Mexico, 2023.



Table 4: Correlation of monthly income and levels of perception of quality of life. Mexico, 2023.

| Dimension | State | Monthly income | Physical health | Mental health | Social relationships | Environment |
|----------------------|-------------|----------------|-----------------|---------------|----------------------|-------------|
| Physical Health | Warrior | .308** | | | | |
| | Morelos | .227* | | | | |
| | Guana-juato | .329** | | | | |
| Mental Health | Warrior | .370** | .507** | | | |
| | Morelos | 0.072 | .41** | | | |
| | Guana-juato | .253* | .43** | | | |
| Social Relationships | Warrior | .514** | .31** | .287* | | |
| | Morelos | .303** | .494** | .78** | | |
| | Guana-juato | 0.049 | 320** | .55** | | |
| Environment | Warrior | .229* | .237** | 0.08 | .448** | |
| | Morelos | .299** | .410** | .701** | .712** | |
| | Guana-juato | .227* | 0.113 | .380** | .2** | |

**The correlation is significant at the 0.01 level (2 tails).

*The correlation is significant at the 0.05 level (2 tails).

Conclusions

The education level of older adults is mostly basic, reflecting the limited opportunities for advanced education in the past. This impacts their income level, social circle, and ability to maintain stable social relationships.

The perception of quality of life in older adults across all four dimensions is largely determined by economic capacity, particularly in the social relationships dimension and to a lesser degree in the environment, especially among populations with lower development indices. Limited financial resources affect older adults' ability to manage chronic conditions, including access to specialized medical care, medication, and physical exercise.

Age is a determining factor in having a companion who provides support and promotes participation in social groups. Many older adults experience being excluded from decision-making in family matters or social events, leading to perceived social isolation. It is essential for countries to implement the measures of the Vienna International Plan of Action on Aging, which calls for specific actions on health and nutrition, consumer protection for the elderly, housing and environment, family, social welfare, income security, employment, education, research data compilation and analysis to improve well-being for this population.

Discussion

The results of this study are consistent with those found in other research. The perceived quality of life among older adults is generally low, especially in underprivileged groups, as limited economic resources restrict access to specialized medical care, medications, and physical exercise. Similar to Corugedo et al., this study determined that economic level correlates with quality-of-life perception.

While economic level plays a key role in quality-of-life perception, other factors also affect it, such as feeling valued by family and society. In this population, affective states deteriorate due to dissatisfaction with their vulnerability, physical limitations, and the presence of one or more chronic illnesses that generate pain, discomfort, and uncertainty about the immediate future, leading to feelings of unhappiness.

Family relationships may become strained, as older adults feel isolated, receive little affection and respect, and are ignored in family dynamics.

Like Gutiérrez et al. [5] this study found no gender differences in quality-of-life perception.

Consistent with Villareal et al., it was found that quality of life perception is better in more developed cities, highlighting the need to create inclusive programs suited to older adults' capabilities and to encourage social participation in appealing groups and activities.

Conflict of Interest

None to report.

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