



QUALITY OF LIFE AMONG THE ELDERLY WITH AND WITHOUT COMPANION

QUALIDADE DE VIDA ENTRE IDOSOS COM E SEM COMPANHEIRO

CALIDAD DE VIDA DE LAS PERSONAS MAYORES CON Y SIN COMPAÑERO

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ABSTRACT

Objective: to compare the scores of quality of life (QOL) among the elderly with and without a companion.

Method: cross-sectional survey with elderly people of urban and rural areas. The instruments were used World Health Organization Quality of Life-BREF (WHOQOL-BREF) and the World Health Organization Quality of Life Assessment for Older Adults (WHOQOL-OLD). For data analysis, we used descriptive analysis and Student's t test ($p < 0.05$). The Research Ethics Committee No. 897 and no. 1477 have approved the research project.

Results: those without fellow in urban area were older and had less schooling. The WHOQOL-BREF the lowest score of QOL was in the environment in both groups; WHOQOL-OLD minor in score was in facet autonomy. The elderly without companion showed significantly lower scores in social relations and in intimate facet.

Conclusion: it is necessary that health professionals to check the impact of the lack of fellow in the quality of life of the elderly. **Descriptors:** Elderly; Quality of Life; Nursing; Geriatrics; Marital State.

RESUMO

Objetivo: comparar os escores de qualidade de vida (QV) entre os idosos com e sem companheiro. **Método:** inquérito transversal com idosos das áreas urbana e rural. Utilizaram-se os instrumentos World Health Organization Quality of Life - BREF (WHOQOL-BREF) e o World Health Organization Quality of Life Assessment for Older Adults (WHOQOL-OLD). Para análise dos dados utilizou-se análise descritiva e teste *t*-Student ($p < 0,05$). O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa nº897 e nº1477. **Resultados:** aqueles sem companheiro na área urbana eram mais velhos e tinham menor escolaridade. No WHOQOL-BREF o menor escore de QV foi no meio ambiente em ambos os grupos; no WHOQOL-OLD o menor escore esteve na faceta autonomia. Os idosos sem companheiro apresentaram escores significativamente menores no domínio das relações sociais e na faceta intimidade. **Conclusão:** é necessário que os profissionais de saúde verifiquem o impacto da falta de companheiro na qualidade de vida dos idosos. **Descritores:** Idoso; Qualidade de Vida; Enfermagem; Geriatria; Estado Conjugal.

RESUMEN

Objetivo: comparar las puntuaciones de calidad de vida (CDV) entre las personas mayores con y sin un compañero. **Método:** estudio transversal con personas mayores de zonas urbanas y rurales. Los instrumentos utilizados fueron mundo Salud Organización calidad de vida-BREF (WHOQOL-BREF) y la evaluación de calidad de vida de organización de mundo salud para adultos mayores (WHOQOL-OLD). Para el análisis de datos se utilizan el análisis descriptivo y la prueba de *t* de Student ($p < 0.05$). El proyecto de investigación ha sido aprobado por el Comité no. 897 de investigación ética y N° 1477. Resultados: los sin compañeros en área urbana eran mayores y tenían menor escolaridad. El WHOQOL-BREF el puntaje más bajo de la CdV fue en el medio ambiente en ambos grupos; WHOQOL-edad menor puntuación fue en la autonomía de la faceta. Puntuaciones en las relaciones sociales y en la faceta íntima inferiores de los ancianos sin compañero mostró significativamente. **Conclusión:** es necesario que profesionales de la salud para verificar el impacto de la falta de compañeros en la calidad de vida de los ancianos. **Descritores:** Ancianos; Calidad de Vida; Enfermería; Geriatria; Estado Civil.

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INTRODUCTION

With the population of elderly increasingly growing, Brazil has been showing its age composition changes. It turns out in the period from 1999 to 2009, the significant increase of elderly Brazilians, from 9.1% to 11.3%.¹

In Brazil, when analyzed the proportion of elderly housing area, show differences compared to the groups, being the representative in 10.95% rural area, while in urbana is 10.76%.² Dstakethat the elderly population residing in urban areas have greater access to healthcare, leisure activities and social contact. However, 75% of the municipalities in the country are classified as rural environment by presenting a quantity less than 25,000 km ³, which makes it necessary to investigate the quality of life in this environment.

In this way, from the conjecture that the aging process is determined by the social context in which the elderly age, the physical, psychological and social changes that are possible to occur in this step, end up being attenuated by the context in which it is included. The environment and its features may become facilitators or barriers as well as its behavior.⁴

In addition, if there are differences regarding the sex between the localities, which may influence marital state. According to the Census of 2010, most of the elderly living in rural areas were men (52.8%); diverging from the urban area in which women prevail (57.1%).² this may affect the quality of life (QOL) of the elderly.

Research carried out in Portugal QOL scores of noted that rural elderly were superior to those of the urban environment. Furthermore, the countryside has healthier living conditions to provide the successful aging, unlike urban area.⁴Other research showed no significant difference in the quality of life of urban and rural seniors.³

In the present study adopted the concept of QOL proposed by the World Health Organization (who): "the perception of the individual of their position in life, in the context of culture and value system in which he lives and in relation to your goals, expectations, standards and concerns".⁵

It should be noted that the differences of social relations and infrastructure of urban and rural areas could affect health and QOL of the elderly. In this satisfaction, it is assumed that, for the confrontation of these aspects, it is essential to the family support, in particular

the spouse/partner for the daily coexistence. It is, still, the scarcity of studies conducted with elderly rural area, denoting the necessity of deepening this issue.

OBJECTIVE

- Compare QOL scores among the elderly with and without a companion.

METHOD

The research project "Morbidities and the quality of life of the urban and rural elderly population in the city of Uberaba-MG" conducted by the research group in the collective Health of the Universidade Federal do Triângulo Mineiro. This project adds 2 studies carried out in that municipality, being in the urban area in 2008 and 2011, outlined how rural household survey, transversal and observational study.

In the urban area population sample was calculated considering 95% confidence, 80% power output test, error margin of 4.0% to interval estimates and a proportion estimated $\pi=0.5$ to the proportions of interest.

In the countryside, was obtained in June 2010, the number of seniors enrolled in the family health strategy (FHS), a total of 1,297.

Established inclusion criteria: having 60 years or older; reside in urban or rural zone of the municipality of Uberaba-MG; not display cognitive decline and agree to participate in the research. Were excluded older people who changed their address; not been found after three visits of the interviewer and were hospitalized, the period of data collection. In this way, 2,140 elderly urban zone participated, of whom 1,046 have companions and 1,094. In rural areas the sample consisted of 850 elderly, 572 have companions and 278 do not.

The cognitive assessment by performed by Mini Mental State examination (MMSE), translated and validated in Brazil.⁶ the MMSE provides information on various cognitive parameters, containing questions grouped into seven categories: temporal and spatial orientation; record of three words; attention and calculation; recall of three words, language and constructive visual capacity. The MMSE score ranges from zero to 30 points, having as cut-off points: 13 for 18 for education of illiterates, 1 to 11 years and 26 for schooling over 11 years.⁶

We used the questionnaire *Olders Americans Resources and Services* (SROS), prepared by *Duke University* and adapted to Brazilian reality to get the socio-demographic characteristics.⁷

The sociodemographic variables studied were: gender (female or male); age (60-70, 70-80, ≥ 80 years); marital status (with and without companion); schooling, in years of study (without schooling, 1-4, 4-8, and 9 more); individual income minimum wages (no, <1, 1, 1-3; 3-5, >5).

For measure the QV, we used the *World Health Organization Quality of Life-BREF* (WHOQOL-BREF)⁸ and the *World Health Organization Quality of Life Assessment for Older Adults* (WHOQOL-OLD), both validated in Brazil.⁹

The WHOQOL-BREF, generic instrument, is made up of four domains: physical (pain and discomfort; energy and tiredness; sleep and rest; activities of daily life; dependence on medication or treatments and working capacity); psychological (positive feelings, thinking, learning, memory and concentration; self-esteem; body image and appearances; negative feelings, spirituality, religion and personal beliefs); social relations (personal relations; social support and sexual activity); environment (physical security and protection; home environment; financial resources; health and social care; availability and quality; opportunity to acquire new information and skills, participation and recreation/leisure opportunity; physical environment: pollution, noise, traffic, weather and transportation).⁸

The WHOQOL-OLD, specific to seniors, aims to assess: sensory abilities (sensory function and assesses the impact of the loss of sensory skills in quality of life); autonomy (refers to independence in old age, describes how far it is able to live independently and make their own decisions); past, present and future activities (describes the satisfaction over achievements in life and things to which it yearns); social participation (participation in everyday activities, especially in the community), death and dying (worries, anxieties and fears about death and dying) and intimacy (assesses the ability to have personal and intimate relationships).⁹

The interviews were applied in the urban area during the period from August to

December 2008 and June 2010 rural to March 2011. These were subject to revision and codification by the field supervisor.

The data collected in urban and rural areas were processed in the microcomputer, for two people in double entry in Excel® program. Later, it was found the existence of inconsistent data between the two databases, shall fix, where appropriate, through consultation with the original interview.

For the conduct of the present research were selected, in the databases of the urban and rural areas, the variables of interest, composing a single database.

Statistical analysis was performed by means of simple frequency distribution, mean and standard deviation. To compare QOL among the elderly with and without companion we used the *t*-Student test (*p*<0.05) being carried out adjustment for sex, age and place of residence, by means of multiple linear regression (*p*<0.05).

Each domain of the WHOQOL-BREF and facet of WHOQOL-OLD were analyzed separately. The questionnaires were consolidated in *software Statistical Package for the Social Sciences* (SPSS) version 17.0 with their respective syntaxes. The scores range from zero to 100, with the higher number corresponds to better QOL.

The Committee of ethics in research with Human Beings of the Universidade Federal do Triângulo Mineiro, protocols no. 897 and no.1477 approved both projects. The elderly have signed an informed consent, after the relevant clarifications.

RESULTS

In the countryside there are more elderly people with companion (67.3%), while urban prevail without the companion (50.2%).

In table 1, the following are the demographic data of the population studied.

Table 1. Frequency Distribution of socio-economic and demographic variables of the elderly. Uberaba, 2012.

Variables	With				Without			
	Urbana		Rural		Urbana		Rural	
	n	%	n	%	n	%	n	%
Sex								
Male	551	52,7	330	57,7	252	23,0	119	42,8
Female	495	47,3	242	42,3	842	77,0	159	57,2
Age group								
60 70	560	53,5	376	65,7	433	39,6	139	50,0
70 80	385	36,8	157	27,4	436	39,9	104	37,4
80 in more	101	9,7	39	6,8	225	20,6	35	12,6
Schooling								
No schooling	175	16,9	132	23,1	250	23,0	77	27,7
1 4 years	322	31,1	166	29,0	359	33,1	90	32,4
4 8 years	364	35,1	215	37,6	341	31,4	97	34,9
8 years	52	5,0	22	3,8	43	4,0	7	2,5
9 years and more	123	11,9	37	6,5	92	8,5	7	2,5
Individual income (Minimum wages)								
Without	166	15,9	70	12,2	58	5,3	16	5,8
< 1	15	1,4	21	3,7	9	0,8	10	3,6
1	501	47,9	258	45,1	678	62,0	151	54,3
1 3	287	27,4	179	31,3	289	26,4	80	28,8
3 5	46	4,4	31	5,4	38	3,5	15	5,4
> 5	23	2,2	13	2,3	17	1,6	5	1,8

Among the elderly with fellow urban areas (52.7%) and rural (57.7%), most were male. Among those who did not have a companion, both in the urban area (77.0%) and rural areas (57.2%), females prevailed, table 1.

Among the elderly with fellow urban areas (53.5%) and rural (65.7%) most were aged between 60 | 70 years. For without companion, the highest percentage of elderly in the urban area (39.9%) had 70 | 80 years, while that of the rural area (50.0%), 60 | 70 years, table 1.

The educational level of 4 | 8 years showed similar percentage for the elderly with fellow in urban areas (35.1%), rural (37.6%) and companion without in rural (34.9%). However, there was less schooling (1 | 4 years) among those without companion of urban space (33.1%), table 1.

The elderly with fellow urban areas (47.9%) and rural (45.1%), as well as those who have

no mate of urban areas (62.0%) and rural (54.3%), showed higher percentage of income to a monthly minimum wage, Table 1.

With regard to QOL senior citizens with fellow residents in urban areas (67.3%) and rural (60.5%), and those without companion of urban areas (67.5%) and rural (57.2%) regarded it as good.

Regarding satisfaction with health, both the elderly with fellow residents in the urban area (64.8%) and rural (60.5%) and companions without in urban areas (64.3%) and rural (59.7%) were satisfied.

In table 2, the scores of QV according to marital status.

Table 2. Distribution of quality-of-life scores of WHOQOL-BREF and WHOQOL-OLD, elderly according to presence or absence of mate. Uberaba, 2012.

WHOQOL-BREF	With	Without	t	p	p *
Physical	63.43	60.89	-4.142	< 0.001	0.371
Psychological	68.64	66.33	-4.983	< 0.001	0.073
Social relations	71.74	68.45	-7.208	< 0.001	< 0.001
Environment	63.14	62.30	-1.898	0.058	0.332
WHOQOL-OLD					
Sensory abilities	77.77	77.96	0.254	0.799	0.554
Autonomy	63.38	61.99	-2.439	0.015	0.277
Past, present, future activities	67.47	66.21	-2.612	0.009	0.152
Social participation	65.93	64.96	-1.801	0.072	0.851
Death and dying	75.07	74.95	-0.132	0.895	0.556
Intimacy	73.23	66.53	-11.050	< 0.001	< 0.001

* Adjusted for sex, age and place of residence.

The WHOQOL-BREF, the highest score of QOL in both groups was in the field social relations; with the highest score among those with companion (71.74) without partner (68.45). Already the lowest score of QOL among seniors with companion (63.14) was on

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the environment, while for those without companion went to the physical (60.89), table 2.

In the areas of physical, psychological and social relations, there was difference between

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the groups. However, after adjustment for sex, age and place of residence remained only for the domain social relationships, table 2.

The average score of QOL in the field social relations, the elderly without companion, was significantly lower compared with those with companion, even after adjusting for possible confounding variables ($p < 0.001$), table 2.

The WHOQOL-OLD, the highest score of QOL for the elderly with companion (77.77) and companion (77.96), was in the field sensory abilities. There was also the lowest scores of QOL in facet autonomy among seniors with companion (63.38) and companion (61.99), table 2.

The average score of QOL in older people without companion intimacy facet was significantly lower compared to with companion, even after adjustment for sex, age and place of residence ($p < 0.001$), table 2.

DISCUSSION

Different results were obtained in study among elderly in urban area of Ubá MG which showed that most had Companion (59.7%)¹⁰, and research in the countryside in Encruzilhada do Sul-RS in which 62% of seniors lacked.¹¹

As for the sex, study in Porto Alegre-RS showed more men living with (72.3%) than women (34.8%), similar to that achieved in this research.¹²

Points out that men have less longevity causing the male surviving spouses is less towards women. In 2010, the women's life expectancy at birth was 77.32 years and for men, 69.73 years.¹³ This fact may be related to greater male exposure to health risk factors such as higher consumption of alcohol and smoking when compared to women highlighted by the scientific literature.¹²

Public policies should be directed at older women, as are more enduring and, for the most part, have no mate. Such policies should provide social support to older women, better access to health services and the maintenance of their active participation in society, avoiding dependencies, isolation and institutionalization.

The predominance of elderly younger corroborates in part with data from the Brazilian Institute of geography and statistics (IBGE), which indicate that the majority of elderly urban zone (54.9%) and rural seniors (56.2%) have between 60-70 years.¹

Draws attention, in this research, the elderly, and the urban area who live alone and are in an older age group. As noted in another study¹⁴, municipalities still lack of

Inter sectorial projects to support the elderly, particularly older ones who do not have companions, multiprofessional teams qualified as well as for the geriatric care.

Diverging of these findings, in Brazil, 32.3% of the elderly have between 4-8 years of study followed by those with less than a year of study and without schooling (30.7%).¹ the low educational level among the elderly may be related to differences in social opportunity of urban environment.¹⁵

Is mister that health professionals have, among the priorities, the work with the elderly with low level of schooling and without companions. Strategies must be implemented with the aim of maintaining self-care with health, research of family members that can provide social support, as well as the expansion of networking. We consider the importance of effective communication in the professional relationship-elderly.

Consistent with this research prevails among the elderly Brazilians home income of up to one minimum wage (43.2%).¹ stands out that in Brazil, 40% of elderly urban area heading their families with a minimum wage and in rural areas this percentage is even higher (65%), setting them the most likely to have health problems and housing.¹⁶

Referring to the evaluation of quality of life, a result consistent with the study conducted in Foz do Iguaçu-PR with prevalence of elderly with companion (70.3%) who felt their quality of life as well.¹⁷

As to satisfaction with health, different results were found in studies in the urban area of Ubá-MG, in which 66.5% of seniors reported their health as fair or poor, with only 33.5% considered it as good¹⁰; and in research of rural area in Encruzilhada do Sul-RS that 46.7% of elderly persons self-assessed their health as regular.¹¹ It should be noted that the Brazil, 45.5% of seniors reported their health status as very good or good¹, consistent with this study.

Consistent with these results, research conducted in the urban area in Aracaju-SE, with prevalence of elderly without companion revealed the best scores on social aspects (80.5).¹⁸ another study in urban and rural area in Portugal with the elderly with and without fellow obtained greater QOL score in social relations, and the elderly of the countryside tend to show better QOL in this area when compared to the urban areas¹⁹, consistent with this research.

As the lowest score of QOL in the environment for those with companion, it should be noted that this assessment of

physical security and protection; in the home environment; financial resources; health and social care; availability and quality; opportunity to acquire new information and skills; participation and opportunity of recreation/leisure; physical environment: pollution, noise, traffic, weather and transportation.⁸ Other surveys can contribute to understand the greater negative impact on QOL, those with companions in this domain since, for the elderly, an enabling environment and satisfactory is one that provides safety, functionality, stimuli and personal control, facilitates social interaction, is familiar and promotes adaptation to changes.²⁰

The lowest score of QOL in the physical domain is consistent with study in Italy which noted that the elderly without companion had the worst scores on the physical component.²¹ this domain assesses pain and discomfort; energy and fatigue; sleep and rest; activities of daily life; dependence on medication or treatments and work capacity.⁸

The lowest scores among the elderly without fellow in social relationships is compliant to survey conducted in Sao Paulo in which those without companion showed the worst levels of social support.²²

Another survey carried out in the urban area in Foz do Iguaçu-PR also showed that elderly people without companion had lower QOL scores in this domain of family related facet about his activities and relationship.¹⁷ nevertheless study in urban area in Rio Verde-GO not noticed significant differences in this area according to the marital status ($F=0.874$; $p=0.499$).²³

The elderly with Companion feature better physical and psychological well-being due to greater social support received. Moreover, they have less likely to report social networks of poor quality, with improved emotional state; they tend to have eliminated its troubled relationships during life.²⁴

Another highlight that family relationships and friendship are relevant aspects among the elderly, which help in confronting the daily situations and feelings of loneliness, most noticeable in old age.²⁵ in that context, it should be noted that the living centers for the elderly have significant impact on your life. These develop strategies that help aging with quality, autonomy and social participation.²⁶ thus, nursing professionals, be careful around the individual should encourage the elderly to participate in social activities in order to maximize their network of relationships, favoring thus the social support.

The highest score in the functioning of the senses is a positive finding, considering that the sensory ability is affecting positively on the QOL of the elderly, despite the physiological changes of senescence.

Study on two teams of family health of a municipality of Minas Gerais has verified that one of the changes arising from the aging include the perception of older persons the loss of reproductive capacity and decreased libido in addition to musculoskeletal changes that generate pain and different degrees of difficulty of locomotion.²⁷

However, the lowest score in autonomy highlights the need to identify with the elderly and their families, which has contributed in this respect. This facet evaluates the independence in old age, and describes the extent to which it is able to live independently and make their own decisions.⁹

As for the lower scores in the intimacy between those without companion, the scientific literature has evidenced the influence of marital status in this facet, which assesses the personal and intimate relations.⁹ In Arroio do Meio-RS; the highest score of QOL of the elderly was in facet intimacy, showing satisfaction with his teammates and with those who surround you.²⁸

Thus, infers that the elderly without companion have worse quality of personal relationships. In this context, it is evidenced that looking for a new partner among the elderly has become common for not wanting to live alone and lonely. So looking for a new meaning to your life.²⁹ In this way, is mister that professionals recognize the difficulties and obstacles relating to intimate relations of the elderly, since this is a component that contributes to a better QOL.³⁰

CONCLUSION

In the countryside, there are more elderly people with companion, while the companion is urban. In both areas, the elderly with companion were male, differing from those without companion who were female. Younger and older people prevailed with higher education among those who had a companion, both localities, and without fellow rural area, while those without companion in urban area were older and had less schooling. Low income, good self-perception of QOL and satisfaction with health was prevalent in all the groups studied.

The biggest score of QOL among seniors with companion went to the domain social relationships; while among the fellow was to the physical free. The biggest score of QOL for

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the elderly with and without fellow was in sensory functioning facet. Already the lowest score of QOL in the field of environment and in facet autonomy was similar for both groups.

The comparison between the groups showed that the elderly without companion had significantly smaller in QOL scores domain social relationships and intimacy. Soon, is mister that health professionals, especially nurses, can, by daily care for the elderly, realize the needs affected by lack of companion in life of the elderly. Based on this, develop social and recreational activities for the elderly in society's insertion becomes more effective. Shared activities with seniors who are going through the same situation can help them interact more easily and thus promote greater social occasions and relationships, influencing positively on your QV.

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