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Correlation between Quality of Life and Self-Esteem among Elderly Persons

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ABSTRACT

Background: Quality of life (QOL) and Self-esteem among the elderly is an important area of concern that reflects the health status and well-being of this vulnerable population. Their number in the developing world is increasing due to demographic transition. **Aim:** The aim of the study was conducted to find the correlation between Quality of life and self-esteem among elderly persons.
Methodology: A Quantitative correlational survey research design was conducted with 200 elderly persons who were selected by using the convenience sampling technique. Data were collected by using the socio-demographic variable, WHO Questionnaire (WHO QOL-BREF), and Rosenberg Self-esteem Scale was used in this study.
Results: The results revealed that among most elderly persons 53% had low quality of life and 47% had a high quality of life. And also the majority of elderly people 80.5% had normal self-esteem, 12.5 % had high self-esteem and 7% had low self-esteem. The correlational value indicated a substantial positive correlation between Quality of life and Self-esteem among elderly persons.
Conclusion: The study concluded that the self-esteem of the elderly increases their Quality of Life also improves.

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I. INTRODUCTION

Aging is an intrinsic, active and progressive process, accompanied by physical, physiological, and psychological changes, which can cause difficulty for elderly persons to cope with their daily routine. In this scenario, the increase in life expectancy becomes a phenomenon of interest given its impact on quality of life (QoL) at this stage of life.[1]

Quality of life (QOL) is defined by the **World Health Organization** (WHO) as an "individual's perception of their position in life in the context of the culture and value systems in which they live and to their goals, expectations, standards, and concerns".[2]

The WHO further notes that Quality Of Life is a concept with several domains, including physical and mental health, social functioning, and emotional well-being. Quality Of Life has been conceptualized in many ways depending on the discipline, paradigm, and time frame of research examining QOL.[3]

India is facing many challenges within the style of the weak economic process, weak pension system, and null infrastructure for aging people, and above all lack of political will makes life miserable for the senior citizens in India. Problems of aging usually appear after the age of 65 years. At this age, senior citizens face Medical, Economic, Social, and Psychological problems.[4]

Consequently, health professionals must implement strategies to encourage the elderly to live well, to attain the best QoL. The feeling of happiness and joy, the feeling of being at peace with life and oneself is healthy especially when one is aging. Reaching this stage of life with optimism, self-control, and high self-esteem can bring an increased sense of security in living the last stage of the life cycle and impacts positively QoL.[5]

Self-esteem is the belief in one's ability to think, confidence in one's right for achievement, happiness and worthiness, and expression of the needs and desires. 10 Self-esteem is associated with the beliefs and images we have about ourselves, and is a measurement of how much we love and accept ourselves or others.[6]

Self-esteem can be characterized as the feeling, appreciation, and consideration that people have for themselves, namely how much they like themselves, how they see, and what they think about themselves.[7]

National surveys conducted with the elderly with self-esteem as the goal of the study did not evaluate the QoL and involved people who practiced some form of physical activity. Thus, considering the lack of national studies, as well as the possible cultural differences and specificities of the elderly, the association between QoL and self-esteem among the elderly in a community, measured using specific tools for this age group is yet to be answered.[8]

This research aims to contribute to further knowledge in this field, to support strategies that can influence the domains and issues of QoL, based on maintaining the self-esteem of the elderly. Thus, the objective of this study was to investigate the association between the QoL and the self-esteem of the elderly in a community.

STATEMENT OF THE PROBLEM:

"A Correlational study between Quality of life and Self-esteem among elderly persons residing in selected areas, Puducherry".

OBJECTIVES OF THE STUDY

1. To assess the Quality of life among the elderly person.
2. To assess the level of Self-esteem among the elderly person.
3. To identify the relationship between the Quality of life and Self- esteem among elderly people.
4. To find out the association between quality of life with selected demographic variables among elderly people.
5. To find out the association between the level of self-esteem with selected demographic variables among the elderly people.

II. MATERIALS AND METHODS

A Correlational survey design with a convenience sampling technique was used to select the sample. Total samples of 200 elderly persons were selected. The data were collected after obtaining permission from the concerned authority. Informed consent was obtained from each sample before data collection. The setting chosen to conduct the study was selected areas at

Puducherry. The tool used for this study was the standardized tool WHO QOL- BREF Scale and Rosenberg self-esteem scale for assessment of the Quality of life and Self-esteem for this study.

Formal permission was obtained from the concerned authorities for conducting the study. The researcher introduced herself and explained the purpose of the study. The participants were fully informed about the study objectives and informed written consent was obtained. Both Descriptive and inferential statistics were used to analyze the data.

III. RESULTS

The study results on demographic variables revealed that, concerning age, Out of 200 majorities of the elderly persons (64.5%) were aged between 65–72 years, To the Gender shows that most of the participants (53.5%) were female, In Residence shows that majority of them (80%) were residing in urban area and respect to Religion shows that almost all of them (72%) were in Hindu religion, For marital status, majority of participants 130(65%) were married, In Educational status shows that majority of study population 79(39.5%) were studied SSLC, In the Previous occupation shows that majority of participants (47.5%) were retired from service, Relating to monthly family income shows that most of the income (55.5%) had a monthly family income of ≤10,001.

To a number of children shows that most of them (43.5%) had more than 2 children, To the type of family shows that majority of participants (49.5%) belonged to nuclear family and To the source of income shows that most of them (77%) had pension as a source of income, In Health, status shows that majority of them, (31%) had Diabetes mellitus, Regarding perceived family support, most of the elderly persons (79.5%) had perceived family support and types of family support shows that majority of participants (41%) received psychological and emotional support from the family, (40%) were sharing household activities and (19%) were taking care of children/others.

Table 1: Frequency and Percentage wise Distribution of Quality of life among Elderly person.

N = 200

Domains of Quality of Life (QoL)&Median	Non-Acceptable (<Median)		Acceptable (>Median)	
	Frequency (n)	**Percentage (%)**	**Frequency (n)**	**Percentage (%)**
Physical Domain (44)	114	57.0	86	43.0
Psychological Domain(50)	142	71.0	58	29.0
Social Domain (56)	115	57.50	85	42.50
Environmental Domain (56)	147	73.50	53	26.50
Overall QoL (55)	**106**	**53.0**	**94**	**47.0**

*__Non-Acceptable__ – Low Quality of life, __Acceptable__ – High Quality of life.

The above table portrayed the overall Quality of Life revealed that 106(53%) had low Quality of life and 94(47%) had high Quality of life. Concerning physical domain, 114(57%) had low Quality of life, and 86(43%) had high Quality of life. Concerning the psychological domain, 142(71%) had low Quality of life and 58(29%) had high Quality of life. Considering the social domain, 115(57.5%) had low Quality of life and 85(42.5%) had high Quality of life. Regarding the environmental domain of Quality of Life, 147(73.5%) had low Quality of life and 53(26.5%) had high Quality of life.

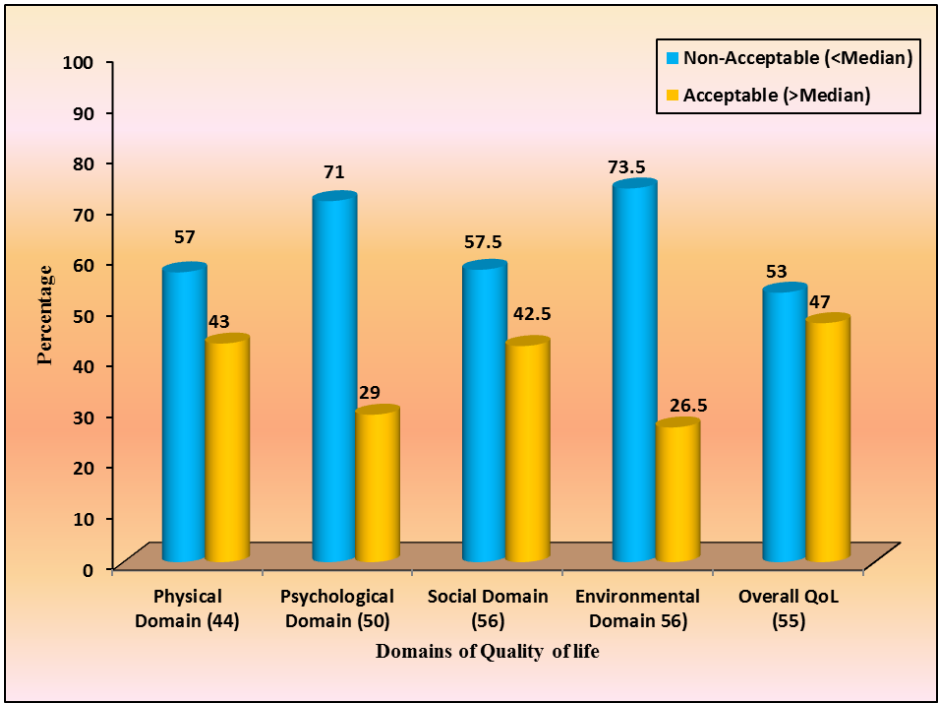

Fig.1. Percentage distribution of Quality of life among Elderly person

Table 2: Frequency and Percentage wise Distribution of level of self-esteem among Elderly people.

(N = 200)

Self Esteem	Frequency (n)	Percentage (%)
Low Self Esteem (0 – 14)	14	7.0
Normal Self Esteem (15 – 25)	161	80.5
High Self Esteem (26 – 30)	25	12.5

The above table shows the Frequency and Percentage-wise distribution of Self-esteem in most of the elderly people 161(80.5%) had normal self-esteem, 25(12.5%) had high self-esteem and 14(7%) had low self-esteem.

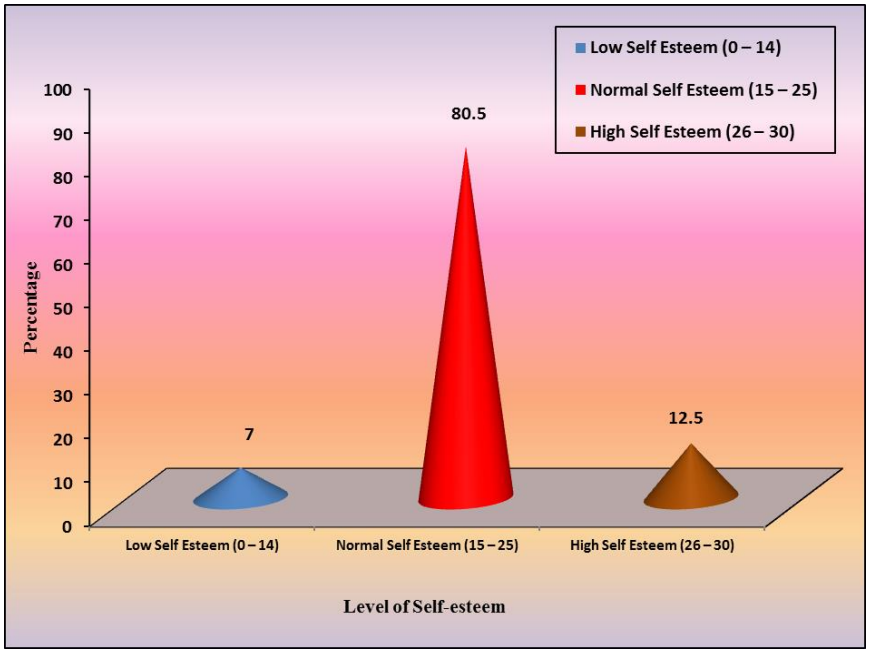

Fig.2. Percentage distribution of level of self-esteem among elderly person

Table 3: Correlation between Quality of life (QoL) and Self-esteem among Elderly persons.

N = 200

Variables	Mean	S.D	Correlation (r)	Level of significance
Quality of Life	59.09	7.38	**0.410**	**P=0.0001 S*** **
Self Esteem	20.88	3.94		

***p<0.001, S –Significant**

The above table showed the Correlation between Quality of life and Self- esteem among elderly persons in the study group. In mean and standard deviation scores for level of quality of life and self-esteem were 59.09±7.38 and 20.88±3.94. Correlation between level of Quality of life and Self-esteem indicates that substantial **positive correlation** and shows that the r-value was (0.410), the p-value was **0.0001**were highly significant respectively. It infers that when the self-esteem of the elderly increases their Quality of Life also improves.

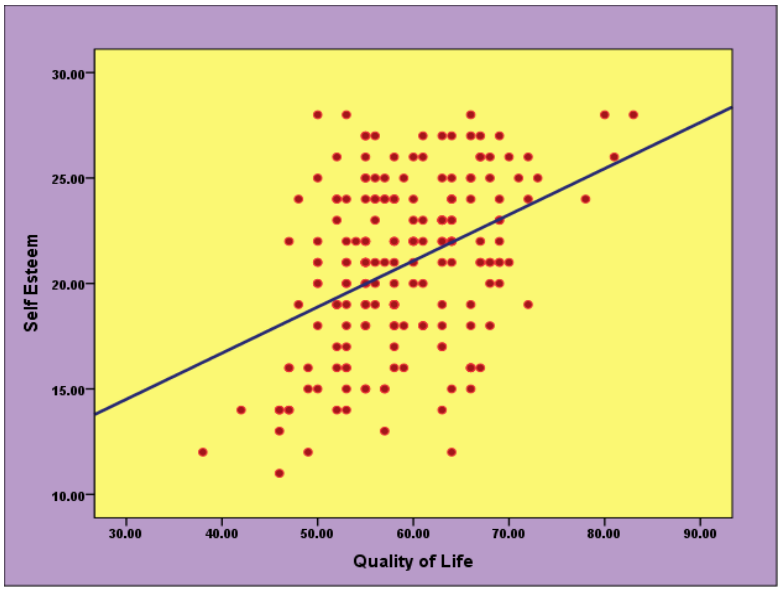

Fig.3. Scatter Dot diagram showing the correlation between Quality of life (QoL) and Self-esteem among elderly persons

Table 4: Association of domains of quality of life among elderly persons with selected demographic variables.

N = 200

Demographic Variables	Physical	Psychological	Social	Environmental
	Chi-Square Value	Chi-Square Value	Chi-Square Value	Chi-Square Value
Age in years	**χ^2=13.989**	**χ^2=6.482**	χ^2=0.519	χ^2=1.981
65 – 72	**d.f=2**	**d.f=2**	d.f=2	d.f=2
73 – 79	**p = 0.001**	**p = 0.039**	p = 0.772	p = 0.371
80 – 89	**S*** **	**S***	**(N.S)**	**(N.S)**
Gender	χ^2=2.058	χ^2=0.379	χ^2=0.179	χ^2=0.043
Male	d.f=1	d.f=1	d.f=1	d.f=1
Female	p = 0.151	p = 0.538	p = 0.672	p = 0.836
Others	**(N.S)**	**(N.S)**	**(N.S)**	**(N.S)**
Residence	χ^2=0.184	χ^2=0.055	χ^2=0.128	χ^2=1.085

Demographic Variables	Physical	Psychological	Social	Environmental
	Chi-Square Value	**Chi-Square Value**	**Chi-Square Value**	**Chi-Square Value**
Urban	d.f=1	d.f=1	d.f=1	d.f=1
Rural	p = 0.668 **(N.S)**	p = 0.815 **(N.S)**	p = 0721 **(N.S)**	p = 0.298 **(N.S)**
Religion	χ^2=1.127	χ^2=0.802	χ^2=0.537	χ^2=1.272
Hindu	d.f=2	d.f=2	d.f=2	d.f=2
Muslim	p = 0.569 **(N.S)**	p = 0.670 **(N.S)**	p = 0.765 **(N.S)**	p = 0.529 **(N.S)**
Christian				
Others				
Marital status	**χ^2=9.380**	**χ^2=11.925**	χ^2=1.296	χ^2=2.480
Married	**d.f=2**	**d.f=2**	d.f=2	d.f=2
Widow(er)	**p = 0.009**	**p = 0.003**	p =0.523	p = 0.289
Divorce, Separated	**S****	**S****	**(N.S)**	**(N.S)**
Unmarried				
Educational status				
Illiterate	**χ^2=12.491**	χ^2=5.992	χ^2=6.279	χ^2=7.759
SSLC	**d.f=5**	d.f=5	d.f=5	d.f=5
Primary education	**p = 0.029**	p = 0.307	p = 0.280	p = 0.170
Secondary education	**S***	**(N.S)**	**(N.S)**	**(N.S)**
Undergraduate				
Postgraduate				
Previous occupation				
Housewife	**χ^2=8.159**	χ^2=1.776	χ^2=5.232	χ^2=4.597
Unemployed	**d.f=3**	d.f=3	d.f=3	d.f=3
Unskilled	**p = 0.043**	p = 0.620	p = 0.156	p = 0.204
Professional	**S***	**(N.S)**	**(N.S)**	**(N.S)**
Services				

Demographic Variables	Physical Chi-Square Value	Psychological Chi-Square Value	Social Chi-Square Value	Environmental Chi-Square Value
Retired				
Monthly family income				
≥1,99,862				
Rs.99,931 – 199,862	**χ^2=13.846**	χ^2=0.646	χ^2=6.577	χ^2=1.813
Rs.74,755 – 99.930	**d.f=4**	d.f=4	d.f=4	d.f=4
Rs.49,962 – 74,755	**p = 0.006**	p = 0.958	p = 0.160	p = 0.770
Rs.29,973 – 49,961	**S****	**(N.S)**	**(N.S)**	**(N.S)**
Rs.10,002 – 29,972				
≤10,001				
Number of children				
No child	χ^2=1.607	**χ^2=10.685**	χ^2=4.278	χ^2=2.913
1	d.f=3	**d.f=3**	d.f=3	d.f=3
2	p = 0.658	**p = 0.014**	p = 0.233	p = 0.405
More than 2	**(N.S)**	**S***	**(N.S)**	**(N.S)**
Type of family				
Joint	**χ^2=8.394**	χ^2=4.722	χ^2=0.517	χ^2=3.592
Nuclear family	**d.f=2**	d.f=2	d.f=2	d.f=2
Living along	**p = 0.015**	p = 0.094	p = 0.772	p = 0.166
	S*	**(N.S)**	**(N.S)**	**(N.S)**
Source of income				
Pension	**χ^2=9.354**	χ^2=1.579	χ^2=6.247	χ^2=0.436
Services	**d.f=3**	d.f=3	d.f=3	d.f=3
Agriculture	**p = 0.025**	p = 0.664	p = 0.100	p = 0.933
Business	**S***	**(N.S)**	**(N.S)**	**(N.S)**
Health status				
Diabetes mellitus	χ^2=4.922	χ^2=2.853	χ^2=8.508	χ^2=3.636
Hypertension	d.f=4	d.f=4	d.f=4	d.f=4

Demographic Variables	Physical	Psychological	Social	Environmental
	Chi-Square Value	**Chi-Square Value**	**Chi-Square Value**	**Chi-Square Value**
Coronary Artery Disease	p = 0.295 **(N.S)**	p = 0.583 **(N.S)**	p = 0.075 **(N.S)**	p = 0.458 **(N.S)**
Any previous surgery				
Healthy				
Perceived family support	χ^2=0.333 d.f=1 p = 0.564 **(N.S)**	χ^2=1.244 d.f=1 p = 0.265 **(N.S)**	χ^2=1.473 d.f=1 p = 0.225 **(N.S)**	χ^2=0.118 d.f=1 p = 0.731 **(N.S)**
Yes				
No				
Types of family support	χ^2=1.792 d.f=2 p = 0.408 **(N.S)**	χ^2=1.445 d.f=2 p = 0.486 **(N.S)**	χ^2=5.418 d.f=2 p = 0.067 **(N.S)**	χ^2=2.585 d.f=2 p = 0.275 **(N.S)**
Psychological and emotional				
Sharing household activities				
Taking care of children/others				

*****p≤0.001, **p<0.01, *<0.05, S – Significant, N.S – Not Significant**

Table 4 shows that concerning physical domain the demographic variable age in years **(χ^2=13.989, p=0.001)** had shown statistically significant association with physical domain quality of life of the elderly persons at a p<0.001 level. The demographic variables marital status **(χ^2=9.380, p=0.009)** and monthly family income **(χ^2=13.846, p=0.006)** had shown statistically significant association with physical domain quality of life of the elderly person atp<0.01 level. The demographic variables educational status **(χ^2=12.491, p=0.029)**, previous occupation **(χ^2=8.159, p=0.043)**, type of family **(χ^2=8.394, p=0.015),** and source of income **(χ^2=9.354, p=0.025)** had shown statistically significant association with physical domain quality of life of the elderly persons at p<0.05 level. The other demographic variables had not shown a

statistically significant association with physical domain quality of life of the elderly persons at $p<0.05$ level.

Table 4 also shows that concerning the psychological domain the demographic variable marital status **(χ^2=11.925, p=0.003)** had shown statistically significant association with the psychological domain quality of life of the elderly persons at $p<0.01$ level. The demographic variables age in years **(χ^2=6.482, p=0.039)** and several children **(χ^2=10.685, p=0.014)** had shown statistically significant association with psychological domain quality of life of the elderly persons at $p<0.05$ level. The other demographic variables had not shown a statistically significant association with the psychological domain quality of life of the elderly persons at $p<0.05$ level. The table also infers that none of the demographic variables had shown statistically significant association with the social and environmental domain of Quality of life of elderly persons at $p<0.05$ level and $p<0.01$ respectively.

Table 5: Association of Self-esteem among Elderly persons with selected demographic variables.

N = 200

Demographic Variables	Low		Normal		High		Chi-Square Value		
	No.	%	No.	%	No.	%			
Age in years							χ^2=4.389	d.f=4	p = 0.356 **(N.S)**
65 – 72	10	5.0	104	52.0	15	7.5			
73 – 79	1	0.5	43	21.5	7	3.5			
80 – 89	3	1.5	14	7.0	3	1.5			
Gender							χ^2=1.146	d.f=2	p = 0.564 **(N.S)**
Male	8	4.0	72	36.0	13	6.5			
Female	6	3.0	89	44.5	12	6.0			
Others									
Residence							χ^2=3.007	d.f=2	p = 0.222 **(N.S)**
Urban	13	6.5	125	62.5	22	11.0			
Rural	1	0.5	36	18.0	3	1.5			

Demographic Variables	Low		Normal		High		Chi-Square Value		
	No.	%	No.	%	No.	%			
Religion									
Hindu	13	6.5	116	58.0	15	7.5	χ^2=5.249	d.f=4	p = 0.263 **(N.S)**
Muslim	1	0.5	20	10.0	4	2.0			
Christian	0	0	25	12.5	6	3.0			
Others	-	-	-	-	-	-			
Marital status									
Married	10	5.0	100	50.0	20	10.0	χ^2=5.193	d.f=4	p = 0.268 **(N.S)**
Widow(er)	2	1.0	13	6.5	2	1.0			
Divorce, Separated	-	-	-	-	-	-			
Unmarried	2	1.0	48	24.0	3	1.5			
Educational status									
Illiterate	2	1.0	18	9.0	3	1.5	**χ^2=23.725**	**d.f=10**	**p = 0.008 S****
SSLC	4	2.0	67	33.5	8	4.0			
Primary education	6	3.0	49	24.5	4	2.0			
Secondary education	1	0.5	18	9.0	3	1.5			
Undergraduate	1	0.5	9	4.5	5	2.5			
Postgraduate	0	0	0	0	2	1.0			
Previous occupation									
Housewife	6	3.0	75	37.5	7	3.5	χ^2=8.028	d.f=6	p = 0.236 **(N.S)**
Unemployed	1	0.5	2	1.0	0	0			
Unskilled	-	-	-	-	-	-			
Professional	-	-	-	-	-	-			
Services	1	0.5	12	6.0	1	0.5			
Retired	6	3.0	72	36.0	17	8.5			
Monthly family income							χ^2=8.803	d.f=8	p = 0.359 **(N.S)**
≥1,99,862	-	-	-	-	-	-			
Rs.99,931 – 199,862	-	-	-	-	-	-			
Rs.74,755 – 99.930	0	0	2	1.0	1	0.5			

Demographic Variables	Low		Normal		High		Chi-Square Value		
	No.	%	No.	%	No.	%			
Rs.49,962 – 74,755	0	0	2	1.0	1	0.5			
Rs.29,973 – 49,961	1	0.5	14	7.0	2	1.0			
Rs.10,002 – 29,972	5	2.5	48	24.0	13	6.5			
≤10,001	8	4.0	95	47.5	8	4.0			
Number of children									
No child	2	1.0	12	6.0	3	1.5	χ^2=8.724	d.f=6	p = 0.190 **(N.S)**
1	0	0	15	7.5	1	0.5			
2	6	3.0	69	34.5	5	2.5			
More than 2	6	3.0	65	32.5	15	7.5			
Type of family									
Joint	2	1.0	45	22.5	9	4.5	χ^2=3.637	d.f=4	p= 0.457 **(N.S)**
Nuclear family	10	5.0	78	39.0	11	5.5			
Living along	2	1.0	38	19.0	5	2.5			
Source of income									
Pension	9	4.5	127	63.5	18	9.0	**χ^2=17.835**	**d.f=6**	**p = 0.007 S****
Services	0	0	1	0.5	0	0			
Agriculture	2	1.0	1	0.5	0	0			
Business	3	1.5	32	16.0	7	3.5			
Health status									
Diabetes mellitus	5	2.5	49	24.5	8	4.0			
Hypertension	3	1.5	40	20.0	7	3.5			
Coronary Artery Disease	1	0.5	14	7.0	0	0			p = 0.767 **(N.S)**
Any previous surgery	2	1.0	9	4.5	1	0.5	χ^2=4.912	d.f=8	
Healthy	3	1.5	49	24.5	9	4.5			
Perceived family support							χ^2=0.356	d.f=2	p = 0.837 **(N.S)**
Yes	11	5.5	127	63.5	21	10.5			

Demographic Variables	Low		Normal		High		Chi-Square Value		
	No.	%	No.	%	No.	%			
No	3	1.5	34	17.0	4	2.0			
Types of family support							χ^2=6.476	d.f=4	p = 0.166 **(N.S)**
Psychological and emotional	4	2.0	69	34.5	9	4.5			
Sharing household activities	9	4.5	58	29.0	13	6.5			
Taking care of children / others	1	0.5	34	17.0	3	1.5			

****p<0.01, *<0.05, S – Significant, N.S – Not Significant**

T**able 5** shows that the demographics variable, educational status **(χ^2=23.725, p=0.008),** source of income **(χ^2=17.835, p=0.007)** had shown statistically significant association with the self-esteem of the elderly persons at p<0.05 level and p<0.01 respectively. The other demographic variables had shown statistically no significant association with the level of self-esteem of the elderly persons at p<0.05 level and p<0.01 respectively.

IV. DISCUSSION

The first objective of the study was to assess the quality of life among elderly people in selected areas. The frequency and percentage-wise distribution for assessment of the quality of life among elderly persons in selected areas. Overall Quality of Life revealed that (53%) had low Quality of life and (47%) had high Quality of life.

The study finding revealed that, For the physical domain, 114(57%) had low Quality of life, and 86(43%) had high Quality of life. In the psychological domain, 142(71%) had low Quality of life and 58(29%) had high Quality of life. Considering the social domain, 115(57.5%) had low Quality of life and 85(42.5%) had high Quality of life. Regarding the environmental domain of Quality of Life, 147(73.5%) had low Quality of life and 53(26.5%) had high Quality of life.

The present study was supported by **Karmakar N, Datta A, Nag K, Tripura K** conducted a study on Cross-sectional study to assess the Quality of life among the geriatric population in

rural areas of Sepahijala District, Tripura. The WHO QOL-BREF scale was used and analysis was done using SPSS version 20.0 statistical software. *P*<0.05 was considered statistically significant. The present study revealed social relationship domain had a higher mean QOL score in comparison to other domains, but the contrastingly psychological domain was affected worst in the "old age group." Further research can be done to explore the factors affecting the psychological domain.[9]

The second objective of the study was to assess the level of self-esteem among elderly persons in selected areas. The study findings revealed that most of the elderly people (80.5%) had normal self-esteem, (12.5%) had high self-esteem, and (7%) had low self-esteem.

The present study was supported by **Nanthamongkolchai. S, et al** Conducted a cross-sectional study on Self-Esteem among 270 Elderly in Rural Areas of Nakhon Sawan Province. The simple random sampling technique was used for this study. The researcher's instrument was used Rosenberg self-esteem scale to assess self-esteem. The majority of the elderly persons (65.6%) had a moderate level of self-esteem, followed by a low level (19.3%) and a high level (15.1%). The elderly should be encouraged to participate in family and social activities.[10]

The third objective of the study was to identify the relationship between Quality of life and self-esteem among elderly persons in selected areas. The mean score for Quality of life was 59.09±7.38 and the mean score for self-esteem was 20.88 ±3.94. The calculated Karl Pearson's correlation value of r=0.410 showed a substantial positive correlation between Quality of life and Self-esteem among elderly people i.e. when self-esteem increases their Quality of life also improves. The above results showed there was a significant substantial positive relationship between Quality of life and Self- esteem among elderly persons. Hence **Hypothesis was accepted** and found to be statistically significant.

The fourth objective of the study was to find out the association between quality of life with selected demographic variables.

Association of domains of quality of life with selected demographic variables among elderly persons showed that concerning physical domain the demographic variable age in years **(X^2=13.989, p=0.001)** had shown statistically significant association with physical domain quality of life of the elderly persons at a p<0.001 level. The demographic variables marital status

(**X^2=9.380, p=0.009)** and monthly family income **(X^2=13.846, p=0.006)** had shown statistically significant association with physical domain quality of life of the elderly persons at p<0.01 level. The demographic variables educational status **(X^2=12.491,p=0.029)**, previous occupation **(X^2=8.159, p=0.043)**, type of family **(X^2=8.394, p=0.015),** and source of income **(X^2=9.354, p=0.025)** had shown statistically significant association with physical domain quality of life of the elderly persons at p<0.05 level. The other demographic variables had not shown a statistically significant association with physical domain quality of life of the elderly persons at p<0.05 level.

Concerning the psychological domain, the demographic variable marital status **(X^2=11.925, p=0.003)** had shown a statistically significant association with the psychological domain quality of life of the elderly persons at p<0.01 level. The demographic variables age in years **(X^2=6.482, p=0.039)** and some children **(X^2=10.685, p=0.014)** had shown statistically significant association with psychological domain quality of life of the elderly persons at p<0.05 level. The other demographic variables had not shown statistically significant association with psychological domain quality of life of the elderly persons at p<0.05 level.

The table also infers that none of the demographic variables had shown statistically significant association with the social and environmental domain of Quality of life of elderly persons at p<0.05 level and p<0.01 respectively.

The fifth objective of the study was to find out the association between the level of self-esteem with selected demographic variables. Association of self-esteem with selected demographic variables among elderly persons shows that the demographics variable educational status **(X^2=23.725, p=0.008),** source of income **(X^2=17.835, p=0.007)** had shown statistically significant association with the self-esteem of the elderly persons at p<0.05 level and p<0.01 respectively.

The other demographic variables had shown statistically no significant association with the level of self-esteem of the elderly persons at p<0.05 level and p<0.01respectively.

V. CONCLUSION:

The study concludes that overall elderly persons had low Quality of life and also had normal

self-esteem. It infers that when the self-esteem of the elderly increases their Quality of Life also improves. Health educating the family members particularly the young on their role in keeping the elders happy and active and supporting them physically, socially, and environmentally is equally important. The level of social support should be enough for the elderly persons to maintain their self-esteem so that they can live happily without burden on family and society. Once a level of self-esteem increases the Quality of life also improves among the elderly person.

VI. RECOMMENDATIONS

- A similar study can be conducted in other parts of the country.
- Replication of the study may be done with a large sample in a different setting to validate and generalize the findings.
- Based on the present study finding, a psychosocial intervention program can be developed to enhance the Quality of life of elderly persons.
- Present study findings would help in implementing the rehabilitation program for elderly people.

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Conflicts of interest

There are no conflicts of interest.

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