

ORIGINAL ARTICLE

ROLE OF SOCIAL INTERACTION ON QUALITY OF LIFE

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ABSTRACT

Introduction: Society plays an important role in determining quality of life of human beings particularly in case of loneliness, physical inability and loss of income. In this background there is a great role of social interaction in improving quality of life of geriatric population.

Methodology: This community-based interventional longitudinal study was done among the study population using Quality of Life Questionnaire developed by World Health Organization (WHOQOL-BREF) by conducting interviews by house to house visit. The selected study subjects according to gender and place of residence were told to conduct regular social interaction session as per their convenient time and place. After 8 weeks of social interaction sessions again the participants were asked about their quality of life by conducting interviews using WHOQOL-BREF questionnaire.

Results: It was found that mean transformed scores of quality of life improved significantly in all domains after social interaction as compared to score at the beginning of the study. Further, the difference of score (before and after social interaction) was significantly higher among those who attended social interaction session for more number of days.

Conclusion: Social interaction has a significant role in improving the quality of life of elderly people.

Keywords: Social interaction, quality of life, WHOQOL-BREF Questionnaire.

INTRODUCTION

Man is a social animal. Society plays an important role in determining physical, psychological, behavioral and attitudinal factors. Perception, values and expectations are also greatly influenced by the society where an individual belongs to. The role of social support enhance particularly in case of disablement, pain, anxiety and loss of income of a person. It ultimately reflects on the person's various domains of quality of life of a person. It has been seen that supportive social interactions is related to higher quality of life in all of the four domains.¹ It is seen in various studies that lack of social interaction has caused anxiety, insomnia, stress, social dysfunction and severe depression which ultimately affects on physical as well as psychological morbidity and hence quality of life of a person decreases¹. More often this deterioration is significantly associated with poor quality of life of a person. There is a positive correlation between social interaction and quality of life.² Family plays vital role in this social support system. In spite of

physical and psychological morbidity, one's quality of life may be better enough due to strong social support and association of supportive family members. This finding is supported by other studies also.^{3, 4} Stress, loneliness, loss of income, ill health, feeling of neglect, loss of superiority in family are very common problems faced by elderly in our society which ultimately leads to poor quality of life of elderly.

India is the second largest country in the world next to China. It has been projected that by the year 2025 there will be 177 million elderly populations in India which would constitute 14 percent of the whole population.^{5, 6 & 7} The life expectancy is expected to cross 70 years by the year 2020. So, they should be provided substantial importance for betterment of our society. There are new challenges and opportunities to work on various problems of different aspects faced by this aged group of people for betterment of their life as well as the whole society. This can be done by allowing them for making important family decisions, supporting

in case of physical and mental pain, supporting economically. Government, policy makers, programme managers play important role by providing special scheme, facilities based on their needs; e.g. old age pension, travel related concessions by Indian Railway, Indian Airlines and state transport corporations, income tax concessions and health care provided by rural group life insurance schemes and Bhabisyo Arogyo Mediclaim to the older persons.

Social interaction may play a critical role in betterment of quality of life. But there was no study previously indicating the effect of social interaction on quality of life of elderly. In this background the present study was conducted in urban area of West Bengal, India to assess the effect of social interaction on different domains of quality of life of elderly.

METHODOLOGY

Study area: This study was conducted in urban municipal area of Sonarpur and Kolkata Municipal Corporation of West Bengal, India.

Study population: This study was conducted among people aged 60 years and above.

Study tool: WHO-QOL BREF questionnaire having four domains namely physical health domain, psychological health domain, social relationship domain and environmental health domain was used as study tool in the present study. ⁸

Study technique: At first interview was conducted using WHOQOL-BREF questionnaire

among study population by house to house visit after taking informed consent from them in writing. The participants were divided into groups according to gender and place of their residence. Each participant in every group was called upon at local place where they were told to regularly interact among themselves as per their convenience. Attendance register notebooks were supplied at the proposed places where they met for taking signature or thumb imprint (for illiterates). After 8 weeks of social interaction session the attendance register notebooks were collected and all the participants were again interviewed using WHOQOL-BREF questionnaire.

Before conducting the study permission was taken from Institutional Ethics Committee.

Statistical analysis: Statistical analysis was done to identify the difference between mean quality of life score between first and last interview. Correlation was done between the number of attended days of the participants and the differences of score in each domain.

RESULTS

Scores of quality of life in different domains were assessed at the beginning and after completion of 8 weeks social interaction session. In social interaction sessions different persons attended for different number of days. Accordingly correlation was calculated between differences of score in different domains with number of days attended social interaction session. This has been shown in Table 1.

Table 1: Transformed score of different domains (0-100) before and after intervention (n=348)

| Domain | Before Intervention Mean ± S.D. | After Intervention Mean ± S.D. | 95% Confidence Interval | | P Value |
|--------------------|---------------------------------|--------------------------------|-------------------------|-------|---------|
| | | | Lower | Upper | |
| Physical | 44.80±14.07 | 49.63±12.86 | 5.45 | 4.21 | <0.001 |
| Psychological | 42.68±14.42 | 53.68±12.75 | 11.86 | 10.13 | <0.001 |
| Social Interaction | 41.67±16.03 | 48.38±17.42 | 7.80 | 5.61 | <0.001 |
| Environmental | 49.95±12.50 | 58.22±12.45 | 9.01 | 7.54 | <0.001 |

Table 2: Correlation between differences of score in different domains of quality of life with number of days attended social interaction session (According to intervention group) (n=348)

| Comparing variables | Pearson correlation coefficient | P value |
|---|---------------------------------|---------|
| Difference of score in physical domain with number of days met | 0.559 | <0.001 |
| Difference of score in psychological domain with number of days met | 0.641 | <0.001 |
| Difference of score in social relationship domain with number of days met | 0.820 | <0.001 |
| Difference of score in environmental domain with number of days met | 0.755 | <0.001 |
| Difference of score in overall quality of life with number of days met | 0.802 | <0.001 |
| Difference of score in overall health status with number of days met | 0.778 | <0.001 |

It is seen that in physical, psychological, social relationship and environmental domain the differences of score of quality of life was significantly more among elderly people who participated in social interaction session as compared to those who participated lesser number of days than them.

In Table 2 the difference between transformed score of different domains before and after intervention were shown. In all domains the mean score increased significantly after completion of social interaction session than before starting session.

CONCLUSION

The present study has highlighted that social interaction has a significant role in improving the quality of life of elderly. The social interaction helps elderly in preventing their loneliness and thus improves their mental health. By sharing their feelings the elderly people can help each other in improving their quality of life. They can find the meaning of their life.

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