

## Frailty and Quality of Life among Older Adults: A Study of Six LMICs Using SAGE Data

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**Abstract :** Background: The increased longevity has resulted in the increase in the percentage of the global population aged 60 years or over. With this “demographic transition” towards ageing, “epidemiologic transition” is also taking place characterised by growing share of non-communicable diseases in the overall disease burden. So, many of the older adults are ageing with chronic disease and high levels of frailty which often results in lower levels of quality of life. Although frailty may be increasingly common in older adults, prevention or, at least, delay the onset of late-life adverse health outcomes and disability is necessary to maintain the health and functional status of the ageing population. This is an effort using SAGE data to assess levels of frailty and its socio-demographic correlates and its relation with quality of life in LMICs of India, China, Ghana, Mexico, Russia and South Africa in a comparative perspective. Methods: The data comes from multi-country Study on Global AGEing and Adult Health (SAGE), consists of nationally representative samples of older adults in six low and middle-income countries (LMICs): China, Ghana, India, Mexico, the Russian Federation and South Africa. For our study purpose, we will consider only 50+ year’s respondents. The logistic regression model has been used to assess the correlates of frailty. Multinomial logistic regression has been used to study the effect of frailty on QOL (quality of life), controlling for the effect of socio-economic and demographic correlates. Results: Among all the countries India is having highest mean frailty in males (0.22) and females (0.26) and China with the lowest mean frailty in males (0.12) and females (0.14). The odds of being frail are more likely with the increase in age across all the countries. In India, China and Russia the chances of frailty are more among rural older adults; whereas, in Ghana, South Africa and Mexico rural residence is protecting against frailty. Among all countries china has high percentage (71.46) of frail people in low QOL; whereas Mexico has lowest percentage (36.13) of frail people in low QOL.s The risk of having low and middle QOL is significantly ( $p<0.001$ ) higher among frail elderly as compared to non-frail elderly across all countries with controlling socio-demographic correlates. Conclusion: Women and older age groups are having higher frailty levels than men and younger aged adults in LMICs. The mean frailty scores demonstrated a strong inverse relationship with education and income gradients, while lower levels of education and wealth are showing higher levels of frailty. These patterns are consistent across all LMICs. These data support a significant role of frailty with all other influences controlled, in having low QOL as measured by WHOQOL index. Future research needs to be built on this evolving concept of frailty in an effort to improve quality of life for frail elderly population, in LMICs setting.

**Keywords :** Keywords: Ageing, elderly, frailty, quality of life

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