







Q

Home ▶ All Journals ▶ Health and Social Care ▶ Global Health Action ▶ List of Issues ▶ Volume 3, Issue s2 ▶ Health and quality of life among older r

Global Health Action >

Volume 3, 2010 - <u>Issue s2: Special Issue: Growing older in Africa and Asia: Multicentre study on ageing, health and well-being. An INDEPTH WHO-SAGE collaboration (Supplement 2)</u>



 $\begin{array}{ccc} 3,193 & 0 & & 0 \\ \text{Views} & \text{CrossRef citations to date} & \text{Altmetric} \end{array}$

Supplement 2, 2010

Health and quality of life among older rural people in Purworejo District, Indonesia

Nawi Ng Mohammad Hakimi, Peter Byass, Siswanto Wilopo & Stig Wall

Article: 2125 | Received 03 Nov 2009, Accepted 27 Sep 2010, Published online: 27 Sep 2010

66 Cite this article



Abstract

Introduction: Increasing life expectancy and longevity for people in many highly populated low- and middle-income countries has led to an increase in the number of older people. The population aged 60 years and over in Indonesia is projected to increase from 8.4% in 2005 to 25% in 2050. Understanding the determinants of healthy ageing is essential in targeting health-promotion programmes for older people in Indonesia.

Objective: To describe patterns of socio-economic and demographic factors associated with health status, and to identify any spatial clustering of poor health among older people in Indonesia.

Methods: In 2007, the WHO Study on global AGEing and adult health (SAGE) was conducted among 14,958 people aged 50 years and over in Purworejo District, Central Java, Indonesia. Three outcome measures were used in this analysis: self-reported quality of life (QoL), self-reported functioning and disability, and overall health score calculated from self-reported health over eight health domains. The factors associated with each health outcome were identified using multivariable logistic regression. Purely spatial analysis using Poisson regression was conducted to identify clusters of households with poor health outcomes.

Results: Women, older age groups, people not in any marital relationship and low educational and socio-economic levels were associated with poor health outcomes, regardless of the health indices used. Older people with low educational and socio-economic status (SES) had 3.4 times higher odds of being in the worst QoL quintile (OR=3.35; 95% CI=2.73-4.11) as compared to people with high education and high SES. This disadvantaged group also had higher odds of being in the worst functioning and most disabled quintile (OR=1.67; 95% CI=1.35-2.06) and the lowest overall health score quintile (OR=1.66; 95% CI=1.36-2.03). Poor health and QoL are not randomly distributed among the population over 50 years old in Purworejo District, Indonesia. Spatial analysis showed that clusters of households with at least one member being in the worst quintiles of QoL, functioning and health score intersected in the central part of Purworejo District, which is a semi-urban area with more developed economic activities compared with other areas in the district.

Conclusion: Being female, old, unmarried and having low educational and socioeconomic levels were significantly associated with poor self-reported QoL, health status
and disability among older people in Purworejo District. This study showed the
existence of geographical pockets of vulnerable older people in Purworejo District, and
emphasized the need to take immediate action to address issues of older people's
health and QoL.

Access the supplementary material to this article: INDEPTH WHO-SAGE questionnaire (including variants of vignettes), a data dictionary and a password-protected dataset (see Supplementary files under Reading Tools online). To obtain a password for the dataset, please send a request with "SAGE data" as its subject, detailing how you propose to use the data, to global.health@epiph.umu.se



Acknowledgements

The authors would like to acknowledge Dr. Somnath Chatterji, Dr. Paul Kowal, and Ms. Nirmala Naidoo of WHO and the INDEPTH Adult Health working group for their support in data analysis and interpretation of the data. SaTScan™ is a trademark of Martin Kulldorff. The SaTScan™ software was developed under the joint auspices of (a) Martin Kulldorff, (b) the National Cancer Institute and (c) Farzad Mostashari of the New York City Department of Health and Mental Hygiene.

Download PDF

Related research 1

i i o o o di o ii 👅

People also read

Recommended articles

Cited by 31

Information for

Authors

R&D professionals

Editors

Librarians

Societies

Opportunities

Reprints and e-prints

Advertising solutions

Accelerated publication

Corporate access solutions

Open access

Overview

Open journals

Open Select

Dove Medical Press

F1000Research

Help and information

Help and contact

Newsroom

All journals

Books

Keep up to date

Register to receive personalised research and resources by email



Sign me up











Accessibility



Copyright © 2025 Informa UK Limited Privacy policy Cookies Terms & conditions



Registered in England & Wales No. 01072954 5 Howick Place | London | SW1P 1WG