



## Original Research Article

# IMPACT OF DEATH-RELATED ANXIETY ON THE QUALITY OF LIFE OF ELDERLY RESIDENTS IN KOLAR

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### ABSTRACT

**Background:** India is experiencing a demographic shift, with the proportion of older adults ( $\geq 60$  years) rising steadily. Ageing brings physical decline, social role changes, and economic dependency, often accompanied by psychological challenges. Mental health in older adults particularly depression, anxiety, and death anxiety has a direct bearing on their quality of life. The Objective is to estimate the prevalence of Fear of Death and assess the Quality of Life among elderly population of Kolar. To determine the relationship between the Fear of Death and Quality of Life.

**Materials and Methods:** A community based cross sectional study using cluster random sampling technique conducted in rural field practice area of a medical college. House to house visit was done for data collection until the sample size was met. Templer's Death Anxiety Scale (DAS) and WHOQOL-BREF Scale were used for data collection. The Mann-Whitney U test was used for subgroup analysis.

**Results:** A total of 270 were interviewed, majority of the study participants were female (55.5%), 60% illiterate and were farmers (63.3%) by occupation. 74.4% of the study participants had moderate death anxiety, and 13% had high death anxiety. In terms of quality of life, the mean scores of social domains were highest  $46.55 \pm 16.59$ , and the environmental domain was lowest  $40.38 \pm 11.606$ . There was significant association of fear of death and quality of life.

**Conclusion:** Fear of death can negatively impact quality of life by creating negative emotional states. Therefore, the effect of Death anxiety on quality of life largely depends on an individual's ability to confront and integrate this fear into their overall perspective on life.

**Keywords:** Fear of death, Death anxiety, quality of life, WHOQOL-BREF.

## INTRODUCTION

Aging as it is a natural part of life, while growing older is not inherently problematic, the challenges arise from the demographic shift leading to larger aging population.<sup>[1,2]</sup> Death anxiety refers to an overwhelming and irrational afraid of death or process of dying.<sup>[3,4]</sup> Unlike the natural apprehension that many individuals may experience regarding mortality, fear of death manifests as an intense dread leading to panic attacks. This heightened fear not only interferes with emotional

well-being but also hinders one's ability to function effectively in everyday life.<sup>[5,6]</sup> Among anxiety disorder in elderly commonest is fear of death often stemming from unresolved psychological and physical distress. Many older adults worry about their health, fearing illness, disability, losing independence or identity, and distrust in doctors.<sup>[7,8]</sup> Even though elderly people are living for a longer time their quality of life (QOL) is still quite low. QOL is influenced by one's residence and social environment.<sup>[9,10]</sup> No matter where they live, elderly QOL fluctuates depending on social networks.

When evaluating quality of life, easy availability of publicly financed services like medical care, transportation, and elder care is crucial.<sup>[11,12]</sup> Healthy aging means taking steps to maintain and improve independence, both emotional and physical well-being and overall QOL.<sup>[13,14]</sup>

Opinions differ on how aging affects death anxiety. Some believe as people age, their fear of dying increases, perceive less time remaining, while others argue that fear diminishes as elderly individuals no longer see death as a threat to their goals and aspirations.<sup>[15]</sup> Despite the increasing elderly population, very less research investigating the link between anxiety of death and QOL in this demographic. This knowledge gap highlights the necessity to investigate if fear of death had an important effect on elderly people's QOL, especially for people in Indian. Determining the status is necessary before delivering any healthcare intervention because of the negative consequences of extreme fear of dying. This research aims to shape the status the effects of fear of death upon the QOL in the people aged more than 60 years, contributing valuable insights into this relatively unexplored area in the Indian scenario.

## MATERIALS AND METHODS

A community based cross-sectional study was conducted in the rural regions of Devarayasamudra Village in the Kolar district of Karnataka, India. All people aged 60 years and above residing in the selected areas of rural field practice area of Devarayasamudra in the Kolar district of Karnataka. All individuals aged sixty years or more who are residing in Devarayasamudra Village for a minimum of one year were included in the study. House to house visit was done for collection of data. Individuals who were not available for interview after repeated visits were excluded from study.

Sample size was estimated using the formula  $4pq/d^2$ , considering a prevalence of fear of death 87.9 % from previous study conducted by Tirso Duran-Badillo et al,<sup>[16]</sup> and alpha error at 5% with a two-side confidence and with a design effect of 1.5, the minimum sample size was calculated to be 245. Taking nonresponse rate of 10% final estimated sample size is 270. Cluster sampling methods was used for identifying the villages. Among the 20 villages (clusters), 7 villages (clusters) had been randomly selected from Devarayasamudra, Kolar. Among selected villages (clusters), all the households were included in the sample. The study covered all residents of the home who are 60 years of age or older. If the residence was locked during the first visit, it was checked again the following day before it was removed from the study. Written informed consent was acquired from the individuals in the chosen households.

**Study tool:** Pretested semi-structured questionnaire was used for interview to assess the socio

demographic details. The questionnaire was prepared in English, validated, pilot-tested & later translated to local language. The variables collected by interview were basic demographic details namely age, sex, marital status, address, religion, education, occupation, type of family and socio-economic status. Templer's Death Anxiety Scale (DAS) was used to measure participant's level of death anxiety. There are fifteen questions and scoring is done according to the Likert scale. Scores ranged between 15-75, of which 15-35 indicated low death anxiety, 36-55 indicated moderate death anxiety, and 56-75 indicated high death anxiety.<sup>[16,17]</sup>

The WHOQOL-BREF Scale of the World Health Organization (Brief Version (WHOQOL-BREF) evaluates QOL). was determined to assess the Quality of life. The four dimensions of QOL included in the WHOQOL BREF questionnaire were Physical, psychological, social, and environmental links were evaluated. It had 26 questions, with the domain score calculated by averaging the answers within each domain. Each question was evaluated using a 5-point rating system; the higher the score, the better QOL.<sup>[18]</sup>

The negative item scores (3, 4, and 26) were reversed, and the total scores obtained were converted to a scale of 0 to 100 to establish comparisons between the domains, as these were composed of an unequal number of items. The mean score was calculated for all the domains along with 2 standard deviations. Two groups were created based on the median. Those above the median were categorized as having good QOL, while those below were categorized as having a bad QOL.<sup>[19]</sup>

### Statistical analysis:

Microsoft Excel 2019 was used to code and enter the gathered data. Data analysis was carried out using SPSS version 22. Qualitative data were represented as frequencies; proportions and the chi-square test was the test of significance used for comparison. Quantitative data were represented as mean and the standard deviation. The Mann-Whitney U test was used for data analysis. p value <0.05 was considered as statistically significant

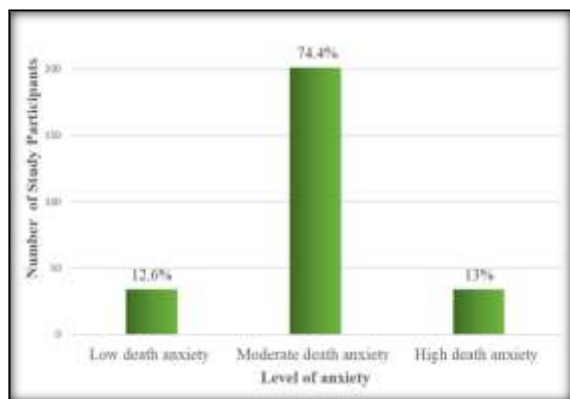
This study is approved by the institutional ethical review committee (No. SDUMC/KLR/IEC/240/2022-23).

## RESULTS

A total of 270 people were interviewed from the seven villages at Devarayasamudra. The data reveals most individuals are aged between 60-70 years. Education levels are notably low, with 60% being illiterate and only 3.7% holding a graduate degree. Employment was found to be mainly in agriculture and fisheries; few hold professional or skilled jobs. Most individuals are married and reside in joint families, typically comprising 2-5 members. Alcohol consumption is relatively low at 17%, and smoking is present in 24.8% of the population. [Table 1]

**Table 1: ?**

Sl no	Variables	Frequency	Percentage
1.	Age in years		
	60-70	203	75.2%
	71-80	47	17.4%
	>80	20	7.4%
2.	Gender		
	Male	120	44.5%
	Female	150	55.5%
3.	Type of caste		
	General	39	14.4%
	OBC	130	48.1%
	SC	82	30.3%
	ST	19	7.0%
4.	Education		
	Illiterate	162	60%
	Primary school	32	11.9%
	Middle school	17	6.3%
	High school	35	13%
	Intermediate	14	5.2%
	Graduate	10	3.7%
5.	Occupation		
	Unemployed	99	36.7%
	Elementary	20	7.4%
	Craft &trade workers	6	2.2%
	Agricultural &fishery	112	41.5%
	Skilled workers & shop	26	9.6%
	Professional	7	2.5%
6.	Marital status		
	Widow	54	20%
	Married	216	80%
7.	No of family members		
	Single	29	10.7%
	2-5	161	59.6%
	6-10	73	27%
	11-20	7	2.59%
8.	Type of family		
	Nuclear	109	40.3%
	Joint	161	59.6%
9.	Socio economic status		
	Upper class	137	50.7%
	Upper middle class	55	20.3%
	Middle class	15	5.5%
	Lower middle class	29	10.7%
	Lower class	34	12.5%
10.	Alcohol consumption		
	Present	46	17%
	Absent	224	82.9%
11.	Smoking		
	Present	67	24.8%
	Absent	203	75.1%

**Figure 1: Showing levels of death anxiety among elderly population in Kolar District.**

Among the study participant taking median 50.7% had poor quality of life and 49.3% had good quality of life

Gender and age showed no significant association with death anxiety ( $p=0.281$  and  $p=0.267$ ). Education ( $p=0.001^*$ ), occupation ( $p=0.011^*$ ), marital status ( $p=0.003^*$ ), and socioeconomic status ( $p=0.001^*$ ) were significantly associated with higher anxiety among illiterates, retirees, widows, and the lower class. Chronic disease ( $p=0.003^*$ ) and poor quality of life ( $p=0.008^*$ ) were also linked to higher anxiety. Family size, family type, smoking, and alcohol use were not significantly associated.

**Table 2: Association between Fear of Death and other Sociodemographic characteristic among the study participants**

Sl.no	Characteristics	Death Anxiety Scale				Chi-Square (p value)
		Low	Moderate	High	Total	
1.	Gender					$\chi^2 = 2.537$ (p=0.281, df=2)
	Male (%)	17(14.1%)	92(76.6%)	11(9.1%)	120(100%)	
	Female (%)	17(11.3%)	110(73.3%)	23(15.3%)	150(100%)	
2.	Age					$\chi^2 = 2.640$ (p=0.267, df=2)
	Less than 70 years (%)	28(13.8%)	152(74.9%)	23(11.3%)	203(100%)	
	More than 70 years (%)	6(9%)	49(73%)	12(17.9%)	67(100%)	
3.	Education					$\chi^2 = 18.756$ (p=0.001*, df=2)
	Illiterate (%)	13(8%)	118(72.8%)	31(19.1%)	162(100%)	
	Literate (%)	21(19.4%)	83(76.9%)	4(3.7%)	108(100%)	
4.	Occupation					$\chi^2 = 9.002$ (p=0.011*, df=2)
	Retired (%)	8(8.1%)	71(71.7%)	20(20.2%)	99(100%)	
	Working (%)	26(15.2%)	130(76%)	15(8.8%)	171(100%)	
5.	Marital status					$\chi^2 = 11.723$ (p=0.003*, df=2)
	Widow (%)	3(5.6%)	37(68.5%)	14(25.9%)	54(100%)	
	Married (%)	31(14.4%)	164(75.9%)	21(9.7%)	216(100%)	
6.	No of Family members					$\chi^2 = 2.810$ (p=0.245, df=2)
	Less than 5 members (%)	27(14.2%)	136(71.6%)	27(14.2%)	190(100%)	
	More than 5 members (%)	7(8.8%)	65(81.3%)	8(10%)	80(100%)	
7.	Type of family					$\chi^2 = 1.367$ (p=0.505, df=2)
	Nuclear (%)	23(14.3%)	116(72%)	22(13.7%)	161(100%)	
	Joint (%)	11(10.1%)	85(78%)	13(11.9%)	109(100%)	
8.	Socioeconomic status					$\chi^2 = 18.854$ (p=0.001*, df=2)
	Upper class (%)	30(15.6%)	147(76.6%)	15(7.8%)	192(100%)	
	Lower class (%)	4(5.1%)	54(69.2%)	20(25.6%)	78(100%)	
9.	Smoking					$\chi^2 = 0.046$ (p=0.977, df=2)
	Present (%)	8(11.9%)	50(74.6%)	9(13.4%)	67(100%)	
	Absent (%)	26(12.8%)	151(74.6%)	26(12.8%)	203(100%)	
10.	Alcohol consumption					$\chi^2 = 0.358$ (p=0.836, df=2)
	Present (%)	7(15.2%)	33(71.7%)	6(13%)	46(100%)	
	Absent (%)	27(12.1%)	168(75%)	29(12.9%)	224(100%)	
11.	Chronic disease					Fisher's Exact- 10.186 (p=0.003*)
	Present (DM, HTN, Eye problem) (%)	26(10.7%)	181(74.8%)	35(14.5%)	242(100%)	
	Absent (%)	8(28.6%)	20(71.4%)	0(0%)	28(100%)	
12.	Quality of life					$\chi^2 = 9.565$ (p=0.008*, df=2)
	Poor QOL	8(7.3%)	81(73.6%)	21(19.1%)	110(100%)	
	Good QOL	26(16.3%)	120(75%)	14(8.8%)	160(100%)	

**Table 3: Subgroup analysis of Quality of Life among Elderly participants**

SL No	Sociodemographic details	Physical Health Domain	Psychological Health Domain	Social Health Domain	Environmental Health Domain
		Mean / Standard deviation			
	WHO-BREF (domains)	42.24±12.90	42.65±9.42	46.55±16.56	40.38±11.60
1.	Age				
	Less than 70 years	43.20±12.51	43.03±9.144	47.54±16.14	40.69±11.42
	More than 70 years	39.36±13.71	41.49±10.21	43.57±17.57	39.43±12.17
	Mann-Whitney Test (p value)	5692.500 (0.043) *	6274.000 (0.330)	6030.500 (0.130)	6459.500 (0.530)
2.	Gender				
	Male	43.13±12.52	42.93±8.99	48.45±15.63	41.09±11.63
	Female	41.53±13.20	42.43±9.78	45.03±17.17	39.81±11.58
	Mann-Whitney Test (p value)	8332.500 (0.289)	8750.000 (0.687)	8177.000 (0.159)	8524.500 (0.447)
3.	Education				
	Illiterate	39.46±12.37	41.65±9.57	42.44±15.54	37.93±10.88
	Literate	46.42±12.61	44.15±9.03	52.72±16.20	44.06±11.73
	Mann-Whitney Test (p value)	6122.000 (0.001) *	7400.000 (0.028) *	6037.000 (0.001) *	6094.000 (0.001) *
4.	Occupation				
	Retired	37.75±12.90	41.90±9.94	41.46±16.42	37.92±11.16
	Working actively	44.85±12.21	43.04±9.11	46.50±15.97	41.81±11.65
	Mann-Whitney Test (p value)	5844.000 (0.001) *	8000.000 (0.441)	6531.000 (0.001) *	7036.000 (0.018) *
5.	Socio economic status				
	Upper class	44.72±12.79	43.95±8.571	50.00±15.87	42.80±10.98
	Lower class	36.14±11.10	39.46±10.66	38.06±15.22	34.44±10.99
	Mann-Whitney Test (p value)	4584.500 (0.001) *	5593.000 (0.001) *	4508.000 (0.001) *	4411.500 (0.001) *

6.	Marital status				
	Single	35±11.77	39.87±10.90	35.30±15.74	34.11±10.95
	Married	44.06±12.56	43.35±8.911	49.37±15.57	41.95±11.25
	Mann-Whitney Test (p value)	3477.500 (0.001) *	4674.000 (0.021) *	3274.500 (0.001) *	3694.000 (0.001) *
7.	Type of family				
	Joint	41.74±12.72	42.72±9.39	45.76±15.54	40.27±11.76
	Nuclear	42.58±13.06	42.61±9.47	47.09±17.25	40.38±11.60
	Mann-Whitney Test (p value)	8714.500 (0.923)	8673.500 (0.869)	8539.500 (0.684)	8731.000 (0.944)
8.	No of family members				
	<5	42.32±12.90	42.68±9.65	47.01±16.90	40.51±11.52
	>5	42.06±12.98	42.58±8.91	49.37±15.57	41.95±11.25
	Mann-Whitney Test (p value)	7516.500 (0.885)	7409.500 (0.739)	7370.000 (0.669)	7456.500 (0.803)
9.	Smoking h/o				
	No	42.63±13.34	43.01±9.60	47.48±17.14	40.63±11.68
	Yes	41.09±11.50	41.57±8.83	43.75±14.44	39.64±11.43
	Mann-Whitney Test (p value)	6345.000 (0.406)	6240.500 (0.300)	6011.000 (0.120)	6334.500 (0.391)
10.	Alcohol h/o				
	Absent	42.38±13.29	42.86±9.65	46.85±16.87	40.52±11.66
	Present	41.61±10.92	41.63±8.22	45.11±15.09	39.72±11.39
	Mann-Whitney Test (p value)	4986.500 (0.728)	4794.500 (0.447)	4904.500 (0.576)	4904.000 (0.600)
11.	Chronic disease				
	Yes	41.72±12.38	42.42±9.31	46.00±16.02	40.07±11.25
	No	46.79±16.32	44.68±10.25	51.36±20.43	43.04±14.23
	Mann-Whitney Test (p value)	2749.000 (0.098)	2904.500 (0.205)	2973.000 (0.247)	2990.000 (0.299)

Participants aged <70 years had significantly higher physical health QOL scores than those >70 years (43.20±12.51 vs 39.36±13.71; p=0.043). Literate participants showed significantly higher scores across all domains compared to illiterates: social (52.72±16.20 vs 42.44±15.54; p=0.001), physical (46.42±12.61 vs 39.46±12.37; p=0.001), environmental (44.06±11.73 vs 37.93±10.88; p=0.001), and psychological (44.15±9.03 vs 41.65±9.57; p=0.028).

Working individuals had higher social (46.50±15.97 vs 41.46±16.42; p=0.001), physical (44.85±12.21 vs 37.75±12.90; p=0.001), and environmental (41.81±11.65 vs 37.75±12.90; p=0.018) scores than retirees. Upper-class participants scored significantly higher than lower-class participants in social (50.00±15.87 vs 38.06±15.22), physical (44.72±12.79 vs 36.14±11.10), psychological (43.95±8.57 vs 39.46±10.66), and environmental (42.80±10.98 vs 34.44±10.99) domains (p=0.001). Married participants also had significantly higher social, physical, psychological, and environmental QOL scores than single participants (p≤0.021).

## DISCUSSION

A total of 270 participants from seven villages were included in this community-based cross-sectional study to determine the prevalence of fear of death (FOD), assess quality of life (QOL), and examine the association between them.

In the present study, 74.4% of participants reported moderate death anxiety and 13% reported high death anxiety. These findings are comparable to the study by Aaqib Shahzad Alvi et al. in Punjab, Pakistan,

where 84% reported moderate and 16% reported high death anxiety among 150 elderly individuals.<sup>[20]</sup> Both studies used standardized scales to measure FOD; however, Alvi et al. additionally assessed coping strategies, offering deeper insight into adaptive mechanisms.

Godishala Sridevi et al. reported that 52.5% of elderly participants had moderate to severe death anxiety.<sup>[21]</sup> Although a similar age group and scale (DAS) were used, their inclusion of institutionalized elders may explain the variation.

Fauziah Irwan et al. in Indonesia observed 76.4% moderate and 14.5% high death anxiety using the Collet Lester Fear of Death Scale,<sup>[22]</sup> findings consistent with the present study despite methodological differences. Zhang et al. in China reported lower prevalence (42.1%), possibly due to sociocultural or religious differences; they also evaluated self-worth and meaning in life.<sup>[23]</sup>

Renu Bala et al. in India found 94% moderate anxiety among older adults,<sup>[24]</sup> though their smaller sample limits comparability.

Regarding QOL, Deok Soon Seok demonstrated that leisure activities moderated the relationship between death anxiety and QOL, with a significant interaction effect.<sup>[25]</sup> Similarly, Eunsuk Lee et al. reported an inverse association between death anxiety and QOL, particularly among elders living alone.<sup>[26]</sup> In contrast, most participants in the present study reported good QOL, possibly due to family co-residence.

Studies from Jharkhand by Santosh Kumar Soren et al,<sup>[27]</sup> and by Somenath Ghosh et al,<sup>[28]</sup> reported the highest mean scores in the social domain and lowest in the environmental domain, consistent with the

current findings. Comparable social domain dominance was also reported in Tamil Nadu by Gomathy Parasuraman et al,<sup>[29]</sup> highlighting the importance of peer and family support networks.

## CONCLUSION

The prevalence of death anxiety among participants was 12.6% mild, 74.4% moderate, and 13% high. Death anxiety was significantly higher among illiterates, retirees, widows, and individuals of lower socioeconomic status. Education, occupation, marital status, socioeconomic status, chronic illness, and QOL were significant determinants.

The study underscores the need for targeted psychosocial interventions and coping strategies for rural elderly populations. Addressing identified limitations and research gaps in future studies will provide stronger evidence for policymakers and support healthy aging initiatives aligned with the WHO theme, "Active Aging Makes a Difference."

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