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IN THIS ISSUE

- Anaemia in Pregnancy in Indonesia
- Modifiable Risk Factors for Cervical Cancer
- Audit of Turnaround Time in Histopathology
- Profile And Metabolic Risks for Non-Communicable Diseases
- Aqueous Vernonia amygdalina Leaf Extract and Testicular Integrity
- In-Utero Cannabinoid Exposure and Placental Sufficiency
- Myths and Misconceptions About Caesarean Section
- Spousal Involvement and Birth Preparedness
- Effect of Pregnancy on the Foot Arch Index of Women
- Perception and awareness of the scourge of Glaucoma
- Sexual and Reproductive Health Practices of Adolescents
- Patients' Satisfaction with Medical Laboratory Services
- Abuse and Relationship with Quality of Life among the Elderly

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ORIGINAL RESEARCH

Abuse and Its Relationship with Quality of Life Among the Elderly in a Nigerian Community Setting

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Abstract

Background: Elder abuse, encompassing physical, emotional, financial, and neglectful acts, is a growing global public health concern with profound implications for older adults' well-being. Its prevalence is rising, particularly in community settings. Despite its impact, research on elder abuse and its consequences remains limited in Africa, highlighting the need for more focused investigation and culturally relevant interventions.

Objective: To determine the prevalence and types of abuse among community-living elderly in Ogun East Senatorial District and examine the relationship between abuse and Quality of Life (QoL) in the elderly.

Methods: The study employed a cross-sectional design involving 402 elderly participants, using a structured questionnaire and the WHOQOL-AGE tool to evaluate QoL (scores range from 13 to 65, with values ≤ 39 indicating poor QoL and ≥ 40 indicating good QoL).

Results: Nearly all respondents (96.8%) experienced at least one type of abuse, with financial/material (61.4%) abuse being the most common. Always verbal abuse ($p = 0.037$) and often physical abuse ($p = 0.012$) showed strong associations with poor QoL. About two-thirds (62.2%) of participants had poor QoL.

Conclusion: This study revealed that abuse was highly prevalent among the elderly in the setting that was studied, especially financial abuse, which was significantly linked to poor quality of life. This highlights the need for targeted interventions such as integration of routine screening for elder abuse into healthcare and community services to ensure early detection and timely intervention. Legal frameworks and enforcement mechanisms should also be strengthened to deter perpetrators and safeguard the rights of the elderly.

Keywords: Community-dwelling elderly, Elder abuse, Nigeria, Quality of life, Self-esteem, Verbal abuse.

Introduction

Elder abuse, or the mistreatment of older individuals, can be defined as a solitary or recurrent act or the inability to take the right action within a relationship based on trust, causing harm or pain to the elderly. This type of situation violates human rights and includes physical, sexual, psychological, and emotional, financial exploitation, neglect, abandonment, and the severe loss of self-esteem and respect. [1] Abuse of the elderly is widely acknowledged as a significant global issue and a growing public health concern, with evidence indicating that approximately one-sixth of adults aged 60 years and older have experienced a type of abuse within community settings in the past 12 months. [1] The situation has been further exacerbated by the COVID-19 pandemic, which has seen a marked increase in the incidence of abuse against elderly individuals due to increased interpersonal stressors because of long home staying. [2] The consequences of such abuse are far-reaching, often resulting in psychological distress. [3] As populations around the world age rapidly, the burden of abuse of the elderly is expected to intensify. Projections suggest that the worldwide population of individuals aged 60 years or older will be more than double, rising from approximately 900 million in 2015 to nearly 2 billion by 2050. The proportion of elderly Nigerians is about 5%. [4] This demographic shift underscores the urgency of addressing elder abuse, particularly in community-based settings where older adults are intended to age with dignity and autonomy. [1,5]

A systematic review and meta-analysis research revealed that the combined prevalence rate of elder abuse was estimated at 15.7%. Specifically, the prevalence was 11.6% for psychological abuse, 6.8% for financial abuse, 4.2% for neglect, 2.6% for physical abuse, and 0.9% for sexual abuse. [5] The three major challenges of this age

group are poverty, the increasing prevalence of chronic diseases, and elder abuse. [6] Poor social support and social dissatisfaction could make the elderly prone to abuse. [7]

Some stressors in the elderly include bereavement, a decline in socioeconomic status following retirement, and elder abuse. [8] Elderly people usually experience mistreatment, abuse, and increased dependence. [9] Elder abuse is a foremost social difficulty globally, causing harm or distress to the elderly. [6] There are also issues of emotional pain, bereavement, social isolation and loneliness, and financial insecurity. [10] The choice to utilise homes for older people is due to the decline of the old-fashioned family structure, as children are busy searching for better pastures. Unfortunately, misconceptions about these homes have made it difficult for people to utilise them. It is usually an emotional decision for all parties involved. Many people see it as a way of abuse against old people by institutionalising them. [11] The African family setting hardly allows for the institutionalisation of care of the elderly. The 1989 policy on ageing by the Federal Ministry of Social Welfare emphasised home care for the elderly to foster psychological support. However, this may lead to caregiver stress and elderly abuse. [12]

Old people are prone to abuse, and the indication suggests that about a third of them are abused. [13] Abuse can affect the welfare of the elderly by causing significant physical harm and lasting psychological effects, which may in turn deplete the quality of life (QoL) they experience. This in turn can lead to mental health challenges, a rise in the mortality and morbidity levels. [13,14] WHO describes the QoL as a person's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. [15] According to WHO, there are five domains in QoL, which are physical,

psychological, social, environmental, and spiritual domains.^[16] Elder abuse and the QoL of older adults have emerged as critical public health concerns worldwide. Consideration of QoL is increasingly recognised as a vital measure for evaluating, improving, and allocating health and social care services. Similarly, a study on community-dwelling elderly abuse and QoL reported that abused older individuals exhibited markedly lower QoL across psychological, social, and environmental domains.^[17] Within this context, understanding the occurrence of abuse in the elderly and its association with the QoL is essential to inform interventions, guide policy decisions, and promote the well-being of older populations.^[18,19]

Proof of abuse and neglect of the elderly is essential to expedite initiatives. Still, there is a paucity of research regarding the abuse and neglect of older people in Africa.^[13] Despite growing recognition of elder abuse as a public health concern, its impact on the QoL of older adults remains insufficiently explored.^[20,21] This study aimed to determine the prevalence of different forms of elder abuse among community-dwelling older adults in Ogun East Senatorial District. Also, the study aimed to assess their QoL and examine the relationship between elder abuse and QoL among community-dwelling elderly.

Methods

Study area

This study was conducted in the East Senatorial District of Ogun State, in the southwestern region of Nigeria. The percentage of elderly individuals (aged 60 years and above) in the state is estimated at 5.85%.^[22] Ogun State comprises 20 Local Government Areas (LGAs), three senatorial districts, and nine federal and 26 state constituencies. The East Senatorial District of Ogun State is one of the three senatorial zones

with nine LGAs. It is bordered in the west by Obafemi Owode LGA in Ogun Central Senatorial district, in the north by Oyo and Osun States, in the east by Ondo State, and in the south by Lagos State.^[23] According to the 2006 national census, the population of Ogun East Senatorial District was 1,250,435, which was projected to increase to approximately 1,739,300 by 2016.^[24,25]

Study design

It was a community-based, cross-sectional study conducted between January and August 2021.

Ethical considerations

Verbal and written consent were obtained from the participants. Approval for the study was granted by the Ogun State Health, Planning, Research and Statistics Board (HPRS/381/347) and the Babcock University Health Research and Ethics Committee (BUHREC 392/20).

Study population

The study population comprised adults 60 years and older who lived in Ogun East Senatorial District, estimated at 102,000 individuals (5.85% of the total population).^[17]

Inclusion criteria: Eligible participants were individuals aged ≥ 60 years who had lived in the district for at least six months.

Exclusion criteria: Those with severe frailty, significant hearing or communication impairments, or acute illness during the period of data collection were excluded.

Sample size determination

The minimum sample size was determined using the Cochran formula for cross-sectional studies: $n = \frac{Z^2 pq}{d^2}$

Where:

n = minimum sample size

Z = standard normal deviate at 95% confidence level (1.96)

p = prevalence of the characteristics of the study (mental illness among the elderly) = 93.7%²⁶

d = margin of error (0.05)

$$n = \frac{(1.96) (1.96) (0.937) (0.063)}{(0.05) (0.05)} = 90.71 \approx 91$$

Sampling technique

A multistage sampling technique was employed: Stage 1: Three Local Government Areas (LGAs), Odogbolu, Ijebu Ode, and Sagamu LGAs, were selected from Ogun East Senatorial District using simple random sampling (balloting).

Stage 2: Within each selected LGA, two wards were chosen by simple random sampling by balloting.

A proportionate allocation was done to determine the size of participants from the three LGAs. Odogbolu LGA had 94 respondents, Ijebu Ode LGA had 117 respondents, and Sagamu LGA had 191 respondents. These numbers were obtained by relating the population percentages of each of the three LGAs to the total population of the three LGAs, which was 749,300 (the population of Odogbolu, Ijebu Ode, and Sagamu LGAs were 174,800, 218,600, and 355,900, respectively), to the sample size.^[24]

$$\text{For Odogbolu LGA: } \frac{174,800}{749,300} \times 100\% =$$

$$23.33\% \times 402 = 93.78 \approx 94$$

$$\text{For Ijebu Ode LGA: } \frac{218,600}{749,300} \times 100\% =$$

$$29.17\% \times 402 = 117.26 \approx 117$$

$$\text{For Sagamu LGA: } \frac{355,900}{749,300} \times 100\% =$$

$$47.50\% \times 402 = 190.95 \approx 191$$

Stage 3: From each ward, households were selected systematically using a sampling interval derived from household listings. A simple random sampling technique by balloting was used to select streets. The streets in each ward were numbered, after which selection was made. Stage 4: In each selected household, one eligible elderly person was chosen by simple random sampling (where more than one was available). In selected households without eligible elderly, those in the next selected household were interviewed.

Data collection tools

Data were collected using a structured interviewer-administered questionnaire, which consisted of two sections:

Section A: This collected data on socio-demographic parameters, including age, sex, marital status, family type, ethnicity, religion, and other background characteristics.

Section B:

Elder Abuse Assessment

Elder abuse was assessed across seven domains: physical, sexual, verbal, emotional/psychological, financial/material, neglect, and abandonment. ^[14] Respondents indicated the frequency of each experience using a four-point scale: never (1), occasionally (2), often (3), and always (4).

WHO QOL-AGE

The QoL was assessed using the WHOQOL-AGE, a validated instrument developed by the World Health Organisation specifically for individuals aged ≥ 50 years. ^[27,28] The tool comprises 13 domains rated on a five-point Likert scale, covering domains such as general QoL, health, daily living, life experiences, and relationships. The scores range from 13 to 65, with values ≤ 39 indicating poor QoL and ≥ 40 indicating good QoL. The instrument demonstrates high internal consistency (Cronbach's $\alpha = 0.892$).

Data collection method

Quantitative data were obtained through interviewer-administered questionnaires conducted by the researcher and trained assistants. The assistants were resident doctors in psychiatry who were proficient in both English and Yoruba, with prior experience in survey administration and interest in geriatric mental health. Field supervisors monitored the process to ensure accuracy, completeness, and consistency of responses. To enhance validity, the questionnaire was translated into Yoruba and

subsequently translated back to English. The questionnaires were interviewer-based; the essence of the questionnaire, including what abuse is, was explained to the respondents. The interview took about 30 to 45 minutes to conduct.

Study variables

The primary outcome variable was the QoL of the elderly. Independent variables included socio-demographic characteristics and the different types of abuse in the elderly.

Data analysis

Data were coded and entered into a computerised database. Accuracy was verified through cross-checking and data cleaning procedures. Analyses were done using IBM SPSS Statistics version 22.0. Descriptive statistics (frequencies and proportions) were used to summarise mental health outcomes. Associations between QoL and mental illness were examined using Chi-Squared tests and logistic regression. Statistical significance was set at $p < 0.05$ with a 95% confidence interval.

Study constraints

Some participants initially expressed hesitation due to concerns about privacy and potential abuse, which affected their willingness to participate. To address this, reassurances about confidentiality were provided, and in some cases, participants were allowed to have a trusted individual of their choice present during the interview to enhance comfort and trust.

Results

A total of 402 elderly individuals participated in the study, giving a response rate of 100%. The average age of respondents was 75.4 years, with the majority between 60 and 79 years. More than half were women (54.2%). Most participants were

Yoruba (84.1%) and Christian (64.4%). Over half were married (56.8%), while 40.0% were widowed; the predominant family structure was monogamous (61.9%). Educational attainment varied, with 24.4% having no formal education and 15.4% attaining tertiary education. The majority were retired (78.4%), and nearly three-quarters (73.9%) earned ≤N50,000 monthly (from businesses, investments, pension, etc) as shown in Table I.

Elder abuse was highly prevalent in the study population, with 96.8% ($n = 389$) of respondents reporting at least one form of abuse. In comparison, only 3.2% ($n = 13$) reported no experience of abuse.

The most frequently reported forms of abuse were financial/material abuse (61.4% experienced at least, occasionally), emotional/psychological abuse (54.0%), and verbal abuse (50.2%). Neglect was also common, with nearly half of the participants (48.0%) reporting some experience. In contrast, physical abuse (4.5%) and sexual abuse (11.4%) were less commonly reported, while abandonment was experienced by about one-quarter of participants (25.9%). However, the most frequent abuse that occurred, and was reported as occurring always, was verbal abuse (3.5%), emotional/psychological abuse occurred often (18.7%), financial/material abuse (50.5%) occasionally, and physical abuse was reported as never occurring in 95.5% cases. (Table II).

The overall mean QoL score was 36.99 ± 6.468 . The majority of the respondents (62.2%) had a poor QoL, while the rest (37.8%) had a good QoL. Table III shows that majority (74.4%) rated their QoL as neither bad nor good, while 10.7% rated it as bad and 14.9% as good. None felt completely satisfied with having enough time, the extent of satisfaction with prospects for continued success in life, having enough money to meet their needs, or possessing adequate funds to cover their essentials.

Table I: Sociodemographic characteristics of the elderly (n=402)

Variables	Categories	Frequency	Percentage
Age	60-69	139	34.6
	70-79	130	32.3
	80-89	83	20.7
	90 and above	50	12.4
Sex	Male	184	45.8
	Female	218	54.2
Ethnicity	Yoruba	338	84.1
	Hausa	15	3.7
	Ibo	41	10.2
	Others	8	2.0
Religion	Christianity	259	64.4
	Islam	137	34.1
	Traditional	6	1.5
Marital Status	Married	228	56.8
	Widowed	161	40.0
	Others*	13	3.2
Family Type	Monogamous	249	61.9
	Polygamous	153	38.1
Highest level of education	No formal education	98	24.4
	Arabic education only	10	2.5
	Concluded Primary	140	34.8
	Concluded Secondary	92	22.9
	Concluded Tertiary	62	15.4
Employment Status	Currently employed	87	21.6
	Retired	315	78.4
Monthly income (₦)	≤50,000	297	73.9
	>50,000	105	26.1

Mean age = 75.44±10.50 years; *Includes single, divorced and separated

Table II: Types of abuse among the elderly

Variable	Never n (%)	Occasionally n (%)	Often n (%)	Always n (%)
Physical abuse	384 (95.5)	11 (2.8)	7 (1.7)	0 (0.0)
Sexual abuse	356 (88.6)	36 (9.9)	10 (2.5)	0 (0.0)
Verbal abuse	200 (49.8)	142 (35.3)	46 (11.4)	14 (3.5)
Emotional/psychological abuse	185 (46.0)	142 (35.3)	75 (18.7)	0 (0.0)
Financial/material abuse	155 (38.6)	203 (50.5)	41 (10.2)	3 (0.7)
Neglect	209 (52.0)	165 (41.0)	18 (4.5)	10 (2.5)
Abandonment	298 (74.1)	93 (23.2)	11 (2.7)	0 (0.0)

Table III: Quality of Life (QoL) of the elderly (WHO QoL-Age)

<i>Variable</i>	<i>Very bad n (%)</i>	<i>Bad n (%)</i>	<i>Neither bad nor good n (%)</i>	<i>Good n (%)</i>	<i>Very good n (%)</i>
Rating of QoL	0 (0.0)	43 (10.7)	299 (74.4)	60 (14.9)	0 (0.0)
	<i>Very dissatisfied n (%)</i>	<i>Dissatisfied n (%)</i>	<i>Neither satisfied nor dissatisfied n (%)</i>	<i>Satisfied n (%)</i>	<i>Very satisfied n (%)</i>
Satisfaction with hearing, vision, or other senses	10 (2.5)	78 (19.4)	192 (47.8)	120 (29.8)	2 (0.5)
Satisfaction with health	11 (2.7)	113 (28.1)	177 (44.1)	98 (24.4)	3 (0.7)
Satisfaction with self	8 (2.0)	130 (32.3)	154 (38.3)	101 (25.2)	9 (2.2)
Satisfaction with the ability to perform daily activities	3 (0.7)	105 (26.2)	219 (54.5)	70 (17.4)	5 (1.2)
Satisfaction with relationships	0 (0.0)	79 (19.7)	227 (56.4)	86 (21.4)	10 (2.5)
Satisfaction with living conditions at home	17 (4.2)	60 (15.0)	186 (46.0)	127 (31.6)	13 (3.2)
Satisfaction with the use of time	6 (1.5)	99 (24.6)	219 (54.5)	73 (18.2)	5 (1.2)
	<i>Not at all n (%)</i>	<i>A little n (%)</i>	<i>Moderately n (%)</i>	<i>Mostly n (%)</i>	<i>Completely n (%)</i>
Have enough energy for everyday life	3 (0.7)	81 (20.2)	245 (60.9)	73 (18.2)	0 (0.0)
Extent of control over things liked to be done	8 (2.0)	136 (33.8)	162 (40.3)	91 (22.7)	5 (1.2)
Extent of satisfaction with opportunities to continue achieving in life	5 (1.2)	172 ((42.8)	176 (43.8)	49 (12.2)	0 (0.0)
Have enough money to meet needs	209 (52.0)	109 (25.4)	81 (20.1)	10 (2.5)	0 (0.0)
Satisfaction with intimate relationships	30 (7.5)	70 (17.4)	284 (70.6)	15 (3.8)	3 (0.7)

Table V shows that elder abuse is significantly associated with multiple domains of quality of life. Physical abuse compromised satisfaction with the senses, health status, self-perception, ability to carry out daily activities, energy for everyday life, and financial adequacy, underscoring its adverse effects on both physical and psychological well-being. Sexual abuse exerted one of the most substantial impacts, with significant associations with overall quality of life rating, satisfaction with living conditions, use of time, intimate relationships, and sensory functioning. This suggests that sexual abuse severely undermines personal dignity, social connectedness, and environmental satisfaction. Verbal abuse was linked to lower ratings of

overall quality of life, reduced satisfaction with health and sensory functions, and particularly diminished satisfaction with self, highlighting its considerable psychological burden. Emotional or psychological abuse showed the broadest and most pervasive influence, being significantly associated with nearly all domains of quality of life, including overall rating, health, senses, self-perception, daily activities, interpersonal relationships, financial adequacy, and intimate relationships. Financial abuse also emerged as a critical determinant, reducing overall quality of life and negatively affecting satisfaction with self, financial sufficiency, and intimate relationships. Similarly, neglect was associated with dissatisfaction regarding sensory functions,

health, self-perception, and financial resources, reflecting its detrimental role in diminishing both physical and economic well-being. Abandonment was significantly linked to poor satisfaction with sensory abilities, reduced energy for daily life, and limited control over desired activities, indicating its impact on

autonomy and vitality in later life. Taken together, these findings highlight that all forms of elder abuse compromise quality of life, albeit in varying degrees. Emotional abuse appears to exert the most widespread effect, while sexual abuse has the most profound impact on overall quality of life and intimate domains.

Table IV: Factors associated with Quality of Life (QoL) of the elderly

<i>Variable</i>	<i>Category</i>	<i>Odds ratio</i>	<i>95% confidence interval</i>	<i>p-value</i>
Physical abuse	Never	1.000		
	Occasionally	4.377	0.481 - 39.868	0.190
	Often	35.734	2.216 - 576.166	0.012
Sexual abuse	Never	1.000		
	Occasionally	6.840	0.798 - 58.596	0.079
	Often	2.333	0.230 - 23.632	0.473
Verbal abuse	Never	1.000		
	Occasionally	0.543	0.124 - 2.367	0.416
	Often	0.419	0.100 - 1.760	0.235
	Always	0.190	0.040 - 0.903	0.037
Emotional/Psychological abuse	Never	1.000		
	Occasionally	0.759	0.312 - 1.851	0.152
	Often	1.491	0.653 - 3.404	0.545
Financial/Material abuse	Never	1.000		
	Occasionally	1.304	0.103 - 16.566	0.838
	Often	1.076	0.086 - 13.472	0.955
	Always	0.617	0.047 - 8.107	0.713
Neglect	Never	1.000		
	Occasionally	2.220	0.483 - 10.195	0.305
	Often	1.194	0.281 - 5.074	0.810
	Always	0.921	0.176 - 4.812	0.922
Abandonment	Never	1.000		
	Occasionally	1.130	0.317 - 4.031	0.850
	Often	0.565	0.144 - 2.219	0.413

Discussion

This study shows that almost all the respondents experienced at least one type of abuse. The most frequent form of abuse was financial/material abuse. In contrast, other forms of abuse in descending order were emotional/psychological, verbal, neglect, abandonment, sexual, and the least experienced abuse was physical. The total prevalence of elder abuse in this study was very high, which is

similarly seen in a research conducted in Benin City, Nigeria, which had about a nine-tenth of the respondents with elder abuse. [7] This shows that elder abuse is quite common among the Nigerian elderly. Another study conducted in a different region in Rivers State in Nigeria had neglect and sexual abuse as the most and least common forms of abuse, respectively, in discordance with the pattern observed in this study. [29] These variations may be due to differences in cultural norms, beliefs, and level of education.

Table V: Summary of types of abuse associated with the domains of QoL in the elderly

<i>Variable</i>	<i>Domain of QoL</i>	<i>χ²</i>	<i>p-value</i>
Physical abuse	Satisfaction with senses overall	19.929	0.003
	Satisfaction with health	10.836	0.028
	Satisfaction with self	22.503	<0.001
	Satisfaction with ability to perform daily activities	10.256	0.036
	Having enough energy for everyday life	9.024	0.029
	Having enough money to meet needs	10.816	0.013
Sexual abuse	Rating of QoL	44.308	<0.001
	Satisfaction with senses overall	9.570	0.048
	Satisfaction with the condition of the living space	28.594	<0.001
	Satisfaction with the use of time	27.589	<0.001
Verbal abuse	Satisfaction with intimate relationships	22.009	<0.001
	Rating of QoL	9.218	0.010
	Satisfaction with senses overall	22.999	<0.001
	Satisfaction with health	18.464	0.001
Emotional/Psychological abuse	Satisfaction with self	41.592	<0.001
	Rating of QoL	38.142	,0.001
	Satisfaction with senses overall	11.929	0.018
	Satisfaction with health	19.148	0.001
	Satisfaction with self	9.752	0.045
	Satisfaction with the ability to perform daily activities	17.641	0.001
	Satisfaction with relationships	15.076	0.002
	Having enough money to meet needs	21.536	<0.001
	Satisfaction with intimate relationships	39.624	<0.001
	Rating of QoL	13.729	<0.001
Financial abuse	Satisfaction with self	13.338	0.010
	Having enough money to meet needs	17.248	0.001
	Satisfaction with intimate relationships	21.032	<0.001
	Satisfaction with senses overall	9.538	0.049
Neglect	Satisfaction with health	14.789	0.005
	Satisfaction with self	13.026	0.011
	Having enough money to meet needs	23.309	<0.001
Abandonment	Satisfaction with senses overall	19.781	0.001
	Having enough energy for everyday life	20.372	<0.001
	Control over things that are liked to be done	15.122	0.004

Based on the WHOQOL-AGE scoring system, nearly two-thirds of respondents were classified as having poor QoL. Most respondents rated their overall QoL as average, with three-quarters selecting “neither bad nor good,” and only 14.9% rating it positively. Satisfaction was relatively higher with living conditions (34.8% satisfied) and relationships (23.9%), whereas dissatisfaction was most evident in financial

sufficiency (77.4% dissatisfied/little or no money), health (30.8% dissatisfied), and self-perception (34.3% dissatisfied). Neutral responses dominated across many domains, particularly in areas such as daily activities, time use, and intimate relationships. Very few respondents reported being “very satisfied” in any domain. A study on the assessment of the

QoL of elderly patients also corroborated this finding.^[30]

The types of abuse associated with poor QoL in the elderly were often physical abuse and always verbal abuse. A community study on elder abuse and QoL affirmed that elderly people who experienced abuse also had markedly low QoL.^[7]

Conclusion

This study reveals a notably high prevalence of abuse of the elderly, with financial/material abuse as the most prevalent type. The overall QoL among respondents was poor, especially in areas of financial sufficiency, health, and self-perception, due to financial, verbal, and emotional abuses and neglect. A significant association was found between verbal and physical abuse and poor QoL, emphasising the negative impact of abuse on well-being. These findings underscore the need for context-specific interventions to prevent elder abuse and enhance the QoL among older adults.

Authors' Contributions: OAY conceived the study and designed the study along with OOA and OOO. OAY did the literature review and drafted the manuscript. OAO, ANO, SKJ, and OOT did data analysis and interpretation. OOA and OOO revised the draft for sound intellectual content. All the authors approved the final version of the manuscript.

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