Cultural adaptation of the Older People’s Quality of life Questionnaire (OPQOL) to Uganda’s elderly population

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Biography

• Assistant Lecturer and Clinical psychologist at Makerere University, department of psychiatry.

• NURTURE Fellow since Aug 2017.

• Furthering career in Gerontology.

• I am culturally adapting tools specific to Uganda’s elderly community, testing their psychometric properties for use in primary health care and use in testing the efficacy of psychosocial interventions for the elderly.
Background

• Aging is a natural process of life.
• It involves gradual changes in metabolic activity of organs and disability in regeneration capacity of cells.
• Worldwide, the average life span of people has been increasing.
• The pace of population ageing is much faster than in the past.
• Between 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12% to 22% (WHO 2018)
• By 2020, the number of people aged 60 years and older will outnumber children younger than 5 years.
• In 2050, 80% of older people will be living in low- and middle-income countries.
Uganda Older Persons Context - Population

- 1991 - 686,260 (4.1%)
- 2002 - 1,101,039 (4.6%)
- 2009/2010 estimate 1,304,464
- According to the UBOS, the population of the Older Persons was approximately 1.83 million in 2017 (Uganda Bureau of Statistics).
Quality of life

- Older persons contribute immensely to the creation of wealth, support and care for children, creation of social cohesion and conflict resolution.
- Make valuable contributions to society as guardians of traditions and cultural values.
- Understanding and enhancing their quality of life is paramount.
- A crucial first step to appreciating their quality of life is to have research tools that are specific and culturally appropriate to the elderly population.
Objective

The study sought to translate and culturally adapt the Older People’s Quality of Life questionnaire (OPQOL) for use with Luganda speaking older people in Uganda.
Methods

**Study design:** Cross sectional study

**Study population:** Elderly people 60 years and older in Nansana and Busukuma town councils of Wakiso district

**Inclusion criteria:** All elderly people

**Exclusion criteria:** Those who declined to consent and those who were very ill and could neither sit or talk thus limiting use of the assessment tools

**Sample size:** 40-participants for a pre-test were determined using the recommended default sample size for pretesting questionnaires (Arafat 2016)
Older People’s Quality of Life Questionnaire-35 (OPQOL-35) (Bowling 2009)

- 35 questions
- It has 5-point Likert scales
- The Items represent:
  - Life overall (4 items), health (4 items), social relationships and participation (8 items),
  - Independence, control over life, freedom (5 items).
  - Area: home and neighborhood (4 items), psychological and emotional well-being (4 items)
  - Financial circumstances (4 items), religion/culture (2 items)
  - It’s design was embedded firmly in the perspectives of older people and integrated with aging theory
A standardized procedure for adapting measures by the WHO was followed:

- **Stage 1**: 2 Translations of informed and uninformed T1 & T2
- **Stage 2**: Synthesis of T1 & T2
- **Stage 3**: 2 English BT1 & BT2
- **Expert Committee review**: Review all for consensus on discrepancies
- **Pretesting**: Pretest
Data analysis

• Face and content validity was assessed through a standard back-translation process.

• Feasibility, readability, consistency of style and formatting, and the clarity of language used was determined and critically reviewed by expert panel opinion.

• Inter-rater reliability was be assessed by having two raters administer the OPQOL on the same person and comparing the responses using Cohen’s Kappa coefficient.

• Internal consistency was assessed using the cronbach’s alpha statistic.
Cross tabulation of responses from 2 raters administered on the same respondent

<table>
<thead>
<tr>
<th>Count</th>
<th>RaterB</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>RaterA</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>0</td>
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<tr>
<td></td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>11</td>
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</tbody>
</table>
Cohen’s Kappa coefficient as administered by 2 raters on the same respondent

<table>
<thead>
<tr>
<th>Symmetric Measures</th>
<th>Value</th>
<th>Asymptotic Standardized Error&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Approximate Tb</th>
<th>Approximate Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure of Agreement of Valid Cases</td>
<td>Kappa</td>
<td>.314</td>
<td>.090</td>
<td>4.044</td>
</tr>
<tr>
<td></td>
<td>40</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Not assuming the null hypothesis.
b. Using the asymptotic standard error assuming the null hypothesis.
Cronbach’s alpha of the scale as administered by 2 raters on the same respondent, after 2 weeks

<table>
<thead>
<tr>
<th>Case Processing Summary</th>
</tr>
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<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Cases</strong></td>
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</tr>
<tr>
<td>Valid</td>
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<tr>
<td>N</td>
</tr>
<tr>
<td>RaterA * RaterB</td>
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<tr>
<td>40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reliability Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cronbach's Alpha</td>
</tr>
<tr>
<td>.782</td>
</tr>
</tbody>
</table>
Discussion

- The kappa coefficient takes into account the possibility of agreement occurring by chance.
- The k result shows there is a level of agreement greater than chance if the OPQOL were to be administered by 2 or more raters.
- The scale has a strong Cronbach’s alpha of 0.78.
Conclusion

The adapted version of the OPQOL is reliable and can be administered by multiple raters.
References


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