Original Article

Evaluation of Older People's Health Perception and Quality of Life in Primary Care

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Abstract
Background: Quality of life is the holistic evaluation of health in terms of physical, psychological and social aspects. Quality of life includes different values that vary from person to person, rather than prolonging life. It is evaluated with criteria that include living a healthy, productive and active life
Purpose: This descriptive study was conducted to determine the perception of health and quality of life in older people.
Methods: The study is applied to Family Health Centers. Data were collected between 01.03.2022 and 30.06.2022 by face- to-face interview method using the Socio-Demographical Characteristics Form (SDCF), WHO Quality of Life Elderly Module WHOQOL-OLD Scale and Health Perception Scal (HPS). In the analysis of the data descriptive statistics are given as a number, percentage, mean and standard deviation. For comparison between groups, t-test,variance, and correlation analyses were used in independent groups.
Results: Health Perception Scale score avarage was (48.3±7.5) and WHOQOL-OLD scale avarage score was (78.4±8.7). Health Perception scale mean score was no difference between gender, having a child, presence of chronic disease, Covid-19, cohabitation and education status were found to be statistically different. İt was no difference between the WHOQOL-OLD scale mean score and gender, presence of chronic disease, having children, and educational status were found to be statistically different. There is a low level (r= 0.260) and highly significant positive correlation between the WHOQOL-OLD scale and the Health Perception scale mean score.
Conclusion: Education level is an essential variable for both quality of life and health perception.

Keywords: Old people, health perception, quality of life, nursing

Introduction

With the prolongation of life expectancy, the proportion of older age groups in the total population is increasing. The increase in old people population causes demographic changes. As a result of the prolongation of life expectancy, decrease in the physical and mental abilities of the older people creates negative effects for individuals and society (WHO 20023a). The World Health Organization on healthy aging report 2021- 2030 states that countries identify the requirements to develop initiatives and

cooperation for progress their efforts to improve the lives of older people. In this context, it leads countries to develop their own improvement strategies (WHO 20023b). Longevity also brings about changes in the quality of life and perception of health. Quality of life is the holistic evaluation of health in terms of physical, psychological and social aspects. Quality of life includes different values that vary from person to person, rather than prolonging life. It is evaluated with criteria that include living a healthy, productive and active life. Quality of life is an indicator of a person's self-evaluation and perception of himself, which includes social, cultural, physical well-being, happiness, and satisfaction with life[3]. Quality of life is defined as "individuals' perception of their situation in life in terms of their goals, expectations and living conditions in the context of the values they live in" (Bilgili & Arpaci, 2014; Ferreira et al., 2021). The meaning of the concept of quality of life for older people is closely related to being independent in their daily activities. This relationship has all the important components that make up the quality of life standards of older people; It increased self-confidence, functional satisfaction, independence and participation in activities of daily living. Maintaining health and quality of life as a characteristic of an aging society is important for managing this situation as long as there are sufficient social and economic conditions (Bilgili & Arpaci, 2014).

Health perception is a person's individual feelings and thoughts about their own health. Having a positive perception of health enables the individual to develop healthy lifestyle behaviors (Alkan et al., 2017; Taskiran & Demirel, 2017) . The perception of health shows how individuals see their own health and how they evaluate health with its biological, spiritual and social dimensions. Individuals' perceptions of health is a factor that affects their health practices. Studies show that individuals who perceive their health as very good have a high quality of life (Altay et al., 2016; Kulakçı et al., 2012; Melo-Oliveira et al., 2021; Yilmaz et al., 2019) . Age, education level, marital status, number of children, and number of hospitalizations were determined as variables affecting the perception of health(Melo-Oliveira et al., 2021).

In recent years, studies on the effects of covid-19 infection on the quality of life of older people have shown different levels of effect. The results of the studies in this field show that the quality of life is low (Adisiwi et al., 2021; Ferreira et al., 2021) [3,11] and moderate (Adisiwi et al., 2021; George, 2022). during the covid-19 pandemic quarantine period. In addition, avoidance of sick individuals, social distance, anxiety, decrease in physical activity and a decrease in daily outdoor activities ultimately lead to negative health effects [3.] Covid-19 acute respiratory failure, uncontrolled diabetes show life-threatening effects affecting quality of life (Arpaci et al., 2015)

With aging, chronic diseases, increasing disability and greater dependence on others, quality of life gains importance with the prolongation of life expectancy. Giving importance to the quality of life of individuals can be achieved by changing the health perception. A large part of the life of older people is spent struggling with chronic diseases as a result of prolongation in life span and increasing medical solutions. The need to use the continuous health system and the effect of a global disease on it, which increases these conditions, have had negative effects on the quality of life. This study was planned considering that the studies on quality of life and changing health perception in recent years are not sufficient.

Purpose: It is a descriptive study conducted to determine the perception of health and quality of life in older people (65 years and older).

Research Guestions

1. What is the health perception scale score of older people?

2. Is the health perception scale score of older people affected by socio-demographic characteristics?

3. What is the score of the "WHO Quality of Life Elderly Module WHOQOL-OLD Scale" for older people?

4. Is the "WHO Quality of Life Elderly Module WHOQOL-OLD Scale score" of

older people affected by socio-demographic characteristics?

Methods

Location of the Research; The study was applied to in Meram Sukriye Sert, Mehmet Katirci, Selcuklu Ova Un and Karatay Istiklal Family Health Centers (FHC). Data were collected between 01.03.2022 and 30.06.2022.

Participants: *Research Sample;* Considering the standard deviation (71.90-+9.95) obtained in the quality of life study conducted by Arpaci et al. (2015) on the older people, d=1 and 95% confidence level (t=1.96) using the formula used in cases where the sample population is unknown (n=12. t2/d2) was calculated and 380 older people were included in the study (Arpaci et al., 2015).

Inclusion criteria for the study; seniors with no communication problems

Exclusion criteria from the study; include not knowing Turkish and having hearing problems

Data: Data were collected by the face-to-face interview method using the Socio-DemographicCharacteristics Form, WHO Quality of Life Older People Module, WHOQOL-OLD Scale, Health Perception Scale.

Socio-Demographic Characteristics Form (CSO): It consists of questions about age, gender, with whom he lives, having a child, social security, educational status, having a chronic illness and having Covid-19 disease. The form was created by the researcher in line with the literature.

World Health Organization Quality of Life Scale older people Module (Power et al.): Developed by Power et al., (2005). Turkish adaptation was made by Eser et al., (2010). Scale; sensory functions, autonomy, past, present, future activities, social participation, death and dying and intimacy sub-dimensions. The scale consists of 24 questions with five-point Likert type of answers. The sub-dimension is in the range of 4-20 points. The internal consistency (alpha value 85) of the scale was found (Diamond et al., 2007; Eser et al., 2010).

Health Perception Scale (HPS): It was developed by Dinamond et al., (Kadioglu & Yildiz, 2012). Validity and reliability study was conducted by Kadioglu and Yildiz The

scale is a five-point Likert type scale consisting of 15 items and four sub-factors. 1st, 5th, 9th, 10th, 11th and 14th items are positive statements, 2nd, 3rd, 4th, 6th, 7th, 8th, 12th, 13th and 15th items are negative statements. The minimum score that can be obtained from the scale is 15, and the maximum score is 75. Cronbach Alpha Values according to the subgroups of the scale: Control center 0.90; Self-awareness 0.91; Precision 0.91; The importance of health is 0.82 (Kadioglu & Yildiz, 2012)

Pre-Application: Before the scales were applied to pre-application was made in 10 people. In the pre-application, there was no problem in terms of intelligibility of the scales.

Data Collection: The data were collected by the researchers by face-to-face interview method.

Variables of the Research:

Independent variables; Socio-Demographic Characteristics Form ***Dependent Variables;*** WHOQOL-OLD and SAI scores.

Ethics concideration: Ethics committee NEU Faculty of Health Sciences Non-Interventional Clinical Research Ethics Committee approval (2022/20-176), institutional permission from the Provincial Health Directorate, and written and verbal informed consent from voluntary participants were obtained.

Statistical Analysis: Licensed SPSS 28.0 statistical program was used in the evaluation of the data. Skewness and Kurtosis coefficients were taken as a basis for the normal distribution of SAI and WHOQOL-OLD. The statistical significance level was accepted as $p < 0.05$. Descriptive statistics; given as number, percentage, mean and standard deviation. Comparisons between groups; t-test, variance and correlation analyses were used in independent groups. In statistical analyses, 95% confidence level and 5% margin of error were taken into account.

Results

The mean age of the participants was 71.0 ± 5.4. 54.2% of the elderly are women, 63% live with their spouses, 94.7% have children, 56.9% are primary school graduates, 81.1% have chronic diseases and 44.2% of them had

COVID-19 (Table 1). The HPS sub-dimension scores were found to be center of control (13.9±3.6), self-awareness (10.7±2.1), certainty (11.9±3.6), importance of health (11.9±2.6), and scale total score (48.3±7.5). WHOQOL-OLD sub-dimension scores were found to be sensory functions (10.5±2.8), autonomy (14.1±2.5), past-present-future activities (14.5±2.6), social participation (14.0±2.8), death/dying (10.2±4.3), intimacy (15.2±2.6) and scale total score (78.4±8.8). (Table 2).

Table 1. Sociodemographic Variables (n=360)	Number	%
Gender		
Female	195	54.2
Male	165	45.8
With whom he lives		
Only	81	22.5
Spouse	227	63.1
Children	52	14.4
Social Security Presence		
Yes	349	96.9
None	11	3.1
Status of having children		
Yes	341	94.7
None	19	5.3
Educational Status		
Illiterate	75	20.8
Primary School	205	56.9
Middle - high school	80	22.2
Presence of chronic disease		
Yes	292	81.1
None	68	18.9
COVID-19 disease status		
Yes	159	44.2
No	201	55.8
Age	71.0	

Table 2. Mean and standard deviations of subscale and total scores of HPS and WHOQOL-OLD (n=360)

	X±SD	*Min.- Maks.*
HPS Scale Sub-Dimensional Scores		
Control center sub-dimension	13.9±3.6	4.0-20.0
Self-awareness sub-dimension	10.7±2.1	4.0-15.0
Precision sub-dimension	11.9±3.6	3.0-15.0
Importance of health sub-dimension	11.9±2.6	5.0-25.0
Health Perception Total Score	48.3±7.5	25.0-70.0
WHOQOL-OLD Scale Sub-Dimensional Scores		
Sensory functions sub-dimension	10.5±2.8	4.0-19.0
Autonomy sub-dimension	14.1±2.5	6.0-20.0
Past-present-future activities sub-dimension	14.5±2.6	5.0-20.0
Social participation sub-dimension	14.0±2.8	5.0-20.0
Death and dying sub-dimension	10.2±4.3	4.0-20.0
Proximity sub-dimension	15.2±2.6	4.0-20.0
WHOQOL-OLD Scale Total Score	78.4±8.8	53.0-106.0

Table 3. HPS mean and total scores according to sociodemographic variables (n=360)

	Center of control sub-dimension	Self-awareness sub-dimension	Precision sub-dimension	Importance of health sub-dimension	Health perception scale total point
Gender					
Female	13.8±3.5	10.7±2.0	11.5±3.6	12.0±2.5	47.9±7.2
Male	13.9±3.7	10.7±2.2	12.3±3.6	11.9±2.6	48.8±7.8
Test	-0.440	0.110	-2.211	0.276	-1.137
P	0.660	0.912	0.028	0.783	0.256
With whom he lives					
Alone 1	13.8±3.8	10.4±2.3	12.0±3.6	11.5±2.6	47.6±7.5
Spouse 2	14.0±3.5	10.9±2.0	12.2±3.4	12.3±2.4	49.4±7.2
Children 3	13.4±3.6	10.3±2.2	10.2±4.0	11.0±2.9	44.9±7.9
Test	0.723	3.322	6.625	6.397	8.418
P	0.486	0.037	0.001	0.002	<0.001
		1.3<2	3<1.2	3<2	2<3

Having children status

Yes	13.8±3.5	10.7±2.1	11.9±3.6	11.9±2.6	48.3±7.5
No	14.4±4.9	10.9±2.5	10.4±3.5	12.2±2.3	47.9±8.6
Test	-0.526	-0.442	1.785	-0.507	0.217
p	0.605	0.659	0.075	0.612	0.829

Educational Status

Illiterate	13.1±3.7	10.4±2.1	11.1±3.8	11.2±2.6	45.9±7.3
Primary School	13.8±3.3	10.6±2.0	11.6±3.4	12.1±2.5	48.2±7.0
Middle school - high school	14.8±3.9	11.1±2.5	13.0±3.8	12.0±2.6	50.9±8.2
Test	4.773	2.536	6.201	3.493	9.272
p	0.009	0.081	0.002	0.031	<0.001
	1<3		1.2<3	1<2	1.2<3

Presence of chronic disease

Yes	13.8±3.4	10.6±2.1	11.8±3.6	12.0±2.6	48.2±7.1
No	14.2±4.1	14.2±4.1	12.0±3.6	11.8±2.5	48.9±9.0
Test	-0.800	-0.978	-0.494	0.499	-0.668
p	0.426	0.329	0.622	0.618	0.506

COVID-19 disease status

Yes	13.8±3.5	10.9±1.9	11.5±3.5	12.0±2.4	48.2±6.8
No	13.9±3.6	10.5±2.3	12.1±3.7	11.9±2.7	48.4±8.0
Test	-0.090	1.606	-1.751	0.240	-0.346
p	0.928	0.109	0.081	0.811	0.730

Considering the total score of HPS, there was no significant relationship between sociodemographic variables such as gender, having a child, presence of chronic disease, or having a COVID-19 disease (p>0.05). Those who live with their children have a higher health perception total score than those who live with their spouse. In addition, it is seen that graduated from secondary school and higher graduates have higher scores than primary school and illiterate students.

According to the sociodemographic variables, the sub-dimension of the HPS control center was not found to be significant (p>0.05); while the sub-dimension of the HPS was not found to be significant (p>0.05). The status of having children, having a child, presence of chronic disease, or having a COVID-19 disease was found to be different (p<0.05). The scale scores of those with secondary school and higher education are higher than those who are illiterate. Self-awareness was not found to be significant in terms of gender, having a child, educational status, presence of chronic disease, and having a COVID-19 disease (p>0.05), the scores of those living alone and with their children were found to be higher (p<0.05). In the certainty sub-dimension, the status of having a child, the

presence of chronic disease, the presence of COVID-19 disease were not found to be significant (p>0.05), While the scale sub-dimension scores of those with male gender, those living alone and with their spouses, and those who were in secondary school and above were found to be high (p<0.05). In the importance of health sub-dimension, while gender, having a child, the presence of chronic disease, and having a COVID-19 disease were not found significant (p>0.05), it was observed that those living with their spouses scored higher than those living with their children, and primary school graduates scored higher than those who were illiterate (p<005).

Table 4. WHOQOL-OLD mean and total scores by sociodemographic variables (n=360)

	Sensory functions sub-dimension	Autonomy sub-dimension	Past-present-future activities sub-dimension	Social participation sub-dimension	Death and dying sub-dimension	Proximity sub-dimension	WHOQOL-OLD Scale Total Score
Gender							
Female	10.4±2.9	13.8±2.6	14.2±2.7	14.0±2.8	10.3±4.2	15.1±2.7	77.8±9.2
Male	10.6±2.7	14.6±2.3	14.8±2.4	13.9±2.8	10.0±4.3	15.3±2.6	79.1±8.1
Test	-0.828	-2.993	-2.114	0.434	0.782	-0.646	-1.408
p	0.408	**0.003**	**0.035**	0.664	0.435	0.519	0.160
With whom he lives							
Alone 1	10.9±3.0	14.7±2.2	14.3±2.8	14.1±2.7	10.5±4.2	14.8±3.2	79.4±9.7
Spouse 2	10.2±2.6	14.2±2.5	14.7±2.4	14.1±2.7	10.0±4.2	15.5±2.4	78.6±8.3
Children 3	11.3±2.9	13.1±2.6	13.7±3.0	13.0±3.3	10.5±4.5	14.8±2.5	76.0±9.0
Test	4.603	7.273	3.245	3.445	0.664	4.700	2.494
P	**0.011** 2<3	**0.001** 3<1.2	**0.040** 3<2	**0.033** 3<2	0.515	**0.010** 3<2	0.084
Having children status							
Yes	10.4±2.7	14.1±2.5	14.5±2.6	13.9±2.8	10.0±4.2	15.2±2.7	78.1±8.6
No	11.9±3.3	14.5±2.7	14.5±3.2	14.3±3.4	13.1±4.8	15.4±2.2	83.7±10.5
Test	-2.247	-0.588	-0.118	-0.563	-3.129	-0.266	-2.735
p	**0.019**	0.557	0.906	0.574	**0.002**	0.790	0.007
Educational Status							
Illiterate	10.6±2.9	13.2±2.6	13.6±2.9	13.4±3.5	9.9±4.1	15.0±2.5	75.7±9.3
Primary School	10.4±2.8	14.3±2.5	14.5±2.3	14.0±2.4	10.2±4.2	15.1±2.8	78.5±8.5
Middle - high school	10.6±2.7	14.7±2.2	15.2±2.7	14.4±3.1	10.3±4.7	15.7±2.4	80.7±83.3
Test	0.172	8.083	7.285	2.446	0.208	1.446	6.550
Test	0.172	8.083	7.285	2.446	0.208	1.446	6.550
Presence of chronic disease							
Yes	10.5±2.8	14.2±2.5	14.4±2.5	14.0±2.7	10.2±4.3	15.4±2.6	78.6±8.3
No	10.3±2.6	14.0±2.6	14.5±3.0	14.0±3.2	10.2±4.3	14.6±2.7	77.6±10.4

Test	0.695	0.634	-0.178	0.17	-0.147	2.116	0.797
p	0.488	0.526	0.859	0.986	0.883	**0.035**	0.428
COVID-19 disease status							
Yes	10.7±2.9	14.3±2.5	14.3±2.7	13.9±3.0	10.7±4.5	15.2±2.5	79.1±9.2
No	10.3±2.7	14.0±2.5	14.6±2.5	14.0±2.7	9.7±4.5	15.2±2.8	77.9±8.4
Test	1.400	0.848	1.063	-0.369	2.090	0.178	1.335
p	0.162	0.397	0.288	0.712	**0.037**	0.859	0.183

The WHOQOL-OLD total score was not found to be significantly affected by gender, having a child, living with whom, presence of chronic disease, or having COVID-19 disease (p>0.05). Compared to the illiterate, the scale total score of the primary and secondary school students and above was found to be higher (p<0.05). In the sensory functions sub-dimension of the WHOQOL-OLD scale, gender, educational status, presence of chronic disease, and having COVID-19 disease were not found to be significant (p>0.05). The sensory functions sub-dimension is higher in those living with their child (p<0.05). While the status of having a child, the presence of a chronic disease, or having a COVID-19 disease were not found significant in the Autonomy sub-dimension (p>0.05), Autonomy sub-dimension score of men, those who live alone and with their spouses and those who have graduated from primary and secondary school is high (p<0.05). In the sub-dimension of past-present-future activities, the status of having a child, the presence of chronic disease, the presence of COVID-19 disease were not found to be significant (p>0.05). While the past-present-future activities of men, those living with their spouses, secondary school and higher education graduates were not found significant. score was found to be high (p<0.05). In the social participation sub-dimension, gender, having a child, educational status, presence of chronic disease, and having a COVID-19 disease were not found to be significant (p>0.05). The scores of those living with their spouses in the social participation sub-dimension were found to be high (p<0.05). The sub-dimension of intimacy was not found to be significantly affected by gender, having a child, education level, or having COVID-19 disease (p>0.05). It is seen that the scores of those with chronic diseases are high (p<0.05).

Discussion

The evaluation of health perception, which is the first dimension of our study will be discussed over the scale total and sub-dimension scores and according to the factors affecting health perception, such as gender, who the elderly live with, having children, education status, the presence of chronic disease, and COVID-19 disease. The second dimension of our study will be discussed based on the evaluation of the quality of life scale total and sub-dimension scores, and the factors affecting the quality of life determined according to gender, who the elderly live with, having children, education level, presence of chronic disease, and COVID-19 disease.

Discussion of old people according to their total scores from the HPS and WHOQOL-OLD.

In our study, the total SAI score was found lower than the study conducted to determine the health perception and quality of life of old people. When the sub-dimension mean scores were examined, it was found that the control dimension was the highest and the lowest score was self-awareness. Other studies have found low SES scores in old people (Kolac et al., 2018; Sen & Ozturk, 2020). In the study of Sen and Ozturk (2020), the average health perception score of the adult group from the health perception scale was found to be moderate. In our study, the WHOQOL-OLD total score of old people was found to be low.

When the sub-dimension mean scores were examined, it was found that the highest closeness, the lowest death and dying sub-dimensions. In the study of Altay and Cavusoglu, the WHOQOL-OLD total score average was found to be similar to our study.

Discussion of SAI and WHOQOL-OLD according to sociodemographic variables according to mean and total score.

In the study conducted to determine the health perception and quality of life of old people, there was no significant relationship between the total SAI score and sociodemographic variables such as gender, having a child, the presence of chronic disease, or having a COVID-19 disease. Those who live with their children have a higher health perception total score than those who live with their spouse. In addition, it is seen that secondary school and higher graduates get higher scores than primary school and illiterate ones. In our study, a significant difference was found between those living with their spouses in terms of health perception score, gender and educational status. The health perception score calculated based on the health perception scale of the study group is moderate. Among the sub-dimensions of the scale, the importance of health sub-dimension score of those living with their spouses and primary school graduates was high, in the precision sub-dimension men, those living alone and with their spouses, those in secondary school and above, the scale sub-dimension scores of those living with their children in the self-awareness sub-dimension were high. In the study of (Silva et al., 2021). It was found that in parallel with our study, the health perception score increased in men, and the health perception score increased as the education level increased. Health perception Altay et al. found that the health perception levels of the elderly who have chronic diseases and live in nuclear families are higher. In another study, it is seen that there is a statistically significant difference in the perception of health according to the marital status and education level of the participants (Kolac et al., 2018).

Silva et al., (2021) the study examining the relationships between health indicators and health perception in European countries found that men had lower health perception scores. According to Watcharanat et al., shows that the participants' helath perception is moderate. In the study of Cagla and Gumus (2021), a significant relationship was found between volunteering and social responsibility activities in men and between life satisfaction and health perception in all types of leisure activities in women (Aydin & Karaoglu, 2012; Cagla & Gumus, 2021). It has been found that people with a high perception of health have less fear of corona virüs (Kolac et al., 2018).

The factors affecting the quality of life of old people will be discussed according to gender, who old people live with, their status of having children, education status, the presence of chronic diseases, and COVID-19 disease. When we look at the results, the total score of the WHOQOL- OLD was not found to be significant by gender, having a child, living with whom, the presence of chronic disease, having COVID-19 disease, while the total score of the scale was found to be higher for those who were in primary school and secondary school and above than those who were illiterate.

The WHOQOL-OLD total score was not found to be significant by gender, having a child, living with whom, presence of chronic disease, or having COVID-19 disease. Compared to the illiterate, the total score of the scale was found to be higher for those who were in primary and secondary school and above. In our study, there was no significant difference between gender and quality of life. In the study of Arpaci et al., (2015) there was a significant difference by gender in the areas of sensory functions, social participation, death and dying, and a significant difference in the areas of social participation, death and dying, and intimacy according to marital status. detected. In our study, having a child did not affect the total quality of life score. The sensory functions sub-dimension scores of those living with their children were found to be high. When the situations of meeting with children of old people and their quality of life scores were evaluated, it was found that the past, present and future activities and intimacy scores of the elderly who frequently contacted their children were higher than

those who rarely met and did not.

In our study, it was found that the total score of educational status and autonomy sub-dimension, past-present-future activities sub-dimension scores were high. In the multivariate analyses of Aydin and Karaoglu's study, one of the variables that most affect the "high" quality of life is the effect of being educated in primary school and above (Aydin & Karaoglu, 2012).

In our study, it is seen that the presence of chronic disease has no effect on quality of life. In the study of Altay et al., (2016) chronic diseases had no effect on quality of life. While the mean scores of sensory abilities, autonomy, past-present and future activities and social participation, intimacy score average and quality of life are significantly higher in those who do not have any chronic disease, The mean score for death and dying is lower (Ferreira et al., 2021) the fact that the presence of a chronic disease did not affect the quality of life in our study may be related to the participants' average age of 71 and their strong belief structures (Ercetin et al., 2020).

In our study, it is seen that COVID-19 disease does not affect the quality of life. Considering the relationship between COVID-19 disease and quality of life, Ercetin et al.(Ercetin et al., 2020) It was found that the social effects are high and the psychological effects are less. In the study of Shahid et al. It is seen that COVID-19 illness anxiety negatively affects the quality of life (Shahid et al., 2021). In the study of Yazici and Imamoglu it was concluded that while the quality of life and anxiety states were different according to gender and educational status during the corona virus epidemic, they were similar according to marital status (Yazici & Imamoglu, 2021). Some study results show that the quality of life is low during the COVID-19 pandemic quarantine period (Adisiwi et al., 2021; Ferreira et al., 2021). In some studies, it has been found that having a covid 19 disease has a moderate effect on quality of life(George, 2022). In addition, avoidance of infected individuals, social distance, anxiety, decrease in physical activity, decrease in daily outdoor activities

ultimately lead to negative health effects (Chakraborty et al., 2020). COVID-19 has created acute respiratory failure and therefore an extreme stress effect on the health system. Uncontrolled diabetes reduces the quality of life by causing life-threatening complications (Melo-Oliveira et al., 2021).

Conclusion: In our study, health perception and quality of life scores were found was lower than the average. It was determined that education level, one of the sociodemographic variables, significantly increased both quality of life and health perception scores. Health perception and quality of life are affected by many factors. The continuation of these studies is important to assess the condition of the old people. It is recommended to conduct a study on the evaluation of quality of life and health perception in old people in institutions providing primary health care services.

Limitations of the Research: Conducting the research in five family health centers and recruiting individuals who applied during the date of the research constitutes the limitation of the research.

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