

Cross Sectional Study On Quality Of Life Among Elderly In Poonamallee Block Thiruvallur District Tamilnadu.

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Abstract

BACKGROUND: The World Health Organization describes Quality of Life (QOL) as a broad-ranging concept that incorporates individual's physical health, psychological state, level of independence, social relationships, personal beliefs and their association to salient features of the environment. QOL of elderly patients varies geographically across the Globe. Most of them have moderate to poor quality of life. The objective of the study was to assess Quality Of Life among elderly in a rural population. **METHODOLOGY:** The study was a population based cross sectional study conducted among 450 elderly subjects from 60 years and above residing in poonamallee block of Thiruvallur district in Tamil Nadu. Data regarding Quality Of Life was assessed using WHO-QOL-BREF Questionnaire. Informed consent was obtained from all the participants. The ethical clearance was obtained from institutional ethics committee. **RESULTS:** Majority of the study subjects were elderly females 274 (60.9%). Large proportion of elders 222 (49.3%) were in the age group 60-65 years. Large proportion of elders 269 (59.7%) were illiterate. Majority of the elderly 356 (79.1%) were unemployed. The mean scores for male in physical domain was 46.8, for psychological domain is 54.8%, for social domain is 37.9, environmental domain is 61.2. In each domain the mean scores were higher for males showing that males had a better QOL than females and difference is found to be statistically significant. **CONCLUSION:** Early detection and treatment for geriatric health problems can improve elderly peoples Quality Of Life and reduce dependence on others.

Key-words: QOL, WHOQOL BREF, ELDERLY

INTRODUCTION

At world level, QOL among elderly is an important issue which reflects the morbidity status and living conditions of geriatric population. Population growth results in increasing life expectancy and increase in proportion of geriatric population in future¹In Tamilnadu, Population above 60 years was found to be 11.2% behind Kerala which has 12.3%. Tamilnadu has 13.7% elderly living alone which is highest comparing to other states². At present due to less care given for elderly prevalence of Heart disease and urinary problems and myalgia are common morbidity among elders, the chronic morbidity conditions will affect the QOL among elders³. WHO defines QOL as an individual perception of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns⁴ The main objective of this study is to assess the QOL among elderly in rural population so the effective strategies can be formed to improve the QOL and can be implemented at state level.

MATERIAL AND METHODS

QOL was assessed using WHO QOL BREF Scale the WHOQOL-BREF instrument comprises 26 items, which measure the following broad domains: physical health, psychological health, social relationships, and environment. The WHOQOL-BREF is a shorter version of the original instrument that may be more convenient for use in large research studies or clinical trials. The Tamil questionnaire was obtained from the author after obtaining permission⁵. After obtaining IEC approval, The study is a population based cross sectional study done from January-2013 to June 2013 in a rural area, Poonamallee block of Thiruvallur district in TamilNadu it includes 160 villages. The study population comprises of elderly aged 60 years and above after obtaining written informed consent the participants were included in the study. Those who did not give the consent were excluded from the study, villages were selected based on cluster sampling methods for selecting elderly as study subjects.

Thirty clusters were selected by probability proportionate to size method and 15 elderly were selected from each villages to obtain sample size of 450 elders.

SAMPLE SIZE CALCULATION: Based on assumption of 25% as prevalence of depression and alpha error 6% and limit of accuracy of 25% of prevalence and a design effect of 2, the minimum sample size required for the study was 400. Though the minimum sample size calculated was 400 it was decided to have a little larger sample size of 450 for better precision.

DATA ENTRY AND ANALYSIS:

Data entry and analysis was done using SPSS 16.0 for windows software. Mean scores for the four domains in Quality Of Life with 95% CI were calculated. Descriptive statistics were calculated for background variables including socio-demographic characteristics.

RESULTS

Majority of the elders were of 60-65 years age group(49.3%). Out of 450 participants 274 (60.9%) were females and 176(39.1%) were males given in Table 1.

TABLE 1: Socio Demographic variables of study population

Socio demographic characters	N	(%)	Socio demographic characters	N	(%)
Age group					
60-65 years	222	(49.3)	Unskilled	58	(12.9)
66-70 years	99	(22.0)	Unemployed	356	(79.1)
>70 years	129	(28.7)	Social class		
Gender					
Male	176	(39.1)	Class I	46	(10.2)
Female	274	(60.9)	Class II	59	(13.1)
Religion					
Hindu	372	(82.7)	Class III	123	(27.4)
Muslim	15	(3.3)	Class IV	117	(26.0)
Christian	63	(14.0)	Class V	105	(23.3)
Education					
Graduate	3	(0.7)	Family members		
High school	82	(18.2)	1-3	246	(54.6)
Middle school	16	(3.6)	4-5	116	(25.8)
Primary school	80	(17.2)	>5	88	(19.6)
Illiterate	269	(59.7)	Living arrangements		
Occupation					
Clerical/shop/farm	26	(5.8)	Living alone	77	(17.1)
Skilled	10	(2.2)	Living with spouse	63	(14.0)
			Living with children	172	(38.2)
			Living with spouse and children	138	(30.7)

About 82.7% were Hindu religion, 59.7% were illiterate,79.1% were unemployed. 27.4% belongs to class III socio economic status according to prasad’s classification and 54.6% elders were living with 1-3 family members and 38.2% were living with childrens. The environmental domain has highest mean score 53.9 given in table 2.

Table 2: WHO Quality of life mean score for the four domains

Domain	Mean Scores	Standard Deviation	95% CI
Physical Domain	39.1	25.1	36.71-41.49
Psychological Domain	47.4	24.5	45.14-49.66
Social Domain	32.5	22.3	30.44-34.56
Environmental Domain	53.9	25.3	51.5 – 56.2

Table 03: WHO Qualities of life mean scores for males and females

Domains	Mean scores	p value
Physical domain		
Male	46.8	0
Female	34.1	
Psychological domain		
Male	54.8	0
Female	42.7	
Social domain		
Male	37.7	0
Female	29.1	
Environmental domain		
Male	61.2	0
Female	49.2	

When the Quality of Life mean scores were found to be higher in all the domains for males than the females. The p value was found to be statistically significant (<0.05) among males in all the domains indicated in Table 3. The Quality Of Life Mean scores were found to be higher among 60-65 years participants in all the domains it is found to be statistically significant in physical and environmental domain (<0.05) found to be statistically significant indicated in table 4.

According to gender males have higher mean scores in all the domains according to figure 1. Elders between the age group 60-65 years have higher mean scores in all the domains according to figure 2.

DISCUSSION

The present study has shown that elders have a better Quality Of Life in environmental (53.9) compared to other domains. The QOL score is higher than a study

Table 04: WHO quality of life mean scores for different age groups

Domains	Mean scores	p value
Physical domain		
60-65 years	43.2	0.001
66-70 years	34.7	
>70 years	35.5	
Psychological domain		
60-65 years	48.8	0.24
66-70 years	45.4	
>70 years	46.7	
Social domain		
60-65 years	32.2	0.41
66-70 years	32.1	
>70 years	33.3	
Environmental domain		
60-65 years	57.3	0.02
66-70 years	48.9	
>70 years	51.8	

Figure 1. Mean scores according to gender

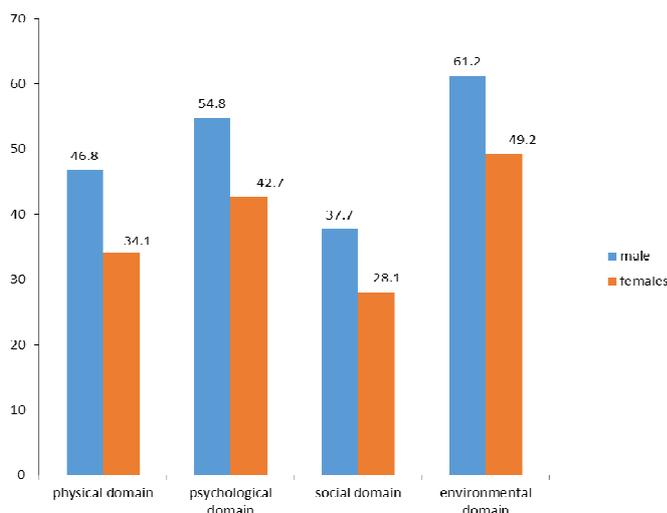
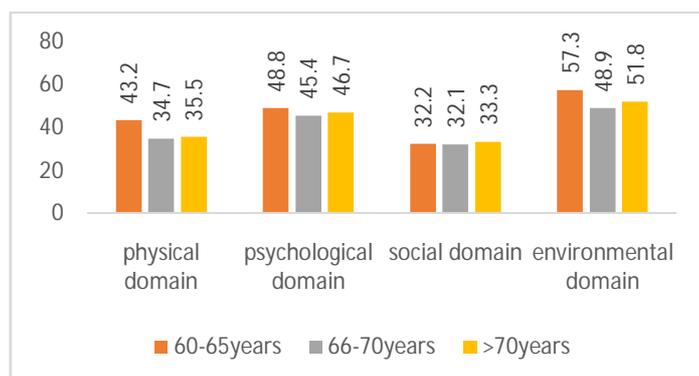


Figure 2. Mean scores according to age group



done in Kerala by S.E.Thadathil et al⁶ (36), and lesser score than a study done at Nemam by Vijayalakshmi⁷. The Quality Of Life scores obtained in psychological domain is found to be (47.4) which is the high domain score next to environmental domain, which is lesser to the domain score in a study done in rural area of Dakshina Karnataka by Shahul et.al⁸ (83.3). The psychological domain score is found to be higher than a study done in Mettupalayam by Sowmiya⁹ et.al (45.5). The physical domain score is found to be (39.1) which is lower score than a study done in Kerala by S.E.Thadathil et al⁶ (42.44). The social domain score is found to be (32.5) which is found to be higher than a study done by Sowmyia et.al⁹ (19.56). It was found that participants in the age 60-65 years had a association (p value <0.05) in physical domain and environmental domains comparing to other domains the study results were similar to the results done by Ninh Et.al in Vietnam¹⁰. The QOL scores were found to be statistically significant (p value <0.01) among males in all the domains, these results were not similar to a study done in Karnataka by Barua et al which showed difference between the two groups was not found to be statistically significant for any of these four domains¹¹.

CONCLUSION:

When the Quality of life among elderly were assessed, in each domain the mean scores were higher among males showing that males had a better quality of life than the females. In physical and environmental domain, the Quality Of Life scores were higher for younger groups, showing that younger showing that the elders in the age group 60-65 had a better Quality Of Life, compared to be more than 65 years. The QOL scores mean scores were lower in social domain which indicates that there is a need for counselling for elders regarding involving them in groups in social activities which will improve their QOL. Family members should take care of their needs and keep them psychologically happy.

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REFERENCES

1. Ganesh Kumar S.¹, anindo maunder, Pavithra G.² . Quality of Life (QOL) and Its Associated Factors Using WHOQOL-BREF among Elderly in Urban Pondicherry, India. Journal of Clinical and Diagnostic Research. 2014; 8(1): 54-57.
2. C Shiva Kumar. Greying Tamil Nadu has second highest senior citizens: Report', The New Indian Express. Undefined: 1.
3. Ministry Of statistics and programme Implementation. Elderly in India Profile and programmes 2016.

- www.mospi.gov.in (accessed 25.11.2017).
4. Mosalem FA, Mahfouz EM, Fattah MA, Hassan EE. Quality of life (QOL) among geriatric rural population - El-Minia - Egypt. *El-Minia Medical bulletin* 2009; 20(1): 1-15.
 5. World Health Organization. . World Health Organization. WHOQOL-BREF: Introduction, Administration, Scoring and Generic Version of the Assessment. Programme on mental health. Geneva, WHO. http://www.who.int/mental_health/media/en/76.Pdf (accessed 25.11.2017).
 6. S. E. Thadathil1, R. Jose2 & S. Varghese3. Assessment of Domain wise Quality of Life Among Elderly Population Using WHO-BREF Scale and its Determinants in a Rural Setting of Kerala.. *International Journal of Current Medical and Applied Sciences*, 2015; 7(1): 43-46.
 7. Vijaiyalakshimi Praveen*, Anitha Rani M. Quality of life among elderly in a rural area. *International Journal of Community Medicine and Public Health* 2016; 3(3): 754-757.
 8. Shahul Hameed 1*, Krutarth R Brahmabhatt2, Dipak C Patil3, Prasanna K S4, Jayaram S5. Quality of life among the geriatric population in a rural area of Dakshina Kannada, Karnataka, India . *GLOBAL JOURNAL OF MEDICINE AND PUBLIC HEALTH* 2014; 3(3): 1.
 9. Sowmiya KR1, Nagarani2 . A Study on Quality of Life of Elderly Population in Mettupalayam, A Rural Area of Tamilnadu. *Nat.J.Res.Com.Med* 2012; 1(3): 139-143.
 10. Ninh Thi Ha1*, Hoa Thi Duy1, Ninh Hoang Le1, Vishnu Khanal2 and Rachael Moorin3. Quality of life among people living with hypertension in a rural Vietnam community. *BMC Public Health* 2014; 14(1): 2-9.
 11. Ankur Barua, R Mangesh, HN Harsha Kumar, Saajan Mathew. A Cross Sectional Study On Quality Of Life In Geriatric Population.. *Indian Journal Of Community Medicine* 2007; 32(2): 146-147.

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