Nat. Volatiles & Essent. Oils, 2021; 8(6): 717-722

NVEO
Natural Volatiles &
Essential Oils

Quality Of Life Related To Elderly Population In Trivandrum City, Kerala State-A Study

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Abstract:

There are few studies in India dedicated to the wellbeing of elderly and their health problems, inparticular to their mental health and their quality of life.

Aim: The aim of this study is to assess the quality of life among the elderly population residing especially in the Trivandrum City, Kerala State and also to find out the factors influencing their quality of life.

Material and Methods: All elderly people aged 60years and above residing in Trivandrum City, Kerala State was involved in the study. With a non-response rate of 6.2%, total of 476 elderly person's quality of lifewas studied using Self Prepared Questionnaire. The results were expressed in terms of mean and SE of mean.Student T tests and one way ANOVA were applied to compare the mean scores of different variables under the fourdomains.

Results: The mean QOL score for all the elderly persons put together was 47.59 ± 14.56, indicating that on an average,the population as a whole had moderate quality of life. The highest score was for the social relationship domain withmean 56.6 and standard deviation of 19.56 and the lowest was for physical domain with mean score of 45 and standarddeviation 11.84.

Key Words: Quality of life, elderly, wellbeing, ageing

Introduction:

Ageing is a normal, inevitable, biological anduniversal phenomenon. It is the outcome of certainstructural and functional changes taking place indifferent parts of the body as the life years increases.United Nations though has not adopted a standardcriterion to define the aged; generally use 60+ yearsto refer to the elder population. It is the time thecombined effects of ageing, social changes anddiseases are likely to cause a break down in healthand their wellbeing. There has been an increase in the number of agedpeople in all the countries in both absolute andproportional terms. Share of the elderly population ofthe world was 13% around 2000 and in India as per2001 census the population of

elderly was 76.6million1 as compared to 20 million in 1951. Thus theelderly account for 7.5% of the total population, inwhich elderly male are 7.1% and elderly female are7.8%4. This increasing number of elderly has a greatdemand on the health services and social securitymeasures. At present the ageing has become a social problem in our Indian families had always bornethe responsibility of looking after the aged, but thechanging times and industrialization have threatenedthis yesteryear culture. As a result family care of theelderly becomes more and more difficult leaving theaged feeling lonely, dependent and marginalized.

Objectives:

1) To assess the Quality of Life of elderly aged 60 years and above in Trivandrum City.
2) To study the various factors associated withtheir Quality Of Life.

Materials and Methods:

The study is a descriptive cross-sectional study,done from January 2021 to April 2021in a Trivandrum City.The study population comprised of elderly aged 60years and above. A complete enumeration of the totalelderly population in the study area was done. As perthe family register maintained by Trivandrum health sub center (HSC), the total elderly populationin Trivandrum City was 509 and all were included inthe study. Out of these 509 elderlies 8 persons were notwilling to participate in the study, 13could not becontacted though repeated visits were made, 3werenot able to respond due to their illness and 9 couldnot be interviewed for QOL assessment since theyhad hearing disability hence they were excluded. Therefore with 6.2% as non response rate, 476elderly individuals were included in the study.

A standardized questionnaire was used to obtain theinformation from the study population. The finalquestionnaire consisted of 2 parts, in part1information regarding socio demographic profileandself reported co-morbid conditions wererecorded. This was obtained from the personal healthrecord maintained by the individual who werediagnosed and receiving treatment from the healthfacility.

Data analysis:

The information thus collected by thequestionnaire, was converted into a spread sheetusing Microsoft Excel® Software and analyzed withthe help of SPSS version 7.5.The results were expressed in terms of mean and SEof mean. Students T test and one way ANOVA wereapplied to compare the mean scores of differentvariables under the four domains. A p value of <0.05is considered significant.

Table: 1 Distribution of co morbid conditions

Co Morbid Conditions	Numbers (n)	Percentage (%)
Hypertension	110	23.10
Diabetes Mellitus	183	38.4
Arthritis	281	59.0
Heart Diseases	53	11.1
Gastro Intestinal	45	9.5
Respiratory Diseases	47	9.5

Dermatological Diseases	13	2.7
Injuries	6	1.3
Malignancies	3	1.3
Genito Urinary Diseases	1	0.2
Anemia	6	1.3
Others	15	3.2

Table: 2 Quartile Distribution of Quality Of Life

Total QOL Score	Number (n)	Percentage (%)	QOL
0-25 (i Quartile)	20	4.2	Poor
26-50 (ii quartile)	236	49.6	Moderate
51-75 (iii Quartile)	202	42.4	Good
76-100(iv Quartile)	18	3.80	Very Good

The mean QOL score for all the elderly persons puttogether was 47.59 ± 14.56, which was in the secondquartile indicating that in general, on an average, thepopulation as a whole had moderate quality of life.In this population the highest score was for the socialrelationship domain with mean 56.6 and standarddeviation of 19.56 and the lowest was for physicaldomain with mean score of 45 and standarddeviation 11.84(Table 3).

The mean Perceived Overall Quality of Life scoresin the study population were 49.1 with a standarddeviation of 21.56. The mean Perceived OverallHealth Status scores in the study population were39.8 with 21.56 as standard deviation.

Table: 3 Domain-wise mean QOL scores

Quality of Life Domains	N	Mean	S.D
Physical domain	476	45.0	11.84
Psychological domain	476	45.5	16.08
Social relationship Domain	476	56.6	19.56
Environmental Domain	476	49.70	16.78

The young old (60-69yrs) have better QOL scoreswhen compared to the old-old (70-79yrs) and theoldest-old (80 and above). The elderly male hadbetter QOL scores than the elderly female. The leastscore for male elderly was obtained in the physicaldomain 48.8 and for the elderly female it is thepsychological domain 41.64. Literate elderly hadbetter mean QOL domain scores than the illiterates.Married elderly had better mean QOL score in thedomains except psychological domain. It wasinteresting to find that the unmarried had betterpsychological domain score 56.25 than the married51.429. Married elderly had better mean QOL scorein the all the domains except psychological domain.It is interesting to find that the unmarried had betterpsychological domain score 56.25 than the married51.429. Also it was seen that the elderly who livedalone had the least psychological quality of

lifescores than the others including those who lived withother relatives. Economically independent elderlyhad better QOL when compared to the dependentelderly. The mean QOL domain scores were high forSocio economic Class I (monthly per capita Rs.2696& above) elderly than the others. Elderly in class Vsocioeconomic status have the least mean QOLscores in all the domains. Co morbid illness has greatinfluence on the QOL of the elderly as individualswithout any co morbidity had better scores in all thefour domains - physical(49.2347),psychological(62.5000),Social(63.6905),environmental(60.0446).

Results

Among the 476 elderly individuals studied194(40.8%) were males and 282(59.2%) werefemales. The mean age of the study population was68.32 ± 7.35. The proportion of young old (60-69yrs)were more (57.8%), than the old –old (70-79yrs) andthe oldest –old (80 & above) being 33.4% and 8.8%respectively. Also it was seen that majority of theelders in the study area were illiterate (66%) andilliteracy was more among females (75.5%) than inmales (51%). 199(41.8%) individuals of the studypopulation were widowed, among them 42(21.6%)of the males and 157(55.6%) of the females werewidowed. The living arrangements of this populationshows majority of the female elderly (37%) livedwith their children and among the male elderlymajority stayed with their spouse and children(47.4%). It is interesting to note that more number offemale elderly (16.3%) stayed alone when comparedto the male elders (15.4%). 41% of the respondentswere belonging to lower class (class V of B.G.Prasad scale) family. It was observed that 18% of theindividuals did not have any source of income andonly 19% of the elderly were receiving old agepension. And it was seen that 40% wereeconomically dependent on their family members. Itwas seen from the table 1 that 59% of the individualswere suffering from arthritis. And more than onethird of the elderly were diabetics.It was observed that nearly 50% were falling underthe second quartile score of Quality of Life (Table2). And very few (3.8%) individuals were having avery good QOL as classified by their quartile scores.

Discussion

In this study the proportion of young old (60-69),old-old (70-79), oldest- old (80 and above) were4.5%, 2.6% and 0.6% of the study population whichis in accordance with the national figures 4.7%,2.5%, 0.8%3 and but less than that of Kerala -5.48%, 2.45%, 0.88% respectively.The female elderly (59.2%) in this populationoutnumber the male (40.8%) similar to the findingsof the study conducted by Anil Jacob Purty, et al.wherein females formed 58.8% and males 42.2% ofthe study subjects.The highest mean QOL score was seen in the socialrelationship domain indicating that their socialcontacts and the support they derive from theirpersonal relations and peer group has great influenceon their quality of life. This is similar to the resultobtained in the study conducted by AnkurBarua etal. among 70 geriatric individuals in Karnataka usingthe Kannada version of WHOQOL-BREF whereinthe highest QOL score was obtained in the socialrelationship domain.

Factors affecting quality of life (QOL):

The present study shows that the mean QOL scoresdecrease with increasing age, indicating that thedespair of ageing greatly affect their quality of life.This situation also prevails in other countries wheresimilar results are seen in the study conducted inBrazil by Helena A. Figueira where the young old(60-69yrs) have better QOL scores than the old- old(70-79yrs) and the oldest -old (80&above).

Studyconducted by Ibrahim T M et al. on elderly in Iraqshowed that the QOL of men was in general is betterthan women in all age groups which were similar tothe results of my study.

The relation between marital status and wellbeing ofthe elderly has been widely studied especially in thewestern societies. These studies have shown thatwidowed elderly have poor health and wellbeingthan the currently married. The divorced appear to beleast healthy followed by widowed and single elders,while the married appear most healthy. Thus theytake marital status as one of the key variable indetermining their quality of life. Similar resultswere seen in my study where the married elders hadbetter mean QOL scores in physical, psychological,social relationship and environmental domains. Thecurrently married had better quality of life scoresthan the widowed and single elders, which wasstatistically significant. Hence living with theirspouse in general improved their quality of life andwellbeing.Various researchers have examined the effects ofliving arrangement on the quality of life of theelderly. According to them the changes in livingarrangement and family structure have great impacton their physical and psychological wellbeing. Thepresent study also gives similar picture wherein theelderly living with their family have better QOLscores than the others. Hence it is clear that familyhas a great impact on their life satisfaction and so intheir quality of life.

Presence of one or more morbidity gives poor meanQOL scores in all the domains of quality of life whencompared to elderly without any morbidity. And thisresult is found to be statistically significant. Similarresults are seen in the study conducted at Trivandrumby Vijayakumar et al. they found that poor health inthe presence of morbidity and dependence in ADLgreatly lowered their quality of life. In the studyconducted by Kumar R et al. found that health statuswas an important factor that had a significant impacton the quality of life of the elderly population.Canbaz S et al. showed that those who weresuffering from chronic diseases had a lower Qualityof Life than those who were without any chronicdisease.

Recommendations

Although the process of ageing, disorders anddisabilities of old age cannot be totally prevented,suitable measures can be taken that would retard thisprogress thereby leading to a longer period of healthand thus preserving their quality of life. Livingarrangement, financial position and well being wouldundergo change in old age. Therefore in-depthstudies through multidisciplinary assessment onissues like socioeconomic problems, morbiditypattern, quality of life and social security needs ofthe elderly should be done nationwide.

Traditional role of respecting and caringelders should be reinforced at school level andinterventions from the primary level. Theexperiences and expertise of the elderly should beutilized for the society.Elderly should be given legal security againstabuse and harassment. Policy makers should evaluatesuccessful programmes for the elderly of othercountries and adopt them to suit local conditions and economic viability. Separate processing schemes forthe elderly should be organized to meet their needsof reduced mobility and safety precautions. Our“Womb to Tomb” social security policy should bestrengthened.

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