



Quality of Life Among Elderly People at Rural Area, Thiruvellore

KEYWORDS

assess, quality of life, elderly

Dr.Sahbanathul Missiriya

Associate Professor, Saveetha College of Nursing, Saveetha University, Chennai

ABSTRACT Older adults now constitute a significant group in any society. Urbanization, migration, westernization and industrialization have changed the joint family system. As a result, elders, who held position of authority in the family, are neglected. The focus of the study was to assess the Quality of life among elderly people. The design was descriptive type. The study was conducted at Kuthambakkam village in Thiruvellore district. Totally 60 elderly people who met the inclusion criteria were selected. The level of quality of life was assessed by using WHO –QOL. The study was revealed that majority of them 8(13.3%) had more satisfied with the Quality of life 23(38.3%) had satisfied, and 29(48.3%) were unsatisfied. There was no significant association between sex, marital status, educational status, source of income, Suffering from chronic disease, degree of dependence, age and religion with quality of life among elderly people at $P<0.05$

INTRODUCTION

The later part of human life is called old age. It usually begins after 60 years of age. At the same time, the WHO recognized that the developing world often defines old age, not by years, but by new roles, loss of previous roles, or inability to make active contribution to society. Increased medical knowledge, improved preventive health practices and technological advances have helped more people live longer with healthier lives.

Hurlock (1990) stated that the common problem of the elderly is physical helplessness which necessitates dependency on others. The common physical hazards of the elderly include disease and physical handicap such as circulatory disturbance, metabolic disorders, and disorders of joints, visual and hearing impairments. The psychological hazards of old age include tendency to slip mentally, feeling of guilt about idleness while other people are still working, social disengagement due to impairment of social contact and voluntary or involuntary social isolation and vocational maladjustment among elderly marked by retirement from job.

Urbanization, migration, westernization and industrialization have changed the institution of joint family. Increased the pace of life changed their tradition system and living arrangements. As a result, elders, who held position of authority in the family, are neglected by their own family members.

According to the current distribution, the elderly were almost equally divided among the developed and the developing countries. To maintain 15-25% of the total population of any country that consists of aged persons many of whom, were economically non-productive and physically weak with multiple handicaps and disability due to chronic disorders, poses a challenge to the country. Ageing is a vulnerable period. Exposure to the hostile environment during the many years of life and irregular ticking of the biological clock make them particularly vulnerable.

The problems of elders were different from the other groups. Care of the elderly has become essential component that advancement in the medical nursing technol-

ogy and improvement in general health and practices and nutrition have increased the life expectancy of the elderly (Saraswathi and Prakasamma,2000).

Physical and mental health QOL were negatively associated with discrimination and chronic conditions and positively with social support, social network size, physical and leisure activities, substance nonuse, employment, income, and being male when controlling for age and other covariates. Mental health QOL was also positively associated with positive sense of sexual identity and negatively with sexual identity disclosure. Important differences by age group emerged and for the old-old age group the influence of discrimination was particularly salient (Fredriksen-Goldsen K).

Neelam Makhija (2003) had reported that according to 1981 Indian census out of the total population of 685.2 million , 44 million were aged 60 years and over. As per 1991 census, the number of the elderly was about 55.3 million which means 6 % of the total population of 844.3 million. WHO reported that by 2025 the world elderly population (60 years of the age and above) will be increased from 200 million to 1.2 billion or 8.14% of total population.

The objectives were made to assess the socio- demographic variables of the elderly people, to measure the quality of life elderly people and to associate the socio-demographic variables and quality of life among elderly people.

Quality of life is referred to the level of satisfaction in life as experienced and expressed by the individual in physical, psychological, social, environmental and spiritual domains.

The conceptual frame work of this study was based on Linzan's model of quality of life (1992). She described that quality of life is determined by life satisfaction in various domains of life, which are interrelated, self concept, physical health, socio economic factors and perceived meaning of life of an individual determines the quality of life. It is an abstract concept which is the sum total of the effects of

intra personal and interpersonal factors acting on the individual.

METHODOLOGY

A descriptive design was chosen for the study to assess the quality of life among elderly people.

The study was conducted at Kutambakkam village in Thiruvellore district. Totally 60 elderly people were selected by convenient sampling technique. The inclusion criteria were elderly people aged 60 years and above inclusive of both female and male who were residing at Kutambakkam village.

The first section of the instrument comprised of demographic information. This includes item such as gender, religion, marital status, number of living children, monthly income and type of family. The second section of the instrument comprised of quality of life WHO-QOL (1998) tool consists of 6 domains such as physical domain, psychological domain, level of independence, social relationship, environmental domain and spirituality/personal believes.

WHO-QOL consisted of 29 items .The total score reflects the Quality of life among elderly. The scores were categorized as follows.

Table 1: Score Interpretation

1-50%	Unsatisfied
51 – 75%	Satisfied
76 – 100%	More Satisfied

The analytical methods used were frequency, percentage, mean, standard deviation and chi square test.

FINDINGS

Among 60 elderly people majority (86.7%) were between the age of 60-70 years, (13.3%) were between the age of 70-80 years. Regarding sex, 26(43.3%) were male and 34(56.7%) were female. About marital status, majority was married (70%) and widowed (20%). Regarding educational

status, literate (43.3%) and non -literate (56.7%). On source of income, majority were supported by children (66.7%), pension /own earnings (33.3%). Mostly (60%) elders were suffering from diseases for a long time. About the degree of physical dependence, (46.7%) were independent, (33.3%) were partially dependent. About religion, majorities (91.7%) were Hindus and (8.3%) were Christians.

Table 2: Distribution of the level of quality of life among elderly

S. No	Level of quality of life	Frequency	%
1	Unsatisfied 1%- 50 %	29	48.3
2	Satisfied 51%-75%	23	38.3
3	More satisfied 76% -100%	8	13.3

The study was revealed that majority of them 8(13.3%) had more satisfied with the Quality of life 23(38.3%) had satisfied, and 29(48.3%) were unsatisfied.

There was no significant association between sex, marital status, educational status, source of income, Suffering from chronic disease, degree of dependence, age and religion with quality of life among elderly people at P<0.05.

Kalai Selvi(1999) conducted a similar study in an institution of the aged and the findings revealed that 45% of the inmates had low level of well-being 22.5% of them had moderate level of well-being and 32.5% had high level of well-being.

CONCLUSIONS

The present study was showed that 13.3% had more satisfied with the Quality of life 23(38.3%) had satisfied, and 29(48.3%) were unsatisfied quality of life. Hence, special attention is needed to promote the health of elderly people.

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