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Geriatric health

A STUDY ON THE QUALITY OF LIFE AMONG ELDERLY IN HAJIN BLOCK OF KASHMIR VALLEY. A CROSS SECTIONAL STUDY.

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ABSTRACT

INTRODUCTION: Geriatrics is a newly emerging specialty concerned with clinical, public health and psychological aspect of health and disease in the elderly. Their special health and economic issues differ from those of the general population. Ageing is mainly associated with social isolation, poverty, apparent reduction in family support, inadequate housing, impairment of cognitive functioning, mental illness, widowhood, loss of social support, bereavement, limited options for living arrangement and dependency towards end of life. All these problems have an impact on the quality of life in old age and health care at the time of need.

OBJECTIVE : To determine the Quality of life among geriatric population in Hajin Health Block of Kashmir valley and suggest various recommendations for the betterment and Improvement in their quality of life.

METHODOLOGY: Multistage cross sectional study was conducted among 1020 elderly residing in Block Hajin of Kashmir. Quality of life was assessed on a 5 point likert scale and was compared across various socio demographic variables of the participants.

RESULTS: The response to overall Quality of life (QOL) was Good in 37.0% and Poor in 29.6%.

The QOL was significantly associated with Socio economic status, gender, zone, occupation, educational status, type of family and the health status of the participants (p value < 0.05).

CONCLUSION: The QOL was poor in a considerable proportion of the study population and thus steps like policies and schemes for the elderlyand support from the community and family and ensuring social security are needed to improve the overall QOL among the elderly.

KEYWORDS : Geriatrics, Elderly, Quality of life.

INTRODUCTION

Geriatrics is a newly emerging specialty concerned with clinical, public health and psychological aspect of health and disease in the elderly. The United Nations uses the benchmark of 60 years of age or above to refer to older people (UNFPA, 2012). However, in many high-income countries, the age of 65 is used as a reference point for older persons as this is often the age at which persons become eligible for old-age social security benefits.[1]

WHO categorizes old age into three age brackets as "Young aged" (60 to 69 years), "Middle aged" (70 to 79 years) & "Old aged" (80 years and above)[2]. The elderly are a precious asset for any country. With rich experience and wisdom, they contribute their might for sustenance and progress of the nation. Their special health and economic issues differ from those of the general population.[3]The world is in the midst of a unique and irreversible process of demographic transition that will result in older populations everywhere. In 2000, there were 600 million people aged 60 years and above; there will be 1.2 billion by 2025 and 2 billion by 2050.Today, about two thirds of all older people are living in the developing world; by 2025, it will be 75%. In the developed world, the very old i.e above 80 years is the fastest growing population group.[4]

As per the Census of India (2011) the aged population 60years and above constitutes 8.6 percent to the total population of country.In Jammu and Kashmir, the elderly population has risen from 432 thousand in 1991 to 675 thousand in 2001.The proportion of the elderly has risen from 5.78 percent in 1991 to 6.71 percent in 2001 and 7.4 percent in 2011(Census 2011 J&K)[5]

Quality of Life is defined by WHO as "an individual's perceptions of their position in life in the context of culture and value system in which they live and in relation to their goals, expectations, standards and concerns[6]The Quality of Life can be evaluated by assessing a person's subjective feelings of happiness or unhappiness about the various life concerns[7]. Ageing is mainly associated with social isolation, poverty, apparent reduction in family support, inadequate housing, impairment of cognitive functioning, mental illness, widowhood, loss of social support, bereavement, limited options for living arrangement and dependency towards end of life.[8]All these problems have an impact on the quality of life in old age and health care at the time of need[9]

This study is an attempt to determine theQuality ofLife intheelderly persons residing in a rural area of Kashmir and may serve as a baseline data and help in planning the services for this section of population for the betterment and improvement in their Quality of Life.

METHODOLOGY

1. To determine the Quality of life among geriatric population in Hajin Health Block of Kashmir valley.
2. To suggest various recommendations for the betterment and Improvement intheir quality of life.

The study was conducted in three zones of Hajin Block of district Bandipora of Kashmir Valley which is the rural field practice area of Department of Community medicine of skims for a period of 1 year.

The study population comprised of geriatric population (i.e aged 60 years and above) which accounts 7.4 percent of total population

The sample size was calculated (based on part of literature studies which show that 68 % of the proportion of elderly population have a good quality of life)by applying following equation :

$n=Z^2 P(1-P)/e^2$

Where

n = sample size

Z = level of confidence (for 95% CI, Z = 1.96)

P = Proportion of study population having good quality of life

e =confidence limit(precision)

Taking confidence limit as 3 % the sample size came out to be 928. Assuming non- response rate to be 10%, 1020 individuals were taken up for the study.

SAMPLING PROCEDURE

This multistage sampling study was conducted in Hajin Block which is divided into three health zones namely Hajin, Sumbal and Ajas. Study Sample was drawn from these three health zones by applying Probability Proportionate to Size (PPS) technique All the villages in each zone were enlisted (list of villages obtained from office of Block Medical Officer Hajin) and subsequently desired sample was drawn from each village again using PPS technique Household was the final sampling unit. In each village one house (first house)in the centre of village (nearer to a landmark) was selected. Subsequent houses were selected by moving in one direction only. If the desired sample of elderly was not achieved in this direction then the house opposite to the first selected house was taken and further houses lying in that direction were selected till the desired sample required by PPS technique for that village was got. The QOL was assessed on a 5 point likert scale as Very poor, Poor, Neither poor nor good, Good and Very Good.

Ethical permission for this study was obtained from Ethical Clearance

Committee of S.K.I.M.S. All the elderly people eligible for the study were interviewed individually aftertaking written consent from them.The confidentiality was maintained by coding the participant's name.

RESULTS

It was seen that majority (564) of the study population belonged to Young aged group (55.3%).The zones in the above table refers to the three residential zones of our Field practice area with majority (413) of study population belonging to Hajin zone (40.3 %). In the first phase, marital status was consisting of five catogories but due to low frequencies in some categories , Widows & Widowers were pooled into category Widowed and Single /Separated /Divorced were pooled into category Others to balance the weightage of each category to some extent, and it was seen that majority (755) of Study population belonged to the Married category(74%).

The occupation types were initially four but due to low frequency in labourer type ,the labourer & farmer types were pooled to balance weightage of each type and it was seen that majority (847) of study population belonged to the type None(83%) i.e, not working.

Majority(73.8%) of study population belonged to Lower class (Class IV & V of UdaiPareek Scale)

Table 1. Response distribution of study population to overall quality of life on a 1-5 Likert Scale

How would you rate your Quality of Life		
	Frequency	Percent
Very poor	84	8.2
Poor	302	29.6
Neither poor nor good	223	21.9
Good	377	37.0
Very Good	34	3.3
Total	1020	100.0

Table 1. Shows the frequency distribution of how the Study subjects had rated the overall quality of life and it can be seen that response to overall QOL was Good in 37.0% and Poor in 29.6%.

Table 2 : Relationship between overall Quality of Life Responses of study population and their socioeconomic class

Socioeconomic Class		How would you rate your Quality of Life					Total	P-Value *
		Very poor	Poor	Neither poor nor good	Good	Very Good		
Upper	Count	0	8	9	43	5	65	0.000
	%	0.0%	12.3%	13.8%	66.2%	7.7%	100.0%	
Middle	Count	7	31	51	102	11	202	
	%	3.5%	15.3%	25.2%	50.5%	5.4%	100.0%	
Lower	Count	77	263	163	232	18	753	
	%	10.2%	34.9%	21.6%	30.8%	2.4%	100.0%	
Total	Count	84	302	223	377	34	1020	
	%	8.2%	29.6%	21.9%	37.0%	3.3%	100.0%	

* P value calculated as per Pearson's chi-square test.

Table 2. provides us an overview of association between the responses to overall QOL of study subjects viz a viz their socio economic class. On application of Pearson's Chi-Square test i.e a test of independence to assess whether unpaired observations on two variables, expressed in a contingency table, are independent of each other or to assess whether the statistical association exists between the two categorical variables, it was found that a strong association exists between "overall quality of life" and "Socio economic class" as evident from Chi-Square P-value of 0.000.The above table clearly shows that response to overall QOL was "Good" in 66.2% of study population belonging to Upper SES class as compared to only 30.8% of those belonging to Lower class and response to Overall QOL was "Poor" in only 12.3% of study population belonging to Upper SES class as compared to 34.9% of those belonging to Lower SES class, thus concluding that with improvement in SES class the overall QOL also improves.

Table 3 : Relationship between overall Quality of Life Responses of study population and their gender

Sex		How would you rate your Quality of Life					Total	P Value*
		Very poor	Poor	Neither poor nor good	Good	Very Good		
Male	Count	27	134	114	180	18	473	0.037
	%	5.7%	28.3%	24.1%	38.1%	3.8%	100.0%	
Female	Count	57	168	109	197	16	547	
	%	10.4%	30.7%	19.9%	36.0%	2.9%	100.0%	
Total	Count	84	302	223	377	34	1020	
	%	8.2%	29.6%	21.9%	37.0%	3.3%	100.0%	

* P value calculated as per Pearson's chi-square test.

Table 3. provides us an overview of association between the responses to overall QOL of study subjects viz a viz their Gender. On application of Pearson's Chi-Square test it was found that a statistical association exists between overall QOL and "Gender" as evident from Chi-Square P-value of 0.037,the table shows that 38.1% of males rated their response to overall QOL as "Good" as compared to 36 % of females.

Table 4: Relationship between overall Quality of Life Responses of study population and their respective zones

Zone		How would you rate your Quality of Life					Total	P value *
		Very poor	Poor	Neither poor nor good	Good	Very Good		
Sumbal	Count	32	115	102	126	15	390	0.002
	%	8.2%	29.5%	26.2%	32.3%	3.8%	100.0%	
Hajin	Count	33	116	67	186	11	413	
	%	8.0%	28.1%	16.2%	45.0%	2.7%	100.0%	
Ajas	Count	19	71	54	65	8	217	
	%	8.8%	32.7%	24.9%	30.0%	3.7%	100.0%	
Total	Count	84	302	223	377	34	1020	
	%	8.2%	29.6%	21.9%	37.0%	3.3%	100.0%	

* P value calculated as per Pearson's chi-square test.

Table 4 .provides us an overview of association between the responses to overall QOL of study subjects viz a viz their residential zones. On application of Pearson's Chi-Square test, it was found that a strong association exists between "overall quality of life" and "Zones" as evident from Chi-Square P-value of 0.002.The table shows highest percentage (45%) of study subjects whose response to Overall QOL was "Good"belonged to zone Hajin as compared to 30% of those belonging to zone Ajas.

Table 5 : Relationship between overall Quality of Life Responses of study population and their marital status

Marital status		How would you rate your Quality of Life					Total	P Value *
		Very poor	Poor	Neither poor nor good	Good	Very Good		
Married	Count	51	220	173	284	27	755	0.192
	%	6.8%	29.1%	22.9%	37.6%	3.6%	100.0%	
Widowed	Count	31	79	47	89	7	253	
	%	12.3%	31.2%	18.6%	35.2%	2.8%	100.0%	
Others	Count	2	3	3	4	0	12	
	%	16.7%	25.0%	25.0%	33.3%	0.0%	100.0%	
Total	Count	84	302	223	377	34	1020	
	%	8.2%	29.6%	21.9%	37.0%	3.3%	100.0%	

* P value calculated as per Pearson's chi-square test.

Table 5 .provides us an overview of association between the responses to overall QOL of study subjects viz a viz their marital status. On application of Pearson's Chi-Square test it was found that association between "overall quality of life" and "Marital status" is not statistically significant as evident from Chi-Square P-value of 0.192.

Table 6 : Relationship between overall Quality of Life Responses of study population and their Occupation

Occupation		How would you rate your Quality of Life					Total	P value *
		Very poor	Poor	Neither poor nor good	Good	Very Good		
None	Count	75	265	189	296	22	847	0.001
	%	8.9%	31.3%	22.3%	34.9%	2.6%	100.0%	
Labourer / Farmer	Count	8	32	26	59	8	133	
	%	6.0%	24.1%	19.5%	44.4%	6.0%	100.0%	
Business	Count	1	5	8	22	4	40	
	%	2.5%	12.5%	20.0%	55.0%	10.0%	100.0%	
Total	Count	84	302	223	377	34	1020	
	%	8.2%	29.6%	21.9%	37.0%	3.3%	100.0%	

* P value calculated as per Pearson's chi-square test.

Table 6 .provides us an overview of association between the responses to overall QOL of study subjects viz a viz their Occupation. On application of Pearson's Chi-Square test, it was found that a strong association exists between "overall quality of life" and "Occupation" as evident from Chi-Square P-value of 0.001.The table shows that highest percentage (55%) of study population whose response to overall QOL was "Good" belonged to Business class as compared to 34.9% of those belonging to class None i.e those not working.

Table 7 : Relationship between overall Quality of Life Responses of study population and their Educational status

Educational Status		How would you rate your Quality of Life					Total	P value
		Very poor	Poor	Neither poor nor good	Good	Very Good		
Illiterate	Count	82	269	185	310	26	872	0.001
	%	9.4%	30.8%	21.2%	35.6%	3.0%	100.0%	
Literate	Count	2	33	38	67	8	148	
	%	1.4%	22.3%	25.7%	45.3%	5.4%	100.0%	
Total	Count	84	302	223	377	34	1020	
	%	8.2%	29.6%	21.9%	37.0%	3.3%	100.0%	

* P value calculated as per Pearson's chi-square test.

Table 7 . provides us an overview of association between the responses to overall QOL of study subjects viz a viz their Educational status. On application of Pearson's Chi-Square test, it was found that a strong association exists between "overall quality of life" and "Educational Status" as evident from Chi-Square P-value of 0.001.The table shows that highest percentage (45.3%) of study population whose response to overall QOL was "Good" were Literate as compared to 35.6% of Illiterate.

Table 8 : Relationship between overall Quality of Life Responses of study population and their type of Family

Family type		How would you rate your Quality of Life					Total	P value *
		Very poor	Poor	Neither poor nor good	Good	Very Good		
Nuclear	Count	22	72	43	52	1	190	0.001
	%	11.6%	37.9%	22.6%	27.4%	0.5%	100.0%	
Joint	Count	62	230	180	325	33	830	
	%	7.5%	27.7%	21.7%	39.2%	4.0%	100.0%	
Total	Count	84	302	223	377	34	1020	
	%	8.2%	29.6%	21.9%	37.0%	3.3%	100.0%	

* P value calculated as per Pearson's chi-square test.

Table 8 . provides us an overview of association between the responses to overall QOL of study subjects viz a viz their Family type. On application of Pearson's Chi-Square test, it was found that a strong association exists between "overall quality of life" and "Family type" as evident from Chi-Square P-value of 0.001.The table shows that highest percentage (39.2%) of study population whose response to overall QOL was "Good" were living in Joint family as compared to 27.4% of those living in Nuclear family.

DISCUSSION

In present study, the rating on 5 point Likert scale about overall QOL of study subjects was as follows: 8.2% - very poor, 29.6% - poor, 21.9% - neither poor nor good, 37% - good & 3.3% - very good. Somewhat similar results were found in a study in Kerela in which the rating of rural senior citizens about overall QOL wasvery poor - 0.8% , poor - 9%, neither poor nor good - 35.5%, good - 51.1%&very good 3.6[10]. In another study in Karnataka by Khongsdir S et al the rating about overall QOL was very poor - 7%, poor - 41%, neither poor nor good - 27%, good - 25%& very good - 0% and about overall perception of health was: 1% -very dissatisfied, 29% - dissatisfied), 36% - neither satisfied nor dissatisfied.[11]

CONCLUSION

The QOL was poor in a considerable proportion of the study population and thus steps like policies and schemes for the elderly and support from the community and family and ensuring social security are needed to improve the overall QOL among the elderly.

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