ORIGINAL RESEARCH PAPER
Volume - 11 | Issue - 08 | August - 2022 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

AN ASSESSMENT OF QUALITY OF LIFE IN ELDERLY AT GRAM PANCHAYAT LEVEL, KERALA

Public Health

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ABSTRACT

Aging is an end stage in development of an individual. There is more than 600 million elderly individual in worldwide. So this study have greater scope in identifying probability of suffering from multiple heath and socio-demographic factors leading to physical, mental and emotional disturbance in elderly population. The life expectancy of elderly population are increasing and they are at risk for many disease and disabilities. The socio-demographic and health are the contributing factors in the quality of life of elderly. The study mainly signifies the importance of improving the various domains of quality of life to decrease the suffering from multiple health disorders due to the vulnerability for many physical and mental disturbance.

KEYWORDS

Quality of Life, Elderly People, Physical Health, Psychological, Social Relationship, Environment

INTRODUCTION

Aging is an unavoidable process which will definitely experience by each of us in the later part of the life. Aging is a progressive, generalized impairment of function resulting in loss of adaptive response to stress and in increasing risk of age related diseases. According to population census 2011 there are nearly 104 million elderly person in India; 53 million females and 51 million males. At the age of 60 years, the average remaining length of life was found to be 18 years and that at the age 70 was less than 12 years. Among the Indian states, Kerala has the largest population of the elderly and the growth rate among elderly is still increasing. Kerala had the highest life expectancy a few of the states in India. aged population additionally has high morbidity due to both communicable and non-communicable diseases; majority of unwell health condition are in old age. because of disruption of joint family system, family support is also at the decline. The subjective aspect of wellbeing of elderly gains significance in this background. today, the elderly demand that society should not only make sure independence and participation, but also provide care, fulfilment and dignity. there's limited knowledge of factors influencing their quality of life available now.

Quality of life (QOL) is the general well-being of individuals and societies, outlining poor and tremendous features of existence. It observes life satisfaction, including everything from physical health, family, education, employment, wealth, religious ideals, finance and the surroundings. [Barcaccia Barbara 4 September 2013] QOL has a wide range of contexts, consisting of the fields of international development, healthcare, politics and employment. it's far crucial no longer to combine up the concept of QOL with a greater recent developing area of health associated QOL (HRQOL [Bottomley Andrew the cancer patient quality of life]. An evaluation of HRQOL is effectively an assessment of QOL and its relationship with health.

Quality of life is defined as individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. QOL is mainly influenced by the structural and functional limitations of the persons. Basically, it is developed on the basis of result of the field trail version WHOQOL-100 instrument.

Case Study

The study focused on Quality of life and associated factors of elderly of age group of 65 years and above at Kalliyoor Gram panchayat Kerala. A community based cross-sectional study was conducted by house to house visit to assess the QOL for elderly for a month after obtaining Ethics committee clearance. The study was conducted in the 21 wards of kalliyoor Gram panchayat Thiruvananthapuram with the population size of 4073. The elderly of age group of 65 years and above residing in the kalliyoor Gram panchayat were eligible for the study. The sample size was estimate by using open Epi version 3. Sample size was calculated by using an anticipated prevalence of 68.2% of good quality among elderly with 95% confidence interval and the precision is 10 and the design effect of and the sample size was 123. The study subject in each area were selected by using stratified random sampling method. The panchayat have 21 wards of population 4073. 21 stratas and 6 participants were selected by simple random sampling from each stratas. QOL was assessed using WHOQOL- BREF scale. The instrument contain four domains namely Physical health, Psychological, Social relationship and Environmental with 26 questions. Each of these domains were rated on a 5 Point Likert scale.as per WHO guidelines. 25 raw score of each domain is calculated by adding values of single items and it was then transformed to a score range from 0 -100, were 100 is the largest value and 0 is the lowest value.

QOL DOMAIN	MEAN	MEDIAN	STANDARD DEVIATION
Physical health	50.09	44.00	19.431
Psychological	52.46	53.00	16.224
Social relationship	46.19	50.00	19.651
Environmental	49.75	44.00	15.382

After obtaining the informed consent, the study subject was interviewed at their house and the data were collected on socio-demographic health status and quality of life by using structured questionnaire.

The data were analyzed in SPSS 16.0. Mean and standard Deviation were used to describe the QOL score in each domain. Proportions will be expressed in percentage. The data obtained from WHOQOL BREF were later categorized into

Above 75- "Very good QOL"
75-50-"Moderately good QOL"
50-25- "Moderately poor QOL"
Below 25 - "Very poor QOL"

The study reveals that 5% of participants had "very good" QOL 35 % had "moderately good" QOL, whereas 58.57% has suffering "moderately poor" QOL and 1.43% had very poor QOL.

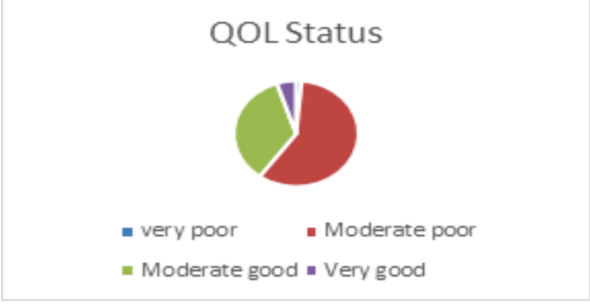

Table-1- Quality of life domain score

In domain wise analysis, the mean score of physical heath was 50.09±19.431, psychological was 52.46±16.224, social relationship was 46.19±19.651 and environmental was 49.75±15.382. The median score of each domain was 44,53,50,44 respectively.

CONCLUSIONS

Quality of life (QOL) is the general well-being of individuals and societies, outlining negative and positive features of life. The study

shows the majority of elderly population had poor quality of life. In domain wise analysis the social relationship is less and psychological wellbeing of the individual is more as compare to other domain. Controlling and modifying the environmental factors and improve the freedom, physical safety and security to increase the environmental domain. To improve the social relationship by increase the personal relationship with others. Social and physical recreational activities improve the self-image and satisfaction level for improving the quality of life of elderly population. The study shows that increasing education can improve the chance of getting occupation and hence the income status which lead to good quality of life. By providing financial security, care and social relationship can improve the overall quality of life of elderly.

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