

Quality of Life and Its Selected Determinants among Elderly People living in Nallur Divisional Secretariat Division

Thanujanan, K.¹, Kamalarupan, L.¹, Thabotharan, D.¹, Coonghe, P A D.²

1Unit of Allied Health Sciences, Faculty of Medicine, University of Jaffna, Sri Lanka

2Department of Community & Family Medicine, Faculty of Medicine, University of Jaffna, Sri Lanka

<thanujanan.k@gmail.com>

Abstract - Sri Lanka is a one of the fastest aging country in the world. Quality of life is the most appropriate one to examine, the well-being of elderly people. The aim of this study was to assess the Quality of life and socio demographic and health related determinants among elderly people living in Nallur D.S division. A community based descriptive cross sectional study was conducted among 212 elderly people living in their houses. The sample was selected using stratified random sampling technique and participants were interviewed by using an interviewer administered questionnaire. Quality of life was measured by the modified Older People's Quality of Life Questionnaire (OPQOL). The determinants of Quality of life among elderly population were assessed using Chi square test. In this study male participants (61.3%) were higher than the female (38.7%) and most of the participants fell under the age group of 70-79 years (45.8%). Majority of the participants were married (65.1%) and 80.7% of participants were living with their spouse and children. Nearly half of the (51%) of participants have studied upto primary education and nearly 40% of them indicated that their monthly family income was below 15,000/-. More than half of participants (59.4%) rated their health as positive. The most prevalent chronic medical problems were Cataract (30.7%), Hypertension (30.7%) and Diabetic Mellitus (29.2%). The total Quality of life mean score was 132.8 (SD +/- 12.753) out of 180. Factors such as gender, age, marital status, educational level, employment status, living arrangement, monthly family income, Self-Rated Health and presence of chronic medical problems shows the significant relationship with the Quality of life of the participants. It is concluded that the elderly population living in Nallur D. S. Division experience a Neutral level of Quality of life and plan appropriate interventions to improve Quality of life of the elderly people.

Key words - Elderly people, Jaffna, Nallur, Quality of life, Self-Rated Health

INTRODUCTION

People more than 60 years old refer to elderly population (WHO, 2010). Sri Lanka is one of the fastest aging countries in the world. In Sri Lanka elderly population will increase from 11 % to 16% by 2020 also expected at 29% by 2050, and 34% by 2080 (World Bank, 2016). Ageing is characterized by progressive loss of adaptability. Usually, elderly people have problems in their later lives, such as declining physical

functions, increasing disability and chronic illnesses and changes in socio-economic status. And majority of old Sri Lankans (91%) have heard of elders homes, during the last two decades the number of institutionalized old populations has increased considerably, suggests increasing demand of care (World Bank, 2008).

Quality of life is the most appropriate one to examine the well-being of elderly people. "Quality of life 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" (WHO, 2005). Quality of life is a multi-dimensional aspect and has been used in assess the health status, social relationships, independence level, psychosocial adjustment, financial circumstances, leisure and activities and home and neighborhood relationship (Ferrans, et al., 2005). There are many factors influencing the Quality of life of the elderly people. Those are socio demographic factors such as age, gender, marital status, education, living arrangement, employment status and family income (Dongre and deshमुख, 2012). Also depend on self-rated health (Siop, et al., 2008), Presence of chronic medical problems (Liu, et al., 2013), number of chronic illness (Luo and hu, 2011), and functional abilities (Siop, et al., 2008). There is an urgent requirement to give more concern on elderly people wherever elderly people are the increasing population, also need of care of the elderly people is going to rise as their health and functional capabilities are declining with an age. Therefore, the purpose of this study is to assess the Quality of life and socio demographic and health related determinants among elderly people living in Nallur.

MATERIALS AND METHODS

A community based descriptive cross sectional study was carried out to assess the Quality of life and socio demographic and health related determinants among 212 elderly people lived in Nallur from December 2015 to September 2016. The total needed sample size was 250. There were 12292 elderly people living under 40 G.S. division in Nallur D. S. Division and the sample size for each G.S Division was stratified based on the older population and random sampling technique was used to select the study participants from each G.S Division. Participants were interviewed by using an interviewer administered questionnaire which was modified with the help of sociologist and supervisors from the OPQoL (Older People Quality of Life) questionnaire which was used by Sarath Rathnayaka in Anurathapura District in 2014. The Questionnaire includes four sections socio demographic factors, chronic medical problems, self-rated health, and assesses the Quality of life. Quality of life was measured by the modified

Older People QOL questionnaire (OPQoL) (Bowling et al., 2010). Which contains 36 statements under eight domains such as “life overall” (four items), “health”(four items), “social relationships”(six items), “independence, control over life and freedom”(four items), “home and neighborhood”(four items), “psychological and emotional well-being”(four items), “financial circumstances”(four items) and “leisure, activities and religion”(six items). The participants were asked to indicate their response by choosing 1–5 possible options from the Scale that ranged from strongly disagree to strongly agree. OPQOL items were coded as “1” for strongly agree, “2” for agree, “3” for neither agree nor disagree, “4” for disagree and “5” for strongly disagree. In scoring, reversed coding was accorded for positively worded items. The total score ranges from 36 (worst possible Quality of life) to 180 (best possible Quality of life).

The interview was conducted by the researcher during the home visit. The researcher was able to visit minimum ten to twelve houses in weekend day and five to seven houses in week day. Approximately 25-35 minutes were taken to interview each elderly people. The interview was held on feasible time for the elderly people on morning and evening time and informed written concern was obtained prior to the data collection. The data was transferred to SPSS 21 and analyzed according to the given options in the questionnaire and scoring system based on the objectives. The determinants of Quality of life of elderly population were assessed by Chi square test.

RESULTS, DISCUSSION AND CONCLUSION

Most (45.8%) of the participant’s age was between 70-79 years and only three were above age of 90years. Male participants (61.3%) were more than the female (38.7%). Majority of participants were married (65.1%), and nearly one fourth of participants (28.8%) were widowed. Nearly two fifth of the participants (39.6%) have completed their secondary education and 37.3% of participants have completed primary education. Most of the participants were presently unemployed (74.1%). 67.9% of participants were living in extended family and also 80.7% of participants were living with spouse and children. 31.6% participants were receiving monthly family income between 10,000/- to 14,999/- and 23.1% participants received monthly family income more than 20,000/-. The most prevalent chronic medical problems in the population were Cataract (30.7%), Hypertension (30.7%), Diabetic Mellitus (29.2%) and only a few participants were with Cancer (0.5%). More than half of participants (59.4%) rated their health as positively. Even though 13.7% of participants were felt that their health condition was poor/very poor.

The each participant’s Quality of life was determined by adding of his or her total scores in OPQOL modified questionnaire. The most elderly people, who got marks between 125 to 144, had Neutral Quality of life (63.2%). Nearly quarter of participants (23.6%) had Negative (Poor and Very Poor) Quality of life and 13.2% was positive (Good and very Good) Quality of life. The Quality of life Mean score was 132.8

(SD +/- 12.753). The Quality of life findings of this study were similar with three studies conducted in Sri Lanka, India and Myanmar. Sarath Rathnayake and Sidiath Siop (2014) conducted a study to compare Quality of life among elderly people living in Anuradhapura District in Sri Lanka and they found that most of elderly participants in moderate Quality of life, and also the majority of the elderly people respondents had moderate level of Quality of life in non-institutionalized setting which was conducted by Devi and Roopa (2013) in Urban Bangalore district, India. The study in Myanmar also found that the older people living in the community reported moderate level of Quality of life in Irrawaddy division, Myanmar (Naing, et al., 2010).

Most of the participants (97.1%) stated that they had adequate local shops, services and facilities. Many participants (93.4%) sad that, if their health condition limits the leisure social activities, they could find another alternative way to compensate it. Most of the participants feels that life can be enjoyable when there were more people around them (92.9%) also 90.5% stated they need their children around them. Nearly, 90% participants stated that Religion, belief or philosophy was important to their quality of life. Domains of “Home and neighborhood” and “Social relationship” are scored relatively good Quality of life but “financial circumstance” was low. Here elderly people were satisfied with the local facilities (e.g. health services, shops) so they fulfill their needs and also most of the elderly people liked to try to do any activities (e.g. walking, cycling, house hold works, farming) there for they could live their life very healthily. In this study all the participants were Hindus and they mostly accept the religious and cultural belief, events, festivals and activities (e.g. visiting the temples) and it might give psychologically healthy life by providing positive thoughts and relaxation mind. Therefore, religion and culture had an important role in Quality of life among elderly people. Large number of elderly people said that, support from their children was very important and also most of the elderly people who participated in this study lived with spouse and children other than being alone. Most of elderly people who participated in this study disagreed that, their health was not restricted in looking after themselves and their home and also most of the elderly participants disagreed that life gets me down. This statement refers that most of the elderly people mentally fit even though if they not physically fit. This was a very important contribution in their positive Quality of life. According to the results of this study, Socio-demographic factors such as Gender, Age, Marital status, Educational level, Employment status, Living arrangement and Monthly family income and Self- Rated Health and presence of chronic medical problems such as Cataract and Bone and muscle disorder showed significant with the Quality of life. This study provides baseline data on Quality of life among elderly people in the Nallur D.S. Division, Jaffna. It was concluded that elderly people experience a neutral level of Quality of life. To improve Quality of life in community dwelling elderly people appropriate interventions have to be planned and it should be implemented.

References

1. Bowling, A., & Stenner, P. (2010). Which measure of quality of life performs best in older age? A comparison of the OPQOL, CASP-19 and WHOQOL-OLD. *J Epidemiol Community Health*, 1–8. doi:10.1136/jech.2009.087668.
2. Ferrans, C.E., Zerwic, J. J., Wilbur, J.E., & Larson, J. L. (2005). Conceptual model of health-related quality of life. *Journal of Nursing Scholarship*, 37(4), 336–342
3. Luo, D., & Hu, J. (2011). Factors influencing health-related quality of life among minority elders in Southwest China. *Journal of Community Health Nursing*, 28, 156–167.
4. Liu, N., Zeng, L., Li, Z., & Wang, J. (2013). Health-related quality of life and long-term care needs among elderly individual living alone: a cross sectional study in rural areas of Shaanxi Province, China. *BMC Public Health* 13:313.
5. Rathnayake, S., & Siop, S. (2014). Self-rated health and its determinants among older people living in the rural community in Sri Lanka, *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 4:39-45.