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Physical Quality of Life among Ageing Adults of Bikaner City

Pooja Sharma
Research Scholar
Deptt.of Home Science,
University of Rajasthan,
Jaipur

Shubha Dube
Associate Professor,
Deptt.of Home Science,
University of Rajasthan,
Jaipur

Abstract

Ageing is the last phase of human life cycle. It is a phase where the ageing adult faces multiple challenges, which of course vary from person to person. With the decline in fertility and growth in survival changes India is facing new population challenge. Among the total population 7.4 percent of the total population was in the age group of 60 and above in 2011. This population has important health consequences, particularly among the geriatric population. The aim of the study was to examine the physical quality of life of ageing adults. WHOQOL (2009) measure was used to assess the physical quality of life of 148 ageing adults residing in urban area of Bikaner city of Rajasthan, belonging to the age group of 60-80 years. The sample was purposively selected. The respondents belonged to low socio-economic status. The physical quality of life of the respondents was moderate which included the ability to perform day to day activities, dependence on medicinal substances and medical aids, level of energy and fatigue, mobility, pain and discomfort, sleep and rest and capacity to work in and around their household. No significant difference was found between the male and female respondents.

Keywords: Ageing, Physical health, Quality of Life

Introduction

Population ageing is increasingly recognized as a worldwide phenomenon (Ajala and Olorunsaiye, 2006). In 2011, there were 98 million senior citizens in India, and the number is expected to swell to 143 million by 2021 (HelpAge India Report, 2014). The current scenario as regards to elderly people clearly shows that their numbers have increased over the last few decades worldwide and tend to be so in the coming years also. This population shift has important psycho-social, economic and health consequences, particularly among the geriatric population. According to WHO"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".In some countries, the sheer number of people entering older ages will challenge national infrastructures, particularly health systems (World Health Organization, 2011). The progressive metabolic remodeling is associated with the process of ageing which mainly affects anthropometric, endocrine and metabolic parameters. Although it occurs successfully in some individuals while in others it fails (Barbieri, Boccardi, Papa and Paolisso, 2009). The ageing adults in India suffer from various health problems like cardio-vascular disease, circulatory diseases, cancer, arthritis, hyper tension, osteoporosis, communicable diseases, high blood pressure, kidney problems, vision problems, diabetes, rheumatism and digestive disorders (Singh, 2013). While people are living longer lives almost everywhere, the prevalence of non-communicable diseases and disability increase as population's age (World Population Ageing United Nation Report, 2013). This research work also aims to understand the physical quality of life of the ageing population residing in the urban areas of Bikaner city.

Review of Literature

Pai, (2011) observed in his/her study on "comparative study on nutritional status of elderly population living in the home for aged and those living in the community, that under nutrition as well as obesity was common health hazards in our geriatric population. The prevalence of malnutrition is significantly higher in inmates of old age home compared to elderly living at home.

Deteriorating health status is a major symptom of an individual's aging process.(Bhattacharya, 2005). It was found that the major health problems faced by elderly were diabetes, arthritis, poor vision, cataract, joint pain, slipped disc, hypertension, osteoporosis, musculoskeletal,

respiratory problem, dental problem, overweight, sleep disorder, vision problem etc. (Muthukrishnaveni, 2011, Chouhan , Mahendra and Mehta, 2009, Rudra de, 2009, Agewell Foundation, 2009,Rajeshwer ,2009, Medhi et al.,2006, Moharana, Sahani and Sahu, 2008, Wason and Jain, 2010, Balan and Devi 2010, Bhaskaraiah and Murugaih, 2013, HelpAge India 2010). Agewell Foundation, (2014) reported that 27 percent older respondents had no access to proper medicine/healthcare facility whereas half of the deprived elderly respondents (53.9 percent) said that healthcare facilities/ medicines were unaffordable for them, so they could not get proper healthcare in old age.Thomopoulou. I, Thomopoulou. D, and Koutsouki, (2010) found in their study on the differences at quality of life and loneliness between elderly people that gender differences were significant for quality of life specially, males had higher quality of life than females.

On the health well-being of the ageing adults Ajala and Olorunsaiye, (2006) concluded in their reaserch that good health in elderly is the most important asset. It enables them to continue working, function independently, and maintain a reasonable standard of living. The finding showed that with good health, elders have a good recourse to life. They will be able to realize their hopes, satisfaction, cope with life experiences and participate fully in societal activities like sharing of wisdom, give counsel and advice and contribute in family affairs.

Objectives of the Study

The present study was designed with following objectives

1. To examine the physical quality of life of ageing adults.
2. To assess the difference between physical quality of life of male and female ageing adults.

Hypothesis

There will be a significant difference was found between the physical quality of life of male and female respondents.

Materials and Methods

The study was conducted on the elderly residing in the urban areas of Bikaner district of Rajasthan, India. The sample population for the study included 148 ageing adults (72 males and 76 females) in the age range of 60 to 80 years. This sample (n=148) was selected with the help of HelpAge India Mobile Medicare Unit (MMU), Bikaner. HelpAge India MMU Bikaner has stratified Bikaner city into 12 sectors on the basis of ageing population. Out of these 12 sectors 5 sectors belong to rural areas and rest of the 7 sectors are from urban ecological background.To maintain homogeneity in the ecological and demographic profile of the sample only urban sectors were selected for the study. Out of these 7 sectors only 5 sectors were selected by using simple random sampling.A total of 30 ageing adults (including males and females) were further selected by purposive sampling (snowball technique) method from each sector. Respondents were selected through personal contact and on the basis of their availability, respondents belonging to low socio economic group were included as sample. Only those respondents who wanted to be part of the study were selected. Home visits were made for establishing good rapport and qualitative information was extracted from the respondents.WHOQOL(physical health profile) questionnaire by Murphy, Herrman, Pinzone, Evert, WHO (2009) (in Hindi**)** was used to measure the physical quality of life of the sample population. The instruments consist of four domains viz:

1. Physical domain
2. Psychological domain
3. Social relationship domain
4. Environments domain

The data so compiled was subjected to appropriate statistical analysis.

Results and Discussion

Among the 148 ageing adults studied, 72 (49 percent) were males and 76 (51 percent) were females. The proportion of young ageing adults (60-70 years) was more (79.1 percent) than the senior ageing adults (71-80years). It was observed that 40.3 percent were illiterate. Interestingly the data showed that 40.7 percent were educated till class 8^{th}. It was seen that majority (57.4 percent) of the respondents were from general caste and 70.9 percent were unemployed.

Physical Health Domain

Physical health domain suggested by Murphy et.al (2009) in their quality of life inventory includes activities of daily living, dependence on medicinal substances and medical aids, energy and fatigue, mobility, pain and discomfort, sleep and rest and work capacity of the individual. The table 1 below described the physical health as reported by the respondents.

Table 1
Physical Quality of Life of the total Respondents (N=148)

Category	Total	
	Freq.	%
Low	26	17.60
Moderate	110	74.3
High	12	8.1

The results shows that physical health among total respondents were falling in the category of moderate (70.3 percent) and low physical quality of life was measured in 17.6 percent. Hence, it can be understood that majority of the ageing adults had a moderate physical conditions which included the ability to perform day to day activities, dependence on medicinal substances and medical aids, level of energy and fatigue, mobility, pain and discomfort, sleep and rest and capacity to work in and around their household. Similar results were revealed by Mehrotra and Batish 2009 in their study on "Assesment of Problems among Elderly Females of Ludhiana City" that majority (68.75 percent) of the respondents faced weakness and body pain as major physical problem.

Table 2
Physical Quality of Life of the Male and Female Respondents (N=148)

Category	Male (n=72)		Female (n=76)		Chi Square	p-value
	Freq	%	Freq	%		
Low	14	19.4	12	15.8	0.962	0.618 NS
Moderate	51	70.8	59	77.6		
High	7	9.7	5	6.6		

Table 2 depicts the physical quality of male and female respondents. The results indicate that physical health among male respondents were falling in the category of moderate (70.8 percent) and low (19.4 percent.) where as in female respondents it was found to be moderate (77.6 percent), low (15.8 percent) and high (6.6percent). Hence, it can be understood that both males and females had a moderate physical conditions. Statistically no significant difference (p=0.618) was found between male and female respondents.

Conclusion

The present study showed that the ageing adults had moderate level of physical quality of life. No significant difference was found between the male and female respondents on their physical quality of life. So it can be concluded that the ageing adults had moderate ability to perform day to day activities, dependence on medicinal substances and medical aids, level of energy and fatigue, mobility, pain and discomfort, sleep and rest and capacity to work in and around their household.

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