

Explore the Quality of Life of the Geriatric Population, Gujarat: A Cross-Sectional Study

Vinal Damor¹, Dr Rajesh Kumar Kanoji², Dr Ajeet Sharan³,
Dr Mukesh Kumar Vora⁴, Dr Sunil Charpot⁵, Dr Madhav Goswami⁶

¹Lecturer, Government Physiotherapy College, Ahmedabad, Gujarat

²Professor, Orthopedics Dept, NIMS University, Jaipur

³Principal, Physiotherapy Dept, NIMS University, Jaipur

⁴HOD, Pharmacology Department, GMERS Medical College, Sola civil hospital

⁵Assistant Professor, Radiology Dept, GMERS Medical College, Sola Civil Hospital

⁶HOD, Physiotherapy Department, GMERS Medical College, Sola Civil Hospital Ahmedabad, Gujarat

Corresponding Author: Vinal Damor

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ABSTRACT

AIM: To explore the quality of life of the Geriatric population.

METHODS AND MATERIALS: This research project was conducted with 300 old age people in specific regions of Ahmadabad city. A convenient sampling method was used to choose participants for the study. The research instrument consisted of a demographic data profile with the WHOQOL-BREF scale, which was used to evaluate the mental and physical health of the Geriatric population.

RESULT: The mean scores and standard deviations (SD) of the physical (59.63, 13.26) and psychological (63.50, 15.08) domains are very low, indicating a poor quality of life. On the other hand, the mean and SD scores of the social (69.53, 19.01) and environmental (70.86, 18.36) domains indicate a good quality of life. The mean (72.53) and standard deviation (20.25) of overall quality of life are good for the old age population.

CONCLUSION: This study indicates a poor quality of life in both physical and psychological domains. Further research on therapeutic intervention is necessary to enhance the quality of life, especially concerning the physical and psychological aspects of the elderly population.

KEYWORDS: Quality of life, Geriatric population

INTRODUCTION

The ageing population of India is facing more challenges than ever before, including changes in social structure, health issues, and limited access to healthcare. These issues can significantly impact the quality of life for older people. India has the second largest population of older people in the world, with the proportion of the elderly projected to increase from 8% in 2015 to 19% by 2050.¹ According to WHO, they warned the member countries that as people across the

world live longer, soaring levels of chronic illness, and diminished well-being are poised to become a major global public health challenge.² To emphasize the physical and psychological issues faced by old age person is very much essential in the current scenario. At least 26% of the elderly in Gujarat are suffering from one or more chronic conditions, according to the India Ageing Report 2023 by the United Nations Population Fund (UNPF). The overall prevalence of multimorbidity in Gujarat is

higher than 23.3% in India. By 2036, 15% of Gujarat's population will comprise elderly citizens against 10.2% at present. This means the growing multimorbid elderly population will require more economic assistance. Dr Yogesh Gupta, a city-based physician and geriatrician, said that one-fourth of the elderly are dealing with multimorbidity. Many have veered towards alternative or traditional medicines.

According to the 2011 census, 8% of Gujarat's population was between 60 and 85, while 0.3% was over 85. The National Health Systems Resource Centre estimates that 10.2% of Gujarat's population is 60 years old. The day-to-day changes in the community, society and existing healthcare facilities perpetuate the challenges faced by older persons and may adversely affect their quality of life. A good QOL could mean that the old age people are ageing healthily and positively. It could mean that older persons perceive a low risk of disease and disability, high mental and physical function and active engagement with their life.³ With the help of this kind of research in the geriatric field would be very beneficial to know the exact status of the quality of life of the old age population. This study will reveal a baseline concept for more research and therapeutic interventions.

Hence, it is essential to study the QOL of old age people. This study was undertaken to assess the QOL of old age population in Ahmedabad city, Gujarat.

MATERIALS AND METHODS

The study was a community-based cross-sectional study conducted in different areas of Ahmedabad city, Gujarat. This study was done among 300 older persons 60 years and above. By random sampling method, different areas and villages were selected and all older persons meeting the inclusion criteria were enrolled for the WHOQOL-BREF questionnaire⁴. The study included all older persons 60 years and above residing in Ahmedabad city, willing to participate in this study. Excluded those who were not willing to be part of this study.

PROCEDURE:

A community-based cross-sectional study was conducted in selected areas of Ahmedabad City, Gujarat, to investigate physical and mental health-related issues and their impact on the quality of life of individuals aged 60 years and above. The study included individuals who met the inclusion criteria, while those who were unwilling to participate were excluded. Explaining the WHOQOL Questionnaire to old age people



Photo -1



Photo-2

According to researchgate.com, the prevalence of about 7.5 % of people in Ahmedabad, Gujarat is 60 years or above. A 2023 United Nations Population Fund (UNPF) report states that 26% of the elderly in Gujarat have one or more chronic conditions, which is higher than the national average of 23.3%. Data was collected from different communities like Baroda, Gandhinagar, Mehsana, Dahod Sola Gam, Gota, Lapkaman, Bavala, Bareja etc. The data was collected for 4 months after obtaining ethical clearance from the institution. By considering the limited selected areas of the field and the non-response rate, a total of 350 subjects were selected for the study. After obtaining oral and written consent from each participant,

the study procedure and the WHOQOL-BREF questionnaire (Photos 1&2) were explained to them. Participants were comfortably seated in a chair and each question was asked in an interview-style.

RESULT

Data were entered in an MS Excel sheet and analysed by using SPSS v 27. QOL was calculated in four domains – physical, psychological, social and environmental domain based on the WHO scoring system.⁵ The scores are mean and standard deviation (SD). The median score in each domain was also calculated and the median score was used as a cut-off score to classify good and poor QOL.

Table 1: Descriptive statistics of quality of life

Variables	N	Minimum	Maximum	Mean	SD
Age	350	60	80	65.72	9.23
Height(m)	350	1.42	1.64	2.00	8.04
Weight(kg)	350	42	92	65.37	9.04
BMI	350	23.80	39.47	26.32	4.10
Physical	350	25	94	59.63	13.26
Psychological	350	25	92	63.50	15.08
Social	350	25	95	69.53	19.01
Environmental	350	25	100	70.86	18.36
QOL	350	25	100	72.53	20.25

According to, Table 1 Descriptive analysis of quality of life shows a poor quality of life in the physical domain and the psychological domain. Whereas the good quality of life in the social and environmental domains is shown in this study. The quality of life of older individuals is not significantly influenced by their height, weight, and BMI in this study.

DISCUSSION

A cross-sectional study on quality of life was conducted in a community of different areas of Ahmedabad city, Gujarat. The study was done with 350 old age subjects, age groups of 60 and more than 60 years, who were interviewed by using the WHOQOL- BREF questionnaire. Table 1 shows the mean and standard deviation scores of all 4 domains of quality of life.

Venu Shath et al (2017). conducted a community-based cross-sectional study

among the elderly population (age > 60 years) residing in the urban field practice area of a tertiary care institute in Ahmedabad City, Gujarat. They surveyed 250 elderly individuals using the WHOQOL questionnaire. The study concluded that the scoring of Quality of Life (QOL) revealed that none of the geriatric population had a poor quality of life, while 56% fell into the "good" category and 50.8% had an "excellent" quality of life. Overall, the quality of life was deemed good to excellent. The study also found that social characteristics such as education, marital status, and gender all played a role in the perceived quality of life among the respondents.⁶

Lalitha Karishanappa, Suman G, Priyadarshini Nanadayadi Murthy et al (2021), conducted a cross-sectional study among elderly individuals (n=977) in urban and rural areas of Bangalore, South India,

using the WHOQOL questionnaire. The study revealed that addressing the inequitable distribution of health resources and the lack of adequate social support systems is crucial to improving the quality of life of elderly people, particularly in rural areas. Providing essential services through primary care can help bridge the urban-rural divide and enhance the quality of life of elderly individuals.⁷

According to this study, the mean score of the physical and psychological domain shows a poor quality of life, whereas the social and environmental domain shows a good quality of life. Old age populations were affected physically and psychologically more as compared to environmental factors of quality of life.

To improve the overall quality of life, it is essential to implement standard interventions focusing on the physical and mental well-being of elderly people.

Limitations

The current study has limited generalizability due to its small sample size. Additionally, the interview process may have introduced subjective biases, potentially impacting result accuracy.

CONCLUSION

This study concluded that the old age population is affected more physically and psychologically because of age-related changes in the body. Regarding social and environmental domains their quality of life is good enough. The senior population needs strategies and therapeutic interventions specially to improve their physical and psychological quality of life.

Declaration by Authors

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