

QUALITY OF LIFE OF ELDERLY RESIDENTS OF BELOW POVERTY LINE FAMILIES IN AN URBAN AREA OF NORTH KERALA

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Background: Measuring ‘subjective’ aspect of health and well-being of the increasing elderly population is more important than assessment of disease status alone. Assessing sociodemographic factors and morbidity patterns which are most close to individuals and, studying their relationship with quality of life(QOL) can help in easier improvement of QOL. Universal Health Coverage needs to be more inclusive to elderly as they require different approaches to healthcare, especially those belonging to Below Poverty Line (BPL) category.

Objectives: To assess QOL of elderly belonging to BPL families in an urban area of North Kerala and its association with sociodemographic factors. **Methods:** A cross-sectional study was conducted among 203 elderly household residents of BPL families. Data was collected using semi structured questionnaire for sociodemographic factors and WHO QOL BREF for assessing QOL and analysed using SPSS. Results expressed in terms of mean, standard deviation, frequencies, percentages. Kruskal Wallis Test and Mann Whitney U Test used to find association between domain-wise (physical, psychological, social relationships, environmental) QOL and sociodemographic factors. **Results:** Majority were found to have ‘moderately good’ QOL in all domains except social relationship domain (‘moderately poor’). 81.8% had one or more type of morbidities. Majority (56.3%) were hypertensives. Almost 37.1% reported satisfaction of overall health as unsatisfactory. Around 80.3% were availing pension schemes. Males were found to have better QOL than females in all domains. Currently married elderly had better QOL in all domains than widowed and unmarried respectively. Financially independent elderly had better physical, psychological and social relationship QOL. Educated elderly, probably because of their better understanding had better QOL than illiterates. Physical and psychological QOL was better for currently employed elderly. Those belonging to three generation family and those without any morbidity had a better QOL. **Conclusion:** Elderly belonging to younger age- group (60-69 years), male gender, currently married, educated, financially independent, currently employed and those without morbidity had better QOL. Special programmes addressing issues of female elderly

needs to be initiated. General public's awareness regarding existing programmes and special benefits for BPL elderly needs to be strengthened.