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A study to assess the morbidity profile and quality of life among home makers at Kondancherry Village

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Abstract
The World Health Organization has defined quality of life as an individual's perception of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is broad-ranging concept affected in a complex way by the person's physical health, psychological state, level of independence and social relationships, as well as their relationships to salient features of their environment. The research design for the study descriptive research design. Purposive sampling technique was used to select samples. Structured interview was used to collect background variable, Quality of life according to Whooql Scale and Morbidity profile. Data were collected by 70 from rural population at kondancherry. The result revealed that regarding age out of 70 sample 24(34%) samples were come under type age group of below 40 years, 27 (38%) were the age group of 40 – 60 years, 19 (27%) samples were under the age group of 60 – 80 years. Regarding gender 28 (40%) were the gender of male, 42 (60%) were the gender of female. Regarding educational qualification out of 70 sample 32 (45%) were no formal education. Regarding occupation out 0f 70 samples 31 (44%) were unemployed, 32 (45%) were skilled worker. Regarding marital status out 70 samples 37 (52%) were married. Regarding economic status out of 70 samples 34 (48%) were middle level. Regarding religion out of 70sample 43 (61%) were Christian. Regarding type of family out of 70 samples 49 (70) were belong to nuclear family. The morbidity profile shows epilepsy 7 (10%), depression 25 (36%), cataract 25 (36%), stye 10 (14%), asthma 14 (20%), tuberculosis 7(10%), whooping cough 15 (21%), hypertension 27 (38%), congenital heart failure 5 (7%), tooth decay 33 (47%), anemia 32 (45%), gastritis 17 (24%), diarrhoea 18 (25%), diabetic mellitus 22(31%), thyroid problem 27 (38%), joint pain 22 (31%),osteoporosis 21 (30%), hearing 20 (28%), locomotion 12 (17%), visual impairment 11(15%),speech 10(14%), accidents 7 (10%), injuries 4 (6%), poisoning 2 (3%).The quality life shows that the mean score for excellent 12.01, good 52.2, fair 4.97 and poor 2.58. Standard deviation for excellent 1.72, good 4.83, fair 7.04 and poor 5.72.

Keywords: Morbidity profile, home makers, Kondancherry Village

Introduction
Health is defined by world Health Population as "a state of complete physical, mental and social well being and not merely absence of disease or infirmity". Mental health, a major component of health is defined as a state of well being in which the individual realizes his or her abilities can cope with the normal stresses of life can work productively and profitably and is able to make a contribution to his or her community [1]. (World Health Organization) Ageing is a common process and it affects every individual, family, community and society. It is a normal, progressive and irreversible process. Sir James Sterling Ross observed "You do not heal old age, you protect it, you promote it and you extend it". These are in fact the principles of Preventive Medicine. Ageing is generally defined as a process of weakening in the purposeful dimensions of an individual that results from organizational changes, with advancement of age. Due to inadequate financial resources in the health sector and the increased demand for healthcare services. Showed in different countries shows that healthy ageing generally does not power negatively on health related quality of life, indicating that spending along period in good quality of life is possible. Cultural differences do not usually influence the particular extent of quality of life, whereas they impact on its objective dimension [2]. (Harman) At present, the development in quality life Quality of life has become the global priority for policies, specially in elderly population. Quality of life is a individual and multidimensional concept, which has been defined as "dynamic interactions between the external conditions of an Individual's life and the internal explanations of those conditions.

"It is a broad ranging concept participating in a complex way the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationships to salient features of the environment" said by WHO and person, who is 60 years old and above, is defined as the elders [3]. (Whoqol group)

Human ageing is a broad concept that is studied from many perspectives; philosophical, religious, biological, psychological, sociological, historical and economic. Although it is viewed from only one of these perspectives, ageing is a process that involves the total person in the broadest sense of that word. Physically the ageing process consists of intrinsic, subtle changes in all body systems. Similarly emotional and intellectual growth is influenced by physical factors [4]. (Devi)

World Health Organization defined quality of life as "an individual's perception of life in the context of culture and value system in which he or she lives and in relation to his or her goals, expectations, standards and concerns". It is thus a broad concept covering the individual's physical health, mental state, level of independence, social relationships, personal beliefs and their relationship to salient features in the environment [5]. (World health Organization)

World population rapidly grows with the high and fast emerging rate of people aged 60 and above in judgement with other age groups. By 2020, for the first time in history, the number of people aged 60 years and older will outnumber children younger than 5 years. By 2050, the world's population aged 60 years and older is expected to total 2 billion, up from 841 million today.According to population Reference Bureau, world population has increased approximately 6.44% from middle 2013 to middle 2015 (6892 million and 7336 million in 2013 and 2015, respectively), in which is similar to elderly population. The proportion of elderly group is expected to rise from 8% to 19% in 2025, while the proportion of children group is expected to decrease from 33% to 22%, from 673 million (246 million in developing countries) in 2005 to 2 billion in 2050 (406 million in developing countries). Over half of the population are in the age of 80+ developing countries, is expected to rise to 71% in 2050. Otherwise, in Southeast Asia, the proportion of elderly group has increased 5% from 2010 to 2015 and expected to rise from 5% to 34% in 2050 [6]. (World Health Organization) It is projected that the number of the older persons will be 94.8 million in 2011 and 143.7million by 2021 further, 63% of the total elderly population is in age group of 60-69 years, 26% in age group of 70-79 years and 11% in age of 80 years and above and it has been projected that by 2050, the number of elderly people would raise to about 324 million. India has acquired label of an "ageing nation" with 7.7% of its population being more than 60 years old [7]. (Devi)

Warbhe Priya *et al*., (2019) conducted a study to assess the morbidity profile health seeking behavior and home environment survey for adaptive measurement in geriatric population. It was cross sectional descriptive study with random sampling method. Tool was collected by interview based closed ended questionnarie as a result 64.1% participants were 60-69 years category 9.1% current smokers 94.1% had 1-3 morbidity 4.1%had 4-6 morbidity 37.3% gave a history of fall and 31.4% history of fracture 13.6% cataract operation 16.8% procedure for fracture 10% had dental procedure 78.6% received both allopathic and ayurvedic treatment. Most of the participants relied on government hospitals for treatment [8]. Sogandtourai *et al*., (2018) conducted a study to assess the effectiveness of health related quality of life among elderly population it was cross sectional descriptive study with random sampling method. whooql scale used to assess the quality of life and value the 54.92 these values are lower than the other countries. 36 questionnaire ranged from 49.77% are physical role functioning and 63.02 are social role functioning. Quality of life elderly are individual are generally low. Heath policy makers should put the health related quality of life among the elderly as priority of their providing social, economic, physiological support as well as increasing the participation of old people in the community life and experience [9]. Thant zin *et al*., (2016) conducted a study to assess on health – related quality of life and co-morbidity among elderly population. it was cross sectional study targeted population of elderly were three village in rural at Malaysia. Participants of 60 years and above were selected for face- face interviews using health related quality of life questionnaire result were shown that mean age 67.71%. Five co-morbidity hypertension 67%, bone and joint pain 63%, gastric pain 67%, poor vision 58% and hearing problem 33%. This is the significant between domains and socio demographic factors (gender, marital status, member in association) which indicated health and social support like participating in association and health care for rural population [10]. The purpose of the study was 1. To assess the demographic variable among home makers regarding morbidity profile among home makers. 2. To evaluate knowledge regarding quality of life among home makers. 3. To find out association between the demographic variable and quality of life among home makers.

Methods and Material

A descriptive study was conducted to assess the morbidity profile and quality of life among the home makers at kondancherry village respectively. The main study was conducted on 4.3.2020 to 13.3.2020 at rural population. The 70 samples who met the inclusion criteria were selected by purposive sampling technique. The investigator induced and explained the purpose of the study to samples and the written informed consent. A questionnaire was divided into two sections which include, Section A -background variable Demographic variable consists of (age, religion, type of family, education, occupation, socio-economic status, marital status, Any other health information). section B consists of morbidity profile related to disease condition like epilepsy, depression, cataract, stye, asthma, tuberculosis, whooping cough, hypertension, congenital heart disease, tooth decay, anemia, gastritis, diarrhoea, diabetic mellitus, thyroid problem, joint pain, osteoporosis, hearing, locomotion, visual impairment, speech, accidents, injuries and poisoning and section C consists of WHOOQL scale for assessing quality of life EXCELLENT 89 – 110, GOOD 67-88, FAIR 45 - 66, POOR 22- 44. The demographic data was collected using structured interview questionnaire. Data collection period was for 1 week in rural areas.

Result and Discussion

Section A: Description of the Demographic Variable of the Rural Population

The present study revealed that Frequency and percentage distribution of demographic variables of rural population

Shows that regarding age out of 70 sample 24 (34%) samples were come under type age group of below 40 years, 27 (38%) were the age group of 40 – 60 years, 19 (27%) samples were under the age group of 60 – 80 years. Regarding gender 28 (40%) were the gender of male, 42 (60%) were the gender of female. Regarding educational qualification out of 70 sample 32 (45%) were no formal education, 10 (14%) were completed primary 23(32%) were completed higher secondary, 5(7%) were completed graduation. Regarding occupation out 0f 70 samples 31 (44%) were unemployed, 32 (45%) were skilled worker, 7(10%) were professional worker. Regarding marital status out 70 samples 37 (52%) were married, 14 (20%) were unmarried, 19(27%) were widow. Regarding economic status out of 70 samples 12(17%) were upper level, 34 (48%) were middle level, 24 (34%) were lower level. Regarding religion out of 700 sample 43 (61%) were Christian, 26 (37%) were hindu, 1 (!%) were muslim. Regarding type of family out of 70 samples 21 (30%) were belong to joint family, 49 (70%) were belong to nuclear family.

Section B: Determine the Knowledge and Practice of Self-Medication among Rural and Urban

The present study revealed that epilepsy 7 (10%), depression 25 (36%), cataract 25 (36%), stye 10 (14%), asthma 14 (20%), tuberculosis 7 (10%), whooping cough 15 (21%), hypertension 27 (38%), congenital heart failure 5 (7%), tooth decay 33 (47%), anemia 32 (45%), gastritis 17 (24%), diarrhoea 18 (25%), diabetic mellitus 22(31%), thyroid problem 27 (38%), joint pain 22 (31%),osteoporosis 21 (30%), hearing 20 (28%), locomotion 12 (17%), visual impairment 11(15%),speech 10(14%), accidents 7 (10%), injuries 4 (6%), poisoning 2 (3%).

Table 1: Frequency and distribution of morbidity profile among home makers at kondancherry.

Morbidity profile	Number	Percentage
Epilepsy	7	10%
Depression	25	36%
Cataract	25	36%
Stye	10	14%
Asthma	14	20%
Tuberculosis	7	10%
Whooping cough	15	21%
Hypertension	27	38%
Congenital heart disease	5	7%
Tooth decay	33	47%
Anemia	32	45%
Gastritis	17	24%
Diarrhoea	18	25%
Diabetic mellitus	22	31%
Thyroid problem	27	38%
Joint problem	22	31%
Osteoporosis	21	30%
Hearing	20	28%
Locomotion	12	17%
Visual impairment	11	15%
Speech	10	14%
Accidents	7	10%
Injuries	4	6%
Poisoning	2	3%

Section C: Evaluvate the Knowledge Regarding Quality of Life among Home Makers

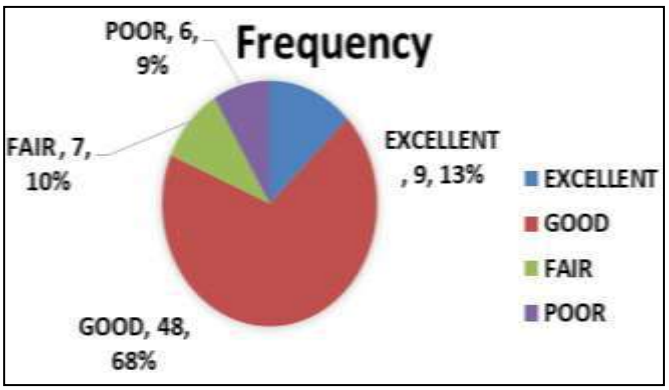

Fig 1: Graphical presentation of quality of life among home maker

The present study revealed that the score of the quality of life among home makers for excellent 13%, good 48%, fair 10% and poor 9%**.**

Table 2: Distribution score of mean and standard deviation for home makers at kondancherry.

	Mean deviation	Standard deviation
Excellent	12.01	1.72
Good	52.2	4.83
Fair	4.97	7.04
Poor	2.58	5.72

The present study revealed that the mean score for excellent 12.01, good 52.2, fair 4.97 and poor 2.58. Standard deviation for excellent 1.72, good 4.83, fair 7.04 and poor 5.72.

Section E: Association between the Demographical Variable and Quality of Life among Home Makers

Association between the demographic variable and quality of life among the home makers (p=0.05). There was statistically not significant.

Conclusion

The present study revealed that the score of the quality of life among home makers for excellent 13%, good 48%, fair 10% and poor 9%**.** Association between the demographic variable and quality of life among the home makers (p=0.05). There was statistically not significant. Morbidity profile shows that the disease condition of anemia 45%, thyroid problem 38%, hypertension 38% and diabetic mellitus 31%.

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Author's contribution

All the authors actively participated in the work of the study All authors read and approved the final, manuscript.

Conflicts of Interest

The authors declare no conflicts of interest.

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