A Study on Quality of Life Among Kidney Stone Patients at Perambalur District, Tamil Nadu

OPEN ACCESS

Volume: 13

Special Issue: 3

Month: March

Year: 2026

P-ISSN: 2321-788X

E-ISSN: 2582-0397

Citation:
T.Thangadurai, and N.Gomathi. "A Study on Quality of Life Among Kidney Stone Patients at Perambalur District, Tamil Nadu." *Shanlax Interantional Journal of Arts, Science and Humanities,* vol. 13, no. S3, 2026, pp. 150–63.

DOI:
https://doi.org/10.34293/sijash.v13iS3-Mar.10501

Dr.T.Thangadurai
Post Doctoral Fellow-(ICSSR), Center for Study of Social Inclusion
Bharathidasan University, Tiruchirappalli, Tamil Nadu, India

Dr.N.Gomathi
Guest Lecturer, Department of Economics
Government Arts College, Udhagamandalam, Tamil Nadu, India

Abstract

The prevalence of kidney stones in India is 15 per cent and approximately 5 to 7 million patients are suffering from this painful disease, according to the World Health Organization (WHO). Mankind has been affected by kidney stones for centuries, which in turn are a silent cause of renal failure. Kidney stones are solid crystals formed by urine salts. It is also known as renal calculi. It can obstruct urine flow and cause infection, kidney damage, or even kidney failure, and it varies in size and location. Quality of life as well-being covers four areas, such as physical, mental, social, and spiritual well-being. It is often tied to the opportunities available to kidney stone patients, to the meaning and purpose they attach to their lives, and to the extent to which they enjoy the possibilities available to them. This research has identified a rich array of attributes such as belonging, fulfillment, self-image, autonomy, feelings, and the attitudes of others that are associated with quality of life, which is dealt with in this paper.

Keywords: Depression, Patient, Mental Health, Kidney Stone

Introduction

A stone may stay in the kidney or travel down the urinary tract. Kidney stones vary in size. A small stone may pass on its own, causing little or no pain. A larger stone may get stuck along the urinary tract and can block the flow of urine, causing severe pain or bleeding. To diagnose kidney stones, the health care provider will perform a physical exam and take a medical history. The medical history may include questions about the family history of kidney stones, diet, GI problems, and other diseases and disorders. The health care provider may perform urine, blood, and imaging tests, such as an x ray or computerised tomography (CT) scan, to complete the diagnosis (Stephen Woolums, 2009).

Quality of life is a broad concept that incorporates all aspects of life and has been used in a variety of disciplines, such as: geography, philosophy, medical sciences, social sciences, health promotion, and

advertising. In all cases, measuring quality of life requires consideration of a multidimensional array of indicators. At the same time, these indicators lack a unique metric that would allow simple aggregation across dimensions. Three main conceptual approaches have proved useful in thinking about the measurement of quality of life: The first is based on the notion of subjective well-being, the second on the notion of capabilities, and the third on economic notions drawn from welfare economics and from the theory of fair allocations. Each of these approaches informs different measurement strategies. While these approaches may represent opposite poles in intellectual terms, they all have a role to play in measuring quality of life.

Statement of the Problem

The World Health Organization defines Quality of life as "an individual's perception 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. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships, and their relationship to salient features of their environment" (Oort, 2005). The concept of quality of life is a traditional approach followed by economists to measure human well-being. It focuses on the resources that individuals have at their command, which are usually assessed in terms of either money income or assets, or the goods and services that they consume. However, although resources are clearly important for human well-being, they are also clearly insufficient. Quality of life is a broader concept than economic production and living standards. It includes the full range of factors that influence what we value in living, reaching beyond its material side. This suggests that indicators that go beyond being measures of income, wealth and consumption and incorporate the non-monetary aspects of quality of life have an important role to play. The variety of these measures, and the lack of an obvious metric to compare developments in the various dimensions, constitutes both the main advantage and the main limit of these indicators, the researchers conducted a study on with the following objectives.

Objectives

1. To study the socio-demographic details of the respondents;
2. To assess the quality of life of patients with kidney stones; and
3. To suggest a suitable measure to improve the quality of life of patients with kidney stones.

Hypothesis of the Study

1. There is a statistically significant difference between the age group of the respondents in the mean score of quality of life.
2. There is a statistically significant difference between the genders of the respondents in the mean score of quality of life.
3. There is a statistically significant difference between the marital statuses of the respondents in the mean score of quality of life.
4. There is a statistically significant difference between the castes of the respondents in the mean score of quality of life.
5. There is a statistically significant difference between the religions of the respondents in the mean score of quality of life.
6. There is a statistically significant difference between the types of family of the respondents in the mean score of quality of life.
7. There is a statistically significant between the levels of education of the respondents in the mean score of quality of life.

8. There is a statistically significant difference between the occupations of the respondents in the mean score of quality of life.
9. There is a statistically significant difference between the incomes of the respondents in the mean score of quality of life.
10. There is a statistically significant difference between the treatment expenditure of the respondents in the mean score of quality of life.
11. There is a statistically significant difference between the years living with kidney stone of the respondents in the mean score of quality of life.

Operational Definitions

Kidney Stone

In this study, kidney stones are hard masses developed from crystals that separate from the urine within the urinary tract. Normally, urine contains chemicals that prevent or inhibit the crystals from forming. These inhibitors do not seem to work for everyone, and stones can start to form. If crystals remain tiny enough, they will travel through the urinary tract and pass out of the body in the urine without being noticed. If the stones are unable to pass with the urine, further medical attention is needed.

Quality of Life

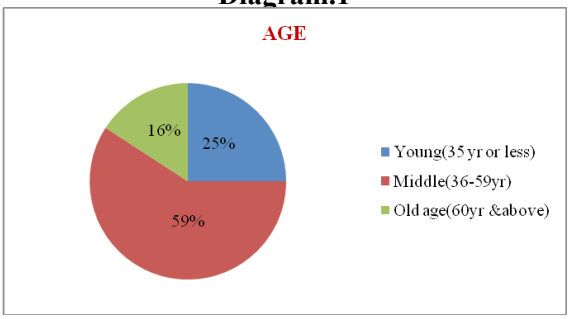
Quality of life means physical and psychological health, environment and social relationship of the respondents.

Methodology

The researchers conducted the descriptive research designs by conducting a study on the quality of life among kidney stone patients at Kaikalathur Panchayat in the Perambalur district of Tamil Nadu, where more kidney stone patients were reported. A face-to-face interview, as well as personal observation, was used to collect primary data, and a field survey and personal interview technique were used to elicit information from respondents. A self-prepared semi-structured interview schedule was used to collect socio-demographic details of the respondents. It consists of personal details, family details and diagnosis profiles. To assess the quality of life of the respondents, the researchers used the WHOQOL-BREF instrument. The WHOQOL-BREF consists of 26 items, which measure the following broad domains: physical health, psychological health, social relationships, and the environment. The WHOQOL-BREF is a shorter version of the original instrument that may be more convenient for use in large research studies or clinical trials (WHO, 2002). The reliability value (a) for this tool is 0.816. The researchers adopted the show ball sampling method to collect the data, and the study is descriptive in nature. Thus, the sample size is 120. It was collected during the months of May to August 2013. The time taken for each respondent was an hour. An average of two respondents were interviewed in a day and analysed with the help of the SPSS package to draw suitable statistical analysis.

Data Analysis and Interpretation
Socio-Economic Background

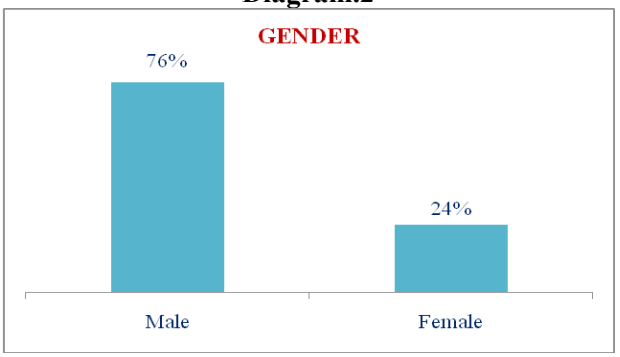
Diagram.1



(Source: Compiled from the primary data)

The above diagram expressed that more than half (59%) of the respondents were belonging to middle age group (36-59 years); one fourth (25%) of them were belonging to young age group (35years or less); and the remaining few (16%) of them were belonging to old age group (60 years and above). The average age of the respondent was 44.92 year (SD-12.855) with a minimum of 20 years to a maximum of 80 years of age.

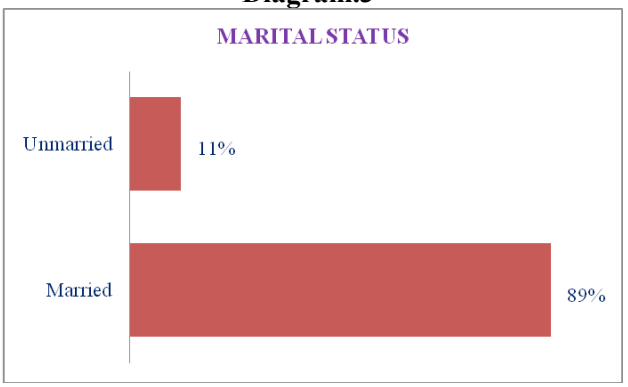
Diagram.2



(Source: Compiled from the primary data)

The above diagram shows that the majority (76%) of the respondents was male and the remaining (24%) of them were female.

Diagram.3



(Source: Compiled from the primary data)

From the chart the researcher revealed that the majority (89%) of the respondents were married and the remaining few (11%) of them were unmarried.

Religion and Caste

The majority (85.8%) of the respondents were Hindus, (7.5%) of them were Muslims and the remaining (6.7%) of them belonging to Christianity.

The majority (62.5%) of them were belonging to Scheduled castes. About (24.2%) of them were belonging to backward class, (5.8%) of them belonging were to most backward class, (4.2%) of them were belonging to forward class, and the remaining (3.35%) of the respondents belongs to Scheduled tribal.

Type of Family

The majority (80%) of the respondents were living for nuclear families and the remaining (20%) of them were living for joint families.

Educational Qualification, Occupation and Monthly Income

About one third (35%) of the respondents had studied up to primary school and middle school education respectively. About (19.2%) had studied up to high school level, and remaining (10.8%) of them were illiterates.

The majority (84.2%) of the respondents were engaged in agriculture, (5.8%) of them were working as teachers. About (5.8%) of them were unemployed, (4.2%) of them were engaged in mechanic and electrical technicians and the remaining (0.8%) of them were engaged as Agriculture laborers.

More than half (57.8%) of the respondents are between the income group of Rs.5000 or less, (32.5%) of the respondents were between the income range of Rs. 5001-10000, and the remaining (10%) of the respondents were between the income range of Rs. 10001 and above.

Monthly Family Expenditure

More than one third (36.7%) of the respondents family Expenditure was between Rs. 2001-4000, (28.3%) of the respondents' family expenditure was below Rs.2000, (26.7%) of the respondents family expenditure was Rs.4001-6000 and the remaining (8.3%) of the respondents family expenditure was Rs.6001 and above.

House Particulars

The majority (90.8%) of the respondents were living at their owned houses and the remaining (9.2%) of the respondents were living rented houses.

Nearly half (46.7%) of the respondents were living in concrete houses, (40%) of them were living in tiled houses and the remaining (13.3%) of them were living in huts.

Nearly half (45%) of the respondents were having two rooms at their houses, (28.3%) of them were having one rooms at their houses and the remaining (26.7%) of the respondents were having one room at their houses.

The majority (57.5%) of the respondents having water facility at their houses and the remaining (42.5%) of them were not having water facility at their house.

The majority (94.2%) of the respondents were having electricity connection at their houses and the remaining (5.8%) of them were not having electricity connection at their houses.

Number of Landholdings

More than one third are (35.8%) of the respondents were having one acres of land, (31%) of them were not having lands, (20.8%) of the respondents were having two acres of land and the remaining (11.7%) of the respondents were having three acres of land.

Food Habit

The majority (61.7%) per cent) of the respondents were non- vegetarians and the remaining (38.3%) of them were vegetarians.

Kidney Stone Problem

More than two fifth (41.7%) of them affected by the kidney stone for about one year, (22.5%) of them mentioned that kidney stone formed for about two years, (18.3%) of them reported that it has been for lost three year and the remaining (17.5%) of them stated that this problem has been continued for about more than four years.

The majority (78.3%) of the respondents reported that water is the main reason for the kidney stone formation and the remaining (1.7%) of them were not having any idea of the cause for kidney stone.

The majority (90.8%) of the respondents underwent treatment for their kidney stone, and the remaining (9.2%) of them were not taking any treatment.

The majority (94.2%) of the respondents were taking allopathic medicine and the remaining (5.8%) of them were taking siddha medicine for treatment of kidney stone.

The majority (70.8%) of the respondents were not underwent any operation for their kidney stone problem and the remaining (29.2%) of them were undergone operation for their kidney stone problem.

Nearly half (49.2%) of them were spending Rs.5000 and below for their treatment, one fourth (25%) of the respondents spent Rs.10001-15000 for their treatment and the remaining (9.2%) of the respondents spent Rs.15001 and above for their treatments.

The majority (97.5%) of the respondents reported that their family members were not suffered by kidney stone and very few (2.5%) of them reported that their family members also affected by kidney stone.

More than half (52.5%) of the respondents were availing drinking mineral water as sources of water, (34.2%) of them were getting availing drinking water from public water tap, (9.2%) of them were using water from well and the remaining (4.2%) of the respondents were getting drinking water from bore and well.

The majority (84.2%) of the respondents were taking banana stem juice, about (11.7%) of them were taking nerinjimul juice and the remaining (4.2%) of them dependent on other treatments (homeopathy).

Quality of Life of the Respondents

Table: 1 One way analysis of variance between age group and quality of life

S. No	Age group	N	Mean	Std. Deviation	df	F	Sig
1.	Young (35 years or less)	30	78.90	6.738	2	8.978	0.000
2.	Middle (36-59 years)	71	75.76	8.245	117		
3.	Old ages(60 years and above)	19	69.00	8.963			
	Total	120	75.48	8.539			

(Source: Compiled from the primary data)

Ho- There is no statistically significant difference between the age group of the respondents in the mean score of quality of life.

H1- There is a statistically significant difference between the age group of the respondents in the mean score of quality of life.

Result : F (2,117) = 8.978, p = sig 0.000

Conclusion : Since p-value = sig 0.000 < 0.01, H0 is rejected and H1is accepted.

The above table indicates that the mean score of quality of life is found higher among the respondents at young group (78.90) than the respondents at middle age group (75.76) and old age group (69.00). The ANOVA result (F=0.978, p>0.000) also exhibits that "there is a statistically significant difference between the age group of the respondents in the mean score of quality of life" and rejected the null hypothesis.

Table: 2 One way analysis of variance between gender and quality of life

S. No	Gender	N	Mean	Std. Deviation	df	t	Sig
1.	Male	91	76.16	9.066	118		1.578
2.	Female	29	73.31	6.268		0.117	

(Source: Compiled from the primary data)

Ho - There is no statistically significant difference between the genders of the respondents in the mean score of quality of life.

H1 - There is a statistically significant between the genders of the respondents in the mean score of quality of life.

Result : t (118) = -1.578, p = sig 0.117

Conclusion : Since p-value = sig 0.117 > 0.05, Ho is rejected and H1 is accepted

The above table shows that the mean score of quality of life is found higher among the male respondents (76.16) than the female respondents (73.31). However, the independent sample 't' test (t=1.578, p>0.05) exhibits that "there is no statistically significant difference between the gender of the respondents in the mean score of quality of life" and rejected the research hypothesis.

Table: 3 One way analysis of variance between marital status and quality of life

S. No	Marital status	N	Mean	Std. Deviation	df	t	Sig
1.	Married	107	75.29	8.816	118	0.680	0.104
2.	Unmarried	13	77.00	5.802			

(Source: Compiled from the primary data)

Ho - There is no statistically significant difference between the marital status of the respondents in the mean score of quality of life.

H1 - There is a statistically significant difference between the marital status of the respondents in the mean score of quality of life.

Result : t (118) = 0.680, p = sig 0.104

Conclusion : Since p-value = sig 0.104> 0.05, Ho is accepted and H1 is rejected

The above table infers that the mean score of quality of life is found higher among the unmarried respondents (77.00) than the married respondents (75.29). However, the independent sample 't' test (t=1.680, p>0.05) exhibits that "there is no statistically significant between the marital status of the respondents in the mean score of quality of life" and rejected the research hypothesis.

Table: 4 One way analysis of variance between caste and quality of life

S. No	Caste	N	Mean	Std. Deviation	Df	F	Sig
1.	Forward class	5	79.40	9.099	4	1.267	0.287
2.	Backward class	29	73.38	8.633	115		
3.	Most backward class	7	80.14	4.634			
4.	Scheduled caste	75	75.51	8.780			
5.	Scheduled tribal	4	77.00	4.397			
Total	120	75.48	8.539				

(Source: Compiled from the primary data)

Ho - There is no statistically significant difference between the castes of the respondents in the mean score of quality of life.

H1 - There is a statistically significant difference between the castes of the respondents in the mean score of quality of life.

Result : F (4,115) = 1.267, p = sig 0.287

Conclusion : Since p-value = sig 0.287 > 0.05, Ho is accepted and H1is rejected

The above table depicts that the mean score of quality of life is found higher among the respondents belongs to most backward class (80.14) than the respondents belongs to forward class (79.40), the respondents belongs to Scheduled tribal (77.00) and the respondents belongs to Scheduled caste (75.51), the respondents belongs to backward class (73.38) However, the ANOVA result (F=1.267, p>0.05) accepted the null hypothesis that "there is no statistically significant between the caste of the respondents in the mean score of the quality of life".

Table: 5 One way analysis of variance between religion and quality of life

S. No	Religion	N	Mean	Std. Deviation	df	F	Sig
1.	Hindu	103	75.86	8.559	2	1.119	0.330
2.	Christian	8	71.25	8.795	117		
3.	Muslim	9	74.78	7.902			
Total		120	75.48	8.539			

(Source: Compiled from the primary data)

Ho - There is no statistically significant difference between the religions of the respondents in the mean score of quality of life.

H1- There is a statistically significant difference between the religions of the respondents in the mean score of quality of life.

Result : F (2,117) = 1.119, p = sig 0.330

Conclusion Since p-value = sig 0.330 > 0.05, Ho is accepted and H1is rejected

The above table indicates that the mean score of quality of life is found higher among the Hindus (75.86) than the Muslim (74.78) and the Christian (71.25). However, The ANOVA result (F=1.119, p>0.05) accepted null hypothesis that "there is no statistically significant difference between the religion of the respondents in the mean score of quality of life."

Table: 6 One way analysis of variance between type of family and quality of life

Type of family	N	Mean	Std. Deviation	df	T	Sig
Nuclear	96	75.02	8.051	118	0.167	0.246
Joint	24	77.29	10.255			

(Source: Compiled from the primary data)

Ho - There is no statistically significant difference between the type of family of the respondents in the mean score of quality of life.

H1 - There is a statistically significant difference between the type of family of the respondents in the mean score of quality of life.

Result : F (118) = 0.167, p = sig 0.246

Conclusion Since p-value = sig 0.246> 0.05, Ho is accepted and H1is rejected

The above table indicates that the mean score of quality of life is found higher among the respondents living in joint family (77.29) than the respondents belongs to nuclear (75.02). However, the independent sample 't' test result (t=1.167, p>0.05) exhibits that "there is no statistically significant difference between the type of family of the respondents in the mean score of quality of life and sustained the null hypothesis.

Table: 7 One way analysis of variance between Education and quality of life

S. No	Education	N	Mean	Std. Deviation	df	F	Sig
1.	Illiterate	13	72.69	9.105	3,116	5.102	0.002
2.	Primary	42	72.48	7.442			
3.	Middle	42	76.93	9.361			
4.	High School and above	23	79.87	6.055			
Total		120	75.48	8.539			

(Source: Compiled from the primary data)

Ho - There is no statistically significant difference between the level of education of the respondents in the mean score of quality of life.

H1- There is a statistically significant difference between the level of education of the respondents in the mean score of quality of life.

Result : F (3,116) = 5.102, p = sig 0.002

Conclusion : Since p-value = sig 0.002 < 0.01, Ho is rejected and H1is accepted

The above table indicates that the mean score of the quality of life is found higher among the respondents studied up to high school and above (79.87) than for those who have been educated up to middle school level (76.93), illiterates (72.69) and studied up to Primary school level (72.48). However, the ANOVA result (F=5.102, p<0.01) shows that "there is a statistically significant difference between the education of the respondents in the mean score of quality of life." and the research hypothesis.

Table: 8 One way analysis of variance between occupation and quality of life

S. No	Occupation	N	Mean	Std. Deviation	Df	F	Sig
1.	Unemployed	6	73.83	1.722	4, 115	1.180	0.323
2.	Agriculture	101	75.76	8.645			
3.	Agri cooly	1	83.00				
4.	Teacher	7	76.71	9.861			
5.	Others	5	68.40	8.081			
Total		**120**	**75.48**	**8.539**			

(Source: Compiled from the primary data)

Ho- There is no statistically significant difference between the occupations of the respondents in the mean score of quality of life.

H1 - There is a statistically significant difference between the occupations of the respondents in the mean score of quality of life.

Result : F (4,115) = 1.180, p = sig 0.323
Conclusion : Since p-value = sig 0.323 > 0.05, Ho is accepted and H1is rejected

The above table to states that the mean score of the quality of life is found higher among the respondents engaged as agricultural kooli respondents (83.00) than the respondents working as teacher (76.71) the respondents engaged in agriculture (75.76), the unemployed (73.83) and the respondents engaged in other works (mechanic, electrician etc..) (68.40). However, the ANOVA result (F=1.180, p>0.05) shows that "there is no statistically significant difference between the occupation of the respondents in the mean score of mental health" and accepted the null hypothesis.

Table: 9 One way analysis of variance between treatment expenditure and quality of life

S. No	Treatment Expenditure	N	Mean	Std. Deviation	df	F	Sig
1.	Rs. 5000 and below	59	72.81	9.003	3 116	6.368	0.000
2.	Rs. 5001 - 10000	20	75.00	8.411			
3.	Rs. 10001 - 15000	30	78.47	5.888			
4.	Rs. 15001 and above	11	82.45	6.314			
Total		120	75.48	8.539			

(Source: Compiled from the primary data)

Ho - There is no statistically significant difference between the treatment expenditure of the respondents in the mean score of quality of life.

H1 - There is a statistically significant difference between the treatment expenditure of the respondents in the mean score of quality of life.

Result : F (3,116) = 6.368, p = sig 0.000
Conclusion : Since p-value = sig 0.000 < 0.01, Ho is rejected and H1is accepted

The above table illustrates that the mean score of quality of life is found higher among the respondents spending Rs.15001 and above(82.45) for their treatment than the respondents spending Rs.10000-15000 (78.47), the respondents spending Rs. 5001 - 10000(75.00) and the respondents spending Rs .5000 and below (72.81).However, the ANOVA result (F=0.000 p<0.01) shows that "there is a statistically significant difference between the treatment expenditure of the respondents in the mean score of quality of life" and accepted the research hypothesis.

Table: 10 One way analysis of variance between years living with kidney stone and quality of life

S. No	Years living with kidney stone	N	Mean	Std. Deviation	df	F	Sig
1.	One year	50	76.94	8.436	3 116	1.075	0.363
2.	Two years	27	74.89	6.974			
3.	Three years	22	73.18	8.694			
4.	Four years and above	21	75.14	10.253			
	Total	120	75.48	8.539			

(Source: Compiled from the primary data)

Ho - There is no statistically significant between the years living with kidney stone of the respondents in the mean score of quality of life.

H1 - There is a statistically significant between the years living with kidney stone of the respondents in the mean score of quality of life.

Result : F (3,116) = 1.075, p = sig 0.363
Conclusion : Since p-value = sig 0.363 > 0.05, Ho is accepted and H1is rejected

The above table indicates that the mean score of quality of life is found higher among the respondents who were suffering with the kidney stone for about one year (76.94) than the respondents who were suffering with kidney stone for four years and above (75.14),the respondents who were suffering from the kidney stone for about two years (74.89), and the respondents who were suffering with kidney stone for about three years (73.18), However, The ANOVA result (F=0.433, p>0.05) exhibits that "there is no statistically significant difference between the years of living with kidney stone of the respondents in the mean score of quality of life"

Table: 11 Correlation of different variables

Variables	Age	Sex	Marital status	Qualification	Family income	Years of having kidney stone	Das	Qol
Age	1							
Gender	.023	1						
Marital status	-.515**	-.197*	1					
Qualification	-.502**	-.205*	.612**	1				
Type of family income for month	.068	.141	-.046	.160	1			
Family Expenditure	-.146	.119	.117	.195*	.165			
Years of having kidney stone	.202*	-.007	-.059	-.037	-.107	1		
Das	.030	.147	.086	-.035	.021	.031	1	
Total Quality of life	-.393**	-.144	.063	.288**	.008	-.119	-.289**	1

(Source: Compiled from the primary data)

* Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Findings based on biranite analysis between the socio demographic variable and mental health (depression, anxiety and stress) and quality of life of the respondents in table 4.29 among all the variable quality of life is negatively correlated with age and mental health (depression, anxiety and stress) of the respondents ($p<0.01$) whereas, it is positively correlated with level of education ($p<0.01$) of the respondents. It reflects that as age and mental health (depression, anxiety and stress) increases the quality of life is decreases and level of education increases quality of life also increases.

Findings of the Study

Socio-Economic Background

More than half (59%) of the respondents were belonging to middle age group (36-59 years); the majority (76%) of the respondents were male; majority (89%) of the respondents were married; majority (85.8%) of the respondents were Hindus; majority (62.5%) of them were belonging to Scheduled castes; majority (80%) of the respondents were living for nuclear families; about one third (35%) of the respondents had studied up to primary school; majority (84.2%) of the respondents were engaged in agriculture; more than half (57.8%) of the respondents are between the income group of Rs.5000 or less; more than one third (36.7%) of the respondents family Expenditure was between Rs. 2001-4000; majority (90.8%) of the respondents were living at their owned houses; nearly half (46.7%) of the respondents were living in concrete houses; nearly half (45%) of the respondents were having two rooms at their houses; majority (57.5%) of the respondents having water facility at their houses; majority (94.2%) of the respondents were having electricity connection at their houses; more than one third are (35.8%) of the respondents were having one acrs of land and majority (61.7%) per cent) of the respondents were non- vegetarians.

Kidney Stone Problem

More than two fifth (41.7%) of them affected by the kidney stone for about one year; majority (78.3%) of the respondents reported that water is the main reason for the kidney stone formation; majority (90.8%) of the respondents underwent treatment for their kidney stone; majority (94.2%) of the respondents were taking allopathic medicine; majority (70.8%) of the respondents were not underwent any operation for their kidney stone problem; nearly half (49.2%) of them were spending Rs.5000 and below for their treatment; majority (97.5%) of the respondents reported that their family members were not suffered by kidney stone; more than half (52.5%) of the respondents were availing drinking mineral water as sources of water and majority (84.2%) of the respondents were taking banana stem juice.

Findings Related to Hypotheses

Quality of Life of the Respondents and Background Characteristics

Age Group and Quality of Life

The mean score of the Quality of life is found higher among the respondents at Young group (78.90) than the other age group categories. Statistical analysis shows that there is a statistically significant difference between the different age group of the respondents in the mean score of quality of life.

Gender and Quality of Life

The mean score of the Quality of life is found higher among the male respondents (76.16) than the female respondents (73.31). However, there is no statistically significant between the male and female respondents in the mean score of quality of life.

Marital Status and Quality of Life

The mean score of the quality of life is found higher among the unmarried respondents (77.00) than the other categories. However, there is no statistically significant between the marital statuses of the respondents in the mean score of quality of life.

Caste and quality of life

The mean score of the quality of life is found higher among the respondents are belongs most backward class (80.14) than the other caste categories However, there is no statistically significant difference between the caste of the respondents in the mean score of quality of life.

Religion and Quality of Life

The mean score of the quality of life is found higher among the Hindus (75.86) than the other religion categories. However, there is no statistically significant difference between the religions of the respondents in the mean score of quality of life.

Type of Family and Quality of Life

The mean score of the quality of life is found higher among the respondents living in Joint family (77.29) than the respondents belong to Nuclear (75.02). The statistical analysis shows that there is no statistically significant difference between the types of family of the respondents in the mean score of quality of life.

Education and Quality of Life

The mean score of the quality of life is found higher among the high school and above (79.87) than the other education categories. However there is a statistically significant difference between the educations of the respondents in the mean score of quality of life.

Occupation and Quality of Life

The mean score of the quality of life is found higher among the engaged agricultural kooli respondents (83.00) than the other categories. However, there is no statistically significant difference between the occupations of the respondents in the mean score of quality of life.

Income and Quality of Life

The mean score of the quality of life is found higher among the respondents income in the bracket of Rs. 10001 and above (75.58) than the respondents other income categories. However, there is no statistically significant between the incomes of the respondents in the mean score of quality of life.

Expenditure for Treatment and Quality of Life

The mean score of the quality of life is found higher among the respondents are spending treatment of Rs.15001 and above 82.45) than the other expenditure. However, there is a statistically significant difference between the treatment expenditure of the respondents in the mean score of quality of life.

Years of Living with Kidney Stone and Quality of Life

The means score of the quality of life is found higher among the respondents who were suffering from the kidney stone for One year (76.94) exhibits that there is no statistically significant between the years of living with kidney stone of the respondents in the mean score of quality of life.

Suggestions

- Awareness camp/ programme must be conducted among the village people by the medical practioner to prevent kidney stone problem.
- Since most of the kidney stone patients are from lower income category, it is suggested that awareness must be created among the lower income group people to prevent and control the kidney stone problem.
- Most of the respondents reported that drinking water is the main causes of kidney stone. Hence, it is suggested that protected drinking water should be provided to the village people to reduce

or prevent the kidney stone problem.

- Since older people have poor quality of life, steps must be taken to provide counselling for their better quality of life.

Conclusion

It is concluded that the mean score of quality of life is found to be higher among young people, unmarried, males, and those who belong to the most backward class, Hindus, and those who have studied up to high school, do agricultural kooli work for daily wages, spending Rs.15,001 and above for their treatment, who have suffered with kidney stones for about one year in the study area.

References

1. Ferrell, B. (1995). The impact of pain on quality of life. A decade of research. The Nursing Clinics of North America, 30(4), 609.
2. Jeyadevan S, Mericker YMF and Pillai RN. (2000). Incidence and prevalence of urolithiasis in Kerala. Urolithiasis. 5(2): 393-394.
3. Oort, F. (2005). Using structural equation modeling to detect response shifts and true change. Quality of Life Research, 14(3), 587-598.
4. Stephen Woolums, (2009). Kidney stone diagnosis and tests in cabe/ hantington.org / service / kidney-stone-programme.
5. Stiglitz, (2009). concept of quality of life.www.gfmay.com/tool/global-data base/ne data/10401-the-concept-of quality of life
6. https://kidneyresearchuk.org/about-us/position-statements/statement-on-mental-health/
7. https://pubmed.ncbi.nlm.nih.gov/20562755/
8. https://www.kidney.org/atoz/content/kidneystones
9. https://www.mentalhealth.gov/basics/what-is-mental-health
10. https://www.mapsofindia.com/my-india/society/family-planning-in-india-its-history-programmes-importance-and-impact