

Quality of Life (QOL) among Old Age Persons living at Old Age Homes and with Family Members: A Survey Study in Visakhapatnam District

ABSTRACT

Ageing in the new millennium will be significantly influenced by both regional and global factors, but recent attention has been drawn to studies that are pertinent to old age persons in India because of both an increase in the population and significant socio-cultural changes in the country. National policy makers are consequently growing more worried about the caregiver issue. In order to accommodate and care for old age persons, the family as a whole must make significant adjustments. Without a strong family support system, old age persons are more vulnerable to illness and psychosocial stressors.

To assess and compare quality of life (QOL) between old age persons living in the old age homes and within the family members.

A cross sectional research design was adopted for the study. The study was conducted at three old age homes and two areas of Visakhapatnam, such as Anandapuram and Pendurthi. The sample comprised of 90 participants who were further divided into two groups i.e. 45 participants from old age homes and 45 participants from family. The research tools are socio-demographic data sheet and quality of life (QOL) scale were administered on the participants to obtain the data.

Findings of this study show that the quality of life (QOL) was better of those old age persons who were living in old age homes in comparison of those old age persons who were living within family members.

Key words: Quality of life, old age persons, old age homes and family members

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Introduction

Old age is one of the vital, valuable and widespread challenges in the earth and it attempts to deal with and determine it. Old age becomes a new phenomenon in both the developed and developing countries, contemplating it as a critical concern or problem in circumstances of socio-economic facets. The United Nations Principles for old age persons is that they should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives. The old age populace is the highly significant ambitious inhabitant trend globally for the 21st century. WHO stated that the number and proportion of people aged 60 years and old in the population is increasing and in 2019, the number of people aged 60 years and old age was 1 billion. This number will increase to 1.4 billion by 2030 and 2.1 billion by 2050.

This increase is occurring at an unprecedented pace and will accelerate in coming decades, particularly in developing countries. According to the Report of the Technical Group on Population Projections for India and States 2011-2036, there are nearly 138 million old age persons in India in 2021 (67 million males and 71 million females) and is further expected to increase by around 56 million old age persons in 2031. Andhra Pradesh has 12.4 percent of old age people in the total population as per the 2021 census, even in the future. Andhra Pradesh will have 16.4 per cent old age people according to the 2031 projected population.

Need & Rationale of the study

Southern states, such as Andhra Pradesh, Karnataka, Kerala and Tamil Nadu may be considered the biggest drivers of aging in India, other states like Haryana, Himachal Pradesh, Maharashtra, Orissa and Punjab are also experiencing an old age people boom, largely in rural areas (Alam and Karan, 2010). Large-scale studies of the health behaviors of this growing old age people are scarce. On the other hand, the information gathered from numerous surveys and regional and local studies pointed out that there is a big issue in quality of life of old age persons living in the old age homes and living with family members. Hence, the researchers felt to conduct a study to know the quality of life of old age persons living in the old age homes and those are residing with their family members.

Objective of the study

To assess and compare the quality of life (QOL) between old age persons living at old age homes and within the family members.

Methodology

A cross sectional research design method was adopted for the study. The study was conducted at old age homes running by non-governmental organizations (NGOs) at two areas i.e. Anandapuram block and Pendurthi blocks in Visakhapatnam district of Andhra Pradesh state. The researchers have taken permission from the management of old age homes to conduct the study and accordingly the objectives were explained to the participants and taken their consent. There are 80 (eighty) participants from the selected area i.e. Visakhapatnam district were interviewed with standardized tools prepared by the researchers. Further, the researcher had approached to the family members of old age persons who lives at old age homes and who lives with their family members and informed that aim and objectives of the present study and taken their willingness to conduct the study.

Sample size and technique

The researcher adopted purposive sampling technique to select the samples from the selected old age homes running at Visakhapatnam district of Andhra Pradesh state. The sample comprised of 80 participants, who were further divided into two groups, such as 40 participants who were residing at old age homes, the remaining 40 participants who were living with their family members. The selected samples were informed about the tools for data collection and doubts were clarified. The research tools are demographic data sheet and quality of life (QOL) were administered to obtain the data.

Inclusion and exclusion criteria

Inclusion criteria for elderly persons living in the old age home, such as a) educated up to 5th class, b) both male and female, c) age between 60 - 75 years, d) living in old age home between two to eight years and e) willing to participate in study.

Exclusion criteria for elderly persons living in old age home, such as a) there should not be any history of major physical illness and b) there should not be any history of major psychiatric and neurological illness.

Inclusion criteria for elderly persons who are living along with family members, such as a) educated up to 5th class, b) both male and female, c) age between 60 - 85 years, d) willing to participate in the study, e) living with family members and f) not involved in any occupation and professional work.

Exclusion criteria for elderly persons living within family members, such as a) there should not be any history of major physical illness and b) there should not be any history of major psychiatric and neurological illness.

Research Tools

1) **Demographic information sheet:** It is semi-structured, self-prepared proforma, especially prepared for this study. It contains information about demographic variables like age, gender, religion, education, marital status and domicile.

2) **QoL Scale (WHOQOL-Bref, Hindi):** Hindi version of the World Health Organization Quality of Life (WHOQOL)-Bref (WHOQOL-Bref, Hindi) has been derived from the original WHOQOL scale. WHOQOL-Bref, Hindi scale is adopted by Saxena et al.[1] WHOQOL-Bref is a short version of WHOQOL-100 questionnaires. WHOQOL-Bref has been tested in 15 centers including New Delhi and Chennai from India. WHOQOL-Bref contains 26 questions in four major areas, such as physical health, psychological health, social relationships and environment to measure quality of life (QoL). The researchers were translated the Hindi version of scale into Telugu language and administered on the samples.

Results

The table-1 shows the demographic variables between persons living in old age home and family members. Majority of the participants were female, Hindu, of general category, widow, educated up to primary and of urban residence in both the groups, i.e. old age home and within family members.

Table-1: Demographic variables between old age persons living in old age home and with family members

Variable		group		df	χ^2
		old age home	within family		
gender	male	12 (14.8%)	19 (23.8%)	1	3.413 ^{NS}
	female	28 (35.2%)	21 (26.2%)		
religion	hindu	24 (61.5%)	28 (52.8%)	2	5.16 ^{NS}
	christian	15 (36.2%)	12 (46.2%)		
	other	1 (2.2%)	0		
category	general	18 (46.5%)	21 (52.5%)	3	2.54 ^{NS}
	OBC	7 (8.8%)	4 (5.0%)		
	SC	0	3 (3.8%)		
	ST	15 (18.5%)	12 (30%)		
marital status	married	7 (8.5%)	12 (66.7%)	3	4.00 ^{NS}
	unmarried	5 (5.5%)	1 (1.2%)		
	widow	20 (52.5%)	20 (50%)		
	widower	8 (17.5%)	7 (17.5%)		
academic qualification	primary	20 (24.8%)	21 (52.5%)	5	4.78 ^{NS}
	middle	1 (1.2%)	5 (6.2%)		
	secondary	6 (7.8%)	5 (6.2%)		
	intermediate	4 (5%)	2 (2.5%)		
	graduation	3 (3.5%)	3 (3.8%)		
	post graduation & above	6 (7.8%)	4 (5.0%)		
location (area)	rural	15 (18.5%)	16 (40%)	1	0.21 ^{NS}
	urban	25 (34.5%)	24 (60%)		

df=degree of freedom, NS=Not Significant, OBC=Other Backward Classes, SC=Scheduled Castes, ST=Scheduled Tribes.

The **table-2** shows that mean age of participants living in old age homes was 72.90 and SD was 6.92 years. The mean age of participants living with family members was 72.78 and SD was 7.71 years.

Table-2: Difference of age between old age persons living in old age home and family members

variable	group	Mean	SD
age (years)	old age home	71.80	6.81
	within family	71.29	7.61

SD=standard deviation

The **table-3** shows the mean scores and domain wise comparison of quality of life (QOL) between old age persons living in old age homes and within family members. Significant group deference was found in term of social health and environmental health between old age persons living in old age homes and within family members.

Table-3: Domain wise comparison of quality of life between old age persons living in old age homes and within family members

domain/component	group				t-value
	old age home (N=45)		within family (N=45)		
	Mean	SD	Mean	SD	
physical health	22.75	2.75	20.40	4.05	0.42
psychological health	18.30	3.11	18.30	3.10	1.54
social health	1.54	0.65	2.75	1.15	1.36*
environmental health	22.14	2.57	21.05	3.43	1.65**
total quality of life	64.15	6.30	62.65	7.50	0.87*

The **table-3** shows that the mean score of social health of old age persons living with family members (mean=2.75 & SD=1.15) was better than the old age persons living at old age home (mean=1.55 & SD=0.63). There was a significant difference at 0.05 levels ($p \leq 0.05$). It indicates that old age persons living within family members was better social health than old age persons living in old age homes.

The mean score of environmental health between old age persons (mean=22.14 & SD=2.57) living in old age homes was better than the old age persons (mean=21.05 & SD=3.44) living within family members. There significant difference was found at 0.01 levels ($p \leq 0.01$). It indicates that old age persons living at old age homes had better environmental health than old age persons living within family members.

The mean score of quality of life (QOL) between old age persons living in old age homes (mean=64.15 & S.D=6.30) was better than the old age persons living within family members (mean=62.65 & S.D=7.50). The difference was significant at 0.05 levels ($p \leq 0.05$). It indicates that old age persons living in old age home had better quality of life (QOL) than the old age persons living within family members.

Discussion and Findings

Physical health: The mean and standard deviation scores of physical health were 22.75 and 2.75 respectively, in those participants who were living in old age home. The mean and standard deviation scores of physical health were 20.40 and 4.05 respectively, in those participants who were living within family members. The mean score of persons who live within family members was lower than persons who live in old age homes. In this domain, higher scores indicate good quality of life (QOL) and low score indicates poor quality of life (QOL). In old age home, good medical facilities were available; weekly, doctors did proper check-up of every person; so, the result of physical health was better of person living in old age home than person living within family members. Persons in old age home lived alone; so, he takes care properly. Some studies supported this finding, as *Asadullahet al.* and *Mehraet al.* found that physical health of old age persons was good who lived in old age home in comparison to those persons who lived within family members. Top and *Dikmetas* found better physical health of persons who lived in old age home than persons living within family members.

Psychological health: The mean and standard deviation scores of psychological health were 18.30 and 3.11 respectively, of those participants who were living in old age home. The mean and standard deviation scores of psychological health of those participants who were living within family members were 18.30 and 3.10 respectively. Psychological health of persons who were living in old age homes was higher than persons who were living within family members. An old age persons lives in old age homes with many persons who were belonging to the same age group; so, a person shares his/her feelings with another person in the group. However, in family, same age groups were not present; so, a person cannot share his/her problems with other. Some study supported our finding as *Litwin and Shiovitz-Ezra* found that stressful family relationships and lack of family care precipitate the poor psychological well-being in the family. Some studies are against our finding as *Chou and Chi* revealed that old age persons living alone had a higher level of financial strain, more depressive symptoms and low level of life satisfaction. *Kotwal and Prabhakar* found that old age persons who lived in old age homes faced many psychological problems in comparison of old age persons living with family members.

Social health: The mean and standard deviation scores of social health of those participants who were living in old age homes were 1.54 and 0.65 respectively. The mean and standard deviation scores of social health of those participants who were living within family members were 2.82 and 1.10 respectively. Social health was good of those participants who were living in family members because of person's interaction with many people in the family and

going to relative's home, neighbour and religious places. In old age home, persons got very less chance to go anywhere and his/her interaction with persons was also very less; so, his/her social health was not good in comparison to person who were living within family members. Many other studies also supported this finding as *Dutta* also observed low social worth, feeling of social deprivation due to negligence, sense of isolation and poor social health of those persons who live in old age homes. *Asadullahet al.* also observed that people living in old age home had poor social health because of miserable social relationship of inmates of old age home with family, friends and community. *Mehraet al.* conducted study and found that people has poor social health in old age homes; people living with family members devoted most of the time to devotional activities with community people.

Environmental health: The mean and standard deviation scores of environmental health were 22.14 and 2.57 respectively, of those participants who were living in old age homes. The mean and standard deviation scores of environmental health were 21.05 and 3.43 respectively, of those participants who were living with family members. Environmental health was good in old age home because in old age home person got good facilities of housing, sanitation, electricity, water and it was peaceful place; but, those persons who lived in family members got difficulty for these facilities. Many other studies also supported this finding as *Asadullahet al.* also observed that people living in old age homes had good environmental health in comparison to people living with family members. *Mehraet al.* found that people were satisfied with their living place in old age home.

Total quality of life (QOL): The mean and standard deviation scores of quality of life (QOL) were 64.15 and 6.30 respectively, in those participants who were living in old age homes. The mean and standard deviation scores of quality of life (QOL) were 62.65 and 7.50 respectively, in those participants who were living with family members. Quality of life (QOL) of persons who were living in old age homes was better than persons who were living with family members. In old age home, there were good facilities for living, no family burden, peer group, freedom and extracurricular activities. Persons were engaged whole day in these types of activities and follow daily routine of old age home.

Other studies also supported these findings, *Asadullahet al.* also observed that persons living in old age homes had good quality of life (QOL). *Mehraet al.* found that persons had good quality of life (QOL) in old age homes in comparison to persons who lived with family members. *Varmaet al.* conducted a study on old age homes and rural community people and found that quality of life (QOL) of persons who lived in old age homes was higher than persons living in rural community. Lakshmi Devi and Roopa found that in institutional settings, a higher percentage of old age persons showed high quality of life (QOL) as compared to non-institutional setting where none of the old age men and women participants showed high level of quality of life (QOL). Many older persons living with their family members face abuse of one kind or another. *Karlicicet al.* studied 148 participants from the welfare institution for old age inmates, "Dolce Vita Kej" in Belgrade and they observed that the institutionalization rate was increasing in the last ten years.

Limitations

The limitations of the present study are as follows:

- Being a time bound study, sample size was small and hence, the generalization of the result remains doubtful.
- Data was collected from only two areas of Visakhapatnam District: Anandapuram block and Pendurthi block.
- Data was collected from only two old age homes located at Visakhapatnam district.
- The participants were selected by using purposive sampling technique.

Future directions and implications

- The study needs to be carried out on a large sample, with comparable representation of both the groups, i.e. old age home and family members.
- Old age persons living in old age homes and old age persons living within family members from various places need to be taken.
- The future studies must attempt to carry out other social aspects which are related to ageing.
- The scope for intervention by mental health professionals, especially psychiatric social workers in planning and delivering adequate therapeutic services in the clinical context.
- Based on the present study findings, psychosocial intervention programmes can be developed to enhance the quality of life (QOL) of the old age persons.

Conclusion

The study based on the cross-sectional research methodology to evaluate and compare the quality of life (QOL) of elderly people living in senior care facilities and among family members. Findings of the study show that residents in nursing homes are in good health because there are medical facilities nearby and regular doctor visits. The results also show that people living in old age homes had better physical, psychological and environmental health than people living with family members. Comparatively, people who lived with family members had greater social health. In general, old age persons who resided in nursing facilities had higher quality of life (QOL) than old age persons who lived with family members.

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