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Original Research Article

A comparative study of quality of life of elderly living in old age homes and within family

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ABSTRACT

Background: The traditional family structure in India, which historically offered support to the elderly within joint families, is transforming with the disintegration of such setups. Consequently, the concept of old age homes (OAHs) is gaining traction, and there is a notable surge in individuals turning to OAHs care. Despite this trend, there is limited knowledge about the quality of life (QOL) experienced by the Indian elderly residing in OAHs. Objectives was to understand why the elderly transition to OAHs and compare their QOL concerning physical, psychological, social support and environmental health with those living with family.
Methods: In a cross-sectional study, elderly individuals aged above 60 years were examined. Following the acquisition of written consent and the matching process for age, sex, and socioeconomic status, 100 elderly individuals from OAHs and 200 elderly individuals living within family setups were randomly selected for inclusion in the study. WHOQOL-BREF questionnaire was used to assess quality of life.
Results: The study revealed that the physical (40.9) and environmental (35) domains were relatively more favourable for the elderly living with their families. In contrast, the social (55.7) and psychological (51.3) domains showed better outcomes ($p<0.05$) for elderly residing in OAHs.
Conclusions: Though Family plays a crucial role in influencing various domains of health, in situations where traditional family structures may not be present, efforts to enhance the structure of OAHs can contribute to improving the QOL for individuals.

Keywords: Quality of life, Old age home, WHOQOL-BREF

INTRODUCTION

Human resources play a crucial role in developing any society and country. Presently, the demographic of individuals aged 60 and above is experiencing a rapid expansion, surpassing the growth rates of other age groups in nearly all nations.[1] This trend can be attributed to improved health facilities and increased awareness, resulting in longer life expectancy and declining fertility rates.[2] By 2030, 1 in 6 people will be 60 or older; by 2050, the global population of those aged 60 and above will double to 2.1 billion.[3] The typical Indian's life expectancy has increased from 64.6 years in 2002 to 70.19 years in 2022.[4] India is now the world's most populous country and the projection of elderly over 60 years in the next senses are as expected 178.59 million (2031), 236.01 million (2041), and 300.96 million (2051).[5]

The elderly constitute a vulnerable demographic group. The vulnerability of the elderly, mainly due to factors like

lack of family support, unemployment, financial insecurity, ill health, and societal neglect etc. often leads them to move towards OAHs, and it affects their quality of life. Family is defined as a group of people related either by consanguinity (by recognized birth) or affinity (by marriage or other relationship).[6] And WHO defines Quality of life (QOL), as an individual's perception of their position in life in the context of the culture and value systems in which they live and concerning their goals, expectations, standards and concerns.[7]

The concept of OAHs is still emerging, and at present, a total of 700 OAHs are available in India, and awareness is very little about the special needs of the elderly (four domains of QOL are physical, psychological, social support and environmental health).[8] Hence the present study is being conducted to assess the reason for elderly moving towards OAHs and then compare the QOL of elderly living in OAHs and with family.

To understand why the elderly transition to OAHs and compare their QOL concerning physical, psychological, social support and environmental health with those living with family.

METHODS

Study design

This was community-based cross-sectional study.

Settings and sample

The study was conducted on the elderly (≥60 years) living in 2 OAHs Aasra and Apna Ghar. The study was conducted for 3 months from June to August 2023. Consent was obtained. Elderly who were residing for less than 6 months duration in the OAHs and elderly who were bedridden, or severely ill were excluded.

Sampling

Convenience sampling was employed after ensuring matching for age, sex, and socioeconomic status. Due to the restricted number of elderly individuals in OAHs, 100 were selected from two OAHs: 75 from Aasra and 25 from Apna Ghar. Additionally, 200 elderly individuals by door-to-door visit residing with their families in the vicinity of the OAHs were chosen, maintaining a ratio of 1:2 between OAHs and family setups respectively. This sampling approach aimed to capture a representative sample while considering the constraints of accessibility and availability within the chosen population groups.

Study tools

The subjects were interviewed using a predesigned and pretested questionnaire.

Questionnaire design and validation

The WHOQOL-BREF questionnaire (Hindi version) developed by WHO was used in the study to assess the QOL.[9] It is a self-report Likert-type scale with 26 questions, a bipolar scaling method, measuring either a positive or negative response to a statement. responses are summed to create a score for a group of items that measure four broad domains: physical health, psychological health, social relationships, and environmental health. Here, to assess the reason for the elderly move towards OAHs, a questionnaire was designed based on a few previous studies.[10–12]

Statistical analysis

The filled questionnaires were checked for completeness and consistency and findings were coded for analysis. Data were entered using Microsoft Excel 2019 and analysed using Jamovi version 2.3.[13] Normally distributed data were presented as mean±SD. The association between the QOL and the variables were analysed using the Chi-square test.

RESULTS

In the OAHs, the majority (40%) gave a reason that nobody is there to look after them, followed by 36% elderly gave verbal abuse of daughter-in-law/ son or other family members, as a reason for compelling them to move into OAHs (Table 1).

Table 1: Distribution of factors compelling respondents to transition to old age homes (OAHS).

Circumstance	No of respondents (Total 100 elderly)	Percentage
Tarnishing self-respect	7	7
Verbal abuse of daughter-in-law/ son or other family members	36	36
Financial constraints	6	6
Health problem	8	8
Nobody to look after	40	40
Others	3	3

In OAHs, the majority (45%) elderly belong to the age group 61-70 years followed by 71-80 (41%) and 14 % (>80 years). Most (90%) were widowed, 60% were illiterate, 52% percentage had joint family and 40% had no family. The majority (83%) were financially dependent and all these findings were found to be statistically significant. Among the total elderly in OAH, 58% were female which was not found as a statistically significant difference observed between the elderly in both groups in terms of gender (Table 2).

WHOQOL-BREF scores for psychological health, social relationship and environmental health were comparatively higher (51.3, 55.7, and 32.5) for the elderly living in OAH than those staying with family and the difference between the mean score was found statistically significant (p<0.001). WHOQOL-BREF score for physical health was 38.4 for the elderly living in OAH whereas as 40.9 for the elderly who are living with family, which was not found as much statistically significant (p=0.055) (Table 3).

Table 2: Baseline characteristics of respondents.

Variable	Subvariable	Living with family (n=200) n (%)	Living in old age homes (n=100) n (%)	Chi-squared ($\chi 2$)	Degrees of freedom (df)	P value	Significance
Age group (in years)	61-70	140 (70)	45 (45)	19.8	2	<0.001	Significant
	71-80	51 (25.5)	41(41)				
	>80	9 (4.5)	14 (14)				
Gender	Male	96 (31.9)	42 (42)	0.966	1	0.326	Not significant
	Female	104 (34.8)	58 (58)				
Marital status	Married	177 (88.5)	2 (2)	210	2	<0.001	Significant
	Widow	18 (9)	90 (90)				
	Divorced/single	5 (2.5)	8 (8)				
Education	illiterate	75 (37.5)	60 (60)	29.5	2	<0.001	Significant
	Primary education	81 (40.5)	40 (40)				
	Secondary education	44 (22)	0				
Family type	Nuclear family	86 (43)	8 (8)	106	2	<0.001	Significant
	Joint family	114 (57)	52 (52)				
	No family	0	40 (40)				
Financial health	Dependant	111 (55.5)	83 (83)	22.1	1	<0.001	Significant
	Independant	89 (44.5)	17 (17)				

Table 3: Domain scoring of elderly living in OAHs and with their families.

Domains	Mean±SD	P value
Physical heath		
Living in OAH	38.4±5.38	0.055
Living with family	40.9±5.07	
Psychological health		
Living in OAH	51.3±5.23	<0.001
Living with family	33.5±9.26	
Social relationship		
Living in OAH	55.7±3.26	<0.001
Living with family	39.3±7.04	
Environmental health		
Living in OAH	32.5±8.90	<0.001
Living with family	35.0±7.50	

DISCUSSION

The study's findings are analysed and discussed about the existing studies outlined in the literature review. The study uncovered that a predominant demographic in OAHs comprises individuals aged >70 years, predominantly females, often widowed and illiterate. Similar results were observed in previous studies where females were more in number in OAH than males, often widowed and illiterate.[14–21] Interestingly, this finding contrasts with an earlier study that reported more educated individuals residing in OAH fields.[21] It is worth considering that these differences could be due to regional factors contributing to variations in the educational background of the elderly in OAHs. Many elderly belonged to joint families and were financially dependent.[19] The research identified several factors compelling their move to OAHs, the most common reason identified included the absence of caretakers, similar results were shown in previous studies as well.[10,11,22,23] F/b verbal abuse by family members, health issues, tarnishing of self-respect, financial constraints and others were identified as important factors compelling the elderly to move into OAHs.[23]

Elderly individuals living with their families typically exhibited better physical and environmental health compared to those in OAHs, a trend consistent with findings from other studies.[1,19,24–28] This difference may be attributed to factors such as access to healthier food options and improved living conditions, within familial settings. However, it's worth noting that one of the previous studies has reported contrasting results.[29]

On the contrary, the psychological and social well-being of elderly individuals residing in OAHs exhibited

superior outcomes, in comparison to the elderly living in family. similar findings were observed in a few previous studies.[15,25,30-32] This phenomenon can be attributed to the fact that many participating elderly were widows and in society, there was a degree of bias, particularly concerning their involvement in certain rituals due to societal dilemmas and false beliefs. This societal bias created discomfort, preventing them from openly discussing their issues with their children, as they would have done with their life partners. In the OAHs, respondents dedicated their leisure time to conversations with fellow residents and sharing life experiences. Others occupied their free time reading, listening to the radio, watching television and participating in prayers in a common hall. These collective interactions and engaging activities likely contributed to the observed improvement in the psychological and social well-being of the elderly in OAHs.

Contrary findings were seen in certain studies that could be attributed to the presence of love and support from family members. The emotional and social support within a family setup plays a crucial role in influencing the mental and psychological well-being of elderly individuals.[33-40]

This study has few limitations. The study was conducted within a restricted timeframe and on a relatively small sample of the elderly. As a result, caution should be exercised when attempting to generalise the findings to a broader population.

CONCLUSION

This study suggests even in the absence of traditional family structures, everyone deserves the right to happiness. One potential solution is to enhance the quality of care in government and private OAHs. Though family plays a crucial role in developing QOL across all four domains, with changing trends, there is a need to address the challenges faced by the elderly without family support, such as widows, individuals with unsupportive children or family members, etc. Therefore, enhancing factors such as food quality, hygiene standards, and a healthy environment within OAHs can significantly impact the overall QOL for the elderly across all four domains.

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