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Original Research Article

Quality of life among elderly living in old age homes and in family of Kancheepuram district, Tamil Nadu, India

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ABSTRACT

Background: Quality of life in elderly is more relevant towards an ageing society. In India, the awareness is very little about the special needs of the elderly and their care takers (physical and mental health, psychological and social support). Furthermore, among elderly there is a variation between those living in old age homes (OAHs) and those living in general population. Hence the present study was undertaken to assess and compare the quality of life of elderly living in OAHs and community.
Methods: A cross-sectional descriptive study was conducted among elderly in old age homes and family set up of Kanchipuram district, Tamil Nadu. QOL of elderly was assessed using WHO QOL - brief questionnaire after taking informed consent from the participants. Data was analyzed using SPSS 23.
Results: A total of 106 elders from each group old age home and family setup were the study participants. Quality of life was good 72.5% in family and in OAHs it was only 56.2%. The main reason for residing in OAHs was no family, lack of care takers. All the four domains were found to be highly statistically significant.
Conclusions: From this study we are able to find out that quality of life in family setup is better than OAHs, psychologically many people were depressed as they live separately from their family and relatives, friends and the community they lived.

Keywords: Family set up, Old age home, Quality of life

INTRODUCTION

Ageing is an important part in each one's life. As old age deteriorate normal physical, psychological factor, isolate them from the society and also leads to economic problems etc.[1] India like many other developing countries in the world is witnessing the rapid ageing of its population.[2] Changing cultural and family value system in present situation is one of the major reasons for increase in old age homes (OAHs) over the country as it causes economic compulsion to children which become the reason behind the abuse and negligence of elderly.[3] Quality of life is determined by conditions of events and decisions during childhood and adulthood including environmental and lifestyle factors. The life-course approach to health means paying attention to individual life stages and transitions.[3]

In India, as per a survey by Madras Institute in 1995, there were 529 OAHs.[2] Apart from food, shelter and other forms of communication the residents may keep in touch with loved ones. Urbanization, modernization, industrialization and globalization has brought major changes resulting the vulnerable group to shift them from their own family to some OAHs and other institutions.[4] During prevailing joint family system in India, the old

age had no problem, later after the disintegration of the joint family system the impact of economic change became a peculiar problem that old age people are facing currently in this country.[4] WHO 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".[5] It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and relationship to the salient features of their environment.[5] Life style changes created hassles and time has become very precious in the fast packed life to leave the older ones unattended.[3] Shifts in intergenerational relations and changes in family structure have brought many issues into focus.[6] The traditional family system is breaking up which is one of the major impacts of globalization.[4]

More of the elders feel that the time spent by their children and grandchildren with them has reduced due to usage of mobiles and computers and more common reason for increasing OAHs are disrespect in the house by the son or daughter-in-law. The reason stated by 60% of the elders is disrespect and negligence.[7]

Objectives of the study was to compare the quality of life of elderly people residing in the OAHs and in family by using World Health Organization Quality of Life Assessment (WHOQOL–BREF) questionnaire. To assess and compare the sociodemographic profile of elderly residing in the OAHs and in family.

METHODS

The study is a cross-sectional descriptive study and was conducted in two different settings, those living in the OAHs and those living with their families. The duration of the study is 2 months from June to July 2019 and it was conducted in the urban area of Kancheepuram District. A simple random sampling technique was used in which 106 participants were selected from each setting. The sample size was derived from the previous study which found that 51.35% of the elderly has good quality of life. Using the above prevalence, we calculated the sample size with 10% absolute error and type 1 error of 5% which was found to be 96. Adding 10% drop out rate the sample size was 106. Elderly people above the age of 60 years living in the OAHs (more than 6 months) and family, who were willing to participate in the study.

Elderly, who were bedridden, severely ill and those who were not willing to participate and elderly who are residing less than 6 months duration in the OAHs were excluded. Semi-structured questionnaire referring WHOQOL-BREF Module standard questionnaire was used to assess QOL in elderly. They were interviewed face to face using a semi structured questionnaire after obtaining their informed consent which was back translated in the local language. It is a multidimensional measure of QOL and comprises of four domains (26 items) physical, psychological, social, and environmental. Institutional ethic clearance was obtained and written informed consent was obtained from the study participants before obtaining any information from them. Data entry and statistical analysis was done using SPSS version 23. Frequency distribution is calculated for all the variables. Descriptive statistics and t-test was applied, and appropriate value was considered as significance. Taking 5% level of significance and 95% as confidence interval.

RESULTS

A total of 106 elders from each group old age home and family setup were the study participants. Females were more in the OAHs 63% while in the family they were equally distributed. Nearly three fourth were Hindus and 22% of them were Christians in the old age home and in the family set up most of them were Hindus. In family, 64% were married and 30% were single/widower, while in OAH 68% were married and 25% were single/widower. The income of the elders living in the family were in the range of 10,000-25,000, nearly 50% of them were not aware of the income of the family living in OAHs and 37% of the don't know the income of the children in family. Only 7.5% of elders in family and 9.4% in OAHs have separate allowances for their daily needs. All the four domains were found to be highly statistically significant (Table 1).

Table 1: Frequency of socio-demographic profile.

Variables		Elders living with family	Elders living in OAHs
Sex	Male	51	39
	Female	55	67
Religion	Hindu	96	78
	Muslim	1	4
	Christian	9	24
Marital status	Married	68	72
	Single/widower	32	27
	Separated/divorce	6	3
Descent occupation	Housewife	9	1
	Skilled worker	22	8
	Professional	7	9
	Others	38	20
	Not known	30	68
Separate Allowance	Yes	8	10
	No	98	96
Socio-economic details of family	Known	66	46
	Unknown	40	60

Table 2: Comparison of domains in both setups using WHOQOL-BREF.

Group (n=100)		Mean±SD	P value
Domain1 physical health	OAH	22.5±4.18	0.000
	Home	19.6±4.08	0.000
Domain2 psychological health	OAH	19.6±3.13	0.000
	Home	16.3±3.00	0.000
Domain3 social relationship	OAH	10.6±2.27	0.000
	Home	8.4±2.90	0.000
Domain4 environmental health	OAH	29.2±5.30	0.000
	Home	23.1±4.76	0.000

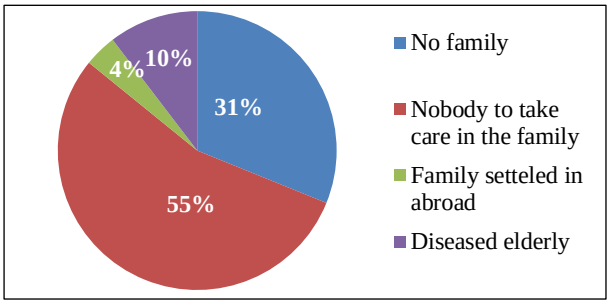

Figure 1: Reasons for staying in old age homes.

Even though there are many reasons for the elderly to stay in old age homes, some of the reasons stated during the study were, 31% of them have no family, 55% of them had nobody to take care of them in the family, 4% of their family have settled aboard and 10% of them were diseased and no one is willing to take care of them (Figure 1).

DISCUSSION

The present study is done to learn the quality of life among elders residing in old age homes and family setup in the area of Kanchipuram district. A total sample of 106 participants from each group was selected in which four old age homes were selected randomly and family setup data was collected around the areas of the old age homes.

In the present study, 52% of the elders were females and 48% were males in the family while in OHAs females were 63% and males were 37% which is similar in Chandrika et al in which females were more.[8] The main reason for residing in old age homes by the participants in OAHs were 31% of them have no family, 55% of them had nobody to take care of them in the family, 4% of their family have settled aboard and 10% of them were diseased and no one was willing to take care, similarly in other study they revealed that main reason was lack of caretakers, busy work schedule and so on.[2]

The main reasons for joining in old age homes were 67% lack of caregivers at home, 8% had problem with their children and affective disorders in 10% were the reasons for staying in old age homes.[9] Absence of female children and unemployed children were found to be major reasons for staying in OAHs in Rayirala et al study, meanwhile in this study 31% have no family, 55% were lack of caregivers, only 4% of the people had settled aboard and 10% of them were affected with diseases.[9] In this study 36% had depression very often in OAHs and 30% had quite often in family similarly in Rayirala et al 24.4% had higher depression in OHAs while in community it is 20.8%.[9]

In the present study the life is very satisfied among elders living in family compared to OAHs were mostly dissatisfied, meanwhile in other study the rate of satisfaction and happiness were higher in OAHs than in family setup.[9] Other study also found the participants in OHAs had low to moderate satisfaction in life and majority of them have found to have mild to moderate depression.[10] The mean quality of life score of physical and psychological domains were statistically significant, meanwhile environmental and social domains were not statistically significant in Chandrika's study but in this study all four domains physical, psychological, social and environmental domains were found to be highly significant.[8] The present study reported only very few had separate allowance for their daily needs both in family and OAHs, a study conducted by Chou and Chi reported that there was a need of more financial support and mostly elders in OAHs feels that they have no money to meet their daily needs.[11]

The study conducted in Maharashtra showed that QOL of elderly residing within family was 64.4% and elderly staying in OAHs where 59.4% were elders residing in family is better than elders staying in OAHs, in this study QOL in elders residing in family was 72.5% and elders residing in OAHs was 56.2%, better QOL were found in elders residing in family setup compared to the OAHs.[12] The physical and psychological domain transformed to score in OAHs was only 50% meanwhile in family setup it was 60%, the social domain was found to be similar in both setup and environmental domain was very good in family setup compared to OAHs. The difference may be due to love, care and importance offered by friends and relatives in family setup.

Physical domain 1

The number of participants having physical pain and medical treatment for that to manage their daily life is seen to be higher in old age home while in family setup it is only moderate. Energy level needed for everyday life is moderate in OVH's meanwhile it's mostly good in family. In old age home, the environment to get around is very poor and the same is good in family. Daily living activities were very satisfactory in family and it's very dissatisfactory in OAHs.

Psychological domain 2

Enjoyment of life was found to be moderate in OAHs whereas it's very satisfactory in most of the families.

Acceptance of their bodily appearance in OAH is little while in family it is not at all a factor. People in family setup were mostly satisfied with themselves and in OAHs most of them were dissatisfied.

Social relationship domain 3

Few were satisfied with their personal relationships in OAHs while in family they were satisfied with their relationships. Unfortunately support from friends was satisfied by both groups.

Environmental domain 4

Physical environment is very much good in both OAHs and family setup. Leisure time and money needs were mostly good in family and very little were only fulfilled in the OAHs. Living conditions were satisfactory in both OAHs and family. Health services and transport facilities were neither satisfied nor dissatisfied by the elders in OAHs and in family setup it was satisfied.

CONCLUSION

Quality of life in both old age homes and family setup elders was really very different. From this study we are able to find out that quality of life in family setup is better than OAHs. Psychologically many people were depressed as they live separately from their family and relatives, friends and the community they lived. The main reason for residing in OAHs was no family, lack of care takers. QOL-BREF under the four domains like physical, psychological, social and environmental domains were assessed in both OAHs and family setup and it was found to be statistically highly significant. They feel left alone when physically ill and psychologically needs the family support during those periods. Most of them in OAHs were not satisfied with the life in OAHs, even though they feel safe in OAHs. Old age should be given proper care and needs special attention and to be kept engaged with family members in all memorable moments to avoid loneliness and depression. Increasing OAHs can be reduced by providing more care to our elder ones in our family who are more valuable and supported us through out to lead a peaceful and economic life.

Recommendations

Health education with regard to environmental changes and activities to build social relationship may improve the quality of life among the elderly population.

Revision of old age pension based on government norms and inflation should be emphasized.

Government or public-private partnership for OAHs with better infrastructure and facilities should be established at district level for economically vulnerable groups in the society.

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