

Quality of Life of Elderly Residing in old Age Homes and Community in Visakhapatnam City

Dr.S.Chandrika¹, Dr.P.Radhakumari², Dr.B.DeviMadhavi³

¹Post Graduate, Community Medicine Department, Andhra Medical college, Visakhapatnam.

²Professor, Community Medicine Department, Guntur Medical college, Guntur.

³Professor and Head, Community Medicine Department, Andhra Medical College, Visakhapatnam.

Abstract:

Introduction: Quality of life of elderly people (QOL) is becoming even more relevant with demographic shift happening towards an ageing society. The concerns related to QOL in elderly people are different from that of general population. In India, there is low awareness about special needs of elderly and care takers are yet to understand the basics of elderly care (physical and mental health, psychological & social support). Furthermore, among elderly there is 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.

Methodology: A Cross sectional descriptive study was conducted in the month of December 2014 among elderly population aged 65 and above 65 years residing in OAHs& in the community of Visakhapatnam city in Andhrapradesh. QOL of elderly was assessed using WHO QOL – bref questionnaire after taking informed consent from the participants. Data was analysed using MS- Excel sheet.

Results: The mean scores of QOL domains were better among age group 65-69 years, males, married, and literates. The mean scores of QOL on physical, psychological, social, environmental domains were 51.35, 65.85, 47, 52.31 among elderly living in community and 52, 61.7, 37.83, 55.06 among elderly living in OAHs respectively. The mean scores of QOL in physical and social domains were better in elderly living in community than OAHs where as the QOL in domain environmental was better in elderly living in OAHs than community. Least scores were obtained on social domain among elderly compared to rest of domains irrespective of place of stay.

Conclusion: The QOL which each individual possess is very important in all aspects be it physical, psychological, social, environmental. Only if they have fulfilment in all these aspects in life they have a high QOL.

Key Words: Community, Elderly people, Old age homes , Quality of life, Visakhapatnam, WHO QOL – bref.

I. Introduction

Ageing is an inevitable developmental phenomenon bringing along a number of changes in the physical, psychological, hormonal and social conditions. These changes are expected to affect quality of life of the elderly¹. As life expectancy continues to rise, one of the greatest challenges of public health is to improve the quality of later years of life².

Quality of life elderly people(QOL) is becoming even more relevant with demographic shift happening towards an ageing society. There are indications that concerns related to QOL in elderly people are different from that of general population. In India, there is low awareness about special needs of elderly and care takers are yet to understand the basics of elderly care (physical, and mental health, psychological, & social support). Furthermore, among elderly there is variation between those living in old age homes and those living in general population³.

Quality of life has been defined as the context of culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns². Hence the present study was designed to assess and compare the Quality of life of elderly living in old age homes(OAHs) and community.

II. Objective:

To assess and compare the quality of life of elderly living in old age homes and community .

III. Materials And Methods:

A cross sectional descriptive study was undertaken in elderly people living in OAHs and from general population residing in the city of Visakhapatnam in the month of December 2014. The Data was collected from a convenient sample of hundred elderly people, fifty from OAHs and fifty from Community.

Four OAHs were selected randomly in Visakhapatnam, all of them were situated in urban area. Elderly people living in OAHs were approached after taking permission from in charges of the OAHs & verbal consent from subjects regarding study. In the community one home was randomly selected and houses were covered till the required sample was achieved. Study variables includes socio-demographic characteristics such as age, gender, religion, marital status, education, and socio economic status of study population.

Study Tools: Tool used to assess QOL of elderly people was World Health Organization QOL (WHO QOL) – bref questionnaire⁴. Telugu version was used. This questionnaire contained 26 questions and is divided into four domains : physical, psychological, social, environmental. The scale of values for each domain can vary from 0 to 100 point indicating that higher the score better the quality of life in that domain. For the illiterates the questionnaire was explained and responses were filled by the investigator.

Statistical Analysis: The data was entered on to a computerized Excel (MS-EXCEL) spread sheet. Subsequently it was analysed using SPSS (Statistical package for social sciences) . The findings were expressed in terms of mean and standard deviation. The difference between mean scores was tested by using unpaired t-test and ANOVA test. P value < 0.05 was considered as significant.

IV. Results:

Table-1 Socio demographic characteristics of study population

Variables	Community		OAHs	
	N	%	N	%
AGE GROUP				
65-69	31	62	17	34
70-74	13	26	16	32
>75	6	12	17	34
GENDER				
Male	11	22	24	48
Female	39	78	26	52
RELIGION				
Hindu	42	84	50	100
Christian	8	16	0	0
Muslim	0	0	0	0
MARITAL STATUS				
Married	27	54	31	62
Widowed	23	46	19	38
EDUCATION				
Illiterate	41	82	19	38
Primary	4	8	7	14
Middle	1	2	9	18
High	4	8	7	14
Inter	0	0	4	8
Graduate	0	0	4	8
Professional	0	0	0	0
SOCIO ECONOMIC STATUS				
Class I	0	0	0	0
Class II	1	2	2	4
Class III	17	34	11	22
Class IV	27	54	25	50
Class V	5	10	12	24

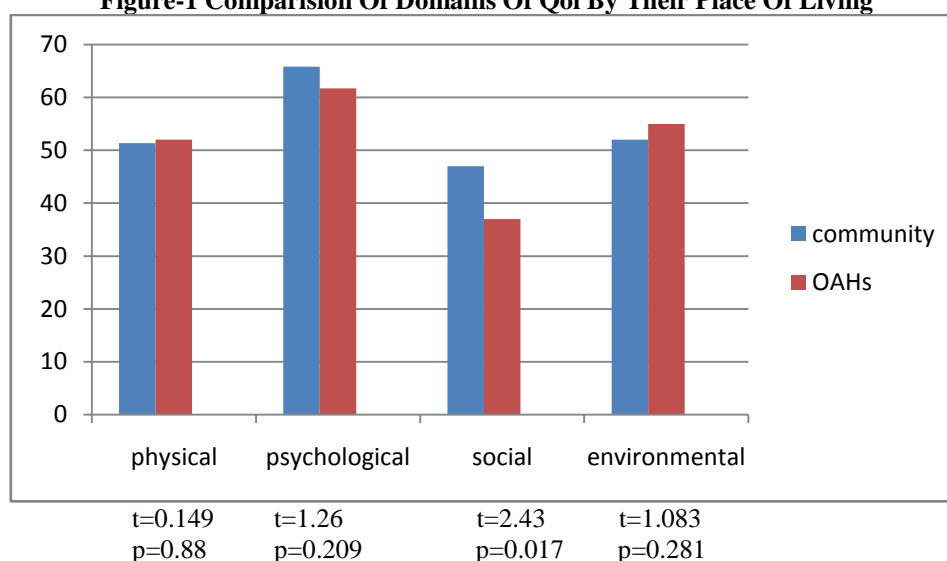
A total of 100 subjects were participated in the study. More than half (62%) were in the age group 65-69 years in the community while in OAHs all age group were equally distributed. Female (78%) were more in community while in OAHs both male and female were more or less equal. Nearly three fourth were Hindus and 16 % Christians in community while in OAHs all were Hindus. In the community 54% elderly were married and 46 % were widowed while in OAHs 62% were married and 38 % were widowed. There were no unmarried persons in the study. The illiteracy was found to be high in the community (82%) when compared to elderly living in OAHs (38%). More than 70% of study population in OAH s and community belong to class III and class IV socio economic status (According to Kuppaswamy’s socio economic classification).

Table-2 Socio demographic characters versus domains of QOL scores (N=100)

Variable	Physical domain (MEAN±SD)	Psychological domain (MEAN±SD)	Social domain (MEAN±SD)	Environmental domain (MEAN±SD)
Gender				
Male	59.39±22.60	69.35±16.46	47.22±17.60	56.82±15.69
Female	48.82±20.41	61.71±16.05	40.63±19.73	52.52±11.31
t-value	2.22	2.098	1.52	1.513
P-value	0.02	0.03	0.131	0.133
Age				
65-69 yrs	58±17.6	69.42±12.58	46.06±17.44	55.72±12.27
70-74 yrs	48.89±22.1	60.34±15.57	46.06±19.99	52.69±13.25
>75 yrs	40.52±22.37	56.30±20.62	30.07±17.72	50.67±12.70
F-value	6.57	6.49	6.81	1.36
P-value	0.002	0.002	0.002	0.261
Marraital status				
Married	54.18±23.15	63.66±18.17	45.97±18.87	53.77±14.37
Widowed	48.21±18.67	63.92±13.90	37.5±19.06	53.57±10.13
t-value	0.193	1.292	1.955	0.482
P-value	0.847	0.199	0.053	0.631
Religion				
Hindu	51.88±21.00	63.65±16.41	42.76±19.41	54.12±12.84
Christian	49.60±27.34	65±17.67	38.88±19.09	49.30±10.80
t-value	0.302	0.233	0.572	1.086
P-value	0.763	0.816	0.568	0.280
Education				
Illiterate	50.41±21.38	63.45±14.99	42.36±19.24	51.97±11.28
Primary	54.54±16.05	65.45±14.90	43.93±13.48	55.96±11.28
Middle	42.85±20.75	51.5±22.11	30±18.50	51.56±7.54
High	51.62±27.49	65.90±17.14	44.69±23.94	55.39±14.39
Intermediate	63.39±13.79	77.5±11.90	50±20.41	67.18±9.71
Graduate	73.21±16.10	75±14.71	56.25±14.23	60.15±16.99
F-value	1.49	2.24	1.43	1.53
P-value	0.199	0.056	0.219	0.187
Socio economic status				
Class II	65.47±8.98	86.66±2.88	55.55±4.81	64.58±14.76
Class III	50±25.84	61.87±20.41	43.45±18.47	57.25±12.35
Class IV	52.47±20.51	64.51±14.45	43.42±18.98	52.28±12.47
Class V	49.57±18.20	60.58±13.56	35.29±22.15	50.18±12.42
F-value	0.539	2.411	1.32	2.18
P-value	0.657	0.072	0.27	0.094

The mean QOL scores of physical and psychological domains were less in females when compared to males and it was found to be statistically significant. The mean QOL scores of social and environmental domains were also less among females but it was found to be not statistically significant. As age increases the mean QOL scores of physical , psychological, and social domains were decreasing and it was found to be statistically significant (p <0.002) and where as mean QOL score of environmental domain was also decreasing but it was found to be not statistically significant (p=0.261). The mean QOL scores of social domain was less in widowed when compared to married and it was found to be statistically significant. As though the mean QOL scores of other three domains were better in married compared to widowed but it was found to be not statistically significant. The mean QOL scores of physical , social, and environmental domains were less in Christians when compared to Hindu whereas the mean QOL scores of psychological domain was high in Christians when compared to Hindus and all the observations were found to be not statistically significant. As the educational status of study population was increasing the mean QOL scores of physical and psychological domains were improving. The impact of education has no influence on social and environmental domain. As Socio economic status of study population was increasing the mean QOL scores of all four domains were better and it was found to be not statistically significant.

Figure-1 Comparison Of Domains Of Qol By Their Place Of Living



The mean QOL score of social domain was high in the community and it was found to be statistically significant. The mean QOL scores of physical & environmental domain were better in OAHs and it was found to be statistically not significant. The mean QOL score of psychological domain were better in people residing in community and it was found to be not statistically significant.

V. Discussion:

In the present study 78 % were females & 22 % were males in community while in OAHs females were 52 % and males were 48 % which is almost similar to results of study conducted by Uday Mohan et.al in their study titled “Dimensions and determinants of quality of life among senior citizens of Lucknow , India³. In the present study majority (62 %-community, 34%- OAHs) were in age group 65 -69 years while in other study conducted by J.Heydari et al study titled “ Health related quality of life of elderly living in nursing home & homes in a district of Iran: Implications for policy makers , more than 70 % of study population were in the age group > 70 years⁵. More than 50 % were married and 46% were widowed in the community where as 62% were married and 38% were widowed in oldage homes in the present study while in other study conducted by Uday Mohan et al 78 % were married people in the community and 54.5 % were widowed in OAHs. This shows that widowed were more in the community in the present study. In the present study majority were Hindu which is similar to results of study conducted by Uday Mohan et al, this may be due to dominant religion is Hindu in our country . In the present study illiteracy was high (82%) and was found to be more than the national average literacy rate and similar to the study conducted by Aruna Dubey et al in their study titled A study of Elderly living in Old age Home and within Family set – up in Jammu⁶. In the present study > 70 % of study population were belong to class III & class IV socio economic status which is similar to results of the study conducted by Sireesha Srinivasa Rao et al in their study titled Quality of life (QOL) and coping skills among Elderly people living in Old Age Homes (OAH) and in the community⁷. In the present study the mean QOL score of social domain was high in the community and it was found to be statistically significant this may be due to social gatherings and familiar surroundings. The mean QOL score of psychological domain were better in people residing in community and it was found to be not statistically significant, which is similar to results of study conducted by Luciano Magalhaes Vitorino et al in their study titled “Quality of life of seniors living in the community and in long term care facilities : a comparative study⁸.

VI. Conclusion

The social and psychological domains of QOL were better in the people living in the community . QOL of elderly is increasing as SES of individual is better. The QOL which each individual possess is very important in all aspects be it physical, psychological, social & environmental. Only if they have fulfilment in all these aspects in life they have a high QOL.

VII. Recommendations

Controlling and modifying environmental factors to improve the feeling of self – efficiency will help in improvement of environmental domain. Social and physical recreational activities will help in building self-image, satisfaction level and QOL. Health education with regard to activity and environmental changes and increase in social relationship may help in improving the QOL among the elderly population.

VIII. Limitation

Due to constraints of time, the study was carried out on a convenient sample of hundred subjects.

References

- [1]. Dr.Jogendersingh et al. Comparative study of Quality Of Life in Aged persons. Indian J of Applied Research , 2014 ; 4 : 1-3,
- [2]. ShahulHameed et al . Quality of life among geriatric population in a rural area of DakshinaKannada , Karnataka , India . Global J Med and public health , 2014 ; 3: 1-5
- [3]. Uday Mohan et al . Dimensions and determinants of quality of life among senior citizen of Lucknow , India . Int J Med and public health , 2014 ; 4: 477-481
- [4]. Development of the World Health Organization WHO QOL – BREF quality of life assessment . The WHO QOL Group .psychol Med 1998 ;28 : 551
- [5]. J.Heydari et al. Health – related quality of life of elderly living in nursing home and homes in a district of Iran : Implications for policy makers . Ind J science &technology , 2012 ;5 :2782-2787
- [6]. ArunaDubey et al . A study of elderly living in in Old Age Home and within Family set – up in Jammu. Stud Home Com Sci , 2011 ; 5 (2) : 93-98
- [7]. SireeshaSrinivasaRao et al . A Comparative study of psychiatric Morbidity , Quality of life (QOL) coping skills among elderly people living in old age homes and in the community. Int.J Health sciences &Research , 2014; 4 (8): 212-225
- [8]. Luciano MagalhaesVitorino et al . Quality of life of seniors living in the community and in long term care facilities : a comparative study. Rev. Latino- Am. Enfermagem2013 ; 21: 3-11