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RESEARCH ARTICLE

ASSESSMENT OF QUALITY OF LIFE AMONG ELDERLY POPULATION RESIDING AT OLD AGE HOMES

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ABSTRACT

Introduction: Worldwide, the proportion of people age 60 and over is growing faster than any other age group. As people age, their quality of life is largely determined by their ability to maintain autonomy and independence.
Objectives: To assess the quality of life among elderly population residing at old age homes and its association between the socio-demographic factors.
Materials and Methods: The present descriptive study was conducted in old age homes of Amravati city, Maharashtra in India among elderly people with age greater than 60 years. Total 102 participants were included in the study. The participants were interviewed with questionnaire for Quality of life including four domains, that is, physical, psychological, social relationship and environmental.
Results: The means and standard deviations for environmental domain score of Quality of life was 42.1569 ±19.28. which was lower as compared to physical, social and psychological domain scores.
Conclusion: There is need age-friendly communities that provide their citizens with more opportunities for social activities and worthwhile leisure time pursuits.

INTRODUCTION

Ageing is a process of deterioration in the functional capacity of an individual that results from structural changes, with advancement of age (Harman, 2003) Worldwide, the proportion of people with age 60 year and over is growing faster than any other age group. The proportion of the world's population aged 60 years or over increased from 8 per cent in 1950 to 12 per cent in 2013. (United Nations, 2013) As the more numbers of people are entering in old age, the problems arising among them cannot be overlooked. In the old age, there is increased risk of morbidity leading to limitation of movements due to pain and discomfort and. This is superadded by financial burden and difficulty to access health services. Further young generation have less time in busy life to take care the elderly population and there is rising trend of nuclear families where priorities are given to spouse and their children. Hence, most of the older people are obliged to stay in old age homes. Thus, unconditional respect, power and authority that elder people used to enjoy in extended traditional families is being gradually eroded in India in recent years (Mahajan, 2013). Quality of life is "an individual's perception of his or her position in life in the context of the culture and value system where they live, and in relation to their goals, expectations, standards and concerns. (WHO, 1996) The aged population face the problem of poor health status along with social cut off, economic dependence and loss of emotional support affecting their quality of life. As people age, their quality of life is largely determined by their ability to maintain autonomy and independence. Access to high quality, long-term care is particularly important in later life. The present study is one of the attempts to focus an attention towards various domains of quality of life of elderly peoples in old age homes to reform the existing programmes related with care of elderly peoples.

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MATERIALS AND METHODS

The present descriptive study was conducted in three old age homes of Amravati city, in Maharashtra state of India during 6 month period by purposive sampling. Elderly people with age greater than 60 years were included in the study. Total 112 elderly were residing at these three old age homes. Out of these, 10 people were not included in the study due to refusal to participate, absentee during the visit to old age homes and people unable to give interview due to various chronic mental illnesses. Hence, total 102 participants were included after obtaining informed consent. The detailed history was taken

from the patient along with information including various socio demographic factors. The ethical committee approval was obtained from Institutional Ethical committee before start of the study.

Measurement tool

The participants were interviewed with WHO QOL BREF questionnaire for Quality of life consisting four domains, that was physical, psychological, social relationship and environmental domain. The questionnaire consists of 26 questions in addition two items for overall perception of QOL and health were also included. Each item was rated on five point scale (1-5) including intensity, frequency, capacity and evaluation. The raw score of each domain was calculated which was between 4-20 and then transformed into range between 0-100 for ease of comparison. Quality of life was categorized in to three levels based on scores on the WHO QOL scale. A score below 60 was considered as an indicator of low of quality of life and above 60 as good quality of life. (WHO, 1996; Skevington *et al.,* 2004; Murphy *et al.,* 2000; Sliva *et al.,* 2014)

Statistical Analysis

The data entry and analysis was done using SPSS version 16.0 software. The Mean rank of four domain scores were calculated and compared by applying nonparametric Mann-Whitney U Test for comparing two quantitative variables and Kruskal Wallis test for comparing more than two quantitative variables.

RESULTS

In the study, majority of individuals (57.8%) were below the age of 75 years. The proportion of male and female participants was nearly equal. The proportion of individuals belonging to Hindu religion was higher than Buddhist. There was no any individual from Muslim or any other religion in present study. Out of 102, individuals, 27.5% of them married and 66.7% were widow/widower. It was observed that 36.3% of the aged individuals were illiterate and among the remaining literate population majority were having education up to primary and middle class. Mean score value of quality of life was 76.30 among the elderly population. The overall quality of life and health perceived by the elderly in old age home was 3.2 and health related quality of life score was 3.0. The means and standard deviations for physical domain score was 47.0996 ± 1.59, for social domain was 47.5933 ± 1.69, for psychological domain score was 52.0186 ± 17.7 and for environmental domain score was 42.1569 ±19.28 (Graph 1)

Table 1. Age wise distribution of various domain scores of QOL

Age (yrs)	Frequency	Mean Rank score			
		Physical Domain	Psychological Domain	Social Domain	Environmental Domain
Less than 75	59	56.14	57.16	53.42	57.23
More than 75	43	48.12	43.73	48.87	43.64
p value		0.17	0.02*	0.43	0.02*

*significant p value

As shown in Table 1 the number of participants in the age group less than 75 years were (57.8%) in higher proportion than those having age more than 75 years. The mean ranks of psychological domain score and environmental domain score was significantly less (43.73 and 43.64 respectively) in the age group more than 75 years ($p<0.05$). The other domain scores were not significantly associated with age.

Table 2. Sex wise distribution of various domain scores of QOL

Sex	Frequency	Mean Rank score			
		Physical Domain	Psychological Domain	Social Domain	Environmental Domain
Male	50	58.51	55.11	55.45	60.77
Female	52	44.76	48.03	47.70	42.59
P value		0.01 *	0.224	0.18	0.002**

*significant p value ** Highly significant p value

As shown in Table 2 Out of total aged people , 50 were male and 52 were female. The mean ranks of physical domain score and environmental domain score (44.76 and 42. 59 respectively) were significantly lower among females as compared to males ($p<0.05$). The other domain scores were not significantly associated with sex.

Table 3. Association of marital status with various domain scores of QOL

Marital Status	Frequency	Mean Rank score			
		Physical Domain	Psychological Domain	Social Domain	Environmental Domain
Married	28	47.71	54.29	50.27	53.29
Unmarried	4	41.00	50.12	66.25	48.00
Widow /Widower	68	53.35	50.56	50.43	51.18
Divorced	2	62.50	47.25	75.50	44.50
P value		0.67	0.94	0.47	0.96

*significant p value

It was revealed that marital status had not shown significant association with any of the four domain scores (Table 3)

Table 4. Association of literacy status with various domain scores of QOL

Literacy	Frequency	Mean Rank score			
		Physical Domain	Psychological Domain	Social Domain	Environmental Domain
Illiterate	37	48.38	44.05	47.39	46.20
Literate	65	53.60	56.51	54.26	55.07
P value		0.38	0.03*	0.24	0.13

*significant p value

It was found that psychological mean rank score (56.51) was significantly higher among literate individuals than illiterate persons ($p<0.05$). There was no any significant association of literacy with any other domain scores. (Table 4)

It was found that physical domain and social domain mean rank scores (58.21 and 46.61 respectively) were significantly higher among those not suffering from any type of morbidity ($p<0.05$). There was not having significant association of morbidity with other domain scores (Table 5).

Table 5. Association of morbidity with various domain scores of QOL

Morbidity	Frequency	Mean Rank score			
		Physical Domain	Psychological Domain	Social Domain	Environmental Domain
Present	60	46.61	46.23	44.91	49.05
Absent	42	58.21	55.34	56.31	53.29
P value		0.04*	0.12	0.04*	0.47

*significant p value

Table 6. Association of duration in old age home with various domain scores of QOL

Duration in old age home	Frequency	Mean Rank score			
		Physical Domain	Psychological Domain	Social Domain	Environmental Domain
More than 4 yrs	46	48.33	44.05	47.39	46.20
Less than or equal to 4 years	56	53.63	56.51	54.26	55.07
P value		0.37	0.03*	0.24	0.13

*significant p value

The longer duration in old age homes affected psychological domain score in aged people. Those persons living in old age homes more than 4 years had significantly lower psychological mean rank score (44.05) than those living less than or equal to 4 years in old age homes. ($p<0.05$) Other domain scores did not show any association with duration of stay in old age home. (Table 6)

Table 7. Association of visit by relatives at old age home with various domain scores of QOL

Visit by relatives during last six month	Frequency	Mean Rank score			
		Physical Domain	Psychological Domain	Social Domain	Environmental Domain
Yes	61	49.79	56.03	54.61	54.33
No	41	54.05	44.76	46.87	47.29
P value		0.47	0.04*	0.18	0.23

*significant p value

It was found that psychological mean rank scores (56.03) was significantly higher among those individuals visited by their relatives to old age homes at least once in last six month as compared to those not visited by their relatives in last six month ($p<0.05$) (Table 7)

DISCUSSION

The present study in old age homes was conducted to assess the quality of life among elderly population with respect to four domain scores. The overall quality of life among aged population in old age homes was 76.3. Out of these domains, environmental domain score was lower as compared to other domains scores. Thus, the aged persons residing at old age homes are not satisfied with environmental condition of old age home like health care and transport facilities in old age homes. With advanced age, there is decrease in functional ability which limits their daily routine activities and access to health services when required which was reflected in significantly lower physical and environmental domain scores in the present study. This lower physical domain with advanced age was also found in the studies by Barua *et al.* and Abhay Mudey *et al.* (Barua *et al.,* 2007; Mudey *et al.,* 2011)

It was observed that literates were having significantly higher psychological domain score. It indicates that literate are having more understanding of their physical and psychological aging process, changing values and customs than illiterates. Hence they can better adjust in old age homes than illiterates. This finding was consistent with the other studies (Mudey *et al.,* 2011; Bhatia *et al.,* 2007). The physical domain and environmental domain score were significantly lower in female as compared to males. The poor nutrition of most of the Indian women in male dominant society combined with menopause in old age affects their physical health. The environment in the old age homes is not as like their own dwelling where they look after all household activities as housewife and shares their feelings with their family members .In the present study female participants reported low level of quality of life compared to Male. This result was similar other study (Tavar *et al.,* 2008).

It was found that physical and social mean rank scores were significantly higher among those not suffering from any type of morbidity. There was no any significant association of morbidity with other domain scores. Thus ill health leads to pain and discomfort affecting physical domain. The physical illhealth indirectly affects social domain score as the person becomes dependent on other due to limitation of mobility. The involvement in social activities is also restricted. The other studies also showed co morbidity and multiple health problems had association with reduced QOL. (Michelson *et al.,* 2001) The longer duration in old age homes affected psychological domain score in aged people. Thus though old age homes provide shelter and basic needs to aged population, the feeling to be cared off, expression of views, sharing the emotions is only possible in a joint family which is the backbone of Indian custom. Present study was conducted only in aged population residing at old age homes, there is a need to conduct comparative study of quality of life of elderly residing at old age homes with elderly residing with their family for better understanding of difference in Quality of life and directing future policy development accordingly.

CONCLUSION

The development of social security schemes by government for all citizens will protect them in old age against financial constraints and dependency. It is necessary to provide all aged people the opportunities for self-fulfillment, learning, education and active life in old age homes to improve their psychological well being. The basic facilities in old age homes should be adopted according to the functional capacity of aged people. Most of the old age homes are situated far away from the residential area, the issue of poor quality and access of health services to old age homes cannot be ignored.

Thus, all the services must be of better quality, more flexible and must meet the needs of all people regardless of their health condition and age-related limitations.

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