

Health Status and Quality of Life of Geriatric Population in Old Age Homes and Living with Family in Chennai a Comparative Study

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Abstract:-

➤ Introduction

India has the second highest geriatric population (60+) in the country. Thus India has been tagged as “an ageing nation” which has 8.1% of its population being above 60 years old and their condition is deteriorating as a result of fast eroding traditional family system coupled with rapid modernization and urbanization. Elderly people suffer from many chronic health problems and is compared between two groups.

➤ Objectives

- To assess the health status and morbidity pattern of the geriatric population living in old age homes and within family.
- To assess and compare the quality of life of the geriatric population in old age homes and in family.

➤ Methodology

A cross-sectional study was done with a study population of geriatrics above 60 years residing in 2 Old age homes & residing within Family each of 100 participants. Data collection was based on orally administered structured questionnaire which constitutes of both health status assessment and quality of life. Quality of life was assessed using the WHOQOL-BREF questionnaire. It included the perceived stress scale (PS 4), ADL scale and quality of life questions using WHOQOL-BREF questionnaire which had 26 questions. The questions were ranged according to the domains - physical, social, psychosocial, environmental.

➤ Results

About 43% of participants were of age 60-69 years among family. Most common morbidity was diabetes and hypertension in both groups; in old age home: 39% hypertension, 35% diabetes mellitus, in family 44% hypertension and 15% diabetes mellitus.

Quality of life of domains physical, psychological, environmental, social was comparatively better in old age homes than family setup, environmental domain was statistically significant ($P=0.01$) and physical domain with $P<0.01$.

➤ Conclusion

There is a need to highlight the medical and socio-economic problems that are being faced by the elderly people in both the groups of the study. Environmental and physical quality of life is better in old age homes.

Keywords:- Geriatric, Living with Family, Morbidity Patterns, Old Age Home, Quality of Life.

I. INTRODUCTION

Old age is the last chapter of a man's life. It's usually considered as an association with deterioration of all physical, isolation from social, psychological factors, economic, and other activities. India has the second highest geriatric population (60+) in the country. (1) Thus, India has been tagged as “an ageing nation” which has 8.1% of its population being above 60 years old. (2) By 2020, for the first time in history, the number of geriatrics will outnumber children younger than 5 years and also due to demographic transition, geriatric population in the developing world is increasing. (3,4) Geriatrics basically is a stage which sums up a person's lived experiences. The aging process has an influence on the functioning of societies and also in its development. In this country nowadays there is rapid modernization and urbanization and fast depleting traditional family practices due to which the quality of life of elderly is affected. (4)

One of the important reasons for increased number of old age homes are migration of youngsters far away from their native and apparently there are no one to take care. Many so even if they want to, they cannot accommodate their parents in their own homes. Geriatrics was sometimes too incapacitated or unwell to look after themselves or get medical care especially in an emergency. (5)

There are many studies related to health of the geriatric in India, but there are very few studies which compared the health profile of the elderly residing in family setting and residing in the old age homes. The study was carried out with an aim to compare quality of life (QOL) and health profile of elderly residing in family setting and in the old age homes in our study setting.

II. METHODOLOGY

A cross-sectional study was conducted to compare quality of life and health status among geriatrics living in old age home and within family in urban area in Chennai. Study population of geriatrics above 60 years were selected residing in two old age homes & within Family setting. Sample size for the study was calculated using the formula $4PQ/L^2$, where P= 50 percentage, L = 20 percent of P, hence sample size was found to be 100. So, 100 participants were selected from each group. Two old age homes were selected randomly from the list of old age homes in Chennai and fifty geriatrics were interviewed from each old age homes. Participants from family setting were selected from the same ward as of the old age homes and survey was done house by house.

Data collection was based on orally administered structured questionnaire which comprise details regarding socio-demographic characteristics, health profile, perceived stress, activity of daily living (ADL) and quality of life. ADL scale was used to measure ADL, perceived stress scale (PS-4) was used for stress assessment and quality of life was assessed using the: WHOQOL-BREF scale for the survey. The questionnaire was translated in local language for the easy understandability and was translated back to maintain the content validity of the questions. WHOQOL-BREF consists 26 questions which has four domains of QOL, i.e., physical, psychological, environmental, social. The study protocol was approved by the institutional ethical committee. To conduct study at old age home permission was taken from old age home authority prior to the data collection. Aim and objectives of study were explained to the participants; following the consent, participants were interviewed with standardized tools.

Data was entered in MS Excel sheet. Statistical analysis was done using SPSS software. Appropriate statistical methodologies such as descriptive statistics, Student's *t*-test, and Chi-square test were used for analyzing data.

III. RESULT

Socio-demographic details of both the groups are recorded in table1. In old age home, males were more and within family setting females were more, 65 % of married geriatrics are in family and 58% widowed geriatrics are in old age home. Mean±SD age of geriatrics was found to be 72.2±8.2 in old age home and 74.1±8.9 in family setting.

Table-2 depicts the health profile of both the groups. The most common morbidity was found to be hypertension (39%) and diabetes (35%) among geriatrics living in old age homes. In family elderly have hypertension for about 44% and Diabetes 15%.

Whereas conditions like asthma (4%), thyroid (10%), cardiovascular problems (4%), renal distress (1%), arthritis (36%) in case of old age homes. Mean score of stress was calculated to be 5.54± 2.9 in residents of old age homes, in case of family 5.34 ± 2.1. ADL score was found to be 20.2 ± 2.7 among old age homes and 20.8± 2.4 in family setting.

As shown in table 3, results of the physical and environmental domains where significantly different between elderly people living in old age home and within family setup.

It shows that the mean score of physical health of geriatric living in old age home (mean=21.8) was better than the elderly people living with family (mean=20.5), it was significantly different at $P < 0.05$. This shows that physical health is much better for geriatrics in old age homes compared to family setting. The mean± SD of environmental health between elderly people was 25.5±2.9 living in old age home was better than the elderly people 25.2±4.2 living with family. Significant difference was found at 0.01 levels ($p \leq 0.05$). Similarly mean score of psychological domain and social domain was around 17.7± 2.41 in old age home, whereas in case of family setup 17.1± 2.90 with significance of $P > 0.0$. Finally the social domain mean score was 9.7± 0.7 in case of old age homes and 9.50± 1.09 with $P = 0.06$.

The total mean score of QOL between elderly people living in old age home 74.7± 8.4 was better than the elderly people living with family 72.3± 11.2. The difference was significant at $p \leq 0.05$ for physical and environmental domains. Thus the study indicates that elderly people living in old age home had better QOL than the elderly people living within family.

Characteristics	Old age home (N=100)	Family (N=100)	P
Age group- 60-69	23	43	<0.01*
70-79	37	40	
80 and above	40	17	
Sex			0.26*
Male	54	46	
female	46	54	
Education: Illiterate	4	6	0.106*
Elementary school	21	11	
Middle school	30	22	
High school	23	24	
Degree/diploma	23	36	
Marital status			<0.01*
Married	30	65	
Not married	12	5	
Widowed	58	30	
Financial status			<0.01*
Dependent(family)	4	29	
Independent(govt./prev. agency pension)	96	71	

Table 1:- Comparison of Socio-Demographic Features of Geriatrics Living in Old Age Homes and within Family

*= chi square

Health profile- disease	Old age home (N= 100)	Family (N=100)	P value
Cardiovascular	4	10	.096*
Diabetes mellitus	35	15	.0005*
Hypertension	39	44	0.47 (>0.05)*
Asthma	4	1	.17*
Thyroid	10	15	.28*
Renal	1	7	.03*
Arthritis	36	32	0.009*
Eye(cataract)	13	16	.54*
Stress	5.54± 2.9	5.34 ± 2.1	0.57#
ADL Mean(SD) score of activity of daily living	20.2 ± 2.7	20.8± 2.4	0.14#

Table 2:- Comparison of Health Profile among Inmates of Old Age Homes and Family

*= chi square

= independent sample t- test

Domains of QOL	Old age home	family	P
Physical QOL	21.8 ± 2.4	20.5± 3.04	0.009
Psychological QOL	17.7± 2.41	17.1±2.90	0.11
Social QOL	9.7±0.7	9.50±1.09	0.06
Environmental QOL	25.5±2.9	25.2±4.2	0.01

Table 3:- Quality of Life of Elderly People Living in Old Age Home and within Family Setup - Comparison

IV. DISCUSSION

The study compared the quality of life and health status of geriatrics residing in old age homes and in family through a cross sectional study design with sample size each of 100. The study subjects who are single/ widowed were more likely to be residing at old age homes. Majority of geriatrics were of the age group of 60-80 years residing in family setting.

Mean score of activity of daily living was 20.2 ± 2.7 of elderly people living in old age homes. Geriatrics residing in families has a score of 20.8 ± 2.4 . So clearly families have a higher ADL than old age homes. ADL is better so that geriatrics mostly of families need no support and left alone at home, whereas old age home has separate care taker facility. On assessing the levels of stress for the geriatrics through perceived stress scale-4 mean score of inmates of old age homes has 5.54 ± 2.9 and in families with score of 5.34 ± 2.1 . According to this, people in old age homes had stress.

Health profile: Most of the geriatrics had hypertension and diabetes in common in both the groups. Geriatrics living in old age home had 39% of hypertension, 35% of diabetes mellitus and they were under medications. Respondents of family have 44% of hypertension and 15% of diabetes mellitus. Majority of the elderly people living in family have thyroid. P-value of diabetes and arthritis was found to be significantly different and comparable in geriatrics in old age homes and family.

➤ *Physical QOL:*

Mean score of this domain was 21.8 ± 2.4 residing in old age home and 20.5 ± 3.04 residing in old age homes. Mean score of elderly living in old age homes is better than family setting. In this case QOL is higher in old age home which indicates better QOL compared to geriatrics residing in family. Old age homes provide better facilities for geriatrics as they have separate care takers for each resident; effective medical facilities were available as the doctors did regular check-up of every person weekly so the result of physical health was much better of person living in old age home than person living with family. Some studies had supported the above finding, as (6, 7).

➤ *Psychological QOL:*

The mean score of psychological health domain was 17.7 ± 2.41 of those inmates who were living in old age home. Inmates who were living with family had mean score of 17.1 ± 2.90 . Psychological health of geriatrics that was living in old age home was higher than persons who were living with family. In old age home elderly people belonging to the same age group where present so, a geriatric can share their feelings with each other of the same age group whereas in family there are no same age groups were present; so a person cannot share his/her problems with other. Some study supported this finding (8). This was due to stressful family issues and lack of family care.

➤ *Social QOL:*

Respondents living in old age home have the mean score of 9.7 ± 0.7 and participants in family have 9.50 ± 1.09 . Mean score of old age homes are slightly more than score of geriatrics in family. Old age homes of the study area allowed social communication between the inmates and their relatives and where free to attend functions and programmes with their families.

So the elderly people get to interact with many people and also had freedom to live the way they wanted to at that age. Many studies had found that family setting had better social health than in old age homes (9). Here in this study social health is good in old age homes compared to participants within family.

➤ *Environmental QOL:*

Residents of old age homes have mean score of 25.5 ± 2.9 . The mean of elderly living in families have 25.2 ± 4.2 . On comparison the environmental health was found to be much better in old age homes as they maintained good environmental conditions like sanitation, quality food, facilities, housing and electricity. Moreover, it was a peaceful place for the geriatrics than living in families with lots of complications in facilities and hygiene.

➤ *Total QOL:*

The geriatrics living in old age homes had a mean score of total mean score of 74.7 ± 8.4 .

The elderly people residing within families have total mean score of 72.3 ± 11.2 . QOL of persons living in old age home had better than persons within family. In old age home, there were good facilities for living, ambience, no family burden, peer group, freedom, and extracurricular activities where followed regularly along with festival celebrations few study had similar results(6,7). A study conducted in rural area also concluded that old age home had QOL higher than people living in families(10). At old age they become dependent on family and face abuse of one or another kind.

V. CONCLUSION

This is a comparative study of quality of life and health status of geriatrics living in old age homes and within family. Study indicates that the quality of life of geriatrics was better in old age homes than in family. Old age homes had good medical facilities with regular checkups and provided better living conditions. Though environmental and physical QOL were significantly different but the overall quality of life of elderly in old age homes was not significantly different. There is a need for the awareness among family members to take good care of their elderly people and provide them a better quality of life.

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