

## **A study on quality of life (QOL) of elders in old age Home at Aruweeynavaram – Chennai**

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### **ABSTRACT**

*There are few studies in India, dedicated to the wellbeing of elderly and their health problems, in particular to their mental health and their quality of life. The aim of the study is to assess the quality of life and general health status among the elderly population residing in the old age home ARUWE, Aynavaram. All elderly people aged above 50 years residing in ARUWE- a old age home in Aynavaram was involved in the study. With the use of tools like WHOQOL – BREF and GHQ-28 data was collected. The results were expressed in terms of frequency and Chi square test. The study found that majority of the respondents have very poor overall quality of life and general health. It was also found that many of the respondents were found severely depressed, were suffering from cognitive impairment. Majority of the respondents are independently doing their activities in their daily life. The study has also suggested the care takers and general bodies to enhance the quality of life among the elder population*

**KEYWORDS:** *Elderly, Quality of Life, Depression, Aging.*

### **INTRODUCTION**

Ageing is an inescapable phenomenon which will show changes in physical, psychological, hormonal and the social state among the people. Ageing is the regular changes that occur genetically in an organism with respect to certain environmental conditions in the chronological age. Aged people seem to be dependent on others and makes their life vulnerable. Aged will be having more expectations from their dependents. They expect more respect and sometimes they feel neglected and humiliated. They feel that they have been avoided by others sometimes they will avoid people, gatherings etc.

National Institute on Aging has predicted that the number of aged people with 65 years or older is to going to increase from 524 million in 2010 to 1.5 billion in 2050, with respect to

most of the developing countries. There found to be a decline in death rate among old age people and they are expected to live beyond 100 years. From the study it was found that many developed countries have shown increase in population profiles and it is found to be less in developing economies. Highlighted that from 2010 to 2050, the number of elderly people in less developed countries is trend to increase more than 250percent, when compared with a 71 percent increase in developed countries.

Although there is a superfluity of statements about quality of life, all those seems to be descriptive rather than definitive. Since the quality of life has to be measured together with all shades of life, WHO in its statement, define quality of life as an individual's perception of their position in life in the context of the culture and values systems in which they. In addition, quality of life is described as a wellness which is the outcome from a combination of physical, functional, emotional and social factors. Quality of life is with which where their standards of living is been assessed and it also includes the degree to which an individual is effective in all aspects of life.

Apart from quality of life, there also various factors which need to be taken consideration is that their medical problems and important source of elderly's distress. At global level, Quality of life among elderly is an important area of concern which reflects the health status and well-being of this disadvantaged population.

## **REVIEW OF LITERATURE**

**Mittal et al (2019)** made a comparative study of quality of life among elders in both rural and urban areas in India. The study reveals that QOL of males is good when compared to females, living as nuclear families, and their employment status is significant in urban areas, rural people were suffering a lot with chronic illness. Study concluded that the quality of life is good among the elders who don't have chronic ailments. The health care strategies must be strengthened for the betterment of senior citizens. if their mental and physical health is good then their QOL would be good.

**AparajitaDasgupta et al(2018)** has made a community based cross sectional study with respect to QOL among senior citizens in West Bengal. The research had discussed about the various factors that influence QOL of senior citizens such as mobility, daily self-care related activities, physical pain and discomfort, sleeping disorders, anxiety problems, depression issues etc. The research has suggested that there should be a better health promotional strategy to improve their health, awareness should be created among elderly people as a preventive measure to eradicate chronic ailments. Providing necessary social assistance would increase the QOL of elders.

**Usha and Lalitha (2016)** has made a comparative study about the quality of life in rural and urban area in Kerala as the quality of life of aged people might be influenced by their life style, culture, beliefs, family set up and how there are connected with their communities etc. Social demographic factors were analyzed. The study found that senior citizens in urban areas have better QOL than the aged citizens in rural areas. The study was statistically significant corresponding to overall perception of QOL, the overall perception towards physical and psychological health with current environment. This study showed that QOL was poorer among senior citizens in rural areas due to the availability of minimum health care facilities in rural areas and they were highly neglected by urban people. The study suggested that through trained voluntary workers, health care professionals, and family members would improve the QOL of the elders.

**Vijayalakshmi Praveen & Anitha Rani M (2016)** has made a study about Quality of life among elderly persons especially in rural area as their physical and mental well-being as the population is vulnerable due to technological changes. Study found that QOL among senior citizens was found to be average and it must be improved. The social relationship among the elders seems to be were less for both male and female elders. The study suggested that there is an emergent need in creating awareness about their social, physical, mental fitness of elders through group activities which may build self-confidence, which will definitely improve the QOL.

**Rajeev and Ajikumar (2015)** has explored a study on QOL of elderly persons especially in institutional settings. Changes in the new technologies, values, beliefs in new era have a drastic changes in life style of people, has affected in quality life of elders. The various factors considered for study were opinion towards infrastructure, health care activities, standard of life, mental well-being, social activeness, rehabilitation of their respective community etc. The study has suggested to create support group for the community in the form of governing teams, professional planning for their daily routine, guiding to maintain a good relationship with their inmates, improving health care support through spirituality, meditation etc.

## **OBJECTIVES**

- To study the Quality of life of elders in old age home
- To provide suggestions to the caretakers and other general bodies to enhance the quality of life of elderly in old age home.

## **RESEARCH METHODOLOGY**

## **RESEARCH DESIGN**

This study is designed as Quantitative study, aiming to understand the quality of life of elderly in old age home. Among the qualitative study, researchers have adopted Descriptive research design so as to describe the variables quality of life and general health. The field of study is ARUWE NGO in Aynavaram, Chennai. Around 68 samples were selected from the field of study using simple random sampling method. The tool which is used for collection of samples are consent form, WHOQOL-BREF (WHO Quality of Life – BREF) and General health questionnaire (GHQ). WHOQOL-BREF is a standardised tool, which is used to assess 4 domains of quality-of-life i.e. Physical, Psychological, health, social relationships and environment. In other hand, GHQ is a screening tool to detect the risk of developing psychiatric illness. Both primary and secondary sources of data were been used in collecting the data. The primary data was collected through questionnaire schedule from the respondents. The researcher collected the secondary sources of data from the journal books and internet. Researcher has adopted frequency test for analysing the data and Chi square statistical tool to test the hypotheses interpretation process.

## **HYPOTHESIS**

Null Hypothesis 1: There is no significant association between age and health of the elders

Null Hypothesis 2: There is no significant association between age and quality of life of elders.

## **DATA ANALYSIS AND INTERPRETATION**

**TABLE – 1 DISTRIBUTION OF RESPONDENTS BY AGE CATEGORY**

<b>S.NO</b>	<b>AGE CATEGORY</b>	<b>FREQUENCY</b>	<b>PERCENT</b>
1	50-55	3	5
2	56-60	20	29
3	61-65	10	15
4	66-70	9	13

5	71-75	8	12
6	76-80	10	15
7	81-85	6	9
8	86-90	1	1
9	91-95	1	1
	Total	68	100.0

From the above table it is found that, 29% of the respondents were under the age category of 56-60 age, 15% of the respondent's falls under the age category of 61-65 age and 76-80, 13% of the respondents comes equally under the age category of 66-70, 12% of the informants are under the age category of 71-75, 9% of the respondents falls under the age category of 81-85, 5% of the respondents falls under the age category of 50-55 age and around 1% of the respondents falls under same category of 86-90 and 91-95 age.

It has been seen in the study that as most of the respondents falls under the age category of 56-60 which is been predicted to be the average age of elders.

**TABLE – 2 DISTRIBUTION OF RESPONDENTS BY GENDER**

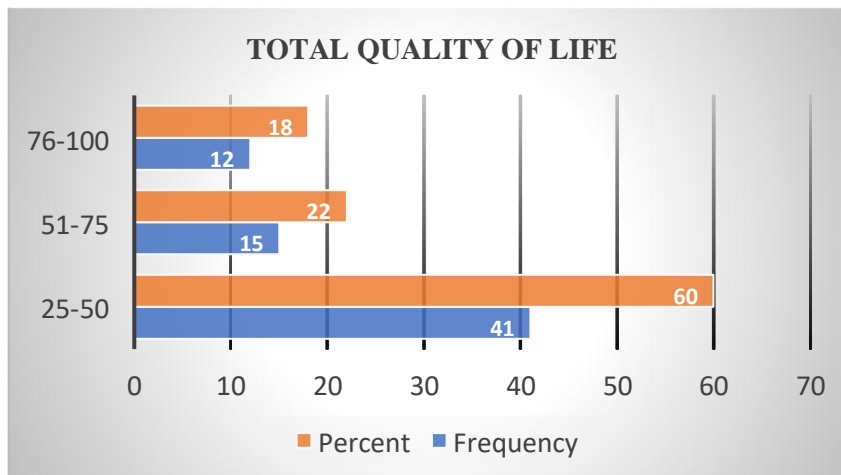
S.NO	GENDER	FREQUENCY	PERCENT
1	Male	25	37
2	Female	43	63
	Total	68	100

The above table Gender distribution clearly explains that about 63% of the respondents belong to the Female gender and 37% of the respondents are male gender. It has been seen in the study that most of the respondents are female and the study Cognitive impairment among elderly patients with chronic heart failure and related factors by Zohreh Taraghi, Ahmad-Ali Akbari Kamrani, Mahshid Foroughan, Jamshid Yazdani, Ali Mahdavi and Seied Kazem Baghernejad have also says that there are about 61% of the respondents are Female and this has also been reflected in this study.

**TABLE – 3 DISTRIBUTION OF RESPONDENTS BASED UPON THEIR OVERALL QUALITY OF LIFE AND HEALTH SCORE**

S.NO	OVERALL QUALITY OF LIFE AND HEALTH SCORE	FREQUENCY	PERCENT
1	0-5	47	69
2	6-10	21	31
	Total	68	100.0

From the above table Overall Quality of life and Health score reveals that 31% of the respondents have good quality of life and health and 69% of the respondents have poor quality of life and health. In this study it is found that most of the elder’s quality of life and health status will be poor when they are becoming old as similar to that of the results found in the study on Quality of Life of Elderly Population in Mettupalayam, A rural area of Tamil Nadu by Sowmiya N R and Nagarani.



**FIGURE- 1 DISTRIBUTION OF RESPONDENTS BASED UPON THEIR TOTAL QUALITY OF LIFE SCORE**

Figure-1 indicates that 60% of the respondents come under the overall Quality of score category of 25-50 i.e. Dissatisfied with their Quality of life, 22% of the respondents belongs to 51-75 category i.e. they are neither satisfied nor dissatisfied with their quality of life and

18% of the respondents come under the category of 76-100 which means they are satisfied with their quality of life. In this study it is found that most of the respondents are dissatisfied with their quality of life as they are forced to be in old age homes. As they are becoming old they predict that they are not able to do their activities as previous done. There comes a restriction in all their ability to do certain work which in turn affects their quality of life.

**TABLE- 4 DISTRIBUTION OF RESPONDENTS BASED UPON THEIR PHYSICAL DOMAIN SCORE INWHOQOL**

S.NO	PHYSICAL DOMAIN	FREQUENCY	PERCENT
1	8-14	20	29
2	15-21	32	47
3	22-28	14	21
4	29-35	2	3
	<b>Total</b>	<b>68</b>	<b>100.0</b>

The above table Physical Domain of GHQ Scale reveals that about 47% of the respondents have Poor physical health,

29% of the respondents have Very poor physical health, 21% of the respondents have good physical health and only 3% of the respondents have very good physical health. It is seen in this study that more than half percentage of the respondents has Poor physical health which is been seen as an reflection of the study Depression among elderly living in Briddashram by HomNathChalise where he said that about 93% of the respondents had problem in their physical health.

**TABLE- 5 DISTRIBUTION OF RESPONDENTS BASED ON THE PSYCHOLOGICAL HEALTH DOMAIN**

S.NO	PSYCHOLOGICAL HEALTH	FREQUENCY	PERCENT
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1	6-10	35	51
2	11-15	21	31
3	16-20	10	15
4	21-25	2	3
	Total	68	100.0

The above table Psychological health domain reveals that about 51% of the respondents have very poor psychological health, 31% of the respondents have poor psychological health, 15% of the respondents have good psychological health and only 3% of the respondents have very good psychological health. In this study it is found that most of the respondents have very poor psychological health.

A study on Cognitive assessment in elderly residents of long-stay institutions by Medeiros de A Nunes V, Alchieri JC, Azevedo LM, Varela de Oliveira KM, Pereira DA (2007) also said that 64.6% of the respondents have cognitive impairment which has also been reflected in this study.

**TABLE- 6 DISTRIBUTION OF RESPONDENTS BASED ON DEPRESSION DOMAIN SCORE IN GHQ**

S.NO	DEPRESSION DOMAIN SCORE	FREQUENCY	PERCENT
1	8-14	46	68
2	15-21	22	32
	Total	68	100.0



The above table Depression domain score indicates that more than half of the respondents i.e. 68% are suffering with severe depression and 32% of the respondents are affected with mild depression. In this study it is reflected that most of the elders in old age home are having depressed health. A study on Mental health problems among inhabitants of old age homes: A preliminary study Tiwari SC, Pandey NM, Singh I also found that the prevalence of depression among the older people in old age homes are more severe in a range of 64.4%.

### CHISQUARE ANALYSIS 1

H0: There is no significant association between age and health of the elders

H1: There is a significant association between age and health of the elders

AGE CATEGORY	df	STATISTICAL INTERPRETATION
50-55	9	$\chi^2=0.011$ $p>0.05$ Not Significant
56-60		
61-65		
66-70		
71-75		
76-80		
81-85		
86-90		
91-95		

The above table shows that Chi square value is 0.011. As the calculated significant value is more than 0.05, the null hypothesis is accepted. Hence it is concluded that there is no significance between age and health of the elders.

### CHI SQUARE ANALYSIS 2

H0: There is no significant association between age and quality of life of elders

H1: There is significant association between age and quality of life of elders

AGE CATEGORY	df	STATISTICAL INTERPRETATION
50-55	16	$\chi^2=0.089$ $p>0.05$ Not Significant
56-60		

61-65		
66-70		
71-75		
76-80		
81-85		
86-90		
91-95		

The above table shows that Chi square value is 0.089. As the calculated significant value is more than 0.05, the null hypothesis is accepted. Hence it is concluded that there is no significance association between age and quality of life of elders.

## FINDINGS AND SUGGESTIONS

The majority of the participants age category ranged from 56-60 years which is predicted to be the age of elderly population. The majority of the respondents were female. The study reveals that more than half of the respondents have poor overall quality of life (69%), this includes very poor physical health (47%) and also very poor psychological health (51%). As we have described before, elderly is at the risk of acquiring psychiatric illness, this study also proves the same. It shows that around 68% of the respondents of the study, are been suffering from depression.

From the statistical analysis it was concluded that there is no significance association between age and quality of life of elders and it was also concluded that there is no significance association between age and health of the elders.

## SUGGESTIONS

As aged people are separated from their children, they can be treated with various types of recreational activities. Aged people need infirmity care which means keeping the old men and women at home in an opportune family environment and nursing them. Here nursing don't often mean giving medical treatment, it also includes giving as much as love and care they require. In fact, hospice care is designed to provide palliative care and

emotional support to dying patients and their family members. The experiences and expertise of the elderly people at every stages of life should be utilized for the society. The family members of elders should involve them in family matters and business issues. We should make them feel socially included.

Policy makers should evaluate successful programmes for the elderly of other countries and adopt them to suit local conditions and economic viability to avoid harassment. Non-Governmental Organizations (NGO) working for the benefits of elder people by running old age homes can make them comfort by providing various kinds of activities. Culturally respecting and caring elders should be stiffening at school level and providing elderly as moral examples should be encouraged.

There are various schemes available for elderly and it has to be thrown light while discussing among elderly patients. Their needs should be met some how so as to reduce their mobility at this risk age and also for safety precautions. Volunteers from various NGO's can also be engaged in providing these assistances to elderly patients. Our "Womb to Tomb" social security policy should be strengthened.

To give a brief conclusion for the study, "No Elderly should be like an exile in our families. The elders are treasure and assets of each family who should be cherished until their last breath even after that."

## **CONCLUSION**

Elders in old age home are having low quality of life and health as they are becoming old. It can be enriched by providing them various types of needed therapies and treatments. Elders who are the inmates of old age home can be engage them with activities which make them busy thereby forgetting their worries. the female residents were more in members in old age home as compared to their male. From the elderly point of view, there are various adjustment they need to undergone which includes their adjustment in physical changes which is inevitable in elder age, and they should also be ready to accept the loss of spouse and the unexpectable occurrence of emptynest syndrome as they will be left alone by all the blood relatives. At this stage they will also be separated from their grandchildren which gives them unbearable pain.

Due to their infirm health condition, and the decline of care giving by their family members, they are been neglected and been left in special homes. In this modernised world, humans don't have time to spare with their parents and they send them to old age home in order to decrease their burden. But all these old age homes are not enough to rejuvenate their slumbering mind and spirit, which always wanted to be around their

children and grandchildren. But unfortunately, their need for shelter, food, security, access to health care, love are not been met by some institution. Decline in mental ability makes them dependent. Due to generation gap the youngsters do not pay attention to their suggestion and advice.

Through this study at one particular institution itself, we have found that more than half of the total population is been suffering from depression, anxiety and mental health related issues. There are various institutions across districts, states and nation where elderly are been admitted voluntarily or involuntarily and been agonize from untold stories.

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