

A study on quality of life of elderly persons residing in institutional and non-institutional settings

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ABSTRACT

The study was aimed in order to study the “Quality of Life” of elderly persons residing in institutional and non-institutional settings. The sample size was of 60, out of which 30 elderly persons were from institutional setting and 30 from non-institutional setting in Guntur district of Andhra Pradesh. Self prepared checklist was used to study general demographic profile of elderly persons and quality of life was measured by using WHOQOL-Bref scale. Results of the study revealed that there was a significant difference between institutional and non-institutional settings in overall quality of life (Z value =3.48) and health status of (Z value = 5.8) elderly persons. It showed that the elderly persons residing in the institutional setting had better quality of life and health compared to non-institutions.

Key Words : Quality of life, Elderly persons, Institution, Non-institution, Health status.

INTRODUCTION

Population ageing is a global phenomenon. India has 1210.9 millions of elderly population that constitutes about 8.6 per cent of total population (Central statistics office, 2016). Elderly or old age consists of ages nearing or surpassing the average life span of human beings. The boundary of old age cannot be defined exactly because it does not have the same meaning in all the societies. Government of India, National policy on older persons defines senior citizens or elderly as “a person who is of age sixty years (60) or above”. The elderly person represents a store house of knowledge, experience and reservoir of wisdom but is a highly vulnerable group in society. Their vulnerability increases with age due to lack of employment, financial insecurity, ill health and neglect by society (Devi and Roopa, 2013).

Aging is a process of growing old and a normal phenomenon which includes growth and maturity of the body. There are many changes in the physical and psychological in the process of aging. These changes are not harmful but bodily function is gradually being decline (Pasco and Pinellas, 2013).

Old age means reduced physical ability, declining mental ability, the gradual giving up of role playing in socioeconomic activities, and a shift in economic status moving from economic

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independence to economic dependence upon other's for support and care. Old age is called "dark" not because the light fails to shine, but because people refuse to see it (Gowri, 2013).

METHODOLOGY

Old age homes are a need of today as the life-styles are changing fast and diminishing acceptance of family responsibilities towards one's elders. Therefore, older persons are in need of vital support and their overall quality of life. Old age homes are coming in existence as a newer occupancy for elderly and becoming the need of present Indian society (Akbar *et al.*, 2014).

Quality of life is a broad concept affected in a complex way in which the person's physical health, psychological and social relationships are salient features of elderly's environment. Health, functional status and social support, especially family and friend's support, and social relations are among the important factors affecting the Quality of Life of elderly people (Sparks *et al.*, 2004). Whereas healthy lifestyle, and specifically food intake and physical activity are important determinants of Quality of Life and well-being.

In the context of the dynamic changes taking place in Indian society, the problem of the aged has assumed importance. There is a gap between the needs of old people and the availability of health and social services in the institutions. There is much research on the problem of the institutionalized elderly person abroad but in India, very little organized information is available about the problem of the aged living in families and old age homes. As there is a considerable increase of ageing population in bifurcated Andhra Pradesh, so the present study focuses on measuring the quality of life of elderly persons residing in institutional and non-institutional settings of Guntur district, to evolve suitable strategies in improving quality of life of elderly persons.

RESULTS AND DISCUSSION

The sample was taken from institutional and non-institutional settings of elderly persons of Guntur District, to study the Quality of Life of elderly persons. The study was conducted on sample of 60 elderly persons aged 60 to 80 years. Out of these, 30 were living in old age homes and 30 were from families. *Ex-post facto* research design was adopted for the present study, and the sample was collected by purposive sampling method in Guntur district of Andhra Pradesh. The data on institutionalised elderly persons were collected from Manavatha Seva Samithi old age home, Kothapet Mahila mandali, Mathru Sri old age home, Mummy Daddy old age home, Green Pastures old age home and Pragathi Youth Sangam of Guntur district. Bank colony and Rajeev Gandhi nagar were selected for collecting the data from families through house-to-house survey in Guntur district of Andhra Pradesh.

General profile of respondents were collected by using questionnaire and Quality of Life of elderly persons was measured through in depth interviews by using WHOQOL-Bref scale which was developed by the WHOQOL group (1996).

Results on general demographic profile revealed that the sample for the present study comprised of two age groups young-old and middle-old of 60-69 and 70-80 years, respectively. Table 1 inferred that more than half of young-old persons (57%) from institutional setting belonged to the age group of 60-69 years and less than half (43%) middle-old persons belonged to 70-80 years, where as in non-institutional setting majority (80%) of young-old persons belonged to 60-69 years and 20 per cent of middle-old persons belonged to 70-80 years age group.

Among the sixty elderly respondents, thirty respondents were selected from institutional setting

Table 1 : General profile of the elderly persons residing in Institutional and Non-Institutional settings (N=60)

Variables	Institutional setting		Non -institutional setting	
	Frequency n=30	Percentage	Frequency n=30	Percentage
Age group (years)				
Young - Old (60-69)	17	57%	24	80%
Middle - Old (70-80)	13	43%	6	20%
Gender				
Female	15	50%	15	50%
Male	15	50%	15	50%
Type of family				
Joint	13	43%	15	50%
Nuclear	9	30%	7	23%
Single	8	27%	8	27%
Occupation				
Working	15	50%	19	63%
Non working	15	50%	11	37%
Marital Status				
Widowed	28	93%	14	47%
Married	2	7%	16	53%
Education				
Illiterate	16	53%	15	50%
Literate	14	47%	15	50%
Religion				
Hindu	26	87%	18	60%
Christian	4	13%	12	40%
Financial status				
Independent	12	40%	25	83%
Dependent	18	60%	5	17%

and thirty respondents were selected from non-institutional setting for studying the quality of life. Equal per cent of female and male elderly respondents were selected from both the settings.

The results from the Table 1 indicates that less than half (43%) of the elderly respondents in institutional setting belonged to joint families, followed by 30 per cent nuclear and 27 per cent single families. Whereas in non-institutional setting, half of the elderly respondents (50%) were living in joint families, followed by 27 per cent single and 23 per cent nuclear families respectively.

The above Table 1 depicts that more than half (63%) of the elderly respondents were working as a helper, mess in charge and care takers and 37 per cent were non-working from institutional setting. In the same way, fifty per cent was found to be both working and non-working in non-institutional elderly respondents.

Majority (93%) of elderly respondents from institutional setting were widowed, followed by 7 per cent married. Similarly in non-institutional setting, 53 per cent of the elderly respondents were married and 47 per cent were widowed.

From the Table 1 it was evident that more than half (53%) of the elderly respondents were illiterates and 47 per cent were literates in institutional setting. It was interesting to note that equal

percentages (50%) of illiterates and literates were noted in non-institutional setting. This might be due to the fact that education brings intrinsic transformation during the course of time.

Among the institutional setting majority (87%) of elderly respondents were belonged to Hindu community, followed by Christian (13%). Whereas in non-institutional setting more than half (60%) of the elderly respondents were belonged to Hindu, followed by Christian community (40%).

With regard to the financial status of the elderly respondents, more than half (60%) of the elderly respondents were found to be financially dependent and less than half (40%) of the elderly respondents were financially independent from institutional setting. Whereas in non-institutional setting, majority (83%) of the elderly respondents were found to be financially independent and few (17%) were dependent.

It was interesting to note that majority of non-institutionalized elderly persons were financially independent compared to institutionalized elderly.

Table 2 : Distribution of respondents based on the domains of Quality of life of elderly persons residing in Institutional and Non-institutional settings (N =60)

Sr. No.	Domains	Institutional setting		Non-institutional setting	
		Frequency n=30	Percentage	Frequency n=30	Percentage
1.	Physical health				
	Good	7	23%	8	27%
	Average	23	77%	22	73%
2.	Psychological				
	Good	27	90%	18	60%
	Average	3	10%	12	40%
3.	Social relationships				
	Good	16	53%	18	60%
	Average	14	47%	12	40%
4.	Environmental				
	Good	25	83%	23	77%
	Average	5	17%	7	23%
5.	Overall quality of life				
	Good	9	30%	14	47%
	Average	21	70%	16	53%
6.	Health status				
	Good	9	30%	12	40%
	Average	21	70%	18	60%

Physical health:

The results from the above Table 2 indicates that three fourth of (77%) the elderly persons from the institutional setting were fallen under average level in physical health domain and 23 per cent were fallen under good. Similar results were found in non-institutional setting, three fourth of (73%) the elderly persons were having average level of physical health and 27 per cent were having good level of physical health.

Psychological:

Majority (90%) of the elderly persons were good and 10 per cent were average in psychological

domain residing in institutional setting. Similarly in non-institutional setting more than half of (60%) the elderly persons scored good in quality of life in psychological domain and 40 per cent scored average in psychological domain.

Social Relationships:

The above data depicts that more than of (53%) the elderly persons from institutional setting were good in social relationships domain, followed by 47 per cent stated as average, whereas in non-institutional setting more than half of (60%) the elderly persons were good in social relationships, followed by 40 per cent of elderly persons were fallen under average category.

Some of the research studies supported these findings, a study by Dubey *et al.* (2011) revealed that better social relations were maintained by the family dwellers because they had regular interaction, expressions of feelings and support from the family.

Environmental:

Majority (83%) of elderly persons were good in environmental domain and few of them (17%) scored average in institutional setting. Similarly in non-institutional setting three fourth (77%) of the elderly persons were good in environmental domain, followed by (23%) scored average level of social relationships.

Overall Quality of Life:

From the Table 2 shows that three fourth of elderly persons (77%) from institutional setting were in average level of quality of life, followed by 23 per cent were under good level of quality of life. Similarly in non-institutional setting two third (67%) of elderly persons were fallen under average level of quality of life, followed by 33 per cent were in good level of quality of life. The elderly respondents from institutional setting were having better quality of life compared to non-institutions. This might be due to timely consumption of food, availability of medical facilities and medical checkups, good companionship with same age group.

A study by Uddin (2017) reported that moderate quality of life score was observed in elderly persons in rural areas. Raj *et al.* (2014) found that majority of elderly had an average quality of life. So, there is an urgent need of social protection in form of assuring old age pension and compulsory health insurance.

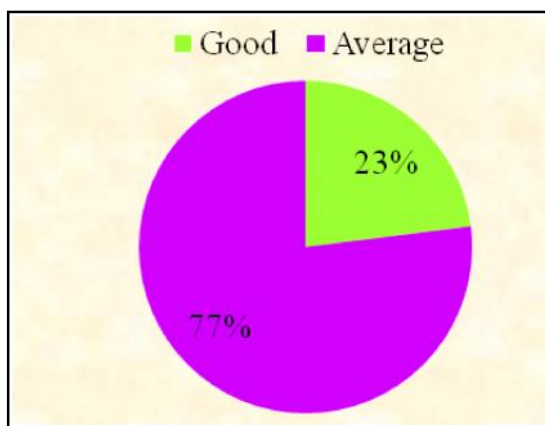


Fig. 1 : Distribution of overall Quality of Life of elderly persons - Non-institutional setting

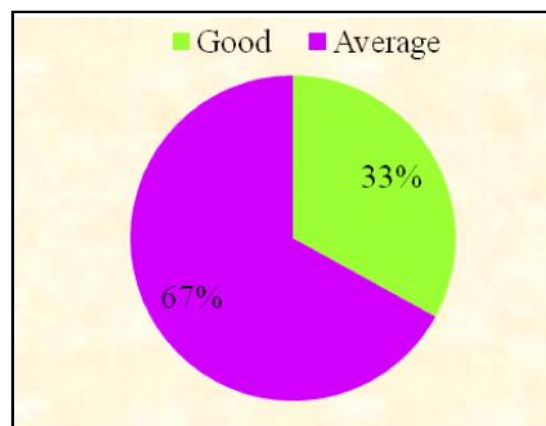


Fig. 2 : Distribution of overall Quality of Life of elderly persons–Non-institutional setting

Overall Health Status:

Three fourth of (70%) elderly respondents from institutional setting reported average health, followed by 30 per cent were good. Whereas in non-institutional setting, more than half of (60%) elderly respondents were in average level of health status, followed by 40 per cent were good.

A study by Kumar *et al.* (2016) enumerated that elderly living in old age homes have better physical health compared to the participants in the community, which can be due to the regular, timely food intake and less physical exertion.

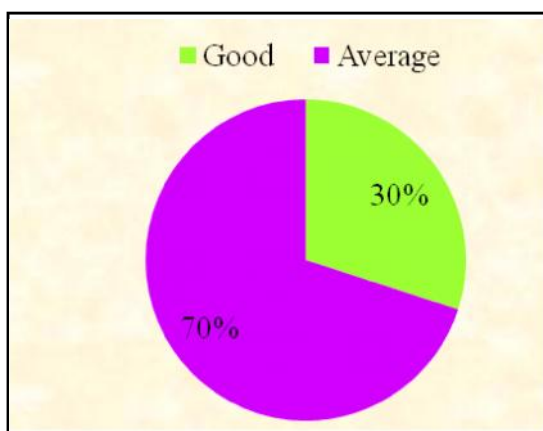


Fig. 3 : Distribution of Health status of elderly persons - Institutional setting

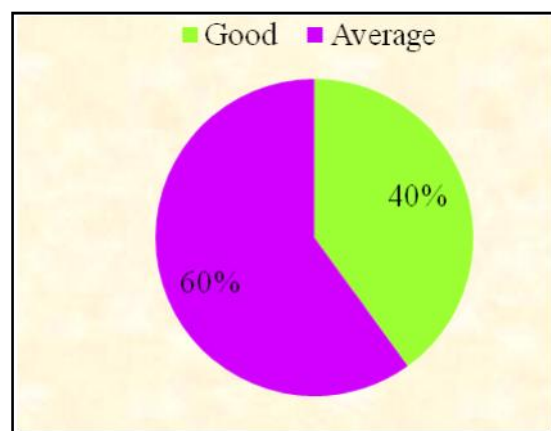


Fig. 4 : Distribution of Health status of elderly persons - Non-institutional setting

Physical health:

The Table 3 found that there was no significant difference between physical health domain of quality of life of elderly persons residing in institutional and non-institutional settings. This might be

Table 3 : Mean differences in domains of Quality of Life of elderly residing in Institutional and Non-institutional settings				
Domains	Setting	Mean	S.D.	Z-Cal value
Physical Health	Institution	22.46	2.83	0.349
	Non –Institution	22.20	3.07	
Psychological	Institution	23.00	2.42	1.42
	Non-Institution	21.96	3.16	
Social Relationships	Institution	10.26	1.11	1.64
	Non-Institution	10.96	2.04	
Environmental	Institution	30.96	2.52	1.21
	Non-Institution	29.90	4.08	
Health Status	Institution	31.63	2.51	5.8*
	Non-Institution	27.66	2.77	
Overall Quality of Life	Institution	86.71	9.58	3.48*
	Non-Institution	85.03	7.18	

*Significance at 0.05 level

due to they both have an ability to perform in daily living activities and medical facilities to function in their daily life.

Psychological:

From the Table 3, it was clear that, there was no significant difference between the elderly persons of institutional and non-institutional settings in psychological domain. This might be due to elderly persons living in institutional setting belonged to same age group, so they share their feelings with the inmates, where as in non-institutional setting, elderly persons spend time with their grand children and enjoy their life. In both settings elderly persons accept their bodily appearance.

Some of the studies supported these findings, Shipra *et al.* (2014) found that elderly living in family had acceptance towards old age and generativity was a part of their ageing. They were found to be more satisfied with life and had better emotional support, where as in old age home elderly perceived better instrumental support. Both settings have positive aspects towards ageing.

Social Relationships:

It was interested to note that there was no significant difference in social relationships between institutional and non-institutional settings. The reasons could be the elderly persons maintain a good personal relationships with family members, friends, going to relative's home and religious places. Whereas elderly persons residing in old age homes got facilities within the setting, so they need not to go outside. They will have regular interactions with inmates of house, involving in kitchen works, visiting the religious place within the old age home.

Environmental:

There was no significant difference between elderly persons living with institutional and non-institutional settings. This might be due to elderly persons got good health facilities, sanitation, electricity and water, safe and healthy environment and daily need information were available in both the settings.

Health Status:

It was evident that there was a significant difference between Institutional and Non-institutional settings of elderly persons. Based on the mean scores obtained it was found that institutional setting had better health compared to non-institutional setting. This might be due to the availability of food in time, medical facilities, health checkups and personal works performed by themselves.

Some of the research studies supported these findings, Panday *et al.* (2015) who indicates that persons living in old age home had good health compared to families.

Distribution of sample according to socio-demographic variables and the levels of Quality of Life of elderly persons residing in Institutional and Non- institutional settings :

The Table 4 depicts that there was a significant difference between the two age groups young-old and middle-old, gender, marital status and financial status with quality of life at 0.05 level of significance. These finding are supported by Panday *et al.* (2017) who indicates that there was significant relationship between quality of life and attitudes to ageing of older adults. Ghosh *et al.* (2014) who found that having low education, being single, lacking personal income and not living with their children significantly reduced quality of life in the elderly subjects.

Table 4 : Distribution of sample according to socio-demographic variables and levels of Quality of Life of elderly persons residing in Institutional setting (N=30)

Sr. No.	Variables	Levels of Quality of life		Total	Chi-square value
		Good	Average		
		Frequency	Frequency		
1.	Age				
	60-69	6	11	17	0.47*
	70-80	3	10	13	
2.	Gender				
	Female	4	11	15	0.69*
	Male	5	10	15	
3.	Type of family				
	Joint	4	9	13	0.79
	Single	3	5	8	
	Nuclear	2	7	9	
4.	Occupation				
	Non-working	3	12	15	0.23
	Working	6	9	15	
5.	Marital status				
	Widowed	8	20	28	0.53*
	Married	1	1	2	
6.	Education				
	Illiterate	2	13	15	0.13
	Literate	7	8	15	
7.	Religion				
	Hindu	7	19	26	0.34
	Christian	2	2	4	
8.	Financial status				
	Independent	4	8	12	1.06*
	Dependent	5	13	18	

*significant at 0.05 level

The Table 5 shows that there was a significant difference between the socio-demographic variables and quality of life of elderly persons residing in institutional setting like age, gender, education and financial status. These findings are supported by Cankovic *et al.* (2016) enumerated that age, education, and marital status do not reflect on physical health, psychological and environmental domain of quality of life. A study by Illiteracy, unemployment and loneliness (widow) were contributed to the prevalence of depression.

Conclusion :

There was a significant difference in the Quality of Life of elderly persons residing in institutional and non-institutional settings. It shows that the elderly persons residing in the institutional setting

Table 5 : Sample distribution of socio-demographic variables and Quality of Life of elderly persons residing in Non-institutional setting (N=30)

Sr. No.	Variables	Levels of Quality of life		Total	Chi-square value
		Good	Average		
		Frequency	Frequency		
1.	Age group (years)				
	60-69	6	18	24	3.6*
	70-80	1	5	6	
2.	Gender				
	Female	1	14	15	1.6*
	Male	6	9	15	
3.	Type of family				
	Joint	5	10	15	0.43
	Single	1	7	8	
	Nuclear	1	6	7	
4.	Occupation				
	Non-working	4	7	11	0.2
	Working	3	16	19	
5.	Marital status				
	Widowed	1	13	14	0.05
	Married	6	10	16	
6.	Education				
	Illiterate	3	12	15	0.67*
	Literate	4	11	15	
7.	Religion				
	Hindu	4	14	18	0.04
	Christian	3	9	12	
8.	Financial status				
	Independent	7	18	25	0.71*
	Dependent	1	4	5	

*significant at 0.05 level

has better quality of life and health compared to non-institutions which can be due to sanitation, timely consumption of food, availability of medical checkups and medical facilities.

Quality of life depends on multiple dimensions of well being which needs comprehensive assessment and multidimensional approach to improve. In order to improve quality of life of elderly persons family support, policies and programmes should be considered and create awareness on them.

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