



OLD AGE HOMES: REASONS FOR ADMISSION AND ASSESSMENT OF HEALTH-RELATED QUALITY OF LIFE OF INMATES

Sanjay Dixit¹, SB Bansal², Sonal Banzal³, Roshini Saleem Raja³, Shivani Dua³, Rudri Agrawal³

Financial Support: None declared

Conflict of interest: None declared

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How to cite this article:

Dixit S, Bansal SB, Banzal S, Raja RS, Dua S, Agrawal R. Old Age Homes: Reasons for Admission and the Assessment of Health-Related Quality of Life of Inmates. Natl J Community Med. 2015; 6(1):73-7.

Author's Affiliation:

¹Professor & Head, Department of Community Medicine; ²Associate Professor, Department of Community Medicine; ³Under Graduate Scholar, MGM Medical College, Indore, MP

Correspondence:

Dr. Sonal Banzal
sonalbanzal9@gmail.com

Date of Submission: 08-01-15

Date of Acceptance: 25-03-14

Date of Publication: 31-03-15

ABSTRACT

Background: Aging is a normal phenomenon, and there had been a demographic transition which has led to the continuous increase in elderly population. As this group of people is more vulnerable to various health problems, therefore a study was carried out with following objectives.

Objectives: To study the reasons responsible for elderly opting for old age homes and Health related quality of life (HRQOL) of people living in old age homes.

Methods: A cross sectional study was done on 195 participants living in the old age homes. A semi structured questionnaire was used to assess socio-demographic profile and factor responsible for elderly opting for old age homes. The Chi square test with Yates correction was applied.

Results: A total of 195 elderly, 99 males and 96 females, were interviewed. The mean age of the subjects was 78.12. A majority of the population (83.07%), came to these old age homes by their own will because they didn't have anybody to look after them (68.20%). 41.90% subjects had an improvement in their health status in the past one year, 54.30% subjects felt that there could not get any worse.

Conclusion: The Elderly populations came to the old age home because of loneliness, didn't had anyone to look after them, had no place to live, didn't want to be a burden on anyone and wanted an independent life. Mild to moderate body pain and physical health or emotional problems were commonest problem experienced by participants.

Keywords: Geriatrics, Health-Related Quality of Life, Old age homes.

INTRODUCTION

Today, the family ties are dissolving, the morals and values are diminishing, families are becoming smaller and loneliness is increasing.¹ In India, approximately 7.8% population is more than 60 years of age. According to Sharma et al² the population of people aged 60 years or above is

likely to increase to 18.4% of the total population in India by the year 2025. The elderly had their diseases and disabilities due the increasing age and changing social circumstances and the need for social support forms an important aspect of geriatric healthcare.³ The phenomenon of population ageing (defined as increase in the median

age of the population)⁴ is already a major social and health problem in the developed countries.

Improved healthcare promises longevity but social and economic conditions, such as poverty, break up of joint families, and poor services to the elderly, pose a general threat to them.⁵ The feeling of loneliness along with the natural age-related decline in the physical and physiological functioning make the elderly more prone to psychological disturbances.⁶ Functional dependency is common among elderly people and many would need assistance in their activities of daily living. Long-term care has become one of the major problems facing an aging society.⁷

To overcome problems faced by the elderly, Govt. of India launched the National Programme for the Health Care for the Elderly (NPHCE) June, 2010. It is an articulation of the National Policy on Older Persons (NPOP) adopted by the Government of India in 1999 & Section 20 of "The Maintenance and Welfare of Parents and Senior Citizens Act, 2007" dealing with provisions for medical care of Senior Citizen.¹

The present study principally aims to assess socio-demographic profile as these factors are responsible for elderly opting for old age homes and as this population is vulnerable to health problems so assessment of health related quality of life (HRQOL) of people living in old age homes.

MATERIAL AND METHODS

A cross sectional study was done during October 2013 to January 2014 in four old age homes in Indore city of Madhya Pradesh. All the residents (195) were selected. Written informed consent was obtained from participants and old age home authorities. A semi-structured questionnaire was used as a study tool. The questionnaire had questions relation to socio demographic profile, reasons for opting for old age home. Health-Related Quality of Life (HRQOL) was assessed by SF-36v2 Health Survey⁸. This instrument has 11 questions with 36 items, giving this the name of SF-36. The SF-36v2 Health Survey asks 36 questions to measure physical and mental health and well-being from the individual's point of view. It is a practical, reliable and valid measure of functional health of individual. Data was analyzed using Microsoft office excel and SPSS version 21. Chi-square test with Yates's Correction was applied. P value less than 0.05 was considered as statistically significant.

OBSERVATION

Socio-demographic profile: Out of the total 195 people, 50.76% of the population were males, and 49.23% were females. In our study, 28.71% were illiterate, whereas 71.29% at least had primary education. Out of the total population, 16.41% were unmarried, 26.15% were still married, 7.17% were divorced/separated, 50.25% were widowed. Out of the 195 subjects, 31.79% were never employed, 37.43% were involved in unskilled work, 16.41% were involved in semi-skilled work and 14.35% were involved in skilled work. 41.53% were childless.

Major Illnesses: Out of the 195 subjects, 39.48% were healthy, 13.33% had problems related to CVS & Hypertension, 5.12% had problems related to Respiratory system, 20% had Musculo-Skeletal problems, 5.64% had Neurological problems, 7.17% had Endocrinal problems, 7.69% had problems related to eye & ear and 1.53% had GIT & Kidney problems.

About the Old Age Homes: In our study, 12.82% came to know about this old age home from the media, 53.33% from friends & Family, 6.15% from other residents of old age home and 27.69% from social workers. 83.07% came to these old age homes by their own will and 16.93% were sent here. 23.07% were residing here for less than 1 year, 25.64% since 1 to 5 years, 33.33% since 6 to 10 years, 17.94% were residing here for more than 11 years. Out of the total population, 87.17% residents were living alone, and 12.82% were living with their spouse. 56.92% residents did not receive any help, 36.40% received monetary assistance, 5.12% received help in the form of clothes and food, and 1.53% received medical assistance whereas, only 24.61% owned some form of property, 75.38% did not.

Table 1: Table depicting reason for taking shelter in Old age homes

Reasons	Male(n=99)	Female(n=96)
Fight in the family	28 (28.28)	28(29.16)
To get rid of loneliness	48(48.48)	57(59.37)
No one to look after them	72 (72.72)	61(63.54)
No children	49 (49.49)	36(37.50)
Health problems	24(24.24)	29(30.20)
No income source	36(36.36)	22(22.91)
Didn't want to be a burden	49 (49.49)	56(58.33)
No place to live	61 (61.61)	49(51.04)
Children in different city	17 (17.17)	23 (23.95)
Only daughters	10(10.10)	19(19.79)

Figure in parenthesis indicate percentage

Life in the old age homes: Out of the total population, 54.87% like the health services provided to them, 72.82% like the mental peace they get, 42.05% like the means of entertainment provided, 69.23% like the food provided to them, 58.46% like the environment and 53.33% do not feel lonely in these old age homes. 40.51% fought with other residents, 27.69% faced food, electricity and water problems, 25.12% felt lonely, depressed or stressed, 10.76% had problem with the cleanliness, 7.69% felt that their rooms were congested, 12.30% felt that the health services provided to them were poor.

Reasons behind the elderly opting for old age homes (Multiple Choice Options): Out of the total population, 28.71% came due to fights in family, 53.84% to meet likeminded people 68.20% did not have anyone to look after them. 43.58% were childless, 27.17% came due to health problems, 29.74% due to unemployment, 53.84% did not want to be a burden on anyone, 56.41% did not have any place to live, 20.51% came because their children were living in a different city, 14.87% came because they had daughters only. Out of the total population only 24.61% would like to go back with their family.

Health Related Quality Of Life (SF-36v2 Health Survey): 13.5% of the female subjects termed their health as poor as compared to 20.2% males.

25.2% males and 16.7% females had an improvement in their health status in the past one year, whereas a number of subjects reported worsening of health in the past year out of which 33.4% were males and 37.5% were females. Vigorous activities of 79.80% males were limited a lot, in comparison to 89.60% of females. A majority of subjects (44.4% males and 39.5% females) said that in the past four weeks they had experienced a moderate amount of body pain. 30.3% males and 18.1% females said their body pain interfered quite a bit with their normal work. 7.1% males and 5.2% females said their body pain interfered extremely with their normal work. 20.2% males and 26% females felt many times that they had accomplished less than they would have liked to do so. 24.3% males and 28.1% females said that they felt full of life a lot of times in the past four weeks. 16.2% males and 13.5% females said that they felt downhearted and depressed many times in the past four weeks. 34.4% males and females in the past four weeks felt happy majority of the time. 11.2% males and 19.8% females felt that their physical health or emotional problems had interfered with their normal life most of the time in the past four weeks. In our study 35.4% males and 25% females felt that it was true that they were as healthy as anybody. 34.3% males and 28.3% females expected their health to get worse.

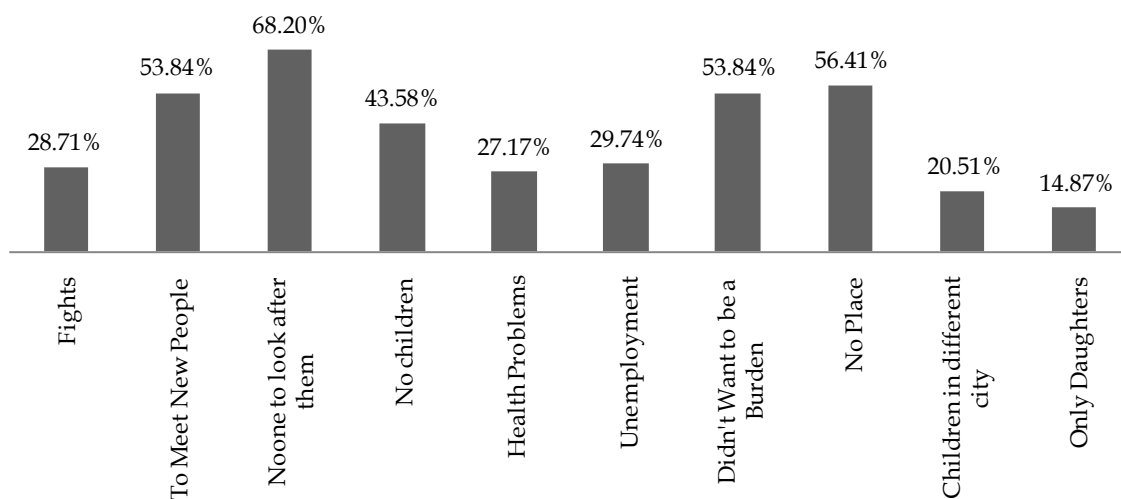


Figure 1 Showing reason for taking shelter in Old age homes

DISCUSSION

A total of 195 elderly, 99 males and 96 females, were interviewed. The mean age of the subjects was 78.12 years. With the advancing age, there

was a decline in the number of subjects. It was also noted that this study population of elderly had various impairments and disabilities and

impairment and disability affected all the domains of elderly health.

In our study, out of the total study participants 50.76% of the population were males and 49.23% were Females, in a similar study conducted in Karnataka by Ashadullah et al ⁹ in 2012, 25.6% were males and 74.4% were females. 57.94% were of the age group 60-79years, and 42.05% were of the age group 80 years and above while in the study done in Karnataka⁹, 57.77% were of the age group 60-79years, and 42.22% were of the age group 80 years and above.

Out of the total population, 28.71% were illiterate, 29.74% had education up to Primary school, 25.65% had education up to Middle school, and 15.89% were educated up to high school, while in the study done in Karnataka⁴, 21.10% were illiterate, 20% had education up to primary school, 21.10% had education up to middle school, and 37.77% had education up to high school and above.

Out of the total population in our study, 16.41% were unmarried, 26.15% were still married, 7.17% were divorced/separated, 50.25% were widowed, while in the study in Karnataka⁹, 30% were unmarried, 36.70% were married, 3.30% were separated/divorced and 30% were widowed.

In this study, out of the total population, 28.71% came to old age home due to fights in family, where as in the study done in Punjab, 44.44% came to the old age home due to fights in family. 53.84% came to the old age home to get rid of loneliness. In the study in Punjab by Jasmeet et al ¹⁰, 15.56% came to the old age home to get rid of loneliness. 68.20% did not have anyone to look after them. In a similar study done in Andhra Pradesh by Bharati ¹¹ in 2009, 60% came to the old age home for the same reason. In this study, out of the total population, 27.17% came to the old age home due to health problems whereas, in the study done in Bharati ¹¹, only 6.66% came to the old age home due to health problems. Out of the total population, 53.84% came to the old age home because they dint want to be a burden on anyone and wanted an independent life, where as in the study done by Jasmeet et al ¹⁰, 17.78% came to the old age home for the same reason. 56.41% came to the old age home because they did not have any place to live, where as in the study of Bharati ¹¹, 5.33% came to the old age home for the same reason. Out of the total population,

14.87% came to the old age homes because they had daughters only. In the study in Jasmeet et al ¹⁰, 8.89% came to the old age home because they had no sons, and did not want to live with their married daughters.

In our study, 3.12% females and 1.01% males reported their excellent health, according to a study of, 5.6% males said their health to be excellent as compared to 0.9% females.

We found out, that 27.12% of the residents came to these old age homes due to health problems and 54.87% of the residents liked the health services provided by these old age homes. The health transition showed that a total of 25.2% males and 16.7% females had an improvement in their health status from the past year out, whereas according to Lahariya et al ¹² 4.4% males and 6.3% females reported the same. Similarly 33.4% males and 37.5% females reported a worsening of health in the past year. According to Lahariya et al ¹² there were 37% males and 60% females. 11.2% males and 19.8% females felt that their physical health or emotional problems had interfered with their social activities this could be because of the fact that 60.51% of the subjects had some of the other form of disease including hypertension, eye and ear problems and Musculo-skeletal problem. Also, we feel that this could be because that only 44.10% of the residents were in contact with their family members remaining were not. Also, 25.12% of the residents felt depressed, (which could be because they fought with their family members, because they were childless, they did not have any place to go or because they felt financially insecure).

Finding of current study suggest that there is strong need of counselling of the residents of old age home as well as their families. At the government level, retirement plans, pension schemes and health insurance policies for the geriatric age group should be provided and should be taken at a personal level also. Regular health check-ups should be scheduled in these old age homes also separate geriatric OPD should be run in all the government health facilities.

CONCLUSION

The study reflects that Old age homes had equal numbers of male and female population. The majority of population were widowed. The percentage of people having children was more than childless people. Previously unemployed or unskilled workers were more in old age homes. A

majority of the population were told about these old age homes by their friends, family members and came with their own will. The major reason why people came to the old age homes were found to be that the residents did not have anyone to look after them, they had no place to live, they did not want to be a burden on anyone. Loneliness was most common reason to come. Most of the participants experienced mild to moderate body pain and physical health or emotional problems which interfered with their daily and social activities to some extent. Government should improve the quality of life of elderly by providing basic amenities like shelter, food, medical care and recreational opportunities. Formulating policies and programmes for elderly requiring welfare policies so older people are given the right to live in dignity-free of abuse and exploitation-and are given opportunities to participate fully in educational, cultural and economic activities.

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