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## Original Research Article

## Quality of life of elderly in old age home and in the community

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## ABSTRACT

**Background:** Old age is a period of transition when one has to deal not only with the physical wellbeing, but also with the challenges of mental, social and economic wellbeing. The elderly essentially require understanding, compassionate care, unconditional love and support with human touch. Family is the basic unit of the society and our elderly are its roots, they need tender care, respect and regards.

**Objectives:** To find out the difference in old person's quality of life, living in a old age home & in the community.

**Materials and Method:** This was an observational study conducted at Government run old age home, Araji bag, Azamgarh and at the OPD of Government SDJH Medical College & Hospital, Chandeeswar, Azamgarh, Uttar Pradesh. For assesment OPQoL (WHO) questioner was used.

**Results:** This study shows that mean of OPQoL in group 1 (at community/at Home) was 60.20±6.94 and Mean of OPQoL in group 2 (At Old age Home) was 53.83±8.24. Paired T-test also shows that senior citizens living with family members were happier than senior citizens living at old age home.

**Conclusion:** This study suggests that senior citizens living with family members were happier than senior citizens living at old age home.

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## 1. Introduction

Ageing is a natural, biological and universal phenomenon which occurs in a unique manner in every individual's life. The process influence by variety of factors including genetic and environmental factors. Emerging changes in social and cultural values, elderly are prone to various chronic physical, emotional and mental health disorders.<sup>1-5</sup> However, the needs and problems of elderly vary significantly based on their age, socioeconomic condition, health and living status. Along with medical treatment, there is a need for the preventive and promotive health

care strategies for successful aging and to improve well-being and quality of life. The elderly essentially require understanding, compassionate care, unconditional support and love with human touch.<sup>6-9</sup>

According to the Ministry of Statistics and Programme Implementation, Government of India, the Population Census 2011 reported that there are nearly 104 million elderly persons in India, wherein 53 million were females and 51 million were males. Old age is a period of transition when one has to deal not only with the physical aging, but also with the challenges affecting mental and social wellbeing. The elderly are vulnerable to suffer multiple physical, emotional, mental and social problems. The commonest old age problems are-

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physical dependence, loneliness, hopelessness, insecurity, diminished self concept, depression and other diseases like arthritis, diminished vision and cancer etc.<sup>10</sup>

The World Health Organization defines Quality of Life as ‘an individual’s perception of life in context to culture and value system in which he or she lives and in relation to his or her goals, expectations, standards, and concerns. It is a broader concept covering the individual’s physical health, mental status, level of independence, social relationships, spiritual beliefs, and the environment. The quality of life can be evaluated by assessing a person’s subjective feelings of happiness or unhappiness about the various life concerns.’<sup>9</sup>

As people advances in age, the QoL is largely determined by their ability to maintain autonomy and independence. Assessment of QoL plays an important role in the management of old age homes and it tends to maintain a state of optimal level based on the appraised status in the major domains of health, work and family or society. If its status in any of these domains is lowered for a longer duration, attempts are made to reinstate the optimal level as much as possible by establishing the new QoL level on improvements and increasing a variety of other domains, such as entertainment, dwelling conditions and meaningfulness of occupation.<sup>6</sup>

The World Health Organization (WHO) has developed a QoL instrument i.e. WHOQoL–100 (it’s a 100 question assessment on 06 domain)<sup>7</sup> and WHOQoL– BRIEF, which captures many subjective aspects of quality of life. The WHOQoL-BRIEF is one of the best known instruments that has been developed for cross cultural comparison of quality of life and is available in more than 40 languages. It has been adopted in a number of countries, including India. An abbreviated version of the WHOQoL-BRIEF which contains 26 items (covers four domains of QoL) is applicable in clinical trials in which brief measures are needed, and also in epidemiological studies in which quality of life might be one of several outcome variables.<sup>7</sup>

The family is the basic unit of society and our elderly people are the roots of it. The quality of life of our geriatric population plays a major role in conserving our traditional values and rich cultural heritage. Quality of life (QoL) is defined as the feeling of combination of an individual’s functional health, feelings of competence, independence in activities of daily living, and satisfaction of social circumstances.<sup>3</sup>

To develop certain strategies for incorporating family based care which is best suited to the sociocultural milieu of our Indian society this study was carried out. The problems of the aged vary from society to society and have many dimensions in our country. However, the disintegration of the joint family system and the impact of economic change have brought into sharp focus the peculiar problems; which the aged people are now facing in our country. In the traditional sense, the duty and obligation of the younger

generation towards the older generation is being eroded. The older generation is caught between the decline in traditional values on one hand and the absence of an adequate social security system on the other hand, finding it difficult to adjust in the family.<sup>4,5</sup>

### 1.1. Hypothesis

1. **Null Hypothesis ( $H_0$ )** - There is no difference in mean OPQoL score of both the groups.
2. **Alternative Hypothesis ( $H_1$ )** - There is significant difference in mean OPQoL score of both the groups.

## 2. Materials and Methods

This study was a type observational study which was conducted at Government run old age home, Araj Bag, Azamgarh and at the OPD of Government SDJH Medical College & Hospital, Chandesar, Azamgarh. To assess and compare OPQoL<sup>6,7</sup> between elderly persons living in old age home and within the family setup.

## 3. Observation and Result

This study shows that mean of OPQoL group 1 (at community/at Home) was  $60.20 \pm 6.94$  and Mean of group 2 (At Old age Home) was  $53.83 \pm 8.24$ . It show that senior citizen people live with their family member are happier than senior citizen live at old age home.<sup>8–12</sup>

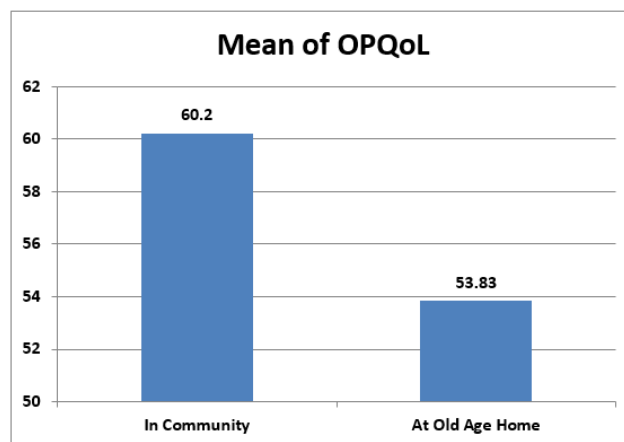


Figure 1: Bar diagram of OPQoL

This figure show that mean of group 1 (at community/at Home) was 60.20 and Mean of group 2 (At Old age Home) was 53.83. It show that senior citizen people live with their family member are happier than senior citizen live at old age home.

Paired T-test analysis also shows that P value was less than 0.05 so null hypothesis was rejected and alternate was accepted. Senior citizen lived with family member is happier than senior citizen live at old age home.

OPQoL-BRIEF Questionnaire		Strongly Agree 1	Agree 2	Neither Agree or Disagree 3	Disagree 4	Strongly Disagree 5
1.	I enjoy my life overall					
2.	I look forward to things					
3.	I am healthy enough to get out and about					
4.	My family, friends or neighbours would help me if needed					
5.	I have social or leisure activities/ hobbies that I enjoy doing					
6.	I try to stay involved with things					
7.	I am healthy enough to have my Independence					
8.	I can please myself what I do					
9.	I feel safe where I live					
10.	I get pleasure from my home					
11.	I take life as it comes and make the best of things					
12.	I feel lucky compared to most people					
13.	I have enough money to pay for household bills					
14.	Your quality of life as a whole is:					

Strongly agree=1, Agree=2, Neither=3, Disagree=4, Strongly disagree=5

**Table 1:** Mean of old people quality of life (OPQoL) scale by WHO

Mean of OPQoL	In Community 60.20	At old Age Home 53.83

**Table 2:** Paired T-test Result

	Mean	SD	SEM	N	DF	T cal	Ttable	P value	Remark
Gr 1 Community	60.20	6.94	1.27	30	29	3.24	1.984	0.001997 <0.05	H1 accepted
Gr 2 Old age home	53.83	8.24	1.50						

#### 4. Conclusion

Old age people living with family member are happier than the elderly living at old age home. Parents are our responsibility not burden. Family should play proactive and supportive role in the residual life of the elderly.

#### 5. Source of Funding

None.

#### 6. Conflict of Interest

None.

#### References

- Nations U. World Population Ageing 2013. Department of economics and social welfare. Available from: <https://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2013.pdf>.
- Profile and Programmes - 2016 Central Statistics Office, Ministry of Statistics and Programme Implementation, Government of India; 2011. Available from: [www.mospi.gov.in](http://www.mospi.gov.in).
- Thakur R, Banerjee A, Nikumb V. Health Problems among the Elderly: A Cross Sectional Study. *Annals of Medical and Health Sciences Research*. 2013;3(1):19–25.
- Active ageing: a policy framework. Geneva: World Health Organization; 2002. Available from: <https://iris.who.int/handle/10665/67215>.
- Barua A, Mangesh R, Kumar H, Mathew HN. A cross sectional study on quality of life in geriatric population. *Indian J Commun Med*. 2007;32(2):146–7.

6. Development of World Health Organization WHOQOL - BREF Quality of Life Assessment. *Psychol Med.* 1998;28(3):551–8.
7. WHOQOL user manual, Division of mental health and prevention of substance abuse, World Health Organization; 1998. Available from: <https://www.who.int/publications/i/item/WHO-HIS-HSI-Rev.2012-3>.
8. Population Ageing: challenges for policies and program in developed and developing countries.; 1999. Available from: [UNFPAandPopulationandFamilyStudyCenter](https://www.unfpa.org/publications/population-and-family-study-center).
9. Joseph N, Nelliyanil M, Nayak SR, Agarwal V, Kumar A, Yadav H. Assessment of morbidity pattern, quality of life and awareness of government facilities among elderly population in South India. *J Fam Med Prim Care.* 2015;4(3):405–15.
10. Praveen V, Rani AM. Quality of life among elderly in a rural area. *Int J Commun Med Pub Health.* 2016;3(3):754–7.
11. Kumar SG, Majumdar A. Quality of life (QOL) and its associated factors using WHOQOL - BREF among elderly in urban Puducherry, India. *J Clin Diagn Res.* 2014;8(1):54–7.
12. Goel PK, Garg SK, Singh JV, Bhatnagar M, Chopra H, Bajpai SK, et al. Unmet needs of the elderly in a rural population of Meerut.

*Indian J Commun Med.* 1999;28:165–6.

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