



RESEARCH ARTICLE

QUALITY OF LIFE OF ELDERLY RESIDING IN OLD AGE HOMES OF WESTERN SUBURBS
(MUMBAI CITY)

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ABSTRACT

Objective: To assess emotional, psychological and social wellbeing, health status and ability to activities of daily living in elderly males and females living in institutional settings

Methods: A cross sectional study was conducted of 100 elderly people aged 61 – 100 years [23 males and 77 females] residing in 3 different old-age homes. A pre-tested questionnaire was used to collect data in quality of life of elderly.

Results: A significant association of relation with family and gender was found with higher percentage of females reporting that they were very much satisfied with their relationship with family as compared to males ($\chi^2=9.083$, $p=0.028$). Significant association of social relationship and gender was established with higher percentage of males reported that their family and friends would help them if needed and higher percentage of females reporting that they would like more contact with other people ($\chi^2=15.196$, $p=0.004$). Of the 100 elderly, 88% were ambulatory, 53% had eye problems, 10% had skin problem, 24% had urine problem, 13% did not have sense of smell, 24% had hearing problem and 8% had no taste on tongue. Significantly higher percentage of females were ambulatory ($\chi^2=5.613$), had eye problems ($\chi^2=3.980$) and hearing problems ($\chi^2=6.325$) as compared to males ($p<0.05$). Of the 100 elderly, 85% could get out of bed, 84% could bath themselves and could brush, 88% could go to toilet on own, 86% could comb hair, 71% could pick up things from floor and 95% could dress themselves. Significantly higher percentage of females could bath themselves ($\chi^2=0.4631$), brush teeth ($\chi^2=11.891$), go to toilet ($\chi^2=0.018$) and dress themselves ($\chi^2=5.581$) as compared to males ($p<0.05$).

Conclusion: Female elderly were more satisfied with their relation with family but still longed for more contact with other people; suffered from more health issues as compared to males and yet could perform more activities of daily living as compared to males because of their strong motivation and will power.

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INTRODUCTION

The term ageing is understood as change in physical, psychological relationship, social environmental, situational, behavioral, spiritual and intellectual (<http://www.familycaregiversonline.net/online-education/behavior-and-emotions-of-ageing/>).

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Ageing has three aspects biological, psychological and social. The elderly person represents a store house of knowledge and experience and reservoir of wisdom but is a highly vulnerable group in society which increase with age. The ageing of the population along with changes in the family structure and shifts in intergenerational relations has brought into focus issues pertaining to the elderly in India. When it comes to older people, care, which implies providing physical, socio-economical and emotional, implies instrumental support on a continuous and long-term basis. Health status is an important

indicator of the quality of life (QoL) of the elderly. The World Health Organization defines the QoL as “an individual’s perception of his/her position in life in the context of the culture and value systems in which he/she lives, and in relation to his/her goals expectations, standards and concerns. It is a broad-ranging concept, incorporating in a comparing way the person’s physical health, psychological state, level of independence, social relationships, and their relationship to salient features of their environment”. (Lakshmi.D.S. et al, 2013) Aging is a broad term which includes several processes like those changes happening along life, Individual differences attributed to age and, finally, the group of aged or older people across a life span there is a continuous balance among stability, gains and declines, especially after the individual reached the third decade of their life. The perception of control is believed to contribute to well being. The belief that one has control over the desired out come was shown to have a positive effect on emotional wellbeing. An opposite effect was observed if the belief was other people controlled their lives. A third type of control that one was responsible for an undesired out come was negatively associated with emotional well-being (Netuveli.G. et al, 2008). For seniors with mobility issues, there are many associations and clubs, which organizes games and events, where elderly, can participate. Offer refreshments and engaging conversation. They even celebrate birthdays. Yoga organized to keep them fit and healthy (12).

Elderly suffer from chronic conditions like diabetes, arthritis, hypertension, lung disease asthma, cancer, chronic kidney disease, coronary heart disease, dementia, diabetes, mental health conditions such as depression, dementia, parkinson's disease, Oral disease, Osteoporosis, Stroke. Chronic conditions also place a significant financial burden on individuals as well as health care systems(13)(14).

transparent or thinned skin, bruising easily from decreased elasticity, Wrinkles facial movements, age spots, bedsores(16). Urinary incontinence is the inability to hold urine in the bladder because voluntary control over the urinary sphincter is either lost or weakened. This can be because of urinary tract infections, vaginal infection or irritation, constipation, and some medicines can cause bladder control problems that last a short time (17). As ageing starts the senses become less sharp and they may have trouble telling apart details. Sensory changes can affect lifestyle by creating problems with communication, enjoying activities, and staying involved with people, isolation. Senses receive information from environment. This information can be in the form of sound, light, smells, tastes, and touch (18).

Statistical methods

Analyses were performed using SPSS software for Windows (version 16.0, 2007, SPSS Inc, Chicago, IL). Data are presented as Frequency or Percentage. The frequency distributions were tabulated for various parameters according to gender and were compared using cross tabulations and chi-square test. P-value < 0.05 was considered to be statistically significant.

RESULTS

A cross sectional study was conducted in 100 elderly aged 61 – 100 years to assess emotional, psychological and social wellbeing, health status and ability to activities of daily living in elderly males and females living in institutional settings. Of the 100 elderly in the study, 23 were males and 77 were females. 25 elderly were aged 61-70 years, 42 elderly were aged 71 – 80 years, 28 elderly were aged 81 – 90 years and 5 elderly were aged 91 – 100 years.

Table 1. Overall enjoyment and happiness in males and females

Topic	Options	Males	Females	χ^2 (p value)
Overall enjoyment for life	Enjoyed their life	13 (56.5)	31 (40.3)	2.469 (0.481)
	Happy much of the time	3 (13)	15 (19.5)	
	Look forward to other things	2 (8.7)	14 (18.2)	
	Life gets them down	5 (21.7)	17 (22.1)	
Happiness	Very happy	13 (56.5)	30 (39)	2.529 (0.472)
	Fairly happy	8 (34.8)	39 (50.6)	
	Not very happy	2 (8.7)	7 (9.1)	
	Not at all happy	0 (0)	1 (1.3)	

Data presented as frequency (percentage)

Table 2. Relation with friends and family in males and females

	Relation with friends			Relations with family		
	Males	Females	χ^2 (p value)	Males	Females	χ^2 (p value)
Yes, very much	13 (59.5)	41 (53.2)	5.813 (0.121)	11 (47.8)	54 (70.1)	9.083 (0.028)
Yes fairly	5 (21.7)	29 (37.7)		8 (34.8)	19 (24.7)	
Not very much	4 (17.4)	7 (9.1)		4 (17.4)	2 (2.6)	
Not at all	1 (4.3)	0 (0)		0 (0)	2 (2.6)	

Data presented as frequency (percentage)

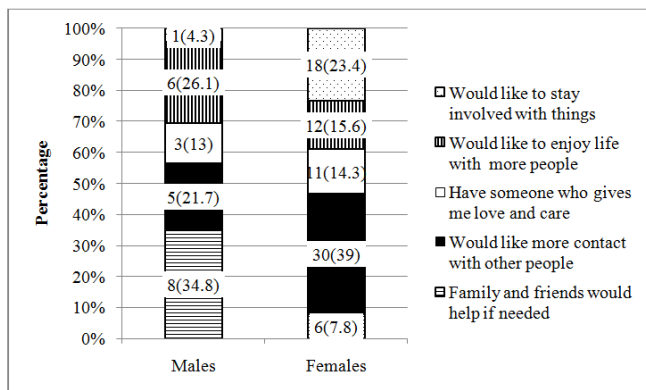
Common Age-related Eye Diseases and Conditions: Age related macular degeneration (AMD), cataract, diabetic eye, glaucoma, dry eye, low vision (15). Skin related problems with elderly depends on several factors like lifestyle, diet, heredity, and other personal habits (such as smoking). Sun exposure is the main cause of skin damage. Skin changes that accompany aging include: Roughened or dry skin, benign growths such as seborrheic keratoses and cherry angiomas, loose facial skin, especially around the eyes, cheeks, and jowls (jawline),

18 were married, 4 were divorced, 11 were single and 67 were widow/widower.

Emotional, psychological and social wellbeing

Of the 100 elderly, 44% enjoyed their life overall, 18% were happy much of the time, 16% looked forward to other things and 22% life got them down. For overall happiness, 40% were very happy, 47% were fairly happy 9% were not very happy and 1% was not happy at all. Table 1 gives overall enjoyment and happiness of elderly when classified according to gender.

As seen in Table 1, there was no significant association in overall enjoyment and happiness of elderly with gender ($p>0.05$). When satisfaction regarding relation with friends was assessed, 54% were very much satisfied, 34% were very fairly satisfied, 11% were not very much satisfied and 1% was not at all satisfied. When satisfaction regarding relation with family was assessed, 65% were very much satisfied, 27% were fairly satisfied, 6% were not very much satisfied and 2% were not at all satisfied. Table 2 gives relation with friends and family when classified according to gender. As seen in Table 2, there was a significant association of relation with family and gender with higher percentage of females reporting that they were very much satisfied with their relationship with family as compared to males ($p<0.05$). There was no significant association of gender and relation with friends ($p>0.05$) (Table 3). Of the 100 elderly, 14% felt family and friends would help them in need, 35% would like more contact with other people, 14% had someone who gives them love and care, 18% would like to enjoy life with more people and 19% would like to stay involved with things. Figure 1 gives percentage of males and females and their social relations status. There was a significant association of social relationship and gender with higher percentage of males reporting that their family and friends would help them if needed and higher percentage of females reporting that they would like more contact with other people ($\chi^2=15.196$, $p=0.004$). To our knowledge, nevertheless, few except one survey assessed family and friend support simultaneously among 60 older women, and found that family (both spouse and children) support and perceived friend support were predictive of positive affect, and family quality was predictive of negative affect (Haifen *et al*, 2014).



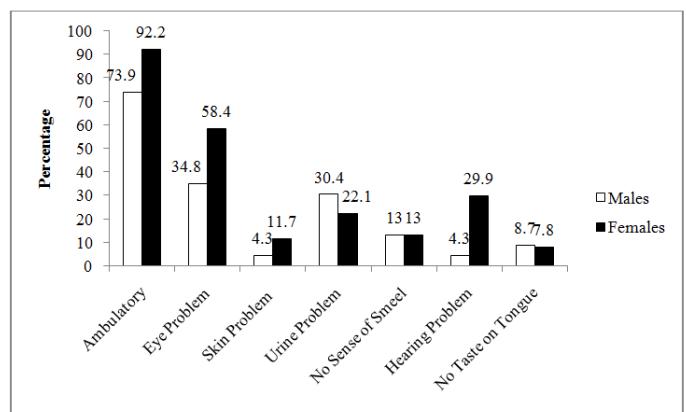
Data presented as frequency (percentage)

Figure 1. Social relationships status in males and females

Health status

Of the 100 elderly, 88 were ambulatory, 53 had eye problems, 10 had skin problem, 24 had urine problem, 13 did not have sense of smell, 24 had hearing problem and 8 had no taste on tongue. Figure 2 gives percentage of elderly having various health issues when classified according to gender.

As seen in Figure 2, significantly higher percentage of females were ambulatory ($\chi^2=5.613$), had eye problems ($\chi^2=3.980$) and hearing problems ($\chi^2=6.325$) as compared to males ($p<0.05$). There was no significant difference in the percentage of males having skin ($\chi^2=1.060$), urine ($\chi^2=0.678$), no sense of smell ($\chi^2=0.000$) and no taste on tongue ($\chi^2=0.020$) as compared to females ($p>0.05$) (Figure 2).

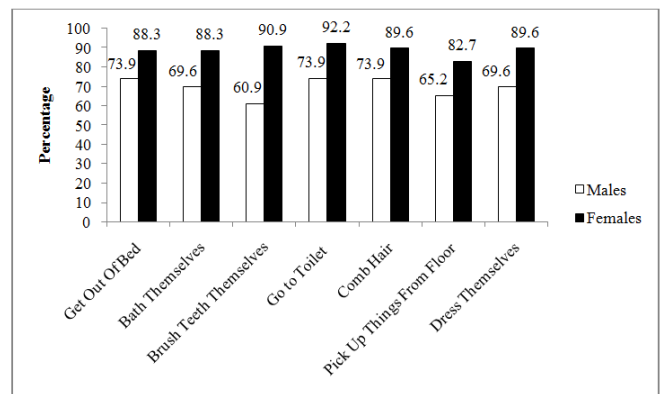


Data presented as frequency (percentage)

Figure 2. Percentage of males and females having health issues

Activities of Daily Living

Of the 100 elderly, 85 could get out of bed, 84 could bath themselves and could brush, 88 could go to toilet on own, 86 could comb hair, 71 could pick up things from floor and 95 could dress themselves. Figure 3 gives percentage of males and females performing activities of daily living. As seen in Figure 3, significantly higher percentage of females could bath themselves ($\chi^2=0.4631$), brush teeth ($\chi^2=11.891$), go to toilet ($\chi^2=0.018$) and dress themselves ($\chi^2=5.581$) as compared to males ($p<0.05$).



Even though not significant, higher percentage of females could get out of bed ($\chi^2=2.880$), comb hair ($\chi^2=3.624$) and pick up things from floor as compared to males ($p>0.05$) (Figure 3).

Conclusion

Female elderly were more satisfied with their relation with family but still longed for more contact with other people. Female elderly were more ambulatory, suffered from more health issues as compared to males and yet could perform more activities of daily living as compared to males because of their strong motivation and will power. A need to improve self-reliance in males to do their own activity is essential

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