ORIGINAL ARTICLE

Home away from Home: Quality of Life, Assessment of Facilities and Reason for Settlement in Old Age Homes of Lucknow, India

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Citation

Article Cycle

Abstract

Background: The old-age home industry is mostly unregulated and there is a need for putting in place certain minimum standards. Many times poor and destitute persons who may need institution-based care cannot afford them. Long-term care has a price, and there is also a need for debate on its policy and best practice. **Objectives:** 1) To find out the various factors for availing the residential services of old age homes. 2) To assess the facilities available in old age homes. 3) To study the quality of life of elderly people in old age homes. **Methods:** It was a descriptive cross-sectional study. Study population was elderly (age ≥60 years) enrolled in free and paid old age homes (OAHs) of Lucknow city. All the elderly living in OAHs for ≥ 6 months and had given the consent for interview were included in the study. **Results:** The most important reason for elderly people living in Free OAHs was no care giver (77.1%) followed by poverty (20.0%). In case of Paid OAHs it was no care giver (36.4%) followed by self-satisfaction (34.8%). Services were significantly better ($p < 0.05$) in paid type of OAHs. Statistically significant differences in the mean score of quality of life were found in case of type of OAH and financial dependency status of elderly people. **Conclusions:** No care giver, self-satisfaction and loneliness were important reasons in Paid OAHs whereas in Free OAHs no care giver, poverty and support from children were the main reasons. With the exception of food all other facilities were significantly better in paid OAHs. Quality of life and facilities of Paid OAHs were significantly better than Free OAHs. Financial status of elderly people was responsible for this significant difference.

Key Words

Free old age home; Paid old age home; elderly people; Quality of Life

Introduction

Old-age homes are sheltered accommodation for older people, without any nursing or health-care infrastructure [1]. This concept is catching up as a matter of state policy in many countries in the Region as well as a preferred individual choice given the assured safety, security and service. The old-age home industry is mostly unregulated and there is a need for putting in place certain minimum standards. Many times poor and destitute persons who may need institution-based care cannot afford them. Long-term care has a price, and there is also a need for debate on its policy and best practice [1].

Aims & Objectives

1. To find out the various factors for availing the residential services of old age homes.
2. To assess the facilities available in old age homes.
3. To study the quality of life of elderly people in old age homes.

Material and Methods

It was a Cross-sectional descriptive study. Participants were elderly people (age ≥60 years) [2] enrolled in old age homes (OAHs) of Lucknow city. Study period was from August 2011 to Jan 2012. All the elderly people

living in old age homes for ≥ 6 months and had given the consent and got the score of ≥ 20 on Mini Mental State Examination (MMSE) instrument were included in the study. There were two types of old age homes; Paid type in which inmates had to pay some amount per month, the other one was free type i.e. free of cost. Out of total 5 OHAs one was government, two were operated by government sponsored NGOs and the other two were paid. All those in-charge of these old age homes were contacted and permission regarding study was obtained. MMSE instrument was applied on each elderly person to check cognitive function. All the elderly people living in OAHs gave consent to participate in study, out of which 6 were excluded because they were unable to get score ≥ 20 on MMSE instrument making a total of 101 subjects in the study. For assessment of facilities in OAHs inmates were asked to rate the following services: Food, Medical service, Recreational facilities, Safety, Space and Staff availability on Likert five point (1-5) scale separately.

Very Poor	= 1
Poor	= 2
Average (Neither poor nor good)	= 3
Good	= 4
Very Good	= 5

After that individuals were divided in two groups (Below average and Average & above).

The study was approved by the ethical review board of King George Medical University prior to study. Descriptive statistics for categorical variables were determined and was analyzed using the SPSS, version 17.0. Chi-square, t test and ANOVA test were applied and the level of significance was set at < 0.05.

Tools of data collection:

1. MMSE: Translated Hindi version of MMSE instrument used in the study. MMSE was developed by Folstien, et.al. [3].The MMSE has a maximum score of 30 points. The domains assessed are orientation to time and place (10 points), registration of three words (3 points), attention and calculation (5 points), recall of three words (3 points), language (8 points) and visual construction (1 point). The elderly who scored ≥ 20 points on the scale were included in the study [4].

2. Socioeconomic Status: SES is classified through detailed assessment on, "A scale for the assessment of socioeconomic status'' [5] was used. There are 7 aspects investigated in the scale for determining the SES of a family or individual. These aspects are: 1- House, 2- Material Possessions, 3- Education, 4- Occupation, 5- Economic Profile, 6- Possessed Land/House cost and 7- Social profile. On SES scale maximum score which can be obtained is 70. The scores are categorized into five

SES classes i.e. scores 0 to 15: lower class, scores 15 to 30: Lower middle class, score 30 to 45: Middle class, score 45 to 60: Upper middle class, score 60 to 70 upper class.

3. WHOQOL- BREF: The WHOQOL-bref [6, 7, 8, 9] is a self-assessment instrument for assessment of quality of life in human being. Hindi version was used in the study it consists of 26 questions, divided into 4 domains, and includes two general questions about quality of life (QOL). The questions of the different sections of the instrument use the Likert response scale. The scores of all 4 domains were converted into Sten scores which lie between 0-100 (the higher the score, the better is the supposed quality of life of elderly for that domain). Overall Quality of life was calculated by sum of Sten scores of all four domains (Physical, Psychological, Social relationships, Environmental) and converting it into scale of 0 – 100.

Results

Among OAH residents overall a maximum of 37.6 percent elderly were from Old-old group and a minimum of 28.7 percent from Young old group. Among elderly living in Free OAH a maximum of 45.7 percent elderly were from Old-old group while among those living in Paid OAH, a maximum of 39.4 percent elderly were from Oldest old group. In OAHs overall 46.5 percent were females while 53.5 percent males. Among OAH's elderly, 99.0 percent were Hindus and only 1.0 percent were Muslim.

In Free OAHs 28.6 percent were belonged Schedule Caste / Schedule Tribe while 31.4 percent from Other Backward Caste. In Paid OAHs 89.4 percent were from General Caste and percentage of SCs/STs were nil. Majority OAH residents were widow/widower (54.5%) followed by married (31.7%). 76.2 percent elderly were living alone followed by 20.8 percent living with spouse. Majority of elderly of Free OAHs were illiterate (51.4%) followed by primary pass (28.6%) pass and in Paid OAH's elderly were graduate/diploma pass (40.9%) followed by postgraduate and above (33.3%). Majority of Free OAH's residents were belonged to class V (71.4%) and majority of Paid OAH's residents belonged to class III (60.6%) followed by class IV (24.2%).

The most important reason for elderly people living in OAHs was no care taking person at home both in free and paid type of OAHs (77.1% and 36.4 % respectively). While second most important reason in free OAHs was poverty (20.0%) and in paid OAHs it was self-satisfaction (34.8%). Other reasons in for settlement in OAHs were loneliness, no support from children, misbehave by daughter in law, death of spouse, strained relation (other than daughter in law) etc.

Reasons for OAHs settlement were more than one i.e. multiple response.

Among Young old group, majority (44.8%) of elderly people were in OAHs because of no care giver. In Old-old group no care giver was the main cause for OAH settlement (44.7%). In Oldest old group misbehave by son or daughter in law was the main reason (35.3%). Misbehave by son or daughter in law was more common reason (67.9%) among elderly males than elderly females (32.1%). Loneliness reason was more among elderly male (66.7%) than females. Of all reasons, no care givers was the most important reason among elderly females (48.9%) and among elderly males misbehave by son or daughter in law was important reason (31.5%) for OAH settlement. Among financially independent group of elderly people 30.0 percent were in OAHs because of self-satisfaction (30.0%) followed by misbehave by son or daughter in law (26.7%) for OAH settlement. Among totally dependent elderly people, no care giver was the main reason of OAH settlement (57.6%). Reason no care giver was more among financially dependent (totally or partially) elderly people 97.5 percent than financially independent elderly people (2.5%). Among unmarried elderly people, no care giver was the main cause (66.7%), among married elderly people, misbehave by son or daughter in law was the main reason (43.8%), among widow/widower group main reason was no care giver (40.0%) and among divorced / separated elderly people again no care giver was the main reason (37.5%) for OAHs settlement. Elderly people, who have no children, gave reason, no care giver (74.2%) while elderly people having only daughter/s this percentage was 69.2 for OAHs settlement. Elderly people with at least one son gave reason; misbehave by son or daughter in law (49.1%) as a main reason for OAH settlement. [Table 1]

Services like medical services, recreational facilities, safety, space availability and staff availability were significantly better (p <0.05) in paid type of OAHs. [Table 2]

The mean quality of life scores was found to be higher among male elderly than female elderly. Mean score of quality of life of elderly people with one or more health related issue/s or mental health problem/s or psychosocial issue/s was lower than their normal counterpart (i.e. without problem or issue/s). Statistically significant differences in the mean score of quality of life were found in case of type of OAH and financial dependency status of elderly people. [Table 3]

Discussion

In the present study, it was observed that in OAHs, 53.5 percent elderly were males and 46.5 percent were females, similar to other studies. [10, 11, 12, 13] In

OAHs Muslims were only 1.0 percent and Sikhs were absent reason for this type of result was may be due to joint family system still present in these religions (or in other word nuclear family system is more among Hindus) so problem of no care giver was less which was one of the main reason for OAH settlement.

Result also showed that Schedule Caste/ Schedule Tribe are still financially weaker section because homeless elderly people of this section were not getting services of Paid OAHs as their presence were nil in Paid OAHs although they were present in significant number in Free OAHs.

Result also showed that majority of elderly people from Paid OAHs were educated (graduate and above) while majority of elderly people from Free OAHs were upto primary pass, these findings are within range of similar studies. [11, 12, 13]

In the present study, it was observed that around 41.0 percent elderly people gave reason of strained relation (with son/ with daughter in law/ other member), around half of them gave reason of no care giver, self-satisfaction and loneliness were important reason in Paid OAHs similar to other studies. [14,15,16]

Statistically significant difference was observed between elderly people living in free OAHs and those living in paid type of OAH's for quality of life. This may be due poor infrastructure and poor living standard in free OAHs.

Conclusion

No care giver, self-satisfaction and loneliness were important reasons in Paid OAHs whereas in Free OAHs no care giver, poverty and support from children were the main reasons. With the exception of food all the variables like Medical service, Recreational facilities, Safety, Space availability, Staff availability were significantly better in paid OAHs. Quality of life and facilities of Paid OAHs were significantly better than Free OAHs. Financial status of elderly people was responsible for this significant difference.

Recommendation

1. Government sponsored or PPP based OAHs with better infrastructure and facilities should be established at district level.
2. Provision of financial assistance for weaker section or increase in old age pension based on market inflation should be done.
3. The study recommends the need to conduct various studies in similar settings involving certain care interventions and their impact on Quality of Life of elderly people.

Authors Contribution

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Tables

TABLE NO. 1 MAIN REASON FOR OLD AGE HOME SETTLEMENT BIOSOCIAL CHARACTERISTICS WISE

Biosocial characteristics (n = 101)	Main reason for old age home settlement					
	Misbehaved by son/daughter in law	No Care giver	Death of spouse	loneliness	self-satisfaction	Other*
	n %	n %	n %	n %	n %	n %
Age Group (10)						
Young old	07(24.1)	13 (44.8)	02 (6.9)	00	05 (17.2)	02 (6.9)
Old-old	09 (23.7)	17 (44.7)	02 (5.3)	03 (7.9)	02 (5.3)	05 (13.2)
Oldest-old	12 (35.3)	10 (29.4)	02 (5.9)	03 (8.8)	05 (14.7)	02 (5.9)
Sex						
Male	19 (35.2) [67.9]	17 (31.5) [42.5]	03 (5.6) [50.0]	04 (7.4) [66.7]	06 (11.1) [50.0]	05 (9.3) [55.6]
Female	09 (19.1) [32.1]	23 (48.9) [57.5]	03 (6.4) [50.0]	02 (4.3) [33.3]	06 (12.8) [50.0]	04 (8.5) [44.4]
Financial dependency						
Independent	08 (26.7) [28.6]	01 (3.3) [2.5]	03 (10.0) [50.0]	04 (13.3) [66.7]	09 (30.0) [75.0]	05(16.7) [55.6]
Partially dependent	13 (34.2) [46.4]	20 (52.6) [50.0]	01 (2.6) [16.7]	01(2.6) [16.7]	02 (5.3) [16.7]	01(2.6) [11.1]
Totally dependent	07 (21.2) [25.0]	19 (57.6) [47.5]	02 (6.1) [33.3]	01 (3.0) [16.7]	01(3.0) [8.3]	03 (9.1) [33.3]
Marital Status						
Unmarried	00	04 (66.7) [10.0]	00	02 (33.3) [33.3]	00	00

Biosocial characteristics (n = 101)	Main reason for old age home settlement					
	Misbehaved by son/daughter in law	No Care giver	Death of spouse	loneliness	self-satisfaction	Other*
	n %	n %	n %	n %	n %	n %
Married	14 (43.8) [50.0]	11 (34.4) [27.5]	00	00	04 (12.5) [33.3]	03 (9.4) [33.3]
Widow/ Widower	12 (21.8) [42.9]	22 (40.0) [55.0]	06 (10.9) [100.0]	04 (7.3) [66.7]	07 (12.7) [58.3]	04 (7.3) [44.4]
Divorce/ Separated	02 (25.0) [7.1]	03 (37.5) [7.5]	00	00	01 (12.5) [8.3]	02 (25.0) [22.2]
Composition of offspring's						
No children	00	23 (74.2) [57.5]	02 (6.5) [33.3]	05 (16.1) [83.3]	01 (3.2) [8.3]	00
Only daughter/s	00	09 (69.2) [22.5]	01 (7.7) [16.7]	01 (7.7) [16.7]	00	02 (15.4) [22.2]
Only son/s or both	28 (49.1) [100.0]	08 (14.0) [20.0]	03 (5.3) [50.0]	00	11 (19.3) [91.7]	07 (12.3) [77.8]
TOTAL	**28 [100.0]**	**40 [100.0]**	**06 [100.0]**	**06 [100.0]**	**12 [100.0]**	**09 [100.0]**

*Economic problem, Health problem, to give service to god, strained relation with relative other than daughter in law, Poverty, Child settled abroad. ( ) Row percent, [ ] Column percent

TABLE NO. 2 ASSESSMENT OF FACILITIES AVAILABLE IN OLD AGE HOMES

Facilities		Type of old age home		Total (n = 101)	χ2	p value
		Free (n=35)	Paid (n=66)			
		N (%)	N (%)	N (%)		
Food	Below Average	9 (25.7)	9 (13.6)	18 (17.8)	2.27	0.13
	Average and Above	26(74.3)	57 (86.4)	83 (82.2)		
Medical Services	Below Average	18 (51.4)	13 (19.7)	31 (30.7)	10.82	0.001
	Average and Above	17 (48.6)	53 (80.3)	70 (69.3)		
Recreational facilities	Below Average	15 (42.9)	15 (22.7)	30 (29.7)	4.43	0.035
	Average and Above	20 (57.1)	51 (77.3)	71 (70.3)		
Safety	Below Average	14 (40.0)	00 (0.0)	14 (13.9)	30.64	0.000
	Average and Above	21 (60.0)	66 (100.0)	87 (86.1)		
Space availability	Below Average	14 (40.0)	01 (1.5)	15(14.9)	26.7	0.000
	Average and Above	21 (60.0)	65 (98.5)	86 (85.1)		
Staff availability	Below Average	16 (45.7)	04 (6.1)	20 (19.8)	22.64	0.000
	Average and Above	19 (54.3)	62 (93.9)	81 (80.2)		

TABLE NO. 3 COMPARISON OF QUALITY OF LIFE WITH DIFFERENT CHARACTERISTICS

Characteristics		N	Score of Quality of Life (mean ± SD)	P value
Elderly People [10]	Young old	29	44.04 ± 19.19	0.249
	Old-old	38	37.59 ± 15.72	
	Oldest old	34	43.19 ± 17.88	
Sex	Male	54	43.95 ± 18.24	0.109
	Female	47	38.32 ± 16.44	
Type of OAH	Free	35	27.87 ± 13.48	0.000
	Paid	66	48.47 ± 17.57	
Financial Dependency	Independent	30	56.98 ± 13.57[1,2]	0.000
	Partially Dependent	38	40.28 ± 12.15[1,3]	
	Totally Dependent	33	28.31 ± 14.90[2,3]	
Health Related Issue/s	Yes	82	40.39 ± 18.33	0.265
	No	19	45.40 ± 13.50	
Psycho-social issue/s	Yes	100	41.10 ± 17.50	0.187
	No	1	64.47 ± 0.00	
Mental health problem	Yes	51	39.88 ± 18.16	0.407