

## **QUALITY OF LIFE OF ELDERLY RESIDING AT OLD AGE HOMES OF BIRATNAGAR METROPOLITAN CITY**

***Deepika Khadgi***

*Lecturer, Department of Adult Health Nursing, Biratnagar Nursing Campus,  
Biratnagar, TU.*

*Corresponding author: [deepkhadgi@gmail.com](mailto:deepkhadgi@gmail.com)*

### **ABSTRACT**

Elderly is the vulnerable age; and their health status and well-being is an important area of concern which is reflected by Quality of Life (QOL). With the increasing population of the aged in developed as well as developing world, proportion of elderly living in old age homes is also in increasing trend due to migration of children and nuclear family concept. The objective of the study was to assess the QOL of the elderly people residing in old age homes at Biratnagar with the use of WHOQOL-BREF questionnaire. Cross-sectional descriptive study including the census of the elderly living at selected old age homes was used. Data was collected from the 57 elderly meeting the inclusion criteria through face to face interview by using interview guide. The findings of the study showed that the participants were of age group from 60 and above, and 66.70% of them were female. Among 57 respondents, 42 (76.39%) were married and 15 (23.61%) were unmarried. Of those married, nearly half of them (47.61%) had no children. More than 1/3<sup>rd</sup>(71.92%) of the respondents were illiterate and nearly half (45.61%) of them were involved in agriculture in the past. As perceived by the elderly themselves, the overall quality of life was found to be good in less than half (42.10%) and overall quality of health score was found to be satisfied in more than half (59.64%) of them. Also, the study has revealed higher score in physical domain and psychological domain which reflects that the components of these domains as physical needs, health needs, religious and spiritual needs, financial needs have been addressed. Thus, it can be concluded that quality of life is perceived good by less than half and quality of health is perceived satisfactory by more than half with higher score in physical and psychological domain. However, they are in need of social support and relationship which can be promoted to some extent by inculcating the content of geriatric care in school curriculum. Also, there

should be provision of visit to geriatric centers so that awareness regarding this area could be raised.

**Keywords:** elderly - quality of life - old age home - Biratnagar

## INTRODUCTION

Aging occurs due to gradual changes in metabolic activity of organs and disability in regeneration capacity of cells. Aging is the natural process of life (Murray & Zentner 2009). The expansion of life span is witnessed by all the countries of the world which is due to advances in public health and medical technologies. This has led to longevity and population aging which have been the global concern (Ng *et al.* 2010). Nepal is also experiencing the changes in demography with an increase in the population of the elderly. According to Help Age International, there were over two million people aged over 60 in 2019 who were living in Nepal and this is almost nine percentage of the country's total population (HAI 2019).

Quality of Life (QOL) is the individual's subjective perception of their position in life in the cultural and social context in which they live relative to their goals, expectations, standards and concerns. It is the wellness resulting from a combination of physical, functional, emotional and social factors (WHO 1997). Quality of life depends on economic, cultural, educational status, health care conditions and social interactions; besides these indicators, as a result of diminished physical and mental functions, aged people have greater probability of suffering from multiple health problems. These all problems can decrease the quality of life of elderly (Yaser *et al.* 2014).

The joint family norm of Nepalese culture has been rapidly unraveling with the materialistic life style taking over the developing society including Nepal. Cross-border youth migration to bear the economic pressure has resulted the elderly people being left at home with the in-laws who consider them inactive, burdensome recipients of support and all these circumstances increases the number of old aged people to live in old age home (MOHP 2016).

Nepal Government has developed National Policies, Acts and Regulations for the welfare of the elderly people as Civil Code 1963, Local Self Governance Act 1999, Senior Citizen Policy 2058 and National Plan of Action on Aging 2062, Senior Citizen Act 2063 and Regulations 2065. These Acts, Policies and Programs guide on ways to promote the socio-

economic well-being of aged and the healthy aging. These acts also provide the information in detail about the procedures to be fulfilled to establish and run geriatric homes in the country (Shrestha 2012). Old Age Allowance is one of those many programs for elderly aged 70 and above which was first introduced in the fiscal year 1955/1996. Similarly, retirement pension to civil service employee and Free Health Services Program provide essential health care services free of cost to elderly people at the various levels of healthcare system like sub-health post, primary health care centers and district hospitals. In the same way, Senior Citizen Day Care Centers like Pashupati area and Devghat for those elderly who do not have any care taker at home, is another useful program which was managed by government (Roka & Pradhan 2015).

There are about seventy old age homes of various status (government, private, NGO, CBO, personal charity) with varied capacity, facilities and services they provide which are registered and spread all over Nepal. Among all, Pashupatinath Bridhashram is only one government old age home (GCN 2010). Today, old-age homes are the choice and preference of many individual provided if there is safety, security and service assurance. However, most of these old-age homes only fulfill the shelter requirements for elderly people but no any nursing or health-care infrastructure. Most of these old age homes are unregulated, unsupervised and not monitored, thus demanding the need for certain minimum standards and obligations (Dey 2012).

## **STATEMENT OF THE PROBLEM**

The world population of above 65 is estimated to increase to around 20% by 2050 from 6.9% in 2012. India has the highest aging population among SAARC countries i.e. 62.1 million followed by Bangladesh i.e. 7.54 million (PRB 2011). In Nepal, out of the total population 7.46% i.e. 1.6 million were elderly inhabitants in 2011 (MOHP 2016) which has increased to over 2 million people (around 9%) by 2019 (HAI 2019).

QOL is considered, by most experts, as a multidimensional concept that involves various domains as health, psychological, social and environmental factors, containing objective and subjective components (Fernández-Ballesteros 2010). Due to demographic changes and increase in aging population in the society, QOL of elderly people is becoming a burning issue. Meaning and perception of QOL among elderly people differ from that of general population and needs to be tailored differently for those

living in old age homes and those living in general community. In Nepal, due to low understanding and concerns of the basics of elderly care among the care takers, there is low awareness about special needs and quality of life of elderly (physical and mental health, psychological & social support) (Chandrika *et al.* 2015).

According to the study conducted by Bhatta (2009) at far western region showed that inability to perform their daily activities was expressed by 19% of the elderly participants and about 18% expressed that they had extreme pain and discomfort. Among the elderly people, commonly seen problems which can decrease the quality of life were anxiety and depression. As stated earlier, there is variation in QOL among elderly those residing in community and those in old-age homes. Thus, with the aim to assess the quality of life of elderly people those residing in old-age homes of Biratnagar, this study is conducted.

## **MATERIALS AND METHODS**

Cross-sectional descriptive study design was used to identify the quality of life of elderly people residing in old age homes at Biratnagar Metropolitan Province 1, Nepal. There are two old age homes viz, Birateswor Briddhashram and Purwanchal Nisahaya Ashram, which are run by private sector. Birateswor Old-age home is the oldest and has separate accommodation for male and female elderly. On the other hand, Purwanchal Nisahaya Ashram serves to both the elderly and the children. These old age homes are run with funds from local government, individual donors and different local clubs/NGOs. All the elderly people, both male and female, residing at these old age homes for at least six months were eligible for the study. Those elderly suffering from severe mental and physical illness e.g. psychosis, dementia, hearing impairment, dumbness, and also those with language barrier were excluded.

There were altogether 74 elderly living in these two old-age homes but data were collected only from 57 of them meeting the inclusion criteria from April-May, 2019. Face to face interview technique was used to collect the information using the semi-structured questionnaire for socio demographic information of elderly people and structured WHOQOL-BREF questionnaire for assessing the QOL. WHOQOL-BREF is a well-documented, self-administered as well as interviewer administered QOL scoring system which consists of two sections with altogether 26 questions broad and comprehensive. The first section has two questions that were

assessed separately: question 1 to assess overall perception of an individual towards his quality of life and question 2 to assess the individual's overall perception of their health. The second section consisted of 24 items divided into four domains:

- a) Physical domain (total 7 items with highest score 35 and lowest score 7)
- b) Psychological domain (6 items with highest score 30 and lowest score 6)
- c) Social domain (3 items with highest score 15 and lowest score 3)
- d) Environmental domain (8 items with highest score 40 and lowest score 8).

An individual's perception of quality of life in each particular domain is denoted by the respective domain scores. Each item of all the domains are scaled in a positive direction of score 1-5 (i.e. higher the quality of life, higher the score). There were three negatively framed items (3, 4 and 26) which were converted into positive direction. The obtained Raw score of each domain was then converted into Transformed score of 0-100 scale by using WHOQOL-BREF manual.

Throughout the study, ethical consideration was taken to protect the rights and welfare of the participants of the study. The study was conducted only after the approval of concerned authorities of all the old age homes. Written permission was taken from the Management committee of old age homes before data collection. Informed consent was taken prior to the interview from each respondent. The participants' confidentiality was guarded by not disclosing the data to anybody except the researcher. The participants had freedom to withdraw from study at any period of study. The data was collected and analyzed using SPSS 22.0 version. Descriptive statistics as frequency, percentage, mean and standard deviation was calculated.

## **RESULTS AND DISCUSSION**

Findings of the study revealed that the elderly residing in old-age homes were of age from 60 to 90 years with the mean age 66.49 years. Out of 57 participants, proportion of female participants (66.7%) was double that of the male (33.3 %). Majority (73.68%) were married whereas only 26.31% were unmarried and of those married, more than half had no children. In regard to their qualification, 71.92% of the elderly were illiterate and

more than half (57.89%) of them belonged to Janajatis (including Newar). Majority of them (61.40%) had no children either due to being unmarried or due to infertility. About their past occupation, nearly half (45.61%) were involved in agriculture.

**Table 1:** Social information of elderly

Variables	Frequency (%)
Provision of economic security # (n=59)	
Allowance (Old age/Single woman)	28 (47.45)
Others (relatives/Friends/Donors)	31 (52.54)
Duration of stay in old age home (in years)	
≤5	30 (52.63)
>5	27 (47.36)

Note: # multiple response question

Table 1 showed that only 28 (49.12%) of them were receiving allowance provided by the government either old age allowance or single woman allowance, and remaining of them had no any regular provision of economic security except small amount of money given by their friends, relatives or donors during the visit. Most of them (52.63%) had been staying for 5 or less years in old age homes.

**Table 2:** Perceived quality of life and quality of health of elderly

Variables	Frequency (%)
Overall quality of life scores (*)	
Poor	16 (28.07)
Neither poor nor good	17 (29.82)
Good	24 (42.10)
Overall quality of health scores(*)	
Dissatisfied	12 (21.05)
Neither satisfied nor dissatisfied	11 (19.29)
Satisfied	34 (59.64)

Note: (\*) on the basis of the response given by the participants

Regarding the perception of elderly towards the quality of their life and health as illustrated in table 2, nearly half (42.10%) of the participants

perceived their overall quality of life to be good and more than half (59.64%) of them perceived their overall quality of health score to be satisfied. Similarly, when analyzing the QOL score for all four domains as shown in table 3, physical domain had the highest QOL score with mean score of 69. The score for social relationship domain was comparatively lower than psychological domain, physical domain and environmental domain.

**Table 3:** QOL score of each domain

<b>Domains</b>	<b>Raw score (mean)</b>	<b>Transformed score (mean)</b>
Physical	26.27	69
Psychological	20.84	63
Social relationship	5.98	25
Environmental	25.49	56

Source: Field survey

The findings of the study showed that among 57 participants, all of them were above the age of 60 years and 66.70% of the participants were female which is similar to the study (69.7%) by Khanal *et al.* (2018). This might be due to the fact that proportion of widow is greater than that of widower {Ministry of Health & Population (MoHP) 2016} and change of family structure from joint to nuclear. Among total respondents, 15 (26.31%) were unmarried whereas 71.92% of the participants were illiterate which is similar to the findings of many studies conducted in Nepal (Bhatta 2009, Khanal *et al.* 2018). Most of them (57.89%) were Janajatis. Majority of the respondents (61.40%) had no child, causing for the elderly to stay in old age homes which Qadri *et al.* (2013) explained is a result of fast eroding traditional family system coupled with rapid modernization and urbanization. Nearly half (45.61%) of them were involved in agriculture. Also the study findings showed that none of the participants had strong provision of economic security which is in contrary with the result that presented 73% were financially supported by their family (Bhatta 2009) and about one-third were receiving pension or rental revenue (Khanal *et al.* 2018). Most of them (52.63 %) had duration of stay for less than 5 years in old age homes which is in consistency with Khanal *et al.* (2018) but in contradictory to the study done by Gupta *et al.* (2014) in old age home of India which revealed most of the elderly had been staying in old age homes for more than five years duration. This might be due to the reason that the concept of old age home is relatively newer in Nepalese society.

The findings of this study showed that overall QOL score of elderly people residing in old age homes at Biratnagar was good and overall quality of health (QOH) score was satisfactory as perceived by the elderly themselves which is similar to the findings of study conducted in Kathmandu (Mishra & Chalise 2019) and India (Gupta *et al.* 2014, Praveen & Rani 2016) which revealed average score of overall quality of life and quality of health whereas another study from Karnataka, India (Lena *et al.* 2009) reported that elderly were not happy with their QOL. Similarly, in a study conducted in Koshi zone (Piya *et al.* 2020) which compared QOL among elderly people residing in old age homes and those residing with their families also revealed poor QOL among elderly people residing in old age homes.

On further look at the score of each four domains, the physical and psychological domains had the highest score than other domains with mean transformed scores of 69 and 63 respectively. It is similar to the study done among elderly people residing in old age homes and with the family at Biratnagar of Nepal (Shrestha *et al.* 2019) and among the elderly in rural community in South India (Praveen & Rani 2016) that revealed average score of overall QOL and QoH. On further look at the score of each domain, the environmental domain had a higher score which showed that rural elderly were more satisfied about their environment and the score for social relationship domain was comparatively lower than psychological, physical and environmental domains (Praveen & Rani 2016).

In most of the literatures as well as in the present study, mean score of physical and psychological domains were higher. This might be due to the components of these domains as the physical health domain includes components as daily activities, treatment used, sleep, rest, pain and discomfort for which elderly are conscious and seek immediate care in case of any deviation from normal (Baral & Sapkota 2018). Likewise, the psychological domain includes components as body image, feelings, spirituality, religion, concentration, self-esteem which are also the area of concern among the elderly and it is the culture of our community that when people age, they start indulgent in religious and spiritual activities.

Senior Citizens Act and Regulation of the country has safeguarded the social security and financial aspect for the elderly by the provision of old age allowances, provision of free health check-up and treatment, discounts

and reservation in transportation (Roka & Pradhan 2015) which might have contributed to the higher overall mean score in environment domain.

Regarding the social relationships domain, this study finding as well as many other national (Shrestha *et al.* 2019, Piya *et al.* 2020) and international studies (Praveen & Rani 2016) have revealed low mean score which might be due to the inclusion of components as personal relationships, social support and sexual activity which are obvious due to separation from family members, loss of loved ones due to their death, loss of sexual activity either due to aging or death of spouse.

## **CONCLUSIONS**

The elderly people living in old age homes at Biratnagar perceive their overall quality of life and quality of health to be average. Also the study has revealed higher scores in physical and psychological domains reflecting the health seeking behavior and self-care behavior is satisfactory among them. Besides, the cultural and religious beliefs which have been the part of their lives have also helped them a lot to accept their bodily changes, life changes and relief from stress. Also the provisions and facilities by national policies and regulation for senior citizens have contributed a lot to maintain the self-esteem among elderly by making them less dependent on other. Based on the study findings, it can be recommended to include the aspects of strengthening social relationship and support system such as fostering and inculcating the theoretical and field visits to geriatric centers in school curriculum while planning the programs oriented to elderly.

## **ACKNOWLEDGEMENTS**

I would like to extend the heartfelt gratitude to the Research Directorate, Rector's Office, Tribhuvan University for providing grant to conduct this research. Also, I express my sincere thanks to Biratnagar Nursing Campus, Birateswor Briddhashram, Purwanchal Nisahaya Ashram and all the respondents for their valuable support, co-operation, time and information.

## **REFERENCES**

- Baral, R. & Sapkota, P. (2018). Health seeking behavior of elderly people of Bharatpur Municipality of Chitwan, Nepal. *Journal of College of Mediacal Sciences Nepal*, **14**(3): 150-153. <https://doi.org/10.3126/jcmns.v14i3.21178>.

- Bhatta, R. (2009). Social and health status of elderly population in Far-Western region in Nepal. *Nepal Health Research Council*. <http://library.nhrc.org.np:8080/nhrc/bitstream/handle/123456789/42/558.pdf?sequence=1>. Accessed: 25.04.2017
- Chandrika, S., Radhakumari, P. & Devi Madhavi, B. (2015). Quality of life of elderly residing in old age homes and community in Visakhapatnam City. *IOSR Journal of Dental and Medical Sciences*, **14**(10): 21-31. DOI: 10.9790/0853-141092731. Accessed: 25-04-2017
- Dey, A. B. (2012). State of geriatrics and long-term care for elderly persons in countries of the WHO South-East Asia Region. *HEALTH in South-East Asia*, **5**(1):13-15. [www.searo.who.int/LinkFiles/WHD-12\\_hisea.pdf](http://www.searo.who.int/LinkFiles/WHD-12_hisea.pdf). Accessed: 29-04-2017
- Fernández-ballesteros, R. (2010). Quality of life in old Age: Problematic issues. *The International Society for Quality-of-Life Studies*, **6**(1): 21-40. <https://doi.org/10.1007/s11482-010-9110-x>.
- GCN. (2010). Status report on elderly people (60+) in Nepal on health, nutrition and social status focusing on research needs. Kathmandu: Geriatric Center Nepal, Nepal. <http://globalag.igc.org/health/world/2010/nepal.pdf>
- Gupta, *et al.* (2014). Quality of life of elderly people and assessment of facilities available in old age homes of Lucknow, India. *National Journal of Community Medicine*, **5**(1): 21-24. <https://doi.org/10.13140/2.1.1289.2807>.
- HAI. (2019). Ageing population in Nepal. New York: UNFPA, Help Age International. <https://ageingasia.org/ageing-population-nepal/#:~:text=As%20of%202019%2C%20over%20,million%20people%20aged%20over%2060>. Accessed: 26.04.2021
- Khanal, P., Rai, S. & Chalise, H. N. (2018). Children's migration and its effect on elderly people: A study at old age homes in Kathmandu. *American Journal of Gerontology & Geriatrics*, **1**(1):1-6, 1001.
- Lena, A., Ashok, K., Padma, M., Kamath, V. & Kamath, A. (2009). Health and social problems of the elderly: a cross-sectional study in Udupi Taluk, Karnataka. *Indian Journal of Community Medicine*, **34**(2): 131-134. <https://doi.org/10.4103/0970-0218.51236>.
- MOHP, New ERA, ICF. (2016). *Nepal Demographic and Health Survey 2016*. Kathmandu, Nepal: Ministry of Health, Nepal. <https://www.dhsprogram.com/pubs/pdf/fr336/fr336.pdf>

- Mishra, S. & Chalise, H. N. (2019). Health status of elderly living in Briddaashram (Old age home). *International Journal of Public Health & Safety*, **4**(172). <https://www.hilarispublisher.com/open-access/health-status-of-elderly-living-in-briddaashram-old-age-home.pdf>. Accessed: 25.04.2017
- Murray, B. R., Zenther, P. J. & Yakimo, R. (2009). *Health promotion strategies through the life span (8<sup>th</sup> ed)*. Upper Saddle River, N. J.: Pearson Prentice Hall
- Ng, N., Hakimi, M., Byass, P., Wilopo, S. & Wall, S. (2010). Health and quality of life among older rural people in Purworejo District, Indonesia. *Global health action*, **3**(1): 78-87. <https://doi.org/10.3402/gha.v3i0.2125>.
- Piya, N., Shah, T., Badhu, A. & Shrestha, S. (2020). Comparison of quality of life of senior citizens residing in old age homes and own residence. *Journal of Nepal Health Research Council*, **18**(46): 16-20. <https://doi.org/10.33314/jnhrc.v18i1.2050>.
- PRB. (2011). *World population data sheet 2011*. Washington: Population Reference Bureau. [http://www.prb.org/pdf11/2011population-data-sheet\\_eng.pdf](http://www.prb.org/pdf11/2011population-data-sheet_eng.pdf). Accessed: 26.04.2017
- Praveen, V. & Rani, A. M. (2016). Quality of life among elderly in a rural area. *International Journal of Community Medicine and Public Health*, **3**(3): 754-757. <http://dx.doi.org/10.18203/2394-6040.ijcmph20160646>.
- Qadri, S. S., Ahluwalia, S., Ganai, A.M., Bali, S., Wani, F. A. & Bashir, H. (2013). An epidemiological study on quality of life among rural elderly population of Northern India. *International Journal of Medicine Science Public Health*, **2**(3): 514- 22. doi: 10.5455/ijmsph.2013.2.492-500.
- Roka, T. & Pradhan, M. U. (2015). *Gerontological Nursing (1<sup>st</sup> ed.)*. Vidyarathi Prakashan (P.) Ltd: Kathmandu
- Shrestha, D. R. (2012). Reproductive health national and international perspectives. *Elderly Women* (PP. 310-311). Sigma General Offset Press: Sanepa
- Shrestha, M., KC, H., Bhattarai, P., Mishra, A. & Parajuli, S. B. (2019). Quality of life of elderly people living with family and in old age home in Morang, Nepal. *Bibechana* **16**: 23-30. <https://doi.org/10.3126/bibechana.v16i0.20960>.

- WHO. (1997). Programme on Mental Health. (1997). *WHOQOL measuring quality of life*. Geneva 27 Switzerland: World Health Organization. <https://www.who.int/tools/whoqol>. Accessed: 25.04.2017
- Yaser, K. B., Laleh, P., Bahram, P. & Mohammad, A. J. (2014). Assessing the quality of life in elderly people and related factors in Tabriz, Iran. *Journal of Caring Sciences*, **3**(4): 257–263. doi:10.5681/jcs.2014.028 <http://journals.tbzmed.ac.ir/> Accessed: 26.04.2017