

## A STUDY ON QUALITY OF LIFE AMONG INSTITUTIONALIZED AND NON – INSTITUTIONALIZED ELDERLY WOMEN

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**Abstract:** Ageing is a normal inevitable and universal phenomenon; which bring changes in physical, psychological, social, economic and cultural aspects of life. India is the second largest population of elderly (60+) in world. An increasing number of elderly have impact on social care and security by family replaced by institutional care.

Quality of life is considered as a person's physical health, psychological state and level of independence, social relationships and their relationship to their environment. Quality of life is considered as important for overall well-being among institutionalized elderly women.

The aim of the present investigation is to study the quality of life of elderly women living in institutional and non-institutional settings in Mysuru District of Karnataka state. The study was conducted on simple random sample of 280 elderly in the age ranging from 60 years and above of which 140 respondents from institutionalized setting and 140 respondents from non-institutionalized setting. WHO Quality of life questionnaire was administered, data was collected and descriptive statistics was used to analyse.

Study reveals that that there is a significant difference between the institutional and non-institutional elderly women in the area of physical, psychological, level of independence, social relationship, social care and support and environment domains of QOL.

**Keywords:** Quality of life, institutions, elderly women

**Introduction:** Ageing is normal, biological, inevitable and universal phenomenon. It bring changes in the physical, psychological, social, economic, emotional, cultural and spiritual aspects of life. Thus, ageing has three aspects such as biological, psychological and social. Population of elders is increasing at a faster phase due to changes in fertility, mortality and migration. India is the second largest population of elderly (60+) in the world. According to 2001 census, the number of elder person was 70.6 million (6.91%) and 94.8 million (8.3%) in 2011, 118 million (9.3%) in 2016 and expected to increase 173 million (12.4%) in 2026. (Devi.S & Roopa K S, 2013). Elderly women growing at a faster phase in modern phenomenon.

As an increasing number of elderly population have serious impact in there care and support and factors such as rapid industrialisation, urbanisation, breakdown of joint family, growing of nuclear family and migration of working population have impact on social care and security by family replaced by institutional care such as old age homes and day care centres.

Today, the old age homes are indispensable as they are needed to take care of elderly population in need of physical, psychological, social, and economic care and support. According to Devi S & Roopa K S, 2013 states that old age homes in India points to needs for elders due to migration of children in search of employment opportunities, their maladjustment in family, poverty and lack of social care and security are considered as the major reason for the Indian elderly to shift to old age home or day care centres.

However in recent years, decrease in family care and support, disintegration of joint family structure into nuclear family, increase participation in non-agricultural labour force results in spread of old age homes run by private or voluntary organisation for their care and protection in last years of life span.

Quality of life is considered as important aspect for any age group, due to various consequences and trends it is essential to elderly population to have better quality of life among institutionalized as well as non-institutionalized elders. Quality of life is considered as a person's physical health, psychological state and level of independence, social relationships and their relationship to their environment. Quality of life is considered as important for overall well-being among institutionalized as well as non- institutionalized elderly women.

According to World Health Organisation (WHO), quality of life "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".

**Objectives of the Study:** The study aims is achieving the below said objectives.

1. To assess and compare the overall perception of quality of life among institutionalized as well as non-institutionalized elderly women.

2. To suggest the effective remedial measures to have better quality of life among institutionalized as well as non-institutionalized elderly women.

**Methodology: Sample:** The sample were selected by simple random sampling technique. 280 elderly in the age ranging from 60 years and above of which 140 respondents from institutionalized setting including respondents from four old age homes and 140 respondents from non-institutionalized setting including respondents living in joint or nuclear or

extended family from Mysuru district, Karnataka State was selected for the present study.

**Tool Used:** WHO Quality of life BREF questionnaire was administered, data was collected and data was collected and descriptive statistics was used to analyse.

**Results and Discussion:** The findings of the present study QoL of among institutionalized as well as non-institutionalized elderly women are presented below:

**Table 01: Showing the Demography the elderly respondents.**

Age- group	Institutionalized		Non-Institutionalized	
	F	P	F	P
60-69 Years	60	42.8%	49	35%
70-79 Years	53	37%	68	48%
80 Years & above	27	19%	23	16.4%
Total	N = 140	100%	N = 140	100%

(F = Frequency, P = Percentage)

In the above table, demography of the elders considered for study was shown. Elderly women above the age group of 60 years were considered as respondents for present study. The data from the above table shows the demography of elderly women living at institutional setting as well as non - institutionalized setting. Among institutional setting, majority of respondents, 42.8% belong to the age group of 60-69 years and 48% of respondents belong to age group of 70-79 years in non - institutionalized setting.

**Table 02: Showing the domains of QOL among institutionalised elderly women respondents.**

Sl.No	Domains of QoL	Dissatisfied		Satisfied		Very satisfied	
		F	P	F	P	F	P
1	Physical well being	29	12.1%	69	14.4%	28	11.7%
2	Psychological well being	37	15.4%	26	10.8%	13	5.4%
3	Social care and support	32	13.3%	46	19.2%	18	7.5%
4	Level of independence	54	22.5%	20	8.3%	12	5.0%
5	Social relationship	70	29.2%	29	12.1%	18	7.5%
6	Environment	88	33.8%	54	22.5%	16	6.7%

In the above table, domains to measure QOL among institutionalized elderly women was shown. Physical wellbeing, psychological wellbeing, social care and support, level of freedom, social relationship and environment are considered as various domains to assess QOL. 14.4% of respondents satisfied by health services offer by institutional care, 15.4% of respondents shows dissatisfaction for poor psychological care, 19.2% of respondents are satisfied for good social care and support, 22.5% of respondents dissatisfied due to lack of freedom, 29.2% or respondents are dissatisfied due to lack of social relationship to some extent and 33.8% of respondents are dissatisfied due to change of environment. Thus, majority of elderly women shows poor QOL in areas such social care and family support, relationship, lack and lack of family members care and love.

**Table 03: Showing the domains of QOL among Non - institutionalized elderly women respondents.**

Sl.No	Domains of QoL	Dissatisfied		Satisfied		Very satisfied	
		F	P	F	P	F	P
1	Physical aspects	88	36.7%	28	11.7%	12	5.0%
2	Psychological aspects	95	39.6%	46	19.2%	13	5.4%
3	Social care and support	20	8.3%	70	29.2%	28	11.7%
4	Level of independence	13	5.4%	76	31.7%	16	6.7%
5	Social relationship	26	10.8%	37	15.4%	12	5.0%
6	Environment	26	10.8%	81	33.8%	18	7.5%

In the above table, domains to measure QOL among non - institutionalized elderly women respondents living in family was shown. 36.7% of respondents are dissatisfied due to lack of physical care, 39.6% of respondents shown dissatisfaction due to lack of psychological care and support, 29.2% of respondents are satisfied in social care and protection, 31.7% of respondents are satisfied in level of freedom, 15.4% of respondents are satisfied in good social relationship and 33.8% of respondents are satisfied in living at home environment.

Thus, majority of respondents are satisfied in social care and support, environment and level of freedom.

**Suggestion:** Here, some of the suggestion to improve the QoL among institutionalized as well as non-institutionalized elderly women.

1. Empowerment of elderly women to improve psychological wellbeing.
2. Social, physical and recreational activities help in building self-image, satisfaction level and better QoL.

3. Health education with regard to activity and environmental changes will bring changes in social relationship.

4. **Practices of yoga and pranayamas improve sense of balance between the physical (body) and psychological (mind) aspects of elders to great extent.**

5. Social security programmes for families in providing the social needs of the elders

**Conclusion:** Thus, QOL is important in which each individual possess for physical, psychological, social, emotional, economic and spiritual wellbeing. QoL is important during the old age, as elder person require good physical, psychological, and social care. The present study states that institutionalized elderly women possess good QoL in physical, psychological, care and protection. But, non – institutionalized elderly women possess good QoL in social care, support, level of freedom and environment.

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