ABSTRACT

The prevalence of geriatric diseases and quality of life among the elderly living in homes and old age institutions were studied. The objective of the study was to assess and compare the geriatric illness and quality of life of elderly living in homes and old age institutions. Another objective was the assessment and comparison of the differences in the perception of quality of life on five broad domains with regard to the two age groups namely 65-to 70 years and 71-76 years and between men and women.

The assessment of the geriatric diseases, Health Related Quality of Life (HR-QoL) was made through a Structured Interview Schedule developed by the researcher and the perception of QoL was assessed using standardized WHO-QoL. The tool was administered to a sample consisting 800 elderly men and women in the age group of 65-76 years residing in homes and old age institutions. A total of 400 samples were selected from old age institutions of which 200 were men and 200 were women. Similarly, a total of 400 elderly living in homes also were selected of which 200 were men and 200 were women. There were 100 members in each sub group based on age, sex and setting.

One of the objectives of the study was to develop a package of educational programme for the elderly to improve their health and QoL. A module was designed adopting scientific methods of programme planning. About ten percent of the sample equal to main study was selected for the experimental group (EG) which consisted of 80 members of which 40 were men and 40 women. The impact of the intervention programme was assessed using the same SIS and WHO-QoL with an interval of a month between the intervention and reassessment of EG.

Analysis of the results was done based on descriptive and inferential statistical analysis of the data by applying percentage, mean, standard deviation, chi-square, ‘t’ and ‘z’ test.
The pre test results showed that majority of the respondents reported hypertension and diabetes followed by various diseases like osteoporosis, cardio vascular disease, gastro intestinal disease and other diseases like respiratory mal function, cancer and psychiatric disorders. Only few of them (15.3%) were healthy and were not suffering from any geriatric diseases.

Gender differences were associated with the perception of QoL of respondents in the case of respondents in institutions, but not in the case of respondents from non- institutions.

In the institutional setting, the 71-76 year old group of men showed better QoL whereas, in non- institutional setting 65-70 year old group of men showed better QoL. For women this difference in the two age groups was not noticed for the two settings. For both men and women in the two age groups the perceived QoL was better in the Institutional setting as compared to the non- institutional setting.

More number of respondents in the age group of 65-70 years reported a high level of quality of life as compared to the 71-76 years age group. The respondents in the age group of 65 -70 years in the institutional setting showed a higher score on all the domains as compared to the respondents in the non- institutional setting. This was not applicable to the other age group. For both men and women the scores in different areas of QoL were more in the institutional setting as compared to the non- institutional setting.

In institutional settings there was an association between the three levels of quality of life and marital status. Married respondents reported a higher level of QOL as compared to widow/ers. Even in non-institutional setting married respondents reported a moderate level of QOL as compared to widow/ers.

The results revealed that there was an impact of educational program on respondents with significant improvement in the perception of quality of life with regard to all the domains.
An increase in scores on all the dimensions assessed on SIS was noticed due to the educational program in the experimental group of elderly among both men and women. Men showed greater improvement due to educational program in the case of physical activities, psychological states and health care habits. The extent of improvement shown by the two age groups differ significantly on physical activities, emotional feelings, social activities, food and nutrition, healthcare habits and diet patterns. In all these areas 71-76 years group showed a greater improvement with intervention.

The finding has a wide range of implications for geriatric diseases and ways to improve QoL of elderly. On an experimental basis a smaller group of sample was educated. But this had an impact on health care and QoL of elderly. The study also highlighted the readiness for changes in the life style of elderly persons for betterment of QoL. This can be used for larger groups of elderly which will benefit them to improve their QoL.

In society there is a need to alleviate disease and promote health with intervention and educational approach. It is essential to take steps towards encouraging elderly persons to participate in such programs to promote their health and to improve their QoL.