



# Perception, attitude and lifestyle of elderly females towards old-age living in old age home and within the family: A comparative cross-sectional study in the rural area of Kollam District, Kerala

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## ABSTRACT

### BACKGROUND

Senior citizens over the age of 55 are approaching retirement with optimism. Their bodies may have aged but their minds remain agile and ready to embark on new adventures and take on new challenges. This study helps in providing a better understanding of the elderly citizens in our country. The aim of the study was to compare the health status of elderly women residing in old age homes with those living within family environment

### METHODOLOGY

The cross-sectional study commenced in the month of February 2023, which was continued for a month in a rural area of Kollam District at Kerala. Data was collected using a semi-structured questionnaire which include the sociodemographic status and health status of participants. Individuals above the age of 60 were selected. Out of these 40 were institutionalized (Old-age home, Chathannoor) and 40 were living in the family setup in the rural area of Meeyanoor, Kerala. Data were entered into MSEXCEL and analysed using SPSS version 26. The percentage was calculated for descriptive variables. The chi-square test was applied for analysing categorical variables.

### RESULT

Among 40 institutionalized elderly females, 20% feel that old age is a period of dependence while the majority (72.5 %) show that it is a stage of loneliness. 7% felt economic insecurity. 52.5% of elderly living in old age have disabilities and 22% living within the family have disabilities. 57.5% of inmates of old age homes complain of memory loss while only 15% of elderly females living in the families have memory loss. 92.5% of institutionalized elderly females are on medication whereas 60% of elderly females living in families are also under medication for various diseases

### CONCLUSION

The study concludes that 39 (97.5%) of elderly females living within the family were found to be happy whereas 33 (82.5%) of institutionalized females were unhappy with an association found between feelings towards old-age home ( $p=0.02$ ), happiness ( $p=0.01$ ) and preference towards old age ( $p=0.04$ ) between old age home and elderly females living within families. The health status, general liking, and attitude of the elderly women living in the families had a better position than that of the elderly women of the institution.

**Keywords:** Dependence, old age, institutionalized, family, elderly

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## INTRODUCTION

Globally, there is a rapidly ageing population. Ageing is a universal process that no human can escape. In recent years, most older adults have appeared to be thinking about successful ageing. Successful ageing is defined as a multi-dimensional concept. It includes physical, psychological, functional, and social aspects of social well-being<sup>1</sup>. In India, the concept of old age homes is still in its infancy. People are more likely to experience multiple conditions concurrently as they age<sup>2</sup>. Hearing loss, cataracts and refractive errors, back and neck pain and osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression, and dementia are all common conditions in the elderly<sup>1</sup>. For centuries, India has taken pride in its tradition of a reciprocal familial commitment system. One important aspect of the Indian family is the joint family system.<sup>2</sup>

The official retirement age is 60, but it may be raised in the future, given the positive trend of senior citizens being physically and mentally fitter than ever before and being indispensable assets to an organization until much later in life. Senior citizens over 55 are optimistic about retirement, as their bodies may have aged.<sup>3</sup> In Indian culture, women typically identify with their husband. In fact, an elderly woman is far more susceptible than an elderly man because of social and economic dependence on her father, husband, and ultimately son, as well as low levels of education and access to healthcare<sup>4</sup>. Still, their minds remain agile and ready to embark on new adventures and challenges. Senior citizens today are looking for the best retirement homes to spend their golden years in because they have more mobility and a higher quality of life<sup>1</sup>. Elderly people who lacked family support had to rely on old age homes (OAHs) maintained by private or non-profit organizations for their care and support<sup>5</sup>. In this scenario, the idea of OAHs is gaining traction, and the number of persons looking to be institutionalized is rising quickly. The objectives of this study is to assess the sociodemographic profile, attitude towards old age and compare the health status of the elderly females living at old age homes and within a family.

## Material and Methods

The cross-sectional study was conducted on elderly females living in two different settings: (a) those living in old-age homes and (b) those living with their families, over the period of February 1<sup>st</sup>, 2023– April 30<sup>th</sup>, 2023. Data was collected using a semi-structured questionnaire with face-to-face interviews. The questionnaire includes information about participants' sociodemographic characteristics and health conditions. Assuming the acceptance towards old-age around 53% among elderly females living in a community and 30% among old age based on the study conducted by S Singh et al<sup>3</sup> sample size was calculated using the formula  $N = \frac{(z_{\alpha} + z_{\beta})^2 \times pq \times 2}{d^2}$  at 80% power and the sample size was calculated to be 40 in each group.

Of the 120 elderly people living in the Old-age home, Chathannor at Kollam District, Kerala, 40 elderly females were randomly selected, and 40 elderly females from a family setup were randomly selected by door-to-door visits in the neighbourhood and were roughly matched for age, sex, and socioeconomic condition living in the family setup in the rural area of Kollam District, Kerala. Ethical clearance was obtained from the institution before commencing the study (JSSMC/IEC/011222/43/NCT/2022-23). Informed written consent was obtained from the study participants after explaining the aims and objectives of the study. Those willing to participate were taken for the study. Female population above 60 years were included in the study. Non-cooperative inmates and the elderly, who was bedridden, severely ill, audio-visually handicapped or cognitively impaired were excluded from the study. For the purpose of the study, we determined that a minimum of six months of experience living in old age homes would be necessary to provide an unbiased assessment of those living arrangements. Those who have resided in the old age homes for less than six months were thus not included in the study. Data were entered into MSEXCEL and further analyzed using SPSS Version 26.0 (IBM Corp. Released 2019. IBM SPSS Statistics for Windows, Version 26.0, Armonk, NY: IBM Corp). The percentage was calculated for descriptive variables. The chi-square test was applied to

analyze qualitative data. P-value < 0.05 at 95% CI was considered statistically significant.

## RESULT

Female participants above 60 years were included in the study. 40 participants from old age and 40 participants are residing in the family participated in the study.

**Table 1** shows that 64 (80%) of respondents are 61-70 years old and 16 (20%) above 70 years old. Among 40 institutionalized elderly females, 26 (65%) were 61-70 years old and 38 (95%) of the elderly females living within the family were 61-70 years old. Around 14 (35%) of elderly females in old age and 2(5%) of elderly females living in the family were >70 years old respectively.

**Table 1** Sociodemographic profile of participants

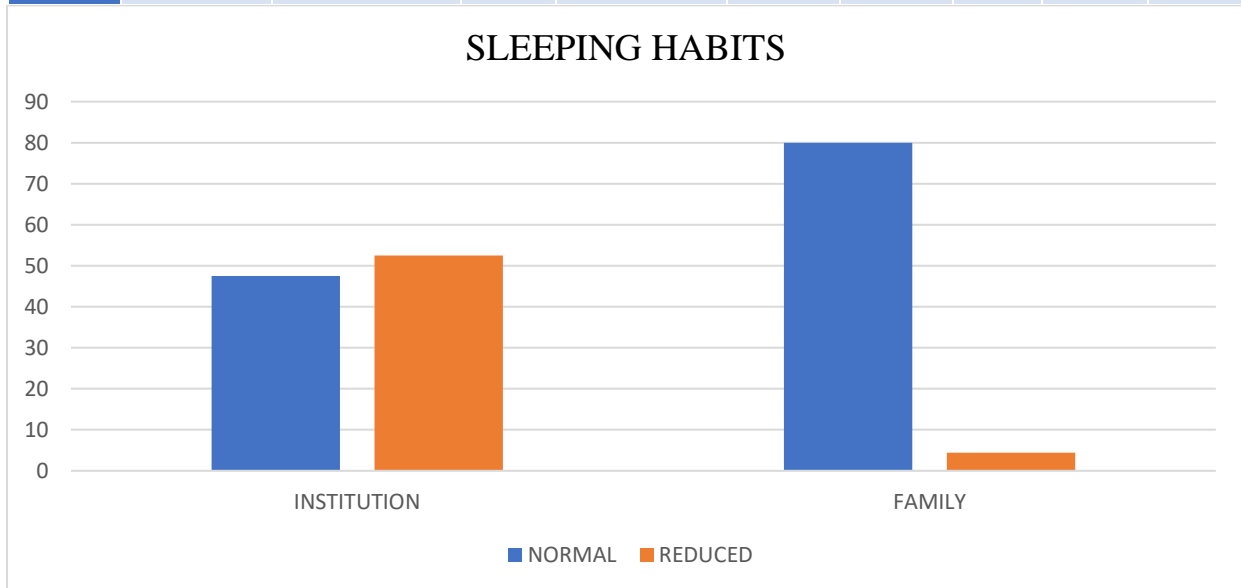
Age		Institution		Family		Total	
		Number	%	Number	%	N	%
Age	61-70 years	26	65.0	38	95.0	64	80.0
	>70 years	14	35.0	2	5.0	16	20.0
	Total	40	100.0	40	100.0	80	100.0
Religion	Hindu	26	65.0	23	57.5	49	61.3
	Muslim	2	5.0	12	30.0	14	17.5
	Christian	12	30.0	5	12.5	17	21.3
	Total	40	100.0	40	100.0	80	100.0
Education	Illiterate	20	50.0	6	15.0	26	32.5
	Primary	20	50.0	7	17.5	27	33.8
	Higher Secondary	0	0.0	2	5.0	2	2.5
	Graduation	0	0.0	25	62.5	25	31.3
	Total	40	100.0	40	100.0	80	100.0

Among the participants, 26(65%) of inmates of old age homes belong to the Hindu community, 12 (30%) are Christian, 23 (57.5%) of older women living in the families belong to the Hindu community, and 12 (30%) are Muslims. The majority of the respondents have only primary education. 20 (50%) of the institutionalized females are illiterate, and 20 (50%) have primary education. 25 (62.5%) of elderly females living within the family are graduates

**Table 2** Figure 1 shows that 21 (52.5%) of inmates of old age homes have reduced sleep, and 19 (47.5%) had normal sleep. 8 (20%) of elderly females in the family have reduced sleep, and 32 (80 %) had normal sleep. There is an association between sleeping habits of participants of old age home and living within a family with a chi-square value of 9.141 and a p-value of 0.03, which shows statistically significant

Table 2 sleep habits of study participants

		Institution		Family		Total		Chi-square value	P-value
		Number	%	Number	%	N	%		
Sleep	Normal	19	47.5	32	80.0	51	63.7	9.141	0.03
	Reduced	21	52.5	8	20.0	29	36.3		
	Total	40	100.0	40	100.0	80	100.0		



**Table 3** shows that 37(92.5%) of the elderly females in the family had normal appetites, while 27(67.5 %) of institutionalized elderly had normal appetites. 13(32.5 %) of inmates of old age homes had reduced appetite, whereas 3 (7.5%) of elderly living within families had reduced appetite. From the study population, it is found that 21 (52.5%) of elderly living in old age had disabilities, and 1 (2.5 %) living within the family had a disability. 23 (57.5%) of inmates

of old age homes complain of memory loss, while only 6 (15%) of elderly females living in the families had memory loss. 37 (92.5%) of institutionalized elderly females were on medication, whereas 24 (60%) of elderly females living in families were also under medication for various diseases. These factors show an association with elderly females living in old-age home and within family where the p-value < 0.05 which shows statistical significance.

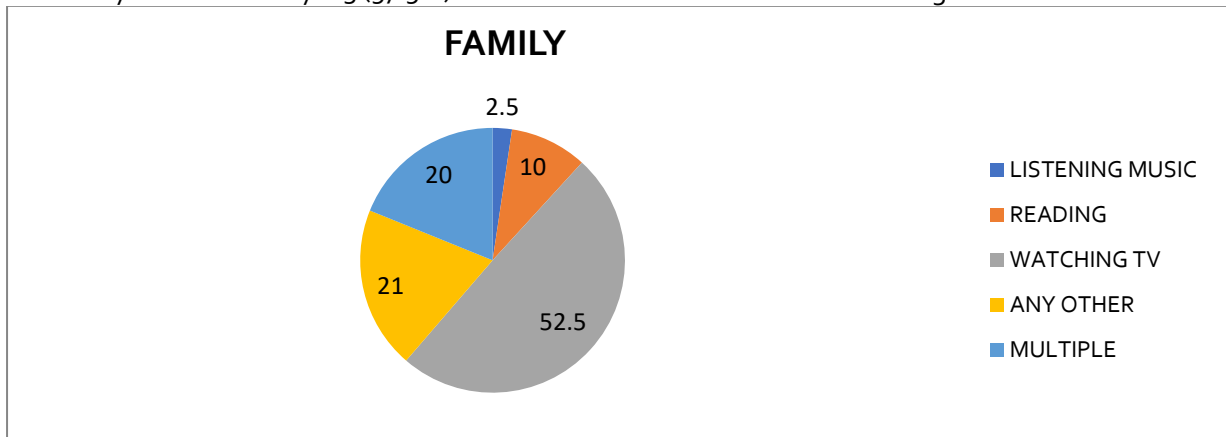


Table 3 Health status of study participants

		Institution		Family		Total		Chi-square	p-value
		Number	%	Number	%	N	%		
Appetite	Normal	27	67.5	37	92.5	64	80.0	7.803	0.04
	Reduced	13	32.5	3	7.5	16	20.0		
	Total	40	100.0	40	100.0	80	100.0		
Disability	Yes	21	52.5	1	2.5	22	27.5	25.078	0.02
	No	19	47.5	39	97.5	58	72.5		
	Total	40	100.0	40	100.0	80	100.0		
Memory loss	Yes	23	57.5	6	15.0	29	36.2	15.632	0.03
	No	17	42.5	34	85.0	51	63.7		
	Total	40	100.0	40	100.0	80	100.0		
Medication	Yes	37	92.5	24	60.0	61	76.2	11.665	0.001
	No	3	7.5	16	40.0	19	23.7		
	Total	40	100.0	40	100.0	80	100.0		

**Table 4** shows that among 40 institutionalized elderly females, 8 (20%) feel that old age is a period of dependence, while the majority 29 (72.5%) felt loneliness and around 3 (7%) felt economic insecurity. Among 40 older women living in the family, 13 (32.5%) perceived old age as a stage of dependency, 4 (10%) felt loneliness, and 2 (5%) were economically insecure. From the study, it is found that 39 (97.5%) of elderly females living within the family are found to be happy, but 33 (82.5%) of institutionalized females are unhappy. The remaining 7 (17.5%) are happy. The study found that among 40 institutionalized elderly females, 17 (42.5%) likes watching television, 5 (12.5 %) like listening to

music and 3 (7%) like reading. Among 40 elderly females living within the family, 21 (52.5%) like watching TV, 4 (10%) like reading, and 1 (2.5%) like listening to music. The study found that 39 (97.5%) of inmates of old age home prefer to live in the home, and the remaining 1 (2.5%) prefer old age home, whereas 36 (90%) of elderly living in the family prefers home, and the remaining 4 (10%) prefer old age home. There is an association found between feelings towards old-age home ( $p=0.02$ ), happiness ( $p=0.01$ ) and preference towards old age ( $p=0.04$ ) between old age home and elderly females living within families

Table 4 Attitude of participants towards old age

		Institution		Family		Total		Chi-square	p-value
		Number	%	Number	%	N	%		
<b>Present feelings towards old age</b>	Period of dependence	8	20.0	13	32.5	21	26.2	41.330	<b>0.02</b>
	Economic insecurity	3	7.0	2	5.0	5	6.2		
	Loneliness	29	72.5	4	10.0	33	41.2		
	Others	0	0.0	21	52.5	21	26.2		
	Total	40	100.0	40	100.0	80	100.0		
<b>Happy</b>	Yes	7	17.5	39	97.5	46	57.5	52.379	<b>0.01</b>
	No	33	82.5	1	2.5	34	42.5		
	Total	40	100.0	40	100.0	80	100.0		
<b>Recreational activities</b>	Listening music	5	12.5	1	2.5	6	7.5	112.3	0.50
	Reading	3	7.0	4	10.0	7	8		
	Watching Tv	17	42.5	21	52.5	38	47.5		
	Any other	15	37.5	6	15.0	21	26.2		
	Multiple	0	0.0	8	20.0	8	10.0		
	Total	40	100.0	40	100.0	80	100.0		
<b>Preference</b>	Home	39	97.5	36	90.0	75	93.7	1.920	<b>0.04</b>
	Old age home	1	2.5	4	10.0	5	6.2		
	Total	40	100.0	40	100.0	80	100.0		

## DISCUSSION

The study presents several findings on the health, socio-economic, and psychological aspects of elderly females living in institutionalized settings and within families. These findings provide valuable insights into the challenges and opportunities faced by this vulnerable population. One significant study finding is that most respondents have only primary education. This finding is consistent with previous studies showing that education is important as it empowers to be self-dependent and self-sufficient while moving towards old age<sup>4,5</sup>. The study also found that around 21 (52.5%) and 23(57.5%) of elderly females living in the institution were having disabilities and memory loss respectively which was higher compared to

those living within families. This finding is consistent with previous studies showing that institutionalization is associated with poorer health outcomes and a higher risk of disability.<sup>6,7</sup> Another important finding of the study is that around 33 (82.5%) elderly females living in institutionalized settings were unhappy. This finding is consistent with previous studies showing that institutionalization can lead to social isolation, loss of autonomy, and decreased quality of life.<sup>8,9</sup> In contrast, around 39 (97.5%) elderly females living within families were happy, highlighting the importance of social support and the benefits of ageing. The study also found that the preference for living arrangements differed between



institutionalized and non-institutionalized elderly females. Around 39 (97.5%) elderly females living in institution preferred to remain in the home, while 36 (90%) elderly females living within families preferred to age in home. This finding is consistent with previous studies showing that older adults strongly desire to age in place.<sup>10</sup>

Previous studies have also shown similar trends in the health and well-being of elderly females. A *Venu R. Shah et al.* study found that elderly females experienced a high prevalence of chronic diseases and disabilities, negatively impacting their quality of life.<sup>11</sup> Similarly, a study by *Shivkumar et al.* in India found that elderly females in institutionalized settings experienced reduced sleep and appetite and a higher prevalence of disabilities than those living within families.<sup>12</sup> The finding that most elderly females prefer to live within the family or in their homes is consistent with previous studies. A study by *Lum et al. (2014)* in China found that elderly individuals preferred to live within the family due to social support and a sense of belonging.<sup>13</sup> Additionally, a study by *Dupuis-Blanchard et al. (2016)* in Canada found that elderly individuals preferred to age in place, which refers to the

ability to live in one's own home and community rather than in institutionalized settings.<sup>14</sup>

### CONCLUSION

The study concludes that 39(97.5%) of elderly females living within the family were happy whereas 33(82.5%) institutionalized females were unhappy. There is an association found between feelings towards old-age home ( $p = 0.02$ ), happiness ( $p = 0.01$ ) and preference towards old age ( $p = 0.04$ ) between old age home and elderly females living within families. There is an association between sleeping habits of participants of old age home and living within a family with a chi-square value of 9.141 and a p-value of 0.03, which shows statistically significant. This study provides important insights into the health, socio-economic, and psychological aspects of elderly females living in institutionalized and non-institutionalized settings. The findings highlight the need for policies and programs that support ageing in place and address the challenges faced by institutionalized elderly populations.

### LIMITATIONS

Only 80 study individuals were included in the study and the study is limited to a rural area of Kollam District and needs to be extended to a wider area.

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