

Factors determining family support and quality of life of elderly population

Harkirat Kaur¹, Harleen Kaur², Mahalingam Venkateshan²

¹Himalayan Institute of Nursing, B.D. Sharma University of Health Sciences, Rothak, Haryana, India.

²Himalayan College of Nursing, SRHU, Dehradun, Uttarakhand, India.

Correspondence to: Mahalingam Venkateshan, E-mail: milkyamaha2007@gmail.com

Received: January 21, 2015. Accepted: February 25, 2015

Abstract

Background: Aging is an unavoidable and irreversible change as a result of demographic transition in all societies. Family support for the elderly people has become a very important issue in examining the overall well-being of the elderly people. Family support is playing a key role in determining the quality of life (QOL) of the aged people.

Objective: The main aim of the research was to find the factors determining the QOL and family support of elderly people.

Material and Methods: An exploratory descriptive design was followed to obtain error-free results. A total of 213 elderly people were consecutively recruited from a randomly selected setting.

Results: The elderly men reported a better quality of life. Elderly people who had received a formal education also reported a good quality of life. Those who were financially independent had a healthier QOL. Medically healthy elderly people had enhanced QOL. Those who performed their daily activities independently also had superior QOL. Elderly people who got support from their family members had an enhanced QOL. Those who reported having no major problems in their life also had a superior QOL. The educated elderly people had perceived better family support. Medically healthy aged people perceived better family support.

Conclusion: This study found that there are various factors such as gender, education, financial independence, and family support determined the QOL of the aged. Similarly, education, wealth, and family support were the predictors for family support of the elderly people.

KEY WORDS: Quality of life, family support, elderly

Introduction

India is a country having the second largest population in the world. The share of India's population aged 60 and older is projected to climb from 8% in 2010 to 19% in 2050.^[1]

Elderly people have spent a lot of time in the world and have experienced things that future generations will never witness and certainly will not understand. They have taught us respect, manners, traditions, appreciation of things, and how to accept and deal with life experiences.^[1]

According to an estimate, India will be having the highest aged population in the world by 2025.^[2] The quality of life (QOL) of the elderly people has become relevant with the demographic shift toward an aging society. There are indications that the concepts and concerns related to QOL in the elderly people are different from those of the general population. A majority of the elderly people evaluate the QOL positively on the basis of social contacts, dependency, health, material circumstances, and social comparisons.^[3]

Access this article online

Website: <http://www.ijmsph.com>

DOI: 10.5455/ijmsph.2015.21012015220

Quick Response Code:



International Journal of Medical Science and Public Health Online 2015. © 2015 Mahalingam Venkateshan. This is an Open Access article distributed under the terms of the Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0/>), allowing third parties to copy and redistribute the material in any medium or format and to remix, transform, and build upon the material for any purpose, even commercially, provided the original work is properly cited and states its license.

The family provides individual emotional, social, and economic support. The ability of the aged persons to cope with the changes in health, income, social activities, and so on, in their old age depends, to a great extent, on the support they get from their family members. In India, majority of older people live with their immediate family members and the family continues to be the main provider of eldercare.^[4]

Eldercare is the fulfillment of the special needs and requirements that are unique to senior citizens. Traditionally, eldercare has been the responsibility of family members and was provided within the extended family home. In modern societies, eldercare is now being provided by state or charitable institutions.^[5]

In a social milieu where family networks continue to be the major source of psychosocial support and deep rooted cultural norms and perception regarding the family, although apparently dwindling in the near past, the role of family as the crucial source of support for the elderly people assumes a greater significance. Thus, effective family support is a key component of the overall well-being of the elderly people.^[3]

Many of the researchers have shared their experiences and given their views regarding the family system. Researchers believe that the QOL of elderly people is affected by various factors and directly depends on the support that they receive from their family.

The investigator hypothesized that there will be various factors that will affect the family support and QOL of the elderly people. The main objectives of the present study were to find the factors determining the QOL and family support of elderly people.

Materials and Methods

An exploratory descriptive with quantitative and qualitative approach was used to study the factors determining wealth of the elderly people. A total of 213 elderly people were consecutively recruited from the randomly selected wards in a selected semiurban area of Uttarakhand state of India. Elderly people with any known mental disorder and clinically diagnosed chronic illness were excluded from the study. Closed and open-ended questionnaires were used to find the predictors of family support and QOL of the elderly people. Informed consent was obtained from all the study participants and ethical committee permission was taken from Himalayan Institute Hospital Trust.

Results

Quality of life of the elderly people with selected variables

Table 1 depicts that elderly men reported better quality of life than the elderly women. The formally educated elderly participants reported a better quality of life than those who had no formal education.

Table 2 shows the elderly people who were financially independent had a better QOL than those who were financially

Table 1: Gender and educational status with quality of life

		N = 213		
S. No.		QOL		
		Mean ± SD	MD	p-Value
1	Gender			
	Male	76.53 ± 15.875	6.794	0.002*
	Female	69.74 ± 14.828		
2	Educational status			
	No formal	67.56 ± 15.217	11.862	.003*
	Formal education	79.43 ± 13.059		

QOL, quality of life

Independent t-test; df = 211

*Significant at the 0.05 level

Table 2: Financial dependency, presence of medical illness, and activity of daily living with quality of life

		N = 213		
S No.		N	QOL	
			Mean rank	p-Value
1	Financial dependency			
	Yes	168	100.65	0.004*
	No	45	130.70	
2	Presence of medical illness			
	Yes	164	93.05	0.011*
	No	67	137.39	
3	Activity of daily living			
	Independent	176	114.94	0.011*
	Need some assistance	37	69.24	

QOL, quality of life

Mann-Whitney U test; df = 211

*Significant at the 0.05 level

dependent on their family members. The older people who were medically fit also had an enhanced QOL than those who were diagnosed with some medical illness. Also the participants who performed their daily activities independently had a finer QOL than those who needed some assistance from their family members for completion of their tasks.

Table 3 presents that those elderly people who got support from their family members had an enhanced QOL than those who got support from their spouse or did not get any support. The elderly participants who reported no major problem in their life had a superior QOL than those who reported some health issues or other major problems.

Family support of the elderly people with selected variables

Table 4 shows that the formally educated elderly participants perceived better family support than those who had no formal education. Table 5 shows that medically healthy elderly participants perceived better family support than those who

Table 3: Source of support and problem felt by elderly with quality of life

N = 213				
S. No.		QOL		
		Mean ± SD	F	Sig
1	Source of support			
	Spouse	70.15 ± 17.360	10.725	0.022*
	Family members	74.17 ± 14.041		
No support	52.40 ± 11.237			
2	Problem felt by elderly			
	Health	69.45 ± 13.045	35.073	0.032*
	Non health	64.33 ± 16.494		
No problem	84.17 ± 10.642			

QOL, quality of life.

One-way ANOVA; df = 212

*Significant at the 0.05 level

Table 4: Educational status with perceived family support

N = 213				
S No.		PFS		
		Mean ± SD	MD	p-Value
1	Educational status			
	No formal education	79.95 ± 26.028	-11.712	0.001*
	Formal education	91.66 ± 23.374		

PFS, perceived family support.

Independent t-test; df = 211

*Significant at the 0.05 level

were diagnosed with some medical illness. Table depicts that elderly people who got support from their family members have healthier family support than those who got support from their spouse or either did not get any support. Elderly people who informed no problems rather than the health and non-health problems had perceived better family support.

Qualitative analysis (conventional content analysis)

- A good number of the elderly people reported that they spent their time “playing with grand children, knitting, worshipping, sitting in the sunlight, chatting with friends, doing household work like cooking, cleaning, rearranging the house, gardening, watching TV, reading newspaper.”
- A large number of the elderly participants reported that “they were the head of the household. Some reported that they were respected as seniors in the family but not as a head of family, and few reported that their position had no value in family etc.”
- Most of the elderly participants reported that they “depended on their family members for their physical, psychological, and also transport needs. Few reported that they did not depend on their family members for their needs.”

Table 5: Presence of medical illness with perceived family support

N = 213				
S. No		N	PFS	
			Mean rank	p-Value
1	Presence of medical illness			
	Yes	164	100.30	0.019*
	No	67	121.60	

PFS, perceived family support.

Mann–Whitney U test; df = 211

*Significant at the 0.05 level

Table 6: Source of support and problem felt by elderly with perceived family support

N = 213				
SNo.		PFS		
		Mean ± SD	F	Sig
1	Source of support			
	Partner	72.94 ± 28.530	21.198	0.03*
	Family members	90.78 ± 21.867		
No support	52.40 ± 14.691			
2	Problem felt by elderly			
	Health	83.07 ± 24.452	15.855	0.012*
	Non health	73.10 ± 25.733		
No problem	97.86 ± 21.346			

PFS, perceived family support.

One-way ANOVA; df = 212

*Significant at the 0.05 level

- “Majority” of the elderly participants reported that they were getting “good support” like psychological and financial. “Some” of them reported that they were getting “poor support.”
- Majority of the elderly participants reported that they were comfortable at their homes.
- Most of the elderly participants reported that “their family members did not involve them in decision making; some of the elderly reported that their family members involved them in decision making and few reported that they themselves taken the decision in their family.”
- Most of the elderly participants reported that “they were not satisfied with their life. Some of them reported that they were satisfied with their life and few reported that they were partially satisfied with their life.”
- Half of the elderly participants reported that their expectations were not fulfilled; some reported that their expectations were fulfilled; a few reported that they had no expectations from their children.
- Majority of the elderly participants reported that “they had good relationship with their children and some of them reported that they had poor relationship with their children.”

Discussion

Association of sociodemographic variables and quality of life

Elderly males experienced good quality of life. According to a study conducted by Lahariya *et al.*^[6] scores decrease as the age increased, with women having less mean QOL scores than men.

Educated elderly participants had a good quality of life. According to Kumar and Majumdar,^[7] QOL was significantly low among the elderly individuals with no schooling. According to a study conducted by Mudey *et al.*,^[8] literate elderly people had better quality of life as compared to illiterate people. According to a study conducted by Bhatia, quality of life was found to be significantly associated with education.

The quality of life of the elderly people depends on the financial relationship with their family members. According to Kumar and Majumdar, QOL was significantly low among those elderly people who were not receiving a pension.^[7]

Elderly participants, who were medically healthy and performed their daily activities independently, had a better QOL. According to Kumar and Majumdar,^[7] QOL was significantly low among those elderly people who had musculoskeletal disorder, low vision, and impaired activities of daily living (ADL) groups. Vagetti *et al.*^[9] found a positive association between physical activity and QOL in the elderly people. Naing *et al.*^[3] highlighted that health condition (ADL) were not associated with the QOL of elderly people.

Elderly people who had the support of their family members experienced good QOL. According to Naing *et al.*,^[3] family relationship and social support were significantly related to the QOL of the elderly people.

Health, economic, and social adjustment problems had long-term impact on the QOL of elderly people. Elderly people who did not have any major problem had a better QOL.

Family support

Formally educated elderly people perceived good family support. It might be associated with the fact that most of the educated participants made some financial contribution to the family needs and they were not a burden to their children. Kwok *et al.*^[10] reported that perceived family support was not a significant predictor, after statistically controlling for the influence of education level.

Elderly people who were medically healthy were perceived to having good family support. It might be because the healthy elderly people performed their daily activities independently. Chaves *et al.*,^[12] found a statistically significant relationship between the family APGAR scores and the presence of chronic illness ($p < 0.001$). Kwok *et al.*^[10] reported no significant correlation between perceived family support and depressive symptoms.

The elderly participants supported by the family members for their own needs perceived a good family support. Investigator assumes that it was because, in the Indian culture, it is the responsibility of the family members to provide support to

their elderly family members. Melchiorre *et al.*,^[11] women and persons living in large households and with a spouse/partner or other persons were more likely to experience high levels of social support. The majority of the economically dependent elderly people are supported by their children in India.^[12]

The elderly participants who had no problems such as health issues, economic issues, and social adjustment were perceived having good family support. It might be that health, economic, and adjustment problems play an important role in maintaining relationship between family members and the elderly people.

Discussion on qualitative data

Elderly people were spending their free time at home playing with their grandchildren, relaxing in the sunlight, chatting with friends, doing household work such as cooking, cleaning, rearranging the house, gardening, watching TV, reading newspaper, knitting, and worshipping. Minhat and Amin^[13] also stated that the most common daily leisure activities were having conversation while relaxing (78.7%), watching TV (74.6%), and reading (63.4%). Similarly, a study by Cheung *et al.* also reported that watching TV was the most prevalent leisure activity among community dwelling elderly people in Hong Kong.

Some elderly people reported that they were not satisfied with their life as their expectations were not met. They mentioned that they had spent their whole life working for their family, their children and had not saved for their future but now when they needed their children's support and help the children were not there for them. Malathum^[14] concluded that life satisfaction of older adults was moderate; to increase life satisfaction of older adults, family and friends' support should be maintained and promoted.

The day-to-day basic needs of the elderly people were fulfilled by their family members. It might be associated with the fact that elderly people are affected with degenerative changes and various chronic illnesses.

In Indian towns, the heads of most of the families are elderly people. Also they are cared for and respected. Unfortunately, few of the elderly participants experienced poor family support. These findings were supported by Okumagba^[15] reported that 24.57% elderly people received support from family members, which included nephews, nieces, and other relatives. Another 23.07% of the subjects received support from friends and 15.57% of the elderly people received no support from any source. The study findings are contradictory to those reported by Lena *et al.*^[16] who stated that half of the people interviewed felt neglected by their family members, whereas 47% felt unhappy in life and 36.2% felt they were a burden to the family. An unfavorable attitude was observed to be more among women than men.

Most of the families did not involve the elderly people in decision making. Same result was shown by Lena *et al.* who stated that 35% of the elderly people felt they were not consulted by the family members for making decisions. Approximately 52% of the respondents felt that old age

affected their role in the family. They felt they were ignored by family members because of their physical illness and economic dependence. In spite of being unhappy due to these problems, they still preferred their home to an old age home for their residence.^[16]

The majority of the elderly participants were harmoniously living with their children. Naing et al. reported that 54.1% of the elderly people had a moderate level of family relationship, 33.5% had a high level of family relationship, and 12.4% a low level of family relationship.^[4] Also Lena et al. stated half of the interviewed subjects felt neglected by their family members.^[16]

Conclusion

The care and support for the elderly population in India is becoming an important issue, on account of the growing number of the elderly people in the population. The factors affecting the QOL and family support of the elderly people must be monitored and used to achieve a better outcome. Indian culture emphasizes the respectful treatment to be given to the aged persons in the family. Family is found to be playing the most vital role in India in this respect, especially in semi-urban areas. It is therefore necessary that efforts must be made to strengthen the family support for taking care of the elderly population.

References

1. Leon D. Commentary: The elderly in modern society. Available at: <http://dominicanewsonline.com/news/homepage/features/commentary/commentary-the-elderly-in-modern-society/> (last accessed on January 23, 2012).
2. Mazumdar PG, Mazumdar S. *Dynamics of Family Support for the Elderly in Rural India. The Influence of Co-Residence with Children*. Available at: <http://iussp2009.princeton.edu/abstracts/91597> (last accessed on February 22, 2013)
3. Naing MM, Nanthamongkolchai S, Munsawaengsub C. Quality of life of the elderly people in Einme township, Irrawaddy division, Myanmar. *Asia J Public Health* 2010;1:4–10.
4. Tanuja M. Care and support for the elderly: a comparative study in rural and urban setups in Odisha. *Int J Social Econ Res* 2012;2:52–64
5. Elderly Care Accessible Health Care 23151 Moulton Parkway STE 103C Laguna Hills, CA 92653 Available at: <http://www.care-giverorange-county.com/Elderly-care.htm> (last accessed on June 12, 2014)
6. Lahariya C, Khandekar J, Pradhan SK. A community based study of health related quality of life of the elderly in urban India. *J Indian Med Assoc*. 2012;110:548–50, 559.
7. Kumar S G, Majumdar A. Quality of life (QOL) and its associated factors using WHOQOL-brief among elderly in urban Puducherry, India. *J Clin Diagn Res* 2014;8(1):54–7.
8. Mudey A, Ambekar S, Goyal RC, Agarekar S, Wagh VV. Assessment of quality of life among rural and urban elderly population of Wardha district, Maharashtra, India. *Ethno Med* 2011;5: 89–93.
9. Vagetti GC, Barbosa VC Filho, Moreira NB, Oliveira VD, Mazzardo O, Campos WD. Association between physical activity and quality of life in the elderly: a systematic review. *Rev Bras Psiquiatr*. 2014;36: 76–88.
10. Kwok SY, Yeung DY, Chung A. The moderating role of perceived social support on the relationship between physical functional impairment and depressive symptoms among Chinese nursing home elderly in Hong Kong. *Sci World J* 2011;5:1017–26.
11. Melchiorre MG, Chiatti C, Lamura G, Torres-Gonzales F, Stankunas M, et al. Social support, socioeconomic status, health and abuse among older people in seven European countries. *PLoS One* 2012;8(1):e54856.
12. Family support and care for the elderly: evidences from India Available at: <http://iussp2009.princeton.edu/papers/92335> (last accessed on May 14, 2014)
13. Minhat HS, Amin RM. Social support and leisure participation of elderly in Malaysia. *Internet J Geriatr Gerontol* 2012;7(1).
14. Malathum P. Relationships of family support and friend support to life satisfaction of older adults in rural areas Jiraporn Kongiem. Available at: <http://www.li.mahidol.ac.th/thesis/2548/cd385/4536563.pdf> (last accessed on March 22, 2014)
15. Okumagba PO. Family support for the elderly in Delta State of Nigeria. *Stud Home Comm Sci*. 2011;5:21–27
16. Lena A, Kumar A, Padma M, Kamath V, Kamath A. Health and social problems of the elderly: a cross-sectional study in Udipi Taluk, Karnataka. *Indian J Comm Med*. 2009;34:131–4.

How to cite this article: Kaur H, Kaur H, Venkateshan M. Factors determining family support and quality of life of elderly population. *Int J Med Sci Public Health* 2015;4:1049-1053

Source of Support: Nil, **Conflict of Interest:** None declared.