



Original Research Article

## Quality Of Life among Neglected Institutionalised Elderly Women

G. Sam. Sangeeth<sup>1</sup>, M. Daniel Solomon<sup>2</sup>

<sup>1</sup>Research Scholar, <sup>2</sup>Assistant Professor in Social Work, Bishop Heber College, Trichy, India.

Corresponding Author: G. Sam. Sangeeth

Received: 08/08/2014

Revised: 26/08/2014

Accepted: 28/08/2014

### ABSTRACT

The purpose of the study is to make careful investigation and project the quality of life of neglected elderly women who are inmates of institutionalisation. The widowed, divorced and separated [WDS] from family are excluded, neglected and abraded from their fascinate. Elderly women are susceptible to institutionalisation or prone to homelessness, wandering, beggary and all forms of abuse in the society. Elderly women are one among the weak and vulnerable sections of the society. In the ancient of days women were worshiped as goddesses in Vedic period as the days pass the status of women are fluctuating. As the elderly population are increasing in the globalising world is challenging in present and future days. The generation gap is highlighting the elderly disrespect; less dignity and the negligence of elderly population are haunting their lives. The study was conducted in a social welfare organisation in Chennai known as ARUWE. The study was conducted on 30 elderly women inmates using census method. The standardised instrument was used to measure Quality of life (QOL) is WHO – BREF 1996. The researcher had used descriptive design to describe the facts. The main objective of the study is to make investigation on quality of life under four domains like physical, psychological, social relationship and environment. It is found that 53.3 percentage of the respondents have overall low quality of life, 60 percentage of the respondents have overall low level of health satisfactions, in physical and psychological health it has been equally distributed, 63.3 percentage of old people have low level of social relationship and 60 percentage of the respondents have low level of environment with reference to quality of life of WDS.

**Key words:** Institutionalised, Quality of life, Widows/Divorced/Separated [WDS]

### INTRODUCTION

Old age is the period of decline and closing period of life. According to Elizabeth Hurlock (1981)<sup>[1]</sup> Old age has been classified as early old age [60-70] and advanced old age [70-end of life]. According to Sowmiya (2012)<sup>[2]</sup> Ageing is

a normal, inevitable, biological and universal reality. According to WHO (1996)<sup>[3]</sup> “Quality of life is defined as individual’s perceptions of their position in the context of the culture and value system in which they live and in relation to their goals, expectation, standards and concerns”.

Quality of life is very imperative for elderly who are widowed, divorced and separated to enhance their wellbeing. Inclusion and rehabilitation are major concern which should be rendered to promote the standard of life of WDS. It is operationalized in this study that neglected institutional women are Widows, divorced and separated. Widows, divorced and separated are unacknowledged, invisible, not main stream individuals. WDS state is magnified as negative life event which is traumatic making them to go in the paths of remorse and aloofness which is dehumanising. There are vivid reasons to be victims of widowhood, divorced and separated whereby they are neglected due to deviant myths and misconceptions concerning WDS. The widowhood in elderly is a state of elderly women who has lost her husband by death and has not married again [4] [source [http://www.google.co.in/?gfe\\_rd=cr@ei=jsu2u66mqzv8ge8hiGAA&gws\\_rd=ssi#q=DEFINITION+FOR+WIDOW](http://www.google.co.in/?gfe_rd=cr@ei=jsu2u66mqzv8ge8hiGAA&gws_rd=ssi#q=DEFINITION+FOR+WIDOW)]. According to Shukla (2005) divorce is elderly women dissolving of marriage. It may be granted if the spouse is mentally incompetent. [5] Separated is couple intentionally or non-intentionally bonded in marriage not living together. The common problems of WDS are economic hardship, higher rates of common mental health problems, adjustment problems, loneliness, phobias to live alone, social stigma, social isolation and neglect, low self-esteem, widows remarriage is highly discourage in high class, poor nutrition, compelled for prostitution, draining in poverty, indulging in begging, inadequate shelter, domestic violence among families members. Prone to rape, poor accessibility of health care, migration, neglected by members of justice providers, harmful use of substance and dismantled family structures are some of the problems of WDS.

Magnitude of the problem:  
According to Laxmi Devi et al.,(2011)

portrays that there were 70.6 million and also highlights future population are projected to grow as 94.8 million in 2011, 118 million in 2016 and reaches 173 million in 2026. [6] According to the Times of India [2012] highlights that Tamilnadu has highest percentage [8.8%] of widows, divorced and separated. The percentage of WDS females was almost three times than of men [29% against 10%] [7] Mohammed TaghSheykshin [2006] found that widowhood leads them to bereavement, isolation, readjustment, low social status entitled as vulnerable section of society. [8] Giles [2013] says on impact of divorce women that it leads to financial and emotion distress which curbs the quality of life. [9] So it is obligatory to cater to the rehabilitation needs of WDS who has enormous negative implications.

## METHODOLOGY

The main aim of the study is to carefully investigate the quality of life of neglected [widows, divorced and separated] elderly in institution. The Objectives are to know the socio-demographic details, overall quality of life, overall health satisfaction, physical health domain, psychological domain, social relationship domain, environmental domain and to suggest welfare measures for widows, divorced and separated [WDS] elderly women in the light of social work perspective. The researcher used Descriptive study to explain the facts. The universe was 30 respondents [WDS] collected from a social welfare organisation, ARUWE. The sample size for the study was 30 respondents. The researcher used interview schedule to collect the data from the respondents through census method. The WHO-QOL-BRIEF (1996) was administered to find out the quality of life in widows, divorced and neglected elderly in institution. The scale comprises of physical, psychological, social and environmental domains. The scale is 5point scale. The scale

is indianised by applying the reliability and reliability has follows 0.721, 0.763, 0.801 and 0.754. [3] Limitations of the study are, study had been conducted with a small sample in an institution and the time was also constrained. An ethical implication of this study is to administer informed concern to the respondents. Scope of the study is to serve as an indigenous study in the light of social work, to serve as document source for policy makers to promote welfare measures for WDS, to inspire social workers to plan effective intervention and rehabilitation programs.

### ANALYSIS AND INTERPRETATION

From demographic details it has been found that in terms of age group, 40% of elderly women are from 60-65 years, 20.0% of elderly women are from 66-70 years, 26.7% of elderly women are from 71-75 years, 10.0 of elderly women are from 76-80 and above 3.3%. In terms of caste based classification among the elderly women 40% belongs to backward caste, 23.3% belongs to other backward class and 36.7% are from scheduled caste. In terms of education among elderly women indicates that 63.3% are illiterate and 36.7 % had primary education. In terms of living

condition exhibits that 63.3% elderly women are dependent and 36.7 are independent. In terms of availing of old age pension scheme among elderly women, 46.7% are receiving pension and 53.3% are not receiving pension.

It is also reveals that 53.3% of elderly women have low quality of life where as 46.7% of them have high quality of life, 60% of elderly women have low health satisfaction where as 40% of them have high health satisfaction, 50% of elderly women have low scores in physical and psychological domains where as 50% of them have high scores in physical and psychological health, 63.3% have low social relationship where as 36.7% of them have high social relationships, 60% of elderly women have low quality environment where as 40% high quality environment.

#### **Hypothesis 1:**

There is no significance relation between the age of the respondents and quality of life of institutionalised women.

#### **Test - one**

Karl Pearson coefficient of Correlation between the age of the respondents and with various dimension of Quality of life in institutionalised Women.

Dimensions	Correlation Value	Level of relationship	Statistical Inference
Quality of Life	-.072	Very low negative relationship	P > 0.05 Not Significant
Health satisfaction	-.007	Very low negative relationship	P > 0.05 Not Significant
Physical	.098	Very low relationship	P > 0.05 Not Significant
Psychological	-.064	Very low negative relationship	P > 0.05 Not Significant
Social relationship	-.129	low negative relationship	P > 0.05 Not Significant
Environment	-.130	low negative relationship	P > 0.05 Not Significant

The above table highlights that there is very low negative relationship between age and overall quality of life, health satisfaction and domains like psychological health, social relationship and environment.

With regard to Age and physical domain it has very low relationship. It is found that statistically not significant because the age does determine the quality of life. It may be the reason that due to no intrinsic nature of

improving standards in all domains of life and impact of previous life situation will also impact the present stage. Hence null hypothesis is accepted and research hypothesis is rejected.

**Hypothesis: 2**

There is no significant variance between respondents caste with various dimension of quality of life.

**Test: Two**

One way Anova among the respondents caste and with various dimension of Quality of life in institutionalised Women.

Dimensions	Quality of Life	Sum of Squares	df	Mean	Mean Square	Statistical Inference
Quality of Life	Between Groups	.699	2	G 1 = 3.25	.350	F = .605 P > 0.05 Not Significant
	Within Groups	15.601	27	G 2 = 3.57	.578	
				G 3 = 3.18		
Health satisfaction	Between Groups	.962	2	G 1 = 2.83	.481	F = .361 P > 0.05 Not Significant
	Within Groups	36.004	27	G 2 = 3.29	1.333	
				G 3 = 3.09		
Physical	Between Groups	27.559	2	G 1 = 21.83	13.780	F = 2.168 P > 0.05 Not Significant
	Within Groups	171.641	27	G 2 = 24.29	6.357	
				G 3 = 22.36		
Psychological	Between Groups	1.776	2	G 1 = 18.08	.888	F = .304 P > 0.05 Not Significant
	Within Groups	78.891	27	G 2 = 18.71	2.922	
				G 3 = 18.36		
Social Relationship	Between Groups	16.830	2	G 1 = 7.50	8.415	F = 2.507 P > 0.05 Not Significant
	Within Groups	90.636	27	G 2 = 7.00	3.357	
				G 3 = 8.82		
Environment	Between Groups	64.327	2	G 1 = 27.25	32.163	F = 2.420 P > 0.05 Not Significant
	Within Groups	358.873	27	G 2 = 25.43	13.292	
				G 3 = 23.91		

G 1 = Backward Class

G 2 = Other Backward Class

G 3 = Schedule Class

With regard to overall quality of life and the mean score of BC, OBC and SC were compared and found that schedule caste has low score, back ward caste has moderate score and other backward class shows high quality of life score. With regard to health satisfaction, physical and psychological the mean score of BC, OBC and SC were compared and found that backward caste has low score, Schedule caste has moderate score and other backward class has high health satisfaction. With regard to social relationship the mean score of BC, OBC and SC were compared and found that other backward caste has low score, backward caste has moderate score and schedule caste had high social relationships score. With regard to environment the mean score of BC, OBC and SC were compared and found that schedule caste has low score, other

backward caste has moderate score and backward caste has high social relationships score. The results are alarming through varied culmination of mean score. It is evitable that not through pre-conceptual notion of social stratification standards of life will determine the quality of life domains but through adoption of life style to present scenario standards of life are determinants of quality of life. Caste doesn't determine quality of life. Thus when tested using ANOVA was found to be not significant in all dimensions. Hence null hypothesis is accepted and research hypothesis is rejected.

**Hypothesis: 3**

There is no significance difference between respondent's educations with various dimensions of quality of life except physical domain.

**Test: Three**

Student t test between the respondent's education and with various dimension of

Quality of life in institutionalised Women.

	Education	N	Mean	Std. Deviation	Std. Error Mean	Statistical Inference
Quality of Life	illiterate	19	3.21	.787	.181	t = -.855 df = 28 P > 0.05 Not Significant
	primary	11	3.45	.688	.207	
Health Satisfaction	illiterate	19	2.84	1.167	.268	t = -1.230 df = 28 P > 0.05 Not Significant
	primary	11	3.36	1.027	.310	
Physical	illiterate	19	21.84	2.774	.636	t = -2.218 df = 28 P < 0.05 Significant
	primary	11	23.91	1.758	.530	
Psychological	illiterate	19	18.26	1.558	.357	t = -.298 df = 28 P > 0.05 Not Significant
	primary	11	18.45	1.916	.578	
Social Relationship	illiterate	19	7.79	1.960	.450	t = -.284 df = 28 P > 0.05 Not Significant
	primary	11	8.00	1.949	.588	
Environment	illiterate	19	25.32	3.637	.834	t = -.529 df = 28 P > 0.05 Not Significant
	primary	11	26.09	4.253	1.282	

With regard to the respondents' education with reference to being illiterate and primary educated mean scores were compared with quality of life, health satisfaction physical, psychological, social relationships and environment found difference in mean score of respondents who illiterates are lower than respondents who have primary education. This may be due to the fact that education brings intrinsic transformation during the course of time. Education does not determine quality of life, health satisfaction and social relationships domains. When difference was tested using t-test the difference were not found to be significant. But in terms physical domain determines the quality of life. It may be because of informal education about the intake of food they consumed in their young age was good and natural without chemicals which may helped them to maintain in later days of their life. When tested difference was tested using t-test the difference was found to be significant. Thus null hypothesis

is accepted and research hypothesis is rejected.

#### **Hypothesis 4**

There is no significant difference between the respondent perceptions about with various dimensions of quality of life except environment domain.

#### **Test: Four**

Student t test between the respondents perceptions about Living Conditions and with various dimension of Quality of life in institutionalised Women.

With regard to the respondents perceptions of living condition about being dependent and independence mean scores were compared with quality of life, health satisfaction and social relationships found that mean score of respondents who perceived dependency are greater than respondents who have perceptions of independent. This may be due to the intrinsic perception of dependence itself act as a push force to maintain standard of life. Perceptions about dependency do not

determine quality of life, health satisfaction and social relationships domains. When

difference was tested using t-test the difference were not found to be significant.

	living condition perceptions	N	Mean	Std. Deviation	Std. Error Mean	Statistical Inference
Quality of Life	Dependent	19	3.37	.684	.157	t = .650 df = 28 P > 0.05 Not Significant
	Independent	11	3.18	.874	.263	
health satisfaction	Dependent	19	3.16	.834	.191	t = .789 df = 28 P > 0.05 Not Significant
	Independent	11	2.82	1.537	.464	
Physical	Dependent	19	22.53	1.896	.435	t = -.199 df = 28 P > 0.05 Not Significant
	Independent	11	22.73	3.663	1.104	
Psychological	Dependent	19	18.21	1.512	.347	t = -.523 df = 28 P > 0.05 Not Significant
	Independent	11	18.55	1.968	.593	
Social Relationship	Dependent	19	8.21	1.988	.456	t = 1.301 df = 28 P > 0.05 Not Significant
	Independent	11	7.27	1.737	.524	
Environment	Dependent	19	23.84	3.114	.714	t = -4.128 df = 28 P < 0.05 Significant
	Independent	11	28.64	2.976	.897	

With regard to the respondents perceptions of living condition about being dependent and independence mean scores were compared with physical, psychological and environment domains found that mean score of respondents who perceived as independent are lower mean score than respondents who have perceptions of dependent response. This may be due to psychosomatic neglect in terms dependent response in terms of physical and psychological domains and it terms of environment independent perceptions makes individual move forward in any environment. Perceptions of dependence do not determine better physical and psychological domains. Perceptions of independence determines better environment. When difference was tested using t-test the difference were not found to be significant but in environment domain the difference was found significant. Hence the null hypothesis is accepted and research hypothesis is rejected

**Hypothesis: 5**

There is no significance between respondents availing pension scheme with various dimensions of quality of life in institutionalised women.

**Test: Five**

Student t test between the respondents availing Pension scheme and with various dimension of Quality of life in institutionalised Women

With regard to the respondents availing pension scheme and not availing respondents mean scores were compared with quality of life, health satisfaction psychological aspects and found that mean score of not availing pension scheme and having quality of life, health satisfaction, psychological were greater than the respondents availing pension scheme and having quality of life, health satisfaction and psychological aspects. This may be due to some kind of inner confidence, positive perception and inner competence about maintaining quality of life, health

satisfaction and psychological domains. Availing or not availing pension scheme does not determine quality of life, health

satisfaction and psychological domains. When difference was tested using t-test the difference were not found to be significant.

	pension	N	Mean	Std. Deviation	Std. Error Mean	Statistical Inference
Quality of Life	yes	14	3.29	.726	.194	t = -.096 df = 28 P > 0.05 Not Significant
	no	16	3.31	.793	.198	
Health Satisfaction	yes	14	2.86	1.027	.275	t = -.794 df = 28 P > 0.05 Not Significant
	no	16	3.19	1.223	.306	
Physical	yes	14	22.57	2.793	.747	t = -.055 df = 28 P > 0.05 Not Significant
	no	16	22.63	2.553	.638	
Psychological	yes	14	18.43	1.651	.441	t = .288 df = 28 P > 0.05 Not Significant
	no	16	18.25	1.732	.433	
Social Relationship	yes	14	8.36	1.823	.487	t = 1.322 df = 28 P > 0.05 Not Significant
	no	16	7.44	1.965	.491	
Environment	yes	14	26.00	4.132	1.104	t = .530 df = 28 P > 0.05 Not Significant
	no	16	25.25	3.624	.906	

With regard to the respondents availing pension scheme and not availing respondents mean scores were compared with physical, social relationship and environment domains found that mean score of not availing pension scheme had lower physical, social relationship and environment domains were as mean score of respondents availing pension scheme had higher mean scores in physical, social relationship and environment mean scores. This may due to the partial financial support encourage their physical aspects to be promoted, enhance social relationship and favourable environment in a partial manner. Availing or not availing pension scheme does not determine physical, social relationship and environment domains. When difference was tested using t-test the difference were not found to be significant. Hence null hypothesis is accepted and research hypothesis is rejected.

**MAJOR FINDINGS:**

53.3% of the respondents who are widows, divorced and separated in institutional setting have over all low quality of life.

60% of the respondents who are widows, divorced and separated in institutional setting have low level of health satisfactions. In Physical and psychological domains the respondents who are widows, divorced and separated in institutional setting it has been equally distributed.

63.3 % of the respondents who are widows, divorced and separated in institutional setting have low level of social relationship.

60% of the respondents have low level of environment with reference to quality of life of WDS.

**Suggestions:**

**For government:**

Institutional based care should curb down when it is not effective. Standards of care

for old age institutions should be scrutinized for effective monitoring and probationary officer must be from social work profession for effective evaluation.

Community based care should be encouraged and promoted in rural and urban setting.

High light concern about quality of life elderly as national priority.

Neglect and discrimination of widows, divorced and separated [WDS] has to be highly discouraged through new legislation.

#### **For Corporates**

Construction of group homes for the elderly can be promoted for widows, divorced and separated [WDS] to redeem them from the despised elderly.

Promote foster care for elderly especially for widows, divorced and separated [WDS] to enhancing quality of life of the elderly.

Realising funds for welfare and rehabilitation of widow's, divorced and separated.

Prompting funding in social work research among gerontological population to enhance the evidence based interventions and encouraging the young researchers to work for the cause.

#### **For Social Workers**

Bring out concept of home based psychosocial care which has to be promoted among vulnerable widows, divorced and separated [WDS] in the community throughout- reach programmes and through satellite centres.

Living arrangements of WDS elderly should ensure safety and security through home visits, collateral visits and follow up visits.

Legal aid has to be fostered for widows, divorced and separated [WDS]

To combat the present challenges of elderly include Gerontological social work in all Indian universities through certificate, Diploma, UG, PG, M.Phil, Ph.D level courses.

Social stigma towards widows, divorced and separated [WDS] has to be eradicated from society through education where they enjoy inclusive environment.

Strengthen family system through counselling and psychotherapy units in urban and rural areas for prevention of widows, divorced and separated [WDS] and rehabilitating the victims

Strengthen socio-economic domains of [WDS] widows, divorced and separated for their remediation.

#### **Non-Governmental Organisation**

Mobile clinics have to be introduced for promotion of physical health for the welfare of WDS elderly in urban and particularly in rural areas.

National level forum/federations can be erected for widows, divorced and separated [WDS] to claim for rights of the WDS elderly all over Tamilnadu state.

Promote clubs for elderly where they can work on their interest where social security will be enhanced.

Work on the rights of the older person nationally and globally.

District level monitoring committee has to be formed for monitoring atrocities against WDS quality of life.

Accessibility, Availability and affordability of health care to vulnerable elderly have to be strengthen in terms of quality service to rural areas specifically.

#### **CONCLUSION**

Quality of life should be enhance through community based rehabilitation programmes for the welfare of the widows, divorced and separated women who are entrapped by vivid causative factors. It is an hour to emancipate them from the clutches of the difficult circumstances where social care and support should playing vital role in rehabilitating at preventive and promotive and curative levels. Feeble, vulnerable and unreached widows divorced and separated

elderly has to be main streamed through welfare measures. Holistic development in terms of standard of living has to assured for healthy and normal ageing, where their quality of life will be escalated free from stigma.

#### ACKNOWLEDGEMENT

I thank Aspy madam, Director of ARUWE for giving me permission to do my research.

#### REFERENCES

1. Elizabeth Hurlock (1953). Developmental psychology: A life span approach, fifth edition, New Delhi, Tata Mc-Grahill publishing company limited.
2. Sowmiya(2012). A study on quality of life of elderly population in Mettupalayam, National journal of Research in Community Medicine, 1(3):123-177, 2012.
3. WHO (1996). WHOQOL-BREF, Introduction, administration, scoring and generic version of assessment, retrieved from [http://www.who.int/mental\\_health/medi a/en/76.pdf](http://www.who.int/mental_health/medi a/en/76.pdf) on 01/05/2014 on 02/06/2014.
4. Definition of divorce. Retrieved from [http://www.google.co.in/?gferd=cr@ei=](http://www.google.co.in/?gferd=cr@ei=jsu2u66mqzv8geiGAA@gwsrd=ssi#q=DEFINITION+FOR+WIDOWS)

5. Shukla (2005). Encyclopaedia dictionary of Psychology, vol3,Common wealth publishers, New Delhi
6. Laxmi Devi et al.,(2013). Quality of Life of Elderly Men and Women in Institutional and Non-institutional setting in urban Bangalore District, Research Journal of Family , Community and Consumer Science, Vol.1(3), May, 2013.
7. Kounteyasinha, The Times of India [2012, April5]. Tamilnadu has highest percentage of widows/divorced in India. Retrieved from <http://www.samachar.com/tamil-nadu-has-highest-percentage-of-widowed-divorced-in-india-mefiLNiijic.html> on 04 July 2014
8. Mohammad TaghiSheykxi (2006). A Sociological review on the reflections and dimensions of quality of life in Tehran. Social indicators Research 78:251-270.
9. Giles (2013). Effects of divorce women. Retrieved from <http://www.livestrong.com/article/103381-psychological-effects-divorce-women>. On 02/05/2014

How to cite this article: Sangeeth GS, Solomon MD. Quality of life among neglected instutionalised elderly women. Int J Health Sci Res. 2014;4(9):268-276.

\*\*\*\*\*