IJNRD.ORG ISSN : 2456-4184
INTERNATIONAL JOURNAL OF NOVEL RESEARCH AND DEVELOPMENT (IJNRD) | IJNRD.ORG
An International Open Access, Peer-reviewed, Refereed Journal

A COMPARATIVE STUDY ON THE QUALITY OF LIFE AND LIFE SATISFACTION OF ELDERLY PEOPLE LIVING IN PAID OLD AGE HOMES AND WITHIN FAMILIES OF KOTTAYAM DISTRICT IN KERALA

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ABSTRACT

This comparative study investigates the quality of life and life satisfaction of elderly individuals residing in paid old age homes and within families in Kottayam district, Kerala. The research focuses on understanding the living conditions, socio-demographic details, freedom, mobility, and health-related factors affecting the elderly in these two settings. The study employs a mixed-methods approach, combining quantitative surveys and qualitative interviews to provide a comprehensive analysis. Socio-demographic details reveal significant differences in age, marital status, number of children, and educational qualifications between the two groups. Freedom and mobility factors are explored, emphasizing the challenges faced by elderly individuals in both settings. Quality of life is assessed using the WHO Bref Quality of Life scale, revealing variations in physical, psychological, social, and environmental domains. Life satisfaction is also measured using the Life Satisfaction scale, highlighting overall contentment among elderly individuals in both groups. The study additionally explores the influence of religious beliefs and spirituality on the health perspectives of the elderly. Qualitative findings delve into the complex interplay of health, living environment, stress, and freedom, providing insights into the multifaceted challenges faced by elderly individuals. The research underscores the need for tailored policies and interventions considering the diverse needs of elderly individuals in different living arrangements. This study contributes valuable insights to the discourse on elderly care, informing future initiatives to enhance the well-being of aging populations.

Keywords: *Elderly, Quality of Life, Life Satisfaction, Old Age Homes, Family, Kerala.*

QUALITY OF LIFE OF ELDERLY PEOPLE LIVING IN PAID OLD AGE HOMES AND WITHIN FAMILIES

- INTRODUCTION AND REVIEW OF LITERATURE

Introduction

Old Age is the final stage of a person's living span. The period when they are moved from the stage of usefulness to the stage when they need external aid. It is the range of ages nearing and surpassing the life expectancy of human beings. Elderly people often have limited regenerative abilities and are more prone to disease, syndromes, injuries, and other illnesses than younger adults. The period is associated with an isolation from social, economic, and other activities. Now they have become an integral part of the global population. The people in this stage are nearly to the end of their life and they need more care and attention. The care and protection can be from their beloved ones or from any physical aid.

According to the World Health Organization Ageing and Health 2022 report, one in six people in the world will be aged 60 years or above by 2030. The share of the population of the aged will increases from one billion in 2020 to 1.4 billion in 2030. The World's population of people aged 60 years of age will be 2.1 billion. The number of people above eighty years of age will be expected to be 426 million between 2020 and 2050 (Ageing and Health, 2022).

According to data from Population Projections for India and States 2011–2036, a report released by the National Commission on Population in July 2020, the senior population in India has been growing since 1961. This has been linked to increased longevity due to better healthcare and economic prosperity. The elderly population increased by around 27 million people between2001 and 2011. In 2011–21 and 202–31, respectively, this rise is projected to be 34 million and 56 million (Elderly in India, 2021). India has 104 million elderly people above 60 years old according to the census 2011 constituting 8.4% of Worlds total population and women outnumber males in this data (World Report on Ageing and Health, 2015). According to the 2020 National Commission on Population study, India will have close to 138 million senior people in 2021, 67 million of which will be men and 71 million will be women.

The senior population is growing at a faster rate than the general population. As a result, there are increasingly more senior citizens in the overall population. Elderly populations have increased by 36% each during the past two decades, compared to average population growth rates of 18% from 2001 to 2011 and 12.4% from 2011 to 21 (Elderly in India, 2021).

According to the National Statistical Office (NSO) elderly in India 2021 report, the Elderly population will rise from 138 million in 2021 to 194 million in 2031. Among these 93 million males and 101 million females is the expected population in 2031 (NSO, 2021). The elderly people residing in old age homes are also increasing rapidly because of urbanization, nuclear systems and industrialization.

This study seeks to investigate the quality of life and life satisfaction of elderly people living in paid old age homes and within families. The researcher conducted the study in Kerala since Kerala has the highest number of old age homes and highest number of elderly people. S. Irudaya Rajan, Chairman, International Institute of Migration and Development, Kerala, said thatthe elderly population is expected to increase to 23% in 2036 in Kerala (Rajan et al., 2020).

According to a 2022 Times of India report 623 registered old age homes are there in Kerala and out of these 27 are paid old age homes (Sreemol, 2022). 42 lakh people in Kerala are in the age of 60 and above and out of them 13 percent of them are 80 years and above. Women outnumber men among the 60 plus and among them, the majority are widows (Economic Review 2016, State Planning Board).

Ageing

Longer life expectancies have led to an increase in the percentage of elderly persons, which is a sign that the population is ageing (OECD & World Health Organization, 2022). Ageing occurs biologically because of the accumulation of numerous types of molecular and cellular damage over time (Ageing and Health, 2022). The gradual loss of mental and bodily stability and increased susceptibility to sickness. It is impossible to compare the change because it could differfor various types of individuals. The way you live, your mental health, and other factors will affect how you age.

The ageing can be in different way:

- Chronological age: This is defined as the people's age in years.
- Biological age: This is defined as the changes in the body during the time.
- Psychological age: This age is based on how people act and feel (Stefanacci & Jefferson, n.d).

Hearing loss, cataracts and refractive errors, back and neck pain and osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression, and dementia are common ailments among elderly people. The rise of various complex health conditions known as geriatric syndromes is another feature of older age. They include weakness, urine incontinence, stumbles, delirium, and pressure ulcers, and they are frequently the result of other underlying problems (Ageing and Health, 2022).

Healthy Ageing

The phrase "healthy ageing" is used in many contexts. It can be simply defined as the process of acquiring and preserving the functional capacity that facilitates well-being in old age (Rudnicka et al., 2020). It is a continuous process to maintain and improve physical and mental health, independence, and quality of life throughout the life course (Plácido et al., 2022). Healthy ageing is defined as a lifelong process that maximizes possibilities for maintaining and enhancing independence, quality of life, and success in life-course transitions while also promoting physical, social, and mental wellness (Peel et al.,

2004). As we know, WHO defines health as a state of complete physical, mental and social well-being and not merely the absenceof disease or infirmity (Health and Well-Being, n.d.) As they develop into the majority of the world's population, healthy old people contribute to the well-being of families and communities. Therefore, their quality of life and pleasure in their lives are tied to healthy ageing. The impact of settings on people's physical and mental health and functioning has become a hot topic in population health and health disparities research over the past two decades (Clarke & Nieuwenhuijsen, 2009). Healthy old people contribute to the happiness of families and communities as they grow to make up most of the world's population. As a result, healthy ageing is related to their quality of life and enjoyment in life. Over the past two decades, research on population health and health disparities has focused heavily on the effects of settings on people's physical and mental health and functioning (Clarke & Nieuwenhuijsen, 2009). According to another study, pedestrian-oriented designs (such as continuous, barrier-free sidewalks, four-way stop signals, and pedestrian amenities) and access to recreational facilities are associated with the onset of mobility impairments in elderly people. It has also been demonstrated that poor street conditions, heavy traffic, and excessive noise are related to this (Clarke & Nieuwenhuijsen, 2009). There are both positive and negative factors that influence healthy ageing in elderly adults.

Quality of Life

WHO defines Quality of Life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. It defines the wellbeing of everyone regarding negative and positive features of life. It includes everything from health, family, education, wealth, religious beliefs, social environment etc. as the indicators. Quality of life is not completely related to standard of living. WHOQOL depends on the perceived quality of life. It is a broad ranging concept that includes the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationships to salient features of the environment (World Health Organization, 2012). It is a broad concept that incorporates the physical condition, mental wellbeing, level of autonomy, personal relationships, personal convictions, and in relation to the environmental characteristics within an individual. It is a composite measure of physical, mental and social wellbeing as perceived by each individual or group of individuals to experience happiness, satisfaction and gratification as it is experienced in life experiences suchas marriage, family, financial situations, educational opportunities, self-esteem, creativity, belonging and trust in others (WHO,2004). This has become an important objective for the studyof elderly people.

Life Satisfaction

Life satisfaction is defined as the happiness an individual is experiencing at a given moment in time. It serves as one of the proxies for apparent quality of life. Along with their mental and physical health, it reveals a person's capacity for thriving.

It's a measure of how highly someone thinks of oneself overall. It is a person's general sense of happiness and subjective well-being. "An overall appraisal of sentiments and attitudes regarding one's life

at a specific period in time, ranging from negative to positive," according to Ed Diener, was the definition of life satisfaction.

People's life satisfaction can be measured using a scale that uses SWLS (Satisfaction with Life Scale). Since its creation in the 1980s, Ed Diener's Satisfaction with Life Scale (SWLS) has been the most well-known and often-used indicator of life satisfaction. It consists of five statements that respondents rate on a scale from 1 (strongly disagree) to 7 (strongly agree). This assessment doesn't specify explicit domains in which respondents should rate their satisfaction, such as work or health; instead, it asks more general questions to produce a subjective evaluation of life as a whole (Diener & Pavot, 1993).

Elderly people

The term "elderly" is used to describe those who are old. An older person is defined by the United Nations as a person who is over 60 years of age (United Nation ,2020). The National Elderly policy classifies anyone 60 years of age or older as elderly. Our worldwide population is increasingly made up of senior folks. The quality of life of elderly persons has been the subject of numerous studies. Few studies have been carried out in Kerala. According to the research, Kerala has the greatest percentage of elderly residents, necessitating the demand for old-age facilities. Elderly individuals are those who have reached the age of sixty. They require physical support and specialized care.

Quality of life of elderly people

The indicators of quality of life is the major aspect of this study. The way in which elderly people handle their transformation to old age, accepting their physical and mental changes, coping up with the new situations and realizing they are no longer needed in the building stage of the society. Gradually they are moving towards a burden stage and there is a need for external aid. The main aim of this study is to evaluate the quality of life and their living satisfaction at this stage of living. And this quality of life will be different for elderly living in old age homes and within families. The elderly who are living in old age homes have different situations because they are living with a group of people of the same age. There are similarities in their way of living and their daily routines. Also, there can be similarities in their problems that they are facing. Some of the major problems faced by the elderly people are:

- Health problems
- Hearing loss
- Cataracts and refractive errors.
- Back and neck pain
- Osteoarthritis
- Chronic obstructive pulmonary disease,
- Diabetes

- Depression
- Dementia.
- Memory loss
- Cardiac Diseases
- Kidney Failures and others (Ageing and Health, 2022)

Life satisfaction of elderly people

In general, life satisfaction remains relatively high in old age at least. Although the normal complaints of aging (e.g., aches and pains, sleeping problems) can take away from one's enjoyment of life, the factors associated with these complaints often lose importance to older adults.

Average life satisfaction may not change much with age, but the contributing factors and how much weight is placed on them certainly does. Older adults do not place as much value on things like status and money as younger people, but they tend to place more value on family relationships and long-term fulfillment from one's life.

One's overall physical health can be an important predictor of life satisfaction, but it seems that mental health is likely a much bigger contributor to life satisfaction than physical health in old age (Leyden Academy, n.d).

Policies for elderly people globally

Human rights apply to everyone. They are universal and apply to all people, regardless of their gender, age, religious affiliation, ability, sexual orientation, or other characteristics. Thus, the Bill of Rights implicitly protects the human rights of all people, including senior citizens' rights. The Universal Declaration of Human Rights 1948, which is a component of the Bill of Rights 1789, is typically considered legal and hence binding customary law. According to Article 25(1) of the UDHR, everyone is entitled to security and a "standard of living," sufficient for his health and the welfare of his family.

Cultural, economic, social, civil, and political rights are generally protected by the two conventions, the ICESCR (International Covenant on Economic, Social and Cultural Rights) and the ICCPR (International Covenant on Civil and Political Rights). Important ICESCR rights that are specific to older people include the rights about employment (Articles 6-7) and social security (Articles 9), as well as rights to a sufficient the best attainable level of living (Article 11), education (Article 13), and health, both physical and emotional (Article 12). "The Right to Food" was published by the Committee on Economic, Social, and Cultural Rights (CESCR) in 1995.

The ICCPR defines "participation rights" as the need of nations to uphold freedom of expression, assembly, and association (Articles 18–19, 21). Everyone has the right to take part in the affairs of their own country, according to Article 25. All people are equal before the law and are entitled to equal protection under the law, according to Article 26. The list of forbidden grounds for discrimination in the article includes race, color, sex, language, religion, origin, and other status. Age isn't addressed specifically; however, it may be argued that it is included in the phrase and other status.

The most beneficial protection for senior citizens may be found in the Convention on the Rights of Persons with Disabilities (CRPD). Even though not all elderly individuals have disabilities and the Convention does not specifically target the elderly for particular consideration. Several of its items can be used by senior citizens looking for human rights protection. The Convention is unique in that it takes a rights-based approach rather than defining "disability" and signals a departure from the conventional "medical" definition of disability. Article 25(b) of the CRPD on the right to health care and Article 28(2)(b) on the right to access social assistance and poverty reduction programmes both refer to older people. Age-appropriate accommodations are referred to in Article 13(1), which addresses access to justice. The right to "age-sensitive support" by states to protect freedom from exploitation, violence, and abuse is mentioned in Article 16(2). Article 9 on accessibility, Article 19 on independent living, Article20 on personal mobility, and Article 26 on habitation are other CRPD articles that may be advantageous to senior citizens.

The Vienna International Plan of Action on Aging was adopted by the World Assembly on Agingin 1982. (VIPAA). This was the first UN document on ageing and human rights. Its recommendations included avoiding the segregation of the elderly, making available home-based care for elderly persons, rejecting stereotypical concepts in government policies and recognizing the value of old age. At the Second World Assembly on Ageing, the Madrid International Plan of Action on Aging (MIPAA), an updated and much extended version, was adopted. The plan has a strong focus on human rights. Two of its main goals are:

- The full realization of older people's fundamental rights and freedoms.
- Guaranteeing that older people can use their civic, political, and economic rights to the fullest extent possible and eradicate all forms of violence and prejudice against them.

It also identified three policy directions to guide policy formulation and implementation:

- older persons and development
- advancing health and wellbeing into old age
- ensuring enabling and supportive environments (Fredvang & Biggs, 2012)

National policies and acts for elderly people

The National Policy on Older Persons (NPOP), which was adopted in 1999, calls for state assistance to meet older people's needs for housing, health care, and other necessities as well as their rights to an equitable share of development, protection from abuse and exploitation, and access to services that will enhance their quality of life. The policy also addresses topics like social security, generational ties, the role of families as main caregivers, the function of non-governmental organizations, workforce development, research, and training.

The goal of the Indira Gandhi National Old Age Pension Scheme (IGNOAPS), which has been in place since 1995 under the Ministry of Rural Development, is to give seniors who live below the poverty line financial security. According to the plan, those over 60 receive central help for their pension at a rate of Rs. 200 per month, while those over 80 receive it at a rate of Rs. 500 permonth.

The National Council of Older Persons was established in 1999 to oversee the Policy's implementation and provide guidance to the Government on matters about senior persons' welfare. In 2012, the council was reorganized as the National Council of Senior Citizens, which has broader national implications. State-level councils of a similar nature have also been established. In addition, the Maintenance and Welfare of Parents and Senior Citizens Act was passed in 2007 to take measures for the maintenance and welfare of senior citizens that are more effective (National Policy for Older Persons, 2014).

The following key actions were listed in this policy:

1. The establishment of a pension fund to provide security for those who have worked in the unorganized sector.
2. Building elderly care facilities and daycare facilities in each of the 34 districts.
3. The creation of resource centers and reemployment offices for those over 60.
4. Concessional rail/air fares for travel within and between cities, i.e.,30% discount on trains and 50% on Indian Airlines.
5. Enacting legislation for ensuring compulsory geriatric care in all public hospitals.

Government measures for elderly people

- A National Council for Older Persons named the age well Foundation will be established, according to a statement from the Ministry of Justice and Empowerment. In order to make their lives easier, it will ask the elderly for their opinions.
- Efforts to sensitize schoolchildren to coexisting and working with seniors. A 24-hour assistance line is being established, and measures are being done to prevent elderly people from being socially isolated.

- To protect the superannuated from any hardships, government policy encourages early settlement of pension, provident fund (PF), gratuity, etc. Additionally, it promotes making taxation policy age-sensitive.
- Their medical needs are given significant priority under the policy.
- The Income Tax Act's Sections 88B, 88D, and 88DDB provide discounts on taxes for the elderly.
- The Life Insurance Corporation of India (LIC) has also been offering several programmes, including the Jeevan Dhara Yojana, Jeevan Akshay Yojana, Senior Citizen Unit Yojana, and Medical Insurance Yojana, for the benefit of older people.
- To help the elderly, former prime minister A.B. Bajpai also introduced the "Annapurna Yojana." Unattended elderly people are given 10 kg of food each month under this programme.
- It is suggested that elderly people be given easy loans for 10% of the homes built under government programmes for the urban and rural lower-income sectors (Laws for Senior Citizens in India, n.d).

Geriatric Social Work

The social work that is related to elderly people is called geriatric social work. The elderly people usually face challenges during this stage of life. Social work intervention is very important in order to promote their life healthily and happily. A geriatric social worker aids senior citizens in overcoming challenges to enable them to live as fully and independently as possible. In addition to assisting those recovering from hip surgery return to their homes, geriatric social workers also offer grieving support and practical assistance to those who have just lost a spouse or partner.The goal of geriatric social work is to address the socioeconomic, physical, and social challengesthat have an impact on the health and well-being of elderly people. Geriatric social workers can assess, advocate for, and create care plans that enhance the lives of older persons to a mix of knowledge and experience.

Paid old age homes

The Old Age home is explained as the shelter for the elderly for staying. Old Age Homes are defined as organizations that function as old age homes for the housing of retired people, have applied for and been registered as old age homes with the Department of Social Development, possess a certificate of registration as a Non-Profit Organization, and have among other things stated by affidavit (which must be updated and submitted annually) how many people they house. Only organizations that don't fall under the Domestic Cluster category will be subject to this (Old Age Homes Definition, n.d). The number of old age homes are increasing in our country. As the elderly population increases, the need for giving quality care for elderly people is also a major factor. So the relevance of old age homes increases. Along with that this

era sees the increasing of paid old agehomes. Paid old age homes can also be termed as retirement homes in which the people pay a certain amount to stay peacefully in a home setting. There will be different reasons for this growth of retirement homes.

Family

Family is a group of people who share a common place of residence and live together for the welfare of each other. It is a group of two or more people who make common provisions for food and other essential things for living. The family is divided into many types:

- Nuclear family
- Joint Family
- Single parented families
- Extended families
- Stepfamilies
- Grand parent families (Types of Family Structures, n.d

REVIEW OF LITERATURE

Life expectancy has significantly grown over the last few decades that increases the number of elderly people all over the world. They have become an integral part of the global population. The people in this stage are nearly to the end of their life and they need more care and attention. Much research was conducted to study the quality of life elderly people in old age homes and within families. This results that the quality of life of elderly people is different as compared to people living in families. This finding of literature has enabled me to read more articles relatedto elderly people, ageing and their lifestyle.

Quality of life (QoL) is a concept which aims to capture the well-being, whether of a population or individual, regarding both positive and negative elements within the entirety of their existence at a specific point in time. WHO defines Quality of Life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns (The World Health Organization, n.d).

The literature says that there are many studies conducted in this field of elderly people. The topicsof research are related to their technological use, the mindset of caregivers, their lifestyle and mental health factors.

Quality of life from the perspective of elderly people

The research paper Quality of life from the perspective of older people supports the Zillers idea of quality of life as a subjective matter that depends upon interpretation and perception of individuals (Gabriel & Bowling, 2004). It can range from objective and subjective approaches from Maslow's hierarchy of

human needs to classic models of wellbeing, happiness, morale, health and functioning. Elderly people have different perspectives of their life and it cannot be compared with other people in any way. The paper concludes that each elderly person differs in quality of life aspect and it is because of the living condition of each of the people.

The research study on the title The Impact of Quality of Life on the Health of Older People from a Multidimensional Perspective concentrates on health and social welfare of the elderly. The study concludes that biopsychosocial approach is vital in the work of professionals dealing with the elderly. The elderly adult concept of health is a major indicator of physical fitness that is connected with psychological conditions such as life satisfaction, self-esteem, functional skills, activities, participation, and social interaction (Rondón & Navarro, 2018). The study also concentrates on the quality-of-life factor and how it connects with the health conditions of elderlypeople.

Ageing and elderly care in Kerala

Ageing can be defined as the reduced level of mortality with advancing age. The process will include multiple changes in our body both externally and internally. According to the research paper Ageing and elderly care in Kerala of S Irudaya Rajan, says that the phenomenon of ageing varies according to various cultures and geographical spread. The 21st century is known as the century of the elderly and the 22nd century will be called the period of 'ageing of the aged' (HelpAge India, 2014). Kerala has witnessed a dramatic increase in the increase of elderly people in comparison with other states (Government of Kerala, 2017). So, as an evaluation Keralais having a higher rate of elderly people.

Kerala has got a transition in demographic indicators in comparison with other states. The factors include reduction in fertility and mortality, higher age at marriage and high female literacy (Rajan et al., 2020). Kerala had witnessed various changes including demographic changes during 1970. The movement of the labor force from Kerala to Gulf countries and this increased the standard of living of people of Kerala. Investments were made in education and health services. Female education played a significant role in delaying marriages and childbirths. This brought down infant and maternal mortality rates significantly (Rajan et al., 2020).

According to the data from Kerala Migration Surveys, conducted by the Centre for Development Studies (CDS), Thiruvananthapuram from 1998 is having a great displacement of youth towards other places. This displacement has had a direct effect on the care for the elderly. The structural changes and composition of households in the state have seen major shifts in terms of age and sex. Due to this there is a lack of human resources for the help of elderly people.

Emerging sector of increasing the number of paid old age homes

According to the Report of the Technical Group on Population Projections for India and States 2011-2036, there are nearly 138 million elderly persons in India in 2021 and it is furtherexpected to increase by around 56 million elderly persons in 2031. There are 18 million homeless elderly persons in

India based on the Longitudinal Ageing Survey of India 2020.

Old Age Homes in India may be both public and private homes. They provide different geriatric services in India including in-home care, hourly adult care, hospice care, palliative care, assisted living and nursing homes. These services are also based on the respective disease indications. In Kerala the demand for the paid old age homes is increasing day by day. The biggest reason behind this rise in number is not solely due to children abandoning parents but also due to the personal decision of several seniors to stay at senior shelter homes and live the rest of their life peacefully with like-minded people.

Nowadays, there is another reason that is contributing majorly to the increasing popularity of not just traditional old age homes, but luxury old age homes. These are also known as paid old age homes that have become a priority of several NRIs and those who live in metro cities. Because of their busy schedules and different job culture, they are not able to visit their parent's place frequently. This keeps them worrying about the health, security, and well-being of their parents. Nuclear family culture could also be the reason for the increasing number of old age homes.

Luxury or paid old age homes are the paid ones in which are shelter homes and provide care for the elderly people who need care and protection. The elderly people who retired from government institutions or the private sector who want to spend their old age in a peaceful manner will choose these homes for stay. Also, the parents of NRI will also choose paid old age homes for a better life

Facts about paid old age homes.

1. Elderly people have to pay for the facilities that they want to avail.
2. Doctors & nurses will keep a check on their health.
3. Dietitians and nutritionists decide the meals.
4. They can spend their time doing activities of their interests.
5. Religious tours are organized.
6. Children & relatives are allowed to stay.
7. Safety.
8. Companionship ("Why Old Age Homes Are Increasing in Kerala?" n.d.). This is the facilities given by one of the paid old age homes of Kerala.

Family perceptions of care in old age homes

Research was done among elderly people regarding the care given in old age homes and within family. These are based on the perspectives from the side of elderly people. Very little research is done in family caregiving in long term care homes. There are families who believe that care from the old age homes is better than their caring. Because of their busy schedule of living, they are not able to care about

their elderly people at home. Research done on the topic Family perceptions of care in a nursing home pointed out that for many elderly people and their families the nursing home placement leads to renewed or discovered closeness of family bonds. Also, these homes can relieve relatives from giving physical care, leaving more time and energy for the elderly people. So, this type of care helps the relatives of the elderly people to concentrate ontheir busy schedule.

Quality of life and psychological consequences in elderly patients after a hip fracture is a study that concerns the elderly health issue. The goal of this study was to assess how hip fractures affect senior patients' quality of life, health status, functionality, and psychological characteristics, as well as the factors that affect the outcome and the most effective strategies for improvement. The recovery of the situation will take time to become normal health condition. For the patient's general health and overall functioning, it is advised to optimize dietary statusand general HS before and after surgery, as well as to implement supportive rehabilitation programmes both at specialized facilities and at home. The patient's psychological state also has to be analyzed during this period. As many patients may be distressed because of their health condition (Alexiou, 2022).

Abuse experienced by elderly people in old age homes

A study on Elderly Abuse Experienced by Older Adults Prior to Living in Old Age Homes in Kathmandu states about the ways in which elderly people get abused in these old age homes. Thenumber of old age homes are increasing around the places and ensuring safety is an important factor. According to the study, the elderly having experience of abuse was very high (58%) prior they coming to old age homes. The Government has to take proper steps to ensure safety towards elderly people in homes (Rai et al., 2018).

The news of elderly abuse during the time of covid period also became a study. During the covid period the elderly people were so vulnerable to the disease. Protecting them from the disease wasthe major concern during that time. They were vulnerable to social isolation, financial hardship, difficulties accessing needed care and supplies, and anxiety. Along with all these factors elderly abuse also became a major issue during that period. The study concentrates on the impact of older adults, their caregivers, and the caregiving context to increase elder abuse risk and present interventions for healthcare providers to consider that can help to reduce this risk. As a conclusion the health providers can have video visits with the elderly people in order to evaluate them and analyze their safety situations. caregivers can live with the elderly people and have regular contact with them. One can help them to attend to mental health needs, addressing increased risks, and connecting older adults to financial and caregiving resources may all helpthe patients be safer and avoid abusive and violent situations (Makaroun et al., 2020).

Quality of elderly people living in old age homes and within family

A research article on the quality of elderly people living in old age homes and in families of Kancheepuram district of Tamil Nadu states that QOL of old age homes are entirely different from family. According to this study, quality of life is better in families than old age homes because many elderly people are facing difficulties in leaving their children and they are depressed by this situation. The main reason for staying in old age homes is due to lack of care takers, no family, they feel left alone when they are ill. They are not satisfied with the living situations. Increased number of old age homes can be reduced by giving more care to elderly people in our family (Thresa & S, 2020).

In another study on quality of life of elderly residing at old age homes of Biratnagar Metropolitan City also states that elderly people living in old age homes are having average overall quality of life and quality of health. The cultural and religious beliefs helped them a lot to accept their bodily changes, life changes and relief from stress. The National policies provided by the government enabled elderly people to maintain their self-esteem and make them less independent of each other (Khadgi, 2021).

A study says that the quality of life of elderly people with frailty is worse. Frailty is an important predictor of adverse health events in older people, and improving quality of life. The elderly people may face a lot of problems during this period of time and this affects the quality of life adversely. Frailty and QOL are consequently negatively correlated with significant differences in frailty status for a broad variety of QOL characteristics. To order, create, and introduce novel services with a clear focus on assessing and improving QOL outcomes for aged adults with frailty, research funders and service planners must feel confident in doing so.

Perceived social support, quality of life and satisfaction with life in elderly people is a study that examines the relationship between quality of life, satisfaction with life and multidimensional perceived social support in people aged 65 years and older. The study was done in Turkey.517 individuals provided data in March 2018, which was then analyzed. According to the study's findings, perceived social support accounted for 12.1% of the overall variation in life satisfaction and 22.1% of the overall variation in quality of life. In addition, 28.6% of the variation in overall life satisfaction may be explained by perceived social support and quality of life. And the one that had the greatest impact on life satisfaction was the quality of one's life. The results of this study imply that enhancing elderly people's social support and quality of life will raise their level of life satisfaction (Şahin et al., 2019).

Mobility in older community-dwelling persons

A study on the topic Mobility in older community-dwelling persons (Freiberger et al., 2020) says that mobility in older age is becoming an important topic. Mobility issues have been described as becoming more common in older people, impacting roughly 35% of people over the age of 70 and the majority of people over the age of 85. Mobility issues have been linked to a higher chance of falling, hospitalization, a lower quality of life, and even death. The elderly people find it difficult to move from places during these

stages. Also, there are chances of getting pains in different parts of bodies as the medical science says the bones and cells become weaker with increasing age. The cognitive design has also affected mobility. The research study will include the mobility factor of elderly people as a major objective and how it affects their day-to-day life.

Chapterisation

Chapter I: Introduction and review of literature. This chapter deals with the review of literature of the research topic and an introduction to the study.

Chapter II: Research Methodology. This chapter includes introduction to the study, statement of the problem, importance and significance of the study, general, specific objectives and research methodology.

Chapter III: Analysis and interpretation of data. This chapter gives the table and the interpretation from the data collected by the researcher.

Chapter IV: Discussion of main findings. The fourth chapter deals with the main findings of the study drawn from the data analyzed.

Chapter V: Suggestions and conclusions. This chapter deals with the suggestions made by the researcher out of the study and also includes the conclusion of the study.

Conclusion

The first chapter explains the various terms related to the topic as an introduction to the topic. The literature above explains about the study related to the quality of life of elderly people. From this chapter it is found that the life of elderly people is a very vital topic that has to be studied.

RESEARCH METHODOLOGY

Introduction

This chapter represents the methodology in which the study was carried out and it also categorizes the title of the study, general and specific objectives of the study, definition of the terms and the scope of the study. This chapter also represents the research methodology and design adopted, sampling technique, data collection tools, sample size, source of data and chapters of the thesis. The current study aimed to compare the quality of life and life satisfaction of elderly people living in paid old age homes and within the family in Kottayam district of Kerala. The research is to find solutions for the objectives and to expand the knowledge of the researcher.

Problem statement

The elderly people have become an integral part of the global population. The people in this stage are nearly to the end of their life and they need more care and attention. The study seeks to investigate the quality of life and life satisfaction of elderly people living in paid old age homes and within families. The study is very important in Kerala because Kerala has the highest number of old age homes and highest number of elderly people living in the home settings. The reason why old age homes are increasing is an important aspect of the study. To know the quality of life of elderly people and to determine their life satisfaction is also an important aspect of study. By 2050, the world's population of people aged 60 years and older will double (2.1 billion). The number of persons aged 80 years or older is expected to triple between 2020 and 2050 to reach 426 million (Ageing and Health, 2022). The study seeks to investigate the quality of life and life satisfaction of elderly people living in paid old age homes and within families. According to a 2022 Times of India report 623 registered old age homes are there in Kerala and out of these 27 are paid old age homes (Sreemol, 2022). 42 lakh people in Kerala are in the age of 60 and above. 13 percent of them are 80 years and above (Economic Review 2016, State Planning Board, n.d.). Women outnumber men among the 60 plus and among them, the majority are widows. The old age population is increasing and along with that analysing their life is an important factor as they were the reason for our existence and there was a time when they lived for our progress. The researcher has witnessed many elderly people who shared their living situation without their children. Many of them were moved to old age homes. There are some people who voluntarily moved to old age homes for various reasons. The researcher is interested in knowing about their life quality, living satisfaction, stress and coping capacity of elderly people from this study.

Significance of study

The study will help to analyse the quality of life and life satisfaction of elderly people living in paid old age homes and within families of Kottayam district in Kerala. The study will allow the researcher to know the importance of elderly people's living situations as they are also a vital part of the population. They are facing multiple problems in their daily life and many were moved to old age homes for the living. They are also having ageing issues that concerns health, social environment, wealth etc. The reasons for their shift to the old age homes and also the life situation of elderly people living in both old age homes and family set up become the vital part of the study. From a social work perspective, the researcher can find ways to improve or maintain the quality of life of elderly people. A better living situation can be provided for them as they were the building stones of our society once. They have done their duties accordingly and the society has to give back better living conditions in their last stage of life.

Objectives

General Objective

To compare the quality of life and life satisfaction of elderly people living in paid old age homes and within families of Kottayam district in Kerala.

Specific Objectives

- To study the demographic details of the elderly people living in paid old age homes and within families.
- To study the freedom and mobility factors of elderly people living in paid old age homes and within families.
- To study the difference in the quality of life of elderly people living in paid old age homes and within families.
- To study the difference in the life satisfaction of elderly people living in paid old age homes and within families.
- To study the impact of religious belief and prayer of elderly people living in paid old age homes and within families.
- To study in detail about health, living environment, stress and freedom of elderly people living in paid old age homes.

Research methodology

Research method

The researcher used a **mixed method** of research in order to study the quality of life and life satisfaction of elderly people living in paid old age homes and within families. Mixed methods is a research approach whereby researchers collect and analyse both quantitative and qualitative data within the same study.

Research design

The researcher used **sequential explanatory design** as the research design. The researcher used quantitative tools first and followed the quantitative results with the qualitative data. The qualitative data is used in subsequent interpretation and clarification of the result from the quantitative data analysis.

Universe of the study

Elderly people living in paid old age homes and within families of Kottayam district in Kerala.

The researcher took Athirampuzha Panchayath for the study. Three old age homes were taken for the study on paid old age homes and the same area for the study of families.

The total universe of elderly in paid old age homes is 92 and the total universe of families is 59.

Tools of data collection

The Quantitative tools of data collection included:

Self-structured Questionnaire

Questionnaire consists of several questions printed or typed in a definite order on a form or set of forms. The questionnaires are given directly to the respondents and ask them to fill it accordingly. The researcher made the questionnaire to know about the socio demographic details of the respondents and for the achievement of the objectives.

WHOQOL- BREF scale

The researcher used WHOQOL- BREF SCALE for collecting the quantitative tool for the data collection. The WHOQOL-BREF is a 26-item instrument consisting of four domains: physical health (7 items), psychological health (6 items), social relationships (3 items), and environmental health (8 items); it also contains QOL and general health items. The researcher provided the instructions for filling the questionnaire.

SWLS (Satisfaction with Life Scale) scale

SWLS Scale is used as a quantitative tool for collecting data from the respondents. SWLS scale can be used to calculate the life satisfaction of elderly people living in paid old age homes and within families. The SWLS is a 7-point Likert style response scale. The possible range of scores is 5-35, with a score of 20 representing a neutral point on the scale. Scores between 5-9 indicate the respondent is extremely dissatisfied with life, whereas scores between 31-35 indicate the respondent is extremely satisfied.

Reliability test

Table 2.1 The Reliability test of WHO BREF Scale

Reliability Statistics	
Cronbach's Alpha	**No of Item**
.900	**25**

If Cronbach's Alpha value >0.7, then the questions and the scale are reliable. Here Cronbach's Alpha Value is 0.900 which is greater than 0.7, so the questions and scale are reliable.

Table 2.2 The Reliability test of SWLS Scale

Reliability Statistics	
Cronbach's Alpha	**No of Item**
.823	**5**

If Cronbach's Alpha value >0.7, then the questions and the scale are reliable. Here Cronbach's Alpha Value is 0.823, which is greater than 0.7, so the questions and scale are reliable.

Qualitative tool for data collection

In depth interview guide

An in-depth interview (IDI) is a procedure for gathering data that enables interviewers to obtain comprehensive, in-depth information from respondents. In this study the in-depth interview guide contains questions in which interviewer were able to get more knowledge from the respondents.

Pretest

Pretest for the quantitative study from old age homes was done on 22nd May 2023 and from the families was done on 27th May 2023. The researcher made suitable corrections in the questionnaire. The researcher eliminated some of the questions in socio demographic details which were not directly related to the study. Also, the researcher avoided a question from Quality of Life scale which is about their sexual life as the question is irrelevant to their present living condition. The preliminary test was done for 3 samples. The purpose of the pretest was to check the reliability of the created questionnaire.

Pretest for qualitative study from old age home and family was done on 28th September 2023. The preliminary test was done for 4 samples.

Data Collection

Data was gathered for the quantitative research at old age homes from 25th to 28th May, 2023 and from families between 28th to 31st May 2023. For the qualitative study, the data collection occurred in old age homes on 30th September 2023 and from families on 1st October, 2023.

Sample size

The sample size for the quantitative research method from paid old age homes and from families is 50 from each of them.

The sample size for qualitative research methods from paid old age homes and from families is 4 from each of them.

Sampling technique

The researcher used **purposive sampling technique** for both quantitative and qualitative study. Purposive sampling refers to a group of non-probability sampling techniques in which units are selected because they have characteristics that are needed in the sample. In other words, units are selected "on purpose" in purposive sampling.

Inclusive Criteria

- The elderly people who can speak, read and write properly in either Malayalam or English.
- The Elderly people between 60 and 85 years of age.

Exclusive criteria

- The elderly people having serious physical and mental health conditions.
- The elderly people from the same family.

Data analysis plan

Suitable statistical tools were used to interpret the data after the data collection. Quantitative data was analysed using SPSS software while qualitative data was analysed by doing within case analysis and cross case analysis.

Definition of terms

Quality of life

Conceptual Definition

The World Health Organization defines quality of life as a subjective evaluation of one's perception of their reality relative to their goals as observed through the lens of their culture and value system (WHOQOL GROUP ,1994).

Operational Definition

Quality of life of an elderly person is operationally defined as the evaluation based on physical health, psychological health, social relationship and environmental health of elderly people living in paid old age homes and within families of Kottayam District of Kerala.

Life satisfaction

Conceptual Definition

Life satisfaction is the degree to which a person positively evaluates the overall quality of his/her life as a whole (Ruut Veenhoven,1996).

Operational Definition

Life satisfaction is defined as the degree to which a person is satisfied with their life and living conditions of elderly people living in paid old age homes and within families of Kottayam District of Kerala.

Elderly

Conceptual Definition

An older person is defined by the United Nations as a person who is over 60 years of age. (United Nation ,2020).

Operational Definition

The elderly in this study are defined as people who are between 60-85 years of age who are able to speak, read and write either English or Malayalam and citizens of Kottayam district of Kerala.

Old age homes

Conceptual Definition

A paid old age home typically refers to a residential facility or institution where elderly individuals can reside in exchange for payment.

Operational definition

Old age homes in this study are explained as the old age homes of Kottayam district in Kerala that collect money from the elderly people who need admission to stay in the home.

Family

Conceptual Definition

Family is a social group characterized by common residence, economic cooperation and reproduction. It includes adults of both sexes, at least two of whom maintain a socially approved sexual relationship, and one or more children, own or adopted, of the sexually cohabiting adults' (George Murdock, 1949).

Operational Definition

Family is defined as the system in which the elderly people live alone and together with their spouse in Kottayam district in Kerala.

Conclusion

This chapter provides an overall view of the research which includes research methodology, design, sampling technique etc. The chapter gives a step wise process of the overall research.

ANALYSIS AND INTERPRETATION OF DATA

Introduction

In the third chapter, a comprehensive overview of the data analysis and interpretation of respondent's data is presented. The collected quantitative data undergoes examination utilizing SPSS software. Employing a mixed-method approach for the study, the researcher systematically analyzes quantitative data first, followed by an interpretation of qualitative data, each addressing distinct research objectives. This analytical process involves the evaluation of statistical findings and a subsequent in-depth understanding of their implications. Qualitative data focused on a particular objective in which the researcher extracts within case analysis and cross case analysis for the data. In this session, the researcher presented data in two sections in which first section is quantitative data interpretation and second section contains qualitative data interpretation.

SECTION I

QUANTITATIVE DATA INTERPRETATION

The researcher collected two sets of data from old age homes and from families to compare the quality of life and life satisfaction of elderly people living in paid old age homes and within families.

Socio-demographic details of the respondents

The socio-demographic information obtained from the respondents was explained in detail in the subsequent tables. The socio demographic details include age, sex, religion, marital status, family type, no of children and education.

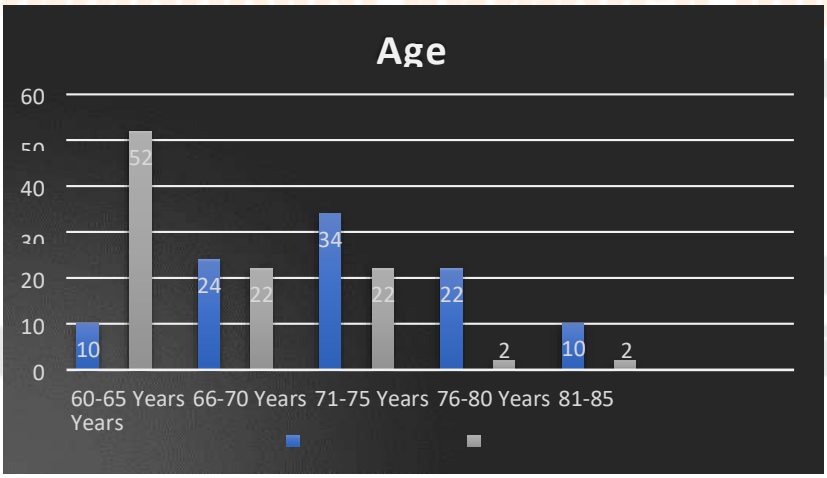

Figure 3.1 Age of the respondents

Figure 3.1 represents the age of the respondents who participated in the study. There were respondents between 60 years and 85 years from paid old age homes and within families. The figure shows that one third of the respondents (34%) from old age homes were between71 -75 years old, while more than half of the respondents (52%) living with the families werebetween the age of 60-65 years old. Considerable proportions of the respondents (24%), (22%), (10 %), and (10%) from old age homes were between 66-70

years, 76-80 years, 60-65 years and 81-85 years of age respectively. While considerable proportions of the respondents (22%), (22%), (2 %), and (2%) from families were between 66-70 years, 71- 75 years, 76-80 years and 81-85 years of age respectively.

Table 3.1 Gender of the respondents

	Paid Old Age Homes	Family
Gender	**Frequency**	**Frequency**
Men	18 (36.0%)	26 (52%)
Women	32 (64.0%)	24(48%)
Total	**50 (100.0%)**	**50 (100%)**

Table 3.1 represents the sex of the respondents who participated in the study. The table shows that more than two third of the respondents (64%) were women in old age homes and more than half of the respondents (52%) were men within families. One third of the respondents (36%) from old age homes were men and 48% were women in families.

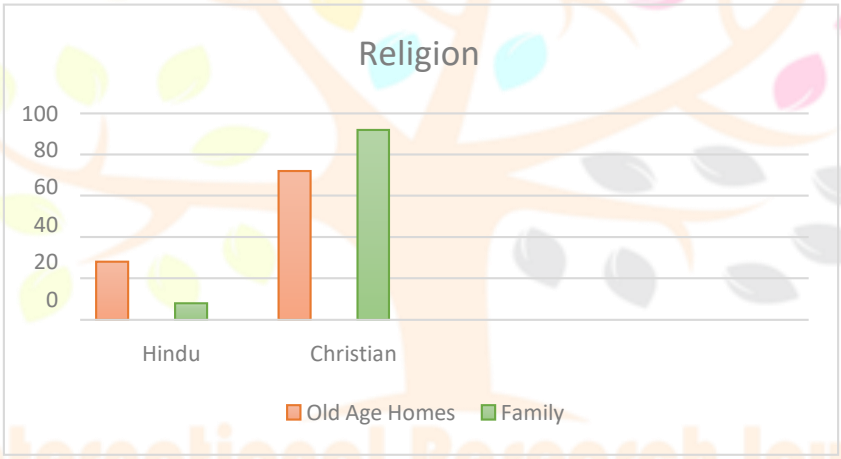

Figure 3.2 Religion of the respondents

Figure 3.2 represents the religion of the respondents who participated in the study. The figure shows that the majority of the respondents (72% and 92% respectively) were following Christianity in old age homes and within families. 28% of the respondents were following Hinduism in old age homes and 8% were following Hinduism in families.

Table 3.2 Marital status of the respondents

	Paid Old Age Homes	Family
Marital Status	**Frequency (%)**	**Frequency (%)**
Married	8 (16.0%)	36 (72.0%)
Widow	21 (42.0%)	14 (28.0%)
Widower	12 (24.0%)	-
Single	9 (18.0%)	-
Total	**50 (100%)**	**50 (100%)**

Table 3.2 represents the marital status of the respondents who participated in the study. The table shows a significant difference in respondents' marital status both in old age homes and within families. Less than half of the respondents (42%) were widows in old age homes and the majorityof the respondents (72%) were married within families. Considerable proportions of the respondents (16%), (24%), and (18%) were married, widower and single respectively in old age homes and (28%) were widows in families. 100 % of the respondents belong to nuclear families both in old age homes within families.

Table 3.3 Number of children of the respondents

	Paid Old Age Homes	**Family**
No of children	**Frequency (%)**	**Frequency (%)**
1 Child	3 (6.0%)	4 (8.0%)
2 Children	16 (32.0%)	25(50%)
3 Children	10 (20.0%)	20 (40.0%)
4 and above children	2 (4.0%)	0
Having no children	19 (38.0%)	1 (2.0%)
Total	**50 (100%)**	**50 (100%)**

Table 3.3 represents the number of children of the respondents who participated in the study. The table shows that less than half of the respondents (38%) from old age homes did not have childrenand while only 2% from families did not have children. This signifies a major finding of the research in which the majority of the elderly people living in old age homes have no children. Considerable proportions of the respondents (32%), (20%), (6%) and (4%) from old age homes are having 2 children, 3 children, 1 child and had more than 4 children and respondents (50%), (40%), (8%), from families have 2 children, 3 children and one child respectively.

Table 3.4 Education qualification of the respondents

	Paid Old Age Homes	**Family**
Education Qualification	**Frequency (%)**	**Frequency (%)**
Below 10th grade	8 (16.0%)	17 (34.0%)
10th grade	13 (26.0%)	11 (22.0%)
12th grade	7 (14.0%)	9 (18%)
Degree	17 (34.0%)	9 (18.0%)
Postgraduation	5 (10%)	4 (8.0%)
Total	**50 (100%)**	**50 (100%)**

Table 3.4 illustrates the educational background of the respondents in the study. Notably, less than half of the respondents (34%) residing in old age homes hold degree qualifications, while only 18% from families hold degree qualifications. Another significant learning from the research is that 34% of the respondents from families hold education below 10th standard while only 16% of the respondents from old age homes hold education below 10th standard. 10% of the respondents from old age homes hold postgraduation while in families only 8% of the respondents hold postgraduation. 26% of the respondents completed 10th standard in old age homes while 22% of the respondents completed 10th grade in families. Also 14% of the respondents completed 12th grade in old age homes while 18% of the respondents from families completed the same.

Freedom factor of elderly people living in paid old age homes and within families

The second objective of this research is to study the freedom factor of elderly people living in paid old age homes. Freedom prioritizes independence, allowing residents to make personal choices regarding daily activities, social interactions, and leisure pursuits.

Table 3.5 Respondents' freedom to express opinion in a public discussion

	Paid Old Age Homes	**Family**
Freedom to express	**Frequency (%)**	**Frequency (%)**
Free to express	45 (90.0%)	49 (98.0%)
Not free to express	4 (8.0%)	1 (2.0%)
Not sure	1 (2.0%)	0
Total	**50 (100.0%)**	**50 (100.0%)**

A majority of respondents (90% and 98% respectively) residing in old age homes and within families conveyed that they feel liberty to express their opinions in public discussions. However, a noteworthy minority of 8% and 2% from old age homes and families reported a perceived restriction in their freedom to voice opinions. In contrast, a minority (2%) from old age homes reported feeling constrained in their ability to express their viewpoints in public discussions. These findings highlight variations in perceived freedom of expression among respondents from old age homes and family environments,emphasizing the importance of understanding and addressing the need of providing freedom to elderly people.

Table 3.6 Respondents' freedom to travel anywhere

	Paid Old Age Homes (%)	Family (%)
Freedom to travel	**Frequency**	**Frequency**
Free to travel	24 (48.0%)	31 (62.0%)
Not free to travel	25 (50.0%)	19 (38.0%)
Not sure	1 (2.0%)	0
Total	**50 (100.0%)**	**50 (100.0%)**

Half of the respondents (50%) from old age homes expressed that they were not free to travel wherever they wish to. While in families more than one third of the respondents (38%) expressed that they were not free to travel wherever they wished to. 48% of the respondents from the old age homes expressed that they were free to travel wherever they wished to. In comparison with families, more than two third (62.0%) of the respondents expressed that they were free to travel wherever they wished to. Only 2% of the respondents from old age homes expressed that they were not sure about the freedom to travel wherever they wished to.

Table 3.7 Respondents' restrictions at current home

	Paid Old Age Homes	Family
Restrictions at current home	**Frequency (%)**	**Frequency (%)**
Have restrictions	26 (52.0%)	7 (14.0%)
No restrictions	24 (48.0%)	43(86.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

Half of the respondents (52%) from old age homes expressed that they were having restrictions in their home. Only considerable proportion of the respondents (14%) from families expressed that they were having restrictions in their home. In comparison with that, the vast majority of the respondents from families were not having restrictions at their homes and less than half of the respondents (48%) from old age homes expressed that they were not having restrictions in their home.

Table 3.8 Respondents' freedom to make decisions

	Paid Old Age Homes	Family
Freedom to make decisions	**Frequency (%)**	**Frequency (%)**
Free	43 (86.0%)	42 (84.0%)
Not free	7 (14.0%)	8 (16.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

Majority of the respondents (86%, 84% respectively) living in old age homes and familiesexpressed that they had freedom to make decisions. Only a small proportion of the respondents (14% and 16%) living in old age homes and families expressed that they hadno freedom to make decisions.

Table 3.9 Respondents' dependency on others for needs

	Paid Old Age Homes	**Family**
Dependency on others	**Frequency (%)**	**Frequency (%)**
Dependent	16 (32.0%)	14 (28.0%)
Not dependent	34 68.0%)	36 (72.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

More than two third of the respondents (68% and 72 % respectively) residing in old age homes and within families indicated that they don't depend on others for their needs. While a notable portion (32% and 28%) residing in old age homes and within families acknowledged dependence on others for assistance.

Table 3.10 Respondents' control over money and resources

	Paid Old Age Homes	**Family**
Control over money andresources	**Frequency (%)**	**Frequency (%)**
Have control	41 (82.0%)	41 (82.0%)
No control	9 (18.0%)	9 (18.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

A significant majority of the respondents (82%) from old age homes and families respectively expressed that they had control over their money and resources. While only 18% of the respondentsfrom old age homes and families respectively expressed that they had no control over their moneyand resources.

Table 3.11 Respondents right to choose the type of care, treatment and appropriate medications

	Paid Old Age Homes	**Family**
Care, treatment and appropriate medications.	**Frequency (%)**	**Frequency (%)**
Have the right to choose.	44 (88.0%)	47 (94.0%)
No right to choose	6 (12.0%)	3 (6.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

A high majority of the respondents (88% and 94% respectively) from old age homes and within families expressed that they have the right to choose the type of care, treatment and appropriate medications. Considerable proportion of the respondents (12% and 6%) from old age homes and within families expressed that they have no right to choose the type of care, treatment and appropriate medications.

Table 3.12 Respondents' freedom to make decisions for joining recreational activities

	Paid Old Age Homes	Family
Joining recreationalactivities	**Frequency (%)**	**Frequency (%)**
Can make decisions	42 (84.0%)	46 (92.0%)
Cannot make decisions	8 (16.0%)	4(8.0%)
Total	**50 (100.0%)**	**50(100.0%)**

A vast majority of the respondents (84%) from old age homes expressed that they have control over their money and resources. While in families 92% of the respondents expressed that they have control over their money and resources. Considerable proportion of the respondents (18%) from old age homes expressed that they have no control over their money and resources while 8% of respondents from families expressed that they have no control over their money and resources.

Table 3.13 Respondents' freedom to eat according to their wish

	Paid Old Age Homes	Family
Freedom to eat	**Frequency (%)**	**Frequency (%)**
Have freedom	33 (66.0%)	46 (92.0%)
Have no freedom	17 (34.0%)	16 (8.0%)
Total	**50 (100%)**	**50 (100.0)**

The absolute majority of the respondents from families (92%) expressed that they have the right to eat according to their wish. While in old age homes, more than two third of the respondents (66%) expressed that they have the freedom to eat according to their wish. There is a significant difference among the respondents from old age homes and within families regarding the freedom to eat. More than one third of the respondents (34%) from old age homes expressed that they have no right to eat according to their wish. While a considerable proportion of the respondents (8%) from families expressed that they have no right to eat according to their wish.

Table 3.14 Respondents getting control by authority

	Paid Old Age Homes	Family
Control by authority	**Frequency (100%)**	**Frequency (100%)**
Being controlled	3 (6.0%)	2 (4.0%)
Not being controlled	41 (82.0%)	37 (74.0%)
Not sure of being controlled	6 (12.0%)	11 (22.0%)
Total	**50 (100%)**	**50 (100.0%)**

Vast majority of the respondents (82% and 74% respectively) from old age homes and within families expressed that they were not controlled by authority. Authority means employees of old age homes for the elderly people living in paid old age homes and it also means authoritative behavior of children for the elderly people living in families. Considerable proportion of the respondents (6% and 4% respectively) from old age homes and families expressed that they were controlled by authority. Less than one fourthof the respondents (22%) from families expressed that they were not sure if the employees of home are simply imposing orders and giving decisions. And (4%) of the respondents from old age homes expressed that employees of home were simply imposing orders and giving decisions

Table 3.15 Respondents' feelings of self-perceived burden

	Paid Old Age Homes	Family
Self-perceived burden	**Frequency (%)**	**Frequency (%)**
Feeling like a burden	3 (6.0%)	5 (10.0%)
Not feeling like a burden	35 (70.0%)	38 (76.0%)
Not sure about	12 (24.0%)	7 (14.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

More than two third of the respondents (70%) from old age homes expressed that they didn't start to see themselves as a burden to society. In comparison with families, three fourth of the respondents (76%) expressed that they didn't start to see themselves as a burden to society. Less than one fourth of the respondents (24%) expressed that they were not sure if they are a burden to society. Considerable proportion of the respondents(14%) from families expressed that they were not sure if they were a burden to society. And also, a very small proportion of respondents (6% and 10% respectively) from old age homes and within families considered themselves as a burden to society.

Mobility factors of elderly people living in paid old age homes and within families

The mobility factors of elderly individuals living in paid old age homes and within families differ significantly due to the distinct environments they inhabit. This objectiveincludes questions related to their unsteadiness and difficulties in movements and their awareness about better health activities like exercise, walking etc.

Table 3.16 Respondents' unsteadiness while walking

	Paid Old Age Homes	Family
Unsteadiness whilewalking	**Frequency (%)**	**Frequency (%)**
Unsteady	32 (64.0%)	25 (50.0%)
Steady	17(34.0%)	25 (50.0%)
Not sure about steadiness	1 (2.0%)	0
Total	**50 (100%)**	**50 (100%)**

More than two third of the respondents (64%) from old age homes expressed that they were unsteady while walking. Exactly half of the respondents (50%) from families expressed that they were unsteady while walking while one third of the respondents (34%) from old age homes expressed that they were steady while walking and half of the respondents (50%) from families expressed that they were steady while walking. Considerable proportion of respondents (2%) from old age homes expressed that they were not sure if they are unsteady while walking.

Table 3.17 Respondents' difficulties getting in and out of the chair

	Paid Old Age Homes	Family
Getting in and out of the chair	**Frequency (%)**	**Frequency (%)**
Have difficulties	20 (40.0%)	14 (28.0%)
Have no difficulties	29 (58.0%)	36 (72.0%)
Not sure of difficulties	1 (2.0%)	0
Total	**50 (100.0%)**	**50 (100.0%)**

More than two third of the respondents (72%) from families expressed that they have nodifficulties getting in and out of the chair. While in old age homes, only more than half of the respondents (58%) expressed that they have no difficulties getting in and out of the chair. Less than half of the respondents (40%) from old age homes expressed that they have difficulties getting in and out of the chair while 28% of the respondents from families expressed the same. A small proportion of respondents (2%) expressed that theywere not sure if they have difficulties getting in and out of the chair.

Table 3.18 Respondents falling down while walking

	Paid Old Age Homes	Family
Falling down while walking	**Frequency (%)**	**Frequency (%)**
Fall down	10 (20.0%)	8 (16.0%)
Do not fall down	38 (76.0%)	41(82.0%)
Not sure	2 (4.0%)	1 (2.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

Vast majority of the respondents (82%) from families expressed that they will not fall down while walking. While more than half of the respondents (76%) from old age homesexpressed that they will not fall down while walking. Considerable proportion of the respondents (20% and 16% respectively) from old age homes and families expressed thatthey fall down while walking. A considerable proportion of respondents (2% and 4%) expressed that they fall down while walking.

Table 3.19 Respondents muscle weakness and joint problems

	Paid Old Age Homes	**Family**
Muscle weakness and jointproblems	**Frequency (%)**	**Frequency (%)**
Have	32 (64.0%)	30 (60.0%)
Do not have	18 (36.0%)	20 (40.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

More than half of the respondents (64% and 60% respectively) from old age homes and families expressed that they were having muscle weakness and joint problems. 36% of the respondents from old age homes expressed that they were not having muscle weakness and joint problems. And 40% of the respondents from families also expressedthat they were not having muscle weakness and joint problems.

Table 3.20 Respondents having pain in different body parts

	Paid Old Age Homes	**Family**
Pain in different body parts	**Frequency (%)**	**Frequency (%)**
Have pain	43 (86.0%)	33 (66.0%)
No pain	7 (14.0%)	16 (32.0%)
Not sure	0	1 (2.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

A high majority of the respondents (86%) from old age homes expressed that they had pains in different body parts. While only 66% of the respondents from families expressed that they had pains in different body parts. Considerable proportion of the respondents (14%) from old age homes expressed that they had no pains in different body parts and 32% from families expressed that they had no pains in different body parts. And a very small proportion (2%) of the respondents from families expressed that they were not sureif they had pains in different body parts.

Table 3.21 Respondents reporting of neurological difficulties

	Paid Old Age Homes	Family
Neurological difficulties	**Frequency (%)**	**Frequency (%)**
Have	20 (40.0%)	6 (12.0%)
Do not have	29 (58.0%)	44 (88.0%)
Not sure	1 (2.0%)	0
Total	**50 (100.0%)**	**50 (100.0%)**

More than half of the respondents (58%) from old age homes expressed that they were not having neurological difficulties while in comparison with respondents from families, a high majority of the respondents (88%) expressed that they were not having neurological difficulties. Less than half of the respondents (40%) from old age homes expressed that they were having neurological difficulties. While a considerable proportion of the respondents (12%) from families expressed that they were having neurological difficulties. A small proportion of respondents (2%) from old age homes expressed that they were not sure if they were having neurological difficulties.

Table 3.22 Respondents willingness to do exercises to maintain mobility

	Paid Old Age Homes	Family
Exercises to maintain mobility	**Frequency (%)**	**Frequency (%)**
Will do	33 (66.0%)	26 (52.0%)
Won't do	16 (32.0%)	22 (44.0%)
Not sure	1 (2.0%)	2 (4.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

More than two third of the respondents (66%) from old age homes expressed that they do regular exercises to maintain their mobility while more than half of the respondents (52%) from families expressed that they do regular exercises to maintain their mobility. Less than one third of the respondents (32%) from old age homes expressed that they won't do regular exercises to maintain their mobility while less than half of the respondents (44%) from families expressed that they won't do regular exercises to maintain their mobility. A small proportion of respondents (2%) expressed that they were not sure if they do regular exercises to maintain their mobility and (4%) of the respondents from families also expressed that they were not sure if they do regular exercises to maintain their mobility.

Table 3.23 Respondents' awareness whether walking improves mobility

	Paid Old Age Homes	Family
Walking improves mobility	**Frequency (%)**	**Frequency (%)**
Aware	49 (98.0%)	49 (98.0%)
Not aware	1 (2.0%)	1(2.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

Absolute majority of the respondents (98%) from both old age homes and families expressed that they were aware of walking regularly improves their mobility. Considerable proportion of the respondents (2%) from both old age homes and families expressed that they were not aware whether walking regularly improves their mobility.

Table 3.24 Respondents' awareness about nutrition to improve mobility

	Old age homes	Family
Awareness about nutrition	**Frequency (%)**	**Frequency (%)**
Aware	50 (100.0%)	47 (94.0%)
Not aware	0	1 (2.0%)
Not sure	0	2 (4.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

100% of the respondents from old age homes expressed that they were aware that proper nutrition is a way to improve their mobility. Absolute majority of the respondents (94%) from families expressed the same. Considerable proportion of the respondents (2%) from families expressed that they were not aware that proper nutrition is a way to improve mobility. And (4%) of the respondents expressed that they were not sure that proper nutrition is a way to improve their mobility.

LIFE SATISFACTION SCALE

The SWLS is a short 5-item instrument designed to measure global cognitive judgments of satisfaction with one's life. There are five statements that one may agree or disagree with. Using the 1 - 7 scale below, indicate the agreement with each item by placing the appropriate number on the line preceding that item. The SWLS is a 7-point Likert style response scale. The possible range of scores is 5-35, with a score of 20 representing a neutral point on the scale. Scores between 5-9 indicate the respondent is extremely dissatisfied with life, whereas scores between 31-35 indicate the respondent is extremely satisfied.

Table 3.25 Life satisfaction scale of respondents from old age homes

	Extremely Satisfied %	Satisfied %	Slightly satisfied %	Neutral %	Slightly Dissatisfied %	Dissatisfied %	Extremely dissatisfied %
In most ways my life is close to my ideal.	45 (90.0%)	4 (8.0%)	0	0	1 (2.0%)	0	0
The conditions of my life are excellent.	16 (32.0%)	18 (36.0 %)	6 (12.0%)	2 (4.0%)	8 (16.0%)	0	0
I am satisfied with my life.	21 (42.0) %	12 (24.0%)	6 (12.0%)	3 (6.0%)	8 (16.0%)	0	0
So far, I have gotten the important things I want in life.	18 (36.0%)	14 (28.0%)	9 (18.0%)	2 (4.0%)	7 (14.0%)	0	0
If I could live my life over,I would change almost nothing	22 (44.0%)	22 (44.0%)	4 (8.0%)	1 (2.0%)	1 (2.0%)	0	0

Table 3.26 Life satisfaction scale of respondents from families

	Extremely Satisfied %	Satisfied %	Slightly satisfied %	Neutral %	Slightly Dissatisfied %	Dissatisfied %	Extremely dissatisfied %
In most ways my life is close to my ideal	38 (76.0%)	10 (20.0%)	1 (2.0%)	1 (2.0%)	0	0	0
The conditions of my life are excellent	17 (34.0%)	16 (32.0 %)	7 (14.0%)	2 (4.0%)	6 (12.0%)	2 (4.0%)	0
I am satisfied with my life	12 (24.0%)	17 (34.0%)	9 (18.0%)	2 (4.0%)	10 (20.0%)	0	0
So far I have gotten the important things I want in life	14 (28.0%)	13 (26.0%)	12 (24.0%)	3 (6.0%)	8 (16.0%)	0	0
If I could live my life over, I would change almost nothing	21 (42.0%)	24 (48.0%)	2 (4.0%)	3 (6.0%)	0	0	0

Table 3.27 Life satisfaction scale analysis and scoring

		Paid Old Age Homes	Family
Life satisfactionscale	**Range of scores**	**Frequency**	**Frequency**
Extremelysatisfied	31-35	30 (60.0%)	28 (56.0%)
Satisfied	26-30	11(22.0%)	12 (24.0%)
Slightly satisfied	21-25	8 (16.0%)	6 (12.0%)
Neutral	20	0	1 (2.0%)
Slightly dissatisfied	15-19	1 (2.0%)	3 (6.0%)
Dissatisfied	10-14	0	0
Extremelydissatisfied	5-9	0	0
Total		**50 (100.0%)**	**50 (100.0%)**

More than two third of the respondents (66%) from old age homes were extremely satisfied with their life and while more than half of the respondents (56%) from families were extremelysatisfied with their life. Less than one fourth of the respondents (24%) from families expressedthat they were satisfied with their life. And (22%) from old age homes expressed that they were satisfied with their life. A considerable proportion of respondents (16% and 12%) from old agehomes and families expressed that they were slightly satisfied with their life. 2% of the respondents from old age homes expressed that they were slightly dissatisfied with their life. While 6% of the respondents from families expressed the same.

QUALITY OF LIFE

WHOQOL (World Health Organization Quality of Life) is developed by the World Health Organization. The WHOQOL-BREF is a 26-item instrument consisting of four domains: physical health (7 items), psychological health (6 items), social relationships (3 items), and environmental health (8 items); it also contains QOL and general health items.

Table 3.28 Quality of Life Scale of respondents from old age homes

	Very poor	**Poor**	**Neither poor norgood**	**Good**	**Very good**
How would you rateyour quality of life?	4 (8.0%)	1 (2.0%)	13 (26.0%)	28 (56%)	4 (8%)
	Very dissatisfied	**Fairly Dissatisfied**	**Neither satisfied nor dissatisfied**	**Neither satisfied nor dissatisfied**	**Neither satisfied nor dissatisfied**
How satisfied areyou with your health?	0	13 (26%)	9 (18%)	24 (48%)	4 (8%)
	Not at all	**A Smallamount**	**A Moderate amount**	**A greatdeal**	**An Extreme amount**
To what extent doyou feel that physical pain prevents you fromdoing what you need to do?	2 (4%)	10 (20%)	21 (42%)	15 (30%)	2 (4%)
How much do youneed to function inyour daily life?	1 (2.0%)	11 (22.0%)	16 (32.0%)	22 (44.0%)	0
How much do youenjoy life?	0	1 (2.0%)	26 (52.0%)	15 (30.0%)	8 (16.0%)
To what extent do you feel your life is meaningful?	0	2 (4.0%)	19 (38.0%)	15 (30.0%)	14 (28.0%)
How well are you able to concentrate?	0	7 (14.0%)	19 (38.0%)	15 (30.0%)	9 (18.0%)
How safe do youfeel in your dailylife?	1 (2.0%)	0	0	8 (16.0%)	41 (82.0%)

How healthy is your physical environment?	1 (2.0%)	0	1 (2.0%)	10 (20.0%)	38 (76.0%)
Do you have enough energy foreveryday life?	0	3 (60.0%)	22 (44.0%)	17 (34.0%)	8 (16.0%)
Are you able to accept your bodilyappearance?	0	1 (2.0%)	9 (18.0%)	22 (44.0%)	18 (36.0%)
Do you have enough money tomeet your needs?	0	2 (4.0%)	23 (46.0%)	16 (32.0%)	9 (18.0%)
How available to you is the information you need in your dailylife?	0	1 (2.0%)	7 (14.0%)	30 (60.0%)	12 (24.0%)
To what extent doyou have the opportunity for leisure activities?	0	1 (2.0%)	6 (12.0%)	24 (48.0%)	19 (38.0%)
How well are youable to get aroundphysically?	10 (20.0%)	1 (2.0%)	10 (20.0%)	21 (42.0%)	8 (16.0%)
	Very dissatisfied	**Fairly Dissatisfied**	**Neither satisfied nor dissatisfied**	**Neither satisfied nor dissatisfied**	**Neither satisfied nor dissatisfied**
How satisfied are you with your sleep?	2 (4.0%)	7 (14.0%)	3 (6.0%)	26 (52.0%)	12 (24.0%)
How satisfied are you with your ability to perform your daily living activities?	0	14 (28.0%)	3 (6.0%)	25 (50.0%)	8 (16.0%)
How satisfied are you with your capacity for work?	1 (2.0%)	20 (40.0%)	7 (14.0%)	17 (34.0%)	5 (10.0%)
How satisfied are you with yourself?	0	1 (2.0%)	5 (10.0%)	27 (54.0%)	17 (34.0%)
How satisfied are you with your personal relationships?	0	2 (4.0%)	4 (8.0%)	17 (34.0%)	27 (54.0%)
How satisfied are you with the support you get from your friends?	1 (2.0%)	0	4 (8.0%)	19 (38.0%)	26 (52.0%)
How satisfied are you with the conditions of your living place?	0	0	2 (4.0%)	27 (54.0%)	21 (42.0%)
How satisfied are you with your access to health services?	0	0	0	15 (30.0%)	35 (70.0%)

How satisfied are you with your transport?	1 (2.0%)	0	0	13 (26.0%)	36 (72.0%)
	Never	**Infrequently**	**Sometimes**	**Frequently**	**Always**
How often do you have negative feelings such as blue mood, despair, anxiety or depression?	4 (8.0%)	7 (14.0%)	7 (14.0%)	28 (56.0%)	4 (8.0%)

Table 3.29 Quality of Life Scale of respondents from families

	Very poor	**Poor**	**Neither poor norgood**	**Good**	**Very good**
How would you rate your quality of life?	4 (8.0 %)	0	6 (12.0%)	33 (66.0%)	7 (14.0%)
	Very dissatisfied	**Fairly Dissatisfied**	**Neither satisfied nordissatisfied**	**Neither satisfied nordissatisfied**	**Neither satisfied nordissatisfied**
How satisfied are you with your health?	1 (2.0%)	8 (16.0%)	2 (4.0%)	35 (70.0%)	4 (8.0%)
	Not at all	**A Smallamount**	**A Moderate amount**	**A great deal**	**An Extreme amount**
To what extent do you feel that physical pain prevents you from doing what you needto do?	0	9 (18.0%)	12 (24.0%)	22 (44.0%)	7 (14.0%)
How much do you need to function in your daily life?	0	11 (22.0%)	11 (22.0%)	27 (54.0%)	1 (2.0%)
How much do you enjoy	0		21 (42.0%)	25 (50.0%)	4 (8.0%)
life?					
To what extent do you feel your life is meaningful?	0	1 (2.0%)	17 (34.0%)	28 (56.0%)	4 (8.0%)
How well are you able to concentrate?	0	1 (2.0%)	16 (32.0%)	29 (58.0%)	4 (8.0%)
How safe do you feel in your daily life?	0	6 (12.0%)	16 (32.0%)	24 (48.0%)	4 (8.0%)
How healthy is your physical environment?	0	0	2 (4.0%)	21 (42.0%)	27 (54.0%)
Do you have enough energy for everyday life?	0	1 (2.0%)	13 (26.0%)	26 (52.0%)	10 (20.0%)

Are you able to accept your bodily appearance?	0	1 (2.0%)	12 (24.0%)	33 (66.0%)	4 (8.0%)
Do you have enough money to meet your needs?	1 (2.0%)	6 (12.0%)	27 (54.0%)	16 (32.0%)	0
How available to you is the information you need in your daily life?	1 (2.0%)	0	14 (28.0%)	33 (66.0%)	2 (4.0%)
To what extent do you have the opportunity for leisure activities?	0	2 (4.0%)	12 (24.0%)	33 (66.0%)	3 (6.0%)
How well are you able to get around physically?	3 (6.0%)	2 (4.0%)	6 (12.0%)	30 (60.0%)	9 (18.0%)
	Very dissatisfied	**Fairly Dissatisfied**	**Neither satisfied nordissatisfied**	**Neither satisfied nordissatisfied**	**Neither satisfied nordissatisfied**
How satisfied are you with your sleep?	0	0	17 (34.0%)	22 (44.0%)	11 (22.0%)
How satisfied are you with your ability to perform your daily living activities?	0	17 (34.0)	22 (44.0%)	11 (22.0%)	4 (8.0%)
How satisfied are you with your capacity for work?	0	11 (22.0%)	6 (12.0%)	28 (56.0%)	5 (10.0%)
How satisfied are you with yourself?	0	2 (4.0%)	7 (14.0%)	31 (62.0%)	10 (20.0%)
How satisfied are you with your personal relationships?	0	2 (4.0%)	4 (8.0%)	31 (62.0%)	13 (26.0%)
How satisfied are you with the support you get from your friends?	0	1 (2.0%)	4 (8.0%)	30 (60.0%)	15 (30.0%)

How satisfied are you with the conditions of your living place?	0	0	4 (8.0%)	34 (68.0%)	12 (24.0%)
How satisfied are you with your access to health services?	0	1 (2.0%)	3 (6.0%)	34 (68.0%)	12 (24.0%)
How satisfied are you with your transport?	1 (2.0%)	1 (2.0%)	4 (8.0%)	30 (60.0%)	14 (28.0%)
How often do you have negative feelings such as blue mood, despair, anxiety or depression?	**Never**	**Infrequently**	**Sometimes**	**Frequently**	**Always**
	2 (4.0%)	17 (34.0%)	3 (6.0%)	24 (48.0%)	4 (8.0%)

Table 3.30 Respondents' quality of physical health

	Paid Old Age Homes	**Family**
Physical health	**Frequency (%)**	**Frequency (%)**
Very poor physical health	0	0
Poor physical health	13 (26.0%)	6 (12.0%)
Moderate physical health	9 (18.0%)	9 (18.0%)
Good physical health	17 (34.0%)	19 (38.0%)
Very good physical health	11 (22.0%)	16 (32.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

More than one third of the respondents (38% and 34 % respectively) from families and old age homes had good physical health. While only (22% and 32 %) of the respondents from oldage homes and families expressed that they had very good physical health. While 26% of the respondents from old age homes had poor physical health. While only 12% from families had poor physical health. 18% of the respondents from both old age homes and within families had a moderate level of physical health.

Table 3.31 Respondents' quality of Psychological Health

	Paid Old Age Homes	Family
Psychological Health	**Frequency (%)**	**Frequency (%)**
Very poor psychological health	0	0
Poor psychological health	1 (2.0%)	0
Moderate psychological health	12 (24.0%)	15 (30.0%)
Good psychological health	20 (40.0%)	26 (52.0%)
Very good psychological health	17 (34.0%)	9 (18.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

The table 3.31represents the quality of life of psychological health. 40% of the respondents from old age homes had good psychological health, while 52% of the respondents from families possess good psychological health, 34% of the respondents from old age homes had very goodpsychological health while only 18% of the respondents from families possess very good psychological health. 2% of the respondents from old age homes have poor psychological health and 24% of the respondents have moderate physical health. And 30% of the respondents from families possess moderate psychological health.

Table 3.32 Respondents' quality of social relationship

	Paid Old Age Homes	Family
Social relationship	**Frequency (%)**	**Frequency (%)**
Very poor social relationship	0	0
Poor social relationship	1 (2.0%)	0
Moderate social relationship	20 (40.0%)	25 (50.0%)
Good social relationship	17 (34.0%)	15 (30.0%)
Very good social relationship	12 (24.0%)	10 (20.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

The table 3.32represents the quality of life of social relationships of elderly people in old age homes and within families. 40 % of the respondents from old age homes have a moderate level of social relationship. 34% of the respondents from old age homes have good social relationships. 24% of the respondents possess very good social relationships Only 2% of the respondents have poor social relationships. While in families 50 % of the respondents had a moderate level of social relationship. 30% of the respondents had good social relationships and 20 % of the respondents have very good social relationships.

Table 3.33 Respondents' quality of Environment health

	Paid Old Age Homes	Family
Environment health	**Frequency (%)**	**Frequency (%)**
Very Poor Environment Health	0	0
Poor Environment Health	2 (4%)	0
Moderate Environment Health	0	4 (8.0%)
Good Environment Health	8 (16%)	30 (60.0%)
Very good Environment Health	40 (80%)	16 (32.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

The table 3.33 represents the quality of life of environmental health. 80% of the respondents from old age homes have very good environmental health, 16% of the respondents from old age homes have good environmental health, and 4% of the respondents have poor environmental health. 60% of the respondents from families possess good environmental health, 32% of the respondents possess very good environmental health, and 8% possess moderate environmental health.

Religious beliefs and spirituality of elderly people living in paid old age homes andwithin families

The main aim of the objective is to study the religious beliefs and spirituality on health of elderly people living in paid old age homes and within families. The main way of coping of elderly people is relying on religious belief and the researcher found out the impact of prayeron their health.

Table 3.34 Respondents' belief in the existence of God

	Paid Old Age Homes	Family
Existence of God	**Frequency (%)**	**Frequency (%)**
Believe	50 (100.0%)	44 (88.0%)
Do Not believe	0	4 (8.0%)
Not sure	0	2 (4.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

100% from old age homes expressed that they believe in the existence of God and 88% of the respondents from families also expressed that they believe in the existence of God. Considerable proportion of the respondents (8%) expressed that they didn't believe in the existence of God. And (4%) of the respondents expressed that they were not sure if they believe in the existence of God.

Table 3.35 Respondents' difficulties in choosing faith in the contemporary period

	Paid Old Age Homes	Family
Choosing faith in thecontemporary period	**Frequency (%)**	**Frequency (%)**
Difficult	15 (30.0%)	24 (48.0%)
Not Difficulties	35 (70.0%)	26 (52.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

More than half of the respondents (70%) from old age homes expressed that they didn't find faith as a difficult choice in the contemporary period. While half of the respondents (52%) from families expressed that they didn't find faith as a difficult choice in the contemporary period. Less than one third of the respondents (30%) from old age homes expressed that they found faith as a difficult choice in the contemporary period. While almost half of the respondents (48%) from families expressed that they found faith as a difficult choice in the contemporary period.

Table 3.36 Respondents' growth of Faith with Age

	Paid Old Age Homes	Family
Growth of faith with Age	**Frequency (%)**	**Frequency (%)**
Faith increases	40 (80.0%)	39 (78.0%)
Does not increase	6 (12.0%)	9 (18.0%)
Not sure	4 (8.0%)	2 (4.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

Vast majority of the respondents (80% and 78% respectively) from old age homes and families expressed that their faith increases with their age. Considerable proportion of the respondents (12% and 18% respectively) from old age homes and families expressed that their faith does not increase with age. The proportion of respondents (8% and 4% respectively) expressed that they were not sure if their faith increases with their age.

Table 3.37 Respondents finding relaxation through prayer

	Paid Old Age Homes	Family
Relaxation through prayer	**Frequency (%)**	**Frequency (%)**
Feel relaxed	49 (98.0%)	46 (92.0%)
Not sure	1 (2.0%)	4 (8.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

Absolute majority of the respondents (98% and 92% respectively) from old age homes and families expressed that they felt relaxed while praying. The proportion of respondents (2% and 8% respectively) from both setting expressed that they were not sure if they felt relaxedwhile praying.

Table 3.38 Respondents positive impact of prayer on health

	Paid Old Age Homes	**Family**
Impact of prayer on health	**Frequency (%)**	**Frequency (%)**
Health improved	45 (90.0%)	44 (88.0%)
Health has not improved	0	1 (2.0%)
Not sure	5 (10.0%)	5 (10.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

Absolute majority of the respondents (90% and 88% respectively) from old age homes and families expressed that their ill health improved because of their prayer. Considerable proportion of respondents (10%) from both settings expressed that they were not sure if their ill health improved because of their prayer.

Table 3.39 Respondents reducing anxiety and depression through religious belief

	Paid Old Age Homes	**Family**
Reducing anxiety and depression throughreligious belief	**Frequency (%)**	**Frequency(%)**
Religious belief helped	38 (76.0%)	39 (78.0%)
Religious belief does not help	0	1 (2.0%)
Not sure	12 (24.0%)	10 (20.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

Vast majority of the respondents (76% and 78% respectively) from old age homes and families expressed that they believe that religious belief helps them to reduce anxiety and depression. And considerable proportion of the respondents (24% and 20%) from old age homes and families expressed that they were not sure if they believe that religious belief helps them to reduce anxiety and depression.

Table 3.40 Respondents' perspective on practicing a religion can help to slow cognitive decline and reduce cognitive disorders

	Paid Old Age Homes	Family
Practicing a religion can help slow cognitivedecline and reduce cognitive disorders	**Frequency (%)**	**Frequency(%)**
Can help	32 (64.0%)	24 (48.0%)
Cannot help	0	2 (4.0%)
Not sure	18 (36.0%)	24 (48.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

More than two third of the respondents (64%) from old age homes expressed that practicing a religion can help to slow cognitive decline and reduce or stabilize cognitive disorders. While only 48% from families expressed that they were not sure that practicing a religion can help to slow cognitive decline and reduce or stabilize cognitive disorders. Almost half ofthe respondents (48%) from families expressed that they were not sure that practicing a religion can help to slow cognitive decline and reduce or stabilize cognitive disorders. Whileonly one third of the respondents (36%) from old age expressed that they were not sure aboutthe same. A very small proportion of respondents (4%) that practicing a religion cannot help slow cognitive decline and reduce or stabilize cognitive disorders.

Table 3.41 Respondents' perspective on spirituality enabling a person to maintain relationships

	Paid Old Age Homes	Family
Spirituality maintains relationships	**Frequency (%)**	**Frequency (%)**
Enabled	30 (60.0%)	24 (48.0%)
Never enabled	2 (4.0%)	2 (4.0%)
Not sure	18 (36.0%)	24 (48.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

Less than two third of the respondents (60%) from old age homes expressed that spirituality enables a person to maintain relationships. While only less than half of the respondents (48%) from families expressed that spirituality enables a person to maintain relationships. More thantwo third of the respondents (36%) from old age homes expressed that they were not sure thatspirituality enables a person to maintain relationships. And (48 %) of the respondents from families expressed that they were not sure whether spirituality enables a person to maintain a relationship. Considerable proportion of the respondents (4%) from both settings expressed that spirituality never enables a person to maintain relationships.

Table 3.42 Respondents' faith as a source of strength in overcoming life's challenges

	Paid Old Age Homes	Family
Source of strength	**Frequency (%)**	**Frequency (%)**
Faith helped	49 (98.0%)	42 (84.0%)
Doesn't helped	0	1 (2.0%)
Not sure	1 (2.0%)	7 (14.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

Absolute majority of the respondents (98%) from old age homes expressed that their faith helps them to cope up with difficult situations in their life. While the vast majority of the respondents (84%) from families also expressed that their faith helps them to cope up with difficult situations in their life. 14% of the respondents from families expressed that they were not sure whether faith doesn't help them to cope up with difficult situations in their life. Only a small proportion of respondents (2%) from old age homes expressed that they were not sure that faith helps them to cope up with difficult situations in their life. Only 2% of respondents from families expressed that their faith helps them to cope up with difficult situations in their life.

Table 3.43 Respondents' perspective on religious beliefs healing diseases through

	Paid Old Age Homes	Family
Healing diseases through religiousbeliefs	**Frequency (%)**	**Frequency (%)**
Healed	50 (100.0%)	44 (88.0%)
Not healed	0	1 (2.0%)
Not sure	0	5 (10.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

A complete majority of the respondents (100%) from old age homes expressed that their religious belief healed them from many diseases while only 88% of elderly respondents from families expressed the same. Considerable proportion of the respondents (2%) from families expressed that their religious belief never healed them from many diseases. And (10%) of the respondents from families expressed that they were not sure if their religiousbelief healed them from many diseases.

Table 3.44 Respondents' awareness about spiritual counseling

	Paid Old Age Homes	Family
Spiritual counseling	**Frequency (%)**	**Frequency (%)**
Aware	36 (72.0%)	38 (76.0%)
Not aware	10 (20.0%)	10 (20.0%)
Not sure	4 (8.0%)	2 (4.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

More than two third of the respondents (72% and 76%) from old age homes and families expressed that they were aware of spiritual counseling. Less than one fourth of the respondents (20%), from old age homes and families expressed that they were not aware of spiritual counseling. Considerable proportion of respondents (8% and 4% respectively) from both settings expressed that they were not sure if they were aware of spiritual counseling.

Table 3.45 Respondents' religious beliefs improve economic conditions

	Paid Old Age Homes	**Family**
Improve my economic conditions	**Frequency (%)**	**Frequency (%)**
Improved	22 (44.0%)	14 (28.0%)
Never improve	1 (2.0%)	1 (2.0%)
Not sure	27 (54.0%)	35 (70.0%)
Total	**50 (100.0%)**	**50 (100.0%)**

More than half of the respondents (54%) from old age homes expressed that they were not sure if their religious beliefs improve their economic condition. While more than two thirdof the respondents from families expressed that they were not sure if their religious beliefs improve their economic condition. Less than half of the respondents (44%) from old age homes expressed that their religious belief improved their economic condition. While only 28% of the respondents from families believed that their religious belief improved their economic condition. Considerable proportion of respondents (2%) from both settings expressed that their religious beliefs never improve my economic conditions.

Table 3.46 Cross tabulation of respondents age with muscle weakness and joint problem

Muscle weakness a Age	**Paid Old Age Homes**			**Families**		
	Have (%)	**Do nothave (%)**	**Total(%)**	**Have(%)**	**Do nothave (%)**	**Total(%)**
60-65 Years	3 (6.0%)	2 (4.0%)	5 (10.0%)	13 (26.0%)	13 (26.0%)	26 (52.0%)
66-70 Years	7 (14.0%)	5 (10%)	12 (24%)	5 (10%)	6 (12%)	11 (22%)
71-75 Years	12 (24.0%)	5 (10.0%)	17 (34.0%)	10 (20.0%)	1 (2.0%)	11 (22.0%)
76-80 Years	6 (12.0%)	5 (10.0%)	11 (22.0%)	1 (2.0%)	0	1 (2.0%)
81-85 Years	4	1	5	1	0	1

	(8.0%)	(2.0%)	(10%)	(2%)		(2%)
Total	**32 (64%)**	**18 (36.0%)**	**50 (100%)**	**30 (60%)**	**20 (40%)**	**50 (100%)**

The table 3.46 represents the respondents association between age with muscle weakness and joint pains. From the analysis of old age home, in the age group from 60-65 years, 6.0% of the respondents have muscle weakness, 4.0% of the respondents do not have muscle weakness and joint problems. In the age group from 66-70 years, 14.0% of the respondents have muscle weakness, 10% of respondents have no muscle weakness and joint problems. In the age group from 71-75 years, 24.0% of respondents have muscle weakness andjoint problems, 10.0% of the respondents don't have muscle weakness and joint problems. In the age group from 76-80 years, 12.0% of respondents have muscle weakness and joint problems and 10.0% of respondents do not have muscle weakness and joint problems. In the age group from 81-85 years of age, 8.0% of respondents have muscle weakness and joint problems and 2.0% of respondents don't have muscle weakness and joint problems.

Likewise in families, in the age group from 60-65 years, 26.0% of the respondents have muscle weakness, 26.0% of the respondents do not have muscle weakness and joint problems. In the age group from 66-70 years, 10.0% of the respondents have muscle weakness, 12% of respondents have no muscle weakness and joint problems. In the age group from 71-75 years, 20.0% of respondents have muscle weakness and joint problems, 2.0% of the respondents don'thave muscle weakness and joint problems. In the age group from 76-80 years, 2.0% of respondents have muscle weakness and joint problems. In the age group from 81-85 years ofage, 2.0% of respondents have muscle weakness and joint problems.

Chi-square Test Inference I

Hypothesis:

H1- There is association between age and muscle weakness and joint pains

H0- There is no association between age and muscle weakness and joint pains

Table 3.47 Chi-square Test Inference

	Paid Old Age Homes			**Families**		
Chi- Square Tests	**Value**	**df**	**Asymptotic Significance(2-sided)**	**Value**	**df**	**Asymptotic Significance (2-sided)**
Pearson Chi-Square	1.505^a	4	**.826**	7.765^a	4	**.101**
Likelihood Ratio	1.552	4	.817	9.397	4	.052
Linear-by-Linear	.182	1	.670	5.444	1	.020

Association						

As the P value is greater than 0.05 for the data of old age homes, **the null hypothesis is accepted.** That is, there is no association between age and muscle weakness and joint pains. While in families, P value is greater than 0.05, **the null hypothesis is accepted.** That is, there is no association between age and muscle weakness and joint pains

Table 3.48 Cross tabulation of respondent's quality of life with the perspective of burden to society

Burden / Quality of life	Paid Old Age Homes				Families			
	Started (%)	Not started to see (%)	Notsure (%)	Total(%)	Startedto see (%)	Not started tosee (%)	Notsure (%)	Total(%)
Very poor quality of life	0	2 (4%)	2 (4%)	4 (8%)	2 (4%)	0	2 (4%)	4 (8%)
Poor qualityof life	0	1 (2%)	0	1 (2%)	0	0	0	0
Moderate quality oflife	1 (2%)	5 (10%)	7 (14%)	13 (26%)	0	2 (4%)	4 (8%)	6 (12%)
Good quality oflife	2 (4%)	23 (46%)	3 (6%)	28 (56%)	3 (6%)	29 (58%)	1 (2%)	33 (66%)
Very good quality of life	0	4 (8%)	0	4 (8%)	0	7 (14%)	0	7 (14.%)
Total	**3 (6%)**	**35 (70%)**	**12 (24%)**	**50 (100%)**	**5 (10%)**	**38 (76%)**	**7 (14%)**	**50 (100%)**

The table 3.48 represents the cross tabulation of respondent's quality of life with the perspectiveof burden to society. In the case of respondents from old age homes, 4% of the respondents with very poor quality of life did not start to see themselves as a burden to the society while another 4.0% of the respondents were not sure whether they are a burden to society. 2.0% of the respondents with poor quality of life did not start to see themselves as a burden to society. 2.0% of the respondents with moderate quality of life started to see themselves as a burden to the society, 10.0% of the respondents did not start to see themselves as a burden to society. 14.0% of the respondents were not sure if they were a burden to society. 4.0% of the respondents who have a good quality of life have started to see themselves as a burden to the society while **46**% of the respondents did not start to see themselves as a burden to the society. 6.0% of the respondents were not sure if they were a burden to society. 8.0% of the respondents from very good quality oflife did not start to see themselves as a burden to society.

While in families, 4.0% of the respondents with very poor quality of life started to see themselvesas a burden to society. 4.0% were not sure if they were a burden to society.4.0% of the respondents with

moderate quality of life did not start to see themselves as a burden to society. 12.0% of the respondents were not sure if they were a burden to society. 6.0% of the respondents who have a good quality of life have started to see themselves as a burden to the society while **58**% of the respondents did not start to see themselves as a burden to the society. 2.0% of the respondents were not sure if they were a burden to society. 14.0% of the respondents with a very good qualityof life did not start to see themselves as a burden to society.

Table 3.49 Cross tabulation of respondents age with increase of faith with age

Faith / Age	Paid Old Age Homes				Families			
	Increased	**Not increased**	**Notsure**	**Total**	**Increased**	**Not increased**	**Notsure**	**Total**
60-65 Years	4 (8.0%)	1 (2%)	0	5 (10.0%)	19 (38.0%)	6 (12.0%)	1 (2.0%)	26 (52.0%)
66-70 Years	18 (36.0%)	3 (6.0%)	1 (2.0%)	12 (24.0%)	10 (20.0%)	1 (2.0%)	0	11 (22.0%)
71-75 Years	15 (30.0%)	1 (2.0%)	1 (2.0%)	17 (34.0%)	9 (18.0%)	2 (4.0%)	0	11 (22.0%)
76-80 Years	10 (20.0%)	1 (2.0%)	0	11 (22.0%)	0	0	1 (2.0%)	1 (2.0%)
81-85 Years	3 (6.0%)	0	2 (4.0%)	5 (10.0%)	1 (2.0%)	0	0	1 (2.0%)
Total	**40 (80.0%)**	**6 (12.0%)**	**4 (8.0%)**	**50 (100.0%)**	**39 (78.0%)**	**9 (18.0%)**	**2 (4.0%)**	**50 (100.0%)**

The table 3.49 represents the respondents association between age with **increase of faith with age.** From the analysis of old age home, in the age group from 60-65 years, years,8.0% of the respondent's faith increases with age ,2.0% of the respondent's faith does not increases with age. In the age group from 66-70 years, 36.0% of the respondent's faith increaseswith age, 6.0% of the respondent's faith does not increase with age, 2.0% of the respondents were not sure if their faith increases with age. In the age group from 71-75 years, 30.0% of the respondent's faith increases with age, 2.0% of the respondent's faith does not increase with age, 2.0% of the respondents were not sure if their faith increases with age. In the age group from 76- 80 years, 20.0% of the respondent's faith increases with age, 2.0% of the respondent's faith does not increase with age. In the age group from 81-85 years, 6.0% of the respondent's faith increases with age, 4.0% of the respondents were not sure if their faith increases with age.

Likewise, in families, in the age group from 60-65 years, 38.0% of the respondent's faith increases with age, 12.0% of the respondent's faith does not increase with age, 2.0% of the respondents were not sure if their faith increases with age. In the age group from 66-70 years, 20.0% of the respondent's faith increases with age, 2.0% of the respondent's faith does not increase with age. In the age group from 71-75 years, 18.0% of the respondent's faith increaseswith age, 4.0% of the respondent's faith does not increase

with age. In the age group from 76- 80 years, 2.0% of the respondents were not sure if their faith increases with age. In the age group from 81-85 years, 2.0% of the respondent's faith increases with age.

Hypothesis to find the difference between age and respondents' faith

Since age is a non-parametric variable (Non-continuous/Discrete variables), hence in suchcases we use Kruskal Wallis Test for analysis.

Table 3.50 Kruskal Wallis Test inference

		Paid Old Age Homes			Families	
S.no	**Null Hypothesis**	**P value**	**Remark**	**Null Hypothesis**	**P value**	**Remark**
1	The distribution of the factor faith is the same across categories of age.	.339	Null hypothesis is accepted (0.339>0.05)	The distribution of age is the same across categories of faith.	.606	Null hypothesis is accepted (0.606>0.05)
2	The distribution of faith as a difficult choice in the contemporary period is the same across categories of age.	0.06	Accepts null hypothesis (0.06<0.05)	The distribution of age is the same across categories of faith as a difficult choice in the contemporary period..	.783	Null hypothesis is accepted (0.783 >0.05)

Chi-square Test Inference - II

Hypothesis:

H1- There is association between age and physical quality of life of elderly people H0- There is no association between age and physical quality of life of elderly people

Table 3.51 Chi-square Test Inference II

	Paid Old Age Homes			Families		
Chi-SquareTests	**Value**	**df**	**Asymptotic Significance(2-sided)**	**Value**	**df**	**Asymptotic Significance (2-sided)**
Pearson Chi-Square	13.856^a	12	**.310**	14.618^a	4	.263
LikelihoodRatio	17.699	12	.125	12.390	4	.415
Linear-by- Linear Association	1.695	1	.193	5.444	1	.125

As the P value is greater than 0.05 for the data of old age homes, **the null hypothesis is accepted.** That is, there is no association between age and quality of physical health. While in families, P value is greater than 0.05, **the null hypothesis is accepted.** That is, there is no association betweenage and quality of physical health.

Table 3.52 Independent T Test inference

S. No	Variables	Independent Ttest value	Statistical Inference
1	Life satisfaction scale scoring between elderly people living in paid old age homes and withinfamilies	**.412**	p > 0.05 Not significant

H1 - There is a difference between Life satisfaction of elderly people living in paid old age homes and within families

H0- There is no difference between Life satisfaction of elderly people living in paid old age homes and within families

As the p value is greater than 0.05, null hypothesis is accepted. That is there is no difference between Life satisfaction of elderly people living in paid old age homes and within families.

SECTION II

QUALITATIVE DATA INTERPRETATION

Introduction

In this chapter, the analysis and interpretation centre on the data collected from each participant, The researcher employed cross-case analysis to make sense of the gathered information.

Research participants

The research participants were the same elderly people who were part of quantitative data collection. There were four respondents from old age homes and four from families for in depth interviews.

Within case analysis

The researcher scrutinized each case to develop the structures and concepts. In analyzing the case information obtained from interviews, each respondent was treated as an individual case. The key constructs, from which conclusions were derived and explained, were identified by codifying the data collected from 8 respondents, 4 from old age homes and 4 from families through comprehensive interview guides.

Case Analysis 1

Constructs identified	Empirical Concepts
PROFILE OF THE RESPONDENT	The respondent is an elderly woman of 74 years old living in a paid old age home.
Family background	Husband of the respondent passed away. She has two daughters both settled in Abroad.
Education	The respondent completed teacher education.
Job Background	The respondent worked as music teacher in a Convent School in Bhopal.
Fee Structure	The respondent has to pay 13000 per month for mess and room rent.
Source of income	The respondent gets her late husband's pension. Also the money is provided by respondents' daughters.
Reason for choosing old age home	The respondent was alone in her home after her husband's death.
HEALTH	
Current health condition	The respondent is a surviving brain tumour patient continuing medicine.
Physical health	The respondent is having diabetes and ear balance issues.
Medical treatment	The respondent takes medicines for diabetes and tumour.
LIVING CONDITION	
Food	The respondent gets a normal food routine with a major proportion of vegetables.
Safety	The respondent was assured about the safety of the old age home.
Cleanliness and surroundings	The respondent was satisfied with the surroundings of the old age home
DIFFICULT SITUATION	
Stress	The respondents don't feel any particular stress.
Loneliness	The respondent felt loneliness and emptiness.
Everyday task and mobility	The respondent has ear balance issues which hinders her from everyday tasks and mobility.
Financial insecurity	The financial matters of respondent is paid from late husband's pension and the money given by her children

MANAGING DIFFICULT SITUATION	
Way of coping	The respondent coping way to overcome loneliness is by praying to God.
Methods used for relaxation	The respondent reads newspapers and watches religious TV channels.
Reaching out to others	The respondent talks with her spiritual fathers for help.
FREEDOM	
Voice in society	The respondent surely believes that she has a voice in society. She will speak for her needs.
Avoidance from younger generation	The respondent is not bothered about the younger generation. She continued that both people are from different generations and have different perspectives.
Freedom for mobility from one place to another	The respondent has the freedom to move anywhere she wants.

THEMES	**HIGHLIGHT STATEMENTS**
Satisfaction	*"Yes, I can manage all my expenses with this amount".*
Difficult situation	*"I was scared to be alone in that big mansion."*
Loneliness	*"Sometimes I feel lonely. "I don't have anyone, I Am alone."* *"I will ask God "Why did you do this to me and make me alone."*
Way of coping	*"I use prayer as my motivation level."*
Freedom	*"I have the freedom to move anywhere according to my wishes."*

Case Analysis 2

Constructs identified	**Empirical Concepts**
PROFILE OF THE RESPONDENT	The respondent is an elderly woman of 63 years old living in a paid old age home.
Family background	Husband of the respondent passed away six years ago. They don't have children.
Education	The respondent completed Nursing from Rajasthan.
Job Background	The respondent worked as Nurse in a private hospital of Rajasthan.
Fee Structure	The respondent has to pay 13000 per month for mess and room rent.
Source of income	The respondent gets her late husband's pension. Husband was in the military.

Reason for choosing old age home	The respondent was alone in her home after her husband's death. She was not able to manage everything. Also she was affected with covid which reduced her immunity level. These all reasons lead the respondent to the old age home.
HEALTH	
Current health condition	The respondent is a diabetic patient. She becomes frequently ill after Covid virus.
Physical health	The respondent fell down from stairs and the back bone was fractured.
Medical treatment	The respondent takes medicines for diabetes, cough and back pain.
LIVING CONDITION	
Food	The respondent is not satisfied with the food provided in the old age home. She complained that the food was not worth Rs 13000.
Safety	The respondent was assured about the safety of the old age home.
Cleanliness and surroundings	The respondent was satisfied with the surroundings of the old age home. The place was so clean and hygienic for the stay.
DIFFICULT SITUATION	
Stress	The respondent was sad about her present health condition.
Loneliness	The respondent felt loneliness because she dont have anyone back home.
Everyday task and mobility	The respondent faces difficulty in doing daily tasks after the fracture.
Financial insecurity	The financial matters of the respondent are paid from the late husband's pension. The amount is not enough to manage her financial matters and medical treatment.
MANAGING DIFFICULT SITUATION	
Way of coping	The respondent coping way to overcome loneliness is by praying to God.
Methods used for relaxation	The respondent read books during free time. She will watch comedy shows and reality shows on social media.
Reaching out to others	The respondent has a lot of good friends where she can share her stress and feelings. They motivate her by giving advice to overcome the situation.
FREEDOM	
Voice in society	The respondent did not think that old age people have voices in society. They are getting avoided from society.
Avoidance from younger generation	The respondent felt that elderly people are avoided from society. The children don't have the time to take care of their parents. The children are ready to pay whatever amount is needed to keep their parents in the old age home. She felt relaxed that she dont have a child.

Freedom for mobility from one place to another	The respondent has the freedom to move anywhere she wants. She used to go to church before the fracture. Now it seems difficult for the respondent.

THEMES	HIGHLIGHT STATEMENTS
Difficult situation	*"I am sad about my present health"*
Loneliness	*"I am depressed sometimes because of loneliness as i don't have anyone back home."*
Freedom	*"Now money matters. Everybody has money and they are forgetting all the human values for the money"*

Case Analysis 3

Constructs identified	Empirical Concepts
PROFILE OF THE RESPONDENT	The respondent is an elderly woman of 82 years old living in a paid old age home.
Family background	The respondent got married at the age of 20. Husband of the respondent passed away twelve years ago. She has three children and all are settled in Abroad.
Education	The respondent completed 7th standard and turned towards agriculture for survival with her husband.
Job Background	The respondent was a homemaker.
Fee Structure	The respondent has to pay 13000 per month for mess and room rent.
Source of income	The respondent fee was paid by his elder daughter who was settled in Paris. Other children will also pay the money.
Reason for choosing old age home	The respondent was alone in his home after his husband's death. She was with her younger son and later he moved with his wife to the UK. She continued in the home for the next 5 years. The health condition became worse and the children moved her to an old age home as they are unwilling to take him Abroad.
HEALTH	
Current health condition	The respondent is a diabetic patient and has bodily pains. Also have pressure issues.
Physical health	The respondent claimed that she has immunity power as he is rarely prone to disease.
Medical treatment	The respondent takes medicines for diabetes and pressure.
LIVING CONDITION	
Food	The respondent was satisfied with the food provided in the old age home. She prefers non vegetarianism.
Safety	The respondent was assured about the safety of the old age home. There is one security for this old age home.

Cleanliness and surroundings	The respondent was satisfied with the surroundings of the old age home. The place was so clean and hygienic for the stay.
DIFFICULT SITUATION	
Stress	The respondent did not have any stress here and also claims that she is alone there.
Loneliness	The respondent has three children and nobody wants to take her with them. Thus, he became lonely.
Everyday task and mobility	The respondent faces difficulty in doing daily tasks. A home nurse helps the respondent in bathing and washing clothes.
Financial insecurity	The financial matters of the respondent are managed by his children. They pay directly to the old age home.
MANAGING DIFFICULT SITUATION	
Way of coping	The respondent's coping way is to get attached to God. She prays to God and Holy Mary to reduce his pains.
Methods used for relaxation	The respondent watches religious channels and news channels for relaxation.
Reaching out to others	The respondent has a lot of good friends where she can share her stress and feelings. The friends nearby home would help her to relieve her stress and hard feelings.
FREEDOM	
Voice in society	The respondents have voices in society. She was the president of the residents association in her home land area. So she got a chance to raise his voice in society.
Avoidance from younger generation	The respondent felt that elderly people are avoided from society. My own children don't want me. There are many people in this old age home who are abandoned by their children.
Freedom for mobility from one place to another	The respondent has the freedom to move anywhere he wants. He likes to go to shops and cities.

THEMES	HIGHLIGHT STATEMENTS
Difficult situation	*"I am not used to such surroundings. So, I'm struggling to get used to this living situation".*
Loneliness	*"But I know I am alone here. I have four children and nobody wants to stay with me"*
Way of coping	*"The way of coping is getting attached to God. I will pray to God and Holy Mary. They are my saviour and light of my life."*
Freedom	*"I'm being avoided by my own children"*

Case Analysis 4

Constructs identified	Empirical Concepts
PROFILE OF THE RESPONDENT	The respondent is an elderly woman of 72 years old living in a paid old age home in Athirampuzha Kottayam.
Family background	The respondent got married in 1978. The respondent husband passed away twelve years ago. She has three children and all are settled in Abroad. Elder one is in the USA and the younger one is twins and they're in the UK.
Education	The respondent completed 8th standard and didn't go to college.
Job Background	The respondent was a homemaker and didn't have a particular income on their own.
Fee Structure	The respondent has to pay 15000 per month for mess and room rent. Her elder daughter will pay for her daily needs and treatment. My husband was a farmer, so she didn't get any pension.
Source of income	The respondent fee was paid by his elder daughter.
Reason for choosing old age home	The respondent was in the UK. Her Visa expired and she was forced to move to Kerala. There she stayed at her daughter in law's home for a few days. Because she was alone in her own home. Her children restricted her from going home because of security reasons. She didn't like to always stay in her relatives house. Therefore, I asked my son to move me towards an old age home. This is purely her own decision to stay in an old age home. Also, she didn't want to go back Abroad.
HEALTH	
Current health condition	The respondent is a diabetic patient and has other medicines. She was very prone to illness. Also, the respondent showed some mental health issues before twelve years. Her husband was alive at that time. It started with lack of sleep. Later her situation got worse and she was admitted to Caritas hospital for one week. She was discharged after one week by doctor's suggestion. I started taking Valparin tablets and Ritex tablets from that time also and it is continuing. Along with this, taking a diabetic tablet also.
Physical health	The respondent claimed that she is very prone to illness.
Medical treatment	The respondent takes medicines for diabetes and for mental health.
LIVING CONDITION	
Food	The respondent was satisfied with the food provided in the old age home. She prefers non vegetarianism. The food and routine of this home is getting tea at 6.30 am every day. They will be served breakfast in their room itself by 8 am. Food resembles that of her home. She is getting normal food items for different meals. Lunch time is from 12 pm

	onwards. Evening will be served by tea. Dinner is at 8 pm.
Safety	The respondent was assured about the safety of the old age home. She felt safe in that place and claimed nothing is scary in this place and they have other inmates in old age homes.
Cleanliness and surroundings	The respondent was satisfied with the surroundings of the old age home. The place was so clean and hygienic for the stay. The workers will come for cleaning regularly. They will clean the room along with the toilet.
DIFFICULT SITUATION	
Stress	The respondent didn't have any stress here
Loneliness	The respondent has three children and she talks with them every day through video call. She interacts with neighbour inmates.
Everyday task and mobility	The respondent faces no difficulty in doing daily tasks. She can manage all her tasks and mobility.
Financial insecurity	The financial matters of the respondent are managed by his children. They pay directly to the old age home.
MANAGING DIFFICULT SITUATION	
Way of coping	The respondent's coping way is to get attached to God. She goes to holy mass every day in the chapel. Also go to Adoration. She said that she didn't like to go to church every time. She's a believer but doesn't want to spend all my time in church like other elderly people.
Methods used for relaxation	The respondent watches religious channels and news channels for relaxation.
Reaching out to others	The respondent depends only on prayer for everything.
FREEDOM	
Voice in society	The respondents have voices in society. She got recognition from society. Her grandchildren are of the interviewers age and they interacted with her usually. She didn't find any changes in them.
Avoidance from younger generation	The respondent felt that elderly people are not avoided from society. Her grandchildren are of the interviewers age and they interacted with her usually. She didn't find any changes in them.
Freedom for mobility from one place to another	The respondent has the freedom to move anywhere he wants.

THEMES	HIGHLIGHT STATEMENTS
Difficult situation	*"I am very prone to illness."*
Living condition	*"I am feeling safe in this place. Nothing is scary here."*

Case Analysis 5

Constructs identified	Empirical Concepts
PROFILE OF THE RESPONDENT	The respondent is an elderly woman of 70 years old living in a family at Athirampuzha Kottayam.
Family background	The respondent got married in 1975. The respondent husband was a retired teacher from high school. She has three children and all are settled in Kottayam in their own houses and family.
Education	The respondent completed schooling from Athirampuzha. Done her PDC from BK College Amalagiri. The respondent completed BSC Bed from BCM College Kottayam and a retired teacher from higher secondary school. I knew Malayalam and English to read and write.
Job Background	The respondent worked as a teacher in Kenya Africa 35 years before.
Source of income	The respondent gets a pension from the profession. Also, they have farming on their own land. Income from agriculture is very low. Therefore, we don't get any regular income from agriculture.
HEALTH	
Current health condition	The respondent has le and back pain regularly. And also a diabetic patient. She was very prone to illness like fever and cold. She was under treatment for back pain ten years back.
Physical health	The respondent claimed that she is very prone to illness like fever and cold.
Medical treatment	The respondent takes medicines for diabetes and for back pain.
LIVING CONDITION	
Food	The respondent cooked food for herself and her husband. They don't have any housemaids for help. Common foods will be made like appam, dosa etc.
Safety	The respondent was assured about the safety of the home. But she is scared of living alone in her home.
Cleanliness and surroundings	The respondent was satisfied with the surroundings of the home. The place was so clean and hygienic for the stay.

DIFFICULT SITUATION	
Stress	The respondent felt scared during the evening because they are alone in their home and there is no one living near their home.
Loneliness	The respondent felt loneliness at some point of time in her life.
Everyday task and mobility	The respondent faces no difficulty in doing daily tasks. She can manage all her tasks and mobility.
Financial insecurity	The respondent did not depend on others for their financial help.
MANAGING DIFFICULT SITUATION	
Way of coping	The respondent's coping way is to open up with her close friends and also to her spiritual fathers. Therefore, she can ease out her stress and feelings. Also, prayer is her strength.
Methods used for relaxation	The respondent watches religious channels and reads books for relaxation.
Reaching out to others	The respondent does not depend on others for living.
FREEDOM	
Voice in society	The respondents dislike going for public meetings.
Avoidance from younger generation	The respondent felt that elderly people are avoided from society. She responds that youth has to accept people like her and make them join everywhere.
Freedom for mobility from one place to another	The respondent has the freedom to move anywhere she wants.

THEMES	HIGHLIGHT STATEMENTS
Difficult situation	*"I feel scared during the evening because we are alone here and there is no one living in the neighbourhood also"*
Loneliness	*"Feeling of loneliness amplifies me"*
Way of coping	*"I will try to speak to somebody. Therefore, I can ease out my stress and feelings."*
Freedom	*"I have freedom in giving my opinion and to go everywhere I want."*

Case Analysis 6

Constructs identified	Empirical Concepts
PROFILE OF THE RESPONDENT	The respondent is an elderly man of 72 years old living in a family called Kuzhinjalil at Athirampuzha Kottayam.
Family background	The respondent's wife is Marykutty Devassy and they have three children, one girl and two boys. Daughter is married to Kanakkalil. Elder son is also married and living in another house with his family. Daughter has two boy children. Elder son have one son and one daughter. Younger son is also married and have two children, one son and daughter.
Education	The respondent completed 10th class and after that I went to different jobs

	for living. I knew Malayalam and a little bit of English also.
Job Background	The respondent worked in a company 10 years ago. The company has given PF pension for 20 years.
Source of income	The respondent doesn't have any particular income to sustain. Nowadays he receives an old age pension from the government. Also, his younger son will also provide with money and resources. Income from agriculture is also not enough for the respondent and his wife to sustain.
HEALTH	
Current health condition	The respondent has pressure, little cholesterol and dizziness. This started long back when my children were doing school education. He has been taking medicines for pressure and cholesterol from that time of diagnosis.
Physical health	The respondent claimed that he is having body pains.
Medical treatment	The respondent takes medicines for diabetes, pressure and cholesterol.
LIVING CONDITION	
Food	The respondent wife cooks food for herself and her husband. They don't have any housemaids for help. Because of cholesterol and diabetes, I was not allowed to have all foods.
Safety	The respondent was assured about the safety of the home.
Cleanliness and surroundings	The respondent claimed that his wife is so hygienic, therefore he is forced to be hygienic. The respondent has been living in the place for more than 50 years and they are totally adapted to this place.
DIFFICULT SITUATION	
Stress	The respondent did not have any stress in his life.
Loneliness	The respondent never claimed loneliness.
Everyday task and mobility	The respondent faces no difficulty in doing daily tasks.He can manage all her tasks and mobility. His younger son will take to hospital in case of any need of hospital issues.
Financial insecurity	The respondent's needs are quarterly fulfilled by his younger son.
MANAGING DIFFICULT SITUATION	
Way of coping	The respondent's coping way is to open up with his wife and then children.
Methods used for relaxation	The respondent likes reading and had a hobby of reading newspapers twice.
Reaching out to others	The respondent will reach out to his wife and children for help.
FREEDOM	
Voice in society	The respondents dislike going for public meetings.
Avoidance from younger	The respondent did not feel that elderly people are avoided from society. He

generation	was church group president once. He was in many leadership roles at my good age. So he has the freedom to express my views and opinions about anything.
Freedom for mobility from one place to another	The respondent has the freedom to move anywhere he wants.

THEMES	HIGHLIGHT STATEMENTS
Way of coping	*"If I'm having any difficult situations, I will reach out to my wife first and after that I will tell my children. This is the first way of coping for me."*
Freedom	*"I didn't feel any avoidance from society. I was our church group president. I was in many leadership roles at my good age. So, I have the freedom in expressing my views and opinions about anything."*

Case Analysis 7

Constructs identified	Empirical Concepts
PROFILE OF THE RESPONDENT	The respondent is an elderly man of 62 years old living in a family called Mannam Kulathil at Athirampuzha Kottayam.
Family background	The respondent was born in a middle-class family. His father was tailoring and also had some agriculture work. He was married in 1992. His wife is a school teacher. They have three children. One child died because of an accident. Now they have two children. One of them is married and another one is studying Nursing.
Education	The respondent completed schooling from Athirampuzha. Done his PDC and college from CMS College Kottayam.
Job Background	The respondent got a job in Government ITI during 1990. He was a retired teacher from ITI. His first appointment was in Kattappana ITI. He had worked in different parts of Kerala. Retired from a post called group inspector
Source of income	The respondent is a pensioner now and he was satisfied with the income. He can manage his daily needs from his pension.
HEALTH	
Current health condition	The respondent has pressure cholesterol issues.
Physical health	The respondent claimed that presently he had knee pain.
Medical treatment	The respondent takes medicines for diabetes, pressure and for knee pain.
LIVING CONDITION	
Food	The respondent is taking a balanced diet with more vegetables, as he is a cholesterol patient and he tries to avoid meat and fat related food.

Safety	The respondent was assured about the safety of the home. Regarding safety, this area is very close to town and nothing is there to worry about. Also, night patrolling teams will be there, sometimes arranged by resident association.
Cleanliness and surroundings	The respondent was satisfied with the surroundings of the home. The place was so clean and hygienic for the stay.
DIFFICULT SITUATION	
Stress	The respondent don't have any particular stress nowadays. Children were all settled and I don't have any burdens to solve now.
Loneliness	The respondent felt loneliness while thinking about their children as they were not with him.
Everyday task and mobility	The respondent faces no difficulty in doing daily tasks. He can manage all her tasks and mobility.
Financial insecurity	The respondent did not depend on others for their financial help.
MANAGING DIFFICULT SITUATION	
Way of coping	The respondent's coping method is his life experience. His life experience itself is a way of coping for me. His father was a tailor and he died in his early age. And he was the eldest son in the family. He had three siblings after him. So, from that time he started working to upgrade my family, my life. He studied hard to achieve a job for a living. So, these all itself are the best life lessons for him. This will motivate him and a way to cope up with difficult situations.
Methods used for relaxation	The respondent used to read books before. Now it's changed to television and social media like WhatsApp.
Reaching out to others	The respondent does not depend on others for living.
FREEDOM	
Voice in society	The respondents claim that the Government is bringing a lot of policies for elderly people but that is not yet implemented here.
Avoidance from younger generation	The respondent felt that elderly people are avoided from society. They were sometimes denied the opportunity to use seats in public transport by the younger generation.
Freedom for mobility from one place to another	The respondent has the freedom to move anywhere he wants.

THEMES	HIGHLIGHT STATEMENTS
Difficult situation	*"My children are not there with me. That is creating sadness in me."*
Way of coping	*"My life experience itself is a way of coping for me."*

Case Analysis 8

Constructs identified	Empirical Concepts
PROFILE OF THE RESPONDENT	The respondent is an elderly woman of 73 years old living in a family at Athirampuzha Kottayam.
Family background	The respondent married at the age of 17. The respondent's husband's name is Thomas Scaria. They had three children. One boy and two girls. Daughters were married. Son is also married and living in another house with his family. The First Daughter has two boy children. Younger daughter is also married and has two children, one son and daughter.
Education	The respondent completed 8th class and got married at the age of eighteen. She knew only Malayalam to read, write and speak.
Job Background	The respondent was a homemaker.
Source of income	The respondent has little agriculture and farming. Along with that her children will send money every month for their needs.
HEALTH	
Current health condition	The respondent is a diabetic patient and took medication for the past twenty years.
Physical health	The respondent claimed that she is having body aches.
Medical treatment	The respondent takes medicines for diabetes.
LIVING CONDITION	
Food	The respondent had a maid in their house. She will help her in household and kitchen work also. Respondent and her husband both vegetarian and non-vegetarian.
Safety	The respondent was assured about the safety of the home.
Cleanliness and surroundings	The respondent was satisfied with the surroundings of the home.
DIFFICULT SITUATION	
Stress	The respondent faces difficulty in walking
Loneliness	The respondent craves to see her grandchildren.
Everyday task and mobility	The respondent faces difficulty in doing daily tasks. The respondent faces difficulty in walking

Financial insecurity	The respondent depends on her children for their financial help.
MANAGING DIFFICULT SITUATION	
Way of coping	The respondent's coping way is through prayers. She watches religious channels, recite rosary.
Methods used for relaxation	The respondent watches religious channels and reads books for relaxation.
Reaching out to others	The respondent talks with her elder brother for relaxation from stress and feelings.
FREEDOM	
Voice in society	The respondents dislike going for public meetings.
Avoidance from younger generation	The respondent avoided the question and showed disinterest in answering the question.
Freedom for mobility from one place to another	The respondent has the freedom to move anywhere she wants.

THEMES	HIGHLIGHT STATEMENTS
Difficult situation	*"Sometimes I crave to see my grandchildren"*
Way of coping	*"Prayer is my first way of coping."*

CROSS CASE ANALYSIS

While conducting the cross-case analysis, the researcher applied established theories and analytical principles to identify trends that arose from the examination of each case. Cross-case analysis is a qualitative research method that involves comparing and contrasting information from multiple cases to identify patterns, themes, and insights. This approach is commonly used in fields such as social sciences, business, and education to gain a deeper understanding of a phenomenon or to develop theories. This method involves comparing similarities and differences in the occasions, activities, and procedures within the study units of the case studies, thereby broadening the researcher's perspective beyond individual cases. This approach stimulates creativity, prompting the formulation of new questions, insights, alternatives, model creation, and constructs. Throughout the cross-case study, significant themes and sub-themes emerge

EMERGING THEMES ON QUALITY OF LIFE AND LIFE SATISFACTION OF ELDERLY PEOPLE LIVING IN PAID OLD AGE HOMES AND WITH IN FAMILIES

THEME 1 THEME 2 THEME 3 THEME 4 THEME 5 THEME 6

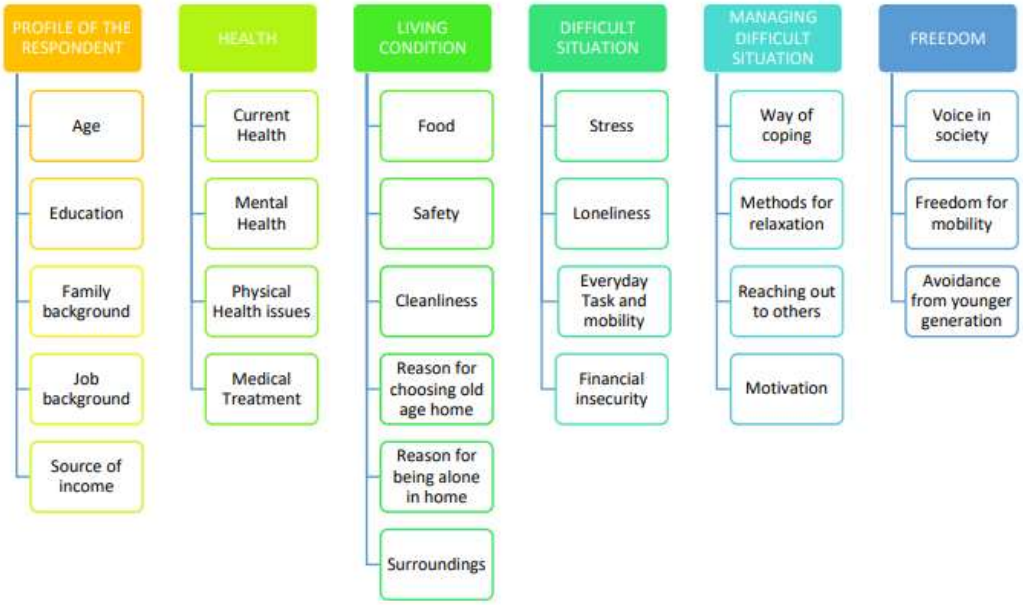

Figure 3.3: Emerging themes on quality of life and life satisfaction of elderly people living in paid old age homes and within families

THEME 1: PROFILE OF THE RESPONDENT

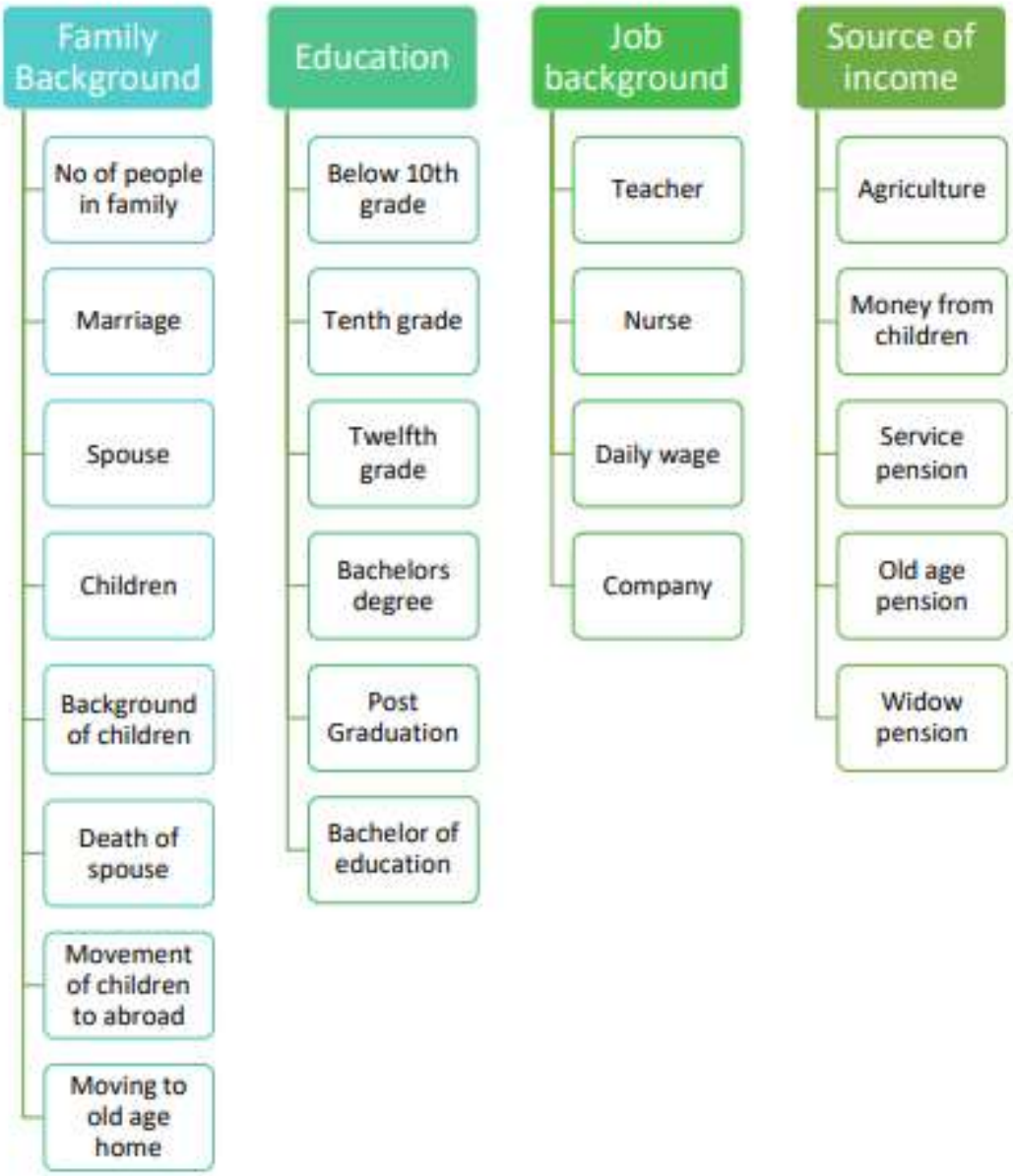

Figure 3.4: Profile of the respondents

The figure 3.4 represents the profile of the respondents and the subthemes emerged out of it. The profile of the respondents include age, family background, education, job background and source of income.

Age

The Participants from the age category of 60-85years of age take part in this study who were able to read, write and speak Malayalam or English.

Family background

Family background of the Participants include number of people in a family, marriage, spouse and children, background of children, death of spouse, movement of children to abroad and shifting towards old age homes. This enables the researcher to identify the family background and the factors associated with family.

Education

The Participants revealed their education qualification which showed that they had completed schooling and college. The qualification includes 10th grade qualification, 12th grade qualification, degree, post-graduation and teachers' education qualification.

Job background

The Participants had different types of job qualifications like daily wage workers, teacher, nurse, company workers in which the Participants were all retired from their profession. The Participants who worked in a government sector got retired before 60 years of age. The Participants who dependent on daily wages continued their work until their children were occupied for taking careof their family.

Source of income

The Participants in the study reported diverse income sources, encompassing agricultural earnings, financial support from their children, service pensions, widow pensions, and old age pensions. This indicates a varied economic background among the participants, reflecting a reliance on multiple streams of income for financial sustenance. The inclusion of such diverse sources underscores the complexity of their financial situations and highlights the need for a comprehensive understanding of the factors influencing their economic well-being.

THEME 2: HEALTH

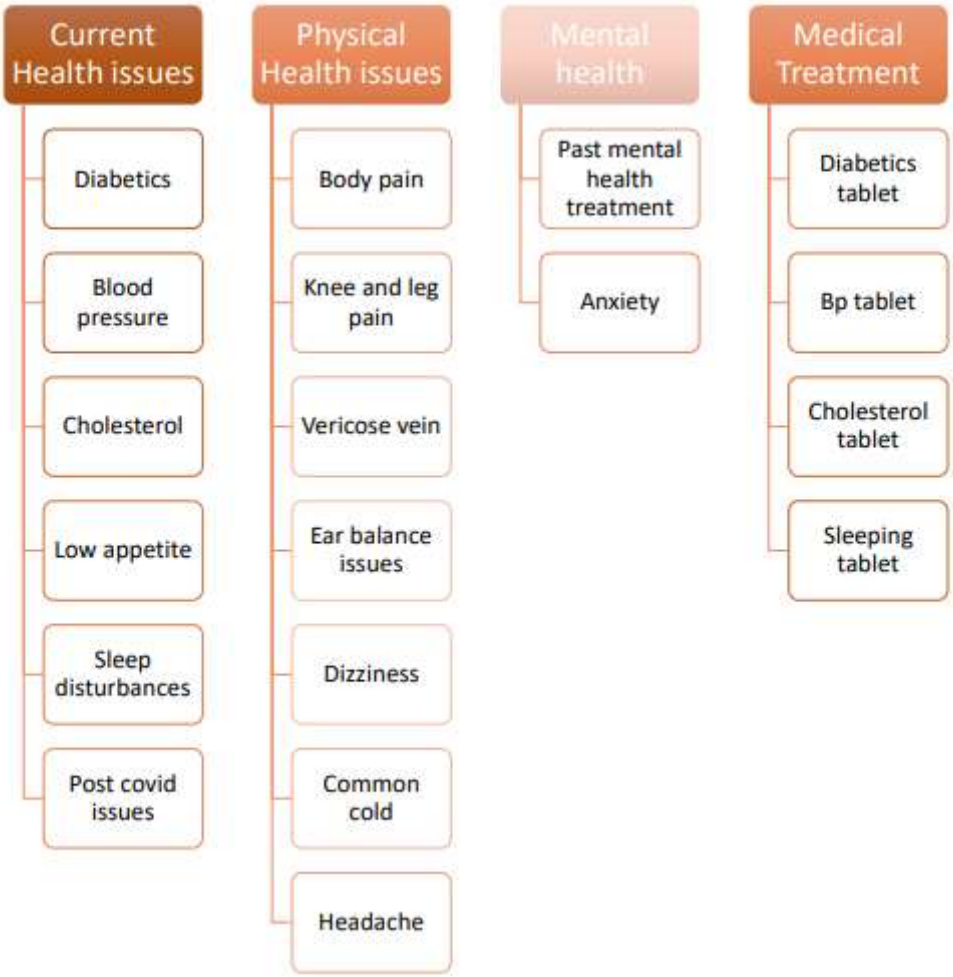

Figure 3.5: Health of the respondents

Current health issues

The current health issues of the Participants include diabetics, blood pressure, cholesterol, low appetite, sleep disturbances and post Covid-19 issues. This diverse array of health concerns highlights the multifaceted nature of the participants' well-being challenges. The data underscores the need for comprehensive and targeted interventions to address these various health issues and improve overall health outcomes among the elderly people among old age homes and within families.

Physical health issues

Physical health issues include body pain, knee and leg pain, varicose vein, ear balance, dizziness, common cold and headache. The elderly people in between this age group faces those type of health issues that affects their mobility in performing daily activities.

Mental health

The predominant mental health concern reported by the Participants was anxiety, with various contributing factors identified. Among these factors were age-related issues, encompassing concerns about personal health and anxieties related to the well-being of children. Additionally, Participants cited financial pressures as a significant source of anxiety, highlighting the diverse range of stressors influencing mental health in this population.

Medical treatment

The predominant medical treatment administered to the Participants, both residing in old age homes and within families, included diabetic tablets, blood pressure tablets, cholesterol tablets, and sleeping tablets. This suggests that the primary health concerns among these individuals were related to diabetes, hypertension, high cholesterol levels, and sleep disorders. The prevalence of these medications indicates a notable focus on managing chronic conditions commonly associatedwith aging populations.

THEME 3: LIVING CONDITION

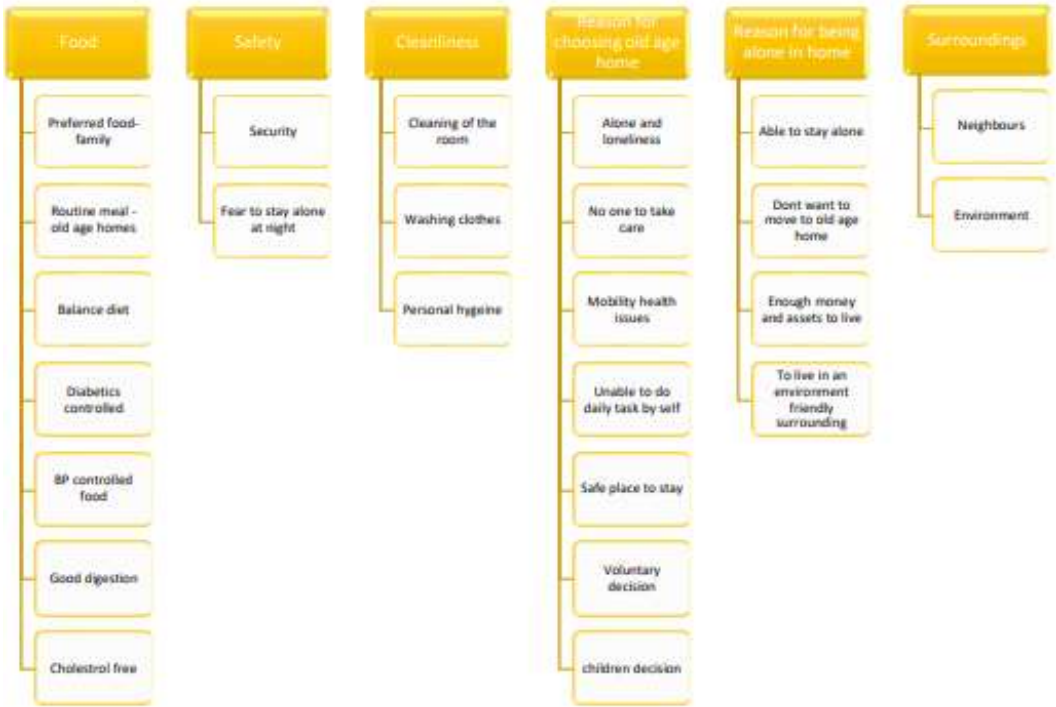

Figure 3.6: Living conditions of the respondent

Food

The eating routines for elderly Participants residing in old age homes are characterized by a structured timetable, ensuring regularity and consistency in their meals. In contrast, those living with their families often have the flexibility to choose preferred meals based on personal preferences. However, both groups may face dietary restrictions due to health issues such as cholesterol, blood pressure, and diabetes, influencing their food habits to maintain optimal well- being.

Safety

In the context of safety, it is essential to consider two dimensions. The first dimension pertains to old age homes, which function as institutional settings equipped with security services aimed at safeguarding elderly residents. On the other hand, the second dimension involves Participants from families expressing concerns about the lack of security protection in their homes, particularly at night, leading to a fear of staying alone during those hours.

Cleanliness

Maintaining cleanliness is a vital aspect of living conditions, and both Participants from old age homes and families emphasized the significance of personal hygiene. In old age homes, residents often contribute financially, leading to regular cleaning services as part of the maintenance. This financial arrangement ensures a consistently clean environment for the elderly inhabitants. On the other hand, Participants living in families highlighted the necessity of appointing maids and helpers to undertake the cleaning responsibilities. This contrast underscores how different living arrangements employ distinct methods to uphold cleanliness standards, reflecting the diverse approaches to meeting the hygiene needs of individuals in varied living conditions.

Reason for choosing old age homes

The theme specifically targets participants from paid old age homes, shedding light on the reasons behind their decision to move into such facilities. Loneliness emerges as a prominent factor, indicating a desire for companionship and social interaction. The emphasis on a safe living environment suggests a need for security, possibly due to concerns about personal safety or well-being. Mobility health issues and an inability to perform daily tasks signify the physical challenges that may have led to the decision to seek assistance in an old age home. The inclusion of voluntary decisions of elderly people and children's choices highlights the various factors contributing to the complex decision-making process of moving to old age home, encompassing personal preferences and familial considerations.

Reason for being alone in home

Elderly individuals often choose to live alone in their own homes due to their ability to maintain independence and manage daily activities without assistance.
The elderly people prefer to stay in a place, avoiding the transition to old age homes, as they value the familiarity and comfort of their own surroundings. Additionally, financial stability and having sufficient assets contribute to their decision to live independently, while others prioritize residing in environment-friendly places that promote their well-being and quality of life.

Surroundings

The main factor affecting surroundings is the relationship between neighbors. The elderly people prefer to stay in an environment friendly nature. The elderly people from old age homes respondedthat they didn't get chances to go to their surroundings because of the rules of old age homes.

THEME 4: DIFFICULT SITUATION

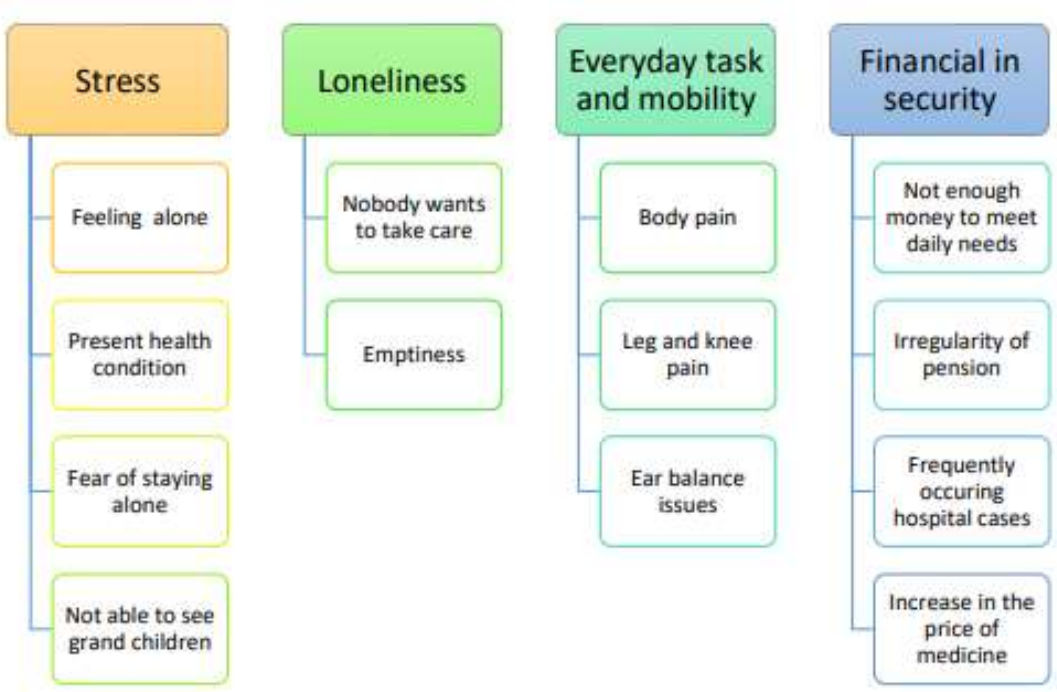

Figure 3.7: Difficult situations of the participants

The figure 3.7 represents the difficult situation faced by elderly people living in paid old age homes and within families.

Stress

The elderly participants residing in old age homes and within their families often experience heightened stress due to feelings of isolation and loneliness. The absence of regular familial interactions and the fear of being alone contribute to emotional distress. Additionally, concerns about deteriorating health and the inability to spend time with grandchildren further intensify the stress experienced by elderly individuals in these circumstances.

Loneliness

The factors affecting loneliness among elderly people include absence of people to take care and the feeling of emptiness. Loneliness among elderly individuals leads to a sense of neglect and isolation. This feeling may be intensified when there is a lack of social support or familial involvement in their lives. Additionally, the profound sense of emptiness experienced by elderlyindividuals, often stemming from the loss of companionship or meaningful connections, can contribute significantly to their feelings of loneliness and emotional distress.

Everyday task and mobility

Body pains, leg pain, and knee pain significantly impact the everyday tasks and mobility of elderly individuals residing in both old age homes and within families. These physical discomforts often lead to reduced flexibility and strength, hindering their ability to perform routine activities such as walking, standing, and bending.

Financial security

Elderly individuals residing in old age homes or within families often confront financial insecurity due to insufficient funds to cover their daily necessities. This vulnerability is exacerbated by irregularities in receiving pension payments, leading to uncertainties in budgeting and financial planning. Additionally, the heightened frequency of health-related issues and the escalating costsof medicines further contribute to the financial strain experienced by the elderly, impacting their overall well-being and quality of life.

THEME 5

MANAGING DIFFICULT SITUATION

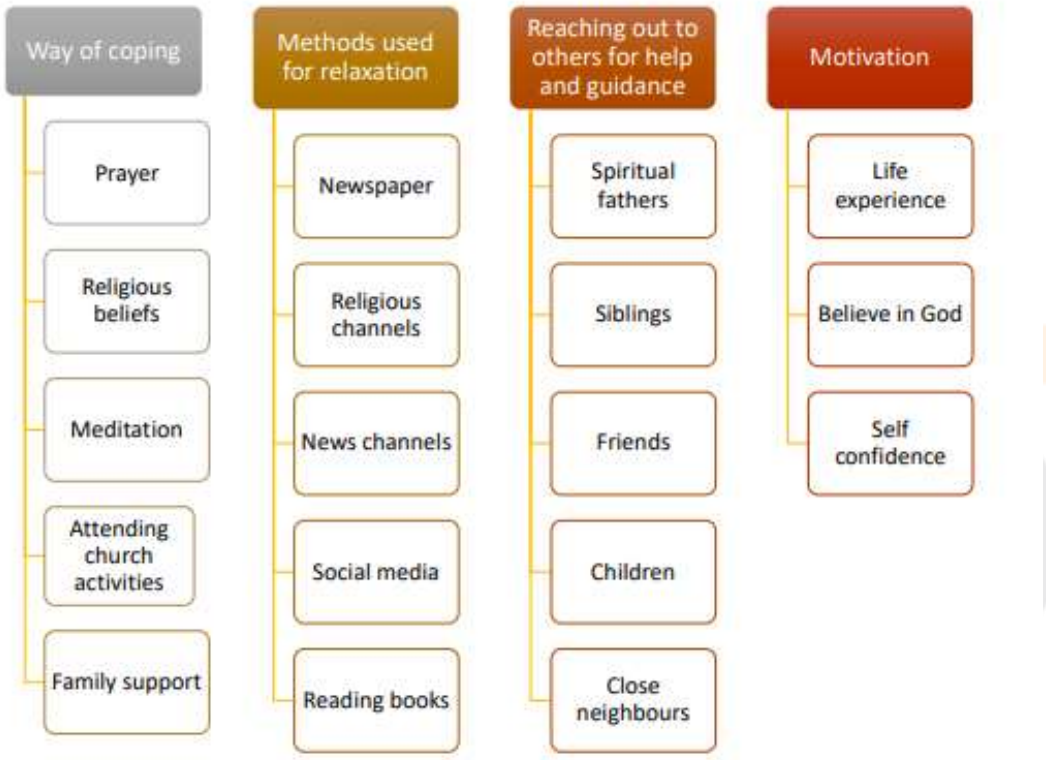

Figure 3.8: Coping ways of the participants

Way of coping

Elderly participants living in old age homes often cope with the challenges of aging through communal activities such as prayer and attending religious services, fostering a sense of community and spiritual support within their living environment. On the other hand, elderly individuals residing within families may find solace through the intimate connections provided byfamily members, engaging in shared

religious practices like meditation, and finding comfort in familial bonds that contribute to their emotional well-being. Both settings highlight the significance of religious beliefs, communal activities, and spiritual practices as essential coping mechanisms for the elderly in both old age homes and within families

Methods used for relaxation

Elderly individuals residing in old age homes and within families often employ various methods for relaxation, such as engaging in the traditional practice of reading newspapers to stay informedabout current events. Additionally, they find solace in watching religious channels, which provides a sense of spiritual connection and comfort. Furthermore, the use of modern technology, like socialmedia, allows them to stay connected with family and friends, fostering a sense of community andreducing feelings of isolation. The act of reading books is another common method, offering bothentertainment and cognitive stimulation for the elderly, contributing to their overall well-being.

Reaching out to others

Elderly individuals residing in old age homes and within families often turn to spiritual leaders, such as priests or spiritual fathers, seeking guidance and spiritual comfort. Additionally, they lean on the pillars of familial bonds, reaching out to siblings, children, and close neighbors for emotional assistance and practical help. This interconnected network of support reflects the diversesources of strength that the elderly seek as they navigate the challenges of aging and seek companionship in their later years.

Motivation

Elderly individuals living in old age homes and within families often exhibit varying levels of motivation influenced by their life experiences, as many may have faced challenges or losses that impact their outlook. Also, motivation is shaped by the strong support network and shared history,fostering a sense of belonging and purpose. Additionally, belief in God may serve as a motivational factor for both groups, providing a source of comfort, hope, and guidance in navigating the complexities of aging. Finally, self-confidence plays a crucial role in motivating elderly individuals, influencing their willingness to engage in activities and maintain a positive attitude towards life, whether in a communal living environment or within the familial setting.

THEME 6 FREEDOM

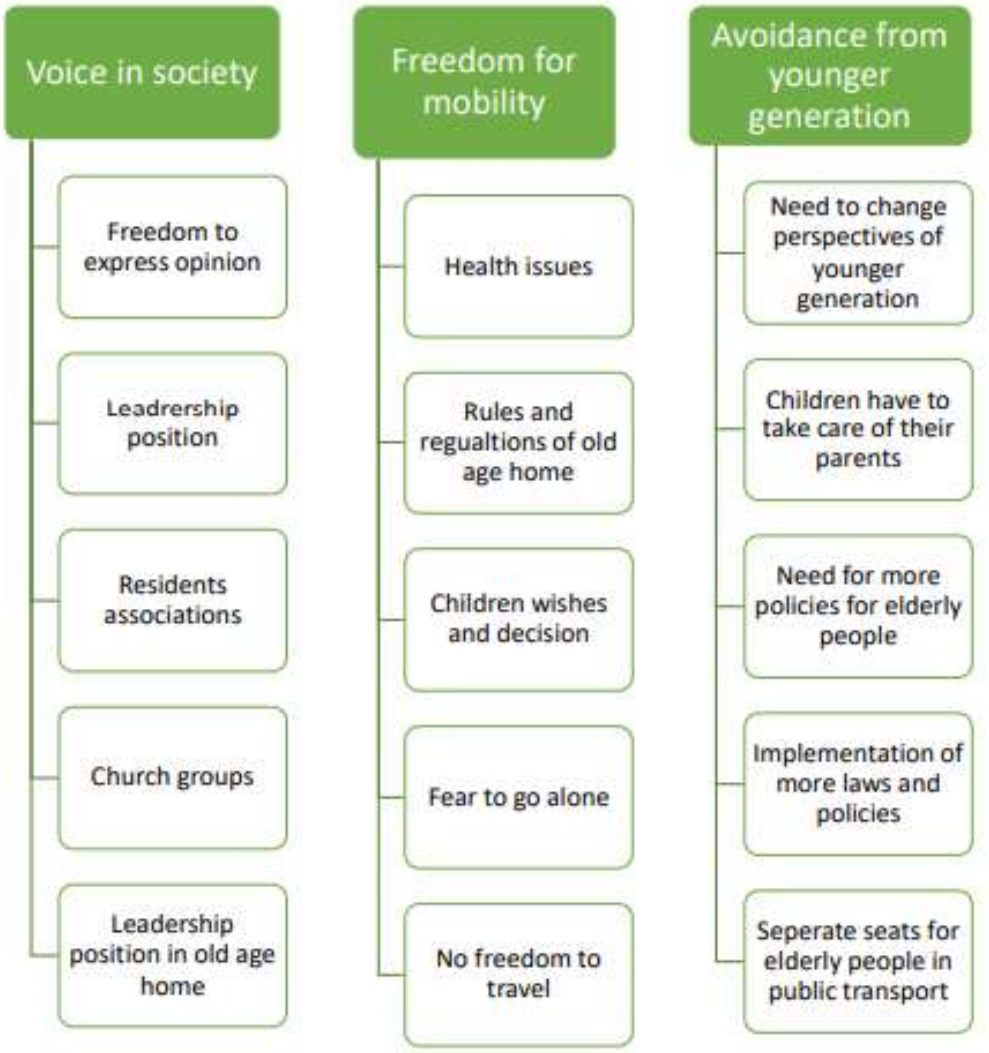

Figure 3.9: Freedom of the participants

Voice in society

The participants' perspectives on societal voice were centered around their perceived freedom to express opinions, highlighting the importance they placed on individual expression within the community. Additionally, a significant focus was placed on leadership positions held by participants, indicating a relation between influence and the perceived strength of their voice in shaping individual freedom in expressing opinion. Involvement in residents' associations and church groups emerged as key factors influencing societal voice, suggesting that collective participation in community and religious organizations played a pivotal role in shaping and amplifying individual voices within the broader social context.

Freedom for mobility

The freedom of mobility significantly impacts the well-being of elderly individuals in both old age homes and within families. Health issues can limit their ability to move independently, while strictrules and regulations in old age homes may further constrain their freedom. Additionally, decisions made by adult

children, coupled with the fear of traveling alone and restrictions on mobility, contribute to a sense of confinement for the elderly, impacting their overall quality of life.

Avoidance from younger generation

The concept of avoidance within the younger generation emphasizes a shift in perspectives, urging children should take responsibility for caring for their parents. This notion underscores the necessity for increased policies catering to the needs of the elderly, emphasizing the importance of societal support structures. Implementation of dedicated laws and policies, along with practical measures such as allocating separate seats for the elderly in public transport were the main opinions expressed by the participants of old age homes and within families.

Conclusion

In this chapter, a comprehensive analysis of collected data has been conducted, employing both quantitative and qualitative approaches. The numeric data underwent analysis using the SPSS. Simultaneously, the qualitative data underwent a dual analysis through within-case and cross-case methods, allowing for exploration of themes and patterns, and comprehensive explanations of the obtained results have been provided.

DISCUSSION OF MAIN FINDINGS

Introduction

In this chapter, the researcher delves into a comprehensive discussion and provides additional insights into the analysis and interpretation of the findings presented in the third chapter. The focus lies on highlighting the significance of the data presented in Chapter III. The researcher aims to scrutinize the interpreted data in accordance with the existing literature review, seeking to establish a coherent understanding by integrating the findings with relevant scholarly insights.

Overview of the study

The study helped to analyse the quality of life and life satisfaction of elderly people living in paid old age homes and within families of Kottayam district in Kerala. The study allowed the researcher to know the importance of elderly people's living situations as they are also a vital part of the population. They were facing multiple problems in their daily life and many were moved to old age homes for the living. They were also having ageing issues that concerned health, social environment, wealth etc. The reasons for their shift to the old age homes and also the life situation of elderly people living in both old age homes and family set up were the vital part of the study.

Socio demographic details of the respondents

The respondents in old age homes predominantly fell within the 70-75 age range, whereas within families, the prevalent age group was 60-65 years. In old age homes, the majority of respondents were

women, whereas within families, the distribution between men and women were nearly equal. Concerning marital status, a noteworthy distinction emerged; 42% of respondents in old age homes were widows, while 72% of those within families were married.

Regarding the number of children, a substantial difference was observed, with 38% of respondents in old age homes not having children, compared to only 2% within families. This underscores a significant finding that a majority of elderly individuals in old age homes do not have offspring. Educational qualifications also varied, with 34% of old age home residents holding degree qualifications, while only 18% of those within families had similar qualifications. Additionally, 34% of family respondents living in the family had an education level below the 10th standard, contrasting with the 16% of old age home residents with similar educational backgrounds.

Freedom and mobility factor of elderly people living in paid old age homes and within families

The main aim of this objective is to study the freedom and mobility factor of elderly people living in paid old age homes and within families. After the study and analysis, it showed that some questions related to freedom brought out different learnings from old age homes and within families.

Regarding the respondents freedom to travel, 50 % of the respondents from old age homes were not having freedom while 62% of the respondents from family expressed that they were free to travel wherever they wished to. This shows a significant difference between the respondents freedom to travel.

Regarding the respondents' restrictions at home, the respondents from families receive more freedom as compared to respondents from families. 86% of respondents from families do not have restrictions while 52% of the respondents from old age homes have freedom in their old age home.

In case of mobility factors of elderly people living in paid old age homes and within families, both the respondents from old age homes and within families had difficulties regarding their mobility having unsteadiness in walking, muscle and joint pains and body pains. While the majority of the respondents from old age homes and within families had no difficulties in walking and getting in and out of the chair. This shows that they were healthy to move from one place to another.

Freedom and mobility have a significant association with health because the elderly people's mobility can be affected and hindered with their health issues. They were having freedom to move from one place to another but their ill health can affect their freedom in mobility.

Another factor included in this objective was the respondents awareness about exercise, walking and nutrition improves mobility. A vast majority of the respondents expressed their awareness about these factors.

Difference in the quality of life of elderly people living in paid old age homes and within families

WHO Bref Quality of Life Scale contains four domains which includes quality of physical health, quality of psychological health, quality of social relationship and the quality of environmental health.

Regarding the quality of physical health, 70 % of the respondents from old age homes had a good quality of life. While only 56% of the respondents from families had a good quality of life. Physical health includes questions regarding activities of daily living, dependence on medical substances and medical aids, energy and fatigue, mobility, pain and discomfort, sleep and rest and work capacity.

The researcher has also done a cross tabulation and chi square test to check the association between quality of physical health with respondents age and the P value is greater than 0.05 for the data of old age homes, **the null hypothesis is accepted.** That is, there is no association between age and quality of physical health. While in families, P value is greater than 0.05, **the null hypothesis is accepted.** That is, there is no association between age and quality of physical health.

Quality of psychological health includes bodily image and appearance, negative feelings, positive feelings, self-esteem, spirituality / religion / personal beliefs, and thinking, learning, memory and concentration. 70% of the respondents from both old age homes and within families had good psychological health and none of the respondents from families had poor psychological health in families.

The third domain is social domain which contains three questions which includes personal relationships, social support and sexual life. The question related to sexual life is avoided from the questionnaire as many of the respondents were widow and widower in the settings. The significant finding from this domain was that none of the respondents from families expressed that they were having poor quality of social relationship. This shows that respondents from families keep a good social relationship with their surroundings. Also keep good personal relationships with people.

The fourth domain is the environment which includes financial resources, freedom, physical safety and security. 80% of the respondents from old age homes responded that they had very good quality of environmental health while only 32% of the respondents from families had very good quality of environmental health. And none of the respondents from families expressed that they had poor environmental health.

The research study on the title “The Impact of Quality of Life on the Health of Older People from a Multidimensional Perspective “concentrates on health and social welfare of the elderly. The study also suggests that health is very much important in determining the health of the elderly people.

The studies that the researcher mentioned in the review of literature states that the quality of life of elderly people in both old age homes and families will be different. But this study brings out similarities in the quality of life elderly people in both settings

Difference in the life satisfaction of elderly people living in paid old age homes and within families

Life satisfaction scale contains five questions to check the level of satisfaction acquired by elderly people. After the analysis, it has come out that both the elderly people from old age homes and within families were extremely satisfied with their life. There is no significant difference in their satisfaction level.

To strengthen this result, the researcher had done an independent T test to compare the life satisfaction of elderly people living in paid old age homes and within families. The p value is .412 which is greater than 0.05, that is there is no difference in the life satisfaction of elderly people living in both settings.

Religious beliefs and spirituality of elderly people

Religious belief and spirituality are directly associated with the health of elderly people. The study encompasses respondents' faith in God, their religious beliefs, and their spiritual inclinations. Additionally, the research explores the extent to which individuals believe in the healing power of prayer. Notably, the findings indicate that a substantial number of respondents, regardless of whether they reside in families or old age homes, exhibit a significant influence of prayer and religious belief on their overall well-being. The implication is that these aspects play a pivotal role in shaping the health perspectives of the elderly. This insight underscores the importance of considering spiritual and religious dimensions in understanding and promoting the health of the aging population.

Detailed study about health, living environment, stress and freedom of elderly people living in paid old age homes

The findings of the qualitative study states that there were many factors affecting respondents **health**, living environment, stress and freedom factors. The common health issues include diabetics, blood pressure, cholesterol, low appetite, sleep disturbances and post covid issues. The major physical health issues of respondents were body pain, knee and leg pain, varicose vein, ear balance issues, dizziness, common cold and headache. Medical treatment includes tablets for their current health issues.

The factors affecting the living condition were food, safety, cleanliness, reasons for choosing old age and reasons to be alone in home and their living environment. Eating routines for elderly individuals in old age homes are structured for regularity, while those living with families enjoy meal flexibility, both facing dietary restrictions for health reasons. Safety concerns differ between old age homes, equipped with security, and families, expressing fears about nighttime security, impacting the elderly's sense of security. Cleanliness is emphasized by both groups, with old age homes relying on financial contributions for regular cleaning services, while families hire maids and helpers for cleaning responsibilities. Reasons for choosing old age homes include combating loneliness, seeking companionship, prioritizing a safe living environment, and addressing mobility and health issues. Elderly individuals who choose to live alone at home do so for independence, managing daily activities without assistance, valuing familiarity, and comfort, with financial stability playing a role. Surroundings play a significant role, with elderly preferring environment-friendly places, while those in old age homes may have limited chances to explore their surroundings due to facility rules. The decision to move to old age homes is complex, considering factors like companionship, safety, physical challenges, personal preferences, and familial considerations. Overall, the elderly's choices in living arrangements are influenced by a combination of health, safety, cleanliness, independence, and the quality of their surroundings.

The well-being of elderly individual respondents, whether residing in old age homes or within their families, is significantly impacted by various factors. Heightened stress is prevalent due to feelings of isolation and loneliness, exacerbated by the absence of regular familial interactions and the fear of being alone. Concerns about declining health and the inability to spend time with grandchildren add to emotional distress. Loneliness is fuelled by the absence of caregiving individuals, leading to a sense of neglect and isolation, especially when social support and familial involvement are lacking. Physical discomforts like body, leg, and knee pain hinder everyday tasks and mobility, reducing flexibility and strength. Financial insecurity further plagues the elderly, as insufficient funds, irregular pension payments, and escalating healthcare costs contribute to uncertainties in budgeting, impacting their overall well-being and quality of life.

Elderly individuals, whether residing in old age homes or within families, employ various coping mechanisms to navigate the challenges of aging. Communal activities such as prayer and religious services foster a sense of community in old age homes, while familial bonds and shared religious practices provide solace for those living with their families. Reading newspapers, watching religious channels, using social media, and engaging in activities like reading books are common relaxation methods, contributing to their overall well-being. Seeking support from spiritual leaders, family members, and neighbours, as well as drawing motivation from life experiences, a strong support network, belief in God, and self-confidence, further exemplify the multifaceted strategies elderly individuals employ to navigate and find purpose in their later years.

The final theme of qualitative study is the freedom of elderly people living in old age homes and within families. Respondents emphasized the crucial role of individual expression in societal voice, particularly in leadership positions within residents' associations and church groups. The impact of freedom of mobility on the well-being of elderly individuals was underscored, noting health issues, strict rules in old age homes, and decisions made by adult children as limiting factors. There was a call for a paradigm shift in the younger generation, advocating for increased societal support structures through dedicated laws, policies, and practical measures such as allocating separate seats for the elderly in public transport.

Conclusion

This chapter serves the main findings of the comparative study to know the quality of life and life satisfaction of elderly people living in paid old age homes and within families. After the study, it's evident that certain factors had a significant difference for the respondents from old age homes and within families and a lot of similarities in research factors were brought out after the research.

SUGGESTIONS AND CONCLUSION

Introduction

The researcher has provided suggestions for the findings of the research to study on quality of life and life satisfaction of elderly people living in paid old age homes and within families of Kottayam district in Kerala. This study will be able provide insights on the ways to improve the quality of life and life satisfaction of elderly people.

Suggestions

To Old Age Home administration

The old age home authority can change their rules and regulations in order to:

1. Enhancing freedom for elderly people in Old Age Homes**:** The authority can provide freedom for elderly people regarding their mobility, eating habits, recreational activities and restrictions of the old age home.
2. Old age homes should consider implementing policies that promote the freedom and mobility of their residents.
3. Enhance religious and spiritual activities**:** Prayer and religious belief is the primary way of coping of elderly people. Recognize and respect the diversity of residents' backgrounds and beliefs. Offer a variety of religious and spiritual activities that align with different religious practices or personal preferences, fostering a sense of inclusivity.
4. Establishing recreational and communal spaces within old age homes can provide opportunities for social interaction and physical activity.
5. Provide training for staff members to enhance their understanding of the unique needs of elderly individuals, including effective communication strategies, empathy training, and techniques for managing age-related health issues.
6. Ensure easy access to healthcare services within the facility, including regular health check-ups, on-site medical professionals, and assistance with medication management.
7. Provide freedom for personalized diet plans for the residents. This includes a regular meal timetable according to their preferences.
8. Encourage regular exercise to improve their physical health.
9. Create a safe and comfortable physical environment within the facility. This includes accessible spaces, well-maintained outdoor areas, and appropriate lighting to support the overall well-being of the elderly residents.

10. Establish a system for regular feedback from residents and their families to understand their concerns, preferences, and satisfaction levels. This feedback can guide continuous improvement efforts in the care and services provided.

To families

1. Ensure that the living space is safe, comfortable, and adapted to the needs of the elderly family member. Make necessary modifications such as installing handrails, ramps, or proper lighting to enhance accessibility.

2. Create a close relationship for elderly people with their grandchildren. This will provide them with relaxation and happiness.

3. Facilitate regular social activities and visits from friends, family, or community groups. Loneliness can impact the quality of life for the elderly, so fostering connections can be vital for their emotional well-being.

4. Encourage regular exercise appropriate for their health condition, whether it's walking, gentle stretching, or other activities. Physical activity not only supports physical health but also contributes to better mental well-being.

5. Involve the elderly family member in discussions about their care, living arrangements, and daily activities. Respecting their autonomy and choices enhances their sense of dignity and control over their own lives.

6. Give them freedom to move from place to another like church, to shops etc

7. Pay attention to their dietary needs, ensuring they have access to well-balanced and nutritious meals. Consult with healthcare professionals to address any specific dietary requirements or restrictions.

8. Schedule regular medical check-ups and screenings to monitor their health. Timely detection and management of health issues can significantly impact their overall quality of life.

9. Encourage their hobbies and interests that bring joy and fulfilment to elderly people. This could include reading, gardening, painting, or any activities they have enjoyed throughout their lives.

10. Be attentive to their emotional needs and provide a listening ear. Aging can bring about various emotions, and having a supportive family environment can significantly contribute to their emotional well-being.

11. Support their engagement in spiritual or religious activities. This can provide a sense of purpose, community, and comfort.

To Government

1. Implement and expand social support programs that encourage community engagement, companionship, and recreational activities for the elderly people. This can include funding for old age for elderly, community events, and support groups to reduce social isolation.

2. Create more laws and policies for the welfare of elderly people to improve their quality of life and life satisfaction.

3. Ensure affordable and accessible healthcare services for the elderly, including regular check-ups, preventive care, and specialized services. This can improve their physical well-being and address health issues promptly.

4. Improve financial assistance programs, such as pension plans and subsidies, to alleviate economic burdens on the elderly. This can contribute to their financial security and overall life satisfaction. The Government can monitor the distribution of pensions among elderly people.

5. Develop and maintain age-friendly environments with accessible public spaces, transportation, and housing to enhance mobility and independence for the elderly.

6. Implement initiatives that promote digital literacy and provide education on new technologies, helping the elderly stay connected with their families, access information, and engage in lifelong learning.

7. Strengthen measures to prevent elder abuse by raising awareness, providing education, and establishing reporting mechanisms. This can create a safer environment for the elderly, contributing to their well-being.

8. Develop affordable and age-appropriate housing options, including assisted living facilities, to cater to the diverse needs of the elderly population.

9. Support cultural and recreational programs that cater to the interests of the elderly, promoting active and fulfilling lifestyles, and fostering a sense of community.

10. Invest in mental health services tailored to the needs of the elderly, including counseling, therapy, and support groups, to address mental health challenges and enhance overall life satisfaction.

11. The Government has to take strict action against children who abandon their parents and take away their property.

Social Work implications

1. Unavailability of professional social workers in the field of study in which the data collections have taken place.

2. Geriatric social work is a specialized field within social work that focuses on the unique needs and challenges faced by older adults. Social workers specializing in geriatrics work with elderly individuals, their families, and communities to address a range of issues related to aging, health, and well-being. So, there is a need for professional social workers for the category of elderly people for their wellbeing.

3. Social workers can facilitate programs that encourage social interactions among elderly individuals, both within paid old age homes and in family settings. Creating opportunities for group activities, support networks, and intergenerational connections can enhance their sense of belonging and reduce feelings of isolation.

4. Social workers can collaborate with healthcare professionals to design activities that address the multifaceted aspects of elderly individuals' health, incorporating elements like meditation, prayer, or spiritual counseling.

5. Social workers play a crucial role in advocating for policies and resources that support the needs of the elderly population. This includes ensuring that paid old age homes have sufficient staff, resources, and programs to meet the physical, emotional, and spiritual requirements of the residents.

6. Social workers can organize intergenerational activities, such as mentorship programs or joint community projects, to foster positive connections.

Conclusion

Elderly people play a crucial role in our society. It's important to consider their quality of life and life satisfaction. They are an integral part of our society who have equal rights as other people. In conclusion, the comparative study on the quality of life and life satisfaction among elderly individuals in paid old age homes and within families in Kottayam District, Kerala, sheds light on multifaceted aspects influencing the well-being of elderly people in both settings. The findings underscore the factors affecting quality of life and life satisfaction of elderly people living in both settings. We cannot tell if one setting is better than another one. The elderly people from both settings have their advantages and disadvantages while living in the particular places. This includes their health, living areas, freedom, economic condition etc. Moreover, the research underscores the importance of cultural sensitivity in addressing the diverse religious and spiritual backgrounds of the elderly, as these factors play a pivotal role in shaping their overall life satisfaction. The study highlights the need for targeted social work interventions, advocating for

holistic health programs, caregiver support, and environmental adaptations to enhance the living conditions for elderly individuals, whether in paid old age homes or family settings.

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APPENDIX – I

Tools for data collection

Quantitative tool

Consent Form

My name is Fiona Alex, and I am currently pursuing my Master's in Social Work from the Social Work Department (Aided) of Madras Christian College, Chennai. I invite you to take part in my post-graduation research project to help me better understand the quality of life and life satisfaction of elderly people living in paid old age homes and within families of Kottayam District in Kerala .

Your participation in this study is completely voluntary. All of the questions must be answered. However, there are no risks associated with the participation. Your answers will remain private and anonymous, and the data collected will only be used for research. Please respond to the following questions as part of this study.Will you be feel free to contact you for further study.

Please feel free to contact me for any type of clarifications related to this study.

Fiona Alex

II MSW

Department of Social Work (Aided)

Madras Christian College

Mob no.: 8606775970

I now understand the purpose and motive behind this research. I've been given the assurance that my information will be kept confidential. I voluntarily decided to take part in this research project. In order to participate in the study "A COMPARATIVE STUDY OF THE QUALITY OF LIFE AND LIFE SATISFACTION OF ELDERLY PEOPLE LIVING IN PAID OLD AGE HOMES AND WITHIN FAMILIES OF KOTTAYAM DISTRICT IN KERALA," I, the undersigned, thus give my consent.

Participant: YES/NO **Signature**

Sl no:

date:

A comparative study of the quality of life and life satisfaction of elderly people living in paid old age homes and within families of Kottayam district in Kerala.

Quantitative questionnaire

Socio-demographic details

1. Name:
2. Age

3. Sex
   - Male
   - Female
   - Others(Specify) _____
4. Place
5. Mother Tongue
6. Religion
   - Hindu
   - Christian
   - Muslim
   - Others(Specify) _____
7. Marital status
   - Married
   - Married-Separated
   - Married -Divorced
   - Widow
   - Widower
8. Family type
   - Nuclear family
   - Joint Family
   - Extended Family
9. No of children
10. Education qualification
11. Number of years in an old age home.
12. Reason for choosing to live in an old age home (* Question 11 and 12 especially for respondents from old age homes)
13. Do you have any health problems,if yes specify _____
14. Are you receiving any old age pension, if yes specify _____

II.To study the freedom factor of elderly people living in paid old age homes and families.

Choose the perfect option for the following questions.

15	I am free to express my opinion in a public discussion.	• Yes	• No	• Not sure
16	I am free to travel wherever I wish to.	• Yes	• No	• Not sure

17	I have restrictions at my current home.	• Yes	• No	• Not sure
18	I am free to make my own decision.	• Yes	• No	• Not sure
19	I am dependent on others for my needs.	• Yes	• No	• Not sure
20	I have control over my money and resources.	• Yes	• No	• Not sure
21	I have the right to choose the type of care,treatment and appropriate medications.	• Yes	• No	• Not sure
22	I can make my own decisions for joining recreational activities.	• Yes	• No	• Not sure
23	I have the right to eat according to my wish.	• Yes	• No	• Not sure
24	The employees of home are simply imposing orders and giving decisions.	• Yes	• No	• Not sure
25	I started to see myself as a burden to society.	• Yes	• No	• Not sure

III. To study the mobility factor of elderly people living in paid old age homes and families.

26	I am unsteady while walking.	• Yes	• No	• Not sure
27	I have difficulties getting in and out of the chair	• Yes	• No	• Not sure
28	I fall down while walking.	• Yes	• No	• Not sure
29	I am having muscle weakness and joint problems	• Yes	• No	• Not sure
30	I have pains in my different body parts.	• Yes	• No	• Not sure
31	I am having neurological difficulties.	• Yes	• No	• Not sure
32	I do regular exercises to maintain my mobility.	• Yes	• No	• Not sure
33	I am aware that walking regularly will improve my mobility.	• Yes	• No	• Not sure
34	Proper nutrition is a way to improve my mobility.	• Yes	• No	• Not sure

QUALITY OF LIFE BREF SCALE

This assessment is based on WHOQOL-BREF Scale for quality of life.Please answer all the questions.The following questions ask how you feel about your quality of life, health, or other areas of your life. I will read out each question to you, along with the response options. **Please choose the answer that appears most appropriate.** If you are unsure about which response to give to a question, the first response you think of is often the best one.

Please keep in mind your standards, hopes, pleasures and concerns about the questions. The answer should be about your life in the last four weeks.

	Very poor	**Poor**	**Neither poor nor good**	**Good**	**Very good**
35. How would you rate your quality of life?	● 1	● 2	● 3	● 4	● 5

	Very dissatisfied	**Fairly Dissatisfied**	**Neither satisfied nor dissatisfied**	**Neither satisfied nor dissatisfied**	**Neither satisfied nor dissatisfied**
36.How satisfied are you with your health?	● 1	● 2	● 3	● 4	● 5

The following questions ask about how much you have experienced certain things in the past four weeks.

	Not at all	**A Small amount**	**A Moderate amount**	**A great deal**	**An Extreme amount**
37.To what extent do you feel that physical pain prevents you from doing what you need to do?	● 1	● 2	● 3	● 4	● 5
38. How much do you need to function in your daily life?	● 1	● 2	● 3	● 4	● 5
39. How much do you enjoy life?	● 1	● 2	● 3	● 4	● 5
40.To what extent do you feel your	● 1	● 2	● 3	● 4	● 5

life is meaningful?					
41.How well are you able to concentrate?	• 1	• 2	• 3	• 4	• 5
42. How safe do you feel in your daily life?	• 1	• 2	• 3	• 4	• 5
43. How healthy is your physical environment?	• 1	• 2	• 3	• 4	• 5
44.Do you have enough energy for everyday life?	• 1	• 2	• 3	• 4	• 5
45.Are you able to accept your bodily appearance?	• 1	• 2	• 3	• 4	• 5
46.Have you enough money to meet your needs?	• 1	• 2	• 3	• 4	• 5
47. How available to you is the information you need in your daily life?	• 1	• 2	• 3	• 4	• 5
48.To what extent do you have the opportunity for leisure activities?	• 1	• 2	• 3	• 4	• 5
49.How well are you able to get around physically?	• 1	• 2	• 3	• 4	• 5

	Very dissatisfied	**Fairly Dissatisfied**	**Neither satisfied nor dissatisfied**	**Neither satisfied nor dissatisfied**	**Neither satisfied nor dissatisfied**
50.How satisfied are you with your sleep?	• 1	• 2	• 3	• 4	• 5
51. How satisfied are you with your ability to perform your daily living	• 1	• 2	• 3	• 4	• 5

activities?					
52.How satisfied are you with your capacity for work?	• 1	• 2	• 3	• 4	• 5
53.How satisfied are you with yourself?	• 1	• 2	• 3	• 4	• 5
54..How satisfied are you with your personal relationships?	• 1	• 2	• 3	• 4	• 5
55.How satisfied are you with the support you get from your friends?	• 1	• 2	• 3	• 4	• 5
56.How satisfied are you with the conditions of your living place?	• 1	• 2	• 3	• 4	• 5
57.How satisfied are you with your access to health services?	• 1	• 2	• 3	• 4	• 5
58.How satisfied are you with your transport?	• 1	• 2	• 3	• 4	• 5
	Never	**Infrequently**	**Sometimes**	**Frequently**	**Always**
59.How often do you have negative feelings such as blue mood, despair, anxiety or depression?	• 1	• 2	• 3	• 4	• 5

LIFE SATISFACTION SCALE

The SWLS is a short 5-item instrument designed to measure global cognitive judgments of satisfaction with one's life.Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your response.

	Strongly agree	Agree	Slightly agree	Neither agree nor disagree	Slightly disagree Disagree	Disagree	Strongly agree
60. In most ways my life is close to my ideal.	● 1	● 2	● 3	● 4	● 5	● 6	● **7**
61.The conditions of my life are excellent.	● 1	● 2	● 3	● 4	● 5	● 6	● **7**
62. I am satisfied with my life.	● 1	● 2	● 3	● 4	● 5	● 6	● **7**
63.So far I have gotten the important things I want in life.	● 1	● 2	● 3	● 4	● 5	● 6	● **7**
64.If I could live my life over, I would change almost nothing	● 1	● 2	● 3	● 4	● 5	● 6	● **7**

RELIGIOUS BELIEFS AND SPIRITUALITY OF ELDERLY PEOPLE

Choose the perfect answer for the following questions.

65	I believe in the existence of God.	• Yes	• No	• Not sure
66	I found faith as a difficult choice in the contemporary period.	• Yes	• No	• Not sure
67	My faith increases with my age.	• Yes	• No	• Not sure
68	I feel relaxed while praying .	• Yes	• No	• Not sure
69	My ill health improved because of my prayer.	• Yes	• No	• Not sure
70	I believe that religious belief helps me to reduce anxiety and depression.	• Yes	• No	• Not sure
71	Practicing a religion can help slow cognitive decline and reduce or stabilize cognitive disorders.	• Yes	• No	• Not sure
72	Spirituality enables a person to maintain relationships.	• Yes	• No	• Not sure
73	My faith helps me to cope up with difficult situations in my life.	• Yes	• No	• Not sure
74	My religious belief healed me from many diseases.	• Yes	• No	• Not sure
75	I am aware of spiritual counseling.	• Yes	• No	• Not sure
76	My religious beliefs improve my economic conditions.	• Yes	• No	• Not sure

പരിമാണസംബന്ധമായ ഉപകരണം

[QUANTITATIVE TOOL]

അനുമതി പത്രം

എന്റെ പേര് ഫിയോണ അലക്സ്,നിലവിൽ ചെന്നൈയിലെ മദ്രാസ് ക്രിസ്ത്യൻ കോളേജിൽ പഠിക്കുന്നു.മേൽപറഞ്ഞ കോളേജിലെ സോഷ്യൽ വർക്ക് ഡിപ്പാർട്ട്മെന്റിൽ (എയ്ഡഡ്),സോഷ്യൽ വർക്കിൽ ബിരുദാനന്തര ബിരുദ വിദ്യാർത്ഥിനിയാണ് . കേരളത്തിലെ കോട്ടയം ജില്ലയിലെ, സാമ്പത്തിക പിന്തുണ നൽകി പ്രവർത്തിക്കുന്ന വൃദ്ധസദനങ്ങളിലും, കുടുംബങ്ങളിലുമായി താമസിക്കുന്ന വയോജനങ്ങളുടെ ജീവിത നിലവാരവും, ജീവിത സംതൃപ്തിയും ആഴത്തിൽ മനസ്സിലാക്കാൻ എന്നെ സഹായിക്കുന്നതിനുള്ള, എന്റെ ബിരുദാനന്തര ഗവേഷണ പ്രൊജക്റ്റിൽ പങ്കെടുക്കാൻ ഞാൻ നിങ്ങളെ ക്ഷണിക്കുന്നു.

ഈ പഠനത്തിൽ നിങ്ങളുടെ പങ്കാളിത്തം പൂർണ്ണമായും സ്വമേധയാ ഉള്ളതാണ്. എല്ലാ ചോദ്യങ്ങൾക്കും ഉത്തരം നൽകണം. എന്നിരുന്നാലും, പങ്കാളിത്തവുമായി ബന്ധപ്പെട്ട് അപകടസാധ്യതകളൊന്നുമില്ല. നിങ്ങളുടെ ഉത്തരങ്ങൾ സ്വകാര്യവും അജ്ഞാതവുമായി തുടരും, കൂടാതെ ശേഖരിക്കുന്ന ഡാറ്റ ഗവേഷണത്തിനായി മാത്രമേ ഉപയോഗിക്കൂ. ഈ പഠനത്തിന്റെ ഭാഗമായി ഇനിപ്പറയുന്ന ചോദ്യങ്ങൾക്ക് ദയവായി ഉത്തരം നൽകുക.

ഈ പഠനവുമായി ബന്ധപ്പെട്ട ഏത് തരത്തിലുള്ള വ്യക്തതകൾക്കും എന്നെ ബന്ധപ്പെടാൻ മടിക്കേണ്ടതില്ല.

ഫിയോണ അലക്സ്

II എം.എസ്.ഡബ്ല്യു

സോഷ്യൽ വർക്ക് ഡിപ്പാർട്ട്മെന്റിൽ (എയ്ഡഡ്)

മദ്രാസ് ക്രിസ്ത്യൻ കോളേജ്

മൊബൈൽ നമ്പർ: 8606775970

ഈ ഗവേഷണത്തിനു പിന്നിലെ ഉദ്ദേശവും ലക്ഷ്യവും ഇപ്പോൾ ഞാൻ മനസ്സിലാക്കുന്നു. എന്റെ വിവരങ്ങൾ രഹസ്യമായി സൂക്ഷിക്കുമെന്ന് എനിക്ക് ഉറപ്പ് ലഭിച്ചിട്ടുണ്ട് . ഈ ഗവേഷണ പദ്ധതിയിൽ പങ്കെടുക്കാൻ ഞാൻ സ്വമേധയാ തീരുമാനിച്ചു. "**കേരളത്തിലെ കോട്ടയം ജില്ലയിലെ സാമ്പത്തിക പിന്തുണ നൽകി പ്രവർത്തിക്കുന്ന വൃദ്ധസദനങ്ങളിലും കുടുംബങ്ങളിലും താമസിക്കുന്ന വയോജനങ്ങളുടെ ജീവിത നിലവാരത്തെയും ജീവിത സംതൃപ്തിയെയും കുറിച്ചുള്ള ഒരു താരതമ്യ പഠനം**" എന്ന പഠനത്തിൽ പങ്കെടുക്കുന്നതിന് ആയതിനാൽ ഞാൻ എന്റെ സമ്മതം രേഖപ്പെടുത്തുന്നു.

പങ്കെടുക്കുന്നയാൾ: **അതെ/അല്ല**
ഒപ്പ്

സീരിയൽ നമ്പർ: **തീയതി**:

കേരളത്തിലെ കോട്ടയം ജില്ലയിലെ സാമ്പത്തിക പിന്തുണ നൽകി പ്രവർത്തിക്കുന്ന വൃദ്ധസദനങ്ങളിലും കുടുംബങ്ങളിലും താമസിക്കുന്ന വയോജനങ്ങളുടെ ജീവിത നിലവാരത്തെയും ജീവിത സംതൃപ്തിയെയും കുറിച്ചുള്ള ഒരു താരതമ്യ പഠനം

ക്വാണ്ടിറ്റേറ്റീവ് ചോദ്യാവലി

സാമൂഹിക-ജനസംഖ്യാ വിശദാംശങ്ങൾ

1. പേര്: _____

2. പ്രായം :_____

3. ലിംഗഭേദം

- ആൺ
- പെൺ
- മറ്റുള്ളവർ :

4. സ്ഥലം:_____

5. മാതൃഭാഷ:_____

6. മതം

- ഹിന്ദു
- ക്രിസ്ത്യൻ
- മുസ്ലിം
- മറ്റുള്ളവർ :

7. വൈവാഹിക നില

- വിവാഹിതർ
- വിവാഹിതർ(പിരിഞ്ഞു താമസം)
- വിവാഹിതർ(നിയമപരമായി ബന്ധം വേർപെടുത്തിയവർ)
- വിധവ
- വിഭാര്യൻ

8. കുടുംബത്തിന്റെ തരം

- അണുകുടുംബം
- സംയുക്തകുടുംബം
- വിസ്തൃതമായ കുടുംബം

9. മക്കളുടെ എണ്ണം: _____

10. വിദ്യാഭ്യാസ യോഗ്യത: _____

11. വൃദ്ധസദനത്തിൽ എത്ര വർഷമായി വസിക്കുന്നു: _____

12.വൃദ്ധസദനം തിരഞ്ഞെടുക്കാനുള്ള കാരണം: _____

13. വാർഷിക വരുമാനം: _____

14. താങ്കൾക്ക് ആരോഗ്യപ്രശ്നങ്ങൾ മറ്റുമുണ്ടോ? ഉണ്ടെങ്കിൽ വ്യക്തമാക്കുക

_____

15. വാർദ്ധക്യപെൻഷൻ കൈപ്പറ്റുന്നുണ്ടോ? ഉണ്ടെങ്കിൽ വ്യക്തമാക്കുക

_____

താഴെപറയുന്ന ചോദ്യങ്ങൾക്ക് അനുയോജ്യമായ ഓപ്ഷൻ തിരഞ്ഞെടുക്കുക.

16	ഒരു പൊതു ചർച്ചയിൽ എന്റെ അഭിപ്രായം പ്രകടിപ്പിക്കാൻ എനിക്ക് സ്വാതന്ത്ര്യമുണ്ട് .	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
17	ഞാൻ ആഗ്രഹിക്കുന്നിടത്തെല്ലാം യാത്ര ചെയ്യാൻ എനിക്ക് സ്വാതന്ത്ര്യമുണ്ട്.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •

18	എന്റെ ഇപ്പോഴത്തെ വീട്ടിൽ എനിക്ക് നിയന്ത്രണങ്ങളുണ്ട്.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
19	എനിക്ക് സ്വന്തമായി തീരുമാനമെടുക്കാൻ സ്വാതന്ത്ര്യമുണ്ട്.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
20	എന്റെ ആവശ്യങ്ങൾക്കായി ഞാൻ മറ്റുള്ളവരെ ആശ്രയിക്കുന്നു.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
21	എന്റെ പണത്തിലും വിഭവങ്ങളിലും എനിക്ക് അധികാരമുണ്ട്	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
22	പരിചരണം, ചികിത്സ, ഉചിതമായ മരുന്നുകൾ എന്നിവ തിരഞ്ഞെടുക്കാനുള്ള അവകാശം എനിക്കുണ്ട്.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
23	വിനോദ പ്രവർത്തനങ്ങളിൽ ഏർപ്പെടുന്നതിനു എനിക്ക് സ്വന്തമായി തീരുമാനങ്ങൾ എടുക്കാൻ കഴിയും.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
24	എന്റെ ഇഷ്ടത്തിനനുസരിച്ച് ഭക്ഷണം കഴിക്കാൻ എനിക്ക് അവകാശമുണ്ട്.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
25	വീട്ടിലെ ജീവനക്കാർ അവരുടേതായ ഉത്തരവുകളും തീരുമാനങ്ങളും അടിച്ചേൽപ്പിക്കുന്നു.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
26	ഞാൻ എന്നെ സമൂഹത്തിന് ഒരു ഭാരമായി ചിന്തിച്ചു കൂട്ടാറുണ്ട്.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •

III. സാമ്പത്തിക പിന്തുണ നൽകി പ്രവർത്തിക്കുന്ന വൃദ്ധസദനങ്ങളിൽ താമസിക്കുന്ന വയോജനങ്ങളുടെ ചലനാത്മകതയെക്കുറിച്ച് വിലയിരുത്തുക .

27.	നടക്കുമ്പോൾ ഒരു അസ്ഥിരത എനിക്ക് അനുഭവപ്പെടാറുണ്ട്.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
28	എനിക്ക് കസേരയിൽ കയറാനും ഇറങ്ങാനും ബുദ്ധിമുട്ടുണ്ട്.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
29	നടക്കുമ്പോൾ ഞാൻ താഴെ വീഴുന്നു..	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
30	എനിക്ക് പേശികളുടെ ബലഹീനതയും സന്ധി സംബന്ധമായ പ്രശ്നങ്ങളും ഉണ്ട്.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
31	എന്റെ ശരീരത്തിന്റെ വിവിധ ഭാഗങ്ങളിൽ എനിക്ക് വേദനയുണ്ട്.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
32	എനിക്ക് നാഡിസംബന്ധമായ ബുദ്ധിമുട്ടുകൾ ഉണ്ട്.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
33	എന്റെ ചലനശേഷി നിലനിർത്താൻ ഞാൻ പതിവായി വ്യായാമങ്ങൾ ചെയ്യാറുണ്ട്.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
34	പതിവായി നടക്കുന്നത് എന്റെ ചലനശേഷി മെച്ചപ്പെടുത്തുമെന്ന് എനിക്കറിയാം.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •

35	ശരിയായ പോഷകാഹാരം എന്റെ ചലനശേഷി മെച്ചപ്പെടുത്തുന്നതിനുള്ള ഒരു മാർഗമാണ്.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •

താഴെപ്പറയുന്ന ചോദ്യങ്ങൾ താങ്കളുടെ ജീവിതത്തിന്റെ ഗുണനിലവാരം, ആരോഗ്യം, ജീവിതവുമായി ബന്ധപ്പെട്ട മറ്റു മേഖലകൾ എന്നിവയെപ്പറ്റി നിങ്ങൾക്കെന്തു തോന്നുന്നു എന്നതിനെക്കുറിച്ചാണ്.ഓരോ ചോദ്യവും അതിനു സാധ്യമായ ഉത്തരങ്ങളും ഞാൻ വായിച്ചു കേൾപ്പിക്കുന്നത് ആണ്. ദയവായി ഏറ്റവും അനുയോജ്യമായ ഉത്തരം തെരഞ്ഞെടുക്കുക. ഏതെങ്കിലും ഒരു ചോദ്യത്തിന് ഉത്തരത്തെക്കുറിച്ച് ഉറപ്പില്ലെങ്കിൽ മനസ്സിലേക്ക് വരുന്ന ആദ്യത്തെ ഉത്തരം ആയിരിക്കും ഏറ്റവും ഉചിതം. കഴിഞ്ഞ 4 ആഴ്ച കാലത്തെ തങ്ങളുടെ ജീവിതത്തെ കുറിച്ചുള്ള മാനദണ്ഡങ്ങളും പ്രതീക്ഷകളും സന്തോഷങ്ങളും ആശങ്കകളും മനസ്സിൽ വച്ചുകൊണ്ട് ചോദ്യങ്ങൾക്ക് മറുപടി നൽകേണ്ടതാണ്.

	മോശം	**വളരെ മോശം**	**മോശവുമല്ല /നല്ലതുമല്ല**	**നല്ലത്**	**വളരെ നല്ലത്**
36.താങ്കളുടെ ജീവിതത്തിന്റെ ഗുണനിലവാരത്തെ താങ്കൾ എങ്ങനെ കണക്കാക്കുന്നു .	• 1	• 2	• 3	• 4	• 5

	വളരെ അതൃപ്തികരം	**അതൃപ്തികരം**	**തൃപ്തികരവും അല്ല /അതൃപ്തികരവും അല്ല**	**തൃപ്തികരം**	**വളരെ തൃപ്തികരം**
37.താങ്കളുടെ ആരോഗ്യത്തെക്കുറിച്ച് താങ്കൾ എത്രകണ്ട് തൃപ്തൻ /തൃപ്ത ആണ്.	• 1	• 2	• 3	• 4	• 5

	ഒട്ടുമില്ല	**വളരെ കുറിച്ച്**	**മിതമായി**	**കൂടുതൽ**	**വളരെ കൂടുതൽ**
38.ചെയ്യേണ്ട കാര്യങ്ങളിൽ നിന്ന് ശാരീരിക വേദന എത്രത്തോളം തടഞ്ഞിട്ടുണ്ട് .	• 1	• 2	• 3	• 4	• 5
39.ദൈനംദിന ജീവിതത്തിന്റെ പ്രവർത്തനത്തിനായി എത്രത്തോളം വൈദ്യസഹായം താങ്കൾക്ക് ആവശ്യമാണ്	• 1	• 2	• 3	• 4	• 5
40.താങ്കൾ ജീവിതം എത്രമാത്രം ആസ്വദിക്കുന്നു	• 1	• 2	• 3	• 4	• 5

41.അർഥപൂർണമായ ജീവിതമാണ് താങ്കൾ നയിക്കുന്നത് എന്ന് താങ്കൾ കരുതുന്നുണ്ടോ	• 1	• 2	• 3	• 4	• 5
42.താങ്കൾക്ക് എത്രത്തോളം കാര്യങ്ങളിൽ ശ്രദ്ധചെലുത്താൻ സാധിക്കും	• 1	• 2	• 3	• 4	• 5
43.താങ്കളുടെ ദൈനംദിന ജീവിതത്തിൽ എത്രത്തോളം സുരക്ഷ താങ്കൾ അനുഭവിക്കുന്നു	• 1	• 2	• 3	• 4	• 5
44.താങ്കളുടെ ചുറ്റുപാടുകൾ എത്രത്തോളം ആരോഗ്യകരമാണ്	• 1	• 2	• 3	• 4	• 5

	ഒട്ടുമില്ല	വളരെ കുറിച്ച്	ആവശ്യത്തിന്	മിക്കവാറും	പൂർണ്ണമായും
45.ദൈനംദിന ജീവിതത്തിൽ ആവശ്യമായ ഉന്മേഷം അനുഭവപ്പെടുന്നുണ്ടോ	• 1	• 2	• 3	• 4	• 5
46.താങ്കളുടെ ശാരീരിക രൂപം താങ്കൾക്ക് സ്വീകാര്യമാണോ	• 1	• 2	• 3	• 4	• 5
47.താങ്കളുടെ ആവശ്യങ്ങൾ നിറവേറ്റാൻ ആവശ്യമായ പണം താങ്കൾക്കുണ്ടോ	• 1	• 2	• 3	• 4	• 5
48.താങ്കളുടെ ദൈനംദിന ജീവിതത്തിൽ ആവശ്യമായ വിവരങ്ങൾ താങ്കൾക്ക് എത്രത്തോളം ലഭ്യമാണ് .	• 1	• 2	• 3	• 4	• 5
49.വിശ്രമവേളകളിലെ പ്രവർത്തനങ്ങൾക്കായി താങ്കൾക്ക് എത്രത്തോളം അവസരം ലഭ്യമാണ്	• 1	• 2	• 3	• 4	• 5

	മോശം	വളരെ മോശം	മോശവുമല്ല /നല്ലതുമല്ല	നല്ലത്	വളരെ നല്ലത്
50.താങ്കളുടെ ചുറ്റുപാടുകളിലേക്ക് ശാരീരികമായി എത്രത്തോളം എത്തിപ്പെടാൻ കഴിയും	• 1	• 2	• 3	• 4	• 5

	വളരെ അതൃപ്തികരം	അതൃപ്തികരം	തൃപ്തികരവും അല്ല /അതൃപ്തികരവും അല്ല	തൃപ്തികരം	വളരെ തൃപ്തികരം
51.താങ്കളുടെ ഉറക്കം എത്രത്തോളം തൃപ്തികരമാണ്	• 1	• 2	• 3	• 4	• 5
52.ദൈനംദിന പ്രവർത്തികൾ ചെയ്യാനുള്ള കഴിവിൽ താങ്കളെ തൃപ്തനാണ് /തൃപ്തയാണ്	• 1	• 2	• 3	• 4	• 5
53.ജോലിചെയ്യാനുള്ള കഴിവിൽ താങ്കൾ എത്ര തൃപ്തനാണ് /തൃപ്തയാണ്	• 1	• 2	• 3	• 4	• 5
54.താങ്കൾ താങ്കളിൽ തന്നെ എത്ര തൃപ്തനാണ് /തൃപ്തയാണ്	• 1	• 2	• 3	• 4	• 5
55.വ്യക്തിബന്ധങ്ങളിൽ താങ്കൾ എത്ര തൃപ്തനാണ് /തൃപ്തയാണ്	• 1	• 2	• 3	• 4	• 5
56.ലൈംഗികജീവിതത്തിൽ താങ്കൾ എത്ര തൃപ്തനാണ് /തൃപ്തയാണ്	• 1	• 2	• 3	• 4	• 5
57.സുഹൃത്തുക്കളുടെ സഹായത്തിൽ താങ്കൾ എത്രകണ്ട് തൃപ്തനാണ്/ തൃപ്തയാണ്	• 1	• 2	• 3	• 4	• 5
58.ജീവിക്കുന്ന ചുറ്റുപാടുകളെക്കുറിച്ച് താങ്കൾ എത്രകണ്ട് തൃപ്തനാണ് /തൃപ്തയാണ്	• 1	• 2	• 3	• 4	• 5
59.ആരോഗ്യ സേവന ലഭ്യതയെക്കുറിച്ച് താങ്കൾ എത്രകണ്ട് തൃപ്തനാണ് /തൃപ്തയാണ്	• 1	• 2	• 3	• 4	• 5
60.ഗതാഗത സൗകര്യത്തെ കുറിച്ച്	• 1	• 2	• 3	• 4	• 5

താങ്കൾ എത്രകണ്ട് തൃപ്തനാണ് /തൃപ്തയാണ്					

	ഒരിക്കലുമില്ല	വല്ലപ്പോഴും	കൂടെക്കൂടെ	മിക്കപ്പോഴും	എപ്പോഴും
61.സങ്കടം, നിരാശ, ഉൽക്കണ്ഠ, വിഷാദം എന്നീ നിഷേധാത്മകമായ തോന്നലുകൾ താങ്കൾക്ക് എപ്പോഴൊക്കെ ഉണ്ടായിട്ടുണ്ട്	• 1	• 2	• 3	• 4	• 5

ജീവിത സംതൃപ്തിയുടെ മാനദണ്ഡം

എസ്. ഡബ്ലൂ. എൽ.എസ് എന്നത് ഒരാളുടെ ജീവിതത്തോടുള്ള സംതൃപ്തിയുടെ ആഗോള വൈജ്ഞാനിക വിധിന്യായങ്ങൾ അളക്കാൻ രൂപകൽപ്പന ചെയ്തിരിക്കുന്ന 5-ഇനങ്ങളുടെ ഒരു ഹ്രസ്വ ഉപകരണമാണ്. നിങ്ങൾ അംഗീകരിക്കുന്നതോ വിയോജിക്കുന്നതോ ആയ അഞ്ച് പ്രസ്താവനകൾ ചുവടെയുണ്ട്. ചുവടെയുള്ള 1 - 7 സ്കെയിൽ ഉപയോഗിച്ച്, ഓരോ ഇനവുമായുള്ള നിങ്ങളുടെ യോചിപ്പു ആ ഇനത്തിന് മുമ്പുള്ള വരിയിൽ ഉചിതമായ നമ്പർ നൽകി സൂചിപ്പിക്കുക. നിങ്ങളുടെ പ്രതികരണത്തിൽ തുറന്ന് സത്യസന്ധത പുലർത്തുക.

	ശക്തമായി സമ്മതം	സമ്മതം	ചെറുതായി സമ്മതിക്കുക	യോജിപ്പും വിയോജിപ്പും ഇല്ല	ചെറുതായി വിസമ്മതം	വിസമ്മതം	ശക്തമായി വിസമ്മതം
62.ഒരുവിധം എല്ലാ രീതികളിലും എന്റെ ജീവിതം എന്റെ ആദർശത്തോട് അടുത്താണ്.	• 1	• 2	• 3	• 4	• 5	• 6	• 7
63.എന്റെ ജീവിത സാഹചര്യങ്ങൾ മികച്ചതാണ്.	• 1	• 2	• 3	• 4	• 5	• 6	• 7
64.എന്റെ ജീവിതത്തിൽ ഞാൻ സംതൃപ്തനാണ്/സംതൃപ്തയാണ്.	• 1	• 2	• 3	• 4	• 5	• 6	• 7
65.ഇതുവരെ ജീവിതത്തിൽ ഞാൻ ആഗ്രഹിക്കുന്ന പ്രധാനപ്പെട്ട കാര്യങ്ങൾ എനിക്ക് ലഭിച്ചു.	• 1	• 2	• 3	• 4	• 5	• 6	• 7
66.എനിക്ക് എന്റെ	• 1	• 2	• 3	• 4	• 5	• 6	• 7

ജീവിതം ഒന്നുകൂടി ജീവിക്കാൻ കഴിയുമെങ്കിൽ, ഞാൻ മിക്കവാറും ഒന്നും തന്നെ മാറ്റാനാഗ്രഹിക്കില്ല.							

പ്രായമായ ആളുകളുടെ മതവിശ്വാസങ്ങളും ആത്മീയതയും

67.	ഞാൻ ദൈവത്തിന്റെ അസ്തിത്വത്തിൽ വിശ്വസിക്കുന്നു.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
68.	സമകാലിക കാലഘട്ടത്തിൽ വിശ്വാസം ബുദ്ധിമുട്ടുള്ള ഒരു തിരഞ്ഞെടുപ്പായി ഞാൻ മനസിലാക്കുന്നു.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
69.	പ്രായത്തിനനുസരിച്ച് എന്റെ വിശ്വാസം വർദ്ധിക്കുന്നു.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
70.	പ്രാർത്ഥിക്കുമ്പോൾ എനിക്ക് ആശ്വാസം തോന്നാറുണ്ട്	•	•	•
71.	എന്റെ പ്രാർത്ഥന നിമിത്തം എന്റെ ആരോഗ്യം മെച്ചപ്പെട്ടു.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
72.	ഉത്കണ്ഠയും വിഷാദവും കുറയ്ക്കാൻ മതവിശ്വാസം എന്നെ സഹായിക്കുമെന്ന് ഞാൻ വിശ്വസിക്കുന്നു.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
73.	ഒരു മതം അനുഷ്ഠിക്കുന്നത് വൈജ്ഞാനിക തകർച്ചയെ മന്ദഗതിയിലാക്കാനും വൈജ്ഞാനിക വൈകല്യങ്ങൾ കുറയ്ക്കാനും അല്ലെങ്കിൽ സ്ഥിരപ്പെടുത്താനും സഹായിക്കും.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
74.	ബന്ധങ്ങൾ നിലനിർത്താൻ ആത്മീയത ഒരു വ്യക്തിയെ പ്രാപ്തനാക്കുന്നു	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
75.	ജീവിതത്തിലെ പ്രയാസകരമായ സാഹചര്യങ്ങളെ തരണം ചെയ്യാൻ എന്റെ വിശ്വാസം എന്നെ സഹായിക്കുന്നു.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
76.	എന്റെ മതവിശ്വാസം എന്നെ പല രോഗങ്ങളിൽനിന്നും സുഖപ്പെടുത്തി.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
77.	ആത്മീയ കൗൺസിലിംഗിനെക്കുറിച്ച് (ഉത്ബോധനത്തെക്കുറിച്ചു)എനിക്ക് അറിയാം.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
78.	എന്റെ മതവിശ്വാസങ്ങൾ എന്റെ സാമ്പത്തിക സ്ഥിതി മെച്ചപ്പെടുത്തുന്നു.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •

ഗുണനിലവാരം, ആരോഗ്യം, ജീവിതവുമായി ബന്ധപ്പെട്ട മറ്റു മേഖലകൾ എന്നിവയെപ്പറ്റി നിങ്ങൾക്കെന്തു തോന്നുന്നു എന്നതിനെക്കുറിച്ചാണ്.ഓരോ ചോദ്യവും അതിനു സാധ്യമായ ഉത്തരങ്ങളും ഞാൻ വായിച്ചു കേൾപ്പിക്കുന്നത് ആണ്. ദയവായി ഏറ്റവും അനുയോജ്യമായ ഉത്തരം തെരഞ്ഞെടുക്കുക. ഏതെങ്കിലും ഒരു ചോദ്യത്തിന് ഉത്തരത്തെക്കുറിച്ച് ഉറപ്പില്ലെങ്കിൽ മനസ്സിലേക്ക് വരുന്ന ആദ്യത്തെ ഉത്തരം ആയിരിക്കും ഏറ്റവും ഉചിതം. കഴിഞ്ഞ 4 ആഴ്ച കാലത്തെ തങ്ങളുടെ ജീവിതത്തെ കുറിച്ചുള്ള

മാനദണ്ഡങ്ങളും പ്രതീക്ഷകളും സന്തോഷങ്ങളും ആശങ്കകളും മനസ്സിൽ വച്ചുകൊണ്ട് ചോദ്യങ്ങൾക്ക് മറുപടി നൽകേണ്ടതാണ്.

	മോശം	വളരെ മോശം	മോശവുമല്ല /നല്ലതുമല്ല	നല്ലത്	വളരെ നല്ലത്
36.താങ്കളുടെ ജീവിതത്തിന്റെ ഗുണനിലവാരത്തെ താങ്കൾ എങ്ങനെ കണക്കാക്കുന്നു .	• 1	• 2	• 3	• 4	• 5

	വളരെ അതൃപ്തികരം	അതൃപ്തികരം	തൃപ്തികരവും അല്ല /അതൃപ്തികരവും അല്ല	തൃപ്തികരം	വളരെ തൃപ്തികരം
37.താങ്കളുടെ ആരോഗ്യത്തെക്കുറിച്ച് താങ്കൾ എത്രകണ്ട് തൃപ്തൻ /തൃപ്ത ആണ്.	• 1	• 2	• 3	• 4	• 5

	ഒട്ടുമില്ല	വളരെ കുറിച്ച്	മിതമായി	കൂടുതൽ	വളരെ കൂടുതൽ
38.ചെയ്യേണ്ട കാര്യങ്ങളിൽ നിന്ന് ശാരീരിക വേദന എത്രത്തോളം തടഞ്ഞിട്ടുണ്ട് .	• 1	• 2	• 3	• 4	• 5
39.ദൈനംദിന ജീവിതത്തിന്റെ പ്രവർത്തനത്തിനായി എത്രത്തോളം വൈദ്യസഹായം താങ്കൾക്ക് ആവശ്യമാണ്	• 1	• 2	• 3	• 4	• 5
40.താങ്കൾ ജീവിതം എത്രമാത്രം ആസ്വദിക്കുന്നു	• 1	• 2	• 3	• 4	• 5
41.അർഥപൂർണമായ ജീവിതമാണ് താങ്കൾ നയിക്കുന്നത് എന്ന് താങ്കൾ കരുതുന്നുണ്ടോ	• 1	• 2	• 3	• 4	• 5
42.താങ്കൾക്ക് എത്രത്തോളം കാര്യങ്ങളിൽ ശ്രദ്ധചെലുത്താൻ സാധിക്കും	• 1	• 2	• 3	• 4	• 5

43.താങ്കളുടെ ദൈനംദിന ജീവിതത്തിൽ എത്രത്തോളം സുരക്ഷ താങ്കൾ അനുഭവിക്കുന്നു	• 1	• 2	• 3	• 4	• 5
44.താങ്കളുടെ ചുറ്റുപാടുകൾ എത്രത്തോളം ആരോഗ്യകരമാണ്	• 1	• 2	• 3	• 4	• 5

	ഒട്ടുമില്ല	വളരെ കുറിച്ച്	ആവശ്യത്തിന്	മിക്കവാറും	പൂർണ്ണമായും
45.ദൈനംദിന ജീവിതത്തിൽ ആവശ്യമായ ഉന്മേഷം അനുഭവപ്പെടുന്നുണ്ടോ	• 1	• 2	• 3	• 4	• 5
46.താങ്കളുടെ ശാരീരിക രൂപം താങ്കൾക്ക് സ്വീകാര്യമാണോ	• 1	• 2	• 3	• 4	• 5
47.താങ്കളുടെ ആവശ്യങ്ങൾ നിറവേറ്റാൻ ആവശ്യമായ പണം താങ്കൾക്കുണ്ടോ	• 1	• 2	• 3	• 4	• 5
48.താങ്കളുടെ ദൈനംദിന ജീവിതത്തിൽ ആവശ്യമായ വിവരങ്ങൾ താങ്കൾക്ക് എത്രത്തോളം ലഭ്യമാണ് .	• 1	• 2	• 3	• 4	• 5
49.വിശ്രമവേളകളിലെ പ്രവർത്തനങ്ങൾക്കായി താങ്കൾക്ക് എത്രത്തോളം അവസരം ലഭ്യമാണ്	• 1	• 2	• 3	• 4	• 5

	മോശം	വളരെ മോശം	മോശവുമല്ല /നല്ലതുമല്ല	നല്ലത്	വളരെ നല്ലത്
50.താങ്കളുടെ ചുറ്റുപാടുകളിലേക്ക് ശാരീരികമായി എത്രത്തോളം എത്തിപ്പെടാൻ കഴിയും	• 1	• 2	• 3	• 4	• 5

	വളരെ അതൃപ്തികരം	അതൃപ്തികരം	തൃപ്തികരവും അല്ല /അതൃപ്തികരവും അല്ല	തൃപ്തികരം	വളരെ തൃപ്തികരം
51.താങ്കളുടെ ഉറക്കം എത്രത്തോളം തൃപ്തികരമാണ്	• 1	• 2	• 3	• 4	• 5
52.ദൈനംദിന പ്രവർത്തികൾ ചെയ്യാനുള്ള കഴിവിൽ താങ്കളെ തൃപ്തനാണ് /തൃപ്തയാണ്	• 1	• 2	• 3	• 4	• 5
53.ജോലിചെയ്യാനുള്ള കഴിവിൽ താങ്കൾ എത്ര തൃപ്തനാണ് /തൃപ്തയാണ്	• 1	• 2	• 3	• 4	• 5
54.താങ്കൾ താങ്കളിൽ തന്നെ എത്ര തൃപ്തനാണ് /തൃപ്തയാണ്	• 1	• 2	• 3	• 4	• 5
55.വ്യക്തിബന്ധങ്ങളിൽ താങ്കൾ എത്ര തൃപ്തനാണ് /തൃപ്തയാണ്	• 1	• 2	• 3	• 4	• 5
56.ലൈംഗികജീവിതത്തിൽ താങ്കൾ എത്ര തൃപ്തനാണ് /തൃപ്തയാണ്	• 1	• 2	• 3	• 4	• 5
57.സുഹൃത്തുക്കളുടെ സഹായത്തിൽ താങ്കൾ എത്രകണ്ട് തൃപ്തനാണ്/ തൃപ്തയാണ്	• 1	• 2	• 3	• 4	• 5
58.ജീവിക്കുന്ന ചുറ്റുപാടുകളെക്കുറിച്ച് താങ്കൾ എത്രകണ്ട് തൃപ്തനാണ് /തൃപ്തയാണ്	• 1	• 2	• 3	• 4	• 5
59.ആരോഗ്യ സേവന ലഭ്യതയെക്കുറിച്ച് താങ്കൾ എത്രകണ്ട് തൃപ്തനാണ് /തൃപ്തയാണ്	• 1	• 2	• 3	• 4	• 5
60.ഗതാഗത സൗകര്യത്തെ കുറിച്ച് താങ്കൾ എത്രകണ്ട് തൃപ്തനാണ് /തൃപ്തയാണ്	• 1	• 2	• 3	• 4	• 5

	ഒരിക്കലുമില്ല	വല്ലപ്പോഴും	കൂടെക്കൂടെ	മിക്കപ്പോഴും	എപ്പോഴും
61.സങ്കടം, നിരാശ, ഉൽക്കണ്ട, വിഷാദം എന്നീ	• 1	• 2	• 3	• 4	• 5

നിഷേധാത്മകമായ തോന്നലുകൾ താങ്കൾക്ക് എപ്പോഴൊക്കെ ഉണ്ടായിട്ടുണ്ട്					

ജീവിത സംതൃപ്തിയുടെ മാനദണ്ഡം

എസ്. ഡബ്ലൂ. എൽ.എസ് എന്നത് ഒരാളുടെ ജീവിതത്തോടുള്ള സംതൃപ്തിയുടെ ആഗോള വൈജ്ഞാനിക വിധിന്യായങ്ങൾ അളക്കാൻ രൂപകൽപ്പന ചെയ്തിരിക്കുന്ന 5-ഇനങ്ങളുടെ ഒരു ഹ്രസ്വ ഉപകരണമാണ്. നിങ്ങൾ അംഗീകരിക്കുന്നതോ വിയോജിക്കുന്നതോ ആയ അഞ്ച് പ്രസ്താവനകൾ ചുവടെയുണ്ട്. ചുവടെയുള്ള 1 - 7 സ്കെയിൽ ഉപയോഗിച്ച്, ഓരോ ഇനവുമായുള്ള നിങ്ങളുടെ യോചിപ്പു ആ ഇനത്തിന് മുമ്പുള്ള വരിയിൽ ഉചിതമായ നമ്പർ നൽകി സൂചിപ്പിക്കുക. നിങ്ങളുടെ പ്രതികരണത്തിൽ തുറന്ന് സത്യസന്ധത പുലർത്തുക.

	ശക്തമായി സമ്മതം	സമ്മതം	ചെറുതായി സമ്മതിക്കുക	യോജിപ്പും വിയോജിപ്പും ഇല്ല	ചെറുതായി വിസമ്മതം	വിസമ്മതം	ശക്തമായി വിസമ്മതം
62.ഒരുവിധം എല്ലാ രീതികളിലും എന്റെ ജീവിതം എന്റെ ആദർശത്തോട് അടുത്താണ്.	• 1	• 2	• 3	• 4	• 5	• 6	• 7
63.എന്റെ ജീവിത സാഹചര്യങ്ങൾ മികച്ചതാണ്.	• 1	• 2	• 3	• 4	• 5	• 6	• 7
64.എന്റെ ജീവിതത്തിൽ ഞാൻ സംതൃപ്തനാണ്/സംതൃപ്തയാണ്.	• 1	• 2	• 3	• 4	• 5	• 6	• 7
65.ഇതുവരെ ജീവിതത്തിൽ ഞാൻ ആഗ്രഹിക്കുന്ന പ്രധാനപ്പെട്ട കാര്യങ്ങൾ എനിക്ക് ലഭിച്ചു.	• 1	• 2	• 3	• 4	• 5	• 6	• 7
66.എനിക്ക് എന്റെ ജീവിതം ഒന്നുകൂടി ജീവിക്കാൻ കഴിയുമെങ്കിൽ,	• 1	• 2	• 3	• 4	• 5	• 6	• 7

ഞാൻ മിക്കവാറും ഒന്നും തന്നെ മാറ്റാനാഗ്രഹിക്കില്ല.							

പ്രായമായ ആളുകളുടെ മതവിശ്വാസങ്ങളും ആത്മീയതയും

67.	ഞാൻ ദൈവത്തിന്റെ അസ്തിത്വത്തിൽ വിശ്വസിക്കുന്നു.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
68.	സമകാലിക കാലഘട്ടത്തിൽ വിശ്വാസം ബുദ്ധിമുട്ടുള്ള ഒരു തിരഞ്ഞെടുപ്പായി ഞാൻ മനസിലാക്കുന്നു.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
69.	പ്രായത്തിനനുസരിച്ച് എന്റെ വിശ്വാസം വർദ്ധിക്കുന്നു.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
70.	പ്രാർത്ഥിക്കുമ്പോൾ എനിക്ക് ആശ്വാസം തോന്നാറുണ്ട്	•	•	•
71.	എന്റെ പ്രാർത്ഥന നിമിത്തം എന്റെ ആരോഗ്യം മെച്ചപ്പെട്ടു.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
72.	ഉത്കണ്ഠയും വിഷാദവും കുറയ്ക്കാൻ മതവിശ്വാസം എന്നെ സഹായിക്കുമെന്ന് ഞാൻ വിശ്വസിക്കുന്നു.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
73.	ഒരു മതം അനുഷ്ഠിക്കുന്നത് വൈജ്ഞാനിക തകർച്ചയെ മന്ദഗതിയിലാക്കാനും വൈജ്ഞാനിക വൈകല്യങ്ങൾ കുറയ്ക്കാനും അല്ലെങ്കിൽ സ്ഥിരപ്പെടുത്താനും സഹായിക്കും.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
74	ബന്ധങ്ങൾ നിലനിർത്താൻ ആത്മീയത ഒരു വ്യക്തിയെ പ്രാപ്തനാക്കുന്നു	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
75.	ജീവിതത്തിലെ പ്രയാസകരമായ സാഹചര്യങ്ങളെ തരണം ചെയ്യാൻ എന്റെ വിശ്വാസം എന്നെ സഹായിക്കുന്നു.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
76.	എന്റെ മതവിശ്വാസം എന്നെ പല രോഗങ്ങളിൽനിന്നും സുഖപ്പെടുത്തി.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
77.	ആത്മീയ കൗൺസിലിംഗിനെക്കുറിച്ച് (ഉത്ബോധനത്തെക്കുറിച്ചു)എനിക്ക് അറിയാം.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •
78.	എന്റെ മതവിശ്വാസങ്ങൾ എന്റെ സാമ്പത്തിക സ്ഥിതി മെച്ചപ്പെടുത്തുന്നു.	അതെ •	ഇല്ല •	ഉറപ്പില്ല •

APPENDIX II

Qualitative tool

Consent Form

Dear Respondent,

My name is Fiona Alex, and I am currently pursuing my Master's in Social Work from the Social Work Department (Aided) of Madras Christian College, Chennai. I invite you to take part in my post-graduation research project to help me better understand the quality of life and life satisfaction of elderly people living in paid old age homes and within families of Idukki District in Kerala .

Your participation in this study is completely voluntary. All of the questions must be answered. However, there are no risks associated with the participation. Your answers will remain private and anonymous, and the data collected will only be used for research. Please respond to the following questions as part of this study. I will be taking notes and voice recording our conversations for my research purpose.

Please feel free to contact me for any type of clarifications related to this study.

Fiona Alex

II MSW

Department of Social Work (Aided)

Madras Christian College

Mob no.: 8606775970

I now understand the purpose and motive behind this research. I've been given the assurance that my information will be kept confidential. I voluntarily decided to take part in this research project. In order to participate in the study "A COMPARATIVE STUDY OF THE QUALITY OF LIFE AND LIFE SATISFACTION OF ELDERLY PEOPLE LIVING IN PAID OLD AGE HOMES AND WITHIN FAMILIES OF IDUKKI DISTRICT IN KERALA," I, the undersigned, thus give my consent.

Participant: YES/NO **Signature**

SL NO: **DATE:**

A COMPARATIVE STUDY OF THE QUALITY OF LIFE AND LIFE SATISFACTION OF ELDERLY PEOPLE LIVING IN PAID OLD AGE HOMES AND WITHIN FAMILIES OF IDUKKI DISTRICT IN KERALA.

IN-DEPTH INTERVIEW GUIDE

I.To study the demographic details of the elderly people living in paid old age homes and families

1. Can you tell me about yourself?
   - Name
   - Age
   - Address
2. Can you explain about your family background?
   - Family name
   - No of people in family
   - Name of spouse
   - No of children
   - Income
   - Background of children
3. Can you tell me about your educational background ?
   - Schooling
   - College (if there)
   - Languages known to speak ,read and write
4. Can you tell me about the fee structure of this old age home?
   - Monthly payment fees
   - Source of monthly payment

   (Pension, aid from children, relatives, etc)

- Does your source of payment satisfy your daily needs?

  (*Question specially for respondents from old age homes)

5. Can you talk about the reason for choosing an old age home?
   - How did you come to the old age home?
   - How long are you there in an old age home ?

(*Question specially for respondents old age homes)

6. Can you tell me about your livelihood?

- Source of Income
- Are you satisfied with your source of income?
- Does your source of income satisfy your daily needs?

(*Question specially for respondents from families)

II. To study in detail about health, living environment, stress and freedom of elderly people living in paid old age homes and families.

6. Can you explain about your current health condition?

- Physical and mental health
- Ill health condition
- How prone to diseases?
- Medical Treatment

7. How is your living condition here?

- Food
- Safety
- Cleanliness
- Surroundings
- Adaptation

8. What are the difficult situations you are facing at this age?

- Stress
- Feeling of loneliness
- Everyday task and mobility
- Finding the right care provision
- Financial Insecurity
- Self care

9. How do you manage your difficult situations?

- Way of coping
- Methods using for relaxation
- Reaching out to others
- Motivation level

10. Can you explain the freedom that you are experiencing in your daily life?

- Do you have a voice in society?
- Have you felt avoidance from the younger generation?
- Do you have the freedom for mobility in all aspects of life?

അഗാധ അഭിമുഖ മാർഗദർശി

[QUALITATIVE TOOL]

അനുമതി പത്രം

എന്റെ പേര് ഫിയോണ അലക്സ്,നിലവിൽ ചെന്നൈയിലെ മദ്രാസ് ക്രിസ്ത്യൻ കോളേജിൽ പഠിക്കുന്നു.മേൽപറഞ്ഞ കോളേജിലെ സോഷ്യൽ വർക്ക് ഡിപ്പാർട്ട്മെന്റിൽ (എയ്ഡഡ്),സോഷ്യൽ വർക്കിൽ ബിരുദാനന്തര ബിരുദ വിദ്യാർത്ഥിനിയാണ് . കേരളത്തിലെ കോട്ടയം ജില്ലയിലെ, സാമ്പത്തിക പിന്തുണ നൽകി പ്രവർത്തിക്കുന്ന വൃദ്ധസദനങ്ങളിലും, കുടുംബങ്ങളിലുമായി താമസിക്കുന്ന വയോജനങ്ങളുടെ ജീവിത നിലവാരവും, ജീവിത സംതൃപ്തിയും ആഴത്തിൽ മനസ്സിലാക്കാൻ എന്നെ സഹായിക്കുന്നതിനുള്ള, എന്റെ ബിരുദാനന്തര ഗവേഷണ പ്രൊജക്റ്റിൽ പങ്കെടുക്കാൻ ഞാൻ നിങ്ങളെ ക്ഷണിക്കുന്നു.

ഈ പഠനത്തിൽ നിങ്ങളുടെ പങ്കാളിത്തം പൂർണ്ണമായും സ്വമേധയാ ഉള്ളതാണ്. എല്ലാ ചോദ്യങ്ങൾക്കും ഉത്തരം നൽകണം. എന്നിരുന്നാലും, പങ്കാളിത്തവുമായി ബന്ധപ്പെട്ട് അപകടസാധ്യതകളൊന്നുമില്ല. നിങ്ങളുടെ ഉത്തരങ്ങൾ സ്വകാര്യവും അജ്ഞാതവുമായി തുടരും, കൂടാതെ ശേഖരിക്കുന്ന ഡാറ്റ ഗവേഷണത്തിനായി മാത്രമേ ഉപയോഗിക്കൂ. ഈ പഠനത്തിന്റെ ഭാഗമായി ഇനിപ്പറയുന്ന ചോദ്യങ്ങൾക്ക് ദയവായി ഉത്തരം നൽകുക.

ഈ പഠനവുമായി ബന്ധപ്പെട്ട ഏത് തരത്തിലുള്ള വ്യക്തതകൾക്കും എന്നെ ബന്ധപ്പെടാൻ മടിക്കേണ്ടതില്ല.

ഫിയോണ അലക്സ്

II എം.എസ്.ഡബ്ലൂ

സോഷ്യൽ വർക്ക് ഡിപ്പാർട്ട്മെന്റിൽ (എയ്ഡഡ്)

മദ്രാസ് ക്രിസ്ത്യൻ കോളേജ്

മൊബൈൽ നമ്പർ: 8606775970

ഈ ഗവേഷണത്തിനു പിന്നിലെ ഉദ്ദേശവും ലക്ഷ്യവും ഇപ്പോൾ ഞാൻ മനസ്സിലാക്കുന്നു. എന്റെ വിവരങ്ങൾ രഹസ്യമായി സൂക്ഷിക്കുമെന്ന് എനിക്ക് ഉറപ്പ് ലഭിച്ചിട്ടുണ്ട് . ഈ ഗവേഷണ പദ്ധതിയിൽ പങ്കെടുക്കാൻ ഞാൻ സ്വമേധയാ തീരുമാനിച്ചു. "**കേരളത്തിലെ കോട്ടയം ജില്ലയിലെ സാമ്പത്തിക പിന്തുണ നൽകി പ്രവർത്തിക്കുന്ന വൃദ്ധസദനങ്ങളിലും കുടുംബങ്ങളിലും താമസിക്കുന്ന വയോജനങ്ങളുടെ ജീവിത നിലവാരത്തെയും ജീവിത സംതൃപ്തിയെയും കുറിച്ചുള്ള ഒരു താരതമ്യ പഠനം**" എന്ന പഠനത്തിൽ പങ്കെടുക്കുന്നതിന് ആയതിനാൽ ഞാൻ എന്റെ സമ്മതം രേഖപ്പെടുത്തുന്നു.

പങ്കെടുക്കുന്നയാൾ: അതെ/അല്ല **ഒപ്പ്**

സീരിയൽ നമ്പർ:

തീയതി:

കേരളത്തിലെ കോട്ടയം ജില്ലയിലെ സാമ്പത്തിക പിന്തുണ നൽകി പ്രവർത്തിക്കുന്ന വൃദ്ധസദനങ്ങളിലും കുടുംബങ്ങളിലും താമസിക്കുന്ന വയോജനങ്ങളുടെ ജീവിത നിലവാരത്തെയും ജീവിത സംതൃപ്തിയെയും കുറിച്ചുള്ള ഒരു താരതമ്യ പഠനം

അഗാധ അഭിമുഖ മാർഗദർശി

I. പണം നൽകി പ്രവർത്തിക്കുന്ന വൃദ്ധസദനങ്ങളിൽ താമസിക്കുന്ന വയോജനങ്ങളുടെ ജനസംഖ്യാപരമായ വിശദാംശങ്ങൾ പഠിക്കാൻ

1. നിങ്ങളെക്കുറിച്ച് എന്നോട് പറയാമോ?

- പേര്
- പ്രായം
- വിലാസം

2. നിങ്ങളുടെ കുടുംബ പശ്ചാത്തലത്തെക്കുറിച്ച് വിശദീകരിക്കാമോ?

- കുടുംബപ്പേര്
- കുടുംബത്തിലെ ആളുകളുടെ എണ്ണം
- ഇണയുടെ പേര്
- കുട്ടികളുടെ എണ്ണം
- വരുമാനം
- കുട്ടികളുടെ പശ്ചാത്തലം

3. നിങ്ങളുടെ വിദ്യാഭ്യാസ പശ്ചാത്തലത്തെക്കുറിച്ച് എന്നോട് പറയാമോ?

- സ്കൂൾ വിദ്യാഭ്യാസം
- കോളേജ് (ഉണ്ടെങ്കിൽ)
- സംസാരിക്കാനും വായിക്കാനും എഴുതാനും അറിയാവുന്ന ഭാഷകൾ

4. ഈ വൃദ്ധസദനത്തിന്റെ ഫീസ് ഘടനയെക്കുറിച്ച് പറയാമോ?

- പ്രതിമാസ പേയ്മെന്റ് ഫീസ്
- പ്രതിമാസ പേയ്മെന്റിന്റെ ഉറവിടം

  (പെൻഷൻ, കുട്ടികൾ, ബന്ധുക്കൾ മുതലായവരിൽ നിന്നുള്ള സഹായം)
- നിങ്ങളുടെ പേയ്മെന്റ് ഉറവിടം നിങ്ങളുടെ ദൈനംദിന ആവശ്യങ്ങൾ നിറവേറ്റുന്നുണ്ടോ?

5. വൃദ്ധസദനം തിരഞ്ഞെടുക്കാനുള്ള കാരണത്തെക്കുറിച്ച് പറയാമോ?

- നിങ്ങൾ എങ്ങനെയാണ് വൃദ്ധസദനത്തിൽ എത്തിയത്?
- നിങ്ങൾ എത്ര നാളായി ഒരു വൃദ്ധസദനത്തിൽ കഴിയുന്നു

II. പണം നൽകി പ്രവർത്തിക്കുന്ന വൃദ്ധസദനങ്ങളിൽ താമസിക്കുന്ന പ്രായമായവരുടെ ആരോഗ്യം, ജീവിത ചുറ്റുപാടുകൾ, സമ്മർദ്ദം, സ്വാതന്ത്ര്യം എന്നിവയെക്കുറിച്ച് വിശദമായി പഠിക്കുന്നതിനായി

6. നിങ്ങളുടെ നിലവിലെ ആരോഗ്യസ്ഥിതിയെക്കുറിച്ച് വിശദീകരിക്കാമോ?

- ശാരീരികവും മാനസികവുമായ ആരോഗ്യം
- അനാരോഗ്യകരമായ അവസ്ഥകൾ ഉണ്ടെങ്കിൽ അവ
- രോഗങ്ങൾ വരാനുള്ള പ്രവണത എത്രയാണ്?
- നിലവിൽ തുടരുന്ന വൈദ്യചികിത്സകൾ

7. ഇവിടെ നിങ്ങളുടെ ജീവിത സാഹചര്യം എങ്ങനെയുണ്ട്?

- ഭക്ഷണം
- സുരക്ഷ
- ശുചിത്വം
- ചുറ്റുപാടുകൾ
- പൊരുത്തപ്പെടുത്തൽ

8. ഈ പ്രായത്തിൽ നിങ്ങൾ നേരിടുന്ന പ്രയാസകരമായ സാഹചര്യങ്ങൾ എന്തൊക്കെയാണ്?

- സമ്മർദ്ദം
- ഏകാന്തത അനുഭവപ്പെടുന്നു

- ദൈനംദിന കൃത്യങ്ങളും ചലനാത്മകതയും
- ശരിയായ പരിചരണ വ്യവസ്ഥ കണ്ടെത്തൽ
- സാമ്പത്തിക അരക്ഷിതാവസ്ഥ
- സ്വയം പരിചരണം

9. നിങ്ങളുടെ പ്രയാസകരമായ സാഹചര്യങ്ങൾ എങ്ങനെ കൈകാര്യം ചെയ്യുന്നു?

- നേരിടാൻ ശ്രമിക്കുന്ന വഴികൾ
- വിശ്രമത്തിനായി ഉപയോഗിക്കുന്ന രീതികൾ
- മറ്റുള്ളവരിലേക്ക് സഹായത്തിനായിയുള്ള എത്തിച്ചേരൽ
- പ്രചോദന നില

10. നിങ്ങളുടെ ദൈനംദിന ജീവിതത്തിൽ നിങ്ങൾ അനുഭവിക്കുന്ന സ്വാതന്ത്ര്യതലങ്ങൾ വിശദീകരിക്കാമോ?

- നിങ്ങൾക്ക് സമൂഹത്തിൽ ഒരു ശബ്ദമുണ്ടോ?
- യുവതലമുറയിൽ നിന്ന് നിങ്ങളെ ഒഴിവാക്കുന്ന തരത്തിലുള്ള ഇടപെടൽ തോന്നിയിട്ടുണ്ടോ?
- ജീവിതത്തിന്റെ എല്ലാ മേഖലകളിലും ചലനാത്മകതയ്ക്കുള്ള സ്വാതന്ത്ര്യം നിങ്ങൾക്കുണ്ടോ?