

QUALITY OF LIFE AMONG ELDER PEOPLE AT ELDERLY CARE HOMES IN BANGLADESH



By

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Statement of Authorship

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The ethical issues of the study has been strictly considered and protected. In case of dissemination the findings of this project for future publication, research supervisor will highly concern and it will be duly acknowledged as undergraduate thesis.

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Abstract

Background: Quality of life is an important issue for determining successful ageing. As an increasing elderly population in the world different services system has been run to support the elderly people. Elderly care home or old home is a big support system for elderly people in every country. Sometime this service system affect badly on quality of life of elderly people that is mostly in developing countries like Bangladesh, India. It is due to demographic change of a person's age and care home environment facility. There are service lacking, poor social support, economic difficulties, poor health status, more women without spouse at elderly care home determine bad quality of life that refers the elder population in vulnerable situation in Bangladesh.

Objectives of the study: The objectives were to assess the quality of life among the elder people at elderly care home and find out the association between quality of life and socio-demographic factors among elder people at elderly care home.

Methodology: This study was conducted by non-experimental quantitative method with the design of cross-sectional study by using convenient sampling among 60 participants at selected old home. Data were collected using face to face interview with a structured questionnaire and data were analyzed by using Statistical Package for Social Science (SPSS) 17.

Result and Discussion: After analyzing data, it was found that most of the participants at elderly care home leads low quality of life that about 40.0% (n=24), very bad 18.3% (n=11), moderate 38.3% (n= 23) and only 3.3% (n=2) lead good quality of life. Among them most were 65-69 and >75 years age group and they lead low quality of life than other group that showed a negative association. Similarly there were widow and female participants are more in elderly care home. The male and female ratio was 1:2(male: female). Among them most were in rural areas, who were illiterate, have economic difficulties, poor health status etc. There were significant association with quality of life and demographic factors (age, marital status, health status, present income source). Following these result in the perspective of elderly care home in Bangladesh, quality of life of elder people were poor. It is due to increasing more elderly people at care home without spouse, lack of service facilities, poor contact with society, poor health status, and economic difficulties to meet their needs.

Conclusion: Quality of life of elder people at elderly care home depends on quality of care, social support, and good health status. It also depends on economic status, but it is sorry to say that these facilities are very poor at elderly care home in Bangladesh.

Key words: *Elderly, The elderly people in Bangladesh, Quality of life at elderly, elderly care home services*

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List of Acronyms

- OPQOL:** Older People Quality of Life
- WHO:** World Health Organization
- BBS:** Bangladesh Bureau of Statistics
- NGO:** Non-Government Organization
- UN:** United Nation
- USA:** United State of America
- OT:** Occupational Therapy
- QOL:** Quality of Life
- HRQOL:** Health Related Quality Of Life
- ADL:** Activities of Daily Living
- CAOT:** Canadian Association of Occupational Therapy
- AOTA:** American Occupational Therapy Association
- SPSS:** Statistical Package for Social Science
- BAAIGM:** Bangladesh Association for the Aged and Institute of the Geriatric
Medicine

CHAPTER 1 INTRODUCTION

1.1 Background

Bangladesh has a total population of more than 15 million of whom 6.90% are aged 60 years and over (BBS, 2012). It is estimated that elderly population is projected to rise from 6.05% in 1970 to 9.30% by the year 2025 (Khan *et al.* 2014). According to world population prospect 2009 the percentage of elderly population in Bangladesh was 6.2 percent in 1950, 5.5 percent in 1975 and 4.9 percent in 2000, that may be increased 8.4 percent in 2025 and 16 percent in 2050. That means life expectancy is increasing in Bangladesh. The elderly population is one of the most important parts of our national population. The term elderly also known as ‘old age’ or ‘older people’ is used to describe the last period of time in human life. In Bangladesh persons aged 60 or above are considered to be elderly but People in this country become older before the age of 60 because of poverty, physical hard working, malnutrition, geographical condition, inability and illness (Rahman, 2011). Therefore, the number of elderly in the developing world is increasing due to demographic transition such as geographical change, socio-economic changes, and westernization at lifestyle. In Bangladesh the elderly have to face different types of unexpected situation like avoidance, social isolation, and insecurity in their social and family life due to their dependency, physical limitation, lack of social mobility, poverty (Barkat *et al.*2003). These are affecting the quality of life of the elders. Health status, available social support and psychological well-being are considered as important factors in determining the quality of life of elders. (Joshi, Avasthi and Kumar, 2003). “Quality of Life (QOL) is the general well-being of individuals and societies”. According to WHO Quality of Life means, 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 affect by the person's physical health, psychological state, level of independence, Social relationships, personal beliefs and their relationship to salient features of their environment (Barwais, 2011) . The elderly population in the Asian developing countries, especially in Bangladesh reach aged 60 years or over, after a life time of poverty, deprivation, social insecurity, poor access in health care system, poor diet that affect badly on their psychology and physical health at old ages, as a result majority of the elder people depend on their family because

family is a primary source of support for elders in the culture of Bangladesh. Nowadays this support is decreasing due to rapid urbanization, modernization, industrialization and globalization. In this situation rapid increase of elderly population is challenging and creating a serious impact on the health status and Quality of Life (Khan *et al.* 2014).

Quality of life is always changing for every person. It is one when a person as child, one when as young, and another when she/he is an old age. About older age “Old men are children for second time” (Aristophanes). Old age comprises the later part of life; the period of life after youth and middle age (Dhamo and Kocollari, 2014). It is measurable that most of the time these elder people become burden because of financial demands, separation of big family, urbanization and poor health care services. Living in this vulnerable situation problem of them is increasing day by day (Faruque, Khan and Roy, 2006). For this reason to support these elder people residential accommodation or care home is a big term, where describe the lives of elder people. Living to an advanced old age may be a blessing, but it may also be a curse, when a country cannot afford the adequate support to elder people. Elderly people are the senior citizens of a country. Age long experience, skill, values, traditions, heritage of the old age people may be a unique positive factor in making healthy life style of the younger generation (Barkat *et al.*2003). They are guide to follow a successful life way for younger generation but after passing the long period of life they are tired. They suffer from various physical limitations. In this situation they have rights to get special care and lead a healthy life style. Most of the time life style of elderly people interrupted by environmental and physical factors. Many limitations of elderly people resulting from aging are organic and functional changes that can certainly be overcome or adapted to each person’s lifestyle (Martins *et al.* 2009) by living and caring from residential and nursing care homes where they spend a large proportion of their time within the boundaries of the home. The quality of life of residents may be strongly related to the quality of the care provided and the physical environment of care home (Parker and Barnes, 2004).

Sometime institution or care home affects badly to elderly quality of life. Such as, in the old home, people live communally with a minimum of privacy and yet their relationships with each other are slender. Their mobility is restricted and they have little access to society (Nyanguru, 2007). That is responsible for measurable quality of life. When the World Health Organization defined health as being not only the absence of disease and infirmity but also the presence of physical, mental, and social well-being, quality-of-life issues have become steadily more important in health care practice and research. Quality of-life assessment measures changes in physical, functional, mental, and social health in order to evaluate the human and financial costs and benefits of new programs and interventions. Quality of life depends on different facilities of care home. Such as, personal relationships are important for well-being at elderly care home. A European research has shown the high levels of social contact between elder people and their families, despite the growth of residential separation. Neighbors and friends are important contributors to quality of life in old age. Neighbors give more emotional support and less instrumental support than friends, and friends give more instrumental support. Friendships are more important for women than men in advanced old age. Women tend to have more contacts with friends (Walker, 2005). It is an issue for thinking about elderly care home in developing country as like Bangladesh, Social connection or social network is very poor in this country but it is very important for well-being as well as quality of life. It is because of urbanization, the children those who seek for better living and migrated to the town, leave the old parents alone. It is affecting the rural aging badly (Osman, 2004). In this circumstance, the elder people are facing different types of problem to survive.

In Bangladesh, some steps have already taken to support the senior citizens. Due to lack of proper implementation of these steps, it is not effective for the elderly. Some steps which have been already taken and also will be taken in the future by the governmental and non-governmental organizations are - Pension, Old Age Allowance Programmed (Boyoshko Bhata Karmashuchi), National Elderly Policy under the Ministry of Social Welfare of Bangladesh .These policies include their social security, health care services, financial security, national awareness program, coordination between elder persons and new generation but there is not enough strategy for caring support for the elders in the future plan (Billah, 2012).

Some NGOs are directly and indirectly involved with the elderly issues to improve quality of life but, their activities are not so strong to mention (Rahman, 2011). In Bangladesh, some steps such as Pension, Old Age Allowance Programmed (Boyoshko Bhata Karmashuchi) have already been taken by the government, NGOs, welfare societies. Lack of carefulness and willingness to implement these policies, elderly are deprived from their basic needs that hamper in their quality of life.

1.2. Significance

Long term care or long term stay in care home environment mostly affect the elder people psychology such as depression is very common in these elderly people that affect the activities of daily living (ADL) ability in elderly people. Sometimes depression in the elders is more influenced by disease. A social network is an important factor in the quality of life level of the elderly and decreased depression, at elderly care home there are poor connection between elderly people and society. (Demura and Sato, 2003). Many factors influence the well-being as well as quality of life of elder adults, including social connectedness, housing, income security, activity or occupational engagement, health status, and the safety of their environments (CAOT, 2011). Quality of life is an important issue that gives information about a person lifestyle at any situation or environment. Quality of life assessment is a key indicator for every health care professional for implementing their service appropriately and focuses the service quality of a profession. According to American Occupational Therapy Association (AOTA) Occupational therapists help elder adults overcome physical challenges and enable them to return to home life. They teach self-care skills including homemaking, cooking, eating, dressing and grooming among other activities. Occupational therapy also aids in emotional and social adjustment following injury or illness (wilding, 2012). Now a days, occupational therapist don't work any elderly care home in Bangladesh. As a health care professional it is so much essential to know the quality of life of elder people at elderly care home in Bangladesh for comparing the care system, quality of life with other country that emphasis for improving quality of life. This information will help to trigger out the limitation, demands, recommendation of old home. When occupational therapist and as well as other health care professional will work in elderly care home, this information will act as evidence to provide service for addressing a standard quality of life for elderly and also promoting occupational therapy profession. The

government and non-government organizations in Bangladesh are increasing their awareness about the elderly issues. So by this study, these organizations will concentrate on the elderly and attempt to improve quality of life at elderly.

1.3. Aim of the Study

To know the quality of life among elder people at elderly care home in Bangladesh.

1.4. Objectives of the Study

- To assess the quality of life among the elder people at elderly care home.
- To find out the association between quality of life and socio-demographic factors among elder people at elderly care home.

CHAPTER 2 LITERATURE REVIEW

2.1. Introduction

This section provides an outline about elderly population around the world as well as specifically in Bangladesh. Outline about the elderly care home and care homes services for elderly people in Bangladesh. It will be discussed about how range elderly have to count in world wise and Bangladesh and which type of quality of life at elderly lead in another country that means describe quality of life at elderly in developed and developing country and the facility of service for elderly in Bangladesh. Finally quality of life among elder people at elderly care home in Bangladesh.

2.2. Elderly

Elderly is the later part of life, the period of life after youth and middle age. According to United Nation 60+ years may be the old age, WHO recognized that the developing world often defines old age, not by years, but by new roles, loss of previous roles, or inability to make active contribution to society (Dhamo and Kocollari, 2014). Elderly is defined as “Older people” are generally defined according to a range of characteristics including: chronological age, change in social role and changes in functional abilities. In most developed countries older age is defined in relation to retirement from paid employment and receipt of a pension, at 60 or 65 years (World Health Organization, 2015).

Ageing is an inevitable developmental phenomenon which brings along a number of changes in physical, psychological, hormonal and social conditions. Naturally these changes occurs due to slow down of functioning of body organs, illness that is mostly responsible for changing their appearance, decreasing day to day interest, change in life style and attitude. These changes are affecting the quality of life of the elderly people (Hameed *et al.*2014).

Most countries have accepted the chronological age of 65 years as a definition of 'elderly' or elder persons. In the context of Bangladesh, people aged 60 years or above are considered as elderly people. Elderly population is increasing over time (Khan *et al.*2014).

Age classification varied between countries and over time. In this study, researcher accepts 60 years or above as elderly people. Researcher considered use of a combination of chronological, functional and social definitions.

2.3. The elderly people in Bangladesh

Population aging is a global issue that is affecting or will soon affect virtually every country around the world. It is common all over the world that elderly age range is increasing rapidly (Lee, Mason and Cotlear, 2010). According to the WHO report, there are more than 600 million elderly individuals worldwide. It is estimated this rate will be double by 2025 and 2 billion by 2050 (Bishak *et al.* 2014)

Ageing of population is a natural and unavoidable demographic process. All countries around the world have to face this reality in course of time (Kalamand khan, 2006). The government of India adopted a national policy on elder people in 1999. This policy reported that there has been a progressive increase in proportion of elderly population in India from 6.8% in 1991 to 8.6% in 2011 and projected to increase to 19% in 1950 (Hameed *et al.* 2014). Similarly Bangladesh is considered one of the least developed nations. Bangladesh has the highest population density in the world. In 2015 population of Bangladesh is 160,411,249. According to 2001 census, 6.2% of the population is aged $60 \geq$ years, the absolute number being more than 8.5 million. Approximately 80,000 people move into this age group every year. Compare with high income countries, population ageing will take place over a short period of time in Bangladesh and the country will have much less time to deal with its consequences. Increasingly landlines, rural to urban migration and change in lifestyles that are leading to smaller families have put the elderly population of Bangladesh in a vulnerable situation. Poverty and social exclusion are the greatest threats to their well-being (Ahmed *et al.* 2005).

The elderly of Bangladesh are generally taken care of by family and society. In Bangladesh, adult children, particularly sons are considered to be the main source of security and economic support to their parents particularly in the time of disaster, sickness and in old age. As an Asian country, Bangladesh has a long cultural and religious tradition of looking after the elderly and it is expected that families and communities take responsibilities for caring their own elderly members. Rapid socioeconomic and demographic transitions, mass poverty, changing social and

religious values, influence of western culture, and other factors have broken down the traditional extended family and community care system. Most of the elderly people in Bangladesh suffer from some basic human problems, such as poor financial support, senile diseases, and absence of proper health and medicine facilities, exclusion and negligence, deprivation, and socioeconomic insecurity (Islam and Nath, 2012). However this traditional support system is weakening day by day. Reduction of the family size is the most significant reason for decreasing the support of the elderly people. Decline in the ability and willingness of the families to support the elderly are responsible issues to this (Khan *et al.* 2014).

There are majority of elder population live in the rural areas in Bangladesh. Income earning opportunities are more difficult for elder people due to various barriers including physical limitations/poor health, age discrimination and lack of access to capital due to lack of land and other assets, lack of decision making authority in the household, social constraints on freedom of movement, Lack of skill development. It is more difficult for the elder women than elder men to work outside the home. Elder women face both age and gender barriers in finding income generating opportunities. They are limited by social and cultural constraints in their activities and lack opportunities for employment/income generating activities which is not cause in the urban areas (Barkat *et al.* 2003). In the rural areas these needy elder people who cannot meet their basic needs and neglected by their family and society are seek to go old home. Similarly the elder people in urban areas are more measurable situation. Most of the time they feel loneliness because their child cannot spend time with their parents due to workload and cannot take care of their older parents. Most of the time they left away from their older parents for living in abroad with their family. In this situation the elder people are depressed and feel need to take care of old home.

2.4. Quality of life at elderly

Aging as a natural process of life is due to gradual changes in metabolic activity of organs and disability in regeneration capacity of cells. Worldwide, the average life span of people has been increasing. Several factors including heredity, life style and healthy diet, avoiding smoking and physical activity can effect on the longevity of life. Sometime, elderly people have higher probability of suffering from multiple health disorders due to reduced physical and mental functions. Loneliness, impaired

sexual activity and chronic metabolic disorders are some of causes can result in emotional disturbances. These problems can decrease life quality of elderly. According to WHO statements, quality of life defined as an individual's perception of their position in life in the context of the culture and values systems in which they live and in relation to their goals, expectations, standards and concerns. In addition, quality of life is described as a wellness resulting from a combination of physical, functional, emotional and social factors. Poor economic, cultural, educational, health care conditions and also inadequate social interactions can result in poor quality of life in elderly people (Bishak *et al.* 2014). However, quality of life have been viewed as essential dimensions of Material well-being (income, level of housing, availability of services, environment), close relationships (social relationships, social well-being, support, societal involvement), health (physical health, fitness, ability to move, symptoms of illness, ability to work), emotional well-being (emotions, self-esteem, spirituality, cognitive functions) and productivity (satisfaction with ability to work, competence, autonomy, meaningful roles) (Huusko, Strandberg and Pitkala, 2006).

To examine the quality of life in elder people physical, social, psychological, financial factor is a key indicator. Bowling (2013) stated that the key QOL themes or dimensions depends on psychological well-being and positive outlook, having health and functioning, social relationships, leisure activities, neighborhood resources, adequate financial circumstances and independence.

Ageing the older person perspective of defining QOL in different literature is vary according to health status, Environment, Psychology, and social aspect (Browning and Thomas, 2013).Such as, Physical Challenge is an important issue for determining the quality of life. Health is mostly related with this. Health-related quality of life (HRQOL) is used to imply an individual's experience of his or her health status and health-related well-being, diseases or illness (Huusko, Strandberg and Pitkala, 2006). Circumstances and environment influence quality of life. For elder residents in elderly care settings, QOL mostly depends on physical comfort, functional competence, privacy, autonomy, dignity, meaningful activity, meaningful relationships and safety in that environment. Quality of life mostly depends on psychological and social wellbeing. For example, while chronic illnesses often drive the quality of life in elder people, behavioral, psychological and social support can moderate their impact. For example, health promoting behaviors can assist with the management of chronic

illnesses and personal control over one's life activities can influence perceptions of wellbeing in the face of illness. Social resources, including social activities and social support, are key influences on QOL. Also financial resources are important in providing a living standard that allows the elder persons to live an independent and socially connected life and to access appropriate health care (Browning and Thomas, 2013)

However, Quality of Life (QOL) is the general well-being of individuals and societies. Quality of Life is a one kind of product or outcome that can found by interplaying among social, health, financial and environmental conditions which affect human and social development.

2.5. Elderly care home services

The worldwide population is progressively ageing, as a result various physical, psychological environmental problems of old ages increasing day by day. It is essential to minimize this problem and ensure better quality of life. In the world there are many developed and developing countries. They have taken different steps for providing opportunity at elderly age group. There have many programs and services to support the healthy aging in different countries. Such as, rehabilitation for elder people has acquired an increasingly important profile for both service providers within health and social care agencies. This has increased interest in the use of alternative care environments, including care home environments .When an elder person cannot manage living in their own home, due to frailty, disability, dementia or a combination of these, alternative living arrangements need to be considered. In high-income countries, care-home placement is the main option for ongoing support, for example, in the UK, approximately 5% of people aged 65 and over, and 20% of people aged 85 and over, live in communal care establishments (Wiley and Sons, 2011).

Some countries provide residential care home services. Residential care is one of the long-term care services provided for elder people who cannot be adequately taken care of at home due to various health and social reasons. There are numerous forms of residential care services with an aim to meeting the diverse care needs of elder people in long-term care as well as different social welfare policies. For example, in the United States, nursing homes are provided for elder people who are physically frail

and dependent while assisted living facilities are provided for those elder people who have higher degree of physical dependence and self-care abilities. Generally quality of life in residential care home or old home may be determined by independency, individuality and autonomy of the older people. The quality of life of elder people at elderly care home also influenced by quality of residential care and facilities. Such as, environmental modification appears to be a way to get access to move independently and ensure safety from falling and other issues that focuses standard care facilities for improving the quality of life of residential care home for elders (Lee, 2009).

Many developed countries prefer housing for maintaining standard quality of life at elderly. Such as, In Western Europe it is usually a place or location where elder people spend much of their time. For example, in Germany, the Berlin Ageing Study shows that, between the ages of 70 and 103, 80 per cent of activities are carried out within a person's home. In Sweden elder people spend 80 to 85 per cent of the day at home. Sometimes it cannot ensure their safety and security for example in Italy, lack of basic housing security is a key factor in determining the QOL of elder people (Walker, 2005)

In the developed countries, there are a lot of elderly care services to support the elder people. These are old homes, day-care centers, residential care home, Nursing home, and elderly societies for elderly people. But in the developing countries these facilities are not available. In Bangladesh, majority of the elderly people are suffering from some basic problems, such as lack of sufficient income, employment opportunities, malnutrition, chronic diseases, absence of proper health care facilities and lack of adequate family support. Socioeconomic solvency and residence are important to minimize problems of elderly in our country. In Bangladesh some steps have already been taken by the government, NGOs, welfare societies. At present there are about 12,000 NGOs working in Bangladesh. A very few of them have programs that is directed towards elderly population and they have access to Micro-credit and low interest loans from NGOs and Government programs along with other financial opportunities (Barkat *et al.* 2003). The government of Bangladesh is also taking various steps to solve these problems such as-make a national policy for elderly people. Very recently Government has set up six aged homes (Santi Nibas) in six divisions for rendering shelter, lifelong health care, Medicare and recreational services for the aged people. In parallel with government programs, some non-

government organizations are working for the welfare of our senior citizen. Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM) is the pioneer national organization that takes a comprehensive care services including residential and health care facilities for the welfare of the elderly people in Bangladesh. Retired officers Welfare Association (Dhaka), Retired Police Officers Welfare Association (Dhaka), Rehabilitation Center for Aged and Child, Service Center for Elderly People (Rajshahi), Elderly Development Initiative (Manikganj), Senakalyan Sangstha are also undertaking some programs towards the elderly people in Bangladesh. There also some private organizations are providing the accommodation facility for elderly people. The elderly care homes provide population shelter, Health care, foods, Entertainment and clothes for the residents living there but all these existing services are unable to meet the demands of large number of aged people in Bangladesh for some constraints and limitations. Such as, elderly people mostly suffer from various complicated physical diseases and the number is increasing day to day but they cannot get proper and adequate services. There are some private institutions that are working for elder people are most often proprietary that is run for profit, they hold high amount of service charge that make the people far from these institutions. These institutions also experience the shortage of skilled manpower to care for the aged. Professional knowledge is mostly unavailable among them (Hossain, Akhter and Uddin, 2006). On the other hand there are some non-profit organization that working for elderly but they cannot provide services accurately according to the demands of elderly people. These organizations think that only shelter, foods, and cloth can meet their needs. They have not award about other health care services that work at elderly issue. There are many needy elderly people of rural area in Bangladesh who cannot meet their basic needs are motivated to live these elderly care home although, there have no enough service facility to change their life quality.

CHAPTER 3 METHODOLOGY

This section outlines the method of the study designed by the Researcher to meet the study aims and objectives. The aim was to find out the quality of life among elder people at elderly care home which vary according to age, sex, marital status, educational level, living area, previous occupation, present physical status, social connection, economical condition and present income source. To fulfill the quarries of Researcher in this issues methodology is a path way to reach the aim.

3.1. Study design

The non-experimental quantitative research with the design of cross-sectional study was selected to conduct the research because quantitative methods are appropriate for this study as the issue is known about and is relatively simple and clear-cut and takes up little time to conduct (Levin, 2006). Also cross sectional study design is used when the purpose of the study is descriptive, often in the form of a survey. The aim is to describe a population or a subgroup within the population with respect to an outcome and a set of risk factors. Otherwise, cross-sectional study provides a “snapshot” of the outcome and the characteristics associated with it, at a specific point in time. This study also called prevalence study and provide information about existing situation” (Levin, 2006). It is wanted to know the quality of life of elder people at elderly care home in the study. The aim is to describe a population or subgroup within the population based on overall quality of life that is established in the context of physical, psychological, social, financial and environmental. It also give some information about outcome of elderly care home services. Data can also be collected on individual characteristics. The objective of the study has demanded the association between demographic factors and quality of life for this reason cross sectional study is the best way to find out the relation between those. In this way cross-sectional studies provide a ‘snapshot’ of the outcome and the characteristics associated with it, at a specific point in time as well as measurement occurs at a single point in time or over a short period of time that helps to investigate to find out quality of life of elder people at elderly care home. Also it is very quick and easy to gather information from a large group of population. In this cross-sectional study, less resource is needed because there is no follow-up. Otherwise as an academic research following this study was cost effective.

3.2. Study settings

This study was conducted at two old homes. Those are TMSS-Masuda Probin Nibash and Suberta trust. TMSS- Masuda Probin Nibash situated about 4 km North from Bogra district beside the Rangpur road in Bangladesh. It is a Non-Government and non-profitable organization. This old home is directed under the Religious Complex of TMSS (Thangamara Mohila Shabuz Shanngho). There are about 80(Male 20 and female 60) elderly people caring under the care home. There have some rules and regulation of this old home e.g. 60 to 60+ years older people who are physically and mentally healthy are allow to admit and cost of food, cloth, Accommodation, treatment at this old home are full free for those elder people. The building of the old home has 4 floors. There have separate floors for male and female elder people. Suberta trust old home is situated at Bank town, Saver, Dhaka. It is also a non-government organization. About 20 elderly people both male and female live under the care home. Elderly people have to bear their cost of this old home.

3.3. Participants of the study

Sample has taken from elderly care home of Bogra and Dhaka district in Bangladesh. Investigator was convinced about 60 participants who live in elderly care home. Both male and female (1:2 male: female) participant were selected from elderly care home.

3.4. Inclusion criteria

- Elder people age of 60 to 60 up because in the context of Bangladesh people who have 60 years and above is considered as elderly people (Rahman, 2011).
- Elder people who are caring under the selected elderly care home because study aim was to know quality of life among elderly people who live in elderly care home.

3.5. Exclusion criteria

- The elderly people at elderly care homes who have been any recent diagnosed mental and severe physical illness that will hamper the ability of the participant to communicate with the researcher in the time of data collection.

3.6. Participants' selection procedure

The convenient sampling procedure is used throughout the process of participant's selection (Crossman, 2014). Participants for this study were selected conveniently from two elderly care homes. Convenient sampling is a process in which a sample is drawn from the subjects conveniently available (Bailey, 1997). Convenient sampling can be used in the study because of mostly easier, cheaper and quickly and also it might be used for considering the financial or temporal reasons (Bailey, 1997). A convenience sample is simply one in which the researcher uses any subjects that are available to participate in the research study (Crossman, 2014). It always gets from clients interest in conducting a survey. The Researcher selected the elder people as a participant from elderly care home. For this group, 60 participants were selected as sample group from the selected area.

3.7. Data Collection instrument

- Structured questionnaire by using Older People's Quality of Life Questionnaire (OPQOL-35)
- Paper, pen, pencil, and writing board.
- Consent form.

3.8. Data collection procedure

During data collection investigators have taken permission from the participants. A form was developed based on inclusion and a written consent form was used for each participant. Data was collected by using a structured Questionnaire. Questionnaire was close ended that is "Older People's Quality of Life Questionnaire (OPQOL-35)" used to know the quality of life of elder people at elderly care home. It helps to reflect the participants actual opinion and time was fixed. A short translated Bengali demographic questionnaire was used to identify demographic characteristics of elder people. The face to face interview provide opportunity to observed the facial expression that was help the investigator to determine whether the participant understand the questions or not. Data was collected within 25-30 minutes from each participant.

3.9.1. Dependent variable

Quality of life is measured by standard questionnaire OPQOL-35. The questionnaire has 5 point scored strongly agree to strongly disagree (1-5). This scale is scoring by reverse scoring of positive worded item. Finally total score determine the whole quality of life for every data which is worked as a dependent variable for association with demographic factor.

3.9.2. Independent variable

In this study, researcher used ten variables. These are Age, sex, previous occupation, educational status, living area, marital status, present physical status, social connection, economic difficulties, and present income source. These categories will act as independent variables.

3.10. Field test

The aim of field test was to test the effectiveness of the interviewing techniques and materials. In order to accomplish this aims of field test and administration of the interview guideline of elder people quality of life scoring form to measure the quality of life and information checklist was used before the actual data collection. Field testing has performed with 3 elderly people who met the inclusion criteria. These 3 elderly persons who were participate in this field test they were not selected in the main study.

3.11. Data analysis

Data entry and analysis was done by using the Statistical Package for Social Science (SPSS), version 17. Information was collected and gathered for data analysis. Firstly, every variables of the questionnaire has defined in the means of variables name, type, width, decimals, label, values, missing, and column, align and measure in variable view of SPSS spread sheet. Then it is ready to input raw data in the data view of spread sheet. After that the data of every participant has inputted in data view and checked for missing values. The investigator used frequencies in SPSS for finding the percentage of socio-demographic factors and whole quality of life level according to older people quality of life questionnaire by reverse scoring of positively worded item. The extended chi-square (X^2) test was used to find out the relationship of quality of life with demographic factor of the elderly people at care home. Descriptive

statistic was used to find out the relation between quality of life with age, sex, marital status, educational level, social support and contact, economical condition etc.

3.12. Ethical Consideration

The researcher was fully aware about the ethical issues. The researcher got permission from the authority of elderly care home to conduct the research. Written consent was gained from the study participant. All participants were informed about the aim of the study. Confidentiality of personal information has strictly maintained. The researcher was available to answer any study related questions or inquiries from the participants. Participants were right to withdraw from this study at any time.

CHAPTER 4 RESULT

4.1. Socio demographic characteristics of older people at elderly care home

Demographic data of older people at elderly care home are listed in table 1. Table 1 shows that among 60 participants about 38.3% (n=23) are 65-69 age group, 20.0% (n=12) are 70-74, 25.0% (n=15) are >75 age group and about 16.7% (n=10) are 60-64 years age group. In this study male and female ratio was 1:2 (Male: Female). Among them 33.3% (n=20) were male and 66.7 % (n=40) were female.

Table 1: Socio-demographic Characteristics of the Respondents

Characteristics	Number of participant (N)	Percentage (%)
Age (years)		
60-64	10	16.7%
65-69	23	38.3%
70-74	12	20.0%
>75	15	25.0%
Sex		
Male	20	33.3%
Female	40	66.7%
Educational level		
Illiterate	33	55.0%
<primary/signature	21	35.0%
Primary completed	3	5.0%
Graduation	3	5.0%
Previous occupation		
House wife	37	61.7%
Service holder	4	6.7%
Day laborer	16	26.7%
Others	3	5.0%
Living area		
Urban	8	13.3%
Semi urban	5	8.3%
Rural	47	78.3%
Present physical status(if have any diseases)		
Yes	34	56.7%
No	26	43.3%
Social connection		
Have	45	75.0%
Have not	15	25.0%

Marital status		
Married	27	45.0%
Widow/widower	30	50.0%
Divorced	3	5.0%
Economic difficulties		
Have	54	90.0%
Have not	6	10.0%
Present income source		
Have	8	13.3%
Have not	52	86.7%

In case of educational status of the participant, it is found about 55.0% (n=33) are illiterate, only 35.0% (n=21) participant are under primary level or can sign, 5.0% (n=3) completed primary education and 5.0% (n=3) are graduated.

It shows that the previous occupations among the participants were housewife 61.7% (n=37), service holder 6.7% (n=4), day laborer 26.7% (n=16), others profession 5.0% (n=3).

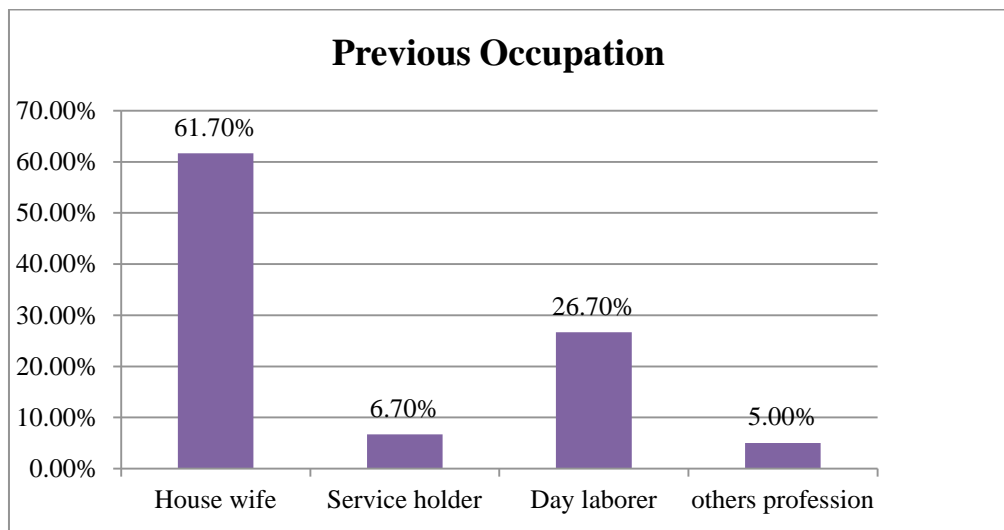


Figure 4.1: Previous Occupation of older people

It is evident from the table 1 most of the Participant 78.3% (n=47) were in rural area, 8.3% (n=5) were in semi-rural area and 13.3% (n=8) came from urban area.

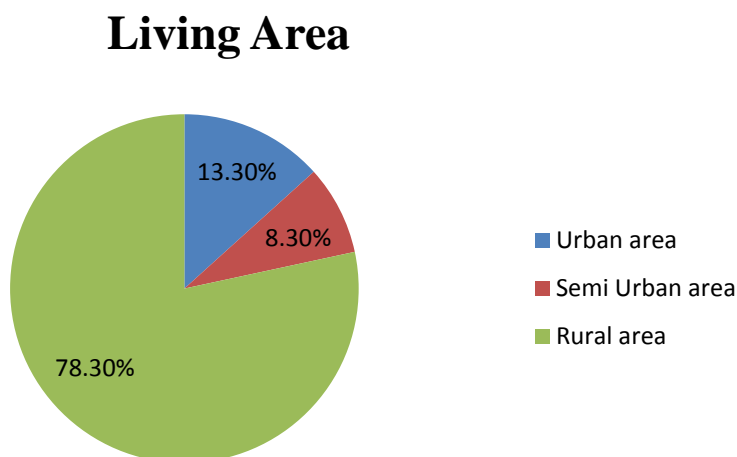


Figure 4.2: Living area of older people

In this study about 50.0 % (n=30) participants were widow/ widower, 5.0 % (n=3) were divorce, and 45.0% (n=27) were married.

There are about 43.3 % (n=26) participants had no any diseases and most of the participants 56.7 % (n=34) were suffered from various diseases.

In this study participant about 75.0% (n=45) has connection with family and society and 25.0% (n=15) have no contact with family and society.

Table 1 show that 90% (n=54) participants have economic difficulties and 10% (n=6) have no difficulties. It also shows that 86.7% (n=52) participants have no any income source and 13.3% (n=8) among the participant have income source.

Table 2: Quality of life as a whole

Score	Number of participant	Percentage (%)
Very bad (1-99)	11	18.3%
Bad (100-119)	24	40.0%
Moderate (120-139)	23	38.3%
Good (140-159)	2	3.3%

By assessing the elder people Quality of life questionnaire every data was scored and find out the whole quality of life that is showed in table 2. As most of the participant leads bad quality of life 40.0% (n=24), very bad 18.3% (n=11), moderate 38.3% (n=23) and only 3.3% (n=2) lead good quality of life. Most of the participant's quality of life score was (100-119) that identified bad. There were more participants who scored was (120-139) that identified moderate QOL and very little participant whose QOL score was (1-99) that identified very bad. There were 2 participants who scored was (140-159). The total score was coded by manually by following reverse scoring of positively worded item of the questionnaire.

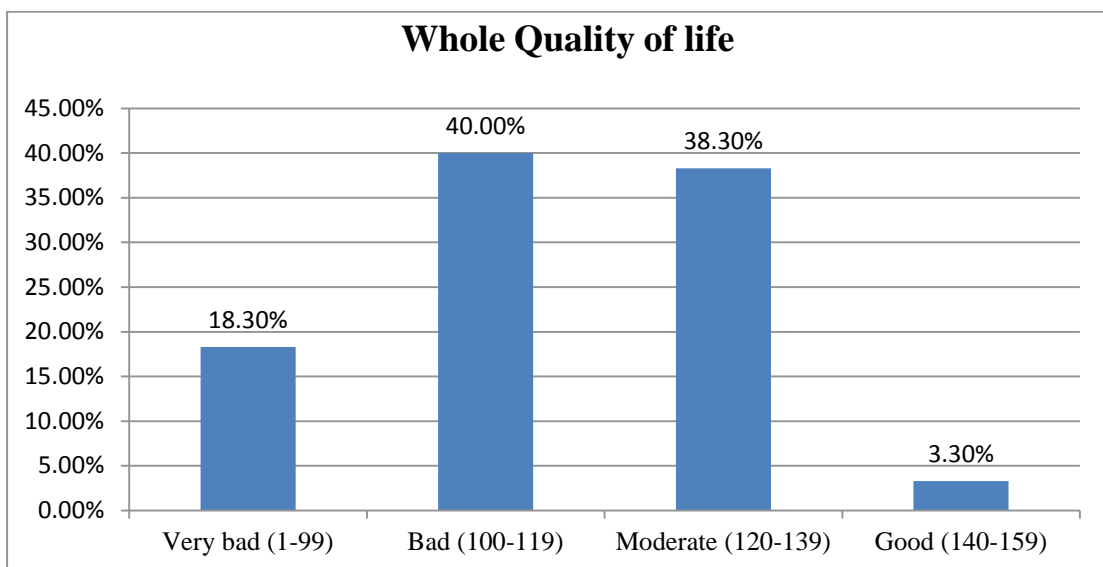


Figure 4.3: Older people quality of life as a whole

Table 3: Association between socio- demographic factor and quality of life

Socio-demographic factor	Quality of life as a whole				Chi ² Value	p-value
	Very bad (1-99)	Bad (100-119)	Moderate (120-139)	Good (140-159)		
Age						
60-64	0%	6.7%	10.0%	0%	21.151	.012
65-69	1.7%	18.3%	15.0%	3.3%		
70-74	3.3%	8.3%	8.3%	0%		
>75	13.3%	6.7%	5.0%	0%		
Sex						
Male	10.0%	10.0%	13.3%	0%	3.999	.262
Female	8.3%	30.0%	25.0%	3.3%		

Educational level						
Illiterate	11.7%	20.0%	21.7%	1.7%		
primary/signature	5.0%	15.0%	13.3%	1.7%		
Primary completed	0%	5.0%	0%	0%	8.777	.722
Graduation	1.7%	0%	3.4%	0%		
Previous occupation						
House wife	8.3%	28.3%	21.7%	3.3%		
Service holder	0%	0%	6.7%	0%	12.256	.199
Day laborer	8.3%	8.3%	10.0%	0%		
others	1.7%	3.3%	0%	0%		
Living area						
Urban	3.3%	3.3%	6.7%	0%		
Semi urban	0%	3.3%	5.0%	0%	3.330	.766
Rural	15.0%	33.3%	26.7%	3.3%		
Present physical status(if have any diseases)						
Yes	18.3%	21.7%	16.7%	0%	12.717	.005
No	0%	18.3%	21.7%	3.3%		
Marital status						
Married	0%	15.0%	26.7%	3.3%		
Widow/widower	18.3%	21.7%	10.0%	0%	20.095	.003
divorced	0%	3.3%	1.7%	0%		
Social connection						
Have	11.7%	26.7%	33.3%	3.3%	4.067	.254
Have not	6.7%	13.3%	5.0%	0%		
Economic difficulties						
Have	15.0%	40.0%	31.7%	3.3%	5.103	.164
Have not	3.3%	0%	6.7%	0%		
Present income source						
Have	3.3%	0%	8.3%	1.7%	7.649	.054
Have not	15.0%	40.0%	30.0%	1.7%		

4.2: Association between quality of life and demographic factor of older people at elderly care home

Table 3 shows that quality of life level is categorized and shows the association with demographic factor. It shows that most 10.0% participant of (60-64) age group lead moderate QOL. Most 18.3% participant of (65-69) age group leads bad QOL. Most 8.3% of (70-74) age group lead moderate and 8.3% bad QOL. The most 13.3%

participants of >75 years lead very bad QOL. That means it showed that negative association of age and QOL that by increasing the age QOL is decreased. Two variables have a positive association when the values of one variable tend to increase as the values of the other variable increase. On the other hand, two variables have a negative association when the values of one variable tend to decrease as the values of the other variable increases. The p value is 012 that is <0.05. It proves that strong association between age and QOL.

According to gender among the female, 30% participants lead bad QOL, 25% moderate, 8.3% very bad and 3.3% were good Where among the male 10% very bad, 10% bad, and 13.3% moderate QOL . It showed that QOL of female participant is bad than male and QOL is very bad of male participant than female. There is no strong association between gender and QOL in this study.

Most of the participants in the study are illiterate. Among them 11.7% are very bad, 20% bad, 21.7% are moderate, 1.7% are good QOL. The participant who are less than primary educated or can sign among them 5% are very bad, 15% bad, 13.3% moderate, 1.7% good QOL. The participants who are primary completed 5% are bad QOL. The participants who are graduated among them 1.7% are very bad and 3.4% are moderate.

In previous occupation the participants who were house wife among them 8.3% are very bad, 28.3% are bad, 21.7% are moderate, and 3.3% are good. The participants who were service holder 6.7% are moderate QOL. The participants who were day laborers among 8.3% are very bad, 8.35 are bad, 10 % are moderate and among others occupation 1.7% are very bad, 3.3% are bad QOL. It shows that the participants who were service holder lead better QOL than house wife, day laborer, and others occupation.

Most of the participant came from in rural area. Among them 15% lead vary bad, 33.3% bad, 26.7% moderate, 3.3% good. Who were came from urban among them 3.3% are very bad, 3.3% are bad, 6.7% are moderate QOL and who were in semi urban among 3.3% bad , 5% are moderate QOL.

According to physical status the participant who have no physical illness among them 18.3% are bad QOL, 21.7% are moderate QOL, 3.3% are good QOL. The participant

with physical illness among them 18.3% are very bad QOL, 21.7% are bad, 16.7% moderate QOL. It shows that who suffer from various diseases lead bad QOL than who have no any disease. The p value is $0.005 < 0.05$. It shows significant association between health and QOL.

According to marital status the participant who are married among them 15% are bad QOL, 26.7% are moderate, 3.3% are good. The participants who are widow/widower among them 18.3% are very bad QOL, 21.7% are bad QOL, and 10% are moderate QOL. The participant who are divorced among them 3.3% bad QOL and 1.7% are moderate QOL. The p value is $0.003 < 0.05$ that shows strong association between marital status and QOL.

The participants who have connection with family and society among them 11.7 % are very bad QOL, 26.7% are bad, 33.3% are moderate and 3.3% are good QOL. The participants who have no connection with family and society among them 6.7% are very bad QOL, 13.3% are bad QOL and 5% are moderate QOL.

According to economic difficulties the participant who have economical problem among them 15% lead very bad QOL, 40% bad QOL, 31.7% moderate QOL, 3.3% good QOL and who have no problem among them 3.3% very bad and 6.7% moderate QOL and p value $0.164 > 0.05$. The participants who have no present income source among them 15% very bad QOL, 40% bad QOL, 30% moderate QOL, 1.7% good QOL and who have present income source among them 3.3% very bad QOL, 8.3% moderate QOL and 1.7% are good QOL. The p value is $0.054 < 0.05$. It shows strong association.

CHAPTER 5 DISCUSSION

Quality of life assessment is a key indicator of successful ageing, and it works as a monitored for measuring the effectiveness of social policies, welfare programmed, and health care. For this reason, quality of life is increasingly assessed in population surveys of elder people, and findings have been encouraging (McGee *et al.* nd). In this study, it is showed that most of the elder people at elderly care home, 40.0% among the all participant scored bad quality of life, 18.3% scored very bad, 38.3% scored moderate quality of life, very little 3.3% scored good quality of life. It suggests that most of the elder people lead bad quality of life at elderly care home. In 2011, a study on measuring quality of life of elder people by the same questionnaire (OPQOL) survey on British sample, elderly follow-up sample and the Ethnibus sample in the community. The study reported that 36% of the British sample scored higher quality of life, about 12% of the elder follow-up sample scored higher QOL , and only 2% of the Ethnibus sample Scored poor or bad QOL than other respondents, Similarly by using CASPE-19(Control, Autonomy, Self-realization, pleasure) and WHOQOL-old scale on ethnically diverse elder population. They respond worse quality of life (International Longevity Centre, 2011).

Another study An England on elder quality of life by follow up survey among 80 participant showed that most 35 rated their overall QOL as so good while 28 rated it as good 10 as moderate and 7 as bad QOL but it could not be worse (Gabriel and bowling, 2004). Following these study Researcher found that most of the participant responds good QOL, Some are moderate and very few of the participant responds bad QOL, although they were community living elder people but in the study among elderly people of old home researcher found most 40% bad QOL. According to bowling very bad or bad could not be worse. In the study bad may be result of geographical contexts, care home environment over all demographic factors.

Many factors influence the quality of life of elder people. A study on elder people in rural Tanzania reported that Aging process has significant impacts on quality of life. Poor quality of life and well-being, and poor health status in elder people are significantly associated with marital status, age, sex, social contact and level of education (Mwanyangala *et al.* 2010).

In this study it is found that most of the elderly people at old home were 65-69 and 75+ year's age group and also found that QOL is bad to very bad of this age group than others group. A study said that, Aging is perceived to decrease quality of life. The elder age groups (65–74 and 75+ years) suffer from longstanding illness and lack of support with limitations in everyday activities. When in 65–74 years elder people have no contacts with children and family significantly reduced quality of life in this group only.

The impact of age on quality of life was seen only in the people 75 or up to this year. It also found that improvement in quality of life from 50 to 65 years old possible when they treated properly but it is only beyond 85 years. Otherwise up to these years of age quality of life starts to decline (Netuveli *et al.* 2006). In this study Researcher found that who are age of 65-75 or up to 75 years lead very bad QOL that is similar to other studies. It suggests that according to increasing age QOL is decreasing that focus the negative association.

Sex is a factor for determining quality of life. In this study male and female ratio is 1:2(male: female). There are more female live in elderly care home than male. It found that QOL of female participants is poor than male. A study on quality of life at elderly people in Iran showed that male lead better quality of life than female from the perspective of functional capacity, perceived health, good housing conditions, an active life style, economical status, and good social relationships (Nejati *et al.* 2008).

Another study said, women had significantly higher quality of life than men it might be because of the longer life expectancy of women (Netuveli *et al.* 2006). There is no significant association between sex and QOL in this study. Female are more neglected in our society. As they cannot meet their basic need for poor economic status. In this situation they search for non-paid elderly care home. As a result female are more at elderly care home and due to poor economic status, poor health condition, and poor social connection female are living in more vulnerable situation at elderly care home that affect their QOL badly.

Marital status also plays an important role for determining the QOL of the elderly population. In this study it is showed that widow and widower elder people are more live in elderly care home than married and divorced. It is also found that elder people who are widow or widower lead bad quality of life than married. A study said that the

elderly with having the life partner are able to share their mental agony and can have passed the better more enjoyable and better QOL. They showed a significance relationship between the marital status and QOL. They found that married participants had a higher score of QOL than the single, divorced, widows and widowers (Khan *et al.* 2014). Similarly in this study, it is found that QOL is poor of widow and widower than married. In Bangladesh there are more female without spouse. As male are only earning member in our country and also a support for a female in conjugal life. But it becomes measurable for a woman when spouse is died. Socioeconomic problem is more common in this time also they have no any scope to sharing their emotion and feelings. In this situation they motivated to elderly care home and here they lead bad quality of life than other groups. It is due to more female elderly without spouse.

In this study, it is showed that house wife, and day laborers are high in percentage in non-paid old home because of economic difficulties. Old age is a critical stage of an individual life. The participants who are house wife and day laborer due to physical limitation, lack of economical source they are burden in their family. In this situation they search a shelter that is non-paid. In this old home they can get all facility of basic needs but they feel needs to social support or social contact.

In the study shows that elder people who have social contact lead better quality of life than who have no connection with family and society. It is about 75% elder people at elderly care home have contact with society or family and 25% have no connection with family and society. But in the study there was no strong association between Social connection and QOL.

A study found among people aged 65 and over in the USA that lower social support was an important reason for decreased life satisfaction that determines poor quality of life of these people. (Hellstro, Perssong & Hallberg, 2004). A study said that, the quality of life was improved by trusting relationships with family, friends, and frequent contacts with friends, living in good neighborhoods or greater frequency of contacts with friends significantly raised quality of life. (Netuveli *et al.*2006). Another study said that, Regular face-to-face contact with families such as their children, spouse or other relatives helps to maintain a good quality of life (Gabriel and bowling, 2004).

Comparatively who are illiterate and less than primary educated had lower scored of QOL in this study. There is no significant association between educational level and QOL in this study. Another study said that People with no educational qualifications had significantly lower score of QOL than those with some qualification (Netuveli *et al.* 2006). Educated people are more aware about their health, living condition as well as their life style is comparatively better than illiterate person. But in this study most of participants are illiterate at these elderly care home.

In this study most of the participant came from rural area. Rahman (2011) stated that, due to urbanization join family is decreasing day by day. Reduction of the family size is the most significant reason for decreasing the support of the elderly people. Elder people who come from rural area lead poor quality of life in old home than urban and semi urban. But there have no significant association between QOL and living area in this study.

Most of the elderly people in old home have economic difficulties, mostly who are in non-paid elderly care home. Among all participants about 90% have economic difficulties, and only 10% have no economic difficulties. Most of the times economic difficulties depend on present income source of the elderly persons who have any present income source have no economic difficulties. It is strongly associated with quality of life. In this study most of the elderly people at care home have no present income source. The elder people who have an income source and no financial difficulties lead better QOL than others.

A study said that, Economical solvency proved to have a positive impact on the QOL of the elderly population. Elderly with more financial solvency are able to more expense for their treatment and recreational facilities and enjoy the better life (Khan *et al.* 2014). The elder people who have no income source suffer from financial crisis. They cannot buy their essential needs due to economic difficulties. Sometime care home cannot fulfill their needs according to their demands. As a result they think they have no ability to buy things that they like. It is one kind of dependents that emphasis the poor quality of life.

Health is a key determinant for quality of life. It is significantly associated with quality of life. In this study the elder person who has no any diseases and present physical status is good leading better QOL than who have suffer from various

physical illness. The p value is .005 that is strongly associated with quality of life. UN (2011) stated that, People who living in developing countries not only have lower life expectancies than those in developed countries, but also live a greater proportion of their lives in poor health. For all age groups, levels of moderate and severe impairment are higher in low- and middle-income countries than in high-income countries. A study on health related quality of life at elderly said that Health and quality of life (QOL) are inter-linked. Most elderly persons in the rural area, as most of them had a poor family background and lived in poverty, they continued working as long as they can for the need to generate money to support their family. Continuous long hours of work of long period of their life effect on the health status. It causes physical and psychological distress that associated with decline in the HRQOL of elderly (Joshi, Avasthi and Kumar, 2003).

Following these result in the perspective of elderly care home in Bangladesh, quality of life of elder people are poor. It is due to increasing more elderly people at care home without spouse, lack of many service facilities, poor contact with society, poor health status, and economical difficulties to meet their needs.

Limitation of the Study

The study sample was collected only from two elderly cares homes in Dhaka and Bogra district. The study sample was few, about 60 that cannot generalize the all elder people quality of life at elderly care home. It affects the result of the study. Most of the elder people were not interested to give actual information because of their ego problem that was very challenging to the investigator to collect data.

This was an undergraduate study. So time was very limited to collect data from huge number of population at elderly care home from different districts in Bangladesh. Also it would be richer if the researcher could include others elder homes. As it was a new area of research in Bangladesh, so it was hard for researcher to include whole country. There are no available studies about quality of life at elderly care home in Bangladesh. There have some studies about geriatric mental health and activities of daily living. It was difficult to discuss the finding in the context of Bangladesh. However researcher found literatures form different international primary sources.

CHAPTER 6 CONCLUSION

Quality of life is a big term that shows a person or a group of population position or life position in a country as well as in the world. It also determines the service quality and environment for life leading. From the perspective of Bangladesh old age is currently a big social issue. In new millennium, elder people find themselves rejected by family and community once they are unable to earn an income and cannot arrange the most basic requirements. Elderly people's feeling of isolation is reflected in a sense of insecurity, exposure and lack of protection. In this situation they select a shelter where they want to spend their last period of life happily. But it is a real situation that (QOL) in these old care settings is hampered by different factors such as service lacking, poor access of information with other old care setting within the country and abroad.

For ensuring physical and mental wellbeing and over all healthy life of elderly people in community and elderly care homes, Quality of life assessment is necessary to ensure the effective treatment of elderly people at old homes. The government of Bangladesh should take policy to ensure treatment facilities, economical solvency as well as other opportunity to elder people. The government, NGOs and others private hospital should provide available service not only medication, but also therapeutic treatment, psychological support, and have to be well known about this service, such as occupational therapy, physiotherapy and speech and language therapy.

The NGOs (Bangladesh Association for the Aged and institute of Geriatric Medicine, Resource integration center, Service center for elderly people , Bangladesh Retired Government Employees Welfare Association and others) Who are working for the elderly people they should encourage and provide support for the keeping up the sustainability and strengthening of family and community-based care for the elderly, paying special attention to the needs of elders by starting Occupational therapy (OT) services are strongly recommended.

It is also necessary to educate elderly to view aging in a positive light, keep a sound health status, educated at all level on how to detail with old aged problems and how to live a satisfactory life and maintain a standard quality of life by starting various program. It is important to start the occupational therapy service in elderly care homes in Bangladesh. This study provides the information about the quality of life among

elderly people at old home. Future study should on specific service based that improves quality of life in both community and old care homes. Also recommend to extend the current study in old care homes of whole Bangladesh.

Everybody should be remembering that elderly populations are the asset of any nation. They have experience, wisdom and knowledge which can be used for the national reconstruction. It is the responsibility of everyone to take care of our national asset and utilized their experience. Elderly is a serious reality and last step of our life cycle. We become elder if we live long. If we elder, we want to live in peace and harmony. Let the nation come forward for the wellbeing of our respected senior citizen of Bangladesh.

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Appendix 1

Permission for conducting research

Permission letter

October 20-10-2014

To
 The Head of the Department
 Department of Occupational Therapy
 Bangladesh Health Professions Institute (BHPI)
 CRP-Chapain, Savar, Dhaka-1343

Subject: Prayer for seeking permission to conduct the research project.

Sir,

With due respect and humble submission to state that I am a 4th year student of B.Sc in occupational Therapy of Bangladesh Health Professions Institute, the academic institute of Centre for the Rehabilitation of the Paralyzed (CRP). I am sincerely seeking permission to conduct my research project as the partly fulfillment of the requirements of degree of B.Sc in Occupational Therapy. The title of my research is "Quality of life among older people at elderly care home in Bangladesh". The aim of the study is to know the quality of life among older people at elderly care home.

So, I therefore pray and hope that you would be kind enough to grant me the permission of conducting the research and will help me to complete a successful study as a part of my course.

You're obediently,

Shahanaz Sharmin

Shahanaz Sharmin
 4th year, B.Sc in occupational Therapy,
 Bangladesh Health Professions Institute (BHPI)
 CRP-Chapain, Savar, Dhaka-1343

Approved by	Signature and comment
Nazmun Nahar Assistant Professor and Head of the Department. Department of Occupational Therapy BHPI,CRP,Savar,Dhaka-1343	<i>As per supervisor's recommendation it may allow her to conduct this study. M.A.S.A</i>
Research supervisor Md. Yeasir Arafat Alve Lecturer in Occupational therapy Department of Occupational Therapy BHPI, CRP-Chapain ,Savar,Dhaka-1343	<i>According to some terms and condition, she has recommended to conduct study. Following the proposal.</i>

11A
 MD. YEASIR ARAFAT ALVE
 Lecturer in Occupational Therapy
 Dept. of Occupational Therapy
 BHPI . CRP Savar

Appendix 2

Permission for using Questionnaire

<https://us-mg6.mail.yahoo.com/neo/launch?.rand=7odi5rhoiao4p#550...>

Subject: RE: Request for giving permission to use your Old people Quality of Life Scale from Bangladesh
From: ILC UK (Events@ilcuk.org.uk)
To: alve_crp@yahoo.com;
Cc: claudio.bilotta@gmail.com;
Date: Wednesday, June 25, 2014 7:56 PM

Many thanks for your email – all the best for your research!

Kind regards,

Jessica

Jessica Watson | Policy and Communications Manager
International Longevity Centre – UK | 11 Tufton Street | Westminster | London | SW1P 3QB
Tel: +44 (0)20 7340 0440 | www.ilcuk.org.uk | www.twitter.com/ILCUK

To receive updates on ILC-UK publications and events click [here](#) and we will add your details to our mailing list.

Please consider the effect on the environment before printing this email

From: MD.Yeasir Arafat [mailto:alve_crp@yahoo.com]
Sent: 25 June 2014 14:43
To: ILC UK
Cc: claudio.bilotta@gmail.com
Subject: Re: Request for giving permission to use your Old people Quality of Life Scale from Bangladesh

Dear sir,

Thank you very much for your kind permission. I can not explain to you about my happiness. Really I am very happy and thankful to you for your great permission. You know that Bangladesh is a poor country and in Geriatric centre the situation of older people are really very hard to say. I know that this aspect will vary from culture to culture. I will use your scale with reference of you. Finally, I will share result with you about my study.

2/11/2015 1:10 PM

Thanks once again for your attention.

With regards,

Md. Yeasir Arafat Alve BSOT; MDM (cnt.)
Lecturer in Occupational Therapy
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Center for the Rehabilitation of the Paralysed (CRP)
CRP- Chapain, Savar, Dhaka- 1343.
Bangladesh
Ph Off: +88027745464-5 Ext:252; Cell:+8801732005766
Website: <http://www.crp-bangladesh.org/>
Linkedin: http://www.linkedin.com/profile/view?id=219227378&trk=nav_responsive_tab_profile

On Wednesday, June 25, 2014 6:08 PM, ILC UK <Events@ilcuk.org.uk> wrote:

Dear Mr Alve

Many thanks for your request. Please see the response below from Professor Ann Bowling – she is happy for you to use the measure as long as it is referenced in any written materials.
Thanks again.

Kind regards,

Jessica

Jessica Watson | Policy and Communications Manager
International Longevity Centre – UK | 11 Tufton Street | Westminster | London | SW1P 3QB
Tel: +44 (0)20 7340 0440 | www.ilcuk.org.uk | www.twitter.com/ILCUK

To receive updates on ILC-UK publications and events click [here](#) and we will add your details to our mailing list.

Please consider the effect on the environment before printing this email

From: Bowling A. [<mailto:A.Bowling@soton.ac.uk>]
Sent: 25 June 2014 12:33
To: ILC UK
Subject: RE: Request for giving permission to use your Old people Quality of Life Scale from Bangladesh

Dear Jessica

Thanks. Hope you are all well. - & re: the OPQOL (quality of life) they are very welcome to use it with referencing. Feel free to pass on this soton email.

2/11/2015 1:10 PM

BW Ann

From: MD.Yeasir Arafat [mailto:alve_crp@yahoo.com]

Sent: 23 June 2014 08:27

To: ILC UK; claudio.bilotta@gmail.com

Subject: Request for giving permission to use your Old people Quality of Life Scale from Bangladesh

Dear sir,

I am Alve from Bangladesh. I am assign for undergraduate students supervision. One of my student is interested to find out the older people quality of life in Older home/ Geriatric home in Bangladesh. She is interested to use your quality of life scale (for older people). I am in supervision for her. If you would give me a permission to use your scale then it will be delightful for me to go with the study in Bangladesh.

I am with for your kind replay. Thank you for your attention.

With regards,

Md. Yeasir Arafat Alve BSOT; MDM (cnt.)

Lecturer in Occupational Therapy

Department of Occupational Therapy

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LinkedIn: http://www.linkedin.com/profile/view?id=219227378&trk=nav_responsive_tab_profile

2/11/2015 1:10 PM

Appendix 3

Permission for data collection



বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)
(The Academic Institute of CRP)
CRP-Chapain, Savar, Dhaka, Tel: 7745464-5, 7741404, Fax: 7745069
BHPI-Mirpur Campus, Plot-A/5, Block-A, Section-14, Mirpur, Dhaka-1206. Tel: 8020178,8053662-3, Fax: 8053661

তারিখ : ২৯.১১.২০১৪

প্রতি
পরিচালক
টিএমএসএস মাসুদা প্রবীন নিবাস
টেরামারা, গোকুল, বগুড়া।

বিষয় : রিসার্চ প্রজেক্ট (dissertation) এর জন্য আপনার প্রতিষ্ঠান সফর প্রসঙ্গে।

জনাব,
আপনার সদয় অবগতির জন্য জানাচ্ছি যে, পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্রে-সিআরপি'র শিক্ষা প্রতিষ্ঠান বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই) ঢাকা বিশ্ববিদ্যালয় অনুমোদিত বিএসসি ইন অকুপেশনাল থেরাপি কোর্স পরিচালনা করে আসছে।

উক্ত কোর্সের ছাত্রছাত্রীদের কোর্স কারিকুলামের অংশ হিসাবে বিভিন্ন বিষয়ের উপর রিসার্চ ও কোর্সওয়ার্ক করা বাধ্যতামূলক।

বিএইচপিআই'র ৪র্থ বর্ষ বিএসসি ইন অকুপেশনাল থেরাপি কোর্সের ছাত্রী শাহনাজ শারমীন তার রিসার্চ সংক্রান্ত কাজের জন্য আগামী ১.১২.২০১৪ ইং তারিখ থেকে ৩০.১২.২০১৪ ইং তারিখ পর্যন্ত সময়ে আপনার প্রতিষ্ঠানে সফর করতে আগ্রহী।

তাই তাকে আপনার প্রতিষ্ঠান সফরে সার্বিক সহযোগীতা প্রদানের জন্য অনুরোধ করছি।

ধন্যবাদান্তে

Dr. MRC
01.12.2014

শেখ মনিরুজ্জামান
সহকারী অধ্যাপক ও বিভাগীয় প্রধান (ভারপ্রাপ্ত)
অকুপেশনাল থেরাপি বিভাগ
বিএইচপিআই।



বি.এ.
শাহনাজ
৩০/১২/১৪
সিআরপি'র
টিএমএসএস মাসুদা প্রবীন নিবাস
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M (TMPN)
- উক্ত অকুপেশনাল থেরাপি
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অকুপেশনাল থেরাপি বিভাগ
বিএইচপিআই।
MD-RC
শেখ মনিরুজ্জামান
সহকারী অধ্যাপক ও বিভাগীয় প্রধান
অকুপেশনাল থেরাপি বিভাগ
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শেখ মনিরুজ্জামান
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অকুপেশনাল থেরাপি বিভাগ
বিএইচপিআই।



বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
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তারিখ : ২৯.১১.২০১৪

প্রতি
পরিচালক
সুবর্তী প্রবীন নিবাস
ব্যাকং টাউন, সাভার, ঢাকা।

বিষয় : রিসার্চ প্রজেক্ট (dissertation) এর জন্য আপনার প্রতিষ্ঠান সফর প্রসঙ্গে।

জনাব,

আপনার সদয় অবগতির জন্য জানাচ্ছি যে, পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্রে-সিআরপি'র শিক্ষা প্রতিষ্ঠান বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই) ঢাকা বিশ্ববিদ্যালয় অনুমোদিত বিএসসি ইন অকুপেশনাল থেরাপি কোর্স পরিচালনা করে আসছে।

উক্ত কোর্সের ছাত্রছাত্রীদের কোর্স কারিকুলামের অংশ হিসাবে বিভিন্ন বিষয়ের উপর রিসার্চ ও কোর্সওয়ার্ক করা বাধ্যতামূলক।

বিএইচপিআই'র ৪র্থ বর্ষ বিএসসি ইন অকুপেশনাল থেরাপি কোর্সের ছাত্রী শাহনাজ শারমীন তার রিসার্চ সংক্রান্ত কাজের জন্য আগামী ১.১২.২০১৪ ইং তারিখ থেকে ৩০.১২.২০১৪ ইং তারিখ পর্যন্ত সময়ে আপনার প্রতিষ্ঠানে সফর করতে আগ্রহী।

তাই তাকে আপনার প্রতিষ্ঠান সফরে সার্বিক সহযোগিতা প্রদানের জন্য অনুরোধ করছি।

ধন্যবাদান্তে

Dr. M. R. H.
29/11/2014

শেখ মনিরুজ্জামান
সহকারী অধ্যাপক ও বিভাগীয় প্রধান (ভারপ্রাপ্ত)
অকুপেশনাল থেরাপি বিভাগ
বিএইচপিআই।

স্বাক্ষরিত
৩০/১১/২০১৪
SECRETARY GENERAL
SUBARTA TRUST

Appendix 4

English Demographic Questionnaire

Title: To know the quality of life among older people at elderly care home in Bangladesh.

Data collection instrument: Questionnaire

ID NO:

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Date of Interview

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Name of Interviewer:

Name of Respondent:

:

Contact number:

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Place of Data collection:

o	
1	

Address:

Vill:		P.O	
P.S		Dist	

Part-A (Socio-demographic questions)

Serial No.	Question	Coding category
1 .	What is your current age?	0 = 60-64 years 1 = 65-69 years 2 = 70-74 years 3 = \geq 75 years.
2.	Sex	0 =Male 1 =Female
3.	What is your Marital status?	0 = Married 1 = Never married 2 = Widow 3= Divorced
4.	What is your educational qualification?	0 = No formal schooling. 1 = signature/ less than primary. 2 = primary completed. 3 = High school. 4 = S.S.C completed. 5 =H.S.C completed. 6 = \geq Graduation.
5.	What is your religion?	0 = Muslim 1 =Hindu 2 = Christian 3 =Buddhist. 4= others
6.	What was your previous Occupation? (If you have any present income source)Yes/No	0 = Housewife 1 =Service holder 2 =Day laborer 3 =Business 4 =others
7.	Have you any economic difficulties? (Yes/ NO) if its positive asked for how much.	0 = Little 1 = moderate 2 = Very much/Extreme
8.	Where you spent most of the time in your life?	0 =Urban 1 =semi urban area 2 = Rural area
9.	Have you any contact or support from family/society? (Yes/ NO) if its positive asked for what kind of support by whom?	0 = financial support by spouse/Child/ Sibling 1 = others material support(food, cloth) from family 2 = Support from others(relatives, neighbor)
10	Do you live with spouse in this old home? Yes/No. if positive asks for how this arranged.	0 = live with spouse in a single room 1 = live in separated room
11.	Do you suffer from any physical illness?(yes/no) If it's positive asked for which type of illness	0= Physical 1= Mental

Appendix 5
Bengali Questionnaire

শিরোনাম – বাংলাদেশে বৃদ্ধাশ্রমে বৃদ্ধ লোকদের জীবনযাত্রার মান সম্পর্কিত জিজ্ঞাসাবাদ।

তথ্য সংগ্রহের উপকরণ - প্রশ্নপত্র

সনাক্তকরণ নং

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তারিখ

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সাক্ষাৎকার গ্রাহকের নাম :

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উত্তরদাতার নাম :

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মোবাইলনং

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তথ্য সংগ্রহের স্থান:

০	
১	

ঠিকানা :

গ্রাম		পোস্টঅফিস	
থানা		জেলা	

পর্ব - ক (আর্থসামাজিক সম্পর্কিত প্রশ্ন)

ক্রমিকনং	প্রশ্ন	কোড
১.	আপনার বর্তমান বয়স	০ = ৬০-৬৪ বছর ১ = ৬৫-৬৯ বছর ২ = ৭০-৭৪ বছর ৩ = \geq ৭৫ বছর
২.	লিঙ্গ	০ = পুরুষ ১ = মহিলা
৩.	আপনার বৈবাহিক অবস্থা কি?	০ = বিবাহিত ১ = কখনোই বিয়ে করেনি ২ = বিধবা ৩ = বিবাহ বিচ্ছেদ
৪.	আপনার শিক্ষাগত যোগ্যতা কি?	০ = নিরক্ষর ১ = স্বাক্ষর/ প্রাথমিক বিদ্যালয়ের কম। ২ = প্রাথমিক বিদ্যালয়সম্পূর্ণ ৩ = মাধ্যমিক ৪ = এস,এস, সিসম্পূর্ণ ৫ = এইচ, এস,এস, সিসম্পূর্ণ ৬ = \geq স্নাতক
৫	আপনার ধর্ম কি?	০ = মুসলিম ১ = হিন্দু ২ = খ্রিস্টান ৩ = বুদ্ধ ৪ = অন্যান্য
৬	আপনার পেশা কি ছিল ? বর্তমানে আপনার কি কোন আয়ের উৎস আছে? হ্যাঁ/ না, হ্যাঁ হলে কি ধরনের ?	০ = গৃহিণী ১ = চাকুরীজীবী ২ = দিনমজুর ৩ = ব্যবসায়ী ৪ = অন্যান্য
৭	আপনার কি কোন আর্থিক সমস্যা আছে ? হ্যাঁ/ না, হ্যাঁ হলে কতটুকু ?	০ = কম ১ = মোটামুটি ২ = খুব বেশি।
৮	জীবনের বেশির ভাগ সময় আপনি কোথায় বাস করেছেন ?	০ = শহরাঞ্চলে ১ = মফস্বল এলাকায় ২ = গ্রামাঞ্চলে

৯	পরিবার / সমাজের সাথে যোগাযোগ এবং কোন সহযোগিতা কি আপনি পান? হ্যাঁ /না, হ্যাঁ হলে কি ধরনের সহযোগিতা কার কাছে থেকে?	০= আর্থিক সহযোগিতা স্বামী /স্ত্রীরদ্বারা, সন্তান/নাতি-নাত্নির দ্বারা। ১= পরিবার থেকে অন্যান্য জিনিস পত্রের সহযোগিতা (খাদ্য, পোশাকআশাক) ইত্যাদি। ২ = অন্যদের থেকে সহযোগিতা যেমন (আত্মীয়-সজন, পারাপ্রতিবেশি)
১০	স্বামী-স্ত্রীউভয়ই কি এইবৃদ্ধাশ্রমে বাস করেন? হ্যাঁ /না (হ্যাঁ হলে কিভাবে বসবাস করেন)?	০ = স্বামী-স্ত্রীএকই ঘরে বসবাস করেন। ১ = আলাদাঘরে বসবাস করেন।
১১	আপনিকি কোন অসুস্থতাই ভুগছেন? হ্যাঁ /না (হ্যাঁহলে কি ধরনের রোগ, বা রোগের নাম)	০ = শারীরিক ১ = মানসিক

পর্ব – খ, বয়স্কমানুষের জীবনযাত্রার মান নির্ণয়ক প্রশ্নপত্র (OPQOL- 35)

আমরা এখন আপনাকে আপনার জীবনযাত্রার মান সম্পর্কিত প্রশ্ন করতে যাচ্ছি, দয়া করে প্রত্যেক সারির যেকোনো একটি ঘরে টিক চিহ্ন দিন। এখানে ভুল কিংবা শুদ্ধ বলে কিছু নেই। দয়া করে আপনার নিজের সাথে সম্পর্কিত সবচেয়ে উপযুক্ত উত্তরটি বেছে নিন।

১। আপনার জীবনের ভালো এবং খারাপ দিকগুলো বিবেচনা করে সার্বিকভাবে আপনার জীবনযাত্রা সম্পর্কিত আপনার মতামত বলুন সার্বিক ভাবে আপনার জীবনযাত্রার মানঃ

খুবভালো ভালো মোটামুটি খারাপ খুবখারাপ

২। অনুগ্রহপূর্বক, নিম্নলিখিত প্রশ্নঅনুযায়ী আপনার মতামত প্রদান করুন ; প্রত্যেক সারি থেকে একটি ঘরে টিক চিহ্ন দিন;

সার্বিকজীবনঃ	সম্পূর্ণ একমত	একমত	একমত অথবা দ্বিমত কোনটাই নয়	দ্বিমত	সম্পূর্ণ দ্বিমত
	(১)	(২)	(৩)	(৪)	(৫)
১। সার্বিকভাবে আমি আমার জীবন উপভোগ করি।					
২। বেশীর ভাগ সময়ই আমি খুশি থাকি।					
৩। আমি ভবিষ্যৎ কাজকর্মের প্রতি আগ্রহী।					
৪। আমার জীবন হতাশাগ্রস্ত।					
স্বাস্থ্যঃ					
৫। আমার যথেষ্ট পরিমাণ শারীরিক শক্তি আছে।					

৬। ব্যাখার কারণে আমি ভালো থাকতে পারিনা।					
৭। আমার স্বাস্থ্যের কারণে আমি নিজের অথবা পরিবারের প্রতি কোন খেয়াল রাখতে পারিনা।					
৮। বাহিরে চলাচলের জন্য আমি যথেষ্ট পরিমাণ স্বাস্থ্যবান।					
সামাজিকসম্পর্কঃ					
৯। প্রয়োজনের সময় আমারপরিবার, বন্ধুবান্ধব এবং পাড়া-প্রতিবেশিরা আমাকে সাহায্য করে।					
১০। আমি অন্যান্য মানুষের সাথে আরো বেশি যোগাযোগ আশা করি।					
১১। আমাকে ভালবাসার/ যত্ন করার মত একজন আছে।					
১২। আমি আমার জীবনকে উপভোগ করার জন্য আরো মানুষের সাথে মিশতে চাই।					
১৩। আমার সন্তানেরা আমার জন্য গুরুত্বপূর্ণ।					
স্বাধীনতা, জীবনেরপ্রতিনিয়ন্ত্রন, মুক্তজীবনঃ					
১৪। আমি স্বাধীনভাবে বাঁচার জন্য যথেষ্ট সুস্থ।					
১৫। আমি আমার নিজের কাজের প্রতি সন্তুষ্ট।					
১৬। জিনিসপত্রের অতিরিক্ত দাম আমার পেনশন কিংবা আয়ের সাথে তুলনামূলক ভাবে সমস্যা তৈরি করে।					
১৭। আমার নিজের গুরুত্বপূর্ণ ব্যাপারগুলোর প্রতি আমার যথেষ্ট নিয়ন্ত্রন আছে।					
বাড়িএবং প্রতিবেশিরাঃ					
১৮। আমার বসবাসেরস্থান আমার জন্য নিরাপদ।					
১৯। স্থানীয়দোকান এবং বিভিন্নসেবা ও সুবিধাগুলো সর্বোপরি ভালো।					
২০। আমি আমার বাড়িতে আনন্দে থাকি।					
২১। আমার প্রতিবেশিরা বন্ধুসুলভ।					
মনোসামাজিক এবং আবেগিকভাবে ভালো থাকাঃ					
২২। আমি সবকিছু সহজেই মেনে নিতে পারি এবং এর সর্বোচ্চ ব্যবহার করি।					
২৩। আমি অন্যান্য মানুষের চেয়ে তুলনামূলকভাবে সুখী।					
২৪। আমি ভালো দিকটি বিবেচনা করি সবসময়।					
২৫। শারীরিক অবস্থার কারণে যদি আমার সামাজিক/ অবসর যাপনে বাধার সৃষ্টি হয় তবে আমি এটি অন্য কোন সহযোগী উপায়ে তৈরি করে নেবো।					

আর্থিকঅবস্থাঃ					
২৬। আমার পরিবারে খরচ করার মত যথেষ্ট টাকা আছে।					
২৭। বাড়ির কোন প্রয়োজনীয় কাজে সাহায্য করার জন্য আমার কাছে যথেষ্ট পরিমাণটাকা আছে।					
২৮। আমি কোন কিছু কিনতে চাইলে তা কেনার মত যথেষ্ট সামর্থ্য আমার আছে।					
২৯। আমি যা উপভোগ করি তা কেনার সামর্থ্য আমার নাই।					
অবসরের কাজকর্ম;					
৩০। আমার সামাজিক অথবা অবসর সময়ের কাজকর্ম আছে যা করতে আমি পছন্দ করি।					
৩১। আমি সবসময় কাজের সাথে থাকতে পছন্দ করি।					
৩২। আমি জীবনের দরকারি কোন কাজ টাকার জন্য /টাকা ছাড়াই করি।					
৩৩। আমার অন্যদের প্রতি কিছু দায়িত্ব আছে যার কারণে আমার সামাজিক/অবসরের কাজে ব্যাধাত ঘটে।					
৩৪। জীবনযাত্রার মানের জন্য ধর্ম ,বিশ্বাস অথবা সাহিত্য খুবই গুরুত্ব পূর্ণ।					
৩৫। সামাজিক /ধর্মীয়অনুষ্ঠান আমার জীবনে গুরুত্বপূর্ণ।					

Appendix 6

Informed Consent for Participants in English

The researcher ----- is a student of 4th year B.Sc. in Occupational Therapy Department of Bangladesh Health Professions Institute (BHPI) want to conduct a research about “Quality of life among older people at elderly care home”. The aim is to know the quality of life among older people at elderly care home. Researcher will receive permission from participant to take part in the interview. Their information will not share with others. Participant of the study will not benefit or harm from this study. They are free to decline answering any question during interview. All the information that is collected from the interview would be kept safety and maintained confidentiality. Participants can withdraw from the study at any time.

In this study I am..... a participant and I have been clearly informed about the purpose of the study . I am willing to participant in this study and I will have the right to refuse in taking part any time at any stage of the study. For this reason I will not to be bounded to answer to anybody. The researcher will be available to answer any study related question or inquiry to the participant. So with my best knowledge I agree to participate willingly with my full satisfaction in this study.

Signature/Finger print of the Participant:

Date:

Signature of researcher:

Date:

Signature/Finger print of the witness:

Date:

Appendix 7

সম্মতি পত্র অংশগ্রহনকারীর জন্য

গবেষনাকারী.....হচ্ছে বাংলাদেশ হেলথপ্রফেশনাল ইনস্টিটিউট এর অধীনে, বি,এস,সি ইন অকুপেশনাল থেরাপী বিভাগের একজন ছাত্রী,গবেষনাকারী বৃদ্ধাশ্রমে বয়োবৃদ্ধ লোকদের জীবনযাত্রার মান নির্ণয়ন সম্পর্কিত একটি গবেষণা করতে ইচ্ছুক। গবেষনাকারীর উদ্দেশ্য হচ্ছে, যেসকল বয়স্কলোক বৃদ্ধাশ্রমে বাস করে তাদের জীবনযাত্রার মান কেমন তা নির্ণয়ন করা।পরস্পর সাক্ষাত এ অংশগ্রহন করার জন্য, গবেষনাকারী অংশ গ্রহন কারীর কাছে থেকে অনুমতি নিচ্ছে। আপনাদের তথ্যগুলো অন্য কারো সাথে আলোচনা করা হবে না। এই গবেষণার মাধ্যমে অংশগ্রহন কারীরা কোনধরনের লাভবান বা ক্ষতির সম্মুখীন হবেনা। সাক্ষাত এর মাধ্যমে যেসব তথ্য সংগ্রহ করা হবে সেগুলো খুব গোপনীয়তার সাথে রাখা হবে। অংশগ্রহন কারীরা যেকোন সময় এই গবেষণা ছেড়ে চলে যেতে পারবেন।

এই গবেষণায় আমিএকজন অংশগ্রহনকারী এবং এই গবেষণার উদ্দেশ্য সম্পর্কে খুব ভালোভাবে জানি। আমি নিজের আগ্রহে এই গবেষণায় অংশগ্রহন করতে চাই। যেকোন সময় এই গবেষণায় অংশগ্রহন করা থেকে চলে যাওয়ার অধিকার আমার আছে। এইজন্য আমি আমার উত্তর দিতে দ্বিধা গ্রহন নই।গবেষনাকারী গবেষণা সংক্রান্ত যেকোন প্রশ্নের উত্তর যেকোন সময় দিতে প্রস্তুত। সুতরাং আমি আমার সজ্ঞানে এই গবেষণায় অংশগ্রহন করতে ইচ্ছুক।

(যারা লেখা পড়া করতে পারে না, তাদের সামনেপড়ে শুনানো হবে)

অংশগ্রহনকারীর আঙ্গুলের ছাপ/নাম/সাক্ষর	তারিখ:
গবেষনাকারীর নাম/সাক্ষর	তারিখ:
অংশগ্রহনকারী সাক্ষীর আঙ্গুলের ছাপ/নাম/সাক্ষর	তারিখ: