

QUALITY OF LIFE AND PERCEIVED SOCIAL SUPPORT AMONG ELDERLY PEOPLE RESIDING IN RAWALPINDI DISTRICT: A MIXED METHOD STUDY

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ABSTRACT

Background: Pakistan is a rapidly aging country, Research on the relationship between quality of life and perceived social support among the elderly is crucial for understanding their well-being. This study assessed the quality of life and perceived social support of elderly individuals in families and old age homes, examined their association with sociodemographic factors, and explore their perceptions of these aspects.

Materials & Methods: A cross-sectional survey of 80 senior citizens meeting the inclusion criteria utilized the WHO Quality of Life (OLD), Multidimensional Scale of Perceived Social Support. In-depth interviews with 14 participants provided qualitative insights. Data were analyzed using SPSS version 25.0, and Thematic Analysis was employed for qualitative data. An independent sample t-test and Pearson's correlation analysis were used to determine associations.

Results: Elderly individuals living with family showed (64.63 ± 20.069) significantly stronger personal relationships and intimacy ($p = 0.00002$) compared to those in old age homes (37.08 ± 27.851). Social interaction ($p = 0.013$) and past, present, and future activities ($p = 0.001$) facets differed significantly, with no significant differences in sensory abilities, autonomy, or death-related aspects. Significant differences in perceived social support were found across domains, including family ($p < 0.001$), friends ($p < 0.001$), and significant others ($p < 0.001$), between elderly individuals living with family and those living in old age homes. The total transformed score for quality of life ($p = 0.003$) and perceived social support ($p < 0.001$) were also significantly higher among elderly living with families. Correlation analysis revealed significant relationships between education ($p < 0.01$), marital status ($p < 0.01$), living arrangements ($p < 0.01$), household income ($p < 0.01$), perceived social support ($p < 0.01$), and quality of life ($p < 0.05$).

Conclusion: This study found significant differences in WHOQOL-OLD scores between elderly living with families and those in old age homes. Living arrangements significantly influence the perceived social support of the elderly, with education and financial dependency scores positively correlated with quality of life and social support, and negatively correlated with living arrangements.

KEY WORDS: Aging; elderly; population; Family; Pakistan; quality of life; Old-age homes; Sociodemographic factors; social support.

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INTRODUCTION

According to World Health Organization (WHO) projections, the global population aged 60 years and above is expected to reach 2.1 billion by 2050. Between 2020 and 2050, the global elderly population aged ≥ 80 years is expected to reach 426 million. By 2050, 80% of people over the age of 60 will live in nations with low and middle incomes. In developing nations like Pakistan, population aging is becoming a challenge, with nine million people currently 60 or older expected to increase to 42

million by 2050.^{1,2}

The World Health Organization (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”.³ Social support and well-being contribute to improved life satisfaction among older individuals.⁴ Social resources such as a diverse network can protect older adults’ mental health when their physical health declines with age.⁵ Older people are at higher risk during economic downturns, especially when they happen suddenly. This is because they have less time until retirement to recover financially.⁶ An old age home differs from residence care facilities, continuing care retirement communities, assisted living facilities, and nursing homes in the developed world. They often carry a stereotype of stigmatized places where elderly people are ignored and abandoned by family members.⁷ Housing supports older people’s well-being, enabling physical activity, independence, social activities, and safety. Accessible environments with amenities and services promote residents’ well-being.⁸

Pakistan is a socially cohesive society that respects the elderly. However, the weakened extended family system has led to parents’ abandonment in old homes. While these facilities offer services and amenities, they do not address all residents’ psychological, social, and physical issues.⁹ Few studies compare the quality of life and perceived social support between elderly living with families and in old age homes, particularly in Pakistan. Limited data availability due to lack of attention constrains research in this area. The purpose of this study was to assess the quality of life and perceived social support of elderly individuals living in families and old-age homes using (WHOQOL-OLD) and (MSPSS), examine their association with sociodemographic factors, and explore their perceptions of these aspects.

MATERIALS AND METHODS

Phase 1: Quantitative Phase:

A six-month cross-sectional study was conducted in the Rawalpindi district from March to August 2023, focusing on older adults living with families and in old age homes. The study involved 80 participants (50 living with families and 30 in nursing homes) selected through convenience sampling. Eligible participants were aged 60 years or above, could understand Urdu, excluding those with severe cognitive impairment or who refused to participate. Ethical approval of the study was obtained from the Institutional Review Board of the School of Public Health, Al-Shifa Trust Eye Hospital.

Data was collected using an interview-administered questionnaire after obtaining verbal consent.

The questionnaire used two validated tools: The Multidimensional Scale of Perceived Social Support (MSPSS) to evaluate social support.¹⁰ A previous study has shown good reliability and psychometric properties for this scale.¹¹ World Health Organization Quality of Life Assessment for Older Adults (WHOQOL-OLD) determined the overall QOL.¹² IBM SPSS Statistics 25 was used for statistical analysis, involving descriptive and inferential phases, including t-tests and Pearson’s correlation.

Phase 2: Qualitative Phase:

An ethnography study explored the experiences of 14 elderly individuals in both living conditions. Participants were selected through purposive sampling to ensure saturation. In-depth interviews were conducted using a self-devised tool. Audio recordings were obtained with consent. Interviews included unstructured and semi-structured questions, with probing, sub-questions, and leading questions to achieve the required information. Thematic analysis was performed to identify patterns and themes, ensuring data validation and minimizing bias.

RESULTS

Quantitative results:

This study involved 80 participants, 50 living with families and 30 in old-age homes. Among those with families, 60.0% (n=30) were aged 60-69, while in old-age homes, 53.3% (n=16) were 70-79. Among family residents, 68.0% (n=34) were married, compared to 43.3% (n=13) widowed in old-age homes. Educational differences were evident, with 48.0% (n=24) holding a graduate degree in families, and 43.3% (n=13) uneducated in old-age homes.

An independent-sample t-test comparing the quality of life of elderly living with families and in old-age homes revealed significant differences in the total WHOQOL-OLD score. Those with family members (64.63 ± 20.069) reported stronger personal relationships and intimacy compared to those in old-age homes (37.08 ± 27.852). Significant differences ($p < 0.013$, $p < 0.001$) were observed in social interaction and past, present, and future activities (65.63 ± 12.193 , 67.00 ± 14.942) compared to those in old-age homes (57.92 ± 14.490 , 55.42 ± 12.579), while no significant differences were observed in sensory abilities, autonomy, and death-related aspects.

An independent-sample t-test comparing perceived social support using the computed score of the (MSPSS) scale found that those living with families ($M = 4.8700$, $SD = \pm 0.96732$) had a significantly higher overall mean MSPSS score than those in old-age homes ($M = 3.4333$, $SD = \pm 0.96896$). The findings suggest that living arrangements affect the level of perceived social support among the elderly.

Table 1. Descriptive Results of Categorical Demographic Variables

| Variables | Old age home (n=30) n (%) | Elderly living with family (n=50) n (%) |
|---|------------------------------|--|
| Gender | | |
| Male | 20 (66.7) | 27 (54.0) |
| Female | 10 (33.3) | 23 (46.0) |
| Age groups (years) | | |
| 60-69 | 11 (36.7) | 30 (60.0) |
| 70-79 | 16 (53.3) | 17 (34.0) |
| 80 and above | 3 (10.0) | 3 (6.0) |
| Marital status | | |
| Married | 4 (13.3) | 34 (68.0) |
| Unmarried | 11 (36.7) | 3 (6.0) |
| Widowed | 13 (43.3) | 12 (24.0) |
| Divorced | 2 (6.7) | 1 (2.0) |
| Education | | |
| Uneducated | 13 (43.3) | 7 (14.0) |
| Primary school | 6 (20.0) | 2 (4.0) |
| Middle school | 5 (16.7) | 6 (12.0) |
| Matric | 3 (10.0) | 4 (8.0) |
| Intermediate | 1 (3.3) | 7 (14.0) |
| Graduate and above | 2 (6.7) | 24 (48.0) |
| Monthly income | | |
| <20,000 | 29 (96.7) | 11 (22.0) |
| 21,000-50,000 | 0 | 6 (12.0) |
| 51,000-1 lac | 0 | 15 (30.0) |
| >1 lac above | 1 (3.3) | 18 (36.0) |
| Length of stay in current living arrangement | | |
| <1 year | 10 (33.3) | 3 (6.0) |
| 1-2 years | 6 (20.0) | 1 (2.0) |
| 3-4 years | 6 (20.0) | 4 (8.0) |
| 5+ years | 8 (26.7) | 42 (84.0) |
| Source of income | | |
| No | 20 (66.7) | 4 (8.0) |
| Yes | 10 (33.3) | 46 (92.0) |
| Chronic medical condition | | |
| No | 8 (26.7) | 24 (48.0) |
| Yes | 22 (73.3) | 26 (52.0) |

Table 2. Shows the mean scores and comparison of the quality of life (domain-wise) among senior citizens in old-age homes and those with families.

| Variable | Group | | t(df) | p-value |
|--|----------------------------|--|---------------|----------------|
| | Old age home (n=30) ±SD | Elderly living with families (n=50) ±SD | | |
| Sensory abilities | 65.42±21.943 | 72.50±21.354 | 1.422(78) | 0.159 |
| Autonomy | 55.21±19.906 | 63.25±19.911 | 1.749(78) | 0.084 |
| Past, present, and future activities | 55.42±12.579 | 67.00±14.942 | 3.555(78) | 0.001 |
| Social interaction | 57.92±14.490 | 65.63±12.193 | 2.549(78) | 0.013 |
| Death and dying | 70.63±29.045 | 64.13±27.311 | -1.006(78) | 0.317 |
| Intimacy | 37.08±27.851 | 64.63±20.069 | 4.730(47.174) | 0.00002 |
| Total transformed scores with 24 items (0-100) | 56.94±14.234 | 66.19±12.456 | 3.045(78) | 0.003 |

Table 3. Shows the mean scores and comparison of MSPSS (domain-wise) among older people in old-age homes and those living with their families.

| Variable | Group | | t(df) | p-value |
|--|----------------------------|--|-----------|-----------------|
| | Old age home (n=30) ±SD | Elderly living with families (n=50) ±SD | | |
| Family | 3.5833±1.19866 | 5.2650±1.03683 | 6.621(78) | <.001 |
| Friend | 3.3417±1.02655 | 4.4750±1.29091 | 4.091(78) | <.001 |
| Significant other | 3.3750±1.19039 | 4.8700±1.22187 | 5.349(78) | <.001 |
| Total transformed score 12 items (1-7) | 3.4333±0.96896 | 4.8700±0.96732 | 6.427(78) | <.001 |

Table 4. Pearson and Point-biserial correlations between the variables included in the study.

| | Gender | Marital Status | Education | Living arrangement | Monthly income | any chronic medical conditions | WHOQOL-OLD | MSPSS |
|--------------------------------|--------|----------------|----------------|--------------------|----------------|--------------------------------|----------------|----------------|
| Age | -0.023 | 0.102 | -.264* | 0.210 | -.302** | -0.041 | -0.191 | -0.164 |
| Gender | 1 | .339** | -0.074 | -0.125 | 0.013 | -0.145 | -0.066 | 0.105 |
| Marital Status | | 1 | -.433** | .418** | -.366** | -0.048 | -0.096 | -.320** |
| Education | | | 1 | -.523** | .626** | -0.061 | .259* | .537** |
| Living arrangement | | | | 1 | -.648** | 0.211 | -.326** | -.588** |
| Monthly income | | | | | 1 | -0.137 | .345** | .632** |
| any chronic medical conditions | | | | | | 1 | -0.165 | -0.036 |
| WHOQOL-OLD | | | | | | | 1 | .569** |

Note. *. Correlation is significant at the 0.05 level (2-tailed).

** . Correlation is significant at the 0.01 level (2-tailed).

There was a negative correlation between living arrangements and MSPSS ($r = -0.588^{**}$, $p < 0.0001$), indicating lower levels of social support in certain living arrangements. Furthermore, living arrangements are negatively correlated with quality of life ($r = -0.326^{**}$, $p < 0.0001$). Positive correlations between WHOQOL-OLD and MSPSS suggested that social support may influence participants' perception of life quality ($r = 0.569^{**}$, $p < 0.0001$).

Education level showed a positive correlation with ($r = 0.259$, $p < 0.020$) and PSS ($r = 0.537$, $p < 0.0001$), while household income was positively correlated with ($r = 0.345$, $p < 0.002$) and ($r = 0.632$, $p < 0.0001$).

Qualitative results:

The study involved 14 older adults, 7 living with families and 7 in old age homes. Four themes were identified: overall quality of life, perception of social support, loneliness, and spiritual practices and coping mechanisms.

Theme 1: Overall quality of life:

Respondents discussed their physical, mental, and emotional well-being. Many faced health challenges affecting activity engagement, with mobility difficulties in old-age homes. Few highlighted mental health importance. Some felt happy and proud, while others felt their lives were not as good as they should be. Physical, emotional, and social well-being impacted participants' quality of life.

Theme 2: Perception of Social Support:

Social support, including financial, emotional, and functional aspects, is essential. Participants shared positive and negative experiences, revealing connections and emotional support from their relatives. Most expressed a desire for independence. A few appreciated community support's role. Most needed financial support. Some shared negative experiences regarding the lack of family support.

Theme 3: Loneliness and Isolation:

Maintaining active social interactions is challenging for elderly individuals. Both groups experienced loneliness and isolation, impacting their well-being. Participants shared experiences of loss, sudden loneliness when reflecting on past relationships, losing friends, and feeling isolated in old-age homes. These stories highlight the need for social connections in later life stages.

Theme 4: Spiritual Coping Mechanisms:

Spiritual practices and coping mechanisms emerged as significant themes for navigating aging challenges. Some engaged in continuous Zikr (the remembrance of God) for solace and divine connection. The elderly in old homes shared similar spiritual practices. Participants expressed hope for forgiveness and rewards in the hereafter, emphasizing worship acts like reciting Tasbeeh (prayer beads) and Zikr. Faith

was a source of strength and guidance.

DISCUSSION

A total of 80 older adults participated in the study, with 50 living with families (62.5%) and 30 in old age homes (37.5%). The study showed a significant association between quality of life and living arrangements ($p = 0.003$).

A study in India shows elderly people living with families had better social relationships than those in old age homes.¹³ The elderly living with family members (64.63 ± 20.069) reported significantly stronger personal relationships and intimacy ($p < 0.00002$) compared to those in old age homes (37.08 ± 27.851). Statistically significant differences were also found in past, present, and future activities ($p = 0.001$) and social interaction ($p = 0.013$).

A comparable study in India corroborates and challenges these findings. It revealed elderly individuals residing with families experienced enhanced social connections compared to those in old age homes ($p < 0.001$). However, it also showed seniors in old age facilities developed stronger personal and intimate bonds than those staying with family members ($p < 0.001$).¹⁴

The study shows elderly living with families have significantly higher perceived social support than their counterparts ($p < 0.001$). These findings imply that perceived social support varies with living arrangements. Older adults living alone may feel less supported than those living with family members. This result is supported by a study in China showing living arrangements impact life satisfaction among older adults, with social support and meaning playing a role.¹⁵

The study also found significant correlations between education, marital status, living arrangements, household income, perceived social support, and quality of life, supporting the notion that these factors influence elderly well-being. A Swiss study found that higher income, supplemental insurance, and higher education levels are linked to improved HRQoL in home-dwelling older persons.¹⁶ A study in Egypt found a positive and significant relationship between education level, frequency of visits, and overall quality of life.¹⁷ There was a negative correlation ($r = -0.648^{**}$, $p < 0.0001$) between monthly income and living arrangements, implying specific living situations may link to lower income.

In this research study, mixed methods were used to address the research questions comprehensively. Qualitative data offered in-depth insights into the experiences and views of elderly participants, while the quantitative data facilitated statistical analysis and correlations. The study included a diverse sample of elderly individuals residing with families and in old age homes, offering a comprehensive perspective

on the research questions.

However, the study faced several limitations. The restricted sample size may have affected the broader applicability of the results. Also, as the research was conducted solely in the Rawalpindi district, its findings might not be generalizable to other areas. Potential recall bias could have influenced the data. Time and resource limitations were present. Furthermore, access to data collection was denied by two-thirds of the senior care facilities approached.

CONCLUSION AND RECOMMENDATIONS

The study found significant differences in WHOQOL-OLD scores between older adults living with families and those in old age homes, indicating that living arrangements impact perceived social support. Education and financial dependency were positively correlated with quality of life and social support, and negatively correlated with living arrangements. Future research should examine these connections and develop effective strategies for improving the quality of life and social support of Pakistan's aging population.

Policymakers should implement measures at local, national, and global levels to support, protect, and assess the quality of life (QOL) and social support of older adults while promoting healthy aging within their homes and communities. Approaches include: Programs to increase financial self-sufficiency among older adults (governmental assistance, employment opportunities for seniors, training in digital literacy). Initiatives to enhance social support and reduce isolation (community engagement programs, education in technology for maintaining social connections, senior activity centers, and animal therapy initiatives). Subsequent studies could adopt a longitudinal design to track changes in quality of life and perceived social support over time. Additional research should examine other factors affecting elderly individuals' quality of life and perceived social support, such as cultural elements or access to healthcare. Policymakers should work with old age homes to improve data collection access and gain a better understanding of the needs and experiences of elderly residents.

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CONFLICT OF INTEREST
Authors declare no conflict of interest.
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AUTHORS' CONTRIBUTION

The following authors have made substantial contributions to the manuscript as under:

| | |
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| Conception or Design: | AAM, ABK |
| Acquisition, Analysis or Interpretation of Data: | AAM, ABK, ETTQ, RJ |
| Manuscript Writing & Approval: | AAM, ABK, ETTQ, RJ |

All the authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.



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