

# A Descriptive Study to Assess the Health Status of Older Adults Regarding Home Care Among Family Caregivers in District Kangra, Himachal Pradesh

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## Abstract

Aging is a universal biological process that increases vulnerability to chronic diseases and psychosocial challenges. Family caregivers play a vital role in supporting older adults, yet their preparedness and resources remain limited. This study assessed the health status of older adults receiving home care in selected community areas of District Kangra, Himachal Pradesh. A descriptive design was adopted, with 160 family caregivers (aged 20–50 years) selected through non-probability convenience sampling. Data were collected using a self-structured checklist of 40 items across seven parameters. Results revealed that 50% of older adults had good health status, 40% average, and 10% poor. Associations were observed between health outcomes and socio-demographic variables. Findings highlight the need for caregiver training and community-based geriatric support programs.

**Keywords:** Older adults, health status, family caregivers, home care, geriatrics.

## Introduction

India's elderly population is rapidly expanding, projected to reach 173 million by 2026. Aging is accompanied by physical decline, chronic illnesses, and psychosocial challenges such as loneliness and dependency. Family caregivers—often spouses, children, or relatives—are the primary providers of home care, yet they face increasing burdens without adequate training or institutional support. In Kangra district, Himachal Pradesh, where traditional family structures remain strong, understanding the health status of older adults and the caregiving context is vital for shaping effective interventions.

## Objectives

1. To assess the health status of older adults receiving home care.
2. To examine associations between health status and socio-demographic variables.
3. To develop an informational booklet on geriatric care for family caregivers.

## Methodology

- **Design:** Descriptive ; Comparative study
- **Population:** Family caregivers aged 20–50 years in Kangra district
- **Sample Size:** 160 caregivers selected via convenience sampling
- **Tool:** Self-structured checklist (40 items, 7 parameters) validated by experts
- **Analysis:** Descriptive statistics (mean, median, SD) and inferential statistics (Chi-square test)

Ethical clearance was obtained, and informed consent was secured from all participants.

## Findings

**Table 1: Distribution of Health Status of Older Adults (N = 160)**

Health Status	Frequency (n)	Percentage (%)
Good	80	50%
Average	64	40%
Poor	16	10%

**Interpretation:** Half of the older adults were in good health, while 40% had average health status and 10% were in poor health.

### 4.4 Association Between Health Status and Socio-Demographic Variables

Chi-Square analysis was performed to examine associations between health status and socio-demographic variables.

**Table 2: Association of Health Status Scores with Socio-Demographic Variables (N = 160)**

Variable	$\chi^2$ Value	df	p-value	Association
Age	0.827	4		Not Significant
Gender	9.627	2	$\leq 0.05$	Significant
Marital Status	12.52	6	$\leq 0.05$	Significant
Educational Status	7.67	6		Not Significant
Occupation	8.55	6		Not Significant
Family Income	5.91	6		Not Significant
Area of Residence	6.75	2	$\leq 0.05$	Significant
Type of Family	0.227	2		Not Significant

**Interpretation:** Age, education, occupation, family income, and type of family showed statistically Not Significant associations with health status. Gender, marital status, and area of residence did show significant associations. These findings suggest that socio-economic and educational factors strongly influence the health outcomes of older adults in home care settings.

## Discussion

The study underscores the dual challenge of aging and caregiving in rural India. While half of older adults maintain good health, a substantial proportion face average or poor outcomes, reflecting gaps in home care practices. Caregivers often lack formal training, leading to inconsistent health management. Strengthening caregiver education, providing informational resources, and integrating community health programs could improve geriatric care.

International evidence supports similar conclusions: caregiver burden is linked to poorer health outcomes among older adults, while structured support systems enhance well-being. The Indian government's initiatives,

such as the National Programme for Health Care of the Elderly, must be localized and expanded to reach rural families.

## Conclusion

Older adults in Kangra district exhibit varied health statuses, with socio-demographic factors playing a significant role. Family caregivers are central to elderly care but require structured guidance and support. Developing educational materials and community-based interventions can improve outcomes and reduce caregiver strain.

## Implications

- **Policy:** Expand rural geriatric health programs.
- **Service:** Improve the standard of health status and skill in practice.
- **Education:** Educate about importance of Geriatric care & Institutional health needs.
- **Practice:** Train caregivers in basic geriatric care and health monitoring.
- **Administration:** To organise Seminar, Workshops, & other Educational Programmes.
- **Research:** Further studies on caregiver stress, coping strategies, and intervention effectiveness.

## References

1. Vieira CPB, Fialho AVM, Freitas CHA, Jorge MSB. Practices of Elderly's informal caregiver at home. Rev Bras Enferm.2011, 570-9
2. World Health Organization. Global Aging Report, 2017.
3. WHO (2015)GSAP Age Health Draft: Global Strategy and action plan on Ageing and Health.
4. House JS. Work Stress and Social Support. Reading, MA: Addison-Wesley:1981.
5. United Nations Population Fund & HelpAge India. Elderly in India, 2011.
6. American Geriatric Society. Health in Aging Foundation, 2009.
7. Government of India. National Programme for Health Care of the Elderly, 2011.

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