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The Health-Related Quality of Life among the Informal Family Caregivers of Older Adults with Disabilities in Gampaha District

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Informal family caregivers play a vital role in providing long-term care for disabled older adults at home, yet the demands of caregiving can negatively affect their health-related quality of life (HRQOL). Reporting on caregivers' HRQOL is essential to improve care quality. This community-based, descriptive cross-sectional study assessed HRQOL among 270 informal family caregivers of older adults with disabilities in three selected Divisional Secretariat divisions in Gampaha District: Urban (Negombo DS), Semi-urban (Minuwangoda DS), and Rural (Dompe DS). Participants were selected using consecutive sampling and included caregivers of older adults with musculoskeletal problems, cognitive impairments, limitations in activities of daily living, and non-communicable diseases. A validated, interviewer-administered Short Form-36 (SF-36) health survey was used to measure HRQOL. Data were analyzed using descriptive statistics, including means, standard deviations, frequencies, and percentages in SPSS 25.0. Most caregivers were female (74.8%), 43.7% were aged 46–60 years, 58.9% were married, 40.7% had an ordinary level education, and 34.1% were unemployed. A gross monthly family income of Rs. 10,000–29,999 was reported by 39.6% of participants. Children of older adults comprised 68.5% of caregivers, and 86.7% lived in the same home as the care recipient. Mean ± (SD) scores for SF-36 domains were: physical functioning 77.24 ± (17.26), role physical 42.04 ± (41.65), role emotional 35.31 ± (38.62), vitality 65.02 ± (16.66), emotional well-being 59.17 ± (13.97), social functioning 40.97 ± (17.58), bodily pain 50.72 ± (20.98), and general health 40.93 ± (15.38). Based on HRQOL categorization, 45.9% had low, 43.7% moderate, and 10.4% high HRQOL. Significant associations were found between HRQOL and caregivers' age ($p < 0.001$), gender ($p < 0.001$), marital status ($p = 0.013$), education ($p < 0.001$), employment ($p < 0.001$), income ($p < 0.001$), and relationship to the older adult ($p < 0.001$). In conclusion, the majority of caregivers reported low HRQOL, highlighting substantial caregiving burden. The associations with socioeconomic and personal factors emphasize the need for support mechanisms to improve the well-being of caregivers and strengthen their capacity to provide sustained, high-quality care for older adults.

Keywords: Disabled, HRQOL, Informal caregiver, Older adult