ABSTRACT

A cross-sectional analytic study was conducted among 224 pairs of elderly and their main caregivers in all four districts of Yangon region. Multi-stage sampling was applied for the participant selection. The data were collected by face-to-face interview. The research instruments included Geriatric Depression Scale, WHOQOL-BREF tool and Zarit Burden Interview tool. Mean age (SD) of elderly was 73(7.97) year. Nearly half of the elderly (43.8%) were married, 57.1% had low education, 41.1% had no income, and 48.2% had depression with various degrees. The mean QOL score for elderly was highest in social relationship and lowest in psychological health domain and 67.5% had moderate level of QOL. Mean age(SD) of the caregivers was 42(13.26) year. Majorities were females and 47.3% were daughter, 59.4% had ≤4 family members and 70.5% of caregivers took care for <10 hours. Most of the caregivers (59.4%) had burden but it was only mild and moderate burden. The mean QOL score of caregivers was highest in physical domain and lowest in environmental domain and 75.9% had moderate QOL. There is strong association between depression and QOL of elderly ($p \leq 0.001$). Multivariate analysis revealed that caregivers of male elderly were less likely to have burden (AOR = 0.462, 95% CI = 0.243, 0.878), caregivers of the elderly living with spouse were more likely to have burden (AOR = 2.044, 95% CI = 1.060, 3.941) and caregivers of the elderly with low education level were less likely to have burden (AOR = 0.491, 95% CI = 0.258, 0.933). There was no significant association between characteristics of caregivers and their burden. Caregivers of elderly with poor QOL were less likely to have poor QOL (AOR = 0.378, 95% CI = 0.201, 0.710). Caregivers with more family members (>4) were more likely to be poor QOL (AOR = 2.338, 95% CI =1.201, 4.549) and caregivers who took care for more than 6 hours per day were more likely to have poor QOL (AOR = 2.211, 95% CI= 1.044, 4.681). There was no association between burden and QOL of caregivers. These findings highlight the psychological support for elderly essential and the importance of providing economical support and psychological care for their caregivers. The identification of factors related to the burden and QOL of caregivers provides better care management for the elderly and caregivers, who themselves are aging.