ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26jan088

Caring Older Adults in Community Settings

Sujendran, S.*[1]; Jeyakumari, K., A.[1]; Tharanika, A.[1]; Narampanawa, H. M. S. D.[1]; Janane, N.[1]

[1]Faculty of Health-Care Sciences, Eastern University Sri Lanka Batticaloa, Sri Lanka

Publication Date: 2026/01/12

Abstract: Aging population is rapidly increasing due to higher life expectancy and declining fertility rates. Many older adults rely on home-based care from caregivers who are mostly untrained family members. Caregivers often face gaps in knowledge and effective practices, emotional and physical burdens, limited resources for proper care. These challenges highlight the need for educational support, home facilities, and stronger care giving systems to improve quality of care and well-being of older adults. A community based cross sectional descriptive was carried out to assess the knowledge and practices of primary caregivers of older adults and factors influencing on the care of older adults in community settings in the eastern Sri Lanka. The study participants were 330 primary caregivers of older adults, in selected administrative divisions in Batticaloa district who were selected through multi-stage random sampling method. After obtaining written consent from the participants, data was collected using a pilot-tested, validated interviewer administered questionnaire and their overall knowledge and practices regarding caring the older adults were measured based on their individual scores. Collected data was analyzed using the Statistical Package for the Social Sciences-version 27. Descriptive statistics were utilized to answer the objectives. Only 3% of caregivers had good knowledge while 37% had moderate, and 60% had poor knowledge on good practices in caring older adults. Similarly, just 2% demonstrated good care giving practices, while 40% were moderate and 58% poor in care practices. Majority of households lacked essential facilities for hygiene, mobility, safety, and health monitoring. Significant associations were found between care giving practices and factors such as caregiver age, education, occupation, income, relationship to the older adult, and duration of care giving. Significant gaps in knowledge, practices, and home facilities among primary caregivers of older adults in community settings were identified. Factors such as caregiver education, income level, and relationship to the older adult influenced the quality of care. These findings highlight the need for caregiver education programs, enhanced public health support to strength the home-based older adult care.

Keywords: *Home-Based Care, Knowledge, Older Adults, Practice, Primary Care Givers.*

How to Cite: Sujendran, S.; Jeyakumari, K., A.; Tharanika, A.; Narampanawa, H. M. S. D.; Janane, N. (2026) Caring Older Adults in Community Settings. *International Journal of Innovative Science and Research Technology*, 11(1), 622-631. https://doi.org/10.38124/ijisrt/26jan088

I. INTRODUCTION

➢ *Background*

The World Health Organization (WHO,2019) defines an older adult as someone who is 60 years of age or older. According to a 2019 revision of world population prospects of the United Nations, the population aged 65 years and over would nearly double (9% -16%) between 2025 and 2050 (1). Recently, an increase in life expectancy has been seen within the world. Fertility rates have also declined as families have fewer children, which is influenced by different factors (2). The total fertility rate is projected to decrease from 2.21 in 2012 to 1.84 by 2060; at the same time, life expectancy is expected to rise, with males living an average of 9 years longer and females gaining 7 additional years of life between 2012 and 2060 in Sri Lanka (3). Advancements in healthcare and living standards have increased life expectancy, allowing people to live longer with healthier lives (2). As a result of all of these factors, the older adult population rose. This demographic shift led to an aging population in Sri Lanka (4).

Like above the world's aging population is growing rapidly, while affecting every aspect of society (5). The global older adult population is estimated to be 2.1 billion by 2050 (6). Sri Lanka is among the countries with the fastest-growing aging population in the world (7). Sri Lanka has the highest percentage of older population in South Asia and the third largest older population in Asia, after Japan and Singapore (8).

As people live longer with the increase of the aging population, more individuals will require long- term care, and having a caregiver at home will become increasingly important (9). A caregiver is a person who assists another person with their physical, emotional, and daily needs. This support can come from a family member, a friend, or a hired professional who provides care and assistance (10). Primary caregivers are the main individuals responsible for providing care and support to someone in need, such as older adults.

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26jan088

There are two forms of primary caregivers. The first is formal care, which typically involves paid services provided by healthcare facilities or trained professionals to support those who need medical or personal care (26). The second type is informal care, which is unpaid support provided by family members, close friends, or neighbors (12). Although both types of care cover a range of tasks, informal caregivers often lack the proper training to perform these responsibilities effectively (26). In developing countries, low- or middle-income countries like Sri Lanka, most care is provided to older adults on home- based care of older adults through informal caregivers (9).

As most of the caregivers are informal caregivers, it is a challenging task to balance multiple roles while caring for the older adults at home (10). These responsibilities have effects on their time, energy, and emotional resources, creating a significant source of stress and burden (11). Caregivers must manage not only the physical and emotional needs of their older loved ones, such as assistance with daily living activities, medical needs, and emotional support but also their own personal and professional responsibilities (9)

Most of the caregivers in community dwellings often do not have enough knowledge to provide proper care (13). Insufficient knowledge in key areas of care of older adults affects multiple aspects of care giving and has a major impact on the quality-of-care older adults receive. Sometimes Family caregivers who have inadequate knowledge regarding care of older adults may cause unintentional harm to the older people and it also can cause negative effects on older people’s health and well-being (12).

Lack of knowledge and skills makes caregivers in care of older adults feel constantly uncertain. This uncertainty makes it harder for them to manage health issues, provide daily help, handle changing needs and behaviors, and can lead to lower quality care, more stress, and worse outcomes for older adults (12). Various sources emphasize the importance of education and training programs to improve the knowledge and skills of both family and professional caregivers in care of older adults (13).

Knowledge, practices, and many factors influence the care of older adults, including those related to the caregiver, the older adult, family and social support, community resources, finances, and cultural background as so on. The care giving process is influenced by factors such as the caregiver's gender, income, and education, with gender differences (11). And caregivers' physical, mental, and social strain is another factor that can negatively influence the care they provide (9). And also, a strong social support influence in the care of older adults. Support through appreciation, careful attention, and dedication enhances overall care quality (14). Home care facilities for senior citizens are also considered important in the care of older adults. Proper home care facilities for senior citizens promote good health and well-being (15). Home care facilities help older adults stay independent, make their own choices, and stay connected with social support (16). Satisfaction levels in certain facilities, especially community service facilities, can be low in care of older adults. This suggests that the needs and preferences of older adults may not always be fully met (17). As a whole, it can be stated that progressions will take place in the lives of senior citizens when improving facilities for better care of older adults (15). Recognizing how these above factors interact is crucial for enhancing the care and well-being of older adults.

Aging is a continuous and complex process of decline in a person's organ systems and tissues, which is gradual, inevitable, and irreversible (2). When an individual age, the gradual decline in physiological and cognitive functions increases their vulnerability to various health conditions (25) and significantly affects their day-to-day life. Mostly due to physical changes like a decline in mobility, strength, and overall health, older people require support for basic activities of daily living (ADLs) like bathing, dressing, or eating (10). Older adults experience psychological and social changes, their ability to cope with daily life may further decline. This leads to a greater need for support from a caregiver to ensure their well-being (14).

Various studies conducted in different countries highlight that family caregivers often lack sufficient knowledge and skills about how to properly care for older individuals. This finding was observed in a review that covered research from Brazil, Japan, Cameroon, the United States, Portugal, and Malaysia (12). Further there is a significant global knowledge and skill gap in care of older adults affecting caregivers of older adults (13).

A study conducted in Batticaloa district shows, that informal caregivers often take on the responsibility of caring for the older adult with little to no practical or theoretical training. This points to a noticeable lack of skills among those who are mainly in charge of caring for older adults at home (11). Lack of knowledge and skills in care giving can result in substandard care, potentially affecting directly the quality of care provided to the older adults (13). Therefore, assessing knowledge and skills in the care of older adults is important.

- *Justification*

The care of older adults is influenced by various factors beyond just knowledge and practices. The care giving process is also shaped by elements such as the caregiver's gender, income, and education, with notable differences based on gender (11). Caregivers' physical, mental, and social stress is another factor that can adversely affect the quality of care they provide (9). Strong social support plays a crucial role in the care of older adults. Encouragement, attentiveness, and commitment contribute to improving the overall quality of care (14).

Facilities available for care of older adults are also essential for delivering quality care of older adults, as they help support older adults' health, well-being, safety, and social participation (15). The lack or insufficiency of suitable facilities also can restrict social involvement, jeopardize safety, limit access to vital health and support services, and adversely affect the overall quality of life and well-being of older adults (18). Although standard healthcare services are

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26jan088

accessible in Batticaloa, there is a noticeable absence of specialized geriatric facilities and services within the healthcare system. Additionally, the older adults show low awareness and utilization of them, highlighting a gap in their access to these facilities (11).

Table 1 Six Village Administrative Divisions

GN division	Population	Calculated Sample size	Actual Sample size
Mamangam	272	53	50
Kallady velur	489	96	79
Punnaicholai	218	43	43
Kokkuvil	333	65	52
Puliyanthivu south	390	76	61
Puthunagar	291	56	45
Total	1993	390	330

Also, staff reports from the clinical experience in the study setting highlight that many older adults suffer from deteriorating health conditions, severe wounds in their final stages, and poor hygiene due to the absence of caregivers or inadequate support from them. This underscores a significant gap in the care provided to older adults in the region. Hence, there is a lack of research on home-based care of older adults in eastern Sri Lanka, and to offer valuable insights into care of older adults in the region, the present study was planned.

II. MATERIALS AND METHODS

➢ *Study Design*

A community-based descriptive cross-sectional study was conducted in six Village Administrative Divisions (VADs) in the eastern Sri Lanka, for 12 months in 2025, to assess the knowledge and practices of primary caregivers of older adults and factors influencing the care of older adults. All the primary care givers of older adults who were more than 18 years old including their son or daughter, spouse, and servants, who take care of older adults in community dwellings were included. Other than the primary caregivers those who were caring the older adults (Other than the main person who is responsible for the care of older adults those who are supporting to the primary caregiver to care the older adults) and caregivers who were not willing to participate were excluded in this study.

The sample size was calculated by using the Krejcie and Morgan Formula (1970) and the Sample size was estimated as 330. The study participants were selected using the multi-stage random sampling method. Overall sampling was conducted in two stages. In first stage, among 48 VADs in divisional secretariat, Manmunai North, Batticaloa, we selected 6 VADs using simple random sampling method. In second stage, from those selected 6 VADs, the researchers selected older adults again using random sampling method from each VAD (table 1). For this purpose, electoral voters list available at each VAD office was used.

➢ *Study Instruments*

A study instrument was developed based extensive literature. The instrument was pilot tested, validated and used as an interviewer-administered questionnaire to obtain data related to socio-demographic details, knowledge, and practices of care givers about the care of older adult in community dwellings. A checklist was used to assess the facilities available in community dwellings for older adult care. In addition, the Barthel Index was used to measure the dependency level of older adults. After obtaining permissions and ethical approval, the purpose and benefits of the study was explained to the participants. The investigators collected data through visiting each household and conducted interviews with the primary care givers of older adults. The investigators entered the collected data and analyzed using statistical package for social sciences (SPSS) software. Invalid or missing data was excluded, and all data entries were double checked to prevent errors.

III. RESULTS AND DISCUSSION

➢ *Socio-Demographic Details of the Participants*

The study included 330 caregivers, predominantly female (73.6%) and mostly aged 36–50 years (49.7%). The vast majority were Tamil (98.5%) and Hindu (72.4%). Most caregivers were married (75.2%) and had at least primary or secondary education, though 5.2% had no formal education and only 6.4% held university degrees.

Occupationally, over one-third were unemployed (36.1%) or self-employed (34.5%), and household income levels were generally low, with 37.0% earning less than LKR 25,000 monthly. Caregivers were primarily adult children of the older persons (64.2%), with 60.6% serving as the sole caregiver.

Among the older adults, the majority were aged 60–74 years (62.4%) with an even gender distribution. Most were married (87.6%). According to the Barthel Index, nearly half (48.2%) had slight dependence, while 23.0% were fully independent. Hypertension (67.6%) and diabetes (45.2%) were the most prevalent chronic conditions, with stroke and dementia being less common (table 2 and 3).

➢ *Knowledge of Caregivers About the care of Older Adults in Community Dwellings*

Majority of the participants (87.9%) believed care giving should depend on the older adult's condition rather than age. Knowledge of age-related physical and psychological changes was generally moderate, though only a few (3.0%–3.6%) reported a high level of understanding, and around 10% lacked awareness altogether. Awareness of common geriatric

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26jan088

illnesses was also mostly moderate (39.4%), with few reporting strong knowledge. While 92.1% recognized the importance of regular health check-ups, understanding of fall prevention remained moderate to low.

Table 2 Socio Demographic Details of Care Givers

Care giver's Details	**Frequency**	**Percentage (%)**
Care age in years	**f**	**%**
20-35	99	30
36-50	164	49.7
>50	67	20.3
Gender		
Male	87	26.4
Female	243	73.6
Ethnicity		
Tamil	325	98.5
Sinhala	0	0
Muslim	0	0
Burger	5	1.5
Religion		
Hinduism	239	72.4
Buddhism	0	0
Islam	0	0
Christianity	91	27.6
Marital status		
Married	248	75.2
Unmarried	79	23.9
Widow	0	0
Separated	3	0.9
Divorced	0	0
Educational level		
No schooling	17	5.2
Primary education	91	27.6
Up to G.C.E O/L	106	32.1
Up to G.C.E A/L	61	18.5
Diploma	34	10.3
Degree	21	6.4
Occupation		
Unemployed	119	36.1
Self-employed	114	34.5
Government	26	7.9
Non-government	66	20
Retired	5	1.5
Monthly income (LKR)		
<25000	122	37
25001-4000	87	26.4
40001-7000	92	27.9
70001-100000	27	8.2
>100000	2	0.6
Relationship with older adult		
Daughter/son	212	64.2
Spouse	43	13
Servant	3	0.9
Others	72	21.8

The findings of this study demonstrate a significant gap in knowledge among primary caregivers involved in home-based elderly care. Only 3% of caregivers were found to have good knowledge, while 37% had moderate knowledge, and a concerning 60% exhibited poor knowledge regarding older adult care.

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26jan088

Table 3 Socio Demographic Details of Older Adults

Older adult's Details	**Frequency**	**Percentage (%)**
Age in years	**f**	**%**
60-74	206	62.4
75-90	122	37.6
>90	2	0.6
Gender		
Male	159	48.2
Female	171	51.8
Marital status		
Married	289	87.6
Unmarried	17	5.2
Widow	23	7
Divorced	1	0.3
Barthel index		
Total dependence	5	1.5
Severe dependence	29	8.8
Moderate dependence	61	18.5
Slight dependence	159	48.2
Independent	76	23
Disability / disease		
condition		
Hypertension	223	67.6
Diabetic mellitus	149	45.2
Dyslipidaemia	105	31.8
Stroke	18	5.5
Dementia	5	1.5
Asthma	53	16.1
Cardio-vascular diseases	23	7

This indicates that the majority of caregivers lack the essential understanding required to provide safe, effective, and holistic care to older adults in the home setting. The results reveal that 3% of participants possess good knowledge, 37% have moderate knowledge, and 60% have poor knowledge, indicating that most lack the necessary understanding of the subject matter (figure 1).

This study reveals, the dominance of poor knowledge levels suggests that the current systems do not sufficiently equip caregivers with the information they need. It also reflects a broader issue of limited access to caregiver education, lack of targeted public health initiatives, and inadequate dissemination of older adult care resources within the community.

This knowledge deficit can have serious consequences, including increased caregiver burden, poor health outcomes for older adults, delayed identification of complications, and ineffective management of common geriatric conditions. It can also contribute to emotional stress and burnout among caregivers, who may feel overwhelmed due to lack of preparedness. Raising awareness about existing support services and integrating caregiver education into local health promotion activities could significantly strengthen the caregiving environment, in order to ensure the safety, dignity, and well-being of older adults receiving care at home.

A similar idea is presented in a study done in Cameroon, which reported that while family caregivers had a general awareness of common health conditions and the rights of older adults, they lacked adequate knowledge about managing more complex conditions such as bowel incontinence. The above findings support the results of this study, which also identified significant gaps in specific areas of older adult care knowledge among caregivers. The overlap between the two studies suggests that surface-level knowledge may be common, but in-depth understanding remains insufficient (19).

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26jan088

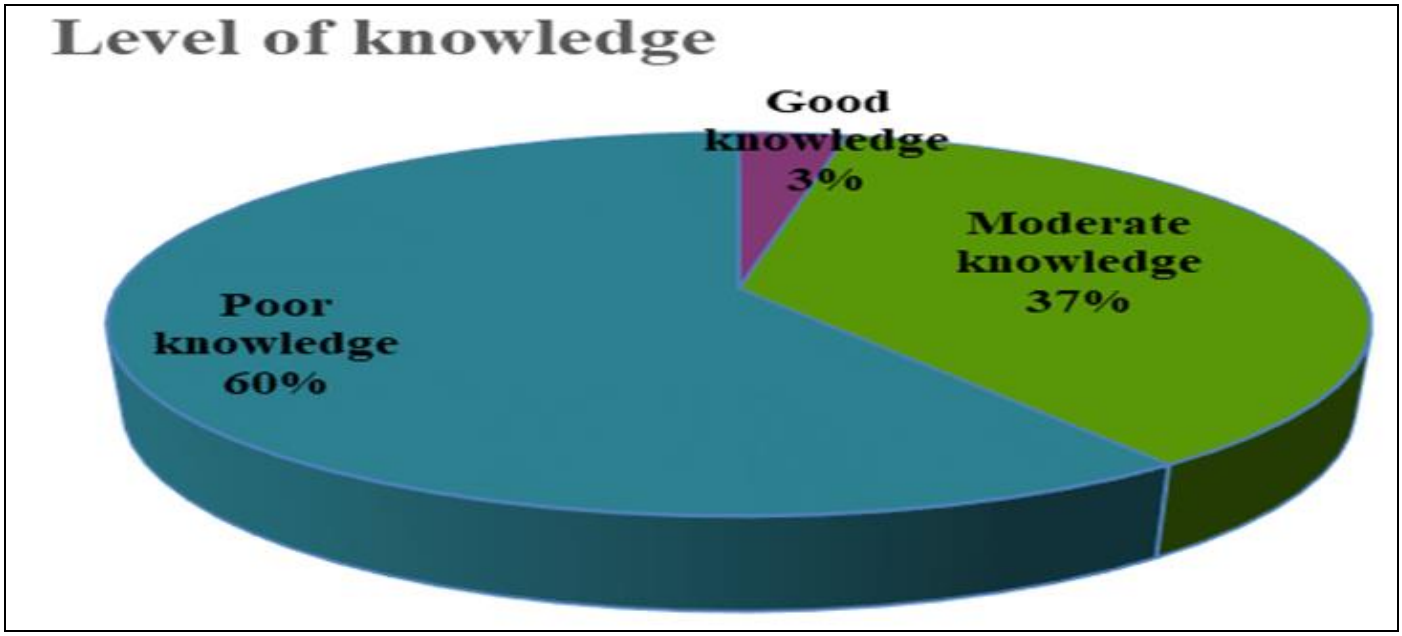

Fig 1 Over All Knowledge of Caregivers

- *Practices of Caregivers About the Care of Older Adults in Community Dwellings*

Many caregivers lacked formal training (96.7%) and adequate resources (63.3%). Nutritional and physical care practices were inconsistent, with only about one-third ensuring balanced diets, regular meals, or physical activity. Basic hygiene was well maintained, especially toileting (99.7%), oral care (99.4%), and daily clothing changes (100%), though daily linen changes (1.2%) and hand hygiene (42.7%) were less common. Fall prevention (65.5%) and bathing safety (66.4%) were moderately practiced. Medication side-effect awareness was low (21.5%), and vital signs were mostly monitored monthly.

The overall findings of the study revealed that only 2% of caregivers demonstrated good practice, while 40% had moderate, and a significant 58% had poor care giving practices (figure 2). This distribution reflects a clear deficit in the quality and consistency of care giving for older adults in home settings, with the majority of caregivers failing to meet even basic care standards in several important areas. More than half of caregivers (63%) particularly neglected area of physical activity support in spite of regular movement and guided exercises are essential to maintain mobility, reduce joint stiffness, prevent muscle atrophy, and promote overall well-being. The failure to encourage physical activity places elderly individuals at risk of functional decline, falls, and a loss of independence. This may be due to caregivers' lack of knowledge about its importance, fear of causing injury, or time constraints due to other responsibilities.

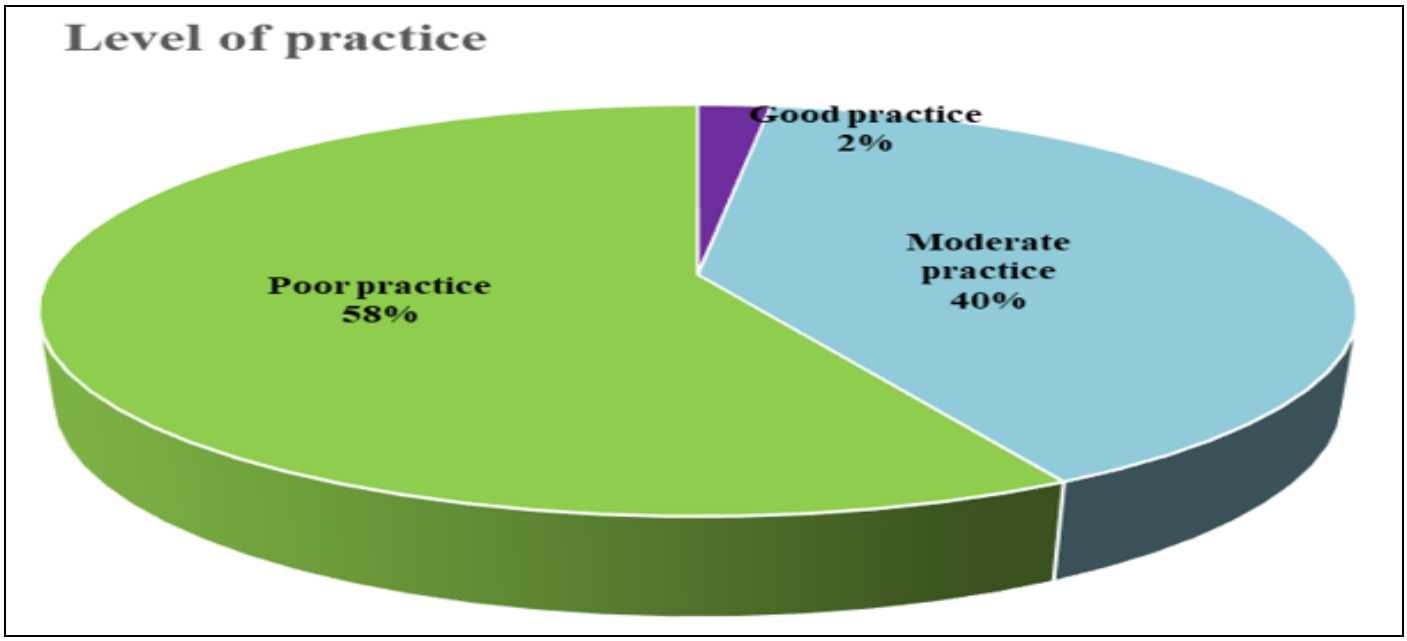

Fig 2 Over All Practice of Caregivers

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26jan088

The findings indicate that only 2% of participants exhibit good practice, while 40% demonstrate moderate practice, and a majority of 58% show poor practice (figure 2). The findings of the current study align closely with research done in Malaysia that reported similar issues. The study noted that most caregivers expressed difficulties in administering medication and in performing tasks such as wound dressing, reinforcing the idea that caregivers are involved in complex health-related activities without sufficient support or training. The caregivers also acknowledged their need for additional information and professional assistance, which parallels the need identified in the current study (12).

Further, a study specifically examined the practice of pressure injury prevention and revealed that 41.2% of caregivers had inadequate practices in this domain, affecting overall care quality. This indicates the importance of condition-specific training to address the real risks caregivers face when unaware of proper techniques. Our findings similarly suggest that broader education on chronic condition care, hygiene, safety, and prevention is crucial to elevate standards of practice (20)

- *Facilities Available at Houses for the Care of Older Adults in Community*

The data reveals significant disparities in the availability of essential care giving facilities in community homes in elderly care. While basic hygiene items (99.7%) and attached bathrooms (61.2%) are widely accessible, critical mobility aids like walkers (6.1%) and safety features such as beds with side rails (9.1%) remain scarce. Medical tools like glucometers (14.1%) and sphygmomanometers (3.6%) are notably under provided. Although over half of the homes have hot water bottles (55.2%) and medication boxes (55.5%), the overall lack of specialized equipment's for elderly care can be seen.

These findings are consistent with previous studies. A study done in Colombo, Sri-Lanka reported that. Instead, the focus of families was on aesthetic appeal and modern amenities, with little regard for older adult-friendly features. As a result, such as slipping on tiled floors, and the consequences included both physical injuries and psychological stress. This situation highlights a lack of awareness and prioritization of age-appropriate home modifications, despite a growing older adult population (21).

Table 4 Available Facilities at Homes for Care of Older Adults

Facilities Available	**frequency**	**Percentage%**
	f	**%**
Attached bathroom	202	61.2
Commode chair	6	1.8
Commode toilet	126	38.2
Walker/ Walking stick	20	6.1
Proper bed with side rails	30	9.1
Personal hygiene items (Tooth brush, Towel, Soap…)	329	99.7
Thermometer	13	3.9
Hot water bottle/ Electric heating pad	182	55.2
Feeding table	166	50.3
Medication box	183	55.5
Comfortable foot wear with grip	95	28.8
Non slip mat	56	17
Hot water bag	56	17
Glucometer	21	14.1
Sphygmomanometer	8	3.6

A Sri Lankan study indicated that over 50% of homes lacked suitable facilities for older adults. The study concluded that the absence of elder-specific infrastructure not only affects daily living but also contributes to social isolation, dependency, and increased caregiver burden. These findings further reinforce the critical gap in community-based older adult care systems (18).

In a southern city of Sri-Lanka, caregivers faced severe difficulties in providing effective home care due to poor infrastructure and lack of public support systems. These limitations included not only the absence of physical modifications like ramps and adjustable beds, but also a broader lack of policy-driven support, such as home-care guidance, subsidies, or community-based elder care services. Inadequate housing conditions were directly linked to increased caregiver stress and reduced quality of care for the older adults (20).

An Iranian study revealed that caregivers and residents alike reported major limitations in infrastructure and referral systems, particularly in formal aged care settings. Though the focus was on institutional care, the results are equally relevant to home-based care, where the lack of financial support and physical resources creates similar challenges. The burden falls disproportionately on family caregivers, who often struggle to provide safe care in inadequately equipped home environments (9).

Taken together, both the current study and the reviewed literature emphasize that the poor state of physical facilities in most homes presents a major barrier to quality older adult

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26jan088

care. Without safe and accessible environments, even well-intentioned caregivers are limited in their ability to provide effective support. Therefore, there is a critical need to develop national guidelines, improve caregiver awareness, and offer practical support (financial and technical) for home modifications. Addressing these issues can significantly enhance the quality of life for older adults and reduce preventable health risks in the home setting.

- *Factors Affecting the Quality-of-Care Practices to Older Adults*

There was significant association between caregiver age and level of practice. Younger caregivers aged 20–35 (71.4%) years were more likely to demonstrate good practices, while Caregivers aged 36–50 years (52.3%) showed the highest proportion of moderate practice, while those aged >50 years (24.6%) were more prevalent in the poor practice category. Adjusted residuals highlight over representation of younger caregivers in the "Good Practice" group.

Similarly, Educational attainment, occupational status, income level were predominantly associated with poor practices. Nature of the caregiver's relationship with the older adult significantly influences practice level. Daughters/sons and neighbors/relatives were more likely to provide good care (adjusted residuals: +3.2), whereas spouses and servants were underrepresented in the "Good Practice" category. The level of dependency of the older adult significantly affects caregiver practices. Caregivers of moderately dependent individuals were more likely to demonstrate good practices (42.9%), while those caring for total dependent and slight dependent individuals showed moderate practice levels. And those caring for severely dependent and independent individuals showed lower practice levels (Table 4).

Previous literature supports many of these observations. A study done in Batticaloa, Sri-Lanka revealed that caregiver gender, education, and income significantly influence care giving roles, highlighting that women, particularly daughters most commonly assume these responsibilities due to cultural norms (11). This aligns with findings of research, where care giving duties were mainly carried out by female family members. However, as our findings show, assuming the role does not necessarily affect into effective care giving practices.

Another study indicates that health and financial stability of care giving families are key determinants of caregiving quality (22). This supports the findings of present study, as many caregivers in present study struggled with financial limitations, which impacted their ability to access resources or maintain consistent older adult care. These similarities reflect a broader societal gap in support systems for caregivers.

Additionally, education level emerged as a key factor in both current research and external studies. A study done in Japan revealed that caregivers with lower education levels experience more burden and tend to have poorer care giving practices (23). Current study supports this, as many caregivers lacked essential knowledge, especially regarding proper nutrition, safe medication use, and recognizing signs of older adult's distress, highlighting a need for targeted educational interventions.

Moreover, study indicated that personal resilience and external support networks improve care giving outcomes (23). In contrast, this study revealed that emotional support was the most neglected aspect of care, and caregivers lacked psychosocial resources or coping mechanisms. This contrast shows that where support systems exist, care giving can improve, but in current study area, such support was absent or minimal.

Table 5 Factors Associated with Poor Practices

Factors	f	%	*LHR value	df	P value
Age (20-35 years)	51	26.7	11.201	4	0.024
Education (No schooling)	12	6.3	39.007	10	<0.001
Occupation (Unemployed)	70	36.6	16.417	8	0.037
Monthly Income (<25000 LKR)	72	37.7	34.169	8	<0.001
Relationship (Son / Daughter)	125	65.4	14.719	6	0.023
Total Dependency (Berthel Index)	1	0.5	16.688	8	0.034

*LHR: Likelihood Ratio

A contrasting viewpoint was found in another study, which reported that the number of care giving years did not significantly affect the caregiver burden or care giving quality. But current findings reflect where less experienced caregivers often struggled more with care practices, indicating that experience may have some positive influence. The literature also suggested that user-friendly smartphone applications could assist caregivers and reduce stress (25), a strategy that could be considered to enhance support for caregivers in our setting as well.

The current study's findings are largely in agreement with existing literature regarding the influence of gender, education, financial status, and lack of support. However, it also contrasts with certain findings, particularly on the role of care giving experience.

IV. CONCLUSION AND RECOMMENDATIONS

The results revealed that most caregivers had poor knowledge and inadequate care giving practices, especially in areas like medication safety, nutrition, hygiene, and emotional support. Caregiving roles were mainly taken on by untrained female family members, often without proper education or support. In addition, many home environments lacked

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26jan088

essential facilities such as mobility aids, health monitoring tools, and safety equipment, making it difficult to provide effective care. Factors such as low education, limited income, and lack of experience were strongly linked to poor care giving practices. These issues highlight a wider systemic gap in preparing families for the demands of older adult's care.

To address these challenges, there is a need for structured caregiver training, improved home facilities, regular home assessments, and increased support from public health services. Financial aid, low-cost care kits, and awareness campaigns can also help improve care quality. Supporting caregivers' mental health and providing guidance are important for comprehensive and proper home-based older adult's care. This research provides valuable insight to guide future strategies and community-based interventions.

The investigator recommends conducting seminars and workshops to improve knowledge and enhance the proper practice regarding care giving. Awareness programs should be provided by health authorities regarding care giving knowledge and practices to the caregivers of older adults in the community. Hands on demonstrations to the primary caregivers of older adults could be useful. Media can be used to educate the primary caregivers and the public on the care of older adults. Further qualitative studies can provide deeper insights of the caregivers of older adults.

REFERENCES

[1]. Sezgin, H., Cevheroglu, S., & Gök, N. D. (2022). Effects of care burden on the life of caregivers of the elderly: A mixed-method study model. Medicine (United States), 101(43), E30736. https://doi.org/10.1097/MD.0000000000030736

[2]. Santhalingam, S., Sivagurunathan, S., Prathapan, S., Kanagasabai, S., & Kamalarupan, L. (2021). The association of health-related factors with quality of life among the elderly population in the Jaffna district of Sri Lanka. BMC Public Health, 21(1). https://doi.org/10.1186/s12889-021-10507-3

[3]. Zeng, Y., Hu, X., Li, Y., Zhen, X., Gu, Y., Sun, X., & Dong, H. (2019). The quality of caregivers for the elderly in long-term care institutions in Zhejiang province, China. International Journal of Environmental Research and Public Health, 16(12). https://doi.org/10.3390/ijerph16122164

[4]. Watt, M. H., Perera, B., Østbye, T., Ranabahu, S., Rajapakse, H., & Maselko, J. (2014). Care-giving expectations and challenges among elders and their adult children in Southern Sri Lanka. Ageing and Society, 34(5), 838–858. https://doi.org/10.1017/S0144686X12001365

[5]. Manjaly, S. P., Haridha, & Saji, D. (2024). A Study of the Knowledge, Attitude, Practices, and Burden of Full-time Family Caregivers in the Care of Older Adults in Bengaluru, India. Journal of the Indian Academy of Geriatrics, 20(3), 107–111. https://doi.org/10.4103/jiag.jiag_26_24

[6]. Aung, T. N. N., Aung, M. N., Moolphate, S., Koyanagi, Y., Supakankunti, S., & Yuasa, M. (2021). Caregiver burden and associated factors for the respite care needs among the family caregivers of community dwelling senior citizens in Chiang Mai, Northern Thailand. International Journal of Environmental Research and Public Health, 18(11). https://doi.org/10.3390/ijerph18115873

[7]. Samaraweera, D., Maduwage, S., Hospital, B., & Lanka, S. (2016). Meeting the current and future health-care needs of Sri Lanka's ageing population. In WHO South-East Asia Journal of Public Health (Vol. 5, Issue 2). www.searo.who.int/

[8]. Rathnayake, N., Kannangara, W., Abeygunasekara, T., De Zoysa, W., Palangasinghe, D., & Lekamwasam, S. (2025). Burden of caregivers of older people in Sri Lanka: an overlooked concern in the health care system. BMC Geriatrics, 25(1), 32. https://doi.org/10.1186/s12877-025-05681-7

[9]. Rahimi, F., Shakibazadeh, E., Ashoorkhani, M., & Foroughan, M. (2022). Barriers to home care for older adults from perspectives of Iranian informal caregivers: A qualitative study. BMJ Open, 12(12). https://doi.org/10.1136/bmjopen-2022-065547

[10]. Nageh, M., Malak, B., Mohammed, A., El-Afandy, O., Mahmoud, S., & Ahmed, S. (2024). Informal Caregivers, Awareness about Methods of Integrated Home Care for the Elderly. Helwan International Journal for Nursing Research and Practice, 3(5), 241–263.

[11]. Hettige, S., Ramanayake, J., & Gnanaselvam, K. (2019). The burden experienced by elders and family care givers in caring for the elderly in Batticaloa District. https://www.researchgate.net/publication/339527735

[12]. Ab Ghani, N. N., Makhtar, A., Syed Elias, S. M., Ahmad, N., & Ludin, S. M. (2022). Knowledge, Practice and Needs of Caregiver in the Care of Older People: A Review. INTERNATIONAL JOURNAL OF CARE SCHOLARS, 5(3), 70–78. https://doi.org/10.31436/ijcs.v5i3.269

[13]. Hailu, G. N., Abdelkader, M., Asfaw, F., & Meles, H. A. (2024). Exploring the knowledge and skills for effective family caregiving in elderly home care: a qualitative study. BMC Geriatrics, 24(1). https://doi.org/10.1186/s12877-024-04924-3

[14]. Kittipimpanon, K., & Wangpitipanit, S. (2021). Factors associated with quality of care among dependent older persons in the community. Journal of Multidisciplinary Healthcare, 14, 2651–2655. https://doi.org/10.2147/JMDH.S323851

[15]. Kapur, R. (2023). Home Care Facilities for Senior Citizens: Essential in promoting enrichment of Living Conditions.

[16]. Fox, S., Kenny, L., Day, M. R., O'Connell, C., Finnerty, J., & Timmons, S. (2017). Exploring the Housing Needs of Older People in Standard and Sheltered Social Housing. Gerontology and Geriatric Medicine, 3, 233372141770234. https://doi.org/10.1177/2333721417702349

[17]. Ghavarskhar, F., Matlabi, H., & Gharibi, F. (2018). A systematic review to compare residential care facilities for older people in developed countries:

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26jan088

Practical implementations for Iran. In Cogent Social Sciences (Vol. 4, Issue 1). Cogent OA. https://doi.org/10.1080/23311886.2018.1478493

[18]. Ariyawansa, R. G., Perera, M. A. N. R., & Priyanka, H. E. S. (2023). Suitable Home Environment for Elderly People in Colombo, Sri Lanka. Journal of Aging and Environment, 37(1), 85–99. https://doi.org/10.1080/26892618.2021.2001708

[19]. Bassah, N., Ubenoh, U. S., & Palle, J. N. (2018). An Exploratory Study of the Knowledge and Practices of Family Caregivers in the Care of the Elderly at Home in the Buea Health District, Cameroon. Journal of Gerontology & Geriatric Research, 07(03). https://doi.org/10.4172/2167-7182.1000473

[20]. Gamage, M. W. K., Jagodage, H. M. H., De Silva, K. K., Kariyawasam, P. N., & Sundarapperuma, T. D. (2024). Quality of care as perceived by caregivers and residents in aged care homes in Sri Lanka: a qualitative study. BMC Geriatrics, 24(1). https://doi.org/10.1186/s12877-024-04721-y

[21]. Perera, R. (2018). Accessible Facilities in Home Environment for Elderly Family Members in Sri Lanka. https://doi.org/10.1999/1307-6892/10009291

[22]. Huang, F. H. (2015). Explore Home Care Needs and Satisfaction for Elderly People with Chronic Disease and their Family Members. Procedia Manufacturing, 3, 173–179. https://doi.org/10.1016/j.promfg.2015.07.123

[23]. Aman, Z., Liew, S. M., Ramdzan, S. N., Philp, I., & Khoo, E. M. (2020). The impact of caregiving on caregivers of older persons and its associated factors: A cross-sectional study. American Journal of Physiology - Regulatory Integrative and Comparative Physiology, 133(1515), 238–245. https://doi.org/10.11622/smedj.2019100

[24]. Cejalvo, E., Martí-Vilar, M., Merino-Soto, C., & Aguirre-Morales, M. T. (2021). Caregiving role and psychosocial and individual factors: A systematic review. In Healthcare (Switzerland) (Vol. 9, Issue 12). MDPI. https://doi.org/10.3390/healthcare9121690

[25]. Monica, L., Nangoy, O., & Susilo, G. (2023). The Importance Facility Of Assisted House For Elderly. https://www.researchgate.net/publication/380889071

[26]. Oh, E., Moon, S. H., Chung, D., Choi, R., & Hong, G. R. S. (2024). The moderating effect of care time on care-related characteristics and caregiver burden: differences between formal and informal caregivers of dependent older adults. Frontiers in Public Health, 12. https://doi.org/10.3389/fpubh.2024.1354263