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Institutional Care of the Elderly: A Study of Old-age Homes in Hassan City, Karnataka, India.

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Abstract

The changes ongoing within and outside the family have driven the elderly from own homes to old age homes – a situation they probably would not have dreamt of. It becomes inevitable to look into the problems of the elderly and the scenario of elderly care given by these institutions, as the situations in own homes should not be allowed to repeat in their new havens. The present paper looks into their problems and the role played by the selected old age homes in giving care to the elderly. The major problems observed were physical and mental disorders and adjustment problems with fellow inmates, especially in early stage. The institutions deliver commendable care to their inmates by taking care of almost all aspects of their life, including proper diet, regular exercise, health check-ups, meditation and recreational activities. Old age home being ‘home-away-from-home’ has a great responsibility in taking proper care of the elderly and the institutions under study delivers commendable services within the limitations.

Introduction

Ageing is everybody’s problem as everyone is bound to age and experience. Ageing is a fact of life which does not take place all of a sudden. The elderly are like the setting sun that retreats into the night after life giving, light during the day. Ageing is normal and natural. It is a stage ridden with physical and mental problems. Very few people reach old age completely free of diseases. Senior citizens across the globe are not getting the proper health care they need because governments and the society are not aware of their problem.

The ageing population is both a sociological and medical problem. It makes a greater demand on the health services of a community. In a rapid graying world, healthy ageing is vital for the countries. It is a pre-requisite for economic growth. Discoveries in medical science and improved social conditions during past few decades have increased the span of life. The situation becomes all the more difficult when one finds one left alone without anyone to take care of. Indeed, the loneliness and neglect associated with old age is a rather recent phenomenon. It is the outcome of breakup of the tradition of joint family system. Growing urbanization and fast moving modern life have contributed to the problem. Furthermore, the erosion of moral values has also aggravated the situation. Earlier, when life was simpler and values were more ‘valuable’, the elderly held an enviable place in family and society. However, with the changes in the structure and functions of family, many elderly lost their space in family and had to move to old age homes as their final haven.

The Problem

Ageing is an important socio-psychological problem in almost every family, involving strains and stresses in taking care of the elderly. With the increasing longevity, “the empty” years at the end have increased, with its attendant issues of disease, disability and psycho-physical deteriorations. The dynamics in the structure and functions of family along with the ongoing changes in social values have put serious dent on the space the elderly had been enjoying, bringing old age homes to the focus of discourse on ageing. The life of the elderly in care home, often referred to ‘home away from home’, is too not

without problems. In this pressing context, the present paper attempts to capture the situations of care delivered by these institutions and the issues the elderly face in them.

Objectives

To know the problems of the elderly in old age homes

To understand the institutional care given by the old age homes and

To know the situation of physical and mental health of the elderly

Significance of the study

This study helps us to update the knowledge about ageing and the consequent social issues of those living in old age homes. Old age homes take the baton from where family ceases to care for the aged. Therefore this study helps to understand yet another dimension of old age problems i.e. the problems of the elderly under institutional care.

Area of study

The present study is conducted in Hassan city, the headquarters of Hassan district of Karnataka state of India. It is situated 934 meters above the sea level with fine weather. It is better known as the seat of Master Control facility of the Indian Space Research Organization (ISRO). As per census 2011, Hassan has a population of 17, 76,221 with 885807 (49.87 percent) males, and 890414 (51 percent) females. Hassan has an average literacy rate of 75.89 percent. In Hassan district 51497 old age people are availing government pension.



Karnataka state, India and Hassan District



View of the Old age home, Ananda Sadhana of Hassan district.

Data and Methodology

The study used both primary and secondary data. Primary data includes both quantitative and qualitative. Quantitative data were collected from 100 samples (50 each) from the two old age homes selected using a structured interview schedule and qualitative data through in depth interviews with the stake holders including respondents, care givers and health professionals. The secondary data were gathered from sources like Census of India and other official records.

Profile of respondents

Out of the total 100 respondents of the study, 67 were in the age group of 55-65 years, 23 in 65-75 years and 10 in 75 + (table 1). Females far outnumbered males in both the former age groups, pointing to the fact that women were more at the receiving end with regard to the care of the elderly. This is also due to their widowhood, consequent to which there is virtually nobody to take care of them. The majority of the respondents had education either primary schooling or below. Its interesting to note that the majority in 55-65 and 75+ groups belonged to joint families, raising serious questions on the efficacy of joint families in the protections of elderly. The majority in all the age groups had own income from property, showing that they are no longer dependent on their children or anybody else for financial requirement. It also depicts the situation that despite having own income, they did not get acceptance in the family.

Problems of the elderly

Ageing is a multi-dimensional process involving physical, psychological and social changes. Elderly are prone to infections, injuries, degenerative disorders, psychological problems, risk of disability consequently resulting in death. The news of parents being abused in multiple ways, by their children is quite frequent today, paving their way to old age homes. But here too they are not without problems. The major problems the inmates of old age homes face are as follows.

Adjustment with inmates

Though old age homes are often called 'home away from home', there is significant adjustment problems with the other inmates. More than one fourths of the respondents are not in harmony with their co inmates (table 2). It is interesting to note that as age increases their harmony and cooperation too increase. It could be partially due to the wisdom brought about by ageing and due to the realization that there are not many people, including own children and relatives, around them.

Physical and mental disorders

Elderly are susceptible to a variety of physical and mental disorders. Arthritis, hypertension, breathing problems, indigestion etc are the major physical problems the inmates have. Depression is the most common among the mental disorders. Symptoms of depression include- lack of interest in activities you enjoyed doing, sadness, jumpiness or irritability, loss of memory, inability to concentrate, confusion or disorientation, thoughts of death or suicide, change in appetite and sleep patterns, persistent fatigue, lethargy, aches and other unexplainable physical problems, dementias and pseudo dementias. It is found that 25 percent of the inmates are suffering from mental illness. They were taken care of by the old age homes. Counselors were appointed to treat them. 40 percent of them were cured and the rest of them is under treatment.

Sometimes, depression can also be 'masked' and present mainly with various bodily complaints such as pains and excessive preoccupation with bodily functions. At times depression in old people is associated with serious physical illness and may show a blend of depression, anxiety, irritability and attention seeking behavior. After ruling out the presence of any physical illness, the depression can be treated through a course of anti depressants under the careful supervision of a psychiatrist. Psychotherapy is a powerful tool to help the person identify and deal with life stresses or other conflicts, relating to self esteem and self concept. It is observed that 25 percent of the respondents were sad without any hope about future. They said they were waiting for the impending death.

It is seen that the majority in all age groups have one or other physical problem (table 3). It is notable that as age increased the occurrence of physical problems too increased, pointing to the fact that the oldest old suffer the most. Male inmates had more physical disorder than females.

It is observed that mental disorder is not as serious as physical disorder among the inmates (table 4). The majority of the inmates did not have any mental disorder. While only 19.4 percent in 55-65 group had some kind of mental disorder it was more among the higher age groups. Males outnumbered females in mental disorders too.

Institutional care

The old age homes take care of the various aspects of their inmates. Since being a total institution, it has no other options but to cater to all the needs of the inmates in the best possible way. The fact that the elderly are often not in a position to identify their needs make the institutions more responsible in delivering their services. It is observed, in the study, that the old age care institutions provide the following functions in their effort to give care to the elderly.

Proper diet

As age advances, due to decline in appetite and sensitivity to taste and smell their intake of food decreases, leading to a decline in health. In this situation, adequate mineral intake in diet should be ensured. Thus intake of good diet will help a person to live a happy and healthy life during ageing.

There are no specific dietary rules for senior citizens. Without enough teeth, they cannot chew foods. As people grow older, they usually eat vegetarian food due to teeth problems. A balanced diet will go a long way in ensuring a healthy life for old age. Proper nutrition is vital for the aged people, in order to restore their health.

Regular Exercise

Exercise is essential for all the aged people. The benefits are plenty, proper blood circulation, in order to function the organs properly. Regular exercise keep their body in a normal condition. So the institutions made them do proper exercise to reduce their hypertension, cholesterol and blood sugar. Exercise would definitely help them lead a normal life and strengthen the bone. The institutions take care in making the inmate do regular exercise.

Regular health check –up

Regular health checkup including vision, hearing and blood by specialists is part of anti-ageing plan. Diseases that affect eye sight including cataracts, glaucoma and macular degeneration are more common with age and can be controlled or halted if detected early. Hearing loss usually causes cognitive decline, depression and social isolation. It is necessary to keep blood pressure, blood sugar and cholesterol levels under control even as one gets into 70s and beyond. As body grows old, there are lots of changes and these may be visible in declined appetite, sleep disorders and memory loss. All these make regular and frequent health checkups necessary.

The majority of all age groups agreed upon the fact that they undergo regular health checkups in the institutions (table 5). There is a slight decrease in the percentage as the age increased, possibly due to the loss of memory they are not able to recall the event.

Regular meditations and prayers

To keep the mental health strong, the inmates are given adequate counseling. Religious prayers and meditations are essential for them to keep their mental health sound and proper. Meditation is said to be a good tonic for the preservation of mental health, away from depression and anxiety. Loneliness and depression can be avoided by means of meditations and prayers. So the institutions are taking care of this and twice a day all inmates group together in the prayer halls and offer prayers.



Inmates are gathered in the prayer hall



Interactions with the inmates

Recreational activities

Recreational activities are very important in a total institution like old age home. The very fact that the inmates suffer from multiple mental agonies makes recreation a truly inevitable aspect of life in the institution. It can alleviate depression and several other mental disorders of the inmates. It is observed that the institutions under study do a great job in providing recreation for its inmates. They frequently organize recreation activities, especially with the participation of local educational institutions. The students of these institutions make various performances to entertain their 'grandpas' and 'grandmas'. The presence of children has yet another soothing effect on these old ones who are staying away from own children and grand children.



Cultural programmes performed by college students to entertain the elderly

Opinion about the care

Many of the elderly were unhappy over their survival for long years. It is observed that the institutional care offered by the old age homes seems to be a spark in the darkness, as somehow they are happy over the care given by these institutions. Inmates residing in an old age home have unique and different attitudes, due to the differences in their respective social, economic, religious and cultural background. Each one of them has one's own story to tell. How do their circumstances in life make them so unsecured? The fact that their own children and relatives treat them as strangers show the deterioration in social values. As a consequence, these inmates are usually in a state of depression.

The respondents in general (91.0 percent) are of the opinion that the institutional care given to them from the old age homes is up to their satisfaction. In detail, while 74.0 percent held it is good, 17.0 percent opined it as satisfactory. On any count it could be better than what they got from or what they expect from their own homes.

Suggestions

Love and affection to aged

Society and community have a great role to play in order to fulfill the dreams of the elderly. In fact, during old age one is faced with multi-dimensional problems including loss of spouse and/or old friends, financial constraint, lack of recreation, loneliness, isolation etc. All these point to the necessity of more love and affection towards them. The younger generations

should try to understand the elder people and must treat them with respect and make them feel comfortable financially, socially and personally. Family members should treat the old age people with lots of love and affection, humanly treatment, give them lots of support and they should feel secured. More than medication, they need love and care by the family members.

State intervention

The State must give priority to the issues of the elderly. It may give financial assistance to old age homes. Exclusive medical care programmes for the elderly should be implemented. Trained and motivated health care professionals should be employed to take care of the elderly.

Awareness programmes

The general public, especially the younger generation should be sensitized of the phenomenon of ageing and the issues of elderly. The elderly too wish to be treated with respect and to enjoy good status in the family as well as in society.

Social involvement

More and more involvement of the institutions, family members, community leaders and more than that active involvement of the elderly themselves may solve many problems related to ageing.

Conclusion

The old age is an integral part of human life being unavoidable, undesirable, and unwelcome and problem- ridden phase of life. Elderly becomes dependent and needs the help of others largely due to his physical infirmity. But in this materialist society, everybody is short of time. Even their own children, to whom they had dedicated their entire life and earnings, do not find time for them. All these put the elderly in old age homes. Therefore the life and care in old age homes become very important in the life of the elderly. The situation in own homes which have driven these helpless persons away should not allowed to replicate in the old age homes, their new haven.

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Table 1: Profile of the respondents

Age group	Sex			Education				Family type			Income			
	Male	Female	Total	Illiterate	Primary	Secondary	Total	Joint	Nuclear	Total	Property	Pension	Nil	Total
55-65	17 25.4	50 74.6	67 100.0	44 65.7	13 19.4	10 14.9	67 100.0	44 65.7	23 34.3	67 100.0	40 59.7	22 32.8	5 7.5	67 100.0
65-75	8 34.8	15 65.2	23 100.0	7 30.4	12 52.2	4 17.4	23 100.0	10 43.5	13 56.5	23 100.0	14 60.9	5 21.7	4 17.4	23 100.0
75 +	5 50.0	5 50.0	10 100.0	2 20.0	6 60.0	2 20.0	10 100.0	6 60.0	4 40.0	10 100.0	7 70.0	2 20.0	1 10.0	10 100.0
Total	30 30.0	70 70.0	100 100.0	53 53.0	31 31.0	16 16.0	100 100.0	60 60.0	40 40.0	100 100.0	61 61.0	29 29.0	10 10.0	100 100.0

Source: Field survey

Table 2: Harmony with inmates

AGE GROUP	HARMONY			TOTAL
	TO A GREAT EXTENT	TO SOME EXTENT	NOT AT ALL	
55—65	15 (22.39)	29 (43.3)	23 (34.3)	67 (100.0)
65-75	11 (47.8)	7 (30.4)	5 (21.7)	23 (100.0)
75+	7 (70.0)	3 (30.0)	0 (0.0)	10 (100.0)
TOTAL	33 (33.0)	39 (39.0)	28 (28.0)	100 (100.0)

Source: Field survey

Table 3: Physical disorder

PHYSICAL ILLNESS	AGE GROUPS			TOTAL
	55-65	65-75	75+	
YES	39	16	8	63
	58.2	69.6	80.0	63.0
No	28	7	2	37
	41.8	30.4	20.0	37.0
TOTAL	67	23	10	100
	100.0	100.0	100.0	100.0

Source: field survey

Table 4: Mental disorder

PHYSICAL ILLNESS	AGE GROUPS			TOTAL
	55-65	65-75	75+	
YES	13 19.4	9 39.1	3 30.0	30 30.0
NO	54 80.6	14 60.9	7 70.0	70 70.0
TOTAL	67 100.0	23 100.0	10 100.0	100 100.0

Source: field survey

Table 5: opinion about care given by homes

Age group	Institutional care			Total
	Good	Satisfactory	Bad	
55-65	52 77.6	10 14.9	5 7.5	67 100.0
65-75	15 65.2	5 21.7	3 13.0	23 100.0
75+	7 70.0	2 20.0	1 10.0	10 100.0
Total	74 74.0	17 17.0	9 9.0	100 100.0

Source: Field survey

Table 5: Regular health checkup

REGULAR CHECK-UP	AGE GROUPS			TOTAL
	55-65	65-75	75+	
YES	58 86.6	19 82.6	8 80.0	85 85.0
NO	9 13.4	4 17.4	2 20.0	15 15.0
TOTAL	67 100.0	23 100.0	10 100.0	100 100.0

Source: Field survey