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Informal Care Received by Elderly Residing in Slums of Tiruchirappalli District, Tamilnadu, India

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Abstract

The purpose of this research paper is to examine the concept of informal care among elderly residing in slums. Population aging is a global phenomenon. Though it is commonly agreed that caring for an increasing older population is the responsibility of the government, the private sector and individuals themselves, it is till assumed the families should take up the major role in caring for the elderly. India is poised to become home to the second largest member of older persons in the world. The traditional norms and values of Indian society laid stress on showing respect and providing care for the elderly. The advents of modernization, industrialization, urbanization, occupational differentiation and growth of individual philosophy have eroded the traditional values the vested authority with elderly. These have led to defiance and decline of informal care for elder's mong members of younger generation. Although family support and care of the elderly are unlikely to disappear in the near future, informal care of the elderly seems likely to decrease at the nations develop economically and modernize in other respect. Hence, this study has focused on the quality of informal care received by the elderly residing in slums in Tiruchirappalli district, Tamilnadu.

Kew Words: Informal care, formal care, quality of life, slums, elderly.

Introduction

Across the world, countries are experiencing population ageing. The growth rate of the elderly population is more rapid in developing countries like India than developed countries. Apart from demographic transitions, socio-economic and political changes together with increased individualism have altered living conditions of the elderly. The population of the aged people 60 and above is growing fast all over the world. In India the population in this age group is growing rapidly. As the population of the aged people increases, their problems also multiply[1]. Family is the primary care giving unit for the aged person and a major proportion of the aged are dependent on family for their care. The increase of ageing population is a major concern to both the family and the government. Usually, the deterioration of health will begin particularly after the age of 75 which therefore will cause the elderly suffering longstanding illness, disability or infirmity[2]. The ageing population, especially those with morbidity, may need care both from the informal and formal sectors. Elderly people are regarded as one of the vulnerable populations in the field of nursing. Vulnerable populations are defined as being at risk of poor physical, psychological, and/or social health[3] and thereby require special care and attention.

Traditionally, informal care refers to the care offered by virtue of social relationship between individuals, whereas agents of a government or non-government organisation render formal care to individual with well-defined categories of need. Therefore, formal care is a form of specifically designed interventions with highly desirable outcome. On the contrary, informal care is neither structured nor well-planned care. Accordingly, care recipients perceive informal care as an expression of valuing and caring about them as an individual[4-5]. Thus, informal care recipients experience such care qualitatively, which is different from the care provided by formal organisations. Elderly residing in the slums can be one of the prime candidates for the study because India is one of the leading nations with population aging in the world, and therefore, health care workers in India have concerns about growing demands on health care of the elderly.

Status of Elderly in India: Slums have become part of the urban landscape in India. The population of slums is usually a mixture of persons from different religions, language groups and occupations[6]. It has been estimated that 70% of the world's elderly population are in will developing countries. India being the second most populous country in the world, earlier research study states that number of the elderly in India is projected to reach 137 million by the year 2021[7]. Moreover, social scientists report that there is a general lowering of social status of elderly people in India and increasingly, older people are perceived as a burden by the family members due to their disability or dependence. Since modernization has brought rapid changes in the family system, the family's capacity to provide quality care to older people has also decreased[8].

Informal Care to the Elderly: Today, the elderly demand that society should not only ensure independence and participation,

but also provide care, fulfilment and dignity. Limited understanding of factors influencing their quality of life is largely responsible for the elderly being denied a dignified existence. Informal care, or informal support, is a fundamental feature of community care, and is included in the broad concept of community care [9]. It is a continuum of helping behaviours or assistance that is not derived from legal mandates or publicly financing mechanism, but from normative or voluntary interpersonal association. There are two perspectives about the relationship between the informal and formal care: substitution and complimentarily[10]. The substitution approach views formal care as a substitution when the hierarchical model of care is not available. The hierarchy of care is popular in the help-seeking process among the elderly. Usually, the elderly may have secondary caregivers in supplement of the primary one[11]. In Indian family system the spouse is viewed as the primary caregiver, and then unmarried daughters, married daughters, sons, close kin and friends as supportive helpers, in order of familial closeness and intimacy to the frail older person[12]. Informal care for the elderly is important in societies built on community relations. Immediate surroundings constitute the system of informal care as far as an elderly person is concerned. A model of social care envisaged by Cantor recognized support components of family, community, social agencies and government[13]. It has also emphasized the ever-changing interactive nature of the system. Envisioning an older person at the centre of a series of concentric circles, this model contains supports ranging from informal at the centre to formal at the periphery. Older persons interact with each of these circles and sub-systems at varying times and for varying types of assistance. At times, these separate networks interact with each other and overlap.

Objectives: i. To find out the Socio- Demographic Characteristics of the elderly residing in slums, ii. To find out the level of informal care received by the respondents, iii. To suggest measure to improve the conditions of aged in terms of their basic human rights.

Research Methodology

The purpose of this research paper is to assess the quality of informal care received by the elderly residing in slums and to find out association between socio-demographic variables and informal care received by the elders. Descriptive research design was used. A total of 50 respondents were selected from Gajapettai and M.G.R Nagar slums located in Tiruchirappalli district, Tamilnadu through simple random sampling procedure. Interview schedule was used to collect the data. The demographic questionnaire included information regarding the respondent's age, gender, education, religious orientation, domical, economic status, family size, and staying. Informal care received by the respondents was measured using quality of informal care scale - QICS developed by Help-Age International. The scale consists of 39 items, which are related to informal care. The items of the scale consist of both positive and negative statements, which are equal in number. For all the positive statements, the scores are; strongly agree-5, agree-4, undecided -3, disagree – 2 and strongly disagree-1 and for all negative statements the scores are; strongly agree-1, agree-2, undecided -3, disagree-4, and strongly disagree-5. The interview schedule was also pretested. The data collected were analysed and findings were depicted in the form of percentages and proportions.

Results and Discussion

Table - 1 indicates that 48 percent of the respondents are in the age group of 60 – 65 years and 30 percent were in the age group of 66 – 70 years. This study reveals that 58 percent of the respondents were female. Hence, the female respondents are in need of care and support. Results show 54 percent of the respondents does not have any income and they depend on other family members for financial support. Many problems that confront the elderly can be traced to the loss of income resulting from total or partial withdrawal from occupation and in this study it was observed that 54 percent of the elders are not going for any work. Education is found to be influencing perception of ageing as a problem while combined with status of elderly at home. With increase in level of education the perception that ageing is a problem declines in both the groups of elderly. The findings show that 54 percent of the elderly were illiterate. Hence, the elders who were illiterate are in need of formal and informal care for their well-being. 60 percent of the elderly are form nuclear family and remaining 40 percent of the respondents are from joint family.

The table-3 depicts that there is a significant difference between the type of family of the elders and quality of informal care received by them. It is due to the fact that industrialization and urbanization have brought changes to family structure in India to a great extent. Since extended family that existed in the society has changed to a nuclear family, this above factor has affected the position of the elderly in the family as well as the families' capacity to take care of the aged.

Successful adaption in old age which composes of life satisfaction and social independence depends on the elderly person's health and socio-economic status[14]. Table-4 shows that there is no significant relationship between the age, monthly income, number of elders in family and quality of informal care received by the elders. This finding corresponds well with the previous study, which states that gender dimension in ageing especially in perceived burden depends on the age of elderly[15]. Life stresses are perceived more by females and those in higher ages. Physical concerns bother more males in older ages, financial concerns bother more males in older ages, and psychological concerns bother more females in older ages. It is a combined effect of physical, financial and psychological factors that troubles elderly; among them physical concerns are more pronounced. Development of health care facilities with geriatric specialty is a dire need.

Table - 1
Distribution of Elderly by their Age, Sex and Income

Characteristics	No. of Respondents (n:50)	Percentage
Age		
60 -65 years	24	48.0
66 - 70 years	15	30.0
Above 70 years	11	22.0
Sex		
Male	21	42.0
Female	29	58.0
Income		
Rs.(100 to 500)	16	32.0
Rs.(501 to 1000)	04	8.0
Above Rs.1,000	03	6.0
No Income	27	54.0

Table - 2
Distribution of Respondents by their Educational Qualification, Occupation and Marital Status

Characteristics	No. of Respondents (n:50)	Percentage
Occupation		
Working	23	46.0
Not Working	27	54.0
Educational qualification		
Illiterate	27	54.0
Primary	17	34.0
High School	6	12.0
Marital Status		
Married	29	58.0
Unmarried	3	6.0
Widowed	18	36.0
Type of Family		
Joint	20	40.0
Nuclear	30	60.0

Table - 3
Difference between the Respondents Type of Family and Quality of Informal Care Received by the Elderly

S.No	Type of Family	Mean	Std. Deviation	Statistical Inference
1	Joint	103.28	24.76	t =2.386 P< 0.05
2	Nuclear	119.72	23.93	Significant

Table - 4
Karl Pearson's Co-efficient of correlation between the Respondents various Socio-demographic factors and Quality of Informal Care Received

S. No	Variable	Correlation Value	Statistical Inference
1	Age and Quality of Informal Care	-0.107	P > 0.05 Not Significant
2	Monthly Income and Quality of Informal Care	-0.104	P > 0.05 Not Significant
3	Number of Elders in Family and Quality of Informal Care	-0.158	P > 0.05 Not Significant

Old age is the closing period in the life span. It is a period when people "move away" from previous more desirable periods or times of "usefulness" and this study reveals that nearly half percent of the respondents where in the age group of 60-65 years where dependency also increases. Since old age is the period in which most of the elders get retirement and remain jobless and often depend on the other family members for their financial support. Moreover, this study states that more than half of the elder persons are not working and depend others for their financial support. One common problem unique to elderly in slums is physical helplessness, which necessitates dependency on others and in this study; the female respondents have more dependency compared to the male counterparts. Education is found to be influencing perception of ageing as a problem while combined with status of elderly at home. With increase in level of education, the perception that ageing is a problem declines in both the groups of elderly. It was found that the elders in slums who were illiterate are in need of formal and informal care, whereas the elders with good educational background are independent. Moreover, the present study reveals that more than half of the respondents are illiterate. In our society it is important to note that elderly who have savings in the bank or who have assets are more likely to receive proper care and support from the caregivers. On the contrary, the findings of this study reveal that there is no association between the income and quality of informal care. Recommendations to improve the quality of informal care among elderly. i. Encouraging the family members in the first place to take care of their aged parents and incentive scheme wherever feasible and possible, ii. Including geriatric care in the curriculum of schools so as to sensitize the younger generations to the problems of the aged so that they may keep the family traditions intact, iii. Establishing district- wise old age homes with community support, iii. Family support systems like caregivers and social networks also need to be emphasised in studies on ageing. Coverage of such support systems and social networks will help comprehensively to understand ageing issues, iv. Promote regular and greater interaction among researchers, policy planners, community workers and service providers associated with ageing issues.

Conclusion

The responsibility of caring of the elderly is traditionally that of the immediate family and most often by the sons. However, with a growing trend towards nuclear family set up and the associated decay of the extended family structure, the vulnerability of the ageing population is increasing. In order to cope with this situation, it is necessary that the caregivers be made aware of the physical and mental conditions and problems of the elderly people so as to meet their needs as far as possible in the home setting itself. Hence, informal care in India seeks an adequate attention to provide positive interventions of strengthening social support systems for the older persons.

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