



Elderly Women in Old Age Homes - A Situation Analysis

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Abstract

The rise in institutional care of the elderly is a serious concern in India. With the rapid aging of Indian population, there is substantial increase in people having chronic health conditions who require individualised care. With current trend of increased nuclear families, industrialisation, urbanisation and migration the elderly population remains unwanted and isolated. Against this backdrop, government and non- governmental organisations established old age homes to provide care and support for these elderly who had to leave their own homes due to several problems. Since elderly women far out-number elderly men due to their higher life expectancy, social condition of elderly women constitute a major area of contemporary research. After spending long years of active family life, 'confinement' in institutions in an aloof environment causes many psycho-social problems that hinder their quality of life. They become more dependant, socially isolated, and immobile or bed-ridden not only due to chronic health conditions, but also due to psycho-social factors, diminishing social and family support and changing life situations. This article is based on a study conducted among elderly women in old age homes. The study was conducted by the author as a minor research project funded by the University Grants Commission, Government of India.

Keywords: Ageing, Elderly women, Family, Old-age home, Institutional care, Social work.

Introduction

Adults aged 60+ is a fast growing population across the globe. Advance health care technology has made increased life expectancy. The population of older citizens in India ranks second in the world. Many older persons face difficulties in living with their children and they move to institutional care, which is the only choice for them. Substantial changes in the provision of care of the elderly have been taken place in India. Government and non government organisations have established residential care facilities for the elderly. Multiple co-morbidities, impaired social and physical functionality, poor social and family support and mental health issues make their life at high risk. The care transitions at the later stage of life make their lives complex and difficult. Review of literature demonstrate that elderly women suffer a lot of problems as they move from home to institutional care due to their high dependency, lack of assets, feeling of loneliness and insecurity. This is a descriptive study about the situation of elderly women in institutions. The purpose of the study was to understand the background of elderly women in the institutional care, the facilities available for their care, their health issues, needs and preferences.

Materials and Methods

This descriptive study was carried out among 100 elderly women aged 60 years and above living in care homes in Thrissur Corporation area of Kerala State in India. There are five residential care homes in the corporation area and all the

residents have been selected as the respondents for this study. One of these institutions is run by the Department of Social Justice, Kerala State and all the other institutions are run by non-government organisations. The services in the home run by the state governments are free of cost. All the respondents were interviewed using a pre-tested structured interview schedule which was developed after careful literature review and consultation with experts in the area. The data were processed using SPSS.

Result and Discussion

Socio-economic background: The findings of the study showed that 25 percent of the respondents live in institution run by the State government and 75 percent of the respondents live in private institutions run by NGOs. 35 percent of the respondents paid fee for getting admitted in the institutions and the amount vary from Rs 1000/- to Rs 100000/-. Majority of the respondents(46%) of the respondents are in the age group of 70-80. 35 percent of the respondents belong to 60-70 age group and 19 percent belong to the age group 80-90. There were no respondents above age 90. The result also showed that 44 percent of the respondents were unmarried, 40 percent widowed and 3 percent of them divorced. 41 percent of the respondents have children and 42 percent of the respondents have grand children. With regard to the education of respondents, 22 percent of them are illiterate, 37 percent have primary education and 22 percent have upper primary education. 12 percent of the respondents secured high-school education, 4 percent Higher secondary and 3 percent of the respondents were graduates. The

result also showed that 45 percent of the respondents were unemployed prior to the residential care and 23 percent of the respondents were involved in some sort of skilled work and 24 percent in unskilled work. It is significant to note that there is gross difference in the assets owned by the respondents before and after getting admitted to the institution. 28 percent of the respondents reported that they lost their assets after being institutionalised. Only 23 percent of the respondents have bank account and 26 percent of them monthly income ranging from Rs 100/- to Rs 8000/-. The source of income of 21 percent of the respondents was monthly pension provided by State Government.

Out of 56 percent of the respondents who were married, 54 percent of the women got married before attaining the age of 20. Out of the married women 74 percent of them are widows. The spouses of 10 percent of the married respondents live in old age home. Only 7 percent of the respondents are satisfied about the health status of their spouses and 5 percent of the respondents don't know about the health condition of their spouse. 14 percent of the married respondents reported that they are currently having contact with their spouse. 9 percent of the respondents haven't had any contact with their spouses.

Entry to the Institutional care: With regard to the age at which the respondents were admitted in the institutions, 41 percent of them admitted at the age of 70 and above. 28 percent of them admitted between 60 and 70 and 31 percent of them before attaining 60 years. 37 percent of the respondents lived in other institutions or relatives' house before coming to the institution they are living at present. It is interesting to note that majority (60%) of the respondents decided on their own to live in old age homes. For 30 percent of the respondents the decision was taken by their family. Only 7 percent of the respondents reported that it was a joint decision taken by the respondent and family members. For 27 percent of respondents religious leaders helped them to seek admission in old age homes, for 35 percent, their relatives helped and for 25 percent, their friends helped.

The reasons for leaving their own families to live in institutions were also explored. 34 percent of the respondents reported that there was no one to look after them in their own home, 28 percent of the respondents reported family problems and 27 percent reported health issues as the reason to come to the institutions. Loneliness at home (6%) and economic problems (5%) are other problems reported by the respondents. It was disheartening to know that 57 percent of the respondents have no contact with their own family members after coming to the institution. 33 percent of the respondents maintain occasional contacts with their family and 10 percent of the respondents reported have that they frequent contact with their family members. Majority of the respondents maintain their contact with their family members through telephone. Only 2 percent of the respondents experience visits by their relatives. To the question whether these respondents get opportunities to live in their relatives' houses occasionally, especially during any

special celebrations, 41 percent of the respondents responded positively and 13 percent reported that they rarely get opportunities to visit and stay in their relatives' houses. With regard to the financial support the respondents receive from their family members, 59 percent of the respondents reported that they get some kind of financial or material help from their relatives, though not regular.

Facilities in the old-age homes: This section presents the information regarding the facilities and services available in the residential institutions. The facilities in the institutions are closely associated with the quality of life of the residents. Only 13 percent of the respondents live in single rooms, others live in 2-3 bedded or dormitory type arrangements. 81 percent of the respondents reported availability of toilets attached to their room. Only 22 percent of the respondents get hot water. Majority of the respondents reported availability of cots, beds and fan in their room.

The respondents also reported availability of Television, news paper and magazines. With regard to the food provided in the institutions 54 percent of the respondents reported that they are satisfied with the food provided by the institution. However a significant percentage (46%) reported dissatisfaction. 50 percent of the respondents reported lack of out-door recreation programmes for the residents. With regard to spiritual programmes, majority (91%) of the respondents reported that they have facilities for practicing individual prayers and 82 percent reported that they have facilities for collective prayers and 81 percent reported that the availability of both. As these respondents belong to different religions, 78 percent of the respondents reported that they have facilities to practice prayer according to their respective religion. Majority of the respondents (54%) reported that they have had opportunities to visit religious institutions after coming to the institution. Majority of respondents (94%) reported satisfaction on the daily routine of the institution.

Engagement of elderly in activities: The Table-1 shows the engagement of respondents in other activities of the institution. From the Table it was found that majority of respondent were not engaged in other activities in the institutions apart from their personal routine. When the researcher enquired about their favourite leisure time activity, 26 percent of the respondents reported their disinterest in actively engaging in any activities. With regards to their relationship with other members in the residence, 14 percent reported that they have very good relationship with others, 42 percent as 'good' and 33 percent 'satisfactory' and 11 percent expressed their dissatisfaction. 47 percent of the respondents reported the presence of close friends in the institution and 53 percent of the respondents did not have any close friends.

The Table-2 shows the nature of interaction with other members in the institution.

Table-1
Engagement of respondents in other activities

| Activity | No of Respondents | | Total |
|---------------------------|-------------------|----|-------|
| | Yes | No | |
| Cutting vegetables | 35 | 65 | 100 |
| Gardening | 31 | 69 | 100 |
| Cleaning | 24 | 76 | 100 |
| Assisting other residents | 5 | 95 | 100 |
| Cooking | 3 | 97 | 100 |

Table-2
Interaction of respondents with other members in the institution

| Interaction with others | To a great extent | To some extent | Not at all | Total |
|--|-------------------|----------------|------------|-------|
| Like to be with other inmates | 22 | 68 | 10 | 100 |
| Share personal problems with other members | 24 | 56 | 20 | 100 |
| Listen to the problems of others | 23 | 60 | 17 | 100 |
| Conflicts with other members | 5 | 32 | 63 | 100 |

Health: Even though the life expectancy of older adults has improved compared to the previous generations, health care of elderly is an important concern especially for women in institutional care. Sensory impairments, decline in dental health, reduced mobility, weakening of muscles, lack of appetite, anaemia, insomnia, gastric problems, urinary and bowel incontinence and cognitive impairment are some of the common problems of ageing. This study gave an opportunity for the respondents to reveal their health problems or illnesses experienced by them at the time of interview.

To a general question whether they were satisfied with their health condition majority (84%) reported dissatisfaction. The Table-3 shows the specific health issues reported by the respondents.

The Table-3 shows that the problems related to eyesight, arthritis, fatigue are very common among the respondents. Only 2 percent of the respondents are bed-ridden. Memory problems are another important area as 44 percent of the respondents suffer from such issues. 67 percent of the respondents use spectacles to manage their vision impairment. To the question whether they are satisfied with the medical care provided by the institution, 68 percent reported satisfaction. Only a few respondents (11 %) reported that they have weekly health check-up and 56 percent reported monthly health check up and

7 percent of the respondents have medical check up only once a year. It is important to note that 26 percent of the respondents revealed that they do not have medical check-up on a regular basis. With regard to the accessibility of doctors, only 8 percent reported easy accessibility to a doctor. Majority (95%) of the respondents stated that they are taken to nearby hospital when they get sick as there is only 1 percent reported doctor’s visit to the institution in emergency situations. Majority (77%) of the respondents reported that they follow allopathic treatment. Majority (86%) of the respondents have regular medication for their illness, out of which medication for hypertension is the most common condition for which the respondents take regular medication. For 60 percent of the respondents, the medical expenses are met by the institution or by the government.

Mental Health problems: Many people experience loneliness and depression in old age, either as a result of living alone or due to lack of close family ties and reduced connections¹. This study also explored mental health problems especially depression clues among the respondents. The Table-4 shows the details.

The Table-4 shows the depression clues experienced by the respondents in the order of its frequency. Fatigue, hopelessness and feeling empty or sad are the problems experienced by most of the respondents. To a general question whether the respondents are satisfied with the life in the institutions, 72

percent of them reported that they are satisfied to a great extent, 13 percent to some extent and 15 percent of the respondents expressed their dissatisfaction. It is interesting to note that while 40 percent expressed their interest to return to their own homes, 60 percent of the respondents did not show any interest in returning to their own homes.

Need for social worker’s support: It was observed that services of social workers are not available in any of these institutions. In order to know the respondents’ opinion about the need for social workers’ support, 75 percent of the respondents expressed their interest in having a social worker available in their institution to seek and receive professional support.

Conclusion

The study shows the situation of elderly women in institutions, their health issues, needs and preferences. With regard to the process of admitting the respondents in old age homes, the

interesting thing to be noted that most of the respondents are unmarried or widowed. They have only basic education and they lack any assets of their own. Even though the decision to move into the institutional care was made by majority (60%) of the respondents on their own, for 30 percent of the respondents, it was the decision of other family members. Lack of family members to look after these elderly women in their own homes, health issues and family problems were the reasons mentioned by the respondents for seeking care in the institutions. The frequency of contact with their own family members was very meagre and this may cause loneliness, feeling of isolation, emptiness, hopelessness etc among the elderly women in institutions. It is heartening to note that majority of the respondents got opportunities to practice personal prayer and other religious/spiritual activities within the institutions. Ill-health is another important area in the life of the elderly and most of them have one or more chronic health conditions. The presence of depression clues is another area of concern as many of the respondents experience one or more such problems.

Table 3
Health problems of the respondents

| Health Problems | No of Respondents | | Total |
|----------------------|-------------------|----|-------|
| | Yes | No | |
| Visual impairment | 89 | 11 | 100 |
| Hearing impairment | 33 | 67 | 100 |
| Diabetes | 26 | 74 | 100 |
| Hypertension | 53 | 47 | 100 |
| Sleeplessness | 37 | 63 | 100 |
| Memory issues | 44 | 56 | 100 |
| Gastric problems | 34 | 66 | 100 |
| Arthritis | 61 | 39 | 100 |
| Mobility impairment | 11 | 89 | 100 |
| Urinary incontinence | 9 | 91 | 100 |
| Constipation | 34 | 66 | 100 |
| Lack of appetite | 34 | 66 | 100 |
| Fatigue | 74 | 26 | 100 |
| Bed-ridden | 2 | 98 | 100 |
| Other minor illness | 16 | 84 | 100 |

Table 4
Depression clues in the respondents

| Depression Clues | No of respondents | | Total |
|--|-------------------|----|-------|
| | Yes | No | |
| Fatigue | 72 | 28 | 100 |
| Hopelessness | 66 | 34 | 100 |
| Feeling sad or empty | 65 | 35 | 100 |
| Helplessness | 52 | 48 | 100 |
| Feeling of insecurity | 46 | 54 | 100 |
| Feeling worthlessness | 42 | 58 | 100 |
| Sleep disturbance | 43 | 57 | 100 |
| Loss of appetite | 33 | 67 | 100 |
| Recurring thoughts of dying, death or suicidal thoughts | 29 | 71 | 100 |
| Social withdrawal | 28 | 72 | 100 |
| Isolation | 26 | 74 | 100 |
| Loss of interest or pleasure in things that usually bring pleasure | 15 | 85 | 100 |
| Anxiety | 14 | 86 | 100 |
| Irritability | 13 | 87 | 100 |
| A decrease in the ability to think or concentrate | 10 | 90 | 100 |
| Lack of interest in personal care | 8 | 92 | 100 |

The study revealed certain important concerns which require proper attention from general public and government. For older people, the transition from their own ‘family home’ to an institution is not that easy. During the interviews with the respondents it was found that they try to compromise with the situation and try to be happy and contented.

The study also revealed the facilities available in these care institutions. During the visits to these institutions it was found that the institutions are not free from risks or hazards. Even though the institutions provide basic facilities for lodging and boarding, there is lack of personalised/ individualised care and support. There are no facilities for professional counselling as many of them experience emotional and psychological problems. The respondents expressed their need for having more out-door recreational programmes. This shows their need for more support to be engaged in social activities.

Suggestions: Aging is associated with a range of losses to which older people must adapt. Sociability plays a crucial role in protecting people from psychological distress. It was found that the most of the respondents are not engaged in any creative activities. The very act of engaging one’s mind in creative ways affects health directly via the mind/body connections². As majority of the clients reported lack of recreation activities in the institutions, special attention should be given to initiate programmes to improve social engagement of the elderly women. Research shows that being involved in a variety of social settings is associated with lower stress levels, better health and reduced mortality. The capacity for social involvement and interpersonal relations remains as strong as even in later years and is a vital factor in maintaining the mental health of elderly. Family meetings, social group work, groups of special interest etc are some avenues for the elderly to enhance their social engagements and recreation.

Making a contribution and helping others for the greater good of society is a noble impulse of the elderly. The elderly women in the institution may be given opportunities to serve other people especially younger generation. Eg. Visiting kindergartens or other educational institutions to share their life experiences, and to impart life skills. This will reduce their feeling of isolation and gives them a sense of meaning or purpose in their life.

The government should make policies to determine and ensure quality standards for all old age homes to make these institutions more aged- friendly and safe. There should be an ongoing assessment system that conducts regular visits to these institutions and to provide proper guidance. All these institutions should be supported by multidisciplinary teams that include doctor, nurse, physiotherapist, occupational therapist, nutritionist and social worker. They should be trained in geriatric care, especially considering a risk management framework to reduce decline in the health status of the elderly. This will ensure more tailored 'individualised' care than mere 'institutional' care.

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