



PHYSICAL AND PSYCHOLOGICAL HEALTH PROBLEMS OF ELDERLY LIVING IN CARE HOMES FOR THE AGED: A SOCIOLOGICAL PERSPECTIVE

Social Science

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ABSTRACT

One of the challenges in the recent years is population aging. The researches on care of the elderly in the Indian context indicate that there is a decline in the family care of the aged and an increasing trend towards care homes for the aged. Life in care homes is fraught with many problems. The present study is an attempt to examine the problems of 160 elderly men and women living in Pay & Stay Homes in Krishna District. Problems of elderly were assessed by using Problem Inventory (Ramamurti, 1968, 1999) in the areas of health, emotional, financial, social and familial areas. Results pertaining to residents are discussed. From a sociology perspective, the need for mobilization of family supports, awareness on positive aging strategies to improve wellbeing are discussed.

KEYWORDS

Introduction

Ageing is a universal and inevitable phenomenon accompanied by a series of physical, psychological and social changes. Along with these normal aging changes, pathological or secondary aging changes accelerates the vulnerability to disease, disability and dependency during later years of life (Ramamurti & Jamuna, 2010). The scenario becomes all the more so when an elderly is left alone to take care of elderly in their later years of life. Though the care of the elderly is a normative experience for many adult children it is becoming a challenge for families. The reasons may be migration, dual career families, crunch of space & time and lack of familial networking (Ramamurti, Liebig & Jamuna, 2015). The erosion of moral values in the modern industrialized culture has also aggravated the situation (Vanitha, 2014). It is pretty clear that the outcome of breakup of the traditional joint family system, growing urbanization and fast moving modern life are promoting burden of elder care by the family members. Ramamurti (2004) has suggested that urbanization is likely to erode the family's ability to care for elderly as well as decrease in co-residence of adult children with the elderly. Old age is not a disease in itself, but the elderly are susceptible to long-term diseases of insidious onset such as cardiovascular illness, cancer, diabetes, musculoskeletal and mental illnesses (Vishal, Bansal, Patel & Bimal, 2010). A large number of studies have focused on adjustment and well-being of the aged persons and their relationship to physical and psychological health, participation in religious spiritual activities, economic dependence, degree of functional autonomy, presence of children, flexibility of behaviour and value orientations (Ramamurti & Jamuna, 1992). In a prospective study on inter generational perceptions over a period of three waves of testing in 1984, 1994, 2004, shows that there is a significant change in the perceptions of elder care in young, middle and older adults i.e. among all three generations indicating care homes for the aged as an option of living arrangement. The reviews on Indian gerontology identified life experiences of older adults living in care homes for the aged as one of the gray areas of research. Researches on life experiences of elderly living in care homes for the aged suggest that life in old age home is not a preferred willing option and are fraught with many problems (Ramamurti & Jamuna, 1998; Ramamurti et. al., 2015; Jamuna & Kalavar, Jamuna, 2014). The results of various studies highlighted that the aged persons residing in old age homes are confronted with more negative elements in their life and lag behind in adjustment and well-being (Sivaraju, 2011). In view of this lacunae this study is contemplated to examine problems of adjustment of residents living in care homes for the aged.

Urbanization, modernization and globalization have changed the traditional concept of family in India, which was a major social support to ill, dependent and older family members. Over the years, urbanisation has lead to changes in the economic structure, diminishing societal values, weakening the importance of joint family (Kumar, Das, & Rautela, 2012). In this changing scenario older generation is caught between the decline in traditional values and absence of social security (Dubey, Bhasin, Gupta, & Sharma, 2011; Ramamurti, Liebig & Jamuna, 2015). As a result older adults are

forced to take an alternative living arrangement in old age homes (Ramamurti & Jamuna, 1998; Kalavar & Jamuna, 2006; Doty, 1992).

Method

Sample and Measures used

A sample of 160 elderly men and women living in care homes for the aged (pay & stay) in Krishna district of Andhra Pradesh were drawn by using a random sampling technique. Older adults were identified on the basis of inclusion criteria viz., those without chronic illness, cognitively intact and functionally competent and residents living in care homes for 5 years in pay & stay care homes were included in the study. The participants were individually contacted and Personal Data Form (PDF) was used to seek information on relevant sociodemographic characteristics. Problem inventory standardized by Ramamurti (1968) was used to assess health, emotional, financial, social and familial areas of residents living in pay & stay senior care homes. The Telugu version of this inventory was standardized as part of a doctoral thesis (Ramamurti, 1968) and further revised as part of a ICSRR Project (Jamuna, 2014).

Results and Discussion

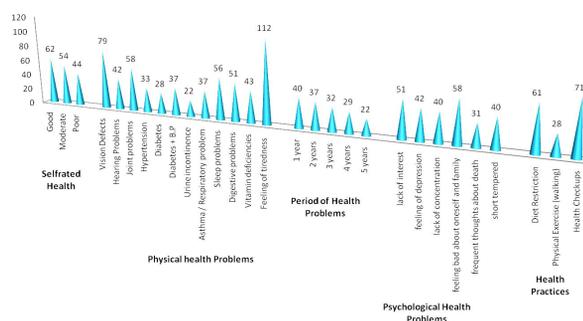
As reported in Table 1, in response to a single statement on self rated health (SRH) in the personal data form (PDF), about 38.8% of residents rated their health as good, 33.4% rated as moderate and only 27.5% stated as poor. Health details pertaining to the residents of pay & stay care homes on vision, hearing, joint problems, BP, diabetes and on other health problems indicate that 49.38% of residents reported vision defects like short sight, long sight and cataract; 26.25% of the sample reported hearing problems (mild to tone deaf); 36.25% had joint problems; 20.62% reported hypertension, 17.5% had diabetes, 23.12% of residents have both diabetes and hypertension, 23.12% have asthma or respiratory problems, 13.75% had urine incontinence, 35% of respondents reported sleep problems like difficult to get and sustain sleep, short hours of sleep etc., 31.87% reported digestive problems, 26.9% had Vitamin deficiencies and majority (70%) reported feelings of tiredness or general malaise.

Table-1 Common Physical and Psychological Health Problems in Residents Pay & Stay Senior Care Homes (N = 160)

S.No.	Sub-groups	F	Percentage (%)
1.	a. Self Rated Health		
	Good	62	38.8
	Moderate	54	33.4
	Poor	44	27.5
2.	b. Physical Health Problems		
	Vision Defects	79	49.38
	Hearing Problems	42	26.25
	Joint problems	58	36.25
	Hypertension	33	20.62
	Diabetes	28	17.5
	Diabetes + B.P	37	23.12
Urine incontinence	22	13.75	

	Asthma / Respiratory problem	37	23.12
	Sleep problems	56	35.0
	Digestive problems	51	31.87
	Vitamin deficiencies	43	26.9
	Feeling of tiredness	112	70.0
3.	Period of health problems		
	1 year	40	25.0
	2 years	37	23.1
	3 years	32	13.8
	4 years	29	18.1
	5 years	22	20.0
4.	Psychological problems		
	lack of interest	51	31.87
	feeling of depression	42	26.25
	lack of concentration	40	25.0
	feeling bad about oneself and family	58	36.3
	frequent thoughts about death	31	19.8
	short tempered	40	25
5.	Health Practices		
	Diet Restriction	61	38.12
	Physical Exercise (walking)	28	17.5
	Health Checkups	71	55.62

Figure 1: Physical and Psychological Health Problems in the Residents of Pay & Stay Care Homes



The residents reported that they have these health problems since one to two years. Most of the health problems they reported were not long term and no sickness or hospitalization. In response to health practices to keep their health, 38.12% of respondents said the management takes care of dietary measures such as low salt, low sugar, low fat, fibre rich and easily digestible foods, 17.5% of residents have regular short walks, moving in and around the care home, involving in physical activities and 55.62% of residents stated that they undergo regular health checkups either by their home arranged health care services or by their own. Most of care home administrators expect that sickness, hospitalization and dependency conditions are not desirable in their care home set up, elderly in care homes are taking measures to keep themselves as fit and healthy.

In addition to the above physical health concerns, the details on psychological health concerns were also analysed and reported in Table-1. It is clear that 31.87% reported to have little interest or pleasure in doing things, 26.25% have feelings of depression or hopelessness, 25% stated problem in concentrating on things (eg., reading newspaper, listening to Radio, watching a programme on TV, while conversing with other residents, etc); 36.3% of respondents reported feeling bad about them and their families, 19.8% reported life is worthless, frequent thoughts of death and less interest in continuing life and 25% reported short tempered and getting annoyed.

The data on health practices among residents of pay homes (Table 1) shows that 38.12 percent follow diet restriction, 17.5 percent have physical exercise (exercise) and 55.62% have regular health checkups. In sum, the details in Table 1 on physical health concerns of pay & stay senior care home residents show that visual problems like short sight, long sight, cataract, glaucoma and watery eyes; hearing problems ranges from inability to hear low frequency sounds to tone deaf. Some of these residents have corrective devices like spectacles and hearing aids and trying to optimize their day to day life. Among these 13.75% reported urine incontinence, some have joint/ mobility problems and sleep problems like inability to sleep for longer time, trouble falling in sleep, staying asleep and sleeping too much. Some respondents

reported digestive problems like lack of appetite, indigestion and discomfort in stomach after having their food.

The respondents in pay & stay homes also felt that lack of teeth is the major reason for their lack of interest in food. Majority felt in proper / improper chewing of food may result in digestive problem and hence they restrict food intake. Further the details on Vitamin deficiencies indicate that residents do have symptoms of Vitamin C & Vitamin B₁₂ and anemia. It is noticed that majority of residents reported feelings of general weakness, tiredness and having little or loss of energy.

The aforementioned details on health suggest that majority of residents were in good health and desirous to keep themselves as healthy and active to reduce burden of care and cost of sickness. In spite of limitations in care homes in running health clubs, exercise facilities, personally and as a group they are taking steps to keep their health. Interestingly, significant proportion of residents rated their health as moderate to good in spite of certain minor health problems (as reported in Table 1).

By considering the data in Table 1, it is clear that the residents in Pay home were rated their health as moderate to good and the prevalence of common health problems in old age is low compared to the community dwelling elderly as reported by NSSO or by studies on health and epidemiology (Ramamurti, Liebig & Jamuna, 2015).

The findings of the study have the following implications. The data on problems of older adult residents highlights the need for planning of interventions in promoting active and healthy aging. The outcome of the study highlights the need for community awareness programmes for elderly and their families in promoting mental health in residents. The findings provided certain inputs to policy for senior citizens living in care homes. In view of recent legislation on elder care (2007) by GOI, the outcome of the study assumes greater significance.

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