ORIGINAL RESEARCH PAPER
Volume-8 | Issue-9 | September - 2019 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

SATISFACTORY LEVEL OF INSTITUTIONALIZED ELDERLY WOMEN IN COIMBATORE CITY - A DESCRIPTIVE SURVEY

Nursing

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ABSTRACT

This study was done to elucidate the satisfactory level of the institutionalized elderly women staying in old age homes. Aging is a natural process and every human being has to go through this phase. Only a few people go through this phase smoothly and on the other hand the remaining have a tough job on hand of going beyond this phase. This study was conducted in old age homes in and around Coimbatore district, Tamil Nadu. The total numbers of elderly women present in the registered old age homes were 636 out of which 400 were selected randomly based on the inclusion and exclusion criteria. Finally, all 400 samples were selected for this study. The simple random sampling technique was adopted for the study to take the samples in the old age homes. The seventeen items scale was used to assess the level of satisfaction among elderly women. The results revealed that 83 (20.8%) elderly women were strongly dissatisfied and 77(19.3%) were dissatisfied. 76 (19%) elderly women said that no opinion about their satisfactory level in the old age homes, 83 (20.8%) elderly women were satisfied and 81(20.3%) were strongly satisfied in the old age homes. To conclude, Emotional disorders result from social maladjustment. Failure to adapt can result in bitterness, inner withdrawal, depression, and even suicide. By adopting a healthier lifestyle, the risk of a whole range of diseases can be reduced. Elderly suffer a number of physical, mental and social problems in the care homes including stigmatization and abuse. Structured health education is essential to raise awareness about mental health in old age and to impart concept of healthy ageing.

KEYWORDS

Elderly women, satisfaction, old age home

INTRODUCTION

Within the elderly, the older ones (i.e. above 80 years) are growing at a fast rate and elderly people are usually weaker, more frail, unprotected, dependent and suffer more often from age-related diseases. The increasing life period and poor health care add to the degree of disability among the elderly and multiple the problems of care giving. (Santhosh & Salagore 2013).

Population ageing became an emergence of ageing and it is a social concern. Advent of modernization, industrialization, urbanization, occupational differentiation, education and growth of individual philosophy has eroded traditional values and caused for the disintegration of joint families and emergence of nuclear families ended with the negligence of the elderly. These adventures have led to defiance and decline of respect for elders among members of younger generation (Masillamani, 2015).

Generally, life expectancy of women exceeds that of men in many developing and developed countries. An elderly woman is a fast-growing segment of the Indian population. Today, women comprise greater number of the population aged 60 and above in almost all societies. An aged woman has physical, psychological and social aspects of health and every aspects of health are inter-related. Elderly women empower with sound knowledge, experience and reservoir of wisdom but they are highly vulnerable age group in the society. Their vulnerability increases with advancing with age. Many elderly women live in the eldest age group are prone to get economic, social, physical and mental problems.

The interests of the elderly to spend their old age in sacred places, the migration of children in search of employment opportunities, their maladjustment in family and poverty of the elderly are the major reasons for the Indian elderly to shift to old age homes. But since the idea of living in old age homes is relatively new in India, the adjustment process of the old age home residents, their feelings of satisfaction and dissatisfaction and expectations from family members provide an interesting field of inquiry. (Mishra, 2008).

Literature Review

Jose & Cherayi (2017) conducted a recent study on disposed social exclusion caused among older persons in Kerala significantly increased psychosocial disability due to age identity associated stigma and discrimination. A multistage cluster sampling of 573 older persons aged 65 + from elder care centers and living in families was recruited and administered a standardized rating scale to test the hypotheses. Psychosocial disability was significantly correlated with age identity, stigma and discrimination.

Singh, et al., (2017) conducted a cross sectional study among sixty elderly females living in community and old age homes in relation to their perception towards old age and self. The result revealed that acceptance towards old age and generativity found to be better compared to elderly women living in old age home. Community women were more satisfied with their life and exhibited better emotional support but elderly in old age home perceived better instrumental support. Finding ended with both community elderly and old age home elderly found to have certain positive aspects.

Sampath Kumar, et al., (2015) conducted a study on understanding elderly abuse: A special reference to elderly in an urban slum of Coimbatore to identify the prevalence of elderly abuse. Elder Abuse Suspicion Index (EASI) tool was used to collect the data by interview schedule. The finding showed that 70% of them were between 60 and 70 years, females and were not working. 50% of them had assets and lived with their spouse, while 20% lived with their married daughter and 30% with their sons. 70% of them had one or more medical problems like Hypertension, Diabetes mellitus and Asthma. 50% of them expected help from their spouse, 40% from their children and 10% from their grandchildren. The notable finding that, the elderly who lives with their married daughters faced lesser abuse than the old people who reside with their son.

Umadevi et al., (2015) conducted a study about psychological wellbeing of institutionalized and non-institutionalized elderly. The present study has shown that non institutionalized elderly had high psychological well-being than the institutionalized. There was no significant gender difference in psychological wellbeing of institutionalized and non-institutionalized elderly. Major difference was found in psychological well-being between young old and old of non-institutionalized elderly population.

Acharya (2007) conducted a survey on senior citizens and the elderly homes. The survey has tried to clarify the problems and challenges of elderly homes and the elders. Effort has been provided to see whether the elderly homes are helpful in providing proper care and support for the senior citizens. The data was collected and interviewed from 61 senior citizens out of total 122 in 7 homes, interview of all seven home's authorized persons, published/unpublished profile of the homes. The field observation shows significant positive effects of homes on the life of senior citizen. The survey results provided that elderly homes are favorable for the residents and the society as a whole despite of some problems, particularly for those who are uncomfortable in their family.

Huisman et al., (2003) conducted a study about some evidence on socioeconomic inequality in morbidity among elderly people, but this evidence remains

fragmentary. The study population comprised a total of 14,107 men and 17,243 women, divided into three age groups: 60-69, 70-79 and 80+. Three health indicators were used: self-assessed health, cut down in daily activities due to a physical or mental problem, and long-term disability. The results indicate that socioeconomic inequalities in morbidity by education and income exist among the elderly in Europe, in all the countries in this study and all age groups, including the oldest old. Inequalities decline with age among women, but not always among men. To conclude, inequalities in morbidity decrease with age, but a substantive part persists in old age.

Statement of the problem

Satisfactory level of institutionalized elderly women in Coimbatore city

OBJECTIVE

To measure the satisfactory level of the institutionalized elderly women

METHODS

Descriptive information was collected from each elderly woman to meet the objectives of present study. So, the investigator was adopted descriptive survey design for the present study. Survey design was used to assess the health problems of the institutionalized elderly women in Coimbatore city.

Participants

The target population for the present study was elderly women residing in the old age homes. The accessible population was elderly women residing in the old age homes of Coimbatore city, Tamil Nadu. Elderly women who aged 60 and above were selected for the study based on inclusion and exclusion criteria.

Instrument

For the current study, the researcher used quantitative method of data collection that include face to face interview schedule. Structured interviews were conducted at the institutional care settings as appropriate. Respondents were contacted before the interviews and interview venues were fixed based on study participants' convenience.The following tools were used for the study, Questionnaire on socio-demographic details and measurement of satisfactory level of elderly women in old age homes.

Scoring procedure

The level of satisfaction of elderly women in old age home has been identified by living arrangements in the old age homes. The seventeen items were included to assess the level of satisfaction about the support they receive from surrounding, friends, members of the old age home and significant others in life. It is their feeling about the availability of help (to get things done, financial help), guidance (to make decisions) or support (emotional) from people around them whenever they need it. These factors were included in the 5 point rating scale with 17 items. The responses given by the samples were scored as 5 for strongly satisfied, 4 for satisfied, 3 for no opinion, 2 for dissatisfied and 1 for strongly dissatisfied. The scores of each item were then summed up to find their overall satisfaction of elderly women in old age home. The Cronbach's alpha is used to test the reliability of a multi item scale. The score was 0.723. It suggests that our scale has adequate measurement properties.

Analysis

The collected data was analyzed using statistical package. Frequency distribution was used to evaluate the effect of socio-demographic variables on the study variables. Chi-Square was used to find out the significant association between the socio-demographic variables and the satisfactory level of elderly women in the old age home. P value of <0.05 was considered as statistically significant.

Procedure

The respondents were oriented and educated about the purpose and objectives of the study and their informed consent was obtained in writing before interviews. Confidentiality was strictly assured and maintained to the study participants.

RESULTS AND DISCUSSION

Table. 1-Socio –Demographic Profile of The Elderly Women

	Socio-Demographic Profile	n=400	
		Frequency	Percentage
Age	60-65	112	28.0
	66-70	200	50.0
	<70	88	22.0
Place of previous residence	Rural	80	20.0
	Urban	320	80.0
Nature of the family	Joint	40	10.0
	Nuclear	360	90.0
Marital status	Married	170	42.5
	Unmarried	63	15.7
	Widowed	74	18.5
	Divorced	43	10.8
	Separated	50	12.5
Educational status	Illiterate/primary(1-4)	106	26.5
	Upper primary(5-7)	32	8.0
	Secondary(8-10)	86	21.5
	Higher Secondary	59	14.8
	Graduation	71	17.7
	Post-graduation	46	11.5
Occupational status	Unemployed	165	41.3
	Self Employed	38	9.5
	Private employment	69	17.3
	Government	54	13.5
	Agriculturist	45	11.3
	Others	29	7.1
No. of children	One	32	8.0
	Two	88	22.0
	More than three	112	28.0
	No children	168	42.0
Years of Stay in old Age Home	>1year	87	21.8
	1-5years	143	35.8
	6-10years	71	17.6
	<10years	99	24.8
Source of monthly income	Own or husband pension	110	27.5
	Send by children or relatives	70	17.5
Opinion about Elderly Women Feels Better	Old age home	240	60.0
	Own house	160	40.0

The above table 1 shows that majority about fifty percentage of respondents were between the age group of 66 to 70 years. About 80% respondents were from urban areas. About 90% of the respondents belonged to nuclear family. The marital status of the elderly women in old age home shows that mostly (42.5%) the respondents belonged to married category. The educational status of the elderly women in the old age home indicates that 26.5% of the respondents were illiterate. Out of 400 respondents, (41.3%) majority were unemployed. Also (42%) of the respondents had no children. The above table clarifies that, 35.8% of the respondents were staying in old age home between 1-5 years. About 27.5% of the respondents had income from own or from husband pension. About 60% of them reported that they felt better to live in the old age homes.

Satisfactory level of institutionalized elderly women

n = 400

S.No.	Satisfactory level	Number of Respondents	
		Frequency	Percentage %
1.	Strongly Dissatisfied	83	20.8
2.	Dissatisfied	77	19.3
3.	No opinion	76	19
4.	Satisfied	83	20.8
5.	Strongly Satisfied	81	20.3

It is cleared from the above table that Satisfactory level of 400 elderly women living in the old age homes, 83 (20.8%) elderly women were strongly dissatisfied and 77(19.3%) were dissatisfied. 76 (19%) elderly women said that no opinion about their satisfactory level in the old age

homes, 83 (20.8%) elderly women were satisfied and 81(20.3%) were strongly satisfied in the old age homes.

This study aimed to find out the association between socio-demographic variables such as age, gender, place of previous residence, nature of the family, marital status, educational status, occupation of women, no. of children, years of stay in old age home, source of monthly income, frequency of visit by family members, elderly women feels better in the old age home of the respondents and level of satisfaction of elderly women in old age home.

In present study, it was found that chi square value for age, gender, pla ce of previous residence, marital status, educational status, no. of children, years of stay in old age home, source of monthly income, frequency of visit by family members had association with level of satisfaction of elderly women in old age home at the 0.05 level of significance. It was found that chi square value for nature of the family, occupation of women; elderly women feels better in the old age home/own house had no association with level of satisfaction of elderly women in old age home at the 0.05 level of significance.

CONCLUSION

The increase in the elderly population, in spite of being a conquest, carries with it a series of personal, social and economic consequences. Aging is a natural process and not necessarily a synonym for disease. However, no one can deny that, with the natural wear of the body, this becomes more vulnerable and less resilient. This process is often combined with the psychological suffering in function of personal, economic, and social loss, and the reduction of the subject's autonomy. Thus, the elderly with greater or lesser degree of physical, mental, and/or psychological impairment needs support. In some cases, the support is given at the very heart of the family and, in others which is not the ideal, but in many cases, it is the only outlet for the elderly has the minimum support. In both cases, as previously stated, the figure of the caregiver is essential. Finally, this study showed that older women have a negative view of old age, which is more pronounced in institutionalized people. Some possibilities of intervention towards the deconstruction of this type of negative images raised. There is the need to build a more positive and informed perspective, which can be done through education about the aging process and the promotion of intergenerational networks.

Health factors are most important ones that determine the quality of life of an institutionalized aged woman. The present study was aimed to assess the satisfactory level of institutionalized elderly women in Coimbatore city. There is a need to create awareness among elderly women about the needs, experiences and coping styles, it makes them to empower emotionally vibrant. Elderly women who live in old age homes are lonely and have almost nothing to look forward. The finding of the elderly women on different age groups helps us to understand the nature and extent of various problems faced by them. The investigator recognized many symptoms of old-age health problems but was unaware of specific health problems of old age. There was a tendency to trivialize health problems in old age. Mental health problems were misunderstood. Elderly suffer a number of social problems in the community including stigmatization and abuse. Structured health education is essential to raise awareness about health problems in old age and to impart concept of healthy ageing. So that the elderly women could spend their remaining part of life in the old age homes with better health, peace and happiness.

Acknowledgement

The author expresses her sincere thanks to Professor and Director Dr. Zenetta Rosaline, Department of Women's Studies, *Bharathiar University*, Coimbatore, for her valuable guidance. She also conveys her sincere gratitude to study participants.

Contribution of each author

Prof. K. Kanchana was involved in study conceptualization and design, preparing the semi structured questionnaires for data collection, analysis and interpretation of data and preparation of the manuscripts. Dr. N Zenetta Rosaline, Professor & Director was involved in study design, comments on the manuscript and finalizing the manuscript for submission.

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