



Residential Care of Elderly

- Issues and Challenges in a Rural Locale

Rose Mary Francis¹, Dr. Anooja K. Thomas² & Karthika Gopakumar³

¹Associate Professor, Department of Home Science

²Former HOD And Associate Professor (Retd.), CMS College, Kottayam

³Degree Student

¹St. Teresa's College (Autonomous), Ernakulam-682011

Abstract

The purpose of this study was to explore the status and care given to the Elderly people in a selected rural setup. An in depth case study was done among 15 elderly and their caregivers through 2 sets of separate personal interviews in the domain of satisfaction with regard to the care by both elderly and the caregiver, the expectations by the elders and the challenges faced by the caregivers.

Index Terms: Elderly, Caregiver, Residential Care, ADL

INTRODUCTION

Ageing is inevitable, especially chronological; and learning to deal with the everyday ordeals associated with ageing is an arduous task which could not be managed by the elderly alone all through a lifetime. As time flies by it becomes the task of the caregivers either within or outside the family realm. Deterioration in health among the elderly include memory loss, dementia and Alzheimer's disease along with a plethora of other major and minor issues. Elder care is not always an outright need; and many senior citizens may fortunately never be in need of any type of caretaking in their later years and live independently (Aman *et al.*, 2020). However, elder care often becomes a concern when a loved one begins to experience difficulty with even basic Activities of Daily Living (ADLs), such as eating, dressing, getting into or out of a bed or chair, taking a bath or shower, and using the toilet. (Kernisan, Leslie., 2015).

There is a rapid change in the strategies adopted for extended care and support for the older adults which varies greatly between countries and cultures or even within one locale (National Research Council, 2001). The increasingly large proportion of older people worldwide, especially in developing nations is reflected in Kerala too where the fundamental changes in families demands reconstruction of various care systems in order to accommodate the needs of the ageing population. Yet there are still pockets in the society where professional help is not involved much; in elderly care either due to obligation or by choice. Moreover, it has been observed globally that the highest expenditure head in old age is health and medical expenditure which could shoot up if professional care is involved.

The study aims to find out the status of elderly persons residing in a selected rural area and the quality of care extended from their families with the following objectives:

- Analysis of the demographic profile of the Elderly and the Caregiver.
- Identification of the health and well-being of the Elderly and the Caregiver.
- Checking on the availability of Caregivers for the Elderly.
- Scrutinizing the issues and challenges faced by the Caregivers.
- Probing into the satisfaction derived by the Elderly in relation to the Care provided.
- Identification of the gratification of the Caregiver regarding the quality of care extended.

MATERIALS AND METHODS

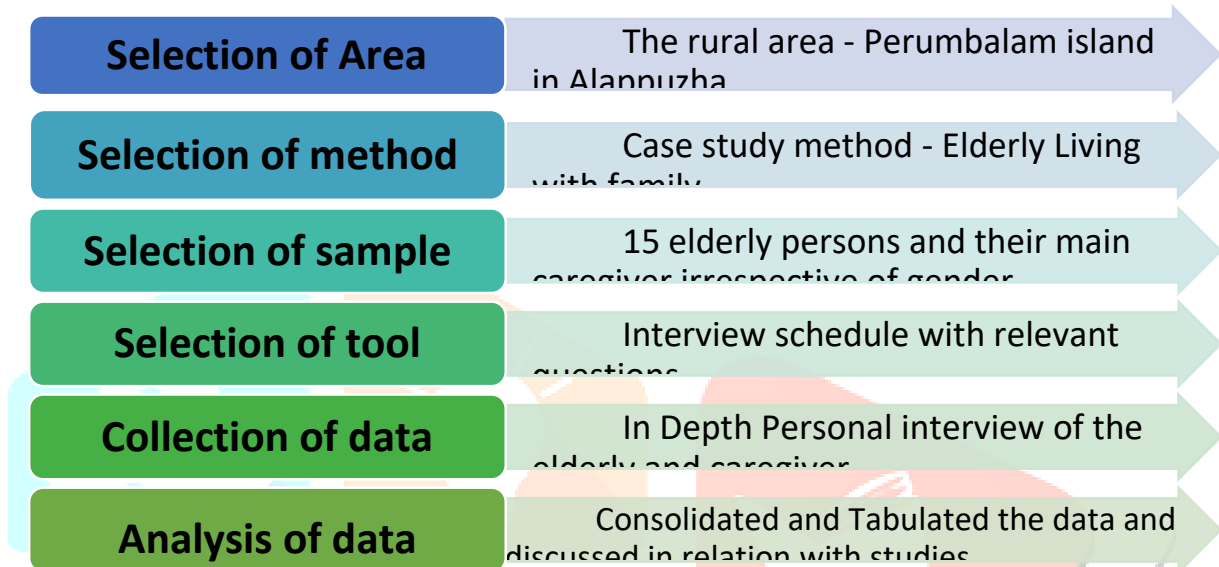


fig 1: methodology

Perumbalam, a mid-sized island in Vembanad backwater situated about 25 kilometers south east of Kochi. This serene island's only transportation mode being ferry service, this is less populated and less frequented by tourists.

RESULTS AND DISCUSSION

1. Demographic Profile of the Elderly

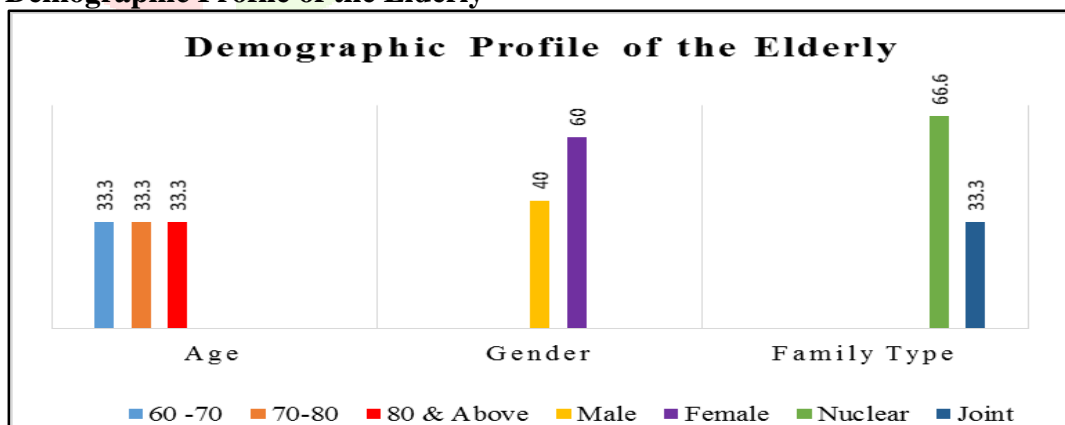


fig 2: demographic profile of the elderly

Out of 15 respondents, there was an equal distribution of the subjects under the three age groups. There were more females (60%) than males. All were married, but some were widowed, a few widowers were there among males too. Majority (66.6%) belonged to nuclear families than to joint families reflecting the prevailing family structure of Kerala.

2. Demographic Profile of the Caregiver

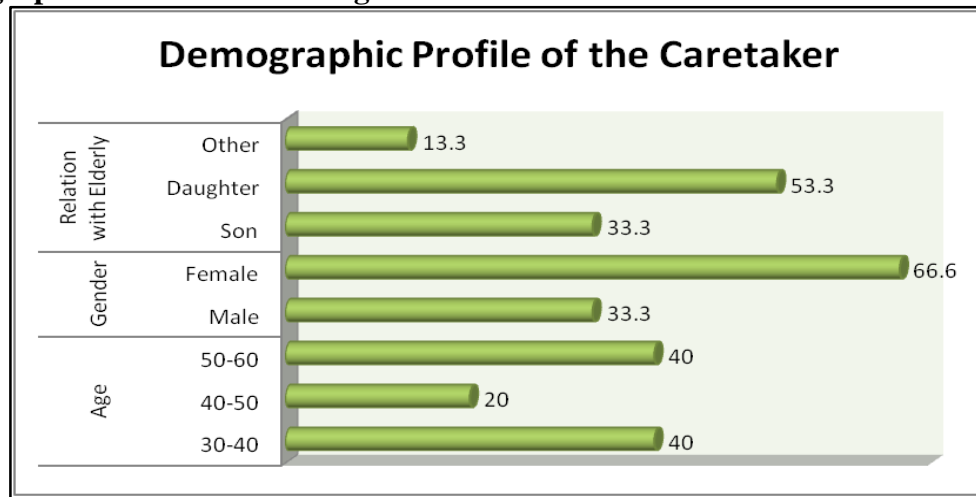


fig. 3: demographic profile of the caregiver

Out of 15 caregivers, 40% each belonged to the age group 30-40 and 50-60 and the rest belonged to the age group 40-50. The majority of the caregivers were females (66.6%). More than half of the caregivers were the daughters of the elderly (53.3%).

3. Occupation Details of the Elderly

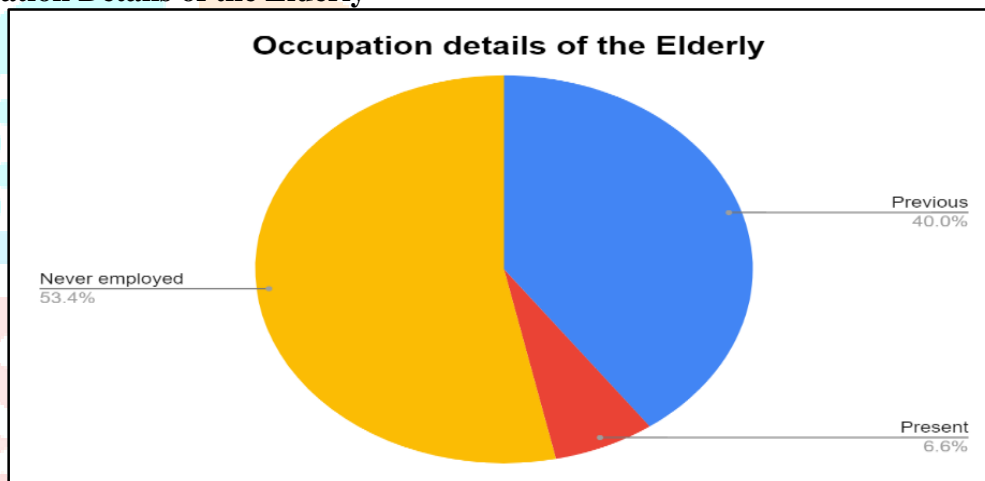


fig 4: occupation details of the elderly

More than half (53.3%) of the subjects were unemployed throughout their life, 40% were previously working and only 6.6% were currently working.

4. Occupation Details of the Caregiver

table 1: employment details of the caregivers

Particulars		No. of Subjects (n = 15)	Percentage (%)
Employed	Yes	11	73.3
	No	4	26.6

The employment details of the children gives a clear picture of the income status. Most of them are working in the private sector, than in the Government sector and only a few were not employed outside which provided them with more time at the disposal of elderly care.

5. Hobbies of the Elderly

Hobbies provide seniors with an opportunity to socialize, gain new experiences, and is a method to improve physical health and relieve stress, providing a better community feel and a strong sense of purpose. It is important for seniors to engage in rewarding activities that enhance wellbeing, self-esteem and individual satisfaction (Tayler Miller, 2021).

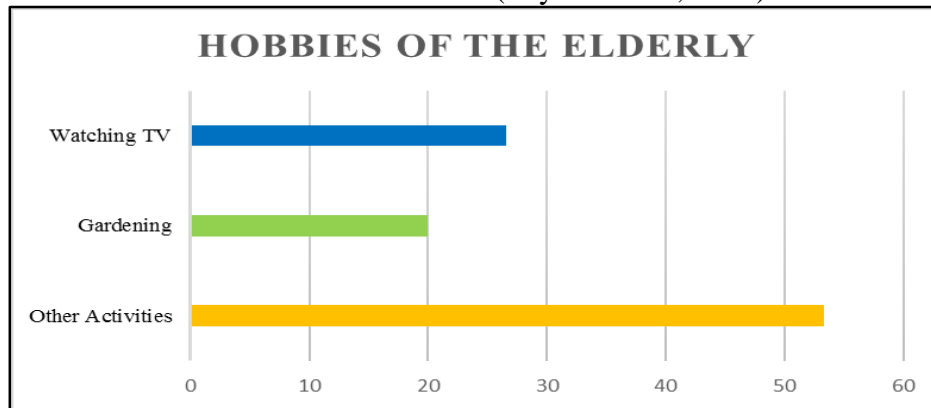


Fig 5: hobbies pursued by the elderly subjects

More than half of the elderly (53.3%) were engaged in other activities more of a personal nature rather than watching TV (26.6%) or gardening (20%). These activities mostly were conversations and interactions with family and friends.

4. Financial Issues of the Elderly

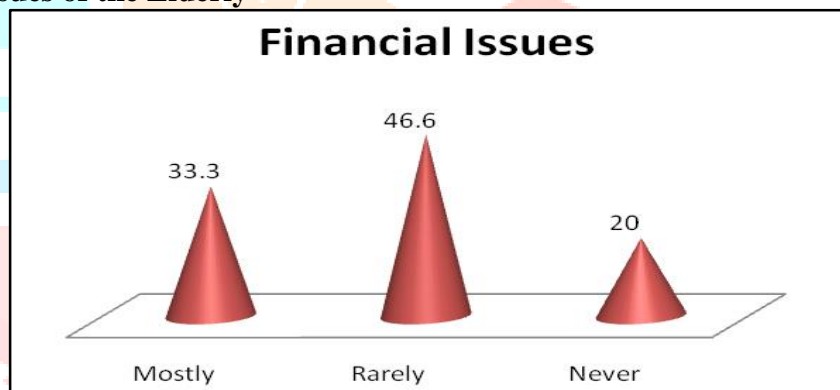


Fig 6: extent of financial issues of the elderly

Out of 15 elderly respondents, less than half (46.6%) rarely faced financial issues, but 33.3 % suffered from financial issues most of the time. A few (20%) never had any financial issues.

5. Source of Income

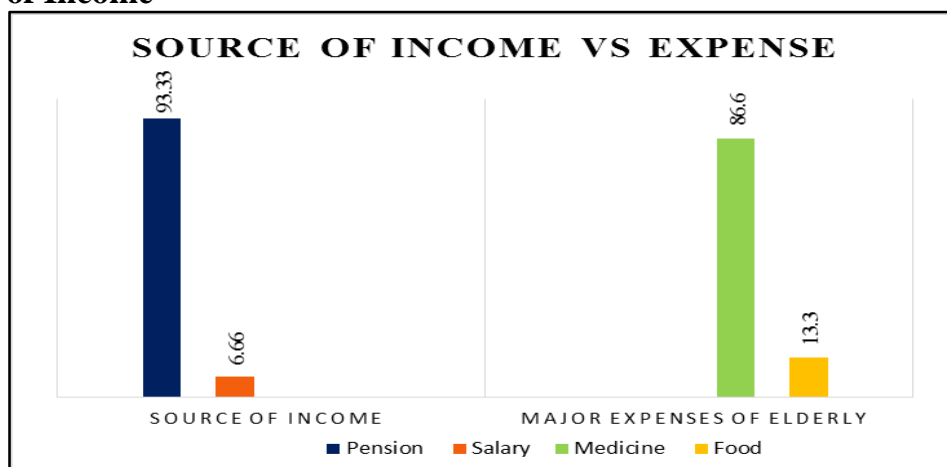


Fig 7: major expenses of the elderly

From the figure above it is evident that the source of income for 14 elderly subjects was pension from the government and only one person still earned a small income from salary. As is mentioned in the review; medicine was found to be the major expense for most of the elderly (86.6%). Food was a major expense mostly for the 'young-old' who were still the 'Heads' of the household.

6. Living Status of the selected Elderly

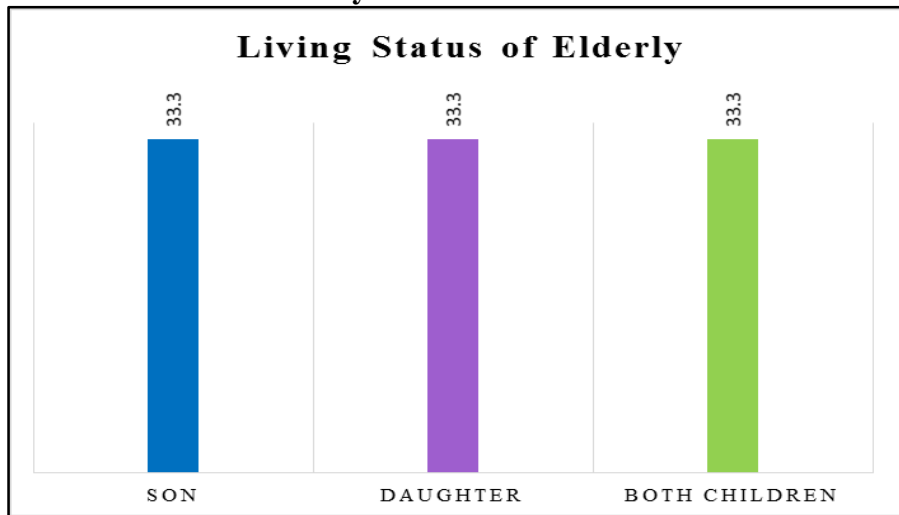


Fig 8: living status of the elderly

An equal number of the respondents were living with either son, daughter or both (33%).

7. Health Status of the Elderly

Chronic diseases are defined broadly as conditions that last to a year or more and require ongoing medical attention or that which limit ADL or both. (Goodman *et.al.*,2013) Only a few of these can be life-threatening, such as heart disease and stroke. Others linger over time as chronic issues and need intensive management, one such condition is diabetes, mostly lingering throughout a person's life, but are not always the cause of death, other examples being arthritis, asthma, cancer, Chronic Obstructive Pulmonary Disease (COPD) and viral diseases such as Hepatitis C.

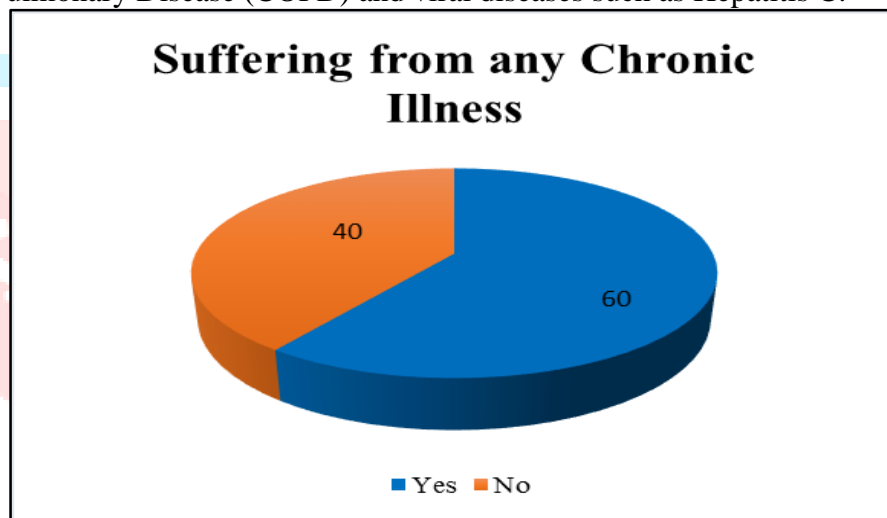


Fig 9: elderly suffering from chronic illness

Out of 15 respondents, 60% responded that they were suffering from chronic illness and the rest responded that they didn't have any chronic illness. We did not go much deeper as many were reluctant to disclose these details.

8. Information on Covid-19

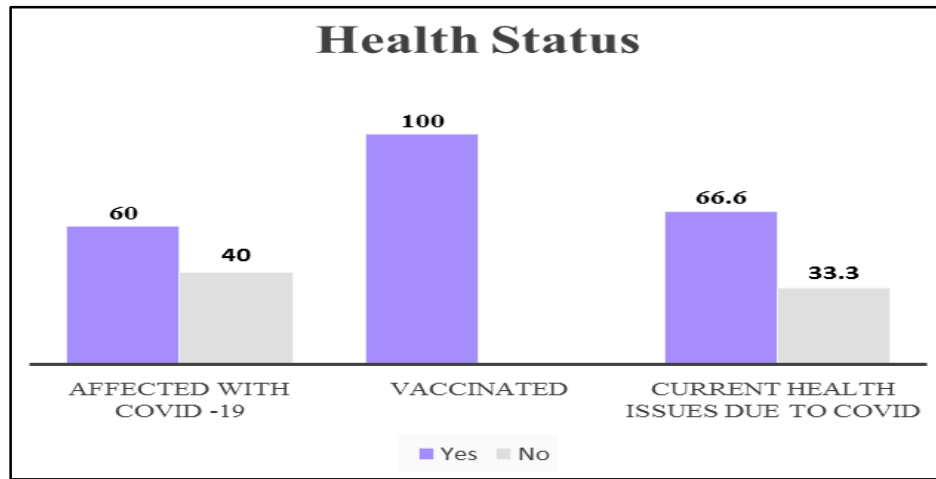


Fig 10: information on covid-19

Since the study was conducted during the epidemic it was considered apt to collect the data on care during covid infection. Majority of the respondents were affected by 'Covid-19' (60%). All the elderly respondents were vaccinated and many (66.6%) mentioned they had health issues due to 'Covid-19' as well as vaccination. The caregivers also validated the comments.

9. Accessibility of Healthcare facilities

table 2: healthcare facilities available to the elderly

Particulars		No of elderly (n=15)	Percentage (%)
Nearby hospital facilities that are easily accessible	Yes	8	53.3
	No	7	46.6
Availed Treatment in government/ private sector	Government	9	60
	Private	4	26.6
	Both	2	13.3
Get any government aid for their medicines	Always	1	6.6
	Mostly	7	46.6
	Rarely	4	26.6
	Never	3	20

Only slightly more than half (53.3%) responded they had easily accessible nearby hospital facilities. Most of the elderly (60%) were treated in government hospitals, very few (26.6%) were taken to private hospitals. The rest (13.3%) accessed both as per need. Nearly half of the elderly (53.3%) mostly got government aid for their medicines, the rest either rarely or never got any medical support from Government authorities.

10. Help from Neighbours

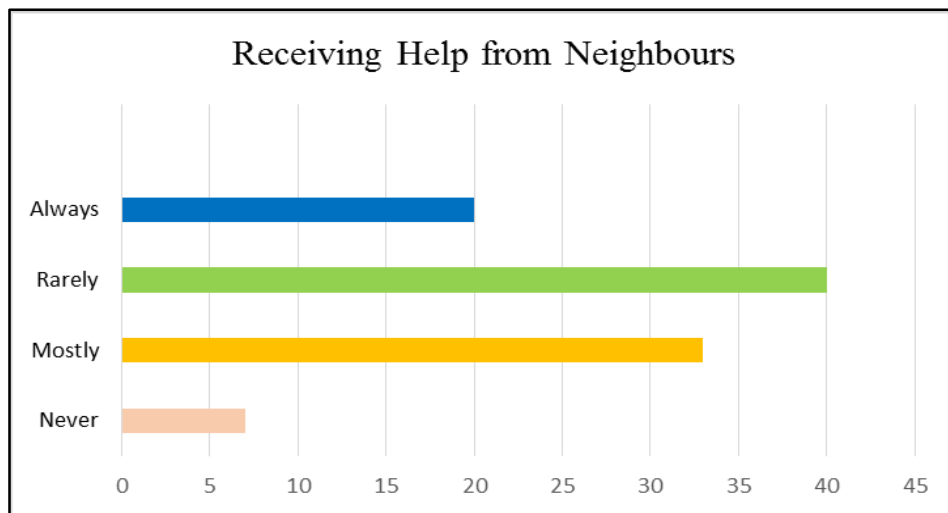


fig 11: extent of help received from neighbours

Some of the elderly (20%) always received help from neighbours whenever there was an emergency, 33.3 percent mostly received help from neighbours, and 40 percent rarely got any help from neighbours and 6.6 percent did not get any help.

11. Interpersonal Relationship between Elderly & Caregiver

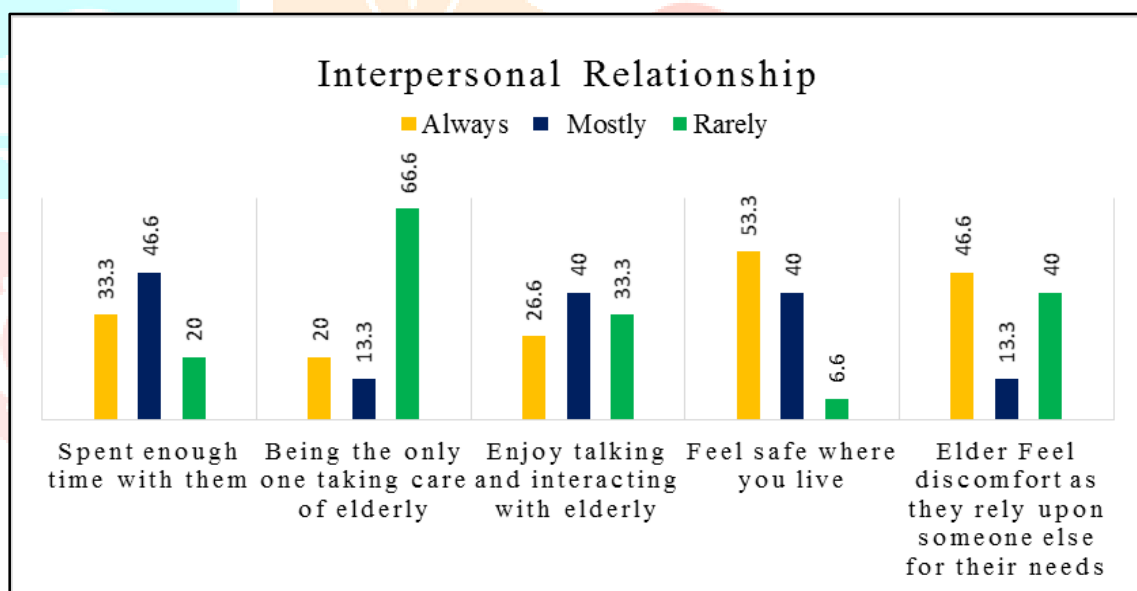


fig 12: relationship between caretaker and elderly

A good majority of the caregivers (79.9%) spent enough time with the elderly more than providing basic needs but 20% rarely had enough time for elderly care.

A good number (79.9%) of the caregivers said that they are not single handedly taking care of the elderly, but the rest 20% responded that they are the only ones who always take care of the elderly.

Out of 15 respondents, more than half (66.6%) mostly enjoyed talking and interacting with the elderly under their care while the rest rarely (33.3%) enjoyed interacting with the elderly.

Most of the caregivers (93.3%) responded that they always felt safe with their wards and nearly half (46.6%) felt that the elderly under their care always felt discomfort and helpless to rely on others for their needs.

12. Challenges Faced by the Caregivers

Many older people rely on caregivers for support. Caring for older people can pose a significant burden for caregivers yet may also have positive effects (Aman *et. al.*, 2020).

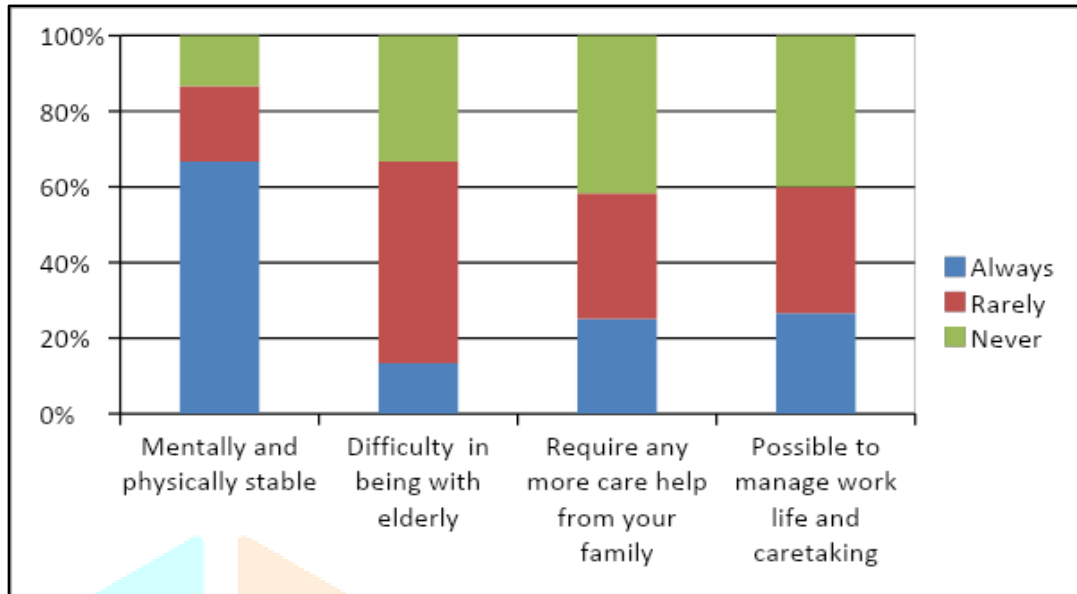


fig 13: challenges faced by the caregiver

Majority of the caregivers (66.6%) considered themselves mentally and physically stable, but the rest could not remain stable throughout physically and mentally due to the stress.

Only some (33.3%) of caregivers never found difficulty in being with the elderly and the rest either rarely (53.3%) or always (13.3%) always felt it difficult to be with their elderly ward.

Regarding the support required from the other family members, some always (20%) or mostly (26.6%) needed help from the family and 33.3% rarely needed help. Some (26.6%) caregivers responded that they can always manage both work life and care taking, 33.3% can mostly manage both and 40% responded that they can rarely manage both work life and care taking.

13. Self- evaluation of Caregiver

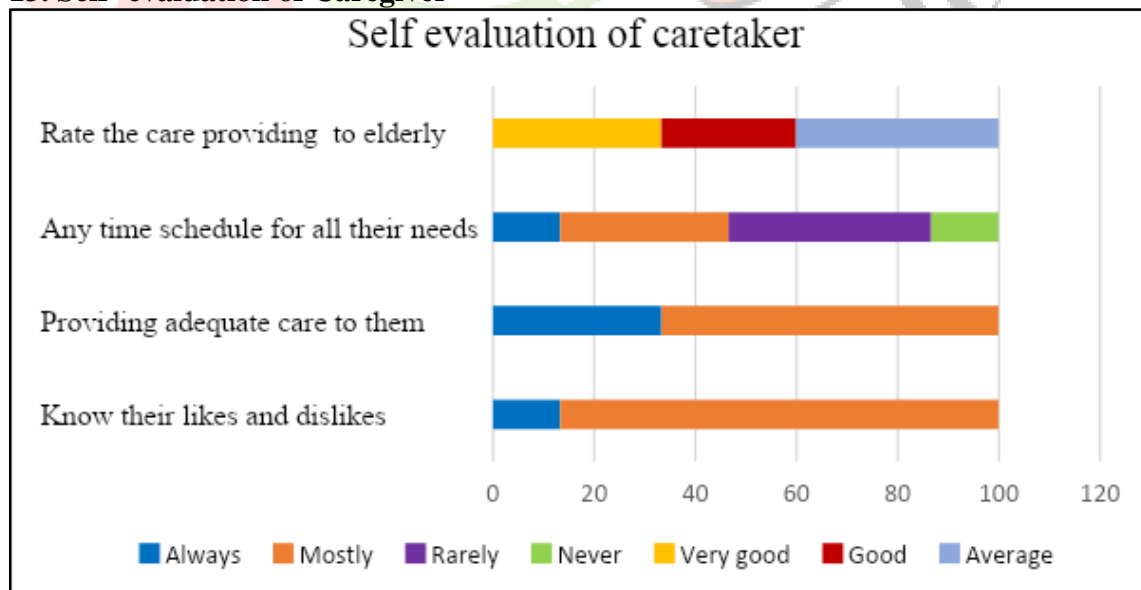


fig 14: self-evaluation of caregiver

Many of the caregivers (66.6%) knew the likes and dislikes of the elderly and almost all were under the impression that they provided adequate care to the elderly. Following time schedule was not the practice of nearly half. Most rated the care provided by them as either very good or good.

14. Elderly's Satisfaction on the Care received

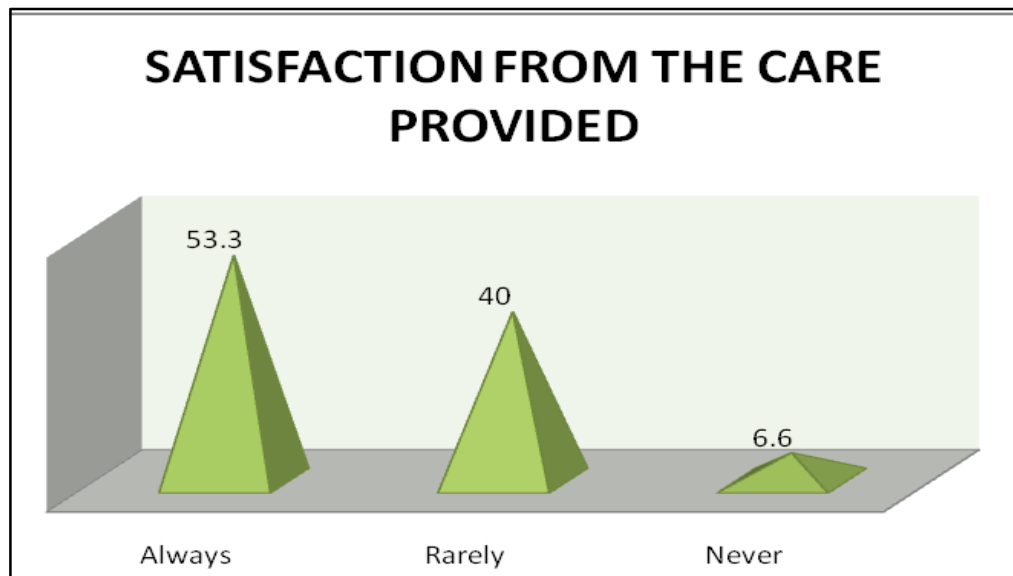


fig 15 : elderly's satisfaction related to the care received

Slightly more than half of the elderly (53.3%) were satisfied with the care that is provided by the caregiver, mostly since a family member is involved. And the rest were either rarely (40%) or not at all satisfied (6.6%) with the care received.

CONCLUSION

Taking care of elderly in today's society is a very important responsibility for everyone. Elderly care emphasizes the social and personal requirements of senior citizens who need some assistance with daily activities and health care. From this case study, we understood that the elderly were mostly satisfied with the care provided to them especially if family members are taking the responsibility. But the caregivers were not completely satisfied with the care extended by them, and also they face challenges while working with the elderly under their care. In rural areas, elderly don't have any major financial issues and the major expense for them is only for medicines. Because the caregiving has focused almost exclusively on the main caregiver, there is no data on the internal distribution of responsibilities among other family members.

Ageing presents an unique set of challenges for the elderly as well as the one who takes care of them. Additional help from other members is definitely a boon to the caregivers and will relieve them since many were juggling duties of home, job and elder care. Institutional care is not to be sought after as much as possible, and it is heartening that in our rural areas families consider it their duty to take care of their elderly.

ACKNOWLEDGMENT

I would like to thank the Elderly respondents and their caregivers from 'Perumbalam' island in 'Alappuzha' District for their wholehearted support in providing adequate data for this study.

REFERENCES

1. Aman, Z., Liew, S. M., Ramdzan, S. N., Philp, I., & Khoo, E. M., 2020. The impact of caregiving on caregivers of older persons and its associated factors: a cross-sectional study. *Singapore Medical Journal*, 61(5), 238–245. <https://doi.org/10.11622/smedj.2019100>
2. Goodman, R. A., Posner, S. F., Huang, E. S., Parekh, A. K., & Koh, H. K., 2013. Defining and measuring chronic conditions: imperatives for research, policy, program, and practice. *Preventing chronic disease*, 10, E66. <https://doi.org/10.5888/pcd10.120239>
3. Less_touristed_more_rustic_location_on_backwaters. retrieved on 19.02.23 https://www.tripadvisor.in/ShowTopic-g297631-i5501-k4866066-Less_touristed_more_rustic_location_on_backwaters-Kerala.html.

4. Kernisan, Leslie. "How to Diagnose Dementia: The Practical Basics." Better Health While Aging, 17 Feb. 2015, <https://betterhealthwhileaging.net/>
5. Mayo Foundation for Medical Education and Research. 2020, April 15. COPD. Mayo Clinic. Retrieved on 19.02.2023. <https://www.mayoclinic.org/diseases-conditions/copd/symptoms-causes/syc-20353679>
6. National Research Council (US) Panel on a Research Agenda and New Data for an Aging World. Preparing for an Aging World: The Case for Cross-National Research. Washington (DC): National Academies Press (US); 2001. 6, The Health of Ageing Populations. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK98373/>
7. NCI Dictionary of Cancer Terms, 2023, NIH / National Cancer Institute <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/adl>
8. Tayler Miller, 2021. The Importance of Hobbies in Ageing. <https://www.goskip.org/skip-blog?author=601c28b3a689477d6fa11615>

REFERENCES

- [1] Ali, A. 2001. Macroeconomic variables as common pervasive risk factors and the empirical content of the Arbitrage Pricing Theory. *Journal of Empirical finance*, 5(3): 221–240.
- [2] Basu, S. 1997. The Investment Performance of Common Stocks in Relation to their Price to Earnings Ratio: A Test of the Efficient Markets Hypothesis. *Journal of Finance*, 33(3): 663-682.
- [3] Bhatti, U. and Hanif. M. 2010. Validity of Capital Assets Pricing Model. Evidence from KSE-Pakistan. *European Journal of Economics, Finance and Administrative Science*, 3 (20).

