

Problems of Elderly Living in Senior Care Homes for the Aged

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ABSTRACT

Ageing represents the growth of changes in a human being over time, contiguous physical, Psychological and social changes. **Objective:** The study an attempt to examine problems of elderly living in senior care homes for the aged. **Sample:** A sample of 160 living in senior care home for elderly men and women at Tirupati in Chittoor district of Andhra Pradesh from the age groups of 60-70 years were drawn by using a multi-stage random sampling technique. **Tools:** be used Personal Data Form (PDF) was used to seek information on relevant sociodemographic characteristics. Problem inventory by Ramamurti (1999) was used to assess health, emotional, financial, social and familial areas of the residence living in senior care homes. **Conclusion:** 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.

Keywords: Elderly, Care Homes, Problems

Ageing represents the growth of changes in a human being over time, surrounding physical, Psychological and social changes. Reaction time, for example, may slow with age, while knowledge of world events and wisdom may expand. Ageing is among the greatest known risk factor for most human diseases Rose (1991). Ageing is a universal and inevitable developmental phenomenon accompanied by a number of changes in physical, psychological and social domains. 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 vulnerable to long-term diseases of insidious onset such as cardiovascular illness, cancer, diabetes, musculoskeletal and mental illnesses (Vishal, Bansal, Patel & Bimal, 2010). As health care facilities improve in countries, the proportion of elderly in the population and the life expectancy after birth increases

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Received: January 11, 2019; Revision Received: February 6, 2019; Accepted: February 15, 2019

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accordingly. This is the trend, which has been seen in both developed and developing countries (Kinsella, & Phillips, 2005). It has been suggested that urbanization lead to households becoming nuclear in developing countries (Bongaarts, 2002).

The health status of elderly in A.P. indicates that 39% among males and 42 per cent among females in 60+ groups were sick or ill, which is less than some states like Goa and Kerala. It is interesting to note that the life expectancy at 60 years and length of life after 60 years is more in females. But the data on self rated health indicates that inspite of illness more men in 60+ found to be feeling that they had good or fair health condition compared to women. This is especially so in urban elderly men and urban women as well. The above details states that the phenomenon of population ageing is becoming a major concern for not only ageing persons, but to their families and policy makers of State at large. Andhra Pradesh in one of the states that has formulated all rules for the Maintenance and Welfare of Parents and Senior Citizens Act, 2007. The trend of population ageing in A.P reveals that aging is a major social challenge in the future and resource planning is required to towards the care services and programmes for elderly (Jamuna, 2016).

Ageing a rapidly graying world, the proportion of the world's population aged 60 year increased from 8% in 1950 to 12% in 2013. It will increase more rapidly in the mint four decades to reach 21% in 2050. In Indian census 2011 projections indicates that elderly population has crossed the 100 million mark that is Government of India implemented some elderly policy that is NPOP – 1999 the Ministry of Social Justices and Empowered, with implementing this policy NPOP goal and objectives often raise implementation issues. For example to hold adult child legally responsible for their ageing parents, parliament enacted.

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). Over the years, urbanization has lead to change in the economic structure, diminishing societal values, weakening the importance of joint family. 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 elderly adults are forced to take an alternative living arrangement in old age homes (Ramamurti & Jamuna, 1998; Kalavar & Jamuna, 2006; Doty, 1992).

Objective

- The study an attempt to examine problems of elderly living in senior care homes for the aged.

METHODOLOGY

Sample

A sample of 160 living in senior care home for elderly men and women of rural and urban areas of Tirupati in Chittoor district of Andhra Pradesh from the age groups of 60-70 years were drawn by using a multi-stage random sampling technique

Measures used

Personal Data Form (PDF) was used to seek information on relevant sociodemographic characteristics.

Problem inventory by Ramamurti (1968, 1999) was used to assess health, emotional, financial, social and familial areas of the residence living in senior care homes.

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Findings of the study

As reported in Table (a), 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 senior care homes aged population 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 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 Senior Care Homes for the aged (N = 160)

S.No.	Sub-groups	F	Percentage (%)
1.	a. Self Rated Health		
	high-quality	62	38.8
	Moderate unfortunate	54 44	33.4 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.	c. 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.	d. 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.	e. Health Practices		

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S.No.	Sub-groups	F	Percentage (%)
	Diet Restriction	61	38.12
	Physical Exercise (walking)	28	17.5
	Health Checkups	71	55.62

The residents responded 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 them felt they sickness, hospitalization and dependency conditions are not desirable in their care home set up.

In adding together above physical health concerns, the facts on psychological health concerns reported in above table (d). 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.

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 of the study 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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Acknowledgements

The authors profoundly appreciate all the people who have successfully contributed in ensuring this paper is in place. Their contributions are acknowledged however their names cannot be able to be mentioned.

Conflict of Interest

The authors carefully declare this paper to bear not conflict of interests

How to cite this article: Suresh. K., Maheswara. S., & Reddy. L.R. (2019). Problems of Elderly Living in Senior Care Homes for the Aged. *International Journal of Indian Psychology*, 7(1), 332-336. DIP:18.01.038/20190701, DOI:10.25215/0701.038