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Research Paper

Functional autonomy among institutionalized and non-institutionalized elderly population: with special reference to Kottayam district

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ABSTRACT

Background: In Kerala, a steady ageing state suffering from large inequalities, the study of the functional autonomy of institutionalized and non- institutionalized elderly is important for the future health of our ageing population. The prime aim of this study was to evaluate the difference of functional autonomy between these two categories of old age people in Kerala. ***Method:*** This study included 200 respondents. 100 respondents were from institutional category and the other remaining 100 were from non- institutional category was conducted in Kerala, Kottayam district between January 2018 to June 2019. The respondents of two category answered the questions regarding their socio demographic information, ADL and IADL activities. The author applied self-made questionnaire to assess the functional autonomy of the respondents and used descriptive statistics to analyse the data. ***Results:*** Non-Institutionalized elderly people are having well sophisticated functional wellbeing when compares to the institutionalized elderly people those have more depression and loneliness. The young old (60-69) elderly people have well functional autonomy than old old (70-79) elderly people and women had lower functional autonomy than men. And they have difficulty in using new technology such as smart phone and computer. ***Conclusion:*** We conclude the study with the point that there is a difference related to functional autonomy in this study while dealing with institutionalized and non- institutionalized elderly people.

Keywords: *Elderly, Functional Autonomy, Institutionalized, Non- institutionalized, ADL, IADL*

Aging is the process of becoming older, a process that is genetically determined and environmentally modulated. The glamorous youth comes and goes, never to return. But the old age stays until one breath the last and it behaves us to accept the sunset years gracefully and lives with dignity (Vaidyanathan, 2002). Age is not merely a biological function of the number of years one has lived, or of the physiological changes the body goes through during the life course. Researchers believe industrialization and modernization have contributed greatly to lowering the power, influence, and prestige the elderly people once

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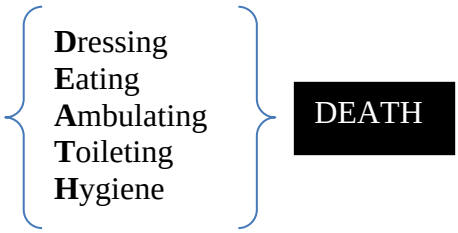
held. The process of aging is a lifelong process and entails maturation and change on physical, psychological, and social levels (Lemon, 1972). In 2017, there was an estimated 962 million people aged 60 or over in the world, comprising 13% of the global population (UN, 2017). The population of senior citizens in India could be around 19% of the total population by the year 2050 (UNFPA, 2017). According to the 2011 Census, Kerala's growth rate of elderly population was merely 4.6 per cent. This study examined elderly's functional autonomy from two perspective. One is institutional based and the other is non-institutional. Institutionalized agency means a retirement home or old age home for elderly, it is a place where they live and are cared for when they are too old to look after themselves and nobody is there to care them. Non-Institutionalized agency means the family of the elderly where they live with their children, kith and kin, etc.

Functional Autonomy of Elderly

In most of the cases, elderly people have difficulty in carrying out the day - to - day activities independently without the help of caretakers and others. Those who are physically and mentally strong will always be able to do activities of daily living. And also, they are very smart in managing and utilizing the money, always engaged in activities which help them in their independent living. Dependency on others for everything is a hindrance for them to do the things by themselves. Gradually, this makes them to lazier and they will not believe in their strength and capacities. Thus, it leads to decline the quality of life. Senior citizens those who are always like to engage in the job or any works like tailoring, gardening, cooking, etc know how to deal with their problems, situations, which help in mentally and physically fit (Skevington, 2008).

Major domains considered in functional autonomy are ADL (Activities of Daily Living) and IADL (Instrumental Activities of Daily Living). In ADL, it considered that whether the elderly people can perform their basic needs by themselves or they need the support of others. Activities of daily living (ADL) are routine activities that people tend to do every day without needing assistance.

There are five basic ADL. They include,



The performance of these ADLs is important for determining whether the person needs the help of others (Investopedia, 2016).

IADLs or the Instrumental Activities of Daily Living are more complex than the Activities of Daily Living (ADLs), needed for basic unassisted living and go a long way in improving the quality of life in elders. The Instrumental Activities of Daily Living (IADLs or the Instrumental ADLs) are the activities performed by an individual on a day to day basis that are not essential to basic self-care and independent living, but add quality to the way of life. These activities are not indispensable to a person's survival and fundamental functioning, but they do let someone lives independently in society and functions well as a self-reliant individual. The repeated failure of a person in performing IADLs is usually a precursor to

assisted living (at least in part) be it home care or the admission of the person to an assisted living and care facility (Lopez, 2018). IADL is main factor of the functional autonomy. The elderly people those who can perform the above factors, can easily add to their quality of life.

There are many IADL skills. They are mentioned below,

PUM

Prepare (Housework, Preparing meals.)
Use (Telephone use, Vehicle use, laundry.)
Manage (Managing finance, Managing medications, Shopping, Handling transportation, Basic home maintenance.)

According to Nugent (2001), Functional autonomy is the tendency for drive motivated behavior to develop derivative drives, such that behavior may become independent of the original drive (Egeberg, 2001). But in this study functional autonomy determines standard of living of elderly, whether they are able to do ADL and IADL, despite of being old.

BACKGROUND

The ageing process is of course a biological reality, which has its own dynamic, largely beyond human control. The age of 60 or 65, roughly equivalent to retirement ages in most developed countries, is said to be the beginning of old age. Thus, in contrast to the chronological milestones which mark life stages in the developed world, old age in many developing countries is seen to begin at the point when active contribution is no longer possible (Gorman, 2018). Life of elderly people are deeply affected by their health factors, which in turn contribute to their functional autonomy or their functional status. A proper care provided to them can automatically rise up their functional autonomy. Gordon Allport, American Psychologist, is best known for the concept 'Functional Autonomy' that, although adult motives develop from infantile drives, they become independent of them (Gordon, 1937). WHO defines 'autonomy' as "the perceived capacity to control, cope and take personal decisions on how a person lives his or her daily life, following his own norms and preferences (WHO, 2000). Globally, a significant increase in functional disability among the elderly people is expected in the near future. It is therefore vital to begin considering how countries can best start building or strengthening the care and support system for that target population (Berthe, 2014).

Functional decline can negatively affect the quality of life of the elderly people, in that it compromises both their autonomy and their independence. Good Health is a crucial factor for elderly people to maintain autonomy, productive that leads to have a better quality of life at their old age. According to the present study, the state's elderly population is growing at a perpetual rate of 2.3 percentage. The growth rate is high among the elderly aged 70 (old old), 80 (oldest old) and above (PTI, Business standard, 2014). Two main groups of people contribute to maintain elders in functional autonomy: the elderly themselves and their family. Community, private or public structures for maintaining elders in functional autonomy are non-existent. The social system for maintaining elders in functional autonomy is incomplete and failing (Abdramane, 2014). Many elderly parents due to lack of proper care for them in the family set-up tend to express that given the opportunity, the functional capacity and the finances, most of them would prefer to live by themselves than with their children's family or in institutions for the elderly (Perez, 2012). Major reasons for institutionalization, as quoted by the inmates participating in a study were low economic

status, widowhood, destitute conditions, abuse by family members and lack of support by social networks (CMIG, 2011).

Based on a survey on ageing scenario in Kerala conducted by the 'Centre for Development Studies' has pointed out that the proportion of aged in the population is rising (PTI, Business standard, 2014). So, it is necessary to assess the functional autonomy of Institutionalized and Non-Institutionalized elderly for their future wellbeing.

General Objective

Broad objective of the study is to know functional autonomy of institutionalized and non-institutionalized elder population.

Specific Objectives

1. To study the socio-demographic health profile of the respondents
2. To assess the functional autonomy of the respondents
3. To evaluate the factors affecting the functional autonomy of the respondents

METHODOLOGY

The data were from the old age homes and families in the Kottayam district. 200 elderly (age 60 and up) chosen to be representative of two categories (institutionalized and non-institutionalized). In Kottayam district only two municipalities were taken for the study. They were Pala and Erattupetta. This study followed quantitative in nature and explanatory research design. For collecting the sample from the field, this study chose stratified random sampling and lottery technique. This study had taken young old (60-69), old old (70-79) and oldest old (80+) category from the field. Avoided mentally ill, and hospitalized elderly from the study. After the scrutiny from two experts, self-made questionnaire was made. Reliability and validity were ensured and applied in the field. Interview schedule was used and the ethical considerations were ensured during and after the study.

ANALYSIS AND DISCUSSION

The analysis of this study followed descriptive statistics. This study has taken 100 institutionalized and 100 non- institutionalized elderly. There are 43 men and 57 women in the category of institutionalized and non-institutionalized category include 55 men and 45 women. Most of the institutionalized elderly are not living with their soul mate but in the case of non-institutionalized are living with their partners. It helps them in many ways. Non-institutionalized have more education as compared to institutionalized elderly. According to Gorden Allport, it is a concept that, although adult motives develop from infantile drives, they become independent of them and called this concept as Functional Autonomy (Allport, Encyclopedia Britanicca, 1955). There is always chance to arise difficulties in the functional autonomy of the senior citizens in their ages. It can be the troublesome to perform the activities of daily living and also the instrumental activities of daily living (IADL). So, the following table examined the ADL and IADL factors in functional autonomy.

Sl. No	**Subjects**	**Percentage**	
		Institutionalized	**Non- institutionalized**
1	Have the Food Independently	No assistance (80 %) Some assistance (18%) Complete assistance (2%)	No assistance (95%) Some assistance (5%) Complete assistance (0%)
2	Carry out the Personal	No assistance (56%)	No assistance (75%)

Sl. No	Subjects	Percentage	
		Institutionalized	**Non- institutionalized**
	Hygiene Independently	Some assistance (38%) Complete assistance (6%)	Some assistance (25%) Complete assistance (0%)
3	Wearing Dress, Oneself	Yes (16%) No (84%)	Yes (20%) No (80%)
4	Mental and Physical Strength in Certain Situations	Yes (74%) No (26%)	Yes (40%) No (60%)
5	Ability to Move Independently	Yes (82%) No (18%)	Yes (100%) No (0%)
6	How far able to move Independently	Up to Bed (4%) Up to Washroom (12%) Up to Rooms (34%) Move freely (50%)	Up to Bed (0%) Up to Washroom (0%) Up to Rooms (10%) Move freely (90%)
7	Satisfied in performing the Activities of Daily Living	Yes (64%) No (36%)	Yes (85%) No (15%)
8	Difficulty in using Telephones and Android Phones	Yes (92%) No (8%)	Yes (55%) No (45%)
9	Adjusting with new Technologies	Yes (90%) No (10%)	Yes (50%) No (50%)
10	Capacity to Manage and Handle the day -to –day Matters	Good (28%) Average (54%) Low (18%)	Good (60%) Average (30%) Low (10%)
11	Medications on time without the help of others	Yes (64%) No (14%) Not applicable (22%)	Yes (60%) No (5%) Not applicable (35%)
12	Access of the Social Security	Yes (34%) No (66%)	Yes (50%) No (50%)
13	Expectation from the Community	Yes (78%) No (22%)	Yes (65%) No (35%)

Here, it shows the functional wellbeing of the respondents residing in families and Old age homes. The above-mentioned table is explained and discussed below in detailed manner.

1. Have the Food Independently.

The table depicted above shows that majority of the respondents in the institutionalized required no assistance in consuming food that is 80%, 18% respondents required some assistance and remaining 2% requires complete assistance. Of the total population in non-institutionalized, 95% requires no assistance and remaining 5% requires some assistance in having food. Here we can observe that most of the old age people requires no assistance in consuming food.

2. Carry out the Personal Hygiene Independently

The above table shows that 56% of the respondents require no assistance in carrying out the personal hygiene in institutionalized, 38% require some assistance and remaining 6% require complete assistance. Of the total respondents in non- institutionalized, 75% respondents require no assistance and remaining 25% respondents require some assistance. Personal hygiene may be described as the principle of maintaining cleanliness and grooming of the external body. People have been aware of the importance of hygiene for thousands of years. Social aspect is also very important as many people would rather alienate themselves from someone who has bad personal hygiene than to tell them how they could improve.

3. Difficulty in Wearing Dress Oneself

The table shows that 84% of the respondents in institutionalized had no difficulty in wearing dress oneself, where as 16% respondents had the difficulty in wearing dress oneself. Out of the total population in non-institutionalized, 80% of the respondents can wear dress by oneself, where as 20% respondents find the difficulty.

4. Difficulty in using Mental and Physical strength in certain situations

Both mental and physical strength are related to each other. Physical strength and mental strength are important part of human beings. If the physical strength goes down, it will affect the mental strength also and vice versa. The above table pictures that 74% respondents in the institutionalized has difficulty in the mental and physical strength and remaining 26% of respondents have no difficulty. In case of non-institutionalized 40% of respondents find difficulty and remaining 60% of respondents have no difficulty. Here, majority of the respondents are having the difficulty in using the mental and physical strength in certain situations is found in institutionalized and it was mainly because the less concern, love and respect.

5. Ability to Move Independently

People those who can move independently without the help of others show the good health and functional wellbeing. Some of the elderly require medical supports or assistance of other people to move forward. So, quality health helps them to acquire physical and functional wellbeing. The above table shows that every respondent, i.e. 100% can move independently in non-institutionalized and in case of institutionalized 82% respondents are able to move independently and 18% respondents had the difficulty in moving independently.

6. How far able to move Independently

The elderly who is able to move freely and Independently determines the functional wellbeing. Quality functional wellbeing is a factor that leads to a better quality of life**.** Above table shows the ability of the elderly to move freely. Of the total respondents in Institutionalized, 50% respondents can move freely, 34% respondents can move up to rooms, 12% respondents can move up to washroom, 4% respondents up to bed. Majority of the respondents in non-institutionalized, i.e. 90% can move freely and remaining 10% of the respondents can move up to rooms.

7. Satisfied in performing the Activities of Daily Living

Activities of daily living refers to the term used in health care to determines the people's self-care activities**.** Basic ADLs are generally categorized separately from Instrumental Activities of Daily Living (IADLs), which include more complex activities related to independent living in the community (e.g., managing finances and medications) (Demakis, 2016). Above table shows their satisfaction in performing the activities of daily living. This indicates that the majority of the respondents residing in family and old age homes are satisfied in performing their ADL. Out of the total population in institutionalized, 64% are satisfied in performing the activities of daily living and remaining 36% are not satisfied. In case of non- institutionalized, 85% respondents are satisfied and remaining 15% respondents are not satisfied.

8. Difficulty in using Telephones and Android Phones

Senior citizens those who had education attainment were very much interested in using the phones and they know how to operate it well like youngsters. But in many cases, most of the

elderly don't know how to handle the android phones due to their ignorance of knowledge. The table shows that 92% of the respondents in institutionalized had the difficulty in using telephones and android phones while remaining 8% of the respondents know and still using it. In case of non – institutionalized, 55% of the respondents don't know how to use it and remaining 45% of the respondents are still handling it smoothly.

9. Difficulty in Adjusting with New Technologies

Technologies changes in each and every year and most of the elderly find difficulty in adjusting with new technologies. Older adults face several unique barriers and challenges when it comes to adopting new technologies. It is because of their health-related issues and the difficulty in learning new technologies. Above data show that in institutionalized, 90% of the respondents had the difficulty in managing the new technologies and remaining 10% respondents, adjust with new technologies. Out of the total population in non – institutionalized, 50% of the respondents finds difficulty in handling the new technologies and remaining 50% of the respondents, adjust with the new technologies.

10. Capacity to Manage and Handle the day -to –day Matters

The capacity to maintain and handle the day to day matters depends on the physical, emotional and social wellbeing. There are vibrant and active elderly people, who are very initiative and do the things accordingly. The table depicted above shows that out of the total population, 44% respondents were good in handling the day to day matters, 42% of the respondents were average in handling the matters and remaining 14% respondents were poor in handling the day to day matters.

11. Medications on time without the Help of Others

Health issues are mostly affected by elderly people due to their age. Most of them conscious about their health and will do the requirements to become healthy. The above table shows that most of the elderly consume their medicines without the help of others. Out of the total population 62% of the respondents have their medications without the help of others, 9.5% of the respondents requires assistance in having their medications and 28.5% of them not taking any medications.

12. Access of the Social Security

Social security is a federal program that provides income and health insurance to retired persons, the disabled, the poor, and other groups. Social security, any of the measures established by legislation to maintain individual or family income or to provide income when some or all sources of income are disrupted or terminated or when exceptionally heavy expenditures have to be incurred (e.g., in bringing up children or paying for health care). Thus, social security may provide cash benefits to persons faced with sickness and disability, unemployment, crop failure, loss of the marital partner, maternity, responsibility for the care of young children, or retirement from work. Social security benefits may be provided in cash or kind for medical need, rehabilitation, domestic help during illness at home, legal aid, or funeral expenses. Social security may be provided by court order (e.g., to compensate accident victims), by employers (sometimes using insurance companies), by central or local government departments, or by semipublic or autonomous agencies (Smith, 2018). The above table shows that 66% of the respondents in institutionalized do not access the social securities and remaining 34% of the respondents accessed the social securities. In case of non- institutionalized, 50% of the respondents access the social securities and

remaining 50% of the respondents do not have social securities. Social security helps the senior citizens to maintain a good wellbeing.

13. Expectation from the Community

Community plays an important role in the growth of every Senior citizens. Interaction of community helps to be motivated and helps them to find a meaning to their life through the programs organized by the community. From the above table shows the expectations of elderly from the community for the betterment. Majority of the respondents in institutionalized. i.e. 78% expecting from the community for their betterment and 22% not expecting anything from the community. In case of non – institutionalized, 65% of the respondents requires community support and remaining 35% of the respondents not expecting anything from the community.

Major findings

1. Non-Institutionalized elderly are having well sophisticated functional wellbeing when compares to the Institutionalized Elderly.
2. The young old (60-69) elderly had well functional autonomy than old old (70-79) elderly people and women had lower functional autonomy than men.
3. The present study found that 95% of the respondents of Families not required assistance for having food, only a few of the respondents required partial assistance.
4. Elderly people in old age homes are mentally and emotionally weak due to loneliness, frustration so, thus it makes them physically weak. Out of the total 200 respondents, 61.4% requires no assistance in carrying out the activities of daily living, 34.3% of the respondents requires some assistance and remaining 4.3% requires complete help of others they are fully from old age homes.
5. From the 100 respondents, majority 74% from Institutionalized lose their mental and physical strength in certain circumstances. Support of the community and inmates helps them, physically and mentally to face the situations.
6. From the present study it is understood that out of the total population, 64% of them are satisfied with ADL, majority of the respondents 92% of the Institutionalized had some difficulty is using android phones also they had the difficulty in adjusting with the technologies.
7. Out of the total population, 62.9% of the respondents could consume the medicines without any help of others.
8. Social Securities are the financial assistance for the elderly people. In majority of the respondents of institutionalized 66% of them do not access the social securities.
9. Among the respondents of 100, 78% of the Institutionalized expecting from the community for the betterment and also out of the 100 respondents from non-institutionalized, 65% of the respondents expecting their betterment from the community.

Suggestions

1. This study examined functional autonomy from ADL and IADL point of view. So, the further study can use some other method to evaluate functional autonomy of elder population.
2. Further research can be done with the help of mixed approach. It can give more information compared to single way of approach
3. This research report can be used by government officials to improve the condition of this particular section of the society

4. Kerala government and NGO can promote healthy environment by introducing new programs and policies in favor to elderly population

CONCLUSION

Old age is the last stage of life. Aging process is a biological reality beyond human process. Whether they live in an old age home or with their family, they are the senior citizens or elders with lot of life experiences, the elderly population is large in general and growing due to advancement of health care education. These people are faced with numerous physical, psychological and social role changes that challenge their sense of self and capacity to live happily. The capacity of an individual to accomplish independently the various tasks required in day today life, an essential concept in rehabilitation. Activities of daily living and instrumental activities of daily living are the two main sources to assess the functional autonomy of the elderly population. Better functional autonomy can lead to better quality of life of an individual.

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Conflict of Interest
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