Available online at www.elixirpublishers.com (Elixir International Journal)

Social Studies

Elixir Social Studies 71 (2014) 25086-25089

Elixir ISSN: 2229-712X

Care and quality of life of elderly in Old Age Home in Kolkata

Saheli Guha Neogi and Sudeshna Basu Mukherjee
Department of Sociology, University of Calcutta, India.

ARTICLE INFO

Article history:
Received: 10 May 2014;
Received in revised form:
6 June 2014;
Accepted: 20 June 2014;

Keywords
Care,
Quality of life,
Interpersonal relationship,
Social adjustment.

ABSTRACT
Present study was conducted in the Old Age Homes (OAH) of Kolkata to assess the socio-demographic profile of elderly & the nature of care as indicator of quality of life (QoL) of elderly in OAH and to understand the social adjustment pattern & interpersonal relations of elderly as a gauge of QoL of elderly. Data were collected purposively from 100 elderly over 65 years of age through interview procedure from 10 OAH in Kolkata and analyzed through't' test and chi square. Finding suggests majority of elderly are from 70-74 year old; their income was between Rs, 50001 to 15,000/-; significant difference between male and female boarders regarding their perceived feeling of care which indicate their quality of life. Female interpersonal relationships were more frequent in OAH than male elderly as their social adjustment is better than their male counterparts.

© 2014 Elixir All rights reserved

Introduction

Aging of population is one of the most considerable characteristics of the 21st century and is one of the most burning issues faced by India. With the increasing number of elderly, the assessment of their perception of quality of life is become important domain of discussion. Quality of Life of Elderly is no less important than longevity (Vienna International Plan of Action on Aging, 1983). The concept of quality of life is defined by the World Health Organization (WHO) as an assessment that measures the physical health, people's social relationships, psychological health, and the environment affecting people's perceptions about the world around them (2009). An individual's quality of life (QoL) is based on his or her health, perception of care, inter personal relationship, adjustment and how an individual perceives his or her life (Mckee, Houston & Barnes, 2002).

Care and Quality of Life

Care is no longer a private concern. In the era of high modernity, characterized by population aging, family fragmentation and the entry of women into paid workforce, it has become a major public issue. Elderly care is not only seen as the family responsibility but in modern society Old Age Home (OAH) becomes major source of providing care to elderly. The major reason of choosing to live in Old Age Home are due to the dwindling of joint family system, rise of dual career families hence no one to take care of them, forced marginalization and seclusion, shortage of place in residence, to avoid family conflict (especially with children), to be able to live life of dignity and self respect, for peace of mind and to be cared for in better way. Care of elderly necessitates addressing several social issues and the perception of the quality of life of elderly differs with the perception of receiving care (formal and informal).Care must be understood as a necessary social response to human bodily vulnerability. Care is relevant especially for quality of life of older persons living at Home or in institution.(Gerritsen et al.,2004) Whether the perception of receiving care (formal and informal) differs gender wise and whether it can be important precondition for making perception of better quality of life is our concern. Perception of receiving care differs on the basis of social adjustment capacity and the intra-generational interpersonal relationship pattern which makes difference in perception of quality of life of elderly (male and female) living in Old Age Home in Kollkata.

Adjustment and Quality of Life

Adjustment is harmonious relationship with the environment in which most individual needs are satisfied in socially acceptable way, and resulting in form of a behavior which may range from passive conformity to vigorous action .Adjustment is a precarious and ever changing balance between the needs and desire of the individual on the one hand and the demands of the environments or society on the other. Besides general adjustment, there are five measures of adjustment - home adjustment, social adjustment, emotional adjustment, self-adjustment and health adjustment. The level of well being and adjustment of the aged people are related to their personality structure, functional abilities, social resources and coping strategies. (Neerja, 2000). Gender difference in adjustment of the elderly was also observed in many researches which leads to difference in their Quality of life (Mass and Kuypers,1974). Ramamurti and Jamuna (1993) indicates that a large number of socio-demographic and personality variables are associated with the adjustment of the elderly.

Interpersonal relationship and Quality of life

Relationships are important and contribute to our well being (Antonucci, Webster, 2010). The need to share joys and sorrows with someone who understands and cares or the need for someone to help us with a task it is nice to know that we have someone to count on. Relationships are known to be an important contributing factor to wellbeing in old age (Gabriel and Bowling 2001) Walker and Hennessy, (2004), found good social relationships to be a principal contributing factor to quality of life in a large survey of British people aged 65 and over. Borglin, and others, (2005), have suggested that access to significant relations is one of four important factors contributing to quality of life (the other three being anchorage to life, satisfied body and mind, and conditions governing one's life). Access to significant relations is said to involve the continuance of close bonds with others, resulting in a feeling of maintained self. The positive influence of social relationships on

Tele:
E-mail addresses: saheli.guhaneogi@gmail.com

© 2014 Elixir All rights reserved

psychological adjustment throughout the human lifespan has been fairly well established (Cohen & Wills, 1985).

Objectives:

The objectives of the present paper were 1. To assess the socio-demographic profile of elderly 2. To assess the nature of care (formal and informal) as indicator of Quality of Life of elderly in Old Age Home of Kolkata. 3. To understand the social adjustment pattern & interpersonal relations of elderly as an important prerequisite of Quality of life of elderly.

Material & Method:

Area: - 10 (ten) Old Age Homes within the jurisdiction of Kolkata municipal corporation. *Sample:*-100 (50 men and 50 Women) boarders from ten (10) old age homes within the jurisdiction of Kolkata selected from a list provided by the Social Welfare Department, Government of West Bengal. Purposive sampling was done to meet the needs of the study.

Sample selection criteria: -Selection of Home and Household- i) Homes having at least 20 boarders each; ii) Having a health check up system ;iii) weekly/fortnightly; iv)Having other facilities (Yoga, meditation, physiotherapy etc.) and recreational activities.

Selection of Respondents- i) Minimum 65 years of age in both the sub groups; ii) They were home boarders for at least five years; iii) Elderly who are capable of *Activities of Daily Living.* * (ADLs) in both sub groups.

Tools used: - 1) General information schedule (containing both open ended and close ended question on socio-economic status, formal and informal care, intra-generational interpersonal relationship)2) Information schedule for assessment of Quality of Life3) The Social Adjustment Scale (Dr. Roma Pal, Agra University,1989).

Data Collection: - Face to face interview by visiting the respondents in their old age homes.

Statistical test: - Mean, Standard Deviation Chi-square, and't'.

Major Findings

Socio-demographic profile of elderly

Table -I showed the socio-demographic profile of elderly. In this study majority of elderly (32% of male and 36% female) are from 70-74 year old. It was seen that most of male elderly (44%) are graduate and most of the female elderly (36%) having secondary education and most of the male elderly were unmarried (48%) and female elderly are widow (58%) 100% of respondents are from Hindu community. Most of the elderly (48% of male and 56% of female) are belonging to general category. Most of the elderly (M-60% & F-64%) have income of Rs, 5001/- to 15,000/-

Formal and informal care and Quality of life

Table-II described the nature of formal and informal care as elderly perceive their indicator of QoL. Chi-square test was calculated to see the significant gender difference on the basis of perception of care. The test was found statistically significant (X2 = 10.89; X2 =18.10 ;X2 = 13.84; X2 = 10.73; X2 = 17.93; X2 = 54.08; X2 = 9.16; X2 =9.28). The database highlights that there is significant difference between male and female boarders in their perceived feeling of care which indicate their quality of life. Only in case of recreational activities (X2-9.06) there is no significant difference among male and female elderly. As in the Indian scenario, as a patriarchy society care always related to female, it assumes that female should be caring rather than male counterparts. Female are always related to care giver rather than care receiver which is predominated by male only. So in old age when marginalization, loss of roll and power taken place then the male elderly cannot be satisfied with the care they receive compare to the earlier care they used to receive but female counterparts as being habituated to not to receive care compare to male they become satisfied with less amount of care received. So their perception regarding care is better than male elderly which facilitates their quality of life too. And the forgiving capacity of female also helps them in making their perception of care in better way. As the social adjustment and intra-generational interpersonal relationship of female elderly boarders are better than the male boarders, their perception of receiving care (formal and informal) is also better which is important precondition for facilitating the better quality of life of female elderly living in old age home.

Table 1. Distribution of elderly on the basis of their socio-demographic profile

Age	Male (N=50) No.(%)	Female (N=50) No.(%)	Total (N=100) No.(%)
65-69 year	14(28)	10(20)	24(24)
70-74 year	16(32)	18(36)	34(34)
75-79 year	12(24)	12(24)	24(24)
79 and above	8(16)	10(20)	18(18)
Educational Status			
Illiterate	2(4)	4(8)	6(6)
Primary	4(8)	8(16)	12(12)
Secondary	8(16)	18(36)	26(26)
Graduate	22(44)	16(32)	38(38)
Post Graduate	6(12)	4(8)	10(10)
Professional	8(16)	0	8(8)
Marital Status			
Married	30(60)	15(30)	45(45)
Unmarried	24(48)	4(8)	28(28)
Widow/widower	8(16)	29(58)	37(37)
Divorce/separated	0	2(4)	2(2)
Religion			
Hindu	50(100)	50(100)	100(100)
Muslim	0	0	0
Caste			
General	24(48)	28(56)	52(52)
SC	16(32)	14(28)	30(30)
ST	6(12)	6(12)	12(12)
OBC	4(8)	2(4)	6(6)
Income			
Below 5000/-	3(06)	9(19)	12(12)
Rs.5001/- to 15,000/-	30(60)	(34)(68)	64(64)
Rs,15,001/- to 25,000/-	9(18)	4(08)	13(13)
Rs,25,001/- and above	7(14)	3(06)	10(10)

Interpersonal relationship and Quality of life

Table- III explained the interpersonal relationship of elderly boarders in OAH. A chi-square test found significant difference (X2 = 10.96; X2 = 21.77; X2 = 22.49; X2 = 62.42; X2 = 6.69; X2 =11.47) between male and female boarders regarding their intra-generational interpersonal relationship. Female interpersonal relationships were more frequent in OAH than male elderly as their social adjustment is better than their counterparts.

Social Adjustment and Quality of life

Table-II showed the Mean score and S.D of the two groups on the basis of Social Adjustment Scale. The mean score of the female boarders in old age homes is M-44.65 and the male boarders in old age homes are M-39.35 and S.D is 6.87 and 7.33 respectively. The 't" value signifies that it is statistically significant at 0.01 level.

As the higher Mean value indicates higher social adjustment, the male respondents were less adjusted than their female counterpart. Indian society with its patriarchal social system has always given the male in the household more power and authority in the decision making right and economic sphere than the female, so they feel the impact of diminishing status and role more which affect their perception regarding quality of life too.

Table-II-Perceived feelings of care (formal and informal)

Perceived feeling of receiving care(formal and informal)	Male =50(%)	Female =50(%)	X2
Formal Care			
Medical Care			
a) Frequently	22	23	10.89***
b) Sometime	35	36	df-5
c) Rare	43	41	
Any other facility (Yoga, Physiotherapy etc.)			
a) Frequently	19	22	
b) Sometime	42	46	18.10**
c) Rare	39	32	df-5
If and when necessary home people /care taker give time and give assistance			
a) Frequently	18	20	9.23*
b) Sometime	42	45	df-5
c) Rare	40	35	
Daily welfare enquiry			
Home manager or caretaker interact action with elderly	28	32	13.84*
a) Frequently	48	42	df-5
b) Sometime	24	26	
c) Rare			
Arrange recreational activities(tour, cultural program) Every year	32	31	
a) Frequently	44	42	9.06
b) Sometime	24	27	df-5
c) Rare			
Informal Care			
Family members, Relatives, friends, visit			
a) Frequently	30	34	10.73***
b) Sometime	36	46	df-5
c) Rare	34	20	
Call you			
a) Frequently	32	48	
b) Sometime	40	36	17.93****
c) Rare	28	16	df-5
Interaction or involvement with co-boarders/ neighbors'			
a) Yes	64	84	54.08***
b) No	36	16	df-3
Family members take home for regular heath check-up	35	48	9.16*
a) Yes	65	52	df-3
b) No			
Take home in special occasion			
a) Yes	56	64	9.28*
b) No	44	36	df-3

*P value equals .05;** P value equals .005;*** P value equals .10**** P value equals .01

Conclusion

The concept elderly care is not only seen as the family responsibility but in modern society Old Age Home becomes major source of providing care to elderly. Access to informal care seems to influence the probability to move to an institution (Tennstedt et al.1990;Larsson and Thorslund 2002). Care is relevant especially for quality of life of older persons living at Home or in institution.(Gerritsen et al.,2004).Care of elderly necessitates addressing several social issues such as adjustment and interpersonal relationship. The perception of the quality of life of elderly differs with the perception of receiving care (formal and informal). Study suggested that the perceived feeling of care of female boarders was better than their male counterparts, interpersonal relationship also more frequent and social adjustment capacity of female boarders also better which prerequisite their quality of life. Women always levelled as better care giver but as care receiver women are also better than their male counterpart. They remain satisfied with little amount of care so their perception of quality of life is better than male elderly. The better perception of quality of life can be made through spirituality and forgiveness and through the involvement in religious activities, involvement in productive (voluntary or paid social work-teaching, accounting, supervisor) or unproductive work(Playing indoor game with co mates) or doing any creative work or passion i.e listening music, playing musical instruments, painting, drama. The ACTIVITY THEORY of aging states that aging in activities help the elderly in overcoming loneliness, depression, improving their mental health and augments self-esteem and thus they become forgiver which will help them to make better perception regarding their quality of life.

Table-III Social Adjustment Scale Score & the "t" values showing significance of difference between two means

	Mean	S.D	df	t	Remarks
Male (N-50)	39.35	7.33	N1-1 N2-1 =98	9.53	Significant at 0.01 level
Female (N-50)	44.65	6.87	0.05- 2.02 0.01- 2.71		

Table-IV-Interpersonal relationship of elderly boarders in OAH

Interpersonal relationship	Male	Female	X2
1) Have contact with other boarders	28	38	10.96*
a) Frequently	48	32	df-5
b) Sometime	24	30	
c) Rare			
2) Co- boarders pass time together-Have tea, gossiping, chatting	38	54	
a) Frequently	36	24	21.77**
b) Sometime	26	22	df-5
c) Rare			
3) Do religious activities together			
a) Frequently	48	50	22.49**
b) Sometime	28	24	df-5
c) Rare	24	26	
4) Go for outing together	64	58	
a) Frequently	24	24	72.42***
b) Sometime	12	18	df-5
c) Rare			
5) Exchange gifts			
a) Frequently	28	38	11.47*
b) Sometime	48	34	df-5
c) Rare	24	28	

*P value equals .05;** P value equals .005;*** P value equals .001

References:

[1] Antonucci, T., Birditt, K., Webster, N. "Social relations and mortality: A more nuanced approach". *Journal of Health Psychology*. 2010. 15(5), 649-659.

[2] Bowling, A. "Lay theories of quality of life in older age". Ann Bowling and Zahava Gabriel Ageing & Society 27, 2007, 827–848. Cambridge University Press 827, United Kingdom

[3] Jamuna, D. "Elder care in India, Conflicting tradition and modernization". Aging Societies in New Millennium, Proceedings of third international conference of IAHSA (Honolulu, AHSA),2000. pp-33-35.

[4] McKee, K.J., Houston, D.M. & Barnes S. "Methods of assessing quality of life and well being in frail older people". *Psychology & Health*, 2002.17(6), 737-751.

[5] Neerja, Vasudeva, P. and Verma. “A study of need for formal source of support for the aged”. Indian Journal of Psychological Issues, Vol.8 (2). 2000. pp-26-32, Dec
[6]Ramamurti, P V., Jamuna, D., and Reddy, L. K.. "Psychological profiles of centenarians. The Tirupati centenarian study". In V. Kurnar (Ed.), Aging: lndian perspective and Global scenario. New Delhi. All lndia Institute of Medical Sciences.1996.
[7] Vienna International Plan of Action on Aging, United Nations, New York, 1983.
[8] Walker. European Forum on Population Ageing Research/European Group on Quality of Life Extending quality of life in old age (EQUAL) Geriatrisk Klinik, Bispebjerg Hospital, Bispebjerg Bakke 23, 2400København NV, Denmark.2002