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RESEARCH ARTICLE

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A STUDY ON LIFE SATISFACTION OF ELDERLY PEOPLE AMONG OLD AGE HOMES IN BENGALURU

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ABSTRACT

Eight percent of the population was recorded 60 years and above in 2011 Census, and it is expected to increase its share to 12.5 percent and 20 percent by 2026 and 2050 respectively. In this regard, to assess their existing economic condition of elderly (60+) in terms of housing condition, availability of assets and access and freedom to spend money the present research is done. The results indicated that elderly persons stress is not created due to age, gender, occupation and income

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INTRODUCTION

Old age was not perceived as a problem in India till recent times, as joint family system was prevalent and Indian culture emphasizes on supporting, caring and respecting elders. The Indian culture promotes taking care of elders in the family and living together. As a result, Elder abuse was not seen as a problem in India and was considered to be a fad of the western world. In the recent times, due to dual career families and inclination towards nuclear families, the youngsters are unable to dedicate time and effort to the elders in the family. The pressure at the workplace and also the economic constraints in families are also a reason in families neglecting elderly. India is undergoing a demographic transition. Eight percent of the population was recorded 60 years and above in 2011 Census. It is expected that this group will increase to 12.5 percent and 20 percent by 2026 and 2050 respectively. Ageing is a universal process and it affects each human being in the world. It is byproduct of demographic transition, i.e. the change from high fertility and mortality rates to low fertility and mortality rates. This phenomenon is more evident in developed countries but recently it is increasing more rapidly in developing countries. One of the major features of demographic transition in the world has been the considerable increase in the absolute and relative numbers of elderly people. This has been especially true in the case of developing countries like India. About 60 percent of the elderly live in the developing world, and this will rise to 70 percent by 2010. Further, the older population itself is ageing, with the Oldest Old

being more than 10 percent of the world's elderly. As a result of the current ageing scenario, there is a need for all aspects of care for the Old (60+ years) namely, socio economic, financial, health and shelter. All these problems have an impact on the quality of life in old age and health care at the time of need. Increase in life span also results in chronic functional disabilities creating a need for assistance required by the Old to manage simple chores.

REVIEW OF LITERATURE

The researchers did a complete search of review in the last 20 years in both Indian context and other countries in the area of elderly people and their life style and the social, mental and physical issues related with Old age. Each older person is an individual, and each life experience and each change in a person's environment has an effect on that person (UNPF & HelpAge International report 2012). Aging is defined as the transformation of the human organism after the age of physical maturity so that the probability of survival decreases & it is accompanied by regular transformations in appearance, behavior, experience & social roles. The bottom line of Psychosocial Theory is people grow older, their behavior changes, their social interactions change, and the activities in which they engage change (United Nations, 2009). Health behaviour refers to any behaviour of an individual that directly or indirectly contributes to physical and psychological health. The World Health Organization defined health to include not only physical health but also psychological health,

social health, and spiritual health. Social support refers to individual in social and family settings to whom the elderly relate themselves socially and emotionally (Jamuna and Ramamurthy, 1991). Elderly feel they are excluded in social interactions and not given sufficient attention which result in the feeling of unworthiness and they feel unwanted (Anuradha 1991). In a study by Biswas, S.K. (1985) revealed ageing population is on increase along with the growth of the general population in the country. While emphasizing the role of the aged people, Mukherjee (1996) marked that changes in population structure owing to migration, urbanization, industrialization, breakage of joint families and normlessness are the precipitating factors which led to the downgrading of the status of the aged in our society. India is home to one out of 10 senior citizens in the world. This population, estimated to be over 80 million at present, is projected to grow to 137 million by 2021. Three-fourth of the elderly population live in rural areas. Their annual growth rate is higher (3%) as compared to the growth rate of the total population (1.9%). Population projections show that by 2050, the elderly population in India will surpass the population of children below 14 years. The old age dependency ratio (number of 60+ per 100 persons in the 15-59 age group) is gradually increasing in both rural and urban areas. A majority of the elderly are supported by their children and co-residence with their children increases as they advance in age. Unfortunately, literacy is 53 per cent among elderly males and only 20 per cent among elderly females.

Across the world, countries are experiencing population ageing. The growth rate of the elderly population is more rapid in developing countries like India than developed countries. Apart from demographic transitions, socio-economic and political changes together with increased individualism have altered living conditions of the elderly. Gulati and Rajan, I. (1999) discussed that while ageing of the population represent demographic achievements in lowering birth and death rates, it also possess challenges in care of the elderly. Higgs (1999) addresses quality of life for elder persons in the context of social changes in welfare states that had led to change infocus of the sociologist and gerontologists. Shah (2000) writes on the changing patterns and their impact on the elderly population. Due to the industrialization, there is lack of care for the elderly as the women also working outside the family. The joint families were disappeared and nuclear families were increasing. Hence, there is needed to look after the elderly people, who are away from joint families. Jamuna, D. (2007) in her paper, observes that like many eastern cultures, in India too, family is the primary care provider of the elderly. It is the quality of intergenerational interactions that ultimately determines the quality of elder care. Soodan (1975), Mahajan (1987) and Gangrade (1998) focused on intergenerational changes and found that most of the elderly population felt that the younger people did not respect them and anticipated tension in bonding and togetherness. Studying the elderly in Haryana, Madhu, Vamani & Darshan (2003) noticed that the majority were involved in less important and non-remunerative roles and felt neglected during important decision-making in the family.

In their study of pensioners in Mumbai, Desai & Nayak (1972) observed that loss of status in the family was not an important problem for most retirees. Comparing the position of retirees within the family before and after retirement, Menachery (1987) concluded that their loss of status is not brought about by retirement per se, but in conjunction with other intra-familial and personality factors. From his study of retired persons in Udaipur, Sati (1988) found that on the whole, retirees evaluated the relationship with their families as good. In his survey of happiness and unhappiness in old age, Sharma (1971) inferred that happiness, to a great extent, depends on busy life, good health, financial stability and having a spouse and social contacts. The range of psychological problems was much wider, and the impact entirely different as compared to that in the 'unorganized' sector. Ramachandran, Sarada Menon & Ramamurthy (1981) reported that family and living conditions are significant factors affecting the mental health of the elderly. Mental disorders are attributed to abuse, neglect or lack of care for a parent. Deshpande, Mathur, Bhatt & Bohra (1998) observed that depression, followed by dementia, was

the most common psychiatric disorder in the older population. Affective (mood) disorders were identified as the most common psychiatric concern among the sampled elderly patients in Goa (Yvonedda, Ajoy, Rajesh & John, 2002). The difference in psychiatric categories and associated physical illnesses was significantly linked with the gender of the patients. Patel & Prince (2002) perceived dementia as a normal part of ageing, requiring medical care. Depression levels differed significantly with gender and education. Patil, Gaonkar & Yadav (2003) noticed lesser depression in a larger proportion of the sample elderly in Dharwad city. Stress events are specifically more evident in females, those with low per capita income and those who perceived crises in the family (Niriy & Jhingan, 2002). In a study by Sinha, S.P. & Singh, R. (2009) it was found that the utilization of time after retirement is purposeful activities leads to increased well-being among the elderly. In old age elderly relinquish some of their earlier role and responsibility and retire from their occupation which result in ample amount of free time that is leisure time. Leisure time plays a vital role in motivating the elderly to participate in various type of leisure activity like religious tasks house hold work, interaction with family members, social activity etc. which has a direct impact on their personal happiness (Mishra, 1992). Husain (1996) examined the problems of the elderly people and remarked on the social interventions in the Bihar state. Total 600 old aged people as respondents were covered in the sample survey covering three districts. The study examined the living, conditions, role, status, socio-economic problems and psychological problems and health problems of the elderly people studied. The studies revealed that majority of the old aged people are not aware about the Government policies on elderly people.

Among the respondents covered under the study, young elderly people are not having many problems and are living in satisfactory conditions. Multiplicity of diseases is normal among the elderly. The majority often suffer from chronic bronchitis, anaemia, blood pressure, chest pain, heart attack, kidney problems, digestive problems, change in vision, diabetes, rheumatism and depression (Siva Raju, 2000). Awareness about Human Rights of Older Persons among older persons is negligible. Young old people (60+) living in cities is generally familiar with Human Rights. To assess the psycho-social problems of the elderly in urban population and to determine the extent of functional impairment and the psychological distress of the elderly using GHQ score, Boralingaiah P. *et al.* (2012), in their study "Prevalence of Psycho-Social Problems Among Elderly in Urban Population of Mysore City, Karnataka, India" conducted a community- based cross-sectional study at the field practice area of Urban Health Center at Mysore. Geriatric population aged 60 years and above were selected in which 526 subjects were studied. This study found that family have apathy and negative reaction on illness of elderly, 50.8% of the aged had financial burden, 10.6% of the elderly had found having emotional conflict.

Statement of the Problem: India is undergoing a demographic transition. Eight percent of the population was recorded 60 years and above in 2011 Census, and it is expected to increase its share to 12.5 percent and 20 percent by 2026 and 2050 respectively. Due to change in family system in India, the elderly are in great need of financial, physical, medical, emotional and psychological support. We feel the need to understand the issues of the elderly especially in urban areas with regard to their existing status in terms of economic and health condition and the family support received by them. The study will enable us to get a better understanding of the current status and the need for intervention and other initiatives.

Objectives of the Study

- To assess their existing economic condition of elderly (60+) in terms of housing condition, availability of assets and access and freedom to spend money.
- To assess the availability and utilization of health care services by the elderly (60+). To assess the access of elderly to various welfare schemes and health insurance. To assess the support

system available to the elderly both from family and the community.

METHODOLOGY

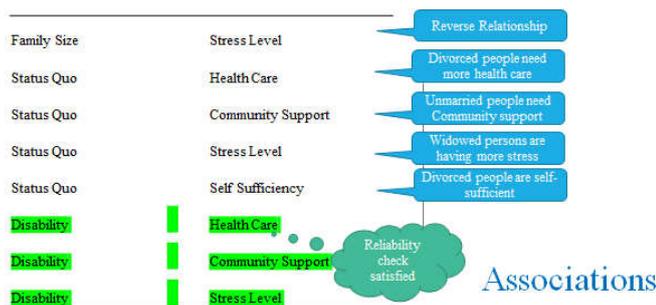
The study adopted both quantitative and qualitative research techniques to collect information from the elderly. Structured interview method will be used to gather quantitative data from the elderly and In-depth interview was used to collect qualitative information from the elderly.

Target Groups and Study Area: The target groups for the quantitative part comprised the Old in the age group of 60+ years in Bangalore city in the nearby areas of Kothanur, Geddalahalli, Byrathi, Thanisandra, Hedge Nagar etc. The respondents covered in qualitative study include Old (60+), Government health care providers and Private health care providers.

Interpretations

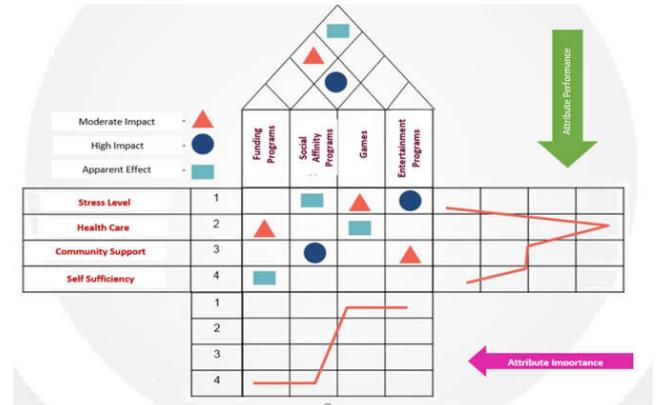
- Majority of the respondents are below 75 years of age. 40% of the respondents fall under the bracket of early elderly and 60% of the respondents belong to the category of late elderly
- Two third of the respondent are male
- Less than one fifth of the respondent have completed their graduation and all the others are school passed or school dropouts
- Three fourth of the respondents are without a life partner (either divorced or widowed). Negligible members are living with their life partners
- The major reasons quoted by the respondents for moving into old age homes are Issues with partners, sons / daughters, homeless, no income to sustain, mentally unfit and disability
- Around one third of respondents have worked in government sector and one third in private sector. Only 30 percent have an income currently
- Majority of the respondents were earning a decent salary to sustain themselves and their families during their career
- Half of the respondents face health issues at old age homes
- Majority of the respondents perceive that they do not receive community support
- Around half of the respondents have some type of insurance to support them
- One fourth of the respondents do not have any support and half of the respondents are supported by their families and by Government / NGO etc
- Half of the respondents are confident of their survival and feel self sufficient
- One third of the respondents are stressed whereas remaining respondents feel very low stress levels

Test of Association: The demographic variables were tested with advocacy variables such as Healthcare, community support, stress level and self-sufficiency and an association was found among the following factors.



- An inverse relationship was found between size of the family and stress levels

- Divorced people required more health care
- Unmarried people needed lot of community support
- Widowed persons face more stress
- Divorced members are mentally strong and are confident of managing by their self



Social Fluidity Mapping - QFD

Based on the research and its findings a prototype was created using Quality Function Deployment Matrix and is named as Social Fluidity Mapping

FINDINGS, SUGGESTIONS AND CONCLUSIONS

The stress levels of elderly people are associated with family size, status quo (marital status) and disability. Community support is lacking and highly required by the disabled people at old age homes. The elderly persons separated from their families because of disputes find it difficult to sustain alone. Elderly persons stress is not created due to age, gender, occupation and income

CONCLUSION

The study reveals that the old age homes in Bengaluru is creating a new lifestyle for the elderly persons. The persons living in these homes are not stressed but need to be engaged with social affinity values. The society must accept the elderly people as a honorary member in the society. We strongly believe that the values created by the elderly people will be experienced – based supportive model for young generations

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