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Problems of Elderly and Their Care

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ABSTRACT The process of rapid urbanisation, mobility of the younger generation, employment of women, etc. are some of the factors which influence both the family and social life of an individual. In addition to this, an individual has to face deteriorating health condition due to age related biological decline. This brings about a limitation in carrying on their social and family roles. The aged in these circumstances have to face a number of conflicting situations with which they find difficult to cope. The paper looks into their living arrangements, their self-reported problems and their activity status. It also tries to assess the availability of care provider and fulfilment of expectations by their children. Family type is changing and as such the elderly have to at times deal with their declining abilities by themselves. Children provide care to their ageing parents but the satisfaction level is found to be lower than expected.

INTRODUCTION

The two demographic aspects - the increase in life expectancy and decline in fertility have brought about a change in the structure of the world population. One of the direct manifestations of this is increase in the proportion of the elderly population to the total population or what can be termed as population ageing. This pattern of change in the age structure began in the developed countries before the World War II. The developing countries, which are characterised by an ever growing population is, however, undergoing this change since the last few decades of the 20th century. Though the process of change has begun later than the developed countries, yet the growth in the developing countries is phenomenal. The population of 60 years and above in the developing countries exceeded that of the developed countries in1990. By 2030, the world elderly population is expected to be around 1.4 billion which would be almost triple the 1990 figure. According to a World Bank Report (1994), most of this growth will take place in the developing countries and over half of it in Asia. The two major population giants of Asia, namely China and India, will contribute significantly to the growth of this figure (Rajan et al. 2000).

In India, the ageing process has picked up momentum since 1991 (Nayak 2010). The changing demographies, has brought about an increase in age dependency ratio and a subsequent fall in potential support ratio and total dependency ratio. The social implication of this change in age structure will have serious implications and would be felt by various sections of society in different ways. Among the elderly, the consequences would be significant. At the family level, a lot of other changes are also taking place which have a direct impact on the life of the elderly people. Some of these are rapid urbanisation, mobility of the younger generation, changing occupational pattern, increasing employment of the women, etc. These factors influence both the family as well as the social life of an individual. Study on ageing has, as a result gained importance as presence of the elderly and their problems have direct impact on the normal functioning of the society. In earlier times, the women were the main care providers to the old and the infirm in the family. But with increasing employment of women in service outside their homes, they are no longer able to devote as much time and attention to their traditional role. The declining number of joint families in an urban setting is adding to the scenario. The elderly, under such circumstances have to live on their own without anyone to look after their day-to-day needs. Even where joint families are present, the younger members are unable to provide the necessary care to the elderly due to the pressures created out of an urbanised life style. Besides, the nuclear family which is the characteristic of an urban life is getting further fragmented due to the mobility of the younger generation. It is in these circumstances that problems of the elderly arise. The elderly are thus to face a situation where on the one hand they are unable to look after themselves as efficiently as required and there is the lack of care providers on the other. Moreover, with increase in age, there is deterioration in physical health which may lead to functional disabilities also. Dependency, both physical and financial tends to grow with age. The future well-being of

the elderly under the circumstances may perhaps lie in their remaining in the joint family structure. Care for the elderly has thus emerged as one of the important areas of concern for ageing studies.

Studies on ageing in the north- east are very few and mostly confined to demographic ageing, but studies on problems of elderly are still rarer. Sarmah (2004) tried to look into problems of the elderly among four different communities living in Guwahati city. The study shows that all the communities experience similar ageing problems. The main problems have been found to be that of declining health, lack of companionship and mobility impairment. Medhi and Mahanta (2010) studied the problem of Instrumental Activities of Daily Living (IADL) in rural elderly of Assam and found that elderly had problems in maintaining independent life due to functional deficit which arose mostly due to chronic health problems. Sarmah and Choudhury (2010) in their study in Guwahati city also observed that chronic health problems aggravate the age related functional ability decline. However, physical activity especially regular active life style may slow down the decline in mobility performance (Visser et al. 2002). The present study tries to identify the problems of the Assamese elderly living in Guwahati city. It also looks into the living arrangement, activity status of the elderly, their care provider and satisfaction level in the care.

MATERIAL AND METHODS

This study was conducted between November 2004 and the first half of 2005. The sample consists of 280 male and female elderly in the age group of sixty years and above. The elderly have been further classified into three groups, that is, young old (60-69), middle old (70-79) and old old (80 and above). It is a cross-sectional study and the snow- balling technique was found to be the most efficient method to locate the elderly sample. This is because the elderly are not found to be localised in any particular area.

RESULTS AND DISCUSSION

Living Arrangement of the Elderly: The joint family is one of the characteristic features of the traditional Assamese society. This type of family is able to provide the members with the much needed emotional and physical security. However, in urban areas the family structure is undergoing change. Joint family is still found to be the dominant type of family but the role and expectation of the members of the joint family is undergoing tremendous change. Some of the factors affecting the family structure are migration of the younger generation, employment of women in the service sector, rapid adaptation to an urban life style, etc. The elderly who earlier used to be enveloped by family members to take care of them, no longer find the same. Even when they are living in joint families, the elderly have to be on their own for most of the time. This can lead to a sense of neglect and deprivation within the family. The living arrangements of the elderly or with whom the elderly stay, therefore, have a great bearing on the life satisfaction level of an elderly person. Thus, living arrangements are an important aspect in the study of the life of the elderly.

The living arrangement of the elderly is shown in Table 1. Joint family is the predominant type of family (51%). However, the next most prominent type of family is the type of family where an elderly couple lives alone (19%). This type of family has mainly emerged as a result of migration of the younger members of the family. Sometimes children after marriage are found to set up independent homes even when living in the same city. The number of such families is only likely to increase in the near future due to the changing social scenario. This is followed by nuclear families (13%) and single member families (8%), where an elderly person lives alone. The family continues to be nuclear as long as the children are not married. However, marriage or employment of the children may soon change the structure of the family. Depending on where the children will reside an existing family will either become a joint family or may get further fragmented. Some of the elderly (7%) live with relatives other than their son. Living with married daughters is generally not the norm in the Assamese society but in a few cases elderly persons were found to be living with married daughters. Incapacitation with growing age may be a determining factor. Sometimes the elderly may not have anyone else with whom he or she can stay. There is one old age home in Guwahati and at the time of the study, there were very few inmates. The inmates have also been taken into consideration during the study and they constitute 2% of the sample of the present study.

Table 1: Distribution of elderly by their living arrangement

Age group	*Living alone*		*With only spouse*		*In nuclear family*		*In joint family*		*With relatives*		*In institution*	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
60-69	1	12	7	15	17	10	19	46	2	4	1	1
	2.13%	13.64%	14.89%	17.05%	36.17%	11.36%	40.43%	52.27%	4.26%	4.55%	2.13%	1.14%
70-79	1	7	20	5	3	4	29	24	2	5	1	2
	1.79%	14.89%	35.71%	10.64%	5.36%	8.51%	51.79%	51.06%	3.57%	10.64%	1.79%	4.26%
80+	1	-	6	-	3	-	15	10	2	5	-	-
	3.7%		22.22%		11.11%		55.55%	66.67%	7.41%	33.33%		
Total	3	19	33	20	23	14	63	80	6	14	2	3
	2.31%	12.67%	25.38%	13.33%	17.69%	9.33%	48.46%	53.33%	4.61%	9.33%	1.54%	2%

A look into the living arrangement of the elderly by age category shows that most of the elderly who live alone or live with only their spouse belong mostly to the young old and middle old age category. Similar is the case with that of nuclear families. In case of the elderly who live alone, the number of women (13%) living alone is higher than that of elderly men (2%). The elderly women who live alone belong mostly to the young old age category. Some of these ladies have remained unmarried and therefore live on their own. The remaining are widows who continue to live on their own after the death of their husband. Men, on the other hand, are unable to live alone and generally live with some one, either a family member or a servant. They are unable to cope with the day-to-day needs of cooking and running the household on their own. A woman, however, can keep herself busy in these household chores.

Problems of the Elderly: The human body gradually degenerates with increase in age. Thus, declining health emerges as a major and significant problem among elderly people. Health in elderly is a complex mixture between the physical and psychological aspect of illness. The progressive deterioration of physical condition with age makes chronic illness a common feature of late life. This physical deterioration makes the body feel limitation in carrying on their previously able social and family roles. Slowly restrictions on movement set in, which prevent them from being able to spend time with their relatives and friends. Chronic health problems in old age and impairment of senses like vision, hearing and that of locomotion, etc. even restrict activities of daily living among the elderly. They may with time even lose their ability to take care of their personal day-to-day needs which may again lead to other associated problems like that of deprivation, loneliness, neglect and remaining without any engagement or means of passing their time.

Among elderly men and women in the study, declining health appeared to be a major problem from the young old age category onwards. The proportion and magnitude of the problem tends to increase with age (Table 2). The other major problems are that of utilising time in case of elderly men and loneliness in women. Most of the elderly of the study were retired from service and did not have other preoccupations. As a result they had a lot of free time which they were unable to utilise fruitfully. The physical deterioration with age also limited their activity to a large extent. Women continue to keep themselves active with household activities. The women of the study were mostly housewives and therefore continued to be involved with household work. When they become unable to perform heavy household work, they try to keep themselves busy with hobbies like knitting, embroidery, making pickles, jams, etc. However, restricted movement with age and being on their own for greater part of the day make them lonely. Most women of the study reported to being lonely and their proportion is much higher (48.67%) as compared to men (33.85%). A point to be noted here is that most women of the study were widows and some were unmarried and living alone. Feelings of loneliness among them are quite natural. However, elderly women living in joint families also reported to being lonely due to preoccupation of other family members. These women had to spend a lot of time alone which gave rise to such feelings.

Most of the women being housewives, they had to face the aspect of not having an independent source of income. Some of them derive family pension but this may not always be sufficient to support dependent children. Financial problems in such situations become prominent and

Table 2: Distribution of the elderly by their self-reported problems

Age group	*Prevailing problem*							
	Elderly with currently no problem	*Health problem*	*Loneliness and utilisation of time*	*Financial problem*	*Health and loneliness*	*Health and finance*	*Health and utilisation of time*	*Financial problem and loneliness*
Male								
60-69	6 12.77%	6 12.77%	12 25.53%	5 10.64%	1 2.13%	10 21.28%	6 12.77%	1 2.13%
70-79	4 7.14%	13 23.21%	9 16.07%	-	10 17.86%	7 12.5%	11 19.64%	2 3.57%
80+	-	6 22.22%	1 3.70%	-	11 40.74	4 14.81%	5 18.52%	-
Total	10 7.69%	25 19.23%	22 16.92%	5 3.84%	22 16.92	21 16.15%	22 16.92%	3 2.31%
Female								
60-69	2 2.27%	9 10.23%	12 13.64%	-	30 34.09%	22 25%	9 10.23%	4 4.55%
70-79	1 2.13%	7 14.89%	6. 12.77%	-	16 34.04%	13 27.66%	4 8.51%	-
80+	1 6.67%	8 53.33%	-	-	5 33.33%	-	1 6.67%	-
Total	4 2.67%	24 16%	18 12%	-	51 34%	35 23.33%	14 9.33%	4 2.67%

are found to be the case with elderly women with dependent children.

The means of delaying the ageing process has not yet been discovered. The solution mostly lies in management of the issues arising out of declining health and other associated problems. If the elderly can remain physically active, they can lead an independent life both at the personal and social level. This can have a great bearing on their life and impact their life satisfaction level. Thus, an attempt has been made in the study to look into the activity status of the elderly.

Activity Status of the Elderly: Generally, an elderly person can continue to lead an active life, unless some ailments disrupt the process. Incapacitations tend to increase with age. The activity status in this work has been evaluated through four levels. They are fully active – where there is no change in the activity status other than being retired from job. The second is partially active, where the elderly feel some amount of limitation in performing all the previously able activities, due to health reasons. They do some work only when their health condition permit. The third level is where the elderly are unable to do any specific activity other than their personal care activities. The fourth is when the elderly remain confined to their bed. They need assistance for even their personal care.

It is evident from the present study (Table 3) that elderly men can continue to remain active for longer than elderly women. Much higher proportion of men as compared to women is able to remain fully active. The ability to remain active, however, declines with increase in age. In the higher ages the gender variation is evident. In the young old age category, most men (57.45%) are fully active but most women (50%) are able to remain only partially active. In the middle old age category the number of men being able to remain fully active continue to be high (42.86%), followed by those who are partially active (32.14%), idle (17.86%) and those who remain confined to bed or chair (7.14%). Women of this age group are mostly (59.57%) able to be only partially active. The proportion of women who are able to remain fully active comes down significantly from the previous age group. In the old old age category, most men are idle (51.85%) but some continue to remain active either fully or partially. But women by this age group mostly (66.67%) become confined to bed or chair. Only a very few exceptional ones continue to remain active. The loss of ability is found to be quite sharp in women even from an earlier age but is not so evident in men. Even in the old old age category, men are at least able to take care of their personal needs, which is not the case with women. When the elderly become unable to take care of themselves, the need for a care giver arises. This aspect has also been looked into in the study.

Table 3: Distribution of elderly by their activity status

Age group	*Fully active*		*Partially active*		*Idle*		*Confined to bed/chair*	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
60-69	27	40	17	44	3	3	-	1
	57.45%	45.45%	36.17%	50%	6.38%	3.41%		1.14%
70-79	24	9	18	28	10	7	4	3
	42.86%	19.15%	32.14%	59.57%	17.86%	14.89%	7.14%	6.38%
80+	5	1	5	1	14	3	3	10
	18.52%	6.67%	18.52%	6.67%	51.85%	20%	11.11%	66.67%
Total	56	50	40	73	27	13	7	14
	43.08%	33.33%	30.77%	48.67%	20.77%	8.67%	5.38%	9.33

Care Provider: Usually women continue to look after their husbands as long as they are able. Thereafter they expect their children or any other capable family member to take over the responsibility. Earlier the responsibility used to be transferred to the daughter-in-law. Under the changing family structures the expected situation is not always found. Children set up independent homes after marriage. As a result, the elderly have to face a dearth of care givers within the family. An attempt is made to look into the care giving role of children from the perspective of the elderly.

In the present study, it has been observed that children have been ranked as the main care provider by the elderly. Sometimes children, even when they do not reside with their ageing parents, provide necessary help like buying the monthly grocery, taking them to the doctor or rushing to be at their parent's side in case of an emergency. In a few cases, it was found that a son or daughter visit their parents at least once during the day. Spouses generally take care of each other, but the death of one of them brings a huge difference to the situation. Dealing with physical and emotional loss affects the elderly to a great extent. Elderly in the younger age category are not much in need of care but with age, they become unable to look after themselves. A small number of elderly also reported to not having anyone to provide care even when they are in need. The elderly woman who live alone, are dependent to some extent on paid help for heavy household chores. Due to their physical inability they face limitation in performing some of the tasks like sweeping, scrubbing, shopping, etc.

Distribution of the elderly by their main care provider is shown in Table 4. 50% of the men reportedly did not require care as yet. Their proportion is high in the young old age category, but thereafter the proportion of elderly not requiring care declines with increase in age. The proportion of men who reportedly do not require care is higher than the proportion of men who are fully active in this age group. It is because those who are partially active are able to take care of themselves though they feel limitation in performing certain tasks. But the case of women is much different. Much lesser proportion of women (18.7%) as compared to men reported that they did not require care as yet. A small proportion of men (2.3%) and women (4%) also reported to not having anyone to provide care even when they needed. Among the elderly who required and received care, children have been ranked as the main care provider, followed by spouse. 23% men and 48% women reported children to be the main care provider. Women from the young old age category onwards are dependent on children. When it comes to care receiving from spouse, more men (13%) than women (6.7%) reported their spouse provided the necessary care. One of the main reasons for this may be the fact that women live for more number of years than men and mostly as widows in later life. In case they have a surviving spouse, men being generally older than their wives are not in a position to look after their wives in old age. Thus, women become more dependent on children. In the absence or inability of children to provide care, the elderly have to rely on paid help.

Fulfilment of Expectation: The elderly in the study have reported that children are the major care givers to them. But the changing socio-economic condition has, however, brought limitation in the care giving role. An attempt is, therefore, made through the study to look into whether the children have been able to fulfil the expectation of their parents. For this purpose, the elderly have been asked to identify their expectations from their children. The expectations are found to be mainly in the following four areas.

Table 4: Distribution of the elderly by their main care provider

Age group	*Care not required*		*No care provider*		*Main care provider*							
	Male	*Female*	*Male*	*Female*	*Son / daughter*		*Spouse*		*Any other relative*		*Paid help*	
					Male	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
60-69	33	25	-	5	9	35	5	9	-	3	-	11
	70.2%	28.41%		5.68%	19.15%	39.77%	10.64%	10.23%		3.41%		12.5%
70-79	30	2	2	1	10	28	7	1	2	5	5	10
	53.57%	4.26%	3.57%	2.13%	17.85%	59.57%	12.5%	2.13%	3.57%	10.64%	8.93%	21.28%
80+	2	1	1	-	11	9	5	-	2	1	6	4
	7.41%	6.67%	3.7%		40.74%	60%	18.52%		7.41%	6.67%	22.22%	26.67%
Total	65	28	3	6	30	72	17	10	4	9	11	25
	50%	18.7%	2.3%	4%	23.1%	48%	13.1%	6.7%	3.08%	6%	8.5%	16.7%

1. that their children achieve success in their academic and professional life,
2. that they participate in matters relating to running of the household,
3. that they take care for the parents in their old age,
4. that they take an interest in management of ancestral property.

The elderly were asked to give their response regarding the fulfilment of expectations by their children according to four provided options. The first option 'very much' was recorded when the children have been able to fulfil almost all the four aspects. The second option 'to some extent' was recorded when the children might have excelled in one area but was unable to pay attention to the other areas equally well. The third response 'not so much' was recorded when according to the elderly the children were very much involved in their own work with hardly any time to pay attention to their parents. The fourth response 'not at all' was recorded when the elderly were not satisfied with their children in all the four fronts.

The distribution of the response of the elderly has been shown in Table 5. 50% of the elderly have given the response 'to some extent'- meaning that complete fulfilment of expectation is not there. Only 22% of the elderly are 'very much' satisfied with their children. 16% have responded 'not so much' and 0.71% reported that they are completely dissatisfied with their children. The remaining did not have children. It is to be mentioned here is that most of the elderly from the young old age category have given the response 'not so much'. The response 'very much' is found to be the highest in the 80+ age category. The number of satisfied elderly is higher in the 80+ category than the other two younger age categories. The elderly from the young old age category appear to be less satisfied with their children. This could be because the children of the elderly who are 80 years and above were around 50 years at the time of the study. On the other hand, the children of the elderly from the young old and middle old age category are younger. It is this younger generation who is rapidly adapting to the recent changes in culture and value system. The children have become more individualistic in the process of achieving their goals. This could be one of the reasons for the parents being less satisfied with their children.

Table 5: Distribution of elderly by fulfilment of expectation response

Age group	*Response*									
	Very much		*To some extent*		*Not so much*		*Not at all*		*Not applicable*	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
60-69	10	11	15	45	16	22	2	-	4	10
	21.28%	12.5%	31.91%	51.14%	34.04%	25%	4.26%		8.51%	11.36%
70-79	13	11	32	27	8	9	-	-	3	-
	23.21%	23.40%	57.14%	57.45%	14.81%	19.15%			5.36%	
80+	10	7	13	8	4	-	-	-	-	-
	37.04%	46.67%	48.15%	53.33%	14.81%					
Total	33	29	60	80	28	31	2	-	7	10
	25.38%	19.33%	46.15%	53.33%	21.54%	20.67%	1.54%		5.38%	6.67%

CONCLUSION

The changing social conditions of mobility of the younger generation, employment of women, lesser number of children per couple, etc. has brought about a lot of changes in the life of the elderly people. They are in cases forced to live alone or only with their spouses as there is no one to stay with them. Declining health, loneliness, inability to utilise their time fruitfully have emerged as prevalent problems among the elderly. The problems of loneliness and having nothing to do may have emerged because of their inability to remain active due to their deteriorating health condition. However, with increase in age and deteriorating health condition, the elderly has no other option but to limit their activity. The solution to their psychological needs lie within the family. The other family members need to be sensitive to the needs and feelings of the elderly. Under the present situation, children continue to be the main care providers for elderly parents. But their physical absence limits the amount of care that they can provide. They try to sometimes compensate their absence through paid help. Even when children are providing care, the elderly are not found to be completely satisfied with their children.

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