

ORIGINAL ARTICLE

**Social Factors Influencing Utilisation of Old Age Homes By Elderly
In Urban Area Of South Chennai, Tamilnadu.**

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ABSTRACT

Currently most of the old age homes in India are completely occupied. Now a days , nuclear families are more than joint families, and due to various factors like urbanisation , elderly are deprived of essential care at home and are moved from their own homes to old age homes. With the increasing geriatric population, this study was to explore the various social factors influencing elderly to reside in old age homes. The study was conducted among 330 elderly dwelling in old age homes by using simple random sampling. Study population included Elderly above the age of 60 and residing in old age homes, who were willing to participate. A pretested structured questionnaire with data on socio demographic characteristics, family support, financial support and various other social factors was collected. Data was analysed using SPSS (Version 22). Among the respondents 20.6% were supported by children financially and 18.5% had pension. Almost 70% of the elderly were left unattended by friends and family. Care and support through means of calls, letters, visits when analysed was observed that 27.3% were provided care and support through children, whereas 33.6% were left unattended. Family members, friends and relatives should be encouraged to give regular visits and spend time with the elderly so that the bonding will have a positive effect over their mental health. Aging and geriatric health should be considered sensitive and should be made mandatory for schools and colleges to arrange visits to old age homes hereby keeping the younger generation aware about the issues. By such visits the residents get to spend quality time with children.

KEYWORDS: medical sociology, geriatric

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INTRODUCTION

Currently India's proportion of senior citizens had shown a drastic increase from 5.6% in 1961 to 7.5% as of 2011 Census [1]. The elderly population living in rural areas of India are maximum enrolled in unorganised agriculture work. With the changing economic and social norms, geriatric health is facing weak care and support [2]. In India, National Program for Health Care of Elderly (NPHCE) that was initiated recently aims to develop infrastructure and built capacity of health care providers for elderly health care, around the world.³with industrialisation and modernization, new lifestyles have set in, resulting in transitional changes. A single joint family is breaking into many nuclear families. Such changes in the family structure has put elderly to a situation of shifting from their own homes to some institutions or old age homes [2-4]. The concept of old age residence is developing and in existence as a newer occupancy for elderly and is now becoming the need of present Indian society. From recent data we can see that there are multiple old age homes coming up and currently there are more than 1000 old age homes in South India [5]. Non Governmental organizations, private institutions as well as government are contributing to establishment of old age homes. They are either free of cost or paid. The former ones are generally for the abandoned and destitute who are devoid of familial support, finance and healthcare. In such types, shelter, food and healthcare are provided free of cost. In the latter type, all the services are provided for price [6,7]. Therefore, an attempt was made to explore various social factors responsible to influence elderly to utilise old age homes. With this background, this study was planned to assess the

social factors influencing utilization of old age homes by elderly in urban area of South Chennai, Tamilnadu.

MATERIAL AND METHODS

The cross-sectional study was carried out in old age homes located in urban area of South Chennai, Tamilnadu. The total land area is around 62.5 sq.km with 91,201 households. The study population includes those elderly living in old age homes.

SAMPLE SIZE AND SAMPLING TECHNIQUE

Sample size for this study was calculated based on the prevalence of a previous study conducted by Singh *et al.* [8] in Gujarat which showed a prevalence of elderly living in old age home as 25% [8]. Taking this as a reference value and using the formula $N = Z^2 pq / [L]^2$, the sample size was calculated as follows.

Using the formula,

$$N = Z^2 pq / [L]^2$$

Where, Z = 1.96 at 95% confidence interval

p = Prevalence of disease/ event (referred value)

q = 100 - P

L = allowable error 5 %

Substituting it in the formula,

$$[Z = 1.96, p = 25\%, q = 75(100-25), L = 5]$$

$$N = \frac{1.96 \times 1.96 \times 25 \times 75}{5^2} = 300$$

Accounting for 10% non-response, the final sample size was calculated as 330 [N = 330]

INCLUSION AND EXCLUSION CRITERIA

Elderly individuals who were not chronically ill or not on any psychiatry medications were included in the study. Those not willing to give informed consent and not willing to participate in the study were excluded.

SAMPLING METHOD

From the 31 old age homes in urban South Chennai, 10 homes from which permission was obtained were chosen. From this sampling frame 330 participants were selected by simple random sampling method.

ETHICAL APPROVAL

The proposal for this study was presented before the Institutional Ethics Committee, and approval was obtained before beginning the study was carried out.

DATA COLLECTION METHOD

Data collection was collected using pretested, structured questionnaire. Information regarding socio demographic characteristics and various social factors and reasons that influenced them to choose old age homes was collected.

STATISTICAL ANALYSIS

Data collected was entered in Microsoft excel and was analyzed using SPSS software, version 22.

RESULTS

The results of this descriptive cross sectional study are presented as tables and graphs below:

A Socio demographic characteristic of study respondents is presented in Table 1. Nearly 40.3% of the study participants belong to age group between 71 – 80. Among the 330 study participants, nearly half of them are female (50.9%). More than half (66.6%) of them have education qualification of middle school and above.

Table 1 Socio demographic characteristics of the respondents

S.No	Socio demographic variable	Frequency (n= 330)	Percentage (%)
1	Age		
	60-70	122	36.9
	71-80	133	40.3
	Above 80	75	22.7
2	Sex		
	Female	168	50.9
	Male	162	49.1

3	Previous Occupation		
	Skilled worker and semiskilled worker	154	46.6
	Unskilled and unemployed	176	53.4
4	Education status		
	Middle school and above	220	66.6
	Below middle school	110	33.4
5	Marital status		
	Married	26	7.9
	Not married/single/widowed	304	92.1
6	Type of Family		
	Nuclear	53	16.1
	Joint	14	4.2
	Destitute	145	43.9
	Abandoned	118	35.8
8	Religion		
	Hindu	300	90.9
	Christian	20	6.06
	Muslim	10	3.04

FINANCIAL STATUS OF STUDY PARTICIPANTS

Various sources of income for the study subjects is presented in Table 2. Among the study population 31% had insurance coverage, 27.6% had personal savings, 20.6% were supported by children financially, 18.5% had pension, 1.5% had assets in their name and remaining 5.8% were getting rents.

Table 2: Source of financial income among the study subject

S. no	Question	Frequency (n = 330)	Percentage (%)
1	Insurance	102	31
2	Savings	91	27.6
3	Children support	68	20.6
4	Pension	61	18.5
5	Rents	19	5.8
6	Assets	5	1.5

CARE AND SUPPORT OF THE ELDERLY

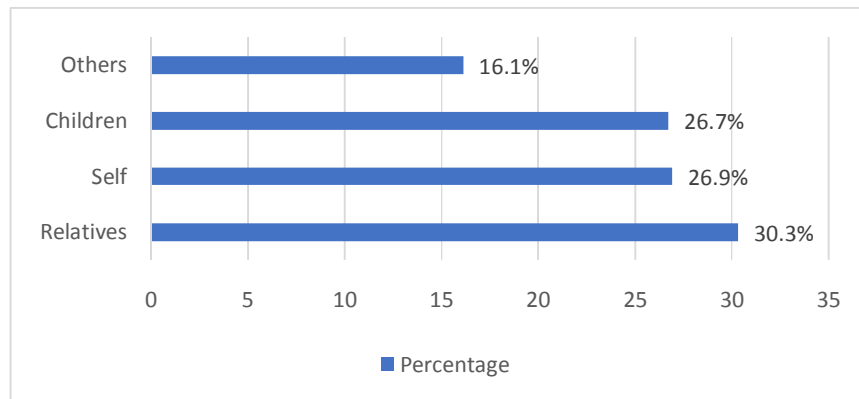
A determinant on care and support of elderly is presented in Table 3. In aspects of frequency of visits from relatives, around 70% of them elderly were left unattended by friends and family. Around 3.9% of the elderly were visited by friends or family rarely. Nearly 13.3% had their relatives to meet them once in 3 months, 5.3% monthly, 4.5% half yearly and 2.7% once a year respectively. Care and support through means of calls, letters, visits when analysed was observed that 27.3% were provided care and support through children, 22.2% by relatives and 16.9% by friends. Remaining majority (33.6%) was still left unattended.

Table 3: Visitation details by the guardian of study participants

S.No	Determinants on care and support	Frequency (n = 330)	Percentage (%)
1	Visit		
	Once a month	17	5.3
	Quarterly	44	13.3
	Twice a year	15	4.5
	Once a year	9	2.7
	Rarely	13	3.9
	none	232	70.3
2	Care and support		
	None	111	33.6
	Children	90	27.3
	Friends	56	16.9
	relatives	73	22.2

The decision taker for admitting the elderly in old age home is presented in Figure 1. From the figure we can see that for 30.3% of the older persons the decision of staying in old age homes was chosen by their relatives, whereas 27% of the elderly took a self-decision of living in old age homes. For 26.7% residents, their children took the decision of stay at old age homes.

Figure 1: Decision makers responsible for admitting elderly in old age home (n = 330)



PSYCHOLOGICAL STATUS

Satisfaction of Residents regarding stay at old age homes

The satisfaction of the study respondents regarding their stay at old age home is presented in Figure 3. Among our elderly study population, majority of the respondents (76%) were satisfied with their stay at old age home. Remaining minimum of 24% was not satisfied with staying at old age home. Their options to stay with are presented in Table 7. Of the 24% of those who were not satisfied with their stay at old age home, 15.7% wished to stay with their children and remaining 8.3% desired to stay with their relatives.

Figure 2: Study participants satisfied with stay at old age home (n = 330)



Table 4: Preferred company to stay with among study participants

Wish to stay with	Frequency (n = 330)	Percentage %
Children	52	15.7
Relative	27	8.3
No	251	76

DISCUSSION

Our study has assessed various social factors that has been influencing senior citizens to utilise old age homes. With increase in life expectancy, the proportion of elderly is increasing in our country. It has been reported that elderly population is more than 100 million and is expected to rise to 300 million by 2050,

thereby making India the leading country with elderly when compared to Japan [9, 10]. There are very little data on the total number of old age homes in India. It is reported that there are approximately 700 Old age homes in India of which nearly 46% (325) of old age homes are free of cost, while the remaining are on pay and stay basis. There are 728 Old Age Homes in India today. Detailed information of 547 homes is available. Out of 28 states in India, Kerala has 124 old age homes which is the maximum [11]. A study conducted by R. Samuel, et.al in Chennai compares the prevalence of elderly population residing at home with those residing at old age homes [12]. With recommendations of “National Policy on Older Persons” under the Maintenance & Welfare of Parents & Senior Citizens Act 2007”, The Ministry of Health and Family Welfare (MOHFW) launched the National programme for healthcare of the elderly (NPHCE) in 2010-11 targeting all elderly people above the age of 60. This program covers the entire country and aims are to provide separate, specialised and comprehensive healthcare to the senior citizens at various levels. These services are provided in an integrated manner aiming to provide promotional, preventive, curative and rehabilitative services at various Government health facilities. It has been noted that majority of the old age home residents were forced to leave to old age homes, but currently they are satisfied with their stay. From our study, of the 24% who were not willing to stay in old age homes wished to stay either with their children or relatives. Maximum study respondents (31%) had the financial support through insurance, while other sources of financial income were children support, savings, pension etc. From a study conducted by Smith et al it has been noticed that elderly require long-term care and follow-up for chronic conditions and even a small amount of user fees raises concern in them. In the absence of health insurance and poor home care in rural area, other low-cost alternatives to hospital care such as mobile services, special camps, and ambulance services have been suggested [13]. From a study conducted by Bansod *et al*, [14] lack of family care has been a main reason for elderly to shift from their own homes to old age homes. Other studies conducted by Bansode and Mishra in 2008 discuss various reasons like change in family structure, insufficient housing, economic hardship for elderly to move to old age homes [14,15].

People living in their selected old age homes, moved due to reasons of neither having money nor being able to earn money due to their weakness and inability to work. Even their children were enrolled in similar occupation as them and were unable to support the family and take care of their parents. Similar studies conducted by [12-16] poverty has been a reason for leaving elderly behind as abandoned or destitute. “Having no sons” was yet another factor, mentioned by residents for coming to old age homes. The resident, who belonged to the well to do section of the society, stated that they came to the old age home to lead an independent and peaceful life without any interference. This finding is supported by Panigrahi *et al*, [16]. Change in family structure from joint family to nuclear families has been a major reason from leaving the elderly behind. Nuclear type of family is now thought to be well manageable and acceptable. This change has also affected the elderly emotionally. Many elderly decide to leave homes by themselves as they are afraid of being under than children. Especially in the urban sectors, elderly voluntarily join old age homes and plan their retainment period with same group of people.

CONCLUSION

From this study, various social factors are identified as reasons for choosing old age homes. With the increasing elderly population and urbanisation, steps need to be taken to accept the changes. Residents should be encouraged to participate in domestic activities in the old age homes. Depending on their activity of daily living, they can be allotted with some mild work. Some participants were found to get pension. Authorities of the old age home should make arrangements for the pension to reach the elderly directly. Family members, friends and relatives should be encouraged to give regular visits and spend time with the elderly so that the bonding will have a positive effect over their mental health. Aging and geriatric health should be considered sensitive and should be made mandatory for schools and colleges to arrange visits to old age homes hereby keeping the younger generation aware about the issues. By such visits the residents get to spend quality time with children. Motivational talks among school children on their responsibility to respect, honour and protect elderly should be encouraged.

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