

Original Research Article

Physical Status of Elderly People in Old Age Homes in South Gujarat: An Overview

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ABSTRACT

Truly speaking aging is a natural phenomenon and is biological also. India is a second country having the largest number of elderly people aged 60 plus. Because of modern medical care average life expectancy is gradually increasing in India. Demographers have presumed that by the year 2050 more than 40% of people would only be elders in India. Elderly people are being viewed as non-productive, dependent and are considered as liability in the family. Health status is an important factor that decides the quality of life of an individual. In the countries that are considered "more developed" as per the UN definition, this share is expected to climb from 14.3 percent to 26.8 percent over the same period. Ageing is a time of multiple illnesses and poor health is repeatedly cited by the aged as one of their most serious problems. Besides, the health condition of elderly people living in old age homes in India is still worse. Hence, there is a need to focus more on health and functional abilities rather than on vulnerability, risk and sickness as vast majority of elderly people in developed country who enjoy good health function as active members of the community. This article is based on an empirical study conducted in the selected old age homes in south Gujarat.

Key words: Old Age Home, Medical Care, Dormitory, Voluntary Service.

INTRODUCTION

Old age and the problems associated with it are emerging as the most pressing social problems of the 21st Century. According to 2001 census, in India, there are about 75 million (7.3%) elderly people. It is expected to be 179 million by 2031, 301 million by 2051 and 340 million (26%) in 2061 (Liebig et al., 2003). It is estimated that over the next fifty years, the share of the elderly (defined as those aged 65 years and above) is expected to climb from 6.9 percent in of the total population to 15.6 percent worldwide. Health status is an important factor that decides the quality of life of an individual. In the countries that are

considered "more developed" as per the UN definition, this share is expected to climb from 14.3 percent to 26.8 percent over the same period. Ageing is a time of multiple illnesses and poor health is repeatedly cited by the aged as one of their most serious problems. Besides this, health conditions of elderly people living in old age homes in India are still worse. Hence, there is a need to focus more on health and functional abilities rather than on vulnerability, risk and sickness, as a vast majority of elderly people in developed country who enjoy good health function as active members of the community.

Objectives of the Study: Against this background the study is designed with the following objectives.

1. To study the status of elderly population and health problems;
2. To study the health status of elderly population living in old age homes;
3. To understand the quality of life affecting the overall health of elderly in old age homes;

MATERIALS AND METHODS

This study is based on part of the data collected from old age homes in south Gujarat. The sample consisted of 120 elderly, who were living in 24 old age homes spread across Surat and Navsari districts of Gujarat State. Study is based on both primary as well as secondary sources of data. The primary source of data has been collected from 120 persons both male and female living in aided, private as well as government old age homes situated in Surat and Navsari districts of Gujarat State through structured interview consisting of simple and short questions. The sample of 120 was drawn from the total list of inmates of old age homes. Only those who were of 60 years and above and willing to co-operate with the study were selected by simple random sampling technique. The secondary data has been collected from available literature in books, journals, research reports and other published materials related to the health status of elderly population. The data was collected during the period from February 2015 to June 2015 through personal interviews. The data was analyzed using the simple percentage and averages.

RESULTS AND DISCUSSION

As people age there tend to be a concomitant increase in the presence and number of chronic conditions and complications of both physiological and psychological nature. Among people age 60 and older, heart disease, cancer, and other chronic illnesses already account for

over 87 percent of health problems globally (Khan et al, 2006). There will be a great dependency on the caretakers. Infections and illnesses, which are common problems of elderly, add to the severity of the condition. The reasons include impaired defense system of the body, late diagnosis and malnutrition. Besides, older people are prone to chronic diseases of heart, blood vessels, brain, kidney, liver etc., and also have complications of diseases like diabetes. The quality of life of the elderly population depends on their socio-economic characteristics. Ageing affects the social and economic foundations of societies. Present conditions become vulnerable for the aged, because on one side the traditional welfare institutions are deteriorating and on the other side the population of the aged is increasing rapidly. There is a big gap between the problems of the aged and the available resources. The attempt made by the government and non-governmental organizations are nothing compared to the needs (Lawani and Seeba Thomas, 2012).

Age and Gender

Table 1.1 Age and Gender

Age	Gender		Total	
	Male	Female	Number	%
60-65	9	15	24	20
66-70	18	18	36	30
71-75	13	18	31	25.8
76-80	8	5	13	10.8
80 >	7	9	16	13.3
Total	55	65	120	

Table No 1.1 shows the distribution of the respondents according to their age. Analysis shows that about 20% of respondents belong to the age group of 60-65 and 25.8% to the age group of 71-75. But most of the respondent's i.e. 30% of respondents belong to the age group of 66-70 and only 13.3% of the respondents are of 80 and above.

The study shows that out of 120 respondents studied 55 members are males and 65 are females. During the study it was found that some inmates are staying with their wife / husband because they

have no children or none to take care of. Some inmates are staying with their mother or sister. Caretakers of the old age home opined that after the age of 76-80 it is very much difficult for elderly to take care of themselves. Hence, they need extra care or somebody to take care. However lack of adequate staff in the old age homes has aggravated problems faced by the elderly. Some inmates also come from outside the state of Gujarat and some inmates were admitted by their relatives. Some inmates have opted for old age home stay voluntarily on the basis of reputation of well-known institutions.

Education

Table 1.2 Educational Level

Education	Number	Percentage
1-7	30	25
8-10	32	26.7
PUC / Degree	11	9.2
Others	3	2.5
Uneducated	44	36.7
Total	120	

Source: Primary Survey.

Table 1.2 provides the data on the current educational background of sample respondents. Regarding the educational status 36.7 % of the respondents are illiterates and 25% of respondents have completed primary education. About 26.7 % of respondents have finished high school education and interestingly 14 persons out of 120 respondents have finished Engineering Degree and other professional courses. Some inmates are basically engineers and some are diploma holders. Some retired government officials also stay in good and highly standard old age homes that are costly and that have trained care takers. However, other uneducated or less educated elderly persons stay in government aided old age homes and some private old age homes without paying any fees as they have no source of income.

Duration of Staying in Old Age Home

Table 1.3 reveals 27.5% of respondents are staying in old age home since one year and 32.5 % of people are

staying in OAH for 1-3 years. While only 4.2% of people are staying in old age home since 10 years. In all, it was found that most of the elderly are forced to stay in old age homes, as there is no one to care of them at home. Most of them are staying in old age homes free of cost, which indicates their low economic status and they are nearly deserted and lack family support. Most of them are satisfied with the services available in the old age homes. The persons staying in the Old age homes for more than 5-6 years are mostly unmarried women and destitute. Some inmates are admitted by their daughters because their husbands do not allow them to keep their mothers with them the daughters visit the old age homes once a week, wash the cloths of their mother, bring medicines if they are ill and spend some time with them.

Table 1.3 Duration of staying in old age home

Period	Number	Percentage
1 year	33	27.5
1-3 years	39	32.5
3-10 years	43	35.8
10 years >	5	4.2
Total	120	

Source: Primary Survey

Accommodation

Table 1.4 Nature of Accommodation

Density	Number	Percentage
1-2 person	11	9.1
3 >	47	39.2
Dormitory	62	51.7
Total	120	

Source: Primary Survey

There are two types of old age homes in India. One is the 'free' which care for the destitute that have no one else to care for them. They are provided with food, shelter, clothing and medical care without any charges. The second type is the 'paid' home where care is provided for a fee. The table 1.4 shows that 51.7 % of respondents are living in old age homes having dormitory whereas only 9.1 % of the respondents are living in single room or on twin sharing basis. Some paid old age homes provide single rooms or rooms with twin share basis by taking certain fees. Generally, retired officials or rich

people whose children live in foreign countries stay in this kind of paid old age homes. Since most of them stay in dormitory as well as in rooms with more than three inmates, they face more health problems compared to the people who stay in separate rooms.

Quality of Food

Table 1.5 Quality of Food

Quality	Number	Percentage
Good	111	92.5
Not Good	5	4.2
No Comment	4	3.3
Total	120	

Source: Primary Survey

Regarding the quality of food is concerned 62.5 percent of the respondents that means majority of them opine that quality is good. However, a small percentage of them (4.2 percent) say food served is not of good quality.

Health

Table 1.6 Health Status

Health Problems	Number	Percentage
No Health Problem	32	26.7
BP/Sugar	52	43.3
Joint Pain	10	8.3
Eye/Hearing Problems	6	5.0
Others	20	16.7
Total	120	

Source: Primary Survey

Health status is one of the important factors which give satisfaction during old age. The major health problem as reported by the male elderly is BP/ Sugar (43.3 percent) followed by Joint pain (8.3 % percent), poor vision / Hearing Problems (5 percent) and others 16.7 percent. Others problems like asthma, gangrene, not able to walk perfectly, thyroid, etc., and women suffers from personal gynecological problems and have undergone surgeries requiring serious medical care and assistance.

Type of Medical System

As regards to the type of treatment it was found that a large percent (94.2%)

of the inmates prefer allopathic treatment followed by homeopathic which constituted 0.8 percent. Whereas, 5 percent of the respondents use both Allopathy and Ayurveda.

Table 1.7 Medical Facility

Medical System	Number	Percentage
Allopathy	133	94.2
Homeopathy	1	0.8
Allopathy & Ayurveda	6	5.0
Total	120	

Source: Primary Survey

Access to Medical Facilities

Table 1.8 Access to Medical Facilities

Medical Facilities	Number	Percentage
Weekly Doctor Visit/Medicine Free	31	25.8
Doctor Visits Twice a Week	7	5.8
Patient visits Hospital on his own	59	49.2
Doctor Always Available in Old Age Home	23	19.2
Total	120	

Source: Primary Survey

In majority of cases (49.2) usually Doctors don't come or visit the old age homes but patient themselves go to the nearest government hospital or any private hospital. In some aided old age homes doctors visit OAH twice a week (5.8 percent). In pay and stay old age homes doctors are available round the clock in OAH and their percentage is 19.2. In some OAH doctors visit once or twice a week and distribute free medicines.

Health Insurance Facility

Table 1.9 Health Insurance

Insurance Policy	Number	Percentage
Yes	2	1.7
No	118	98.3
Total	120	

Source: Primary Survey

Majority of inmates are not aware of the health insurance policy. However, some educated inmates have knowledge about the insurance but only some inmates have got the insurance policies. Shockingly, data reveals that out of 120 persons interviewed 98.3% i.e., most of them do not have any insurance policy.

Decision in Old Age Home

Table 2.0 Treatment for the Health Problem

Decision Treatment	Number	Percentage
Management takes its own decision to give necessary treatment without waiting for permission from family/guardians	104	88.67
Management does not give any treatment without seeking permission	16	13.3
Total	120	

Study reveals that for some minor health problems management gives necessary treatments to the inmates (88.67 percent). This kind of facility can be seen in some purely private or paid OAH's. However, some old age homes do not give any necessary treatment, instead they inform the children, relatives or guardian about the hospitalization and medical treatment as it is very expensive. It was also found out that the family objects to any treatment without their permission as they have to foot the medical bills. Further, some medical treatment gets complicated and the old age home does not want to take the risk without getting the family involved. However, in some cases the management gives the necessary treatment after informing their relatives or children.

SUGGESTIONS

The study found that most of the inmates of the old age homes are economically dependent and less educated. Further, the health condition of the inmates is not satisfactory. Following suggestions are made to improve the status of the inmates of Old Age Homes;

1. Recreational facilities should be made available in the old age homes apart from providing TV. The elderly should be encouraged to become the members of social organizations to actively participate in civic and political engagements. There is also a need to introduce income generating activities for the elderly who are fit to work in the old age homes.
2. The grant to the government aided old age should be increased. Besides government can make arrangements to provide medical treatment and major

surgeries free of cost for those staying in old age homes.

3. At present health care is becoming expensive and is not affordable by the majority especially those who are economically weak. Provision for some kind of health insurance coverage with low premium will increase access to good health care facilities. There is need to create an awareness relating to health insurance policies.
4. Further conducting free periodical health checkups need to be organized. For emergency health care facilities vehicles, doctors, etc., should be made available. Voluntary services of medical professionals should be promoted and encouraged.
5. Health care system in India has already been designed for taking special care for vulnerable groups like women and children. Similar arrangements for elderly need to be organized in general hospitals, Public Health Centre's etc. to deal with the multiple health problems of aged people.
6. Government can arrange the visit of nearby government hospital doctors, nurses and paramedical staff to old age homes for periodic general checkup of the inmates.

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