

Evolving Patterns of Adjustment to Maintain the Functional Health of Elderly Living Alone in NCR

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Abstract

Background- One of the most important determinants of the quality of life of older people is their functional health status that refers to their capacity to perform normal daily activities. With the advent of globalization and changing family structures, there are elderly who are left alone to fend for themselves without any formal support. **Aim & Objective:** to find out the evolving patterns of adjustment in the absence of care giver of elderly who are living alone in Delhi/ NCR. **Material and Method:** The study is carried under descriptive research design. One Household Proforma was used for the purpose of obtaining their demographic information and a pretested scale is used to elicit the information on their IADL after taking consent from the elderly. Snowball sampling technique is incorporated for data collection. Data is collected from a structured questionnaire and Focus Group Discussions with 80 respondents above the age of 60 years, living alone from Delhi/NCR to find their adjustment patterns. **Result:** the results show that respondents are independent for their ADL and IADL and in case of dependency the respondents have two types of support- support on daily basis i.e, house-help and support available for in absentia of routine care takers i.e, their kin living in the vicinity and elderly groups formed in the community. **Conclusion:** The respondents have formed their own community networks that provide assistance to them in case of need or they reconcile to avoidance.

Keywords: elderly living alone, functional health, instrumental activities of daily living, community support

Introduction

Recently, the proportion of elderly people in India has risen at a high rate, and this trend is likely to be similar in the decades to come. The elderly would represent about 34 percent of the nation's total population before the end of the 21st century¹. There are nearly 104 million elderly people in India, consisting of 53 million females and 51 million males, according to the 2011 Population Census. Around one-fifth live either alone or with the partner of life alone. Those who live alone or just with their partner in life have to deal with their own material, physical needs and health needs. Older

people living alone without a partner (living alone) have increased over time from 2.4% in 1992–1993 to 5% in 2004–2005¹. Approximately 5% of the elderly live alone, while another 4% live with other relationships and non-relationships. The well-being of older people depends heavily on who they live with¹, especially in developing countries where the elderly have a limited option for the formal social care system, including other related welfare services². Living alone elderly persons have to face different type of challenges in their day to day activities. The major reason behind these challenges is their deteriorating health. A number of studies show that elderly living alone in the community has to face lack of support and limited resources³, they are in need of medical facilities, leisure and social settings and financial subsidies⁴. The lack of familial support and social services in monitoring their health status and medical appointments⁵ and caregiving⁶ are linked with poor self-management of the health of elderly living alone. Based on the desire and constraints of their children's

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daily lives, the children may or may not support the elderly. By and large the welfare state is unable to pay for or provide for the delivery of formally organized health and social care programs and associated support services like personal care services for the elderly⁷. Functional status assessment is important for the care of older adults. Functional health can be described as the ability to carry out all one's daily living activities⁸. Daily living tasks are self-care, such as washing, dressing, using the toilet, shaving and feeding yourself. These are the activities that need to be done every day. IADLs (Instrumental activities of daily living) are not necessary for essential functioning of the individual but they allow them to live independently in the community⁹. Changes in aging, disease, deteriorating chronic disease, and hospitalization may lead to a decline in the capacity to perform these tasks needed to live independently in the community.

Aims & Objectives: to find out the evolving patterns of adjustment in the absence of care giver of elderly who are living alone in Delhi/ NCR.

Material & Method

Study Type: Exploratory and Descriptive study

Study Area: National Capital Region (NCR) has been selected as the location for conducting present research work.

Sampling Frame: Residential colonies

Sampling techniques: Purposive and snowball sampling methods have been employed for identifying the respondents.

Sample Size- For the collection of data the researcher has identified 100 respondents to get the questionnaire filled but some of the respondents were not able to continue the interviews due to their non-availability as they went to their children's home and ill-health. So they had to drop out. 80 complete questionnaires were filled.

The study is carried under descriptive research design. One Household Proforma was used for the purpose of obtaining their demographic information such as age, gender, religion, educational qualification, current work status, income, expenditure and savings. Assessment of older people: self-maintaining and instrumental activities of daily living by M.P. Lawton & E.MBrody¹⁰ is used to elicit information on their functional health after taking consent from the

respondents. Focus group discussions are conducted to explore the evolving patterns devised by the respondents to maintain their functional health in the absence of care givers. Snowball sampling technique is incorporated for data collection. Data is collected from a semi structured interview schedule with 80 respondents above the age of 60 years, living alone in Delhi/NCR to find their adjustment patterns.

Results

The above table represents socio-demographic profile of the study participants. Out of the total 80 participants, 60% of participants are in the age bracket of 65 to 70 while 20%- 20% are of 60-65 and 70 and above. 80 % are female while 20% are male participants. A large percentage of respondents, i.e. 80% are widow/ widower, 10% are never married and 10 % are divorced or separated. 40% of the respondents are graduate. In the work status, the researcher finds that 10%, 40%, 10%, 10%, 30 % are retired from government services, Retired from private service, Self-employed, Home maker and take care of properties respectively.

Assessment of functional health in terms of ADL and IADL

The scale developed by Lawton and Brody 10 is used to measure the ability of respondents to perform IADL (instrumental activities of daily living). The instrument has been widely accepted as a valid and reliable measure for use in elderly community populations. This scale is consists of eight items. The questionnaires are completed by the respondents and researcher (in cases where elderly are illiterate) at their homes. Responses were recorded for each item, regardless of a client's sex. Scores increased with level of dependence on the range of 1-5, and the same scoring system was used for both sexes.

Frequency data were obtained from the IADL scale to determine dependency in each of the IADLs. All the respondents are fully independent for self-care activities such as toilet, bathing, feeding and grooming. For IADL activities, most of the respondents (90%) reported being independent in using the telephone and 10% reported being partially dependent. 60% of the respondents reported being independent for shopping while 40% are partially dependent. Half of the respondents reported being self-sufficient in food preparation and 20% and 30% are partially and fully dependent for preparation of food. Majority of respondents (70%) were dependent for their housekeeping needs out of which 30% and 40% are

partially and fully dependent. 50% of respondents are fully dependent for their Laundry on someone. 80% of respondents are fully independent for their transportation activity. A large no of respondents, i.e, 90% said they take their medicines without others help. 75% of older adults said they are fully independent in handling their finances while 25% are partially dependent [Table 1].

Emerging patterns of IADL support

All the respondents are self-dependent for activities such as toilet, bathing, feeding and grooming. Some of the respondents reported being slow and clumsy sometimes in self-care activities but they are not dependent on anyone for self-care activities. They avoid such activities that time. In case of dependency the respondents have two types of support- support on daily basis and support available for in absentia of routine care takers. For day to day assistance in telephone use, 8 respondents reported relying on house help while 3 get some help from their grandchildren. House help, daughters, niece and son are reported to provide help for the shopping activities of elderly. 36 respondents reported to be dependent on house help for food preparation and housekeeping in case of need. House help is again the main point of care provider for 56 elderly for their laundry needs. In case of in absentia routine care takers dependency the elderly rely on their friends, the elderly group from their residential societies of which they are also a part and sometimes the children of their friends. In some situation their coping mechanism is avoidance [Table-2]. For

IADL, the support can be divided into three categories- self, paid and unpaid. House help are the paid care providers and community support provides the unpaid help to the elderly. In every residential society, elderly have formed their own groups.

These elderly groups (formed on the basis of activity for example, laughing clubs, walking groups and yoga groups) of the same society are connected through personal and telecommunication modes such as WhatsApp and always support, promote and motivate each-others. If the house help is absent, others cook food and bring it to them. If anyone needs anything, they post it on WhatsApp and others try to facilitate and help. If someone does not turn up for the get together, others call them to enquire and if necessary pay visits. If someone is found to be in low mood, the others invite them to their houses or visit them for a chat to make them feel good. Sometimes such persons are accompanied to temples or shopping complexes for an outing. If someone is down with routine medical issue such as fever, cough and cold, pain etc, others help them homemade remedies. Most of the times they themselves prepare the remedies and bring it along with some tea and snacks to the houses of the ones they are visiting, so that the host is freed of chores. These finding is in line with the study published by Black in 2012 which had revealed that older adults themselves were actively helping each other in maintaining their home. Black's study also suggested that the older adult with similar life experiences value other's opinion ¹¹.

Table-1 (Assessment of functional health in terms of ADL and IADL)

Activities of Daily living	Independent	Dependent		N
	Self	Partially Dependent	Fully Dependent	
Toilet	80	0	0	80
Feeding	80	0	0	80
Dressing	80	0	0	80
Grooming	80	0	0	80
Physical Ambulation	80	0	0	80
Bathing	80	0	0	80
Instrumental Activities of Daily Living				
Ability to use telephone	72	8	0	80
Shopping	48	32	0	80
Food preparation	40	16	24	80

Cont ... Table-1 (Assessment of functional health in terms of ADL and IADL)

Housekeeping	24	24	32	80
Laundry	24	16	40	80
Transportation	64	8	8	80
Own medication	72	8	0	80
Ability to handle finances	60	20	0	80

Table 2 (IADL support)

Instrumental Activities of Daily Living	Dependent On daily basis		In absentia of routine care takers dependency	
	Person	Frequency	Person	Frequency
Ability to use Telephone	House help	8	Elder group	16
	grandchildren	3		
Shopping	House help	7	Friends	10
	daughter	9	Elder group	34
	niece	3	Children of friends	12
	son	5		
Food preparation	House help	36	Elder group	56
	daughter	4	Children of friends	14
Housekeeping	House help	36	Avoidance	60
	Society maintenance	20		
Laundry	House help	56	Avoidance	70
Transportation	House help	8	Elder group	42
	daughter	4	Friends	21
	son	4		
Taking medication	House help	8	Elder group	34
Ability to handle finances	daughter	8	Avoidance	15
	son	12		

Conclusion

In this study setting, the family is absent. Also, there is no formal system of providing assistance in home based care of elderly. This situation has led the elderly to find and create their own ways to adjust to this situation. The immediate solution to this situation is house help but this help is unskilled, uneducated and untrained for

their needs and care taking. They have to deal with their absenteeism, irregularity, misbehavior. There are also the issues of their reliability.

It is in this background that the elderly appears to have reconciled to community networks. There seems to be an evolving pattern of adjustment where elderly persons form and become part of community networks

of similar age cohorts that support, promote and motivate the group members.

However, when the support from the community network is unavailable at times, the elderly seems to avoid performing daily activities. This avoidance may lead to functional health decline.

Limitation of the study-

Future research should be done on larger populations. There is a scope of exploring more ways of adjustment of elderly. Level of community support should also be measured.

Relevance of the study-

This study explores the emerging patterns of adaptation of elderly to maintain their functional health. It reports new emerging social phenomena where older adults are active care providers to self and others. This study also adds to the existing body of knowledge on the emerging living arrangements of older people in India.

Ethical Clearance- It will take 15-20 days to get the ethical clearance from the committee.

Source of Funding- Self

Conflict of Interest –Nil

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