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Twilight Years - Study on Quality of Life of Elderly People living in Old Age Home, Bilaspur (Chhattisgarh)

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Abstract
Old age is the last stage of human's life, which is inevitable and comes in every one's life. Psychologically and physically this stage is considered to be of physical deterioration, emotional insecurity, instability, and requires lots of adjustment, support and care to cope up problems emerging in this stage. Economic uncertainty or limited income after retirement increases dependency of elderly people on their children which makes them more vulnerable especially women as today generation is more self-centered and highly ambitious towards their own goal. Elderly people have to face various social problems either they are living with their children, living in any old age home, or alone - social insecurity, degrading values towards elderly people, adjustment problems with new generation, economic insecurity, serious health complications, lack of respect and care etc. This stage requires lots of adjustment and patience unlike any other stage because role and physical changes in old stage are not easily accepted by elderly people as well as their family too. Children are avoiding sharing the responsibility of their elderly parents in their old age, leaving them in old age/destitute home or leaving them to some unknown place just to get rid of them and such cases are increasing rapidly which is danger signal to our society. In today environment -attitude and refusal of new generation to elderly people in mainstream of society has created a sense of gerento phobia, in which people will be afraid of becoming old. India is not having good and specialized geriatrics services to meet-out medical needs of the elderly people nor even sufficient social security measures which can help them in their life when they are refused by their children. Quality of life in this stage is affected to a great extent due to certain reasons, what is the quality of life of elderly people living in old age home is the focus of this study.
This paper is an attempt to understand the living pattern and satisfaction level of elderly people towards their life living in an old age home through QOL- Quality of Life indicators schedule developed by World Health Organization. This paper aims to put in perspective the plight of the Indian elder with respect to the changing demographics, the changing social structure and the near absence of specialized geriatric care.

Keywords: elderly, deterioration, social insecurity, gerento phobia, quality of life, geriatrics services

Introduction
In global ranking of Global Age Watch Index 2015 prepared by the Help Age International Network of Charities and Britain University of Southampton the best country for senior citizens is Switzerland and India is ranked on 71st position indicating not a better place for senior citizens. Total 96 countries were included in the study in which India stands on 71st position. In the index, analysis of socio-economic living standard of senior citizens of 96 countries was done in which researchers have analyzed the status of senior citizens at four levels – income, health, education and cooperative environment. Countries investing for improving living standard of senior citizens are on the top of Index. It was found that these countries were implementing policies related with pension, health services etc. In the above parameters India is on 72nd position for economic security and 52nd position for cooperative environment for senior citizens. Top five countries in the index are Switzerland, Norway, Sweden, Germany and Canada. In top ten countries except Japan which is on 8th rank all 9 countries are top countries of West Europe and North America. Number of senior citizens is increasing throughout globe and it is estimated that up to 2050 out of 96 countries in 46 countries more than 30 percent population will be of 60 years or above it.

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As of 2011, India has a population of 1.21 billion people. It is the second most populous country in the world, only to China[1]. In 1997, the number of people aged 60 years and above, was 63.64 million. As of March 1, 2012, the projected number stands at 98.5 million[2]. The number of "elder" people in India (60+ years) has increased by 54.77% in the last 15 years. In comparison, the working population (15-59 years of age) grew from 532.6 million to 758.61 million during the same time period[2], increasing by 42.34% in the last 15 years.

A paper published for the WHO titled 'Ageing in India', states that "The UN defines a country as 'ageing' where the proportion of people over 60 reaches 7 per cent. By 2025 in India it is expected to reach 12.6%.[3] by that definition alone, India qualifies as an 'Ageing' country. An aging population puts an increased burden on the resources of a country, with increased dependency ratio with more mouths to feed and less hands to earn; the productivity of a country goes down. "Nearly 60-75% of all elderly are economically dependent on others, usually their children. Even those with pensions find their economic status lowered after retirement"[4] with such a large old aged dependent population, India will face an unprecedented problem.

Worldwide Trend of Population of 60 Years and Above: 1980-2020

	1980	1990	2000	2010	2020
World	381.2	484.7	608.7	754.2	1011.6
Developed	173.3	203.6	234.6	232.4	308.2
Developing	207.9	281.8	374.1	491.8	703.4
Africa	23.4	30.9	41.8	57	82
Latin America	23.4	31.7	41.9	56.4	80.7
Asia(excl.Japan)	160	218.2	290	377.7	539.9
China	78.6	101.2	131.7	167.9	238.9
India	44.6	60.2	81.4	107	149.7

Source: United Nations, World Demographic Estimate and Projections

Comparative Demographic Facts (Source: Help Age India)
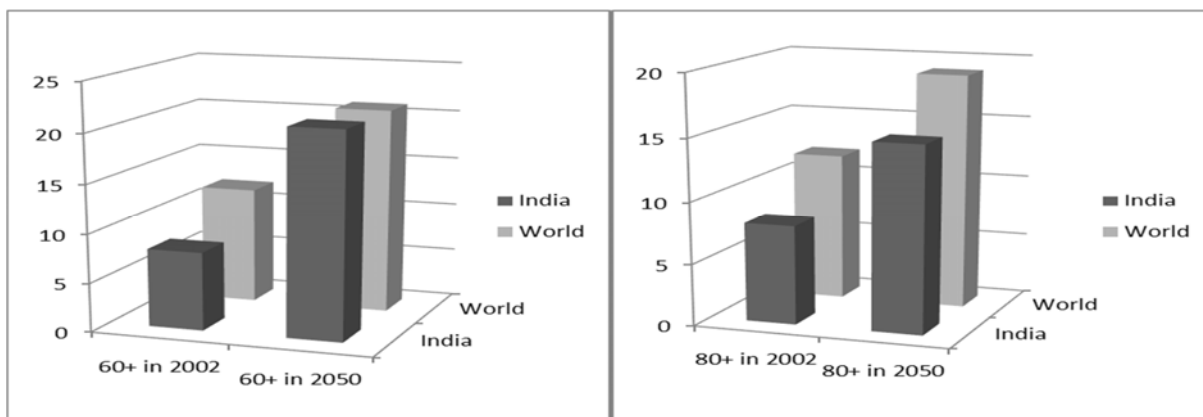
India is going to be an aging country which is clear from the above chart in which 8% of total population in India is 60 above where as world population of 60 above was 12%, which is estimated to be 21% in India equivalent to total world population of 60 above. It is the unprecedented need of hour that India must focus and develop medical science of senior citizens – gerontology, redefine the health requirements of elderly people and do an effort to meet the unmet health need of the elderly persons through public health system. Geriatric services are highly expensive and the facts that in India 80% elderly population lives in rural areas followed by 40% of them living below poverty line (BPL), geriatric services are not accessible and affordable majority of elderly people.

Elderly in India –Facts
*   2nd largest elderly (60+) population in the world (2001)
*   In world every ninth elderly person is Indian
*   80 percent elderly population are in rural areas
*   40 percentelderly population are below poverty line
*   Over 73 per cent elderly population are illiterate.
*   About 90 percent of the old people have no official social security (i.e., without PF, Gratuity and Pension etc).
*   Life expectancy 31.7 years in 1941 increased to 60.5 years in 2000.
*   Near about 55 percent of the women of 60 years and above are widows.

*   Older women are most vulnerable due to economic dependency.
*   Elderly poverty is a major risk of ageing in developing countries

Source: Help Age India

The policy Initiative for Elderly Persons in India:
*   In 1999 Indian Government announced a National Policy on Older Persons
*   Policy implementation is to be monitored by National Council for Older Persons (NCOP).
*   Mutual responsibility of the State and Central government
*   In December 2007 Indian parliament has passed a bill known as Maintenance of Parents and Senior Citizens Act

Policy aims
*   to encourage geriatric units in hospitals and clinics
*   infirmary care units
*   emphasis on family care of the aged through incentives and schemes for the needy families
*   promotion of values through formal education and media
*   subsidizing old age homes and day care centers

Need of Third generation: Policy and Bills are insufficient in meeting needs of the senior citizens, in maximum government hospitals geriatric units are lacking; if they exist OPD is not in accordance to the health requirement of elderly people. They need integrated health service inclusive of various specialized medical facilities, which is inaccessible and unavailable in government hospitals. Social security and social assistance is also a major challenge for government and policy makers, increasing number of nuclear family system and degradation in moral values has also increased violence against elderly people in metropolitan as well as in B town. Those who are capable of living alone in this age they are not safe at all and whom children have left them due to feeling of burden they are forced to live in old age home/destitute center or on roads. Shelter less and helpless elderly figure is rampantly increasing and it's a matter of concern for government to provide them shelter with all basic needs, meeting health requirements, security and economic assistance. Some of the emerging need of the third generation is:

- Safe and secure environment
- Shelter –temporary and permanent
- Day Care Centers- for recreational purpose and quality time spending
- Day Care Hospitals
- Economic support (social assistance)

In India number of Pensioners is

State Government	3.5 Crores
Central	10.95 Lakhs
Private	48 Lakhs
Without Pension	70.2 Crores
Beneficiaries of Indira Gandhi National Elderly Pension Scheme	2.08 Crores (which is 19% of total)

Source: Patrika, Bilaspur (CG) Newspaper (Thursday/ 01-10-15 page no.08) World Elderly Day

- Accessible and affordable specialized health care (geriatric services) – integrated health care package
- Accessible and available basic health care services- free of cost
- Free legal support to meet legal requirements in case any dispute for property with children, relatives etc, or for maintenance.
- Specialized counseling center- for emerging psychological problems in this age.
- Free distribution of supporting mechanical instruments according to persons requirement as- wheel chair, electronic stick etc.
- Income generation opportunity, India is much focused on youth and adults, but elderly dependency ratio is increasing with alarming rate after retirement also majority population use to sit at home, those having pension their life is little better to those who are totally dependent on their children. To minimize the dependency ratio of elderly some work some gain formula is required to be developed.

Below is glance of working elderly population worldwide, which reflects the ratio of working population which is the least in India and due to which dependency ratio increases in comparison of other countries.

Working Elderly in world

Countries	Percentage
Japan	61.4
Germany	47.3
America	35.8
China	22.3
India	13.9
Worldwide	19.8

Source: United Nations Population Division

Elderly in Indian society
India is always known for its joint family system and enjoys maximum benefits of family in extended family – proximate relationships, sense of belongingness, we feeling, love, care, affection, sharing of responsibility and work, enjoying festivals and rituals and being together in hard times etc. Also the traditional Indian society and the age-old joint family system have been instrumental in safeguarding the social and economic security of the elderly people in the country but slowly and gradually culture of joint family system is decaying, and has taken shape of nuclear family due to several reasons. This disorganization in family has lead to various social problems for the children especially the elderly people. This breakdown of the social 'backbone' has a significant effect on the finances of the family as well. However, with the rapid changes in the social scenario and the emerging prevalence of nuclear family set-ups in India in recent years the elderly people are likely to be exposed to emotional, physical and financial insecurity in the years to come. There is less pooling of resources. With a decrease in finances, elder care takes a hit. The priority in a house is often given to the child and the spouse.

India is in a transition phase, which is attributed to the decreased fertility and mortality rates due to availability of better health care services. It has been observed that reduction in mortality is higher as compared with fertility. India's health program and policies have been focusing on issues like population stabilization, maternal and child health, and disease control. However, current statistics for the elderly in India gives a prelude to a new set of medical, social, and economic problems that could arise if a timely initiative in this direction is not taken by the program managers and policy makers. There is a need to highlight the medical and socio-economic problems that are being faced by the elderly people in India, and strategies for bringing about an improvement in their quality of life also need to be explored.

Concept of Quality of Life: According to Quality of Life Research Unit, University of Toronto, Quality of life is the degree to which a person enjoys the important possibilities of his/her life. Possibilities result from the opportunities and limitations each person has in his/her life and reflect the interaction of personal and environmental factors.
Three major life domains are identified: Being, Belonging, and Becoming. The conceptualization of 3Bs as the domains of quality of life was developed from the insights of various writers.

- **Being:** This domain basically talks about self -an individual, which has three sub-domains: Physical Being – health & hygiene, nutrition, fitness, personal grooming and clothing with physical appearance, Psychological Being includes psychological aspects as person's adjustment, self control level, feelings etc. Spiritual

Beings reflects values, standard of conduct and spiritual beliefs etc.

- **Belonging:** This domain includes individual connection/relationship with surrounding environment, which also has three sub-domains. Physical belonging means connections of person with physical environment as with family, workplace, neighbors and community. Social Belonging means sense of acceptance by others as family, co-workers, neighbors and community, whereas Community belonging is the third sub-domain which means accessibility of resources as- social services, educational, recreational activities and programs.
- **Becoming:** Purposeful efforts done by an individual to achieve personal goals, hopes and wishes. It also has three sub-domains, Practical becoming is related with daily actions, Leisure Becoming activities promotes relaxation and stress reduction. Growth Becoming promotes improvement and enhancement of knowledge and skills.

Research Methodology: This study is conducted in government aided old age & destitute home in Bilaspur district of Chhattisgarh, Kalyan Kunj Ashram, total 50 elderly persons are registered here out of which 25 are females and 35 are males belonging to different states as Bihar, Madhya Pradesh, Chhattisgarh etc. All females and the rest male elderly were selected by applying probability sampling technique. Out of 35 male, 26 elderly male were selected keeping age as a criteria 60+ & 80+. From two groups of 60+ and 80+ 12 male elderly were selected from each group by applying systematic sampling method, in this way 24 persons were selected one additional figure was drawn from 80+ as this group has maximum no. of male elderly.

Sample size and Sampling method: Sample size of study was 50 (25 women & 25 men) and systematic sampling method was applied from probability sampling.

Tools for data collection: WHO- Quality of Life schedule was used as a tool for data collection. Verbal consent was taken from Superintendent of Ashram as well as respondents were pre informed about the purpose of interview and their consent was also taken for interview.

Findings of Study
- Regarding medical facilities prompt action is taken by the authority of old age home, regular doctor visits are also ensured, other than if any person falls ill or have any health issues, they receive treatment from government hospitals. 90% elderly were quite satisfied with the medical facilities provided by the old age home, 85% elderly accepted that medicines are provided by the government hospitals and in case if not available at medical shop in government hospital they buy it from private medical shop. Medical expenditure is met with the assistance provided to them in old age home. For treatment visits, elderly people have to hire public vehicles, no personal vehicle is there in old age home. Trying to know the satisfaction level with transport facility, 53% respondents replied for neither satisfied nor dissatisfied, 31% replied that they are satisfied with the transport facility they have to arrange for their treatment

purpose, whereas 12% respondents said that they are dissatisfied while 4% respondents show high level of dissatisfaction that there is no private vehicle for elderly people due to which they have to suffer in emergency cases.
- Food is according to the health need and age of elderly people, 95% elderly were satisfied with menu provided in old age home, only 5% respondents shows dissatisfaction with the food given, respondents themselves help in food preparation as well as cooking, which gives them a feeling of self made food and increases the liking of food too. Involvement of elderly people in cooking of food makes the food according the health of elderly persons.
- On questioning of satisfaction with their health 30% respondents i.e.15 elderly persons were satisfied with their health, whereas 40% respondents (20) elderly persons replied that they are neither satisfied nor dissatisfied with their health 20% respondents (10) persons were dissatisfied with their health while 10% elderly reported high dissatisfaction with their health in this age. While 88% of the total respondents replied that physical pain in old age controls their daily routine work to little extent and 12% respondents said that due to physical pain because of aging they routine work is affected very much.
- Asking on how healthy is the environment where they are living 6% respondents said a little, whereas 49% respondents accepted to moderate amount of healthy environment and 45% of them said their physical environment is very much healthy. Safety feeling in daily life was one of the question for which 13% respondents replied to little, 55% respondents accepted that they feel safe at moderate amount and 30% of the total respondents accepted safety feeling is very much.
- While asking that how they consider their bodily appearance, are they able to accept their appearance in this age, 10% of the total respondents replied that they are not at all able to accept their appearance in this age, whereas 47% of elderly persons respond to little level followed by 43% of the respondents who replied that at moderate level they are able to accept their appearance.Do they have enough energy for everyday life 5% of the respondents said not at all, they feel energy less for everyday life, more than half (57%) of the respondents replied to little energy for everyday life followed by 33% of the respondents who accepted moderate level of energy they have for everyday day life (5%) of the respondents accepted that they have complete energy for everyday life.
- When asked that are you satisfied with yourself and with your personal relationships 68% respondents replied neither satisfied nor dissatisfied, whereas 23% respondents accepted that they are satisfied with themselves and 10% respondents shows dissatisfaction with themselves, followed by 38% respondents who were very dissatisfied with their personal relationships, near about half of the respondents (49%) were dissatisfied, whereas 10% respondents were neither satisfied nor dissatisfied only 3% respondents were satisfied with their relationships with family members which is their personal relations.

## Frequency of negative feelings- blue mood, despair, anxiety & depression
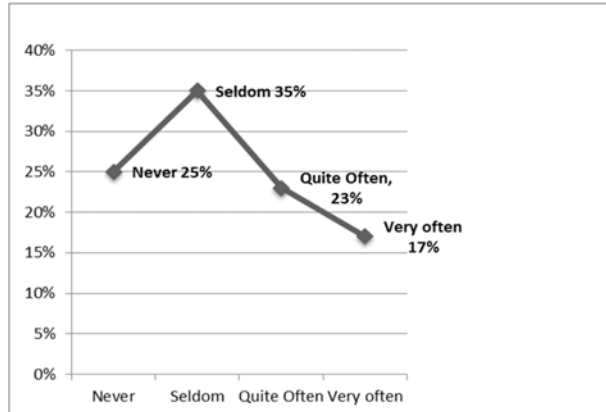
It is evident from the chart that leaving one fourth respondents all have some kind of negative feelings as blue mood, despair, anxiety and depression which is mainly due to absence of their personal & social life- family members, friends circle, neighbors and community people, with whom they spend their maximum spare time. In ashram (old age home) good facility is being provided but they miss their family and their children which can't be replaced by anything. Only few respondents near about 10% use to go their home to meet their family members other than that near about 90% respondents have never been to their home after being registered here, nor their family members come to meet them which is the main reason of their negative feelings.

Life to be meaningful and enjoyable
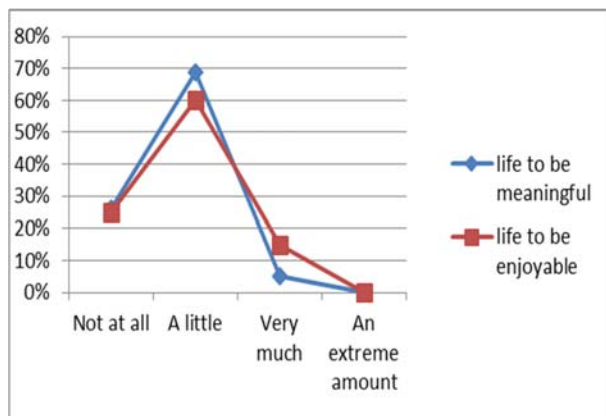
69% of the respondents accepted their life to be meaningful to a little, one fourth of them responds life to be meaningful not at all, whereas only 5% of the respondents agreed that their life is meaningful very much. On asking to which extent their life is enjoyable, near about quarter to half accepted that there life is not enjoyable at all, 60% of the elderly person said that life is enjoyable to a little extent which is due to monotonous lifestyle of the ashram maximum time is spend in sitting without any work or any purpose. 15% of the respondents replied that their life is very much enjoyable than earlier.

Rating of their Quality of life by Respondents
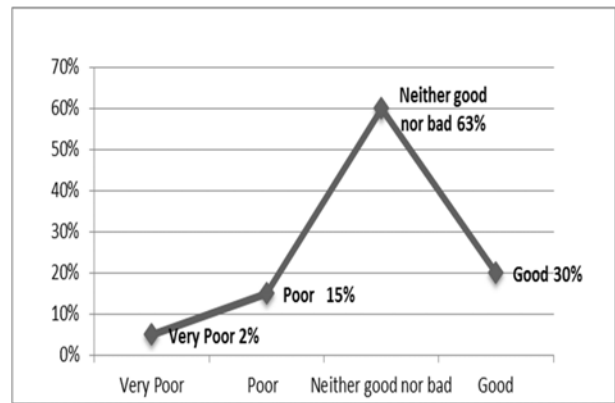
The rating of quality of life by elderly people themselves out of 50 respondents 2% persons rated their quality of life very poor, 15 % respondents rated their quality of life as poor, where as 63% respondents elderly persons rated their quality of life neither good nor bad and 30% elderly persons rated their quality of life as good in old age home, whatever facilities, care, belongingness with their inmates/partners, medical treatment elderly persons are getting here they are overall satisfied with it which has maintained their quality of life to some extent.

Concluding Results

1. Elderly persons were quite satisfied with the facilities and services provided by the Kalyan Kunj Ashram (old age home), but they have expectations of any program must be implemented for mainstreaming them with the society. They also want to be connected with society, their family members, relatives, community people etc. Life is not at all meaningful and enjoyable living at one place and spending 24 hours in the premise of the ashram.

2. For more than half of the respondents life is much better here than before, which is due to previous deprivation of different basic things. In ashram they are receiving - medical facilities, timely getting food and fulfillment of other basic need as well as monthly economic assistance they get (Rs.300/- per month) which they can use according to their own wish.

3. Psychologically they are deprived of relationships which make them feel loneliness due to which different mental problem emerges time to time- as depression, anxiety, mood swing, irritation, frustration etc. They have intense feeling of meeting their children, spending time or living with them.

4. They have acquired social security and feel safer and much better in ashram than earlier.

5. Some of the respondents want to be engaged in some income generation activities, main purpose of which is staying busy in some work will make their quality time spending and engagement in some activity will also minimize their negative feelings.

6. There is lack of recreation facilities and outing program which can make them feel better and entertained.

7. Lack of accessible and affordable specialized health care (geriatric services) which is very expensive in private clinics.

8. Through counseling service their problem - psychological problem, acceptance of physical changes due to aging, adjustment problems can be met to great extent, which is lacking and it is their requirement for making them comfortable and adjustable with their life changes.
9. To improve their physical health and minimizing health complication due to food habit and lifestyle they require routine physiotherapy, diet consultant service, which is lacks in ashram.
10. Whatever facilities, care, belongingness with their inmates/partners and medical treatment elderly persons are getting here they are satisfied which has maintained their quality of life to some extent.

Social Work Intervention for improvement of Quality of Life of elderly
Rehabilitation: rehabilitation is an integrated approach for holistic development by integrating different services as provision of health care facilities, educating and making aware to elderly about health and its complications, provision of specialized geriatric health facilities along with visual aids/mobility aids as well counseling services for psychological assistance to face changes emerging due to aging. Proper rehabilitation will help elderly people to solve their problems in which service oriented integration, profession and method oriented integration can play significant role to meet effectively essential requirements of elderly people at one place.

Organizing training workshops: by the elderly people for elderly people to educate elderly through practical experience of their life. This type of workshops can be organized specific or general to acquaint people with management of healthy lifestyle, overcome health and adjustment problems with learning and understanding the changes.

Advocacy: NGOs, Charitable organizations and civil society or local organization can play vital role in making community people or society aware and conscious towards elderly issues, problems and challenges. Capacity building of the community leaders is essential for the success of community-based geriatric and rehabilitative health services. Community leaders can play an important role in identifying the felt needs of the elderly and in resource generation.

Awareness generation program: government is proving grant to organize sensitization programs for creating awareness among people towards social issues, which can be utilized in mobilizing young generation and developing consciousness for elderly person in their family which could change mindset of them and others also and family disorganization due to disputes or conflicts could be minimized.

Counseling Service: social worker can play significant role, in addressing social problems, social work methods could be adopted for dealing social issues and problems could be resolved by counseling elderly as well as their children or family. Even in old age home social worker trainee could contribute for physical, mental and social well being of a person by applying various tools and techniques of social work profession.

Conclusion
Aging is a complex process that can be described chronologically, physiologically, and functionally. We all have a different view of what getting old means. Before we look at the attitudes of others, it is important to examine our own attitudes, values, and knowledge about aging. Our attitudes are the product of our knowledge and values. Our life experiences and our current age strongly influence our views about aging and old people. If we view old age as a time of physical decay, mental confusion, and social boredom, we are likely to have very negative feeling toward aging. Despite some cultural changes, becoming old retains many negative connotations due to which might people get afraid of becoming old and the generated fear with such an increase in violence and abusive cases with elderly people might leads to gerento phobia in which people will be afraid of aging.

Current trends in demographics coupled with rapid urbanization and lifestyle changes have led to an emergence of a host of problems faced by the elderly in India. Although this paper is based on the study conducted in old age home to assess the quality of life of the elderly but findings of which can be generalized in Indian context because very often more or less the condition of old age/destitute home are same with purpose to accommodate shelter less and helpless people. In maximum cases number of people accommodated in old age or any destitute center are higher than can actually be kept, with monotonous, less personal care and concern, lack of recreational facilities with very compact space and mostly these Ashram usually face financial problem due to which they have limited resources to develop their services. This study has find out that improving the quality-of-life of the elderly calls for a holistic approach and concerted efforts by the health and health-related sectors. Though geriatric services are expensive but government must ensure separate care and treatment facilities for elderly population. May be it is the daunting task for government and policy makers to make policies safeguarding rights, need and dignity of elderly people but a pro-active approach is required to address the need of this third generation and mainstream them with society with a dignity full life which they deserves.

Increasing no. of old age homes is not the solution of this problem rather we have to re-socialize young generation and accept that human is more important than the materialistic life. In cut throat competition of life we are forgetting our culture, values and responsibilities, it needs reconsideration of parenting, make children feel value and importance of relationships and elders in family.

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