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LIVING WITH FAMILY OR OLD AGE HOME

Dr. Bhawna Sharma*

Amity University.

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***Corresponding Author**
Dr. Bhawna Sharma
Amity University.

ABSTRACT

Family in India is the primary social unit in each of the culture it is rather being seen as the linking connect in the social strata for the individuals. It is basically a group of human beings related to each other in a non-professional manner, giving rise to the concrete cohesion within the group where love, care, social connect, respect , affection are the most prevalent human values which are there to maintain the bonds amongst the members for the relationship. There is the substantial increase in the number of elderly person across the globe in the past three decades at present 7.6% of the total population of India constitute of older adults. Elderly age groups also known as old age, senior citizens are increasing in numbers in developing countries wherein the care of the elderly aged is slowly shifting from the family to the old age homes for those who are financially poor, lacking family care. The health problems of the elderly in most of the developing countries who are institutionalized for shelter, health care, rehabilitation and recreation are not known adequately. This study is planned to estimate the health problems as the implication of family pathology amongst the habitant of old age home mates & those of family habitants.

KEYWORDS: Health Outcomes of elderly, Old Age inmates, Family Pathology, Old Age, Household, Family.

INTRODUCTION

India being the second most populated country in the world is under demographic transition phase (U.S. Census Bureau). It has been predicted that the elderly population is going to rise from 7.4% in 2001 to 12% of the total population by 2025 in India (Ministry of Statistics and Programme Implementation, Government of India document (2011)).[31] The demographic projections depict that by 2050, the overall population in India will grow by 55%, whereas the population of people who are at 60 years and above will increase by 326% and those in

the age group of 80 years or more by 700% (Ministry of Health) A Biswas (2015).[30] According to 60th National Sample Survey of the older adults, the morbidity, as well as hospitalization rates are much higher among older adults than the rest of the population. It added, around 8% of the elderly in India are confined to bed or home (Ingle, Gopal, & Anita Nath, 2008). Moreover, around 65% of the people in this age group lives in a rural area; over 73% elderly are illiterate, and 90% of them carry no social/health security (Ingle & Nath, 2008; Government of India, 2006; Lena, Ashok, Padma, Kamath, & Kamath, 2009). Therefore, undoubtedly, India requires a separate branch of healthcare for older adults which in medical terms we call *Geriatrics* to promote healthy ageing. Unfortunately, the system is still at a young stage to provide optimal health care to geriatric patients, and the multifactorial challenges in the country and system are making the change more difficult Ashok Biswas (2016).[30]

The relationships within a family are complex of varying degrees of intensity and myriad in nature. The emotional tone, which governs the relationship between any two persons, is continuously influenced in its course by emotional relationships of all others in the family. This changing manifolds emotional currents and cross currents which determines the prevailing atmosphere in the family which sets the basis for interaction and interpersonal relationship in the family. Family cohesion is defined as the "emotional bonding that family members have toward one another" Das NP (2004).[6] Specific indicators for measuring the family cohesion dimension are emotional bonding, boundaries, coalitions, time, space, friends, decision-making, and interests and recreation.

The World Health Organization estimates that presently nearly 600 million people are living with disabilities worldwide Over the course of 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, WHO (2004).[1] In 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. The share of the elderly is expected to grow even more rapidly in the less developed countries of the world, rising from only about 5.1 percent of population in 2000 to 14.0 percent in 2050 as per projections of the United Nations, WHO(2004).[1] People over 54 constitute about 12.4% of the Indian population. According to the United Nation’s Population Fund (UNPF) and Help Age International, Directory of Old age home (2009).[7] India has around 100 million elderly at present and the number is expected to

increase to 323 million constituting 20% of the total population, by 2050, Agecare (2007)[3], Central Statistics Office (2011).[24]

Over the past two decades, a growing body of systems-based research has shown that family processes matter more than family form for healthy individual and family functioning, Agarwal (2005).[4] A number of pioneering assessment models have advanced our knowledge of multidimensional processes that distinguish well-functioning from dysfunctional families, Beaver, (1982).[5] Despite some differences in constructs and methodology, there is remarkable consistency in findings across studies that such interactional processes as cohesion, flexibility, open communication, and problem-solving skills are essential in facilitating basic family functioning and the well-being of members, Ajay (2010).[4]

Irudaya Rajan and Kumar (2003)[9] analyzed the National Family Health Survey (1992 – 93) data and found that a large majority (88%) of the older persons in India live with their kin, Irudaya (2003).[9] Despite the belief that children are the security of the aged, institutions for the aged are mushrooming since the 1990's, Elango (1988).[8] In 1998, India has 728 old age homes, Mohrana (2008).[12] Recent statistics reveal that there are 1281 old age homes in India, Help Age India (2001).[3] These demographic changes has been accompanied with a fast changing family structure due to forces like urbanization and migration which are not quite conducive to the welfare of the elderly, National Institute of Social Defense (2005).[13] The institutionalization of the elderly which began as early as 1901 still remains inadequate when compared to the structured institutions of the West, Das NP (2004).[6] The trend clearly reveals that ageing has become a major social challenge and vast resources will be required towards support, care and treatment of the older persons, Yogendra Singh (1997).[23] Many factors are likely to affect the social & physical wellbeing of the elders like living with the family, availability of family support for old people who are no longer able to maintain full independence, time spent by family members, income, disease state, housing, provision of health and welfare services and mental stability, Srivastava RK (2005).[25] The quality of life (QoL) depends on several elements that are studied in detail in different populations. However, little is known about the living arrangements and how these affect the QoL, especially in the elderly, A Biswas (2015).[30]

Prevalent concepts in Elderly Health

The family is a primary social unit of every culture. In India, the family has been considered as the unit of social system as compared to individual. The Indian family reflects the socio-

cultural fabric of Indian society, its philosophy and values, Sandhu, (2009).[10] The relationships within a family are complex of varying degrees of intensity and myriad in nature, American Psychological Association(1986).[27] The emotional tone, which governs the relationship between any two persons, is continuously influenced in its course by emotional relationships of all others in the family, JAMA(2003).[26] This changing manifolds emotional currents and cross currents which determines the prevailing atmosphere in the family which sets the basis for interaction and interpersonal relationship in the family. KP (2010).[28]

The family is of central importance to human beings and it is inconceivable to think of an individual's development without a family. The biological, sociological and socio-cultural functions of the family occur in terms of the interactions of the family members with each other and with persons outside the family. These interactions are the basic foundation over which the edifices of the family are built up. Over the centuries, the many social changes that have occurred in societies have in one way or the other affected these interactions, despite these changes the family has retained its unity and identity more or less in the same manner as in the past with very little change. This is all the more so in India. As is well known, in Indian setting the joint family system, to an extent, has given way to nuclear family system and in many cases, to single parent families, as is obtained in the western world, yet one cannot deny the fact that the child and the parent are part of a family. The strong emotional bond which exists amongst the members of the family, the typical roles and functions of each member, the values, the cultural influence, the religious affinity and the social mores play a significant role in the development of the personality of an individual born in that family.

In India, even today, the influence of the family on an individual's life is very high in that there is still relatively lesser scope for individual decision-making Vis-a-Vis family decision making. The interactions continue to be relatively more one side viz. parent to the child, the husband to the wife and the grand parents to the parent. This could be seen in many families, where one finds practically an inflexible interaction of a one sided nature. In the western families, while the children become independent of the parents by the time they finish school in India, the dependence of an individual on his family continues on. While the core relationship in the western families hinges between the husband and the wife, in India it rests between the parent and the child, Sandhu (2009)[10], describes Indian Families as having lasting roots in the past generation extending on to future generations, almost making one full cycle.

Indian Government Initiatives

In 2007, the Indian parliament passed a bill known as Maintenance and Welfare of Parents and Senior Citizens Act. It proposed that it is the responsibility of children and relatives which are obligatory and justifiable to take care of their parents and are liable to be penalized under the law if they failed to do so (Jeyalakshmi, Chakrabarti, & Gupta, 2011). In 2011, Government of India formulated the National program for the health care of elderly. The program emphasized on providing easy access to preventive, promotive, curative and rehabilitative services to the elderly across all the levels of the health care delivery system along with short and long-term care training to health professionals to address the growing health demands of the elderly (Ministry of Health, n.d.). Also in 2011, National policy for senior citizens came into existence, which recognizes senior citizen as valuable resources of the country and ensures their full participation in society (Jeyalakshmi, Chakrabarti, & Gupta, 2011).[29] In April 2015, in order to address the needs of the elderly population in the country, the Union Health Ministry had planned to set up two highly specialized 'National Centre for Ageing' at All India Institute of Medical Sciences (AIIMS) New Delhi and Madras Medical College in Chennai. The two centers would have 200 beds and also have 15 seats for a post-graduate course in geriatric medicine. As part of the government's focus on providing quality medical care to the ageing, 12 regional geriatric centers would also be established in medical colleges across the country in addition to the existing eight (Hindustan times & A Biswas 2016).[30]

The Concept of relational resilience

The concept of family resilience goes beyond a contextual view of individual resilience to a family-system level of assessment and intervention, focusing on *relational resilience* in the family as a functional unit. A family-systems perspective enables us to understand the mediating influence of family processes in surmounting crisis or prolonged hardship, Kishor (1997).[11] How a family confronts and manages a disruptive experience, buffers stress, effectively reorganizes, and moves forward with life will influence immediate and long-term adaptation for all family members and for the family unit.

Challenges ranging from Family damage

The skewed perspective on family pathology that long dominated the clinical field has been rebalanced over the past decade as systems-based researchers and family therapists have shifted focus to a competency-based, strength-oriented paradigm, Nilesh (2011).[14] A family

resilience approach builds on these developments, shifting perspective from seeing families as damaged to viewing them as challenged. It also corrects the tendency to think of family health in a mythologized problem-free family. Instead, it seeks to understand how families can survive and regenerate even in the midst of overwhelming stress, Park K (2008).[15] A family resilience perspective affirms the family's capacity for self-repair. The concept of family resilience extends strength-based approaches in ways that have important clinical and research utility. First, it links family process to challenge: assessing family functioning in social context and as it fits varied demands. Second, a family resilience approach incorporates a developmental, rather than cross-sectional, view of family challenge and response over time, considering how relational resilience processes vary with different phases of adaptation and life-cycle passage, Pawar AB (2010).[16]

Normal Family Processes in India

Early theory and research on family functioning in the social sciences and psychiatry sought to define "the normal family" in terms of a universal set of traits or a singular family form, in the model of the intact nuclear family with traditional gender role, Rajiv Khanderkar (2010).[17] Observations of typical middle-class, white suburban families in the 1950s became the standard deemed essential for healthy child development, with deviant family patterns assumed to be pathogenic, Rajkumar AP (2010).[18]

Over the past two decades, a growing body of systems-based research has shown that family processes matter more than family form for healthy individual and family functioning. A number of pioneering assessment models have advanced our knowledge of multidimensional processes that distinguish well-functioning from dysfunctional families, Agecare[3], Ravishankar (2010).[19] Despite some differences in constructs and methodology, there is remarkable consistency in findings across studies that such interactional processes as cohesion, flexibility, open communication, and problem-solving skills are essential in facilitating basic family functioning and the well-being of members, Ajay (2010).[4]

However, dilemmas in defining and assessing healthy family functioning are posed by heightened awareness that views of normality are socially constructed, Report WHO (1991).[20] A fundamental problem concerns the generalizability and relevance of categories and scales constructed and standardized on normative samples representing a narrow band on the wide spectrum of families, Siddharth Das (2001).[21] Recent studies have expanded the

data base to many cohorts, yet diverse families still tend to be evaluated in comparison to one standard, Shahar (2001).[21]

Diverse family arrangements, such as dual-earner, single-parent, and stepfamilies differ in organizational resources and constraints, and confront varying challenges. For instance, a remarried family must find ways to knit together biological and step-relations, and to bridge parenting arrangements across households, Singh Yogendra (1997).[23] A family resilience framework is valuable in assessing family functioning in relation to each family's structure, psychosocial demands, constraints, and resources. Processes needed for effective functioning may vary depending on differing social-cultural contexts and developmental challenges.

A family resilience framework offers this advantage: it views functioning in context and links processes to challenges. Unlike models of basic family functioning that are a contextual, a temporal, and under non-stress conditions, this approach situates each family in relation to its particular resources and challenges. Family processes that are highly effective in dealing with one set of challenges might differ for another. Rather than proposing a blueprint for any singular model of "the resilient family," our search for family resilience with each family seeks to understand key processes that can strengthen that family's ability to withstand the crises or prolonged stresses they face. All families have the potential for resilience. Moreover, there are many pathways in resilience. In India, geriatrics is still a budding speciality which is need of the hour for combating the increase in elderly demand for care. Despite few encouraging initiatives from the Government of India, there are still many bottlenecks in elderly care which have to be comprehensively dealt accordingly, Ashok Biswas (2016).[30]

Objectives of the Study

- To assess the demonstrative ability of elders with the family members in Delhi.
- To compare the health statistics of elders residing in old-age homes and in family.
- To assess the reasons for low compatibility amongst family members & its effects on the health of the elders.

MATERIAL AND METHOD

This study was conducted amongst 30 elderly ranged between 60-70 years of age, 15 individuals from Delhi & 15 individuals from old-age home. This data was taken from an NGO working in Healthcare sector. Data was collected through a random sampling method using standardized pre tested questionnaire after getting consent from the elders. The

diagnosis made by clinical examination, some were confirmed by medical records possessed by the individuals.

Hypothesis

To investigate the hypothesis that there exist a difference in the health dynamics of elders residing in old-age homes and in the normal family.

Variables

Independent Variable- Individuals staying in old-age home & normal family.

Dependent Variable- Family pathology of individuals staying in old-age homes & normal family.

Psychological tools used

Table 1.

Sno:	Name of the Tool	Developed by	Year
1)	FAMILY PATHOLOGY SCALE	Dr.Vimala Veeraraghavan Dr. Archana Dogra	1999

Statistical Analysis

Table 2.

Groups	Mean	Standard Deviation	N
Family habitants	93.3	16.85	15
Old-age habitants	59.9	16.4	15

RESULTS

As assessed under the Family Pathology Study, amongst the old-age habitants, there were 8 individuals showing low health parameters. This indicates that these individuals have an unstable family environment & poor emotional stability with their family members whereas, 7 individuals showed moderate health parameter. This shows that these individuals have a stable family environment & good emotional stability.

Moreover, amongst the normal scenario, there were 8 individuals showing high family pathology. This indicates that these individuals have a very stable family environment & good emotional stability whereas, 7 individuals exhibited moderate family pathology. This shows that these individuals have a stable family environment. Also, the standard deviation for the group of old-age habitants came out to be 10.85 and for normal scenario, the standard deviation came out to be 16.45. The T-test scores for the group of old-age habitants and normal scenario came out to be 9.27.

The given table represents the low, moderate & high family pathology division amongst the normal scenario & the old-age habitants.

Table 3.

S.No:	FAMILY PATHOLOGY DIVISION	DIVISION OF UNITS AMONGST THE OLD AGE HABITANTS
1	LOW	8
2	MODERATE	7
3	HIGH	0

Table 4.

S.No:	FAMILY PATHOLOGY DIVISION	DIVISION OF UNITS AMONGST THE NORMAL SCENARIO
1	LOW	0
2	MODERATE	7
3	HIGH	8

The table 3 & table 4 show inferential statistics. A questionnaire was distributed to 15 old age habitants and normal scenario people to assess the family pathology between the two groups. The frequency represents the individuals who fall under low, moderate or high family pathology respectively.

Statistical Analysis

Table 5.

Groups	Mean (N=15)	Standard Deviation	T-test
Family habitants	93.3	10.85	9.27
Old-age habitants	59.9	16.45	9.27

The table 5 shows descriptive statistics. The T- test was used to assess the difference of means of the two groups i.e. old age habitants & normal scenario people. The T test came out to be 9.27 & there has been no significant difference between the two groups.

t > at 0.05* level

t > at 0.01* level

It was found that only 2% of elders were free from Health Problem amongst all the old age home habitants. The percentage of elders with at least one health problem was 4% two and multiple chronic health problems were present in 68%, and 30% of them respectively. The major health problem was Visual problems followed by Hypertension, Depression, Arthritis, Diabetes mellitus and Hearing problems. Elders, who were tested for vision by Snellen's

chart, showed that elders had visual problems. Amongst the subject tested for hearing by voice test 70% had hearing problem.

CONCLUSION

According to the comparative study conducted under the Family Pathology Scale, it has been observed that most old-age home habitants have a low family pathology as compared to moderate or high family pathology amongst the elderly living with their families. This shows that these old age home habitants have an unstable family environment compared to the one living with their family. Emphasis should be placed on providing the comfortable & emotionally enriched environment to the aged groups by focusing more onto the moral boosting events.

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