

A HOME AWAY FROM HOME A CASE STUDY OF OLD AGE HOME, CHANDIGARH

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ABSTRACT

Elderly in the family enjoyed undisputed authority and power. They were treated as knowledge banks and resource persons for the younger. Their advice is accepted as law; their words are respected as words of god. However the structure of family has undergone changes consequently joint family is withering away and giving way to institutionalized living. The concept is emerging gradually in Indian society leading to independent life style for both aged as well as for the young. The present study pertains to the life of older persons in institutionalized setup.

INTRODUCTION

Old age itself has become clearly distinguished as a specific stage of life, and delimited chronologically, with the result of a sharp tripartite division of the life cycle into a phase of preparation, followed by the one of productive activity in economic/income generating terms, and finally, the stage of retirement. Chandogyopanisat emphasises that a man enjoys on an average 116 years of life. In this context the total life span has been divided into three categories: balyavastha (childhood) of 24 years, yuvavastha (youth) of 44 years, and vrddhavastha (old age) of 48 years.

Old age does naturally bring with it certain changes in the system of the person and he or she is bound to experience decline in physical strength and impairment of the senses. Consequently the person will no longer be in a position to perform the role of provider, protector and manager of the family.

Elderly in the family enjoyed undisputed authority and power. They were treated as knowledge banks and resource persons for the younger. Their advice is accepted as law; their words are respected as words of god. However the structure of family has undergone changes differently at different stages of human history in India. Intergenerational relationship and the

role of women in the family are changing that affect the care of the aged in the family. Industrialization and urbanization have brought changes to family structure in India to a great extent. The extended family that existed in the society has changed to a nuclear family. Recent ethnographic case studies have also indicated that the so-called “joint family system” is a myth. Many elderly, though living with their sons and their families, are often neglected and uncared for. This scenario has led to the mushrooming of institutional living.

HISTORY OF OLD AGE HOMES (OAH)

Old age home is a western concept. Earlier old age homes were known by the name of Almshouses. These are the charitable housing provided to enable people typically elderly people who can no longer work to earn their livelihood. The first recorded Almshouse was founded in York by King Athelstan and the oldest still in existence is the Hospital of St. Cross in Winchester.

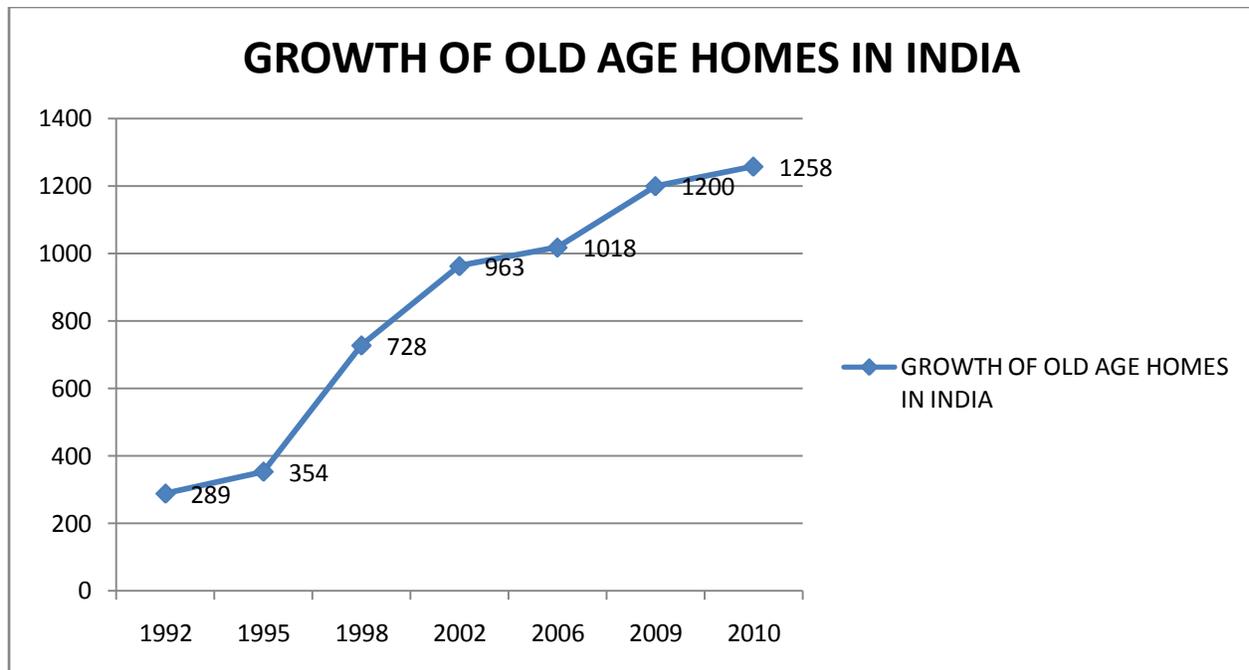
A dramatic increase has been noticed in establishment of old age homes all over the world thereafter. The mushrooming of non-governmental, governmental and private day care centres, old age homes and nursing homes for older persons have made progress towards developing community care alternatives in India too. Looking at the history of voluntary organisations it is the Friend in Need Society of Madras which was the first organisation started in 1840 to devote itself to the care of the aged and the Little Sisters of the Poor followed in 1882 in Calcutta. It opened a home which provided shelter, clothing and medical care to the old.

MEANING OF OLD AGE HOME

A home for the older person can be seen as a therapeutic community, which provides a homely environment in which the residents can feel secure, comfortable, happy and independent. In simple terms OAH is the home which provides residential care, meals and limited assistance in activities of daily living for older persons who are capable of personal or nursing care but unable to live independently in the community.

GROWTH OF OLD AGE HOMES IN INDIA

In the recent times individualism, independence, and achieved position in the family are becoming part of family culture in India. Sometimes nowadays, the separation is generated by the old themselves, when they feel self-sufficient and desire independence. The concept of old age homes is gradually emerging as the most viable option among the senior members of society. The demand of OAHs is increasing day by day in Urban India.



Source: Directories of Help Age India

It can be depicted from the data given in Figure 1 given above that the concept of old age homes is spreading and increasing in Indian culture. In 1992 the number of old age homes in India was 289; in 1995 the number rose to 354. After three years i.e. in 1998 the number increased to double the number in 1995 and reached to 728. A decade later in the year 2002 the number of old age homes in India rose to 963 which further rose to 1018 in year 2006 and according to directory published in 2009 the number old age home has reached to 1200 and in 2010 it has touched 1258. The steep rise from year 1992 to 2010 has shown that the concept of institutional living has been widely accepted by the Indian society.

OBJECTIVES OF THE STUDY

A large percentage of older persons are poor and destitute and bereft of even the basic necessities of life, as food shelter, clothing. The government endeavours to provide for this segment of society, but is limited by resource constraints. Homeless over the centuries have been taken care of by various initiatives, supported by voluntarism in combination with state provisions. Government also give due recognition to the efforts of NGOs in providing care to the older persons.

Realizing the need for the care of elderly, present paper pertains to study the functioning of an old age home earlier being run by an NGO and now been taken care by the government itself. It is an unpaid old age home where services are provided to the inmates free of cost. The home is known by the name of "Home for Old and Destitute People", Sector-15 D, Chandigarh run by Lions Club Chandigarh Central (NGO), since 1999 till 2008 and further by the Chandigarh Administration till date.

The study pertains to examine the quality of life among the institutionalized elderly. An exploratory and analytical method has been used. For the present study both Primary and Secondary data was used. For the purpose of collection of primary data structured questionnaires were prepared for the respondents. The respondents comprised the inmates of old age home, the service providers and the management committee of the home. All inmates were interviewed personally as the number of inmates residing in the OAH was very less. There were only 29 respondents residing in select OAH at the time of data collection. The staff working in the OAH was taken as part of the sample to analyse the functioning and satisfaction level of the inmates with the service providers. The level of satisfaction and QOL of inmates was calculated on satisfactory and dissatisfactory scale.

BACKGROUND CHARACTERISTICS OF INMATES

Keeping in view various studies conducted nationally and internationally the information about various demographic variables of the residents of OAH has been collected and depicted in Table 1.

The data given in the table clearly shows that equal numbers of inmates were found in all the three age groups that is 34.48 per cent in 60-70 and 71-80 age group and 31.03 per cent were above 81 years old.

The gender wise spread of respondents revealed that males were 48.28 percent as against 51.72 percent of females. Thereby, revealing that females were more than the males staying in OAHs.

The marital status wise distribution of the respondents indicates that a large number of respondents i.e. 72.41 per cent were widowed followed by never married respondents i.e. 13.79 per cent, married and divorced respondents 6.89 per cent each.

The education wise dispersal of the respondents suggests that of total 29 respondents, 44.82 per cent were illiterate whereas 31.03 per cent had studied up to 10th, 10.32 per cent had studied up to graduation and 13.79 per cent have had education up to post-graduation. Thus maximum of the respondents were illiterate.

The occupation wise spread of the respondents indicates that 51.72 per cent were never employed throughout their life and majority of them were housewives, 20.68 per cent retired from service and 27.58 per cent were self employed before coming to OAH. Thus, it reveals that a large percentage of the respondents were never employed and belongs to unorganized sector.

TABLE 1: CHARACTERISTICS OF THE INMATES RESIDING IN OAH. N=29

VARIABLES	VARIABLES	NUMBER OF INMATES IN OAH	PERCENTAGE (%)
Age in years	60-70	10	34.48
	71-80	10	34.48
	Above 81	9	31.03
Gender	Male	14	48.28
	Female	15	51.72
Marital Status	Married	2	6.89
	Never Married	4	13.79
	Widowed	21	72.41
	Divorced	2	6.89
Status of Education	Illiterate	13	44.82
	Up to 10 th	9	31.03
	Graduate	3	10.34
	Post Graduate	4	13.79
Type of previous Occupation	Not Employed	15	51.72
	Service	6	20.68
	Self employed	8	27.58
Type of Family	Nuclear	11	37.93
	Joint	12	41.37
	Extended	0	0
	No family	6	20.68

Status of having or not having children	Male	5	17.24
	Female	4	13.79
	No Children	7	24.13
	Male and Female	13	44.82

Culled from primary data

The family wise spread of the respondents indicates that majority of respondents i.e. 37.93 per cent were from nuclear family set up, 41.37 per cent were from joint family, whereas only 20.68 percent were those respondents who do not had family and no respondent had an extended family.

The distribution of the respondents having children indicates that 24.13 per cent of the respondents did not had any child whereas 17.24 per cent has male child and 13.79 per cent had female child whereas 44.82 per cent of respondents had both male and female children. The analysis indicates that maximum of the respondents had both male and female children.

PERCEPTIONS OF INMATES VIS-À-VIS LOCATION OF THE SELECT OAH

The location of the home implies a due importance on the quality of lives of the inmates. As per the guidelines of HelpAge India the location of the home should be centrally placed i.e. near to market, bank, post office hospital, park and transport facility should also be easily available and should be well connected with the roads.

Location wise the OAH was functioning well as the home is located just two kilometre away from the market, bank and post office. The market is very big and had all shops such as chemist shop, vegetable, fruits, good clothing shops, utensils shops, and many more. The home is only three kilometre away from the General Hospital and just half kilometer from the park which is well maintained. The local bus-stop, auto rickshaw stand and cycle rickshaw stand were just outside the home. On the left side of the home at a walking distance a temple is situated and on right side of the home at walking distance gurudwara is situated. There was a residential area across the road and the residents of that area visited the home and interacted with the inmates quite often. Other amenities like water and electricity supply and a proper sewerage system was also obtainable in the home.

The analysis of facilities available in OAH for the inmates has been revealed in Table 2 given below. The facilities which have been analysed pertains to the location of the OAH, environment of the home, cleanliness, safety, food provided, timings of the food, activities for inmates and medical facilities available for the inmates. Each of these facilities has been described in detail in the subsequent paragraphs.

It is observed that a good percentage of the residents i.e. 65.52 per cent of OAH were satisfied with the location of the home however 34.48 per cent of the residents were dissatisfied with the distance between home and the market. They used to catch rickshaw to reach the market which restricts their frequent visits to the market. However major chunk was found satisfied with the location of home near bank, post office, availability of transport and hospitals/health clinics 75.86%, 72.41%, 72.41% and 86.21% respectively. Whereas less than half of the residents 44.83% showed their satisfaction with the availability of park near the home as they were already an inbuilt park in the home and they were least interested in utilizing the park.

TABLE 2: PERCEPTIONS OF INMATES VIS-À-VIS LOCATION OF THE OAH

Variable	Variables	Perception of inmates	OAH	Per Cent
Location	Market	Satisfied	19	65.52
		Dissatisfied	10	34.48
	Bank	Satisfied	22	75.86
		Dissatisfied	7	24.14
	Post Office	Satisfied	21	72.41
		Dissatisfied	8	27.59
	Transport	Satisfied	21	72.41
		Dissatisfied	8	27.59
	Park	Satisfied	13	44.83
		Dissatisfied	16	55.17
	Hospital/Health Clinic	Satisfied	25	86.21
		Dissatisfied	4	13.79

Culled from Primary Data

PERCEPTIONS OF INMATES VIS-À-VIS FOOD, MEDICAL FACILITIES, SAFETY AND HYGIENE IN THE OAH

A well constructed home is incomplete without the provision of basic amenities required by the residents of the home such as healthy food, medical aid, safety and hygiene. In old age it is very important to provide balanced and easily digested food to the older persons as the right kind of

food in correct proportions will not only make them happy, but will also keep them healthy and generate resistance to sickness. As the person grows older the physical and mental health of a person deteriorates gradually. Immediate attention is always required to avoid major problems thus it is necessary to have medical facilities in the home at least to provide first aid to the residents. Older persons are more prone to home accidents as it is said that home is the most risky place for everyone. To avoid inward risks safety measures may include non-slippery flooring, proper illuminated building, non slippery footwear's for the residents, easy access to toilets and bathrooms, availability of grab rails etc. On the other hand outward safety measures may include guard on full time duty, important contact numbers should be kept handy like numbers of police station, hospital, ambulance, plumber, electrician, fire brigade etc. To make a place liveable and to make environment healthy and sound it is important to have hygienic atmosphere as it will not only make people happy and healthy but also encourages the residents to improve their interest in the last phase of their lives. In Table 3 given below analysis has been made on availability of all these basic amenities in the three OAHs taken under study on the basis of this analysis the perceptions of the residents have been judged on satisfactory and dissatisfactory scale.

TABLE 3: PERCEPTIONS OF THE INMATES VIS-À-VIS BASIC AMENITIES AVAILABLE IN THE OAH

Variable	Variables	Perceptions of Inmates	OAH	Per Cent
Basic Amenities	Food	Satisfied	25	86.21
		Dissatisfied	4	13.79
	Medical	Satisfied	26	89.66
		Dissatisfied	3	10.34
	Safety	Satisfied	28	96.55
		Dissatisfied	1	3.448
	Hygiene	Satisfied	18	62.07
		Dissatisfied	11	37.93

Culled from primary data

It is noticeably shown in the table given that majority of the respondents were satisfied with the food given to them, medical facilities available in the home, safety measures inside and outside the home as well as hygiene in the home 86.21%, 89.66%, 96.55%, and 62.07% respectively. It is observed that a good percentage 37.93% of the inmates was dissatisfied with the hygiene in the home. The reason observed behind it was that the home has two wings one for males and one

for females. The unhygienic conditions were found in the males wing as there was a common bathroom and toilet for the males, secondly males had the habit of spitting here and there and moreover kitchen was also situated in that area. And the space in front of the rooms was also not properly maintained by the home. However majority of the inmates were found satisfied with the services of the select OAH.

MAJOR FINDINGS

- A precipitous increase in the demand of Old Age Homes in Indian Societies.
- Breakdown of joint family system in Indian Societies.
- Older persons themselves interested in staying independently in old age homes.
- Institutions/homes for the aged are providing homely atmosphere to the older persons.
- All amenities are provided in the old age homes for comfortable stay.
- Food, shelter and clothing the three necessities of a person are provided to the older persons with due respect without charging a single penny.
- Inmates enjoy there last phase of life with dignity and respect in old age home.
- Medical facilities are easily accessible to the inmates for prompt treatment.
- Various functions were arranged by students of different schools and colleges in the home to entertain the inmates.
- The word 'loneliness' exists nowhere in the homes for the aged.
- Old age home can be described as 'a home away from home'.

CONCLUSION



INMATES OF OLD AGE HOME ENJOYING FOOD TOGETHER

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With the advent of 'zations' that is globalization, modernization, liberalization, westernization the concept of ageing has taken up a new shape. Now people more appropriately use the term second innings for their last phase. The older persons now wish to live an independent, stress-free and dignified life may it be away from their kith and kins. The joint family, a natural support system, has almost crumbled. The fast pace of life and the increasing number of nuclear families have added woes to the life of older persons, compelling them to live alone. To cover this existing gap they now prefer to opt for an institutionalized living which not only providing necessities of life but also proven to be boon for the aged. The institutionalized living is adding life to years.

An increase in the demand for old age homes is fast becoming a challenge for the society which needs to be addressed before it acquires menacing proportions. There is a need for government and NGOs to provide an effective support system for this segment of population.

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