Chapter-I

INTRODUCTION
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"Years wrinkle the skin, but worry, doubt, fear, anxiety and self-distrust wrinkle the soul"

- Aristotle

Ageing is a universal and inevitable developmental phenomenon accompanied by a number of changes in physical, psychological and social domains. Biological aging refers to regular changes that occur in mature genetically representative organism living under representative environmental conditions as they advance in chronological age (Birren & Schaie, 2006). In the words of Seneca “old age is an incurable disease”. Anon says that science makes them live longer. Persons of 60 years of age older are typically referred to as elderly. It is said that nobody grows old merely by living a certain number of years. While ageing merely stands for growing old, senescence is an expression used for the deterioration of the biological efficiency that accompanies ageing. These changes are for the most part deleterious and eventually lead to the death of an organism (Jogender Singh & Ahiawat, Naveen, 2014).

In a rapidly graying world, healthy ageing is vital for any country. It is a pre-requisite for economic growth. Discoveries in medical sciences, hygienic practices and improved social conditions during past few decades have increased the life span. The scenario becomes all the more difficult when one finds one left alone to take care of elderly in their later years of life. Indeed, the loneliness and neglect associated with old age is a rather recent phenomenon in the Indian context. It is the outcome of breakup of the traditional joint family system, growing urbanization and fast moving modern life. Furthermore, the erosion of moral values in the modern industrialized / culture has also aggravated the situation (Vanitha, 2014).

Ageing results from the demographic transition, a process whereby reduction in mortality are followed by reduction in fertility. Together, these reduction eventually lead to smaller proportions of children and larger proportionate shares of older people in the population. Fertility has been falling in most regions of the world over the last several decades, and this decline has been the main factor driving
population ageing in India. The world's total fertility rate (TFR) has dropped by about a half, from 5.0 children per woman in 1950-1955 to 2.5 children per woman in 2010-2015. The decline in global fertility will continue during the coming decades. The global TFR will fall to 2.2 in 2045-2050 under the "medium" projection variant, or to 1.8 children per woman under the "low" variant. The faster the speed of fertility decline, the more rapidly ageing will take place (Rajan, Sharma & Mishra, 2003).

This is not only the century of increasing proportions of older people but also the century of increasing proportions of older women. The sex ratio indicates an unequal distribution between the sexes with increase in age, which can create a number of problems for the aged women. The longer life expectancy as well as the age norms of marriage in Indian society (older man and younger woman) has resulted in a large pool of single or widowed women. There is approximately over five times as many widows as widowers (Joseph, & Jayanthy, 2013).

The proportion of the world's population aged 60 years or over increased from 8 per cent in 1950 to 12 per cent in 2013. It will increase more rapidly in the next four decades to reach 21 percent in 2050. The stages and speed of ageing are quite different between the more and less developed regions. Ageing in the more developed regions started many decades ago, but it is just taking off in less developed regions, as their mortality and fertility levels have fallen. Currently, the most aged populations are in the developed countries, but the majority of older persons reside in developing countries. While it has yet to unfold in the least developed countries (World Population Ageing, 2009).

Life expectancy at birth is projected to continue to rise in the coming decades in all major regions of the world. Life expectancy was 65 years in 1950 in the more developed regions compared to only 42 years in the less developed regions in the same year. Between 2010-2015, life expectancy was 78 years in the more developed regions and 68 years in the less developed regions. The gap between the more developed regions and the less developed regions has narrowed and it is expected to continue to get smaller in the coming decades. By 2045-2050, life expectancy is projected to reach 83 years in the more developed regions and 75 years in the less developed regions. Thus longer life spans will contribute to future ageing in all major
regions of the world. The life expectancy of an average Indian has increased from 36.7 in 1951 to over 67.14 in 2012. Also the population of older adults (more than 60 yr) in India increased to 102 millions in 2011 (Census of India, 2011).

The demographic projections indicate that India will experience a doubling of the aged population over the age of 65 years by the year 2020, which means that one person out of five will be an aged person. Furthermore, of all the age groups, the percentage of people over the age of 85 years (oldest - old) is increasing at the greatest rate (Kasthuri, 2007). The growth rate of aged population (37.3%) is twice that of general population (16.8%). The average life expectancy in India is expected to rise from 60 years in 1991 to 70 years by the year 2025 (Pai, 2002).

Urbanisation, modernisation and globalization have changed the traditional concept of family in India, which used to provide social support to ill, dependent and older family members (Kumar, Das, & Rautela, 2012). Over the years, urbanisation has lead to change in the economic structure, diminishing societal values, weakening the importance of joint family. In this changing scenario older generation is caught between the decline in traditional values and absence of social security (Dubey, Bhasin, Gupta, & Sharma, 2011; Ramamurti, Liebig & Jamuna, 2015). As a result elderly adults are forced to take an alternative living arrangement in old age homes (Ramamurti & Jamuna, 1998; Kalavar & Jamuna, 2006; Doty, 1992).

As health care facilities improve in countries, the proportion of elderly in the population and the life expectancy after birth increases accordingly. This is the trend, which has been seen in both developed and developing countries (Kinsella, & Phillips, 2005). It has been suggested that urbanization lead to households becoming nuclear in developing countries (Bongaarts, 2001). Industrialization, urbanization, education, and exposure to Western life styles are bringing changes in values and life style. Ramamurti (2004) has suggested that urbanization is likely to erode the family's ability to care for elderly as well as decrease in co-residence of adult children with the elderly. Old age is not a disease in itself, but the elderly are vulnerable to long-term diseases of insidious onset such as cardiovascular illness, cancer, diabetes, musculoskeletal and mental illnesses (Vishal, Bansal, Patel & Bimal, 2010).
The changing demographic scenario and population projections of India indicate that the growth rate of Indian older adults is comparatively faster than other region of the World. In India at present, older adults constitute 7.6% of total population. Within three decades, the number of older adults has more than doubled i.e. from 43 million in 1981 to 92 million in 2011 and is expected to triple in the next four decades i.e., 316 million (Banthia, 2001; James & Sathyanarayana, 2011). The life expectancy at birth has also increased from 62.5 years in 2000 to 66.8 years in 2011 (CIA World Fact Book, 2011). Rapid growth in percentage and proportion of older adults in the country is associated with major consequences and implications in all areas of human life, and it will continue to be so. As a result, the aged are likely to suffer with problems related to health and health care, family composition, living arrangements, housing, and migration. Traditionally, the family has been the primary source of care and material support for the older adults throughout Asia. The Indian family system is often held at high position for its qualities like support, strength, duty, love, and care of the elderly. The responsibility of adult children for their parents’ wellbeing is not only recognized morally and socially in the country, but it is a part of the legal code in many states in India. Major transformations were brought in the family in the form of structural and functional changes (Vijaykumar, 1995), older adults at times are forced to shift from their own place to some institutions/old age homes.

United Andhra Pradesh (Telangana & Andhra Pradesh combined) has an elderly population of 9.8 per cent of total population, more than the National average of 8.6 per cent. Evidently economic dependency and vulnerability is more among female elderly than male elderly. Report of Ministry of Statistics and Programme Implementation (MSPI) on “Elderly in India, 2016”, states that old age dependency ratio (ODR) is more in Andhra Pradesh i.e. 73 per cent of 60+ female elderly are completely dependent on family and on significant others and only 15 percent are found to be economically independent. On the other hand 49 percent of male elderly are economically independent and have some source of income. There are interstate variations in old age dependency ratio (ODR) and there was a gradual increase in ODR over the years. The ODR was relatively higher in Kerala, Andhra Pradesh and Karnataka compared to 2001 estimates of ODR.
The health status of elderly in A.P. indicates that 39% among males and 42 percent among females in 60+ group were sick or ill, which is less than some states like Goa and Kerala. It is interesting to note that the life expectancy at 60 years and length of life after 60 years ($e_{60}$) is more in females. But the data on self rated health indicates that inspite of illness more men in 60+ found to be feeling that they had good or fair health condition compared to women. This is especially so in urban elderly men and urban women as well. The above details states that the phenomenon of population ageing is becoming a major concern for not only ageing persons, but to their families and policy makers of State at large. Andhra Pradesh in one of the states that has formulated all rules for the Maintenance and Welfare of Parents and Senior Citizens Act, 2007. The trend of population ageing in A.P reveals that aging is a major social challenge in the future and resource planning is required to towards the care services and programmes for elderly (Jamuna, 2016).

Population ageing has profound consequences on a broad range of economic, political and social processes. First and foremost is the increasing priority to promote the well-being of the growing number. Added to the economic, health and other psychosocial problems of the aged, changes in the traditional family system of our society, the protection and care of the aged is becoming a serious social concern and resulting in proliferation of old age homes as an alternative form of care. Till recently stay in old age home is a stigma in the Indian society, but these institutions are becoming a significant option and reality for many of the aged (Jamuna, 2003).

Elder Care in India consists of three broad types: care by adult children and their families; care by the spouse and institutional care. When parents stay with their offspring, the primary caregiver is the daughter-in-law (D-I-L). In the absence daughter-in-law, it is the wife/spouse and his/her daughter. It is infrequently that an elderly man (husband) acts as the primary caregiver to his aged wife, or the married son acts as a primary caregiver to his aged mother or father (Jamuna, 1999a; 1999b). It is clear from this arrangement that it is mostly women (daughter-in-law, wife, daughter) who takes on the responsibility of being the primary caregiver of the elderly. The caring role of the woman is part of the cultural conditioning, girls, as they grow, imbibe caregiving or nurturance as their role. This was the scenario in the agrarian Indian culture. In recent times caregiving is becoming an issue because of
growing educational opportunities for women, dual career families and due to lack of time and space (Jamuna, 2003; Kalavar & Jamuna, 2008).

India is the country with second-largest aged population in the world and family is the biggest security and support for the elderly unlike western countries, but Indian nation has been ranked amongst the poorest of nations to grow old in a global survey. Global Age Watch Index (GAWI) developed with the UN fund for population and development, ranks India 73 out of the 91 countries sampled. There is an urgent need to develop models to keep geriatric populations active throughout life, because for every eight seconds, a Baby Boomer turns 60. By 2015, nearly 15% of our population will be over 65 years of age. It is expected to increase geriatric population burden in the country,

India, like many traditional societies today faces a unique situation in providing care for the elderly. The existing old-age support structures, in the form of family, kith and kin are slowly eroding and the elderly are not well equipped to cope alone in the face of infirmity and disability. This phenomenon has given rise to the concept of alternative arrangements for the care of the elderly through institutional support. Although old age homes started functioning from the second half of the 19th Century (Nair), the growth and development of these facilities in India is still inadequate. Studies have shown that there has been tremendous growth of old age homes in India accommodating a sizable number of the elderly. Old age homes have also sprung up to cater to the needs of the elderly from different socio-economic backgrounds. In fact, the Government of India’s National Old Age Policy (NOAP) demands that old age homes be established in every district in India as a welfare measure. Traditionally in India, the elderly are supposed to be taken care of by the family. Culturally, it is expected that parent care is the duty and obligation of adult children. The elderly, too, expect that their children are their old age security. The survey on elder care issues show that there are winds of change in the perception of different generations towards various issues of elder care (Jamuna, 1991, 1999a). The changing socio-economic and demographic conditions has affected the welfare of the elderly and has become a cause for concern in recent years. Further, old age homes have become the best alternative for those who are poor, destitute and disabled

In developed countries, the State could well provide for the psychosocial and economic needs of the aged through well planned social security measures. In undeveloped, underdeveloped and developing countries, the states themselves cannot provide for the needs of the aged. Without social security, the economic picture for older people would be bleak, since they have to spend a considerable portion of their meagre income for the essentials of existence (food, shelter, and medicine). Old age, the closing period in the life span people "move away" from previous, more desirable period or time of "usefulness" (Kalavar & Jamuna, 2008).

Senior Care Homes (or) old age homes (community known) in India have been expanding rapidly in most urban and semi urban areas. The concept of old age home is not new in India, as there were such care facilities in eighteenth century for destitute older adults (Nair, 1995). It is evident that one to 2 percent of elderly in India lives in old age homes. In recent times, there is a growing demand for pay& stay care homes for seniors. In these homes, elders pay money or deposit a substantial amount along with a monthly payment of fee. The old age homes are of two types: free and paid. The “free” type homes care for the destitute old people who have no family to support their care. They are given shelter, food, clothing and medical care. In the paid type, services are available for a price. These pay & stay homes cater to the needs of elderly from middle income to higher income groups. These homes are viable alternative living facility and affordable for only upper middle, middle and lower middle income families. It ranges from dormitory accommodation to upscale facilities (resort like). Liebig (2003) reported that care homes are generally willing and able to provide some health services. Nearly all these care homes in Indian context expect residents to be ambulatory, continent and cognitively able at the time of admission. Most of these homes continued to seen without governmental guidelines for regulation and lack of monitoring and evaluation of care services meant for older adult residents (Kalavar & Jamuna, 2008).

A number of studies have discussed various reasons for the elderly to be in old age homes. Migration of children has been cited as a major reason by the elderly to
move into old age homes. However, there are studies, which cite the need for independence as the reason why the elderly live in old age homes. Lack of care within the family, insufficient housing, economic hardship and break-up of joint family are also cited as reasons by many studies (Bansod, & Paswan, 2006; Bharati, 2009; Mishra, 2008; Ramamurti & Jamuna, 1998; Kalavar & Jamuna, 2006). When more elderly are opting to stay in old age homes, it would be interesting to study their adjustment patterns in the new environment, levels of satisfaction and expectations from family members. A number of studies have looked into the various socio-psychological issues of residents of old age homes. However, studies on psychosocial status of the residents of old age homes are very few (Ramamurti & Jamuna, 2015).

An exceptional increase in the number and proportion of older adults in the country, rapid increase in nuclear families, and contemporary changes in psychosocial matrix and values often compel this segment of society to live alone or in old age homes. The changes ongoing within and outside the family have driven the elderly from own homes to old age homes – a situation they probably would not have dreamt of. It becomes inevitable to look into the problems of the elderly and the scenario of elderly care extended by these institutions, as the situations in own homes should not be allowed to repeat in their new havens (Ramamurti & Jamuna, 1997).

According to a regional survey, 71% of the elderly are living with their children (family care), 26.3% are living by themselves, including spousal care or self care and only 27.3% are in institutions (Jamuna & Ramamurti, 2000). Formal Care Homes viz., free or pay & stay are generally run by voluntary bodies, with or without government’s assistance. A few are seen by quasi-governmental organizations. Often the aid from the government homes are inadequate and not sufficient to organize services (Jamuna, 2003). The survey carried out by Help Age India (1995) indicates that out of 258 homes surveyed, 63% were destitute homes and the others were “pay and stay” homes run by NGOs or religious organizations. They admit the elderly regardless of their caste, gender and religion. There are also homes that provide care for specific communities (eg., homes for Parsi Community, Brahmins, Christians etc) (Help Age India, 1995).
The Homes that received assistance from the Ministry of welfare increased from 62 in 1992, 93 to 209 in 1994-95, while the day-care centers increased from 157 in 1992-93 to 236 in 1994-95. The total expenditure of the Ministry for the welfare services of the aged increased from 106 crores of rupees in 1992-93 to 5.28 crores of rupees in 1994-95. Most old age homes are located in Kerala, followed by Karnataka and Andhra Pradesh. There are homes that are exclusively for elderly women in Kerala, Maharashtra, Tamil Nadu and in two other states. This suggest that institutionalization is very high in Kerala followed by Maharasta, Karnataka and Andhra Pradesh (Ara, 1995). In view of changing scenario of family conditions, Old age homes are in need of vital support to retain their overall quality of life. The above studies show that acceptance of old age homes as optional living arrangement and psycho-social status of senior citizens (Dhara & Jogsan, 2013).

This segment of population living in senior care homes is more vulnerable to health related problems including mental health problems. Various prevalence studies have reported mental health problems among residents of senior care homes. Researches on mental health and life in old age homes demonstrated that depression, maladjustment, worry, psychosomatic distress, loneliness and other psychological problems (Chandrika & Anantharam, 1982; Jamuna, Ramamurti, & Kalavar, 2005; Mathew, 1993; Ramamurti, Liebig & Jamuna, 2015). Though both male and female elderly encounter adjustmental problems and higher levels of anxiety, female older adults reported higher anxiety levels as well as higher adjustmental problems in the areas of home, health and emotional domains (Gupta & Kohli, 2011). The most commonly reported mental health problems, which have a major impact on lives of older adults, are depression and anxiety (World Health organization, 2001). For many residents, stay in old age homes cause anxiety and stress. The rate of prevalence of sub clinical symptoms of anxiety is 17 to 21 percent which is higher than more severe “diagnosable” disorder (Himmelfarb & Murrell, 1984). As age advances, when person–environment compatibility reduces an aged person is prone to certain behavioural problems which causes distress to self and to significant family members.

Social and psychological stressors are part of daily life and source of mental health problems. Manifested symptoms due to social and psychological stresses depend on the accuracy in understanding, exposure, reactivity and restorative process.
The cumulative effect of these, induce anxiety, fears and worry in the aging individual. Anxiety disorder in the elderly is highly comorbid with many medical illnesses and cognitive decline. Older adults experiencing worry and loneliness were those with low self-perceived health, poor vision and hearing, lower functional competence, loss of spouse, lack of social network, no leisure time activities and possession of a safety alarms (Taylor, Castriotta, Stanley & Craske, 2010). Decline in physical health, changes in memory and cognitive functions and impaired functioning in late adulthood diminish resilience and adaptive capacity, which makes the elderly prone to anxiety and adjustmental problems (Ambriz, Izal & Montorio, 2012) and are susceptible to develop certain psychophysical distress and behavioural problems.

Periodical Reviews on Indian gerontology and geropsychology indicate that one of the gray areas in gerontology is mental health of residents living in senior care homes (Ramamurti & Jamuna, 1995; Ramamurti, Liebig & Jamuna, 2015). In view of this, an attempt was made through the present study to examine the psychological problems and anxieties among residents of free and pay & stay senior care homes located in Andhra Pradesh.