CHAPTER – VII

SUMMARY, CONCLUSION, RECOMMENDATIONS AND IMPLICATIONS FOR SOCIAL WORK

This chapter provides the key findings of the study in a summary along with the conclusion of the study. Recommendations are also made meant for policy making. Implications for social work profession as known from the study findings are provided at the end.

FINDINGS

The key research findings of in this study as given below:

Independent variables

• More than half of the respondents are in the middle age group. In Indian culture the aged prefer to live with their sons. In rare cases, they will stay with sons- in- law.

• Above four-fifths of the respondents are female. As per the cultural norms in India, man is the bread winner of the family and female is to do the domestic and caring work in the family. Men enter into earning professions and hence are not able to care their filial elders. So naturally the female becomes the predominant caregiver of elder.

• Nearly half of the respondents are Backward Class (BC). In Tamil Nadu, all religious minorities and majority of the Hindus are categorized as BC. In general majority of the BC people are living in urban areas and the same trend is revealed in this study.

• Vast majority of the respondents belonged to Hindu religion. The Hindu religion is the predominant religion in India which is reflecting in the study findings.

• Above half of the respondents were illiterate. Majority of the caregivers are middle aged. Due to poor economic conditions the caregivers could not study in school.
• Nearly half of the respondents were home makers. Majority of the caregivers were engaged in low income occupations such as daily/contract work and self-employed. In addition to that, they were taking care of the elderly persons.

• Nearly than half of the respondents were earning between ₹ 2501-5000 per month. The respondents are engaged in low skilled occupations. Further, they abstain from the work to provide service to elders. So their earning capacity is very less.

• Majority of the respondents were married. Marriage is an important event in every individual’s life. As per Indian customs after marriage the person is permitted to participate in family, cultural, spiritual and public ceremonies. The parents’ prime responsibility is to find and fix suitable life partners to their children. Further, married persons will get respect and responsibility in India. In this study majority of the respondents were married.

• Above half of the respondents’ family size was up to four. The family planning programme was actively implemented and people realized in the southern state of India its importance, so naturally fertility rate as well as their family size was minimized.

• Less than one third of the respondents are in-laws. In this study irrespective of the caregivers’ category, the feminine gender enters into care giving service to elders. In addition to that universally the female can only provide best service to needy population. It shows that the traditional Indian customs and cultural values are still followed in caring the aged.

• Nearly three-fourths of the respondents were in joint family. Due to the influence of modernization, the Indian family system has undergone change and nuclear families have
emerged. If the elder have frail conditions, for elder caring purpose the younger generations return to traditional joint family system. That is, either the son’s family is sent to the parental home to live with the frail elder, or the frail elder is sent to the son’s home. It shows that still we are having joint family roots in the respondent’s mind and majority of the respondents preferred to reside in joint family for caring purpose.

- Majority of the respondents’ care receiver age belonged to 72 to 85 years. The general improvement in quality of life had its impact on the increasing life expectancy of Indians.
- More than half of the respondents care receivers were female. In general, the behaviour and life style of male affects their longevity whereas without stress and strain the female person’s life expectancy is high.
- Less than half of the respondents’ care receivers were living with diabetes. Indians are more prone to diabetic problem due to food habits and genetic reasons. The elders are facing multiple health ailments along with diabetics.
- Nearly three-fourths of the respondents were provided care to their care receivers between 1.1 years to 2.6 years. The ill health condition or chronic diseases forced the elders to dependent on their family members. Due to aging, the immunity level of elder decreases. Further, there is a chance for hereditary disease. The elders can get treatment for some curable disease, whereas hereditary disease and internal organ failure need long term treatment and they depend on caregivers.
- Majority of the respondents resided with one elder. When the elder person becomes frail, the children and in-laws are taking responsibility to care their frail elder. The children
and in-laws are in middle age and grandchildren are in childhood or adolescent age group. In this study majority of the respondents were taking care of a single aged person.

**Dependent Variables**

- Majority of the respondents caring perception level was moderate. Family members are involved in their day to day activities. In addition to that they have some duties and responsibilities. However, the head of the family or his spouse is responsible to care the frail elder. The caregiver feels that caring is his or her sole responsibility

- The majority of the informal caregivers had moderate level of strain due to continuous cleaning, bathing, feeding, dressing work and also faced difficulty due to lack of medical knowledge. In addition to that, they underwent physical, emotional and financial problems.

- Majority of the respondents had moderate level of burden. The respondents were exhausted due to heavy work load, high caring tasks. In addition to that, financial instability made things difficult and the caregivers were not able to concentrate on their own children. The respondents underwent the said conditions and experienced moderate level of burden.

- Majority of the respondents had moderate level of coping. The caregivers of elders have strong belief in culture, faith, spirituality, family bond, and understood about human lifecycle. This facilitated the caregivers of elders to accept the condition and thus had moderate level of coping.

- Above half of the respondents had moderate level of well-being. The fulfillment of care receivers’ needs, their expected family member’s responsibility, social support,
caregivers coping behavior and general satisfaction in life all lead to positive well-being of informal caregivers.

- Majority of the respondents had moderate level of caring outcome. The caregivers’ positive and negative reactions reflected in different aspects of their care giving experience. Caregivers’ coping strategy, belief in cultural values, family members’ physical and psychosocial support and family dynamics lead to moderate level of caring outcome.

**Domains of Coping**

- Nearly three-fourth of the respondents’ level of positive reinterpretation was moderate. The caregiver’s adaptation to situation, overcoming constrains in life, satisfaction in fulfilling their roles lead to moderate level of positive reinterpretations.

- Above half of the respondents had moderate level of mental disengagement and considerable number of them were in low level. It shows that even though they have a guilt feeling and humility, they are committed to fulfill the needs of the elderly, because the Indians are having strong faith in karma.

- Majority of the respondents had moderate level of focus on averting of emotions. Even though the caregivers faced various psycho-social and financial constrains, their emotional attachment, humanitarian attitude and strong belief in cultural values made them to focus on averting of emotions.

- Above three fourth of the respondents’ level of use of instrumental social support was moderate. The care receiver and caregiver’s family reside together and take decision in consensus and naturally the caregiver receives all possible help and support from the kith and kin.
• Majority of the respondents’ active coping level was moderate. The respondents’ social and mental satisfaction, family members’ support and care receivers’ cooperation strengthen the coping ability of the respondents.

• Majority of the respondents’ level of denial was moderate. The care receivers had earlier devoted their labor, love, and savings to their own family members. In reciprocity the care receivers’ needs and wishes are fulfilled by the family caregivers.

• Almost all of the respondents had moderate level of religious coping. The caregivers had a strong spiritual belief in rebirth and heaven (Moksha).

• Above one third of the respondents had moderate level of humor. One fourth of the respondents expressed their humor sense and little more than one third of the respondents’ humor level was moderate and considerable number of them did not express their humor. It shows that the respondents are highly sensitive and add their reservation in expressing as well as enjoying humor.

• Above half of the respondents’ behaviour disengagement level was moderate. The respondents’ belief in cultural value system, their relationship bonds with care receivers and social support extended by their family members lead to disengagement in covert and overt behaviour.

• Majority of the respondents had moderate level of restraint. The respondents and his family members were responsible and have the duty to provide care and service to ailing elders. However, to some extent they are restrained by others to do the caring service due to various reasons.
• Majority of the respondents’ emotional support level was moderate. The caregivers were getting support from the family members in taking care of elder, but the proximity level and care receivers’ bias and mild mental illness work negatively against the caregiver.

• Three-fourths of the respondents had moderate level of substance use. Majority of the female respondents were accustomed to use tea, coffee and pan regularly. Occasionally the male caregivers used tobacco and alcohol. In general the respondents’ level of substance use was moderate.

• Majority of the respondents’ acceptance level was high. The respondents accepted the traditional cultural norms and family roles and responsibilities. The respondents realized the same and came forward to provide service to the elderly persons.

• Nearly two-thirds of the respondents had moderate level of suppression of competing activities. The informal caring of elder is assigned to a specific person in the family and he or she will be branded as caregiver. In this study the respondents expressed that no other person came forward to take the responsibility of caring service.

• Two-thirds of the respondents had moderate level of planning. The respondents’ general economic status was low, but they had high belief in the cultural and belief systems. Further they don’t have any specific idea in planning but managing it in a trial and error manner. The government came forward to financially assist the elders through OAP Scheme. So in general the respondents’ level of planning was moderate without any scientific data.
Well – being Subscale

- Majority of the respondents had moderate level of fulfillment of their daily activities. The respondents’ family members came forward to share their role and responsibilities, so the caregivers got relief from stress and strain and could fulfill their day to day tasks to some extent.

- Three-fourths of the respondents had low level of fulfillment of daily needs. The respondents and their family members were facing financial constraints and inadequate space in residence. In addition to that, the work burden and stress lead to depression and lack of sleep affects their quality of life. So they are unable to fulfill the needs of the family members as well as their own personal needs.
CONCLUSION
A strong filial-piety norm, traditional values, community respect and sentiment, family attachment, spiritual belief, strong meritorious deed, social recognition, and respecting the elders for their contributions to their family are influencing the caregivers to show their positive perception towards elderly. The informal caregivers are involved in continues caring. They strive to fulfill the basic needs of elders and family members. The loss of personal health leads to moderate level of strain. The caregivers faced moderate level of burden due to loss of their earning capacity, constrains in finance, dissatisfaction in fulfilling needs of family members and care receivers. Tediousness in their work creates a feeling of moderate level of burden in their caring service. The traditional belief cultural values and karma practice, recognition and appreciation for their service motivate them to maintain better adjustment with care receivers. Due to continuous elder caring service, the informal caregivers are not able to concentrate on their own personal and intellectual health condition and it is a main reason for poor level of well-being among caregivers. The informal caregivers are not trained in geriatric care and service. However they are rendering service on trial and error basis. Sometimes either due to lack of knowledge or affection, their service leads to error and criticism from the general population. The BPL informal caregivers had a strong belief that elder caring is a part and parcel of their life and engage themselves to fulfill the wishes of the elder generation. Through that they get recognition for their noble service from the family members as well as from the general public.
RECOMMENDATIONS

The researcher extensively interacted with caregivers, care receivers, their family members and community people to know and understand about the real situation of elderly and their caregivers. Through theoretical knowledge, practical observation gained in the process of data collection and the results arrived through data analysis form the basis for providing the following recommendations for further improvement in caregiver service.

- The government should introduce new community care model with active involvement of caregiver and care receiver, volunteers, health workers, professional social workers and the community.
- The government should provide proper job security and arrange for stipend facilities to informal caregivers of elders (e.g. Japan, China, Indonesia and Singapore) during elder caring period.
- The government should start training institutions to train the informal caregivers and their family members in elder care.
- The government should provide toll-free numbers to get counseling and other assistance to the caregivers.
- The government and voluntary organizations should arrange for free mobile medical service to elders and their informal caregivers.
- The government should arrange for training programmes on geriatric health and nutrition to caregivers.
- The government should strengthen the existing laws to protect the rights, safety, and security of the elder and their caregivers.
The government should construct new senior citizen welfare board with facilities such as: free website, toll free number, recreational centers, separate individual and group counseling rooms and short stay homes for destitute and abundant elders, and take effort to find out the missing elders and unite them with the family members.

The government should start a geriatric ward in all government hospitals and also extend home care service to needy elderly and caregivers.

Trained social workers should meet elders and caregivers in their community and extend psycho-social support to them to reduce strain and burden.

In the local neighborhood the community people should come forward to create center for care and service to elderly.

Day care service centers may be started for Below Poverty Line (BPL) aged in their neighborhood.

Local clubs may be formed to provide training, counseling and recreation service to caregivers.

Yoga and meditation class may be conducted for caregivers to get relief from stress and strain.
IMPLICATIONS FOR SOCIAL WORK

At advanced age, the elders are expecting care and support from their family members. Their family members are willing to provide care and support to them. Due to continuous elder care services, the informal caregivers of elders have physical, intellectual and economical problems. They are expecting moral and intellectual guidance from volunteers, and health care and social work practitioners. The findings of the present study confirmed that the caregivers had numerous issues in elder care. So there is scope for social workers regarding preventive, alleviative, rehabilitative and remedial area of elder caring.

The social workers must have the geographical based knowledge of culture (thoughts, customs, beliefs, values, migration background, and degree of acculturation), social institutions (racial, caste, gender, ethnic, religious, spiritual and political affiliation) and also the physical, mental, and cognitive ability and health seeking behavior of the caregivers of elders and their family.

Social workers should have in-depth knowledge about the informal caregivers, their family, supportive networks, inter-disciplinary practice, fragmentation, generation gap and health care practice which will help to assess the caregivers’ psycho-social problems and overcoming strategies.

Due to continuous caring, the informal caregivers of elders have faced multiple problems such as: poor level of health seeking, advance planning and life care decisions, geriatric, medical, ethical and legal dilemmas knowledge. The social workers should apply social work techniques such as listening, observation, rapport relationship and collateral contact. By this they should
identify and resolve the caregivers’ problems and fulfill the needs and tasks of informal caregivers.

Social worker should act as a key member of the health care team, which should identify, mobilize and link people to necessary resources. By that the social workers can support the caregivers’ well being, quality of life and quality of care. The social workers can also support the caregivers to apply the different kinds of coping strategies to overcome the their problems.

Due to elder caring, the caregivers and their family members have different kinds of psychosocial and economic problems. It will create familial conflict among the family members. The social workers should apply the social case work (individual), group work (individual problems within the family) and community organization (community perception about the elder caring) methods. They should find out the grass root level of individual, individual with family and community problems. Based on that the social workers should prioritize informal caregivers’ needs and goals and assist them.

The primary mission of the social work profession is to enhance human well-being and to help to fulfill the basic needs of all people, with particular attention to those who are vulnerable and oppressed. This mission is rooted in a set of core values that constitute the foundation of social work. It is very much relevant to caregivers of elders. It is the responsibility of the social workers to apply their knowledge and skills to enhance the well-being of the caregivers of the elderly. They should ensure the access needed for information, services and resources (service), make comfortable participation in decision making (social justice), promote the sensitivity, respect and self-determination (human dignity and worth), strengthen relationships between
elder and their caregivers (human relationships), use the power inherent in their professional role, responsibly, exercising judicious (integrity), and enhance caregiver skills related to care receivers’ as well as their own self-care (competence) for the caregivers of elders.

The elders and their caregivers must balance the caring needs and tasks. Sometimes they may not achieve these needs and goals. It leads to familial conflicts. Social workers should use social work tools like: observation, listening, home visit and active participation skills. The social workers have to play cooperative and collaborative relationships. Through collateral conduct, effective decision making and conflict resolution, the social workers can help the caregivers to overcome their conflict. The social workers should use group interventions, mediation, conflict resolution, crisis intervention, advocacy, systems navigation, team care planning, collaboration resource information and referral.

The social worker should involve the bio-psycho-social and environmental assessment for the foundation of social work practice in caring sectors. The social worker should assess caregiver’s household environment, need for adaptive equipment, alternate living arrangements, self-care capacity (physical, emotional, and cognitive), responsibilities, psychosocial supports such as caregivers’ sympathy, empathy, strengths, weaknesses, trust, resources through observation, participation, problem solving and client-centered interviewing methods. It will help the social worker to get comprehensive information and through that the social worker should provide guidance and support to the informal caregivers in communication, care service planning, delivery, monitoring and evaluation on a time.
Social work advocacy role takes place on both micro and macro levels and plays advocacy to foster age-friendly community capacity, family-team conferencing, navigation systems and advance planning. The social workers shall advocate for the needs, decisions, and rights of caregivers of elders to achieve advocacy goals of informal caregivers.

Counseling is the important part of social work practice. The social worker should apply crisis interventions, cognitive-behavioral interventions, family, group, supportive, problem solving and psychotherapies in the individual, family and bereavement counseling to caregivers of elder.

During the period of palliative caring, the informal caregiver, the elder and their family members will face different kinds of problems. The social worker should interacts with the caregivers’ family. All the members of the family would express positively as well as negatively. The social worker should accept very flexibly every family member’s views and maintain the confidentiality. The social worker should follow non-judgmental attitudes about the caregiver and the family members, and acknowledge the role of the caregiver in life sustaining treatments.

The social worker should adopt strategies through cooperative and collaborative way.

Social workers should have the capacity to document all informal care practices and create appropriate records and documents which shall be completed, maintained, and disclosed in accordance with regulatory, legislative, statutory requirements.

The social work curricula should incorporate knowledge and practical methods regarding care giving to the elderly. Aging is one of the emerging fields of social work. It has sufficient documents in this field whereas elder caring is an essential part of the same field that does not have sufficient literature concerning the caregivers of the elderly. The present curricula at the
master’s level do not appear to be adequate with regard to the theoretical aspects of caregiving. The curricula should cover professional social work knowledge, practice, skills, theoretical concepts, master level training, orientations related to care, inter-disciplinary approaches, advocacies and health policies. Research and practice in the emerging area of caring service sectors should be regarded with greater attention.