

Difference between Sociodemographic Variables in Elderly Population Living in Care Homes and within Family Setup - A Comparative Study in Kota, Rajasthan

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ABSTRACT

BACKGROUND

Due to various factors, elderly population is growing rapidly worldwide and also in India. Changing socio-economic patterns, such as women becoming economically active and participating in the workforce, and increasing mobility are all leading to more nuclear households, altering social norms of elder care in the family. Old age homes which were not common are now growing rapidly to fulfil needs of these needy elderly people. It is important to understand socio demographic factors of persons living in care homes. The purpose of this study was to assess and compare socio demographic variables between elderly people living in old age home and within the family setup.

METHODS

A descriptive research design was adopted for the study. The study was conducted at two old age homes and various local areas of Kota, Rajasthan. The sample comprised of 100 participants who were further divided into 50 participants from old age homes and 50 participants from family. A tool such as socio-demographic data sheet was administered to obtain the data.

RESULTS

Significant difference was found between these groups in age wise, regarding marital status (case - 66 % widow or widower, control - 82 % married), literacy (case - illiterate 52 % middle 30 % secondary or higher 18 % while in control these figures are 34 %, 18 %, 34 %) employment (case - 86 % unemployed while in control it is 30 %), family type (case - 36 % joint family, control - 80 % joint family), socio-economic status (case - lower - 72 % control - upper 84 %) having own house (case - 14 % control - 86 %) attitude of family members (case - attitude of their family members perceived as bad 50 %, normal - 11 %, good - 39 % while in control group these figures are 85, 18 %, 74 %).

CONCLUSIONS

Socio-demographic factors like marital status, employment status, housing and attitude of family members play a major role in elderly population for which they had to stay in care homes.

KEYWORDS

Old Age Homes, Socio-demographic Variables, India

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BACKGROUND

We live in a world where people live longer than ever before. The United Nations uses the benchmark of 60 years of age or above to refer 'elderly'. So, the elderly is defined as the age of 60 years and above. Ageing results from demographic change, a process which is due to reductions in mortality and reductions in fertility. This process then leads to a relative reduction in the proportion of younger population and relative increase in the share of people in the middle age and older person groups in the population. The percentage of the senior citizens in India's population has been growing at an increasing rate in recent years and the trend is likely to continue. In 2011 census, the 60 plus population accounted for 8.6 % of population, accounting for 103 million elderly people. Growing at around 3 % annually, the number will raise to 319 million in 2050, threefold the number identified by the Census in 2011, according to the longitudinal ageing study of India (LASI).¹

In old age, there is increased morbidity due to limitation in physical capacity, age-related physical changes and performing day to day activities becomes a difficult task. Often elderly people are suffering from chronic medical illness which further increases dependence. In addition, inadequate financial and social support results in inability to approach health services. There is recent trend of nuclear families in which partner and children are primary focus and elderly family members are often neglected. As more number of people are entering in old age, aged parents are often left alone while their children go abroad to live and work there.

There are several other factors which influence elder care. In this era of gender equality and increased literacy with more job opportunities without discrimination proportion of females working has increased drastically so the traditional concept of the 'house' where care for children and other family members are supposed to be for ladies has changed significantly. A large number of couples now plan to have kids late into their marriage or not to have them at all (DINKS - Double income no kids). No grandchildren and other members of family going to job daily perhaps deprive elderly family members of an emotional support that was easily available a couple of decades ago. It will be more troublesome for the elder whose spouse has passed away. In India, staying with your daughter while she's staying with her 'in-law's' is considered taboo. Hence for elders with a lone daughter and no other family, it is more difficult. The elder is now left to fend for him.²

Another major advantage in those days was the availability of a family doctor. Each family would have a friendly physician who would be ready to visit houses whenever any family member was ill. The family doctor would explain them with easy to understandable words and treat common medical and surgical problems. Thus, close, well-knit family system served properly to those families particularly elder family members. Population aging is an inevitable phenomenon and generates many challenges and concerns about the pace of future economic growth, the operation and financial integrity of healthcare and pension

systems, and the well-being of the elderly. Hence elderly people are obliged to stay in old age homes.³ It is found in a study, conducted by Samarth, a not-for-profit organization, in association with United Nations population fund and TATA trust that India is expected to require nine lakh beds for senior citizens in old age homes in the next 10 years against 97000 beds available at present. The present study is one of the attempts to focus an attention towards various socio demographic variables of elderly population living in old age homes.

Objectives

1. To assess the socio-economic and demographic variables of elderly people living in old age homes and those living with family in Kota.
2. To compare few important variables between these two groups.

METHODS

Descriptive research design was used for this study. Proper approval for this descriptive study was obtained from the Principal & Controller, Government Medical College, Kota and institutional ethics committee (ECR / 1042 / Inst / RJ). And permission from the caretakers of the respective old age homes was also taken. The study was conducted in a duration of one year from March 2013 to March 2014 in old age homes of Kota, Rajasthan and different middle class localities where elderly people are living with family and children. Elderly people with age greater than 60 years were included in this study. Sample of study was divided into two groups, In group A (Case group) 50 inmates of old age homes in Kota, Rajasthan of age 60 years and above and living in old age homes for at least a duration of 6 months were taken for study and in group B (Control Group) 50 elderly people residing in community, in a middle class locality of Kota city along with their family members, and fulfilling the inclusion criteria were randomly selected from the voter list of that area. A home visit was done to evaluate these persons as per the prescribed proforma. All 100 subjects fulfilling the inclusion criteria were informed about the purpose of study & informed consent was taken, assuring them about the complete confidentiality subjects in both the groups were thoroughly evaluated on the especially designed proforma, which included identification data (name, age, sex etc.) of the subjects, socio-demographic details (education, occupation, marital status, relations with family members etc.) including socio-economic status & historical data (past history, family history). Detailed history, physical and mental state examination was also included to find out the presence of any psychiatric morbidity

Inclusion Criteria

It includes subjects more than 60 years of age, subjects living in old age homes for at least 6 months (for case group) and those who consented to participate in the study.

Exclusion Criteria

It includes subjects having severe difficulty in hearing and speech, subjects unwilling to participate in study, subjects having serious medical or surgical illness, subjects not able to understand the questionnaire.

Tools of the Study

A specially designed semi-structured proforma was used to collect socio-demographic data & thorough evaluation of the subjects. It included the following –

- A. Various personal identification data (e.g. name, age, sex, occupation, religion, marital status, education, socio-economic status, relations with family members etc.)
- B. Details regarding duration & reason of stay in old age homes (for case group).
- C. Details of present illness, past illness & family history of mental illness including psychiatric diagnosis as confirmed by consultant psychiatrist.
- D. Personal history including drug use, substance use, duration & quantity.

Statistical Analysis

Information so gained and data so collected were subjected to suitable statistical analysis - chi square and conclusions were drawn.

RESULTS

Having Own House	Case (Old Age Homes) (N = 50)	Control (Community) (N = 50)
Yes	07 (14 %)	43 (86 %)
No	43 (86 %)	07 (14 %)

Table 1. Distribution According to 'Having Own House'

χ^2 - 49, d / f - 1, P value - < 0.001 significant

Having Grandchildren	Case (Old age homes) (N = 50)	Control (Community) (N = 50)
Yes	38 (76 %)	45 (90 %)
No	12 (24 %)	05 (10 %)

Table 2. Distribution According to 'Having Grandchildren'

χ^2 - 2.551, d / f - 1, P value - > 0.05, NS

Psychiatric Morbidity Present	Cases Having Grandchildren (N = 45)	Cases Not Having Grandchildren (N = 05)
Yes	18 (40 %)	03 (60 %)
No	27 (60 %)	02 (40 %)

Table 3. Distribution of Psychiatric Morbidity According to 'Having Grandchildren' or Not (In Control Group)

χ^2 - 0.389, d / f - 1, P value - > 0.05, NS

Attitude of Family Members	Case (Old Age Homes) (N = 46 as 04 Had No Family)	Control (Community) (N = 50)
Good	23 (50 %)	46 (92 %)
Bad	23 (50 %)	04 (08 %)

Table 4. Distribution According to Perceived Attitude of Family Members

χ^2 - 18.483, d / f - 2, P value - < 0.001 significant

Variable	Cases (Elderly People Living in Old Age Homes) n = 50	Controls (Elderly People Living with Their Family in Community) Group n = 50
Age	Age in (years) – mean (SD) 72.1 ± 7.98 years	68.68 ± 8.00 years
	60 – 64 01 (02 %)	16 (32 %)
	65 – 74 33 (66 %)	24 (48 %)
	75 – 84 12 (24 %)	06 (12 %)
	> 85 04 (08 %)	04 (08 %)
Sex	1. Male 17 (34 %)	39 (78 %)
	2. Female 33 (66 %)	11 (22 %)
Marital status	Single 04 (08 %)	00 (00 %)
	Married with spouse alive 06 (12 %)	41 (82 %)
	Widow / Widower 33 (66 %)	08 (16 %)
	Separated / Divorced 07 (14 %)	01 (02 %)
Occupation	1. Unemployed / Housewife 43 (86 %)	15 (30 %)
	2. Retired 07 (14 %)	20 (40 %)
	3. Part time employed 00 (00 %)	11 (22 %)
	4. Full time employed 00 (00 %)	04 (08 %)
Education	Illiterate 26 (52 %)	17 (34 %)
	Middle 15 (30 %)	09 (18 %)
	Secondary / Higher secondary 07 (14 %)	13 (26 %)
	Graduate / Post graduate 02 (04 %)	11 (22 %)
Monthly Income (rs/month)	Nil 28 (56 %)	08 (16 %)
	Up to 1000 16 (32 %)	02 (04 %)
	1000 - 5000 04 (08 %)	19 (38 %)
	> 5000 02 (04 %)	21 (42 %)
Religion	Hindu 49 (98 %)	47 (94 %)
	Muslim 01 (02 %)	03 (06 %)
Family type	Nuclear 17 (34 %)	05 (10 %)
	Joint / Others 18 (36 %)	40 (80 %)
	Other (Living alone / disintegrated family) 15 (30 %)	05 (10 %)
Locality	Urban 48 (96 %)	49 (98 %)
	Rural 02 (04 %)	01 (02 %)
Having own house	Yes 07 (14 %)	43 (86 %)
	No 43 (86 %)	07 (14 %)
Religion	Hindu 49 (98 %)	47 (94 %)
	Muslim / Others 01 (02 %)	03 (06 %)
Socioeconomic status (According to Kuppaswamy's socioeconomic status scale)	Lower 36 (72 %)	08 (16 %)
	Upper lower 08 (16 %)	25 (50 %)
	Lower middle 02 (04 %)	08 (16 %)
	Upper middle 04 (08 %)	09 (18 %)
	Upper 00 (00 %)	00 (00 %)
Living in old age home with/without will	Living with will 47 (94 %)	
	Living without will 03 (06 %)	

Table 5. Socio-Demographic Characteristics of Cases (Elderly People Living in Old Age Homes) & Controls (Elderly People Living with Their Family in Community) Group Patients

DISCUSSION

It is evident from results that most of the subjects in both the groups i.e., cases (elderly people living in old age homes) & controls (elderly people living with their family in community) were belonging to age group of 65 to 74 years. Mean age of case group subjects was 72.1 ± 7.98 years and for control group it was 68.68 ± 8.00 years. The findings of our study matched with study done by Barua A et al. 2007 and Aman Sood et al. 2006^{4,5} who found that majority of elderly people in their study were between 60 - 70 years of age. Age wise, a significant difference between the two groups was found. In gender wise distribution in subjects, it can be observed that in case group. 34 % subjects were male and 66 % were female (male : female ratio 34 : 66) while in the control group 78 % were males and 22 % were females (male : female ratio 78 : 22). Female preponderance

is seen in case group while male preponderance in control group. Male preponderance in community sample was also seen by Singh GP et al. 2004⁶ while majority of studies found a female preponderance in community sample including studies done by Choudhury A. et al. 2008,⁷ Regarding sex ratio in old age homes in a study of elderly and old age homes in Kerala also found a female preponderance in old age homes (58 % females and 42 % males). A significant difference was found in gender wise distribution of subjects between the two groups. The possible reason for this difference seems to be because of the fact that elderly females in Indian families are usually the non-earning financially dependent member and are thus more prone to be forced to live in old age homes after the death of their spouse. Majority of subjects in both the groups were Hindus (98 % & 94 %) and religion wise no significant difference was found in these groups. 96 % of case group subjects belonged to urban area and rest 04 % belonged to rural area. Respective figures in control group were 98 % and 02 %. No significant difference was found between the two groups. Regarding marital status of subjects in case and control group, it was obvious that in case group 12 % were married with spouse alive, 08 % were unmarried, 66 % were widow or widower and 14 % were either divorced or separated.

The respective figures in control group were 82 %, 00 %, 16 % and 02 %. Our study findings are in line with Sreevals and P. S. Nair who in a study of elderly and old age homes in Kerala⁸ found that majority of elderly living in old age homes were widowed (37.6 %) or single (29.4 %) followed by separated (14 %) and only 7.6 % were currently married with a live spouse. Nagaraj AKM et al.⁹ also found that significantly more people in the community were currently married and staying with the partner (n = 30) compared to old age homes (n = 18). Regarding elderly living in community our study is in line with Barua A et al.⁵ who also found that majority of elderly living in community were married (78.6 %) while 21.4 % were either unmarried or widowed. The difference between both the groups in our study was statistically significant. In case group, majority (52 %) of subjects were illiterate, 30 % were educated below primary or middle class, 14 % up to secondary or senior secondary class while 04 % were graduates or post graduates while in the control group the respective data were 34 %, 18 %, 26 % and 8 %. A significant difference was observed between these two study groups. In case group, majority of subjects (86 %) were presently unemployed or housewives, 14 % were retired, while none (00 %) of them were part time or full time employed. In the control group, 30 % were unemployed or housewives, 40 % were retired, 22 % were part time employed while 08 % were full time employed. Occupation-wise difference between both groups was statistically significant. In the case group, 38 % of subjects were unemployed or housewives in the past, 38 % worked part time before coming to old age homes while 24 % were full time employed. In the control group, 10 % were unemployed or housewives, 28 % were part time employed while 62 % were full time employed. On the basis of past occupational status, there was significant difference between the two groups. In case group, 36 % of

cases were belonging to joint family, 34 % were belonging to nuclear family while 30 % were living alone or having a disintegrated family whereas in control group a clear majority (80 %) were having joint family. The difference between these two groups was statistically significant. Majority of subjects (56 %) in case group were not earning or having no source of income while in control group majority of subjects (42 %) were having a source of income more than Rs.5000/month. Based on self-monthly income of subjects, a significant difference was found between the two groups. Majority of the subjects in case group belonged to lower (72 %) or upper lower (16 %) while majority of controls belonged to upper lower (50 %) followed by upper middle (18 %) and lower middle (16 %) socioeconomic class and a statistically significant difference was seen between both the groups with regards to socio-economic class. Majority of case group subjects were not having their own house (86 %) while majority in control group were having their own house (86 %) and the difference was statistically significant. 76 % of subjects in case group and 90 % subjects in control groups were having grandchildren and there was no statistically significant difference between the two groups on this basis. In the case group 63.16 % of the cases who were having grandchildren and in 50 % of the cases who were not having grandchildren were suffering from psychiatric disorder and the difference was statistically not significant. In the control group, 40 % of the subjects who were having grandchildren and in 60 % of the subjects who were not having grandchildren were suffering from psychiatric disorder and the difference was statistically not significant. Majority (94 %) of the subjects in case group were living in old age homes with their will while just 06 % were living there against their will. Regarding attitude of family members as perceived by subjects in both groups, majority (50 %) of subjects in case group perceived the attitude of their family members as bad, 39 % perceived the attitude of their family members as good towards them and 11 % cases perceived the behaviour as normal/indifferent. In control group, perceived attitude of family members towards the subjects was good in majority of subjects (74 %), 18 % perceived the attitude of their family members as normal/indifferent while 08 % perceived it as bad towards them. On the basis of perceived attitude of family members, there was a significant difference between the two groups.

CONCLUSIONS

Elderly with no spouse, less education, no source of income, living in nuclear family, poor socioeconomic status and with bad perceived attitude of family members are more prone to living in care homes. So, it is necessary to make special policies and programs by government for elderly peoples and also run wake up campaign in community regarding needs for this very special population.

Limitations

This study was a point prevalence study with relatively small sample size, and it included cases from old age homes

located in a single city only. Patients from other geographical and cultural areas (other cities) were not included in the study and their non-inclusion in the study might have partially affected the results. Therefore, a prospective study with larger sample including subjects from multiple old age homes located in different cities and different cultural areas may reveal better results.

Data sharing statement provided by the authors is available with the full text of this article at jebmh.com.

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