



# Emerging Need for Care in Place Support System in India For Older Adults

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## ABSTRACT

Prevention of elder abuse, enhancement of quality of life and reduction of caregiver stress are the major concerns of health care professionals, gerontologists, Psychologists, social workers and policy makers. Covid 19 pandemic has increased the issues and challenges of the older adults Worldwide but the situations in Asian countries where the population of older adults of quite high as compare to other regions of the World raised the need for a system of in place care of older adults. The purpose of this research paper is to advocate community based long term care support system to cater the emerging needs of older adults and caregivers in the society. The discussion on the caregiving issues of older adults are based on literature review through secondary and tertiary sources to develop a framework for addressing the emerging need of in place care of older adults in India.

**Keywords:** In place care, Community based care, care giver stress



Feminization of aging, high growth of oldest-old as compare to young-old and increase in their vulnerability are major characteristics of elderly population in India (Irudaya Rajan, 2005). At present 100 million people in India are above the age of 60, by the year 2025 nearly 80 million more will be added to this population bracket (Sivamurthy, M. & Wadakannavar, A.R., 2001). With improved life expectancy rate in our country, it's estimated that as many as 8 million people are currently above the age of 80 years. That growth in the elderly population will bring a corresponding surge in the number of elderly people with functional and cognitive limitations (Sharma, R., 2020). Functional limitations are physical problems that limit a person's ability to perform routine daily activities, such as eating, bathing, dressing, paying bills, and preparing meals. Cognitive limitations are losses in mental acuity that may also restrict a person's ability to perform problem solving and decision-making activities. Along with it as shown in 60th National Sample Survey the proportion of elderly men and women physically mobile decline from about 94 to 95 per cent among those in the age-group 60 – 64 years to about 72% for men and 63 to 65 per cent for women of age 80 or more. About 64 per thousand elderly persons in rural areas and 55 per thousand

in urban areas suffer from one or more disabilities. Most common disability among the aged persons was loco motor disability as 3% of them suffer from it. Using data on health and living conditions, HelpAge India in a study found that almost a quarter of the elderly reported poor health. Reports of poor health were clustered among the poor, single, lower-educated and economically inactive groups of older adults (HelpAge, 2009). If these rates of prevalence continue, the number of elderly people with functional or cognitive limitations, and thus the need for assistance, will increase sharply in coming decades. India has a culture of home based care where family is supposed to be the prime institution to take care of its elderly. But changing family value system, economic compulsions of the children, neglect and abuse has caused elders to fall through the net of family care (Sharma & Kaur, 2016; Ting et al, 2009).

In India living arrangements of the elderly is co-residence with adult children in extended families or multi-generational households, where kin provide income, personal care and emotional support to the elderly (Nandal 1987, Jamuna, 1998). But this situation is changing with the rise of nuclear families majorly in urban India. In case where co-residence fails to provide support and care to elderly person of the

family and when young generation feels older generation as a burden who limits the independence, and become obstacle in the way to their social and economic development, support and assistance can be provided from outside (Irudaya Rajan et al,1999; Sharma & Marwaha, 2017). Researches show that living arrangement has become an important constituent of well-being of an elderly (Sharma, R., 2013; Rajan, S.I & Kumar, S., 2003). Ramachandran, Sarada Menon & Ramamurthy (1981) reported that family and living conditions are significant factors affecting the mental health of the elderly. In states of India recent trends depict increasing proportion of elderly living alone. The percent of elderly living alone varied from a minimum of one percent in Jammu and Kashmir to 14 percent in Tamil Nadu in 2005-06 and five states of Nagaland, Meghalaya, Andhra Pradesh, Madhya Pradesh and Karnataka had a higher than national percent of elderly living alone (Sathyanarayana, K.M., et al., 2012). Recent trend of elder abuse in India shows that elderly are not safe with their family (Chaurasia, H. & Srivastava, S. 2020; Help age India, 2014) in most of the cases they are being abused by son or daughter-in-law. In a study done in 20 cities of India it is found that 1 in 3 elderly are abused, son and daughter-in-

law are major culprits (Times of India, 2012).

Studies on elderly abuse relating elder abuse to caregiver stress as well. It is found that depression and anxiety appear to be significant problems for all caregivers (Basavakumar, S. 2018). This inattention to the needs of caregivers who are at risk of becoming abusive indicate towards the need for better coordination between agencies that provide protective services to victims and those that offer services to reduce caregiver stress. In the absence of formal care giving support system in a long run living full time with chronic patient caregiver herself or himself start reflecting same generalized symptoms of illness and several other symptoms for burnout condition. Excessive stress, cutoff from the outside world full time nursing by the caregiver is a leading cause of elder abuse in India (Sharma & Kaur 2016).

In the absence of community based formal care giving system the decision of staying away from own children is also not comfortable solution for older adults. Evidences given by newspapers, shows that those living alone are also not secure (Indian Express, 2020; Times of India, Jun 15, 2011; Sep 29, 2012; Jan 24, 2013; Jun 14, 2014). They are frequently being robbed and killed by their relatives, house

helps hired from agencies, are also professional robbers. That is why older people often choose to live in abusive condition with their abusers rather than living alone on the mercy of paid house helps who can rob or murder them for their expensive belonging's. Poor functional and cognitive status make them more vulnerable to abuse. Heavy loads of traffic on roads restrict their mobility and independence as the cases of road accidents and death are increasing day by day. As a result, interventions for improving IADL and physical activity become less effective (Sharma, R 2020; Patterson, 2010; Miller, 2000). In coming years the situation will get worse because of the rising number of disabled *older* people worldwide (Gobbens, 2014).

Most models of health care services use ADL evaluation in their practices. Many Western countries are employing all-inclusive care programs where services like medical care, nursing, social service, therapies, pharmaceutical, home care, transportation, minor modification to the home to accommodate disabilities, lawyers, cook, laundry etc are provided in place to older adults. Increasingly in modern societies, elderly care is now being provided by state or charitable institutions (Ting & Woo, 2009). The concept of long

term care which is very popular and successful in western countries is now entering into the sphere of Asian countries. Can we adopt such system of long-term care of older adults in India and provide the care in place? Can we develop a system of home care in which community participate in a self-sustainable way because India is a developing country with limited resources? In Indian context majority of elderly population which is characterized as feminine, dependent, less educated and of low or middle socio-economic status cannot afford to pay high bills to institutionalized set up. On the other hand we have a section of older adults who are financially capable of paying to professionals for support but facing safety, security and trust issues. There is an upcoming trend of shifting to paid old age homes to live a respectful and independent life. But keeping in view the size of Indian population the institutionalization of older adults is not the viable solution. Therefore In Indian context we need to prepare different care models as per the socio-economic status of people (Sharma & Marwaha 2017; Sumit et al., 2011). It is the utmost duty of the society to provide good home care services to its older citizens to enhance happiness through autonomy. An emerging demand of today is to provide assisted living to maximize resident's independence,

privacy, safety, autonomy and dignity;  
minimizing the need for a resident to move

towards institutions.



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