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INSTITUTIONAL CARE FOR ELDERLY IN KERALA: A STUDY AMONG OLDER PERSONS IN OLD AGE HOME ALAPPUZHA, KERALA

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ABSTRACT

Today the world has been experiencing the proportion of old age citizens (above 60 years) in India constitutes 8.6% of the total population (60 million). About 25% of this population currently resides in old age homes across India due to various reasons. The reasons may be social, economic, cultural and familial grounds. The present living conditions of elderly in old age homes are not commendable. But these institutions are providing a cherishing memory and address the vulnerabilities of elderly regarding economy and health conditions. It has been found from research that the setting of old age homes and the employees influence the welfare of the residents and their health care. Despite various services provided, researchers have found that service gaps exist among staff and residents of old age homes s a witnessing issue. In the present scenario, it is the need to address and understand the living standards of the older persons in old age homes, and to study the various services offered by them and how the residents spend their lives there in order to better their conditions of living with considering their economic and health vulnerabilities. The main objectives of the present study include (i) to identify the socio-economic background and roe of old age care homes for elderly (ii) To examine the services of care homes for the health vulnerabilities of elderly (iii) to analyse the institutional support for handling the economic vulnerabilities of elderly in Kerala. The study was based on mixed research methodology and structured interview schedule and guide was used to collect the data from the respondents of Govt Old Age Home Alappuzha, Kerala. The analysis of the data shows that problems the inmates face is: physical disabilities, heath problems, emotional problems, lack of support from children and family members. The source of fund is from donations and they do not engage in any promotional activities. This study is novel in its focused examination of institutional care for elderly persons in Kerala through an in-depth field-based analysis of a Government Old Age Home in Alappuzha. The research uses a mixed-method approach, combining statistical findings with personal narratives and case illustrations, thereby presenting both measurable outcomes and lived experiences of residents.

KEYWORDS *Elderly Care, Institutional Care, Old Age Homes, Kerala, Senior Citizens, Health Vulnerability, Economic Support, Social Security, Gerontology, Elder Welfare, Residential Care*

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1. INTRODUCTION

In India, "institutional care for the elderly" refers to dedicated facilities like old age homes or senior care centres where elderly individuals can reside and receive necessary care when they are unable to live independently at home, often provided by organizations or philanthropists, although the primary form of elder care in India remains family-based "informal care" within the household. The "Integrated Programme for Older Persons" is a central government scheme aimed at improving the quality of life for senior citizens, including support for old age homes. *India Ageing Report 2023* focuses on the institutional arrangements that undergird the implementation of the National Policy for Older Persons in India. The report pools together existing knowledge on population ageing in India and maps senior-centric activities carried out by governmental and non-governmental organizations working with the elderly. Drawing upon the learnings from the first-ever nation-wide sample survey on the elderly conducted by the International Institute for Population Sciences, Mumbai the report also canvasses the utilization of elder care services in India and makes suggestions for strengthening schemes and programmes. The age structure of the population is changing owing to demographic transition with increasing levels of life expectancy and decreasing levels of fertility in almost all countries, leading to an increase in both the share and number of older persons across the world. Population ageing is associated with a rise in the proportion of population termed as 'old', usually at 60 or 65 years and above. Population ageing has been more pronounced in developed nations as they have passed through their demographic transition from high levels of fertility and mortality to lower levels, ahead of many of the developing countries (*India Ageing Report 2023).* In this scenario, the Kerala society is moving on a spectrum of providing an institutional care whether it is a formal or non-formal to elderly especially those who are in vulnerable to economic and health challenges. The scene is much visible among elderly in marginalized sections including fishermen community. Returning to the three strategies mentioned above were about whether to connect or reject the image of old age with one's own identity. In other words, it was still an extension of the dichotomous debate about whether or not people should internalize old age. However, the issue here is not whether one's identity is tied to old age.

2. OBJECTIVES OF THE STUDY

The major specific objectives of the study are:

1. To examine the income supporting systems of older persons in old age homes in Kerala and their institutional support
2. To analyse the health problems and vulnerabilities associated with older persons living in old age homes in Kerala
3. To analyse the role and institutional support provided by old age home for older persons

3. STATEMENT OF THE PROBLEM

Ageing is a series of process that begins with life and continues throughout the life cycle. It presents both challenges and opportunities. Elderly or old age consists of ages nearing or surpassing the average life span of human beings. The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies. According to the Indian law, a senior citizen means any person being a citizen of India, who has attained the age of sixty years or above. In traditional Indian culture and social arrangements, the social security system provided for families was prevalent; the elders were respected and obeyed in their household, neighbourhood, and community. However, this has almost eroded with the emergent nuclear family with very poor arrangements for taking care of the old. This is accentuated by the fact that a large number of the able bodied and young have gone out for jobs (especially to Gulf Countries), leaving the old to fend for themselves. Also, many of the women who were traditionally the care givers in the family are also now working and need to combine outside work with care of the elderly. Kerala is considered to have the best health care system in India. But Kerala is also known for its

highest morbidity. The 71st Round of National Sample Survey on Morbidity (January to June 2015) shows that while a total of 89 persons out of 1,000 persons surveyed reported ill during a 15 days period of survey all over India, the number reported from Kerala was 310 out of 1,000. Among the 60+ this was 276 for India and 646 for Kerala. Kerala has the largest incidence of Non-Communicable Diseases (NCDs) in India. The old age homes and care homes for elderly are maintained for the care and protection of senior citizens having nobody to look after. The persons seeking admission in these institutions shall submit their application to the Superintendent of the institution. Confirmation of the admission shall be made after getting the enquiry report of the District Probation Officer. Total number of such old age home is 15 and sanctioned bed strength is 1125.

4. REVIEW OF LITERATURE

- The demographic change is accompanied by socioeconomic developments such as globalization, liberalization, urbanization, and migration. Such changes bring about a concomitant change in the family's capacity to support the larger proportion of the elderly people simultaneously with the changes in traditional cultural norms delineating such support (Kumar, 1997). Such changes led to older people considering alternatives for their care. The result is that the majority of older people who need alternative care arrangements turn to institutional care as they either cannot afford commercialized care within their own homes or there is a lack of such alternatives in their locality (Bhat & Druvarajan, 2001). The consequence leads to mushrooming of institutional care—care homes—for older people (Huang, Yeoh, & Toyota, 2012; Peace, Kellaher, & Willcocks, 2007; Watt et. al. 2014). The question is, how are these large number of older people cared for in care homes, and more importantly, how does this affect their quality of life and the opportunity to live with dignity and independence in these settings (Coons & Mace, 1996)
- 'Graceful aging', 'active aging', 'person-cantered care' of older people are concepts proposed by the United Nations to allow older persons the ability to optimize their potential for independence, good health, and productivity as well as providing them with adequate protection by and care from the family, the community, and the state (Chakraborti, 2004). United Nations (1991) Principles for Older Persons, the Ageing and Health Programme of the World Health Organization (1999), the Madrid International Plan of Action on Ageing (United Nations, 2002), International Policy on Ageing and Older Persons (International Federation of Social Workers, 2009) and subsequent international research and policy efforts show that a consensus is emerging among international policy makers concerning the provision of institutional care for older persons in need. This emphasizes the role that institutional care plays in the continuing development of older people. Thus, the need for institutional care and its ability to enable or inhibit the autonomy and identity of older persons is emerging as an urgent and pressing issue. This warrants a deeper study as well as the development of newer and deeper insights into the issues related to institutional care in developing countries where such studies are limited (Indian Journal of Health Studies, Vol 2 Issue1)
- (India Ageing Report 2023**)** The aim of the Plan of Action was to strengthen the capacities of governments and civil society to deal effectively with the ageing of populations and to address the developmental potential and dependency needs of older persons. It promoted regional and international cooperation and included 62 recommendations for action addressing research, data collection and analysis, training, and education as well as the following sectoral areas:

(i) health and nutrition;
(ii) protection of elderly consumers;
(iii) housing and environment;
(iv) family; social welfare;
(v) income security, employment & education.

5. METHODOLOGY

The present study is used mixed methodology therefore both quantitative and qualitative research methods were applied. Regarding the quantitative method the researcher used structured interview schedule to collect data from the respondents and the data were tabulated. For qualitative study, the researcher used interview guide and oral narratives towards the respondents including case study.

The research design of the study is descriptive research design. The study used systematic random sampling method and 30 respondents were collected from the age group of 65 to 75, 76 to 85 and 86 above respectively from the Govt Old Age Home Alappuzha. The respondents were selected form the list of inmates from the old age home on simple random basis. The study also used both primary and secondary data. The population of the study consists of total number of older persons above the age group of 65 in Govt Old Age Home Alappuzha, Kerala and the unit of the study is the single respondent among older persons above the age group of 65 in old age home. The researcher used structured interview schedule, interview guide and oral narratives as the tools to collect primary data from the respondents. The collected data were tabulated and analyzed based on the objectives.

6. DATA ANALYSIS & INTERPRETATION

6.1 Economic support mechanism in old age homes:

The number of older people in Kerala and India will continue to increase. This will continue alongside increasing rates of migration of young people away from their homes, leaving the older adults with little support and systems of care. An increasing demand for OAHs (Old Age Homes) is very likely to be met with a surge in supply. Kerala, which has the highest number of OAHs in India, is likely to need and have many more. The state of Kerala serves the largest number of old age homes in India followed by Tamil Nadu and Goa. The proportion of people living in old age homes has increased a lot in the recent years. A 69% increase in number of residents of old age homes has been reported in Kerala alone in the last four years. The proportion of females living in old age homes is more than 50%, compared to men. The funds received from donations are utilised for the regular running of the organisation. Funds are used for:

(i) Admin expenses
(ii) HR - salary, outings, etc.
(iii) Food
(iv) Equipment for indoor activities.
(v) Medical Expenses
(vi) Recreational activities include Helps out in the kitchen
(vii) Once in a month outing to: beach, park, zoo etc.
(viii) Inmates engage in soap making, stitching, origami etc.
(ix) In-house games like caroms, chess etc.

6.2 Gender and Age of the respondents

Table 1: Gender and Age of the respondents

Gender	Frequency	Percentage
Male	12	40%
Female	18	60%
Total	30	100%
Age	**Frequency**	**Percentage**
65-75	9	30 %
76-85	12	40 %
86 Above	9	30 %
Total	30	100%

This table shows the gender and age of the respondents in the old age Home Alappuzha. From the table it can be seen that above 40% at respondents of being of male category and 60% of respondents being of Female category. There for major respondents are found by Female Category. At the same time regarding the age of the respondents, it is found that about 40 percent of the respondents are belong to the age group of 76 to 85 while 30 percent of respondents are in the age category of 86 above.

6.3 Economic support mechanism provided from the institution

Table 2: Economic support mechanism

Economic support is sufficient	Frequency	Percentage
Yes	28	96 %
No	2	6 %
Total	30	100%

The above table shows the type, extent and sufficiency of economic support given to the older persons in the institution. It is found from the table that majority (96%) of the respondents are satisfied with the existing economic support mechanisms in the old age homes while only 6 percent of the respondent have opined that they are not satisfied with the income and economic support to them.

Regarding the economic support of older persons in old age Homes, we can observe a varying source of mechanisms to strengthen their income. The institutions provide the self-income developing mechanisms such as support for craft making, music, government initiatives, pension schemes so on. There forte the inmates in old age homes are not completely in such a situation of economic vulnerabilities instead they have self-income generating sources in the institution itself. Many inmates above the age group of 65 can have their own source of income such as the provisions for selling their crafts materials in low prices and they also contribute their income for the beautification of the institutions also, The Govt of Kerala is providing a wide variety of economic incentives and programmes for the upliftment of older persons in old age homes in Kerala,

6.4 Health vulnerabilities:

Professional elderly care can provide round-the-clock care, specialised medical attention, and a safe and comfortable environment. It can also provide respite for family caregivers who may be experiencing burnout. There is a need to address the growing demand for these services. The old age day care home in Kerala provides the physical services such as Hall for entertainment, Reception Room, Sick Room, prayer hall, health centre and so on. Whatever the age it is necessary to be as active as one is able to be. Exercise, yoga, walking, and sports all help in making one feel light and happy. Working out together energizes and encourages one to put one's best foot forward. It also helps to release anti-stress hormones and of course, the mind ticks along too. Kerala is one of India's 28 States, located along the South Western coast. It is often referred to as God's own country in view of its scenic environments. It has a population of about 35 million. The population of elderly (aged 60 and over) constitutes 13% of the population of Kerala as against a national average of 8% for India. There are a variety of elder care facilities in the State of Kerala ranging from government run homes which are free of cost where the residents are mostly from low socioeconomic strata and those without a family to take their care; to paid luxury retirement facilities which cater to people from higher socioeconomic sections. There are several types of homes between these two extremes. In the last few years, the elder care sector has seen a boom in Kerala with many of them offering top class health care services and social activities while promoting independence, hence many people have moved into such facilities. Several of them who make this decision enjoyed comfortable lifestyles, have good financial stability and were often in highly paid jobs. Healthy life expectancy is now much longer than in the past, and many elderly people are working, some through re-employment schemes and others by creating their own employment.

Table 3: Analysis of Professional Elderly Care Services and Institutional Support Systems in Kerala

S.No.	Aspect	Analysis
1	nature of professional elderly care	Provides round-the-clock support, specialised medical care, safety, comfort, and supervision for elderly persons

2	Support to Family Caregivers	Offers respite to family members experiencing physical, emotional, or caregiving burnout.
3	Growing Demand	Increasing ageing population and changing family structures have created a rising need for institutional elderly care services.
4	Facilities in Kerala Day Care Homes	Includes entertainment hall, reception room, sick room, prayer hall, health centre, and other support services
5	Importance of Active Ageing	Encourages exercise, yoga, walking, sports, and social participation for healthy ageing.
6	Kerala's Demographic Position	Kerala has one of the highest elderly populations in India, with 13% aged 60+ compared to the national average of 8%.
7	Types of Elder Care Facilities	Includes free government-run homes for vulnerable groups, mid-range institutions, and premium retirement communities.
8	Recent Growth of Sector	Elder care sector in Kerala has expanded rapidly with improved healthcare and social activity facilities
9	Socio-economic Diversity of Residents	Residents range from economically disadvantaged elderly persons to financially secure retirees.
10	Economic Participation of Elderly	Many older persons continue working through re-employment schemes or self-employment due to longer healthy life expectancy

6.5 Health care services provided to the inmates

Table 4: Health care facilities and services

Health care facilities and services	Frequency	Percentage
Great extent	27	90 %
Some extent	3	10 %
Total	30	100%

The above table shows the health care services and facilities giving to the inmates of old age home. It is clear from the table that about 90 percent of the respondents are very much satisfied with the existing health care activities including regular medical check up for the inmates. At the same time only 10 percent of the inmates are having satisfied with the services in some extent.

In old age homes, we can observe a lot of health-related programmes and schemes are implementing especially government institutions. The inmates in the old age homes are under gone regular medical check-up periodically and the history of the diseases are documenting and further follow ups are taking up for the reduction health related risks in the institutions. Majority of the respondents are suffering from chronic diseases such as cardi vascular, orthopaedic, diabetes, blood pressure, arthritis, lung diseases and so on. But form the part of the institution it is more observable that they are providing with better care and treatment as far as they possible. It is also found that the government health related schemes are implementing in the old age homes with proper supervision.

6.6 Role and institutional support of care homes towards older persons

With the progressive increase in the ageing population and the absence of home-based family care the need for institutional care for the elderly assumed a new significance across the globe. This move has both policy and theoretical implications. Policy-wise, it reflects the greater amount of quality institutional care necessary to meet the growing needs of older people who lack any alternative care. Theoretically, it exemplifies numerous concepts associated with institutional living which illustrate the lives of older people within care homes (Indian Journal of Health Studies, Vol 2 Issue1). Kerala society is known for literacy and family care for vulnerable groups in social sector. There are 12 old Govt old age homes, 4 homes for physically disabled and 1day care home for elderly in Kerala and more than 25 old age homes are running by voluntary organizations from various localities. The care and support from the institutional level in Kerala is not a simple and nominal thing instead there is a huge importance and practices for social security and welfare programmes for elderly. From the institutional level a formal setting with role of service providing may include routine health checkup, self-income generating skills

enhancing provisions, healthy food, recreational facilities and transportation conveniences. Therefore, it can be said that the services and role of old age homes on Kerala is achieving a high reach in extending services through health, income, medical checkup, infrastructure, and so on. Ther major government programmes for elderly in old age homers include Santhwanatheeram, Second Innings Home Project, Sayamprabha Home Scheme, Vayomithram Project, Vayoraksha Scheme, Grand Care Project, Sallapam Scheme.

Case study

Case illustration 1: A 69-year-old gentleman, "I am 69 years now but my health condition is not much vulgar but at the same time I can make use of my creativity of craft making in the institution. Every month the administrative officials are bringing equipments for the craft and I could create a wonderful craft like flower for show case.

Case illustration II: A woman named Leela is suffering from chronic heart disease and diabetes is living the institution with her husband. Both are very much concern about their children. But their children are not much interested to take care of them and even to visit the institution. It aggregates the problem of mental and physical health implications to them

7. MAJOR FINDINGS

- About 90 percent of the respondents opined that the main problems they facing are health problems including diabetes, asthma, cardio vascular diseases, neurological disorders, arthritis including emotional problems,
- About 95 percent of the respondents opined that there is a lack of support from children and family members in their old age.
- The source of fund for the institution is from the donations and they do not engage in any promotional activities.
- About 95 percent of the respondents are of the opinion that the institution is providing recreational activities are providing which help the inmates to be active and enthusiastic.
- The crucial factors that help for the continuation of the organisation are trained staff, donations and volunteers.
- About 93 percent of the inmates of the Home have opined that old age Home is providing the existing Government support programmes through the institution.

8. CONCLUSION

Ageing as a natural phenomenon has all along engaged the anxiety and concern of the civilized world. Provision for the aged in the society has become one of the constructive themes of our modern welfare state. The problems of the aged vary from society to society and have many dimensions in our country. However, the disintegration of the joint family system and the impact of economic change have brought into sharp focus the peculiar problems which the old people now face in our country. And in the traditional sense, the duty unobligated of the younger generation towards the older generation is being eroded. Regarding the objectives of the study, the data depicts majority of the inmates are having multiple health related as well as emotional wellbeing is necessary. The economic support is providing from the institution in a limited source of fund. The study has few limitations regarding the data to be get from the respondents and time is a crucial element. However, in many cases the concerns of the elderly about their ability to take care of themselves in future triggered the move. While some reported that they had none to take care of them, others had family members either unable or unwilling to take the responsibility of looking after them

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