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Insight

Life in old age homes: reflections from God's own country, Kerala, India

Amala Augustine, Sanju George, CT Sudhir Kumar

Abstract

Approximately, 13% of Kerala's population is over the age of 60 years, as against a national average of 8.2% for India. Although, earlier, most of India's elderly lived in joint families and were cared for by the family members, there has been a growing trend in India (and perhaps more so in Kerala) of increasing numbers of the elderly moving into old age homes. One is not sure whether people move into old age homes by choice or otherwise, as very little research has been done in this area. In this brief paper, using three illustrative examples of old age home residents, the current state of affairs and the possible future issues about the old age homes in Kerala, India are discussed from a socio-cultural perspective.

Key words

Aged, Homes for the Aged, India, Kerala, Nursing Care, Retirement

Introduction

India, the world's second most populous country, has a population of 1.35 billion people.[1] Just as in most other countries, in India too, people are living longer and so the proportion of elderly is on the increase. As of 2016, there were nearly 103 million people in India over the age of 60, with an almost equal gender ratio; this constituted 8.5% of the country's total population. [2] This makes India an ageing country, as per the United Nations' definition which views a country as ageing if more than 7% of its population is over the age of 60. This has important resource implications, as many of the elderly in India are not economically productive and hence become financially and otherwise dependent on their children.[3] Further, it is estimated that the number of older people in India will increase to 323 million by 2050 and this will constitute about 20 percent of the total population.[4]

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.[2]

Traditionally, within the Indian culture and in many African countries older people were considered as sources of wisdom and were treated with immense respect and care, both in their own families and in their societies.[5,6,7] This was the case in Kerala too. It was the norm that older people lived in joint families, and were cared for by the family. However, with socio-cultural changes, the Indian society transformed itself into one consisting mostly of nuclear families.[8,9] Urbanization, modernization and globalization have contributed to the changes in the economic system, deterioration of cultural norms, degradation of traditional practices, and social structures such as joint families. Migration of young people, both within India and outside India had a major role in the reduction of joint family system. Migration generates many distinct patterns of living arrangements for parents-children which are unique to the needs developed at different stages of life. Migration can interfere with parent-child co-residence and may trigger an increase in the number of elderly people living alone which leads to trying alternate ways of living to meet their needs but this has considerable financial implications. This is evident, even more so, in Kerala where a considerable proportion of the working population is emigrant in countries outside India (initially the Middle East but now the West as well).

This 'forced' many of Kerala's elderly to live alone in nuclear families. Many of them managed as long as their spouse was in good health or at least as long as they were alive. Many of the older people found living alone (after the death of their spouse) extremely difficult, as they were not used to independent living; men more than women. It is against this background that 'homes' for the elderly were set up in Kerala, and has since seen a growth in number, demand and acceptance. Some elderly move into such residential placements out of choice and some reluctantly move in out of necessity. As in the West, in India too institutional living among aged is becoming increasingly common and socially acceptable among sections of the society.[10]

Institutional care for elderly in Kerala started as early as 1957.[11] In 1999, the Kerala Old Age Home Survey studied the number of old age homes (OAH) in Kerala and estimated that there were 144 OAHs. Types of OAHs included those managed by government agencies,

religious bodies, social service organisations, male or female only homes, paid or free homes, etc.[12]

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. This population possibly has different reasons for choosing an elderly care facility and their needs may be different too. This is an emerging group in the society who are distinct from the usual population of 'old age care-home residents'. This option is often promoted as an attractive one.

It is quite important to have a better understanding of the population in the OAH, the reasons they chose to move into a retirement facility, their needs and expectations and their level of satisfaction.

Method

In the section below, three brief illustrative histories are provided, from two elder care facilities in Kerala. These case examples may reflect life stories common in the residents of OAHs. Details of any individuals or the OAHs are not provided for the sake of anonymity.

Observations

The two OAHs have around 60 to 100 residents. They are paid facilities and residents have the option of choosing a single bedroom apartment or a double bedroom apartment. Some of the residents stay on their own and others live with their spouse. All their needs such as cooking, cleaning, shopping, laundry and so on are taken care of. Residents are allowed to go out as they wish, alone or in groups. The large majority of residents are in the 65 to 75 years age group. Those with health problems receive extra support and care.

The focus of these accounts is on the circumstances that led to the elderly staying in the OAHs, and how their lives are since the move. It is hoped that this exploration spurs further interest and research in this area.

Case illustration 1

A 69-year old gentleman – "I'm 69 now. My health is not too bad but I did not want to live on my own. What if something happened to me? Where we live, it is a remote area and the nearest hospital is two hours away. Plus I have no one to look after me. I have no children to take care of me. It's just me. It was my idea to move in here. I feel safe and secure. I'm less stressed. I know I will be looked after. I can live freely and enjoy my life now. I have made friends here. We do things together, go shopping, chit chats and have a laugh; we enjoy our morning walks, play caroms and do yoga together. I couldn't have asked for more at this stage of my life."

Case illustration 2

A 73-year-old lady – "Mine is a sad tale. After my husband's passing, I hoped to live happily with my son, his wife and his three children. It was good at first and I thought I was so lucky to lead such a good life. Problems started after a year and my daughter-in-law became horrible to me. I would even go as far as saying I was being emotionally abused. My son had his hands tied and things reached a stage where I was crying myself to sleep most nights. That's when I decided to move into this place. With the money my husband left me, I can be here. I am at peace but unhappy. This was not my ideal choice but I had no other way. Unless my daughter-in-law changes her attitude towards me, I can't imagine living at home. Maybe this is my fate."

Case illustration 3

A couple in their 70s – Wife, "We are in our late seventies, and not in great health. My husband has early Parkinson's and needs a lot of help. Although I am a retired professional, I can't care for him on my own. I'm frail too. Our children are both abroad and can't come and live with us. It is unreasonable to expect them to. So it was my idea to come and live here. I get all the support and care I need here. My husband seems happier too. My children can also sleep easy knowing that we are well looked after and that we are safe. At home, my husband used to try and get out of the home or get angry at me, and so on and I would struggle. We tried home nursing but that didn't work out. It was too stressful for me. Here, I'm starting to live a little again. I can see and talk to more people, I'm emotionally happier here. I love the meditation classes; I get some time for myself now. My children visit us whenever they can. They call every day. It's a happy situation overall."

Discussion

At the outset some limitations of the observations need to be acknowledged. This exercise is not intended to be a detailed qualitative study or an anthropological analysis but is merely meant to highlight the issue of society's elderly living in OAHs. The caveat is acknowledged that the quality of OAHs varies widely and hence not all aspects of life in two homes might be generalizable across the spectrum. Nevertheless, it is believed there are take home messages in these 'stories' for academics, clinicians working with the elderly and policy makers.

Why were there no old age homes in the past?

Going back five decades or so, the concept of OAHs and the elderly living in such centres was unheard of in India. Institutional care for elderly in Kerala started as early as 1957.[11] But since then, there have been several socio-

cultural changes in the lives of people and this has also impacted on how the elderly live (or are forced to live) and how they are cared for. In terms of family structure, joint family system was the norm, where the elderly lived with their extended families, most frequently with their children and grandchildren. Tradition required that older people be respected, listened to, well looked after; and it was considered that increasing age equated to increasing wisdom. Families and societies were closely woven together, and this allowed the elderly to live happy and stress-free lives, with no fear of being alone, unwanted and uncared towards the fag end of their lives.

Yet another related aspect of the earlier-day India (and Kerala) was that the young people lived at home (in non-nuclear settings) even after they started work. They found jobs that allowed them to commute to and from work daily, maintaining their home as their base from which they travelled. Migration within India (from villages to cities) and to outside India (countries abroad) was relatively unheard of. Urbanisation and globalisation were yet to take place.

What changed?

From the above discussion, it follows that over the past two to three decades, in India, there has been a socio-cultural shift in the lives of the elderly. The old are living longer owing primarily to better healthcare, easier access and enhanced affordability. However, with old age has come an increased risk of these people also developing age-related diseases some of which necessitate institutionalized care. But this is not the sole explanation in the large majority of older people moving into residential placement in old people's homes.

Further, unlike in the past (even a generation or so ago), currently families have fewer children (most often one or two children), minimising the chance of a child being available to look after his/her elderly parents.

Lastly, there has been a dramatic change in people's lifestyle resulting in both internal (rural areas to cities) and external (to countries in the Middle East and the West) migration of young people. As per the Kerala Migration Survey (2018) there are 2.1 million emigrants from Kerala across the world.[13] Despite being one of the smaller states in India, Kerala has the second largest number of people emigrant population in India.

The stresses generated by the demands of a new urban and industrialized lifestyle resulted in the breakdown of the traditional joint/extended family structure, and has seen a proliferation of nuclear families, rendering it incapable of accommodating the old. Such a transition from traditional lifestyles, embracing new trends has required and resulted in certain compromises and adaptations. It has also been noted that elderly people also suffer marginalization, alienation, social insecurity, limited social interaction, limited earning opportunities, multiple medical complications, emotional isolation, limited awareness of their rights and reluctance to seek justice.

With this increasing demand for OAHs, has come about an increasing supply as well. Although there are no precise and recent estimates of the number of OAHs in India and Kerala, it has been estimated that there are at least over 1000 OAHs in India, with Kerala having the largest number of any other State.[14,15] It has also been said that the number of OAHs in the state has risen by 69 per cent in the 2011-2015 period. An India Government website notes that there are several types of OAHs: some with only day care facility, others with residential facilities, some which offer free care, some which charge (the amount charged vary depending on the type and quality of services offered) and so on.[15]

The future

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 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.

Conclusion

The needs and challenges the residents of OAHs face are unique to their individual circumstances and more importantly the type of facility they live in, their expectations and the services available. To ensure that the society's elderly people get high quality care in OAHs, there will need to be clear frameworks and guidelines for the setting up and running of OAHs, and strict and regular monitoring, auditing and regulatory mechanisms in place - this is where the public and private sectors need to work collaboratively. There is a dearth of research into the various psychosocial aspects of people who live in OAHs in general and specifically into the lives of residents in the new type of facilities which have been attracting a large number of retirees recently. Understandably more work in these areas is needed. Perhaps the society, especially the young, too needs to reflect on the recent transformations and their consequences on the lives of elderly people.

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Author information Amala Augustine, BSc, Centre for Behavioural Sciences and Research, Rajagiri College of Social Sciences, Kalamassery, Kochi, India, Email amalaaugustinemenachery@gmail.com; **Sanju George**, MBBS, FRCPsych, Professor of psychiatry and psychology, Centre for Behavioural Sciences and Research, Rajagiri College of Social Sciences, Kalamassery, Kochi, Kerala, India, E-mail: sanjugeorge531@gmail.com; **CT Sudhir Kumar**, MD, MRCPsych, Honorary Consultant Psychiatrist, Alzheimer's and Related Disorders Society of India, Kottayam, Kerala, India. Email: sudhirkumarct@hotmail.com

Correspondence: Sanju George, Professor of psychiatry and psychology, Centre for Behavioural Sciences and Research, Rajagiri College of Social Sciences, Kalamassery, Kochi, Kerala, India, E-mail: sanjugeorge531@gmail.com

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