# A STUDY ON LIFE SATIFACTION OF INSTITUTIONALISED WOMEN ELDERS IN CHENNAI CITY

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**Abstract:** This researchis conducted on the elderly women in North Chennaiand will try to provide basic information on various facets of this fast growing population. The data is collected in one free old age home and will cover mainly two areas, the life satisfaction of institutionalised elders and the psychological well-being. 70 women residents will be interviewed and appropriate interventions have been culled out so as to improve the lot of the elderly. The demogrphic profile of the residents will be understood through an Interview Schedule, so as to understand the need for Instituions, since in our country we would like that the elderly are looked after by immediate families. Through this understanding, recommendations can be given to the government to start support services like Meals on Wheels, Nursing services and Day care agencies.

Understanding the Life satisfaction of the elderly in Institutions, through a standardised tool Life Satisfaction Index, the results of which will help bridge the gaps. Feedback will be provided to the Institution so as to make the environment more amicable and pleasant. The General Health Qotient or GHQ12 is a standardised tool which has been administered so as to understand the level of distress the elderly in institutions are living with and suggest methods of improvement in life atyle or need for Counselling or Psychiatric treatment.Psychological distress, which leads to chronic depression, is one of the most prevalent mental disorders of late life. Yet it is one of the most overlooked, misdiagnosed and inadequately treated illnesses. It prevents those over 65 from enjoying the autumn of life and if not treated on time could lead to suicide.

Key words: Ageing, Elder care, Counseling, Distress

Background of the study: "Knowledge is power" is an old adage. The knowledge of aging empowers us to provide for a better quality of life for the aged. India is in the throes of a temporally demographic transition. The Indian population has been growing fast. It has nearly trebled in the last 50 years (1950-2001), while the number of elderly has increased by four times in the same period. India now home to 1.2 billion people is projected to overtake China in a decade to become the world's most populous country. Bloom (2011 a) calls the share of India's population ages 50 and older relatively small at 16 percent, but notes that India will experience rapid growth among this age group. The United Nations Population Division projects that India's population ages 50 and older will reach 34 percent by 2050. (UN 2011). By the year 2021, the elderly population is likely to double. The average life expectancy, which was about 39 in 1951, is now around 65, and it may become 70 in the next 20 years. The birth rate is expected to decrease to 15 by 2021 from 45 in 1951. These figures indicate a phenomenal growth in the elderly population, with the probability of many of them living to a ripe old age.

### Objectives of the study:

 To study Demographic profile of the women inmates in the institution – Anandam Chennai city.

- To assess the presence of Psychologi cal distress of the aged.
- To assess Life Satisfaction among the Aged.
- To suggest a counselling strategy for the Aged women who are in institutions

Research Design: This study looks into the characteristics of the respondents like age, caste, religion, health, education and psychosocial functioning. The researcher has used Quantitative Descriptive Design to study the problems of the aged staying in Institutions, since the attitudes of the aged towards life are also involved.

The study was carried out in Chennai city, Tamil Nadu. The study was done in a charitable home, Anandam – A Free Home for Senior Citizens. This is located in North Chennai. They have accommodated 101 senior citizens out of which 70 are women who form the respondents for the sample. The tools that were used for Data Collections are: The interview schedule, GHQ -12, and Life Satisfaction Index. For Analysis of data the SPSS package was utilized for the same.

# Descriptive Analysis on sample: Socio-Demographic Profile:

**Age:**The various age groups are from 6 years to 8 o years are almost equally divided. This goes to show that by the age of 6 o people feel dependant and are in need of support of various types.

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**Educational qualification:** This research shows that 78% of the institutionalised elders are educated only upto middle school. This proves that the educated elders are able to plan and make better arrangements for their old age.

### **Details of Institutionalization:**

**Reason for Institutionalisation:**A majority of the elders have taken refuge in the institution only because they have nobody to take care of them. They feel safer in an institutionalized environment to satisfy their basic needs.

**Respondents by duration of their stay in the institution:**It is concluded that more than half of the elders have stayed in the institution for 3 years and above. The duration of stay has not had any negative affect on the attitude of the respondents. Since their basic needs and security needs are met.

# Respondents on the source of how they joined the institution:

- It is concluded that the majority of elders have been referred by either social worker, distantfamily member or a friend.
- All the respondents have comewith consent and with free will and are very aware of their situation.

#### Overall Assessment of select Indices:

Respondents by level of Life Satisfaction Index:It is concluded that more than half of the elders are emotionally stable. They have accepted their situation positively and are moving on.

**Respondents by status based on GHQ 12:**Hence it is concluded that it is equally divided between being a case and non-case. Overall the psychological health of the respondents is stable.

Respondents by Physical Health: It is concluded that most elders in the institution have good physical health. This is inferred by the, respondent's capacity for self- care, the routine with personal hygiene, dependency on external support and being able to assist others. Most of the respondents are affected by Blood pressure, followed by Diabetes and Arthritis. Overall quality of health seems to be waning as they age further.

Respondents by status of Psychological state: It is concluded that more elders have a positive state of mind. This inference is based on how they have handled grief, loneliness and the way they have accepted their institutionalization with a positive mindset.

**Respondents by Level of Social Life:**It is concluded that most elders have satisfactory level of social life.

This is inferred on the basis of the interaction with outside world, interaction with inmates, hobbies, social activities and recreation

#### **Summary and Findings:**

Level of life satisfaction Index (LSI): In this study, fifty-five percent of the respondents have a level of life satisfaction in the neutral category, and twenty-six per cent are in the unfavourable category. Nineteen percent of the respondents are in the most favorable group. Hence we conclude that more than half of the elders are very emotionally stable, rather they have accepted their situation positively and are moving on.

General Health Questionairre 12 (GHQ12): In this study, fifty-eight percent of the respondents come under "non-case" category are not mentally dysfunctional. But on the other hand, forty-two percent of the respondents do experience psychological distress. It can be concluded that nearly half come under 'case' category which is much higher than the general population.

Physical Implications of Institutionalization: In this study, we get a very clear picture that the physical health of ninety-three percent respondents is good and only about seven percent of the respondents have poor health. Most elders in the institution have good physical health. This is inferred by the respondents capacity for self- care, the routine with personal hygiene, dependency on external support and being able to assist others. This goes to show that health is not the main reason for joining. Almost all the inmates suffer from old age related illness. Close to half of them suffer from insomnia followed by more than one third suffering from loss of appetite. Many inmates have multiple old age related ailments.

Psychological Implications of Institutionalization: In this study, seventy percent of the respondent's psychological state is positive and thirty percent of them are in a negative state of mind. Majority of the elders are in a positive state of mind. This inference is based on the responses to questions on losing a loved one, how they have handled grief and loneliness and the way they have accepted their institutionalization and looking at it with a positive mindset.

**Social Implications of Institutionalization:** In this study, seventy-six percent of the respondent's level of social life is satisfactory and nineteen percent of respondents have a good level of social life. Six

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percent of the respondents have poor social life, as in very less interaction with the outside world or with fellow inmates. Most elders have satisfactory level of social life. This is inferred on the basis of the responses to the questions on interaction with outside world, interaction with inmates, hobbies, social activities and recreation. The trend of interaction and communication within the home with other inmates is good. This goes to show that there is a good environment of camaraderie among the inmates. Most of the respondents are involved with some kind of hobby or the other. They have access to different kinds of past time and most of them make use of it, which helps in keeping a healthy psychological well-being. Most of the respondents pass their time watching the television. Others are aware that this is the last stage of their life so they turn towards spirituality and spend much of their time in prayer. The ones, who are literate, spend their time reading newspaper and books. While a small number spend time listening to music.

## **Suggestions:**

 On the basis of the findings, it can be suggested that the Government or society should concentrate first on giving sufficient financial and physical security to the aged people while preparing the policies and programmes for their welfare.

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- Providing of social assistance to the old people so that their financial condition improves. To help maintain at least a minimum standard of living. For non-earners and non-pensioner destitute.
- Medical assistance should be made absolutely free for all old people.
- For people who are financially and physically weak, who can neither, manage their own affairs nor can they live with their children due to some reasons, institutional care and protection should be provided by opening homes for old people.

**Counselling Strategy:**The problems of elderly generally arise from three sources:

1. Medical 2. Financial and 3. Social. Counselling the aged in institutions is done at two levels, individuals and with groups.

### Three Stages of the Helping Model:

- The Present Scenario: Help clients to tell their stories, become aware of their circumstances and help overcome their problems, by developing new perspectives about themselves.
- 2. The Preferred Scenario: Help clients develop a range of future possibilities and translate possibilities into viable agendas.
- 3. Strategies (Getting There): Help clients brainstorm various strategies for implementing their agenda and choose a set of strategies that best fits their environment and resources. Finally help clients formulate a plan, a step-by-step procedure for reaching each goal.
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