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Ageing care: Challenges of residential care of the aged

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Abstract---Aging is an inevitable physical and mental phenomenon of every living being. However, caring for the aged is of utmost importance as the physical changes affect the aged with a wide gap between mind and action. Among the Indian states, Kerala has the highest proportion of older persons in its total population. Transition in the age structure of the population of Kerala is characterised by a decrease in the share of the younger population and an increase in the share of the older population in the society, which leads to an emerging epidemiological transition with a high prevalence of non-communicable diseases. This arises a need for providing care for the aged due to their functional disabilities as well as financial requirements. Household members are considered the main care providers. They give older persons financial, physical, and emotional support and care. This paper tries to understand the challenges that occurred during the residential care of the aged and what are the possible solutions to be taken into account. Most of the older persons prefer to live either with their spouse or with their children.

Keywords---care, support, challenges, health, financial care, caregivers

Introduction

Older persons who were unable to perform activities in their daily lives on par with their competencies experience a decline in the quality of physical, mental, emotional, social, economic aspects of life, leading to an increased dependence on others and the requirement for caregiving services. Most of the older people desire to continue living at home for as long as possible and receive care at home when needed. If the older persons do not receive reasonable care, it decreases the quality of their lives during the last stages. Ageing population in the world has undergone an increasing trend. Though it was a phenomenon in the developed

countries earlier, it is now an unavoidable existence in developing countries also. India is not an exception that the census figures pointed out more than 104 million older persons are in India with a share of 8.6 percent in 2011 which were reached 10.1 percent in 2021. Among the Indian states, Kerala has a unique position in the share of the older population in its total population (Bhat and Rajan, 1990; Rajan, 1989; Rajan, Mishra and Sarma, 1999; Rajan and Sunitha, 2018). Census figures in 2011 tell us that 12.7 percent was the share of the older population in Kerala society which is increasing at a rate of 2.3 percent per year (Rajan and Mishra, 2014), while in 2021, it was 16.5 percent (Rajan and Mishra, 2020). Ageing care is thus a challenge for Kerala for the society and government in general and for the family in particular.

The chronic illnesses along with functional disabilities demand care for the everyday life of the older persons. The family members assist and help physically in doing activities of daily living. They give care as well as support to the older persons. On the other hand, these older persons lack of social interactions due to their inabilities which causes loneliness and made them to psychological limitations. Social interaction along with family care and support is important to improve the quality of life of the older people.

In India, it has been a traditional practice that older adults obtain socio-economic and health care from a family care giver, usually from their children, spouse or immediate family members (Prabhakeret.al. 2016). Ill health and disability affects the level of dependence and living arrangements for older adults (Bloom et al. 2010). The care and support from the family members would give the older persons able to cope with the health and income decline (Kaur, Kaur and Venkateshan, 2015; Rajan and Sanjay, 2003). Older persons need support or care in various angles of economic, financial, social, emotional and physical (Rajan and Sreerupa, 2008; Sreerupa and Rajan, 2010; Sreerupa et al, 2018; Rajan, Mishra and Sarma, 1999).

Research Problem

The shrinking of the joint family system affects elder care as there is a lack of caregivers in the family. The decrease in fertility and increase in migration in search of better living opportunities comprises the households with aged persons having a shortage of caregivers. This will arise a state of replacement of residential caregivers with paid caregivers. However, most the aged persons are still living with their sons, daughters, spouse, and sometimes even with relatives (Rajan, Sunitha and Arya, 2017). Ultimately caring is important and dependency is compulsory when they need immediate care because of functional disabilities. But the increasing participation of women in the employment sector and less number of children in the family lead to a scarcity of caregivers within the family. Many of the older people are staying alone in the daytime as both son and daughter-in-law will go to the job and grandchildren will go to school. So it is important to identify the challenges that occurred during the caring receiving by the older persons and giving by family members. The major challenge would be the care of the elderly as the increase in life span ((Rajan and Balagopal 2017)

Objectives

Main objective of the study is to understand what are the challenges occurred during the residential care of the aged and what are the possible solutions to be taken into account.

Data and Methodology

A total of 300 sample older adults and their caregivers were taken for the study from Thiruvananthapuram district of Kerala state as part of the research. Thiruvananthapuram district has 12 block panchayats and the samples were taken from these 12 blocks. Samples were taken from rural and urban areas in the ratio of 72.3 percent and 27.7 percent respectively.

Socio-economic and Health Profile of the Aged who Received Care

The age of the persons ranged between 61 to 102 years with the highest concentration around 75.9±6.1 years. As age increases the felt needs of the aged also increase. The life expectancy of the aged women is high compared to aged men and the sample reveals that 59.3 percent are aged women compared to their men counterparts with 40.7 percent. Around half of the aged persons in the sample have a primary level education. About 13.7 percent of aged persons are graduates or above that level of education. More than half of the aged persons are currently married but about 43 percent are widowed among whom women are more in numbers. Bivariate and multivariate analysis was taken for the analysis.

Table 1: Socio-economic Background of the Aged

Place of Residence	Male	Female	Total
Age			
60-69	1.6	7.9	5.3
70-79	75.4	63.5	68.3
80+	23.0	28.7	26.3
Marital Status			
Married	78.7	34.8	52.7
Widowed	17.2	60.7	43.0
Others	4.1	4.5	4.3
Rural	66.4	77.0	72.7
Urban	33.6	23.0	27.3
Living with Whom			
Alone	3.3	6.2	5.0
Children	63.1	64.0	63.7
Spouse	18.9	14.6	16.3
Children with Others	4.9	4.5	4.7
Others	9.8	10.7	10.3
Activities of Daily Living Index			
Complete or Severe Dependency	27.9	32.6	30.7
Moderate or Slight Dependency	35.2	44.4	40.7
Independent	36.9	23.0	28.7

Instrumental Activities of Daily Living Index			
Complete Use	53.3	46.6	49.3
Moderate	29.5	28.7	29.0
Completely Dependent	17.2	24.7	21.7
Property Ownership Status			
Yes	27.0	24.2	25.3
No	31.1	37.1	34.7
Transferred	26.2	29.2	28.0
Written Will	15.6	9.6	12.0
Source of Income			
Pension	43.4	48.3	46.3
Help from Children or Relatives	14.8	13.5	14.0
Other Source of Income	17.2	13.5	15.0
No Source of Income	24.6	24.7	24.7
Having Chronic Diseases			
No Disease	18.9	9.6	13.3
One Disease	26.2	33.7	30.7
Two Diseases	32.8	30.9	31.7
Three or more Diseases	22.1	25.8	24.3
Education			
Less than Primary	42.6	50.0	47.0
Upper Primary to Secondary	41.8	36.5	38.7
Graduate Degree	10.7	11.2	11.0
Post Graduate and above Degree	3.3	2.2	2.7
Others	1.6	0.0	0.7
No. of Children Alive			
No Children	4.1	3.9	4.0
One Child	9.0	12.9	11.3
Two Children	34.4	34.8	34.7
Three Children	31.1	21.3	25.3
Four or More Children	21.3	27.0	24.7
No. of Siblings Alive			
No Siblings	33.6	29.2	31.0
One Sibling	18.0	18.0	18.0
Two Siblings	13.1	15.2	14.3
Three Siblings	13.9	13.5	13.7
Four or More Siblings	21.3	24.2	23.0
Total	100.0	100.0	100.0

Most aged persons have two or three children alive. About 12.3 percent of older adults have five or more children alive. Also, 4.0 percent of older adults have no children alive and 31.0 percent have no siblings alive. About 15 percent of aged persons have five or more siblings alive. Here, an almost equal percentage of them are residing with their sons and daughters even though the living arrangements with sons are dominant. Only one percent of the older persons are living with both sons and daughters. Interestingly, 5 percent of the older adults are living alone and about 16 percent are living with their spouses. In both cases, older persons are living alone. In this data, 7 percent of the older persons, who need

full-time care, are living in care institutions where they get immediate attention and medications whenever they needed. But their financial and other immediate support will be taken care of by their children.

About 13.3 percent of older adults have no chronic diseases and the rest of them have one or more chronic diseases. One-fourth of the aged persons have three or more lifestyle diseases. As age increases the difficulties through functional disabilities as well as diseases prevent them from doing their routine activities. Here, 30.7 percent of the older persons are completely or severely dependent on others for their daily living activities.

Results

Care for the Aged

This section discusses the various types of care that the older adults receive from their households. The first and the most important is financial support and health care. The family members provide financial care when they need to pay for the treatment, for their daily maintenance, to pay the policy premium, etc., physical care when they suffer any functional disability which needs care, and care and by-standing when they are admitted to the hospital, travel care when they accompany them to the hospital or anywhere, they need to go, etc., are also essential care.

When the aged persons have undertaken any treatment for their illness, expenses should be taken care of by somebody. Here, 15 percent of the older persons have paid the bills by themselves while 9.4 percent of the aged persons' money was paid by their spouses. No doubt, sons and daughters would be the primary source of finance for most aged persons. However, about 7 percent of aged people have received monetary help from non-relatives during their treatment (Table 2).

Table 2: Financial care for the Aged

	Care Providers	Percent
Treatment Cost Payment	Self	14.6
	Spouse	9.4
	Son	30.1
	Daughter	31.9
	In-Laws	3.3
	Children	3.3
	Others	7.3
Maintenance Given	Spouse	9.2
	Son	35.8
	Daughter	31.9
	Relatives	7.9
	Agencies	3.1
	Others	3.1
	Children	9.2
	Total	100.0

For the maintenance of the aged, sons and daughters are the main providers. About 9.2 percent of the aged persons have their children together taking care of their maintenance and another 9.2 percent of the aged persons have been taken care of by their spouses. On the other hand, 14.1 percent of the aged have received their maintenance through relatives or others, or some agencies. Physical care is also important when the aged are taken to the hospital for the treatment of their illness. The immediate concerns of physical care are who will accompany them; who will take care of their transportation; who will take them to the hospital; and who will be staying with them if they are admitted. Health issues are a part of life, as age increases. The aged would always be thinking of physical care if they would get any causes such that they need support.

Here, the daughters of one-fifth of the aged persons stayed with them in the hospital to look after and give physical support. About 1.7 percent of the aged have no one to give physical care while 10 percent of the aged have gotten the physical care from their spouses. About 30 percent of the aged persons, when they were ill, have been taken to the hospital by their daughters. In Kerala, people prefer sons to daughters as old age security when they become old. In the case of financial care, this custom is almost correct in contrast to physical and emotional care. But in the sample, it can be seen that the majority of the aged have received help from their daughters in the form of financial, physical, and emotional support compared to their sons. Also, the daughters-in-law have a notable role in providing physical care to the elders (Table 3).

Table 3: Health Care for the Aged

	Care Providers	Percent
Stayed with aged in the hospital	No one	1.7
	Spouse	9.7
	Son	13.7
	Daughter	25.7
	Children	3.3
	Daughter-in-law	6.0
	Spouse and Children	2.0
	Relatives	3.3
	Others	4.3
	Not Hospitalised	30.3
Taken care of Transportation to the Hospital	No one	2.3
	Spouse	7.7
	Son	19.0
	Daughter	29.7
	Children	3.3
	Daughter-in-law	7.0
	Spouse and Children	1.7
	Relatives and Others	9.3
Not gone to Hospital	20.0	
Usually Accompanying to the Hospital	None	3.7
	Spouse	13.0
	Son	19.0

	Daughter	29.7
	Children	5.0
	Daughter-in-law	11.0
	Spouse and Children	3.7
	Relatives and Others	11.3
	Not Confirmed	3.7
	Total	100.0

On combining all the financial care that the aged have received, it can be concluded that 57.7 percent of the aged receives financial care from their children, and 6.7 percent of the aged from others such as friends, neighbours, or agencies. One important point is that 35.7 percent of the aged have not received any financial care from anyone pertaining to their immediate needs. They have taken care of their financial needs by themselves. An overall understanding of the health care support of the aged concludes with a combination of all the health care supports which reveals that 5 percent of the aged persons have no one to take care of them when they become ill. About 11 percent of the aged are taken care of by others including relatives, friends, neighbours, and agencies. About 27.7 percent of the aged have not received any help from others; they were taken care of by themselves or by their spouses (Table 4).

Table 4: Total Care of the Aged, Financial and Physical

Total Financial Care	Care from Children	57.7
	Care from Others	6.7
	None (Spouse and Self)	35.7
	Total	100.0
Taken Care of All the Health Requirements of the Aged	Care from Children	61.3
	Care from Others	11.0
	None (Spouse and Self)	27.7
	Total	100.0

Financial and Health Care Providers

Financial Care Providers

Socio-demographic characteristics of the aged are very much related to the financial care they get from their near and dear. Financial care providers have a crucial role in managing the lives of the aged. Here, age is divided into three categories, young-old (60-69 years), old-old (70-79 years) and oldest-old (80+ years). Marital status of the aged is divided into three categories, married, widowed and others (includes separated and single aged persons). The variables such as age, sex, living arrangements, education, depression level, chronic diseases, and the number of children are correlated with the financial care providers. It can be seen from table 5 that, aged more than 80 years of age gets financial care from their children. In the young-old age group (60-69 years), most of them have nobody to take care of them and they take care of themselves. This may happen when they are healthy or have some source of income. They will depend on others following their decreasing self-confidence.

Marital status shows that married and widowed-aged persons get financial care from their children while a significant percentage of widowed persons are taken care of financial matters by themselves. Another fact is that, though a notable percentage of the aged are living alone, their financial matters are taken care of by their children. Another portion of the aged, though they are living with their children, a significant percentage of them are dealing with their financial matters by themselves. The self-reliance of the aged is matched with their education. Most of the aged having graduated or above that level of education have taken care of their financial matters by themselves. In contrast, the aged having primary or less than that educational level is desperately dependent on their children for their financial needs (Table 5).

As the number of children increases, the financial self-reliance of the aged decreases. Though the children are assets to the aged during their old age, a significant percentage of the aged take care of their financial needs by themselves, especially when they have two children. Almost one-fifth of the aged having one child has received financial care from others. Here, 'others' mean relatives, friends, neighbours, and social groups. The aged persons with high depression levels have taken care of their financial matters by themselves while the aged with medium or low levels of depression are taken care of by their children. The nature of care they received and the worry about their future may get them depressed.

Table 5: Socio-demographic and Health Background of the Aged with the Financial Care Providers

Age Group**	Care from Children	Care from Others	None (Spouse and Self-Care)	Total
60-69	25.0	6.3	68.8	100.0
70-79	54.6	6.8	38.5	100.0
80+	72.2	6.3	21.5	100.0
Sex of the Aged*				
Male	50.0	7.4	42.6	100.0
Female	62.9	6.2	30.9	100.0
Marital Status				
Married	55.1	2.5	42.4	100.0
Widowed	63.6	8.5	27.9	100.0
Others	30.8	38.5	30.8	100.0
Living Arrangements*				
Alone	66.7	0.0	33.3	100.0
Children	61.8	5.2	33.0	100.0
Spouse	53.1	4.1	42.9	100.0
Children with Others	50.0	0.0	50.0	100.0
Others	38.7	25.8	35.5	100.0
Education of the Aged**				
Less than or equal to Primary	70.2	7.1	22.7	100.0
Upper Primary to Secondary	51.7	8.6	39.7	100.0
Graduate	27.3	0.0	72.7	100.0
PG and Professional Above	50.0	0.0	50.0	100.0

Others	50.0	0.0	50.0	100.0
Number of Children**				
No Children	0.0	40.0	60.0	100.0
One Child	50.0	17.6	32.4	100.0
Two Children	52.9	4.8	42.3	100.0
Three Children	55.3	3.9	40.8	100.0
Four or More Children	77.0	2.7	20.3	100.0
Depression Level**				
High	41.0	13.1	45.9	100.0
Medium	59.7	5.5	34.8	100.0
Low	73.7	2.6	23.7	100.0
Chronic Diseases**				
No Disease	72.5	7.5	20.0	100.0
One Disease	66.3	5.4	28.3	100.0
Two Diseases	54.7	4.2	41.1	100.0
Three or more Diseases	42.5	11.0	46.6	100.0
Total	57.7	6.7	35.7	100.0

Chronic diseases have a constant expenditure on their frequent check-up and non-stoppable medication. Most aged persons have been taken care of by their children when they have no chronic illnesses. Conversely, aged persons with more than three chronic diseases mostly keep their financial matters to themselves. Overall, children are the main financial care providers following the self-caring aged persons.

Health Care Providers

As in the case of financial care providers, here also, children are the main health care providers. Most of the aged persons above 70 years of age receive health care from their children. As observed earlier, aged persons between 60-69 years of age have no one to take care of or the spouse would take care of, if they needed health care. Most aged men have approached their spouses for their health care needs compared to their women counterparts, while most of the aged women have approached their children for their health needs.

Most widowed-aged persons depend on their children for their immediate health needs. A small percentage of the widowed older persons have nobody to approach for their health needs, and a significant percentage of married older persons are also in the same situation or their spouse will look after them. A significant proportion of the aged persons who live alone are being looked after by their children if they need immediate health care. In general, the samples point towards the spouses and children being the main health care providers.

Compared to financial care, the educational level has no role in health care as children are the main health care providers, irrespective of the educational level of the aged. However, a significant proportion of graduates have nobody to take care of their health needs which might be met by themselves or their spouses. As in the case of financial care, here also health care depends on the number of children. However, one-fifth of the aged persons who have only one child

approached others to meet their immediate health care needs. Most of the aged persons who have more than four children get health care from their children compared to older persons who have two children. Irrespective of their ADL and IADL scores, aged persons are depending on their children for their health needs. However, one-fifth of the aged, who have complete dependence on others for fulfilling their daily living activities and instrumental activities, also depend on others for their health care needs.

Table 6: Socio-demographic and Health Background of the Aged with the Health Care Providers

Age Group**	Care from Children	Care from Others	None (Spouse and Self Care)	Total
60-69	37.5	12.5	50.0	100.0
70-79	57.6	11.2	31.2	100.0
80+	77.2	10.1	12.7	100.0
Sex of the Aged**				
Male	49.2	13.1	37.7	100.0
Female	70.2	9.6	20.2	100.0
Marital Status of the Aged**				
Married	51.3	5.1	43.7	100.0
Widowed	79.1	10.9	10.1	100.0
Others	15.4	84.6	0.0	100.0
Living Arrangements*				
Alone	80.0	0.0	20.0	100.0
Children	65.4	6.8	27.7	100.0
Spouse	61.2	4.1	34.7	100.0
Children with Others	57.1	0.0	42.9	100.0
Others	32.3	58.1	9.7	100.0
Education*				
Less than or equal to Primary	69.5	9.2	21.3	100.0
Upper Primary to Secondary	54.3	15.5	30.2	100.0
Graduate	51.5	6.1	42.4	100.0
PG and Professional Above	75.0	0.0	25.0	100.0
Others	50.0	0.0	50.0	100.0
No. of Children**				
No Children	0.0	66.7	33.3	100.0
One Child	64.7	20.6	14.7	100.0
Two Children	55.8	7.7	36.5	100.0
Three Children	65.8	6.6	27.6	100.0
Four or More Children	74.3	6.8	18.9	100.0
ADL Index*				
Complete or Severe Dependency	64.1	20.7	15.2	100.0
Moderate or Slight Dependency	62.3	6.6	31.1	100.0
Independent	58.1	7.0	34.9	100.0
IADL Index**				
Complete Use	53.4	8.8	37.8	100.0
Moderate	66.7	6.9	26.4	100.0

Completely Dependent	73.8	21.5	4.6	100.0
Total	61.7	11.0	27.3	100.0

In table 7, age, sex, marital status, instrumental activities of daily living, and the number of children alive have a highly significant negative correlation with health care. However, health care and financial care have a positive significant correlation with each other. Also, education and chronic diseases have a highly significant positive correlation with financial care. Depression level has no significant relation with health care; in contrast, it has a highly significant negative correlation with financial care. Also, age and number of children alive have a highly significant negative correlation with financial care.

Table 7: Pearson Correlation between the Selected Socio-economic and Health Variables

	Health Care		Financial Care	
	Pearson Correlation	P-Value	Pearson Correlation	P-Value
Age	-.228**	0.000	-.225**	0.000
Sex	-.215**	0.000	-.129*	0.026
Living Arrangements	0.089	0.124	0.107	0.064
Marital Status	-.260**	0.000	-0.073	0.209
Depression	-0.033	0.573	-.168**	0.003
Property Ownership	0.06	0.297	0.002	0.970
Income Source	-0.038	0.515	0.045	0.438
ADL Index	0.113	0.051	0.026	0.652
IADL Index	-.241**	0.000	-0.09	0.119
Health Care	1		.437**	0.000
Financial Care	.437**	0.000	1	
Chronic Disease	0.015	0.790	.209**	0.000
Education	.128*	0.027	.274**	0.000
Children Alive	-.155**	0.007	-.195**	0.001
Siblings Alive	.124*	0.032	0.11	0.056

Note: Correlation is significant at the 0.01 level (2-tailed). ** Correlation is significant at the 0.05 level (2-tailed).*

Quality of Care

It is important to get a proper accommodation or space for the aged persons in the household. It is a way of giving dignity to the aged by their family members. Here, the question is asking whether they are getting sufficient consideration from others in providing proper resting and sleeping facilities. Among older persons who are highly satisfied with their accommodation facilities, oldest-old widowed women are the most. However, though a negligible percentage, of aged persons above 70 years of age discourse their dissatisfaction with their accommodation facilities. Among them, married older persons are more and also most of them are older women (Table 8).

Table 8: Quality of Care in Accommodation Received by the Aged

	Highly Satisfied	Satisfied	Neutral	Dissatisfied	Highly Dissatisfied	Total
60-69	12.5	75.0	12.5	0.0	0.0	100.0
70-79	15.1	69.3	13.2	2.0	0.5	100.0
80+	21.5	68.4	8.9	1.3	0.0	100.0
Married	15.2	69.6	12.7	1.9	0.6	100.0
Widowed	18.6	70.5	9.3	1.6	0.0	100.0
Others	15.4	53.8	30.8	0.0	0.0	100.0
Male	13.1	71.3	14.8	0.0	0.8	100.0
Female	19.1	68.0	10.1	2.8	0.0	100.0
Total	16.7	69.3	12.0	1.7	0.3	100.0

Aged persons reported that they are very much satisfied with the financial and health care received from their children. However, a notable proportion of the aged who receives care from others are also satisfied with the care they get in both health care and financial care. A negligible percentage of the aged reported that they are dissatisfied with the health and financial care provided by their children. However, a tiny proportion of the aged persons are dissatisfied with financial care received from others (Table 9).

Table 9: Quality of Care for the Aged with respect to Health and Financial Care Providers

	Health Care				Financial Care			
	Care from Children	Care from Others	None (Spouse and Self Care)	Total	Care from Children	Care from Others	None (Spouse and Self Care)	Total
Highly Satisfied	11.4	3.0	7.3	9.3	11.6	0.0	7.5	9.3
Satisfied	74.1	42.4	73.2	70.3	72.3	65.0	68.2	70.3
Neutral	12.4	51.5	19.5	18.7	13.9	30.0	24.3	18.7
Dissatisfied	1.6	3.0	0.0	1.3	1.7	5.0	0.0	1.3
Highly Dissatisfied	0.5	0.0	0.0	0.3	0.6	0.0	0.0	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

From the caregiver's point of view, 80 percent assist the older persons to do their activities such as shopping, laundry, housework, meal preparation, transportation, bill payments, money management and home maintenance. Also, more than 70 percent of the caregivers bear the expenses of the medicine and food of the elder parent. However, the quality of care based on the older persons' point of view revealed that about 75 percent of the aged are satisfied with the assistance provided by their caregivers in both cases. A negligible percentage of the aged are not satisfied with the financial assistance given by the caregivers (Table 10).

Table 10: Quality of Care with the Caregivers' Assistance

Quality of Care	Assist Physically	Assist Financially
Highly Satisfied	8.8	8.1
Satisfied	74.9	74.8
Neutral	15.5	15.7
Dissatisfied	0.4	1.4
Highly Dissatisfied	0.4	0.0
Total	100.0	100.0

Challenges of Aged Care

Aged care is a profound phenomenon that varies from person to person. Views of the care receivers and caregivers are different in several situations. Caregivers are willing to care for the older people physically, though they cannot take care of them financially. Due to different household expenditures such as education of their children, and the investments for their future, caregivers often face difficulty providing financial care to the older persons. Also, the children living with the older persons, named as caregivers, have not been full-time caregivers because of certain circumstances such as employment and their health problems. A large majority of the sample children, who take care of the aged, are themselves, aged persons. In other words, aged children are taking care of aged parents. Higher life expectancy may infer longer periods of care. Sometimes, the caregivers also grow old; as a result, the caregivers and receivers fall in the category of aged. This situation is very serious because both the groups do not have to get proper and immediate care upon demand. The same situation is occurred when older couple are living alone. Most of the older adults prefer to live independently if they are financially potential but the demand for care prefers to approach children and relatives.

In conclusion, older persons' care is determined by the magnitude of four conditions. 1.the prevalence of chronic diseases like mental illness, physical disabilities and other co-morbidities; 2.social concerns like migration of children due to which the older people are left behind without any physical and psycho-emotional support; 3.elder abuse, which is quite common due to their vulnerabilities (Shankardass and Rajan 2017); and 4.financial insecurities and inadequate health care coverage that lead to further vulnerabilities (Shrivastava et al. 2013). Care recipients need different type of care such that some are in good health but need daily attention to take care of medication and dieting, others are bedridden and need full-time care, another group has mental and cognitive trauma (Rajan, Shajan and Sunitha, 2020). Changing family structure tend to look further support from societal and institutional for the physical and emotional wellbeing of the older people. It is important to build up a social network comprising of family and friends which will be an important resource to get help (Cohen and Wills 1985; Shanas 1973).

Conclusion

Regardless of their age, older men are always self-sufficient in their everyday life tasks. Even in their early old age, older women are somewhat or slightly

dependent. When compared to their female counterparts, older men are better capable of doing instrumental activities of daily life. Healthy older adults with some stable sources of income are often found to be independent; however those self-reliant among them are found to decline with diminishing self-determination. As with the financial care providers, children are the primary health care providers in this scenario. In comparison to their female counterparts, most elderly men have approached their wives for health care requirements, and most elderly women have been approached by their children for health care needs. Older adults were found to be highly satisfied with their financial and health care needs when it comes from their children. However, a considerable number of them receiving care from others were also found to be contented with the services they received. Only a negligible proportion of them reported being unsatisfied with care received. Perspectives of care recipients and care givers differ across contexts. Caregivers in the sample were found to be willing to do physical care even if they were unable to financially pay for them due to various family expenditures such as children's education and future settlements. Children living with their elderly parents are often mistaken as care givers, though they do not undertake such activities full-time. This is due to a variety of factors such as jobs, health issues, and so on. Astonishingly, some elderly children in the sample were found caring for their elderly parents.

There is a need for support system for the familial caregivers as they are decreasing in households. Government should support these care providers by helping through various mechanisms such as tax benefits, health care insurance schemes, employment quota, and other financial benefits. Also harmony within the family should be established by giving proper training in older caring and counseling services. Also, children should learn in school classes itself how to support their parents when they grow old and how to give help and respect to their grandparents.

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