

Changing Pattern of Elderly Care In Families In Trivandrum District

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Abstract

The present study aims to know the changing pattern of elderly care in families in Trivandrum District. Elderly care is necessary for existing structure of social support and the nature of extent in the family relations. Traditionally family is the single most importance of support for elderly care in Trivandrum district. 200 samples selected in this study. The researcher using simple random sampling method. Questionnaire method was used to collect the necessary data. The statistical test used for t-test and F-test. The objective of the study was used to examine the changing pattern of elderly care families based on socio demographic variables. Result shows that the most of them female respondents have high level changing elderly care in their families. Further it is most of them 60 to 70 years age group have high elderly care in the changing pattern families. Therefore, it is concluded that researcher shows that most of the elderly care were female and married, widowed. Mainly the age range of elderly was 50-70 years. The main reason was to move the elderly care families home to follow by no care to care at home.

Keyword: Changing pattern, Elderly care, Families



Introduction

These study changes have notable implications on the status and support of elderly care in their family. Also the elderly care is necessary is for analyzing the existing structure of social support and the nature of extent in the family relations. Traditionallly family is the single most importance of support for elderly care in Trivandrum district. In the section we analyse the health condition of elderly care which also an important to determine the affecting of well-being elderly care families.

As our population ages and staying healthier for longer becomes a growing concern, elderly care is constantly adapting and changing to meet the ever-increasing demand. However, staying on top of these changes and understanding what options are available for you can be difficult. In particular, we stress the importance of being prepared for the prospect of elderly care – making sure that you are informed of the processes involved and financial implications early on in order to make appropriate arrangements.

The family is an intergral part of everyone's in the life. It is there is to explore the roles of family and significance of their respondents in changing pattern of elderly care. This study focussed on to increase the awareness of families regarding involvement of family members in elderly care and to find out the experience of elderly residents when family members visit them.

Families are the cornerstone of all human societies which have been discovered in every human culture. Family as a social institution is closest to us and its influence can be felt in everyday lives. (Morgan & Kunkel 2006). Also, it is reveals that there is increase in family generations, families are fragmented to small units and divided in

their different level of family changing patterns due to marriage, divorce, step family relations. To similarly it has even increased with families trend to live separately, family member seeking job and studying in the different places. Whereas the creates fewer young family members available to provide care in to the elderly care.

Meaning of elderly care

The elderly care mean is simply eldercare is the fulfillment of the special needs and requirements that are unique to senior citizens. The term encompasses such as services as assisted in the living, adult day care, long term care, nursing homes, hospice care and home care. However, of the wide variety of elderly care to found globally, as well differentiating cultural perspectives on elderly care to cannot be limited to any one practice. Elderly care emphasizes the social and personal requirements of senior citizens to need some assistance with daily activities for health care. Therefore, it is an important distinction in that the design of housing, service, activities, employee training and such as should be truly customer centered. It is also proved the large amount of global elderly care family members to falls under the market sector.

Review of Literature

Vijayakumar (2011) conducted a study on health status of elderly care aged 60 and above in relation to their marital status and living arrangements. This study collected samples for 150. Also, the study based on changes in the family system which had left the elderly care. The study observed that there was difference in health status of the aged living in joint families compared to their counterparts in nuclear and post parental families. The study further revealed that aged in joint families were getting better personal and health care from their family members.

Latiffah (2015) determined psychological well-being of the elderly care people. The study focused on the prevalence of emotional disorders amongst the elderly. The factors found to be significantly associated with psychological well-being of elderly were urban-rural district classification, gender, ethnic group, marital status, number of years of education and current working status. As a result, primary care providers needed to be vigilant when treating elderly patients under their care as low psychological well-being was commonly found in this age group.

Frahm (2017) made a study on Family provides different forms of care and support including advocacy. These are especially important for older adult with mental health history, disabilities and those residing in nursing home. Family support influences the care individuals receive when living in nursing homes. Family member

are most concerned and ensures that best possible quality care is provided to their elderly in order to promote their well-being. It means supportive roles of family results in quality care. Thus family support is to be source of assistance, care and advocacy, resulting in better care for nursing home residence.

Methodology

Objectives

1. To access the changing pattern of elderly care in families based on male and female.
2. To find out the level of changing elderly care respondents based on age group.
3. To examine the changing pattern of elderly care based on marital status.

Hypothesis

1. There is no significant difference between changing pattern of elderly care in families based on male and female.
2. There is no significant difference between level of changing elderly care respondents based on age group.
3. Respondents do not significantly differ in their level of changing elderly care based on marital status.

Method of Data collection

To collect the primary data standard questionnaires were used. The tool was circulated among the selected respondents and interview method also adopted.

Samples Size

200 samples were selected from changing pattern of family elderly care in Trivandrum district. The study using simple random sampling method.

Statistical tool used

The following statistical tools were used to analyze the data . They were

- ✓ t-test
- ✓ F-test
- ✓

Result and Discussion

Table: 1 Respondents level of changing pattern of elderly care based on gender.

Gender	Mean	S. D	t-value	P-value
Male	16.3	6.18	10.5	0.001 Significant
Female	20.9	8.71		

The above table result reveals that the details of Mean, S.D. and t-value for respondents level of changing pattern of elderly care families based on male and female respondents. It is observed from the obtained the t-value there is a significant difference in respondent's level of changing pattern of elderly care based on gender. Since the calculated t-value (10.5) which is significant at 0.001 level. Therefore, the stated null hypothesis is rejected and alternate hypothesis is accepted. Hence, it is concluded that respondents differ in their level of changing pattern of elderly care based on gender. So, the most of them female respondents have high level changing elderly care in their families.

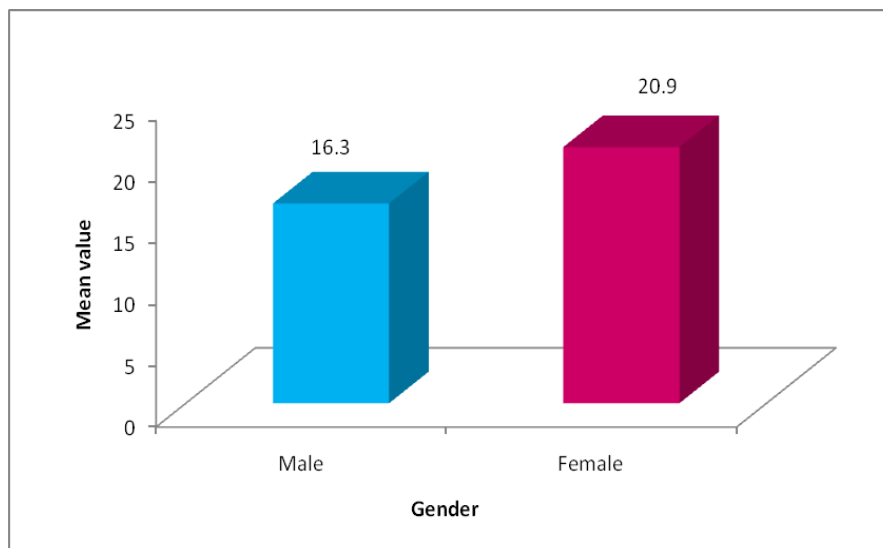


Table: 2 Respondents level of changing pattern of elderly care families based on age.

Age	Mean	S.D	F-value	P-value
60 to 70 years	12.7	3.62	6.93	0.001 Significant
71 to 80 years	7.65	2.48		
Above 80 years	5.63	1.72		

It is inferred from the table 2 reveals the details of Mean, S.D. and F-value for respondent's level changing pattern of elderly care families based on age. It is observed from the obtained F-value there is a significant difference in respondent's level of changing pattern of elderly care families based on age group. Since the calculated F-value (6.93) which is significant at 0.001 level. So, the stated null hypothesis is rejected and alternate hypothesis is accepted. Therefore, it is concluded that respondents differ in their level of changing pattern of elderly care families based on age. Further it is most of them 60 to 70 years age group have high elderly care in the changing pattern families.

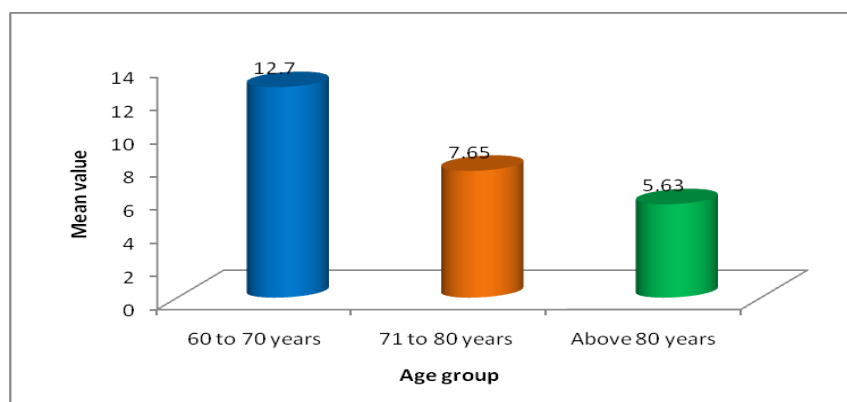
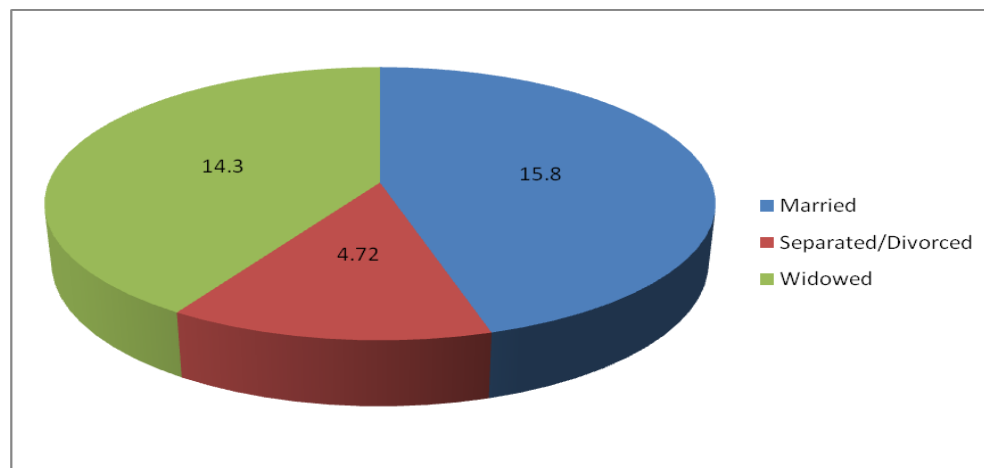


Table: 3 Respondents level of changing pattern of elderly care families based on marital status

Marital status	Mean	S. D	F-value	P-value
Married	15.8	6.71	9.63	0.001 Significant
Separated/Divorced	4.72	1.28		
Widowed	14.3	5.98		

It is inferred from the table 3 reveals the details of Mean, S.D. and F-value for respondents level of changing pattern of elderly care families based on marital status. It is observed from the obtained F-value there is a significant difference in respondent's level of changing pattern of elderly care families based on marital status. Since the calculated F-value (9.63) which is significant at 0.001 level. Therefore the stated null hypothesis is rejected and alternate hypothesis is accepted. Therefore it is concluded that respondents differ in their level of changing pattern of elderly care families based on marital status. Also the elderly care families were consider was married and widowed his same of the changing pattern of elderly care.



Findings

- ✓ The statistical result shows that respondents differ in their level of changing pattern of elderly care based on gender. So, the most of them female respondents have high level changing elderly care in their families.
- ✓ Analysis proved that respondents differ in their level of changing pattern of elderly care families based on age. Further it is most of them 60 to 70 years age group have high elderly care in the changing pattern families
- ✓ Survey exhibits that respondents differ in their level of changing pattern of elderly care families based on marital status. Also the elderly care families were consider was married and widowed his same of the changing pattern of elderly care.

Conclusion

The present study aims to know the changing pattern of elderly care in families in Trivandrum District. 200 samples selected in this study. The researcher using simple random sampling method. Questionnaire method was used to collect the necessary data. The statistical test used for t-test and F-test. The objective of the study was used to examine the changing pattern of elderly care families based on socio demographic variables. Result shows that the most of them female respondents have high level changing elderly care in their families. Further it is most of them 60 to 70 years age group have high elderly care in the changing pattern families. Therefore, it is concluded that researcher shows that most of the elderly care were female and married, widowed. Mainly the age range of elderly was 50-70 years. The main reason was to move the elderly care families home to follow by no care to care at home.

Reference

- Ayranci, U & Ozdag, N 2004. Old Age and its Related Considered From An Elderly Perspective in a Group of Turkish Elderly. The Internet Journal of Geriatrics and Gerontology, Vol 2, No 1, 2004.
- Frahm (2017) Quality of Life of Elderly in Estonia. The Internet Journal of Geriatrics and Gerontology. Vol 7. No 1, pp.89-95.
- Hauge, Solveig & Kirkevold, Marit 2012. Variations in older persons' descriptions of the burden of loneliness; Scandinavian Journal of Caring Sciences. Sep2012, Vol. 26, Issue 3, p553-560.
- Latiffah (2015)'Psycho-social problems in the elderly in Rotterdam and point of departure for prevention'. Indian journal of medical research 131, pp 515-521.
- Vijayakumar (2011) "The family and the health of the aged". In I. J. Prakash (Ed.). Qualify Aging (Collected papers). Varanasi: Association of Gerontology (India).

Bio sketch of the Author



Bing. T is a PhD research scholar of Department of Sociology, Annamalai University. He published a research article. He is interested to find out new pathways to the better elderly care in families. He is a life member of Indian Sociological Society.

Bio sketch of the Co Author



Dr. S. Karthikeyan is an Assistant professor of sociology at Annamalai University. His major areas of interest are sociology of gerontology and sociology of mass communication. He has been associated with Indian sociological society since 2006. He has participated in twenty-five national and international conferences and has published ten articles in respected journals.