

INTERNATIONAL JOURNAL OF RESEARCH IN COMMERCE, IT & MANAGEMENT

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ORGANIZATION AND MANAGEMENT OF OLD AGE HOMES IN INDIA, WITH SPECIAL REFERENCE TO MYSURU CITY IN KARNATAKA

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ABSTRACT

A major phenomenon in recent decades is the issue of coping with the problem of ageing population. It has brought in its wake, the question of caring them during their sunset years. Modern families are nuclear families, with women entering the labor force in growing numbers; the issue has taken gigantic proportions. Add to this, the growing migration in search of greener pastures to other countries – the issue becomes all the more complicated. India is ranked 4th in terms of absolute size of elderly population. The country is not adequately equipped to look after their special health needs. In the above context, it would be useful to know how far Indian society has equipped itself to cope with this growing problem. This is a micro empirical study with particular emphasis to know the organization and the management structure of old age homes in Mysuru. The sample of the old age home was selected using the convenience sampling technique. The data was collected through interviews by posing certain relevant questions to the managers/ head of the old age homes in Mysuru and their responses have been collated and tabulated and relevant inferences have been drawn.

KEYWORDS

elderly, old age homes, modernization, family.

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L3, L31.

INTRODUCTION

A major feature of most modern societies is the emergence of a new class of people, the so called, Elderly. The increased life expectancy at birth of population the world over, brought about because of our ability to control life threatening diseases that include diseases like small pox, malaria, typhoid and vector borne diseases and the provision of improved health facilities, has resulted in people longer the world over. It is a paradox of sorts that while people live longer and possibly live better, it also posed enormous challenges to governments and policy makers to evolve and implement suitable policy for the elderly. In fact, several governments in the world over have legislated and implemented the Policy for Elderly.

The well-being of senior citizens is mandated in the Constitution of India under Article 41. "The state shall, within the limits of its economic capacity and development, make effective provision for securing the right to public assistance in cases of old age". The Right to Equality is guaranteed by the Constitution as a fundamental right. Social security is the concurrent responsibility of the central and state governments.

Subsequent international efforts made an impact on the implementation of the National Policy on Older Persons. The Madrid Plan of Action and the United Nations Principles for Senior Citizens adopted by the UN General Assembly in 2002, the Proclamation on Ageing and the global targets on ageing for the Year 2001 adopted by the General Assembly in 1992, the Shanghai Plan of Action 2002 and the Macau Outcome document 2007 adopted by UNESCAP form the basis for the global policy guidelines to encourage governments to design and implement their own policies from time to time. The Government of India is a signatory to all these documents demonstrating its commitment to address the concerns of the elderly. www.socialjustice.nic.in/pdf/dnpsc.pdf

Much public reaction to the upsurge of elder residences in India is highly scathing condemning old age homes as a radically way of life. From such a perspective, old age homes erode not only valued forms of aging and family but also core principles central to Indian society and culture. "Old age homes against our culture". Reads one representative newspaper headline announcing a government official's proclamation that "the concept of old age homes reflects the impact of western culture" and his appeal to a group of student "to take a vow that they would not leave their parents in old age homes" (The Hindu staff reporter 2004). Retired psychiatrist and old age home resident Dr. Ranjan Banerjee asserted to me: "Old age homes are not a concept of our country. These days we are throwing away our culture. The U.S. is the richest nation in the world and therefore has won us over."

WHO ARE THE ELDERLY PEOPLE?

"Old Age" is usually associated with declining faculties, both mental and physical, and a reduction in social commitments (including sport participation) of any person. The precise onset of old age varies culturally and historically. It is a social construct, rather than a biological stage. The persons in India, who have attained the age of sixty years and above, are defined as elderly for the purpose of availing old age benefits. National Human Rights Commission of India (2011): Know Your Rights Elderly People, New Delhi.

DIMENSION OF THE PROBLEM

As per 2001 Census, total population of Senior Citizens (60+) was 7.7 crore, of which population of males and females was 3.8 crore (7.1 per cent) of total population and 3.9 crore (7.8 per cent) respectively. Population of senior citizens in Andhra Pradesh, Goa, Himachal Pradesh, Karnataka, Kerala, Maharashtra, Orissa, Punjab, Tamil Nadu, Uttarakhand and Pondicherry is more than the national average (7.5 per cent). In rural areas, the percentage share of elderly population in total population is highest in the State of Kerala while Andaman & Nicobar Islands has the lowest share. In urban areas, the percentage share of elderly population in total population is highest in the state of Kerala while Arunachal Pradesh has the lowest share. *Ibid.*, P.1

THE NATIONAL POLICY ON OLDER PERSONS

The Policy was announced by the Government of India in the year 1999. It was a step in the right direction in pursuance of the UN General Assembly Resolution 47/5 to observe 1999 as International Year of Older Person and in keeping with the assurances to older persons contained in the Constitution. The policy has identified a number of areas of intervention financial security, healthcare and nutrition, shelter, education, welfare, protection of life and property etc. for the wellbeing of older persons in the country. The main objective of this policy is to make older people fully independent citizens.

This policy has resulted in the launch of new schemes such as-

1. Strengthening of primary health care system to enable it to meet the health care needs of older persons
2. Training and orientation to medical and paramedical personnel in health care of the elderly
3. Promotion of the concept of healthy ageing
4. Assistance to societies for production and distribution of material on geriatric care
5. Provision of separate queues and reservation of beds for elderly patients in hospitals
6. Extended coverage under the Antyodaya Scheme with emphasis on provision of food at subsidized rates for the benefit of older persons especially the destitute and marginalized sections. *Ibid.*, P.4

LEGAL PROVISIONS

The right of parents, without any means, to be supported by their children having sufficient means has been recognized by section 125 (1) (d) of the Code of Criminal Procedure 1973, and Section 20(1&3) of the Hindu Adoption and Maintenance Act, 1956. It is in this context that the present study assumes importance. Due to the nature of the analysis, we have taken up for a detailed analysis, the status of Old Age Homes for an empirical analysis.

THE CONCEPT OF OLD AGE HOME WITH PARTICULAR REFERENCE TO INDIA

It refers to a multi-residence nursing home for old people, which is also known as retirement home. Each couple or person lives here in a room which is either apartment style or is a set of matching of rooms. Under one roof or in a one building old people are served with different facilities like gatherings, meals, health or sanatorium care, and recreation activities. Levels of these facilities differ from each other. Number of impoverished senior citizens has been increasing now-a-days in India. There are many different factors, which are accountable for increasing the number, like diminishing moral values, Globalization, nuclear family and many other social & economic factors. There are a lot of these kinds of homes in India; some of them are paid homes, or some of them admit physically and mentally fit old people who can take care of themselves.

At present 728 Old homes exist in India. Complete information of 547 Old Age Homes is accessible. Among these 325 Old homes do not charge and 95 homes charge money, 116 Old homes include both without charge as well as stay & pay facilities and the information of 11 homes is not available. There are 278 homes available for ailing people and 101 Old homes especially for women all around the country.

Kerala has the highest number of Old age homes in India among all states which is 124. An old age home is usually the place, a home for those old people who have no one to look after them or those who have been thrown out of their homes by their children's. Parents play an important role in our lives. They brought up their children's despite of having so many socio-economic difficulties. They fulfill our every demand and never complain for anything. In return it's our duty to give respect, love and care to them all their necessities are well looked in old age home after but, the much needed love and care of loved ones is of course sadly missing for, how can outsiders provide solace? In these homes, it is very interesting and even touching to talk to people whether they are men or women the concept of separating the elders from the youngsters has been imported into India from west.

At least in India till now, the old people staying away from the home, from their children's or left to them is not considered to be a very happy situation. But, in India where for centuries even three generations have lived together. However, for the west it may not be so heart rending for there, it is their original life style that two generations never stay under one roof, it is the breakup of the system of the joint family and the introduction of a nuclear family. That has brought this unhappy situation enter our society and the old age homes have had to come up to cater to the needs of the elderly this is the reason why old age homes are increasing in India.

"Old people are like trees which will not give us fruit but shades which are their blessings".

"We make them cry, who care for us. We cry for those, who never care for us".

This is the truth of life, it's strange but TRUE.

STATEMENT OF THE PROBLEM

There has been a progressive increase in the number and proportion of the old age homes in India over the last two decades. Mysuru in Karnataka is no exception. Mysuru like many traditional societies today faces a unique situation in providing care for elderly people. The old age home support structures take the form of family support. How efficiently these old age homes are working in terms their management is a question that has lot of practical significance. The current study is one such modest effort.

In this connection, Yadav Lalan. (2014) studied about sociological status of the Bindapur Old age Home. The study explains the conditions, environment of the Old age home; also it explains the reasons, why the residents choose the old age home. The major reason for the old to move into old age home is being the conflict with their sons, which is an irony itself.

Sarah Lamb. (2007), study done in India in terms of the multigenerational family. It analyzes the trend of old-age-home living in India, as a new cultural space to imagine and practice gender, aging, family, and even national identity.

Eric, R. Jensen. (1990) reported that study emphasis on the Cain's "lexicographic-safety first" model of the old-age security. The regression model incorporated endogenous switching in hazard rate form. Using the Rand Malaysian Family Life Survey, strong support for Cain's notion that parents are very responsive to security-related concerns for a substantial portion of their childbearing period was found.

ArunaDubey & *et al.*, (2011) concluded that the existing condition of the elderly women living in the institution was that they felt lonelier, depressive and had a lower level of satisfaction with life. In this context, the need for preserving our tradition of a joint family and the mutual cooperation and understanding between the younger and the older generations could be more pressing.

Parul Tripathi. (2014) explains the condition of the elderly perceives low social worth or self-esteem in family situations. The study aimed at the views of elderly peoples related to old age home adjustment. The study explores all the aspects related to social and personal adjustment. Results shows that elderly people living in old age home faced lots of problems related to personal and social adjustment.

George Paul. (2006) has explained the importance of Geriatric care in Kerala perspective. He mentioned that Geriatrics population in Kerala is growing rapidly and a significant mass of them have multiple medical problems like poor mobility, arthritis, poor vision, loss of memory, impairment in hearing and urinary problems and also besides these they are also affected by chronic diseases including diabetes, hyper tension, high cholesterol level etc. The author suggests that that the Government should implement certain policies and programs related to the health care of elderly.

Indrani Gupta, & Deepa Sankar. (2003) analyzed the health of the elderly in India. The results show that the elderly is better able to report their physical discomforts that may not require diagnosis and may not often prompt treatment-seeking behaviour. Socioeconomic variables, especially the economic conditions and living arrangements of the elderly, influence the reporting of physical vulnerability. The study points to the urgent need for extending assistance to the elderly, especially the older individuals among them.

Jamuna, P. J. (1990) have examined that the families continue to hold older people in high esteem in most countries of Asia, the social and cultural tradition leaving the total care of the older persons in the hand of the children, a number of forces are bringing about changes in the family support systems

Mukesh, K. (2016). study found that socio economic variables which have exerted influence on the health status of elderly in Kerala and the health status of old age home inmates is worse than that of elderly persons staying with family.

Michael, B. Katz. (1984) have examined that in the nineteenth century the poorhouse became the central arch of public welfare policy. Even in the twentieth century it did not disappear, but was gradually transformed into the public old age home.

Nair, P. K. B. (1989) has concluded that Kerala is one of the states where the debate on the care of the aged is very serious on account of the opportunities for migration open to the Keralites.

Prabhavathy Nair, & Thamilarasi Murukeshan. (2006) studied about aged women in India. They opined that the elderly women face many miseries which are mainly due to their powerlessness, lack of financial asset and regular source of income. This combined with existing social prejudice towards them, has made their position precarious. Therefore, what is needed to rectify the situation is social and economic empowerment of elderly women.

Pradeep Kumar, & et al., (2012) findings reveal higher prevalence of mental health morbidity in the inhabitants of old age homes compared to the community prevalence. Most common mental and physical morbidity was that of depression and arthritis (and joint pain) respectively.

Entwisle, & et al., (1984) have demonstrated, using a cross sectional data set with nations as the units of observation, that fertility varies inversely with the level and breadth of coverage of publicly provided old-age support.

Iyer, V. (2003) Life satisfaction continues to be an important construct in the psycho-social study of aging. It is one of the commonly accepted subjective conditions of quality of life and seems to be one of the facets of successful aging, both of which are key concepts in aging. Research reports that life satisfaction is strongly related to socio-demographic and psycho-social variables.

Mayor, R. (2006) explained some people use their chronological age as a criterion for their own aging whereas others use such physical symptoms as failing eye-sight or hearing, tendency to increase fatigue, decline in sexual potency etc.

Dr. Elizabeth, A.M. & Bir, T. (2014) this study examines the subjective and objective environment, health status and different aspects of human deprivation in the old age and how it varies across gender, sector and state.

J. Balamurugan, & Dr. G. Ramathiratham, (2012) has described the situation and major health problems faced by the elderly from 213 elderly populations of aged 60 and above in three rural communes of Puducherry. Findings reveal that majority of the elderly, both male and female, are unhealthy. The most common health problems aged people face include eye sight, hearing, joint pains, nervous disorders, weakness, heart complaints, asthma, tuberculosis, skin diseases, urinary problems and others. More health problems were reported by women compared to men.

Nayar, P. K. B., (2000) reports that the attitude of both health care professional and common people appears to consider the illness of elderly was an essential part of old age and most of the illness of the old have no cure except palliatives. The lack of access to the basic pain relief drugs like morphine shows that thousands of Indians needlessly suffering long and agonizing deaths with cancer and other conditions.

Sulaja, S. (2007) examined the problems and issues faced by the aged women in Kerala. She points out that the proportion of women elderly population is higher than that of aged men because of highest life expectancy among females than male. The author noticed that the major problems faced by the elderly population are socio economic and health related problems.

Hence, the present study focused given below

1. To briefly examine the current state of the elderly population and the various legal provisions made in India.
2. To study the organization structure of the old age homes in Mysuru.
3. To know the sources of funds and application of funds.
4. To study the managerial problems related to these institutions.

RESEARCH METHODOLOGY

This study involved old age homes in Mysuru, Karnataka. For the study both primary and secondary data has been used. The primary source of data was collected by the interview or the interaction with the management/head/managers of the old age homes in Mysuru. Secondary data was collected from published journals, brochures and websites. The collected data is analyzed to form conclusions and to arrive at suggestions.

RESULTS AND DISCUSSION

Data analysis of the characteristics of old age homes such as year of establishment, type of institute, nature of management, charges for service provision is presented in the Table 1.

TABLE 1: BACKGROUND CHARACTERISTICS OF THE OLD AGE HOMES IN MYSURU

Background Characteristics	No. of Institutions
Years since Establishment	6- 10
	11- 15
	15+
Type of Institute	Day Care
	Residential
	Others
Whether Government aided	Yes
	No
Whether any Government control/supervision of the institution	Yes
	No
Person/institution who established the institute	Trust
	Individual
	Religious Organization
Charges for Service Provision	Free for all
	Free for those who cannot pay
	Compulsory full payment for all

It reveals that 25 percent of the old age homes have been in existence for more than 15 yrs, 25 percent had been established since 11 to 15 yrs and another 50 percent have been in existence since 6 to 10 yrs. All the four homes are residential in nature and whereas majority i.e. do not have such government assistance and are private in nature. Similarly, 75 per cent of the respondents reported that there is no government supervision on their functioning. 50 per cent of the institutions were established by individuals and the remaining 50 per cent Trusts. Finally, about charges which the elderly has to pay for their stay in these old age homes reveal that 25 per cent do not charge anything and 75 per cent of the old age homes charge compulsory full payment from all those residing at the old age home.

TABLE 2: PERCENTAGE DISTRIBUTION OF THE OLD AGE HOMES BY THEIR INTAKE CAPACITY, ADMISSION CRITERIA

Criteria		No. of institution
Intake capacity of the old age home	Up to 6 inmates	1
	10-25	1
	More than 25	2
Norm to accommodate specific number of elderly men and women	Only for women	1
	Only for men	-
	No specific norm	3
Criteria for admitting an elderly person	At least 60yrs old	4
	Able to take care of self	3
	Able to pay institutional charges	3
	For those who are destitute/have no one to care	3

The table 2 provides information about the intake capacity of old age homes, norms to accommodate and criteria for admitting an elderly person. 25 per cent have up to six inmates, 25 per cent have up to 10-25 inmates and 75 per cent are more than 25 inmates.

One institutional head has reported that theirs is only for women, and remaining does not have any such specific norms. Finally, the criteria like the elder person should be more than 60 yrs old for admission purposes is common to all the old age homes. Three of the old age homes stipulate that they should be able to take care of themselves and also be able to pay institutional charges and 3 of the institutions admit those who are destitute have no one to care.

TABLE 3: SOURCES OF FUNDS AND ORGANIZATIONAL STRUCTURE OF OLD AGE HOMES

Particular	No. of Institutions
Source of Funding	Government
	1
	Foreign contributors
	1
	Promoters
	-
Organizational Structure	CSR
	1
	Donors
	3
	Trust
	2
Organizational Structure	Committee members
	6
	President
	1

Regarding the sources of funding, as can be noted from the Table 3, multiple sources have been reported with the majority, 25 per cent of funds are from government, 50 per cent of funds reporting about foreign contributors, 25 per cent from the CSR as their source of funding, while 75 per cent from Donors. Finally, organizational structure of old age home consists of 7 members, i.e. six are committee members and one president.

FINDINGS AND SUGGESTIONS

It has been found that old age homes are managed by the both religious and charitable trusts. Government managed old age homes are very few in number compared to the others. Most of the old age homes are meant for both male and female inmates. Most of the old age homes have their own land and building. In many of the old age homes, inmates are charged for their maintenance and admission. Most of the old age homes are not government aided institutions. Main sources of funds for those institutions were from the donors, individuals, organizations and CSR. In most of the old age homes, organizational structure consists of seven members.

Proper monitoring of the work of the old age homes should be done by the government. Periodic visits by concerned authorities will help these old age homes to work according to the norms required of these institutions as per the Policy directions of the government. Government need to provide more assistance in the form of funds to these organizations. It is not enough for the youngsters to provide money for the elders, it is more important to show them affection and respect.

CONCLUSION

In India there are millions of people who belong to the elder population. The present study was undertaken with the overall objective of understanding the existing institutional facilities available for the care of elderly in the City of Mysuru. A sample of four old age homes was selected and the information obtained from the managers of these old age homes as per the questionnaire prepared by the Author has been tabulated in the above analysis. Interviews with the managers of the old age homes has revealed that their major source of funding is either through individual donors or by the trust that has established them and the organizational structure of old age homes consists seven committee members. There is ample scope and need to improve the present organizational and managerial set up of these homes. This is all the more important in the light of the fact that these are turning out to be more of profit making business ventures.

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