

# CHALLENGES FACED BY CARE GIVERS OF ELDERLY IN INDIA

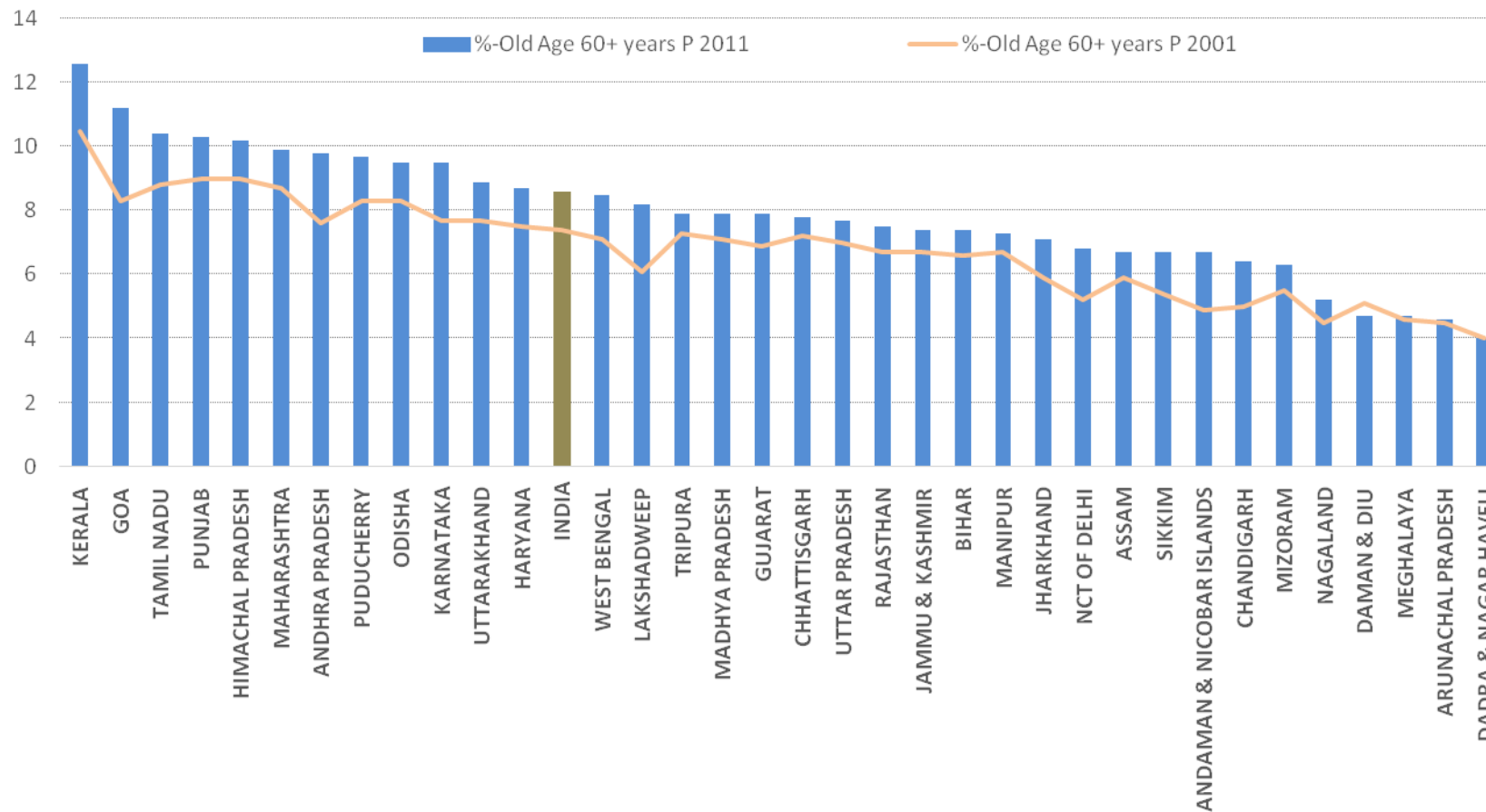
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Percentage of elderly (60 years or more) to total population  
Census 2011 (major States)

Name of the State	% elderly	Name of the State	% elderly
<b>Top 5</b>		<b>Bottom 5</b>	
KERALA	12.6	ASSAM	6.7
TAMIL NADU	10.4	NCT of DELHI	6.8
PUNJAB	10.3	JHARKHAND	7.1
MAHARASHTRA	9.9	BIHAR	7.4
ANDHRA PRADESH	9.8	JAMMU & KASHMIR	7.4

**Percentage of elderly (60 years or more) to total population, India, States and UTs, Persons, Census 2011 and 2001**



In Census 2011, 8.6 % of persons are in age group 60+ years compared to 7.4 % in Census 2001

Aged persons have increased in all the States and UTs, except in Daman & Diu

# Old Dependency Ratio India : 1991 to 2011

Old Dependency Ratio, India		
1991	2001	2011
<b>122</b>	<b>131</b>	<b>142</b>

•Old Dependency Ratio =

No. of persons in age group 60 years or more ÷ No. of persons in age group 15–59 years

ODR is rising due to higher life expectancy at birth

## Dependency Ratio (Old) Census 2011

Name of the State	Population in %	Name of the State	Population in %
<b>Top 5</b>		<b>Bottom 5</b>	
Kerala	196	Dadra & Nagar Haveli	63
Goa	168	Daman & Diu	64
Himachal Pradesh	161	Arunachal Pradesh	77
Punjab	161	Meghalaya	84
Tamil Nadu	158	Nagaland	86

<http://www.censusindia.gov.in>

# IN INDIA -FAMILY IS THE IMMEDIATE CARING INSTITUTION.



Families provide the opportunity for intimate social interaction for each of its members

Caring for a loved one who is an aging elder in the family, can be challenging.

With the aging process, the family system undergoes many changes as the health of older adults , both physical and mental, begins to decline.

In joint family system in India, several units function together.

The elderly couple and their adult son and his offspring live in the same household.

Several family members may be employed, and their incomes are pooled for the upkeep of the family system.

Family income alleviate the burden on the caregiver.

Sick elderly person increases the burden of the family.



## **Caregivers are two types formal & informal .**

Formal care ( paid services) provided by health professionals or social welfare organizations.

In India formal care giving has not yet been well established as compared to the developed countries.

Informal care giving (unpaid services) rendered by family members, friends and relatives.

## **Care givers also are categorized as primary & secondary.**

Primary caregivers are mainly responsible for providing care to the elders and those who assist or support the primary caregiver in their care giving activities are secondary caregivers.

Informal supporters provide the majority of long term care to chronically disabled elders.

Care giving has been recognized as an activity with perceived benefits and burden.

It is very rewarding, but also involves many stressors, changes in family dynamics, household disruption, financial pressure and added workload.

Care givers may be prone to depression, grief, fatigue and changes in social relationships.

Caregivers stress can be particularly damaging ,since it is typically a chronic , long term challenge.

Caregiver may face ,years or even decades of care giving responsibilities,

It can be particularly disheartening when there's no hope that family members will get better.

With no adequate help or support, the stress of care giving leaves the caregiver vulnerable to a wide range of physical and emotional problems. Eg : from heart disease to depression.

When caregiver's stress and burnout put him or her own health at risk, it affects his /her ability to provide care.

**It hurts both the caregiver and the care receiver.**

# MODERNIZATION & ADVANCES IN MEDICINE & TECHNOLOGY.

- Older adults now live longer than they did even a decade ago.
- The life expectancy in India in the 1960s was 45–50 years and now is 65–70 years
- With larger numbers of family members and the high cost of living, female family members who formerly provided the majority of care giving to the elderly have increasingly found it necessary to be employed out- side the home.

# INDIAN SCENARIO

- As a consequence, the family system has gone through some reorganization, which has created a greater burden on other family care givers as roles have shifted, by necessity, and become increasingly complex as families struggle to keep up with inflation and the rising costs of goods and services.

# INDIAN SCENARIO

- Female care givers in India perceive the greater level of burden in providing care to their elders.

The family system remains the most important source of support for elderly people requiring care.

# INDIAN SCENARIO

As long as adult children feel obligated to support their elderly parents and relatives, their sense of dharma or duty to their parents must be admired and given public recognition.

- The female care givers who experience the burden of care should be assessed and their ability to provide care be gauged realistically.



- In-home support and cash award incentives from the government should be tailored to their needs.
- The optimal solution would be that care would continue to be provided by the family, but with support from the community, such as visiting nurses, respite care, and senior centres.

- In order to build communities, new ways need to be adopted that mix informal and formal support services aimed at enhancing the caring functions of the family within the community.

- Institutional care should not be regarded as a last resort, as it is the most appropriate form of care for those requiring intensive support, especially when the behavioural problems of the elderly have been determined to have an organic basis.

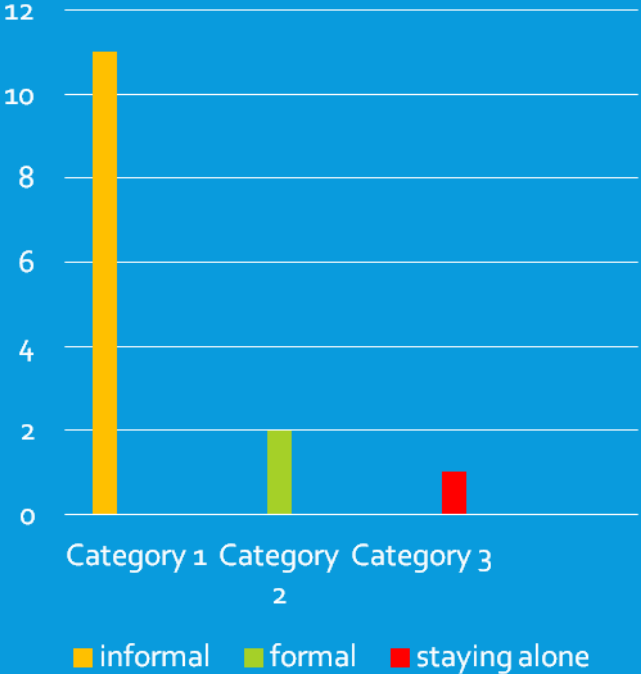
The admission of an elderly person into institutional care should in no way be taken as an act of disregard for the elders,

# A STUDY IN SOUTH GOA DISTRICT (SALCETE TALUKA)

- According to Census 2011 data , 11.2% Goa population is aged 60 years and above, giving the state the second largest aged population after Kerala as a percentage of overall population, as per last census.
- The challenges faced by Goa's elderly population is depression.
- The reasons were family conflict, financial difficulties , worries about children , neglect and abuse, loneliness & boredom.
- The feeling of the old was little public respect and the young people did not enjoy their company.
- The study revealed that Goa's elderly were in need of moral support , love and affection & families needed to be educated about their needs & desires.

A STUDY DONE IN A VILLAGE (CARZETTE) OF SALCETE TALUKA OF SOUTH GOA DISTRICT,  
(GOA ELDERLY POPULATION IS 80,000, AROUND 1200 ELDERLY LIVE IN OLD AGE HOMES)

## Elders

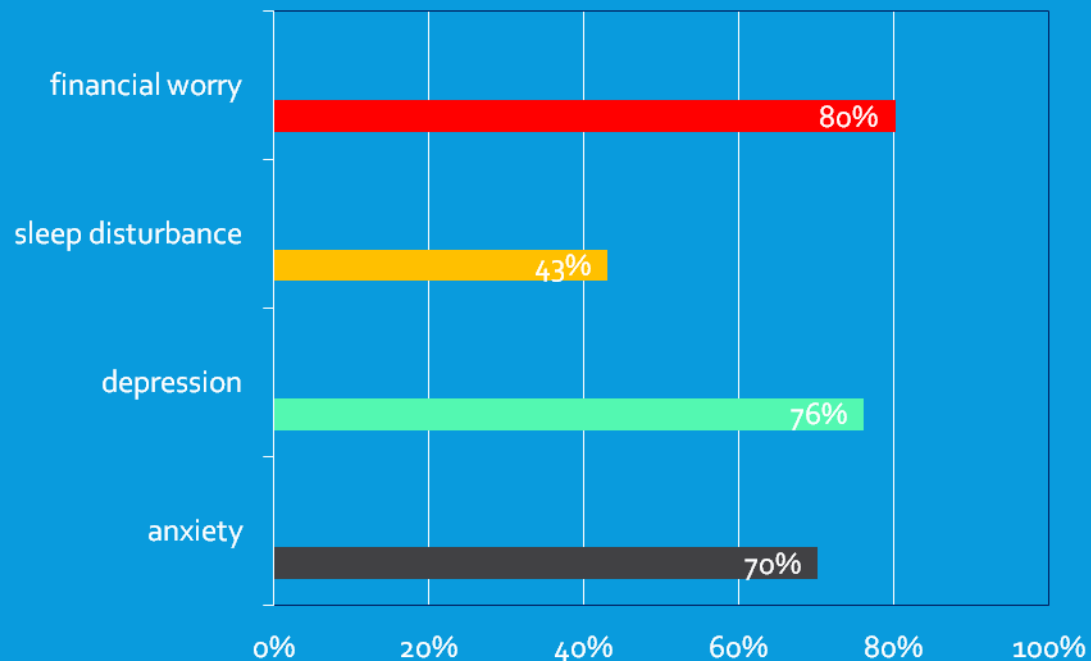


Result of scores in caregiver strain index tool measures strain related to care and the Zarit Burden interview interpretation Score measured levels of burden & level of stress among 50% of the caregivers, and are on the verge of "burnout".

Caregivers were majority, daughter in laws Their response to rewards/ favor received in caring was "blessings".

# BURDEN AMONG STROKE CAREGIVERS: (COMMUNITY BASED STUDY FROM KOLKATA INDIA).

Increased workload of caregivers



Result From 199 stroke survivors & caregivers (C G) :  
Financial stress was prominent & common among socioeconomic weaker section  
Stroke causes significant C G stress which is unreported in India.

# PREVALENCE OF DEMENTIA IN INDIA

- For the year 2010, an estimated 3.7 million Indian people aged over 60 have dementia (2.1 million women and 1.5 million men).
- Dementia of the family member has an overall impact on the entire family. The family and kinship form the cornerstone of care and support .
- Dementia care in India is almost home based.

# THE QUALITY OF LIFE OF CAREGIVER'S OF PATIENTS SUFFERING FROM CHRONIC KIDNEY DISEASE (VILLAGE RAM NAGAR, DISTRICT PATIALA, PUNJAB, INDIA )

This prospective study was conducted on 68 caregivers of patients suffering from chronic kidney disease. The caregivers were divided into two groups.

- Group A were caregivers of patients on haemodialysis, whereas
- Group B were caregivers of patients not on haemodialysis.
  
- The caregivers in both the groups were subjected to Zarit Burden Interview (ZBI)



# THE QUALITY OF LIFE OF CAREGIVER'S OF PATIENTS SUFFERING FROM CHRONIC KIDNEY DISEASE (VILLAGE RAM NAGAR, DISTRICT PATIALA, PUNJAB, INDIA )

## Results:

- The amount of burden was significantly more on caregivers whose patients were on haemodialysis and
- quality of life was significantly better in caregivers whose patients were not on haemodialysis.
- Chronic kidney disease takes a toll not only on the patient but also the caregiver of the patients.

**The key point is that the caregiver need care too.**

Caregiver learns to recognize the signs & symptoms of stress & burnout .

Watch for the signs of burnout & take prompt action when he/she recognize the problem.

Follow the tips & strategies for recharging & finding balance.

Caregivers may try & make sure he/she are fully informed of all the options available like care home, respite care, or community support group.

THANK YOU