



OLD AGE HOMES: SOME CROSS CULTURAL DIFFERENCES

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Abstract

This study aims to understand the influence of different cultures in the basic purpose and functioning of homes for the old in Norway and India. The study was first conducted at Heimens, (translated as Home) in Norway. The study was later continued in some of the homes for the aged in Bangalore, India. A self-prepared questionnaire was used and the questions were addressed to the Head/ Director and the Nursing staff of the Homes by the author. Conceptual differences in culture were seen in the basic purpose and functioning of the old age homes in India and Norway.

Introduction

Aging is an inevitable process, a part of the cycle of life, a universal experience. The concept of old age has been written about in ancient texts like the Bible, the Quran and the Hindu scriptures¹. Since time immemorial older persons in India have been accorded a place of honor and importance in the family and community. They were respected and were looked to for advice. The families and the communities looked after the old people regardless of their productive capacity. To a society and culture that has long prided itself in its veneration of the elderly, the existential reality of the aged may come as a surprise. Be it the way they are treated within the

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family, the woeful inadequacy of the health the glaring problem of economic security and financial sustenance – it is evident that modern Indian society is ill prepared to meet the challenges posed by the graying of its population¹.

Populations, worldwide, are ageing. In India, while the total population is expected to rise by 49% (from 846.2 million in 1991 to 1263.5 million in 2016), the number of aged (persons aged 60 and above) is expected to increase by 107%, from 54.7 million to 113.0 million, in the corresponding 25-year period. In other words, the share of the aged in the total population will rise to 8.9% in 2016 (from 6.4% in 1991). Population estimates further suggest that the number of the aged will rise even more rapidly to 179 million by 2026 - or to 13.3% of the total Indian population of 1331 million.

We are confronted with the problem of not knowing what to do with our elderly citizens. There is an economic and social dimension to the problem of the aged. The traditional support structure of the family, which alone held out as answer to this problem, is increasingly unable to cope with the problem nor does it seem capable of dealing with the pressures created by the demands of a modern urban industrialized lifestyle. The kind of social security that the Indian state provides is minimal. So old age homes become inevitable. Also the accommodation available in urban centers is small and designed for the nuclear families. Any addition to this family would disrupt the equilibrium. In the olden days the aged had no independent income, so they were dependant on their children. But the present generation of elders has their own sources of income and they can afford to find comfortable accommodation on payment. These are the two main factors that lead to the drifting of the elderly and younger generation apart.

Many other factors have contributed to the alienation of the elders:

- Migration of young couples from the rural areas to cities in search of better employment opportunities to fend for themselves.
- Elders who have been in control of the household for a long time are unwilling to give up the responsibility to their children.
- Youngsters on their part are sometimes resentful of the attitude of their parents.
- Many youngsters have moved to places far away from their native homes and in the recent past to many countries abroad. So even if they want to they cannot accommodate their parents in their own homes.
- Elders are sometimes too incapacitated or unwell to look after themselves or get medical care especially in an emergency.

All these have made the old age homes seem more relevant than ever before.

Aging brings with it certain changes in one's life. It is generally viewed as bringing physical decline, emotional instability, mental deterioration, forced retirement and financial dependency. Older people are known to have health problems like diabetes, hypertension, cataract, arthritis, behavioral problems, dementia; Alzheimer's disease etc. They find it difficult to cope with the losses they experience. Apart from health needs, older people have several psychosocial needs like financial and medical needs. They also experience adjustment problems; some are ill-treated and have to put up with verbal and physical abuse while others are left to fend for themselves. There is also a loss of social role and recognition. Safety is now an important matter of concern, as senior citizens of late have become easy targets for criminals wanting to earn a quick buck.² Since October 2000, Bangalore city (Karnataka) has been shaken by serial murders of senior citizens especially women. The average rate of these murders was approximately one or sometimes two per month.² They also experience certain psychological problems like depression, feelings of loneliness, helplessness, low self esteem, insecurity, fear of dying etc.

Heterogeneity and diversity are major characteristics of the aging population. The former refers to variability within the individual as he or she ages. On the other hand diversity refers to the position of different groups in relation to one another within society. Aging remains firmly culturally embedded. It offers an excellent illustration of the ways in which a uniform biological process can be given varying cultural significance. Every society has a concept of old age. Older people in various nations and cultures experience aging quite differently. The age at which old age is thought to start varies in different cultures. Old age is usually defined as starting at 60 in Japan and Thailand for example and at 65 to 70 years in most western industrial societies. Every society has elderly or aged individuals. However societies differ on how they handle the aging process, the number of elderly individuals within their society, and their relationship with other members of their society. Different cultures also hold different values and these values can affect the care, treatment and views of the elderly.³

This study aims to understand the basic purpose and functioning of homes for the old in two different cultures: Norway and India. The main objective of the study is to highlight the importance of these homes and their styles of functioning.

The Norwegian Government and Old Age homes (Heimen)

Homes for the old are establishments arising from the Health and Social Welfare System of the Norwegian parliament. The Department of Health of the Norsk government directly looks into the affairs and functioning of nineteen counties existing in the country. These counties are further responsible for the activities and functioning of four hundred and thirty four communities. These communities study the population and work upon the number of Heimens (homes) that must be established for a spread of population.

The functioning of these Heimens is under the vigilance of an appointed doctor-in-charge in the county who is guided by the rules of the Public Health System of the government. This Chief-medical-Doctor looks into all the affairs related to the staff and the inmates of a Heimen.

Special importance is given to cleanliness, timely food and health care of the inmates in a Heimen. Other activities are also provided to keep them busy and entertained. The inmates can complain if they experience any inconvenience during their stay in the Heimen.

Heimen in a community in Norway

A community in Norway has a home for the aged with forty-three 'beboere' (inmates). Of the forty-three inmates thirty-three are women and the remaining are men. The youngest inmate is forty-seven years old while the oldest is hundred and two years old. The number of inmates varies among heimens and the existing population of the community. The heimen has sixty staff of which some are temporary, visiting only few times in a week.

The criterion for admission into a heimen is "Health condition". Problems with health, which render people dependable, are an important reason for applying for admission. The Public Health System provides every citizen a personal doctor who monitors the health status and who can recommend admission into a heimen in case of ill health, which will require assistance and support. All applications are scrutinized by the Chief Doctor of the County before admission into the heimens.

The old who do not show any illness live in independent houses built for them. Here they can avail the facilities of nurse care and can pay for help from social workers who help with cleaning and other odd jobs.

The Heimen

The heimens have single and double room accommodation. They generally prefer to provide single rooms to the inmates to give them the privacy they need. The common areas are, well furnished living rooms, a lounge to watch television, dine and rooms to lay games and have some activities. There are activities and hobby time four days a week. The inmates can bake, paint, knit and make products from cane, wood and other materials. Invited musicians too provide entertainment.

Food is cooked in the main kitchen and served under personal assistance. The menu is common but personal preferences are always taken care of. There is a special diet for the sick.

Observation of some Inmates

The head of the Heimen introduced the author to some of the inmates.

Mr Sigurd As, 93 years old, a carpenter by profession is survived by his wife who is also an inmate. He was attacked by polio at the age of twenty-five which made him 50% incapable of normal functioning. He continued to work for a few years after the age of retirement at 60. He viewed the home as the ultimate comfortable resort for Norwegians. The home provided good service and care. He finds this care improving with years. He is active and is able to move around in the Heimen.

Olaug, 76 year of age, lives in the Heimen for the past three years. She is completely dependent for help with Senile Dementia. Her husband, Hans, 82 years old, lives alone in an apartment nearby and visits her every day and spends time working with her physiotherapy. After caring for her for two years at home, he felt the need for better assistance and hence had to move to the Heimen.

Psychological and Social Problems

Homes for the 'Old' are a common and accepted social system. People apply to enter these homes being aware of the security and comfort they can avail of. It has however been observed that most inmates begin their lives in the heimen with a deep sense of worry, loneliness and depression, missing their previous lifestyle. Most of them register the fear of dying alone. Most of them have the urge to go back to their old place.

The Norsk Society

According to a recent analysis the Norsk society is experiencing the "Old Age Wave". There is life longevity, which has been attributed to advanced technology. There is a sudden increase in the population of senior citizens. It has led to longer waiting lists for admission into heimens.

It is also observed that the Norsk countryside have families where the old live on farms as the family members work on their own farms and can manage to take care of the old. They may move out in case medical assistance is needed. The society has mixed views about the importance of family ties and responsibility.

The staff of the heimen has a great sense of job satisfaction and show commitment as it involves competence.

Old Age Homes: Indian Scenario

Most homes for the Aged in India are private homes. They do not have any Government assistance. They run on charity and benefactors who contribute regularly. These Homes are located in the heart of major cities. Some homes are almost around 102 years old, with more homes of the similar kind around India. The inmates are admitted free of cost; everything is taken care of by Caretakers who are in charge of these homes.

One such home has 150 inmates, 75 men and 75 women. All the inmates are above 60 years of age. The inmates are basically poor people, whose families have abandoned them or are orphans and have no one to take care of them. They approach the home and ask to be taken in. Good health is not a criterion for admission. Anyone, who is poor and above 60 years of age can be admitted to the home.

Records are maintained for the inmates. All details are recorded, including date of admission, medical history, family history, etc.

The inmates basically hail from poverty. Their children have abandoned them as they are old and have to be fed even though they don't contribute to the family income. Some of them have been thrown out of their houses after writing down a will, bequeathing everything to their children. Some of the inmates have no one to call their own, having been orphaned or widowed earlier in their lives and having no one to take care of them.

The inmates live comfortably in the home. They have a doctor coming in 2 days a week to check on their medical condition. A lot of inmates suffer from motor problems and are unable to walk. The inmates, if suffering from a serious problem, are taken to larger Hospitals to be treated properly. Their boarding and lodging are free. Two people share one room.

Activities

The inmates help around the home by working in the laundry, cutting vegetables in the kitchen, pressing clothes, sweeping the floor. The inmates are exposed to occupational therapy where they indulge in pottery, carpentry, etc. to conquer many psychological ills. The inmates are granted one leave a month. All festivals are celebrated with gusto even though the home is basically of Christian origin. The inmates of the home, who hail from different religions, celebrate these festivals in harmony.

Facilities

The inmates watch television, play cards and go on outings. The home usually discourages them from drinking too much, which is why it keeps a tab on the outings.

Psychological and Social Problems

A lot of inmates suffer from memory disorders. As most of the inmates come from poverty stricken homes, they are quite happy to stay in a home which takes care of them. They suffer from initial depression if their families had abandoned them. These are soon overcome when they realize they will be provided for in every way by the home, and acquire emotional support from other inmates. They do not have any social problems as such, as all of them come from a similar backward social background.

Another "Home for the aged" in the city is 8 years old. It is also not a government home. The home has 2 centers. The first center has 12 inmates and second has 1. The centers are space constrained (30''x 100), which is why they have not been able to take in more than 12 people. Two inmates are allotted one room. The ratio of men and women is 1:3.

There is no fixed criterion for admission. The management is quite flexible when it comes to admission, though all the inmates in the home are aged above 70.

Preference is given to those who are bedridden. A lot of the inmates suffer from paralysis and arthritis. The director and a few "ayahs" take care of the inmates.

Records are kept of all the inmates of the home. Various details like date of arrival, medical history, family history etc are recorded. The records are not updated daily, only if and when necessary. A few of the inmates have their families who visit them once in a while. A few don't have families.

Facilities Provided

The inmates are provided with decent living facilities. They also watch television, read the newspaper and play card games in their free time. They have a physiotherapist and a yoga instructor coming in regularly for the benefit of the inmates. The inmates are taken out on outings and have a magic show on weekends. The children from a nearby school visit the inmates to talk and play with them in the afternoons. Nurses from a nursing school in the locality also visits the inmates to keep them company and check on their medical condition.

Psychological and Social Problems

The inmates when admitted suffer from depression that is caused by the change in the environment. This lasts for a week to 15 days. They also feel a sense of dejection probably because they feel unwanted and rejected by their family. This is a very deep-rooted feeling and some inmates even die with this feeling. They are scared of dying alone, with no one to take care of them. They eventually begin to interact with the other inmates and slowly settle in. After about two years of staying in the home, some inmates do not even want to go, even if their families come back to take them in. They get very attached to the home and its inmates.

Conclusion

Populations worldwide are aging; with this increase and with the break down of the traditional families, which were a major source of support to this section of the population there is a growing need for old age homes as an alternative support system.

Old age homes in Norway and India are set up for the basic purpose of providing security and care for the aged. However there are some differences seen in the administration and functioning of the homes in these two countries.

Old age homes (heimens) in Norway are establishments arising from the Health and Social Welfare system of the Norwegian Parliament. A medical doctor is appointed who is in charge of monitoring the affairs of the Heimen. He is guided by the rules of the System of the Government. In India however most homes are private ones run without any governmental assistance. They have their own medical facilities and are independently linked to hospitals around them.

The second conceptual difference between the homes in Norway and India is the criterion for admission. While in Norway it is the Health condition, health is not the most important criterion in India. Most people accepted into old age homes in India are poor and cannot support themselves.

Most old people in Norway register themselves into these old age homes for reasons of ill health, the security and comfort it provides. Though this is now an emerging trend in India most old people are enrolled by their families who no longer want them and some of them have been abandoned with nowhere to go.

In Norway, it is an accepted social decorum and every citizen prefers to apply for admissions when reporting and confirming serious sickness with their personal doctor. From the clinic it is often formalities at the administrative level, which support their application, and they are soon in the comforts of a Heimen. Psychosocial aspect of helplessness and dependence, which makes an individual seek assistance in day-to-day activities, is an accepted family norm. This element is not a part of the Indian culture and family values. The turmoil experienced by individuals in Old Age Homes here is different in nature.

Both countries however are experiencing the " Old Age Wave" as a result of advanced medical technology and health care.

Old Age homes in both countries provide similar facilities and involve inmates in various activities to keep them occupied.

The psychological problems faced by the inmates of these two countries are similar however in India there may be an additional feeling of abandonment experienced by the inmates.

Society has woken up to the issues of old age and a lot of research is being done into the psychological social and economical problems faced by them.

The constitution of these countries has made provisions for the social and economic security of the aged. The rise in the number of old age homes to accommodate the increasing population has led the governments to realize the seriousness of the

situation, as such they have introduced a number of schemes and benefits for this section of the population like Old age pensions, insurance schemes, better and exclusive health care facilities, special facilities for travel, help lines etc. The emotional and social problems experienced by the aged in these homes emphasize the importance of mental health professional in helping the aged deal with their problems.

The elderly were the least noticed of the destitutes, especially in India. However things are now changing on that front. The government in collaboration with professionals from other disciplines is working to improve their quality of life.

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