

A Study on Caring Perception of Informal Caregivers of Elders

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Abstract

The advancement in public health and medical technologies, during the twenty first century leads to increase the life expectancy, it leads to over population especially aging. Increasing number of elders has been increasing in the number of elders with disability; hence the elders require the palliative care assistance to fulfill their daily activities with the help of formal or informal caregivers. The informal caregivers of elders refers to non-paid individuals, who are primarily responsible for providing and/or coordinating care of the elders in their house, such as a spouse, offspring, other relative and non-relative, they act as anticipatory, preventive, supervisory, instrumental and protective roles. The rapid changes of familial system, the caregivers of elder were faced psycho-social, physical and financial problems. The researcher was motivated to undertake the level of caregiver caring perception of BPL (Below Poverty Line) informal care givers of elder at Coimbatore city with the objectives of to assess the personal background of the selected respondents and to find out the different levels of caregiver caring perception. The researcher adopted descriptive research design, census method of sampling and interview schedule is the tool for data collection in his study. The strong filial-piety norms, traditional values and community respect were influenced the positive thoughts as well as the financial problems, tedious caring job, difficulty in fulfilling the elders' basic needs were negative thoughts of caring the informal caregivers of elders.

Keywords: Informal caregiver, BPL (Below Poverty Line), Perception, Strong filial-piety norms, Community respect

1. Introduction

In India, 60 years of age can be taken as the beginning of old age (IGNOAPS, 2001 and MWPSCA, 2007). Worldwide, India is the second largest elderly populated country (UN, 2007). The elderly population is projected to grow from 76 million in 2001 to 137 million in 2021 (Census of India, 2001; Paliwal, 2007). Increasing number of elders has been increasing in the number of elders with disability. Such elders (Care receivers) require the palliative care and assistance to fulfill their daily activities with the help of caregivers (Gavrilov and Heuveline, 2003 and Jamuna, D. 2006).

Elder care is a unique combination of assistance and supervision conditioned by characteristics of older persons who are receiving care from his/her caregiver (Jamuna, 1998, 1999b; Ramamurti, 2000). The informal caregivers' caring perception is some kind of soul searching, common feelings and thoughts; it will reflect the caregiver as well as their family life (Jamuna, 1996). Care receiver physical, memory and behavior problems, caregivers' health conditions, personal and social restrictions, social support, cost of expenses, caring situation, caregiver and care receivers relationship are influencing factors of caregiver caring perception (Jamuna, 1997b). Caregivers helping nature, positive attitudes towards helping relationships, capacity to get insight into needs of another person (empathy), absence of irritability, tolerance to frustration, capacity to withstand stress, understanding and appreciative nature of others behavior and possession of flexible ties, feeling sufficient care and involvement of elder life, spend enough time to providing care, asking for help from others and feeling responsible for the happiness of elder are playing positive informal caregivers perception. inability to meet own needs, interference in personal life, guilty feeling, inability to spend enough time to their personal needs, elder expecting more than other family members, feeling anxious, sad, easily get angry, lack of contact with their friends and not able to utilize the enjoyable and recreation activities, poor level of caregiver and care receiver relationship, feeling in sufficiency of care involvement, spending enough time for caring the elder, feel guilty, feeling powerless are playing negative perception of informal caregivers caring life of elders (Kim, 2001, Ramamurti and Jamuna, 1984 and Jamuna, 1992, 1996, 1997b).

1.1.1. Theoretical Background of the Study

The researcher referred the relevant theories related to present study. The details are given below: Activity / Developmental Tasks Theory is mainly focused to maintain morale of the informal caregiver in caring the elder, substitutions must be made for loss roles, work burden, loss of employment and financial problems. Care giving contributes to self-concept, satisfaction and establishes new roles (Friedman and Havighurst 1954; Havighurst and Albrecht 1953) and Hierarchical Compensatory Theory focuses on the importance of recipients' preferences that is caregiver prefer the assistance of elder; they turn first to children, second to other relatives, third to friends or neighbors and last to formal groups (Cantor, 1991). The caregiver's physical, social, mental, and health related perceptions influence the caregiver quality of life.

2. Statement of the Problem

Elder care giving (end of the life care, frail caring, and palliative care) is a highly strained and burdened work. However, it is a responsible humanitarian task fulfilling the elders' wishes and personal satisfaction in life. Some people accept it gracefully with a positive attitude, but many informal caregivers adopt negative attitude in their day to day life depending on elders' physical and intellectual health condition. The informal caregivers in India normally adhere to the Indian cultural norm of dharma or moral duty to provide care for the elderly parent (Gupta and Pillai, 2002). In the present scenario, informal caring in urban area is classified as: 1) the upper class people recruit home caregiver (home nurse) and provide proper care for their elder parents or relatives, 2) middle class people among whom both husband and wife are employed, they provide neither informal care nor formal care (paid homes); it depends on their earning and place availability and 3) poor class or Below Poverty Line (BPL) depend on informal elder care service. They are facing all kinds of problems. The researcher was motivated to undertake a study on informal caregivers' caring perception in an urban community.

2.1.1. Objectives

1. To assess the personal background of the selected respondents
2. To find out the different levels of elder caring perception of the respondents.
3. To identify the significant relationship among the respondents' personal variables verses caregivers caring perception.

2.1.2. Hypothesis

The researcher has proposed the following hypotheses for testing with reference to the above objective.

- H 1: There is no significant relationship between age and the level of caregiver caring perception.
- H 2: There is no significant relationship between sex and the level of caregiver caring perception.
- H 3: There is no significant relationship between income and the level of caregiver caring perception.
- H 4: There is no significant relationship between caregiver - care receiver relationship and the level of caregiver caring perception.

2.1.3. Research methodology

The researcher has categorized informal caregivers based on their economic hierarchy and selected only BPL informal caregivers of elders. The central government is providing old age pension for BPL elders through Indira Gandhi National Old Age Pension Scheme (IGNOAPS) (O.M.No.J-11013/1/2007-NSAP dated 24th September, 2007) through which 14.180 BPL normal and filial elders were benefited within the Coimbatore Corporation limit. The researcher exclusively focused on filial elder caregivers in his study. Hence the researcher adopted survey method with the help of Indian postal department and directly met and collected the filial elder preliminary dates, which covered 288 (20 respondents were taken pretest which is not included in the study) caregivers of filial elders within Coimbatore Municipal Corporation, which constitutes universe of the present study. The universe is very small in size, so the researcher adopted census method of data collection. During the data collection period 12 elders passed away, 4 elders were shifted to somewhere for further treatment, 2 elders were shifted to their own native places. Thus the researcher collected data from 250 respondents for this study. The researcher used interview schedule as a tool for collecting data. The researcher adopted Caregiver Caring Perception scale (Steven Ross, 1983) in his study, the scale has been modified by the researcher for his study purpose, it consists of 60 items, each item is provided with four responses. The scoring has been obtained on a four point scale, the lowest score is 1 and highest score is 4, the range of which is 60 to 240. The high score obtained on these items indicates positive or good opinion about caring the elder. The researcher used split-half reliability test, the reliability correlation value of perception is 0.91 and face validity method used, direct interview method is the tool for data collection and the researcher used descriptive research design in his study.

3. Major findings of the study

The major finding of the present study as:

- Half (50.8 %) of the respondents belonged to the age group of 41-59 years; more than one-fourth (28.4 %) of the respondents belonged to the age group of 21-39 years; and one fifth (20 %) of the respondents belonged to the age group 60 and above years. More than half of the respondents are in the middle age group. In Indian culture the aged prefer to live with their sons. In rare cases, they will stay with sons- in- law.
- The vast majority (80.8 %) of the respondents are female and nearly one fifth (19.2 %) of the respondents are male. Above four-fifths of the respondents are female. As per the cultural norms in India, man is the bread winner of the family and female is to do the domestic and caring work in the family. Men enter into earning professions and hence are not able to care their filial elders. So naturally the female becomes the predominant caregiver of elder.
- A few less than half (45.6 %) of the respondents are Backward Class (BC); around one-third (34.8%) of them are Scheduled Castes (SC) / Scheduled Tribes (ST); 14 percent of the respondents are Most

Backward Class (MBC); and the remaining (5.6 %) of the respondents are Other Class (OC). Nearly half of the respondents are Backward Class (BC). In Tamil Nadu, all religious minorities and majority of the Hindus are categorized as BC. In general majority of the BC people are living in urban areas and the same trend is revealed in this study.

- Vast majority (88.4 %) of the respondents followed Hindu religion; 6 percent of the respondents were Christians and 5.6 percent of the respondents were Muslims. Vast majority of the respondents belonged to Hindu religion. The Hindu religion is the predominant religion in India which is reflecting in the study findings.
- Half (50.8 %) of the respondents were illiterate; one-fifth (19.2%) of the respondents have completed middle school education; 14.4 percent of them have completed primary school; and 15.6 percent of the respondents have completed high school education. Above half of the respondents were illiterate. Majority of the caregivers are middle aged. Due to poor economic conditions the caregivers could not study in school.
- More than two-fifths (42.8 %) of the respondents were home makers; more than one-fourth (27.6 percent) of the respondents were daily wage earners; one fifth (20.4 %) of the respondents were self-employed; 5.6 percent of the respondents were contract workers; and 3.6 percent of the respondents were private employees. Nearly half of the respondents were home makers. Majority of the caregivers were engaged in low income occupations such as daily/contract work and self-employed. In addition to that, they were taking care of the elderly persons.
- Nearly half (44 %) of the respondents earned 2501-5000 per month; more than one-third (36.8%) of them were not applicable for earning; 13.6 percent of the respondents earned up to 2500 per month; and the remaining 5.6 percent of them earned 5001 and above per month. Nearly than half of the respondents were earning between 2501-5000 per month. The respondents are engaged in low skilled occupations. Further, they abstain from the work to provide service to elders. So their earning capacity is very less.
- Majority (65.6 %) of the respondents were married; above one-fourth (27.6) of the respondents were widows; 4.8 percent of the respondents were unmarried; and 2 percent of the respondents were divorced. Marriage is an important event in every individual's life. As per Indian customs after marriage the person is permitted to participate in family, cultural, spiritual and public ceremonies.
- Around one-third (32 %) of the respondents are in-laws to the care receivers; almost an equal proportion (31.6%) of them are children; 18.8 percent of the respondents are spouses; 14.8 percent of the respondents are grandchildren; and 2.8 percent of the respondents are siblings. the feminine gender enters into care giving service to elders.
- Three-fourths (74.8 %) of the respondents were living in joint family and one-fourth (25.2 %) of the respondents were living in nuclear family. If the elder have frail conditions, for elder caring purpose the younger generations return to traditional joint family system. That is, either the son's family is sent to the parental home to live with the frail elder, or the frail elder is sent to the son's home.
- Two-thirds (66.8 %) of the respondents had moderate level of caring perception; one-fifth (20%) of them had low level of caring perception; and 13.2 % of them had high level of caring perception. The mean score of caregivers' caring perception was 160.8 and standard deviation was 21.83. Majority of the respondents caring perception level was moderate. Family members are involved in their day to day activities. In addition to that they have some duties and responsibilities. However, the head of the family or his spouse is responsible to care the frail elder. The caregiver feels that caring is his or her sole responsibility

4. Chi square test analysis

The Chi square test analysis as association between respondents' caring perception and personal variables. The chi-square test revealed that there were significant associations of caring perception with respondents age ($x^2=17.411$, $p=0.002$), sex ($x^2=13.904$, $p=0.001$), community ($x^2=18.582$, $p=0.005$), religion ($x^2=15.874$, $p=0.003$), education ($x^2=16.533$, $p=0.011$), income ($x^2=13.869$, $p=0.031$) and relationship of elders ($x^2=26.147$, $p=0.001$). Caring perception has no significant association with the respondents' employment status, marital status, family type and caring perception.

4.1.1. Hypothesis test analysis

H1: There is no significant relationship between age and their level of caregiver caring perception.

The calculated chi-square value ($x^2=17.411$) is greater than the table value. The null hypothesis is rejected and the alternative hypothesis is accepted. It is concluded that there is a significant relationship between caregiver age and their level of caring perception.

H2: There is no significant relationship between sex and their level of caregiver caring perception.

The calculated chi-square value ($\chi^2 = 13.904$) is greater than the table value. The null hypothesis is rejected and the alternative hypothesis is accepted. It is concluded that there is a significant relationship between caregiver sex and their level of caring perception.

H3: There is no significant relationship between income and their level of caregiver caring perception.

The calculated chi-square value ($\chi^2 = 13.869$) is greater than the table value. The null hypothesis is rejected and the alternative hypothesis is accepted. It is concluded that there is a significant relationship between caregiver income and their level of caring perception.

H4: There is no significant relationship between caregiver and care receiver relationship and their level of caregiver caring perception.

The calculated chi-square value ($\chi^2 = 26.147$) is greater than the table value. The null hypothesis is rejected and the alternative hypothesis is accepted. It is concluded that there is a significant relationship between caregiver and care receiver relationship and their level of caring perception.

H 5: There is no significant relationship between caregiver years of caring and their level of caring perception.

The calculated chi-square value ($\chi^2 = 5.385$) is less than the table value. The null hypothesis is accepted and the alternative is rejected. It is concluded that there is no significant relationship between caregiver years of caring and their level of perception.

The findings of the hypothesis present study results supported the Devi Prasad and Indira Rani, N (2007), Whitty (2003), Chadha, N. K (1997), Jamuna, D (2003) and Pushpanarayan, Times of India (2009) reviews as well as Karma (Prakash, 1997), Ashramas, Attachment (Bowlby, 1982) and Hierarchical Compensatory (Cantor, 1991) theories are accepted hypothesis findings.

5. Implications for Social Work

The findings of the present study confirmed that the caregivers had numerous issues in elder care. So there is scope for social workers regarding preventive, alleviative, rehabilitative and remedial area of elder caring. Due to continuous caring, the informal caregivers of elders have faced multiple problems such as: poor level of health seeking, advance planning and life care decisions, geriatric, medical, ethical and legal dilemmas knowledge. The social workers should apply social work techniques such as listening, observation, rapport relationship and collateral contact. By this they should identify and resolve the caregivers' problems and fulfill the needs and tasks of informal caregivers. The social workers can also support the caregivers to apply the different kinds of coping strategies to overcome their caring problems. The social workers should apply the social case work (individual), group work (individual problems within the family) and community organization (community perception about the elder caring) methods. They should find out the grass root level of individual, individual with family and community problems. Based on that the social workers should prioritize informal caregivers' needs and goals and assist them. The primary mission of the social work profession is to enhance human well-being and to help to fulfill the basic needs of all people. They should ensure the access needed for information, services and resources (service), make comfortable participation in decision making (social justice), promote the sensitivity, respect and self-determination (human dignity and worth), strengthen relationships between elder and their caregivers (human relationships), use the power inherent in their professional role, responsibly, exercising judicious (integrity), and enhance caregiver skills related to care receivers' as well as their own self-care (competence) for the caregivers of elders.

6. Conclusion

A strong filial-piety norm, traditional values, community respect and sentiment, family attachment, spiritual belief, strong meritorious deed, social recognition, and respecting the elders for their contributions to their family are influencing the caregivers to show their positive perception towards elderly. The BPL informal caregivers had a strong belief that elder caring is a part and parcel of their life and engage themselves to fulfill the wishes of the elder generation. Through that they get recognition for their noble service from the family members as well as from the general public.

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