

ELDER ABUSE IN INDIA: ROLE OF FAMILY IN CAREGIVING

Challenges & Responses

NATIONAL REPORT



A HelpAge India Report - 2019



SALIENT FINDINGS

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- 29% Caregivers in the family (mainly son, daughter-in-law, daughter, son-in-law) felt the 'burden of caregiving of an elder' was Moderate to Severe, while 15% felt a Severe burden of caregiving, regarding the elderly.
- 35% of the caregivers 'never' felt happy looking after the elderly.
- Upto 62% sons, followed daughter-in-law (upto 26%) and Daughters (upto 23%) took on the financial burden for daily needs of the elderly.
- Only one tenth of elderly dependents (11%) contributed to the family resource pool.
- 25.7% caregivers felt fatigue and frustration result in aggressive behaviour towards their older relative.
- On an average, a family spends Rs.4125 looking after the elderly.
- 42.5% of caregivers always have to pay for the medicine bills of the elderly.
- 65% of caregivers in the family have to leave the elderly person(s) alone by giving instructions for day-to-day activity management.
- 84.2% of the family caregivers have to leave the elderly at home with the support of a Maid Servant.
- Upto 32% of the caregivers reported to be extending physical care to elderly' for Activities of Daily Living (ADL) such as help / assistance in changing clothes, walking, eating, bathing, toileting etc.
- Upto 68% daughters-in-law caregivers are providing physical care to Instrumental Activities of Daily Living (IADL) such as help in using telephone, shopping, preparing meals, housekeeping, washing clothes, transportation, taking medicine, as against the sons which were upto 51%.
- About 15% of the caregivers acknowledged availability of institutions that took care of elderly for money, but 85% felt the steep prices made it less affordable.
- More than half of the elders sometimes require support to overcome psychological problems.

- Almost 70% of the elderly dependants sought emotional support from caregivers at the time of crisis.
- 29 % elders always needed emotional support when they suffer from depression.
- 29 % elders always needed emotional support when they suffer from lack of self-confidence and also same percentage for Stress.
- 30% elders always needed emotional support when have fear of dependence.
- While caregivers soothed upheavals related to anxiety, declining self-confidence, depression and fear of dependence, these situations were largely addressed by the female caregivers who were daughters/daughters-in-law.
- 42% providing more support at the time of crisis.
- It is heartening to note that grandchildren are also sharing the burden of taking care of elderly (higher in case of grandsons as against granddaughters - Upto 41% vs. Upto 38%) in various day-to-day activities of the elderly.
- Upto 82% of the caregivers adopted certain *strategies to cope up with / reduce caregivers' burden*. 53% caregivers express their anger and accept frustration by writing down their feelings.'
- Overall measures suggested by caregivers from the government to decrease the 'burden of care' looking after the elderly dependents were: subsidized medicine, better medical transportation facilities, government-supported Old Age Homes, provision of Health Card, free treatment in government medical institutions, GST free and discounted medicines, improved medical staff in government hospitals, medical insurance policy, Mediclaim and transport facility for visiting hospitals.
- 78.1% caregivers felt that No policy or measures were adopted by their employers to help them ease the burden of caregiving, regarding elderly at home.

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1 INTRODUCTION

1.1 BACKGROUND

India's population is ageing with an increase in the number and proportion of older persons in its population. This phenomenon is expected to have significant implications and demands care in terms of health, financial, security. While 8% of India's population was in the age-group 60 and above as per Census 2011, it is very likely to increase to nearly 20% by 2050. With this count, the responsibility lies in prioritizing the required services for them concomitant by the social protection for the elderly, protection of senior citizens' rights and providing them with the effective opportunities to be able to contribute efficiently in the development sector. The contemporary household settings especially in the more urbanized localities where different generations are co-residing and where the lady of the household is bestowed to take care of the senior citizens, the loneliness and insecurity is often felt by the elderly due to the decreased inter-generational bonding and changing lifestyles. With the efforts to reduce gender disparity and eventually, the females contributing equally towards the economic development and their less involvement in the household chores, the older persons often feel neglected by their young caregivers.

India being a country where different religions, different cultures co-exist and a country where the traditions as constructed by the society have an upper hand still believes in the joint family system which is closely knit.

1.2 NEED FOR THE STUDY

HelpAge India felt the need to assess the challenges and responses of the care givers in caring for the elderly, therefore, there crops up the requirement of understanding the burden felt by the sandwich generation, their views about taking care of the elderly, contribution of the elderly dependents in the household activities/resources and the coping mechanisms adopted by the caregivers to lessen their burden. The study results are expected to assist the HelpAge India in implementing efficient and effective policies and programmes so as to address the issues and challenges faced by the caregivers and inculcate them with the need of caring for the elderly. Sigma Research and consulting carried out the study.

1.3 OBJECTIVES OF THE STUDY

The specific objectives of the study are to:

- study the burden of care of older persons in the family from the sandwich generation;

- find out the requirements of care on the sandwich generation: emotional, financial, physical care for old parent/s and or relative;
- understand the coping mechanisms adopted by the caregivers;
- assess the impact of this care burden on the sandwich generation; and
- gain an insight of easing the burden.

1.4 STUDY DETAILS

Target Group

The target groups covered included working and non-working males and females of 35-50 years with and without children belonging to the SEC category A-D for the quantitative and qualitative survey.

Key areas of inquiries

The study focused on the following indicators:

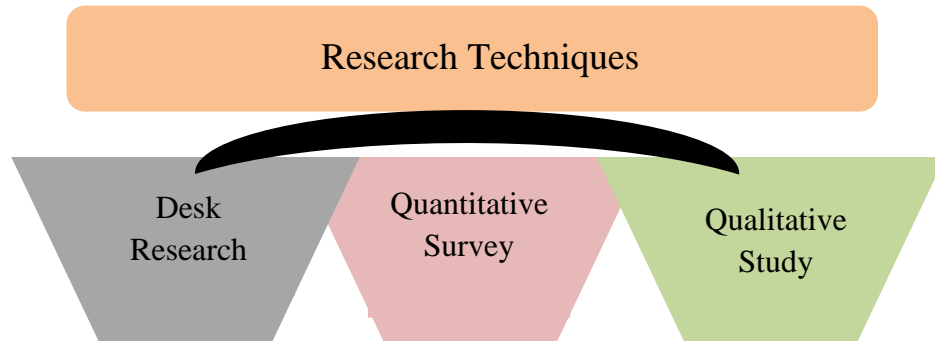
- activities of daily living
- instrumental activities of daily living
- physical care requirements for other activities
- physical care/support needed for various activities while visiting the hospital
- emotional care requirements of the elderly
- emotional care needed for the psychological problems
- financial care/support required by elderly
- assistance in financial matters
- respite care arrangements in absence of primary caregivers
- assistance provided by the children in different activities
- time provided by different caregivers
- monthly expenditure by sandwich generation family
- contribution made by elderly in household services
- financial help provided by elderly to the family
- respondents' views and perceived problems about care extended to the elderly
- difficulties faced by caregivers
- respondents' reaction in caring for the elderly
- coping mechanisms adopted to reduce the burden

These indicators were incorporated systematically in the survey questionnaire and the qualitative in-depth interview guidelines.

Research Techniques

This study is based on three crucial elements. It started with rigorous desk research which was carried out to gain insights about the study subject and therefore, design effective and efficient quantitative and qualitative instruments and sampling process. Both the quantitative and qualitative studies were conducted simultaneously in

Bengaluru city. The purpose of implementing both the tools was to generate figures for the variables/indicators included in the questionnaire through quantitative instrument and henceforth, to substantiate our quantitative findings with the help of in-depth interviews as a part of qualitative instrument.



Quantitative Component

For this study, 2090 caregivers were interviewed across 20 cities. A structured questionnaire was designed with close ended questions to be administered to the respondents.

Qualitative Component

Apart from the quantitative survey, in-depth interviews were carried out with the caregivers of 35-50 years. Across all the 20 cities, 100 In-Depth Interviews were carried out with 5 IDIs per city with the aim of assessing the care and the support experienced by the elderly from the caregivers and also to substantiate the quantitative findings.

Table 1.1 : Sample Size Achieved

S. No	States / UTs	Cities	Tier	Sample Size Covered
01	NCT of Delhi	Delhi	Tier - 1	138
02	Karnataka	Bengaluru	Tier - 1	106
03	Telangana	Hyderabad	Tier - 1	100
04	Tamil Nadu	Chennai	Tier - 1	101
05	Maharashtra	Mumbai	Tier - 1	106
06	West Bengal	Kolkata	Tier - 1	102
07	Chhattisgarh	Raipur	Tier-2	105
08	Uttarakhand	Dehradun	Tier - 2	101
09	Uttar Pradesh	Lucknow	Tier - 2	105
10	Rajasthan	Jaipur	Tier - 2	104
11	Chandigarh	Chandigarh	Tier - 2	109
12	HP	Shimla	Tier - 2	103
13	Andhra Pradesh	Vishakhapatnam	Tier - 2	101
14	Kerala	Kochi	Tier - 2	101
15	Madhya Pradesh	Bhopal	Tier - 2	101
16	Gujarat	Ahmedabad	Tier - 2	102
17	Maharashtra	Nagpur	Tier - 2	102
18	Bihar	Patna	Tier - 2	100
19	Odisha	Bhubaneswar	Tier - 2	103
20	Assam	Guwahati	Tier - 2	100
		Total		2090

Sampling Approach

In each city, 10 starting points were selected using the electoral rolls from five zones of the city. Around each starting point, 10 or more interviews were conducted. The households within a particular starting point were selected using the right hand rule with a skipping pattern of 5. At the skip of 5, if the interview was not successful, the next household was selected.

Implementation Plan

The field work in each city was conducted by a field team of 4 interviewers (2 male and 2 female) and 1 supervisor. One field coordinator was also deployed to keep a check on the investigators and supervisor, as well as to check the compliance of the study proceedings with the set objectives, in each city. The supervisor conducted in-depth interviews with the caregivers. The overall fieldwork duration carried out for the study was May 11 – 23, 2019. The field teams were trained in each city by the state field coordinator before the fieldwork started.

2 PROFILE OF CAREGIVERS

2.1 SOCIO-DEMOGRAPHIC PROFILE

Characteristics of the Caregivers

Of the 2090 caregivers of elderly persons interviewed, 68% are of 31-40 years and 32% are of 41-50 years. Lower proportion of the caregivers are of 41-50 years.



The mean age of the Caregivers is 40 years.

We collected information on Caste, education and occupation of the caregivers.

Caste

Almost 44% of the caregivers are from General Caste. 19% are from ST/ SC and 37% from OBC.

Education

More than one-third are at least graduates

22% did not complete schooling (Class 10th – 12th). 33% completed Class 10th or Class 12.

Occupation

Largely, the caregivers are homemakers (41%) or working as labourers (14%) or have own entrepreneurship (25%) with 21% of them having white colour jobs.

In Tier 1, 47% of the caregivers have a monthly income of up to Rs.20, 000, 25% have Rs.20, 001- Rs.30, 000, 14% have Rs.40, 001 or above, and 13% have Rs.30, 000- Rs.40, 000. In Tier 2, 46% have monthly income of up to Rs.20, 000, 22% have Rs.20, 001- Rs.30, 000, and 16% have Rs.30, 000- Rs.40, 000 and Rs.40, 001 or above. More than one third (38%) of the caregivers have monthly family income of Rs. 20,000-40,000, while half have monthly family income below Rs. 20,000 with 15% having family income of above Rs.40,000.

Figure 2.1 : Age-Group of the Caregivers

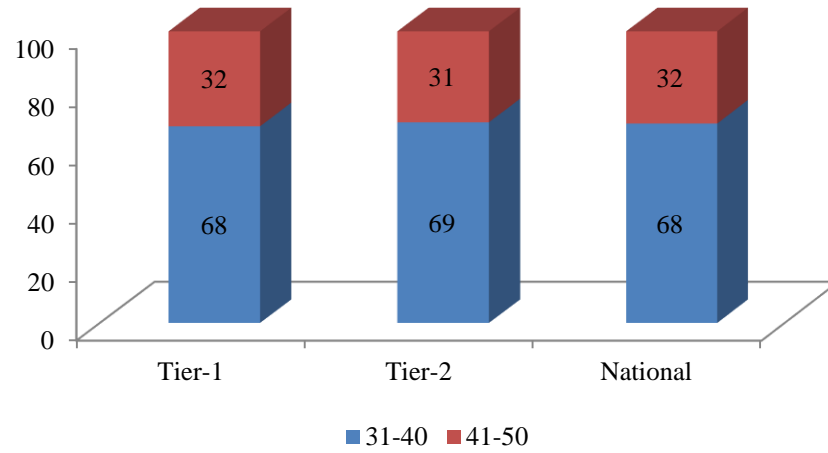


Figure 2.2 : Social Group of the Caregivers (in %)

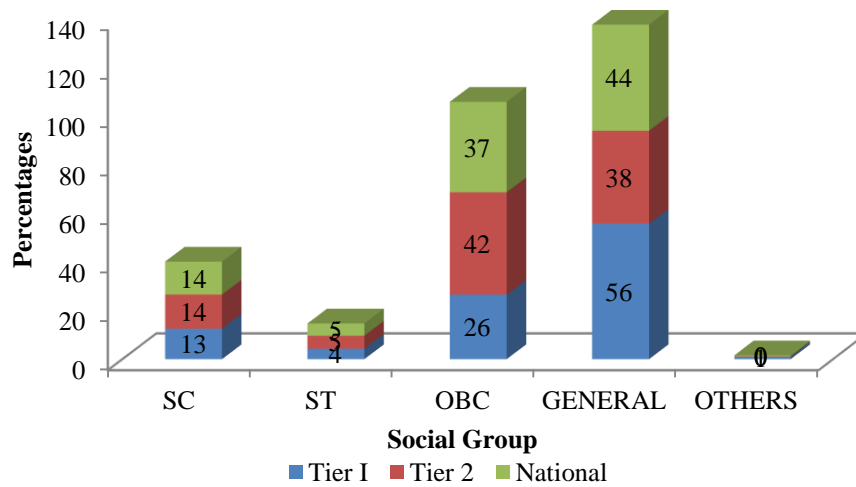


Figure 2.3 : Education of the caregivers (in %)

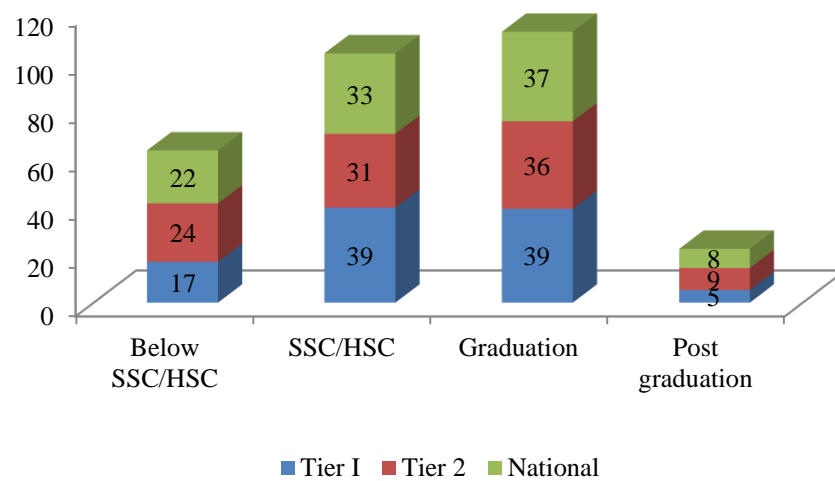


Figure 2.4: Occupation of the Caregivers (in %)



Figure 2.5 : Family Monthly Income (in Rs.) of the caregivers (in%)

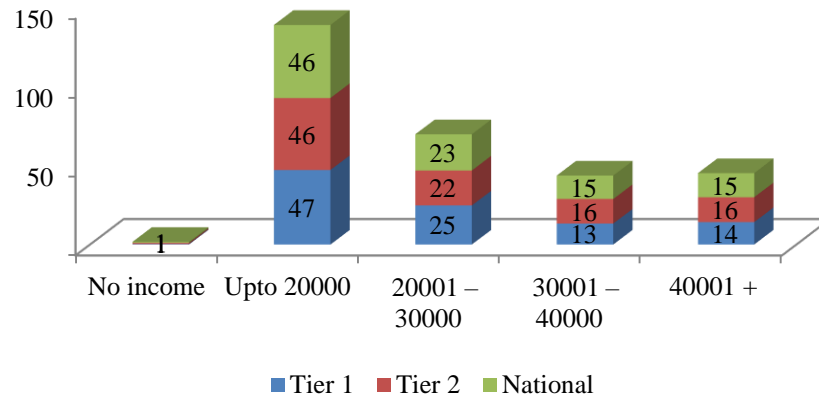


Figure 2.6 : No. of Years Elderly People who are taken care of (in Yrs)(in %)

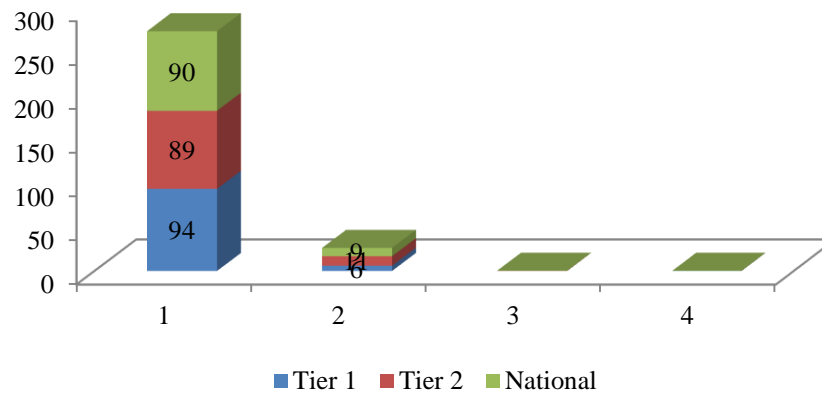


Figure 2.7 : Availability of Other Caretaker in Family (in %)

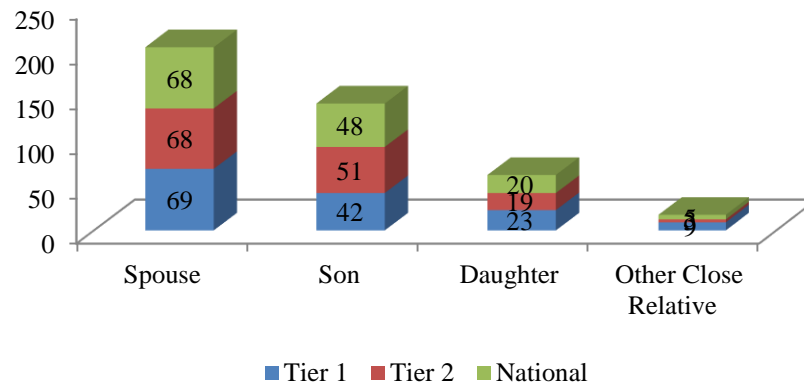


Figure 2.8 : Relationship with the elderly person (in %)

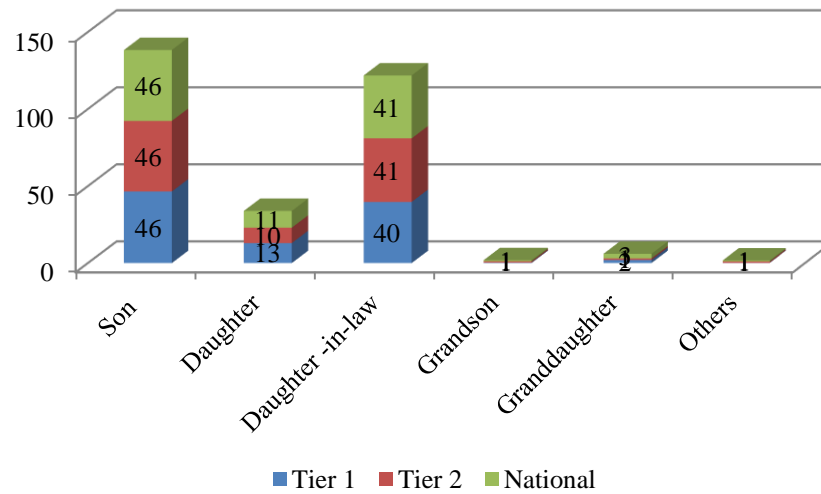
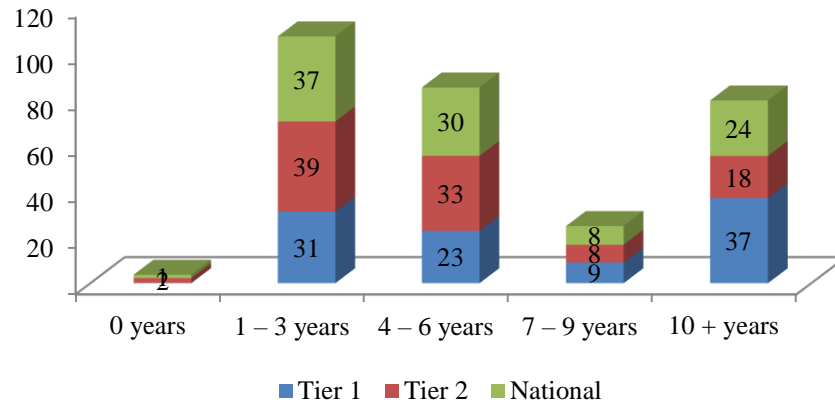


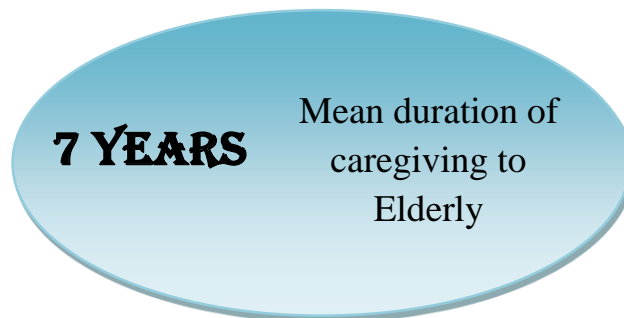
Figure 2.9 : No. of Years Extending Care to Elderly (in Yrs)(in %)



Mean family income	Median family income
Rs. 28302	Rs. 25000

In this study, we collected information relating to how Caregivers take care of one or more elderly persons. Almost all the Caregivers are responsible for only one elderly person, while one tenth (9%) take care of two elderly persons. The relationship of the Caregivers to elderly persons includes: son (46%), daughter (11%), daughters-in-law (41%) and grandson or granddaughter (1%).

One fourth (24%) of the caregivers have been extending help for more than 10 years, while more than one third (37%) started 1-3 years back. The mean duration of caregiving is 7 years while the median is 5 years.



Characteristics of Elderly Dependents

The study covered 2293 elderly dependents who are taken care of by one or more than one family members. In this section, the profile of elderly dependents is presented. Gender of the elderly dependents is in the ratio of 48:52 (males: females) which highlights the outnumbering of elderly females. More than two third of the elderly

dependents (69%) are aged 60-70 years, 24% are of 71-80 years and fewer (7%) are above 80 years of age. The corresponding figures in the Tier-I cities are 73%, 22% and 5% respectively, and for the Tier-II cities are 67%, 25% and 8%.

Figure 2.10 : Gender of the Elderly (in %)

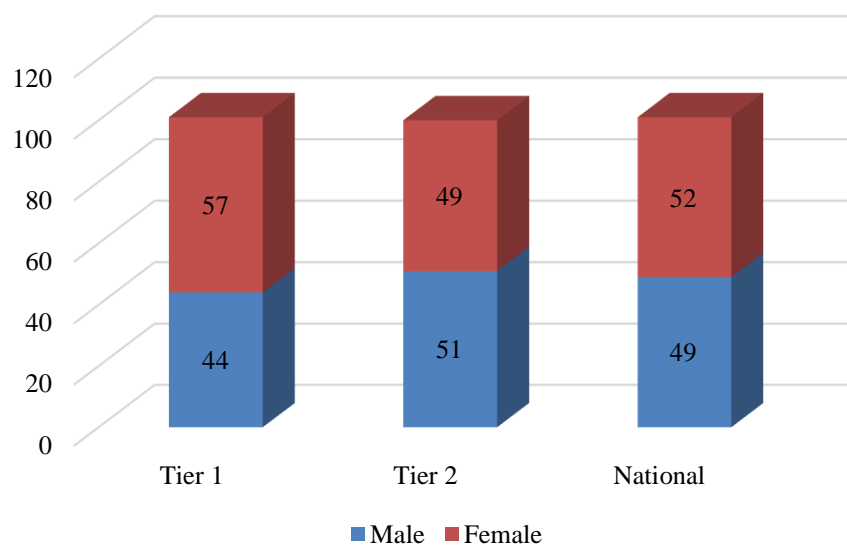


Figure 2.11 : Age-Group of the Elderly(in%)

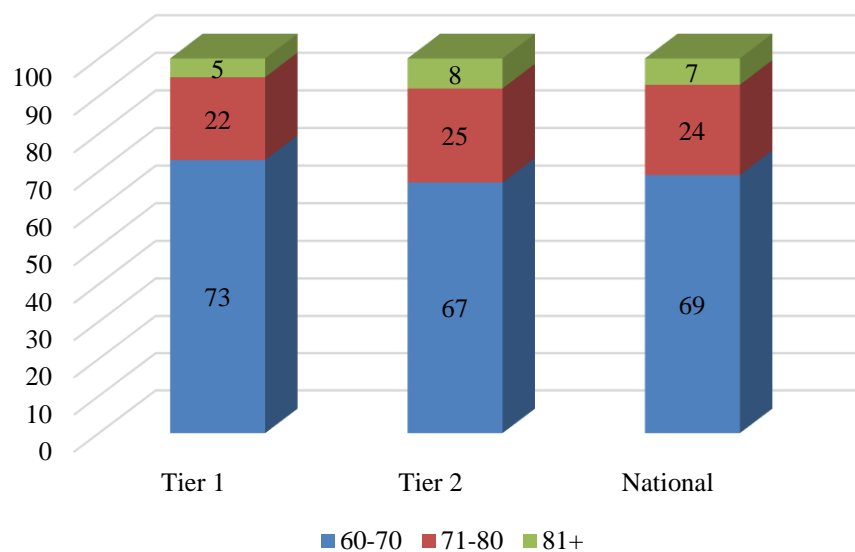


Figure 2.12 : Relationship of Elderly with Caregiver (in %)

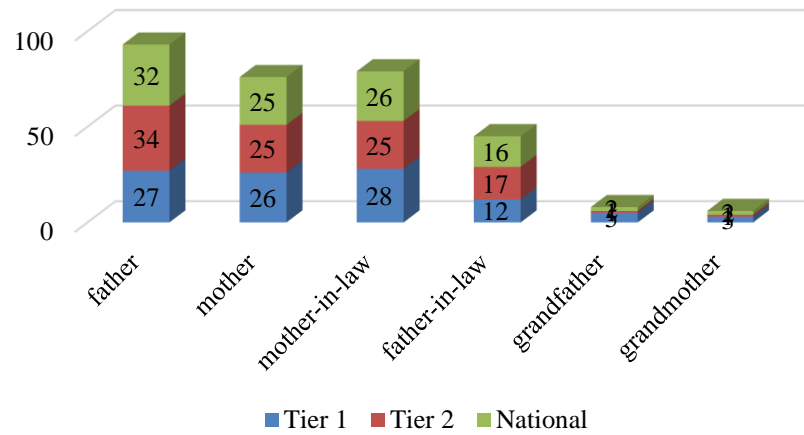


Figure 2.13 : Monthly Income of Elderly (in %)

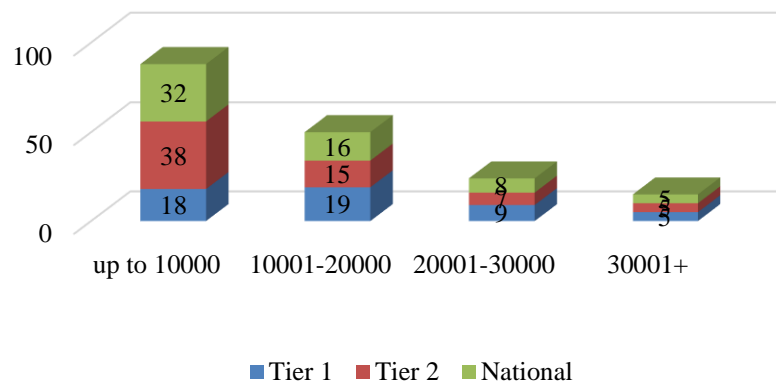
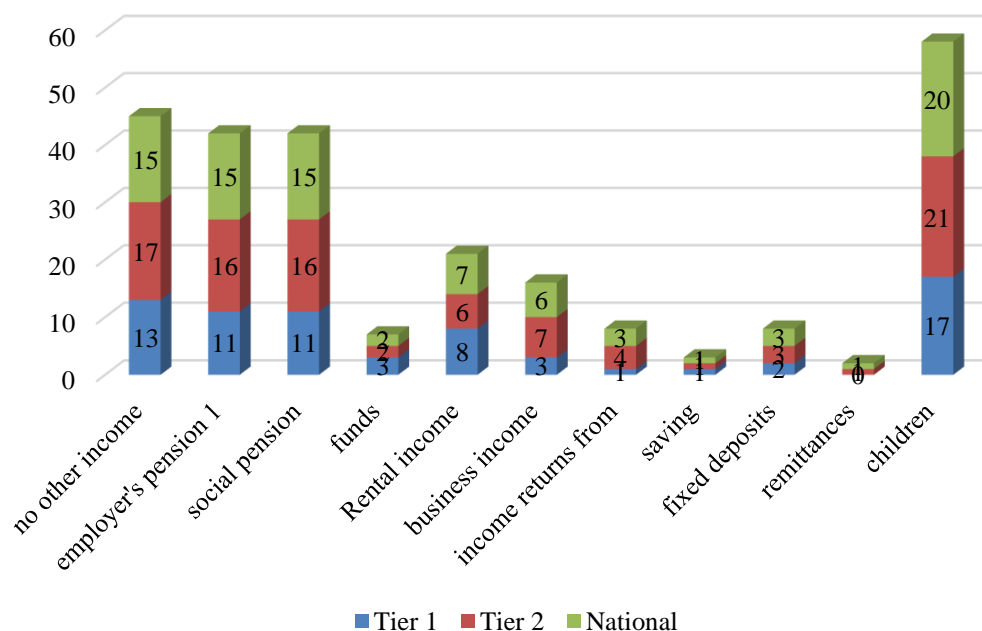


Figure 2.14 : Source of other Income of Elderly (in Rs), Multiple Response (in %)



The mean age of elderly dependent is 69 years and median age is 68 years.

In case of elderly dependents, we collected data on their educational level and occupation.

Education

Majority completed up to middle school (64%). About 18% of the elders studied up to 9-10th standard, 10% studied up to 11-12th standard, while few are graduates and above (8%).

Occupation

The elderly dependents are largely homemakers (52%), while the rest reported being retirees (31%), leased property (3%), labourer (6%), employees (2%) and self-employed (7%).

About 40% of the elderly dependents do not have monthly income, while only 5% have income of above Rs. 30,000. Nearly 16% of the elderly have income of Rs. 10,000-20,000, 7% have monthly income of Rs. 20,000-Rs.30,000.

Mean income of elderly	Median income of elderly
Rs. 14108	Rs. 10000

The study gathered information on the source of income of the elderly. In Tier 1, 49% of the elderly dependents have no monthly income, 19% have up to Rs.10, 000 and Rs.10, 001- Rs.20, 000, 8% have Rs.20, 001- Rs.30, 000, and 5% have Rs.30, 001 or above. In Tier 2, 38% have a monthly income of Rs.10, 000, 35% have no monthly income, 15% have Rs.10, 001- Rs.20, 000, 7% have Rs.20, 001- Rs.30, 000, and 5% have Rs.30, 001 or above. At India level, more than 50% of the elderly have no other source of income. The rest have more than one source of income such as mutual fund pension scheme/ employee pension scheme (17%), social pension (15%), rental income (7%), business (6%), and the combined figure of savings, fixed deposits and remittances is 4%.

2.2 DIFFERENT TYPES OF CARE / SUPPORT EXTENDED BY CAREGIVERSTO ELDERLY DEPENDENTS

Physical Care / Support



The elderly population experience physical or functional limitations and consequently becomes dependent on others for performing tasks of daily living. In the present study, we have examined different types of care extended by the Caregivers in terms of Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL), Other Day-to-day Activities and Hospital Visits.

The data is presented in terms of frequency of care, gender of the caregivers and caregiver's relationship to the elderly dependents in the below sections.

Physical Care Requirements for ADL

This section gives the frequency of assistance provided by the Caregivers on activities of daily living (ADL) such as changing clothes/attire, walking, eating, bathing, toileting and moving out of bed or chair. The frequency of assistance has been grouped into never, sometimes and always. In Tier 1, 42% of the elders required help in walking, followed by 35% for moving to bed/chair. Similarly in Tier 2, 27% of the elders required help in walking, followed by 25% for moving to bed/chair. Close to three fourth of the caregivers reported that the elderly dependants never required assistance for changing clothes (72%), toileting (77%), bathing (74%), moving out of bed or chair (72%) and eating (75%). Comparatively less proportion of the caregivers reported that the elderly dependents always require assistance in changing clothes/attire (8%), walking (8%), eating (9%), bathing (10%), toileting (8%) and moving out of bed or chair (10%). However, 14-24% of the Caregivers reported that elders sometimes require assistance in ADL.

Figure 2.15 : Help in changing clothes (ADL) (in %)

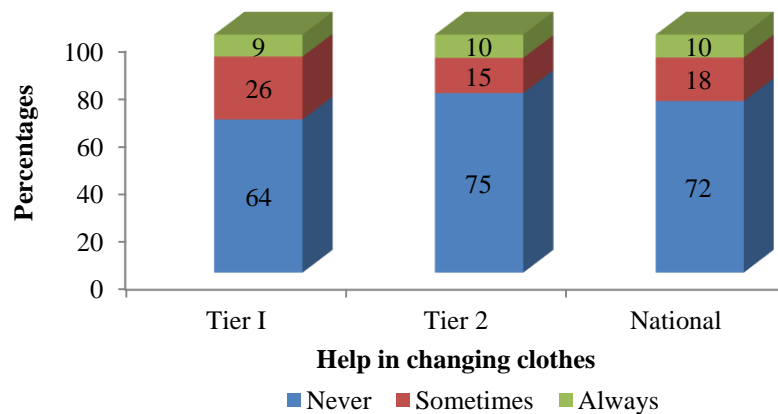


Figure 2.16 : Help in changing clothes (ADL), Gender of caregiver (in %)

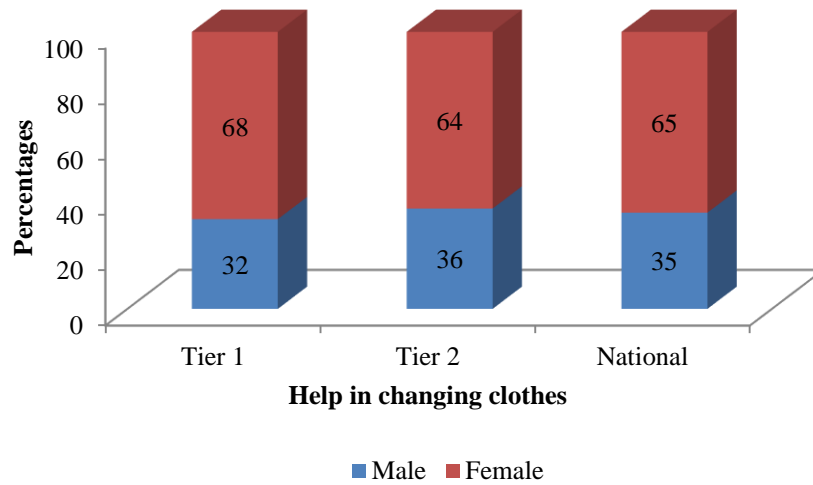


Figure 2.17 : Help in Changing Clothes: Caregiver's Relationship to Elderly Dependent

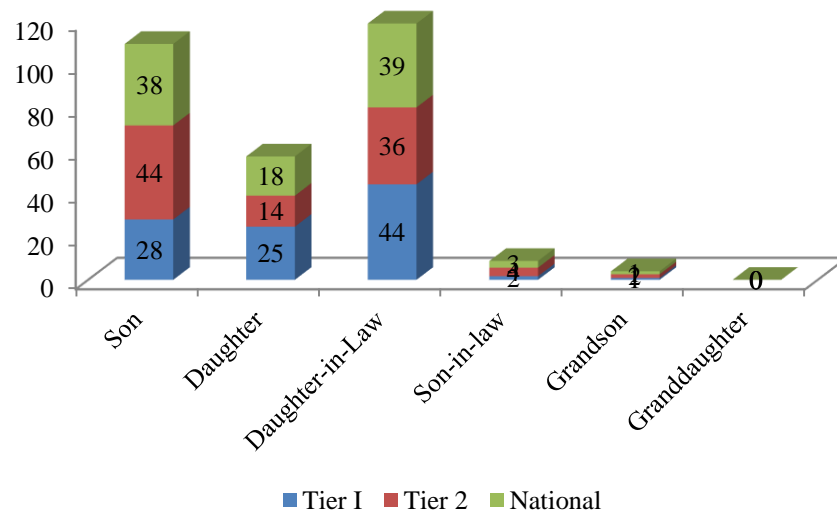


Figure 2.18 :Help in walking (ADL) (in %)

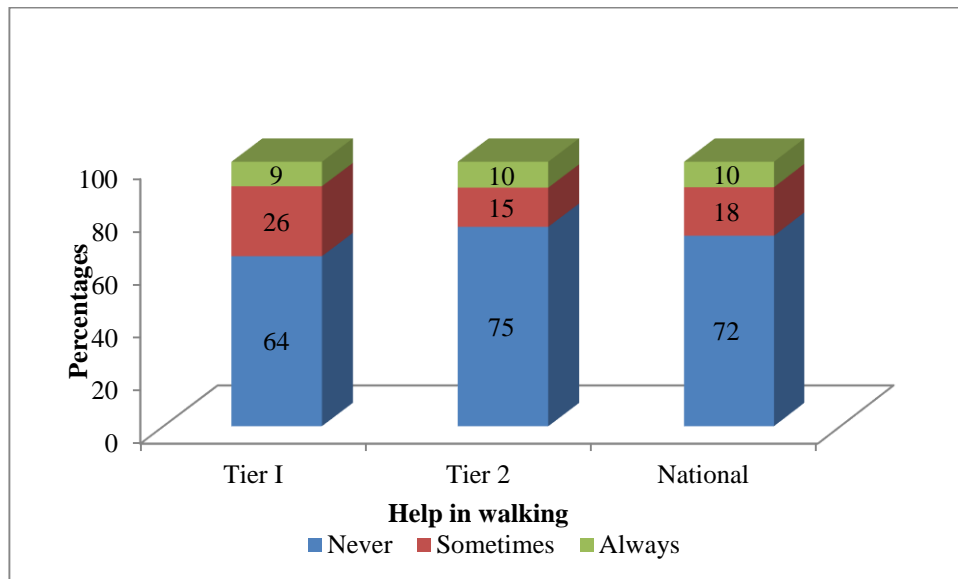


Figure 2.19 :Help in walking (ADL), Gender of caregiver (in %)

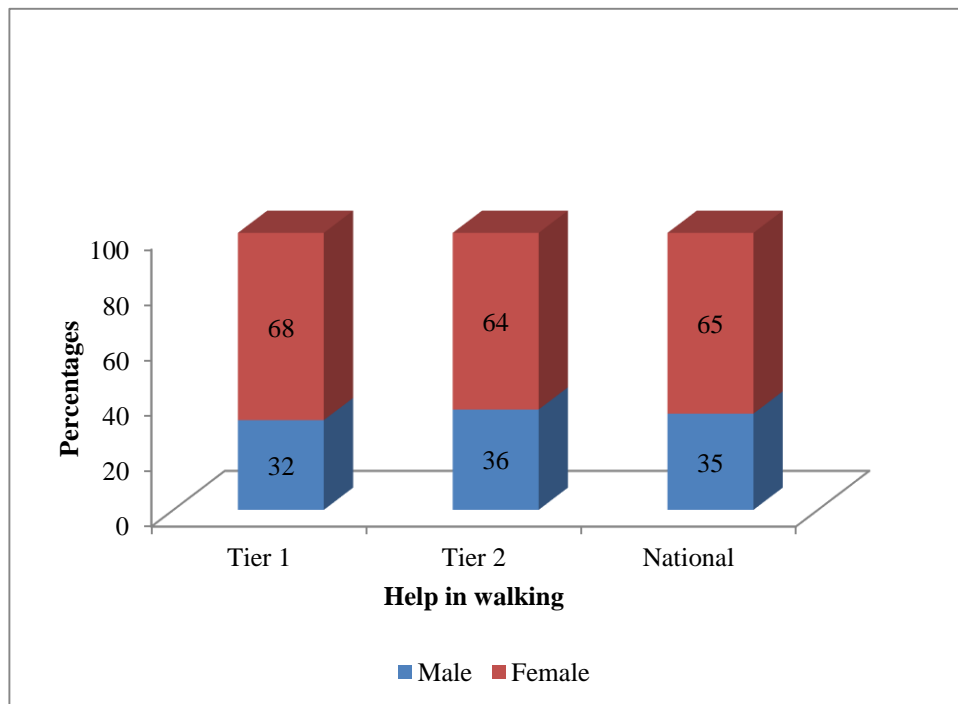


Figure 2.20 :Help in Walking: Caregiver's Relationship to Elderly Dependent

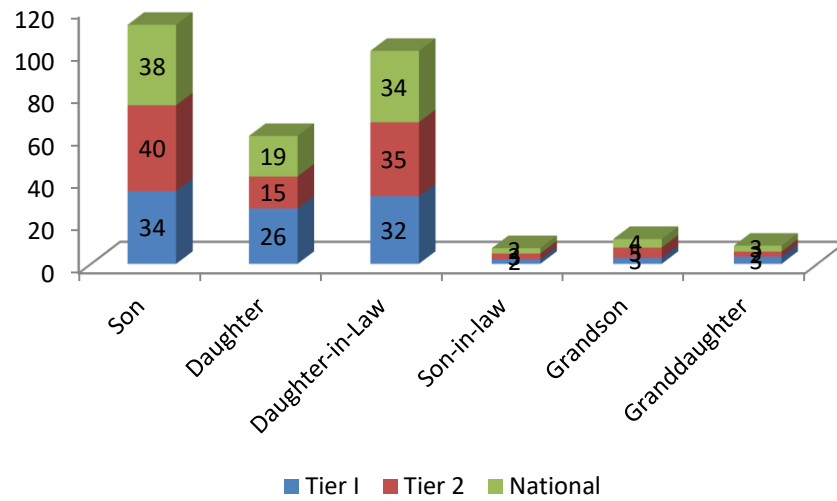


Figure 2.21 : Help in Eating: Caregiver's Relationship to Elderly Dependent

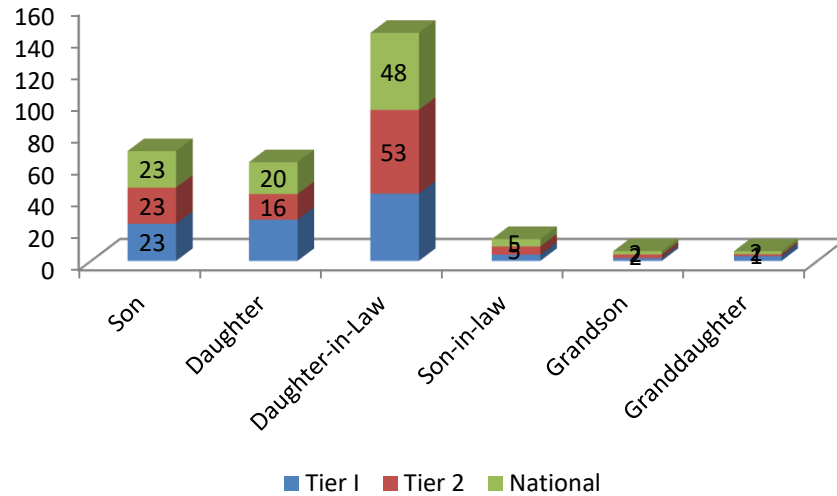


Figure 2.22 : Help in eating (ADL), Gender of caregiver (in %)

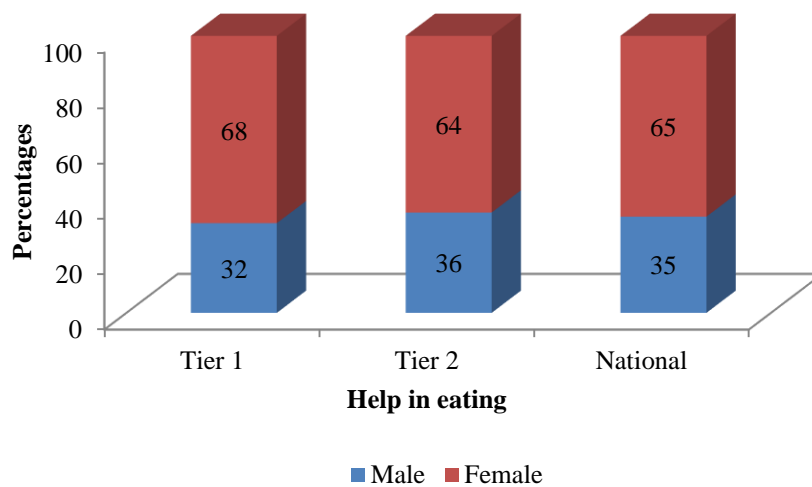


Figure 2.23 : Help in eating (ADL) (in %)

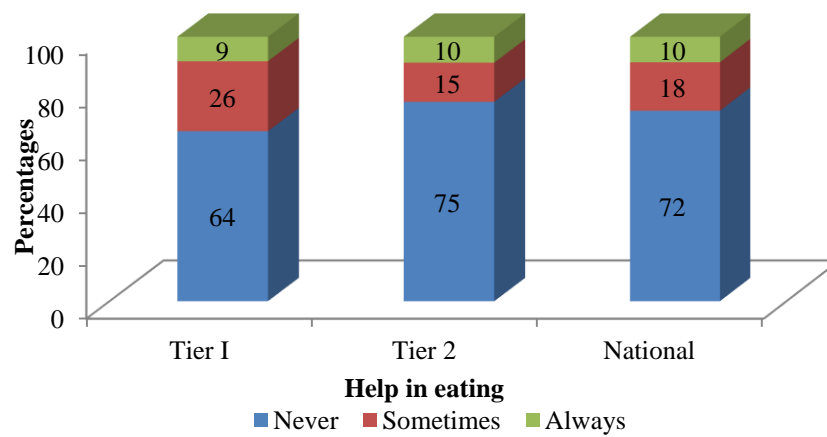


Figure 2.24 : Help in bathing (ADL) (in %)

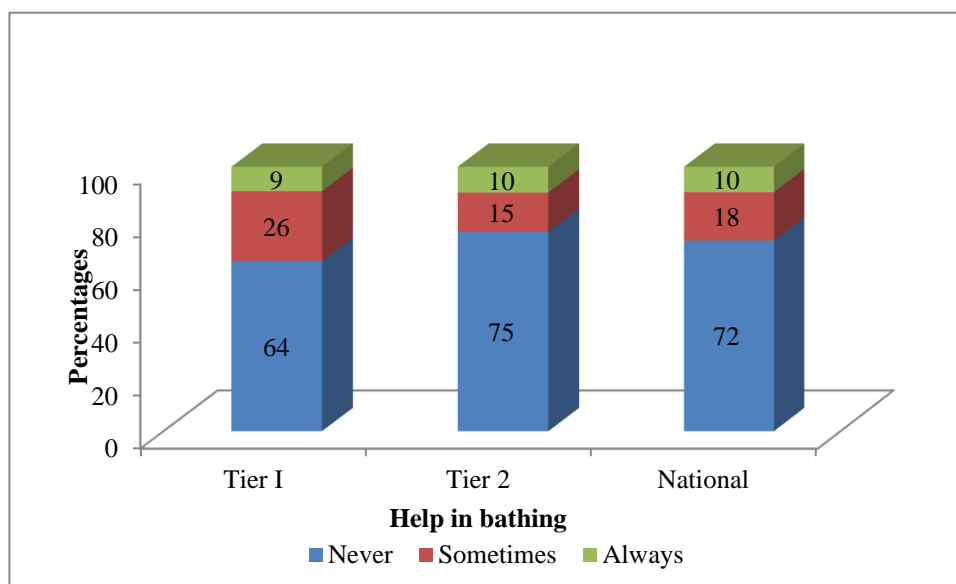
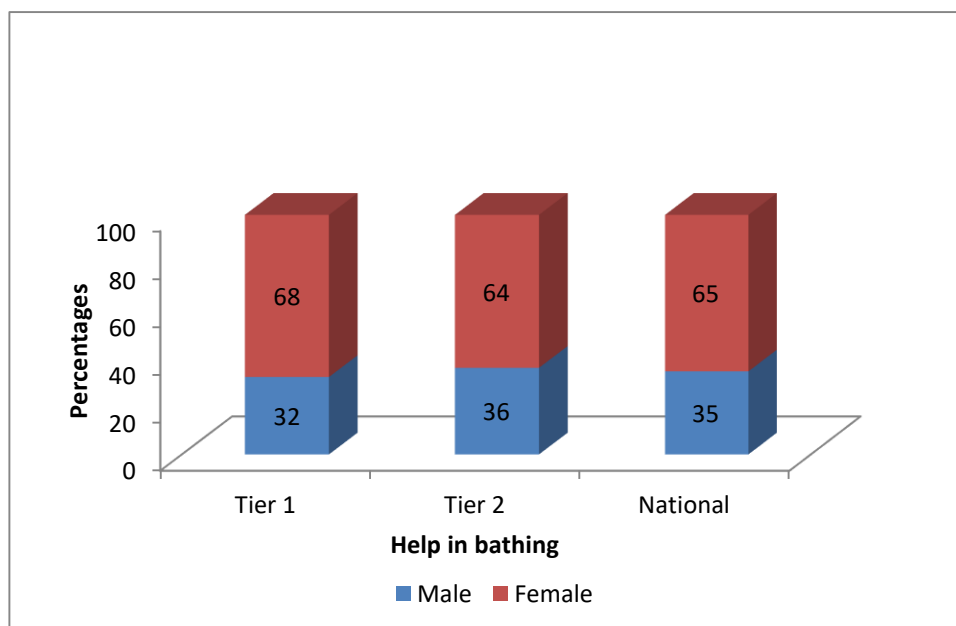


Figure 2.25 : Help in bathing (ADL), Gender of caregiver (in %)



More often, the assistance is provided by females than males for each of the activities of daily living. Mainly, the female caregivers assist the elderly in eating- 70% females vs 30% males. On probing about who largely assists the elderly in various activities, daughters-in-law followed by daughters came out to be the Caregivers.

Physical Care Requirements for IADL

The type of assistance received by the elderly dependents for Instrumental Activities of Daily Living (IADL) by frequency, gender and relationship.

11% of the elderly always require assistance for using telephone in India, 15% in Tier-I cities and 9% in Tier-II cities.

Figure 2.26 : Helping in using telephones(IADL) (IN %) frequency of care

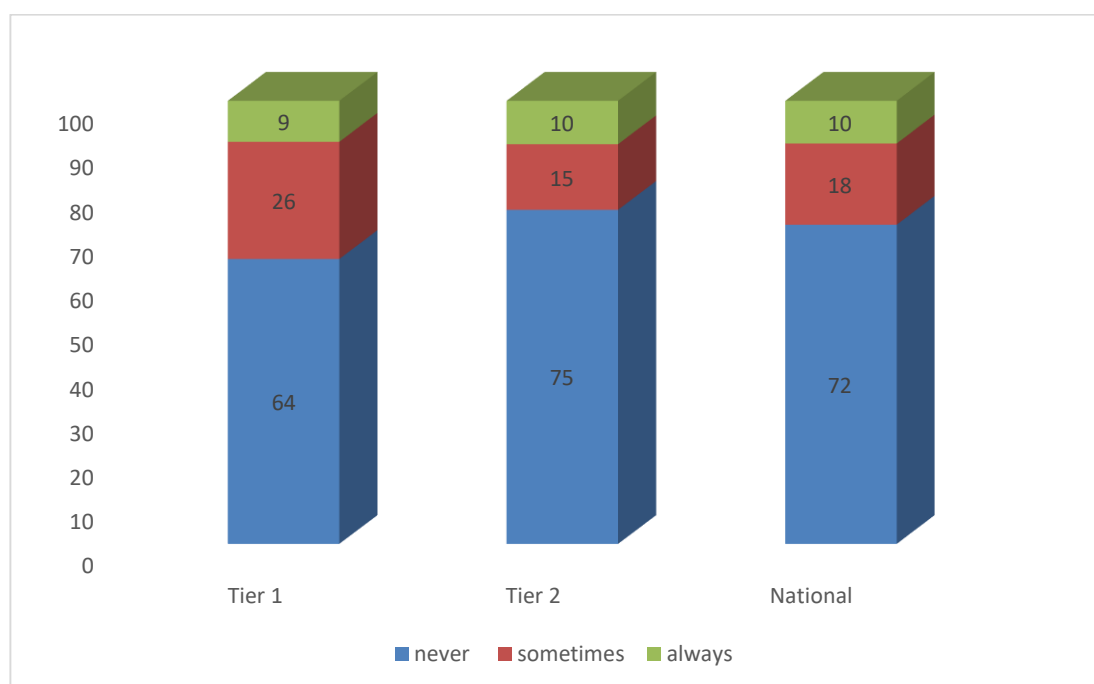


Figure 2.27: Help in shopping: Caregiver's Relationship to Elderly Dependent

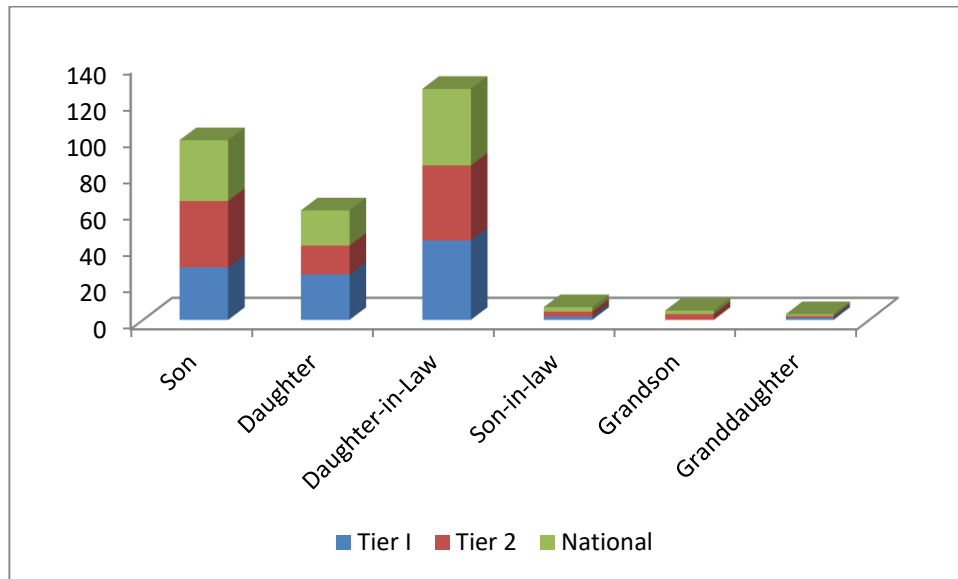


Figure 2.28 : Help in Shopping (IADL) (in %), Gender of Caregiver

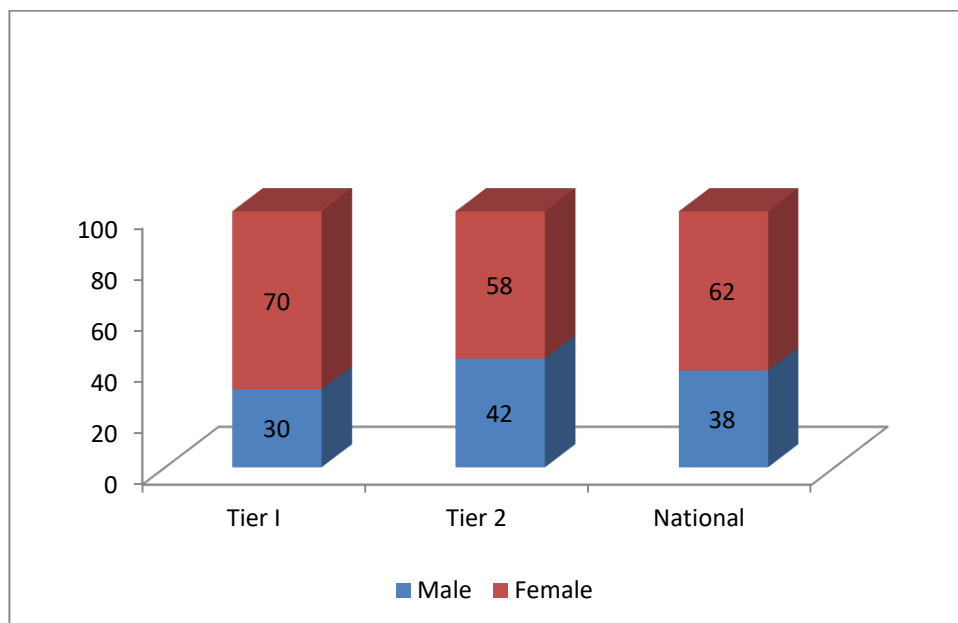


Figure 2.29 : Help in preparing meals: Caregiver's Relationship to Elderly Dependent

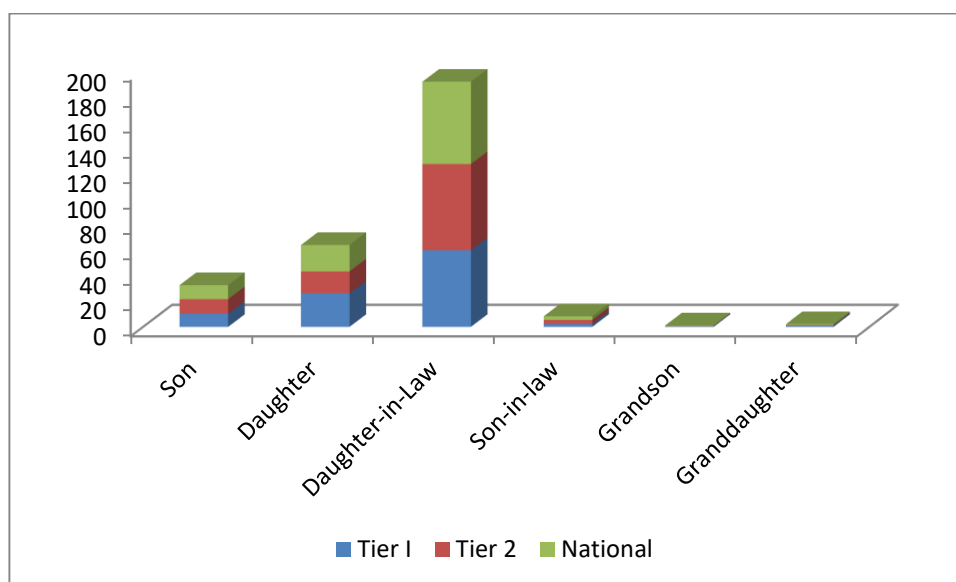


Figure 2.30 : Help in Preparing Meals (IADL) (in %), Gender of Caregiver

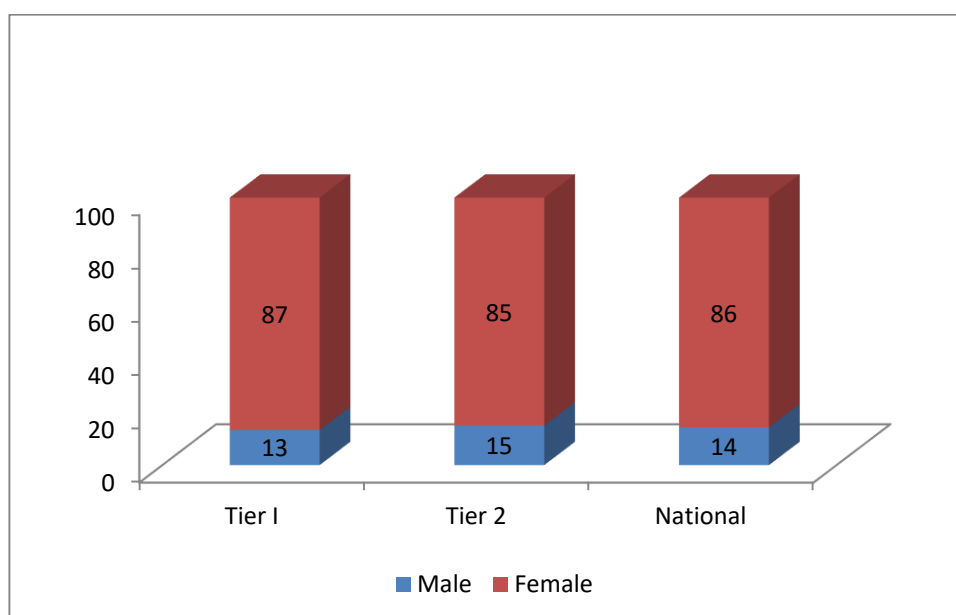


Figure 2.31 : Help in preparing meals (%)(in fre)

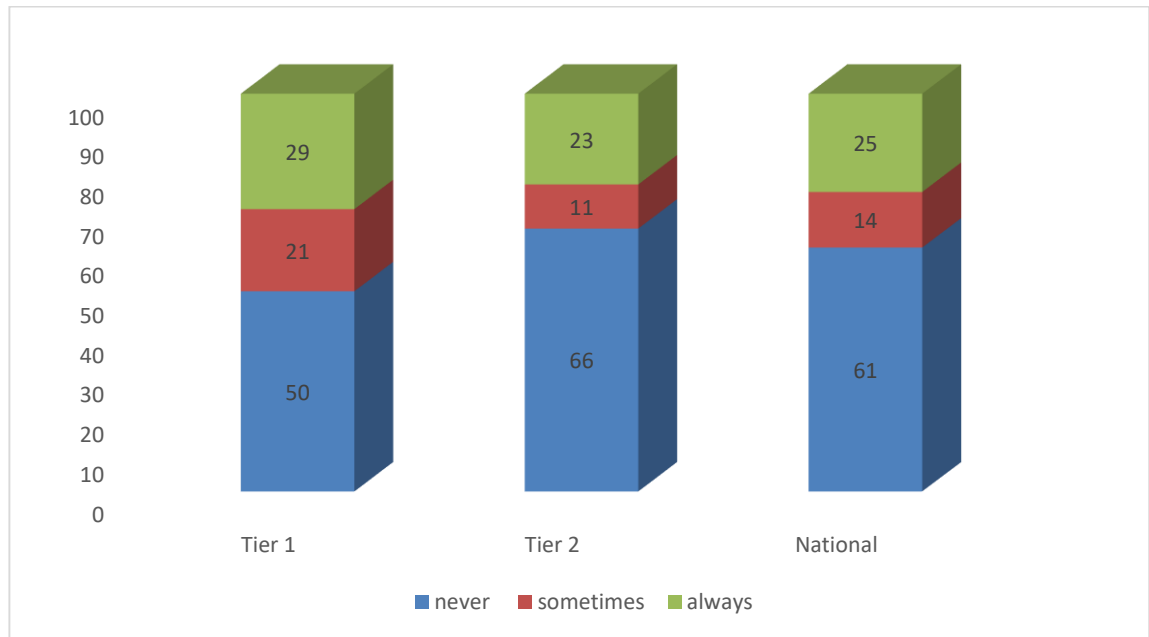


Figure 2.32 : Help in housekeeping: Caregiver's Relationship to Elderly Dependent

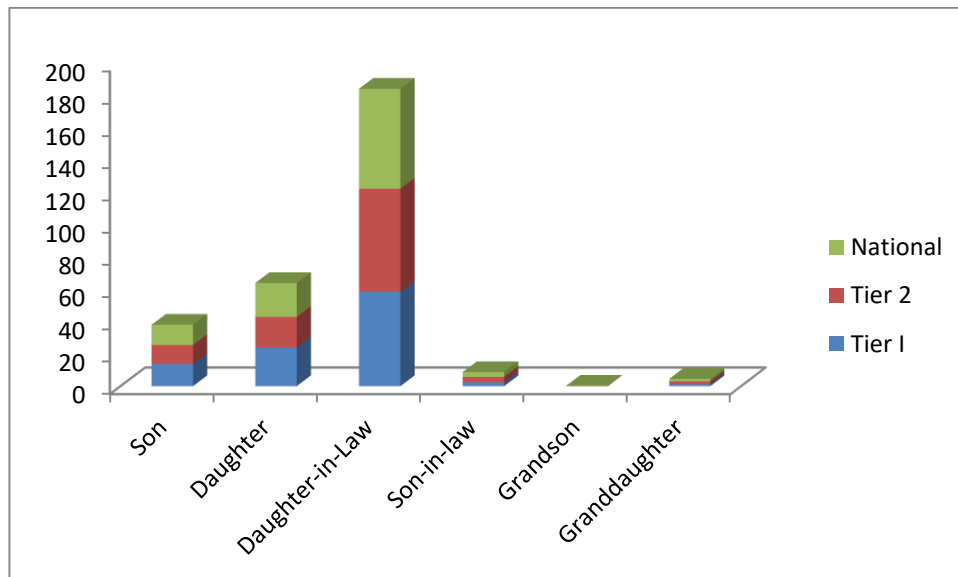


Figure 2.33 : Help in Housekeeping (IADL) (in %), Gender of Caregiver

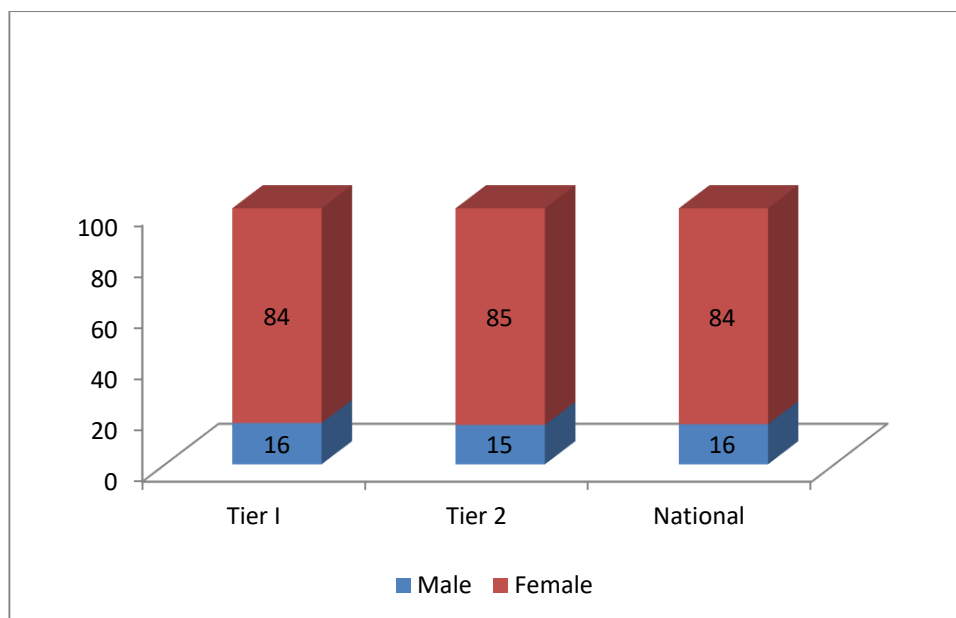


Figure 2.34 : Help in housekeeping: Caregiver's Relationship to Elderly Dependent

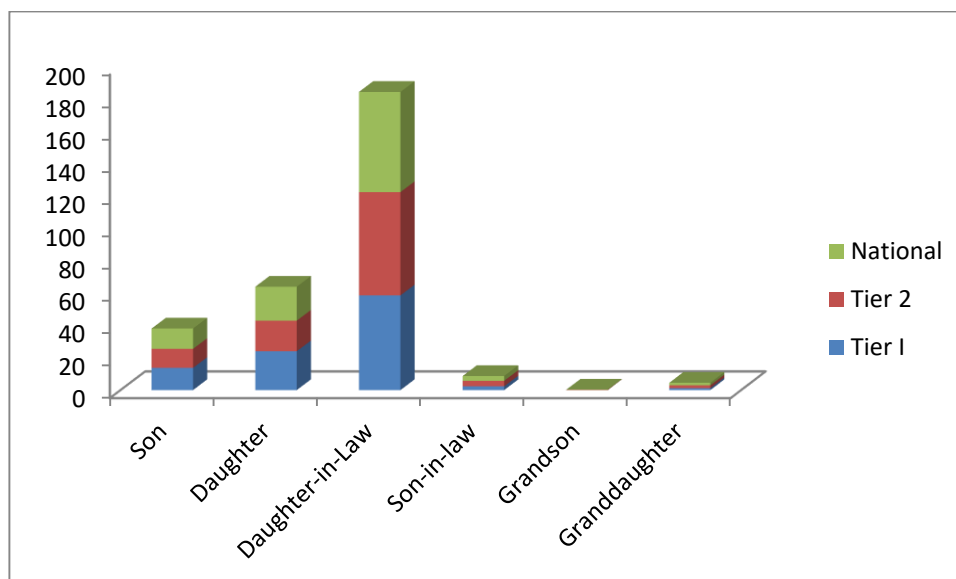


Figure 2.35 : Helping in house keeping (in %)(in fre)

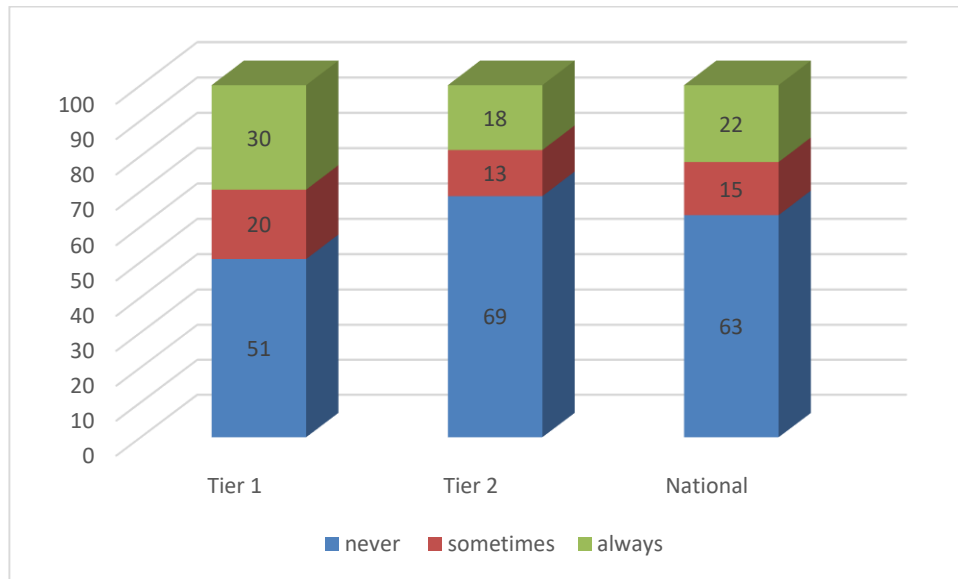


Figure 2.36 : Help in washing clothes: Caregiver's Relationship to Elderly Dependent

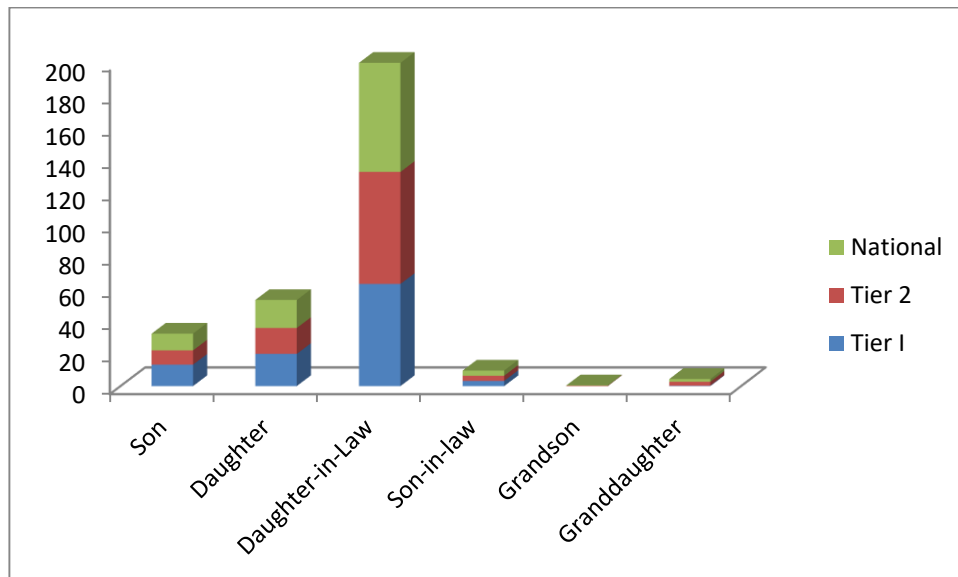


Figure 2.37 : Help in Washing Clothes (IADL) (in %), Gender of Caregiver

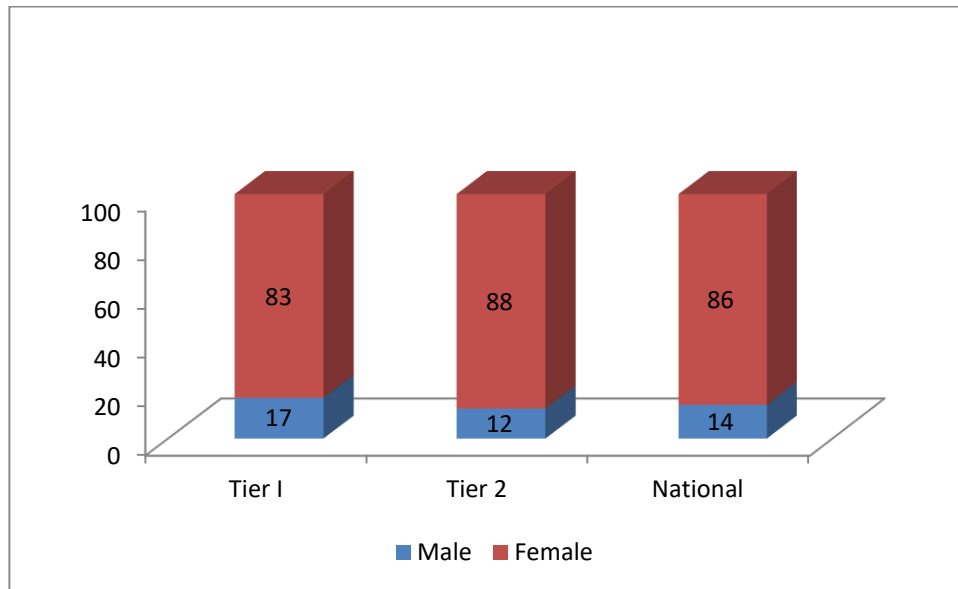


Figure 2.38 : Help in transportation: Caregiver's Relationship to Elderly Dependent

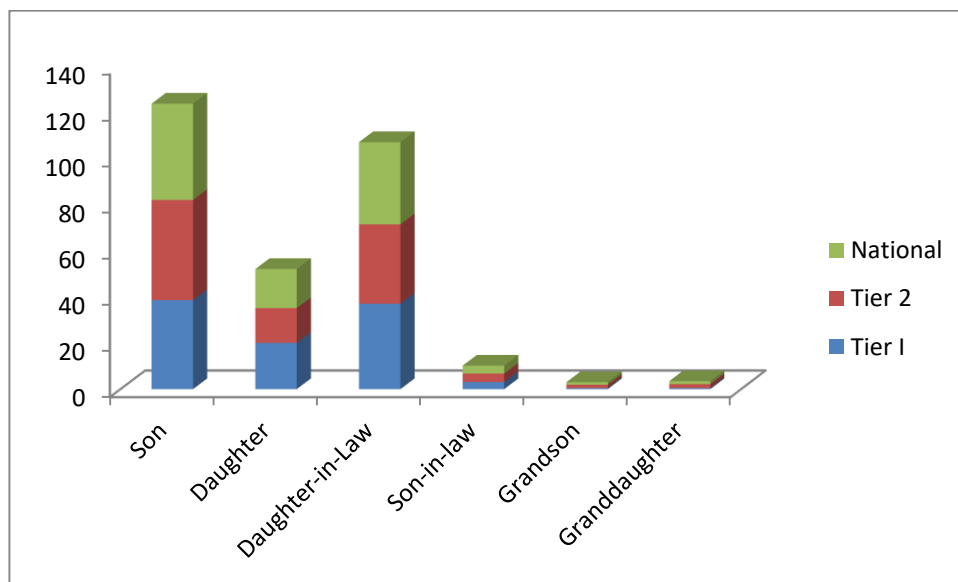


Figure 2.39 : Help in Transportation (IADL) (in %), Gender of Caregiver

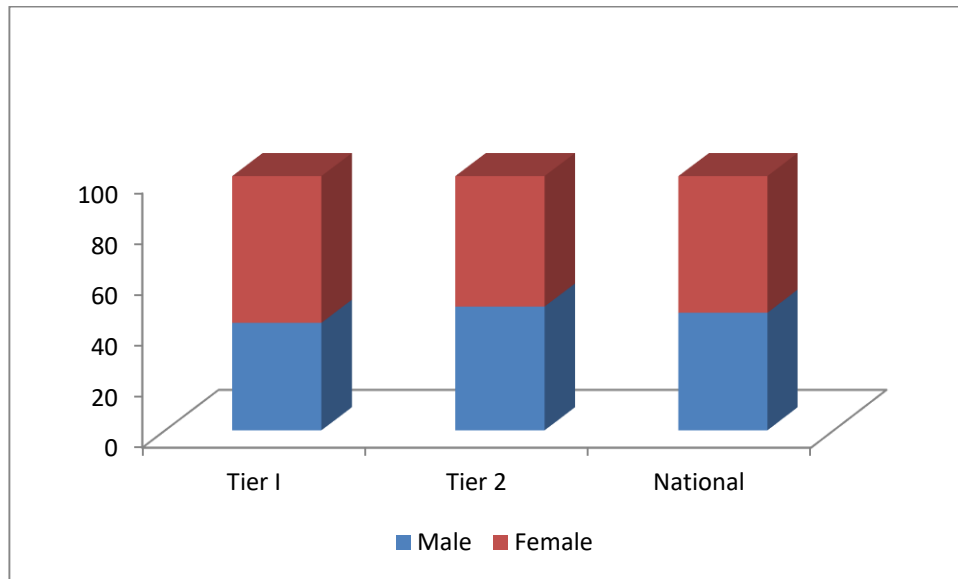


Figure 2.40 : Help in taking medicine: Caregiver's Relationship to Elderly Dependent

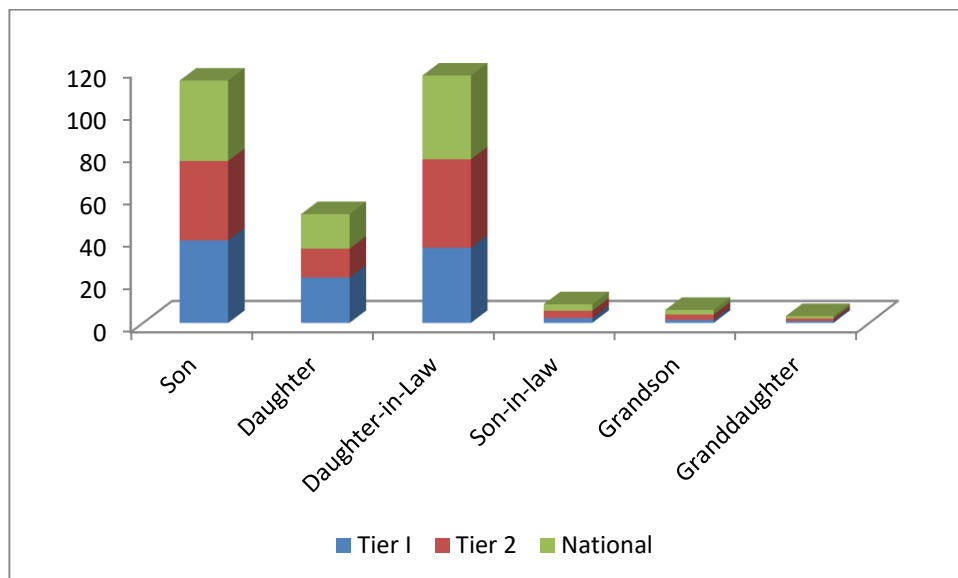


Figure 2.41 : Help in Taking Medicine (IADL) (in %), Gender of Caregiver

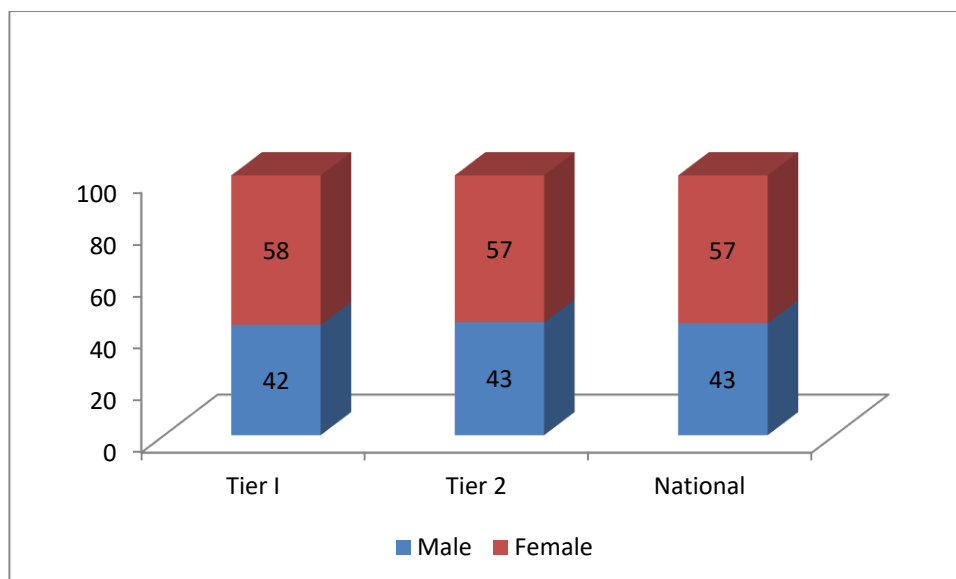


Figure 2.42 : Help in managing money: Caregiver's Relationship to Elderly Dependent

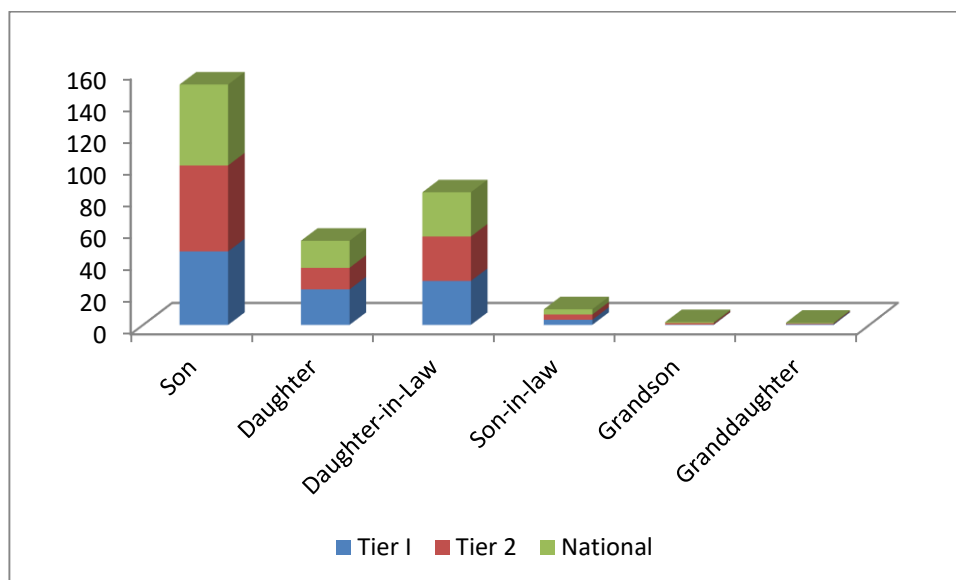
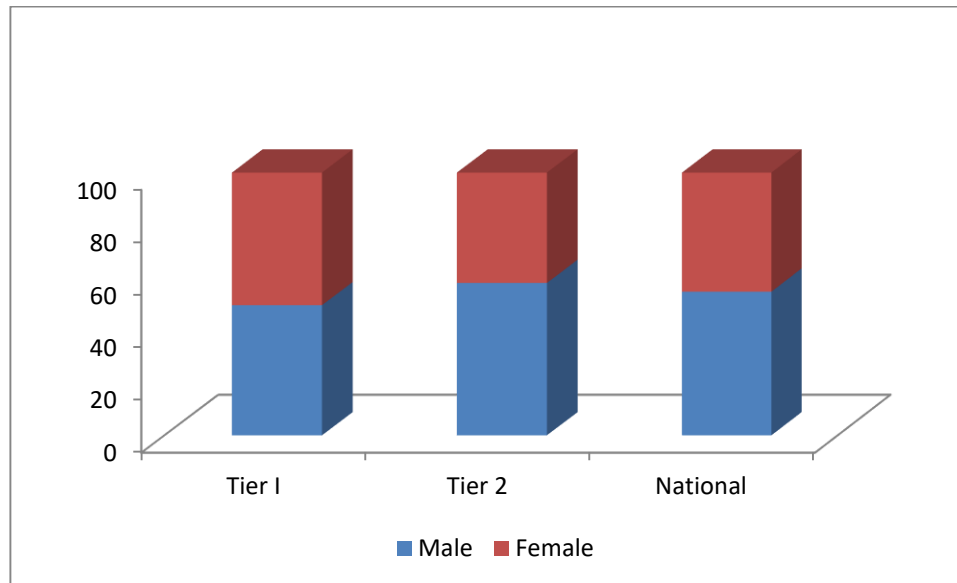


Figure 2.43 : Help in Managing Money (IADL) (in %), Gender of Caregiver



In both Tier 1 and 2, majority of the elders never required physical care. In Tier 1, 50% of the elders required help in preparing meals and shopping, whereas in tier 2, 34% required help in preparing meals and shopping. At national Level, 38% of the elderly require assistance in shopping, whereas 62% never required any such assistance. In cooking, 14% of the elderly require assistance sometimes, whereas it is always for 25% of the elderly in the same IADL.

In case of house-keeping, 15% require help sometimes, 22% always require assistance while 63% never depend on Caregivers. Half (50%) of the elderly never require any assistance for washing of clothes, while some require assistance sometimes (15%) and always (37%). In the case of transportation, more than one fourth of the elders (30%) sometimes require assistance while one fifth (22%) always depend on Caregivers and 48% never require any assistance.

The elderly require assistance on medication sometimes (32%) or always (31%). Among the rest of IADL activities, the elders always (26%) and sometimes (22%) require assistance in the management of money.



The female Caregivers largely assist the elderly dependent in all the IADL except the assistance required in managing money where considerable males assist the elderly dependent persons more. Most often, daughters-in-law followed by daughters assist the elderly dependent in performing all the IADL.

Physical Care Requirements for Other Activities

The study also elicited information on other day to day activities that require support. In Tier 1 and Tier 2, highest percentage of assistance was required by elders for visiting temple (60% and 42% respectively). At national level, about one tenth always require assistance for social functions (17%), visiting temples (15%), visiting park (11%), combing/cutting nails (10%), watching TV (9%), helping reading newspapers (6%), listening to radio (6%), business (4%), or for entertainment purposes (7%). For combing/cutting nails (21%), visiting the temple (33%) and social functions (26%), the elderly sometimes require help from their Caregivers.



Considerable proportion of elderly dependents never require any assistance. The females especially daughters or daughters-in-law are the main caregivers of elderly dependents at home.

Activities for which Physical Care / Support Needed while Visiting Hospital

Generally, failing health and growing physical limitations require the elderly to visit hospitals, therefore the study probed into the type of assistance required by them. In both Tier 1 and Tier 2, highest percentage of assistance required was seen in transportation to hospital (84% and 75% respectively). In Tier 1, 89% of the elders required help in consulting doctors, whereas in Tier 2, 69% required help. The results showed that assistance is “sometimes” required to meet the medical needs such as transportation (35%), registration for in-patients (28%), consultation with the doctor (30%) and in fetching medicines from the Pharmacy (33%). Almost one third of the elderly never require help in Lab tests.



One fifth to one third of the elders (23-31%) always require assistance. It is mainly the female caregivers, especially daughter or daughter-in-law who support the elderly parent or parent-in-law in visiting hospital to seek treatment.

Emotional Care Need of Elderly



The present study also gathered information on emotional care / support required by the elderly in the course of their day to day activities. We have classified emotional care into two domains viz., Emotional Care related to General Aspects and Emotional Care Extended to Psychological Problems.

This section shows that sometimes, the Caregivers had to deal with emotional need of the elderly. The figures in Tier 1 showed that 78% of the elders required help in listening to their personal problems, whereas it was 71% in Tier 2. In Tier 1, 75% required help in sympathizing/comforting at times of difficulties, whereas 71% required help in Tier 2. The figures at the national level showed that most of the Caregivers gave a patient hearing to elderly's personal problems (31% sometimes and 43% always), sympathized or comforting them during the difficulties (28% sometimes & 44% always), by sharing the happiness and prosperity with them (29% sometimes and 40% always) and consoling them at bereavement (33% sometimes and 35% always). Thus elderly persons largely required caregivers to listen to their problems.

Table 2.1: Emotional care need for the psychological problems: Frequency of Care

	Tier-I			Tier-II		
	Never	Sometimes	Always	Never	Sometimes	Always
Listening to their personal problems	22.4	36.2	41.4	28.0	28.4	43.6
Sympathizing/comforting at times of difficulties	25.4	32.9	41.7	28.7	26.3	45.0
Providing more support at the time of crisis	29.4	32.6	38.0	29.4	26.0	44.6
Sharing your happiness and prosperity with them	26.0	34.6	39.4	33.0	27.1	39.9
Providing with consolation at bereavement	28.0	37.5	34.5	33.8	31.3	34.9

Table 2.2.: Emotional care need for the psychological problems: Gender of Caregiver

	Tier-I		Tier-II		National	
	Male	Female	Male	Female	Male	Female
Listening to their personal problems	38.7	61.3	47.9	52.1	44.9	55.1
Sympathizing/comforting at times of difficulties	37.3	62.7	48.0	52.0	44.7	55.3
Providing more support at the time of crisis	39.1	60.9	51.6	48.4	47.8	52.2
Sharing your happiness and prosperity with them	39.4	60.6	50.8	49.2	47.1	52.9
Providing with consolation at bereavement	32.9	67.1	50.6	49.4	44.9	55.1

Table 2.3.: Emotional care need for the psychological problems: Caregiver Relation to Elderly

Categories	Tier-I					
	Son	Daughter	Daughter-in-law	Son-in-law	Grandson	Granddaughter
Listening to their personal problems	36.2	21.4	39.4	2.0	.4	.6
Sympathizing/comforting at times of difficulties	35.0	21.1	41.4	1.7	.6	.2
Providing more support at the time of crisis	36.8	21.7	38.7	1.8	.4	.6
Sharing your happiness and prosperity with them	37.4	19.9	40.4	1.6	.4	.4
Providing with consolation at bereavement	31.1	22.0	44.7	1.4	.4	.4

Categories	Tier-II					
	Son	Daughter	Daughter-in-law	Son-in-law	Grandson	Granddaughter
Listening to their personal problems	43.3	15.0	36.1	2.9	1.7	1.0
Sympathizing/comforting at times of difficulties	43.7	15.3	35.9	3.0	1.3	.9
Providing more support at the time of crisis	47.1	14.6	32.2	3.3	1.2	1.6
Sharing your happiness and prosperity with them	46.4	13.9	34.1	2.4	2.0	1.2
Providing with consolation at bereavement	46.3	14.5	34.0	3.2	1.0	.9

Categories	National					
	Son	Daughter	Daughter-in-law	Son-in-law	Grandson	Granddaughter
Listening to their personal problems	41.1	17.0	37.2	2.6	1.2	.9
Sympathizing/comforting at times of difficulties	41.0	17.1	37.6	2.6	1.1	.7
Providing more support at the time of crisis	44.0	16.7	34.2	2.8	1.0	1.3
Sharing your happiness and prosperity with them	43.5	15.9	36.1	2.1	1.5	.9
Providing with consolation at bereavement	41.4	16.9	37.4	2.6	.8	.8



The emotional care is largely addressed by the female caregivers, especially daughters/daughters-in law. Nonetheless, almost 70% (sometimes and always) of the elderly dependants ever sought emotional support from the caregivers at the time of crises.

Emotional Care Need for Psychological Problems

This section shows how often the caregivers provide care for psychological problems. In Tier 1 and 2, highest percentage of emotional care need was required for loneliness (67% and 63% respectively). 71% required help during anxiety in Tier 1, whereas 64% required help in Tier 2. The results show that some of the elderly never sought support for psychological problems such as fear of becoming dependents (42%), depression (42%), anxiety (34%), fear (44%), stress condition (39%) or loneliness (36%). More than half of the elders sometimes require support to overcome psychological problems related to anxiety (66%), stress (62%) and loneliness (64%).



While caregivers also soothed the upheavals related to anxiety (56%), declining self-confidence (54%), depression (55%) and fear of dependence (55%), these situations were largely addressed by the female caregivers who were daughters/daughters-in-law.

Table 2.4. : Emotional care need for the psychological problems: Frequency of Care

Categories	Tier-I			Tier-II			Never
	Never	Sometimes	Always	Never	Sometimes	Always	
When they have loneliness	33.2	40.8	26.0	37.5	29.4	33.1	36.2
During the times of Anxiety	29.0	38.5	32.5	36.4	27.8	35.8	34.2
When they have fear of dependence	31.9	39.8	28.3	45.7	24.2	30.0	41.5
When they suffer from depression	37.1	37.8	25.1	44.1	25.7	30.2	42.0
When they are in fear	37.4	37.8	24.8	46.7	23.9	29.4	43.9
When they are in stress conditions	31.2	44.4	24.4	41.7	27.6	30.8	38.5
When they lack self confidence	34.6	39.5	25.8	44.0	25.8	30.3	41.2

Table 2.5 : Emotional care need for the psychological problems: Gender of Caregiver

	Tier-I		Tier-II		National	
	Male	Female	Male	Female	Male	Female
When they have loneliness	32.6	67.4	45.6	54.4	41.5	58.5
During the times of Anxiety	34.6	65.4	46.1	53.9	42.3	57.7
When they have fear of dependence	34.3	65.7	48.8	51.2	43.7	56.3
When they suffer from depression	36.7	63.3	47.4	52.6	43.9	56.1
When they are in fear	33.6	66.4	48.5	51.5	43.5	56.5
When they are in stress conditions	36.7	63.3	47.9	52.1	44.1	55.9
When they lack self confidence	36.2	63.8	49.3	50.7	44.9	55.1

Table 2.6 : Emotional care need for the psychological problems: Caregiver Relation to Elderly

	Tier-I					
	Son	Daughter	Daughter-in-law	Son-in-law	Grand son	Grand daughter
When they have loneliness	28.9	22.9	42.3	2.2	1.5	2.2
During the times of Anxiety	31.5	22.6	41.7	2.6	.4	1.2
When they have fear of dependence	31.6	22.9	41.5	2.5	.2	1.3
When they suffer from depression	33.0	22.7	39.9	3.0	.7	.7
When they are in fear	30.2	24.2	41.0	2.8	.7	1.2
When they are in stress conditions	33.5	24.7	38.4	2.1	1.0	.2
When they lack self confidence	31.8	22.1	40.8	4.4	0.0	.9

	Tier-II					
	Son	Daughter	Daughter-in-law	Son-in-law	Grandson	Granddaughter
When they have loneliness	39.4	15.7	36.3	3.5	2.7	2.4
During the times of Anxiety	41.0	16.0	36.1	3.1	2.1	1.9

When they have fear of dependence	43.1	15.7	34.1	4.0	1.7	1.4
When they suffer from depression	42.8	15.7	35.8	3.1	1.5	1.1
When they are in fear	43.9	15.4	35.0	3.3	1.3	1.1
When they are in stress conditions	43.5	15.6	35.7	3.3	1.1	.9
When they lack self confidence	44.6	14.8	34.9	3.4	1.3	1.0

	National					
	Son	Daughter	Daughter-in-law	Son-in-law	Grandson	Granddaughter
When they have loneliness	36.1	18.0	38.2	3.1	2.3	2.3
During the times of Anxiety	37.9	18.1	37.9	2.9	1.5	1.7
When they have fear of dependence	39.0	18.2	36.7	3.5	1.2	1.3
When they suffer from depression	39.6	18.0	37.1	3.1	1.2	1.0
When they are in fear	39.3	18.4	37.0	3.1	1.1	1.1
When they are in stress conditions	40.1	18.7	36.6	2.9	1.1	.6
When they lack self confidence	40.3	17.2	36.9	3.7	.9	1.0

Financial Care / Support to Elderly

In the present study, information was sought on financial care extended by caregivers to the elderly for two domains: (a) Financial Care / Support to Day-to-day Aspects and (a) Assistance / Care on selected Financial Matters.

Financial Care / Support Requirements of Elderly

The caregivers never extended financial support to the elderly for day to day activities related to visiting relatives or friends (46%), attending social functions (48%), purchase of magazines/books (75%), cloth (53%) and consultation fees to doctor (36%). The caregivers sometimes provide financial support to the elderly for visit to hospital/clinic (26%), temple (26%), purchase of Medicine (27%), medical aids (25%) and lab test reports (24%). Less than one-third of the Caregivers always provide financial support for recharging the mobile (28%), personal habits (32%), visiting relatives/friends (28%), visiting temples (26%), purchase of magazines/books (11%), purchase of dress material (28%) and attending social functions (27%). Whereas in Tier 1 and 2, highest percentage of help is required in help in personal habits (65% and 53% respectively). In most of the financial activities, nearly half of the elders never required help in both Tier 1 and 2.



It is the males who provide the necessary financial support especially sons.

Table 2.7: Financial Care / Support Requirements of Elderly, Frequency of Care

Categories	Tier-I			Tier-II		
	Never	Sometimes	Always	Never	Sometimes	Always
Monetary help to personal habits	35	29	36	47	24	3
Monetary help to visiting relatives/ friends	41	30	29	49	23	2
Monetary help to visiting temples	39	34	28	52	23	2
Monetary help to attend social functions	43	28	30	50	24	2
Monetary help to mobile recharge	57	19	24	64	14	2
Monetary help to purchase of Magazines/ Books	71	19	10	77	11	1
Monetary help to purchase dress materials	42	25	33	58	17	2
Monetary help to visit hospital/ clinic	24	33	43	38	23	3
Monetary help to consultation fees to doctor	31	29	40	38	23	3
Monetary help to lab test	29	31	40	43	21	3
Monetary help to purchase medicine	22	34	44	35	23	4
Monetary help to purchase Aids	31	29	39	46	23	3

Table 2.8 : Financial Care / Support Requirements of Elderly, Gender of caregiver

Categories	Tier-I		Tier-II		National	
	Male	Female	Male	Female	Male	Female
Monetary help to personal habits	57	43	63	37	61	39
Monetary help to visiting relatives/ friends	57	43	64	36	62	38
Monetary help to visiting temples	51	49	59	41	56	44
Monetary help to attend social functions	58	42	61	39	60	40
Monetary help to mobile recharge	49	51	61	39	57	43
Monetary help to purchase of Magazines/ Books	37	63	55	45	49	51
Monetary help to purchase dress materials	58	42	62	38	61	39
Monetary help to visit hospital/ clinic	60	40	67	33	65	35
Monetary help to consultation fees to doctor	64	36	67	33	66	34
Monetary help to lab test	58	42	67	33	64	36
Monetary help to purchase medicine	62	38	67	33	66	34
Monetary help to purchase Aids	57	43	63	37	61	39

Table 2.9 : Financial Care / Support Requirements of Elderly, Caregiver relation to elderly

Categories	Tier-I					
	Son	Daughter	Daughter-in-law	Son-in-law	Grandson	Granddaughter
	53	20	24	4	0	0
Monetary help to visiting relatives/ friends	53	19	23	3	1	0
Monetary help to visiting temples	46	22	27	5	0	0
Monetary help to attend social functions	53	17	24	5	0	0
Monetary help to mobile recharge	45	25	25	4	1	0
Monetary help to purchase of Magazines/ Books	32	32	31	5	0	0
Monetary help to purchase dress materials	53	20	22	5	0	0
Monetary help to visit hospital/ clinic	56	20	20	4	0	0
Monetary help to consultation fees to doctor	59	16	19	5	0	0
Monetary help to lab test	55	21	21	3	0	0
Monetary help to purchase medicine	59	20	18	3	0	0
Monetary help to purchase Aids	54	24	19	3	0	0

Categories	Tier-II					
	Son	Daughter	Daughter-in-law	Son-in-law	Grandson	Granddaughter
	59	14	23	3	1	0
Monetary help to visiting relatives/ friends	60	14	21	4	1	0
Monetary help to visiting temples	53	15	25	3	2	0

Monetary help to attend social functions	56	15	23	4	1	
Monetary help to mobile recharge	55	17	22	4	2	
Monetary help to purchase of Magazines/ Books	51	18	26	3	2	
Monetary help to purchase dress materials	58	16	22	2	1	
Monetary help to visit hospital/ clinic	62	14	19	4	1	
Monetary help to consultation fees to doctor	63	14	18	3	1	
Monetary help to lab test	62	14	19	4	1	
Monetary help to purchase medicine	63	13	19	3	2	
Monetary help to purchase Aids	57	15	22	4	1	

Categories	National					
	Son	Daughter	Daughter-in-law	Son-in-law	Grand son	Grand daughter
	57	16	23	3	1	0
Monetary help to visiting relatives/ friends	58	16	22	3	1	1
Monetary help to visiting temples	51	18	26	4	2	1
Monetary help to attend social functions	55	16	23	5	1	0
Monetary help to mobile recharge	52	20	23	4	1	1
Monetary help to purchase of Magazines/ Books	45	23	28	3	1	1
Monetary help to purchase dress materials	56	17	22	3	1	0
Monetary help to visit hospital/ clinic	60	16	19	4	1	0
Monetary help to consultation fees to doctor	62	15	19	4	1	0
Monetary help to lab test	59	16	20	4	1	0
Monetary help to purchase medicine	61	15	19	3	1	0
Monetary help to purchase Aids	56	18	21	4	1	0

Kind of Assistance / Care for Financial Matters

This presents the assistance provided to **elderly dependents** on selected Financial Matters.

In Tier 1, 43% of the elders required help in saving in bank, whereas the figure was 34% in case of Tier 2. In Tier 1, 34% required help in saving in post office, whereas 19% required help for the same in Tier 2. The Caregivers never assist the elderly on saving in shares (80%), investment transactions (80%), selling or buying immovable assets (76%), ATM transactions (74%). Sometimes, the Caregivers help the elderly dependants in replenishing the saving in the bank (22%), buying/ selling of movable assets (14%) and money management (16%).



While, few Caregivers always provide financial support for money management (17%), helping and buying movable assets (10%) and help in saving in post offices (10%).

2.3 CARE BURDEN AND ASSOCIATED CHALLENGES

Caregivers' burden scale

We have computed the caregivers' burden using a scale developed by Zarit *et al.* (1980). The scale is based on responses of the caregivers to 22 statements on 5-point Likert scale. The scores were added for each caregiver and categorized into four categories. The results in Tier 1 show that 52% of the caregivers considered taking care of elderly dependent as mild to moderately burdensome, while 30% considered it to be moderate to severely burdensome, and 19% considered it to be severely burdensome. In Tier 2, 59% of the caregivers considered taking care of elderly dependent as mild to moderately burdensome, while 28% considered it to be moderate to severely burdensome, and 13% considered it to be severely burdensome. The results illustrate that about 15% of the caregivers considered taking care of elderly dependent as severely burdensome while 29% considered it to be moderate to severely burdensome and 56% felt the tasks to be mild to moderate burdensome.

In Tier 1, 640 of the total caregivers said that there is not enough time for themselves, followed by 635 who said that they've lost control over their life. In Tier 2, an overwhelming number of caregivers (1405) said that they've lost control over their life, followed by 1381, who said that there is not enough time for themselves. On the national scale, 2021 of the caregivers said that there is not enough time for themselves.



In both Tier 1 and 2, majority of the caregivers reported not having enough time for themselves and having lost control over their life.

	Mild to moderate burden		Moderate to severe burden		Severe burden		Total N	
	N	%	N	%	N	%	N	%
Tier 1	336	51.6	193	29.6	122	18.7	651	100.0
Tier 2	836	58.5	401	28.1	192	13.4	1429	100.0
National	1172	56.3	594	28.6	314	15.1	2080	100.0

Table 2.10 : Negative Impacts of Burden of Care in Personal Life

	Tier 1		Tier 2			National
	%	N	%	N	%	N
There is not enough time for yourself	100.0	640	100.0	1381	100.0	2021
Over taxed with responsibilities	100.0	625	100.0	1379	100.0	2004
Like you've lost control over your life	100.0	635	100.0	1405	100.0	
Feel Happy and satisfied that I am taking care of my parents/in laws etc	100.0	513	100.0	1021	100.0	1534
Uncertain about what to do for your relative	100.0	626	100.0	1374	100.0	2000
Like you should do more for your relative	100.0	594	100.0	1340	100.0	1934
Like you could do a better job of caring	100.0	566	100.0	1255	100.0	1821

In Tier 1, 647 of the caregivers said that they feel embarrassed. In Tier 2, majority (1423) of them said that they feel angry. On the national scale, 2059 of them said that they feel angry, followed by 2057 of them who feel embarrassed.



Majority of the caregivers in both tiers feel angry, embarrassed, and a sense of strain when they are with the elderly for whom they are caring.

Table 2.11 :Negative Impacts of Burden of Care on Mental Health

	Tier 1		Tier 2			National
	%	N	%	N	%	N
When you are with the elderly for whom you are caring, how often do you feel -A sense of strain	100.0	640	100.0	1411	100.0	2051
When you are with the elderly for whom you are caring, how often do you feel - Anger	100.0	636	100.0	1423	100.0	2059
When you are with the elderly for whom you are caring, how often do you feel -Embarrassment	100.0	647	100.0	1410	100.0	2057
When you are with the elderlyfor whom you are caring, how often do you feel - Uncomfortable about having friends over	100.0	644	100.0	1400	100.0	2044

In Tier 1, 646 of the caregivers said that it affects their health. In Tier 2, majority (1393) of them said that it affects other relationships with family and friends, followed by 1379 of them who said that it affects their social life. At the national level, 2038 of them said that it affects other relationships with family and friends, followed by 2016 of them who said that it affects their health.



Most of the caregivers said that it affects their other relationships with family and friends and their health.

Table 2.12 : Negative Impacts of Burden of Care on Physical Health and Social Relations

	Tier 1		Tier 2			National
	%	N	%	N	%	N
Your social life	100.0	629	100.0	1379	100.0	2008
Other relationships with family and friends	100.0	645	100.0	1393	100.0	2038
Your health	100.0	646	100.0	1370	100.0	2016
Your privacy	100.0	638	100.0	1356	100.0	1994

In Tier 1, 642 of the total caregivers said that they feel they receive excessive help requests and feel that all the responsibility falls on one caregiver. In Tier 2, 1423 of them said that they fear not being able to continue caring for their relative. At the national level, an overwhelming number (2044) of them said that they feel that all the responsibility falls on one caregiver, followed by 2040 of them who said that they feel they receive excessive help requests.



Majority of the caregivers said that they feel they receive excessive help requests and that all the responsibility falls on one caregiver.

Table 2.13 : Negative Impacts of Burden of Care of the Elderly in Personal Life

	Tier 1		Tier 2		National	
	%	N	%	N	%	N
Feel you receive excessive help requests	100.0	642	100.0	1398	100.0	2040
Feel all the responsibility falls on one caregiver	100.0	642	100.0	1402	100.0	2044
Fear the future regarding your relative	100.0	606	100.0	1407	100.0	2013
Fear not having enough money to care for your relative	100.0	593	100.0	1370	100.0	1963
Fear not being able to continue caring for your relative	100.0	598	100.0	1397	100.0	1995
Fear not being able to continue caring for your relative	100.0	626	100.0	1423	100.0	2049
How much does your spouse/love the elderly who depends on you as the caregiver?	100.0	577	100.0	1215	100.0	1792

2.4 HELP AVAILABLE FOR SHARING CARE BURDEN AND USED: FORMAL AND INFORMAL

Respite Care

Generally, due to physical and mental limitations, at times, it becomes difficult to take along the elderly dependents when the family goes out for a few days or in absence of primary Caregiver. The study explored the alternative care mechanism available with the family and it largely depends on availability of family network and affordability issues. Thus, the present study, sought information about respite care.

Respite Care Arrangements for a Few Days if Primary Caregiver goes out of Station

There are various options of respite care available with the Caregiver. of respite care available with the Caregiver as shown in **Figure 2.15 A, B and C**. In Tier 1, 54% of the caregivers said that they leave the elderly alone at home by giving instructions, whereas in Tier 2, the figure is a comparatively lower 26%. Majority of them in Tier 1 and 2 said that leaving at brother's/sister-in-law's house and leaving at sister's/brother-in-law's house in not an available option. Most common option is that of leaving the elderly alone at home by giving instructions (35%) and this was used by 30% of the Caregivers as it was considered an affordable option (32%). The next cited option was leaving the elderly with servant maid (16%), though affordable (16%) but was used by only 16% of the caregivers.

More than one tenth (15%) of the caregivers had option to leave the elderly with close relative, however it was used by 13% of the caregivers and the data suggests that it was not an affordable option (85%). About 31% of the elderly acknowledged availability of institution that takes care of the elderly for money, however only one-fourth of the Caregivers had used and only 28% considered it affordable. Thus, affordability is the reason as to why the elderly persons are not left in some institutions in the absence of the primary caregiver. Most of the elderly were left alone at home.

Table 2.14 : Respite Care Arrangements for a Few Days if Primary Caregiver goes out of Station

	Available			Used Any T	
	Tier-I	Tier-II	National	Tier-I	Tier-II
Leave the Elderly person(s) alone by giving instructions for day-to-day	54	26	34	40	26
Leave at home with the support of Servant Maid	32	9	16	33	8
Leave at home with the support of a Close Relative	47	22	30	45	25
Leave at home with the support of Friend Neighbour	32	10	17	33	11
Leave in Brother's / Sister-in-law's house	23	30	28	23	32
Leave in Sister's / Brother-in-law's house	21	23	22	22	24
Leave in Friend's / Neighbour's house	24	10	14	34	8
Leave the Elderly in persons(s) in some Institution by payment	32	8	15	28	7

Respite Care Arrangements for a Few Days if All Family Members of Caregiver Go out of Station

Information on respite care arrangements to elderly if all family members of caregiver goes out of highlights that in both Tier 1 and Tier 2, the most common option was of leaving the elderly alone at home by giving instructions (50% and 22% respectively). Similarly at the India level, the most common option was of leaving the elderly alone at home by giving instructions (31%) and this was used by 28% of Caregivers as it was considered an affordable option (28%). The next options mentioned include : leaving the elderly with servant maid (15%) or leaving the elderly at brother's/sister-in-law's house (26%). The former option was used by half of the caregivers (15%), though not all admitted that it was affordable (85%). The latter option was also not considered affordable (27%) and was used by only 27%.

About 15% of the caregivers acknowledged availability of institution that took care of elderly for money, steep prices made it less affordable (only 15% considered it affordable). Thus, in most of the elderly were left alone at home in absence of primary caregiver or when the family goes on a holiday.

Table 2.15 : Respite Care Arrangements for a Few Days if All Family Members of Caregiver Go out of Station

	Available			Used Any Time		
	Tier-I	Tier-II	National	Tier-I	Tier-II	National
Leave the Elderly person(s) alone by giving instructions for day-to-day	50	22	30	41	22	28
Leave at home with the support of Servant Maid	32	7	15	32	7	15
Leave at home with the support of a Close Relative	43	18	26	43	21	28
Leave at home with the support of Friend Neighbour	31	8	15	31	8	15
Leave in Brother's / Sister-in-law's house	23	28	26	22	30	27
Leave in Sister's / Brother-in-law's house	19	22	21	21	23	22
Leave in Friend's / Neighbour's house	22	8	13	31	7	14
Leave the Elderly in persons(s) in some Institution by payment	34	7	15	28	6	12

Average Time (in Minutes) spent per day by Caregivers

The study elicited information on the time spent by caregivers for the elderly dependents. In both Tier 1 and 2, sons, daughters, and daughter-in-laws spent more than an hour with the elderly dependents. In Tier 1, less than half an hour was spent by son-in-laws and granddaughters. The Caregivers spend more than half an hour in a day with the elderly dependents (especially sons, daughters, daughters-in-law). However, the time spent varied between and across the different family caregivers.

Table 2.16 : Average Time (in Minutes) spent per day by Caregivers

	Son	Daughter	Daughter-in-law	Son-in-law	Grandson	Granddaughter
Tier I	71	53	111	28	34	29
Tier 2	110	92	164	37	68	62
National	98	78	148	34	59	54

2.5 CONTRIBUTION OF MONEY BY THE ELDERLY DEPENDENTS TO THE FAMILY

In Tier 1, 40% of the elderly dependents contributed up to Rs.1, 000. In Tier 2, majority (60%) of them contributed Rs.4, 001 or above. One tenth of the elderly dependents (11%) contribute to the family resource pool and among them, nearly 48% contribute more than Rs 4,000 while 25% contribute upto Rs 1,000, 75% contribute more than Rs1000.

Around 79% of the elderly persons contribute partial amount while the remaining give away full amount to the family (21%). The mean contribution is Rs. 6182 while median is Rs. 4,000

Aid/Tax Relief/Other Monetary Concessions- oriented expectations of the caregivers on the money spent for the elderly dependents:

- tax benefits for elderly
- provision of pension scheme
- tax rebates

**On an average, the caregivers
admitted that they had
expectations of getting tax relief
of Rs 58,024.**



**Expectations of caregivers from the government looking after
the elderly dependents:**

- subsidised medicine
- better medical transportation facilities
- government-supported Old Age Homes
- provision of Health Card
- improved medical staff in government health institutions
- Mediclaim and transport facility for visiting hospital
- medical insurance policy

2.6 ACTIVITIES FOR WHICH ELDERLY DEPENDENT(S) CONTRIBUTE THEIR SERVICES / RESOURCES

From the data given on activities for which elderly dependents contribute their services, it can be seen that in Tier 1, majority (66%) of the elderly dependents contribute for indoor activities. Similarly, in Tier 2, majority (32%) contribute for indoor activities. On the national scale, 42% of the elders contribute services/resources for indoor activities whereas 35% contribute for outdoor activities.

Table 2.17 : Activities for which Elderly Dependent(s) Contribute their Services / Resources

	Indoor Activities	Outdorr Activities	N
	%	%	
Tier I	65.7	54.2	694
Tier 2	32.3	27.3	1609
National	42.3	35.4	2303

2.7 ISSUE DUE TO THE PRESENCE OF ELDERLY AT HOME

The data given on issue due to presence of elderly at home shows that in Tier 1, majority (85%) of the caregivers perceive recreational interference, followed by personal and social interference (81%). Likewise in Tier 2 and at the national level both, 84% perceive recreational interference, followed by personal and social interference (83%).

Table 2.18 : Issue due to the presence of elderly at home

	Personal & Social Interface	Recreational Interference	Time & financial Interference	Interference in upbringing of children	Total N
	%	%	%	%	%
Tier I	81	85	70	81	100
Tier 2	83	84	76	81	100
National	82	84	74	81	100

2.8 CARE OF THE ELDERLY: VIEWS, PROBLEMS AND IMPACTS

Although the results showed that caregivers considered taking care of elderly as burdensome, we probed into how Caregivers' viewed their responsibility.

Caregiver's Views about Taking Care of Elderly

The caregivers were given freedom to cite more than one view which are presented in the **Figure 2.10**. Most of the Caregivers considered it as their inherent responsibility (86%) although they are not averse of putting them in old age homes or in separate home.

Table 2.19 : Caregiver's Views about Taking Care of Elderly (in %)

	Being Son/ Daughter it is our responsibility to look after the parents	Happy/ Satisfied to take care of parents	If elderly person(s) want to join in old age home, will you allow?	Is it better to keep the elderly in a separate home and pay them some amount	Is it better to allow those elderly who wants to stay in a separate home independently	Better to put them in old age home by paying money and visit them	Better those affordable elderly can buy and live in senior citizen homes	Any other	N
Tier I	81	69	41	38	42	34	39	22	653
Tier 2	98	93	32	29	41	26	32	3	1437
National	93	86	35	32	42	28	34	9	2090

In case of 'Being Son/ Daughter it is our responsibility to look after the parents', the value for Tier I is 81%, for Tier II it is 98% and for National, it is 93%. For 'Happy/ Satisfied to take care of parents' case, the value for Tier I is 69%, for Tier II it is 93% and for National is 86%. Similarly, for 'If elderly person(s) want to join in old age home, will you allow?', the values are 41%, 32% and 35% respectively, for 'Is it better to keep the elderly in a separate home and pay them some amount', the values are 38%, 29% and 32% respectively, for 'Is it better to allow those elderly who wants to stay in a separate home independently', they are 42%, 41% and 42% respectively, for ' Better to put them in old age home by paying money and visit them', they are 43%, 26% and 28% respectively, for ' Better those affordable elderly can buy and live in senior citizen homes', they are 39%, 32% and 34% respectively and lastly, for any other opinions, the respective values for Tier I, Tier II and national are 22%, 3% and 9%.

POSTIVE QUOTES

“It is not a question about any situation . It is our responsibility to give care to our elderly ones”, said a daughter in law from Ahmedabad.

“We take care of our parents and elders in our house. And I am taking care of my grandmother, It is our duty and we should do it. Everybody should do this till they die. This is our culture and social belief; this is how it should be done. Whatever we do today, we will get the same tomorrow”, said a 35 year old son from Dehradun.

“Sometimes I feel very bad when I see people who do their work alone with nobody’s help, whether it is in buses or hospitals. If they have kids it means they have to take care of them. Leaving them alone is not good; it is considered as a sin”, replied a Daughter in law from Kochi.

“There are two ways. One is if we will serve our parents nicely, my kids watch me doing so. It will create good and positive impact on them. They will learn good things. We are also getting old, then they will serve me in the same way I treated my parents. The second is, we face problem when we have to go somewhere together in a function. Either I have to drop the plan or my wife because one person should be there at home to take care for them. Rest, we feel happy when they are around us”, said a 39 year old son from Bhopal.

“We try to keep our elderly happy;. Kids have no work to do; they mostly spend time with elder people in the family. This way, they will also get engaged and happy with them. Plus, they learn to respect elder people, which we will get in return by our kids at our old age. Children are very obedient and they go for morning walk along with my parents. My parents have the habit of waking up by 5 in the morning. This way, my kids also get habitual to wake up early and go for cycling. Both of them will remain healthy”, said a 33 year old son from Bhopal.

"I am taking care of my mother-in-law. Our culture does not allow the elders to remain separated from the family. It also does not allow the elders to remain in old age homes. You might also be aware of the happenings in the old age homes nowadays. Neither I nor my husband will allow her to live separately, by the grace of God we don't have that type of a situation. Our tradition does not teach us to keep the elders in old age homes by paying money", replied a Daughter in law from Bhubaneswar.

"Sometimes I get frustrated and I feel that I should go somewhere or I should do something for myself. In this situation I go to Gurudwara and sit there and I melt down. Then I feel sorry. This is my duty to look after my father-in-law who is old. He does not know what he is saying or behaving with me. I feel calmness in Gurudwara and then I promise with myself that I will keep him happy. If he shouts on me then I will ignore that", replied Daughter in law, 45 years from Chandigarh.

"They show their patience in our childhood they replied to our questions happily if we asked repeatedly same thing they replied with patience now we should have patience with them", Daughter in law from Chandigarh.

"Sometimes she goes to my brother in law's place. When my mother-in-law goes somewhere, I also miss her because she plays with my kid and helps me with some chores. During that time I feel that I need her", replied a Daughter in law from Jaipur.

"I consider them as my parents and they consider me as Maa Durga as I am managing and looking after everything", Daughter in law, 48 years, Kolkata.

"They are not burden but sometimes problem occurs, sometimes there are monetary matters or food matters, or like sometimes it's my children's time but I couldn't look after them because I'm busy with my mother-in-law and father-in-law so the time problem occurs. You can understand in today's days, time is a big factor. There are many more problems coming. It is just the time management", said Daughter in law, Raipur.

"Even I can say it is not our duty it is my wish to take care of mother-in-law." Daughter in law, 35 years, Shimla.

"My father in law is a retired person, he tried to help me a lot; he kept one part time aid who cleans the house and clothes and other small help. He gives payment to maid from his pension. In this way my work reduces", a 36 year old female, Shimla.

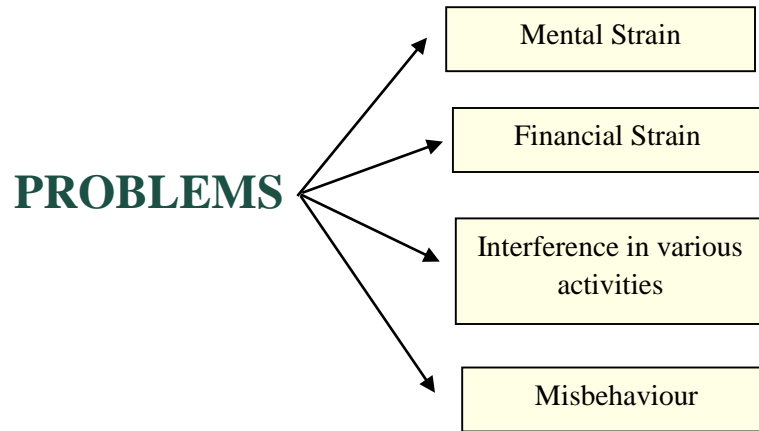
"I get frustrated very rarely. My father does not allow us to do his chores even when he is not well, which leads to frustration. He wants to do everything systematically

and refuses to compromise. There is frustration at times, but later on everything goes back to normal", Son, 39 years, Vishakhapatnam.

"There will not be much impact on the caregiver's family because elderly person is also a part of the family and they served the family for so many years. All the family members also support the elders and get their blessings. So it is my duty to take care of my mother-in-law", Daughter in law, 42 years, Vishakhapatnam.

Perceived Problems by Caregivers due to Presence of Elderly Dependents at Home

The caregivers were asked about the perceived problems faced by them due to presence of elderly at home (**Figure 2.11**). The caregivers were asked to give response to ten statements on a three-point scale – never, sometimes and always. Most of the caregivers acknowledged that they sometimes faced problems which caused strain (58%), disturbance to children's study (56%), difficulties in going out for picnic/ tour (55%), holding parties at home (48%), difficulties in watching television (51%) and for privacy (53%). Fewer caregivers indicated that elderly dependents are always a problem and cited reasons such as misbehaviour with guest (22%) and strain on financial resources in family (20%).



On the other hand, considerable proportion of caregivers never considered elderly dependents as a problem. Almost half of the caregivers never felt irritated with the interference in the child rearing (81 %), personal and social interference (82%%), recreational interference (84%).

Table 2.20: Perceived Problems by Caregivers due to Presence of Elderly Dependents at Home

	Personal & Social Interface	Recreational Interference	Time & financial Interference	Interference in upbringing of children	N
Tier I	81	85	70	81	653
Tier 2	83	84	76	81	1437
National	82	84	74	81	2090

Difficulties Faced by Caregiver / Family due to the Presence of Elderly Dependents

The **Figure 2.12** illustrates that either sometimes or always the caregiver faced difficulties in the presence of elderly dependents at home. And it pertained largely to difficulty in doing household work (65%), restricted life (71%), fatigue (63%), economic burden (60%), mental strain (61%) and quarrels with spouse (56%).

Nonetheless, several caregivers never faced any difficulties especially related to altering the structure of flat (62%) or changing workplace (72%), shifting house/flat (56%) and for other situations. Such as restriction in movement (29% caregivers cannot go out) or problems of taking care on time (49%) nor it lead to quarrels between the spouses (44%), mental strain (39%), fatigue (37%) or caused economic burden (40%).

Table 2.21 : Difficulties Faced by Caregiver / Family due to the Presence of Elderly Dependents

	Tier-I			Tier-II			National		
	Never	Some times	Always	Never	Some times	Always	Never	Some times	Always
Problems in Taking Care on Time	64	63	63	31	32	32	6	5	5
Fatiguing to the Caretaker	56	56	56	38	34	35	6	9	8
Difficulty in Doing Household Work	58	58	58	35	34	34	7	8	8
Caretaker can not Go Out	55	55	55	34	36	35	11	9	10
Caretker had to Shift the House / Flat	66	71	69	28	24	25	6	6	6
Caretaker had Altered the Structure of House	67	71	70	27	22	24	6	7	6
Caretaker had to Change Workplace / Occupation	69	73	71	26	22	23	6	5	6
Economic Burden	61	65	64	30	26	27	9	9	9
Mental Strain	54	64	61	38	28	31	8	8	8
Quarrels / Heated Talk with Spouse	68	69	68	27	23	25	5	8	7

Whether Caregivers Feel Happy and Satisfaction in Taking Care their Parents / In-laws

From **Figure 2.13 A and B**, the caregivers tells about how much they experience happiness or satisfaction from taking care of their parents. Around 35% and 33% of males and 41% and 34% of females from Tier I and Tier II respectively admits that they 'never' feel so, while 14% and 13% of males and 14% and 15% of females from Tier I

and Tier II respectively admits to 'rarely', 15% and 14% of males and 13% and 11% of females from Tier I and Tier II respectively admits to 'sometimes', 15% and 11% of males and 11% and 11% of females from Tier I and Tier II respectively admits to 'Quite Frequently' and lastly, 21% and 29% of males and 22% and 29% of females from Tier I and Tier II respectively admits to 'Nearly Always'.

Table 2.22 : Happy and satisfied in taking care of the elderly

			Never	Rarely	Some times	Quite Frequently	Nearly Always	Total N
Tier I	Gender	Male	35	14	15	15	21	295
		Female	41	14	13	11	22	358
Tier 2	Gender	Male	33	13	14	11	29	669
		Female	34	15	11	11	29	768
National			35	14	13	12	27	2090

2.9 COPING STRATEGIES

The caregivers were asked to cite more than one coping strategies adopted to reduce the burden and the results are presented in **Figure2.14**. There are variety of ways by which the caregivers reduce the burden.

In both Tier 1 and 2, majority (74% and 96% respectively) of the caregivers said that they feel that they are doing something important for the person in their care. In Tier 1, 66% of the caregivers chose options like when visiting doctor, talk about caregiving and do you share your joys or frustration with the person you care. In Tier 2, 79% of the caregivers said that they take care of their self-esteem. At the national level, 82% of the caregivers said that they feel that they are doing something important for the person in their care, followed by 74% who said that they take care of their self-esteem. The lowest percentage is found in allowing yourself to cry (50%) and express your anger and frustration by writing down your feelings (53%).

Figure 2.23 : Coping mechanism adopted by caregivers to reduce the burden (in %)

Categories	Tier I	Tier 2	National
Feel that you are doing something important for the person in your care	74	86	82
Take care of your self-esteem – remember that you have skills and talents	62	79	74
Realise that you have limitations and accept them	64	75	72
Dealing with Your Emotions in Natural Way	58	69	65
Express your anger and frustration by writing down your feelings	52	53	53
Allowing yourself to cry	55	48	50
Setting Realistic Goals in Helping the Elderly	54	67	63
Making a List of Important Tasks to be Done	51	63	59
Listening to Music when handling a difficult tasks	57	60	59
Taking Care of Your Health	62	72	69
Taking short rests in the day to get enough sleep	60	70	67
Setting aside time for Meditation / Prayer	54	64	61
Finding Time for Regular exercise / Keep Fit	54	65	61
Making Time for Yourself	62	74	70
Keep in Contact with Friends	63	69	67
Allow the Friends / Family to Help with Caregiving	62	67	66
Assign some Specific Tasks to People who Offer to Help	61	69	66
Share your concerns with a friend	62	68	66
When Visiting Doctor, talk about Caregiving	66	71	69
Do you share your joys or frustrations with the person you care	66	71	70
Has your relationship with whom you care become worse or better	66	61	62
N	653	1437	2090

NEGATIVE QUOTES

“Sometimes my two daughters help me. But it is difficult for them also as they are studying but whenever required I ask them for small help. We never leave mother-in-law alone; wherever we go always try to take her with us. If we were rich we could have hired a nurse to take care”, replied a female from Kochi.

“I feel burdened in different care giving situations I try to manage it. I have misunderstanding sometimes but I have to overlook it every time. I have faced situations in which I felt like crying but have not cried. I prepare a list of what to do at what time; so that I don’t feel pressure by doing this. I have to manage my timings so that I can get sufficient time for myself to relax. I devote one hour every day for Yoga and exercise, but I don’t get sufficient sleep. I don’t listen to music. Every burden, be it physical, mental, financial, or emotional is being handled by us.

Sometimes I feel that the financial burden is very high somehow we manage it. I don't like to pass my responsibility to others even though my siblings have offered to help. I cry many a times but after some time I feel relaxed by talking to my friends. I have feared for not being able to provide to my father proper care due to financial constraints", replied a male from Bhubaneswar.

"Sometimes my husband takes me out for dinner or forcefully I tell him to do so. My father in law who loves outing and eating outside but he is under treatment and doctor has told not to eat outside food but once in a two- three months it happens. Sometimes I called my brother in law to sit with my father in law and I go for outing with my friends or visit my relatives' house", replied a 45 year old female from Chandigarh.

"To reduce mental burden; I go out for shopping or to a movie or mall with a friend when I am tired. We also take out my father in law to have food outside so that burden will reduce and we both feel fresh. I have taken up YOGA classes to freshen up myself", replied a female from Delhi.

"If sick people are there in the house, entire family will be under pressure and their routine activities get affected. We cannot concentrate on our children and other activities because of my father; sometimes we feel this extra work for us", replied a 48 year old male from Hyderabad.

"I have a part time maid for domestic work; sometimes I take her help to reduce the burden; If I have to go out for some urgent work, I will ask my maid to stay with my Mother-in-law", replied a female from Mumbai.

"My father cannot walk due to paralysis therefore I brought a walker for him so that he can move comfortably within the house and whenever it is urgent to go out to go to hospital or some other work, we accompany them", said a 38 year old male from Patna.

"I am her daughter-in-law and I have no option because my sister in law is married and my husband is the only son. We have no choice, we have to look after her; cannot send my mother-in-law anywhere moreover she does not want go anywhere; who has time who will come here", said a 48 year old female from Shimla.

"Sometimes she goes to my brother in law's place. At that time I feel 'oh I'm free to do anything now' but after a few days, I feel I am missing her because she plays with my kids and helps me with some chores-like chopping vegetable or something else;. During that time I feel that I need her. I am habituated of her now", said a female from Jaipur.

“Mainly I look after my mother-in-law and her activities, in addition to that my husband and children also help so that it reduces my burden. My husband makes sure to give medicines on time and take her to the hospital. I also accompany her while going to the hospital or social events”, said a 42 year old female from Vishakhapatnam.