

# CARE GIVING TO THE ELDERLY POPULATION AMIDST COVID 19 IN KERALA

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**Abstract** -With the extensive spread of the COVID 19 pandemic, it is imperative to consider the health conditions of people across the globe. The elderly are among those who are most vulnerable to the disease. As a result, the care giving to the geriatric population need to be analyzed. This article tries to throw some light in to the topic which is a major issue to most of the nations of the world. The paper discusses the transformation in care giving to the elderly throughout the years and current status of care giving process to the old people of Kerala. The study also investigates the effect of the pandemic in the process of care giving. It has been observed that there had been a paradigm shift in the method of caregiving from someone within the family to paid caregivers and home nurses. With the Pandemic availability of paid caregivers have reduced and this has affected the proper delivery of the service.

**Key words**- Elderly health, COVID 19, Pandemic, Care giving, Kerala

## LINTRODUCTION

World population is rising tremendously and has reached about 7.8 billion in 2020(United Nations 2020). One of the results of this transformation that the world economy faces is population ageing. Since 1950, the geriatric population has been rising, which is expected to reach 2.1 billion by 2050.The ratio of people above 60 years is expected to rise from 12% to 22% (WHO 2018).This ratio refers to one in five globally( United Nations 2017). The 21<sup>st</sup> century is called as “the century of the aged” and the next century being “ageing of the aged” (Help Age India 2014, Irudaya Rajan et al 2020).It has also been observed that of the total number of elderly, almost 80% will be in low and middle income nations (WHO 2018).

Ageing in India is at a much faster rate and the proportion of older persons is shooting up in the country, with the share of population above 60 years of age ,which was 8 percent in 2005, expecting to

increase to 19 percent by 2050 (UNFPA 2017).The rate at which geriatric population is rising is about 2.7 percent and the elderly people were about 77 million as per 2001 census which has geared up to 104 million by 2011 (Rajan and Mishra 2020).This is again expected to rise at an average of 3.6 percent each year(GOK 2009;.Irudaya Rajan et al 2020).

The state of Kerala has impressive health indicators compared to the other states of the country and has been receiving international attention for its high levels of human development. The expectancy of life has increased, but with consequent rise in degenerative diseases of aging and life-styles. Communicable diseases are still dominant and constitute major public health issue in the state. Though the mortality indicators are low in the state, morbidity rate is quite high resulting in what is known as “low mortality high morbidity syndrome”. Further with its demographic transition, Kerala has the largest proportion of elderly population in the country. The old age dependency ratio as per Census 2011 in India is 14.2 percent whereas that of Kerala is 19.6 percent. This is primarily due to higher life expectancy at birth (Economic Review 2017). This alone indicated that elderly is growing at a faster pace in the State. Various studies conducted by NSSO, LASI pilot survey, SAGE, Kerala Ageing Surveys provide statistics on the aged population of the state which has been summarized in Table 1.

Table 1

Absolute Number of Elderly Population in Kerala

	1991	2001	2011
60 +	2,548,861	3,338,427	4,193,393
70+	1,005,868	1,402,678	1,776,588
80+	288,847	389,013	541,849
90+	29,098,518	54,479	3997
100+	37,273	2164	623

Source: Census Report

The number of elderly belonging to the age group 60+ to 80+ has been rising throughout the years as can be seen from the table, whereas those belonging to 90+ and 100+ years have gone down. According to BKPAI report 2013, the sex ratio has been favorable to women even in the case of elderly population. The ratio is highest among elderly of the age group 80 years and above, which is 1656 women for 1000 men. Out of those who live alone, majority is from poorer back ground. In rural areas elderly prefer to live alone as they wish to be independent. The proportion of elderly women living alone is 5.4 percent in the State.

Preference of living arrangement also become important while considering the well being of elderly population . Most of the elderly population prefers to live with their children and only a smaller proportion

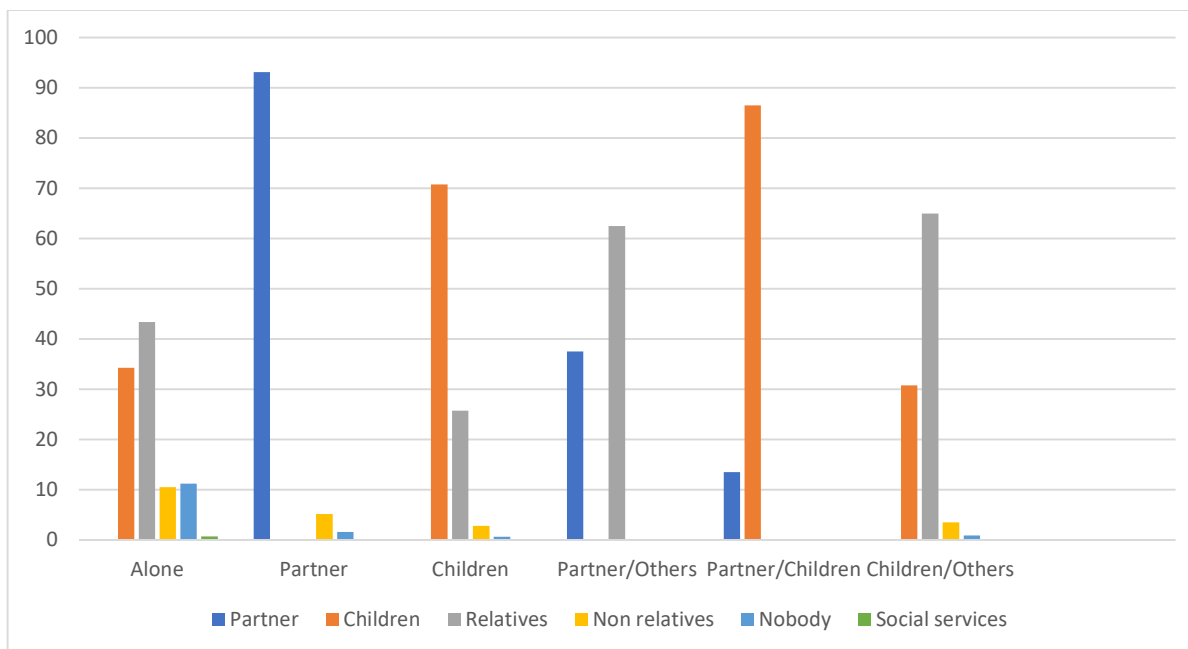
of them wish to stay alone. Further more it was observed that in majority of the cases the preferred living conditions correspond to the actual living conditions, especially for men than for women.

There are several serious consequences for this phenomenon of demographic transition. Change in the family structure and migration of youth has complicated the situation further more(Rajan and Kumar 2003; Irudaya Rajan et al 2020). Even though there had been an immense amount of displacement of younger people, especially at the time of oil boom in Gulf nations, which helped the State, this negatively affected the geriatric people who were left behind. Kerala is known as the “emigration pocket” of India (Zacharia and Rajan 2013). According to Kerala Migration Surveys, emigration of people for education and employment has risen since 1998(Zacharia et al 2003). The need for elderly care thus has increased in the State.

## II. CARE GIVING FOR OLDER ADULTS: THE CHANGING SCENARIO

Emigration in Kerala has been male dominated, especially to Gulf countries and they leave behind their partners (Osella & Osella 2008; Zacharia & Rajan 2013) with aged parents (Desai & Banerji 2008). In such cases daughter in laws become the care givers. Care givers refer to people who provide care for disabled , sick or cognitively impaired elderly persons, mostly family members or friends (Musich et al 2017).Again in non emigrant households care givers may be children, partners, relatives, neighbours, paid or unpaid non-relatives (S.Irudaya Rajan et al 2020). For those elderly who live alone, which happens to be 5 percent in case of women and 1 percent in case of men (UNFPA 2013), care giving is provided by paid or unpaid relatives and non relatives . Care homes also play a major role in the process.

Figure 1: Living Arrangement of Elderly and Caregivers



Source: Kerala Ageing Survey 2013

Table 2

Living arrangement of elderly by Sex (in percentage)2011

	Alone	Spouse	Others
Men	1	17	82
Women	5	7	88

Source : UNFPA BKPAI 2013

In India, family has remained a cherished institution and offers informal social security to old people (Bloom et al 2010). Most of the elder people prefer to live with their families (Gupta 2009). Family tends to be the center of financial support and care giving for those who are unable to care for themselves (Kozel and Parker, 2000; Samuel and Thyloth, 2002, Lamb 2013). Like most of the countries in Asia, certain values like familism, filial devotion and family bond are prevalent in Indian society and is considered as a cultural norm (Kadoya & Khan 2015; Pillai et al 2012; A.P Ugargol & A. Bailey 2018). As mentioned earlier, due to several reasons and instances, family is not able to meet the needs of the elderly and there arises the need to look for an alternative source of services. The families in Kerala considered it as the duty of one of the children to look after their parents. This responsibility rested with the elder child in certain communities whereas in certain other communities the younger child took up this duty. Property inheritance and share in property also depended on this responsibility. But in present times this system has changed with the change in division of property equally among all children. But with the transformation of employment and life styles, the parents end up living alone while the children go for work. (Irudaya Rajan et al 2020). This has enhanced the need for support from outside. The physical and mental well being of the elderly rely on the emotional, financial and functional support that they receive from family, friends and the society. Thus social networks become an important resource in an elderly's life (Cohen & Wills 1985; Shanas 1973).

Support from outside refers to the paid or unpaid care givers who are outside the family, might be friends, acquaintances, neighbours or even strangers (Table 2). Most of the families engage a paid maid mostly trained home nurses as care taker for their older parents especially when they are bed ridden or sick and needs medical care on a regular basis. (S.Irudaya Rajan et al 2020). Furthermore the elderly in this century are accustomed to and accept the fact that they are being taken care of by paid care givers.

### III. IMPACT OF PANDEMIC IN PROVIDING OF CARE

With the widespread of the pandemic, foremost concern has to be the health care of elderly who are more prone to COVID 19. It has been observed that the disease is more harmful to those aged 65 or above than for younger adults or children (Woo & McGoogan 2020). While older adults are at a high risk of

being infected, special care needed to be provided to them. People with co-morbidities are unable to visit hospitals during this time.

Care giving is considered to be a demanding and stressful job. Whether it be family members, relatives or non relatives. Non-availability of trained home nurses or care givers has become a matter of concern, especially in rural areas. Also, availability of care providers has reduced with the spread of the disease as the care givers are at an elevated risk of getting affected by the disease (Gardner et al 2020). Agencies offering care services also find it difficult to provide care givers, mainly because of non availability due to absence from station and quarantine. Another reason being unwillingness to take up work due to fear of getting infected and pressure from family. For those elderly whose children have gone abroad or out of the state, situation is more troublesome as timely visits have been restricted. Elderly who are at the long term care facilities like old age homes and nursing homes do not face this problem as care will be provided to them. But they are at risk if outbreaks in such a system occurs. Again the emotional and psychological stress because of reduced visits by family members and isolation might affect their health adversely (Gardner et al 2020).

#### IV. CONCLUSION

Changes in the family setup, globalisation, migration and demographic transition has resulted in transformation of the traditional system of care giving to the older generation. With the increased need for care giving to elderly, especially when children are away from their parents, reliance on paid care givers or home nurses has gone up. Internal care givers have been displaced by volunteers and paid care givers. But with the emergence of COVID 19 the availability of these care givers have reduced and care giving to the elderly has been affected adversely. This is mainly due to fear towards spread of the disease among home nurses and care givers.

For those who are the residents of long term care facilities, special care and preference must be provided to avoid spread of the disease. Another way to tackle the problem might be by providing special health benefits or concessions to such care providers if diagnosed with the disease. Special training on infection control procedures and awareness programmes may be conducted among the care givers which might enable them to be more equipped at the current situation. Hiring of care givers and quick replacement when faced with illness, quarantine or absence need to be looked into. Attracting younger people towards this job by providing higher incentives can be considered by agencies, care providers and the government. Since the elderly population is considered as experienced human resource and wealth of every nation, their welfare need to be considered primarily by the authorities.

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