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ELDERLY IN INDIA: A QUALITY OF LIFE OF ELDERLY PERSONS IN INSTITUTIONAL SETTINGS

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ABSTRACT

Populations around the world are rapidly ageing. Ageing results from decreasing mortality, and most importantly, declining fertility. The percentage of older persons in our country is increasing. The experience of being older is also changing. These changes come about through new technologies and values characteristics of a new historical period. Quality of life is a vital service outcome measure that is relevant to the care of old age people. There has been a shift in the management of old age people from quantity and quality of survival in international research studies. A disturbance in any one aspect will in turn affect the other domains and this influences the overall quality of life. The quality of life is a general term integrating several aspects of life such as physical, psychological, social, economical, spiritual, cognitive and sexual dimensions. In Kerala, while analyzing the reasons for preferring old age homes by the elderly people brings to light so many concerns that suggest that the quality of life should be improved and made accountable. The main purpose of the study is to study the quality of life of old people leading institutional life. The specific objectives of the paper is to (a) understand the institutional history of the respondents (b) to understand the level of satisfaction in the available resources of the respondents and (c) to understand the quality of life of the respondents by analyzing the various elements of life of the elderly population. It is a descriptive cum diagnostic study. The Universe of the study includes the entire elderly persons living in a governmental care home in Trivandrum district. The unit of the study is a single elderly person living in a governmental care home in Trivandrum district. Random Sampling method was used by the researcher and the data analysis and interpretation was carried out with the support of statistical methods. The findings and suggestions are discussed in this paper.

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INTRODUCTION

Population ageing is taking place in nearly all the countries of the world. Ageing results from decreasing mortality, and, most importantly, declining fertility. This process leads to a relative reduction in the proportion of children and to an increase in the share of people in the main working ages and of older persons in the population. The global share of older people (aged 60 years or over) increased from 9.2 per cent in 1990 to 11.7 per cent in 2013 and will continue to grow as a proportion of the world population, reaching 21.1 per cent by 2050. Globally, the number of older persons (aged 60 years or over) is expected to more than double, from 841 million people in 2013 to more than 2 billion in 2050. Older persons are projected to exceed the number of children for the first time in

2047. Presently, about two thirds of the world's older persons live in developing countries. Because the older population in less developed regions is growing faster than in the more developed regions, the projections show that older persons will be increasingly concentrated in the less developed regions of the world. By 2050, nearly 8 in 10 of the world's older population will live in the less developed regions (UN, 2013). If we ask a layman, "what is aging", they would probably define it as growing older. But what does growing older mean? Increasingly, scholars argue that chronological age is relatively meaningless variable (Ferraro 1990, Maddox 1988). Age is only a way of marking human events and experiences, these events and experiences are what matter, not time itself (Botwinck 1978) The fleeing of time is of great concern to all and sundry only because it is connected however loosely with other changes physical psychological and social. The percentage of older persons in our country is increasing. The experience of being older is also changing.

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These changes come about through new technologies and values characteristics of a new historical period. And they come about also as the formula changes in the mix of young and old, resulting in a different social milieu. In 1961 the number of 60+ populations in India was 25.6 million. After 30 years it doubled almost to 56.7 million. In 2016 the expected old age population is 113.23 million. If you look at the percentage in 1961 it was 5.8%, in 1991 it was 6.8 and in 2016 the expected percentage is expected to be 8.9. The ratio of old age people in Kerala is increasing. It is high when compared to other states of India. The 1961 census indicate that the percentage of old age person in Kerala was 5.83, in 1991 the percentage increased to 8.82 after ten years (2001) the percentage turned to 9.79 The percentage is expected to rise to 11.74 in 2021 and 20 in 2026. What needs to be properly looked into is the effective management and proper service of old people. Families are a cornerstone of all human societies; they have been discovered in every human culture in history.

Family is the social institution that is perhaps closest to us; we immediately see and feel its influence in our everyday lives. Everyone has a “commonsense” understanding from our personal experience of what is meant when we say the word ‘family’. Yet there is some difficulty in coming to a social consensus on its definition. Most attention focuses on the concept of the family as the group socially responsible for bearing and rearing children, rather than on the family relationship that continue as an important organizing force throughout our lives. All the members of the family were well protected in the joint family system that existed in the early Indian society but by the beginning of the 20th century onwards it declined because of so many reasons like Family planning, Foreign Jobs, Women employment, Migration and Educational upward etc. As a result the nuclear family structure came into being. Quite often the old people who belong to the nuclear family structure does not get the protection and comfort that they deserve which make they lead a lonely life.

Loneliness, improper medical care, financial instability and emotional distancing from the other members of the family compel the old to lead an institutional life. The number of old age homes are fast increasing which is quite heart breaking. The institutions need to satisfy certain services for the protection and improvement of the quality of life of the old in that institution. The people who belong to the society have a greater responsibility to check the quality of service in that institution. Look in to the various policies adopted by the Government, at first, the National Policy on Older Persons in 1999 to reaffirm its commitment to ensure the well-being of the older persons in a holistic manner. Reiterating the mandate enshrined in Article 41 of the Constitution of India, the Policy has brought the concern for older persons on top of the National Agenda. The NPOP while promising to safeguard their interest in terms of financial security, health, legal, social and psychological security, also envisages a productive partnership with them in the process of development by creating opportunities for their gainful engagement and employment. The Policy also appreciates special needs of older persons and therefore lays emphasis on empowerment of community as well as individuals to adequately meet the challenges of the process of ageing. The core area of Welfare and Institutional Care is highlighted in the policy document and the action. Institutional Care has been provided for in the

NPOP as the last resort. The care in non-institutional set up i.e. within family and the community needs to be strengthened and encouraged. This apart, the State should also create infrastructure in partnership with voluntary organizations to provide for poor, destitute and neglected older persons whose care cannot be ensured within the family. This is to be ensured through Old Age Homes and other such institutional facilities that would be needed. Voluntary efforts need to be encouraged for creating facilities for day care, outreach services, multi-service citizen centres, etc. Helpline Services for Older Persons, Training & Human Resource Development for Home Care, Community Training in Computer for Elderly such as Single Window System, Voluntary Bureaus of Elderly, Inter-Generational Bonding, Innovative public training, and initiatives by other organizations especially national and international organizations.

Review of Literature

The Quality of Life

A recent definition of quality of life is as follows, “a composite measure of physical mental and social well being as perceived by each individual or by group of individual that is to say, happiness satisfaction and gratification as it is experienced in such life concerns as health marriage, family work, financial situations, educational opportunities, self esteem, creativity, belongingness and trust in others (WHO 2004). The quality of life can be evaluated by assessing a person’s subjective feelings of happiness or unhappiness about the various life concerns (K. Park 2005) opined. Quality of life defined as the subjective evaluation by the individual of his/her own well beings and functioning in different domains of life. The major characteristics of QOL are that it is subjective (Hence it is assessed by self report), based on evaluation, phenomenological (Causes not considered) dynamic (changes in line with changes is situations and conditions), and multidimensional (refers to various domains such as physical functioning, eating, sleeping, sex, emotional state, cognitive functioning, family life, social relations, meaning, and coherence in life).

The assessment of QOL plays an important role in the management of old age home and that it QOL tends to maintain a state optimal level based on the appraised status in the major domains of health, work and family or societies. If its status in any of these domains is lowered for a longer duration, attempts are made to reinstate the optional level as much as possible by establishing the new QOL level on improvements and increasing a variety of other domains, such as entertainment, dwelling conditions and meaningfulness of occupation (Kreitter et.al 1993). The review of literature states the various dimensions of study among the old age people who lead institutional lives explaining knowledge and information regarding the most common malignancy among old age people Researcher used articles from books and journals Data from internet was also used for the purpose.

MATERIALS AND METHODS

Statement of the problem

Ageing is a process that almost invariably results in physical, social, psychological and economic changes for the persons. Frequently the older person suffers from disabling condition such as physical and mental illness loss of hearing or impaired

eye sight that cannot be reversed, and the loss of sexual adequacy may give a feeling of incompetency. Being a person living in the middle of such kind of hazards, it is better to understand their quality of life. Through such kinds of an assessment, we can look into the various conditions of life resulting from the combination of the effect of the competent range of factors such as those determining health, happiness, education and intellectual attainment, freedom of action, justice and freedom of expression. So a pattern of living or living arrangement for the elderly is important. Five patterns are more common among the elderly today, (a) A married couple living today, (b) A person living alone in his or her own home, (c) Two or more members of the same generation living together in a non marital relationship such as brother, sister or friends, (d) A widow or widower living with a married child and or perhaps grand children, (e) An elderly person living in a home for the aged.

Rationale of the Study

Now day's old age homes which are in free type category suffers more than that of paid homes. Even though the government gives so many guidelines for establishing such homes but such homes under government and involuntary sectors do not or can't follow these properly. So assessing the quality of life of people in such homes, a solid intimation for making or amending the policies is received. It also helps in strategy development for maintaining and upgrading the programmers for physical, mental, emotional social and spiritual wellbeing of elderly person in homes. While obtaining public attention through this study we can improve the public participation and create public opinion for better functioning. For the social work professionals it can contribute some understanding in geriatric care in institutions. So the study on quality of life among elderly person leading institutional life would contribute greatly in assessing the life standards including physical, psychological, emotional social and spiritual states.

General Objective

To study the quality of life among the old age people leading institutional life.

Specific Objectives

- (1) To study the socio-demographic profile of the respondents.
- (2) To understand the institutional history of the respondents.
- (3) To understand the level of satisfaction in the available resources of the respondents.
- (4) To understand the quality of life of the respondents.

Research Design

It is a descriptive study. Researcher studied certain characteristics of the respondent and tested the relationship between certain variables by using chi-square test for association and Karl- Pearson's coefficient of correlation test.

Hypothesis

The study hypotheses are (a) there is relationship between age and quality of life (Null there is no relationship between age and quality of life. (2) There is a relationship between gender

and quality of life (Null) There is no relationship between gender and quality of life. (3) There is a relationship between level & education and quality of life. (4) There is a relationship between duration of institutional life and quality of life. (5) Null) there is no relationship between duration of institutional like and quality of life. The Universe of the study includes the entire elderly person living in a governmental care home in Trivandrum district. The unit of the study is a single elderly person living in governmental care home in Trivandrum district. The researcher used simple random method. The investigator used interview and observation method to obtain information from primary sources.

Some counseling techniques like listening, acceptance, assurance, providing of emotional support, reflective discussion, removing guilt feeling and facilitating the expression was also used. A standardized tool of quality of life developed by WHO quality of life group (1998) Development of WHO QQL-BREF Quality of Psychological medicine 28:551/558 which need 25 minutes to complete the data collection from one respondent. After coding the data and analyzing the specific objective based on the fact and figures obtained by analyzing the data, interpretations were be made using statistical test like chi-square test and test for correlation of independence. Researcher decided on to select Government old age home Chackai and Government care home for old age women Kaladi as the area of research after pilot study. Research conducted pilot study by meeting the authorities of old age home Chackai. The Researcher met the inmates and collected information from the respective persons. The total number of respondents was limited to 50 numbers.

Analysis and Interpretation

The analysis chapter includes two parts, Part (1) and Part (2). Part (1) is largely the study of distribution of one variable. In this study, age, education, marital status, type of family, occupation, nature of residential area details of institutional life, level of satisfaction in the available resources and quality of life are described and it facilitated the future analysis. Social research most often requires quantitative analysis involving the application of various statistical techniques. This statistical analysis is often known as inferential analysis. It is concerned with the various tests of significance for testing hypothesis in order to determine with what validity, data can be said to indicate some conclusion or conditions. In this part of study chi-square test, correlation test or Karl Pearson's co-efficient and test for independent sample are used.

The primary objective of a Geriatric information system is to provide reliable, relevant, up to date, adequate, timely and reasonably complete information for Geriatric managers at all levels, and at the sharing of technical and scientific (including bibliographical) information by all personnel participating in the Geriatric services of a country. In this study most of the respondents were in the age group of 60-70 and 70-80 i.e., 32% and 52% respectively. Minority of the respondents came under the age group of 80-90 i.e., 16% of the population. Here 46% of the populations were males and 54% females, from whom the data was collected. Majority of the respondents come under the group of married (24 + 44%). Out of these 64.71%, widows constitute 44%, out of 50 respondents, 16 are single (Not married) i.e., 32%. Out of 50 respondents 34 respondents (68%) of them are married and have total 86

children. Out of 86 children 48 are men and 38 are women i.e., 55.81% and 44.19% respectively. But unfortunately no one is ready to take care of their parents. The statistics indicate that every married respondent has at least 2 children. Here 46% of the respondents come under the group of illiterate. 40% of the respondents completed their lower primary education. Out of 50 respondents 3 respondents completed high school (6%). Only one respondent completed degree course that is 2% of the total population. There is no PDC or PG qualified person in the group. 60% of respondents belong to nuclear family system. 24% have extended family and 16% are from joint family. Majority of the respondents were self employed (40%), 38% of respondents do not have a specific job. Most of the respondents who belong to this group were house wives, 12% work in the private sector and 10% work in the government sector. Here 50% of respondents come from rural areas, 16% of respondent are from semi urban and 34% belong to urban area.

DISCUSSION

Old age, the closing period in the life span of an individual, is when people "move away" from previous, "more desirable periods-or times of usefulness". Age sixty is usually considered the dividing line between middle and old age. However, it is recognized that chronological age is a poor orientation to use in marking off the beginning of old age because there are such marked differences among individuals in the age at which aging actually begins. The last stage in the life span is frequently sub divided into early old age which extends from age sixty to age seventy and advanced old age which begins at seventy and extends to the end of life. In this study 52% of the respondents came under advanced old age and so they needed special medical care and protection. In this stage the old age person suffer from a number of physical changes. Educational status is one of the variables of the study. Education is a multidimensional factor in a person's life and would certainly affect the quality of life of person. Here 46% of the respondents are illiterate.

Marital status is also of great importance in a person's life. 68% of the respondents under this study remain in the married group. 68% of the married respondents have 86 children (55% are male 44.19 are female). But the children are not ready to take care of their parents. It indicates the cultural deterioration of our society. In the marital status variable 32% of the respondents are single which contributes to the erosion of the quality of life in old people. In the study 38% of the respondents have no specific job. Out of the 50 respondents 19 are unemployed in that 19, 17 are house wives i.e., 89.47%. Financial stability, educational opportunity, creativity and self-esteem contribute to the well being of a person. The myth that people who reside in urban areas prefer institutional life in their old age period has been toppled by the study which shows that out of 50 respondents 50% come from rural areas. Likewise 60% of the inmates come from nuclear family system.

Objective 2: To understand the institutional history of the respondent

Understanding the history of institutional life is important to assess the quality of life of the respondent. In this section the researcher included the question like decisions for opting

institutional life, who initiated the move, reasons, previous experiences of institutional life, duration etc. These questions helped to understand the institutional history of the respondents. Decisions of institutional life: In this study 70% of the respondents opted for institutional life motivated by his/her own self. The other 30% were compelled to go to old age homes by external factors. Who initiated them to take this move: Out of 15 respondents, 60% said that the person who initiates their institutional life was their daughter or son. 20% of the respondents came to the institution because of their relatives. 6,6 % were initiated by friends and the remaining 13.33% were initiated by police officials. Reason of Institutional Life: Out of the 50 respondents, 44% took the decision for institutional life because no one was ready to take care to them. 36% of the respondents were tormented by family problems 10% had physical problem and could not survive without another's support. 6% were homeless and 4% took the decision mainly because of financial crisis. Previous Institutional Life: Only 6% of the respondents had previous institutional admission. 94% had not been to an old age institution before and were not aware about the setup or service of other institutions. Duration of previous institutional life: Out of 3 respondents, 66.67% had only 5-10 years experience of previous institutional life. Remaining 33.33% of the respondents had 20-25 years experience. Type of institution: 3 respondents (66.67%) previously resided at private sector institutions and 33.33% resided at public care homes.

Discussion

In this section 70% of the respondent took the decision of institutional life on their own A number of factors was number of other factors i.e., unexplainable factors compelled them to lead an institutional life. 30% of the respondents took the decision compelled by external forces. In that 30%, 60% of the respondent's decisions were taken by their daughter or son. Majority of the respondents came to the old age home because no one was ready to accept them or take care of them. Large number of respondents (36%) was compelled to lead institutional lives because of family problems. This data shows the deterioration of Kerala's family structure.

Objective 3: To study the level of satisfaction in the available resource

In this section the satisfaction levels of the inmates were analysed with regard to food, infrastructure, security, health care, income generating activities and grievance addresses.

Level of satisfaction (Food): 44% of the respondents claimed that the satisfaction of food was satisfactory, 36% claimed it to be high. 2% of them responded that it is significantly high and 4% responded that it is significantly low and remaining 4% felt that it was low.

Level of satisfaction (Infrastructure)

Out of the 50 respondents, 36% responded that the infrastructure facilities were quite average in the institution. 12% of the respondents' opinion was high. 26% ranked it as low and the remaining 26% were very dissatisfied and ranked it as significantly low. This data shows that (26+26%) i.e., 52% of the respondents ranked it as low. Level of satisfaction

(Security): In the case of security service, 34% of the respondents said that it was quite average. 32% had the opinion that it was significantly low. Only 18% respondents ranked it as high and the remaining 16% considered it as low.

Level of satisfaction (Health Care)

Old age people need more health care than other category of population. The study shows 44% respondents rated the health care of the institution as low, 32% of the respondents opined that it was significantly low. 16% said it was average, 6% and 2% have ranked it as high and average respectively. Level of satisfaction (Income generating activities): Income generating activities are important because most of the inmates have no regular income. In that case more than 60% i.e., 62% of the respondents strongly said that they were no income generating activities 26% of them said it was low, 8% rated it as average and only 4% responded that it was high. Level of satisfaction (Grievance Address): Grievances are frequent visitors of old age homes especially in government old age homes. Better management is necessary for addressing grievances. The study indicates that the inmates of the institution were not satisfied with the service of grievances. 40% of the respondents claimed that they ranked it as low. Response ranked the average of grievance address is 20%, 4% of respondent said that it was high.

Discussion

Govt. of India has a very good policy for old age people. But it is not possible to satisfy the need of all the inmates in an old age home. The researcher collected data from different govt. old age homes. Most of the respondents claimed the services were quite satisfactory specially in the case of income generating activities, health care and grievance address. 88% of the respondents were dissatisfied with their income generating activities. 76% of the respondents commented that the health care service of the institution was low or significantly low. The old age people faced lots of physical problems and they needed very special care. In the case of grievance address 76% of the respondents were not satisfied. So it was not sure that it created problems among the inmates. The situation affects physical as well as physiological condition of the inmates.

Objective no: 4: To assess the quality of life of respondents

Quality of life is a vital service outcome that is relevant to the care of Geriatric people (old age). There has been a shift in the management of patient from quantity to quality of life includes physical, psychological, social, economical, spiritual, cognitive and sexual dimensions. So it is the objective component of well being. Here a standardized tool which was developed by WHO QOL-BREF quality i.e., physical well being, psychological wellbeing sociological well being and environmental. Here the study shows 42% of respondents had average quality of life, 14% had good quality of life but 2% of the respondents had poor quality of life.

Findings, Conclusion and Suggestions

It is a study based on the direct methods used by the investigator and variety of literature from different sources like books, articles, journals, magazines and websites.

Institutional history

The study found out that 70% of the respondents took the decision of institutional life by his or herself. 30% of the respondent's decision of institutional life was taken by others. None liked to lead the institutional life but some other forces compelled them to take the decision of institutional life. The factors were expressed by the respondents differently. 44% of the respondents said that no one was ready to take care of them and so they took the decision. 36% of them took the decision because of family problems, 6% had no place to live and only 4% took the decision because of financial problems. 15% of the respondents' decision of institutional life was taken by one of their relatives 13% claimed it was the police and 6.67% said that it was their who prompted them to take the decision.

Level of satisfaction

44% of the respondent marked their level of satisfaction of food as average, 36% of the respondents' response was high, 14% of the respondent marked that it was low. In the case of infrastructure 36% of the respondents said that it was average, 26% of the respondents viewed it was low. The infrastructure facilities were significantly low. Their level of satisfaction in security services was also considered. 34% of the respondents said that it was average and 32% of the respondents marked that was significantly low. The important components like health care revealed that 44% were disappointed and they marked it were low and 34% of the respondents marked that it was significantly low. In income generating activities it is also considered as occupational therapy. 62% of the respondent's response was significantly low. 26% of the respondents marked that it was low. In the case of grievance address 40% of the respondents viewed that it was low and 36% of the respondents responded that it was significantly low.

Physical life standard

78% of the respondents were strongly dissatisfied with their satisfaction of health. 14% of them were neither satisfied nor dissatisfied. 60% responded that they had physical pain. 22% of the respondents faced the physical pain in a moderate amount. 50% of the respondents responded that it was not a healthy physical environment and 40% felt that it was moderate and 10% were satisfied with the healthy physical environment. Their daily living energy assessment: 56% claimed it to be moderate 32% of the respondents responded that it was a little. 8% of them responded that it was very much. Their ability to perform daily activity: 54% were dissatisfied, 24% were average and 18% were satisfied. The accessibility to health service: 34% were satisfied, 38% were dissatisfied and 20% marked it as average.

Psychological wellbeing

For assessing the psychological wellbeing of the respondents, the researcher asked 3 questions about their leisure activity, sleep and satisfaction of their own self Leisure activity :48% of them had little leisure activity which was only a television watching 42% of them had no leisure activity. In the case of sleep 52% of them were dissatisfied and 12% ranked it as very dissatisfied 14% claimed they had average sleep and 22% of

them were satisfied. For understanding satisfaction of their own self, 62% of them were dissatisfied 20% marked it as average and 12% were very dissatisfied.

Social relationship

56% of the respondents were dissatisfied with the information availability, 30% of the respondents remarked it as average. 8% and 6% were very dissatisfied and satisfied respectively. Their medium of information availability was television news. In their personal relationship 56% were dissatisfied and 30% marked it as average Support they got from their friend: 60% of the respondents were dissatisfied, 14% of them responded that it was average and 10% were very dissatisfied.

Preventive level work and community rehabilitation

Respondents in this study proved the fact that they have taken the decision of institutional life because of their helplessness, family adjustment problem, financial problem etc. So systematic community awareness programme, sensitization programme, family intervention programmes would help community based rehabilitation of old age community. Awareness and sensitization programme help the community members to understand the physical and psychological change during the period of old age. This helps to reduce the adjustment problem between old age and adolescent group. Financial problems can be coped up with, community based income generating scheme, introducing government's compulsory taxes for old age pension scheme, applying new law of protection of old age from the part of their family (Son/daughter) and also protection of their property.

Institutional level service

The people who live in old age home expressed that the level of satisfaction among the service of the institution was average. But the researcher feels that the condition of women care home was extremely poor, especially with regard to hygienic conditions and infrastructure facilities. Improving the condition of the old age home is the duty of every member of the society.

Suggestions

Develop community based humanitarian minded research support group

This group helps the institution to find out resources. The group also acts as a social evaluator and would improve the quality of service. The resource support groups also enhance the community participation for effective programme delivery.

Give prime importance to family based rehabilitation

Every old person likes to live his or her family but some circumstances compel them to take the decision of institutional life. Effective family based professional intervention helps to retain their remaining life with their family.

Systematic professional planning of their daily life

The researcher observed that the people who lead the institutional have no specific engagement. This situation creates emotional disturbance of the inmates. So the person

who is responsible of their care should give importance to their full time engagement, based on exercise, personal hygiene, occupational therapy and recreational therapy

Improving the relationship between the inmates

The researcher noticed that inmates of the institution had no good relationship with the rest and this created a number of problems in that institution, affecting their physical as well as mental health. So the authority must give importance to maintain the good relationship between the inmates. Individual counseling session, group therapy, occupational therapy and game therapy would help to improve this condition.

Addressing loneliness of the inmates

The researcher felt that, the number of inmates affected by loneliness who lived in that institution was alarming. The following suggestions could be a mark on this.

Allow the inmates live with their partners

It will help to reduce their mental pain.

Give special name to each dormitory and make a leader for each dormitory

Consider each dormitory as a home and the leader of the dormitory as guardian of the home and he or she would be responsible for all the activities of the dormitory.

Develop a Governing team from the inmates

It helps to improve the ownership feeling among the inmates. It creates activeness and ability to cope up with the situation among the inmates, it would also reduce the dependent feelings.

Improving the infrastructure facilities

The researcher identified that the infrastructure facilities are very poor especially in care home for women. So addressing this issue, the officer who is the charge at the institution should collect available resource from the community and the relatives of the inmates, and also use the Government resources. The community based support group has also the capacity to improve the infrastructure facilities.

Improving community participation

The community participation was very less in care home for women and so, so one should take appropriate steps to improve the community participation through awareness programme, sensitization programme and also media based programmes.

Improvement of health care facilities

Appoint a medical practitioner, psychologist and psychiatric social worker in every old age home. Give talented educated inmates for peer nursing and peer counseling.

Improve the spirituality among the inmates

Spirituality reduces the mental pain and emotional disturbance and by improving spirituality certain issues can be addressed

Develop temple, church and mosque inside the institution compound. If it is not possible at least arrange a prayer hall and give responsibility to the inmates to take care of the institutions. Conduct religious festivals inside the care home.

Multi disciplinary research team

Develop a multi disciplinary research team for effective management of old age home to improve psychological, sociological, mental and management realm. Time to time research helps to improve the quality of service in old age home.

Make the old age home as set sufficient

The people who come to old age home has different skills and talents, they have abundance of experience in different fields. So use the resources in a productive manner. These engagements also help to improve their physical as well as mental health. Use the resources of old age home for other income generating profitable business. Establishment of hospital, school, shops, and hotels are also possible to make self sufficient of the care home.

Social work intervention of old age home

Professional social workers have scientific knowledge in the geriatric field so they can effectively function in old age people care and protection. Because, social work is the provision of services designed to aid individuals singly or in group in coping with present or future social and psychological obstacles that prevent or are likely to prevent full or effective participation in society" (Fink 1942).

A Trained social worker can perform their roles in

- Prevention of social dysfunction like abundance of old age people, family problem, human right violation against old age people through providing education, promoting awareness campaigns, social networking and family intervention.

- Perform psycho- social assessment of inmates for effective service delivery. Assessment must cover the areas like psychological and emotional well-being, family, coping mechanism, risk assessment for depression, suicide and anxiety.
- Provide psychological intervention like education, stress management, coping skill training, emotional support and combination therapies.
- Creating social support from the community for the effective function of old age home.
- Enhance and conduct multi disciplinary research relating to psychological and social perspectives in geriatric social work.
- Pooling out of resources to effective functions of old age home.

Conclusion

Purposeful attempt is to be made to make the life situation of old people meaningful. The general objective of the study was to understand the quality to life. The outcome of the study obtained through the analysis of different variables by using statistical and non statistical measures are summed up in the findings. The need of social work intervention in Geriatric rehabilitation also summed up in the study.

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