

A Case Study :

REACTIONS AND BURDEN OF CAREGIVERS TO THE AGED IN WESTERN RAJASTHAN, INDIA

KUNJAN TRIVEDI AND SHWETA BOHRA

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See end of the article for authors' affiliations
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Correspondence to :
KUNJAN TRIVEDI
Department of Home Science, Faculty of Science, Jai Narain Vyas University, JODHPUR (RAJASTHAN) INDIA

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ABSTRACT

The quality of life of the aged, depends, to a large extent on their position and the care they receive within the family. Family care of the aged has been corner stone in Indian societies though of late, this task of caregiving is increasingly becoming difficult. Caregivers' role has both an emotional and practical impact on the member providing the care. The social positioning, geographical location and gender etc. are some of the factors that mediate the needs, impact and feelings of the caregivers. An explorative study on the reactions and burden felt by the male and female caregivers of the aged was undertaken in the urban and rural areas of Western Rajasthan. Data was collected using two standardized questionnaire and results were analyzed using percentage and 't' values and are presented in tabular and graphical format. Reviewed literature is used to discuss the results.

Key words : Caregiver, Careseeker, Reaction, Burden

The aging process is a biological reality, which has its own dynamics; largely beyond human control. It is a fact for most of the aged that the physical, mental, economic and social conditions decline gradually making them unable to take care of themselves and turning them into care seekers who are increasingly dependent on their caregivers. Caregivers are people who take care of aged people, most often parents or spouses who are ill or disabled and need help in completing their basic daily tasks.

In India the family model of care of the aged is prevalent. Mostly spouses, children and friends take care of the aged. Typically the entire family is not directly involved in providing care, rather, a single, principal caregiver, has the responsibility. By and large women provide the care, though men, particularly husbands whose wives are incapacitated, often assume major burden of care giving responsibilities. But with time, like other social and familial structures and practices, a great change is taking place in home based care of the aged (Dhooper, 2004).

Instead of multilayered family of yore, in today's nuclear or extended families there are fewer members to share the burden of the care of the aged. The caregivers, usually female members, are overworked, and bored with the redundancy of the tasks. The old are changing too, and so is their care. Today they have become demanding of all modern amenities, involved and desirous of attractive life styles, fun and frolic and have become self centered,

creating a wider bridge between generations and their care is becoming more of a task than an honour. The young family members are unable and unwilling to provide care to the elderly (Prasad and Sonar, 2004) and therefore the care giving of the aged of the family is becoming not only economically difficult but socio emotionally too.

The situation in rural area is assumed to contrasts with what is happening in the cities. It is assumed that clashes between generations that distress the old in the cities are taken in their stride as natural by their rural counterparts and hence many of the problems facing the urban elderly might not exist for the villagers and rural caregivers are all a satisfied lot.

Caregivers are individuals who, because of their social positioning, geographical location, cultural compulsions and gender may vary in their needs and reactions to the rigors of the caring tasks and responsibilities of special importance is the fact that men and women who care for the elderly specifically the sick or disabled elderly differ in their type of need (Lebowitz, 1985). The principal need for women caregivers is respite or time for themselves. A time off for work, education, relaxation or some such activities is what they need the most. Men on other hand report the need for skill and training in providing personal care and in household management tasks such as cooking, cleaning and laundry aspects of living with, which elderly men in their traditional cohort have had little experience with (Devi, 2005).

Caregiving tasks are exhaustive and greatly impose on one's time, energy, money and temperament. The person who takes care of the aged has to forego, organized

and balance her own needs (Jarvis, 2007). On top of it the resigning and constrained young caregivers and demanding careseekers are turning the situation into quite a burden and stressful. As a result the aged today are being ignored, ill treated and abandoned (Forner, 1984). In order to strengthen the family care model there is a need to identify specifically the burden and feelings of the caregivers of the aged as a first step towards supporting the caregivers as well as ensuring better care in order to improve the quality of lives of our aged. With this aim, a study on the caregivers of the aged (65+ to 85), living within the city and the villages around the city of Jodhpur was carried out.

METHODOLOGY

The specific objectives of the study were:

- To study the reactions and burden felt by the caregivers in taking care of the aged careseekers in the family.
- To study the difference, if any, between the reactions and burden felt by the urban and rural and male and female caregivers in taking care of the aged careseekers in the family.

Operational definitions :

- Caregiver: the person who is mainly involved in looking after the old member.
- Careseeker: The old family member requiring help of others in some or all tasks of daily living.
- Burden of caregiver: How much capable and / or incapable the caregiver feels towards the tasks of taking care of the old family members.
- Reaction of caregivers: The feeling of the caregivers towards their role as caregivers.

The present study was conducted within the municipal limits of Jodhpur city as well as in the selected villages situated within a radius of 60 kms around Jodhpur. The villages covered under the study were; Golia, Kakelao, Sewala, Akhtali, and Bharelao. Sample for the present study comprised of lower middle class aged care seekers (Sample 'a') and their caregivers (Sample 'b') selected by incidental purposive method, from both urban and rural areas. For the present report on caregivers (Sample 'b'), in all 65 Ss, 49 females and 16 males with urban rural split of 33-32 responded to the selected standardized scales.

Tools

Back ground information sheet :

Self constructed sheet in Hindi to record socio demographic details of the Ss

Burden assessment scale (BAS) :

It is a scale developed by Rainhard and Horwitz (1994) to measure the burden felt by the caregiver in carrying out their role as caregiver. It is a questionnaire, essentially developed for families of person seeking care, belonging to multiple ethnic groups and a wide range of socio economic status. It is a 19- items likert-type questionnaire. Responses are on a 4 point scale ranging from not at all to a lot. A single BAS Score is calculated by summing response values for all items. Higher score indicate greater burden.

Caregiver reaction assessment (CRA) :

Developed by Given, C.W., Given, B., stommel, M., collins C., king, S., & Fraklins. in 1992, to measure the reactions of family members caring for elderly person and persons with physical impairments etc. The CRA is a 24-item, 5-point Likert type scale from agree completely to not agree at all.

The Five dimensions of caregivers' reactions assessed are:

- Impact on schedule,
- Caregiver's esteem,
- Lack of family support,
- Impact on health and
- Impact on finances.

Subscale means are calculated by averaging relevant response values. Both the scales were translated in Hindi with the help of subject experts.

RESULTS AND DISCUSSION

The socio demographic information collected on the caregivers revealed (Table 1) that around half the Ss in rural areas were illiterate and males in both the groups had more education than women.

Most of the Ss had filial relations with their care seekers specially the males. In sibling as caregivers only females were found to be caregivers and that too a very small number.

Analyzing the results on caregivers' reactions in five different areas (Fig. 1) reveal that the rural Ss and male Ss feel more impact on their schedule (CRA I), and finances (CRA V) than the urban as well as female Ss. Males as it is are less oriented towards playing nurturing role and playing it along with their usual instrumental roles find it impinging on their time schedule. With lack of basic amenities and normal facilities the rural care givers must feel their schedules impacted more than the better facilitated urban group by the continuous task of care giving.

The urban Ss and female Ss show a high level of

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Table 1 : Socio demographic profile of caregivers.

Social demographic information		Urban		Rural	
		Male	Female	Male	Female ⁹²
Education	Illiterate	-	-	50.0%	62.5%
	Primary	12.5%	20.0%	25.0%	16.7%g
	Middle	-	12.0%	12.5%	4.2%
	Secondary	25%	32%	12.5%	16.7%
	Graduation	50.0%	16.0%	-	-
	Postgraduation	12.5%	20%	-	-
Relations	Spouse	12.5%	36.0%	12.5%	20.8%
	Filial	75.0%	60.0%	87.5%	70.8%
	Siblings	-	4%	-	8.3%
	Others	12.5%	-	-	-

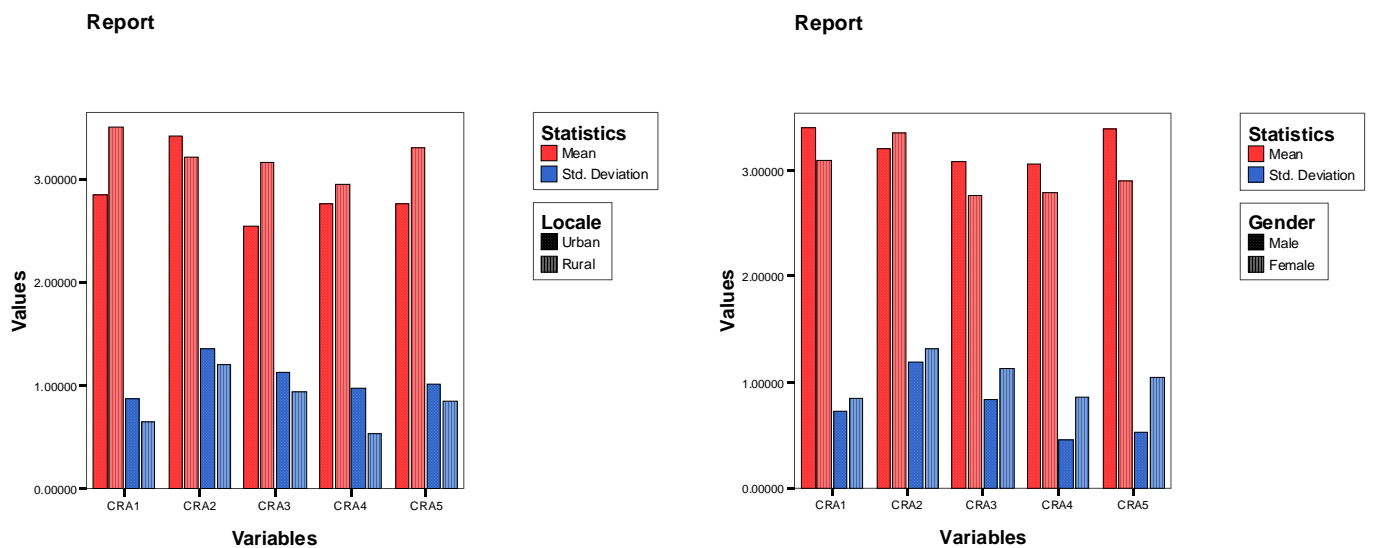


Fig. 1 : Profile Caregivers: Assessment of caregivers' Reactions

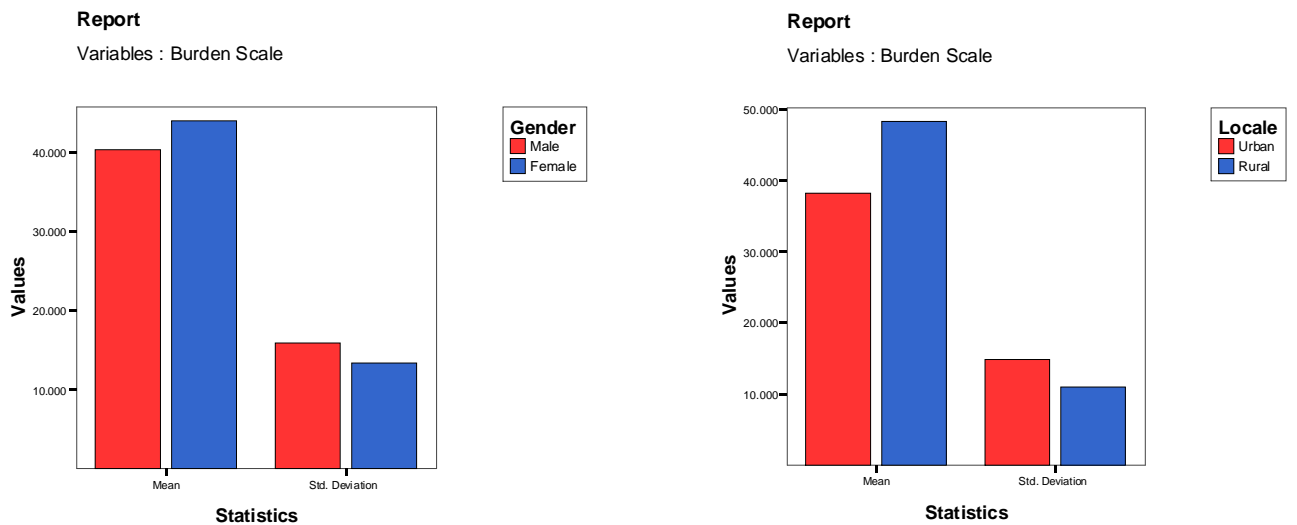


Fig. 2 : Profile Caregivers: Burden of Caregivers

self esteem (CRA II) denoting their feelings of extreme pride and esteem in their role as caregivers. According to Jarvis (2007) caregivers derive satisfaction from the quality of care they are able to provide. Lack of family support (CRA III) and impact on health were both reported to be more by rural caregivers and by male Ss. Care giving in rural areas appears to be more difficult; what with scanty health care facilities and out migration being the hallmark of today's rural scenario.

As revealed in Fig. 2, the amount of burden reported by the total Ss is less than the mid point (50%) indicative of attitudes being more towards positive side than negative. Comparatively it is seen that women and the rural care givers feel more burden of caregiving than their counter parts, mirroring their reactions to caregivers role.

Even Prakash (2004) stated that adult women who are primary caregivers have less positive attitude towards their careseekers, usually in-laws and that it has implications for caregiving tasks as well as stress of caregiving. Women feel unappreciative, bounded and exhausted and thus feel burdened.

Similarly rural people who are mostly illiterate, and do not have basic facilities of life, e.g. medical, sufficient resources, etc have reported more burden. They don't know how to cook good food and how to improve their own quality of life and therefore feel more burdened with the additional task of caregiving. This reaction to old age in rural India is something not to be complacent about. It seems a core of ignorance needs to dissolve before there is any awakening to the modern views and expectation of old age.

The Psychological and emotional burden of providing care has been studied extensively, and an increase in depressive symptoms, anxiety and other stress related morbidity have all been identified. At some point the financial, emotional and physical strains and the family's capacity to provide effective care becomes too enormous to be taken as a duty and commitment.

CONCLUSION

The fall out of care giving is that, it is quite satisfying and rewarding to be able to care for our near and dear

ones but at the same time it is tiring, boring and an exhausting responsibility which is affecting negatively the time, health and finances of the caregivers and making them feel burdened by it.

Even though family care of the aged is the best practice it needs to be supported both in urban and rural families. The state and the community will have to provide all possible support to caregivers, more for female and rural caregivers as they are the ones who have shown more burden in their role as caregivers.

Authors' Affiliations

SHWETA BOHRA, Department of Home Science, Faculty of Science, Jai Narain Vyas University, JODHPUR (RAJASTAHN) INDIA

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