



A STUDY ON THE LIVING CONDITIONS OF OLD AGE PEOPLE IN MYSORE

Ms.Premajyothi.D¹, Manjunatha. D N², Rakesh. H S³

Abstract:

Introduction: *An old age is an integral part of human life. It is the evening of life. It is unavoidable, undesirable, unwelcome and problem- ridden phase of life. A man is compelled to go through the pains and pleasures of this age like the other phases of life before making an exit from this mortal world. The old age people in India are an invisible work force. While it is generally presumed that they are unproductive it can be said that it is only an assumption. The older population of India, which was 56.7 million in 1991, was 72 million in 2001 and is expected to grow to 137 million by 2021. The data on old age dependency ratio is slowly increasing in both rural and urban areas. Both for men and women, this figure is quite higher in rural areas when compared with that of urban areas.*

Methodology: *The study was a descriptive cum exploratory study done by using case study method with structured and in-depth interviews along with general observations of aged persons. Total four case studies and 40 aged persons were taken from the Bapuji old age home and Vimala terminal care center, Mysore.*

Results and conclusion: *Every phase of life has its own problems which require prudence, wisdom, courage and strength to attend to. However, in this materialist society, everybody is short of time. Nobody has enough time for him. Even his own children, to whom he dedicates his life and his earnings, do not find time for him. Besides, social security and emotional support are terribly needed. A feeling of loneliness adversely affects their social, economical, mental health which shows through some physical problems.*

Key words: old age people, living condition.

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Introduction:

India like many other developing countries in the world is witnessing the rapid aging of its population, urbanization, modernization and globalization have led to change the economic status erosion of social values working of social values social institution such as the joint family. In this change economic and socially million the years generation is reaching for new identities encompassing economic independence and redefined social roles with as well as outside the family the changing economic status as reduced the development of rural families on land which has provided strength to bonds between generations.

Aging is an inevitable developmental phenomena bringing along a number of changes in the physical, psychological, terminal and social conditions. These changes are expected to affect quality of life of the elderly as life expectancy continues to rise one of the greatest challenges of public health is an improve their quality of later years of life.

In India there is a low awareness about special needs of elderly and care taken care yet to understand the basics of elderly care (physically and mental health, psychological, economic and social support) further more among elderly there is a variation between those living in old age homes and those living in general population.

Nowadays the role of families in case of older person has declined due to structured changes which have taken place in the Indian society and the concomitant disintegration of the joint family system which results in rejection or neglect of the aged life is institutions need not be bad but it commonly is this olds true everywhere in the world people go to institutions mainly because they have no relatives to care for them. This they individuals see alternative accommodation due to isolation or loneliness, relocation of congregate style accommodation may increase their social contact and have a positive impact on their wellbeing.

One of the major impacts of globalization is breaking up of traditional family system in India migrants from the villages and towns to cities predominate resulting in breaking up of families into nuclear families. The aged who care left behind have to fend for themselves this is leading to an increased danger of marginalization and globalization another impact of the globalization is the



increasing economic Burdon on the elderly especially the women who have practically nonexistence poverty rights and they others social security measures.

In India this section of the population depends on their children for physical, moral and financial support however owing to the socio- cultural changes occurring in India and the joint family system slowly diminishing emergence of institutional homes is an the rise with steady in case in the number of inmost joining institution. The elderly taking shelter in old age homes are either willingly to live in such circumstances for varied reasons with this the elderly may perceive to like in an involvement and circumstances improved on them they elderly citizens or in need of urgent attention they do not need our pity but they understanding love and care of their fellow human beings. It is our duty to see that they do not spend them twilight years of their life in isolation pain and misery old persons are therefore in need of vital support that will keep important aspects of their life style intact while improving their overall living condition and quality of life.

About Old age Home:

BAPUJI OLD AGE HOME

Bapuji Old age Home Gokulam, Mysore

Location: Mysore

Category: Charities Aid Foundation in Mysore,

4th Stage Gokulam Mysore - 570002

Opp Gurudwar- 2517705

Bapuji Anand Ashram (Home for the Destitute Elderly)

Bapuji Children Home Trust was originally set up to look after destitute children. After running the Children home for about two decades, the Trust saw another emerging urgent need of the Indian society, where the old family fabric was seen to be under a great strain for looking after the aged. Dr. Anandi Bai Prasad, our founder, had seen this coming and had been toying with the idea of starting an old age home. After her death, the Trustees took up this challenge of providing shelter for the destitute elderly of the society.



In 1995 an Old Age Home for ladies was started in the premises of the Bapuji Children—39; s Home on an experimental basis. This Old Age Home had 10 elderly ladies who were either thrown out of their homes or didn—39; t have anybody to look after them. The ladies spent their time doing their own work, chatting, playing with the children or watching TV etc. They were the “Ajji’s” to the little ones. In due time, as these ladies became much older, they were shifted to our new Old Age Home. The first building of a separate Old Age Home, Bapuji Anand Ashram, suitable for men as well as women, was constructed on a 2-acre plot in 2001. This building now houses a dormitory for 10 persons, kitchen, dining room, reading room and a small office. The second building which currently houses 20 residents and the dialysis center was made ready in 2004; the third building to house 40 residents was constructed in 2007 for occupation. Gaonkar Memorial Dialysis Center was established in 2011 in a wing of the second building. At present elderly, of both genders, live in Bapuji Anand Ashram. Most of the residents are reasonably healthy with usual old age problems. Several of the earlier residents breathed their last peacefully in the home and the Trustees performed their last rites. Terminally ill patients were happy at the time of their deaths in the home because they were provided with medical care, comfort and pain controlling drugs to cope with the agony they were unable to handle otherwise. Our Supporters Bapuji Children Home gets an annual grant from the Government of Karnataka, which takes care of part of the money needed to look after the children. Balance money for the Children Home, Old Age Home and Dialysis Center expenses are met from generous donations from the society; Mysore, India and abroad. The Trust is registered under FCRA and is allowed by Indian laws to accept donations from abroad. The Trust has been granted registration under section 80G of Indian Income Tax. Donations of cash (preferably by crossed cheques) and kind are welcome from all our benefactors. To avoid confusion and misunderstanding, the Trust does not authorize any third party to collect funds on its behalf and requests direct contact. Proper receipts are given for all donations of cash or kind. Many times we receive request for sponsorship of a single child; we are unable to accept such requests because it creates differences between children. We request the donors to kindly donate for all the children equally in the home. For health reasons, the organization does not accept cooked food from outside. In recognition of the work done by this Institution in the field of Child Welfare, the Government of



India gave National Award in 1988 to Bapuji Children's Home and was received by Dr. Anandi Bai Prasad from President of India Sh. R. Venkataraman.

VIMALA TERMINAL CARE CENTER:

Vimala Terminal Care Center, Hunsur Road, Mysore

Company name: Vimala Terminal Care Center

Address:

Hinkal, Hunsur Road,

Mysore - 570017, Karnataka

Category: Old Age Home

Area: Mysore, Hunsur Road

Phone Number: (0821) 2500466

Services: Old Age Home,

Mysore, Hunsur Road

IN FOCUS

Abandoned and shunned by their families and friends, many terminally-ill persons are being cared for at the Vimala Terminal Care Centre in Mysore. Vimala Terminal Care Centre is like a home for many who have been rejected by their families and society. It is the first of its kind in Mysore, the charitable trust formed by the congregation, 'Sisters of the Destitute', is situated near the Hinkal-Hunsur Road. The purpose of the Trust is to render service to the poor and the under-privileged irrespective of caste, creed, or religion. Here, the nuns treat persons suffering from cancer, aids etc. The Center in Mysore was started on December 9, 2000 and is headed by Sr. Clemency S D, who is assisted by a team of four nuns and nurses. At present, this center has thirty patients. Sisters of Destitute bring patients who are abandoned and left on the roadside, and those who are rejected by many hospitals, to their center and take care of them. It is disheartening to mention that most of these inmates are admitted by their own sons and daughters. The patients take time to come to terms with their ailment and the fact that they have been abandoned. The nuns at the center help them through this difficult phase and render their selfless service to make the patients comfortable. Most inmates



spend their evenings watching television. Age is no barrier at the center. Joy, a 15-year old mentally challenged and physically handicapped boy is everybody's pet. This center is run through local donations. Many of the local people celebrate their birthdays, and wedding anniversaries with the inmates. The inmates of this center are not looking for monetary help. A few moments spent with them makes them happy. Those interested can help these inmates by offering to work as short-term or long-term volunteers. People can also sponsor rooms, utility articles such as fans, cots, beds, bed sheets, pillows, pillow covers, woolen blankets, medicines, toilet items, food grains, fruits, vegetables or sponsor a meal for the inmates. Contributions can be made in favor of Vimala Charitable Trust.

Review of Literature:

According to Mayor (2006), "Some people use their chronological age as a criterion for their own aging whereas others use such physical symptoms as failing eye-sight or hearing, tendency to increase fatigue, decline in sexual potency etc. Still others assess their aging in terms of their capacity for work, their output in relation to standards set in earlier years, their lack of interest in competing with others, lack of motivation to do things or a tendency to reminisce and turn their thoughts to the past rather than dwell on the present or the future." The acceptance of the fact that they are old develops in the aged an "old age complex"(Antonelli et al. 2002). In India as elsewhere, life expectancy has improved with better medical care and improved nutrition (Kanwor 1999). As a result, people are living longer. They constitute a vastly experienced human resource with tremendous potential to contribute to national development. Their well-being is the concern of both the society and the state. The traditional Indian family structure provides adequate mechanism for meeting their needs. Family is the main source of care giving to all its members. One's need for and ability to give care is negotiated by one's place in family life cycle. Ageing of population is an obvious consequence of the process of demographic transition. In a globalizing world, the meaning of old age is changing across cultures and within countries and families (Bergeron 2001).

Reserch Methodology:

Introduction:

Aging is series of process that being with life and continue throughout the life cycle. It represents the closing period in the lifespan, a time when the individual looks back on life, lives on



past accomplishments and beings to finish off his life course. Adjusting to the changes that accompany old age requires that an individual is flexible and develops new coping skills to adapt to the changes that are common to this time in their lives. In India this section of the population depends on their children for physical, moral and financial support however owing to the socio-cultural changes occurring in India and the joint family system slowly diminishing emergence of institutional homes is an the rise with steady in case in the number of inmost joining institution. The elderly taking shelter in old age homes are either willingly to live in such circumstances for varied reasons with this the elderly may perceive to like in an involvement and circumstances improved on them they elderly citizens or in need of urgent attention they do not need our pity but they understanding love and care of their fellow human beings. It is our duty to see that they do not spend them twilight years of their life in isolation pain and misery old persons are therefore in need of vital support that will keep important aspects of their life style intact while improving their overall living condition and quality of life.

Aim:

To study the living conditions of old age persons

Objectives:

- To know about old age person's health condition
- To identify the economic status of old age person's
- To assess the social status of old age persons

Research design:

The present study adopted a descriptive research design to meet the aim of the study. Descriptive study is a fact finding investigation with adequate interpretation.

Universe and sampling:

Researchers randomly selected Bapuji old age home and Vimala terminal care center mysuru. In Bapuji old age home there are 38 old age people and in Vimala terminal care center there are 43 old age people are there, totally 81 old age people from both the institute. These 81 formed universe of the study. For collecting data researchers have chosen Bapuji old age home and Vimala terminal care center mysuru.



Sampling: Researchers have selected only Bapuji old age home and Vimala Terminal Care Center Mysuru. Total 81 of old age people are there in both the institute, in that the researcher have chosen 40 of old age people. Thus sample size of the study was 40 respondents by using convenience sample.

Institute	Elders
Bapuji old age Home	20
Vimala Terminal Care Center	20
Total	40

Inclusion Criteria:

- ◆ Researchers selected male & female of old age people
- ◆ Researchers selected Bapuji old age home & Vimala terminal care centre elders

Exclusion criteria:

- ◆ Researcher included other institute old age homes
- ◆ Researcher included adults
- ◆ Researcher included below 60 years persons

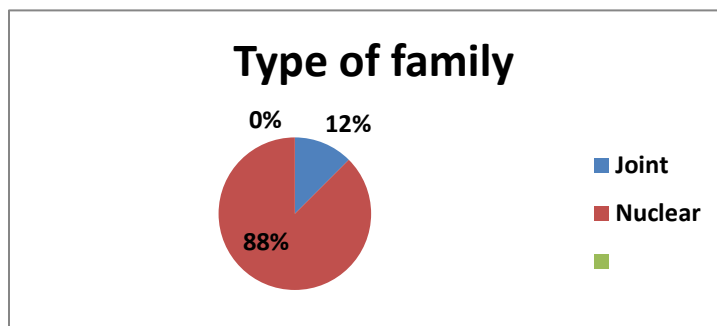
Tool for the study:

The researchers collected a data directly the respondents by adapting interview schedule and Focus Group Discussion (FGD) to gather primary information.

The researchers have studied various books, Journals, reports, annual report of the old age home.

DATA INTERPRETATION:

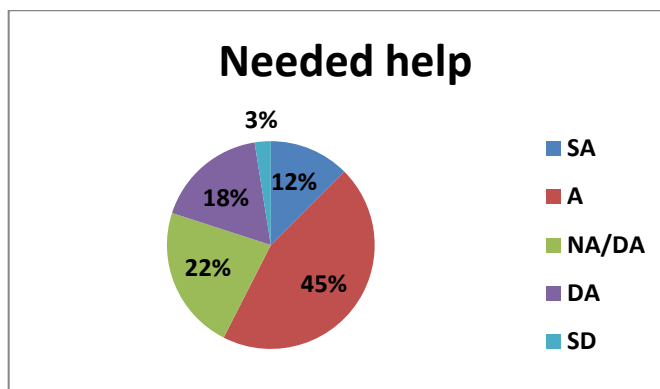
Type of family	
Joint	5
Nuclear	35



Above the pie chart we go to know that 6% of the elders have joint families and 44% elders are having nuclear families due to various reasons they all came to old age home.

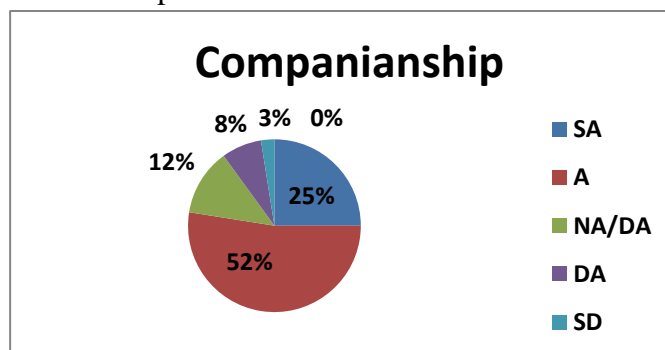


Needed help	
Strongly agree	5
Agree	18
Neither agree/disagree	9
Disagree	7
Strongly disagree	1



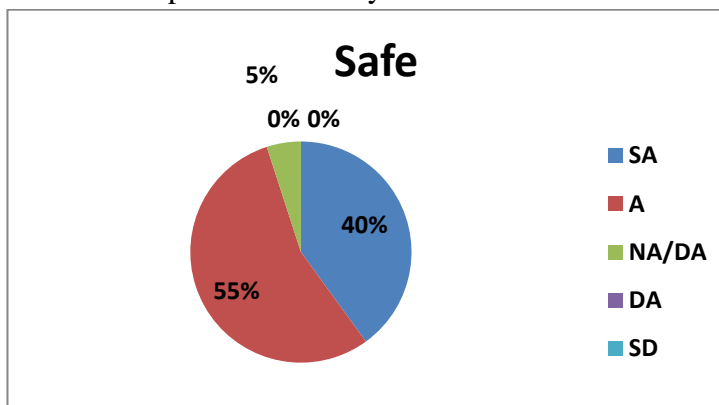
Above the pie chart we got to know that 12% of the elders are strongly agree, 45% of the elders are Agree, 22% of the elders neither agree/ disagree, 18% of the elders are Disagree, 3% of the elders Strongly disagree they have family, friends, neighborhood help.

Companionship	
Strongly agree	10
Agree	21
Neither agree/disagree	5
Disagree	3
Strongly disagree	1



Above the pie chart we got to know that 25% of the elders strongly agree they want to mingle with others, 52% of the elders agree, 12% of the elders neither agree/ disagree, 8% of the elders Disagree, 3% of the elders are Strongly disagree they would like to companionship or contact with other people & always they want someone for share their problems or opinion what they face in their life.

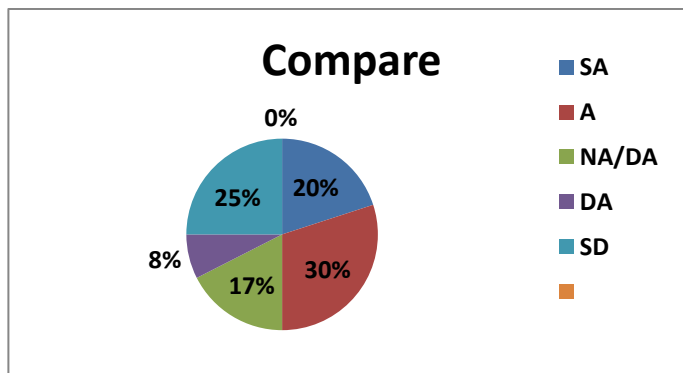
Safe	
Strongly agree	16
Agree	22
Neither agree/disagree	2
Disagree	0
Strongly disagree	0





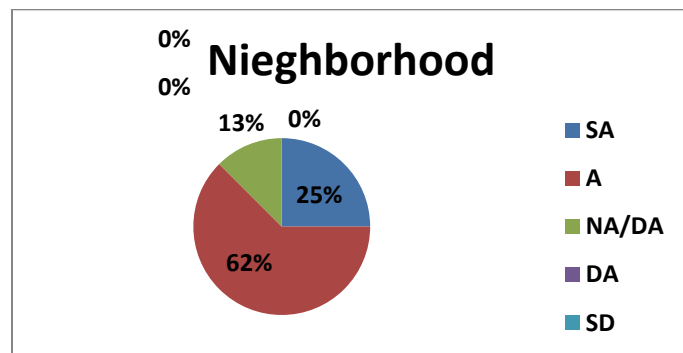
Above the pie chart we got to know that 40% of the elders strongly agree about safe live, 55% of the elders Agree, 5% of the elders neither agree/ disagree, 0% of the elders disagree and 0% of the elders strongly disagree they feel they have a potential living place.

Compare	
Strongly agree	8
Agree	12
Neither agree/disagree	7
Disagree	3
Strongly disagree	10



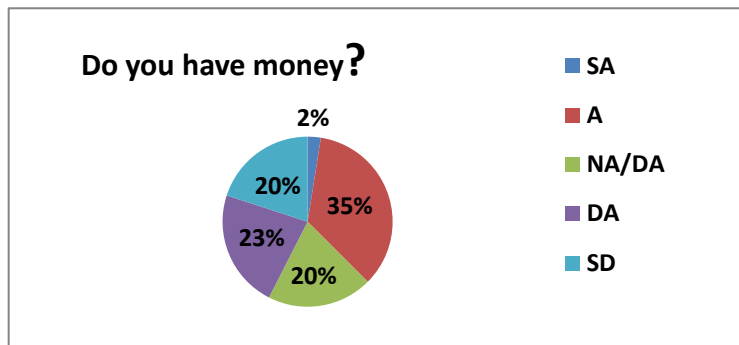
Above the pie chart we got to know that 20% of the elders are strongly agree, 30% of the elders are agree, 17% of the elders are neither agree/ disagree, 8% of the elders are disagree and 25% of the elders are strongly disagree they feeling they are lucky compare to most people.

Neighborhood	
Strongly agree	10
Agree	25
Neither agree/disagree	5
Disagree	0
Strongly disagree	0



Above the pie chart we got to know that 25% of the elders are strongly agreed their neighborhoods are very friendly with them, 62% of the elders are agree they all fine with them, 13% of the elders are neither agree/disagree about their neighborhood not comfortable with them.

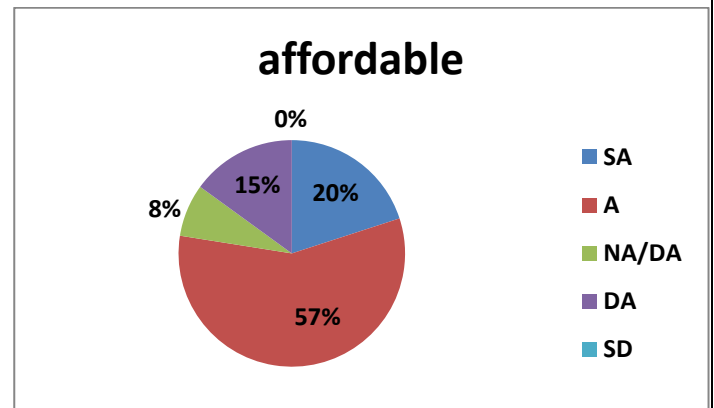
Do you have money?	
Strongly agree	1
Agree	14
Neither agree/disagree	8
Disagree	9
Strongly disagree	8





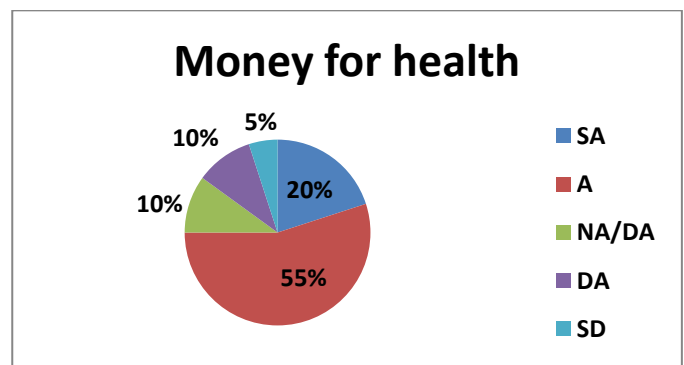
Above the pie chart we got to know that 2% of the respondents are strongly agree they have money, 35% of the elders are agree they have economical potential at now, 20% of the elders are neither agree/ disagree, 23% of the respondents were disagree and 20% of the elders strongly disagree they have enough money to pay for house hold bills.

Affordable	
Strongly agree	8
Agree	23
Neither agree/disagree	3
Disagree	6
Strongly disagree	0



From the above chart we got to know that 20% of the elders strongly agree they cannot buy what they want for them, 57% of the elders agree, 8% of the elders are neither agree, 15% of the respondents disagree and 0% of the old age persons are strongly disagree they cannot afford to do things they would enjoy.

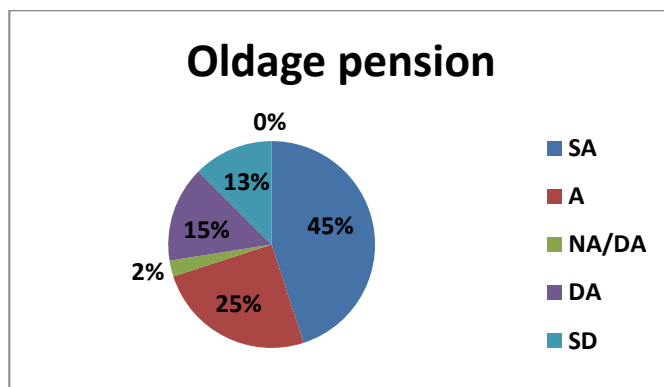
Money for health	
Strongly agree	8
Agree	22
Neither agree/disagree	4
Disagree	4
Strongly disagree	2



From the above chart we got to know that 20% of the respondents are strongly agree they don't have potential for their health, 55% the elders agree the statement, 10% of the old age persons are neither agree, 10% of the elders were disagreed the question it means they have economical support for their health checkup and 5% the elders strongly disagree because they have lot of economic support from their family members.

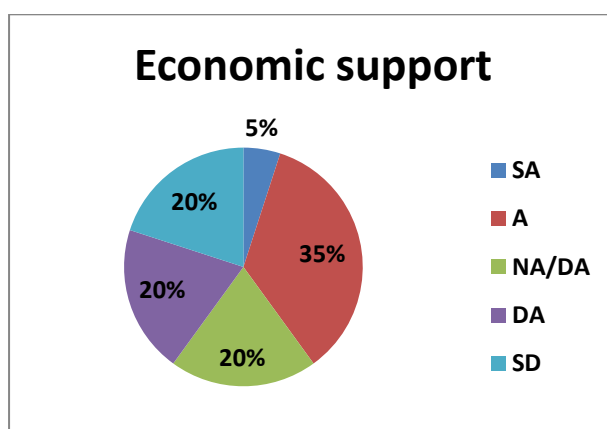


Old age pension	
Strongly agree	18
Agree	10
Neither agree/disagree	1
Disagree	6
Strongly disagree	5



Above the pie chart we got to know that 45% of the elders strongly agree they all are getting old age pension from the government, 25% the elderly persons are agreed the statement, 2% of the elders are neither agree which means sometimes pension may come, sometimes it may not come, 15% of the elders disagree the question because they are not getting any pensions and 13% of the respondents are strongly disagree they are not getting old age pension from the government.

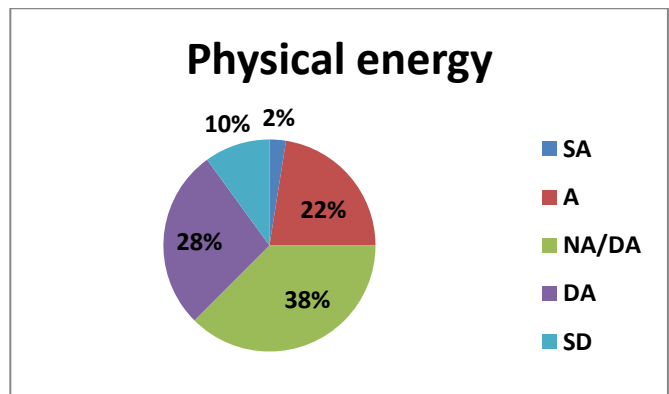
Economic support	
Strongly agree	2
Agree	14
Neither agree/disagree	8
Disagree	8
Strongly disagree	8



Above the pie chart we got to know that 5% of the elders strongly agree they have a well economic potential from their family members, 35% of the respondents were agree they economic support but not much more, 20% of the old age persons neither agree/ disagree, 20% of the elders disagree the statement and 5% of the elders are strongly disagree because they don't have any economic support from their family or relatives, some of them living with old age pension.

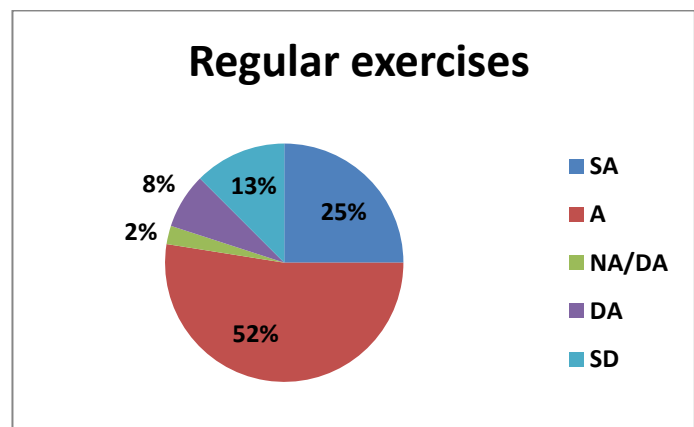


Physical energy	
Strongly agree	1
Agree	9
Neither agree/disagree	15
Disagree	11
Strongly disagree	4



Above the pie chart we got to know that 2% of the elders strongly agree they are physically fit and fine, 22% of the elders agree they are physically health, also they able to do their work their own, 38% of the elders are neither agree/disagree, 28% of the elders disagree because of they due to suffering some diseases and 10% of the elders strongly disagree these old age persons are not able to do their work their work, always they need others help.

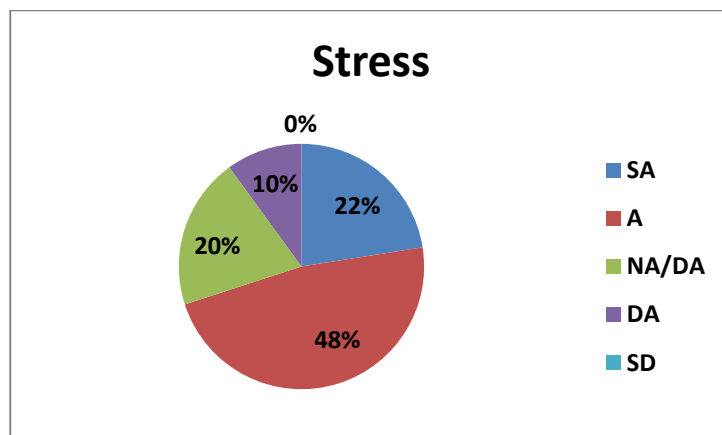
Regular exercises	
Strongly agree	10
Agree	21
Neither agree/disagree	1
Disagree	3
Strongly disagree	5



From the above chart we got to know that 25% of the respondents strongly agree they are doing exercises for betterment of health, 52% of the elders agree they all doing regular exercises for taking care of their health, 2% of the elders neither agree the statement, 8% of the old age persons disagree and 13% of the elders are strongly disagree because lack of physical energy also due to some disease they not able to do exercises.

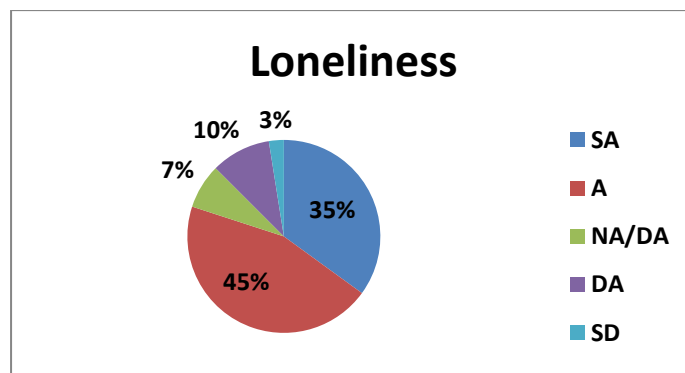


Stress	
Strongly agree	9
Agree	19
Neither agree/disagree	8
Disagree	4
Strongly disagree	0



From the above chart 22% of the elders strongly agree they had stress when lived with their family, 48% of the despondent agree the statement they had stress from their family members, their family members always blaming in front of others, 20% of the elders neither agree and 10% old age persons disagree they don't had any stress from their family members they came here for nobody is there in India all the children working in abroad.

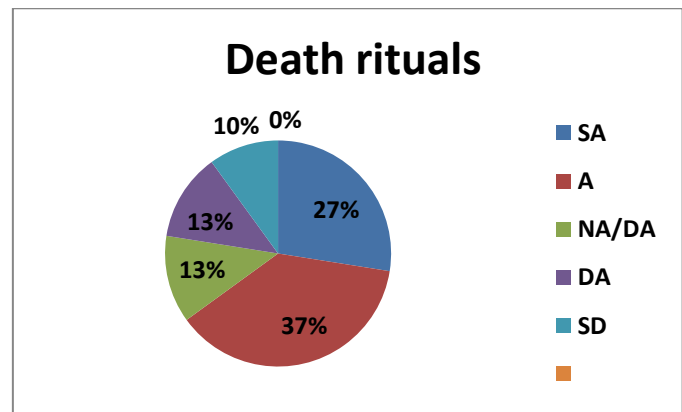
Loneliness	
Strongly agree	14
Agree	18
Neither agree/disagree	3
Disagree	4
Strongly disagree	1



Above the pie chart we got know that 35% of the elders strongly agree sometimes they feel alone because nobody is there with them (children, grandsons etc.), they need family members love & affection, 45% are agree they also feeling loneliness & isolate, 7% are neither agree, 10% of the elders disagree because they forgot their family members, 3% are strongly disagree these elders are positive thinkers which means they think about future only still they are enjoying little with their friends.



Death rituals	
Strongly agree	11
Agree	15
Neither agree/disagree	5
Disagree	5
Strongly disagree	4



From the above the pie chart we got to know that 27% of the elders strongly agree they are thinking about their death rituals, 37% are agree the statement these people worrying about their death because some of them have some spiritual sentiments, 13% elders are neither agree, 13% old age persons are disagree and 10% of the elders strongly agree they are don't have any worrying about their death rituals and they all hope their care givers or old age home.

Major findings:

This study was conducted for evaluating the living condition of elderly people in the old age homes. The analysis of Social, Economic, Physical and Psychological problems of the aged people enabled the researcher to understand the natural and extent of various problems faced by them.

It has been found that majority of the respondents lived with their families before to leave their home because of various reasons. Many of them had great problems in their families also strained relationship with the children and siblings is the most significant reason promoting institutionalization. The causes of this estrangement may include generation gap weakening of families' ties selfishness of youngsters etc.

As regards the social, economic, physical and psychological problem of the elderly people it was found that 80% of the respondents feel loneliness because many of them do not mention their family contacts and they also suffer from some sort of physical ailments. The researcher has observed that the physical ailments, psychological illnesses and adjustment problems are quits common in this phase of life.



All of the respondents have reported that they are satisfied and not have any problem in the institute. They gain a feeling of security and compassion from other inmates who belong to the similar age group having similar attitudes and interests. All the respondents are of the view that institutional life can may be a substitute for family life nevertheless it can be concluded that in the present society old age homes offer great relief for the aged.

Suggestions/ Recommendations:

Love & affection to aged:

Society and community have a great role to play in order to fulfill the dreams of the elderly. In fact during the old age is faced with melts dimensional problems including less of spouse and old friends, financial constraints lock of recreation, loneliness, isolation etc. all these point to the necessity of more love and affection towards them.

The younger generation should try to understand the elder people and must respect and make them feel comfortable financially, socially and personally. Family members should treat the old age people with lots of love and affection, humanly treatment, give them lots of support and they should feel secured. More than meditations need have and core by the family members.

State intervention:

The state must give the priority to the elderly. It may give financial assistance to old age homes. Exclusive medical care programmes for the elderly should be implemented. Trained and motivated health care professionals should be employed to take care of elderly.

Awareness programme:

The general public, especially the younger generation should be sensitized of the phenomena of ageing and the issues of elderly. The elderly too wish to be treated with respect and to enjoy good status in the family as well as in society.

Social involvement:

More and more involvement of the institutions, family members, community leaders and more that active involvement of the elderly themselves may solve problems related to ageing.



Conclusion:

The old age is an integral part of human life being unavoidable, undesirable, and unwelcome and problem- ridden phases of life. Elderly becomes dependent and needs the help of others largely due to his physical infirmity. But in this materialist society, everybody is short of time. Even their own children, to whom they had dedicated their entire life and earnings, do not find time for them. All these put the elderly in old age homes. Therefore the life and care in old age homes become very important in the life of the elderly. The situation in own homes which have driven these helpless persons away should not allowed to replicate in the old age homes, their new haven. The social and psychological domains of QOL were better in the people living in the community. QOL of elderly is increasing as SES of individual is better. The QOL which each individual possess is very important in all aspects be it physical, psychological, social & environmental. Only if they have fulfillment in all these aspects in life they have a high QOL. The situation calls for concerted efforts of the government, non-governmental organizations, religious institutions and individuals not only to understand but also to solve or at least mitigate the whole gamut of problems resulting from a graying society so that the aged people can lead a dignified and meaningful life.

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9. CASE STUDIES:

CASE STUDY 1:



Name: Shanthadevi

Age: 69 years

Sex: Female

Address: Doddakavalande, Nanjanagudu (Tq), Mysuru (D)

Shanthadevi is living in the old age home from 6 years. She looked very cheerful and enthusiastic. She didn't have teeth but was very talkative. She came there on her own wish as she didn't have any other place to stay. After her marriage, her husband died within three years and she started to live with her sister and her family. Since she didn't have any children, her sister was the only support. But her sister's husband didn't like her staying in their home so in fear she left the house and came to stay in the old age home. Her sister pays her visit yearly or sometimes she goes to visit her. She doesn't have any regrets in her life and follows the Om shanti. Once she slipped in the bathroom and got injury on her head. She takes the medicine for the blood pressure. Physically she is capable of doing her all the work and also she is ready to work for others. She also goes for morning walk. She does little sewing work and cut vegetables daily. She was happy with her life and has no regrets. There was no sign of any disappointment for not having children. She was happy with what she has and her present life.

CASE STUDY 2:

Name: Shobhalakshmi

Age: 80 years

Sex: Female

Address: Gundlupete, Chamarajanagara (D)

Shobhalakshmi came to the old age home, on the very same day we visited there. She came there as someone told her about the old age home. She has no relative to stay with. She was a fair looking lady with no health issues. During her earlier times, she was a tailor. She was irritated due to continuous chatting of others. She was a spiritual lady and was not much socialized as she has different mother tongue, Marathi and believed that why to gossip, should work honestly and no need to interfere in other's work. She was highly satisfied with her life and had no regrets. She has visited quite a many religious places. After the interaction with the two different women it was so very obvious that they are adjusting to their life here, mentally strong as they don't blame for anything they have accepted what life has given them. Physically if observed not all but few were quite active in participating in their work in cooking, cutting and washing seems to be the normal work been done by them.

CASE STUDY 3:

Name: Rajamma

Age: 80 years



Sex: Female

Address: Kolara

This primary educated old lady hailed from Kolara. At the age of 12 she got married and after 3 years of marriage her husband was expired. Her in laws didn't supported her and her brother brought her to the city and she started working as a maid for few years and then she worked as a caretaker of a baby. She did all rearing and caring of that baby and used to stay in their home only. She never contacted any of her family members. When child had grown up his parents brought lady to the old age home i.e. 20 years back and from then she is staying in that home. Physical appearance: Lean body with grey hair, no teeth, weak eyesight but glow in face. With bending back wrinkled skin with a look of skin wrapped to skeleton she can do her routine work Satisfaction with life cycle scale: Score obtained by her after administering this scale reveal that, which falls under the satisfied category. It can be interpreted that her life span was close to her ideal and her conditions were good enough. And she did not want any change in her life. Subjective happiness scale: As per the scale respondent was quite happier and considered she happier, content and enjoyed the life regardless of what is going on. She was not at all depressed and tried to make her surroundings happy by her presence.

Cognitive assessment scale for elderly:

Temporal orientation was excellent. She was able to remember her date of birth, age, year of birth, time. Under Spatial orientation she was able to state the place of birth, directions to go for dining hall, temple. Attention concentration and calculation she identified the numbers but confused with symbols and did simple calculations. Immediate recall; identified the items and recalled the resemblance of item. She was well versed only in Telugu language but having problem in speaking because of dental decay. Remote memory.

Elderly motivation scale

- Health and biological activities: She used to follow her daily activities like bathing, washing clothes, walking, eating, and proper sleep and wanted to do it for her own good to remain active.
- Relationship with others: She was having good relationship with people who were staying there and she liked to make friends.
- Leisure: Used to do leisure activities for her own pleasure.
- Information: She did not follow news. Geriatric depression scale
- Her scores stated that she not under depression; she was normal and satisfied with her life.

UCLA loneliness scale

- Her score for this scale was 6 which means she was normal, do not feel lonely and left out. Though sometime she felt to meet family and that child. She was helping and caring for others also.

Conclusion

- Respondent was happy, active, social, and calm and satisfied in her life.



- Her cognitive skills were declined but emotionally she has shown well stable and controlled behavior. Physically she was active comparatively other members, she used to perform all her daily chores by herself but strength has been reduced.
- She was having positive outlook and effect of her life though in younger stages she suffered but she did not surrender herself and did not lose hope of living.
- She said whatever challenges may come in life don't lose hope, have faith in God and face it.

CASE STUDY 4:

Name: Lakshmi

Age: 80 years

Address: Hunsuru, Mysuru

She was staying in old age home since 5 years. She has only one child she got her marriage. Since no one is there to take care of her after her daughter's marriage so she comes to old age home.

Physical development:

Vision	Hearing	smell
She is having good vision. She can able to do embroidery Stitches by her own.	She cannot here or difficult in hearing. When we will impose the question she never replies. If we speak louder than only she can able to here and then she ask for direction she has a problem in sensing	The smell touch Taste She can easily feel pain when she will walk on the rough area. She can easily identify objects through touch. She never eats spicy food mostly prefer easily digestible food which is healthy and tasty. She likes to eat sweets,

Cognitive development:

She has good memory. She can easily remember the places of objectives where she has placed before. Actively participate in all kind of works especially in washing clothes, vegetable cutting, and cooking, filling water in a bucket for her personal use. She can keep her cupboard very neatly and she will try to make her surroundings should be clean all the time. A very emotional person didn't like to share her emotions with anyone.

Leisure activities: meditation and walking

Medical care: She will regularly consult the doctor who visits the place. She will be very muchconscious about her health.

CONCLUSION:

According to the three scales results Lakshmi is happily staying in the old age home and she verymuch satisfied with the facilities' available in the home.