

## **A Comparative Study on the Attitude of Elderly towards Life in the Home Based and Institution Based Context**

**Sheeba Joseph<sup>1</sup>**

---

### **Abstract**

Family caregiving for older adult relatives is a vital concern in the contemporary society. The traditional Indian extended and joint family system has undergone changes due to factors such as mobility from rural to urban centres and transnational flow. This has increased the number of old age homes in our country. The stay in institution has changed the life of the old age population. Those who are frail and in need of emotional and social support, receive less care, and those who are more active and physically strong, are less available to provide support for old family members. The present study made an attempt to understand the attitude of elderly towards life who are staying in the institution and home-based. The data was collected from Bhopal and N=255 elderly was part of the study. The study came out with the result that elderly staying with the family ( $166.37 \pm 27.83$ ) portrayed a positive attitude towards life than the institution-based elderly ( $115.11 \pm 32.59$ ).

**Key words:** Elderly, Attitude towards life

---

### **Introduction**

India is facing all the problems endemic to a developing country with an ageing population in the absence of parallel developments in socio economic, quality of life and health spheres. Pre-industrial societies depended on the cumulative wisdom of older persons for survival and coping with untamed environment. Technological and social changes have altered both, the life situations as well as interpersonal relationships. In pre-industrial society, for those elderly people without property, growing old could be a desperate and humiliating experience. It is seen that people in later life become more orient-

---

<sup>1</sup>Dr. Sheeba Joseph- Assistant Professor, Dept. of Social Work, The Bhopal School of Social Sciences(BSSS), Bhopal, Madhya Pradesh, India. email: sheejose03@yahoo.com

ed towards income, it is seen in later life are relinquished. In the literature of social gerontology, it is commonly assumed that sources of intimacy become attenuated through the life span to the detriment of the ageing individuals, health, capacity for social involvement and general well being. Following these indications, the present study is thus an attempt to empirically understand the unique variables that could contribute to enhance the quality of life among the older people to a greater extent an empirical basis upon which the activity and quality of life play a vital role in enhancing the well being of the older persons.

Another important social issue concerning elders and geriatric care in India is the changing family structure in the contemporary society.

A rapid migration to urban areas or urbanization in recent times has led to breakdown of the joint family structure and emergence of the nuclear family. With no social security structure in place and with inadequate facilities in health care, rehabilitation and recreation, the Indian elder is staring at a bleak present and future. The basic social structure in India has historically been the 'joint family, where extended family, including brothers with their spouses and children stay under one roof. This family structure has been the socio-economic backbone of the average Indian. In times of disease or emergency, members of the family have pooled in resources to help each other out. The family has also looked after its elders in their old age by giving them socio-economic and emotional support.

It is believed that since the elders raise children, it is the duty of the children to support and take care of them in their time of need. The elder is looked up to for counsel and advice and is respected accordingly. As a result, the idea of an elder going to an old age home/ nursing home for is traditionally considered 'sacrilegious'. However, this common family structure is changing at a rapid pace. With an increase in mobility from rural areas to urban areas in recent times, the 'joint family' is breaking down into several scattered nuclear

---

Report No. 507: Morbidity Health care and condition of the aged Jan-June, 2004 - [http://mospi.nic.in/mospi\\_new/upload/60R\\_25.0.pdf](http://mospi.nic.in/mospi_new/upload/60R_25.0.pdf)

A.M. Shah. *The Family in India: Critical Essays*. Orient Longman Limited. 1998.

Sacrilegious is an act that destroys, hurts or ruins something sacred. <http://www.your-dictionary.com/sacrilegious>

Shubha Soneja. Elder Abuse in India. Country Report for WHO. [http://www.who.int/ageing/projects/elder\\_abuse/alc\\_ea\\_ind.pdf](http://www.who.int/ageing/projects/elder_abuse/alc_ea_ind.pdf)

*Educere-BCM Journal of Social Work*

families 15. This breakdown of the social 'backbone' has a significant effect on the finances of the family as well. There is less pooling of resources. With a decrease in finances, elder care takes a hit. The priority in a house is often given to the child and the spouse. Since Geriatric care is expensive and not easily accessible, it is often neglected. This is reflected in the recent increase in the incidence of reported abuse of elders .

There are other issues with influence elder care. With an entire generation of females working, the traditional concept of the 'housewife' caring for the house and the adult has changed significantly A large number of couples now opt to have kids late into their marriage or not to have them at all, citing professional commitments. Absence of grandchildren, with the presence of a working son and spouse perhaps deprive them of an emotional support that was taken for granted just a couple of decades ago. It only gets worse for the elder whose spouse has passed away.

In India, staying with your daughter while she's staying with her 'in-law's' is considered taboo. Hence for elders with a lone daughter and no other family, it is more difficult. The elder is now left to fend for himself. The unconditional respect, power and authority that elder people used to enjoy in extended traditional families is being gradually eroded in India in recent years. Social and psychological factors play a major role in determining the health status of the Indian elder. They influence not only the physical health, but also largely, his mental health. In spite of strong family bonds and cultural practices that revere the aged, depression still ranks as the most prevalent psychiatric illness of the aged.

Although the Indian elder is more under stress today than ever before, the

---

The World Bank: Fertility rate total (Births per woman) - <http://data.worldbank.org/indicator/SP.DYN.TFRT.IN>

Shah B, Prabhakar AK. (1997) Chronic morbidity profile among elderly. Indian Journal of Medical Research. Oct;106:265-72.

Prof Vikram Patel PhD,Chinthanie Ramasundarahettige MSc,Lakshmi Vijayakumar MD,- JS Thakur MD,Vendhan Gajalakshmi MD,Gopalkrishna Gururaj MD,Wilson Suraweera MSc,Prof Prabhat Jha DPhil,for the Million Death Study Collaborators.(2012) Suicide mortality in India: a nationally representative survey.The Lancet - ( Vol. 379, Issue 9834, Pages 2343-2351 ) DOI: 10.1016/S0140-6736(12)60606-0

percentage of elders in India committing suicide is less than 1.5%. Though this may be due to various familial, ethical and/or religious reasons, it may be widely under reported due to social norms. In the present research, an attempt was made to understand a comparison on various problems which are associated with ageing. The research will explore the correlation between various issues the elderly is facing in the present scenario. The literatures which are reviewed gave a back ground of different problems of elderly. Many of the studies conducted in India and abroad dealt with any one or two issues pertaining to old age.

The comparative studies of elderly living in the old age homes and at own homes were comparatively less. The present research has done the comparison of elderly from both the context and how differently they experience the diverse issues is given greater emphasis. In the era of technological advancement how can the problems be mitigated and the scope of geriatric social work which has not been a part of geriatric care in India so far has also given due importance. This study also aims to clarify the interrelation between activity, quality of life and life satisfaction because recent researches give lowest priority to measures of activity and well-being of older persons. Happiness and satisfaction originate from involvement and the older person's ability to adjust to changing life events.

### Objectives

- To examine the attitude of elderly towards life in the institutional and home-based context.
- To understand,if any difference in the attitude of male and female elderly towards life.

---

The World Bank: Fertility rate total (Births per woman) - <http://data.worldbank.org/indicator/SP.DYN.TFRT.IN>

Shah B, Prabhakar AK. (1997) Chronic morbidity profile among elderly. Indian Journal of Medical Research.Oct;106:265-72.

Prof Vikram Patel PhD,Chinthanie Ramasundarahettige MSc,Lakshmi Vijayakumar MD,JS Thakur MD,Vendhan Gajalakshmi MD,Gopalkrishna Gururaj MD,Wilson Suraweera MSc,Prof Prabhat Jha DPhil,for the Million Death Study Collaborators.(2012) Suicide mortality in India: a nationally representative survey.The Lancet - ( Vol. 379, Issue 9834, Pages 2343-2351 ) DOI: 10.1016/S0140-6736(12)60606-0

*Educere-BCM Journal of Social Work*

## **Hypothesis**

H1- Home-based Elderly have an optimistic attitude towards life than the institution-based elderly.

## **Definition**

### **Attitude towards Life**

Attitude towards life consists of six derived dimensions: purpose, coherence, choice, death acceptance, existential vacuum, and goal seeking. Purpose refers to having life goals and a sense of direction from the past, in the present, and toward the future. Coherence refers to having a sense of order, a reason for existence, and a clear sense of personal identity. Choice refers to the degree to which a person perceives to have personal agency in directing his or her life. Death acceptance refers to the absence of fear and anxiety about death and the acceptance of death as a natural aspect of life. Existential vacuum refers to an absence of meaning in life, boredom, apathy, or feelings of indifference. Goal seeking concerns the desire to get away from the routine of life and to search for new experiences and challenges and an eagerness to get more out of life.

## **Tool of Data Collection**

### **Attitude towards Life (LAP-R; Reker, 1992)**

Attitude towards life was measured by the Life Attitude Profile–Revised (LAP-R; Reker, 1992), a 48-item, 7-point Likert-type scale consisting of six factorially derived dimensions: purpose, coherence, choice/responsibleness, death acceptance, existential vacuum, and goal seeking. Scores on each dimension can range from 8 to 56; a high total score reflects a high degree of the attribute being measured.

## **Sample**

The sample consists of 255 numbers of senior citizens from Bhopal district of the state of Madhya Pradesh, India. Of these, 125 subjects were staying in old age homes, while the remaining 130 elderly people were staying in their own homes. The institutionalized elderly people were chosen from four homes for the elderly in the Bhopal district. The age range of the respondents was 60 to 90 years. The table given below provides a break-up of the final sample. The researcher administered purposive sampling technique.

## Result and Discussion

**Table No:1 Cross Tabulation of Place of Stay and Gender of elderly**

| Cross tabulation Residence<br>* Gender |             | Gender |        | Total |
|--|-------------|--------|--------|-------|
|  |             | Male   | Female |       |
| Residence                              | Institution | 62     | 63     | 125   |
|  | Home-based  | 69     | 61     | 130   |
| Total                                  |             | 131    | 124    | 255   |

Being a comparative study, the distribution of the sample is very significant. Table No: 1 tried to depict the gender wise distribution of the respondents. It can be seen that out of the total respondents (N=255), (N=125) were staying in the institution (Males=62 & Females=63) and 130 were residing with the family (Males=69& Females=61).

**Table No:2 (a)Mean and Standard Deviation Life Attitude profile \* Residence**

| Residence              |    | LAP    | Coherence | Existential Vacuum | Choice and Responsibilities | Death acceptance | Goal seeking | Purpose |
|------------------------|----|--------|-----------|--------------------|-----------------------------|------------------|--------------|---------|
| Institution<br>(N=125) | M  | 115.11 | 17.20     | 14.3520            | 21.1680                     | 27.3120          | 19.4080      | 16.5680 |
|                        | SD | 32.539 | 8.978     | 7.33667            | 9.31937                     | 7.42752          | 5.30231      | 5.91245 |
| Home-based<br>(N=130)  | M  | 166.37 | 29.67     | 24.3154            | 28.7231                     | 27.4692          | 26.7692      | 29.4923 |
|                        | SD | 27.838 | 7.207     | 6.72383            | 8.59332                     | 6.74587          | 6.50288      | 7.22533 |
| Total<br>(N=255)       | M  | 141.24 | 23.56     | 19.4314            | 25.0196                     | 27.3922          | 23.1608      | 23.1569 |
|                        | SD | 39.621 | 10.23     | 8.61068            | 9.70691                     | 7.07463          | 6.98548      | 9.24592 |

**Table No:2 (b) One Way Anova - Attitude towards Life \* Place of stay of Elderly**

|                                  |                | Sum of Squares | df  | Mean Square | F       | Sig. |
|----------------------------------|----------------|----------------|-----|-------------|---------|------|
| Cohesion-LAP                     | Between Groups | 9907.660       | 1   | 9907.660    | 150.125 | .000 |
|                                  | Within Groups  | 16697.023      | 253 | 65.996      |         |      |
|                                  | Total          | 26604.682      | 254 |             |         |      |
| Life Attitude profile            | Between Groups | 167476.473     | 1   | 167476.473  | 183.220 | .000 |
|                                  | Within Groups  | 231260.963     | 253 | 914.075     |         |      |
|                                  | Total          | 398737.435     | 254 |             |         |      |
| Existential Vaccum-LAP           | Between Groups | 6325.968       | 1   | 6325.968    | 127.970 | .000 |
|                                  | Within Groups  | 12506.581      | 253 | 49.433      |         |      |
|                                  | Total          | 18832.549      | 254 |             |         |      |
| Choice and Responsibilities -LAP | Between Groups | 3637.399       | 1   | 3637.399    | 45.343  | .000 |
|                                  | Within Groups  | 20295.503      | 253 | 80.219      |         |      |
|                                  | Total          | 23932.902      | 254 |             |         |      |
| Death Acceptance -LAP            | Between Groups | 1.575          | 1   | 1.575       | .031    | .860 |
|                                  | Within Groups  | 12711.209      | 253 | 50.242      |         |      |
|                                  | Total          | 12712.784      | 254 |             |         |      |
| Goal seeing -LAP                 | Between Groups | 3453.139       | 1   | 3453.139    | 97.709  | .000 |
|                                  | Within Groups  | 8941.269       | 253 | 35.341      |         |      |
|                                  | Total          | 12394.408      | 254 |             |         |      |
| Purpose-LAP                      | Between Groups | 10644.561      | 1   | 10644.561   | 243.295 | .000 |
|                                  | Within Groups  | 11069.164      | 253 | 43.752      |         |      |
|                                  | Total          | 21713.725      | 254 |             |         |      |

Attitude towards life during old age in the context of institution and home-based is another area the researcher tried to examine. One-way Anova was also run to find the significant variance exists between institutionalised and home-based in terms of the attitude of elderly towards life and its various determinants as used in the present research. The F-values of various contributing factors show a significant variation.

The overall score of attitude towards life of both the settings revealed that home based elderly ( $166.37 \pm 27.83$ ) have more positive attitude towards life than the elderly in the old age homes ( $115.11 \pm 32.59$ ). The F-value showed a statistical significance [ $F(1,253) = 183.22, p = .000, p < .05$ ]. The reasons behind the positive feelings could be due to presence of family members, adequate social network, lack of emptiness in life and the stake in decision. For the home-based elderly as compared to the institutionalised life seems to be more purposeful and prone to optimism and hope.

The mean score of home-based elderly ( $17.20 \pm 8.978$ ) was found to be significantly higher than the institutionalised ( $29.67 \pm 14.35$ ) elderly on Coherence. One way ANOVA result also showed a significant difference [ $F(1,253) = 150.12, p = .000, p < .05$ ]. The finding implies that the coherence is the resource of the self for the home-based in the face of positive attitudes towards life. Coherence refers to having a sense and reason for existence and a clear sense of persona/ identity.

No significant difference was observed between the mean score on death acceptance of Institutionalized elderly ( $27.31 \pm 7.42$ ) and home-based elderly ( $27.46 \pm 6.74$ ). Death acceptance refers to the absence of anxiety about death and the acceptance of death as a natural aspect of life. The reason for no variation could be readiness to accept death in a peaceful way. They believe that they have done with their responsibilities by performing various roles in the society.

Existential vacuum refers to an absence of meaning in life, boredom, apathy, or feelings of indifference in the life. As a result of institutionalization, the elderly residing in old age homes are not able to find meaning in their life. The mean score reveals that home-based elderly ( $24.31 \pm 6.72$ ) have less existential vacuum in their life than their counterparts in the institution ( $14.3520 \pm 7.33$ ). The analysis of variance substantiate the mean score [ $F(1,253) = 127.97, p = .000, p < .05$ ].



The home based elderly ( $26.76 \pm 6.50$ ) compared to the institutionalized elderly ( $19.40 \pm 5.30$ ) expressed a higher tendency of goal seeking. The one-way ANOVA score also support the result showing a good statistical significance  $F(1,253=97.709, p=.000, p<.05]$ .

Attaining goals and in attempting and in attempting to govern life chart a personal course of direction for finding the meaning of life. The emptiness of life of the institutionalised lies rooted in failure to find meaning in life and goal seeking behaviour. For the elderly who are in old age home if the challenge of life is not necessarily met, then life becomes goalless or with nothingness. In other words, anxiety or frustration over a lack of purpose may easily mask goal seeking. Striving towards goal thus continues to be responsible for behaviour and opens up to experiences through choices. Goal seeking concerns the desire to get away from the routine of life and to search for new experiences and challenges and an eagerness to get more out of life.

The study reveals, being with the family elderly from home based ( $29.49 \pm 7.22$ ) background have better purpose in life than the institutionalised elderly ( $16.56 \pm 5.91$ ). A significant difference is found between the two groups in terms of goal seeking [ $F(1,253=243.29, p=.000, p<.05]$ ].

For the elderly in the institution their work is mundane in nature due to the nature of the organization. The social network of the elderly in the institution is limited. Choice/responsibility refers to the degree to which a person perceives to have personal agency in directing his or her life. The study revealed that home based elderly ( $28.72 \pm 8.58$ ) were experiencing better choice and responsibilities than the institutionalized elderly ( $28.72 \pm 8.58$ ) which has displayed a significant variance [ $F(1,253=45.34, p=.000, p<.05]$ ].

The researcher also tried to delve into the variations of attitude towards life based on the gender. The mean score of life attitude profile of male elderly ( $145.09 \pm 38.73$ ) seemed to be better than the female elderly ( $137.185 \pm 40.29$ ). When the other sub variables of LAP such as coherence, choice and responsibility, purpose of life, death acceptance and goal seeking behaviour were analysed no significant variations observed as per the mean score.

Attitude towards life influence may aspects of our lives. It changes in different stages of the family cycle. There are a number of factors throughout

**Table No: 3 Life Attitude profile \* Gender**

| Gender         |      | Life Attitude profile | Coherence-LAP | Existential Vacuum -LAP | Choice and Responsibilities-LAP | Death acceptance -LAP | Goal seeking -LAP | Purpose -LAP |
|----------------|------|-----------------------|---------------|-------------------------|---------------------------------|-----------------------|-------------------|--------------|
| Male (N=131)   | Mean | 145.09                | 23.74         | 19.96                   | 25.694                          | 27.702                | 23.694            | 24.15        |
|                | SD   | 38.731                | 10.25         | 8.643                   | 9.8065                          | 6.1765                | 6.4699            | 9.182        |
| Female (N=124) | Mean | 137.185               | 23.37         | 18.87                   | 24.306                          | 27.064                | 22.596            | 22.10        |
|                | SD   | 40.2979               | 10.25         | 8.574                   | 9.5884                          | 7.9262                | 7.4767            | 9.233        |
| Total (N=255)  | Mean | 141.247               | 23.56         | 19.43                   | 25.019                          | 27.392                | 23.160            | 23.15        |
|                | SD   | 39.6211               | 10.23         | 8.610                   | 9.7069                          | 7.0746                | 6.9854            | 9.245        |

the life course that are essential in maintaining positive attitudes towards life and for the wellbeing of the individual. As mentioned by Recker and Peacock (1981), attitude towards life during old age is determined by various factors. The result revealed that home based elderly has more positive attitude towards life than the elderly in the old age homes. The reasons behind the positive feelings could be due to presence of family members, adequate social network, lack of emptiness in life etc. For the home-based elderly as compared to the institutionalised life seems to be more purposeful, optimistic and full of hope. In the institution, their work is mundane in nature due to the environment of the organization. The social network of the elderly in the institution is limited. These factors may lead to a pessimistic attitude towards life among the institutionalised.

### Testing of Hypothesis

H1- Home-based elderly have an optimistic attitude towards life than the institution-based elderly.

The overall score of attitude towards life (Table No:2 A&B) of both the

*Educere-BCM Journal of Social Work*

settings revealed that home based elderly ( $166.37 \pm 27.83$ ) have more positive attitude towards life than the elderly in the old age homes ( $115.11 \pm 32.59$ ). The F-value showed a statistical significance [ $F(1,253) = 183.22, p = .000, p < .05$ ]. Hence the hypothesis is retained.

### **Suggestions**

- Social Scientist should take up more gerontological studies since dearth of gerontological studies creates lack of intervention and attention of authority.
- Field work practicum in the geriatric setting as well as home-based intervention and support groups for the elderly could assuage the pessimistic approach of elderly towards life.
- Gerontology should be made mandatory part in the social work curriculum.
- Geriatric care centres must be started and trained social workers must be appointed in care centres.
- Support programmes for preparation and coping with old age must be introduced.
- Support programmes for preparation for death bereavement must be given importance.
- Family and community awareness programmes about ageing and health issues must be emphasized.
- Senior citizen clubs could be formed to enhance the wellbeing of older persons through activities of their interest.

### **Conclusion**

The research serves the purpose of adding a drop of knowledge to the ocean of knowledge of gerontology. The research tried to provide an insightful thought for the present generation about the need of elderly population. All the ailments during old age could be vanquish, if they have positive attitude towards life with the support of family.

### References

- Achamamba, B. (1987). "Social and emotional problems of men and women in joint and nuclear families". In K. Subha Rao and V. Prabhakar (Eds.), *Aging : A multifactorial Discussion*. Hyderabad : AGI publication
- Agarwal, S, & Srivastava, S.K.(2002). *Effect of living arrangement and gender differences on emotional states and selfesteem of old aged persons*. Indian Journal of Gerontology,; 16:312-320.
- Havighurst, R.J. (1961). *Successful aging*. *The Gerontologist*, 1, 8-13.
- Reker, G. T. (1992). *Manual of the Life Attitude Profile-Revised (LAP-R)*. Trent University, Peterborough, ON: Student Psychologists Press.
- Recker, G. T. and Peacock, E. J. 1981. *The Life Attitude Profile (LAP): A multi-dimensional instrument for assessing attitudes towards life..* Canadian Journal of Behavioural Science, 13: 264–273.