



Title : Caregiving of the Elderly: Problems and Coping up Strategies of Caregivers in Families

Caregiving of the Elderly: Problems and Coping up Strategies of Caregivers in Families by Dr. Dasgupta B. and Malhotra S.

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Introduction

Caregiving refers to the provision of assistance to another person who is ill, disabled, or needs help with daily activities. It often requires attention to the physical, mental, social, and psychological needs and well-being of both the caregivers and the care receivers. The dependency ratio of the elderly population in India is increasing by the day putting an increased burden on the caregiver population to maintain the means of livelihood of the economically, physically, emotionally and socially dependent.

Methodology

A descriptive research design with 172 respondents; selected through the snowballing technique was taken up to find out the problems of formal (paid for services received) and informal (care provided by family members) caregivers of the elderly and the type of strategies adopted to cope with the problems of caregiving in homes through well-developed scales. (Problem checklist developed by C J Gilleard and Ways of coping checklist authored by P. P. Vitaliano) The Questionnaire was administered after conducting a pilot study. Data was collected and interpretation done through quantification by assessing scores to the responses of the questions. The information from questionnaire was coded, categorized and analyzed statistically.

Results

It was found that majority (65%) of the dependent elderly care receivers demanded attention constantly, this was followed by the fact that many (58%) were forgetful and forgot things that happened recently, (50%) half of them had temper outbursts, were unable to manage stairs, sat around doing nothing and were unable to occupy themselves meaningfully. They were unable to walk alone and did not feel safe outside. Some of other problems faced by almost 30% of the dependent elderly were: they required help during dressing, needed support getting in and out of bed, had a tendency of disrupting family and social life, and created personal clashes. Some had a tendency to fall, were unable to hold a sensible conversation even with family members and were noisy and shouting. They were also not able to watch and follow television. They could not be left alone for some time when required and were afraid to be outside after dark. Some were unsteady on their feet and unable to get in and out of the chair. Various strategies were adopted by the caregivers to cope up with the physical and mental stress of caring for the elderly. Problem focused strategies were 'often' adopted by both formal and informal caregivers to cope with the problematic situation at hand; like not acting hastily, changing some things. The formal group more significantly made plans of action, accepted the next best thing, learnt from the experience, took things one at a time, and changed themselves to be able to deal with the situation. The informal group 'usually' bargained or compromised, changed as a person in a good way and fought for what they wanted. Social support was not 'always' sought by any of the caregivers. They 'usually' spoke to someone who could do something or find out about the problem or who could advise them how to deal with the situation. Professional help was sought only by the informal caregivers. They often got sympathy and understanding and spoke to someone about their feelings. Blaming Self: it was found that the informal caregivers often blamed themselves for the problem criticized and lectured themselves for it. Whereas the formal caregivers only sometimes took the blame on themselves for the situation. Wishful Thinking: It is obvious that the informal caregivers wished for a lot of positive things to happen like a miracle, to know how bad things were as compared to the informal caregivers.

Conclusion

Caregivers of the elderly as a group need societal support and administrative help to cope with the difficulties they face in their daily care activities. It is suggested that elderly day care centres compulsorily be established in communities to help them get respite for some-time during the day, develop caregiver support groups to step in when required, create free family counselling centres in communities, organize Ergonomic Counselling for both the caregivers and care receivers to make their day to day tasks easier, and give tax credits to the caregivers with elderly needing care.