



Status of Health and Healthcare: an Anthropological Study of the Institutionalised Aged

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Abstract:

Health and medical care is a major problem of the aged. Even, when one is not suffering from any disease, one experiences a gradual decline in physical strength with the growing age. But, in most cases the advanced age brings with it some chronic ailment and some of the aged get bedridden. They depend on others for their mobility and need medical care. This Anthropological study has been conducted to know about various aspects of health and related problems among the inmates of old age homes in Lucknow city, which included both the primary as well as secondary sources of data. The sample consisted of 50 institutionalized aged persons, including 25 males and 25 females selected through random sampling. It is concluded that health of the elderly people deteriorates with increasing age gradually which is a part of the natural process; and in this state of functional limitations, these inmates are getting the help and support from old homes in spite of their families. They depend upon the staff and fellow inmates. The overall picture reveals that only a small percentage is satisfied with the medical assistance and care. Thus, much remains to be done for the health care of the institutionalized aged in Lucknow.

Key Words: Institutionalized Aged, Old Age Homes, Health Problems, Healthcare

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Introduction

The old age is the last phase of life. It continues till death. This is the age when one needs help, care and sympathy the most because he faces all type of social, economic, emotional and physical problems in this age. So at present, it is most essential and pertinent to understand and find out about the aged section of the society.

According to Hooyman & Kiyak (1994), the gerontologists view aging in terms of four distinct processes: i. **Chronological aging** is the definition of aging on the basis of a person's years from birth; ii. **Biological aging** refers to the physical changes that reduce the efficiency of organ systems, such as the lungs, heart, and circulatory system; iii. **Psychological aging** includes the changes that occur in sensory and perceptual processes, mental functioning, personality, drives and motives; iv. **Social aging** refers to an individual's changing roles and relationships in the social structure -with family and friends, with the work world and within organizations, such as, religious and political groups.

Health and medical care is a major problem of the aged. Lucky are those who are able to maintain good health as they advance in age. Even, when one is not suffering from any disease, one experiences a gradual decline in physical strength with the growing age. But, in most cases the advanced age brings with it some chronic ailment and some of the aged get bedridden. They depend on others for their mobility and need medical care.

A few studies have been conducted about the aged in Lucknow (Soodan, 1975; Ahmad, 1992; Tyagi, 1999), which demonstrate the several aspects of aging. But, no any specific attempt has been done to know about the various aspects related to health status among the institutionalized aged in Lucknow. Therefore, against this drawback, this Anthropological study has been conducted to know about various aspects of health and related problems among the inmates of old age homes in Lucknow city.

Methodology

At the time of study, there were 8 old age homes in the city of Lucknow. The sample consisted of 50 institutionalized aged persons, which included 25 males and 25 females. In the course of this anthropological study, extensive field work had been conducted. It included both the primary as well as

secondary sources of data. The selection of the sample of the aged had been done through random sampling. All the respondents had been interviewed intensively. Interview of the fellow inmates and the staff of the old age homes had been taken also. Along with it, observation and case study method had been used extensively for this study.

Results and Discussion

For the present study, the category of the aged includes those persons who have completed 60 years of age. In this sample, many aged are of less advanced age and others are of more advanced age. They have been classified here in different age groups to know about their old age problems, which vary from one age group to another (Figure-1).

Figure No. – 1: The Age Composition

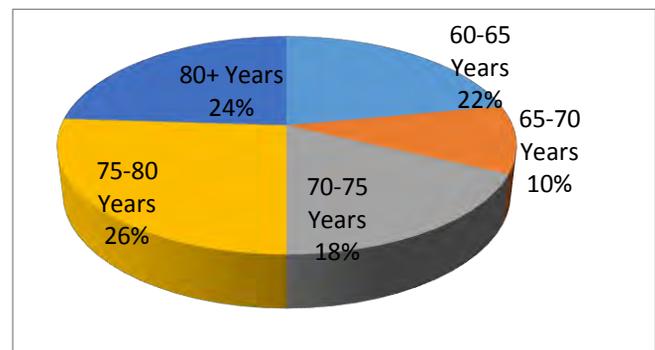


Figure-1 shows that the largest single group of the aged (26%) has been in the age group of 75-80 years, followed by those persons, who belong to the age group of 80+ years (24%), 60-65 years (22%), 70-75 years (18%) and 65-70 years (10%).

Self-Assessment of Their Health: Every aged person has one or more health problems, due to advancing age. Several aged have reported declining health condition. Of these, some were suffering from chronic diseases, while others have only the problem of declining physical efficiency, due to advancing age. Among those aged, who have reported that they are physically and mentally fit in spite of their old age, some were having many health problems. Thus, they were weak in body but strong in mind, their will power was strong and they desired to lead a healthy life.

Figure No. – 2: Current Health Status: Their Assessment

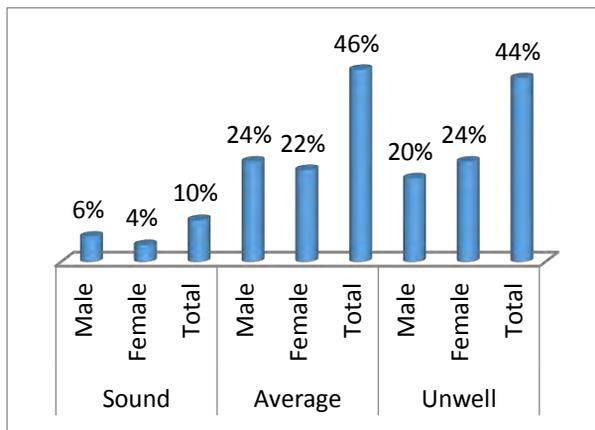


Figure-2 shows that 46% aged have reported ‘average’ health condition, followed by those, who have reported ‘unwell’ health condition (44%). Only 10% old persons have stated they have 'sound' health, in

spite of their advanced aged, as these inmates of old age homes are living far away from their families and feel themselves neglected, useless and a burden on the society. They have no positive attitude towards their health. They do not take proper care of themselves and have no moral support of their family. Sometimes, in their minor illness also, they feel that their health is completely shattered and they are unable to undertake any useful work.

Aging Limitations: All the aged have reported that due to old age, they are suffering from some kind of functional limitations in their life, which can be seen in their physical condition. This includes vision, hearing, dental condition, clarity in speech, sleep, memory, bone density, joint movements, psychomotor trembling activity and bowel habits (Table-1).

Table No. – 1: Age Groups and Physical Condition

S. No.	Physical Condition	Sex	Percentage of Institutionalized Aged					Total
			60-65 Years	65-70 Years	70-75 Years	75-80 Years	80+ Years	
1	Vision	Unchanged*	9.09	-	11.11	-	-	4.00
			18.18	20.00	-	-	-	6.00
			27.27	20.00	11.11	-	-	10.00
		Gone down	54.55	20.00	11.11	61.54	58.33	46.00
			18.18	60.00	77.78	38.46	41.67	44.00
			72.73	80.00	88.89	100	100	90.00
2	Hearing	Unchanged	36.36	-	-	7.69	8.33	12.00
			27.27	60.00	22.22	-	-	16.00
			63.64	60.00	22.22	7.69	8.33	28.00
		Gone down	27.27	20.00	22.22	53.85	50.00	38.00
			9.09	20.00	55.56	38.46	41.67	34.00
			36.36	40.00	77.78	92.31	91.67	72.00
3	Dental	Unchanged	27.27	-	11.11	-	-	8.00
			27.27	20.00	11.11	-	-	10.00
			54.55	20.00	22.22	-	-	18.00
		Gone down	36.36	20.00	11.11	61.54	58.33	42.00
			9.09	60.00	66.67	38.46	41.67	40.00
			45.45	80.00	77.78	100	100	82.00
4	Clarity in Speech	Unchanged	54.55	20.00	11.11	30.77	8.33	26.00
			27.27	60.00	44.44	15.38	8.33	26.00
			81.82	80.00	55.56	46.15	16.67	52.00
		Gone down	9.09	-	11.11	30.77	50.00	24.00
			9.09	20.00	33.33	23.08	33.33	24.00
			18.18	20.00	44.44	53.85	83.33	48.00
5	Sleep	Unchanged	45.45	20.00	11.11	15.38	16.67	22.00
			27.27	60.00	44.44	7.69	8.33	24.00
			72.73	80.00	55.56	23.08	25.00	46.00

		Gone down	18.18	-	11.11	46.15	41.67	28.00
			9.09	20.00	33.33	30.77	33.33	26.00
			27.27	20.00	44.44	76.92	75.00	54.00
6	Memory	Unchanged	9.09	-	11.11	-	-	4.00
			9.09	40.00	55.56	-	-	16.00
			18.18	40.00	66.67	-	-	20.00
		Gone down	54.55	20.00	11.11	61.54	58.33	46.00
			27.27	40.00	22.22	38.46	41.67	34.00
			81.82	60.00	33.33	100	100	80.00
7	Bone Density & Joint Movement	Unchanged	18.18	20.00	-	-	-	6.00
			18.18	20.00	-	-	-	6.00
			36.36	40.00	-	-	-	12.00
		Gone down	45.45	-	22.22	61.54	58.33	44.00
			18.18	60.00	77.78	38.46	41.67	44.00
			63.64	60.00	100	100	100	88.00
8	Psychomotor Trembling Activity	Unchanged	54.55	20.00	11.11	38.46	8.33	28.00
			27.27	60.00	33.33	15.38	8.33	24.00
			81.82	80.00	44.44	53.85	16.67	52.00
		Gone down	9.09	-	11.11	23.08	50.00	22.00
			9.09	20.00	44.44	23.08	33.33	26.00
			18.18	20.00	55.56	46.15	83.33	48.00
9	Bowel Habits	Unchanged	36.36	-	11.11	15.38	8.33	16.00
			18.18	40.00	44.44	15.38	8.33	22.00
			54.55	40.00	55.56	30.77	16.67	38.00
		Gone down	27.27	20.00	11.11	46.15	50.00	34.00
			18.18	40.00	33.33	23.08	33.33	28.00
			45.45	60.00	44.44	69.23	83.33	62.00
	Base**		63.64	20.00	22.22	61.54	58.33	50.00
			36.36	80.00	77.78	38.46	41.67	50.00
			100	100	100	100	100	100

*Although it seems improbable that there is no change, even after attaining the age of 60 and above, this condition of ‘unchanged’ was reported by the respondents themselves.

**In this sample of 50 respondents, many conditions were reported by several respondents causing an overlap in the number of responses for various symptoms. ‘Base’ here has been given to indicate the number of respondents interviewed in each age group instead of giving the word ‘total’.

Table-1 shows the physical condition of aged persons, according to their age. It reveals that vision problem has been found in large majority of persons (90%),

followed by those, who have reported deterioration in bone density and joint movements (88%), dental condition (82%), memory (80%), hearing (72%), bowel habits (62%), sleep (54%), psychomotor trembling activity (48%) and clarity in speech (48%). The frequency of this deterioration in the physical condition of old persons has increased with the advancing age.

Every living being may have disabilities or weaknesses. With advancement in age, these ailments come to the surface. In the present study, all the aged have reported that they are suffering from one or more ailments, which include both, minor health problems and chronic diseases

Table No. – 2: Physical Ailments.

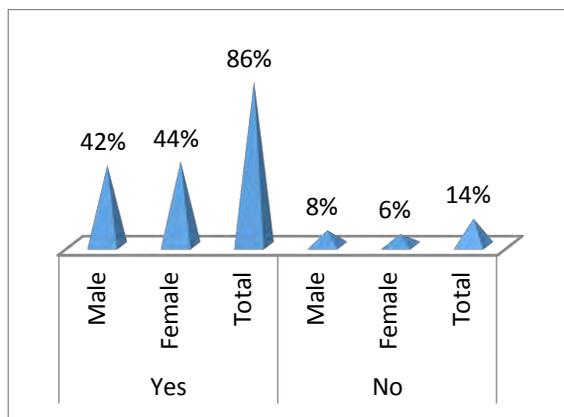
S. No.	Physical Ailments	Sex	Percentage of Institutionalized Aged			
			Not Affected	Having Physical Ailment		
				Mildly Affected	Severely Affected	Total Affected
1	Anaemia	Male	28.00	18.00	4.00	22.00
		Female	26.00	18.00	6.00	24.00
		Total	54.00	36.00	10.00	46.00
2	Asthma	Male	42.00	8.00	-	8.00
		Female	38.00	10.00	2.00	12.00
		Total	80.00	18.00	2.00	20.00
3	Bone Disorder	Male	18.00	24.00	8.00	32.00
		Female	12.00	24.00	14.00	38.00
		Total	30.00	48.00	22.00	70.00
4	Cataract	Male	32.00	14.00	4.00	18.00
		Female	34.00	14.00	2.00	16.00
		Total	66.00	28.00	6.00	34.00
5	Diabetes	Male	38.00	6.00	6.00	12.00
		Female	40.00	6.00	4.00	10.00
		Total	78.00	12.00	10.00	22.00
6	Gastrointestinal Disorder	Male	18.00	26.00	6.00	32.00
		Female	14.00	28.00	8.00	36.00
		Total	32.00	54.00	14.00	68.00
7	Heart Problem	Male	44.00	4.00	2.00	6.00
		Female	48.00	2.00	-	2.00
		Total	92.00	6.00	2.00	8.00
8	Hypertension	Male	26.00	22.00	2.00	24.00
		Female	30.00	16.00	4.00	20.00
		Total	56.00	38.00	6.00	44.00
9	Liver Disease	Male	48.00	-	2.00	2.00
		Female	48.00	2.00	-	2.00
		Total	96.00	2.00	2.00	4.00
10	Paralysis	Male	50.00	-	-	-
		Female	48.00	-	2.00	2.00
		Total	98.00	-	2.00	2.00
11	Parkinson's Disease	Male	48.00	2.00	-	2.00
		Female	50.00	-	-	-
		Total	98.00	2.00	-	2.00
12	Piles	Male	40.00	8.00	2.00	10.00
		Female	38.00	8.00	4.00	12.00
		Total	78.00	16.00	6.00	22.00
13	Skin Problems	Male	46.00	2.00	2.00	4.00
		Female	46.00	4.00	-	4.00
		Total	92.00	6.00	2.00	8.00
14	Tuberculosis	Male	48.00	2.00	-	2.00
		Female	50.00	-	-	-

		Total	98.00	2.00	-	2.00
15	Urinary Trouble	Male	30.00	16.00	4.00	20.00
		Female	34.00	14.00	2.00	16.00
		Total	64.00	30.00	6.00	36.00
16	Any other	Male	16.00	24.00	10.00	34.00
		Female	14.00	30.00	6.00	36.00
		Total	30.00	54.00	16.00	70.00
	Base	Male	50.00	50.00	50.00	50.00
		Female	50.00	50.00	50.00	50.00
		Total	100	100	100	100

Table-2 reveals physical ailments among the aged. According to it, majority of the aged (70%) were suffering from bone disorders, which include rheumatism, osteoarthritis, osteoporosis, back ache, spondylitis (cervical and lumber) and kyphosis of the spine deformities; followed by gastrointestinal disorders(70%), which include gastric trouble, indigestion, constipation and ulcers. While, other general ailments among the aged are anaemia (46%), hypertension (44%), urinary trouble (36%), which include renal disease and prostate problems, cataract (34%), piles (22%), diabetes (22%) and asthma (20%) including respiratory problems, breathlessness, chronic bronchitis and prolonged coughing. Along with these ailments, heart problems (8%), skin problems (8%) and liver diseases (4%) have been reported in several persons. Tuberculosis has been reported in 2%, Parkinson's disease in 2% and paralysis in 2% aged persons. Some other minor health problems, such as, headache, body ache and fever have been reported by most of them.

In the changing scenario, several socio-economic and health problems have given rise to mental tension among aged persons. They have used the term 'depression' for this condition, although it was not clinically diagnosed. In the present study, the term 'mental tension' has been used alternatively for 'depression', which term was often used by the respondents.

Figure No. – 3: Mental Tension



According to figure-3, majority of the aged (86%) feel mental tension, either sometimes or always, due to some or the other problems. While, 14% persons have reported that they never feel it.

Daily Routine and Limitations: The aged have to live with gradually declining efficiency of physical and mental functions. They create some restrictions, which affect their daily routine. Because of that, they need help from other people for their day to day activities, like, going to toilet, taking bath, changing clothes and taking food. In advanced age, this help is needed more at the time of illness or other difficult situations. In the old age homes, this help is expected from the staff and fellow inmates, which is provided within the limitations of the rules and their own involvement with the inmates.

Table No. - 3: Source of Help for Performing Day to Day Activities

S.No.	Persons who Provide Help	Sex	Percentage of Institutionalized Aged					Total
			60-65 Years	65-70 Years	70-75 Years	75-80 Years	80+ Years	
1	None	Male	63.64	-	22.22	53.85	41.67	42.00

		Female	27.27	80.00	66.67	38.46	33.33	44.00
		Total	90.91	80.00	88.89	92.31	75.00	86.00
2	Spouse	Male	-	-	-	-	-	-
		Female	9.09	-	-	-	-	2.00
		Total	9.09	-	-	-	-	2.00
3	Fellow Inmates	Male	-	-	-	7.69	-	2.00
		Female	-	-	-	-	-	-
		Total	-	-	-	7.69	-	2.00
4	Workers of the Old Age Home	Male	-	-	-	-	16.67	4.00
		Female	-	-	11.11	-	8.33	4.00
		Total	-	-	11.11	-	25.00	8.00
5	Personal Attendant	Male	-	20.00	-	-	-	2.00
		Female	-	-	-	-	-	-
		Total	-	20.00	-	-	-	2.00
	Total	Male	63.64	20.00	22.22	61.54	58.33	50.00
		Female	36.36	80.00	77.78	38.46	41.67	50.00
		Total	100	100	100	100	100	100

Table-3 shows that majority of the institutionalized aged (86%) perform their daily routine activities on their own, while only 14% aged take help for it from workers of the old age home (8%), fellow inmates (2%), personal attendants (2%) and spouses (2%).

HEALTH CARE: Everybody needs care, especially in his health problems. This care becomes necessary in

the old age because in this stage of life, increasing health problems and ailments due to increasing biological, physical and mental weaknesses, cause dependence on others. In the old age homes, health care is provided by the staff, with the help of other inmates. While, a few have their personal attendants, who look after them. The main sources of health care of the aged have been shown in the figure-4.

Figure N0. - 4: Care Providers in Old Age Homes

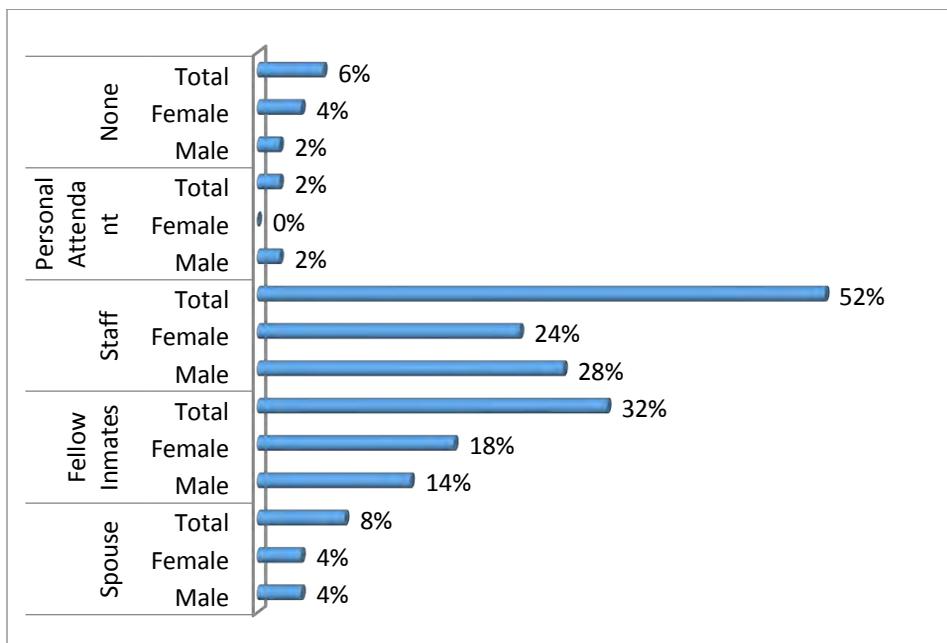


Figure-4 reveals the main source of care of institutionalized aged in their health problems. According to it, 6% aged do not receive any help, due to either limited staff in the home or to their estranged relations with fellow inmates. While among those, who receive it (94%), majority are receiving it form workers of the old age homes (52%), followed by those who receive it form fellow inmates (32%), spouse (8.00%) and personal attendants (2%). The severely ill aged people were not reported from most of the homes because these homes are not equipped for such conditions. They shift such cases, which they cannot handle, to the government hospitals. Only one hospital-com-geriatric centre keeps such patients, as they have specialized in this field and do it on a heavy fee.

Figure No. - 5: Motivation behind Care Provided

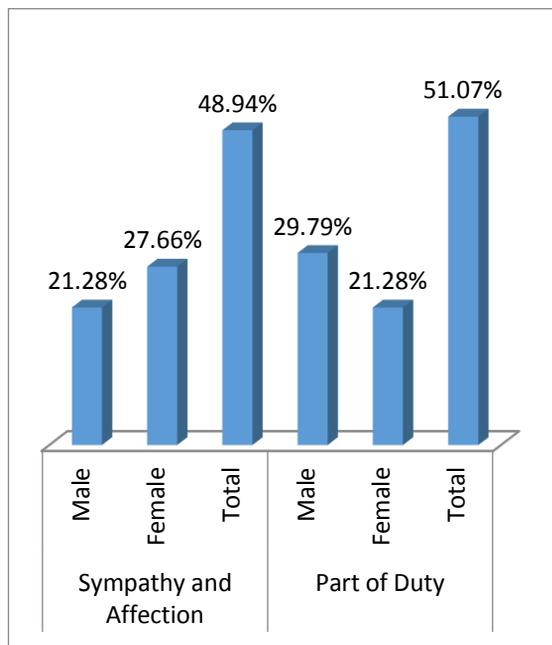


Figure-5 shows that among those institutionalized aged, who receive care in their health problems, the majority of them (51.07%) feel that their caregivers do it because of their own duty, while other 48.94% aged feel that their care givers provide them care because of sympathy, affection and attachment

PHYSICAL FITNESS: The biological, physical and mental decline dominates in later years of life and many ailments also come to the surface in the old age. Therefore, along with the care and medical assistance, it is necessary to adopt some preventive measures by the aged to keep themselves in good health.

Table No. – 4: Measures for Physical Fitness

S. No.	Measures	Sex	Percentage of Institutionalized Aged					Total
			60-65 Years	65-70 Years	70-75 Years	75-80 Years	80+ Years	
1	Careful in Regular Habits	Male	36.36	20.00	11.11	22.22	33.33	28.00
		Female	18.18	20.00	33.33	22.22	41.67	30.00
		Total	54.55	40.00	44.44	44.44	75.00	58.00
2	Morning/ Evening Walk	Male	18.18	-	22.22	5.56	8.33	12.00
		Female	-	-	-	5.56	-	2.00
		Total	18.18	-	22.22	11.11	8.33	14.00
3	Yoga/ Exercise	Male	18.18	-	11.11	22.22	-	14.00
		Female	9.09	-	11.11	5.56	16.67	10.00
		Total	27.27	-	22.22	27.78	16.67	24.00
4	Proper Diet	Male	18.18	20.00	11.11	16.67	25.00	20.00
		Female	9.09	-	11.11	16.67	25.00	16.00

		Total	27.27	20.00	22.22	33.33	50.00	36.00
5	Reducing Use of Alcohol/ Tobacco	Male	-	20.00	22.22	11.11	8.33	12.00
		Female	-	40.00	11.11	5.56	8.33	10.00
		Total	-	60.00	33.33	16.67	16.67	22.00
6	Regular Health Check-ups	Male	27.27	20.00	11.11	22.22	33.33	26.00
		Female	18.18	-	22.22	22.22	33.33	24.00
		Total	45.45	20.00	33.33	44.44	66.67	50.00
7	Keeping Positive Attitude towards Life	Male	18.18	-	11.11	5.56	-	8.00
		Female	9.09	-	-	-	-	2.00
		Total	27.27	-	11.11	5.56	-	10.00
Base		Male	63.64	20.00	22.22	27.78	58.33	50.00
		Female	36.36	80.00	77.78	72.22	41.67	50.00
		Total	100	100	100	100	100	100

Table-4 shows the different measures, taken by the aged, to keep themselves in good health. A majority of the aged (58%) have stressed a careful behaviour in regular habits, followed by regular health check-ups (50%), the intake of proper diet (36%), reduction of the use of alcohol & tobacco (22%) yoga/exercise (20.67%) and morning/evening walk (14%). Some aged have highlighted the importance of their positive attitude towards life for their good health (10%).

MEDICAL ASSISTANCE: There are many hospitals, nursing homes and dispensaries, run by the government and private practitioners, in Lucknow.

Table-5 displays the medical assistance used by the aged in old age homes.

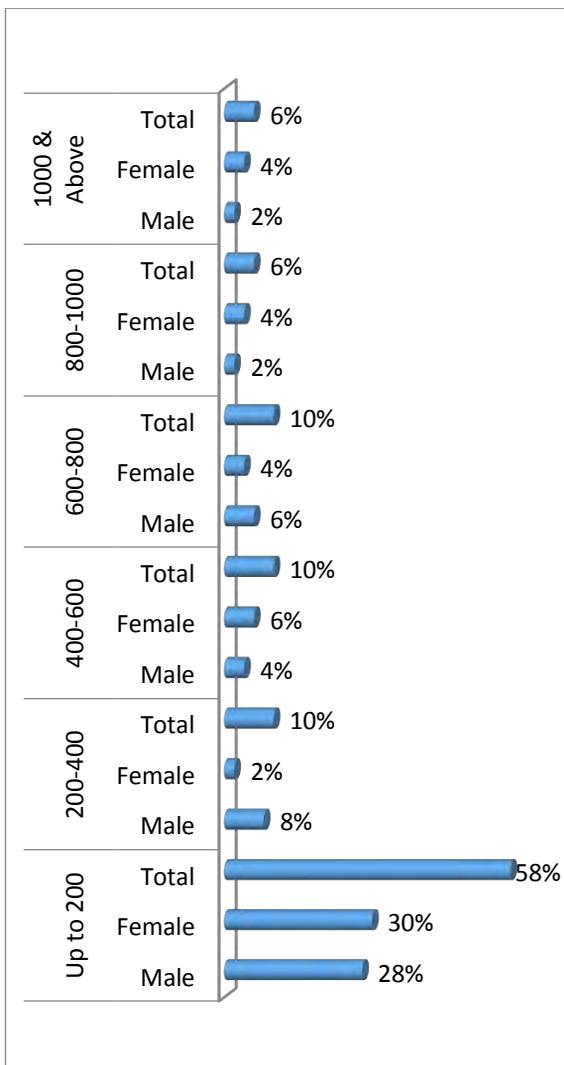
Table No. – 5: Medical Assistance

S. No.	Type of Medical Assistance Received	Sex	Percentage of Institutionalized Aged	
			In Case of Minor Illness	In Case of Major Illness
1	Government Hospital/ Dispensary	Male	-	32.00
		Female	-	32.00
		Total	-	64.00
2	Private Practitioner/ Nursing Home	Male	-	18.00
		Female	-	18.00
		Total	-	36.00
3	Visiting Doctor	Male	36.00	-
		Female	44.00	-
		Total	80.00	-
4	Not Required	Male	14.00	-
		Female	6.00	-
		Total	20.00	-
Total		Male	50.00	50.00
		Female	50.00	50.00
		Total	100	100

Table-5 reveals the utilization of available medical assistance by institutionalized aged persons in both the cases, minor illness and major illness. According to this table, in case of minor illness, majority of the aged (80%) take medical assistance from visiting doctors of the old age homes, followed by those, who do not receive any medical assistance (20%). In case of minor illness, nobody goes to government hospitals or dispensaries, private practitioners and nursing homes. While, in case of major illness, majority of them (64%) go to government hospitals or dispensaries, followed by those, who take medical assistance from private practitioners and nursing homes (36%). So there is nobody, who does not take medical assistance in the case of major illness.

MEDICAL EXPENDITURE: In old age, mostly all the personal expenditure of an individual get decreased. The medical expenditure becomes heavier, due to increasing health problems at this stage of life. However, along with health status, it also depends on the economic status of the elderly persons. Some aged

Figure No. – 6: Monthly Medical Expenditure (In Rupees)

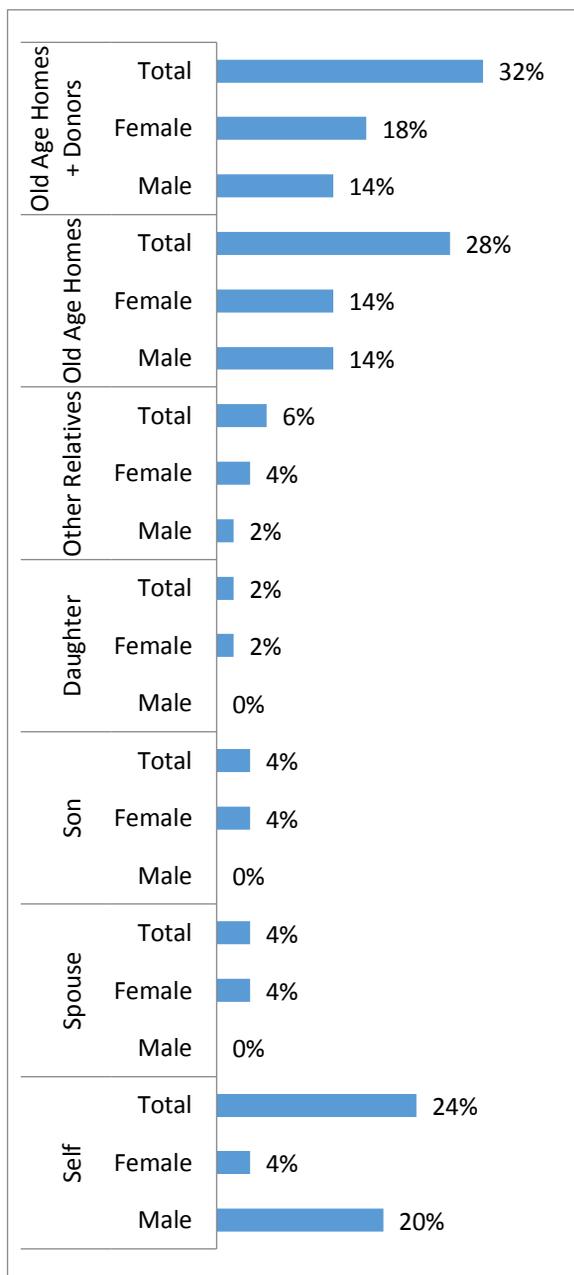


persons, who have general health problems, due to advanced age, get treatment from the famous private doctors and pay a large amount of fee, while many old persons have insufficient money and financial support for it. Therefore, sometimes in their severe health problems, they go for an inexpensive treatment, irrespective of its quality.

Figure-6 shows the monthly medical expenditure of the old persons. According to it, the majority of the aged (58%) have monthly expenditure of up to Rs. 200/-, followed by those, whose expenditure is Rs. 200/- - 400/- (10%), Rs. 400/- - 600/- (10%), Rs. 600/- - 800/- (10%), Rs. 800/- - 1000/- (6%) and Rs. 1000/- and above (6%).

The medical expenditure gets increased in the old age of the people but the need of financial assistance for these expenses varies from individual to individual, according to their economic status. Sometimes, needy aged persons even do not get financial assistance because of neglect and economic problems of their children and relatives. Among these institutionalized senior citizens, most of them receive this help from the home and donors. Some persons, living in old age homes, are getting financial help for their treatment from their family members also (Figure-7).

Figure No. - 7: Source of Financial Assistance for Medical Expenses

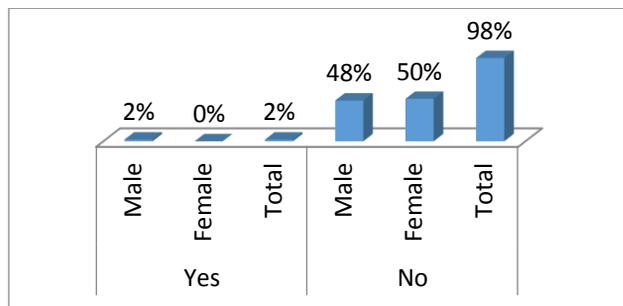


According to figure-7, 24% institutionalized aged do not receive any financial assistance for their medical expenses, they spend their own money on it. Other 76% persons receive it from old age home & donors (32%), only old age home (28%) spouse (4%), son (4%), daughter (2%) and other relatives (6%)

MEDICAL INSURANCE: There are many medical insurance schemes, implemented by the government, semi-government and private agencies, which are very important for the aged because of increasing health problems and decreasing income in

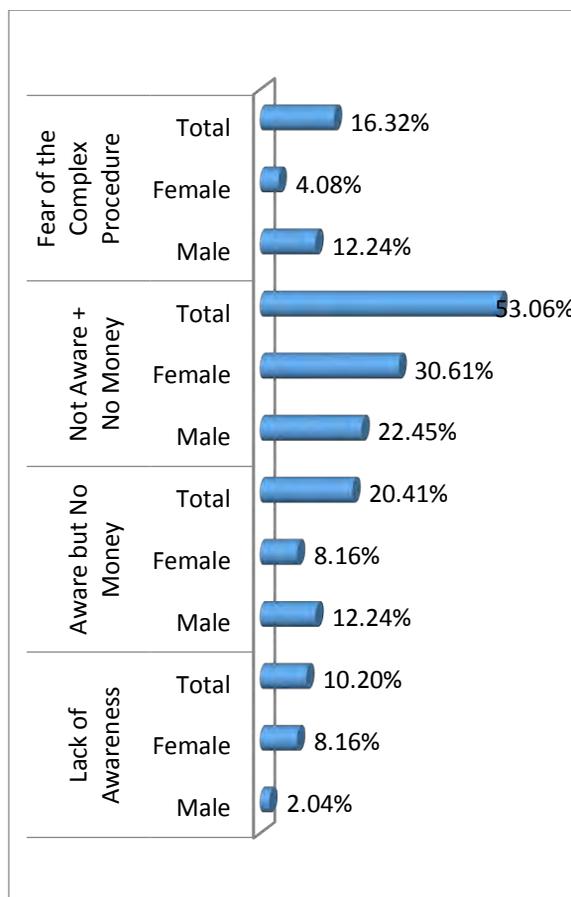
old age. Figure-8 shows whether they have taken medical insurance or not.

Figure No. - 8: The Status of Medical Insurance



According to figure-8, the majority of the aged (98%) do not have any medical insurance. While, only 2% persons have it. the main reasons for not having medical insurance is explained in figure-9.

Figure No.- 9: Reasons for not having Medical Insurance



According to figure-9, among the aged, who have not opted for any medical insurance, the majority is neither aware nor has money for it (53.06%), followed by those 20.41% persons who have reported that they have no money for it. While, 16.32% inmates do not want to go through a long procedure of it and 10.20% have stated that they are not aware about it.

THEIR EVALUATION: Some aged persons are not receiving medical assistance, care and help, while many others are receiving it. Its level varies from individual to individual and family to family, according to their social, economic and health status. They are receiving it in several ways in their families, old age homes, hospitals, nursing homes and dispensaries. Some are satisfied in all the aspects and others are totally dissatisfied. In the intermediate level, there are some people, who are satisfied in some ways and dissatisfied in other.

Figure No. - 10: Assessment by the Aged

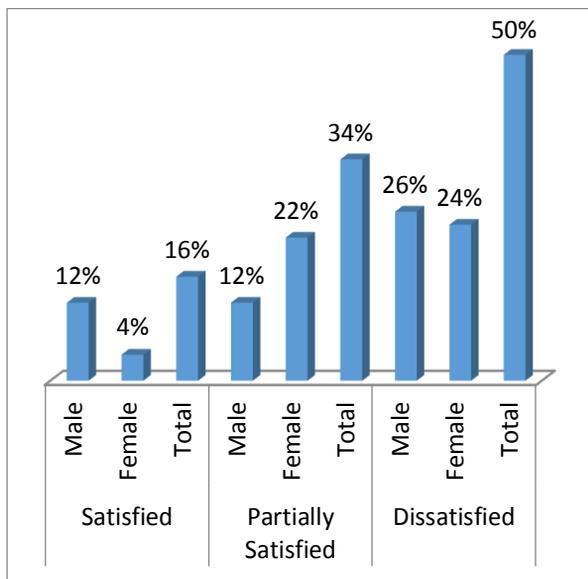


Figure-10 shows the assessment of the aged about the usual medical assistance, care and help availed by them. According to it, majority of the aged persons (50%) are totally dissatisfied, followed by those, who are partially satisfied (34%) and totally satisfied from it (16%).

They had given various reasons for their dissatisfaction: Sometimes, staff members are not properly trained and their behaviour lacks sympathy and concern for the aged. Therefore, they do not provide proper health care to them; In some homes, there are no modern medical facilities available because they do not have sufficient money for it, while

a few homes are providing very expensive medical services to their inmates, which they are not able to afford; In homes, with shortage of funds, only nominal treatment is provided by the non-specialist. For the rest, they have to go to government hospitals, which are quite far off. In the paid homes, some of them have no provision for allopathic medicine. In the other paid home, it is part of a hospital with a very high fee for stay and treatment; There are no separate geriatric wards, counters and other facilities available in the hospitals and nursing homes for the aged. In the Medical University of Lucknow, there is a department of Geriatric Psychiatry which does not cover all the Geriatric problems at present; There is no scheme to provide treatment and medicine at concessional rates to the aged, when they have no earning capacity and have a very low income; Sometimes, the doctors and other staff members of the hospitals and nursing homes become careless and do not provide proper care to them.

Conclusion

On the whole, it can be concluded that health of the elderly people deteriorates with increasing age gradually which is a part of the natural process. Old age definitely brings a lot of problems to an individual and related people in the form of added responsibilities and strenuous care giving. The health status has been assessed, in terms of the physical conditions, ailments, mental state and functional limitations in their daily tasks and dependence on others. The health status varies with the genetic makeup and body constitution of an individual, but several other factors are also responsible for it. These include the level of education and awareness in a person about balanced diet, economic limitations, nature of their work, stress and strain in a particular family and of course hygienic surroundings in which a person lives. To a certain extent, it also depends upon the health-conscious attitude of a person and his approach to life.

In this state of functional limitations, these inmates are getting the help and support from old homes in spite of their families. They depend upon the staff and fellow inmates. Although, the aged people take care and make efforts to maintain good health but medical assistance is required, from time to time. They suffer from both, minor and major health problems. The amount of monthly medical expenditure varies from person to person. The choice of medical assistance, to be taken, depends upon the choice and budget of the inmate and old age home. If a person can afford, then he goes to the doctors of his choice, otherwise remains confined

to the facilities provided by the old age homes. Although, there are several insurance schemes, a few elderly persons have availed of them. Others are not covered by medical insurance. The reasons being that some could not afford it, some were not aware and others were afraid of the complex official formalities,

during the release of money. The overall picture reveals that only a small percentage is satisfied with the medical assistance and care. We can conclude that much remains to be done for the health care of the institutionalized aged in Lucknow..

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