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# Life after Life: An Assessment of Elderly Institutional Care in Addis Ababa City (in Particular Reference to Mekedonia Home for the Elderly and Mentally Disabled)

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*Abstract-* Given the economic advancements and well-being leading people to live longer, older people living in developing nations particularly in Africa are suffering from multi-faceted problems. One of the possible interventions to curb the suffering of the elderly population is an institutional caring system. This intervention is of paramount importance in time of crises like family lose, health complication and poverty driven street life. Today in Ethiopia, it is becoming a day to day scene to see numerous elders begging in the streets for their living. Although it is in a limited effort and way, there are institutional care schemes in Ethiopia (Segniwork, 2014).This study tries to assess the institutional care provided for the elderly and residents perception of the quality of care provided by Mekedonia Home for the Elderly and Mentally Disabled. The study used mixed-method approach (a concurrent nested strategy). The survey which was employed in this study was focused on gathering information on the types of care, levels of care and the residents' perception of the quality of care provided. In-addition, in-depth interviews and FGDs( Focus Group Discussions) were conducted with purposively selected residents and key informant interview with key administrative staffs who were in charge of providing care and support, focusing on the available resources and problems associated with care and support.

*Keywords:* *elderly, institutional care, residents.*

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# Life after Life: An Assessment of Elderly Institutional Care in Addis Ababa City (in Particular Reference to Mekedonia Home for the Elderly and Mentally Disabled)

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*Abstract-* Given the economic advancements and well-being leading people to live longer, older people living in developing nations particularly in Africa are suffering from multi-faceted problems. One of the possible interventions to curb the suffering of the elderly population is an institutional caring system. This intervention is of paramount importance in time of crises like family lose, health complication and poverty driven street life. Today in Ethiopia, it is becoming a day to day scene to see numerous elders begging in the streets for their living. Although it is in a limited effort and way, there are institutional care schemes in Ethiopia (Segniwork, 2014).This study tries to assess the institutional care provided for the elderly and residents perception of the quality of care provided by Mekedonia Home for the Elderly and Mentally Disabled. The study used mixed-method approach (a concurrent nested strategy). The survey which was employed in this study was focused on gathering information on the types of care, levels of care and the residents' perception of the quality of care provided. In-addition, in-depth interviews and FGDs( Focus Group Discussions) were conducted with purposively selected residents and key informant interview with key administrative staffs who were in charge of providing care and support, focusing on the available resources and problems associated with care and support. The findings of the study revealed that there are food, clothing, shelter, recreational and health care services that are actually provided by the institution and most sample residents had ranked each service provision as good and excellent. The study also revealed that providing basic services to the neediest elders is the foundation goals of the institutions. And also understands that the service provision has changed the life situation of the resident elders. One of the possible interventions to curb the problems of vulnerable populations (such as elderlies, children and women's) is an institutional care system. This intervention is of paramount importance in time of crises like family lose, health complication and poverty driven street-life.

*Keywords: elderly, institutional care, residents.*

## I. Introduction

Most elderly prefer to remain in their homes where they are able to maintain the integrity of their social network, preserve environmental landmarks and enjoy a higher quality of life. However, due to complex socio-economic and political circumstances elderly people lose their independent livings (Luppa& Tobias,2009).

Nowadays, elderly people are encountered with various problems this is due to limited government social welfare schemes, weakening of traditional family and community support. Thus it is common to see elderly who have the knowledge and skill to help not only themselves but others facing serious problems and resorting to begging and sleeping on streets (Ministry of Labor and Social Affairs, 2006, p4).

In Ethiopia, elderly people make up a relatively small portion (2.8%) of the total population, and traditionally their main source of support has been the household and family, supplemented in many cases by other informal mechanisms, such as kinship networks and mutual aid societies (Ministry of Labor and Social Affairs, 2006, p4).

Currently, at the national level, government and non-government organizations as well as association of retired persons have started to make greater efforts in tackling problems of the elderly. One of the solution, as the elderly became in such a condition, is the development of institutions to care for them (Adamek & Alemnesh, 2014). These elderly care institutions which are private or humanitarian, voluntary and charity associations suchas Mekedonia Home for the Elderly and Mentally Disabled, are assumed to be significant to increase the quality of life of the elderly with good quality of care.

Mekedonia Home for the Elderly and Mentally Disabled (MHEMD) is an indigenous non-governmental, non-profit charity organization, founded on 7th January 2010. The purpose of the institution is to support elderly people and people with disabilities who otherwise have no means of survival by providing them with shelter, clothing, food, and other basic services.

Mekedonia is a residential home care unit that is more than just a provider of support; it is also the permanent dwelling place of residents. It has the potential, therefore, to influence and affect many aspects of the residents' daily lives beyond health and functional ability. It is important, therefore, that researchers, policy-makers and other interested parties

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recognize and understand the important elements that constitute a good quality of care in elderly home care in order to put in place mechanisms that will ensure that this objective is achieved.

It is in this regard that this study attempts to assess the types of care being provided by Mekedonia and residents' rating of the actual care provided, taking the institution and the elderly care recipients as a frame of study.

## II. Materials and Methods

### a) Research Design

The general principle of research design is that the research strategy or strategies, and the methods or techniques employed must be appropriate for the questions made by the researcher wants to answer (Robson, 1993:39). This study employed, cross-sectional survey design so as to obtain information about the present situation which is related to the issue under study. Data's were collected at one point in time from a randomly selected samples of the population. However, the cross sectional survey design was made to approximate longitudinal survey design, as questionnaire elements that refer to the past were included. That is, while the cross-sectional survey is used to obtain data regarding the service and supports delivered to residents and the benefits obtained from the participation, the approximating longitudinal survey is used to provide data relevant to their past situations.

### b) Methods of Data Collection

This study, utilized both quantitative and qualitative methods of data collection and analysis to obtain the strengths from both methods and to address their weakness by using strengths from each other. It employed methodological triangulation of various methods of data collection and analysis in order to assure the validity and reliability of research results, and to effectively address different objectives of the research. While survey questionnaire was utilized as technique of collecting quantitative data, the qualitative was collected using interview, FGD and observation.

### c) Sampling Technique

For the purpose of achieving the objectives of the study, stratified random sampling techniques were used to select sample residents. Stratified sampling is a sampling design in which separate samples are drawn from different segments of a population in order to ensure the proportionate representation of each of the segments in the overall sample (Yeraswork, 2010, p135).

For instance, this study was undertaken on the elderly & disabled population of institutional care. Thus, disability status and sex are very important variables and along these two variables thereby it was possible to employ stratified sampling technique which can nearly reduce the sampling error to zero (Yeraswork, 2010, p135).

Sampling was conducted as follows: Firstly, the population was partitioned into homogenous subsets i.e. the sampling frame (the roster) was divided between that which contains the names of (males and females), (residents with physical disability and the physical ability), and then appropriate random samples were drawn from each of the subsets.

Likewise, according to the statistical figures of the institution, from the total residents of 850, 320 of them were mentally disabled hence, they were thought as they provide less information for the study; they are removed from the sampling frame. Out of the remaining 530 residents, with 95 % confidence interval and by 5% sample size proportionate, a total of 175 sample residents (using the online sample size calculator) were estimated. The selection process was conducted through random numbers generator in SPSS Version 20) from each of the sampling categories (i.e. sex and disability status). To do so, a list of residents' (sample frame) was obtained from the institutions administrative office.

In summary, from each of stratifying categories of physically-abled male residents (N=213), physically-disabled male residents (N=198), and physically abled female residents (N=72) and 47 physically disable female residents, 53, 54, 37, & 29 sample residents were randomly selected from respective populations by using SPSS.

## III. Results and Discussion

This section presents the actual care provisions of Mekedonia and it explains the types and levels of service provisions as it is leveled by the residents themselves. The presentation below summarizes the types and levels of care provided:

### a) Actual care and support provision

Different services are provided to residents in Mekedonia. The main services provided for the admitted elders, includes; Shelter/bed rooms/, food, health care service, hygiene facilities, assisted caring, clothing and funeral ceremonies when they died. The other supporting services though it is not well enough as itwas indicated by the coordinator includes, recreational facilities such as, TV room facility (four in four meeting halls), and indoor games.

The table below indicates the number of physically disabled respondents who have been provided with aid equipment and are actually using the provided aid equipment. Likewise, all sample respondents were asked to mention the type of aid equipment's they use in the institution. Accordingly, ramps comes first with 48 frequencies, followed by walking aid equipment with frequencies of 45 and handrails with a frequencies of 17 respectively. The smallest use of aid equipment wasramps and electric wheelchairs with a frequencies of 2 and 3 respectively.



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*Table:-1:* Frequency and percentage distribution of physically impaired respondents who commonly use aid equipment at Mekedonia

| Use of aid equipment | Yes | No | Total |
|---|---|---|---|
| Walking aid | 45 (25.7) | 130 (74.3) | 175(100) |
| equipment | 48 (27.4) | 127 (72.6) | 175(100) |
| Manual wheelchair | 3 (1.7) | 172 (98.3) | 175(100) |
| Electric wheelchair | 17 (9.7) | 158 (90.3) | 175(100) |
| Handrails along | 2 (1.1) | 173 (98.9) | 175(100) |
| corridors | 11 (6.3) | 164 (93.7) | 175(100) |
| Ramps | 7 (4) | 168 (96) | 175(100) |
| Special eating utensils | | | |
| Special writing utensils | | | |

*Source: Researcher's survey data (2016)*

Institutional care has the potential to in fluence residents' lives either positively or negatively on outcomes that include more than just health. It shapes where elderly live, how they live, whom they see, what they do, and the relationships transpiring within families and communities (Kane, 2001). Therefore it is very important to study the availability of entertainment facilities at Mekedonia, so that it is possible to understand how residents are engaged in meaningful andentertaining activities. Respondents were asked about, whether there has been any entertaining programs which were produced and organized by Mekedonia and if they are entertained.

*Table 3:* Frequency and percentage distribution of respondents' by every entertaining program provided by Mekedonia

| Variable | | No. | % |
|---|---|---|---|
| Was there any entertaining program provided by Mekedonia? | Yes | 132 | 75.4 |
| | No | 43 | 24.6 |
| Total | | 175 | 100.0 |

*Source: Researchers' survey data (2016)*

As it is seen in the above table (table 3), most of the sample respondents' i.e. 75.4% has mentioned as there was entertaining programs produced by Mekedonia. Whereas, 24.6% of the samples has replied as there was no entertaining programs provided by Mekedonia.

Sample respondents were also asked about the availability of entertainment facilities at Mekedonia. Accordingly, television comes first with 175 frequencies, followed by Video or DVD with frequencies of 140 and Newspapers and magazine with a frequencies if 136 respectively.

It is summarized in the following table below:

*Table 4:* Frequency and percentage distribution of Communal recreational facilities at Macedonia

| | | | |
|---|---|---|---|
| Television | 175(100) | 0 | 175 (100)175 |
| Newspapers or magazine | 136 (77.7) | 39 (22.3) | (100) |
| Library or book lending service | 15 (8.6) | 160 (91.4) | 175 (100) |
| Video or DVD | 140 (80) | 35 (20) | 175 (100) |
| Indoor games | 121 (69.1) | 54 (30.9) | 175 (100) |
| Musical instruments | 11 (6.3) | 164 (93.7) | 175 (100) |
| Coffee or tea making facilities | 1 (0.6) | 174 (99.4) | 175 (100) |
| | | | |



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*a) Residents rating of the available services*

*Table 5:* Residents rating of the available services provided at Macedonia N=175)

| Actual care provision at Mekedonia | Level of care | Frequency | Percentage |
|---|---|---|---|
| Provision of food service | Poor | 12 | 6.9 |
| | Fair | 4 | 2.3 |
| | Good | 95 | 54.3 |
| | Excellent | 64 | 36.6 |
| | Total | 175 | 100 |
| Provision of clothes | Poor | 1 | 0.6 |
| | Fair | 31 | 17.7 |
| | Good | 85 | 48.6 |
| | Excellent | 58 | 33.1 |
| | Total | 175 | 100 |
| Provision of health care service | Poor | 4 | 2.3 |
| | Fair | 8 | 4.6 |
| | Good | 71 | 40.6 |
| | Excellent | 79 | 45.1 |
| | Total | 162 | 92.6 |
| Availability of adequate bed rooms | Poor | 52 | 29.1 |
| | Fair | 55 | 31.4 |
| | Good | 47 | 26.9 |
| | Excellent | 21 | 12 |
| | Total | 175 | 100 |
| Availability of adequate bath rooms | Poor | 53 | 30.3 |
| | Fair | 61 | 34.9 |
| | Good | 39 | 22.3 |
| | Excellent | 22 | 12.6 |
| | Total | 175 | 100 |

*Source: Researcher's survey data (2016)*

All sample residents were asked if they believe that there is adequate food service at Mekedonia. And out of the total 175 sample residents, 163(93.1%) of the samples believe that there is adequate food service, whereas, the remaining 12(6.9%) believe that there is no adequate food service at Mekedonia. Furthermore, respondents were asked to rate the available food service at Mekedonia.

As shown in the table above, all respondents were asked to rate the level of food service despite their differential outlook about the presence of adequate food service at Mekedonia. Likewise, 54.3% of sample respondents' had rated the food service as good, 36.6% has rated the food service as excellent, whereas, 6.9 and 2.3 percent has rated the food service as poor and fair respectively. Therefore, from the above data it is possible to conclude that respondents' had a positive outlook for the food service at Mekedonia.

Respondents' were asked whether the institution provide them clothes. Likewise, all the respondents' 175(100%) has replied as they are provided with clothes. In addition, respondents were asked whether the provided clothes fulfill their interests (i.e. residents were asked if the provided clothes are distributed based on their needs).

As such, all sample respondents were asked to rate the clothing service at the institution. Most of the sample respondents', 48.6% has rated the clothing service as good, 33.1% of the samples has rated as excellent, whereas, 17.7% has rated as fair and only one or 0.6% of the sample respondents' has rated the clothing service as poor. Moreover from the above data it is possible to conclude that, even though residents are not interested with the clothes they are receiving but, they have a positive outlook for the clothing service.

The researcher was also interested to know whether the provided clothes fulfill the interest of residents (i.e. residents were asked if the provided clothes were distributed based on their needs). Thus, it is 41.7% of the total sample respondents' that are interested in the provided clothes, whereas, 58.3% of the sample respondents' replied as they are not interested in the given clothes. Accordingly, from the above data we can understand that though all of the residents are benefited from the provided clothes but there is disparity in terms of their specific needs for the provided clothes. Hence the clothes are acquired from volunteer personalities it might not fulfill their specific needs. As such, most of them are not interested with the provided clothes.

Mekedonia is serving residents in four compounds, one owned and three rented compounds. The bed rooms inhibit between eight and forty (in temporary shelters) residents. There are bed rooms



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constructed with metal sheets used as temporary residences to receive the needy elders whose admission couldn't be delayed until the construction of regular residence. Beds in Mekedonia are double stairs. Elders are assigned to the ground bed and younger elders are assigned to sleep on the upstairs beds. As it is indicated in the table above, all sample residents were asked if they believe that there is adequate bed rooms at Mekedonia. And out of the total 175 sample respondents 118 samples (67.4%) believe that there is no adequate bed room at Mekedonia whereas, the remaining 57(32.6%) of the samples believe that there is adequate bed rooms.

Furthermore, respondents were also asked to rate the available bed rooms. Despite respondents' differential response about the adequacy of bed rooms, all sample respondents were asked to rate the available bed rooms. Likewise, 31.4% of sample respondents' had rated the available bed rooms as fair, 29.7% has rated as poor, whereas, 26.9 and 12 percent has rated the available bed rooms as good and excellent respectively. Therefore, from this data, it is possible to conclude that residents had unfavorable outlook for the existing bed rooms this is because most of them believed that there is no adequate bed rooms and the existing bed rooms lack quality.

This study had also tried to find out residents past sleeping circumstances, in order to have a clear understanding of their present outlooks of the service they are receiving. In doing so all sample respondents were asked, how they use to sleep before they were admitted in to Mekedonia. Most of the respondents i.e. 66.3% replied that they were sleeping alone and the remaining 33.7% had replied as they use to sleep together with others and most of the respondents' that is 68% use to sleep anywhere in the street whereas, few of them i.e. 2 (1.1%) of the respondents use to sleep with grandchild or children.

It's important to combine and discuss about the respondents' past and present sleeping situation in order to come up with a clear understanding of the resident's rating of the available bed rooms at Mekedonia. As it is indicated in table, 31.9 and 29.7 percent of the respondents has leveled the situation of bed rooms at Mekedonia as fair and poor respectively which is more or less unfavorable outlook. Whereas, majority of i.e. 68 and 12 percent of the respondents has replied as they were living on the streets and in church yards respectively which is nearly 80 percent. Therefore, from this data, in particular and from the two data's in general, it is possible to conclude that even though, residents had come up from the worse sleeping situation still the existing sleeping rooms are not adequate and the situation of the bed rooms are uncomfortable for residents as it is expected to be.

The other service provided by Mekedonia was bath room and all sample residents were asked if they believe that there is adequate bath rooms at Mekedonia. Out of the total 175 sample respondents 100 samples (57.1%) has believed that there is no adequate bath room at Mekedonia. Whereas, the remaining 75(42.9%) of the samples has believed that there is adequate bath rooms. Furthermore, respondents were also asked to rate the available bath rooms.

As it is visible in the above given data, all sample respondents were asked to rate the available bath room facility regardless of their differential outlook about the adequacy of the bath rooms. Likewise, 34.9% of sample respondents' had rated the available bath rooms as fair, 30.3% has rated as poor. It is, 22.3 and 12.6 percent of the sample respondents who has rated the available bathe rooms as good and excellent respectively. Therefore, from this data, it is possible to conclude that residents had unfavorable outlook for the existing bathe rooms, this is because most of them (57.1%) believe that there is no adequate bathe rooms and the existing bathe rooms lack quality which is nearly 65.2%.

Maintaining a good health and access to health care is a core concern of elderly people everywhere. As literatures indicate, the growing number of elderly persons is accompanied by mental illnesses and health problems that need even long term care and support system. Regarding the health care service at Mekedonia, all sample respondents' were asked if Mekedonia is having a health care service or if it has a health post or a clinic and if they have been benefited from it. Accordingly, all of the sample respondents' know that Mekedonia has a clinic. And it is 162(92.6%) of the sample respondents' who has replied as they have been benefited from the available clinic. Whereas, it is only 13(7.4%) of the sample respondents' has replied as they have never used the available clinic at Mekedonia.

Furthermore, those 162 (92.6%) of the sample respondents' who had been benefited from the available clinic, were asked to rate the available health care service. As it can be seen from the data, 92.6% of the respondents' have been treated or benefited from the available health care service. Whereas, 7.4% of the respondents' has never been benefited. Consequently, out of 92.6% of sample respondents, who has been benefited from it, 48.8% of the sample respondents' has rated the available health care service as, it is excellent, 43.8% of the sample respondents' has rated as it is good. Whereas, 4.9% rated as it is good and only four or 2.5% of the sample respondents' has mentioned as it is poor. Moreover, from the data provided we can conclude that, most of the residents are more satisfied by the health care service provided by Mekedonia.

Also as the information gained from in depth interview, there is referral system for the patients in need of extra medications, the patient will get referred to other government hospitals like Zewditu, Menelik II,



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TekurAnbessa, Zenebework, Yekatit 12, and St. Paulos. The institution has special agreement with these hospitals. Volunteer medical doctors will also come to the clinic on Tuesday, Thursday and Sunday and give services to those who need medication. Saturday morning psychiatrists came to the clinic and give psychological services to mentally ill care recipients.

One of the health care givers has explained that most of the care recipients have poor health and usually visit the clinic. Some other nurses has also added, as causes of frequent health problems are age related.

It was also revealed that most of the older persons are facing sight, mobility and hearing problems, some of them gastritis and others suffered mental illness. These illnesses were treated by the medium clinic in the institution and by the referral hospitals.

## IV. Conclusion and Recommendations

### a) Conclusion

With a growing pressure from destitute aging population on social & health care use and expenditure, it is very important to systematically assess the nature and quality of institutional based care for the elderly, and discover the effects of institutional living upon elder people themselves in order to find out whether institutions for the elders were necessary in our society, and if so what form they should take.

From the study findings, it is possible to draw a definite conclusion that institution based care and support service which focuses on the needy elders have rescued the late life situations of the elders. While the most detailed study is required to understand the quality of care and living condition, it is possible to conclude that the service of the institution has changed the life situation of the elders.

The residents, despite having been forgotten by the society to live in the streets for long period of time, driven out of their families, and living helplessly were found enjoying their institutional life. The findings of the survey have indicated that, residents are made to receive services such as shelter, food, clothes and health care services. They spent their spare time by playing card games, chatting with friends, watching T.V and having discussions among themselves. Except with some problems associated to care such as; inadequate bathe and bed rooms and communal recreational facilities, decreased care givers attention on the process of care giving activity, insufficient physical space for residents to care for and living together with mentally disabled patients, most beneficiaries expressed their opinion that they are living a better life than their living arrangement before admission.

In developed countries it is considered that old age homes as the last resort and staying there as equivalent to being thrown in a dustbin. But, that was not true in the case with the residents of these old age home. They were not discomforted with their stay rather; they were enjoying their communal living. As a result, of institutional living they are able to enjoy and connect to the community regardless of gender, class, and religious differences.

### b) Recommendation

- Institutional care recipients, especially those who are suffering from frailty want to be addressed in a polite, friendly and appropriate manner and treated with respect for their personal privacy, hygiene and appearance, choice of clothes and furnishings and access to appropriate care and assistance with eating, drinking, washing, toilet and other daily activities are required.
- As institutional elders are the most segregated and forgotten segment of the society, it is an ideal practice area where professional values and practice principles are applied in real life.
- Multiples of practice tasks are vacant waiting for the attention of professionals, practitioners and advocates. Caring, counseling, training, advocating and institutional management are all needs the involvement of gerontologists, sociologists, social work practitioners and other professionals.
- In addition to recognizing elders as one important part of the society, expanding policies and programs that can address better institutional care and community support, the social care of elders, housing, and service access needs of older people is required.

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