

Independence of the Elderly in East Baton Rouge

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【Abstract】 The purpose of this research is exploring the factors that maintain the elderly's independence. Much research suggested that the elderly's independence was associated with their well-being. With increasing the age of the elderly, being independence becomes difficult for them.

This research suggests that adequate financial resources maintain independence as well as physical health; the elderly spent a large amount of money to medical care and insurance. If their health is destructed, they would not retain their independence any more. Financial situation and health condition are strongly related to the elderly's independent.

【Key words】 Independence, Financial Situation, Health Condition

I. Introduction

The aging population is growing dramatically in the U.S. The number of people sixty-five years of age or older has increased from approximately 3.1 million (4.0% of total population) in 1900 to almost 31.5 million (12.6% of total population) in 1990 (U.S. Senate, 1991)¹⁾. Projected estimates for the year 2020 indicate that this population will reach 52.1 million (17.7% of total population) (U.S. Senate, 1991)¹⁾. Furthermore, the oldest-old, those who are eighty-five years of age and over, have rapidly increased in number. In 1900, only 0.2 percent of the U.S. population was in this category. However, the oldest-old had increased more than six times larger by 1990, and larger increases have projected in the future. The problem of increasing the oldest-old is that a large number of them are the frailest elderly and require social support; they are the most dependent and most in need of social support.

The rapid growing the older population has aroused many issues in the society; awareness of the burdens of providing for the elderly, by families and society, has become one of the major issues. For the elderly themselves, fear of growing old is not death but of "becoming helpless" (Bould, Sanborn, and Reif, 1989)²⁾. An elderly individual's primary worry is becoming dependent on others for help in his or her daily life, and he/she is sometimes forced to change his/her life-style. As a result, he/she loses his/her independence. Independence is of primary concern to the elderly; its loss, or the threat of its loss, ranks as a major source of dissatisfaction with life (Quinn and Hughston)³⁾. Thus, this research will explore the factors related to the elderly's independence.

II. Literature Review

Independence is related to the quality of the elderly's life satisfaction. Maintaining

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independence requires at least adequate health, income, and social support. In addition, independence requires emotional and conditional or situational factors (Kalish, 1975)⁴⁾. Adequate income can provide a great deal of independence, because it allows a person to maintain a life-style that he or she has been accustomed to.

The concept of independence has been defined in various ways. For example, Lawton (1971)⁵⁾ viewed independence as the means by which elderly persons can perform some basic self-maintenance functions, such as dressing themselves, cooking handling their finances, and shopping. Kalish (1975)⁴⁾ and Quinn et Al. (1979)³⁾ defined independence as the ability of persons to master their environment and to maintain a familiar life-style.

The need for independence and the ability to maintain it in old age, the need to preserve a familiar life style and to continue to function in an autonomous manner, are stressed by Quinn et al. (1984)³⁾. The idea of independence, which stresses autonomy and individualism, is reflected in the elderly's life-style: being completely in charge of his or her life (Bould et al., 1989)²⁾. The idea of independence might have originated from the American value system. In that sense, the elderly's independence based on: a) living alone or with a spouse and b) either not needing help or being able to pay cash for any help needed for daily life. Martin (1991)⁶⁾ suggested that life experiences and personality styles of the elderly associated with their life satisfaction and their independence.

Next, the term "independence" is actually a composite of several concepts that describes personality, interpersonal relationships, actions, or specific situations or conditions (Kalish, 1975)⁴⁾. Independence is often contrasted with dependence, which is defined as a loss of self-determination that results from requiring the help of others but being unable to negotiate

the terms of the help received (Bould et al., 1989)²⁾. Bould et al. (1989)²⁾ suggested that dependence was due not to serious physical problems but to a lack of personal income and community resources that limited the elderly's option. When economic resources of the elderly become extremely limited, they may become directly dependent on government provision of cash and medical help in the form of programs, such as Medicaid. In addition, the loss of income owing to retirement or other causes may force a person to become dependent on pensions and Social Security programs, as well as, welfare and family gifts (Kalish, 1975)⁴⁾. Since economic dependency is often caused by the loss of a career or the retirement from a job, this continuation in old age reduces economic dependency and influences other problems related to be independence. In fact, after retirement, a good number of the elderly face financial strain. Some research (Krause and Jay, 1991⁷⁾; Krause, 1991⁸⁾) showed that financial resources were related not only to maintaining independence for the elderly but also to maintaining social networks, which are the resource of providing social support.

Social networks, social support in the elderly, can be categorized into formal and informal services. Formal support is provided by the government as the social programs for the elderly, such as Social Security, Medicare, and Supplemental Security Income (SSI). Informal support, on the contrary, is provided by family members (spouse, children, and relatives) and sometimes by friends and neighbors. Those social provide not only physical support, such as homemaking, personal care, health care, and maintenance of house, but also psychological support such as emotional and mental support.

As for the relationship between social support and the elderly's independent, an extreme concept about independence of the elderly is

that all elderly are dependent due to their structural positions in industrialized society such as being dependent on government policies, private pensions, and the Social Security programs (Estes, Swan, and Gerard, 1981; Townded, 1981; cited in Bould et al., 1989)²⁾. However, if these elderly who receive any formal financial support are defined as dependent, very few may live in an economically independent manner. In fact, we treat those who depend on the governmental support (eg. Social Security, Medicare) as the independent elderly, because majority of the elderly over age sixty-five are eligible to these governmental programs. Yet, those who receive Medicare and Supplemental Security Income (SSI) are dependent, because only these programs are required a certain condition -- the poor in all state.

III. Methods

Sample

Survey method was employed to collect data. This survey was conducted through the East Baton Rouge Council of Aging in Baton Rouge, Louisiana. The survey questionnaires (see Appendix) were distributed by the Council of Aging's staff. Respondents were voluntarily selected from those who attended any of the Council of Aging's programs.

Forty-three questions in this survey (see Appendix) were constructed regard to two major interests. One is that health and financial conditions contribute directly to the ability to maintain independence. The other is that social networks may help to retain independence.

The sample included 19 elderly in East Baton Rouge Parish: one man and eighteen women (16 Whites, 2 African Americans, and 1 other). The age of respondents ranged from age sixty to eighty-one. Nine persons are married and ten persons are widowed.

Variables and Measurements

Dependent Variable:

Independence is a dependent variable for this study. A key factor related to independent for the elderly is whether they live by themselves or live with someone besides a spouse. The maintenance of house, income, personal care, health care, and transportation, from either formally or informally are the other indicators of independence. Thus, question 23 "Whom do you live with at the present time?" and question 38 "Do you feel any difficulty in daily living; cleaning house, cooking, dressing, bathing and shopping?" (see Appendix) are applied to measure independence.

Independent Variables:

Studying the elderly, age is an important factor and either independent or nor is associated with their health and income, so that these two factors directly affect the elderly independence. Deteriorated health and/or inadequate income may not retain their independence. Sex is a variable related to income and social support/social network. Marital status is the important factor related to the elderly's living arrangements, which is strongly associated with the elderly's independent; whether they can live alone or not. Educational attainment may be associated with income and health. The higher educational attainment the elderly have, the more financial resources in later life, and the higher health consciousness they showed (Krause, 1990)⁸⁾.

With increasing age, physical health and ability comprise the most salient dimension of the elderly's risk of being dependent. The ability to maintain adequate health in old age and to make appropriate compensations when confronting health deterioration appears to be crucial for many in successful aging (Quinn et al., 1984)³⁾. Question 19 "Concerning your health, how do you compare yourself with

others?” and question 20 “Concerning your health, how do you compare your present health with before age 65?” (see Appendix) are employed to measure the elderly’s health condition.

After retirement, most elderly experience a decrease in income, and they face financial difficulties. The elderly who receive Social Security benefits regard to economically independent, because they had already paid for the Social Security programs. Question 10 “What is your monthly income before deduction?” and Question 14 “Which sources of income do you rely on the most at the present time?” (see Appendix) are applied to measure the elderly income.

Social networks are defined as a support system from children, kin, friends, and/or neighbors, which is based on intimate relationships.

Yet, formal networks are not addressed in this study. That the number of times family members and friends visits and calls the respondents are applied for measurement of social networks, from question 25 to question 36 are used (see Appendix).

IV. Results

Since the sample size of this study was very small, regression analysis, which we would use for statistical analysis, was not applicable. However, this survey provided us a lot of information about the elderly. First, financial condition, the major elderly’s source of income is Social Security, private pension, savings, and assets. The mean of monthly income is between \$1,000 and \$1,499 (see Table 1). In addition, more than 50 percent of respondents’ expenses are less than their monthly income, which means that more than a half of them has supplemental financial resources even though respondents depend on Social Security.

Table 1. Means and Standard Deviations of Variables (N=19)

	Mean	SD
Independence	2.80	1.10
Age	68.60	3.85
Sex	1.80	.45
Marital Status	1.60	.55
Educational Attainment	13.00	3.16
Financial Situation	3.00	1.41
	(\$1,000—\$1,499)	
Health Condition	1.84	.96
Living Arrangements	1.40	.55
Net Works	2.68	1.07

The second, as for health condition, the elderly who associate with the community activities in East Baton Rouge seem to have adequate health condition. More than 90 percent of respondents reported good health, and less financial difficulties. Mean of health condition is 1.84 (see Table 1), which means that the health condition is almost as same as before age 65. Yet, the health is measured only three indicators: 1) better; 2) same; 3) worse, it should be broken down more smaller scale.

The third, most of the respondents are quite healthy and have adequate financial resources, and they live in their own house alone or with a spouse. This may indicate that health and financial conditions are related to the elderly’s living arrangements.

The fourth, for the networks 12 questions’ scores (question 25 to question 36) were summed; all questions are based on frequency of visiting and calling family, relatives, and friends, and then calculated each person’s mean. As a result, the grand mean of 2.7 (see Table 1)

shows that the respondents have the sufficient networks. In the other worlds, the respondents contacted with their family, relatives and/or friends at least once a week.

The sixth, as for difficulty in daily living, which is related to the independence of the elderly and the major issue of this study, if someone pronounce the difficulty in the daily living, he/she fails to live independently. According to question 38 "Do you feel any difficulty in daily living; cleaning house, cooking, dressing, bathing and shopping?" (see Appendix), 42 percent of the respondents claimed the answer of "somewhat" and 21 percent responded that of "moderately," while 28 percent did not claime any difficulties in daily living. As a result, it hardly says that the respondents live totally independently ever though most of them live alone or with a spouse.

Finally, the result of the monthly expense is quite interesting (question 11 to question 13). Table 2 shows the result of each question. Their biggest monthly expense is food; 47 percent of respondents claimed it. The second biggest monthly expense is utilities; 42 percent reported it. The third one is utilities; 32 percent reported it. Higher portion of the elderly income is spent for food, utilities, medical, insurance, and transportation. The elderly seem to spend a lot of money for medical and insurance regarding for their health care. Also, since the public transportation system in Baton Rouge is poorly organized, the elderly may spend money for using a cab.

Table 2. Ranks of Monthly Expense

Rank	Biggest	2nd Biggest	3rd Biggest
1	Food (50%)	Utilities (44%)	Utilities (33%)
2	Medical (17%)	Insurance (17%)	Transportation (17%)
3	Utilities (16%)	Food (11%)	Insurance (16%)

(): Percent of response

V. Conclusion

As the age of the elderly increases, it is increasingly difficult for them to be independent. The more the body is capable of doing, the more effective the individual is in retaining mastery over his of her environment (Kalish, 1971)⁹⁾. Maintaining independence is not so easy because of their age; probability of impaired physical and mental functions increases with age. Those who are physically and mentally deteriorated require someone's help, and they may not be able to retain their independence any more.

The elderly who are healthy and have financial resources are more likely to be independent. Additionally, the elderly's income level is related to the level of their health care expenses. This study shows that the elderly who spent a large amount of money to medical care and insurance had adequate financial resources. If the elderly's health is destructed, they could not be independent any more. Thus, it seems that health condition and financial resources are the key factors to related to maintain independence in later life.

Social networks are another factor relating to independence. If the elderly have wide social networks and interact with its members (family, friends) they would receive much social support or assistant from the members and could maintain their independence (Dewit, Wister, and Burch, 1988¹⁰⁾; Waite and Harrison, 1992¹¹⁾). However, unfortunately this study could not test the relationships of social networks and independence because of the statistical problems of the sample size and the degree of freedom.

Again, the bottom line for being independence is maintaining good health and adequate financial resources. In addition to those two elements, social networks may support the elderly's independence. Although maintaining independence

is not so easy for the elderly, being independent is importance for psychological well-being in later life.

References

- 1) U.S. Senate, Special Committee on Aging. *Aging America: Trends and Projections*, Washington, DC, 1991.
- 2) Bould, Sally, Beverly Sanborn, and Laure Reif. *Eight-Five Plus: The Oldest Old*. Belmont, CA: Wadsworth Publishing Company, 1989.
- 3) Quinn, William H. and George A. Hougston. *Independent Aging: Family and Social Systems Perspective*. Rockville, MD: An Aspen Publication, 1984.
- 4) Kalish Richard A. *Later Adulthood: Perspectives on Human Development*. Monterey, CA: Brooks/Cole Publishing Company, 1975.
- 5) Lwton, M. Powell. "The functional assessment of elderly people. " *Journal of the American Geriatric Society*, 19: 456-481, 1971.
- 6) Martin, Peter. "Life patterns and age styles in older adult." *International Journal of Aging and Human Development*, 32:289-302, 1991.
- 7) Krause, Neal and Gina Jay. "Stress, social support, and negative interaction in later life." *Research on Aging*, 13: 333-363, 1991.
- 8) Krause Neal. "Stress events and life satisfaction among elderly men and women." *Journal of Gerontology*, 46:S84-S92, 1991.
- 9) Kalish, Richard A. "Sex and marital role differences in anticipation of age-produced dependency." *Journal of General Psychology*, 119:53-62, 1971.
- 10) Waite, Linda and Scott C. Harrison. "Keeping in touch: How women in mid-life allocate social contacts among kith and kin." *Social Forces*, 70: 637-655, 1992.
- 11) Dewit, David J., Andrew V. Wister, and Thomas K. Burch. "Physical distance and social contact between elders and their adult children." *Research on Aging*, 10: 56-79, 1988.

Appendix

Questionnaire

Q 1. Age

Q 2. Sex

1. Male 2. Female

Q 3. Race

1. White 2. Black 3. Others

Q 4. Marital status

1. Married 2. Widow 3. Never married 4. Separate 5. Divorced

Q 5. What was the highest grade in school you had the opportunity to complete?

Q 6. How long have you lived this community?

Q 7. Are you the present time.....

1. Retired and/or unemployed, but do not wish to work
2. Part-time employed
3. Full-time employed
4. Retired and/or unemployed, but wish to work
5. Possibly interested in work if not ill
6. Possible interested in part-time work

Q 8. About how much would you say are your average monthly expenses for yourself?

Q 9. Would you say your expenses are usually more, about the same, or less than your monthly income?

Q10. What is your monthly income before deduction?

1. Less than \$500 2. \$500 — \$999 3. \$1,000 — \$1,499 4. \$1,500 — \$1,999
5. \$2,000 — \$2,499 6. \$2,500 — \$2,999 7. \$3,000 and more

Q11. What item is usually your biggest monthly expense?

1. Food 2. Medical 3. Utilities 4. Housing 5. Transportation
6. Clothes 7. Insurance 8. Others

Q12. What item is usually your second biggest monthly expense?

1. Food 2. Medical 3. Utilities 4. Housing 5. Transportation
6. Clothes 7. Insurance 8. Others

Q13. What item is usually your third biggest monthly expense?

1. Food 2. Medical 3. Utilities 4. Housing 5. Transportation
6. Clothes 7. Insurance 8. Others

Q14. Which sources of income do you rely on the most at the present time?

1. Social Security 2. Old age assistance 3. Private pension
4. Saving or investments 5. Own earning 6. Assets
7. Family of friends 8. Other

Q15. How often are you sick enough to be in bed?

1. Most of time 2. About half of the time 3. Occasionally 4. Seldom or never

Q16. How many times would you say you saw a medical doctor in the past 6 months?

Q17. How long has it been since you last had a complete physical examination?

- Q18. To what extent would you say your medial needs are neglected because of the cost?
 1. Often 2. Occasionally 3. Seldom 4. Never
- Q19. Concerning your health, how do you compare yourself with others?
 1. Better 2. Same 3. Worth
- Q20. Concerning your health, how do you compare present health with before age 65 ?
 1. Better 2. Same 3. Worth
- Q21. At the present time, do you have any disability or problem moving around or taking care of everyday personal or household needs?
 1. Yes 2. No
- Q22. What is your living arrangements?
 1. Own 2. Rent 3. Live in someone's house or apartment
 4. Nursing home 5. Other
- Q23. Whom do you live with at the present time?
 1. Living alone 2. Living with a spouse 3. Living with children
 4. Living with siblings 5. Living with other relatives 6. Living with friends
 7. Other
- Q24. How many living children do you have?
- Q25. How often do you visit your children if you have any children?
 1. Every day 2. 2-3 times a week 3. Once a week 4. 2-3 times a month
 5. Once a month 6. Once a year 7. Never 8. Other 9. Don't know
- Q26. How often do your children visit you if you have any children?
 1. Every day 2. 2-3 times a week 3. Once a week 4. 2-3 times a month
 5. Once a month 6. Once a year 7. Never 8. Other 9. Don't know
- Q27. How often do you visit your friends and/or neighbors?
 1. Every day 2. 2-3 times a week 3. Once a week 4. 2-3 times a month
 5. Once a month 6. Once a year 7. Never 8. Other 9. Don't know
- Q28. How often do your friends and/or neighbors visit you?
 1. Every day 2. 2-3 times a week 3. Once a week 4. 2-3 times a month
 5. Once a month 6. Once a year 7. Never 8. Other 9. Don't know
- Q29. How often do you visit your relatives?
 1. Every day 2. 2-3 times a week 3. Once a week 4. 2-3 times a month
 5. Once a month 6. Once a year 7. Never 8. Other 9. Don't know
- Q30. How often do your relatives visit you?
 1. Every day 2. 2-3 times a week 3. Once a week 4. 2-3 times a month
 5. Once a month 6. Once a year 7. Never 8. Other 9. Don't know
- Q31. How often do you call your children if you have any children?
 1. Every day 2. 2-3 times a week 3. Once a week 4. 2-3 times a month
 5. Once a month 6. Once a year 7. Never 8. Other 9. Don't know
- Q32. How often do your children call you if you have any children?
 1. Every day 2. 2-3 times a week 3. Once a week 4. 2-3 times a month
 5. Once a month 6. Once a year 7. Never 8. Other 9. Don't know

- Q33. How often do you call your friends and/or neighbors?
 1. Every day 2. 2-3 times a week 3. Once a week 4. 2-3 times a month
 5. Once a month 6. Once a year 7. Never 8. Other 9. Don't know
- Q34. How often do your friends and/or neighbors call you?
 1. Every day 2. 2-3 times a week 3. Once a week 4. 2-3 times a month
 5. Once a month 6. Once a year 7. Never 8. Other 9. Don't know
- Q35. How often do you call your relatives?
 1. Every day 2. 2-3 times a week 3. Once a week 4. 2-3 times a month
 5. Once a month 6. Once a year 7. Never 8. Other 9. Don't know
- Q36. How often do your relatives call you?
 1. Every day 2. 2-3 times a week 3. Once a week 4. 2-3 times a month
 5. Once a month 6. Once a year 7. Never 8. Other 9. Don't know
- Q37. What is your usual source of transportation?
 1. Own car 2. Public transportation 3. Taxi 4. Family or relatives
 5. Friends 6. Other
- Q38. Do you feel any difficulty in daily living; cleaning house, cooking, dressing, bathing, and shopping?
 1. Very 2. Moderately 3. Somewhat 4. Definitely
- Q39. Does any one help your daily living (cooking, bathing, cleaning house, dressing and shopping) beside your spouse?
 1. Yes 2. No
- IF YES,
- Q39a. Who mostly helps you?
 1. Family members or relatives 2. Friends 3. Public helpers/volunteer
 4. Paid helpers 5. Other
- Q39b. How often you need help?
 1. Every day 2. 2-3 times a week 3. Once a week 4. Once a month
- Q40. Who helps you paying bills and/or any other paper work, beside spouse?
 1. No one 2. Children 3. Relatives 4. Friends 5. Other
- Q41. From whom do you mostly get advice?
 1. Spouse 2. Children 3. Friends 4. Relatives 5. No one 6. Other